



# Home Health Agencies: Quality of Patient Care Star Rating Algorithm Call


**Moderated by: Leah Nguyen**  
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Operator: At this time, I would like to welcome everyone to today's Medicare Learning Network® Event. 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 & Introduction**

Leah Nguyen: I'm Leah Nguyen from the Provider Communications Group here at CMS, and I am your moderator today. I'd like to welcome you to this Medicare Learning Network call on Home Health Agencies: Quality of Patient Care Star Rating Algorithm.

During this call, learn about modifications and proposed changes to the way the Quality of Patient Care Star Rating is calculated, including the removal of the influenza measure. CMS presents the rationale, proposed timing, and impact of the changes. A question-and-answer session follows the presentation.

Before we get started, you received a link to the call materials in your confirmation email. These materials are available at the following URL: [go.cms.gov/npc](https://go.cms.gov/npc). Again that URL is [go.cms.gov/npc](https://go.cms.gov/npc).

At this time, I'd like to turn the call over to Sara Galantowicz from Abt Associates.

## **Presentation**

Sara Galantowicz: Thanks, Leah, and good day and welcome, everyone. Thank you for joining this call. My name is Sara Galantowicz, and I'm with Abt Associates as Leah noted, the contractor that is supporting the Quality of Patient Care Star Ratings.


Today, as noted on slide 3, we'd like to provide you with an overview of the methodology and the development of the Quality of Patient Care Star Rating and describe some proposed modifications. We'll share the analyses that support these changes, describe the next steps and timelines, and leave plenty of time for your questions and answers.

First, however, I'd like to turn the presentation over to Dr. Alan Levitt, the Medical Officer for the Division of Chronic and Post-Acute Care at CMS, to share a few words.

## **Introduction and Purpose**

Dr. Alan Levitt: Thank you, Sara. And thank you all for joining our call today. I'm on slide 4 now, Introduction and Purpose.

The Centers for Medicare and Medicaid Services has long played a leading role in the use of public reporting as an important tactic for driving health care quality improvement. Launched starting in 1998, the Compare and Health Plan websites support key CMS priorities: transparency of health care information, improved quality of care, and informed decisionmaking by consumers and their families.



More recently, CMS has adopted an initiative to expand the use of star ratings across all Compare and Health Plan sites. The Quality of Patient Care, or QoPC, Star Ratings have been publicly reported on Home Health Compare for over 2 years. As discussed further in this presentation, during this time, we have conducted monitoring of several expert panels and reviewed stakeholder comments and questions. Based on the input collected and the analysis conducted by our team, we are proposing a change to the methodology that we believe will enhance the ability of the QoPC Star Ratings to continue to do its job: to reflect Home Health care quality and enable meaningful comparison across agencies.

We go to the next slide.

Star ratings are a good tool to provide easily understood information on provider quality, thereby empowering consumers and their loved ones to make informed decisions about where they receive care. Visual display of stars is an efficient, familiar, and consumer-centric way to communicate relative performance. The format of star ratings addresses the potential barrier of innumeracy because it is not necessary to understand or interpret the numbers and data behind the stars in order to understand and use them. Greater transparency encourages providers to deliver higher levels of quality, which in turn can drive overall health system improvement. The objectives of star ratings are in line with the Affordable Care Act, which calls for transparent information on provider quality to be publicly reported and made widely available, and with the National Quality Strategy goal of better care.

As you know, quality improvement is an ongoing activity. And we encourage your feedback and input through the question-and-answer period at the end of this session and via comment—email address provided at the end of this presentation. We look forward to hearing your thoughts on our proposed changes as well as future consideration.


Go to the next slide.

Today, we would like to present to you a proposed change to the Quality of Patient Care Star Ratings calculation for your feedback as shown here on slide 6. We initially proposed two changes to the QoPC methodology in the January 2017 Medicare Learning Network call. The changes presented during that call were the removal of the Influenza Immunization measure from the star rating calculation and the addition of the claims-based Emergency Department Use without Hospitalization measure.

Stakeholder comments and feedback following that call strongly supported the removal of the Influenza Immunization measure but did not support the addition of the Emergency Department Use without Hospitalization measure.

After analysis of the data and discussion with internal experts, today we are proposing only to remove the Influenza Immunization measure from the QoPC Star Rating calculation. We are not proposing any other additional measures or changes to the Quality of Patient Care Star Rating at this time.

In the following slides, we will review the QoPC Star Rating calculation and show the implications of removing the Influenza Immunization measure on the distribution of the Quality of Patient Care Star Ratings across agencies.



I will now hand the presentation back over to Sara Galantowicz for an overview of Quality of Patient Care Star Ratings.

### Overview of Current QoPC Star Rating Methodology

Sara Galantowicz: Thank you. So we are now on slide 7, and it was noted we'll now provide an overview of the current methodology used to calculate the star ratings.

So if you turn to slide 8, we'll start with some background. There are currently 12,000 Medicare-certified Home Health Agencies, which range considerably in their size, location, and patient population.

And effective January 1<sup>st</sup> of this year, there are over 20 quality measures on Home Health Compare to facilitate comparison of these agencies. As noted on the slide, these include 18 measures based on OASIS assessment data: 7 process measures and 7 outcome measures; in addition, there are 4 claims-based outcome measures, or sometimes called utilization measures. And then five measures that are calculated using survey data from the Home Health Consumer Assessment of Healthcare Providers and Systems®, or Home Health CAHPS®.


Outcome measures can illustrate how effective care is in providing desired outcomes, such as improved function, while process measures show how often agencies are providing evidence-based care. Utilization measures can show the prevalence of undesirable and costly outcomes, such as return to the hospital or use of the emergency department. All of these measures can be valuable indicators. As we will soon describe, all three types of measures are currently included in the Quality of Patient Care Star Rating algorithm.

Currently, there are separate ratings for the Quality of Patient Care, which is the topic of today's presentation, and then star ratings for Patient Experience of care, which are based on Home Health CAHPS. In addition, CMS has star ratings for several other settings. The methodologies for calculating existing star ratings differ across these different settings: across Nursing Home Compare, Home Health Compare, Dialysis Facility Compare, Hospital Compare, and Medicare Plan Finder.

So turning now to slide 9, when selecting the measures to be included in the star ratings during the initial development process, we evaluated all of the measures that were currently reported in Home Health Compare for potential use, using the criteria that are shown on this slide.

The criteria for selecting measures included that the measure applies to a substantial portion of Home Health patients and has enough data to be supported for a majority of agencies. In addition, the measure needed to show variation among agencies and that it was possible for agencies to show improvement. In other words, the measure was not already topped out but that there was room for growth. Additional criteria included that the measure had high face validity and clinical relevance and that the measure was stable and did not show wide variation, random variation over time.

The appendices in the Quality of Patient Care Methodology report, which is posted on the Home Health Star Ratings webpage, show the data from our original evaluation of potential measures to include in the star ratings calculation algorithm.



Slide 10 shows the measures that are currently included in the Quality of Patient Care Star Rating. As noted on this slide, 10 measures were initially selected during the development process. However, based on stakeholder feedback and during the development process, there were several opportunities to present the draft methodology and obtain feedback.

The Pneumococcal measure was dropped, leaving nine measures total. And those nine measures are listed here. There are three process measures: Timely Initiation of Care, Drug Education on all Medications Provided to Patient or Caregiver, and then the Influenza Immunization measure, which is the topic of today's presentation. The remaining measures are outcome measures; they are risk adjusted. They include Improvement in Ambulation, Improvement in Bed Transferring, Improvement in Bathing, Improvement in Pain Interfering with Activity, Improvement in Dyspnea, and Acute Care Hospitalization. And I will note that this last measure is based not on OASIS data but on claims data.

In order to receive a star rating, a Home Health Agency must be able to report five of the nine measures that are shown on this slide. And the threshold for public reporting is 20 episodes. So again, in order to have a star rating computed, an agency must have at least 20 episodes or at least five of the nine measures shown on this slide.

Slide 11 provides a general overview of the calculation methodology and this – overview that will give us fairly high levels, so there is more detail available in the methodology report that is posted, again, on the Home Health Star Ratings page of the CMS website. And additionally, the preview reports that Home Health Agencies receive each quarter also contain more detailed information about the methodology.


Briefly, for each of the nine measures that were shown on the previous slide that are included in the calculation algorithm, Home Health Agencies are ranked based on their measure results and assigned to 10 equally sized groups.

So their assigned ranking may then be adjusted if their results—if their placement in that group—is not statistically significantly different from the national median value for that measure. If the agency's result is found to be statistically significantly different from the national median or value, no change is made to the initial ranking for that individual measure. Similarly, no change is made if the agency's initial ranking for that measure is already in the middle of the distribution, namely, 2.5 or 3. However, if the agency's result looks different than the national median but the statistical test finds that this difference is not actually significant at a statistical level, then the initial rating is moved one-half step closer to the middle. So for example, if one of the measure results initially showed a ranking of 4, the measure would become 3.5 if it was not statistically significantly different, and a 1.5 ranking would move half a step closer to the middle or become 2.

These adjusted ratings are then averaged, and the final step in the calculation process is to assign a final star rating value on a scale from one to five stars. There are nine star ratings categories all together with the middle value being three stars. And I would like to stress that most agencies have a Quality of Patient Care Star Rating value that falls in the middle of this distribution from one to five stars.

As shown on slide 12, as of the July 2017 Home Health Compare refresh, there were nine quarters of Quality of Patient Care Star Ratings data available. And as previously noted, since the inception of star ratings being –





results from quarter to quarter have been monitored and analyzed to provide some of the data that we'll be sharing today.

In July of this year, there were 9,120 agencies that had enough data to receive a Quality of Patient Care Star Rating. This was 76 percent of all active agencies. So again, about three-quarters of all agencies could have a Quality of Patient Care Star Rating computed. The average rating from July was 3.25 stars. And this graph shows the approximately bell-shaped distribution of ratings from 1 to 5. As I mentioned previously, most agencies fall in the middle of this distribution between 3 and 3.5 stars.

Turning now to slide 13. CMS first provided preview reports to Home Health Agencies in April 2015 that showed the Quality of Patient Care values that would be published in July 2015 as well as how those ratings were derived.

To accommodate the preview process, the individual quality measures and Quality of Patient Care results shown on Home Health Compare are based on data that are 6 months lagged for OASIS-based measures and 9 months lagged for claims-based measures. The preview reports that are generated each quarter are placed into the CASPER mailbox for each agency about 3 months before the results are displayed on Home Health Compare. A schedule for the preview reports and the Home Health Care updates is available on the CMS Spotlight page.

With the October 2017 refresh, which is going to be live within the next week or two, the OASIS-based measures will become 9 months lagged instead of 6-month lag. And this change was done to accommodate the Review and Correct timeline. So starting in October of 2017 with the upcoming refresh, both OASIS- and claims-based measures will be based on data with a 9-month lag. The next refresh is currently scheduled for on or about October 25<sup>th</sup>, and it will include data for the dates shown on this slide – on slide 13.


So I will now turn the presentation over to Betty Fout to describe the changes under consideration and the supporting analytics.

### **Proposed Changes to QoPC Star Rating Methodology**

Betty Fout: Thank you, Sara. On slide 14 right now. In this section, I'm going to discuss the proposed change to the Quality of Patient Care Star Ratings and show some simulations of the data with the modification incorporated.

So first, turning to slide 15, I'll discuss the process for soliciting input to develop and refine the QoPC Star Rating.

So slide 15 lists the stakeholder engagement opportunities during the QoPC development process as well as ongoing monitoring activities. CMS first held a conference call for stakeholders prior to a general announcement of the planned star ratings and two Special Open Door Forums to share the draft methodology and solicit stakeholder input. The final ratings methodology reflects the feedback received through all these venues.



Rating results are analyzed each quarter to monitor strengths and stability, national median values, and report-ability by agencies.

In addition, a two-day Technical Expert Panel, or TEP, was held in May of 2016 to share monitoring data for review and feedback. This feedback prompted several additional analyses that were shared with the TEP in September 2016. The summaries of these meetings are publicly available at the URL.

The TEP feedback was instrumental in identifying the changes presented during a Medicare Learning Network call in January of 2017. During that call, we described two proposed changes to the QoPC Star Ratings measure that Alan discussed in a previous slide. This was removing the Influenza Immunization measure and adding the Emergency Department without Hospitalization claims-based measure. In the comment period following the call, we received and reviewed over 30 comments. And based on that feedback, we're continuing to propose the removal of the Influenza Immunization measure, and we no longer recommend the addition of the Emergency Department Use without Hospitalization claims-based measure.


And lastly, CMS operates a mailbox for questions related to Home Health quality measures including the QoPC Star Ratings, and we encourage you to use that box.

Slide 16 provides information on how the Influenza Immunization measure is constructed. It measures the providers' percentage of Home Health episodes of care for which patients received the immunization for the current flu season. The numerator consists of the agency's number of Home Health episodes of care during which the patient either received vaccination from the agency, had received vaccination from the agency during earlier episode of care, or was determined to have received vaccination from another provider. This number is divided by the provider's number of Home Health episodes of care ending with a discharge or a transfer to an inpatient facility during the reporting period. Home Health episodes of care for which no care was provided during October 1<sup>st</sup> through March 31<sup>st</sup>, the flu season, or the patient died, or the patient did not meet age or condition guidelines for the influenza vaccine are excluded from the provider's measure.

Moving to slide 17, I will discuss the rationale for removing the Influenza Immunization measure from the QoPC Star Rating. The TEP reviewed the performance characteristics of all the measures currently used to compute the Quality of Patient Care Star Rating. Additionally, the TEP commented on the agency's ability to improve or change their scores on individual measures.

The one process measure that concerned the TEP members and has been commented on by others in the Home Health community was the Influenza Immunization Received for the Current Flu Season measure. Among the concerns raised were that the measure did not account for Home Health patients that either refused vaccination or had any contraindications to receiving a flu shot. TEP members also mentioned that there were differences among states in allowing nurses to administer the flu vaccine in the patient's home. Stakeholder feedback following the January Medicare Learning Network call echoed the TEP members' feedback.

However, some stakeholders commented that removing this measure from the QoPC Star Rating may disincentivize agencies from encouraging flu vaccination among their patients. For this reason, our recommendation is to remove the Influenza Immunization measure from the QoPC Star Rating but continue



to report this measure separately on Home Health Compare. In addition, we will monitor the measure in the coming quarters to ensure rates do not decrease.

Slide 18 provides the comparison of the current Quality of Patient Care Star Rating distribution from the July 2017 Home Health Compare refresh to a simulated Quality of Patient Care Star Rating distribution for the same timeframe by removing the Influenza Immunization measure from the rating. Currently, 9,120 agencies, or 76 percent of active agencies, have enough data to have a rating reported.

When the Influenza Immunization measure is removed, this falls to 9,076 agencies, or 75.6 percent of active agencies. The reason for this slight decrease in reportability is because currently the agency must have five of nine measures available with at least 20 episodes to receive a Quality of Patient Care Star Rating. With the Influenza Immunization measure removed, agencies must have five of eight measures available to receive a QoPC Star Rating. Slightly fewer agencies can, therefore, meet this threshold.

The average rating increases from 3.25 under the current methodology to 3.27. The graph shows the distribution of the current Quality of Patient Care Star Ratings in the blue bars compared with a simulated Quality of Patient Care Star Rating with the flu vaccination measure removed, and these are the gray bars.

Slide 19 compares the current Quality of Patient Care Star Rating distribution to the simulated Quality of Patient Care Star Rating distribution if the Influenza Immunization measure were removed. We show the comparisons separately for agencies that are small, which are considered fewer than 500 episodes in a year, in the slide to agencies that are larger, 500 or more episodes in a year.


Again, the blue bars represent the QoPC Star Rating distribution as reported on Home Health Compare currently in the July 2015 – 2017 refresh. The gray bars represent the simulated Quality of Patient Care Star Rating distribution for the same timeframe, though omitting the Influenza Immunization measure. We see that for both lower-episode agencies, which are fewer than 500 episodes, and higher-episode agencies, 500 or more episodes, the average rating increased slightly when the Influenza Immunization measure is removed.

Slide 20 shows similar analyses when stratifying agencies by rural or urban location. The blue bars represent the Quality of Patient Care Star Rating distribution as reported on Home Health Compare currently, and the gray bars represent the simulated Quality of Patient Care Star Rating distribution for the same timeframe but omitting the Influenza Immunization measure.

Again, we see for both rural- and urban-located agencies, the average rating increased when the Influenza Immunization measure is removed. For agencies in rural areas, the current July 2017 refresh rating is 3.18 on average, and when you remove the flu measure, it goes up to 3.21. For agencies in urban areas, the current average star rating is 3.6 – 3.26, and without the flu measure, the average rating is 3.29. So, both sets of agencies saw their average star rating increasing.

Slide 21 summarizes the impacts of removing the Influenza Immunization measure from the QoPC Star Rating. Reportability in terms of the number of agencies that have enough data to receive a Quality of Patient Care Star Rating decreases very slightly from 76 percent to 75.6 percent. On average, the Quality of Patient Care Star Rating increases of the removal of the measure, and the increase can be seen amongst both small and





larger agencies and rural- and urban-located agencies. And we'll continue to monitor this in the coming quarters.

And right now, I'll hand this back to Sara to discuss the timeline.

### Next Steps and Timelines

Sara Galantowicz: Thank you, Betty. So the last thing we'd like to do before proceeding to the question and answer is to review the next steps and the timeline. These are shown on slide 23.

CMS will be accepting public comment on the change that's been described until November 11<sup>th</sup> at the address that's shown on this slide—on slide 23. Please note that this is not the same address for submitting questions about Home Health Quality Measures or about the Quality of Patient Care Star Rating. This mailbox is specific to public comment on the proposed change described today.

A second stakeholder webinar is planned for December 2017. And should CMS choose to move forward with this change, the methodology report will be updated and reposted on the CMS website and the new ratings calculation without the influenza measure would likely be reflected in the preview reports that were distributed in December of 2017 for the April 2018 refresh. That would include data from June 1<sup>st</sup> of 2016 to July 31<sup>st</sup> to 2017. The impact of any changes would be closely monitored through the ongoing analytics described earlier.

That concludes our formal presentation on the both overview of the star ratings, the proposed change, and the timeline for those potential changes. So at this point, Leah, I think we can turn it over for questions and answers.

### Question & Answer Session


Leah Nguyen: Thank you, Sara. We will now take your questions. As a reminder, this event is being recorded and transcribed. All right, Dorothy, we are ready for our first caller.

Operator: To ask a question, press star followed by the number 1 on your touch-tone phone. To remove yourself from the queue, press the pound key. Remember to pick up your handset before asking your question to assure clarity. Once your line is open, state your name and organization. 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. If you have more than one question, press star 1 to get back into the queue, and we will address additional questions as time permits. Please hold while we compile the Q&A roster.

Please hold while we compile the Q&A roster.

Your first question comes from the line of Tammy Dorsett.

Tammy Dorsett: Hello. A quick question—the CASPER reports—will they be mailed a 6-month lag instead of a 3-month?



Sara Galantowicz: This is Sara. Just to clarify your question—the CASPER reports with the star rating preview reads come out 3 months prior to Home Health Compare refresh. Are you asking if they will now come out 6 months before the refresh?

Tammy Dorsett: Yes. Will they be 6 months since the lag now for the star ratings on Home Health Compare will be a 9-month lag instead of a 6-month lag? Will we have more current information in the preview reports?

Sara Galantowicz: The preview reports will still be available approximately 3 months before Home Health Compare is refreshed. But the data for OASIS-based measures will be lagged an additional 3 months relative to ...

Tammy Dorsett: Okay.

Sara Galantowicz: ... the current 6-month lag.

Tammy Dorsett: Okay. Thank you.

Operator: One moment, please, for your next question.

Your next question comes from the line of Ria Navarro.

Ria Navarro: Hi. We wanted to know, since you're removing the influenza immunization question, will that also be removed from the value-based purchasing questions for those states that are involved, such as Maryland?

Dr. Alan Levitt: This is Alan Levitt. The removal of the influenza vaccination measure will only be affecting star ratings. It won't be affecting any other programs here at CMS.

Ria Navarro: Okay. Thank you.

Operator: Again, if you would like to ask a question, please press star then the number 1 on your telephone keypad. To withdraw your question, press the pound key.

Your next question comes from the line of Adam Marconi.


Adam Marconi: Hi. This is Adam from Doctors Choice Home Care. My question is, is CMS considering removing pneumonia vaccination as well?

Dr. Alan Levitt: Well, this Alan Levitt again. The pneumococcal vaccination measure is not included in the star rating methodology. It is still reported on Home Health Compare.

Adam Marconi: Thank you.

Operator: Your next question comes from the line of Judy Fenton.

Judy Fenton: Hi, this Judy Fenton. I just wanted to clarify, on slide 23, the last bullet—it appears to be a 13-month period. Is that a typo: June 1<sup>st</sup> of '16 to July 31<sup>st</sup> of '17?



Sara Galantowicz: I believe that is a typo.

Judy Fenton: Okay. Thank you.

Operator: Again, if you would like to ask a question, please press star then the number 1 on your telephone keypad.

Your next question comes from the line of Kathleen Regina.

Kathleen Regina: Hi, Kathleen Regina from Brookhaven Home Care. Do they foresee the removal of these questions in the '18 or 2019 OASIS questions per se to getting, you know – that they're going to be omitting them from the OASIS assessments since they're finding the significance is not significant?

Dr. Alan Levitt: The influenza vaccination measure will continue to be reported on Home Health Compare, and will be – the data for that measure will continue to be collected on OASIS. As Sara mentioned, there were concerns in some of the comments that we received about what would occur if we removed this measure from the star rating calculation. And CMS opinion is that this measure is still very useful for patients and families to receive this information on Home Health Compare to help them in terms of making choices. And we will also be able to monitor vaccination rates after we remove from star ratings as well by continuing to collect this data. The ER use measure is a claims-based measure, and it's not OASIS based.

Kathleen Regina: Thank you.

Operator: Again, if you would like to ask a question, please press star then the number 1 on your telephone keypad.

Your next question comes from the line of Kerri Griffin.

Kerri Griffin: Hi, this Kerri Griffin from A Pinewoods Home Health Care. My question is on the influenza vaccine. If it is offered and declined, does this still count negatively against the star ratings for the agency or is it removed from that item line then?

Dr. Alan Levitt: If I – after we receive public comments and, you know, return, hopefully in December, if this timeline that Sara and Betty just went through goes through, the star rating calculation starting in April 2018 would not include the influenza vaccination measure. And so the answer is, they would no longer be a part of that calculation.

Kerri Griffin: Currently, though, does it count against the agency star ratings if it's offered and declined to a patient?

Dr. Alan Levitt: The current influenza vaccination measure only measures those percent of patients who have received the vaccination. And so in other words, if in your example, they are offered and declined, they would not be included as – in the numerator of that measure.

Kerri Griffin: Okay, thank you.



Operator: Your next question comes from the line Barbara Fadeyi.

Barbara Fadeyi: Hi. My question is that, where can we get a list of the star rating cutoff distribution for each quarter?

Dr. Alan Levitt: Sara or Betty, is that included on the preview reports?

Betty Fout: Can you clarify cutoff? Do you mean the national median or the...?

Barbara Fadeyi: Yes. Yes. So for each agency, they would be measured compared to that national result. And based on a certain cutoff, like, how would you know if an agency is a three star or a four star or a three and a half star?

Betty Fout: That's right. That's in the provider preview reports that you'd receive 3 months before it's on Home Health Compare and those are in your CASPER mailboxes that you should have received.

Barbara Fadeyi: Correct. But is there a place where we can get a complete list and not have to go through each and every single report for each quarter?

Betty Fout: There's not currently a place where there is a list of all the cutoffs for each quarter that were used in one place. You would have to look at all your preview reports from your CASPER mailboxes. If you want to put that in an email form to the common email box, ...

Barbara Fadeyi: Okay.

Betty Fout: ... we can consider that.

Barbara Fadeyi: Okay. Okay. I'll do that then. Thank you.

Operator: Your next question comes from the line of Donna Kershner.

Donna Kershner: Hi, this is Donna from Affilia Home Health Care. I have a question. If in January they decide definitely to remove the influenza from the star rating, how long will it continue to be impactful? When will that change be effective?

Dr. Alan Levitt: This is Alan Levitt. The measure will still always remain impactful. I hope the measure will still provide meaning to patients and families and continue to be reported on Home Health Compare.

Regarding it being included in the Quality of Patient Care Star Rating, it would be removed from the star rating calculation starting in April 2018. And when that's – once again, if we follow the timeline as was described on the slide.

Donna Kershner: Thank you.

Operator: And there are no further questions at this time.



## Additional Information

Leah Nguyen: Thank you. For information on evaluating today's event, see slide 27.

Again, my name is Leah Nguyen. I would like to thank our presenters and also thank you for participating in today's Medicare Learning Network event on the Home Health Quality Reporting Program. Have a great day, everyone.

Operator: Thank you for participating in today's conference call. You may now disconnect. Presenters, please hold.