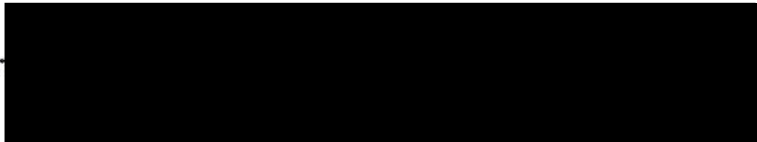


Committee on Energy and Commerce
U.S. House of Representatives
 Witness Disclosure Requirement - "Truth in Testimony"
 Required by House Rule XI, Clause 2(g)(5)

1. Your Name: Melissa A. Morley		
2. Your Title: Program Manager, Health Care Financing and Payment		
3. The Entity(ies) You are Representing: RTI International		
4. Are you testifying on behalf of the Federal, or a State or local government entity?	Yes	No X
5. Please list any Federal grants or contracts, or contracts or payments originating with a foreign government, that you or the entity(ies) you represent have received on or after January 1, 2013. Only grants, contracts, or payments related to the subject matter of the hearing must be listed. ASPE: Extrapolate the Episode-Based Risk Adjustment Findings, HHSP23320095651WC, TO# HHSP23337014T, \$1,245,509.00 (9/30/2010-3/28/2015). ASPE: Examine the Impact of Using Continuity Assessment Record and Evaluation (CARE) Data in the Current Medicare FFS Case Mix Methodologies, HHSP23320095651WC, HHSP23337033T, \$1,730,348.00 (9/9/2013-9/30/2015). ASPE-CMS Collaboration to Support the Center for Innovation's Bundled Payments for Care Improvement Initiative, HHSP23320095651WC, HHSP23337023T, \$1,888,175.00 (9/26/2011-3/31/2013).		
6. Please attach your curriculum vitae to your completed disclosure form.		

Signature _____



Date: 4/14/15

MELISSA A. MORLEY

Summary of Professional Experience

Melissa Morley is a program manager in the Health Care Financing and Payment program in RTI's Division of Health Services and Social Policy Research. She has more than 10 years of experience in health services and health policy research. Since joining RTI, Dr. Morley has worked on several Centers for Medicare & Medicaid Services (CMS) and Assistant Secretary for Planning and Evaluation (ASPE) projects related to post-acute care (PAC) episode utilization and payment, using Medicare claims and patient assessment data. Dr. Morley's recent projects include work with the ASPE to explore the use of risk adjustment models to predict PAC episode payments, costs, and outcomes using patient assessment data. In other work with the Center for Medicare & Medicaid Innovation, Dr. Morley has led a team analyzing data in support of the Bundled Payments for Care Improvement initiative. In addition to these projects in the area of PAC, Dr. Morley is a member of the analytic teams focusing on savings calculations and payment issues for the CMS State Demonstrations to Integrate Care for Dual Eligible Individuals and the CMS Independence at Home Demonstration. Dr. Morley is a graduate of Tufts University; McMaster University, where she studied health economics and Canadian health policy as a Fulbright Scholar; and the Heller School for Social Policy and Management at Brandeis University.

Education

PhD, Social Policy, concentration in Health Policy and Health Services Research, The Heller School for Social Policy and Management, Brandeis University, Waltham, MA, 2005.
MA, Economics, McMaster University, Hamilton, Ontario, Canada, 1999.
BA, Economics, Tufts University, Medford, MA, 1998.

Selected Project Experience

Examination of Risk Adjustment of Payments & Outcomes Across Episodes of Care/Bundled Payment Options (2009 to 2011, 2011 to 2015)—*Project Director*. This ASPE work is exploring potential risk adjustment models for PAC episodes using assessment data documented on the Continuity Assessment Record and Evaluation (CARE) from the CMS Post-Acute Care Payment Reform Demonstration to better understand how PAC episode payments and outcomes might be risk adjusted on the basis of beneficiary characteristics at the start of an episode of care. In this work, RTI built PAC episodes for beneficiaries with CARE assessment data to examine the feasibility of episode-based risk adjustment for different episode definitions and conditions. This work also involved using current assessment instruments including the Outcome and Assessment Information Set (OASIS), Minimum Data Set (MDS), and Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) to test the use of these items in PAC episode risk adjustment models.

Measurement, Monitoring, and Evaluation of State Demonstrations to Integrate Care for Dual Eligible Individuals (2011 to date)—*Associate Project Director*. The goal of these demonstrations is to develop person-centered care delivery models, integrating the full range of medical, behavioral health, and long-term care services for dual eligible individuals with the expectation that integrated delivery

models would address the current problems associated with the lack of coordination of Medicare and Medicaid benefits, financing, and incentives. Funded by CMS, this evaluation is designed to monitor implementation and outcomes as they unfold and to evaluate the impacts of the demonstrations on quality, the beneficiary experience of care, and expenditures, after they have been operational for several years.

Design, Development and Implementation Support for the Independence at Home Demonstration (2010 to date)—*Senior Analyst*. This Affordable Care Act-mandated demonstration for CMS will reward primary care teams who treat Medicare beneficiaries in their homes if the practitioners reduce Medicare expenditures while preserving or improving quality of care. The demonstration design includes developing expenditure targets, quality measures, and a savings sharing approach, and assisting CMS with developing the solicitation and practice selection. Implementation began in 2012. Ongoing activities include monitoring practice performance and expenditures, providing ongoing technical assistance, and calculating any savings sharing.

ASPE-CMS Collaboration to Support the Center for Innovation Bundled Payment for Care Improvement Initiative (2011 to 2013)—*Project Director*. The purpose of this contract was to assist the Center for Medicare & Medicaid Innovation in analyzing proposals for the Bundled Payments for Care Improvement. This initiative allows the provider community to partner in developing alternative payment approaches that can better align incentives among the many providers involved in patient care. Under this initiative, applicants submitted proposals to participate in at least one of four bundled payment approaches. RTI completed several analyses as part of this contract, including analyses of applicant data under different episode definitions and analyses in support of the final program plans.

Analysis of the Classification Criteria for Inpatient Rehabilitation Facilities (IRF) (2008 to 2013)—*Senior Analyst*. This project for CMS examines the current Medicare classification criteria for IRFs. Specifically, RTI used Medicare claims and assessment data, including data from the CARE standardized patient assessment instrument to examine issues around Medicare beneficiaries' access to medically necessary rehabilitation services, whether alternative criteria or refinements to this classification criteria could be used, and finally, whether IRF care is appropriate for certain other types of conditions that are commonly treated in IRFs but are outside of the qualifying conditions.

Post-Acute Care Payment Reform Demonstration: Project Implementation and Analysis (2007 to 2012)—*Senior Analyst*. The CMS Post-Acute Care Payment Reform Demonstration was mandated by the Deficit Reduction Act of 2005 to examine the relative costliness and outcomes of post-acute cases admitted to different settings for similar conditions. This study required collecting primary data, analyzing administrative data, and conducting site visits to over 140 providers in geographically diverse markets. CARE data were collected to measure patient severity and case mix. Cost and resource data were also collected in the PAC settings. The data collected were used along with Medicare claims and cost report data, to examine substitution issues among post-acute providers, including differences in costs and outcomes, all else equal.

Expand Current Beneficiary-Level Episode File Used to Model Episode Based Payments/Bundling Options to Provide Longitudinal Analysis and Improve Sample Size Modification (2009 to 2011)—*Associate Project Director*. In this work with ASPE, RTI constructed a large beneficiary-level episode dataset to provide additional information on PAC episodes and episode-based payments. In this project, RTI constructed episodes that begin with admission to an acute care hospital as well as episodes that begin with home health agencies, IRFs, or long-term care acute hospital (LTCH) independent of an acute hospital admission. This work provides a baseline understanding of the characteristics of beneficiaries initiating episodes with and without a hospitalization. Additional analyses in this contract focus on use for a cohort of beneficiaries over a 2-year period of time, as well as mortality within episodes of care.

Examine the Landscape of Formal and Informal Delivery Systems Needed to Comply with a Reform Option to Bundle Medicare Payments Modification (2009 to 2010)—*Analyst*. The purpose of this project with ASPE was to examine the scope of formal and informal relationships between acute care hospitals and PAC providers. This is important for assessing the impact of payment policies that would bundle payments for PAC services. Although many PAC providers currently have formal or informal relationships with acute hospitals, under a bundled payment system, these relationships may become necessary to comply with new payment rules. This work provided information on the landscape of integrated delivery systems and provider relationships nationally and at the state level to anticipate the extent to which providers may need to establish new relationships to comply with a bundled payment approach.

Post Acute Care Episode and Chronic Care Warehouse Database Modification (2008 to 2009)—*Analyst*. This ASPE-funded project examined patterns of PAC utilization and payments for Medicare beneficiaries using claims data. Specifically, this project examined the impact of various definitions of episodes of PAC, particularly as they relate to the inclusion or exclusion of different claims and associated payments for care. The work was based on analyzing a beneficiary-level episode file using Medicare claims data. This file is unique in its ability to track beneficiary service use across settings after an index acute hospital admission, reflecting actual utilization patterns of acute, home health, IRF, skilled nursing facility, LTCH, and hospital outpatient department therapy services. This project also included extensive analyses of comorbidity using the Chronic Care Warehouse to learn more about the effect of comorbidities on PAC episode utilization.

Identifying the Logic to Assign Post-Acute Care Claims to Episodes of Care for Comparing Relative Resource Use (2008 to 2009)—*Analyst*. In this CMS-funded work, RTI developed a logic for grouping PAC claims and readmissions to index hospitalizations to support the examination of relative resource use comparisons. The RTI team performed extensive analysis looking at the patterns of PAC utilization using a beneficiary-level episode file constructed in previous work with ASPE. In developing the episode logic, RTI examined whether shorter time windows or diagnostic-based approaches were more appropriate for defining related services. This work also examined how the RTI logic assigns post-acute and readmission claims to episodes relative to two commercial grouper software products.

Post-Acute Care: Patient Assessment Instrument Development (2006 to 2009)—*Analyst*. This CMS-funded project developed a uniform patient assessment tool for the Medicare program to standardize the assessment data collected at acute hospital discharge and in each of the PAC settings, including IRFs, long-term care acute hospitals, skilled nursing facilities, and home health agencies. Experts from each of the different levels of care participated in its development. The study also included two technical expert panels for feedback from the industry and the research community as well as pilot tests. This instrument, the CARE Tool, is designed to measure differences in patient severity, resource utilization, and outcomes for patients in acute and post-acute care settings.

Examining Relationships in an Integrated Hospital System (2007 to 2008)—*Analyst*. This ASPE-funded study examined the role of organizational relationships as they affect transfer patterns across post-acute settings. Using Medicare claims data to build episodes of care and the Provider of Service data to identify organizational relationships between providers, this study examined whether patterns of PAC utilization are associated with a hospital's having a PAC subprovider. This study expanded on the usual definition of hospital affiliation by incorporating the Medicare colocation definition for also determining relationships. PAC episodes were case-mix adjusted using the severity of illness measures in the All Patient Refined Diagnosis-Related Group (APR-DRG) system.

Professional Experience

- 2006 to date RTI International, Waltham, MA.
- Program Manager (2014 to date). Manager for the Health Care Financing and Payment program within the Division for Health Services and Social Policy Research. Leads and conducts analyses of large-scale, government-funded health policy and health services programs.
- Senior Health Services Researcher (2011 to). Led and conducted analyses of large-scale, government-funded health policy and health services programs, evaluations, and demonstrations. Developed manuscripts and analytical reports based on analysis of health care claims and patient assessment data. Led and develops research proposals.
- Health Services Researcher (2006 to 2011). Conducted quantitative and qualitative analyses of large-scale, government-funded health policy and health services evaluations and demonstrations.
- 2001 to 2006 The Heller School for Social Policy and Management, Brandeis University, Waltham, MA.
- Research Associate (2004 to 2006). Lead analyst in evaluation of prescription drug benefit designs for two state pharmacy assistance programs. Collaborated with faculty in the preparation of conference presentations, manuscripts, and proposals for funding from federal government agencies.
- Research Assistant (2001 to 2004). Analyzed pharmacy benefit management data and conducted literature reviews and site visits for the CMS Evidence Report on Disparities in Cancer Prevention, Screening and Treatment in Racial and Ethnic Minority Elders.
- 1999 to 2002 Analysis Group, Inc., Boston, MA.
- Research Analyst. Analyzed claims data and drafted manuscripts for studies on the economic burden of illness in the workplace. Conducted quantitative and qualitative analysis in support of litigation related to health insurance and pharmaceuticals, as well as for intellectual property and merger cases in manufacturing and technology.

Honors and Awards

Agency for Health Care Research and Quality (AHRQ) Pre-Doctoral Training Fellowship, 2001 to 2004
Fulbright Scholarship for the study of health economics and health policy, McMaster University, Hamilton, Ontario, Canada, 1998 to 1999

Professional Service

Ad hoc reviewer, *Archives of Physical Medicine and Rehabilitation*, *Health Affairs*

Peer-Reviewed Journal Articles

- Morley, M., Bogasky S., Gage, B., Flood, S., & Ingber, M. (2014). Medicare post-acute care episodes and payment bundling. *Medicare & Medicaid Research Review*, 4(1), E1–E12.
doi:10.5600/mmrr.004.01.b02
- Morley, M. A., Coots, L. A., Forgues, A. L., & Gage, B. J. (2012). Inpatient rehabilitation utilization for Medicare beneficiaries with multiple sclerosis. *Archives of Physical Medicine and Rehabilitation*, 93, 1377–1383. doi:10.1016/j.apmr.2012.03.008
- Merrick, E. L., Horgan, C. M., Garnick, D. W., Hodgkin, D., & Morley, M. (2008). Health plans' disease management programs: Extending across the medical and behavioral health spectrum? *Journal of Ambulatory Care Management*, 31, 342–353. doi:10.1097/01.JAC.0000336553.69707.e5
- Colice, G. L., Morley, M. A., Asche, C., & Birnbaum, H. G. (2004). Treatment costs of community-acquired pneumonia in an employed population. *Chest*, 125, 2140–2145.
doi:10.1378/chest.125.6.2140
- Birnbaum, H., Morley, M. A., Leong, S., Greenberg, P. E., & Colice, G. (2003). Lower respiratory tract infections: Impact on the workplace. *Pharmacoeconomics*, 21, 749–759.
- Robinson, R. L., Birnbaum, H. G., Morley, M. A., Sisitsky, T., Greenberg, P. E., & Claxton, A. J. (2003). Economic cost and epidemiological characteristics of patients with fibromyalgia. *Journal of Rheumatology*, 30, 1318–1325.
- Birnbaum, H. G., Morley, M. A., Greenberg, P. E., & Colice, G. L. (2002). Economic burden of respiratory infections in an employed population. *Chest*, 122, 603–611. doi:10.1378/chest.122.2.603
- Birnbaum, H. G., Morley, M. A., Greenberg, P. E., Cifaldi, M., & Colice, G. L. (2001). Economic burden of pneumonia in an employed population. *Archives of Internal Medicine*, 161, 2725–2731.
doi:10.1001/archinte.161.22.2725

Presentations and Proceedings

- Morley, M. (2014, November). *Post-acute care and bundled payment*. Presented at the annual meeting of the Gerontological Society of America, Economics of Aging Interest Group, Washington, DC.
- Morley, M., Ingber, M., & Gage, B. (2012, November). *Resource utilization across post-acute care settings*. Presented at the annual meeting of the Gerontological Society of America, San Diego, CA.
- Morley, M., Ingber, M., & Gage, B. (2012, November). *Resource utilization across post-acute care settings*. Presented at AcademyHealth, Orlando, FL.
- Smith, L. M., Gage, B. J., Coots, L. A., Spain, P. C., Morley, M. A., & Ingber, M. J. (2010, June). *Death and the bundle: Patterns of service use associated with mortality among Medicare post-acute care patients*. Poster presented at AcademyHealth, Boston, MA.
- Morley, M. A., Coots, L. A., Gage, B. J., Forgues, A. L., & Baker, R. D. (2010, June). *Health care costs and utilization for Medicare beneficiaries with multiple sclerosis*. Poster presented at AcademyHealth, Boston, MA.
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- Morley, M. A., Coots, L. A., Gage, B. J., Baker, R. D., & Forgues, A. L. (2009, June). *Medicare beneficiaries with multiple sclerosis: Utilization of services and functional impairment levels*. Poster presented at AcademyHealth, Chicago, IL.
- Morley, M. A., Smith, L. M., Ingber, M. J., & Gage, B. J. (2009, April). *Defining post-acute episodes of care*. Presented at ASPE Leadership team and ASPE/DHHS offices, Washington, DC.
- Gage, B. J., Morley, M. A., & Ingber, M. J. (2007, October). *Examining relationships in an integrated delivery system*. Paper presented at CMS Policy Council, Baltimore, MD.
- Morley, M. A., Gage, B. J., & Constantine, R. (2007, June). *Changes in IRF use: Pre- & post-PPS*. Paper presented at AcademyHealth, Orlando, FL.
- Morley, M. A. (2005, June). *The role of drug characteristics in the diffusion of prescription drugs*. Paper presented at AcademyHealth, Boston, MA.
- Morley, M. A. & Leung, M. (2004, June). *Generic versus brand name anti-hypertensive drug expenditures*. Paper presented at the annual meeting of the National Research Service Award (NRSA), San Diego, CA.
- Morley, M. A., & Leung, M. (2003, June). *Prescription drug insurance: Utilization, expenditures, and out-of-pocket spending for adults age 18 to 64*. Paper presented at the annual meeting of the National Research Service Award, Nashville, TN.

Technical Reports

- Olmsted, M. G., Geisen, E., Murphy, J. J., Bell, D. R., Morley, M. A., & Stanley, M. V. (2014, July). *Methodology: U.S. News & World Report best hospitals 2014–15*. Prepared for U.S. News & World Report.
- Olmsted, M. G., Geisen, E., Murphy, J. J., Bell, D. R., Morley, M. A., Williams, J. D., & Stanley, M. V. (2014, June). *Methodology: U.S. News & World Report best children's hospitals 2014–15*. Prepared for U.S. News & World Report.
- Kandilov, A. M., Ingber, M. J., Morley, M. A., Coomer, N. M., Dalton, K., Gage, B., et al. (2014, March). *Chronically critically ill population payment recommendations (CCIP-PR)*. Prepared for Centers for Medicare & Medicaid Services.
- Morley, M. A., Coomer, N. M., Zheng, N., Deutsch, A. F., Ingber, M. J., Coots, L. A., et al. (2013, November). *Post-acute care episode risk adjustment extrapolation analyses*. Prepared for Assistant Secretary for Planning and Evaluation.
- Walsh, E. G., Anderson, W. L., Greene, A. M., Kaiser, D. J., Khatutsky, G., Lyda-McDonald, B., Morley, M. A., et al. (2013, April). *Measurement, monitoring, and evaluation of state demonstrations to integrate care for dual eligible individuals: Aggregate evaluation plan version 3.0*. Prepared for the Centers for Medicare & Medicaid Services.
- Olmsted, M. G., Murphy, J. J., Geisen, E. M., Williams, J. D., Bell, D. R., Pitts, A. D., Morley, M. A., et al. (2013, July). *Methodology: U.S. News & World Report best hospitals 2013–14*. Prepared for U.S. News and World Report.
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- Olmsted, M. G., Geisen, E. M., Murphy, J. J., Bell, D. R., Morley, M. A., Williams, J. D., et al. (2013, June). *Methodology: U.S. News & World Report best children's hospitals 2013–14*. Prepared for *U.S. News & World Report*.
- Gage, B. J., Deutsch, A. F., Coots, L. A., Morley, M. A., Kelleher, C. A., & Garfinkel, D. B. (2013, March). *Analysis of the classification criteria for inpatient rehabilitation facilities (IRFs): Final report*. Prepared for the Centers for Medicare & Medicaid Services.
- Murphy, J. J., Geisen, E. M., Olmsted, M. G., Williams, J. D., Pitts, A. D., Bell, D. R., Morley, M. A., et al. (2012, July). *Methodology: U.S. News & World Report best hospitals 2012–13*. Prepared for *U.S. News & World Report*.
- Olmsted, M. G., Geisen, E. M., Murphy, J. J., Williams, J. D., Pitts, A. D., Bell, D. R., Morley, M. A., et al. (2012, June). *Methodology: U.S. News & World Report best children's hospitals 2012–13*. Prepared for *U.S. News & World Report*.
- Gage, B. J., Morley, M. A., Smith, L. M., Ingber, M. J., Deutsch, A. F., Kline, T. L., et al. (2012, March). *Post-acute care payment reform demonstration: Final report*. Prepared for the Centers for Medicare & Medicaid Services.
- Gage, B. J., Smith, L. M., Morley, M. A., Drozd, E. M., Abbate, J. H., Coots, L. A., et al. (2012, January). *Post-acute care payment reform demonstration: Report to Congress*. Prepared for the Centers for Medicare & Medicaid Services.
- Gage, B. J., Coomer, N. M., O'Neil, M. M., Ingber, M. J., Morley, M. A., & Garfinkel, D. B. (2011, October). *Medicare post acute care supply and outcomes project*. Prepared for the Assistant Secretary for Planning and Evaluation (ASPE).
- Morley, M. A., Coomer, N. M., Gage, B. J., Ingber, M. J., & Smith, L. M. (2011, August). *Post-acute care episode risk adjustment using CARE assessment data*. Prepared for the Assistant Secretary for Planning and Evaluation (ASPE).
- Murphy, J. J., McFarlane, E. S., Olmsted, M. G., Williams, J. D., Pitts, A. D., Bell, D. R., Morley, M. A., et al. (2011, July). *Methodology: Best hospitals 2011-12*. Prepared for *U.S. News & World Report*.
- Olmsted, M. G., McFarlane, E. S., Murphy, J. J., Williams, J. D., Pitts, A. D., Bell, D. R., & Morley, M. A. (2011, June). *Methodology: Best children's hospitals 2011–2012*. Prepared for *U.S. News & World Report*.
- Gage, B. J., Morley, M. A., Ingber, M. J., & Smith, L. M. (2011, April). *Post-acute episodes expanded analytic file*. Prepared for the Assistant Secretary for Planning and Evaluation (ASPE).
- Gage, B. J., Smith, L. M., Spain, P. S., Forgues, A. L., Morley, M. A., Coots, L. A., et al. (2010, October). *Examine the landscape of formal and informal delivery systems needed to comply with a reform option to bundle Medicare payments*. Prepared for the Assistant Secretary for Planning and Evaluation (ASPE).
- Olmsted, M. G., McFarlane, E. S., Murphy, J. J., Severance, J., Pitts, A., & Morley, M. A. (2010, June). *America's best children's hospitals 2010 methodology*. Prepared for *U.S. News & World Report*.
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- Gage, B. J., Ingber, M. J., Morley, M. A., Smith, L. M., Spain, P. S., Patterson, M., et al. (2009, October). *Identifying the logic to assign post-acute care claims and rehospitalizations to episodes of care for comparing relative resource use*. Prepared for the Centers for Medicare & Medicaid Services.
- Gage, B. J., Morley, M. A., Smith, L. M., Forgues, A. L., & Ingber, M. J. (2009, August). *Analysis of postacute care definitions: Data chart book*. Prepared for the Assistant Secretary for Planning and Evaluation (ASPE).
- Gage, B. J., Morley, M. A., Smith, L. M., Spain, P. C., & Ingber, M. J. (2009, July). *Postacute care episodes and chronic care warehouse database modification*. Prepared for the Assistant Secretary for Planning and Evaluation (ASPE).
- Spain, P. C., Ingber, M. J., Gage, B. J., Morley, M. A., & Smith, L. M. (2009, July). *Chronic care warehouse (CCW) database and hierarchical condition categories (HCCs) to examine comorbidities in postacute care episodes*. Prepared for the Assistant Secretary for Planning and Evaluation (ASPE).
- Gage, B. J., Morley, M. A., Spain, P. C., & Ingber, M. J. (2009, February). *Examining postacute care relationships in an integrated hospital system*. Prepared for the Assistant Secretary for Planning and Evaluation (ASPE).
- Gage, B., Constantine, R., Aggarwal, J., Morley, M., Kurlantzick, V. G., Bernard, S., et al. (2008, February). *The development of the Continuity Assessment Record and Evaluation (CARE) tool*. Prepared for the Centers for Medicare & Medicaid Services.
- Gage, B. J., Morley, M. A., Constantine, R. T., Spain, P. C., Allpress, J. L., Garrity, M. K., et al. (2008, February). *Examining relationships in an integrated hospital system*. Prepared for the Prepared for the Assistant Secretary for Planning and Evaluation (ASPE).
- Gage, B. J., Ingber, M. J., Constantine, R. T., Bernard, S. L., Drozd, E. M., Morley, M. A., et al. (2008, January). *Postacute care payment reform demonstration (PAC PRD): Year one report*. Prepared for the Centers for Medicare & Medicaid Services.
- Gage, B., Ingber, M., Drozd, E. M., & Morley, M. (2008, January). *Postacute care payment reform demonstration: Market area selection report*. Prepared for the Centers for Medicare & Medicaid Services.
- Gage, B. J., Ingber, M. J., Drozd, E. M., & Morley, M. A. (2008, January). *Postacute payment reform demonstration (PAC PRD): Project implementation process and analysis work plan*. Prepared for the Centers for Medicare & Medicaid Services.
- Morley, M. A., & Trisolini, M. G. (2006, July). *Dialysis facility survey & certification: Analysis of the OSCAR database and recommendations for dialysis facility compare*. Prepared for the Centers for Medicare & Medicaid Services.
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