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National Provider Call Transcript

Centers for Medicare & Medicaid Services
Looking Ahead: The IMPACT Act in 2017 Call
MLN Connects National Provider Call
Moderator: Leah Nguyen
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Contents

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 Leah Nguyen. Thank you. You may begin.

Announcements and Introduction

Leah Nguyen: I am Leah Nguyen from the Provider Communications Groups here at CMS, and I am your moderator today. I would like to welcome you to this MLN Connects Call on "Looking Ahead: The IMPACT Act in 2017." MLN Connects Calls are part of the Medicare Learning Network®.

The Improving Medicare Post-Acute Care Transformation Act of 2014, or IMPACT Act, requires the reporting of standardized patient assessment data by post-acute care providers, including skilled nursing facilities, home health agencies, inpatient rehabilitation facilities, and long-term care hospitals. During this call, CMS experts discuss goals, requirements, progress to date, and key milestones for 2017. A question-and-answer session follows the presentation.

Before we begin, I have a couple of announcements. You should have received a link to the presentation for today's call in previous registration emails. If you have not already done so, please view or download the presentation from the following URL – go.cms.gov/npc. Again, that URL is go.cms.gov/npc.

Second, this call is being recorded and transcribed. An audio recording and written transcript will be posted to the MLN Connects Call website. You will receive an email when these are available.

Lastly, registrants were given the opportunity to submit questions. We will address some of these questions before the question-and-answer session.

At this time, I would like to introduce our first presenter, Stace Mandl, from the Division of Chronic and Post-Acute Care in the Center for Clinical Standards and Quality here at CMS.

I will now turn the call over to Stace.

Presentation

Stace Mandl: Hi. Thanks. Hello, everyone. Good morning for some folks and good afternoon to others. Thanks for joining our call today.

Very briefly, our agenda is to walk through just a very high-level walk through the IMPACT Act again, the IMPACT measures, talking about the process involved with measure development to help folks have an understanding of what that entails, reviewing the public comment periods and the panels – the technical expert panels our measure development contractors have held, our efforts in implementation activities, standardized patient assessment data and what all of that work has entailed, and then just some strategic information and things that have gone on and, obviously, ending with a question-and-answer session.

The IMPACT Act Overview

So, it's really a fantastic time to really look at everything that we've done, everything that actually pre-dated even the passing of the IMPACT Act, and really stepping back and looking at everything that's gone on and all the efforts both, you know, not just with CMS but also with stakeholders and providers that have really brought together a convergence of a mission of improving quality for all and how, with the passing and implementation activities of the IMPACT Act, really working to utilize standardized data in ways that can really even be forward-thinking and help post-acute providers in their use of the standardized data for interoperable purposes, as outlined in the act.

So on slide 6, just as a quick overview for folks who may not know or a refresher is always helpful, the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 was a bipartisan bill that was passed on September 18th and signed into law by President Obama in October 2014. And it requires standardized – it requires many things. But one of the big requirements is the requirement for standardized patient assessment data or resident assessment data across post-acute care settings, that is, inpatient rehab facilities, long-term acute care hospitals, skilled nursing facilities, and home health agencies, to submit standardized patient or resident assessment data in core categories and for specific quality measures for domains that are listed out in the act.

And the purpose behind all of that is to improve quality of care, of course, and outcomes of patients and beneficiaries. Also, though, to have that standardized data to

enable comparability of quality across post-acute care settings. One of the requirements in the act is that the discharge planning processes in both post-acute care and in hospitals be promulgated to take into account the use of the standardized and comparable data for discharge planning purposes. One of the other intents, as spelled out – it's actually a requirement in the law – is public reporting. And so there's a transparency and data reporting on how providers are doing.

The standardized assessment data itself is a foundational building block for the purpose of enabling post-acute care to engage in interoperable exchange of data across provider types. And that is, of course, to help enhance and facilitate safer care transitions and coordinating care, you know, as an individual traverses the entire health care system and then even on into their home.

Of course, a big part of the act that is very unique is that it really does help foster patient-centered goals, not just with discharge planning but in the communication of an individual's needs as they traverse the system through the use of that standardized data. And then, lastly, there are requirements for reports and so forth looking at payment models using that data for – that are based on individual characteristics. And all of that is all laid out in the IMPACT Act, and I always encourage folks to read that information. Read the actual law to become most familiar with it.

So, so far here at CMS, we have been working over the last – since this passed to develop and implement quality measures that would satisfy the eight domains that are listed out in the IMPACT Act. The act requires that we develop and implement measures in at least eight categories. Five of them are quality measure categories and the last three are resource use and other measures. And, so, I won't read all of this out loud but just highlight that the dates that are listed here are the specified application dates. And anything in green has actually been developed – implemented through rulemaking and then, actually, the data collection has begun. Anything that is in black has been implemented; data collection has not begun. And anything in red is still – that is left to do.

And, then, on slide 8 – for the next few slides, we want to talk a little bit about measure development and the activities that go on with – for CMS, sort of our mission, what we align with to do the work that we do and, also, to really walk through the opportunities that are baked into our – what we call the measures blueprint process for development

and implementation of measures. And that's not unique to post-acute care. That's actually a process that's followed across the board that, hopefully, some of you are familiar with, if not all of you, because throughout that process, there are multiple opportunities for public input that we seek and very much utilize.

So, to begin with on slide 8. I would imagine that most folks are aware that we worked to meet three specific aims: better care, healthy people, healthy communities and affordable care. And that our sort of true north here is laid down by the National Quality Strategy, for which those three aims roll up to. And in the National Quality Strategy, there are six priorities that are listed out on slide 9. I'm not going to read all of these out loud. But I think it's important to point out that these strategies and the aims really guide our mission. It's a combination of these and looking at where quality gaps exist. And so our measure development contractors and our assessment development contractor work hard to identify where there are gaps that need to be filled and then aligning those with these goals and priorities.

On slide 10, I want to note that CMS has a quality strategy that aligns with the National Quality Strategy. And, so, the priorities that are laid down in the National Quality Strategy are the goals of CMS – making care safer, strengthening person and family engagement, promoting effective communication and coordination of care, promoting effective prevention and treatment, working with communities to promote best practices of healthy living.

And then on slide 11, what is – what I always like to point to is that the act is very unique in that it really does help provide a mechanism to facilitate three harder-to-reach goals and priorities. And those are strengthening person and family engagement as partners in their care, promoting effective communication and coordination of care, and promoting effective prevention and treatment. And that is inherent in the use of that standardized data for transitions in care and the discharge planning goals and the development of measures and processes that really help facilitate, not just quality of care within a particular provider, but across providers, and using at the data element level the information to help inform the needs of that individual.

Slide 12 is a sort of very high level walkthrough of the measure development process beginning with measure – the measure concept, which is birthed out of environmental scan work performed by our contractors and here at CMS and really looking at where

the gaps in quality exist, and then how could a measure be developed to address that gap, and then working to specify the measure and pulling the specifications together, testing out the measure concept using the specifications. And then there's the entire process of measure implementation, which requires several steps, one of them being our partnership with the Measures Applications Partnership, or the MAP, and then the process that goes through rulemaking.

And then, lastly, once measures are actually implemented into programs, they're monitored. They're monitored for their performance. They're monitored for their – for any unintended consequences that we hope don't ever exist. And the process of looking at the measures and their performance feeds back – this is really a loop looking at whether this measure is addressing the gap without unintended consequences and what's sort of the next iteration of the measure. So it's really a very ongoing, cyclical process that's engaged on an ongoing basis.

Slide 13 is really sort of a way of highlighting throughout that entire process opportunities for public input. We really, as I stated earlier, rely very heavily on public input, both direct requests for public comment during the information-gathering phase where we may be seeking input through events such as listening sessions or simply calling for input on a certain topic. Sometimes we do that through – even through our rulemaking, where we seek public input on future measures. There's lots of opportunities early on to get information and thoughts and ideas from the public.

And then, in the measure development process itself, there are various opportunities for public input. One of them being in our calls for public input, and that is actually part of that blueprint process I was describing. And then, of course, through our measure development contractors who seek technical expert input. And then, of course, during any testing that may be going on where we're actually in the field gleaning that input and, then, all the way through, as I had suggested – through the rulemaking process and then, of course, you know, when the measures get released for public display and the input. And all of this is a very dynamic process, which is why there are two-way arrows. And the information that goes on through this cycle does inform, in both directions, the actual programs themselves, whether it is the Home Health Quality Reporting Program or the SNF Quality Reporting Program or the LTCH Quality Reporting Program or any of the programs.

Then on slide 14 is a little bit more of a breakdown of the steps that are undertaken, the information gathering phase, the environmental scan, the literature reviews. They're very extensive. The technical expert panels that are held by our contractors, the consultation within CMS as well as other stakeholders – all of that sort of input flux of information is all gathered together. And then, as we said, there's the whole measure development process, which includes the consensus endorsement process. Measure maintenance, as I've said, is an ongoing process, the MAP itself.

And then for post-acute care, for those measures that are assessment-based, it's all of the patient assessment or resident assessment instrument development and work as well that goes on. That, too, goes through – is going through a similar process, all the testing and data validation, all the reports that are undertaken, even with the PRAs that go out for public comment – I should just mention that as well.

And we also have an ongoing 24/7 available helpdesk, email boxes where we receive input or questions either on the measures or on the assessment instruments or on the programs themselves, the public reporting Compare site activities and work and then overall project management of all of these activities taken together as a whole to define a quality reporting program. And I will say that there is a terrific amount of coordination and collaboration that occurs, not just within CMS but across the departments with our sister agencies and then also across our contractors in this work. In particular, with the IMPACT Act, it's been a tremendous amount of ongoing daily collaboration across the contractors who support this work.

Then on slide 16, it's just sort of a summary of the kinds of activities that I've described. And now we'll go a little more in-depth with the actual work. These are sort of the ideas and laying down the process that we're – that we undertake with our programs and the measures and the assessment instruments.

But now I'm going to hand it over to Dr. Tara McMullen, who will actually provide sort of an overview of the activities that have gone on in the last year or so related to the IMPACT measures. Tara?

The IMPACT Act Measures

Dr. Tara McMullen: Thanks, Stace. Hi, everyone. Good afternoon or good morning.

As Stace delineated, the next slides will guide you through what we call keystone activities. And these are listed within the measures maintenance blueprints. In the next slides, I'll talk to our work here in the Division of Chronic and Post-Acute Care and some of the activities or steps that we take that are necessary to develop or maintain a measure within the measure lifecycles.

So on slide 18, I will start with talking to the opportunities for public input on measure development. So, measure development is a robust process that entails many opportunities for public input, whether that's through a public comment period, as delineated in the measures maintenance blueprint, or other types of activities and input that we have with stakeholders, national organizations, caregivers, family members, etc.

So, first, public comment periods are within the blueprints. The intent of the public comment period is to gather public input and opinion on a variety of measure or item topics. So, public – so, usually, CMS will post measure specifications or item specifications and solicit comments, any type of feedback on what we are developing or in the process of modifying or refining. Currently, with the IMPACT Act, all of our measures have gone through one, two, maybe three public comment periods. It just depends on the measure. But each measure has gone through the public comment period at least once.

Other outreach activities for public comment include emails to stakeholders from listings, listings on the IMPACT Act webpage or the PAC QRP website, announcements on Medicare Learning Network, or information that is posted to our PAC websites. And you'll see them there. We have the Home Health Quality Reporting Program website, the IRF, the LTCH, and the SNF Quality Reporting websites. And then that fifth bullet is the – what we call the Post-Acute Care Quality Initiatives webpage. It's the webpage we usually draw folks to. And then that last kind of sub-dash is the email that you can email us any questions, anything. That's our IMPACT Act email. PACqualityinitiative@cms.hhs.gov. And someone from our IMPACT Act team will respond to your inquiry.

So going on to slide 19, just some additional information. So, for anything pertaining to public comment periods or really technical expert panels, anything that we're doing pertaining to any type of outreach to gain input on our quality measure and maintenance process – that's what we call the lifecycle – we post on these web links. So,

you'll see here we have a web link under technical expert panel publications and a web link for public comment – their summaries. And, of course, these materials are also posted on our QRP webpages.

So, moving into slide 20 and then 21, I'm going to speak to public comments in general. For the IMPACT Act quality measures, we are going to delineate for you the public comment periods, the dates, and the activities for each quality measure.

On slide 21, again, a summary. Public comment provides the opportunity to gather feedback from a broad range of stakeholders on a broad range of topics pertaining to our work. Our developers and CMS investigate measure feasibility and really data item feasibility in all of our PAC settings based on the public comments and that input. And again, you have a website where you can see the call for public comments.

On slide 22, I'm going to get into some recent public comment periods that CMS has held for each of the measures under the IMPACT Act. So first, for the quality measure the Application of Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function, you will see that, not only coupled with the public comment period that we had, which was November 9th to December 9th, 2016, we also had listening sessions, another tool that we've used from the measurement lifecycle, as listed in the measure maintenance blueprint, to gain feedback from stakeholders or subject matter experts on the development of our quality measure. And we had two listening sessions – February 12th and March 24th in 2015.

We have another measure here, the Percent of Residents or Patients with Pressure Ulcers That Are New or Worsening. That public comment period – well, this measure itself has had many public comment periods. I think, Stace and I were talking probably stemming from 2010, this measure has really grown and has been refined through the past 6, 7 years and has – now has growth to be a standardized measure. The most recent public comment period was held from October 17th to November 17th, 2016.

One of the newer measures developed under the mandate of the IMPACT Act is that of Drug Regimen Review Conducted with Follow-Up for Identified Issues for Post-Acute Care. And we had a public comment period held September to October 2015.

On slide 23, you'll see the quality measure Application of Percent of Residents Experiencing One or More Falls with Major Injury. Once again, this is a quality measure that's had many public comment periods and also is utilized on the Nursing Home Compare website. So it has gone through many different technical expert panels as well. But the most recent public comment period that we've had for this measure asking for input on the standardization of this measure was held in September through October 2016. And I believe we also had one in 2015 for cross-setting application.

The quality measure Transfer of Health Information and the Companion Measures with that, we had – that's our newest measure that we are refining and developing. That public comment was held November to December 2016.

The resource use measure Medicare Spending Per Beneficiary – that's a post-acute care measure. That public comment period was held January to February 2016. Other like measures, Discharge to Community – Post-Acute Care, that public comment period was held November to December 2015. And Potentially Preventable Readmissions 30 Days Post-Discharge Readmission measure, November to December of 2015.

Moving into slide 24 and then into slide 25. So, across the measurement lifecycle, there's also another keystone activity, and that's a technical expert panel. This is another way that we solicit and gain input from subject matter experts, caregivers, family members, organizations, and other really important stakeholders on our measurement and maintenance activities and development.

Going into slide 25. You'll see that CMS – really, our measure contractors, hold a call for a technical expert. We – our measurement contractors ask for individuals to nominate, be nominated or self-nominate themselves, for our technical expert panel. Technical expert panels are convened by our measurement contractors: RTI, Abt Associates, and RAND. Calls for TEPs are posted on our CMS website and are disseminated widely to stakeholders. Expert feedback from TEP members provides measure developers the opportunity to investigate construct validity and measure feasibility in PAC settings. And you'll see that calls for TEP are posted on this website.

If you need more information about public comments or technical expert panels, you can Google CMS measure maintenance or MMS Blueprint, and you'll – those pages with that information will come up.

So moving into slide 26, some recent technical expert panels for our IMPACT Act measures.

So again, the function measure with the longest name, the Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function – that TEP – that measure itself actually has had many technical expert panels associated with it – the function measure probably since 2011 at least. But the newest technical expert panel for the cross-setting measure was held February 3rd, 2015. That's the latest, I should say.

So the next measure, the Percent of Residents or Patients with Pressure Ulcers That Are New or Worsening – once again, a measure that itself has had many technical expert panels provide input on the development of the measure. But the latest technical expert panel for the cross-setting use of this measure was held February 3rd, 2015. Oh, you see a couple of other followups here, whether that was telephone or in-person.

Drug Regimen Review Conducted with Follow-Up for Identified Issues – that technical expert panel was held July 29, 2015.

And, then, moving into slide 27, the Application of Percent of Residents Experiencing One or More Falls with Major Injury – again, a measure that has had many technical expert panels. But the latest technical expert panel that assessed the cross-setting use of this measure was held February 3rd, 2015.

The measure, the Transfer of Information at Post-Acute Care Admission, Start or Resumption of Care from Other Providers or Settings – there's two measures there that were assessed by a technical expert panel. It was first convened September 2016 and it was reconvened January 2017.

Slide 28. The resource use measure Medicare Spending Per Beneficiary first had a technical expert panel in October 2015 and then had a followup email survey in November 2015. Another tool we utilize is email outreach to our subject matter experts.

The measure Discharge to Community Post-Acute Care first had a technical expert panel in August 2015 and had a followup September 2015, as well as October 2015.

And finally, Potentially Preventable 30 Days Post Discharge Readmissions measure had a TEP in August 2015, a followup in October, and then a meeting update in November 2016.

And what you'll notice here is that many of these technical expert panels last 1 or 2 days. Usually that's a full day of input by the subject matter experts that have been chosen by our measure developer contractors. And, it's a lot of work. So we thank everyone who has participated on a technical expert panel.

Moving into slide 29 – I believe this might be a repeat of slide 28. So, please, let's move forward to slide 30. So, we're also highlighting more function measures. Here this time it's for the Home Health Quality Reporting Program. The function measure technical expert panel delineated before was for the Facility programs. Now, for Home Health QRP, we have a few other technical expert panels here that you can see. There was an in-person October 17th and 18th, 2016.

And then moving into slide 31, we are utilizing another major keystone activity along the measure maintenance lifecycle. And that is testing. So you can't finalize a measure, we really don't know how a measure performs without that essential testing, getting in the field, boots on the ground, and seeing how a measure acts when tested within our PAC provider settings. So we greatly value the support and efforts on behalf of the providers who have really helped us in testing our measures, bringing our concepts into reality.

We want to note that we're currently working to provide a feedback loop with participating providers and all stakeholders on the early findings of our pilot testing. So, we want to keep our – everyone aware of what we're doing, how testing is panning out, what we're finding in the field, and what's really going on. So, we're working on that feedback loop to keep you all informed.

At this point, I'm going to turn to Leah now for keypad polling.

Keypad Polling

Leah Nguyen: Thank you, Tara.

At this time, we will pause for a few minutes to complete keypad polling.

Holley, 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 currently listening in. If you are the only person in the room, enter one. 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 nine. Again, if you are the only person in the room, enter one. 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 nine.

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'll turn the call back over to Leah Nguyen.

Leah Nguyen: Thank you, Holley.

I would like to introduce our next presenter, Julie Seibert from RTI.

Presentation (Continued)

Julie Seibert: Thank you so much, Leah.

My name's Julie Seibert. I'm a researcher for RTI International, which serves as one of CMS's measure development contractors. I'm the IMPACT Act lead, and I assist in coordinating IMPACT Act measure development across three post-acute care settings, which include IRF, LTCH, and SNF. What I'm going to do today is review RTI's recent activities related to the Transfer of Health Information Measure.

Transfer of Health Information Pilot

As Stace and Tara mentioned earlier, there are a number of steps involved in the measure development process. And what I'd like to do is guide you through the steps of the measure that we're currently developing and describe some of the areas or touch points which we've insured involvement of stakeholders. As you know, the Transfer of Health Information measure is mandated by the IMPACT Act. And as it's currently specified, it's an assessment-based measure payer, one of which measures the transfer

of health information from provider to provider at TAC admission, and one which measures the transfer of health information at TAC discharge.

And we're on slide 32 now. I just want to make sure everyone was aware of that. One of the first steps in the development of the Transfer of Health Information measure was conducting an environmental scan. RTI completed this scan in October of 2016. And in order to supplement our environmental scan, we turned to a technical expert panel, or TEP, for further input on measure specifications. To ensure that we had broad representation by various TAC settings, we held a call for nominations during a 13-day period during August, and we convened a 14-member webinar-based TEP on September 27th.

The 14 TEP members that we engaged represented caregivers, patients, and various post-acute care settings. And we perceive these nominees to offer a diverse range of clinical, research, and administrative expertise, including expertise in the various post-acute care settings. We developed a summary report for this TEP, and it was posted on the CMS website that Tara mentioned earlier. We also reconvened the TEP in January. This was a very recent effort. So this TEP report is not yet available.

Our additional efforts to engage public comment include the public comment period in which we posted draft measure specifications. We posted these for a 30-day public comment period, again on the CMS website. We are still in the process of gathering our summary report, and we expect to post that soon.

We also presented to the National Quality Forum Measure Applications Partnership in December. And this process also involved an associated public comment period. With this effort, we received a recommendation of revise and resubmit, as this measure is currently undergoing testing and development.

Another effort that we are engaging in that Tara and Stace referred to was our pilot test recruitment. RTI conducted a pilot test recruitment during the month of January in which we engaged in a broad recruitment effort that had excellent response across all the post-acute care settings.

Next we'll be moving to slide 33. Our pilot testing is going to occur in two phases. The first phase has already begun and, also, will probably be extended likely past the March 2017 date. We're expecting that it is to continue on to the spring and summer of

2017. The first phase has three components to it, one being cognitive interviews. This process is to inform instructional manual development and workflow. We're using this to have – to assess how staff would interpret and code items and to identify areas that need coding clarification.

Next process in phase 1 is interviews with staff. And this would occur to ensure evidence supports an alliance with face validity. The final component of phase 1 is conducting scenario-based surveys. And we are using this to ensure face validity of the items used in this measure development process. This process will target various post-acute care settings: IRF, LTCH, home health, and SNF. And we are hoping to engage staff members who are – who typically complete assessment items in this process.

Now I'll be moving to slide 34 and talking about our second phase. And, again, this will likely occur probably in late summer. But phase 2 would include data collection using mock assessment items on samples of patients that are recently admitted and discharged. In this process, we would test the feasibility and interrater reliability of data collections items. And, also, we would try to estimate the time that it takes to complete the various items. Again, our targets would be IRF, LTCH, home health, and SNF settings. And, again, we would target staff who would typically complete these assessment items in the clinical setting.

And now I'd like to turn this over to Jennifer Riggs, our colleague in Abt Associates. Thank you.

HH QRP Initiative: Field Testing

Jennifer Riggs: Thank you, Julie.

My name is Jennifer Riggs, and I'm a researcher with Abt Associates Incorporated, another of CMS measure development contractors. And what I'll be talking to you about in the next couple of slides is the OASIS field test, which is part of the Home Health Quality Reporting Program initiative.

The purpose of the OASIS field test is to establish reliability and validity of standardized items for potential future use in the OASIS data set. We're also testing the feasibility of a patient-reported outcome survey among home health patients. This is the PROMIS Global Health Scale. And the intent is to develop evidence that will support

decisionmaking at CMS about data collection and quality measurement in home health. And these activities span really not just IMPACT Act mandates but also some home health–specific initiatives.

What we've done in the field test is recruit 12 Medicare-certified home health agencies in four States to participate in data collection and testing. The States are Colorado, Massachusetts, North Carolina, and Ohio. We recruited through outreach, including letters that were sent from CMS to multiple national stakeholders, including, for example, the National Association of Home Care and Hospice, the Visiting Nurse Association of America, and many more. We sent emails to stakeholders and also emails to State home care agency associations seeking interest in participation in the field test. Any agencies that were interested in participating were able to contact us and learn more about what this study entailed.

And the study team selected the final sample of home health agencies to make sure that we had an adequate representation across several characteristics, including, for example, urban or rural status, whether it was for profit or not for profit, and geographic location. And the field test implementation really began in July 2016. We have been very appreciative of the feedback that we've received from home health agencies. There were – these was a lot of interest in participating in the field test, and we have many agencies that are participating. And we recognize that the field test is very difficult and challenging work. Data collection is not easy. And we really appreciate the effort that these home health agency teams have put into this process.

Looking at slide 36. A little more specifically, testing in the field test includes examination of reliability and validity for some of the current OASIS-C2 items as well as some standardized items that may be used potentially in future data sets. And that includes some of the Section GG core items for mobility and self care, items related to falls with major injury, and items for the confusion assessment method as well as the brief interview for mental status, and some items for pain assessment. We've also included in testing an item related to nutritional risk assessment. And this was based in part on the result of an environmental scan that identified that nutritional assessment was a gap in the current data set.

In addition to reliability and validity, as I said, we're also testing feasibility of collecting patient-reported outcomes among home health patients. Patients that have consented

to take part in the field test are completing the PROMIS Global Health Scale at both start or resumption of care and discharge to provide some self-reported health outcomes for analysis.

And in slide 37, a little bit of detail about the methods that we've used. Clinicians were selected at each of the home health agencies to participate in data collection. And the study team trained these clinicians to conduct informed consent to collect the data and to explain to patients about how to self-administer the PROMIS Global Health survey. The testing procedures that we've used include interrater reliability visits. Two raters, two clinicians, will assess the same patient within a 24-hour period, either at start or resumption of care and discharge. We've also – are using paired assessments to examine the sensitivity of items to be able to detect change between admission and discharge.

We're using record reviews of some of the patient records to examine validity of selected items on the OASIS data set. And one unique feature of the OASIS field test is our use of qualitative data collection to supplement our quantitative analysis. We're conducting focus groups with the clinicians that participate in data collection at each of the participating home health agencies. Once data is – data collection is completed, we're bringing these clinicians back together and exploring their experience of data collection and testing using these – the new items that they've had an opportunity to test.

Feedback from these clinician focus groups is particularly going to be helpful in terms of informing future OASIS guidance. We expect that testing and analysis will be completed in 2017.

And at this point, I'm going to turn this back over to Dr. Tara McMullen.

Measures Applications Partnership

Dr. Tara McMullen: Thank you so much, Jennifer.

So, with that information of activities that are going on really at the ground level of the quality reporting programs and related to the measurement work, I'm now going to talk through what is the Measure Applications Partnership and point to the measures that

were on the 2016 Measures Application – well, MUC list, which is the Measures under Consideration list that was reviewed by the Measures Application Partnership.

So, just a really broad overview, the Measures Application Partnership is an NQF, a National Quality Forum–convened group. It is a multi-stakeholder partnership that guides the selection of measures for Federal programs such as the post-acute care programs for CMS. In 2010, Congress recognized that a coordinated look and assessment across Federal programs was essential with a focus on looking at performance measures and the outcomes of those measures for the programs. So CMS now developed the Measures under Consideration list and talked through the measures on that list with the Measures Application Partnership, specifically the post-acute care long-term care Measures Application Partnership with NQF.

With the measures that are developed under the IMPACT Act, we feel at CMS that it's very important to develop measures, put them on the Measures under Consideration list, and send them for input by the Measures Application Partnership. It's important to the development. It's important to our program growth. And we like that feedback. We like that transparency.

So moving into slide 39. You'll see that slide 39 and slide 40 really talk to – and I won't go through each measure. But they talk through the measures that were added on the Measures under Consideration list for the IRF QRP, the home health QRP and, on slide 40, the LTCH QRP, and the SNF QRP. You'll notice that the measures are basically the same. And that's because these are IMPACT Act measures, and the measures are developed in the spirit of standardization, really looking at the development of one concept across settings, even though populations vary, looking at how that measure will vary at the patient level, looking at patient characteristics and those outcomes.

So, that's a little bit about the Measures Application Partnership.

And at this time, I'm going to turn the slide deck and the presentation over to my colleague Charles Padgett to talk about implementation activities.

Charles, are you on mute?

Implementation Activities

Charles Padgett: Thank you, Tara.

My name is Charles Padgett, and I work at the Division of Chronic and Post-Acute Care here at CMS as a nurse consultant and I'm currently leading the Compare development and maintenance work for the post-acute care Compare sites, and I'm going to talk a bit about them.

And we – I am on slide 42. We have listed here several Compare sites that are available to consumers. The first two, which have been around for quite a while – the first one listed is the Nursing Home Compare site, which was implemented in 1998 and contains quality of care and staffing information on 15,000-plus Medicare and Medicaid participating nursing homes. The second-longest one running here is the Home Health Compare website, which was implemented in 2005 and, again, provides consumers with quality of care information provided by Medicare-certified home health agencies throughout the nation.

The newest – the two newest Compare sites we were – are glad to announce were launched in December of 2016, just recently. The Long-Term Care Hospital Compare site and the IRF or Inpatient Rehabilitation Facility Compare site both launched in December. The LTCH site lists performance data for over 420 LTCHs across the U.S. and currently reports performance data on four quality measures. And the IRF Compare site, again, launched in December, displays performance data on over 1,100 IRFs across the country and currently has three quality measures – three quality metrics that are listed on that website for consumer use.

Lastly, listed here is the SNF Compare website, which is being established as mandated by the IMPACT Act and public reporting activities that must occur. And that website is currently under development at CMS. And we are targeting October of 2018 for the release of that website.

Moving on to the next slide, slide 43. It talks about reports here. The IMPACT Act mandated that CMS provide confidential feedback reports for providers in relation to the quality data that they're reporting. And in reaction to that, CMS has created several reports that are available to providers. These reports are available through the CASPER system or the Certification and Survey Provider Enhanced Reports – that's what CASPER

stands for – through the QIE system, which providers use to submit their quality data to CMS.

The first reports I'm going to talk about is the Quality Measure Facility-Level and Patient-Level Reports. They're two separate reports, one that reports at the facility level or aggregate level and the other one that reports patient-level data. These are considered confidential feedback reports and are available or going to be available for SNFs, home health agencies, IRFs, and LTCHs. We make these available to providers for internal purposes only, and they are not made available to the public. And providers are able to use these for feedback and to help them identify errors in their data that have been reported and, also, to improve the quality of care. Both reports contain quality measure information where feasible.

I'm going to move on to slide 44 here, continuing to talk about the QM Facility-Level and Patient-Level Reports. These reports are available on demand, so providers can run them whenever they would like to. They're able to select the target period for the data that they are interested in looking at. And claims-based and CDC NHSN quality measures are not included in these patient-level – in the patient-level reports. However, they are included on the facility-level reports.

And to give you some idea of what these reports look like, I'm going to move on to slide 45, where there is a sample report for an LTCH. And the report displays a lot of information, including the facility name, their CMS certification number, the address of the facility, the target period for the data, the date that the data was calculated on, the comparison group period, the date that the report was run, and the version number of the report. And, additionally listed is the source of the data, which, as you can see here, was the long-term care hospital, or LTCH, care data set.

And this – the particular measure we're looking at on slide 45 on the report is the Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened. And as you can see, we list the numerator and denominator for this measure for this particular facility or hospital, the facility observed percent, the adjusted percent, and then the comparison group U.S. national average are listed on the report.

Moving on to slide 46. This is a snapshot of one of our patient-level quality measure reports. It's a bit different. And the purpose of this report is to show providers exactly

which patients during any given target period triggered a particular quality measure. So, if you look down on this report toward the bottom where the patient names are listed here. For example, on the first row, you see a Charles Doe. We list the patient ID, their admission dates and discharge dates, and then we indicate whether the patient actually triggered or did not trigger the measure or whether they were excluded from analysis based on measure exclusion criteria.

Moving on to slide 47. Beyond the QM reports, we also have a report that's called the Review and Correct Report. And we make these available to providers. They contain quality measure information at the facility level only. Providers are able to obtain aggregate performance for the past full four quarters once that data is available. Again, they're available on demand, and they're used in conjunction with the QM reports to help providers determine any data errors that may exist within their data.

There's a note here that says they are essentially correctable provider data preview reports or referred to as previews to the provider preview reports. And preview reports are issued prior to public reporting to help providers understand exactly which – what data is going to be publicly reported.

So the purpose of this report is really to give providers a snapshot of their data immediately after the end of a quarter so that they can understand exactly what it looks like, understand if they've made any errors in their data submission, and then use the data correction timeframe, which is a full four and a half months beyond the end of each quarter during which to correct any mistakes they see in their data. And then they're able to rerun the reports to ensure that their data is correct within their system.

So on slide 48, there's an example of a preview report. Again, if you look toward the bottom of this just really quickly to give you an idea what these look like, it lists the four quarters that are in this preview report that are within the target period of this Review and Correct Report. It includes a start date and end date of each quarter, the data correction deadline. And one of the nice features of this report is it actually tells the provider if any given quarter of data – if the data correction period is actually still open or if it has closed as of the run date of the report. And then it provides additional information such as the number of patient stays that triggered the quality measure, the number of eligible patients that were discharged from the IRF, and then the IRF's or LTCH's or SNF's observed performance rate.

Moving on to slide 49. It talks a little bit about the provider training that we've offered to date on these reports for providers. We covered the QM Facility- and Patient-Level Reports during an MLN Call on December 1st of 2016. We looked at quality measures for public reporting in 2016, reports that were associated with public reporting, the content of each of the CASPER QM reports by data source. We went over the interpretation of each of the report types, accessing reports in CASPER and, then, we list other resources for providers. And those materials are, in fact, still available if anybody is interested. There is a direct link in this slide deck on slide 49 that allows you to go to the actual presentation that was used. And you can additionally access an audio recording of the call and – as well as a written transcript of the call.

We will have additional trainings coming up, including a training for Review and Correct Reports, that's planned for spring 2017. And, additionally, we have available to providers our quality reporting – public reporting helpdesks, which are available to them at all times and are setting-specific.

And that's all I have today. I'm going to hand the presentation over to our colleagues at RAND, I believe.

IMPACT Act Standardized Patient Assessment Data Activities

Terry Moore: Thank you. Hi. This is Terry Moore. I'm – today, I'm representing the RAND project team led by Maria Edelen and Barb Gage and supported my team and – by my team and Abt Associates, as well as by our colleagues at Qualidigm. I'm going to speak to you about our work in standardizing the data elements that are important to measure consistently across settings and patients. These data elements are the building blocks, of course, for quality measures, risk adjusters, and care plans.

I'm on slide 51. There are three phases to our project, which I'm going to walk through in detail a little bit later in the presentation. The first phase you've heard about from others on information gathering – we conducted literature reviews and environmental scans on potential standardized items. And the next two phases of our project involve pilot testing and then national testing of standardized data elements.

On slide 52, you've heard already about the requirements of the IMPACT Act. But the IMPACT Act requires data standardization. And why is this? The data elements need to be standardized so they can be exchanged among providers. This will enable patient

data to be transmitted electronically, moving post-acute care further into the future to be ready for additional strides and helped by team data exchange. Standardized data will also facilitate the coordination of care among and between care settings, thereby improving outcomes and reducing Medicare costs.

Others have talked about the IMPACT timelines, so I won't spend time on that. But the data categories that are listed at the bottom of slide 53 are those that our project is charged with developing, testing, and recommending to CMS. Work is underway on functional status and other IMPACT Act projects that were discussed previously today. So our project is not addressing function.

On slide 54 is a diagram intended to demonstrate that there's just a subset of data elements where standardization will occur. That subset is depicted in the center of the diagram. For all of the separate assessment tools and data elements within those tools that you use for care planning and quality improvement, etc., it's important to note that those tools will stay as is and still be available to you for those uses. We're just dealing here, again, with a subset where we need standardization.

Another thing that you'll see on this diagram is the HCBS FASI instrument. This is here to demonstrate just how broad-reaching the standardization work goes, extending into Medicaid with standardization of data elements used in the home and community services functional assessment standardized item set. This is being tested by TEFT grantees.

On slide 55, you'll see that we employ one question and one response for many, many uses. And those uses are shown on the slide on the bottom right. Standardized data elements will be used for care planning, for quality improvement, payment, quality reporting, and to assess and improve care transitions. Using standardized data elements is important for case mix adjusted payment, for example, so that we can accurately capture patient changes in complexity and services needs across the post-acute care continuum and adjust payments to reflect those ongoing patient changes.

Our process to date has been and will continue to be to obtain a lot of input from the field through focus groups, our technical expert panel, and our clinical advisors. We appreciate the feedback we've received from those who've been involved so far and encourage others on this call to give us feedback. You've already seen the website

where you can send emails or provide feedback that Tara mentioned, the PAC Quality Initiative website. That's a good place to go both for information as well as to submit questions. This slide also displays the importance of collaboration. As Stace mentioned earlier, we consult with CMS and other contractors like those you heard from earlier on this call on a regular basis to coordinate our efforts.

On slide 57, you can see that as we evaluate candidate data elements for standardization and eventual testing, these elements must meet the criteria displayed on the left of the slide. One criterion, for example, is we assess the data element's utility for describing case mix. Data elements should be able to measure differences in severity levels related to resource needs, for example, so that if you have a very complex patient, you can get a payment adjustment to account for that. Another very important criterion is whether the data elements are reliable, meaning that two raters assess the same patient and come up with the same assessment using the new data elements. This is a big focus of this and the other testing projects that you've already heard about.

The data elements are in various stages of development. The first were put out for public comment in August 2016. This first set was tested and found to perform well in the PAC PRD project and, therefore, they're not being tested here. Again, you can see CMS's PAC Quality Initiatives webpage for a summary of the data elements and comments received.

Slide 59 lists the data elements published for comment in August 2016. And you can see that the domains include cognitive function and mental status; pain; hearing and vision impairments; and special services, treatments and interventions.

On slide 60, you'll see that we're conducting two sets of testing before we go live with national testing. This slide describes testing completed for what we call the Alpha 1 test, which happened last summer – over the summer and fall in eight post-acute care facilities in just one geographic location.

I'm going to have to skip slide 61 because it's a duplicate and move to 62. And here you see that we're just wrapping up recruiting facilities to participate in the Alpha 2 test. This is being conducted this spring in three markets – Chicago, Illinois; Denver, Colorado; and Houston, Texas. The list of data elements to be tested is listed here on the slide and includes cognition, patient observations, modified items from the Alpha 1 test, and self-

reported PROMIS items. You heard a little bit about the PROMIS items in the home health presentation.

Slide 63, we talk about the national test, which will happen in fall 2017. It's not too late to get in on this project and have a say in the standardized items that CMS will eventually adopt. Important things to note about the Beta test is that providers will be randomly selected, and participation is voluntary. The final list of Beta test markets is still being decided upon. But if you're interested in whether you're in one of our target 14 markets around the country or you would like to express an interest in participating, please keep your eyes out for further informational webinars and check the CMS PAC Quality Initiative website. You can also express an interest in participating in the national Beta test by sending a note to our recruitment team. I'm going to give you an email address now. It's impactsignup@abtassoc.com. So, impact like the IMPACT Act – impactsignup – all one word - @A-B-T-A-S-S-O-C.com – so, impactsignup@abtassoc.com.

The next slide presents just where we are in our timeline. And just to orient you to this slide, we are currently, again, in the Alpha 2 test. We're about to go into the field with data collection. We've been doing Alpha 2 recruitment in the three markets I mentioned. And then in November we hope to start the Beta test.

And, finally, in our last slide, 65, it's been – many speakers have mentioned this, but just to reiterate that there are multiple occasions and vehicles for you to provide input into our work. So you can check out that CMS webpage that's already been described. And, of course, another way to really influence the final selection of cross-cutting standardized data elements is through participation in testing. If you receive a request from us to participate in this important project, please do. If you have an interest, again, please write to impactsignup@abtassoc.com.

Thank you very much. And let me hand it over to Stace.

Strategic Activities to Support the IMPACT Act

Stace Mandl: Hi. Thanks, Terry. And thanks for everyone – to everyone for their presentations.

I just want to touch on the next few slides so we have enough time for Q&A – questions and answers.

On the next slide, we talk a little bit about the use case of the standardized data, which is for interoperable exchanges described within the IMPACT Act itself. And, really, the intent like – the intent behind that, as I've described earlier, is really so that information can follow the person as they traverse the system and so that providers are able to, you know, look at the standardized data for longitudinal purposes and really moving beyond even the health care system and on into the home setting, as was described even just yesterday in a separate Open Door Forum call regarding the home- and community-based services work and the long-term services and support work using standardized data as well.

And in that same spirit, we've been working very hard over the last few years to put together a repository of the standardized assessment data. The Data Element Library has been a project that's been in development where the relational mappings would exist across the assessment instruments and then, also, mapping of the sort of atomic-level data element to its HIT vocabulary. This information, you know, is available in different places. But the intent behind the centralized repository, not only for CMS's use in ensuring standardization is maintained and the integrity of the data elements are maintained, but also for the public's use where providers and their vendors could search for specific data elements and identify their HIT vocabularies.

So, we hold two contracts that are involved in this work. One is with NIC Intelligence and the other is with Regenstrief in our efforts to get the HIT vocabularies into this repository. We don't really have a production date for that. But, it is – the actual library itself is in the process of being retooled for public display. So that work is in effort. But we do hope we have – we hold hope that the post-acute care world will be able to become more and more engaged in interoperable exchange of information and, of course, EHR adoption.

And, then, on what's my slide 68 and 69 and 70, it is really to touch on some of the overarching activities and the kinds of effort that have gone on that may not be – that folks may not be aware of. We've engaged in reaching out to some 21,000 individuals over the course of the last year in a couple of months or so. I'm very proud of that effort. It's very important to us to have that engagement with the public and with

stakeholders such as through calls such as this one and really putting together additional ways for folks to stay on top of the information on our IMPACT Act webpage, as well as the QRP webpages through the use of fact sheets and the YouTube videos that are available from the training programs that we've provided for the provider types.

And some of the ongoing activities – we're always trying to improve our effort with engagement and attending and presenting at conferences. We've had sort of a flurry of requests and we've been very delighted and honored to be asked to present on this information at various conferences. And we always welcome and receive, actually, quite a bit of email and stakeholder input through our PAC Quality Initiative mailbox as well.

So we're continuing to look at other strategies and other modalities to reach out to folks and how to even improve upon our IMPACT Act website. We know that improving the information that's conveyed and simplifying it so that it's easy to find is a mission that we find very important and are working on that as well.

On slide 70 is just sort of a roll up of our – of the information that's pushed out. We have a Listserv that reaches about 142,000 subscribers. MLN supports us with another 750 – nearly a million subscribers to get information, and then, of course, our IMPACT and our other website pages, as I've touched on, we are constantly trying to make sure that we're improving and making the information available.

With that, I will hand it over to Dr. Tara McMullen, who will answer the questions that we've received in time for us to be able to respond to them on this call.

Question-and-Answer Session

Dr. Tara McMullen: Thanks, Stace.

So, in looking at time, we like live Q&A. So, I'm going to go through a couple of questions and responses here. And if we have time for Q&A, we'll get to that.

But, the first question we get – and it's a really common question, so it's nice to clarify it – is from UCSC. And the question is, "By when does the care item set need to be implemented in all PAC settings?" And we want to clarify that the IMPACT Act does not require the use the of the care item set. So, again, the IMPACT Act does not require the use of a care item set. Rather, CMS is modifying our currently used or leveraged post-acute care assessment instruments. So, for the skilled nursing facility setting, that would

be the minimum data set, the MDS. For the IRF setting, that would be the IRF-PAI. For the LTCH setting, that would be the Long-Term Care Hospital CARE Data Set. And we call it the LCDS. And for the home health setting – for home health agencies, that would be the OASIS.

A common misconception, I think, comes from the fact that the CARE item set, when it was developed many years ago – the function subset of that item set was used to develop our functional measures, and the items in those measures now fit in Section GG. So, again, we're modifying our currently used assessment instruments to fulfill the mandate of the IMPACT Act.

Another question that we received that's a pretty common question is from Preston Memorial Hospital. And it's, "What will the responsibility of critical access hospitals be, especially with swing bed patients as they are considered skilled nursing patients? Will we need to follow the same rules that skilled nursing facilities follow? And how is the IMPACT Act applicable?"

The response to this is SNF, skilled nursing facilities, that receive the SNF PPS are required to submit data by means of the MDS per the requirements set forth by the IMPACT Act with the exception of swing beds and CAHs. And, ultimately, we refer individuals with questions about the SNF PPS and CAHs to the SNF PPS fiscal year '16 final rule for more information.

Another question that's pretty common is, "What is the status of the CMS Data Element Library effort that was mentioned back in 2016" – and it was mentioned today – "which was going to map post-acute care assessment data to vocabulary, content, and other interoperable standards?"

So the implementation of the Data Element Library – we call it the DEL – is ongoing, and we hope to have more information regarding the progress of the DEL and its implementation very soon. That's still active with CMS. We're working on it.

A question we received from Sharp HospiceCare – "How will reporting of standardized data be used to enhance the improvement of coordination of care at times of transition from one health care provider and level of care to another? Will hospice have a role in the IMPACT Act?"

So, it's kind of two questions there. But the IMPACT Act mandates the collection and reporting of standardized data in the following post-acute care settings – so, skilled nursing facilities, home health agencies, long-term care hospitals, and inpatient rehabilitation facilities. Thus, hospice was not included in the act in terms of the work pertaining to the standardization of assessments and quality measures. And while these are the specific types of care described in the legislation, the IMPACT Act also emphasizes care coordination and transition for care.

Specifically, standardization of date elements allow for information to follow the patient to improve patient outcomes during transitions of care between PAC and other providers. So, it was kind of like what Stace was just talking about, data following the person through all settings. That's the ideal state. We want to be able to enhance discharge planning, but really enhance care coordination in that manner. And we believe the IMPACT Act allows for that. But, again, hospice was not delineated as one of the PAC settings in terms of the work pertaining to meet the mandate of the IMPACT Act.

And with that, I will turn it over to Leah.

Leah Nguyen: Thank you, Tara.

Now our subject matter experts will take your questions. Before we begin, I would like to remind everyone that this call is being recorded and transcribed. Please state your name and the name of your organization once your line is open.

All right, Holley, we are ready to take our first question.

Operator: To ask a question, please star followed by the number one on your touch-tone phone. To remove yourself from the queue, please press the pound key. Remember to pick up your handset before asking your question to assure clarity. Please note your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard in the conference.

And stand by for our first question.

And please stand by for our first question.

And stand by for our first question.

Our first question comes from the line of Jameson Pelman.

Jameson Pelman: Hello.

Operator: Yes. Go ahead, sir.

Jameson Pelman: Yes. They mentioned that there's going to be a SNF website that they're going to be making different from Nursing Home Compare coming out on October of 2018. Can I hear more about what that website is and how it differs from Nursing Home Compare?

Stace Mandl: Hi. This is Stace Mandl. And I am not sure if Charles would like to chime in as well. But I think that it is simple to say that the IMPACT Act requires that the quality measures used for the SNF QRP be published. We are – and the act specifies the timeframe that that is to happen. That's where the October 2018 timeframe comes from. We're still in sort of an exploratory phase of where the information will be published. We are aware of Nursing Home Compare and working to integrate, you know, how this particular publication will exist and reside in accordance with the Nursing Home Compare.

Thanks. Great question.

Leah Nguyen: Thank you.

Operator: And our next question will come from the line of Kristen Schroeder.

Kristen Schroeder: Hi. I was wondering what is the hospital's responsibility related to the changes in the IMPACT Act. Is it the responsibility, for example, for discharge planners to share with our patients what the quality ratings are if they're going to go on to a post-acute care setting?

Stace Mandl: Hi. The IMPACT Act – and I would encourage you to read through the IMPACT Act – it's a great question. The IMPACT Act requires that CMS promulgate the conditions of participation to include discharge planning that utilizes the – measures the data to help inform an individual's decision. A lot of times folks will turn to the compare

website, so to speak, and look to see what would be a good choice. And I think that that's, you know, what the act is describing. So I would encourage you to go ahead and look at those requirements in the act. Thanks.

Leah Nguyen: Thank you.

Operator: Our next question will come from the line of Vickie Wright.

Vickie Wright: Yes. Hello. This is kind of a repeat of a question that was asked prior. We are a critical access hospital with swing beds. And you said that we technically are exempt from the IMPACT Act, and you referred to the SNF PPS final rule. What was the – is that correct? What year final rule?

Stace Mandl: Hi. It's fiscal year '16. Thanks. Great question.

And I would actually encourage you to go to the source, which is the IMPACT Act, which lays out who is required to participate.

Leah Nguyen: Thank you.

Vickie Wright: Yes. I thought – I did that, but I didn't really see it clearly. So….

Leah Nguyen: Thank you.

Stace Mandl: And, then, I would encourage you to go ahead and look at the SNF PPS fiscal year 2016 final rule.

Vickie Wright: Okay.

Leah Nguyen: Thank you.

Stace Mandl: Thanks.

Operator: Our next question will come from the line of Valerie Baker-Easley.

Valerie Baker-Easley: Yes. Hi. This is Valerie, People Care Health Services in Denver, Colorado. And the speaker on slide 66 when they were discussing data follows the

person mentioned that there had been a similar call yesterday for HCBS LTFS providers. Where would I access a recording or other information about that meeting?

Leah Nguyen: Hold on a moment.

Stace Mandl: Hi. This is Stace Mandl. So, the call yesterday was not specific to HCBS. We were just describing about the information that was posed that is used in the work of that long-term services and support. And if you're interested, then you can go ahead and email me...

Valerie Baker-Easley: Okay.

Stace Mandl: ...at – or email at the PAC Quality Initiative mailbox.

Leah Nguyen: On slide 18.

Valerie Baker-Easley: I'm sorry. Which…?

Leah Nguyen: If you can send an email to the email address is at the bottom of slide 18.

Valerie Baker-Easley: Yes.

Leah Nguyen: And we'll find a response for you.

Valerie Baker-Easley: Okay. Thank you very much.

Stace Mandl: You're welcome.

Operator: Our next question will come from the line of Sherry Teague.

Sherry Teague: Hi. Good afternoon. I am wondering if you could explain to me and to the group if you anticipate any changes in the implementation of the IMPACT Act with the new administration. There was some information that came out yesterday about the delay in some of the other legislation, and I didn't know if you guys had any insight into any sort of delays with the IMPACT Act with the new administration. Thank you.

Stace Mandl: Hi. Thanks for the question. Unfortunately, we are really not able to give you any information or comment on that at this time.

Leah Nguyen: Thank you.

Operator: Our next question comes from the line of Bud Langham.

Bud Langham: Hi. Thank you for the webinar today. I have a question about guidance related to data collection for these measures across the continuum, but with respect specifically to home health care. If we have questions about data collection accuracy, where do we go for that information?

Stace Mandl: Yes. This is Stace Mandl. I'm trying to understand. So, for data accuracy, can you describe what you…?

Bud Langham: Data collection. For these items that are in the OASIS, for example, if we have questions about how to appropriately interpret situations when we're collecting this data for the questions, where do we turn to for resources?

Leah Nguyen: Oh, if you have a question about –oh, about your assessment data collection information? I believe that there is a mailbox available.

Bud Langham: Yes.

Dr. Tara McMullen: I would email the mail box – the Home Health QRP mailbox that's located in an earlier slide.

Leah Nguyen: Slide 18 at the bottom.

Dr. Tara McMullen: On 18. There are actually...

Bud Langham: And, so, we'll...

Dr. Tara McMullen: There are actually manuals for that. But, if you email the Home Health Quality Reporting mailbox, they can link you to that appropriate manual that will delineate that information.

Stace Mandl: And I believe also on the site, there's also the manual that – the assessment manual that coincides with the assessment instrument.

Dr. Tara McMullen: Yes. If it's a question about...

Bud Langham: Yes. But, the manual doesn't address all situations.

Dr. Tara McMullen: Okay. Well, just email your question. If it's about a workflow or some of the date outputs, we'll be able to respond.

Bud Langham: Okay. Thank you. Will those be made public as well in case others have questions as a resource?

Leah Nguyen: I believe the resources are public. But, they'll just direct you to the correct resource that you're looking for. Thank you.

Holley, we have time for one final question.

Operator: Okay. Our final question then will come from the line of Samantha Kolbe.

Samantha Kolbe: Yes. I guess my question was related to one of the previous questions asked, which is if the Affordable Care Act and the IMPACT Act are repealed, what does it mean for our current quality reporting programs? Would all of the final rules still be in effect or would they be voided?

Stace Mandl: This is Stace Mandl. I'm really just unable to comment on your question.

Leah Nguyen: Thank you.

Samantha Kolbe: Okay. Thank you.

Additional Information

Leah Nguyen: Great. Unfortunately, that is all the time we have for questions today. If we did not get to your question, you can email it to the address listed on slide 18 of the presentation.

An audio recording and written transcript of today's call will be posted to the MLN Connects Call website. We will release an announcement in the MLN Connects Provider eNews when these are available.

On slide 74 of the presentation, you will find information and a URL to evaluate your experience with today's call. Evaluations are anonymous, confidential, and voluntary.

Again, my name is Leah Nguyen. I would like to thank our presenters and also thank you for participating in today's MLN Connects Call on the IMPACT Act. Have a great day, everyone.

Operator: This concludes today's call. Presenters, please hold.

-END-


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