



## Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) Frequently Asked Questions April 1 - September 30, 2017

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### Rules

**Q:** What are the responsibilities of Critical Access Hospitals regarding Swing? Do we need to follow the same rules as SNFs?

**A:** SNFs that receive the SNF PPS are required to submit data by means of the MDS per the requirements in the IMPACT Act, except for swing beds in Critical Access Hospitals. More information can be found in the [SNF PPS FY18 final rule](#).

**Q:** Have the PAC final rules been published? Where will I find this information?

**A:** Final Rules are published in the Federal Register. LTCH, IRF, and SNF final rules for FY 2018 have been published. The CY 2018 Home Health proposed rule will be published on October 31, 2017. They can be accessed at:

[FY 2018 IPPS/LTCH PPS Final Rule](#)

[FY 2018 IRF PPS Final Rule](#)

[FY 2018 SNF PPS Final Rule](#)

[CY 2018 HH PPS Final Rule](#)

**Q:** How does the IMPACT Act help inform the discharge planning process?

**A:** CMS published the final rule "[Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities](#)" on October 4, 2016. The final rule revises the Conditions of Participation (CoP) for Long-Term Care Facilities as well as implements the discharge planning requirements of the IMPACT Act.

The new discharge planning process considers quality measures and resource use measures to assist patients and their families, and encourages them to become active participants in the planning of their transition to a PAC setting (or between PAC settings). This requirement provides patients and their family's access to information that helps them to make informed



decisions about their post-acute care, while addressing their goals of care and treatment preferences.

## Compare Sites

**Q:** How can the IRF and LTCH Compare sites help patients and family members?

**A:** The [IRF](#) and [LTCH](#) Compare sites can help patients and family members understand and compare the quality of care at local facilities and make the best healthcare choice for themselves or a loved one. The quality of care at a facility is demonstrated on the Compare sites by facility scores on different measures, such as the development or worsening of pressure ulcers and hospital readmission rates. As more measures are included on the Compare sites, patients and family members will have increasingly comprehensive information of how local facilities are performing, strengthening their awareness about the comparative quality of care at different facilities in the local area.

**Q:** I am a provider. How do the IRF and LTCH Compare sites help me?

**A:** The [IRF](#) and [LTCH](#) Compare sites serve as a resource to providers in understanding their current quality ratings, which are based on the data they submit, as well as by demonstrating how their service quality compares to other local facilities, and the average state-wide and national quality scores.

As more measures are included on the Compare sites, providers will gain an increasingly comprehensive understanding of how their facility is performing. Through regular data updates, (quarterly, annually, etc., depending on the measure), providers can continually strive to improve their quality scores and track their performance over time. This sort of data can prove invaluable when assessing the impact of quality improvement efforts and evaluating best practices.

## IMPACT Act

**Q:** To which care settings does the IMPACT Act apply?

**A:** The IMPACT Act mandates the collection and reporting of standardized data in the following post-acute care (PAC) settings: home health agencies (HH), inpatient rehabilitation facilities (IRF), long-term care hospitals (LTCH)) and skilled nursing facilities (SNF). While these are the specific sites of care described in the legislation, the IMPACT Act also emphasizes care coordination and transitions of care. Specifically, standardization of data elements allows for information to follow the patient to improve patient outcomes during transitions of care between PAC and other providers. Additionally, one of the Measure Domains for the IMPACT



Act is “transfer of health information and care preferences when an individual transitions from one setting to another,” which is currently being developed to support these efforts. The transitions refer to transitions into and out of PAC, as well as between PAC and other settings.

**Q:** I was unable to attend a call/presentation related to the IMPACT Act and PAC. Where do I find archived presentations?

**A:** Archived presentations, including those for [Medicare Learning Network Calls \(MLN\)](#), [Open Door Forums \(ODF\)](#), and [Special Open Door Forums \(SODF\)](#), related to cross setting post-acute care and the IMPACT Act are available [here](#). Setting specific presentations related to the [IRF QRP](#), [SNF QRP](#), [LTCH QRP](#), and [HH QRP](#) are available under the training and spotlights tab for each respective setting.

**Q:** What are the key dates of implementation for the IMPACT Act?

**A:** The IMPACT Act has many important dates for providers to be aware of. We direct you to the statute for the full details on timelines and requirements. For your convenience, we are providing a link to the [IMPACT Act of 2014](#).

## Engagement

**Q:** I would like to get involved with the IMPACT Act through participating in a call, training, or events. How do I sign up?

**A:** CMS is required to implement many legislative requirements of the IMPACT Act. We welcome and encourage our stakeholder community to partner with us for this incredible transforming opportunity. To collaborate and share information with stakeholders, CMS offers a variety of engagement activities. These include:

- [Medicare Learning Network Calls \(MLN\)](#)
- [Open Door Forums \(ODF\)](#)
- [Special Open Door Forums \(SODF\)](#)
- [PACQualityInitiative@cms.hhs.gov](mailto:PACQualityInitiative@cms.hhs.gov)
- [Keep up to date by visiting the IMPACT Act webpages](#)
- Subscribe to the [PAC QRP listserv](#) for important updates, upcoming presentations, and training announcements related to the IMPACT Act.



**Q:** How do I send feedback to CMS?

**A:** CMS builds in time during SODFs, ODFs, and MLN Calls to answer questions from stakeholders. Additionally, CMS has established an [email](#) for cross-setting post-acute care topics and IMPACT Act-related communication. Throughout the process of standardizing PAC data, CMS will convene [Technical Expert Panels](#), as well as seek [Public Comment](#) for input on specific content areas, such as measures, assessment instruments, and other issues. Stakeholders are encouraged to monitor CMS activities and participate at their own convenience.

**Q:** Will I be able to access the quality data collected for my facility and other facilities?

**A:** The IMPACT Act mandates the collection and reporting of standardized quality data. After providers report their data via their respective assessment instruments, they will receive feedback from CMS to ensure the accuracy of the data. After provider feedback, CMS will begin publishing provider quality data that consumers or other interested parties may access.

## Assessment Instruments

**Q:** Will there be one assessment instrument or will the current assessment instruments be modified?

**A:** The current assessment instruments: the Minimum Data Set (MDS) for Skilled Nursing Facilities (SNF), the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI), the long-term care hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set for LTCHs, and the Outcome and Assessment Information Set (OASIS) for Home Health Agencies (HHA), will not be replaced by a single assessment instrument, but rather will be modified and standardized. These modifications will allow for the collection of a core set of standardized patient assessment-based items to meet the requirements as set forth within the IMPACT Act.

**Q:** How does Section GG fit in?

**A:** The new Section GG: Functional Abilities and Goals, was developed to collect self-care and mobility activities in PAC settings. CMS has finalized the collection of these functional activities in the FY16 final rules for LTCHs, IRFs, and SNFs by means of the mandated assessment instruments, the Minimum Data Set (MDS) for Skilled Nursing Facilities (SNF), the Inpatient



Rehabilitation Facility Patient Assessment Instrument (IRF-PAI), and the Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set for LTCHs. CMS is actively conducting field testing of these items in Home Health Agency settings through the existing Outcome and Assessment Information Set (OASIS) instrument. CMS developed functional process and outcome measures, collected by these assessment instruments, to standardize functional outcomes across PAC settings. As an example, effective October 1, 2016, Section GG: Functional Abilities and Goals was collected in SNFs by means of the MDS. Section GG collects on data items that originate from the CARE tool but are collected through the MDS. Thus, Section GG data items are collected per standard MDS data collection methods.

*This document is intended to provide guidance on IMPACT Act cross-setting-related questions that were received by the PACQualityInitiative Help Desk from April 1, 2016, to September 30, 2017. Responses contained in this document may be time-limited, and may be superseded by guidance published by CMS at a later date.*