# IMPACT ACT OF 2014

Stella Mandl, RN

Deputy Director

Tara McMullen, PhD

Analyst

The Division of Chronic & Post Acute Care

# Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

- Bi-partisan bill introduced in March, U.S. House & Senate; passed on September 18, 2014 and signed into law by President Obama October 6, 2014

- Requires Standardized Patient Assessment Data for:
  - Assessment and Quality Measures
  - Quality care and improved outcomes
  - Discharge Planning
  - Interoperability
  - Care coordination

# Definitions

- Applicable PAC settings and Prospective Payment Systems (PPS):
  - Home health agencies (HHA) under section 1895
  - Skilled nursing facilities (SNF) under section 1888(e)
  - Inpatient rehabilitation facilities (IRF) under section 1886(j)
  - Long-term care hospitals (LTCH) under section 1886(m)

# Definitions (continued)

- Applicable PAC assessment instruments
  - HHA: Outcome and Assessment Information Set (OASIS) or any successor regulation
  - SNF: assessment specified under section 1819(b)(3)
  - IRF: any Medicare beneficiary assessment instrument established by the Secretary for purposes of section 1886(j)
  - LTCH: any Medicare beneficiary assessment instrument used to collect data elements to calculate quality measures, including for purposes of section 1886(m)(5)(C)

# Requirements for Standardized Assessment Data

- IMPACT Act added new section 1899(B) to Title XVIII of the Social Security Act (SSA)
- Post-Acute Care (PAC) providers must report:
  - Standardized assessment data
  - Data on quality measures
  - Data on resource use and other measures
- The data must be standardized and interoperable to allow for the:
  - Exchange of data using common standards and definitions
  - Facilitation of care coordination
  - Improvement of Medicare beneficiary outcomes
- PAC assessment instruments must be modified to:
  - Enable the submission of standardized data
  - Compare data across all applicable providers

# Standardized Patient Assessment Data

- Requirements for reporting assessment data:
  - Providers must submit standardized assessment data through PAC assessment instruments under applicable reporting provisions
  - The data must be submitted with respect to admission and discharge for each patient, or more frequently as required
- Data categories:
  - Functional status
  - Cognitive function and mental status
  - Special services, treatments, and interventions
  - Medical conditions and co-morbidities
  - Impairments
  - Other categories required by the Secretary

Use of Standardized Assessment Data:
HHAs: no later than January 1, 2019
SNFs, IRFs, and LTCHs: no later than October 1, 2018

# Specified Application Dates by Quality Measure Domains

- Functional status, cognitive function, and changes in function and cognitive function
- Skin integrity and changes in skin integrity
- Medication reconciliation
- Incidence of major falls
- Communicating the existence of and providing for the transfer of health information and care preferences

# Resource Use and Other Measures

– Resource use and other measures will be specified for reporting, which may include standardized assessment data in addition to claims data.

– Resource use and other measure domains include:
  - Total estimated Medicare spending per beneficiary
  - Discharge to community
  - Measures to reflect all-condition risk-adjusted potentially preventable hospital readmission rates

## (e) Measurement Implementation Phases; Selection of Quality Measures and Resource Use and Other Measures

(1)Measurement Implementation Phases

(A)Initial Implementation Phase

(i) measure specification

(ii)data collection

(B) Second Implementation Phase – feedback reports to PAC providers

(C) Third Implementation Phase – public reporting of PAC providers' performance

(2) Consensus-based Entity

(3) Treatment of Application of Pre-Rulemaking Process

# SNF QRP Established

- SNFs - amends section 1888(e) of the SSA to add paragraph (6) —
  - (A) Reduction in Update for Failure to Report
    - A SNF will receive a 2 percentage point reduction in its APU for failure to report data beginning with FY 2018
      - The result may be less than 0.0 for the FY and/or less than the preceding
      - The reduction will only apply to the FY involved

# Data Standardization: PAC-PRD and the CARE Tool: Background

- **2000: Benefits Improvement & Protection Act (BIPA)**
  - mandated standardized assessment items across the Medicare program, to supersede current items
- **2005: Deficit Reduction Act (DRA)**
  - Mandated the use of standardized assessments across acute and post-acute settings
  - Established Post-Acute Care Payment Reform Demonstration (PAC-PRD) which included a component testing the reliability of the standardized items when used in each Medicare setting
- **2006: Post-Acute Care Payment Reform Demonstration requirement:**
  - Data to meet federal HIT interoperability standards

# ***PAC PRD & the Care Tool: Informed Concepts***

## Guiding Principles and Goals:

**Assessment Data that is Uniform :**

- **Reusable**
- **Informative**

**Can help achieve data use that can:**

- **Communicate in the same language** across settings
- **Ensure data transferability** of clinically relevant information forward and backward allowing for interoperability, ensuring care coordination

**Data Uniformity**

- Increases **reliability and validity**
- Allows **data to follow the person**
- Facilitates **patient centered care, care coordination**

**Goals that standardization can enable:**

- Fostering **seamless care transitions**
- **Measures that can follow the patient**
- **Evaluation of longitudinal outcomes** for patients that traverse settings
- **Assessment of quality** across settings
- Improved **outcomes, and efficiency**
- **Reduction in provider burden**

# More About CARE

- Data collection using the CARE Item Set occurred as part of the Post Acute Care Payment Reform Demonstration and included 206 acute and PAC providers

  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/CARE-Item-Set-and-B-CARE.html

# Standardized Assessment Data Elements

## One Question: Much to Say

**GG0160. Functional Mobility**
(Complete during the 3-day assessment period.)

**Code the patient's usual performance using the 6-point scale below.**

**CODING:**

**Safety** and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

06. **Independent** - Patient completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the task.

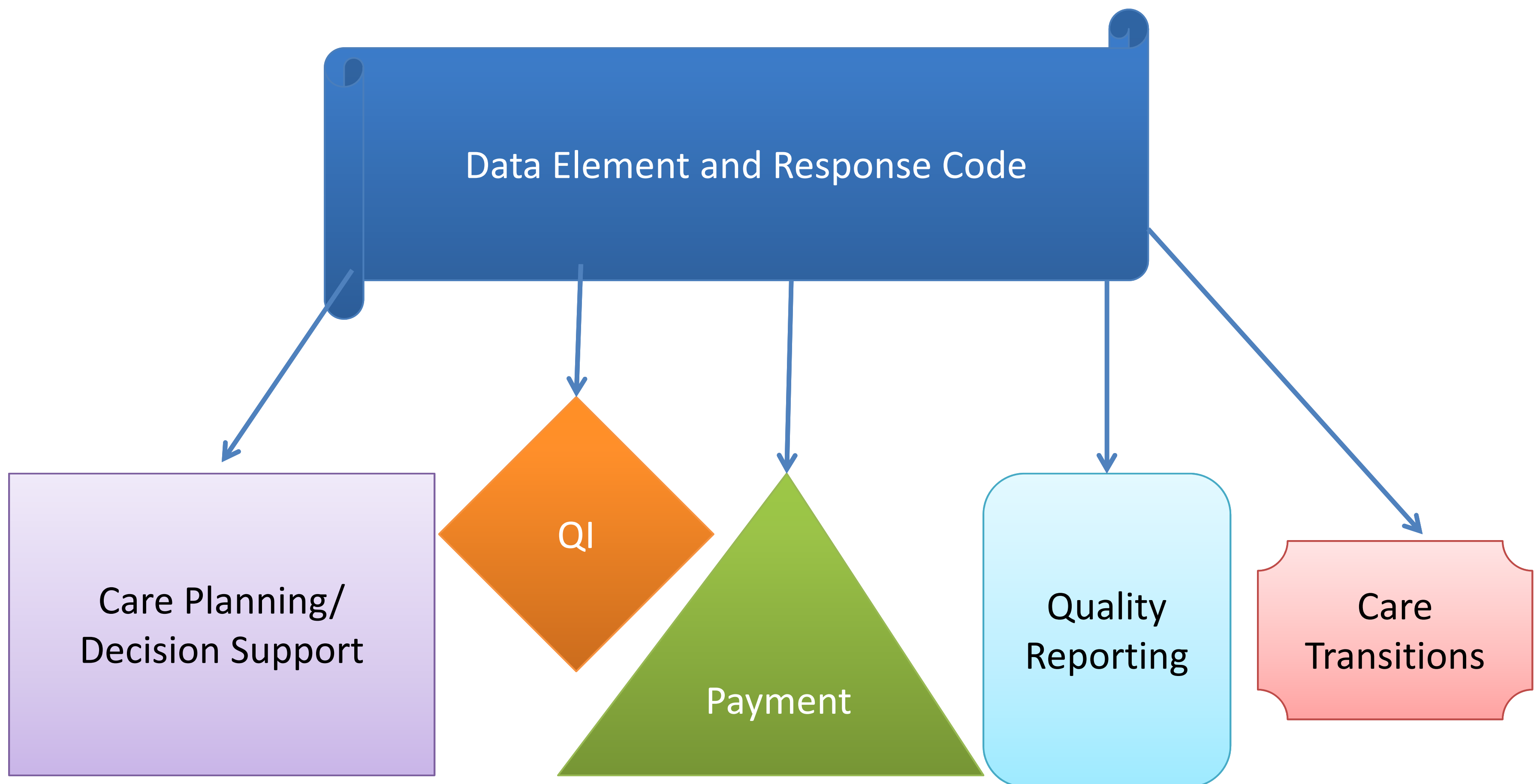
07. **Patient refused**
09. **Not applicable**

**If activity was not attempted, code:**

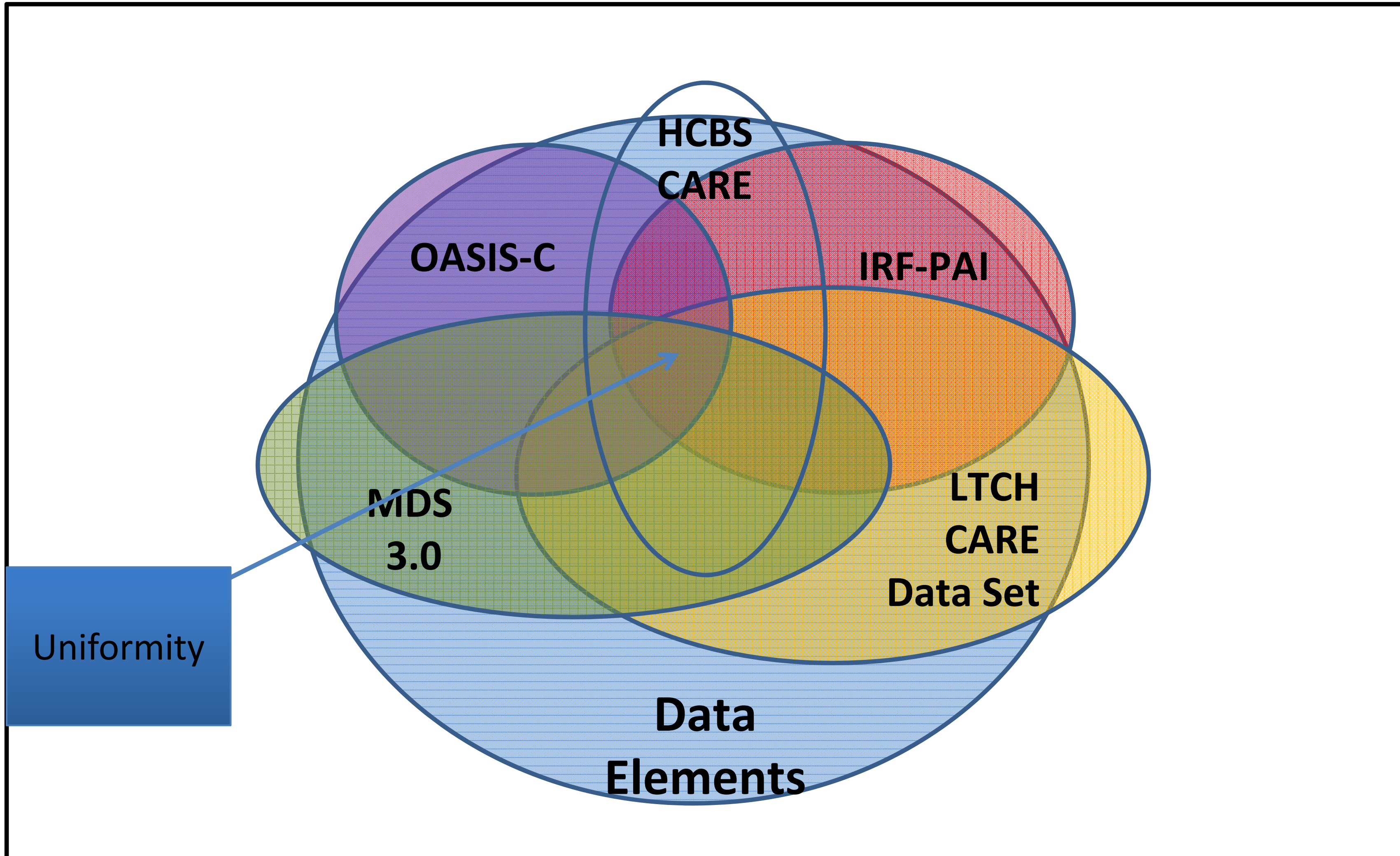
88. Not attempted due to **medical condition or safety concerns**

| ↓ Enter Codes in Boxes | |
|---|---|
| ☐☐ | **A. Roll left and right:** The ability to roll from lying on back to left and right side, and roll back to back. |
| ☐☐ | **B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed. |
| ☐☐ | **C. Lying to Sitting on Side of Bed:** The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, no back support. |

# One Response: Many Uses



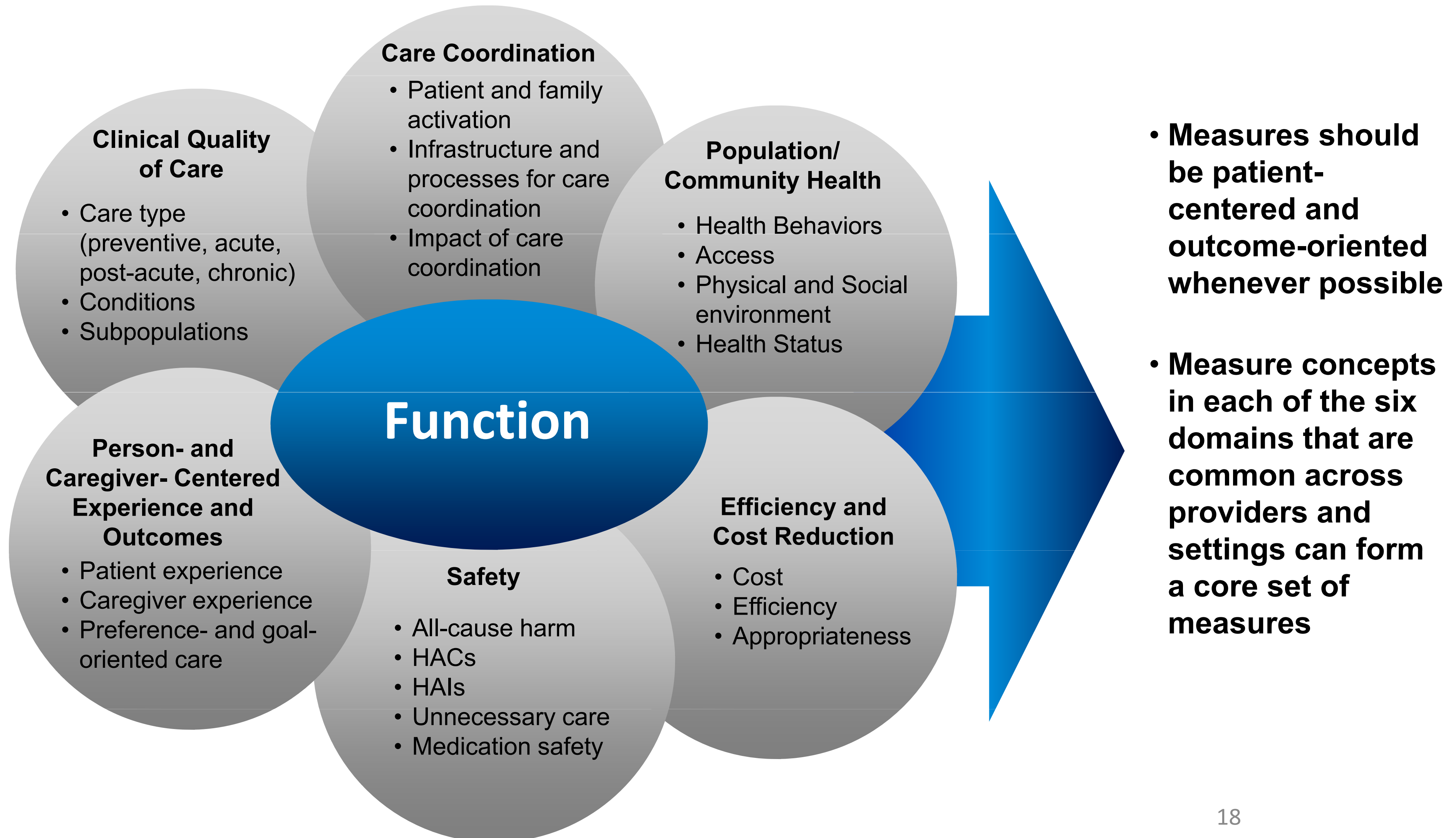
# Data Elements: Standardization



# Keeping in Mind, the Ideal State

- Facilities are able to transmit electronic and interoperable Documents and Data Elements
- **Provides convergence** in language/terminology
- Data Elements used are **clinically relevant**
- Care is coordinated using **meaningful information** that is spoken and **understood by all**
- Measures **can evaluate quality across settings and** evaluate **intermittent and long term outcomes**
- **Measures and Information can follow the person**
- **Incorporates** needs **beyond healthcare system**

# CMS Framework for Measurement



# Measure Domains & Measures Under Consideration

- Functional status, cognitive function, and changes in function and cognitive function
  - *Percent of patients/residents with an admission and discharge functional assessment and a care plan that addresses function*
- Skin integrity and changes in skin integrity
  - *NQF #0678 Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678 )*
- Incidence of major falls
  - *Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674)*

# Measure Domains & Measures Under Consideration

**Measures to reflect all-condition risk-adjusted potentially preventable hospital readmission rates**

- **IRF Setting (NQF #2502):** All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities
- **SNF Setting (NQF #2510):** Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)
- **For LTCH Setting (NQF #2512):** All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs)
- **HH Services (NQF #2380):** Rehospitalization During the First 30 Days of Home Health

# Measures Under Consideration: Phased Approach

- The totality of the measures considered for use for the purposes of meeting the requirements of the IMPACT Act will evolve over time in a phased approach.
- To meet statutorily required FY/CY 2017 timelines, our review and consideration was given to measures that:
  - Address a current area for improvement
  - Consider measures in place in post-acute care quality reporting programs, and are:
    - already endorsed and in place,
    - finalized for use
    - already previewed by the MAP with support
    - Minimize burden

# Stakeholder Input and Comments

- http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014-and-Cross-Setting-Measures.html

- **PACQualityInitiative@cms.hhs.gov**

# Questions