

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.

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

3. Using the dropdown menu, choose the section to which your question refers, and enter the optional item number.
4. 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

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Thank you for submitting your question.

[Submit another response](#)

This form was created using Google Forms. [Create your own](#)

Google Forms

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.