

MEDICARE POST-ACUTE CARE PAYMENT REFORM DEMONSTRATION**Home Health Agency Administration Interview Protocol**

[Provider Name]

Medicare Provider ID Number: [XXXXXX]

Names and Titles of Interviewee(s):

[Name 1 (Title 1)]; [Name 2 (Title 2)]; etc.

The focus of this study is to understand the variation in patient care resource use and costliness both within a particular setting as well as across settings. Ultimately, the purposes are to better understand the characteristics, care, expense and outcomes of different types of patients seen in different post acute settings; identify the variable cost for providing appropriate, high-quality care to each type of patient, regardless of setting; and identify fixed costs unique to each setting.

This interview will be used to collect background information on your organization, the populations you treat, and the factors you consider in making resource allocation decisions. This includes understanding variations in staff resource intensity associated with different patient populations and identifying patient characteristics and other factors you use to plan resource requirements.

1. Please provide an organizational chart of your agency. Please describe specialty focus, staff mix, and new programs. Describe the nature of the office(s)/division(s) participating. Names of the department heads/managers of each office/division would be helpful, but not necessary.
2. Is your agency part of a larger healthcare delivery system, whether owned by a larger organization or in an affiliated network? If so:
 - a. Please identify the larger system and describe the nature of your relationship.
 - b. Please list the healthcare organizations in which you have a financial or other legal relationship. Please also list the healthcare organizations in which you have other non-financial and informal relationships.
 - c. How do these affiliations affect your scope of services, staffing patterns, and referral patterns?
3. What geographic region would you deem to be your “market?” How do you define the market area?
 - a. How do your services differ from those of other similar local agencies? And how do they differ from those of agencies you do not consider “similar?” Do you fill a specific niche in your local market?

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is 90 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments regarding the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.

- b. Please identify your referral sources in this market area, particularly names and locations of acute and post-acute providers that refer patients to you. Please also identify providers to whom you refer patients.
 - c. What are some of the factors that influence referral patterns within this market?
4. Does your agency participate in any teaching programs, whether for nurses, therapists, or other health care professionals? Please indicate the scope of these programs (e.g., providing CEU seminars, participating in internship/student nurse programs, etc.).
 5. Does your agency use an electronic health record system? If so, please describe this system. How do you envision or wish the CARE tool to interface with your system?
 6. What are your current processes for transferring discharge information between providers? How do these processes interact with your EHR system (if applicable)?
 7. What are your current processes for submitting OASIS data?
 8. Are there additional considerations we should have about your agency or market area that you feel we and CMS should consider when conducting analyses for the Medicare Post-Acute Care Payment Reform Demonstration? For example, based on your experience with the current payment systems, do you have any ideas or suggestions for the incentive structures in future payment models?