Medicare Post-Acute Care Payment Reform Demonstration

Cost and Resource Utilization Data Collection

Home Health Agency Site Coordinator Guide

[Provider Name]

Participating Office(s)/Division(s):
[Office/Service 1]
[Office/Service 2]
...

[Month & Year]

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This booklet provides a brief overview of the Cost and Resource Use (CRU) data collection portion of the Post-Acute Care Payment Reform Demonstration being conducted for the federal agency that runs Medicare (Centers for Medicare & Medicaid Services [CMS]) by a team of researchers from RTI International. Included in this booklet is an overview of the study's purpose and data collection process. Please use this booklet as a reference for training all home health agency staff involved in the data collection period.

Brief Overview of the Study

The Cost and Resource Utilization (CRU) data collection is part of the Post-Acute Care Payment Reform Demonstration mandated by Section 5008 of the Deficit Reduction Act of 2005. This demonstration is intended to collect data related to payment for post-acute care services in four settings: Long Term Care Hospitals (LTCHs), Inpatient Rehabilitation Facilities (IRFs), Skilled Nursing Facilities (SNFs), and Home Health Agencies (HHAs). Each of these four types of providers currently has a separate prospective payment system (PPS) with its own case-mix groups, payment units, and rates. The Post-Acute Care Payment Reform Demonstration will examine the relative costliness and outcomes of cases admitted to different settings for similar conditions. Please note that although we are referring to this care as "post-acute," it is not necessary that these patients have had a recent inpatient stay.

The legislation requires that CMS provide information on both the fixed and variables costs for each individual treated in post acute care settings. During the demonstration, data will be collected in 10 geographically diverse markets and will include approximately 150 providers. The providers will include short-term acute hospitals which will provide standardized information on patient severity at discharge. The four post acute settings will submit patient severity information at admission and discharge and will collect cost and resource use data that will identify the level and types of services provided in each setting. These data, along with Medicare claims and cost report data, will be used to examine substitution issues: how do costs and outcomes differ for post acute care patients with similar case mix acuity when treated in one of the various settings? The results will be used to provide CMS and Congress information on the potential for setting-neutral payment models, revisions to single setting payment systems, current discharge placement patterns, and patient outcomes across settings.

Data Collection Overview

During this study, staff will complete forms indicating the time that they spend with patients in various activities. In particular, the two forms are:

- **Home Health Patient Time Log—**This form is filled out by all **home health agency** staff (regularly employed full- and part-time, per-visit/per-diem, and agency/contract staff; and all staff providing direct patient care as well as administrative and managerial staff engaged in activities related to the care of specific patients). It collects time that staff spend with, or on behalf of patients. Although this is a study for Medicare, we would like staff to report time they spend with all patients. This will help us understand the differences between Medicare and non-Medicare patients. We also believe it will be less difficult for staff than reporting only on Medicare patients since they will not also need to remember which patients are covered by Medicare.

- **Patient Tracking Form—**This form, used only by you, the Site Coordinator, has several purposes. First, you will use it to assign unique study ID numbers for each patient. The form also indicates whether a patient is a Medicare patient and, if so, collects the patient's Medicare Health Insurance Claim (HIC) number, admission and discharge dates, age, and sex.

Collection of CRU data will occur in a few discrete time windows. These windows will last for a two to three week period and occur at approximately the 3rd, 5th, and 7th month of data collection at your provider site. RTI will coordinate with you regarding the specific timing of CRU collection and procedures for setup and monitoring.

Coordinator Activities

Training

As Site Coordinator, you will be the lead person in charge of training staff on using forms during the data collection period. Some staff working at the home health agency during the data collection period may not be able to attend an RTI-led training session before data collection begins. These staff will need a thorough training on the basics of filling out the form. In addition, staff who attend a training session may have questions when they start filling out the forms and may need a short "refresher." You may want to provide additional training to agency staff as needed to address questions that staff have.

Other Activities Prior to CRU Data Collection

Before the CRU data collection period begins, we ask that you first identify a secure area to store unused as well as completed forms, such as a locked file cabinet in a locked office. This is very important for preserving patient privacy. Also, please take the time to begin filling out the Patient Tracking Form for patients who you expect will be treated by the agency during the data collection period. Patient study ID numbers are pre-printed on the form. Please add patient names and indicate whether they are a Medicare patient or not (check either the "Y" or "N" box). For Medicare patients, please: (1) record their Medicare Health Insurance Claim (HIC) number, which should be available in the Medical record or from your billing office; (2) their admission date; (3) their age; and (4) their gender. Please also identify all patients receiving care on the first day of the data collection. An interim CARE tool assessment will need to be completed on each of these patients during the CRU data collection period.

Start-Up Activities

Prior to the beginning of the CRU collection portion of the study, it is important that the Home Health Patient Time Logs be distributed to all agency staff caring

for patients in the demonstration. This includes administrative staff and clinical specialist who provide consults (over the phone or in person) to field staff. Please provide enough forms to all participating offices/divisions for staff to use during the two-week data collection period. If possible, we request that you give a form to each staff member, reminding them to: (1) fill out the information at the top of the form (name, date, and position); (2) record time spent with, or on the behalf of, patients throughout the day, every 1 to 2 hours or after each home care visit. Please emphasize that staff do not need to report time in shorter than 5- to 10-minute increments. Also feel free to provide any other instructions you think are necessary. Please remind staff that basic instructions are provided on the back of each form.

On-Going Activities During CRU Data collection window

We ask that you check-in periodically with staff to answer any questions that they may have. This is especially important during the first days of the data collection period. Please also take the opportunity to update the Patient Tracking Form for patients who are admitted during the study period.

Please ask staff to submit the Home Health Patient Time Logs daily after they have filled in the times across the rows. When you receive the logs, please make a quick check that staff have recorded time associated with the care of each patient.

Once you have collected all of the forms, please lock the forms in a secure area. We encourage you to fill in the patient study IDs on each form on a daily basis to reduce the amount of time you need to spend on filling in the study IDs at the end of the CRU data collection period.

End-of-Data Collection Window Activities

At the end of the data collection period, please be sure that patient study ID numbers are filled out for all patients. Also at this time, please make a photocopy of the data collection instruments (only the front side each form need be copied).

Once you have made copies of all completed forms, and checked that patient study ID numbers are filled-in for all patients, please use a black permanent marker, correction fluid, or other similar means to obliterate patient and staff names from the original forms.

Once you have finished processing these forms at the end of the data collection period, please FedEx them to RTI using the envelopes provided.

Contacting RTI for Questions and Comments During the Study

During the study, RTI is maintaining a 24-hour phone line to answer questions on data collection procedures. Please call this phone line at any time for immediate assistance. To reach this toll-free line, please call (800) XXX-XXXX.

In addition to the phone line, RTI will maintain a website for providers participating in the data collection (URL http://www.xxxxxxx.xxx). This website contains frequently asked questions and other updates on the data collection process. There is also information on submitting questions to the e-mail list server for which we registered you during the training process.

RTI will be in close contact with you during the CRU data collection periods and will arrange phone conferences with you the day before data collection begins, following the first day of data collection, and following the final day of data collection. The goal of these phone conferences will be to ensure that you, as Site Coordinator, have the necessary information to begin the data collection and to clear up any problems that may arise. RTI will be available to assist you at any time during the data collection period.