IMPACT Act: Frequently Asked Questions Call

Moderated by: Aryeh Langer
June 21, 2018—2 pm ET

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Operator: At this time, I would like to welcome everyone to today's Medicare Learning Network® Event. All lines will remain in a listen-only mode until the question and answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I will now turn the call over to Aryeh Langer. Thank you. You may begin.

Announcements & Introduction

Aryeh Langer: Thank you, Dorothy. And as you just heard, my name is Aryeh Langer from the Provider Communications Group here at CMS, and I'm your moderator for today's call. I would like to welcome you to this Medicare Learning Network call on the IMPACT Act of 2014.

During today's call, you'll learn more about the Improving Medicare Post-Acute Care Transformation Act of 2014, also known as the IMPACT Act. We will answer your frequently asked questions on various topics that can be found on slide 4. A question-and-answer session follows today's presentation.

Before we get started, you received a link to the presentation in your confirmation email. The presentation is available at the following URL: go.cms.gov/npc. Again, that URL is go.cms.gov/npc.

At this time, I'd like to turn the call over to Charles Padgett from CMS.

Presentation

Charles Padgett: Thanks so much, Aryeh. My name is Charles Padgett and I work in the Division of Chronic and Post-Acute Care here at CMS, where we administer the areas of the IMPACT Act of 2014 that we're going to discuss here today.

If you're following along on the presentation, the agenda is listed on page 4 of the document, and I'm just going to go over that. We're going to, during today's presentation, review IMPACT Act requirements. We're going to provide answers to frequently asked questions on the following topics: quality resource use and other measures; public reporting; standardized patient assessment data elements, otherwise known as SPADE; CMS Data Element Library, otherwise known as the DEL; looking ahead; engagement opportunities and resources. And lastly, we'll have a live question-and-answer session at the very end of the presentation.

IMPACT Act Requirements Review

Moving on to page 6 where – or, slide 6, where the presentation starts, this is the – these are some of the IMPACT Act requirements. So the Improving Medicare Post-Acute Care Transformation Act of 2014 was a bill that was passed on September 18th of 2014 and was actually signed into law by President Obama on October 6th of 2014.

The act requires standardized patient assessment data be reported to CMS that will enable quality care and improved outcomes, data element uniformity, comparison of quality and data across post-acute care settings, improved discharge planning, exchangeability of data, coordinated care, and it will also inform payment models.

The IMPACT Act mandates that the collection and the reporting of standardized data in the following post-acute care settings, including Home Health agencies, inpatient rehabilitation facilities, long-term care hospitals, and Skilled Nursing Facilities.

Moving on to slide 7, on this page, we lay out the – each of the quality measures and the measure domains that were required under the IMPACT Act and their implementation dates for each of the post-acute care settings I had previously mentioned. So, on the – in the left-hand column you'll see the measure name, and then as you move across to your left, you'll see the date that's mandated that these measures be implemented – I'm sorry, for each of the four post-acute care settings.

So I'm not going to go over each of the dates; however, I will go over the measures, which include functional status, skin integrity, medication reconciliation, incidence of major falls, transfer of health information, Medicare Spending per Beneficiary, Discharge to Community, and potentially preventable hospital readmissions.

Moving on to slide 8, so the requirements for reporting assessment data state that providers must submit assessment data through post-acute care assessment instruments under applicable reporting provisions. So, the use of standardized assessment data is required no later than either fiscal year 2020 or fiscal year '21, depending upon which post-acute care setting we're talking about. So the Home Health agencies are required by fiscal year 2021; otherwise, the reporting – or the use of the standardized assessment data's required no later than fiscal year 2020. This data must be submitted with respect to admission and discharge for each patient or more frequently as required.

The data categories include functional status; cognitive function and mental status; special services, treatments, and interventions; medical conditions and comorbidities; impairments; and other categories required by the Secretary.

So providers submit the quality data or data elements via one of our quality assessment instruments. Oftentimes we're asked if there will be one assessment instrument, or if the current assessment instruments will be modified.

And the answer is the current assessment instruments will not be replaced by a single assessment instrument; rather they will be modified and standardized. So they include the Minimum Data Set that the Skilled Nursing Facilities use; the IRF–Patient Assessment Instrument, which the inpatient rehab facilities use; the LTCH Continuity Assessment Record and Evaluation Data Set, which is also known as the LTCH Care Data Set; and the Outcome and Assessment Information Set for the Home Health setting, which is also known as the OASIS.

So these modifications allow for the collection of a core set of standardized patient assessment-based items, which allow providers to meet the requirements as set forth within the IMPACT Act.

So I'm going to hand it off now to my colleague Tara McMullen.

Dr. Tara McMullen: All right, thank you, Charles. Thank you for that background. And moving forward from the last slide and moving forward into the rest of our slides, what you guys will hear on today's presentation are questions that we receive weekly here at CMS, or frequently asked questions. And we are making clear the

intent of – by answering some of these questions, the intent of our work under the IMPACT Act. At the end of the presentation today, we will hold a live Q&A that will – where we'll be able to respond to your questions in real time.

So now that we know that we will be modifying our commonly leveraged assessment instruments, let's move into slide number 10 that discusses who holds the current contracts under the IMPACT Act, or who are our contractors. Who are helping us to achieve the goals as set forth by the act? And what you'll see here on the slide are a list of our contractors and what these contractors do by task.

So if many of you know me, you know I'm in the quality measurement and data element work, and I work commonly with RTI International, Abt Associates, and the RAND Corporation. But those contractors are not only held to that work, they help also with programmatic development, and they help with the reports and public reporting and very important things.

We have our contractor, CORMAC, who does very important tasks of analytics, outreach, and support. We have a contractor, Econometrica, who does our training. Regenstrief helps us with LOINC, assigning those standards to our assessment data elements.

NIC helps us with the maintenance, oversight, and support of the CMS Data Element Library. You guys, DEL is pretty big news today. I'll hold that news until Beth Connor can share that with you, but they help support the work of that very important piece of information.

And last but certainly not least is MITRE, and they're an FFRDC, which means that they are a trusted Government contractor. And MITRE helps support our approach to all this work under the IMPACT Act.

There are many other individuals who help us to achieve the goals of this work that are not listed on this slide, but many times we get, "Well, who's doing what, where, and how?" One final note for this slide is RTI International supports the work that we do for the IRFs, the LTCHs, and the SNF settings. Abt Associates supports the work for the Home Health setting. And the RAND Corporation supports the work for all four settings but for the standardized patient assessment data elements, not the quality measure. So we hope that that overview is helpful, and we're happy to speak to that in more detail if need be.

FAQs: Quality, Resource Use, and Other Measures

Okay, follow me onto slide 12. We're talking about now questions around the quality, resource use, and other measures. So teeing this up, we have a lot of questions about meaningful measures—this new framework that has been set forth by the administrator of CMS—and now that CMS is working to that alongside with the initiative of patients over paperwork.

But a lot of you asked, "Well, what is the meaningful measures framework?" Meaningful measures is an initiative that identifies priorities for quality measurement and improvement. So this framework guides CMS by identifying core issues that are critical for assessment in order to improve individual outcomes. And as you know, that's in line with the intent of the IMPACT Act to improve beneficiary outcomes.

The meaningful measure areas—and you'll see them here on the slide—they serve as connectors between CMS goals and individual measures and initiatives or quality topics, which basically reflect or identify issues that are most vital to high-quality care. So you'll see some of the main priorities and domains here on this slide, and you'll – and if you wind up on the next slide, what we're doing in quality, you'll see that many of our quality measures, if not all, fall under these frameworks.

So that tees us up for slide 13, the next question, Does the IMPACT Act or do those measures under the IMPACT Act address the meaningful measure areas? And on this slide, of course, you all can read this, but we are eliminating where our quality measures fall under the meaningful measure framework and how.

So for example, the first one I'm looking at—just looking at by chance—is medication reconciliation. This measure, drug regimen review, falls under the promoting effective prevention and treatment of chronic disease meaningful measures framework, specifically the area of medication management.

The transfer of health information, which all of you know are measures that are currently under development, falls under the promoting effective communication and coordination of care meaningful measure framework priority area, specifically the transfer of health information and interoperability meaningful measures area.

So, what we're showing you here is that the IMPACT Act and the measures as intended by the domains delineated in the act have followed in a way where we were following under these meaningful measure frameworks, these priorities, in order to improve individual outcomes.

On slide 14, we address some of the commonly asked questions for our functional status measures. The first question that we received into our CMS mailboxes are – is, "Are the function (Section GG) items the same on the PAC assessment instruments?"

I think we get this question probably weekly. And the way we like to address it is that CMS has adopted functional items that assess for self-care and mobility. And these items are included in a new section in our assessment instruments entitled Section GG Functional Abilities and Goals. The items that are included in this Section GG are included in each of the CMS assessment instruments, the IRF-PAI, the LCDS (the Long-Term Care Data Set), the MDS, and the OASIS. So they're the assessment instruments for the four PAC settings delineated in the IMPACT Act.

The items that are in the Section GG have the same question and response options, scale, data submission specifications, and guidance. So, those items are exactly the same. They're collected the same. We give guidance in the same manner across the items. These items are standardized across the assessment instrument. So yes, the Section GG items are the same on the PAC assessment instrument.

The second question that we receive about our functional assessment items are, "Who can complete these data elements?"

And we like to emphasize first and foremost that patient assessments are to be done in compliance with the facility, Federal, and state requirements. It's a very important point we like to emphasize.

For the function items, we anticipate that a multidisciplinary team of clinicians who are involved in assessing the patient's care, their self-care, their mobility activities, they fill out the – that assessment for function. Any qualified clinician may assess the patient's performance based on direct observation, input from the patient's self-report, self-report on their abilities, and reports from other clinicians, care staff, and/or family during the 3-day assessment period, or what we call "usual performance."

On slide 15, we move into another measure domain, and that's the domain for medication reconciliation. And the measure that falls in that domain is drug regimen review. A very commonly asked question for the drug regimen review measure is, "Do 'upon admission' and 'upon discharge' mean the medication review must be done within the 3-day assessment period?"

And so first and foremost, this measure is calculated by three measure – three items. N2001 and N2003 are items that are collected on admission, and N2005 is an item that's collected on discharge. And so what we like to give in terms of guidance is that all individuals must complete the drug regimen review items N2001 and N2003 upon admission or as close to the time of admission if that's possible.

If the drug regimen review is not completed within the time allowed or completed at all, then a dash would be entered for N2001 and then subsequently N2003, indicating that a drug regimen review was not conducted. And a side note here is when or how often a drug regimen review is conducted is dependent upon the provider's clinical judgment, patient's need, facility's policies and procedures, and state and Federal regulations throughout the patient's stay.

Moving into slide 16, we're going to move into some of our claims-based measures, and these are the resource use measures as still needed under the resources and other measures domain in the IMPACT Act. So we're going to start with what we call MSPB-PAC, or Medicare Spending per Beneficiary—Post-Acute Care.

A very, very common question we receive about Medicare Spending per Beneficiary is, "Are these measures meant to assess quality? Will they be used by CMS as a single indicator of quality?" And we understand and are appreciative for this comment as MSPB (Medicare Spending per Beneficiary) measure is the first efficiency-based measure we have in our post-acute care measure set.

So, the one thing we like to emphasize to respond to these questions is that the Medicare Spending per Beneficiary measures are one of several IMPACT Act measures developed for our quality reporting programs that, taken together – or when taken together, will provide information about the post-acute care provider's quality, including their efficiency relative to other providers. The measures are considered as measures of a provider's relative efficiency. Real quick, MSPB's a complicated one, and if you have more questions, we can respond here on this call about them.

Okay, slide 17. Another claims-based measure that falls under the domain of resources and other measures in the IMPACT Act is that of the potentially preventable readmissions. And we receive a lot of questions about what measures are what in terms of readmissions and what's going on here? A common question about what we call PPR is, "CMS has a hospital readmission measure for several PAC programs. Are the PPR measures duplicative?"

And our straightforward response to this is that we are removing the all-cause hospital readmission measure from the IRF and the LTCH QRPs, given the requirements for PPR under the IMPACT Act. Therefore, there would be no measure overlap. The work for PPR and the workaround removing the all-cause hospital readmission measure grew out of the intent of the IMPACT Act and further evaluation of our measure set from CMS and our contractors. So there would be no overlap.

Moving into slide 18, we also have a question – we have many questions about our claims-based measure discharge to community, which is our last and final measure that falls under our resource use and other measures domain. A common question we receive a lot to our discharge community team is, "Why is our performance on the CMS discharge community measure different than that of other discharge to community measures?"

And the main takeaway is looking at this measure specification. There are differences in the measure specifications, including calculation differences that may yield different performance outcomes, depending on the measures you're using. For our DTC measures adopted by CMS post-acute care quality reporting program, the calculations will be only calculations that we use for our QRPs using Medicare Fee-for-Service claim data. The measure itself – the measures that are adopted under the IMPACT Act consider two time points: (1) discharge to community based on claims for discharge status codes 1, 6, 81, and 86, and then (2) for patients discharged to the community setting, unplanned acute or long-term care hospital readmissions, or death in the 31-day post-discharge window. And the reason we point out those time points is that we receive a lot of questions about the calculation and differences, and they usually lead back to those two time points.

And like our last measure for PPR, we received many questions about whether the discharge community measures and the potentially preventable readmission measures are duplicative.

And the answer to this is that our discharge to community measure assesses the rate of successful discharges to the community defined as a discharge to the community setting without postdischarge, unplanned readmissions, or death. Our potentially preventable readmission measure assesses the rate of readmissions that may be potentially prevented for patients and residents discharged to lower levels of care from a post-acute care setting. So we're assessing two different concepts that fall under the same domain.

FAQs: Public Reporting

And on slide 19, I'm going to hand the slide, the presentation over back to Charles Padgett who will discuss public reporting.

Charles Padgett: Thanks, Tara. So I'm going to go over just a few questions that are certainly frequent questions we received here at CMS regarding our public reporting efforts in the post-acute care arena.

The first is asking: "Do patients, caregivers, and the general public have access to review a facility's quality performance?"

And the answer to that is, Yes, CMS oversees public reporting sites called Compare sites for the IRF, LTCH, and Home Health settings, and those sites are refreshed quarterly with new data. Patients and family members can learn about and compare the quality of care at local facilities and make the best healthcare choice for

themselves or a loved one by comparing the quality data and choosing the facility or hospital that's best suited to their needs. And CMS intends to launch the public posting of SNF QRP data, and that is the Skilled Nursing Facility Quality Reporting Program data, on a Compare site by this October 2018.

The second question we often receive is from providers who ask, you know, they state they're a provider, and they ask, How do the IRF, LTCH, and Home Compare sites actually help them?

And to that we say the Compare sites, they really serve as a resource to providers in understanding their current quality ratings, which are based on the data that they submit to CMS and it – as well as by demonstrating how their service quality compares to other local facilities, or other local hospitals that are similar to them, and the average statewide and national scores. As CMS adds additional measures to the websites and more measures are included on the Compare sites, providers will gain an increasingly comprehensive understanding of how their facility is performing with respect to other similar facilities. And through regular updates, which include quarterly updates, annual updates, and that depends upon the specific measure or quality measure, providers can continually strive to improve their quality scores and track their performance over time. So this sort of data can provide, you know, can prove to be invaluable when assessing the impact of quality improvement efforts and evaluating best practices for providers.

All right, and with that I'm going to hand this back to Tara to go on.

FAQs: Standardized Patient Assessment and Data Elements (SPADE)

Dr. Tara McMullen: Yes, we're tossing back and forth, and we're sitting right next to each other, so this is useful. Okay, the next slide, on slide 22, we'll cover what we call SPADEs (standardized patient assessment data elements). These are the data elements in those categories that fall under – or data elements that fall under the categories in the section of the IMPACT Act 1899b.

So the first – we receive a lot of questions about the SPADE work. I do not even know where to begin; the questions come in. So if you guys have questions on this call, we can respond to them because I understand this is the work that we're currently conducting testing for, and our national test is our beta test. So there are a lot of questions, and we recognize that, but let's focus on the two questions here now and see if this helps clarify some misconceptions about this work.

So we have a lot of folks that ask us how we're going to select the standardized patient assessment data elements when we're moving forward and thinking about rule proposals or whatnot. And we have a slide in our presentations that we give in other MLN forums or in Special Open Door Forums that discuss this. And it – we basically are looking at multiple facets of a data element. Knowing that a data element is used for multiple reasons, we're looking at the utility and the efficiency of the use for all the reasons that a data element can be used. So on this slide, you'll see that we are assessing a data element for the clinical usefulness, the relevance to the PAC population, the potential to improve quality of care, the feasibility, reliability, validity of the item, and the compatibility with existing clinical workflow. We're also assessing the interoperability of an item—whether it's able – or whether it can enable interoperability. We're also looking at if an item is useful within settings, not only among and across but within. Is it good at looking at variations in – for different conditions? Does it let us know more about acuity and illness? So, there's a lot of thought going into selecting the standardized data elements moving forward.

The second question we receive is, “Will the standardized patient assessment data elements add to the length of the current assessments? And how much time will it take to complete the proposed SPADEs?”

And for this, what we like to emphasize is that we, in the way a patient’s – the Meaningful Measures Initiative, I’ll focus on that—we’re seeking to minimize burden wherever and whenever possible. And in choosing to select data elements, we are very cognizant of the time it takes for providers to complete the assessment instrument and what it means for their patients. And so the response that we give for this is, “We are choosing to minimize burden wherever and whenever possible. CMS is still in the planning phase for the SPADE, and we’re still thinking through what the future state would look like in order to meet the intent of the IMPACT Act.”

And with that, I’m going to hand it over to Beth Connor who will do the exciting area of the Data Element Library. We’re very excited about this work, and here’s Beth Connor.

FAQs: CMS Data Element Library (DEL)

Beth Connor: Okay, thank you very much, Tara. So on slide 24, just a brief introduction. So in collaboration with ONC and to help with the standardization and interoperability of post-acute care assessment data as mandated by the IMPACT Act, CMS has launched the Data Element Library, or the DEL as we refer to it.

So the DEL is a database of post-acute care assessment questions and response options or data elements and – which are mapped to nationally accepted health information technology standards. In addition to the assessment instruments referenced in the IMPACT Act, the DEL also contains the hospice item set, and in the future, the DEL could expand to include other CMS assessment content, such as the new assessment instrument currently under development for hospices, as well as the Functional Assessment Standardized Items, or FASI, which are currently under development for use in long-term services and support.

So, it’s important to note that the DEL does not contain any patient-level data. The DEL is limited to CMS assessment questions and response options as well as their associated attributes, including the assessment instrument and version, item labels, item status, copyright information, how CMS uses a particular item, skip pattern information, lookback periods, and related health IT standards when available.

Slide 25, so the DEL provides a centralized resource for providers, vendors, states, researchers, or others to obtain the most up-to-date information on CMS post-acute care assessments. Through the DEL application, users will be able to search the database and generate reports on CMS assessment contents, so including those questions, response options, the relevant details, but importantly, their associated health information technology standards.

One of the goals of the Data Element Library is to influence and support industry efforts to promote interoperable health information exchange via electronic health records or other health information technology.

And next slide, please, on slide 26. So a couple of questions. There are really no requirements to use the Data Element Library. CMS anticipates that the DEL will make it easier for IT vendors to incorporate data elements adopted by CMS into provider EHRs, thereby reducing burden, improving interoperable data exchange, and facilitating care coordination.

ONC has recognized multiple health IT standards, such as LOINC codes or SNOMED codes, C-CDA documents, or Fast Healthcare Interoperability Resources®, to support interoperable exchange of health information. In this initial version of the Data Element Library, assessment items are mapped – or data elements are mapped to LOINC and SNOMED standards when feasible.

So I've just provided a brief introduction to the Data Element Library. It was just announced today. So we are – we'll be providing more details and updates about the DEL in a future training webinar, but in the meantime, we're asking that people please sign up for the DEL listserv, which is noted on the DEL resource slide on slide 32. We'll be announcing training opportunities, important database updates via email blast. The next webinar currently scheduled for the Data Element Library is on July 11th at 1 pm eastern standard time. And once we have all those details finalized, we'll email those details to those who sign up for the listserv as well as through regular channels.

FAQs: Looking Ahead

And next slide please, slide 27, 28. So one of the questions, "What are the potential areas for next steps for the IMPACT Act?"

So some areas for consideration include data element and measure comparability, the development of electronic clinical quality measures for post-acute care quality reporting programs, measure alignment with other programs, for example, with MACRA, the Medicare Access and Chip Reauthorization Act. And we're also exploring opportunities to map assessment content to C-CDA documents and FHIR resources.

FAQs: Engagement Opportunities and Resources

And next slide, opportunities for engagement. Next slide, slide 30. So there are multiple opportunities for IMPACT Act engagement. If you would like to get involved through – with other IMPACT Act activities, please check out the links below, including other MLN calls, Open Door Forums, Special Open Door Forums. You can sign up as well for the Post-Acute Care Quality Initiative listserv to keep up to date. There are – there's an IMPACT Act webpage as well as a PAC Quality Initiative email box that you can mail questions to.

And the next couple of slides provide resources on quality measures for slide 31 and then for the data element library on slide 32.

And with that, I'll turn it over for questions and answers.

Question & Answer Session

Aryeh Langer: Thank you very much, Beth. At this time, we will now take your questions. As a reminder, this event is being recorded and transcribed. Dorothy, we're ready to take our first question, please.

Operator: To ask a question, press star followed by the number 1 on your touchtone phone. To remove yourself from the queue, press the pound key. Remember to pick up your handset before asking your question to assure clarity. Once your line is open, state your name and organization. Please note your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard

in the conference. If you have more than one question, press star 1 to get back into the queue, and we will address additional questions as time permits.

Please hold while we compile the Q&A roster.

Please hold while we compile the Q&A roster.

Your first question comes from the line of Brian Ellsworth.

Brian Ellsworth: Hi, my name is Brian Ellsworth. I'm with the Health Dimensions Group, and my question is with respect to the MSPB measure and Skilled Nursing Facilities. And I just would like some clarification as to when that's going to be publicly reported and where that will be publicly reported?

Aryeh Langer: One moment, please.

Charles Padgett: Hi, this is Charles Padgett. So the MSPB measure for SNFs will be publicly reported on the Nursing Home Compare website. So all of the SNFs' quality reporting program public reporting will take place via the Nursing Home Compare website. CMS did a lot of thinking about this and ultimately decided that that would be the best place to publicly report the SNFs' QRP data. So that's where you see it reported, and we're looking at late summer or early fall of 2018 regarding the posting of that. So you can continue to check the SNF Quality Reporting Program webpage at cms.gov for more information on when that will be posted.

Operator: Your next question comes from the line of Jerry Dykyj.

Jerry Dykyj: Good afternoon, this is Jerry Dykyj of Wesley Enhanced Living. Thanks for taking my call. Actually, to the follow-on that you mentioned that the SNF QRP website would be launched October of '18 – October 1st of '18, is that going to be on Nursing Home Compare, or is that going to be a separate website?

Charles Padgett: So there – I'm sorry, so this is Charles Padgett again. So there is not going to be an actual SNF Compare website. There – we will post – publicly post, the SNF QRP data late summer, early fall of 2018 on the Nursing Home Compare website.

Operator: Your next question comes from the line of Andrea Sullivan.

Andrea Sullivan: Hi, just a quick question. Referring back to slide – sorry, 15, it talks about a 3-day assessment period for medication reconciliation. In home health, that's kind of a new – because we usually have a 5-day window where we do assessments. Is that because – is this something new where it's going to be a 3-day assessment period?

Dr. Tara McMullen: Hi, Andrea. It's Tara McMullen. For the OASIS for drug regimen review, you would be coding as close to the time of admission as possible. So you wouldn't be flexing any of those days. It would still be the prototypical assessment process. I believe that there will be guidance for the drug regimen review. The guidance manual should be released later this year, and there will be training that will be provided later this year as well that would allow you to better understand the coding process around that. But overall for the drug

regimen review process, even though we're trying to capture an action within a specified period of time, we're asking you to collect as close to the time of admission or the time that you assess the person.

Operator: Your next question comes from the line of Patricia Budo.

Patricia Budo: Hi, this is Pat Budo with the Pediatric Complex Care Association. On previous calls, there was an indication that there would be an Open Door Forum this summer on special populations, including pediatrics. I'm wondering if that has been scheduled yet?

Dr. Tara McMullen: Hi, Pat. It's Tara McMullen. Nice to hear from you. We have not scheduled that yet; however, it's still top of the mind. We are just trying to fit in this massive workload that we have and resource and time trying to fit everything into a schedule that's feasible. We should be sending updates on what we're going to do around special populations soon.

Operator: Your next question comes from the line of Carol Hofbauer.

Carol Hofbauer: Hi, this is Carol Hofbauer from Laurel Health Care. I have a question about Section GG. We're hearing that it's going to be greatly expanded in the next version of the final rule, and I'm wondering if the additions are going to be just expansions of self-care and mobility, or are there going to be other categories in addition to those two?

Dr. Tara McMullen: Hi, it's Tara McMullen. Hi, Carol. I don't know of an expansion. What setting are you referring to?

Carol Hofbauer: I'm in SNF.

Dr. Tara McMullen: Oh, yes, so for the MDS, effective 2018, you will see a small expansion to Section GG, but beyond that, I'm not familiar with anything else. The MDS 2018 specifications are posted on our Nursing Home Quality Initiative website as our prototypical process of posting any assessment instrument for any release. So if you go to our Nursing Home Quality Initiative, you will see the MDS comprehensive, or you can look up the NC and that's what will list our items and you'll see what Section GG will look like. But beyond that, nothing else to report.

Operator: Your next question comes from the line of Leonard Parisi.

Len Parisi: Excellent, thank you. I have a question relative to slide 9, bullet two. Can you clarify where it says that the current assessment instruments won't be replaced but rather modified and standardized? Can you explain a little bit more about what that means?

Charles Padgett: Yes, thank you, so of course. So there was a lot of worry I would say that CMS was going to take all of these legacy instruments, these data collection instruments that have existed for some time at CMS and do away with them and just create one assessment that's used across all settings for the data collection associated with the IMPACT Act and beyond. And what we're saying is that is not the case. Rather than doing that, we are simply working with these legacy instruments and modifying them so all of these legacy data

instruments will contain standardized data items that match across the settings. But those instruments will still then also contain data elements and – that are specific to each of those settings as well.

Dr. Tara McMullen: Yes and another thing to that, this is Tara McMullen. We also get the question are you Going to be using the CARE tool? And I think what Charles was speaking to in the bullet on the slide is, no we're not leveraging that.

The CARE tool taught us about standardization, we're moving forward with our commonly leveraged assessment instruments so that we have a core set of standardized items; however, the assessment instruments still act as they would act within the setting for the population they're assessing.

Operator: Your next question comes from the line of Lyman Dennis.

Lyman Dennis: This is Lyman Dennis with El Dorado Health Consulting. I was involved about 40 years ago in a program and eventually implemented in Illinois to use process measures to measure quality and Skilled Nursing Facilities, and it seemed to be pretty desirable but it was expensive to administer.

So I'm wondering in these programs in the IMPACT Act, are you – to what extent are you – you have structural process and outcome measures potentially and, of course, outcome's the gold standard, but hard to do. To what extent have you been able to use process measures and do you have any outcome measures?

Dr. Tara McMullen: Hi Dennis, thank you so much. This is Tara. – or, Lyman, sorry, Lyman Dennis, thank you So much. This is Tara McMullen and true about outcome. We do not have any structural measures prototypically. I mean I think that could be argued but we don't have any structural measures on paper right now. Our functional status measures or process measure, our medication reconciliation drug regimen review measure is a process measure. Our incidents of major falls is a process measure.

The measure that has been received comment on for transfer of health is a process measure. Our outcome measure is going to take really medication. Medicare Spending per Beneficiary discharge to community and potentially preventable hospital readmissions are outcomes.

We do receive a lot of questions going off the script here about why you do – why we have so many process measures, and if you're looking at the trajectory of the quality measure development work and the assessment instruments, we've had to move in a way where we've developed these process measures to collect data to better understand the domains that we're developing measures for and how those – how we can get to a really good place where we have comparable data elements.

So at some point, and it is the expectation of our administrator, that we move the process measures to the outcome; however, I'm of the boat that I think process measures are a great start. They're a good place to be at times. I hope that answers your question.

Operator: Your next question comes from the line of Mary Ellen DeBardeleben.

Mary Ellen DeBardeleben: Hey, good afternoon, thank you for the presentation. I have a question related to IRF compare. Some of the measures on IRF compare have performance categories like better or worse, and the other half of the measures have a hospital average versus a national average.

Since that's not included in the measures specifications, or hasn't been up until this point, how does CMS determine which measures on the Compare site get performance category and which get a average compared to a national benchmark?

Dr. Tara McMullen: Hi, it's Tara McMullen. So, you know, deciding how a measure looks on a Compare site is what we're finding in every day real time and it's a sensitive process. When we develop measures from the start our development teams, along with CMS, have a very serious conversation about how the measure will look on a Compare site and what is our goal?

Of course because when you develop models you're developing models around that outcome.

With measures like MSPB, we look to our partners at CMS who develop measures for IQR for hospital compare, and what they've done in the past with their measures – of course they have an MSPB measure – to learn from what they found, their limitations, the successes that they have to develop a best practice.

So when we're determining which measures have performance categories or not sometimes it's following into with what we've seen at CMS as a best practice. Other times it's looking at the outcome and how consumers, how people like my father will interpret that data and use it for shared decision making. So a lot of it's just looking at the measure, what it assesses, and how we feel it should be reported, what might be the best way that data will be utilized.

We are very cognizant that sometimes putting up percentages or rates might not be the best way to illuminate a measure outcome, and then we're also very cognizant that sometimes performance categories may not tell you the whole story of what's going on with the measure. And so we have a continuous process of validating and looking at our outcomes and thinking through ways that we can improve on those.

But I think the bottom line is it's a process that we think about and how we want to convey what's going on with the measure so that real people, real people in the system who are using our services who are in post-acute care can use that measure for their own decision making.

Operator: Your next question comes from the line of Linda Gifford.

Christi Sifri: Hi, this is Christi Sifri with Linda Gifford at Regional Hospital in Burien, Washington. We are an LTCH and I would appreciate some clarification on the terms "med reconciliation" versus "drug regimen review," because when I speak to our pharmacist about that those are two very different processes. So what is the goal on the new July 1st inclusions of medication reconciliation or drug regimen review?

Dr. Tara McMullen: Yes, hi Linda. It's Tara McMullen again. I think that you're hearing from me a lot on this call, sorry. So when we were developing our drug regimen review measure, we were moving it in a way where we didn't want the measure to be a prototypical medication reconciliation measure that would walk through the

process of med rec because the belief of CMS is that clinicians are already performing those tasks—that's common clinical care.

However, when working through what the Joint Commission has done or whatnot, we developed kind of a broader overview of what we consider drug regimen review and the drug regimen review includes processes that are in – or includes the process of medication reconciliation.

If you walk through the measures components, what we're looking for is when a person is being assessed, was there an identified issue in that drug regimen review? Was there an identified issue that the clinician found?

And if the clinician found an issue were they responsive to closing out, or taking care of that issue in a specific amount of time?

So that's what the measure assesses and the way that we have been giving our guidance is that the drug regimen review includes the medication reconciliation processes in that medication reconciliation. We are very mindful that the concepts in our measure may not encompass everything that goes on in common clinical care in terms of taking care of someone. You know identifying what medications they're taking, if there are issues with those medications.

And so we're currently testing items in our national beta test that are looking at like medication reconciliation steps and help us to look at discrepancies and linking those to adverse outcomes. So the measure itself is a very broad measure. It's to help us assess the process but it's not to dictate the process itself.

Operator: Your next question comes from the line of Marc Lange.

Marc Lange: Hi, good afternoon. This is Marc Lange with Home Garden Healthcare. I just had a question regarding the PPR measure. It states on the slide, on 17, that CMS is removing the all cause hospital readmission measure for the inpatient rehab and LTCH settings. Will that not be done in the SNF setting, or is there any duplicity with PPR and the cause measure in the SNF setting?

Dr. Tara McMullen: Yes, hi, it's Tara again, Marc. Sorry you're hearing from me again. So while our PPR lead is not here, Joel Andrews, I can tell you that considerations are being made with I guess I would just call it "the readmission set" of measures between the measures that exist on Nursing Home Compare, the measures that exist for the SNF Quality Reporting Program that's our PPR measure, and the measures that exist our Value-Based Purchasing Program for SNFs that are mandated under PAMA.

We are aware that there's a lot of confusion and potentially that we know a lot of overlap. So right now I think we are taking a step back and thinking through ways specifically under the lens that are focusing on SNF of how we can disentangle that issue.

The issue with SNF and nursing homes is that each setting has its own mandate. We have to meet that mandate so we're thinking of ways of how to streamline for precision and to cut down the duplication but how to meet the intent of what Congress would like us to do.

So I believe that if you read this year's rule for the fiscal year – the proposed rule for SNFs, the PPS rule, there's a little bit of discussion about that but I imagine that the Value-Based Purchasing team, or the QRP teams, or the nursing home teams will have more on that soon.

Operator: Your next question comes from the line of Clement Hakim.

Clement Hakim: Hi, Clement Hakim from Blake Medical Center in Florida. Regarding the quality measure discharge to the community, the IRF-PAI doesn't have the option for code 81 or 86. Is there a plan to include more codes regarding plan readmissions?

Dr. Tara McMullen: Hi Clement. This is Tara McMullen. Those codes are specifically from the NUBC codes. Those are claims so they wouldn't be nested within the IRF-PAI. It's a claims-based measure, Medicare Fee-for-Service. If you look up and actually if you write me an email into the post-acute care inbox, it's on – the link is at the end of the slide deck, I can send you the link to the codes database so you could find where the codes are. They would not be in the IRF-PAI.

Operator: Your next question comes from the line of Janel Gleeson.

Janel Gleeson: Hi, Janel, with the Pennsylvania Homecare Association. I'm wondering one of the elements of the IMPACT Act has to do with transfer of information between post-acute care providers. And there was a proposed rule by CMS I think in 2015 that had some ideas about what transfer summaries should look like, what should be included and to my knowledge the rule just was never finalized. So is that part of all of this or is that going to come into play when that measure's ready to go?

Dr. Tara McMullen: Hi, it's Tara McMullen. Our – the transfer of health measure that's delineated in the domain within the act was not a part of the rule for 2015 which I believe you're referring. And Liz Pontahall from ONC is on the call, Liz, if you want to chime in, I believe you're referring to the meaningful use rule or a rule pertaining to as such. That was not a rule that was working to or mandated around the transfer of health measures.

Operator: Your next question comes from the line of Pam Campbell.

Pam Campbell: Hi, this is Pam with PointClickCare. Do you anticipate the changes to the post-acute care assessment tools will be modified to accommodate the SPADEs with the October 2019 CMS changes for fiscal year 2020?

Dr. Tara McMullen: Hi, it's Tara McMullen. We're still working through even what can be considered best in class standardized data elements. So at the current time, we're in the testing phase and that's where we're at right now in our planning.

Operator: Your next question comes from the line of Leslie Schulz.

Leslie Schulz: Hi, I'm just wondering what impact this has on critical access hospitals at this time?

Dr. Tara McMullen: Yes, hi. It's Tara McMullen. Apologies for the pause, we're conferring here. We don't believe it has an impact on critical access hospitals. In the act, 1899 little b further down from there from the

domain, it talks about that critical access hospitals we collect on that. We collect it so we report. We'll be reporting on that data for Skilled Nursing Facility settings and that area but beyond that we don't believe that there's identifiable impact at this point in time.

Operator: Your next question comes from the line of Melissa Abbott.

Melissa Abbott: Hi, I'm Melissa Abbott with Five-Star Consultants, and we specialize in home health and hospice consulting and I do have a question. When looking at the four post-acute providers, of course home health is kind of the outlier there, and I just have some concerns with the GG mobility items.

Some of the items that we're looking at coming out starting January 1st of 2019 are assessing patients walking 50 or 150 feet, wheeling 150 feet making two turns, and I worry that that's really difficult to do in a lot of the patient homes that we're in. So I think we'll be using the code that specifies the activity wasn't attempted due to environmental limitations. So how is that going to impact home health if that's a commonly used code?

Dr. Tara McMullen: Hi, it's Tara McMullen. First Melissa, thank you for letting us know your concern. We listen to the concerns of the providers and take that back to the development team. So thank you.

We are currently working through some of these nuances ourselves. Our home health team understands I mean. I think everyone in post-acute care understands home health is a little bit different. It's not brick and mortar.

So standardization to home health, and beyond it, it's going to be a tad bit difficult and we have to rethink ways that we can still collect in a uniform way but in a way that's unique to that setting, the home health setting.

We are currently developing training for these GG items, specifically looking at walking and stair use, wheelchair use, assisted devices. And as we're developing this training, we're also developing guidance and we're thinking through ways to make this flexible so that, Melissa, like you said, we're not just receiving data that everyone cannot perform a task due to the environmental differences.

So I would say, "more to come on that." The intent is to actually be able to collect the baseline status of an individual in their setting and have the data be accurate and reliable, and so we're working through ways that we can increase the likelihood of that.

Aryeh Langer: And we have time for one final question, please.

Operator: Your final question comes from the line of Andrew Baird.

Andrew Baird: Hey there, this is Andrew Baird from Encompass Health. Thanks for taking the questions. I was wondering on slide 28 when talking about looking ahead, the first bullet you mentioned is you know data element and measure comparability as a potential next step for the IMPACT Act.

Can you shed more light on that like how CMS is going to go about making these comparisons and what result of that work is sort of the intention there?

Dr. Tara McMullen: Hi Andrew. It's Tara. I don't think I could shed light on how we're going to make comparisons just yet. I can tell you that as we work through this work as intended by the IMPACT Act, standardization's just kind of the doorway into some of the more complex topics – how to achieve interoperability for post-acute care, how do you compare individuals who are different than one another, their different conditions, their difference in totality?

And so we're thinking about this through the quality lens and through the health information technology lens.

And for that bullet, we were trying to point to that. The ideal state for us is to really be able to look at conditions and to, you know, report on conditions and assess on conditions and use data elements that are very reliable and valid but that tell us about acuity, illness, and whatnot.

We want the information, or the data rather, to follow the person as they traverse the care continuum, but to achieve that type of outcome we need to be able to know how data elements line up to one another and how, you know, with a model overlay or whatnot, how we can tell and group people based on conditions to really tell some clean outcomes.

Quality measures just give us a sense of what's going on. To dig deeper and to be able to compare, that's a more difficult task and that's what's we're working to right now. We're trying to figure that out.

Aryeh Langer: Unfortunately that's all the time we have for questions today. If we did not get to your question, please refer to slide 30 to 32 for more help. See slide 34.

Additional Information

Again, my name is Aryeh Langer. I'd like to thank our presenters here at CMS and also thank all of you on the line for participating in today's Medicare Learning Network event on the IMPACT Act. Have a great day, everyone.

Operator: Thank you for participating in today's conference call. You may now disconnect. Presenters, please hold.