



# Home Health Quality Reporting Program Provider Training



## Opening Remarks

Presenter: Mark Stewart

Date: May 3, 2017

# Welcome!

# Today's Agenda

Overview of the IMPACT Act

Home Health (HH) Quality Reporting Program (QRP)  
Requirements, Definitions and Assessments

Data Submission and Reporting

Percent of Patients with Pressure Ulcers that are New or  
Worsened and Associated OASIS-C2 Items:  
M1311 & M1313

Questions & Answers/Wrap-Up

# Today's Presenters



**Alan Levitt, M.D.**  
Medical Officer  
Division of Chronic and Post-Acute Care  
Centers for Medicare & Medicaid Services



**Kathryn D. Roby, M.Ed., M.S., R.N., CHCE,  
CHAP/ACHC**  
Director, Home Health Services  
Qualidigm

# Today's Presenters



**Jennifer Pettis, B.S., R.N., WCC**  
Associate/Nurse Researcher  
Abt Associates



**Ann M. Spenard, D.N.P., R.N.-BC**  
Vice President & Principal  
Qualidigm

# General Information

- All training materials with answers will be posted on the Home Health Quality Reporting Program Training page on the Centers for Medicare & Medicaid Services (CMS) website.
- Video recordings of today's presentations will be posted to CMS' YouTube site.
- Certificates of Completion will be provided and emailed to those attending in-person today.
  - This training does not offer Continuing Education Units (CEUs).

# Electronic Question Submission

## 1. Visit

[https://docs.google.com/forms/d/e/1FAIpQLSeRU9MWZvUF3FqRqYHbEZPdN6MxQw6YROm3-zoVTN\\_vcPZ7mQ/viewform](https://docs.google.com/forms/d/e/1FAIpQLSeRU9MWZvUF3FqRqYHbEZPdN6MxQw6YROm3-zoVTN_vcPZ7mQ/viewform).

- ## 2. Enter your full name, organization and email address.

### Post Acute Care Training Q&A Submission Page

HOME HEALTH QUALITY REPORTING PROGRAM

### Home Health Quality Reporting Program (QRP) Provider Training

Complete the form below to ask the speaker a question during the session.

**Name**  
Your answer \_\_\_\_\_

**Organization**  
Your answer \_\_\_\_\_

**Email Address**  
Your answer \_\_\_\_\_

# Electronic Question Submission

- Using the dropdown menu, choose the section to which your question refers, and enter the optional item number.
- Type your questions and click “SUBMIT” to send your question to the presenter.

## Post Acute Care Training Q&A Submission Page

HOME HEALTH QUALITY REPORTING PROGRAM

Section  
Choose ▾

Item # (optional)

Your answer \_\_\_\_\_

Question

Your answer \_\_\_\_\_

**SUBMIT**

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# Electronic Question Submission

5. You may ask another question by clicking “Submit another response” after the page refreshes.



HOME HEALTH QUALITY REPORTING PROGRAM

Home Health Quality Reporting Program (QRP) Provider Training

Thank you for submitting your question.

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# Ice Breaker Activity

# Three Words

1. Introduce yourself to others at your table.
2. Then finish the sentence: “If I had to describe myself with three words, they would be...”
3. Finally, explain why you chose those three words.