



MLN Connects®

National Provider Call Transcript



**Centers for Medicare & Medicaid Services
Quality Measures and the IMPACT Act Call
MLN Connects National Provider Call
Moderator: Charlie Eleftheriou
July 7, 2016
1:30 pm ET**

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Operator: At this time, I would like to welcome everyone to today's MLN Connects® National Provider Call. All lines will remain in a listen-only mode until the question-and-answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I will now turn the call over to Charlie Eleftheriou. Thank you. You may begin.

Announcements and Introduction

Charlie Eleftheriou: Hi, I'm Charlie Eleftheriou from the Provider Communications Group here at CMS, and I'll be your moderator today. I'd like to welcome everyone to this MLN Connects National Provider Call on quality measures and the IMPACT Act. [MLN Connects Calls](#) are part of the [Medicare Learning Network](#).

During this call, CMS experts will discuss key quality measures related to the Improving Medicare Post-Acute Care Transformation Act of 2014, or IMPACT Act, and how they will affect you. Also, find out about upcoming stakeholder engagement activities. The IMPACT Act requires the reporting of standardized patient assessment data on quality measures, resource use, and other measures by post-acute care providers, including Skilled Nursing Facilities, Home Health Agencies, Inpatient Rehabilitation Facilities, and Long-Term Care Hospitals.

Before we get started, I just have a couple announcements. You should have received a link to the presentation for today's call in a previous email following registration. If you've not already done so, you may view or download the presentation from the following URL. It's: go.cms.gov/npc, as in National Provider Call. Again, go.cms.gov/npc. At the left side of that webpage, select National Provider Calls and Events, then select today's July 7th call from the list.

Second, this call's being recorded and transcribed. An audio recording and written transcript will be posted to the [MLN Connects Call](#) website. Registrants will receive an email when these materials are available.

Lastly, registrants were given the opportunity to submit questions in advance of today's call. We'll address some of these questions before the live question-and-answer session begins.

At this time, I'd like to introduce our first presenter. Michelle Brazil has been with CMS for over 3 years. She's a registered nurse with 16 years' experience working in post-acute care and public health. She's currently the technical advisor for the Division of Chronic and Post-Acute Care in the Center for Clinical Standards and Quality, or CCSQ, here at CMS. I'll now turn the call over to Michelle to begin.

Presentation

Michelle Brazil: Thank you, Charlie. I'm here with Dr. Tara McMullen. We would both like to thank you for taking the time to participate on this National Provider Call to talk about quality measures and the Improving Medicare Post-Acute Care Transformation Act, commonly known as the IMPACT Act.

We're going to turn to slide 3 on your slide deck. We'll begin by providing background on health care's quality strategies and how the quality measure lifecycle fits into health care quality improvement efforts. In particular, we'll focus on the important stakeholder input in the measure lifecycle process.

Next, we'll discuss the quality measures that are being implemented to address IMPACT Act requirements. And at the end of the presentation, we'll also have time for questions and answers and have included some general resources for your reference.

Health Care Quality and the Measure Lifecycle

Michelle Brazil: Moving on to slide 4, we'll begin our first topic: health care quality and the measure lifecycle.

Slide 5 lists the aims and priorities of the National Quality Strategy. The IMPACT Act provides a tremendous opportunity to address the three broad aims of the National Quality Strategy, which are better care, healthy people and communities, and affordable care.

To advance these aims, the NQS focus on six priorities that address the most common health concerns that Americans face. These are: making care safer by reducing harm, ensuring person and family engagement, promoting effective communication and coordination of care, promoting the most effective prevention and treatment practices, working with communities to promote healthy community practices, and making care – quality care more affordable.

Quality improvement efforts to address these priorities require continuous evaluation to identify and address performance gaps. The IMPACT Act supports the National Quality Strategy's aims and priorities by calling for [cross-setting measures](#) to drive quality improvements for patients and residents in post-acute care settings, who comprise a large, vulnerable, and aging population. CMS's efforts to both advance the National Quality Strategy and implement the IMPACT Act requirements are further guided by the CMS Quality Strategy, which we will discuss on the next slide.

Slide 6. Building on the National Quality Strategy, CMS has developed its own Quality Strategy to guide its many quality initiatives. Each of the National Quality Strategy priorities, as shown in the last slide, has become a goal in the CMS Quality Strategy. For each of the six goals listed here, CMS has further outlined strategic results and specific

objectives and desired outcomes for how we plan to achieve the objectives and the current initiatives in place that support these goals and objectives.

The IMPACT Act is unique because it provides an opportunity to focus on three areas within the CMS Quality Strategy that are challenging to address. Those three areas are:

- Strengthening person and family engagement as partners in care.
- Promoting effective communication and coordination of care.
- Promoting effective prevention and treatment of chronic disease.

Valid, reliable, and relevant quality measures are fundamental to the effectiveness of health care quality improvement efforts.

Next we'll discuss the key activities in the quality measure lifecycle on slide 7. So, slide 7 shows the key phases and activities of the measure lifecycle. In striving to achieve the goals of the CMS Quality Strategy, we must ensure that the measures developed are meaningful to patients and the providers who serve them, as well as represent opportunities for improvement in care quality.

In response to an ever-increasing demand for quality measures, CMS has developed a standardized system for developing and maintaining the quality measures used in these various accountability initiatives and programs. This is known by many as the Measures Management System, or MMS. Measure developers or contractors follow this core set of business processes and decision criteria when developing, implementing, and maintaining quality measures.

Best practices for these processes are documented in the manual, a blueprint for the CMS Measures Management System, or the blueprint, for short. CMS uses the standardized processes documented in the blueprint to ensure the resulting measures form a coherent, transparent system for evaluating quality of care delivered to its beneficiaries.

Section 2 of the blueprint is the measure lifecycle, which describes the procedural steps necessary to develop and maintain a measure. The measure lifecycle shows a high-level view as a major task and timeline involved in developing measures from the time of the initial measure development contract award through measure implementation and maintenance.

The measure lifecycle has five phases, which are shown in the slide in front of you. They're:

- measure conceptualization,
- measure specification,

This document has been edited for spelling and punctuation errors.

- measure testing,
- measure implementation, and lastly,
- measure use, continuing evaluation, and maintenance.

Though the figure depicts the five phases of the measure lifecycle in a linear sequential fashion, it should be understood that measure contractors have some flexibility to adjust the sequence or carry out some steps concurrently, provided the changes are approved by their Contractor Officer Representative and Technical Lead for QM Development, such as Dr. Tara McMullen.

In the first phase of the measure lifecycle, measure conceptualization, the evidence for the concept and basic elements of the measures are compiled.

The second phase, measure specification, occurs throughout the measure development process. A measure developer identifies whether existing measures may be adopted or adapted to fit the desired purpose and, if not, the developer communicates and collaborates with the Technical Expert Panel to develop new measures.

The third phase, measure testing, enables a measure developer to assess the suitability of the quality measure's technical specifications and acquire empirical evidence to assess the strengths and weaknesses of a measure with respect to the measure evaluation criteria. It is part of the full measure development and the information we can use in conjunction with expert judgment to evaluate a measure.

Measure implementation, the fourth phase, encompasses three phases:

- the National Quality Forum, or NQF, endorsement,
- measure selection, and
- measure rollout.

CMS identifies and selects measures it is considering—excuse me—through a transparent process and, when considering a measure use for a topic that is already used in another program, prefers to use the same measure to make harmony between them.

In the fifth phase—measure use, continuing evaluation, and maintenance—the measure developer must provide strong evidence that the measure adds value to the quality reporting program and that its construction continues to be sound throughout the measure's lifecycle. When needed, the developer uses the continuing evaluation process to measure justification—any changes to the technical specifications of the measure. And finally, measure maintenance is reported through three basic types of measure maintenance reviews. These are measure updates, comprehensive reevaluation, and ad hoc review.

Stakeholders and the Measure Lifecycle

Michelle Brazil: Moving on to slide 8, we'll begin our second topic, which are stakeholders and the measure lifecycle.

Moving on to slide 9, obtaining stakeholder input on measures is a priority for CMS. Stakeholder input is key for accountability, quality improvement, and determining usefulness to the consumer. Input allows for scientific applicability and advancing quality measure planning by providing expertise.

Ultimately, stakeholder input supports the development on measures that matter. There are numerous opportunities to actively engage in the measure development process, such as through information sessions, calls for measures, Technical Expert Panels, public comment periods, activities through the National Quality Forum, and during – excuse me, pre-rulemaking activities.

When developing measures, it is important to obtain input from experts. Technical Expert Panels should include stakeholders, such as persons and family members and providers, as well as recognized experts in relevant fields, such as clinicians, statisticians, and quality improvement experts, as well as other subject matter experts.

Proposed or candidate measures for public comment may be newly developed measures, adapted existing measures, or measures adopted from an existing set. This step ensures that public stakeholders have time to review and comment on the measure and that there's time to revise the measure based on feedback.

Candidate measures, when finalized, are submitted to the National Quality Forum for endorsement. This step allows stakeholders to provide information in regards to the measures that are up for endorsement.

Finally, the MAP, or Measure Applications Partnership, process is another opportunity to get involved. Stakeholders are invited to submit proposed measures, of which the Measures under Consideration list is made available broadly no later than December 1st of each year. The public is then invited to provide input on the Measures under Consideration. The Measure Applications Partnership, a partnership of public and private stakeholder groups convened by NQF, then provides recommendations to CMS on the selection of measures. All of the MAP activities are part of pre-rulemaking activities, which support CMS in selection of measures for specific Federal programs.

Moving on to slide 10—covers patient engagement and participation. This topic has gained importance in measure development over the years, and there's a greater focus on meaningful patient engagement that we hope will continue to build momentum. Patient engagement goes beyond engaging patients in direct care. CMS is striving to

stimulate this greater patient involvement in policymaking and measure development activities.

Common activities to include patients are in Technical Expert Panels. And patients and caregivers can provide unique and essential input on measure concepts based on their own experience and perspective. Some programs are – experiment with patient-only tests to promote meaningful patient engagement. Careful attention must be given to selecting patients who can effectively represent actual and typical patient experience in the developmental materials that are easily used and commented on by patients.

Moving on to slide 11, Stakeholder Engagement Opportunities. This provides – on the slide in front of you, we provide an overview of the stakeholder engagement opportunities through the end of this calendar year. These include future National Provider Calls like the one that you’re on today, as well as other activities such as Open Door Forums, Provider Training, and Special Open Door Forums. We hope that everyone will be able to join us. We’re also excited to inform the provider community that we have now secured the exact dates of the IRF, LTCH, and SNF trainings. In front of you, on this slide, we have provided a range. The exact dates of the IRF training will be held August 9th to 10th, the LTCH training on August 11th, and the SNF training on August 24th. All trainings will be held in Chicago, and additional details will be forthcoming.

Keypad Polling

Charlie Eleftheriou: All right. Thank you, Michelle. At this time we’re going to pause for a few moments to complete keypad polling. Ronni, we’re ready to start polling.

Operator: CMS appreciates that you minimize the Government’s teleconference expense by listening to these calls together using one phone line. At this time, please use your telephone keypad and enter the number of participants that are currently listening in. If you are the only person in the room, enter 1. If there are between two and eight of you listening in, enter the corresponding number. If there are nine or more of you in the room, enter 9. Please hold while we complete the polling.

Please continue to hold while we complete the polling.

Please continue to hold while we complete the polling.

Thank you for your participation. I’d now like to turn the call back over to Charlie Eleftheriou.

Presentation Continued

Charlie Eleftheriou: All right, thank you. I’d now like to introduce our second and final presenter. Dr. Tara McMullen is the Senior Health Analyst for the Division of Chronic and Post-Acute Care and technical lead for work focused on standardizing post-acute care

assessment data and quality measures as mandated by the IMPACT Act. I'll now turn the call over to Tara.

Dr. Tara McMullen: Hi, thank you. Hi, everyone, it's Tara McMullen. Glad to have you with us today. For the next couple slides we're going to walk through the quality measures that have been developed or have been proposed in our rules that have – that follow the mandate of the IMPACT Act.

The IMPACT Act: Quality Measures

Dr. Tara McMullen: So, starting on slide 13—as delineated by Michelle, the Improving Medicare Post-Acute Care Transformation Act of 2014 was a bipartisan bill that was passed September 18th, 2014, by Congress and signed into law in 2014—October 6th, 2014—by President Obama.

So there's a lot within the IMPACT Act to know, but the crux of the IMPACT Act is that CMS is to develop standardized and interoperable quality measures and data. The data itself is to be standardized and interoperable to allow for data uniformity and longitudinal outcomes; quality care and improved outcomes; comparison of data across PAC settings and, really, beyond PAC settings; improved discharge planning; exchangeability of that data; the interoperability aspect of it; coordinated care; and, eventually, maybe to be used in payment models.

Moving into slide 14. So again, there's a lot within the IMPACT Act: the crux is for standardization, and there are two primary areas for which Congress outlines standardization should occur, and those are quality measures and data items. And in this presentation, we'll be focusing on quality measures.

So, on slide 15, I'm going to walk through the quality measure domains that have been outlined in the IMPACT Act itself and give you some information about the specified application date of those domains and those associated quality measures. And in this discussion, when we refer to specified application date, we are referring to the date for which providers begin collecting data on those specified quality measures.

So, the first domain, as outlined in the IMPACT Act, is the domain of Functional Status, Cognitive Function, and Changes in Function and Cognitive Function. So, the specified application date, or the date for which providers will begin collecting data, for SNFs, IRFs – it's SNFs and IRFs – is October 1st, 2016. For LTCHs, it's October 1st, 2018, and for Home Health Agencies, it's January 1st, 2019.

The second domain is Skin Integrity and Changes in Skin Integrity. And the specified application date for SNFs, IRFs, and LTCH settings is October 1st, 2016, and for Home Health Agencies is January 1st, 2017.

The third domain is Medication Reconciliation. The specified application date for Home Health Agencies is January 1st, 2017. And the specified application date for IRFs, LTCHs, and SNFs is October 1st, 2018.

On slide 16, the fourth domain is the Incidence of Major Falls. The specified application date for IRFs, SNFs, and LTCHs is October 1st, 2016. And the specified application date for Home Health Agencies is January 1st, 2019.

The last and final patient assessment-based category that's been standard – mandated by the IMPACT Act to be standardized for quality measure is the Communicating the Existence of and Providing for the Transfer of Health Information and Care Preferences. The specified application date for this measure for SNFs, IRFs, and LTCHs is October 1st, 2018, and for Home Health Agencies is January 1st, 2019. And we'd like to highlight this measure – that this is the only measure, as outlined in the IMPACT Act, that mandates for the standardization across post-acute care settings, but beyond post-acute care settings into Critical Access Hospitals, other acute care settings, as well as other settings as mandated by the act.

Quality measure domains also to be standardized fall into these other categories, as referenced by the act, of Resource Use and Other Measures. The measures to be standardized under the Resource Use and Other Measures domain are:

- total estimated Medicare spending per beneficiary,
- discharge to community, and
- measures to reflect all-condition, risk-adjusted, potentially preventable hospital readmission rates.

The specified application date for these resources and other measures are: SNFs, IRFs, and LTCHs—October 1st, 2016; Home Health Agencies—January 1st, 2017.

So continuing on to slide 17. So, implementation of the quality measures as mandated by the IMPACT Act will occur in phases. So the development itself is being conducted in phases, and CMS will run the development through multiple phases, so and – to ensure that everyone is ready for the new quality measures and everything that goes about the reporting of those measures.

On this slide here, we have delineated the implementation phases, broken down into specific sections. We'd like to note that, for the measure implementation phase, the – this first phase discusses the data, the actual development of the quality measure, the specification, and the collection of this measure or these measures. So, this will occur at multiple phases throughout multiple years. With that, once a measure's developed, proposed, and finalized in our rule, and data collection begins on that said measure,

1 year after the specified application date of that quality measure, CMS will provide private confidential provider feedback reports to all PAC providers. Two years after the specified application date of the quality measure's development finalized, CMS will begin public reporting of that quality measure or those quality measures' performance to PAC providers.

Items 2 and 3 discuss consensus space entity endorsements and the treatment of the Measure Applications Partnership as a leverage – or as an event that we use in our pre-rulemaking cycle. These consensus endorsement activities that CMS adheres to were described by Michelle in the implementation phase in the measure development – measure lifecycle in the blueprint. So, what (2) and (3) refer to is the Measure Applications Partnership, which is an NQF-convened body for which CMS submits measures onto a Measures under Consideration list, or MUC list. And we – this peer-reviewed body comes together and, basically, assesses the measures for applicability into our post-acute care quality reporting programs. We also utilize NQF to submit our measures for consideration of endorsement.

Moving into slide 18. So, we are in an active rulemaking session, so for folks on the phone, that means that we are currently proposing quality measures to be adopted into our quality reporting program. So we are limited in what we can say, but we can tell you what we're adopting, or plan to – proposing to adopt. So, for the fiscal year '17 or the calendar year '17 pre-rulemaking process, you see here on slide 18 the display dates and the *Federal Register* publication dates and comment period dates for the LTCH, QRP, IRF QRP, SNF QRP, and Home Health QRP proposed rules. It should be noted that, for IRFs, LTCHs, and SNFs, the public comment period—the 60-day period—has ended. For Home Health, we are currently in a public comment period, so please feel free to comment on the proposals in that [rule](#).

Slide 19. The next few slides will go through each of the quality reporting programs to discuss the measures that have been adopted in the fiscal year or calendar year '16 rule and the measures that have been proposed in the fiscal year or calendar year '17 rule.

So, we will begin with the Long-Term Care Quality Reporting Program. The Long-Term Care Quality Reporting Program leverages, or collects, data through the long-term care data set.

So, measures mapped to the IMPACT Act domains for the LTCH QRP and adopted into the LTCH QRP in the fiscal year '16 IPPS LTCH Final Rule are:

- To meet the domain of Skin Integrity, the Percent of Residents with Pressure Ulcers That Are New or Worsened.
- To meet the domain of the Incidence of Major Falls, the Percent of Residents Experiencing One or More Falls with Major Injury was adopted.

This document has been edited for spelling and punctuation errors.

- And finally, to meet the domain of Functional – Function and Cognitive Function, and Functional Cognition—that very long title—the measure that has been adopted is the Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function.

And you'll also notice on this slide there are reporting and payment timelines and other information about the confidential feedback reports that you can look through. Remember, confidential feedback is 1 year after the specified application date or the collection of the data, and public reporting is 2 years after the specified application date.

Moving forward on to slide 20. Measures mapped to the IMPACT Act that have been proposed in the current fiscal year '17 IPPS LTCH published Notice of Proposed Rulemaking (NPRM) are for the domain of Resource Use and Other Measures:

- Total Estimated Medicare Spending per Benny—PAC LTC QRP
- Discharge to Community—PAC LTCH QRP – LTCH QRP
- a Potentially Preventable 30-Day Post-Discharge Readmission Measure for the LTCH QRP

Again, the reporting and payment timelines, as proposed, and the confidential feedback reports, as proposed, are listed.

And finally, under the patient assessment domain of Medication Reconciliation, CMS has proposed one measure: Drug Regimen Review Conducted with Follow-Up for Identified Issues—Post-Acute Care LTCH QRP. And, once again, you have your additional information about reporting and feedback.

Moving to slide 21. For the Skilled Nursing Facility Quality Reporting Program, a lot of folks ask, "Well, don't you have a nursing home quality initiative?" And we do. And that quality initiative leverages the Nursing Home Compare. But the IMPACT Act gave us a caveat and said, "Develop a quality reporting program for Skilled Nursing Facility settings. And with that quality reporting program, you know, develop measures and report on that data, and that the reporting of such data through the means of the MDS, have an APU applied to that," and an APU is an Annual Payment Update.

So, beginning with fiscal year 2018, the IMPACT Act has mandated that, in the case of a Skilled Nursing Facility that does not submit data, the Secretary shall reduce such percentage for payment rates during the fiscal year by 2 percentage points. So, this is an Annual Payment Update that runs aligned, or is aligned to, our other quality reporting programs for Long-Term Care Hospitals, Inpatient Rehabilitation Facilities, as well as

Home Health Agencies. So, the Skilled Nursing Facility Quality Reporting Program is now in development.

And moving into slide 22, there have been three measures that have been adopted for the Skilled Nursing Facility Quality Reporting Program in the fiscal year '16 SNF PPS final rule. And those measures are analogous to the LTCH QRP measures that have been adopted in the fiscal year '16 IPPS rule. These measures are:

- To meet the domain of Skin Integrity, the measure adopted is the Percent of Residents with Pressure Ulcers New and Worsened.
- To meet the domain of Incidence of Major Falls, the measure adopted is the Percent of Residents Experiencing One or More Falls with Major Injury.
- And to meet the domain of Function, the measure adopted is the Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function.

And quite frequently we get the question, “Well, the measure title says that, for SNFs, you’re looking at LTCH patients.” And in SNFs, we have residents and that’s very true. So for these quality measures, for functions that have been adopted in the IRF and the SNF programs, we are assessing IRF patients and SNF residents. We have just had to carry over, in the proposed measures and further in the adoption, the quality measure name from the LTCH rule. So we will be assessing SNF residents.

So moving into slide 23, measures mapped to the IMPACT Act domains for the SNF QRP—these are proposed measures in the fiscal year '17 SNF PPS published NPRM, domain of Resource Use and Other Measures. Three measures have been proposed—claims-based measures:

- Total Estimated Medicare Spending per Beneficiary—PAC SNF QRP,
- Discharge to Community—PAC SNF QRP, and
- Potentially Preventable 30-Day Post-Discharge Readmission Measure for SNF QRP.

And once again, the proposed reporting and payment timelines and confidential feedback reports are listed there—that information.

And finally, for the patient assessment-based domain in Medication Reconciliation, one measure has been proposed, and that is the Drug Regimen Review Conducted with Follow-Up for Identified Issues—Post-Acute Care SNF QRP.

On slide 24, we're moving into the IRF QRP (Inpatient Rehabilitation Facility Quality Reporting Program) that leverages the collection due to the assessment instrument of the IRF-PAI. So as – similar to SNF and the LTCH QRP measures mapped to the IMPACT Act domain for the IRF QRP, adopted measures from the fiscal year '16 IRF PPS Rule are three of the same measures. For the domain of Skin Integrity, it's the Percent of Residents with Pressure Ulcers New and Worsened. The – for the domain of Incidence of Major Falls, it's the Percent of Residents Experiencing One or Falls with Major Injury. And for the domain of Function, it's the Percent of LTCH Patients with Admission and Discharge Functional Assessment and a Care Plan That Addresses Function. We have a caveat here that there's four additional function measures, measures that were developed that fall under the domain of function per the IMPACT Act. These measures were adopted for the IRF QRP in fiscal of – in the fiscal year '16 rule, and these measures are:

- Change in Self-Care Score, Medical Rehabilitation Patients,
- Change in Mobility Score for Medical Rehabilitation Patients,
- Discharge Self-Care Score for Medical Rehabilitation Patients, and
- Discharge Mobility Score for Medical Rehabilitation Patients.

Once again, the reporting and payment timelines are delineated on this slide.

Moving into slide 25, an – analogous to the LTCH and the SNF QRP measures mapped to the IMPACT Act domains for the IRF Quality Reporting Program proposed measures for the fiscal year '17 IRF PPS published rule are for the Resource Use and Other Measures domain, three claims-based measures have been proposed:

- Total Estimated Medicare Spending per Benny (MSPB)—PAC IRF QRP
- Discharge to Community—PAC IRF QRP, and
- Potentially Preventable 30-Day Post-Discharge Readmission Measure—IRF QRP.

And finally, for the patient assessment-based domain of Medication Reconciliation, one measure has been proposed: Drug Regimen Review Conducted with Follow-Up for Identified Issues—Post-Acute Care IRF QRP. And as with the other slides, the reporting, payment timelines and confidential feedback reports information is listed on this slide.

And moving into slide 26. Finally, for the Home Health Quality Reporting Program, one measure has been adopted. It's tied to the IMPACT Act domain of Skin Integrity. It was adopted in the calendar year 2016 Home Health PPS Final Rule. That measure is the Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened. And again, information about the applicable information, again, tied to reporting and confidential feedback reports is listed on this slide.

And slide 27, Measures Mapped to the IMPACT Act Domains for the Home Health Quality Reporting Program. These are proposed measures in the current calendar year 2017 Home Health PPS published NPRM. They are, for the domain of Resource Use and Other Measures, three claims-based measures:

- Total Estimated Medicare Spending per Benny—PAC HH QRP
- Discharge to Community—PAC HH QRP
- Potentially Preventable 30-Day Post-Discharge Readmission Measure for the Home Health Quality Reporting Program (HH QRP)

And finally, one claims-based measure proposed for the measure domain of Medication Reconciliation—that measure proposed is the Drug Regimen Review Conducted with Follow-Up for Identified Issues—Post-Acute Care HH QRP. And once again, all the information related to reporting, payment and confidential feedback reports is listed on this slide.

Question-and-Answer Session

Michelle Brazil: Thank you, Tara. Before we turn the call over to Charlie for the live Q&A session, we would like to go through a couple of the questions submitted by the audience during the registration process.

The first question: If a patient comes for physical therapy with stress or fecal incontinence, what measure test can we use?

Our response to this is: For this clinical matter, it's really recommended that you follow current clinical guidelines.

For the second question we received: If you were to identify the key points facing providers due to value-based care, what would they be?

These would be movement away from fee-for-service business model. Pay-for-performance program creates differential hospital inpatient payment rates based on success against patient safety, outcomes, patient safe – excuse me, patient satisfaction, and spending efficiency measures. It creates accountability for either obsolete success or improvement against established performance measures, and payment modification varies by program and year.

Our third question submitted was: Quality measure improvement—how to increase my star rating in quality measures?

The quality of patient care star rating methodology does not force agencies into a bell curve. The methodology computes each agency's comparative performance on each measure by ranking, for example, Home Health Agencies, low to high and assigning to each agency 1 to 10 equal categories—highest being, like, 10 percent, second highest 10 percent, etc., based on each agency's actual performance on that measure relative to other agencies. So, the – and we're using Home Health here as an example because right now, under the IMPACT Act, that is the only program that has star ratings. And so the overall star rating is based on the average of those rankings across the measures and falls naturally into a bell curve.

While there is a small statistical adjustment to individual measure rankings in agencies, in a very small number of cases, when statistical tests suggest that differences from the national medium are random rather than true differences, the distribution of agency average ratings based on their average ranking across all the measures remains a bell curve. Most agencies' average performance across all the measures falls kind of in the middle of the distribution, while relatively few have average performance that is significantly better or worse than their peers. And you can find out more information related to this topic on our [CMS.gov](https://www.cms.gov) website under the [Home Health Quality Initiative](#) webpage, under [Star Ratings](#) tab.

Fourth question: Why are there differences in which quality indicators each post-acute care setting is being asked to submit?

So, each setting serves a unique population, which also necessitates measures to be focused on those unique health care needs. And – however, under the Improving Medicare Post-Acute Care Transformation Act, or IMPACT Act, this provides for standardized measures across the settings to allow comparison on health care needs that are similar across settings. And we feel that this creates a real balanced approach for the unique and standardized measures.

And I think that's about – one more: Who does this act apply to?

So in September, as Tara kind of spoke to, on September 18th, 2014, Congress passed the Improving Medicare Post-Acute Care Transformation Act of 2014, or the IMPACT Act. The act requires the submission of standardized data by Long-Term Care Hospitals, Skilled Nursing Facilities, Home Health Agencies, and Inpatient Rehabilitation Facilities. We also have more information online on our webpages under [CMS.gov](https://www.cms.gov). If you query IMPACT Act or Post-Acute Care Quality Initiative, you'll find a wealth of information including stakeholder opportunities and trainings and videos and all sorts of great stuff for you to look though.

So, thank you. We'll open it up to a live Q&A. Charlie?

Charlie Eleftheriou: Sure. Thank you to both of our presenters. Now our subject matter experts will be taking your questions and listening to your insights and thoughts on these measures. Before we begin, I'd like to remind everyone that the call is being recorded and transcribed. So, presenters and callers, please state your name and the name of your organization once your line is open. In an effort to get to as many participants as possible, we ask that you limit your question to one at a time. If you do have a second question, please press star 1 after your first question's been answered to get back into the queue, and we'll address additional questions as time permits.

All right, we're ready to take our first caller.

Operator: To ask a question, press star followed the number 1 on your touchtone phone. To remove yourself from the queue, press the pound key. Remember to pick up your handset before asking a question to assure clarity. Please note, your line will remain open during the time you're asking your question, so anything you say or anything – or any background noise will be heard in the conference. Please hold while we compile the Q&A roster.

Your first question comes from the line of Jennifer Woolsey.

Jennifer Woolsey: Hi.

Operator: Your next question comes from the line of Wanda Torres.

Wanda Torres: Hi, we're a consultant physician group, and we are constantly at SNFs and long-term care facilities. We're just wondering how this will impact the consultant?

Hello?

Dr. Tara McMullen: Hi, Jennifer. Yes, we were consulting each other actually. Thank – or Wanda, thank you for that question. For Skilled Nursing Facilities, they are mandated under the IMPACT Act to report data on the measures that are to be standardized. The items that are used to calculate that measure will be nested within the MDS. Those items and those quality measures will end up being publicly reported, so the world—the public—can look at the comparative performance rates.

So at this time, in the capacity that you play with those SNFs, that's the information that you could take forward to allow people to know that there are new quality measures. Those measures will have new items that will be nested in the MDS. Those items need to be collected; there's an APU tied to that. And those quality measures will be publicly reported.

Wanda Torres: Okay. But as far as the physician, he really doesn't report anything. Maybe the SNF may request certain information from him, but he's not required at this

point because he does his own reporting, you know, via the PQRS and all that stuff. I was just wondering how this will impact his services.

Dr. Tara McMullen: So, the SNF Quality Reporting Program is a post-acute care program that's set aside or stands alone from PQRS. PQRS is in a different reporting system. They...

Wanda Torres: Right, right.

Dr. Tara McMullen: ...report on different populations.

Wanda Torres: Okay. So it's really ...

Dr. Tara McMullen: Yes, does that help a little bit? These are two different programs for reporting.

Wanda Torres: Right, I understand. I just wanted to know how they would impact our providers since they're there a lot. I just...

Dr. Tara McMullen: Yes, you know...

Wanda Torres: ...see a change.

Dr. Tara McMullen: Yes, yes. CMS does not dictate who collects the assessments. So, if there is a change within the facility, that would be the facility's practice, and CMS leaves that up to the facility to figure out how that would work.

Wanda Torres: Okay, all right, thank you.

Operator: Your next question comes from the line of Stacy Witt.

Stacy Witt: Hello, this is Stacy, and a simple question. I apologize if it's stupid, but is there an easy way to find out if this IMPACT Act pertains to us?

Dr. Tara McMullen: Not a dumb question at all. Stacy, what – who's us? What group are you with or what care setting are you affiliated with?

Stacy Witt: U.S. Medical Management. So, we have a physician practice that operates in homes, and then we have a hospice and a Home Health Agency.

Dr. Tara McMullen: Okay. Thank you, yes. Home Health Agencies are mandated under the IMPACT Act to report standardize data. Home Health Agencies are. The IMPACT Act, as Michelle referred to, extends to Skilled Nursing Facility settings, Inpatient

Rehabilitation Facility settings, Long-Term Care Hospitals— not LTCHs, not long-term care itself—Long-Term Care Hospitals, and Home Health Agency settings. Agency...

Stacy Witt: Okay.

Dr. Tara McMullen: ...Home Health settings.

Stacy Witt: So, where'd I get more detail? I'm assuming we would fall under the Home Health Agencies and, you know, which groups are Home Health Agencies?

Michelle Brazil: So, Stacy, this is Michelle. If you go on to our website under [cms.gov](https://www.cms.gov) and you query IMPACT Act, we – I will point you, probably, to our PAC Quality Initiative webpages, and through there you can obtain more information and – the actual legislation as well. And so that is probably the best place for you to start. You can also go on to our Home Health webpages, which are under the Home Health Quality Initiative, and be able to find information there as well.

And then, of course, lastly, right now, as Tara was stating, we are currently out for public comment—the Home Health Rule is. And so if you go on to the *Federal Register*, that's – it's, like, www.federalregister.gov, and query calendar year 2017 Home Health at rule or Home Health PPS, you'll be able to find the entire Home Health Rule. And the hospice – excuse me, hospice Home Health quality reporting section is under that, and it provides detailed information regarding all of the quality reporting requirements, including information regarding the IMPACT Act. And Tara might have more of that.

Dr. Tara McMullen: Yes, Stacy, you – your question was pertaining to who are Home Health Agencies. If you look in the IMPACT Act—it's on page, basically, 2 if you're printing the act, Home Health Agencies are defined by the Social Security Act. The IMPACT Act does not specifically lay that out, but they're referencing the modification of the Social Security Act Section 1898 – or 1895 b3Bv. So go to the IMPACT Act, and it'll allow you to know, as defined by Congress, who are Home Health Agencies.

Stacy Witt: Yes.

Dr. Tara McMullen: Okay.

(crosstalk)

Stacy Witt: And I'm missing the very end of that, B – 1895 b3v3?

Dr. Tara McMullen: Big B, little v—beta, Victoria.

Stacy Witt: Okay. Thank you guys for your help.

Michelle Brazil: Thank you. And that was a good question.

Dr. Tara McMullen: Yes.

Operator: Your next question comes from the line of Kerry Braun.

Gina Tipton: Yes, hi. This is Gina Tipton with Rehab Hospital Navicent Health in Macon, Georgia. And right now, CMS has us exempted as rehab hospitals from the HITECH Act. But with this level of data integration, is CMS expecting rehab hospitals and other HITECH Act–exempt providers to have an electronic medical record?

Dr. Tara McMullen: Hi, Victoria. The answer is no. The IMPACT Act—it mandates for the [standardization of data](#) and that data be interoperable. And that’s the extent of it at this time—if the data is to be standardized to enable interoperability—and that’s the key word, to enable. If you are a setting or a facility that’s exempt, I would reach out to the – maybe to the CMS group. We don’t deal with HITECH in post-acute care. We do not receive RF funding either. So, I would reach out to the HITECH group at CMS and see if they have any further information about that. And if you want, you could write the [post-acute care quality initiative](#) webbox—that email box is nested within your slide deck—and someone can link you to the appropriate person.

Gina Tipton: Thank you.

Operator: Your next question comes from the line of Jennifer Woolsey.

Jennifer Woolsey: I’m not sure what happened...

Operator: Your next question comes from the line of Chris Crouch.

Chris Crouch: Yes, this is Chris Crouch, Bethesda Health Group, St. Louis, Missouri. I believe my question has to do with the act domains for the SNF. I believe I understand that the Skin Integrity and the Incidence of Major Falls comes from MDS data. What I’m not clear on is the Function domain and where that data comes from that we’re submitting. Is it coming from the MDS as well?

Dr. Tara McMullen: That’s a great question.

Chris Crouch: That measure—the measure title.

Dr. Tara McMullen: Yes, yes, yes, yes. Okay. So, when the measure was developed, the measure was developed, or specified, using data that came from the CARE item set, or the CARE tool. So, the CARE tool was developed during the post-acute care payment reform demonstration. CMS is not using the tool in its entirety. We’re just using items from the tool to be able to enable us to standardize specific quality measures. So, we

took from the Function subset of the CARE tool, or now known as the CARE item set, and we used some of those items for self-care and mobility to specify that Function measure. That measure and those items were proposed and are now adopted from the fiscal year '16 Rule for that set's Function measure. I forget the slide—22? 22.

Chris Crouch: 22.

Dr. Tara McMullen: Yes, those items – yes, those items are going to be collected in the new proposed and finalized subsection of the MDS, Section GG, Functional Abilities and Goals. So...

Chris Crouch: Okay, thank you.

Dr. Tara McMullen: ...we're currently – yes, does that help? So, if their MDS data...

Chris Crouch: Absolutely.

Dr. Tara McMullen: All right, cool. Awesome.

Chris Crouch: Thank you.

Dr. Tara McMullen: And I wanted – oh, thank you. And I wanted to add a note for the caller Jennifer whose phone's not working out. Jennifer, just – you can write us on [post-acute care quality initiative at cms.hhs.gov](https://www.cms.gov/medicare/quality-initiatives/post-acute-care-quality-initiative). It's on our slide. Just send us your email.

Michelle Brazil: Yes.

Dr. Tara McMullen: And we'll make sure we respond to you immediately. We know phone issues, so, thank you.

Operator: Your next question comes from the line of Tom Farro.

Tom Farro: Hi, thanks for your time today. In the Drug Regimen Review measure, at least for IRFs, there's an element that requires providers to take certain actions once they identify potential – clinically significant medication issues. And what is or is not a potential clinically significant medication issue doesn't appear to be addressed with any kind of specificity in the proposed – the rule – the IRF PPS Proposed Rule – that comments closed on in late June. Could you speak to that a little bit?

Dr. Tara McMullen: Hi, that's a great question, and unfortunately at this time, I cannot speak to that because we are in an active rulemaking cycle. You're very much aware of that because you're speaking to our comment period. However, CMS will make clear, if anything, information about any proposed measure in the near future. Thank you.

Operator: Your next question comes from the line of Melyn Cadabes.

Arnold: Hello, my name is Arnold from New Vista Post-Acute in Los Angeles, California. My question is similar to the previous one; it's about medication reconciliation. On the MDS, it doesn't ask about medication reconciliation. We would just like to know, how does the reporting go about with the medication reconciliation so CMS will be able to capture?

Dr. Tara McMullen: Yes, great question. Once again, as with my last response, we're in an active rulemaking cycle and I – and I'm not able to comment on that at this time.

Charlie Eleftheriou: We'll take the next question.

Operator: Your next question comes from the line of Belinda Johnson.

Belinda Johnson: Yes, thank you very much for your time. I am new to the SNF and long-term care arena, and so I'm trying to understand these measures. And my question is similar to the functional question that's coming from the MDS GG area. Where does the falls and pressure ulcers come from? Does that also come from the MDS?

Dr. Tara McMullen: Yes, these are really great questions. So, I'm happy to answer this. So, we've established that the finalized function measure is taken from Section GG, and if you look at our training materials or the MDS, you'll see what that section looks like. Just go on the SNF QRP site.

Falls – the adopted Falls with Major Injury measure is collected from Section J. An item that currently exists, J1900C, so...

Belinda Johnson: Right.

Dr. Tara McMullen: ...so folks are currently reporting that. And then the adopted measure, the Percent of Pressure Ulcers New or Worsened, is taken from Section M.

Belinda Johnson: Okay, well, my confusion, I guess, is that you're going to get penalized 2 percent if you don't report, but everybody does their MDS. So, who...

Dr. Tara McMullen: Yes.

Belinda Johnson: I don't understand that. How would you not...

Dr. Tara McMullen: Yes.

Belinda Johnson: ...report?

Dr. Tara McMullen: Yes, I mean, it's a great question, right? So to make some clarifications, I just – I'd like to – people use the word "ding" or "penalties." I think that they're all pretty harsh. The APU is applied to reporting of the data. That's all it is. So, facilities are required to report data on those standardized quality measures. If facilities are reporting data, well...

Belinda Johnson: Only on the MDS.

Dr. Tara McMullen: Only on the MDS if you're a Skilled Nursing Facility setting.

Belinda Johnson: Okay, okay. So, there's not...

Dr. Tara McMullen: So, if you're not reporting that data...

Stace Mandl: You're fine.

Dr. Tara McMullen: ...they're fine.

Stace Mandl: Yes, you're fine.

Belinda Johnson: Great. Okay, thank you so much.

Stace Mandl: This is Stace Mandl from the same division as Tara, just to expand on that. The – what we're looking for, and as was finalized last year in the rule, is the use of real data rather than dashes in the items used to calculate and which includes risk adjustment items for these measures. So just to clarify that as well a little bit further.

Dr. Tara McMullen: And if you're successfully submitting actual data, not just dashing, you know, that's good.

Stace Mandl: Yes.

Belinda Johnson: Okay.

Dr. Tara McMullen: There's no problem then.

Belinda Johnson: Great, thank you.

Dr. Tara McMullen: Thank you.

Operator: Your next question comes from the line of Paula Parsons.

Paula Parsons: Okay, hi. Yes, our – I guess we're looking for where can we find out more information about the medication reconciliation piece?

Dr. Tara McMullen: All right. So that measure was proposed in the fiscal year '17 SNF PPS Rule. And if you go to the *Federal Register*, you'll be able to look up that rule. So...

Paula Parsons: Okay, thanks.

Dr. Tara McMullen: Yes, so, Google *Federal Register* fiscal year (FY) 2017 SNF (Skilled Nursing Facility) PPS – I think that that would be it. Rule, yes, that should be it. You can pull it up there. And it's also – on slide 18...

Michelle Brazil: Could we put a little note for that?

Dr. Tara McMullen: Oh, yes. Oh, yes. If you look at slide 23, you could see kind of the language for that, for Google.

Paula Parsons: Okay. Thank you.

Operator: Your next question comes from the line of Diane Alexander.

Diane Alexander: Hi, I was just trying to find out how we can register for the training, the upcoming training in Chicago?

Michelle Brazil: So, we just finalized the dates for those trainings. Information is going to be posted on the individual quality reporting websites. And so, what you – I guess in the next few weeks or by next week or something like that—in the next few weeks go on to our site and Google the – you listed your IRF Quality Reporting Program or the SNF?

Diane Alexander: SNF.

Michelle Brazil: SNF, okay. Then you Google the SNF Quality Reporting Program. They'll post some information on the Spotlight page letting you know that the training—the specifics—are now available, and then they'll put more information on their Training tab...

Diane Alexander: Great.

Michelle Brazil: ...including the registration. So, yes, stay tuned and just keep looking.

Diane Alexander: Okay, thank you.

Michelle Brazil: Thank you.

Operator: Your next question comes from the line of Tammy Gallinger.

Tammy Gallinger: Hi, this Tammy. One of the things I've been trying to get clarification on—we have a Critical Access Hospital that includes a swing bed. So, do the SNF measures apply to swing beds?

Dr. Tara McMullen: Yes, the answer would be no. And if you look up the IMPACT Act—I have it in front of me, I believe it's on page, if you print it, page 3. It's pretty close up at the start of the Act. The IMPACT Act delineates that CAHs do not...

Tammy Gallinger: Okay. I – one place I saw it didn't, but then I had heard at a conference that they weren't sure of – so thank you very much.

Dr. Tara McMullen: Oh, Okay. Well, happy to help. And if you have any other questions, do send us emails to that email box.

Tammy Gallinger: Okay.

Dr. Tara McMullen: Okay.

Operator: Your next question comes from the line of Pamela Rufe.

Pamela Rufe: Yes, I'm calling from an acute rehab, and could you repeat the website to obtain the slides?

Charlie Eleftheriou: Yes, you're going to want to visit [go-g-o-go.cms.gov/](http://go.cms.gov/) forward slash, the three letters N-P-C as in National Provider Call—go.cms.gov/npc. And then on the left side of that webpage, you'll select National Provider Calls and Events, and then you'll see today's call listed in the chart by date.

Pamela Rufe: Thank you.

Charlie Eleftheriou: You're welcome.

Operator: Your next question comes from the line of William Cooksey.

William Cooksey: Yes, thank you. I have a question about slide number 15 in the presentation today—the functional assessment, the skin integrity, and the medication reconciliation, the dates for LTCHs—and I'm calling from an LTCH organization. This was a little bit confusing because the CARE data set, the Version 3, currently contains functional status, cognitive function, etc., and also skin integrity changes. And that was implemented, of course, April 1st of this year. I'm wondering if you could clarify the

dates, you know, what the dates mean—if they really do mean begin data collection, as stated in the call, or if they mean begin for payment evaluation?

Stace Mandl: Hi, this is Stace from CMS. Can you repeat the last part of that question? I got the April release question, but what was the rest of your question? Sorry.

William Cooksey: Well, the bottom line is, why is there a data or – for example, number 1 on slide 15, the LTCH start date is October 1, 2018. It was stated at the beginning of this slide that these dates indicated beginning of data collection, when it – when, to my knowledge, we’ve already started collecting this data...

Stace Mandl: Right.

William Cooksey: ...in April.

Stace Mandl: That’s right, and we went through rulemaking and the implementation release scheduled for LTCHs is generally an April release. Whenever there’s an update to the LTCH CARE data set, it’s generally April. I believe in the last – one of our presentations, we also updated our slide to have a footnote that allowed the slide presents what’s in the act, that the actual date for the LTCHs is April. So maybe the slide needs to be updated.

William Cooksey: Okay, yes, because this says October the 1...

Stace Mandl: Yes, you have it correct.

William Cooksey: ...2018, when we started collecting these measures, April of, of course, this year. So, okay, so maybe it’s an issue with the slide deck itself.

Stace Mandl: Yes.

William Cooksey: Thank you.

Stace Mandl: It’s just the slide. So, if you’re with an LTCH it’s the – it’s April of 2016 was when the function items – which I think is what your question was. That version – yes, okay.

Operator: Your next question comes from the line of Karen Nelson.

Karen Nelson: Thank you, this is Karen Nelson with Partners Continuing Care. We are fortunate to be providing care in a SNF, IRF, LTCH, and Home Health, so we’re very immersed in readiness for the IMPACT Act.

My question is for Michelle. Thank you for the information on the measures lifecycle, which helps explain the work of the Measure Applications Partnership and the Measures under Consideration. So my question or my comment is, if you could explain why CMS has ignored the recommendations that came out of that? For our four care settings, 29 of the 30 measures were not supported. They came out with their recommendations for “encourage further development,” and one of the Home Health measures—that’s the 30th one—was totally rejected. So, we’re kind of in an odd place with, you know, 29 or 30 measures that haven’t really been fully endorsed by, you know, the agency we all count on to develop and support quality measurement. Can you explain why CMS decided to deviate from the recommendations for all four of these settings?

Dr. Tara McMullen: Hi, this is Tara McMullen. That’s a great question. I have a question for you for clarification. When you’re...

Karen Nelson: Sure.

Dr. Tara McMullen: ...speaking to the 29 measures, are you referring to the measures that CMS submitted on the 2015 Measures under Consideration list for the NQF-convened Measure Applications Partnership?

Karen Nelson: Yes.

Dr. Tara McMullen: The IMPACT Act measures, specifically?

Karen Nelson: Yes.

Dr. Tara McMullen: Okay. So, first note – it’s a good question. First note is that the Measure Applications Partnership is not an endorsement body. They are a peer-reviewed group that come together and give recommendations for a measure, I guess, whether a measure fits into a quality reporting program, whether that measure would fit gaps in the National Quality Strategy and in the quality strategy of the quality reportings themselves. They do not provide endorsement. The endorsement from the National Quality Forum comes at a later time. When full measure packages after testing developments are done, they’re submitted for consideration of endorsement. So that’s a caveat that we would like to add. They’re not – the Measure Applications Partnership is not an endorsement body, okay?

Karen Nelson: Okay.

Dr. Tara McMullen: So, we can talk about this in a bit, but remember we’re in rulemaking. But the categorization as leveraged by the Measure Applications Partnership for continued development did not state that they do not support, and they also stated that they do support. It was a recommendation to continue testing your

measure if you submitted it and it received that categorization. And since that time of 2015 in December, CMS continued testing the – all the measures that were submitted to the Measure Applications Partnership and completed full testing of those measures.

Karen Nelson: Okay. So, and – are those findings published somewhere then so we could see if – how many were then finally, you know – what the results were from that—from those tests? Would that be under the – still under the MAP area, I could...

Dr. Tara McMullen: So...

Karen Nelson: ...find that information?

Dr. Tara McMullen: Yes, so note, any finding from CMS testing is eventually posted on the CMS webpage. That's CMS's work. However, as delineated in the proposal of the rule, more information's to come about that—those proposed measures and the testing around those measures.

Karen Nelson: Okay, thank you.

Operator: Your next question comes from the line of Kimberly Gimmarro.

Kimberly Gimmarro: Hi, this is Kim. I'm interested in knowing at what point in the measure collection or reporting will the collected data for the Skilled Nursing Facilities be available in the CMS archived data for benchmarking?

Dr. Tara McMullen: Hi, it's Tara McMullen. Quick point of – or question for you: Do you mean CASPER reports?

Kimberly Gimmarro: Yes, yes. CASPER reports? No, we actually do go out to the CMS archived data to be able to scope our benchmarking down to our local competitor facilities in our local tricounty area.

Dr. Tara McMullen: Yes, this would be a great question to submit to us on the [Post-Acute Care Quality Initiative mailbox](#). But we also like to stress that the SNF Quality Reporting Program is a brand new reporting program, and collection of the data for the measures as adopted into the program has not begun yet. It will begin in October. So, submit your question, and we'll get back to you as soon as we can.

Kimberly Gimmarro: Thank you very much.

Operator: Your next question comes from the line of Kathy Duckett.

Kathy Duckett: Hi, this is Kathy Duckett. Can you hear me?

Dr. Tara McMullen: Yes, we can Kathy.

Kathy Duckett: Great. My question is: You keep saying we have to report our findings, and I'm wondering is – will these, right now, with the HCAHPS and stuff, it just automatically comes from our OASIS reporting? And with the – we're part of the Value-Based Purchasing pilot, and the information is going to be reported, not – I mean, it's "reported" to the Value-Based Purchasing, but they're actually just pulling it from our claims data. For Home Health, is that what you're going to do? You're going to pull it from our OASIS data? So, are we going to have to have a separate place where we present that data?

Michelle Brazil: No, no, you're doing everything correct. You're fine. Yes, we are going to pull that data for Home, you know, Home Health CAHPS®. The way that you're doing it is correct. And for the OASIS, and filling out this OASIS and submitting it, you're correct. And we can't speak to the Home Health Value-Based Purchasing.

Kathy Duckett: Yes, no, I know. I just wanted to use that as a comparison because they use the term "report to us," but it comes automatically off of our data that's already being submitted. So there's no separate thing that we have to do and I wanted to see if this program is similar to that, that you'll just automatically get the data you need because we're submitting our OASIS.

Michelle Brazil: That is correct. Great job.

Kathy Duckett: Okay, thank you.

Michelle Brazil: Thank you.

Operator: If you would like to ask a question, press star 1 on your telephone keypad. To withdraw a question or if your question has been answered, you may remove yourself from the queue by pressing the pound key.

Your next question comes from the line of Mary Ellen DeBardleben.

Mary Ellen DeBardleben: Hey, good afternoon. Thank you for the presentation. I had a question about the confidential feedback reports that are listed in several of the different providers on several slides, specifically for the resource use measures. Do you know at this time if those resource use measures for the confidential feedback reports will contain patient-level data or will they be provider-level data?

Stace Mandl: Hi. Unfortunately, we're in the throes of rulemaking right now, so I can't really provide you a full response. We're taking everything...

Mary Ellen DeBardleben: Okay.

Stace Mandl: ...into consideration as we're developing reports. Okay?

Mary Ellen DeBardeleben: Great. Thank you.

Stace Mandl: Thank you.

Operator: Your next question comes from the line of Samantha Kolbe.

Nancy Richard: Yes, hello. This is Nancy Richard. I'm calling from Spaulding Hospital in Cambridge. And I have a question on the quality measures here. It talks about total estimated Medicare spending per beneficiary. I just need you to clarify: Are these measures just being collected on Medicare patients or all LTCH patients?

Dr. Tara McMullen: Hi, it's Tara. It's a great question. It would be all Medicare bennies, just in the fee-...

Nancy Richard: Okay.

Dr. Tara McMullen: ...for-service claim.

Nancy Richard: Okay, so then how do you – because you're taking this information from the LASER, which is – this is how this – or at least a good portion of it. This is how this is reported. So how do you differentiate between the information that's taken from the LASER vs. Medicare patients?

Dr. Tara McMullen: It's a good question, thank you. This, once again, is a measure that's currently in the rules as being proposed, so I can't speak too much to it. But this is a claims-based measure. So, this is taking from the Medicare claim. That proposal is taking from – for the measures to take from the Medicare claim, so would not be taking from LASER for the proposed measure.

Nancy Richard: Okay, so like, for the measure, like, in particularly, like Skin Integrity, Incidence of Falls...

Unidentified female from participant line: And Function.

Nancy Richard: ...and Function. Now, these would come from the LASER. So I guess my question is: How do you take that from the LASER and then differentiate between only the Medicare?

Stace Mandl: This is Stace again, at CMS. So, LASER is a free software that we provide for providers who don't have vendor support or an IT system, and it's the same – we provide that same software for all of our assessment instruments for all the provider –

post-acute care provider types. If I'm understanding your question correctly, LTCHs submit all payer data on their quality measures. And I – if I'm understanding your question further correctly, you're asking about different payer sources for measures. That – what I'm – am I picking up on that correctly?

Nancy Richard: Yes, that's correct. I guess I'm trying to figure out how – because if I'm understanding you correctly, you are measuring only Medicare patient only, right?

Stace Mandl: For claims-based measures, we would only be able to measure their – for claims-based measures, we'd only be able to measure data using claims-based measures on Medicare fee-for-service patients. And LASER is not – is a free software tool that we provide for folks, as I said, who don't have access to vendor support or an IT infrastructure for using our submission specifications. Those are two totally different things. There's claims-based measures, which there's nothing different that anybody does, they just submit claims, make sure they're accurate. And then there's the submission of the assessment data for which LASER is a tool that we provide. It's for – it's kind of like TurboTax®.

Nancy Richard: So, whoever's going to send those data is going to submit...

Stace Mandl: Yes, you just...

Nancy Richard: ...data?

Stace Mandl: ...you just submit your data.

Nancy Richard: Yes.

Stace Mandl: And when you mention the term LASER, it makes me think of – you must be discussing – describing LTCHs, which was stood up as an all-payer system. Just continue to submit your data.

Nancy Richard: Right. So, right. We do – yes, that's okay. I got that part. I'm just...

Stace Mandl: Okay.

Nancy Richard: I just need clarification on the data like the skin integrity, incidence of major falls, those areas that are submitted via the CARE assessment tool or LASER. How does CMS – how do you differentiate between Medicare patients and non-Medicare patients? Are all the patients put in your mix or is it just Medicare? And how do you make the difference?

Stace Mandl: Well, on the LTCH CARE Data Set, which is actually its name, it – I just want to make sure to clarify that – it's not the CARE tool; it's the LTCH CARE Data Set. We do

collect information about payer source, including the Medicare members. So, why don't you – it may be helpful if you submit that question.

Dr. Tara McMullen: There might be other measures that come from LASER that are not the measures you're referring to, and those might be all-payer, and those measures are not mandated under the IMPACT Act.

Stace Mandl: Yes, when you think of the LTCH Quality Reporting Program, which stood up as an all-payer-based program like many of our programs, and there are measures that are intended to satisfy the LTCH – LTCH-to-LTCH quality reporting, and then there are measures that are required to be satisfying the IMPACT Act. So, it may be very helpful for all of us if you submit your question through the mailbox as well.

Nancy Richard: So basically, what we're looking for clarification on is that, when in fact you're pulling data for skin integrity, falls, and function, are you reporting out data that's Medicare-only or all payers?

Dr. Tara McMullen: The LTCH CARE Data Set is an all-payer data set.

Nancy Richard: Right. So when you pull your – when you pull these measures, are you reporting on all cases or just Medicare patients? Because it doesn't specify it anywhere, so that's where we're looking for clarification.

Stace Mandl: So, to date, all proposals and all finalized measures that have been implemented into the LTCH Quality Reporting Program are all-payer unless they're claims-based. So that would include not only the assessment-based measures but also the CDC-reported data as well. I just want to clarify that as well. And like I said, it may be helpful if you submit your question.

Charlie Eleftheriou: Yes, if – yes, if – sorry, if you have additional questions, feel free to email the box, the email address that's in the presentation today so we can sort of try to get to another caller before time's up. Thank you.

Operator: Your next question comes from the line of Susan Kreps.

Susan Kreps: Yes, hi, this is Susan Kreps, and I'm representing a number of Inpatient Rehab Facilities here in Phoenix, Arizona. I apologize if this question was already answered within the presentation, because I came in a bit late. But I was fortunate enough to attend the Dallas training in mid-May with respect to the quality measures. And at the end of that training, it was mentioned that there would be additional training materials via YouTube and that there would be a revised IRF-PAI training manual coming out. And I just wondered if there were any timelines for release of those resources?

Michelle Brazil: Hi. So, the training manual update and the frequently asked question materials should follow soon, pending CMS review. But the YouTube videos now are posted on the IRF Quality Reporting website under the Training tab.

Susan Kreps: So I am...

Michelle Brazil: Does that help?

Susan Kreps: Yes, very much, thank you. I am on the IRF QRP website, and I don't see them there. But you say that they are embedded somewhere. I see a number of items listed, and I can certainly continue to look for those, but they're not...

Michelle Brazil: If you want to send your question to us, to our email box, I can actually find the YouTube video and send you the exact link if you'd like.

Susan Kreps: Okay, very good. Thank you very much.

Michelle Brazil: You're welcome.

Operator: Your next question comes from the line of Lilia Medina.

Lilia Medina: Hi, I was just wondering how this was going to impact the acute setting in a hospital? Because everything I've heard thus far has been post-acute care.

Dr. Tara McMullen: Hi, I think it was Amelia? You're right, the IMPACT Act is really – has a laser, for lack of a better term, focus on post-acute care settings. So those were the four settings that we've been discussing: the IRFs, the SNFs, the LTCHs, and the Home Health Agencies. So, the standardization of quality measures is four post – those four post-acute care settings.

Lilia Medina: So, currently it's not going to impact an acute setting in a hospital?

Dr. Tara McMullen: At the current time, the IMPACT Act does not mandate the standardization of measures for acute-care hospitals. Right.

Lilia Medina: Okay, thank you.

Operator: Your next question comes from the line of Marcelle Korte.

Marcelle Korte: Oh yes, thank you, Marci Korte with the Visiting Nurse Association Homecare Agency. I had a question about the medication reconciliation that's under the 2017 Proposed Rule. Is that going to change in any way since it's going to be late, you know, late in the fall when we get the final rule on that? Is it going to change any of the OASIS questions regarding the drug regimen review, you know, for OASIS, like M2000

and 2002, which we already capture? I was just wondering if there's a possibility that those questions may change so quickly in January?

Dr. Tara McMullen: Right, these are great questions. Again, we're in an active rulemaking cycle, and I, unfortunately, cannot speak to that. I apologize.

Marcelle Korte: Okay, because that would be really quick.

Charlie Eleftheriou: Thank you for your feedback; we appreciate it. We will take the next question.

Operator: Your next question comes from the line of Rita Thompson.

Rita Thompson: Yes, hi. My question is concerning slide 24. And of course, the title is for Inpatient Rehab Facilities for their quality measures. But, like it said, the third measure, the wording says Percent of LTCH Patients with an Admission Discharge Functional Assessment. So, could you speak to that, why it referenced LTCH and so...

Dr. Tara McMullen: Yes...

Rita Thompson: ...an Inpatient Rehab?

Dr. Tara McMullen: Absolutely. And I think I spoke to this in the SNF slide. So the response is the same for SNFs and IRFs—that this measure is actually assessing IRF patients for the IRF setting and SNF residents for the SNF setting. However, when we proposed the actual measure itself, the measure was originally developed for an LTCH setting. So when we proposed it, we had to propose the extension of the original measure names. So, it's just an extension.

In all reality, this measure is specified and developed appropriate for an IRF setting for IRF patients. It will be assessing IRF patients. And as I delineated a few slides earlier—I think it was two slides out for SNF—it's the same way this measure is specified and developed for a SNF setting for SNF residents. It will be assessing SNF residents.

(crosstalk)

Dr. Tara McMullen: ...all proposal.

Rita Thompson: ...all Medicare IRF patients.

Dr. Tara McMullen: It will be not all Medicare if IRF-PAI is not all-payer.

Rita Thompson: Okay, thank you.

Charlie Eleftheriou: You're welcome. And I think, at this point, we have time for just one more question.

Operator: And your final question comes from the line of Anne Short.

Charlie Eleftheriou: Hello, Anne?

Anne Short: Hi, I'm sorry. I would like to ask about your definition of major falls and where I can find that information?

Dr. Tara McMullen: Yes, great question. So, the definition of major falls quintessentially is summing up falls with major injuries that are comprised of broken bones, head trauma, things of that nature—major, major injuries. In our guidance manuals that are – that should be posted on our websites and in our training, as well as the measure specifications. I don't know what setting you're in, but you can look on the SNF QRP website, the IRF or the LTCH QRP websites for the finalized specifications from the fiscal years '16 Rule. You will see a very definitive definition of what a major injury is.

Anne Short: Great.

Dr. Tara McMullen: If you're from...

Anne Short: Thank you so much.

Dr. Tara McMullen: Yes, I don't know if you're from the SNF setting, but if you're from a SNF, that definition's also in the RAI Manual.

Additional Information

Charlie Eleftheriou: All right, that is unfortunately all the time we have today for your questions. If we did not get to your question or if you have additional questions, you can email it to the email address listed at the bottom of slide 29 of today's presentation.

An audio recording and written transcript of today's call will be posted to the [MLN Connects Call](#) website. And we'll release an announcement on the [MLN Connects Provider eNews](#) newsletter when these are available.

On slide 31 of the presentation, you'll find information and a link to evaluate your experience with today's call. These evaluations are anonymous, confidential, and voluntary, and we appreciate the feedback.

Please join us again for future [MLN Connects Calls](#). Our next call is July 12th on Skilled Nursing Facility Quality Reporting Program.

This document has been edited for spelling and punctuation errors.

Again, my name is Charlie Eleftheriou, and I'd like to thank our presenters and also all of our participants who joined us today for this IMPACT Act National Provider Call. Have a great day, everyone.

Operator: This concludes this call. Presenters, please hold.

-END-

