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The IMPACT Act of 2014: Frequently Asked Questions

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Acronyms in this Presentation

Acronym	Definition
C-CDA	Consolidated Clinical Document Architecture
CMS	Centers for Medicare & Medicaid Services
DEL	Data Element Library
DRR	drug regimen review
DTC	Discharge to Community
eCQM	electronic clinical quality measure
EHR	electronic health record
FFRDC	Federally Funded Research and Development Center
FHIR	Fast Healthcare Interoperability Resources
HHA	Home Health Agency
HIT	Health Information Technology
IMPACT Act	The Improving Medicare Post-Acute Care Transformation Act of 2014
IRF	Inpatient Rehabilitation Facility
IRF-PAI	IRF Patient Assessment Instrument
IT	information technology
LCDS	LTCH Continuity Assessment Record & Evaluation Data Set

Acronym	Definition
LOINC	Logical Observation Identifiers Names and Codes
LTCH	Long-Term Care Hospital
LTPAC	Long-Term and Post-Acute Care
MACRA	The Medicare Access and CHIP Reauthorization Act of 2015
MDS	Minimum Data Set
MLN	Medicare Learning Network
MSPB-PAC	Medicare Spending per Beneficiary – PAC
OASIS	Outcome and Assessment Information Set
ODF	Open Door Forum
PAC	Post-Acute Care
PPR	Potentially Preventable Readmissions
QRP	Quality Reporting Program
SODF	Special Open Door Forum
SNF	Skilled Nursing Facility
SNOMED	Systemized Nomenclature of Medicine – Clinical Terms
SPADE	standardized patient assessment data element

Agenda

- Review IMPACT Act Requirements
- Provide answers to Frequently Asked Questions:
 - Quality, Resource Use, and Other Measures
 - Public Reporting
 - Standardized Patient Assessment Data Elements (SPADE)
 - CMS Data Element Library (DEL)
 - Looking Ahead
 - Engagement Opportunities and Resources
- Question & Answer Session



Review IMPACT Act Requirements



The Improving Medicare Post-Acute Care Transformation Act of 2014

- **Bill passed on September 18, 2014, and signed into law by President Obama on October 6, 2014**
- **The Act requires standardized patient assessment data that will enable:**
 - Quality care and improved outcomes
 - Data Element uniformity
 - Comparison of quality and data across post-acute care (PAC) settings
 - Improved discharge planning
 - Exchangeability of data
 - Coordinated care
 - Inform payment models
- The IMPACT Act mandates the collection and reporting of standardized data in the following PAC settings: Home Health Agencies (HHA), Inpatient Rehabilitation Facilities (IRF), Long-Term Care Hospitals (LTCH), and Skilled Nursing Facilities (SNF).



IMPACT Act: Quality Measure Implementation Dates

Measure Domain	HHA	SNF	LTCH	IRF
Functional Status	1/1/2019	10/1/2016	10/1/2016	10/1/2016
Skin Integrity	1/1/2017	10/1/2016	10/1/2016	10/1/2016
Medication Reconciliation	1/1/2017	10/1/2018	7/1/2018	10/1/2018
Incidence of Major Falls	1/1/2019	10/1/2016	10/1/2016	10/1/2016
Transfer of Health Information	Future	Future	Future	Future

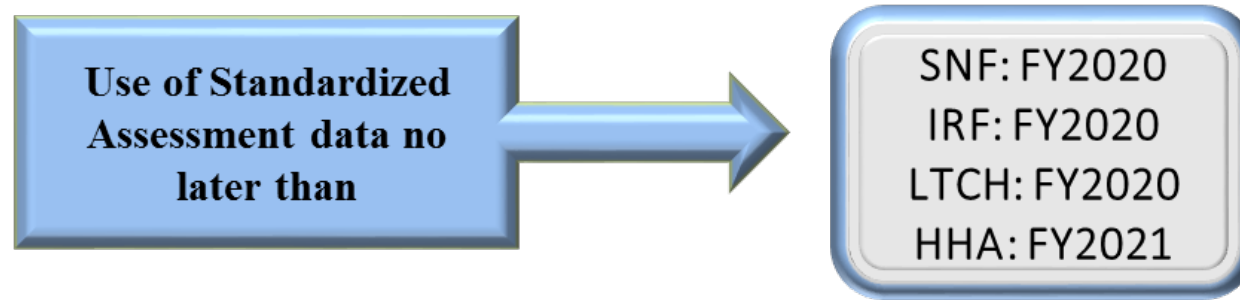
Resource Use & Other	HHA	SNF	LTCH	IRF
Medicare Spending per Beneficiary	1/1/2017	10/1/2016	10/1/2016	10/1/2016
Discharge to Community	1/1/2017	10/1/2016	10/1/2016	10/1/2016
Potentially Preventable Hospital Readmissions	1/1/2017	10/1/2016	10/1/2016	10/1/2016



The IMPACT Act: Standardized Patient Assessment Data Elements

- **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



Assessment Instruments

- Will there be one assessment instrument or will the current assessment instruments be modified?
 - These current assessment instruments will not be replaced by a single assessment instrument, but rather will be modified and standardized:
 - Minimum Data Set (MDS)
 - IRF Patient Assessment Instrument (IRF-PAI)
 - LTCH Continuity Assessment Record & Evaluation Data Set (LCDS)
 - Outcome and Assessment Information Set (OASIS)
 - 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.



CMS Contractors

- Who hold the current contracts for IMPACT Act related activities?

Contract Name	Contractor
Post-Acute Program Analytics, Outreach and Support	Cormac
Symptom Management	RTI International
OASIS Quality Measure Development & Maintenance	Abt Associates
PAC Training	Econometrica
LOINC for Assessment Data Elements	Regenstrief
Development and Maintenance Cross Setting Standardized Patient Assessment Data	The RAND Corporation
Maintenance, Oversight, Support of the CMS Data Element Library	Nguyen Information Consulting
Strategic Support for the Achievement of Data Standardization as Intended Under the Improving Medicare Post-Acute Care Transformation Act of 2014	MITRE (FFRDC Operator)



FAQs: Quality, Resource Use, and Other Measures



Meaningful Measures Framework

- What is the Meaningful Measures Framework?



- **Promote Effective Communication & Coordination of Care**
Meaningful Measure Areas:
 - Medication Management
 - Admissions and Readmissions to Hospitals
 - Transfer of Health Information and Interoperability
- **Promote Effective Prevention & Treatment of Chronic Disease**
Meaningful Measure Areas:
 - Preventive Care
 - Management of Chronic Conditions
 - Prevention, Treatment, and Management of Mental Health
 - Prevention and Treatment of Opioid and Substance Use Disorders
 - Risk Adjusted Mortality
- **Work with Communities to Promote Best Practices of Healthy Living**
Meaningful Measure Areas:
 - Equity of Care
 - Community Engagement
- **Make Care Affordable**
Meaningful Measure Areas:
 - Appropriate Use of Healthcare
 - Patient-focused Episode of Care
 - Risk Adjusted Total Cost of Care
- **Make Care Safer by Reducing Harm Caused in the Delivery of Care**
Meaningful Measure Areas:
 - Healthcare-associated Infections
 - Preventable Healthcare Harm
- **Strengthen Person & Family Engagement as Partners in their Care**
Meaningful Measure Areas:
 - Care is Personalized and Aligned with Patient's Goals
 - End of Life Care according to Preferences
 - Patient's Experience of Care
 - Patient Reported Functional Outcomes



Alignment with IMPACT Act Measures

- Do the IMPACT Act measures address the Meaningful Measures areas?

IMPACT Act Domain	Meaningful Measures Framework Healthcare Priority	Meaningful Measures Area	IMPACT Act Measure
Functional Status	Strengthen Person & Family Engagement as Partners in their Care	Care is Personalized and Aligned with Patient's Goals	Application of Percent of LTCH Hospital Patients With an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function ^{IRF, LTCH, SNF, HH}
			Percent of LTCH Hospital Patients With an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function ^{LTCH}
		Patient Reported Functional Outcomes	Change in Self-Care Score for Medical Rehabilitation Patients ^{IRF, SNF*}
			Change in Mobility Score for Medical Rehabilitation Patients ^{IRF, SNF*}
			Change in Discharge Self-Care Score for Medical Rehabilitation Patients ^{IRF, SNF*}
			Change in Discharge Mobility Score for Medical Rehabilitation Patients ^{IRF, SNF*}
Skin Integrity	Promote Effective Prevention & Treatment of Chronic Disease	Medication Management	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) replaced with Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury ^{IRF, LTCH, SNF, HH}
Medication Reconciliation	Promote Effective Prevention & Treatment of Chronic Disease	Medication Management	Drug Regimen Review ^{IRF, LTCH, SNF, HH}
Incidence of Major Falls	Making Care Safer by Reducing Harm Caused in the Delivery of Care	Preventable Healthcare Harm	Application of the Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) ^{IRF, LTCH, SNF, HH}
Transfer of Health Information	Promote Effective Communication & Coordination of Care	Transfer of Health Information and Interoperability	UNDER DEVELOPMENT ^{IRF, LTCH, SNF, HH}

* The SNF setting uses an application of this functional status measure, which was originally developed for use in the IRF setting.



IMPACT Act Quality Measures – Functional Status

- Are the function (Section GG) items the same on each of the PAC assessment instruments?
 - A core set of mobility and self-care items are included in Section GG of the current versions of the IRF–PAI, MDS 3.0, LTCH CARE Data Set and the 2019 release of the OASIS.
 - The self-care and mobility data elements in Section GG are standardized to one another by item and through the use of the standardized 6-level rating scale.
 - In the cross-setting process quality measure, there is a common core subset of function items that will allow tracking of patients'/residents' functional status across settings.
- Who can complete the self-care and mobility (Section GG) data elements?
 - CMS anticipates that a multi-disciplinary team of clinicians is involved in assessing the patient's self-care and mobility abilities during the 3-day assessment period. Any qualified clinician may assess the patient's performance based on direct observation, input from the patient's self-report, and reports from other clinicians, care staff, or family during the 3-day assessment period.
 - Patient assessments are to be done in compliance with facility, Federal, and State requirements.



IMPACT Act Quality Measures – Medication Reconciliation

- Do “upon admission” and “upon discharge” mean the medication review must be done within the 3-day assessment period?
 - The provider would follow best practices, by conducting the drug regimen review (DRR) (items N2001 and N2003) as soon after the patient’s admission as possible. Complete DRR items N2001 and N2003 upon admission or as close to the actual time of admission as possible.
 - If the DRR was not completed within this allowed time frame, then a dash (-) would be entered for N2001 and N2003, indicating that a drug regimen review was not conducted.
 - When or how often a DRR is conducted, is dependent upon a provider’s clinical judgement, patient need, facility policies and procedures, and State and Federal regulations throughout the patient’s stay.



IMPACT Act Resource Use Measures – Medicare Spending Per Beneficiary – Post-Acute Care (MSPB-PAC)

- Are the MSPB-PAC measures meant to assess *quality*? Will they be used by CMS as a single indicator for quality?
 - The MSPB-PAC measures are considered measures of PAC providers' relative efficiency. CMS does not intend to use MSPB-PAC measures as the only source of information about providers. Rather, the MSPB-PAC measures are one of several IMPACT Act measures developed for the QRPs that, taken together, will provide information about PAC providers' quality, including their efficiency relative to other providers.



IMPACT Act Resource Use Measures – Potentially Preventable Readmissions (PPR)

- CMS already has hospital readmission measures for several PAC programs. Are the PPR measures duplicative?
 - Based on stakeholder feedback, and to reduce provider burden, CMS is removing the all-cause hospital readmission measures for the IRF and LTCH QRPs given that the IMPACT Act requires PPR. CMS continually evaluates the IMPACT Act measures and the PAC QRPs overall. The IMPACT Act allows the Secretary the ability to remove, suspend, or add measures; justifications for any of these activities will be communicated through federal rulemaking with notice and comment periods.



IMPACT Act Resource Use Measures – Discharge to Community (DTC)

- Why is our performance on CMS' DTC measure different from that on other DTC measures?
 - CMS measure calculations will be the only calculations used for the PAC QRPs, using Medicare Fee-for-Service claims data.
 - The DTC measure considers 2 timepoints, (1) determine discharge to a community setting based on the claims discharge status codes 1, 6, 81 and 86; and then (2) for patients discharged to a community setting, search for any unplanned acute or long-term care hospital (LTCH) readmissions or death in the 31-day post-discharge window.
- Are the DTC and PPR measures duplicative?
 - Although there may be some overlap in the outcomes captured across the two measures, each measure has a distinct purpose, outcome definition, and measure population. The DTC measure assesses the rate of successful discharges to the community, defined as discharge to a community setting without post-discharge unplanned readmissions or death, while the PPR measure assesses the rate of readmissions that may be potentially prevented for patients/residents discharged to lower levels of care from PAC.



FAQs: Public Reporting



Public Reporting

- Do patients, caregivers, and the general public have access to review a facility's quality performance?
 - CMS oversees public reporting sites called Compare sites for the IRF, LTCH, and Home Health settings which 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.
 - CMS intends to launch The SNF QRP Compare website by October 1, 2018.
- I am a provider. How do the IRF, LTCH, and Home Health Compare Sites help me?
 - The 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 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.



FAQs: Standardized Patient Assessment Data Elements (SPADE)



Identifying and Implementing the SPADEs

- How will CMS select the SPADEs?
 - SPADEs were studied for their ability to meet the IMPACT Act requirements and to serve multiple purposes
 - E.g. clinical usefulness, relevance to the PAC population, potential to improve quality of care, feasible, reliable, and valid, and compatibility with existing clinical workflow
 - CMS evaluated SPADEs through an environmental scan and literature review; stakeholder interviews, focus groups, public comment periods; and testing (Alpha 1 and Alpha 2 feasibility tests, and the national Beta test).
- Will the standardized patient assessment data elements add to the length of the current assessments?
How much additional time will it take to complete the proposed SPADEs?
 - CMS cannot definitively state if or by how much the length of the existing assessments will be affected.
 - CMS seeks to minimize additional burden and has sought SPADEs that leverage information already collected by PAC providers as part of standard clinical processes while providing valuable information to inform care planning, clinical decision-making, care transitions, and resource utilization.
 - National Beta test is collecting information on time to complete candidate SPADEs to inform burden estimates.



FAQs: CMS Data Element Library (DEL)



Data Element Library

- What is the Data Element Library (DEL)?
 - A centralized resource for CMS assessment instrument data elements (e.g. questions and response options), and their associated mappings to nationally accepted health information technology (IT) standards.

PAC Setting	CMS Assessment Instrument
LTCH	LCDS
SNF	Resident Assessment Instrument (RAI) MDS
HHA	OASIS
IRF	IRF-PAI
Hospice	Hospice Item Set

DEL Contents

- Assessment and version (e.g., MDS 3.0 v. 1.16)
- Item label (e.g.- GG0170)
- Item status (Published, Active, Inactive)
- Copyright information (if applicable)
- CMS usage (Payment, Quality Measure, Survey and Certification, etc.)
- Identification of skip pattern triggers and lookback periods
- Health IT standards (e.g., LOINC, SNOMED)

- Visit the DEL here: <https://del.cms.gov>



Data Element Library Purpose

- Who can use the DEL and for what purposes?
 - The DEL is a free, public resource for use by providers, vendors, researchers, and the general public.
 - Through the DEL application, providers, vendors, researchers, and other stakeholders will be able search the database and generate reports on current CMS assessment contents, including questions, response options, relevant attributes, and importantly, their associated health IT standards in one location.

The screenshot displays the CMS.gov Data Element Library website. At the top, the CMS.gov logo and navigation links (Home, CMS.gov, Help, Print, Sign in) are visible. The page title is "Data Element Library". Below the title, there are two yellow buttons labeled "Search" and "Reports".

The main content area is divided into two sections:

- List of Available Search Categories:** This section contains two columns of search options. The left column, under "Data Elements", includes links for "Search by ID", "Search by Text", "Search by Assessment Instrument Version", "Search by Item Subset", and "Search by Item Status". The right column, under "HIT Codes", includes links for "Search by Assessment Instrument Version", "Search by ID", and "Search by Text".
- Reports:** This section contains two columns of report options. The left column, under "Data Element", includes links for "Data Element Information", "Data Elements Used Across Provider Settings", "Data Elements by Assessment Instrument Version", and "Download HIT Codes". The right column, under "HIT Codes", includes a link for "Download HIT Codes".

At the bottom of the page, there is a footer with the CMS.gov logo, a "Home" button, and the text: "A federal government website managed by Medicare & Medicaid Services, 7500 Security Boulevard". Below the footer, there are three categories: "CMS & HHS Websites", "Tools", and "Helpful Links".



Data Element Library Benefits

- Do providers have to use the DEL?
 - There are no requirements to use the Data Element Library content. However, CMS assessment stakeholders may use the DEL resource to integrate CMS assessment content into their electronic health records (EHRs) and utilize mapped health IT standards to support interoperable health information exchange. In addition, DEL users could save time and resources by having CMS assessment information in one centralized database, rather than having to search for assessment content across multiple data sources.
- What are the benefits of using the DEL content?
 - The DEL is intended to support electronic health information exchange for post-acute care and other providers by providing a centralized resource of CMS assessment data elements linked to nationally accepted health IT standards.
 - Vendors are able to download a report of “mapped” data elements, which could be used to develop health IT solutions for post-acute and other providers. The DEL will make it easier for vendors to incorporate data elements adopted by CMS that reduce burden, improve interoperable data exchange, and facilitate care coordination.



Looking Ahead



Additional Areas for Consideration

- What are potential areas for next steps for the IMPACT Act?
 - Data element and measure comparability
 - Development of electronic clinical quality measures (eCQM) for PAC quality reporting programs
 - Measure alignment with programs (e.g., Medicare Access and CHIP Reauthorization Act [MACRA])
 - Explore opportunities to map assessment content to Consolidated Clinical Document Architecture (C-CDA) and Fast Healthcare Interoperability Resources (FHIR) standards in the DEL



FAQs: Engagement Opportunities and Resources



Engagement Opportunities

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



Resources – Quality Measures

- CMS Measure Management System Blueprint: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MMS-Blueprint.html>
- CMS Pre-Rulemaking Resources: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rulemaking.html>
- CMS Meaningful Measures Hub: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/MMF/General-info-Sub-Page.html>
- Public Reporting Compare Websites
 - IRF: <https://www.medicare.gov/inpatientrehabilitationfacilitycompare/>
 - LTCH: <https://www.medicare.gov/longtermcarehospitalcompare/>
 - Home Health: <https://www.medicare.gov/homehealthcompare/search.html>



Resources – Data Element Library

Visit the [Data Element Library](#)

- You can learn more about the Data Element Library by:
 - Subscribing to the CMS DEL [ListServ](#) for updates and learning opportunities;
 - Reviewing the DEL User Guide, which can be found on the DEL Help page.
 - For other questions or assistance using the DEL, please contact the QualityNet Help Desk at 866-288-8912 or send an email to gnetsupport@hcqis.org. Please note the hours of operation for the QualityNet Helpdesk are 7am to 7pm CST.
- Provide DEL feedback and comments to DELHelp@cms.hhs.gov



Question & Answer Session



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