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National Provider Call

The IMPACT Act of 2014 and Data Standardization

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Agenda/Learning Objectives

- **Overview of the IMPACT Act: Improving Medicare Post-Acute Care Transformation Act of 2014**

- **Data Elements Assessment and Standardization**

- **Quality Measures and Implementation Phases**

- **Estimated Timelines Per Setting**

- **Stakeholder Engagement**

- **Questions and Answers**

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

- **Bipartisan bill passed on September 18, 2014 and signed into law by President Obama on October 6, 2014**

- **Requires Standardized Patient Assessment Data that will enable:**
  - Data Element uniformity
  - Quality care and improved outcomes
  - Comparison of quality and data across post-acute care (PAC) settings
  - Improved discharge planning
  - Exchangeability of data
  - Coordinated care

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Driving Forces of the IMPACT Act

- **Purposes Include:**
  - Improvement of Medicare beneficiary outcomes
  - Provider access to longitudinal information to facilitate coordinated care
  - Enable comparable data and quality across PAC settings
  - Improve hospital discharge planning
  - Research

- **Why the attention on Post-Acute Care:**
  - Escalating costs associated with PAC
  - Lack of data standards/interoperability across PAC settings
  - Goal of establishing payment rates according to the individual characteristics of the patient, not the care setting

PAC Matters
LTCH, IRF, HH, Nursing Homes

Long-Term Care Hospital (LTCH)

Services provided: Inpatient services include rehabilitation, respiratory therapy, pain management, and head trauma treatment.

No. of Facilities: **420**	**LTCH CARE** – LTCH Continuity Assessment Record and Evaluation (CARE) Data Set submissions: **76K**
Average length of stay: **26** days	
No. of Beneficiaries: **124k**	Medicare spending: **$5.5** billion

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html

Inpatient Rehabilitation Facility (IRF)

Services provided: Intensive rehabilitation therapy including physical, occupational, and speech therapy.

No. of Facilities: **1,166**	**IRF-PAI** – IRF-Patient Assessment Instrument (PAI) submissions: **492k**
Average length of stay: **13** days	
No. of Beneficiaries: **373k**	Medicare spending: **$6.7** billion

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html

Home Health Agency (HHA)

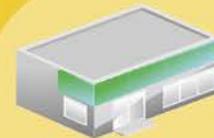**Services provided:** Skilled nursing or therapy services provided to Medicare beneficiaries who are homebound.

No. of Facilities: **12,311**	**OASIS:** Outcome and Assessment Information Set (OASIS) submissions: **35 million**
No. of Beneficiaries: **3.4 million**	Medicare spending: **$18** billion

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html

Nursing Homes

Services provided: Short-term Skilled nursing and rehabilitation services to individuals whose health problems are too severe or complicated for home care or assisted living.

No. of Facilities: **15,000**	**MDS** – Minimum Data Set submissions: **20 million**
Average length of stay: **39** days	
Beneficiaries: **1.7** million	Medicare spending: **$28.7** billion

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/index.html

Legislative Background on Data Standardization

- **Benefits Improvement & Protection Act (BIPA) of 2000**
  - Required the Secretary to report to Congress on standardized assessment items across PAC settings

- **Deficit Reduction Act (DRA) of 2005**
  - Required the standardization of assessment items used at discharge from an acute care setting and at admission to a post acute care setting
  - Established the Post-Acute Care Payment Reform Demonstration (PAC-PRD) to harmonize payments for similar settings in PAC settings
  - Resulted in the Continuity Assessment Record and Evaluation (CARE) tool, a component to test the reliability of the standardized items when used in each Medicare setting

- **PAC Reform Demonstration requirement of 2006**
  - Data to meet federal Health Information Technology (HIT) interoperability standards

PAC-PRD & the CARE Tool:
Goals and Guiding Principles

Goals

- ✓ Fosters 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

Data Uniformity
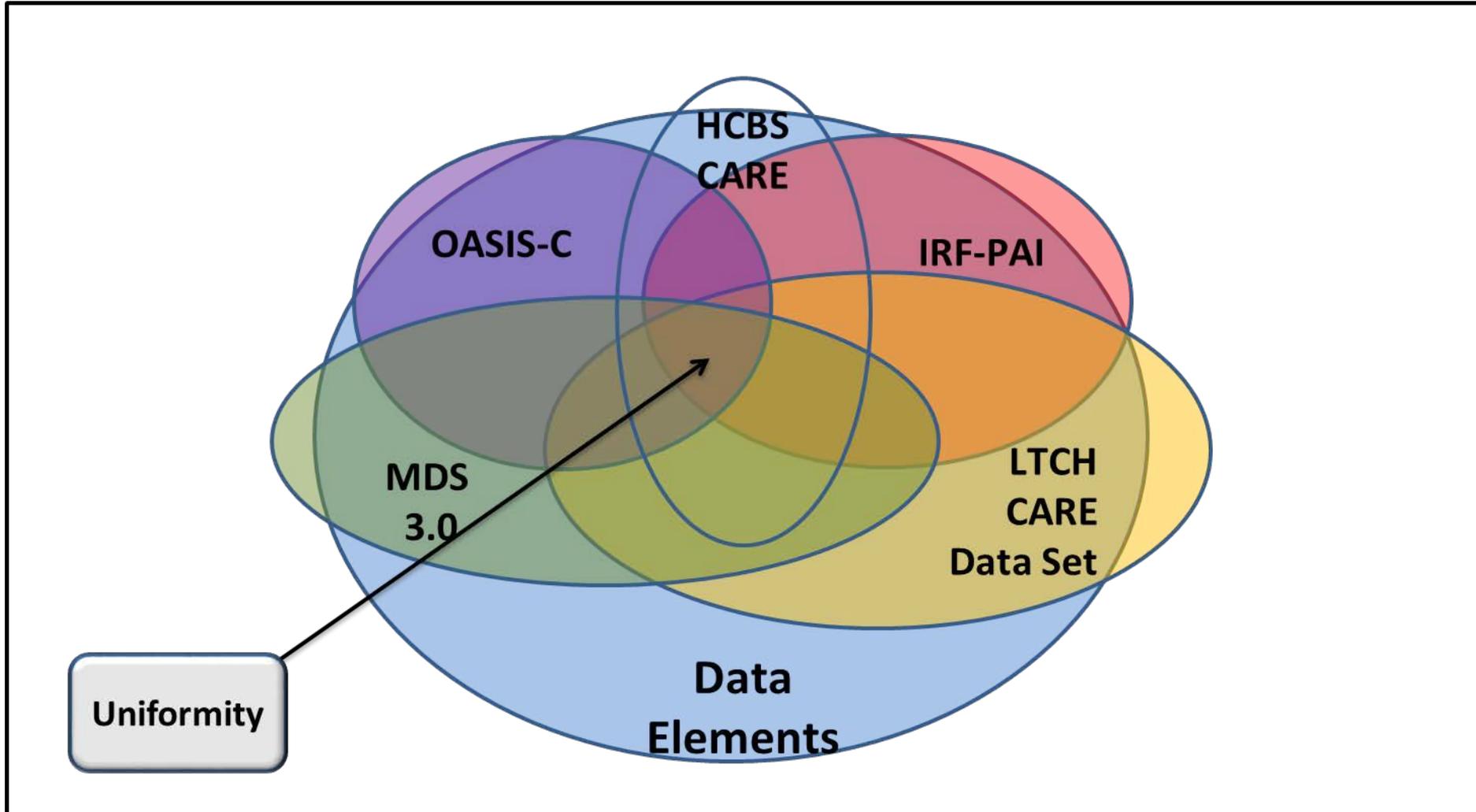
- ✓ Reusable
- ✓ Informative
- ✓ Increases Reliability/validity
- ✓ Facilitates patient care coordination

Guiding Principles

Interoperability

- ✓ Data that can communicate in the same language across settings
- ✓ Data that can be transferable forward and backward to facilitate care coordination
- ✓ Follows the individual

Data Elements: Standardization

What is Standardization?
Standardizing Function at the Item Level

Inpatient Rehabilitation Facilities – Patient Assessment Instrument (IRF - PAI)	Skilled Nursing Facilities – Minimum Data Set (MDS)	Home Health Agencies – Outcome & Assessment Information Set (OASIS)	Long-Term Care Hospitals – Continuity Assessment Record & Evaluation (CARE) Data Set (LCDS)
IRF-PAI	MDS	OASIS	LCDS
Eating	Eating	Eating	Eating
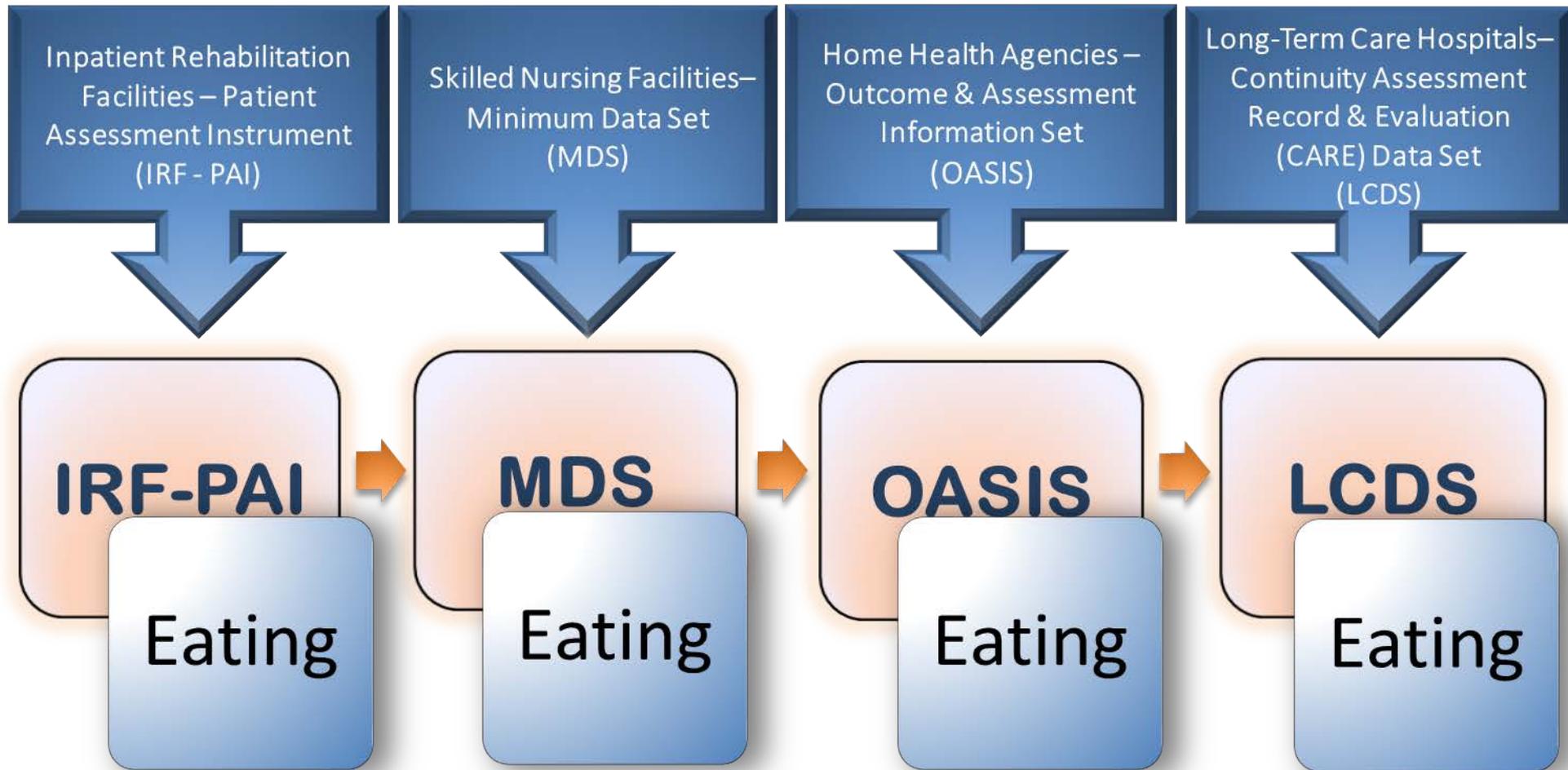
Standardized Assessment Data Elements

One Question: Much to Say → One Response: Many Uses

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

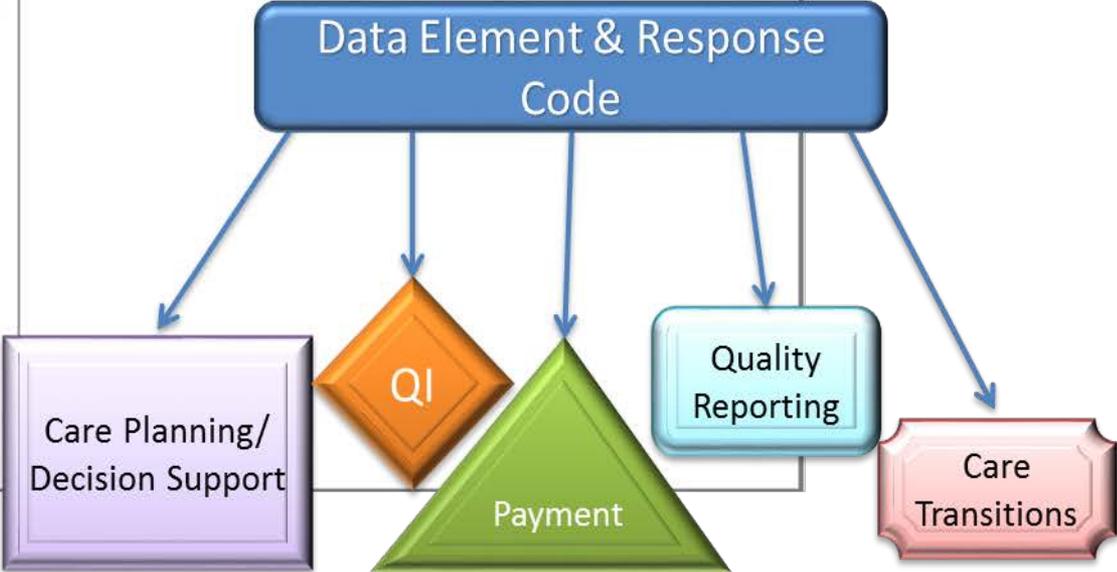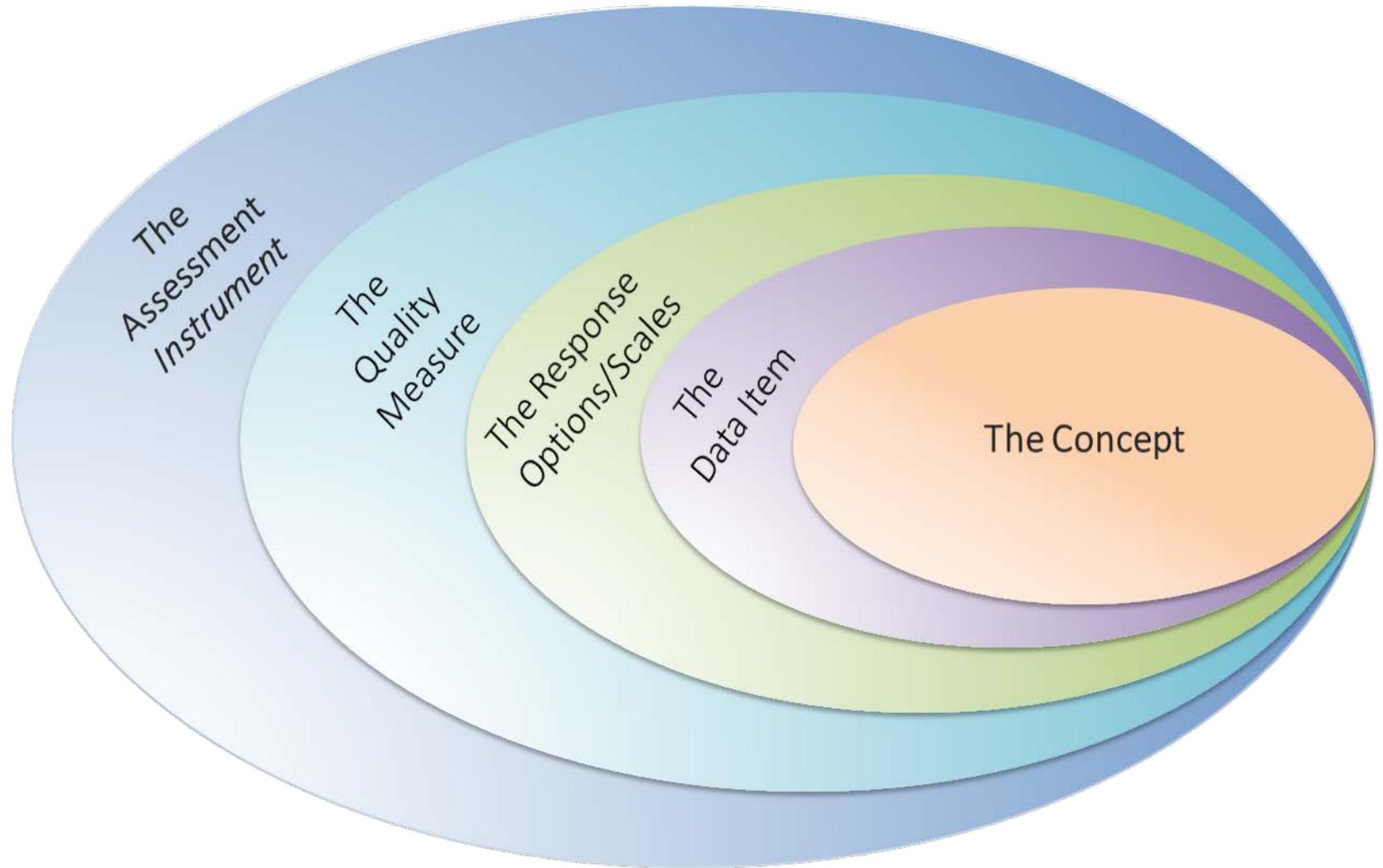**Code the patient's usual performance using the 6-point scale below.**

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.

Data Element & Response Code

Care Planning/ Decision Support

QI

Payment

Quality Reporting

Care Transitions

Standardization Beyond the Item

The Assessment Instrument

The Quality Measure

The Response Options/Scales

The Data Item

The Concept

Standardizing Across Settings

Item	Item Description	Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) v1.4	Minimum Data Set (MDS) 3.0	Long-Term Care Hospital CARE Data Set v3.00
SELF-CARE GG0130				
A	Eating	✓	✓	✓
B	Oral hygiene	✓	✓	✓
C	Toileting hygiene	✓	✓	✓
D	Wash upper body	—	—	✓
E	Shower/bathe self	✓	—	—
F	Upper body dressing	✓	—	—
G	Lower body dressing	✓	—	—
H	Putting on/taking off footwear	✓	—	—

Standardizing Across Settings (continued)

Item	Item Description	Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) v1.4	Minimum Data Set (MDS) 3.0	Long-Term Care Hospital CARE Data Set v3.00
MOBILITY GG0170				
A	Roll left and right	✓	—	✓
B	Sit to lying	✓	✓	✓
C	Lying to sitting on side of bed	✓	✓	✓
D	Sit to stand	✓	✓	✓
E	Chair/bed-to-chair transfer	✓	✓	✓
F	Toilet transfer	✓	✓	✓
G	Car transfer	✓	—	—
I	Walk 10 feet	✓	—	✓
J	Walk 50 feet with two turns	✓	✓	✓
K	Walk 150 feet	✓	✓	✓
L	Walking 10 feet on uneven surface	✓	—	—
M	1 step (curb)	✓	—	—
N	4 steps	✓	—	—
O	12 steps	✓	—	—
P	Picking up object	✓	—	—
R	Wheel 50 feet with two turns	✓	✓	✓
S	Wheel 150 feet	✓	✓	✓

IMPACT Act:
Quality Measure Domains and Timelines

1. Functional status, cognitive function, and changes in function and cognitive function →
SNF: October 1, 2016
IRF: October 1, 2016
LTCH: October 1, 2018
HHA: January 1, 2019

2. Skin integrity and changes in skin integrity →
SNF: October 1, 2016
IRF: October 1, 2016
LTCH: October 1, 2016
HHA: January 1, 2017

3. Medication Reconciliation →
HHA: January 1, 2017
SNF: October 1, 2018
IRF: October 1, 2018
LTCH: October 1, 2018
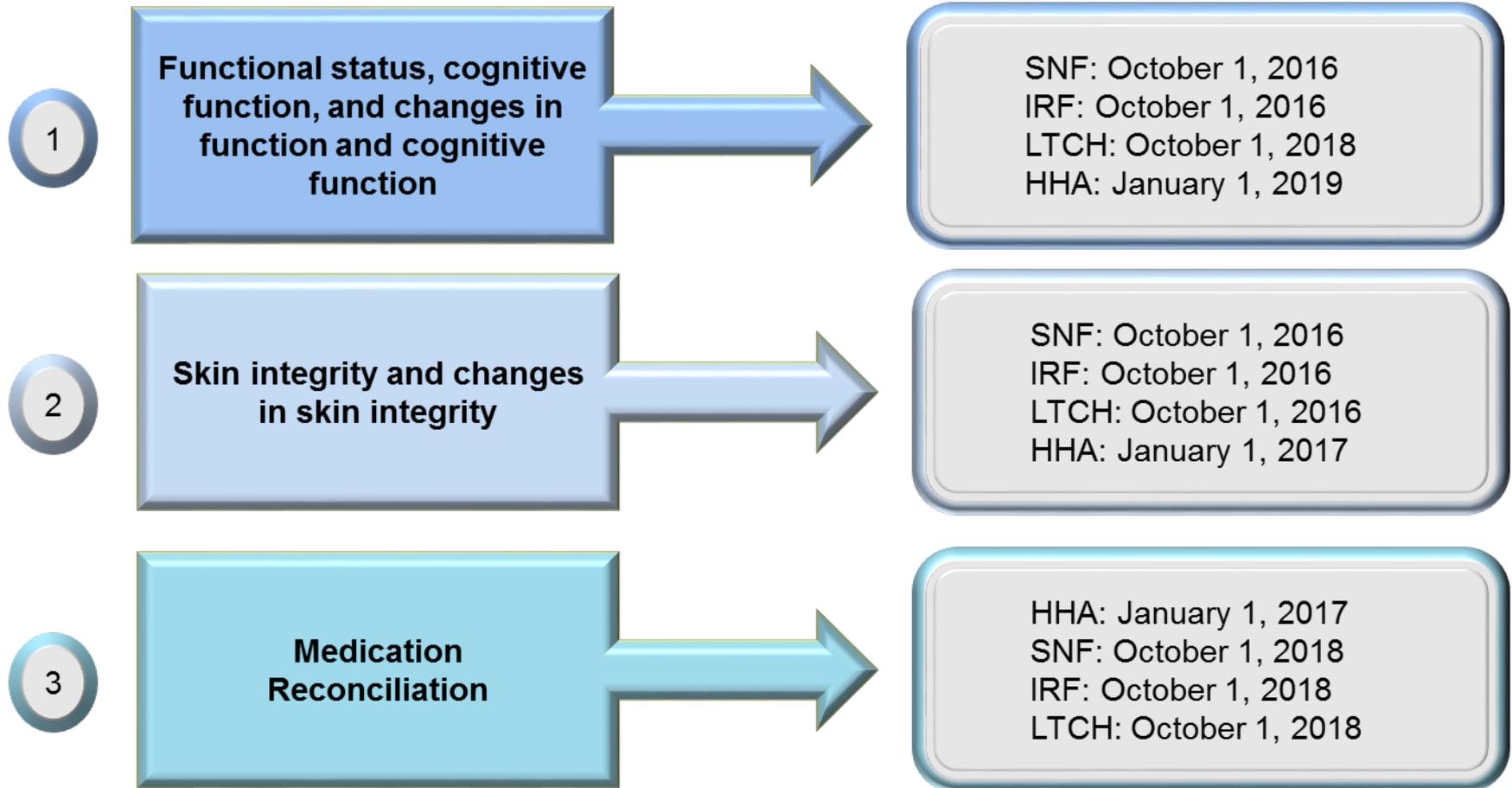
IMPACT Act: Quality Measure Domains and Timelines (continued)

4 → **Incidence of Major Falls** →

SNF: October 1, 2016
IRF: October 1, 2016
LTCH: October 1, 2016
HHA: January 1, 2019

5 → **Communicating the existence of and providing for the transfer of health information and care preferences** →

SNF: October 1, 2018
IRF: October 1, 2018
LTCH: October 1, 2018
HHA: January 1, 2019

Resource use and other measures will be specified for reporting →

- ✓ Total estimated Medicare spending per beneficiary
- ✓ Discharge to community
- ✓ Measures to reflect all-condition risk-adjusted potentially preventable hospital readmission rates

→

SNF: October 1, 2016
IRF: October 1, 2016
LTCH: October 1, 2016
HH January 1, 2017

National Quality Strategy Promotes Better Health, Healthcare, and Lower Cost

The strategy is to concurrently pursue three aims:

Better Care

Improve overall quality by making health care more patient-centered, reliable, accessible, and safe.

Healthy People / Healthy Communities

Improve population health by supporting proven interventions to address behavioral, social and environmental determinants of health, in addition to delivering higher-quality care.

Affordable Care

Reduce the cost of quality healthcare for individuals, families, employers and government.

NQS Promotes Better Health, Better Healthcare, and Lower Costs Through:

Report to Congress

National Strategy for Quality Improvement in Health Care

March 2011

Six Priorities

- Make care safer by reducing harm caused in the delivery of care
- Ensure that each person and family are engaged as partners in their care
- Promote effective communication and coordination of care
- Promote effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
- Work with communities to promote wide use of best practices to enable healthy living
- Make quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models.

The Six Priorities Have Become the Goals for the CMS Quality Strategy

Making Care Safer	**Strengthen person & family engagement**	**Promote effective communication & coordination of care**
Promote effective prevention & treatment	**Work with communities to promote best practices of healthy living**	**Make care affordable**

CMS Framework for Measurement

Care Coordination
- Patient and family activation
- Infrastructure and processes for care coordination
- Impact of care coordination

Clinical Quality of Care
- Care type (preventive, acute, post-acute, chronic)
- Conditions
- Subpopulations

Population/Community Health
- Health Behaviors
- Access
- Physical and Social environment
- Health Status

Function

Person & Caregiver-Centered Experience & Outcomes
- Patient experience
- Caregiver experience
- Preference- and goal-oriented care

Safety
- All-cause harm
- HACs
- HAIs
- Unnecessary care
- Medication safety

Efficiency and Cost Reduction
- Cost
- Efficiency
- Appropriateness

- **Measures should be patient-centered and outcome-oriented whenever possible**

- **Measure concepts in each of the six domains that are common across providers and settings can form a core set of measures**

Addressing Critical Gaps
IMPACT Act & Opportunity

The IMPACT Act provides an opportunity to address all goals within the CMS Quality Strategy:

Strengthen person and family engagement as partners in their care

Promote effective communication and coordination of care

Promote effective prevention and treatment of chronic disease

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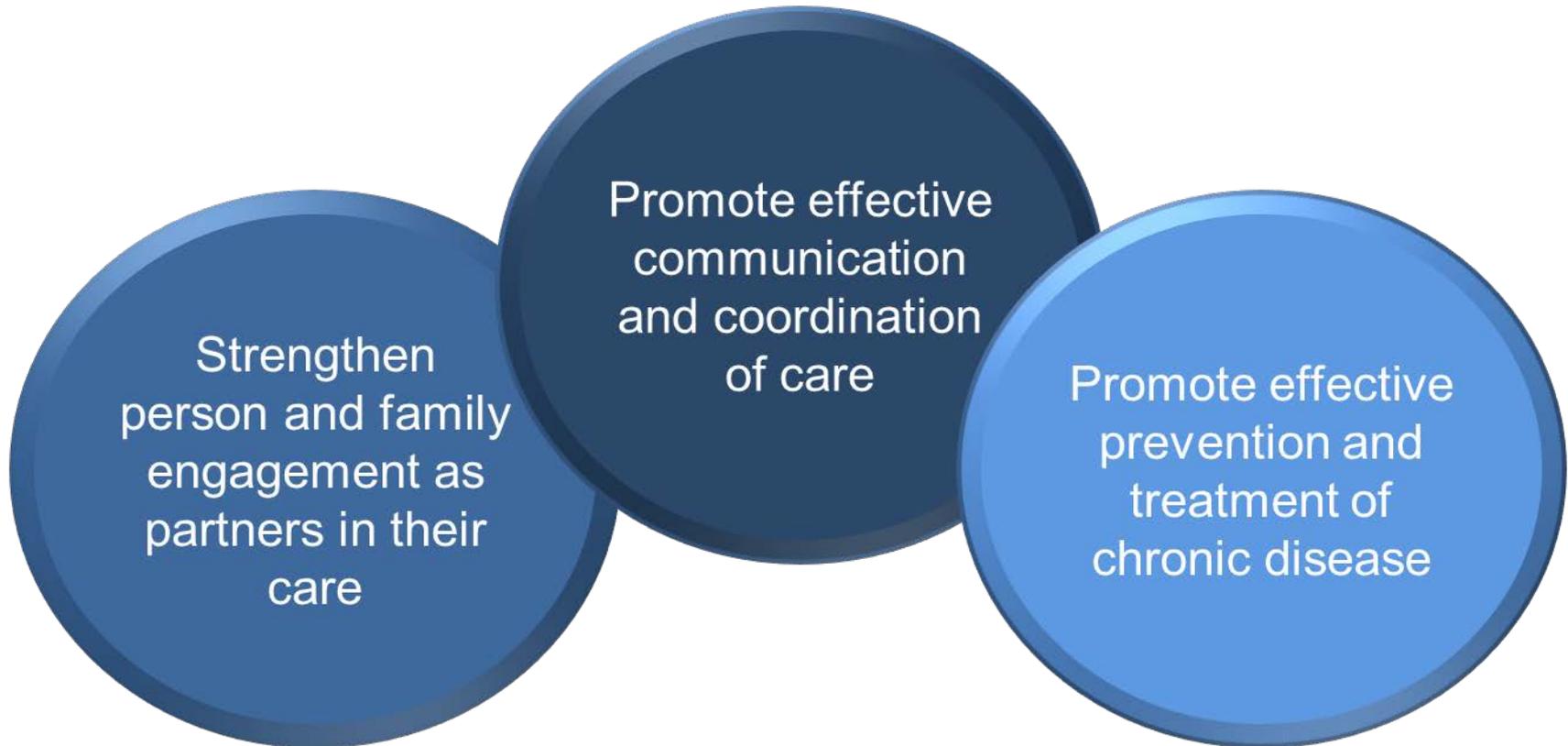
IMPACT Act:
Measurement Implementation Phases

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 Endorsement Evaluation**

3) **Treatment of Application of Pre-Rulemaking Process**

Quality Measures

2015 Measures Under Consideration (MUC)

CMS anticipates placing measures on the 2015 MUC list to satisfy the following IMPACT Act measure domains:

- Medication reconciliation

- Resource use measures, including total estimated Medicare spending per beneficiary

- Discharge to community

- All-condition risk-adjusted potentially preventable hospital readmissions rates

Quality Measures (continued)

Ad Hoc MUC

- Percent of Residents/Patients/Persons with Pressure Ulcers That Are New or Worsened * **

- Percent of Patients/Residents/Persons With an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function*

- Percent of Residents/Patients/Persons Experiencing One or More Falls with Major Injury*

*   Finalized in IRF, LTCH, and SNF FY 2016 rule
** Proposed in Home Health CY 2016 rule

Associated Measure Activities to Support the IMPACT Act Quality Measure Domains

- **New measure development includes:**
  - Function outcome measures
  - Cognition outcome measures
  - Communicating the existence of and providing for the transfer of health information and care preferences
  - Other measures to address cross-setting gaps in quality

- **Measure maintenance/enhancement and new development for additional care settings:**
  - NQF #0678: "Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened"
  - NQF #0674: "Percent of Residents Experiencing One or More Falls with Major Injury"

Measures Mapped to IMPACT Act Domains

LTCH			
Domain	**NQF ID**	**Measure Title**	**Reporting and Payment Timeline**
Skin Integrity	#0678	Percent of Residents with Pressure Ulcers That are New or Worsened (Short-Stay)	*Initial* Reporting April–December 2016 for fiscal year (FY) 2018 payment adjustment followed by CY reporting for that of subsequent FYs
Incidence of Major Falls	Application of #0674	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	
Function	Application of #2631	Percent of LTCH Patients with an Admission and Discharge Functional Assessment & a Care Plan That Addresses Function	

Measures Mapped to IMPACT Act Domains (continued)

HH			
Domain	**NQF ID**	**Measure Title**	**Reporting and Payment Timeline**
Skin Integrity	#0678	Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (Short Stay)	Proposed reporting begins January 2017 for proposed calendar year (CY) 2018 payment adjustment and that of subsequent CYs

Measures Mapped to IMPACT Act Domains (continued)

SNF			
Domain	**NQF Measure ID**	**Measure Title**	**Reporting and Payment Timeline**
Skin Integrity	#0678	Percent of Residents with Pressure Ulcers That are New or Worsened (Short-Stay)	*Initial* Reporting October – December 2016 for fiscal year (FY) 2018 payment adjustment followed by CY reporting for that of subsequent FYs
Incidence of Major Falls	Application of #0674	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	
Function	Application of #2631	Percent of LTCH Patients with an Admission and Discharge Functional Assessment & a Care Plan That Addresses Function	

Measures Mapped to IMPACT Act Domains (continued)

	IRF		
Domain	**NQF Measure ID**	**Measure Title**	**Reporting and Payment Timeline**
Skin Integrity	#0678	Percent of Residents with Pressure Ulcers That are New or Worsened (Short-Stay)	*Initial* Reporting October – December 2016 for fiscal year (FY) 2018 payment adjustment followed by CY reporting for that of subsequent FYs
Incidence of Major Falls	Application of #0674	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	
Function	Application of #2631*	Percent of LTCH Patients with an Admission and Discharge Functional Assessment & a Care Plan That Addresses Function	
Function	#2633*	Change in Self-Care Score for Medical Rehabilitation Patients	*Initial* Reporting October – December 2016 for fiscal year (FY) 2018 payment adjustment followed by CY reporting for that of subsequent FYs
Function	#2634*	Change in Mobility Score for Medical Rehabilitation Patients	
Function	#2635*	Discharge Self-Care Score for Medical Rehabilitation Patients	
Function	#2636*	Discharge Mobility Score for Medical Rehabilitation Patients	

Ongoing QM Development and Stakeholder Engagement (2015)

IMPACT Measure Domain	Technical Expert Panels	Public Comment
Medication Reconciliation	July 2015	September 2015
Discharge to Community	August 2015	September 2015
All-Condition Risk-Adjusted Potentially Preventable Hospital Readmission Rates	August 2015	October 2015
Total Estimated Medicare Spending Per Beneficiary	October 2015	December 2015

Technical Expert Panels site:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/TechnicalExpertPanels.html

Pre-Rulemaking Public Comment on Quality Measures

- **Measure Applications Partnership (MAP) reviews and provides comments on measures under consideration for federal health programs**

Activity	Dates
All MAP Orientation Web meeting (MAP overview)	August 12, 2015
MAP Coordinating Committee In-Person Meeting	September 18, 2015
MAP PAC/LTC Workgroup Web Meeting	October 16, 2015
MAP Coordinating Committee Web meeting	November 13, 2015
Measures Under Consideration List posted for comment	December 1, 2015
MAP PAC/LTC Workgroup In-Person Meeting	December 14 – 15, 2015
MAP PAC/LTC Workgroup deliberations posted for comment	December – January (TBD)
MAP Coordinating Committee In-Person Meeting	January 26 – 27, 2016

Pre-Rulemaking: Resources

- **NQF Calendar of activities:**
  http://www.qualityforum.org/EventList.aspx

- **MAP Coordinating committee project page:**
  http://www.qualityforum.org/Project_Pages/MAP_Coordinating_Committee.aspx

- **MAP PAC-LTC workgroup project page:**
  http://www.qualityforum.org/Project_Pages/MAP_Post-Acute_CareLong-Term_Care_Workgroup.aspx

- **CMS's Pre-Rulemaking page:**
  https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html

IMPACT Act:
Standardized Patient Assessment Data

Requirements for reporting assessment data:

- Providers must submit standardized assessment data through PAC assessment instruments under applicable reporting provisions

Use of Standardized Assessment data no later than

SNF: October 1, 2018
IRF: October 1, 2018
LTCH: October 1, 2018
HHA: January 1, 2019
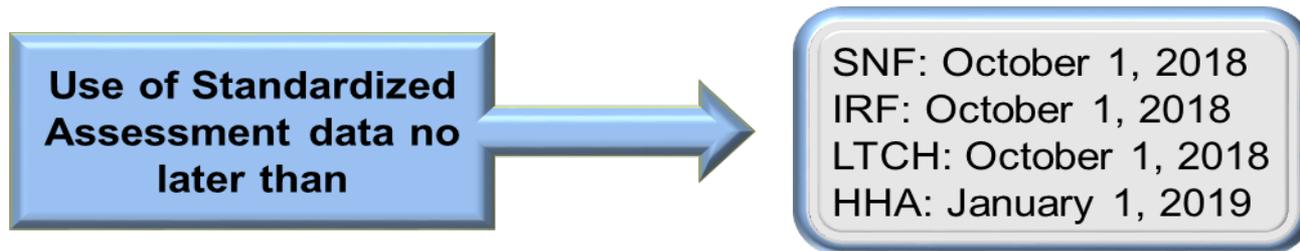
- The data must be submitted with respect to admission and discharge for each patient, or more frequently as required

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

PAC QRP IRF Estimated Timelines/Milestones to Meet the IMPACT Act of 2014 Timeline Requirements

2015	2016	2017	2018	2019	2020	2021

1/1/15 - 8/1/15 Meas. dev.

8/2/15 - 4/1/17 Measure development[1]

Rulemaking FY 2016

Rulemaking FY 2017
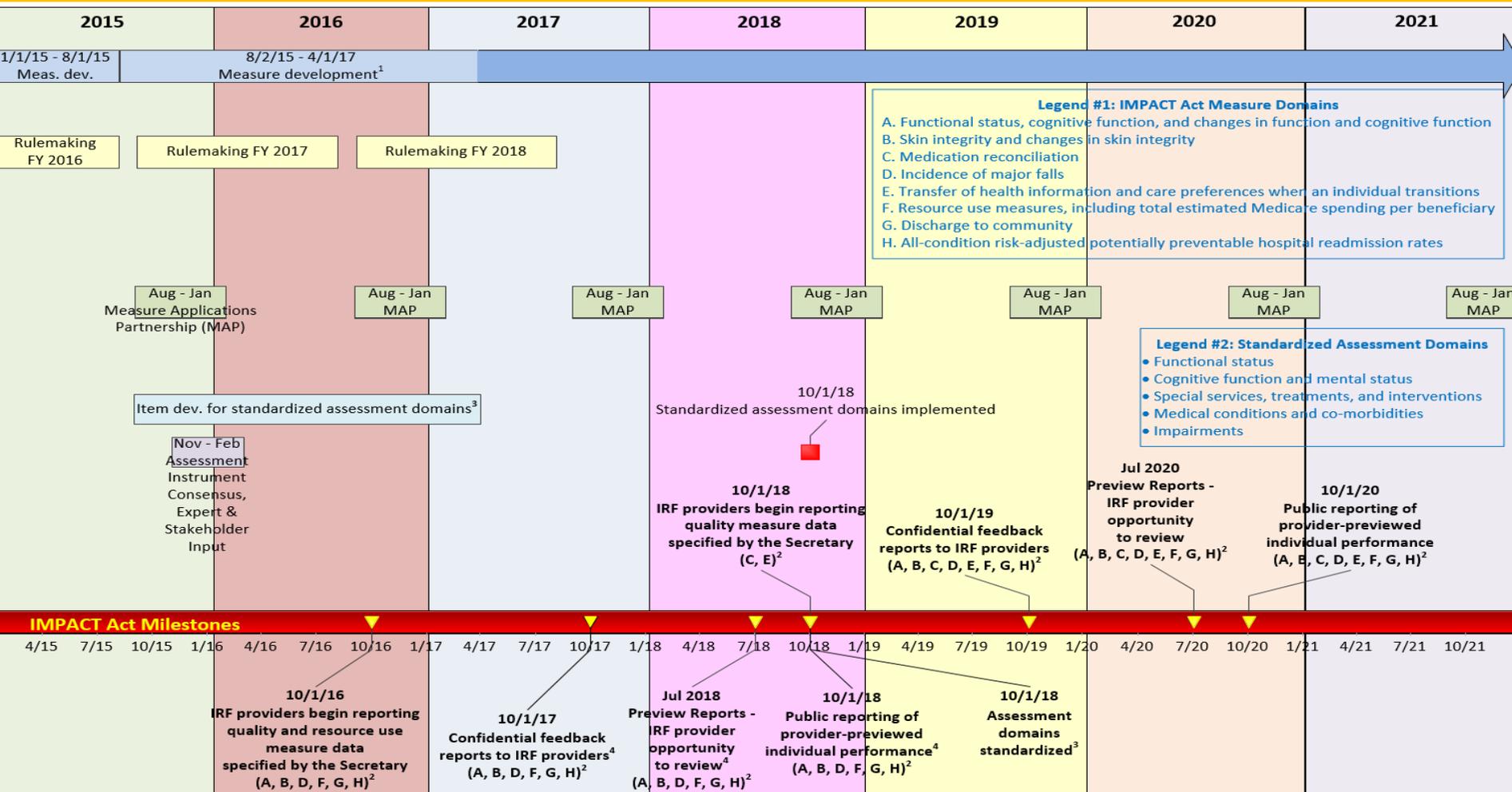
Rulemaking FY 2018

Legend #1: IMPACT Act Measure Domains
A. Functional status, cognitive function, and changes in function and cognitive function
B. Skin integrity and changes in skin integrity
C. Medication reconciliation
D. Incidence of major falls
E. Transfer of health information and care preferences when an individual transitions
F. Resource use measures, including total estimated Medicare spending per beneficiary
G. Discharge to community
H. All-condition risk-adjusted potentially preventable hospital readmission rates

Aug - Jan Measure Applications Partnership (MAP)

Aug - Jan MAP

Aug - Jan MAP

Aug - Jan MAP

Aug - Jan MAP

Aug - Jan MAP

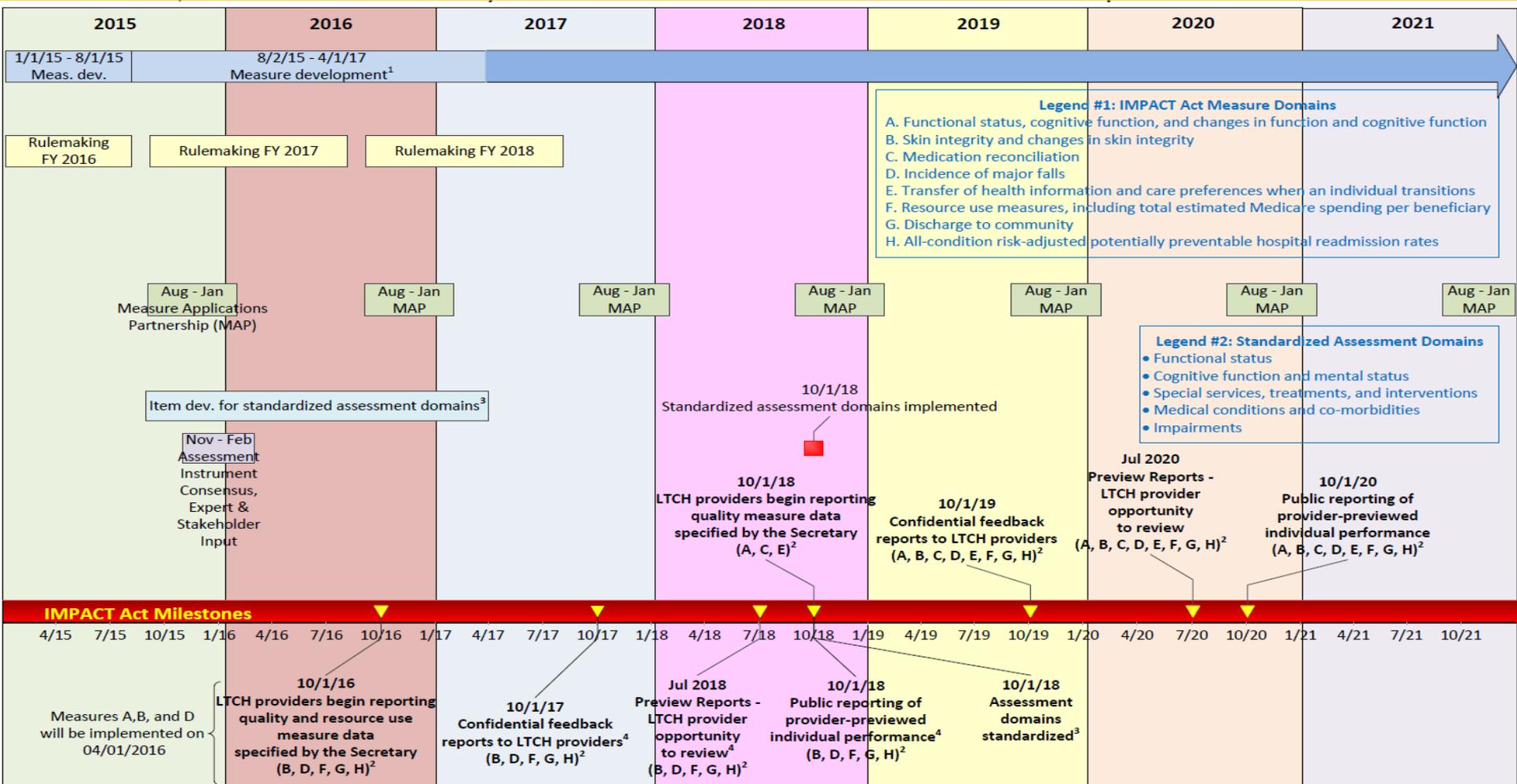Aug - Jan MAP

Legend #2: Standardized Assessment Domains
• Functional status
• Cognitive function and mental status
• Special services, treatments, and interventions
• Medical conditions and co-morbidities
• Impairments

Item dev. for standardized assessment domains[3]

Nov - Feb Assessment Instrument Consensus, Expert & Stakeholder Input

10/1/18 Standardized assessment domains implemented

10/1/18 IRF providers begin reporting quality measure data specified by the Secretary (C, E)[2]

10/1/19 Confidential feedback reports to IRF providers (A, B, C, D, E, F, G, H)[2]

Jul 2020 Preview Reports - IRF provider opportunity to review (A, B, C, D, E, F, G, H)[2]

10/1/20 Public reporting of provider-previewed individual performance (A, B, C, D, E, F, G, H)[2]

IMPACT Act Milestones

4/15	7/15	10/15	1/16	4/16	7/16	10/16	1/17	4/17	7/17	10/17	1/18	4/18	7/18	10/18	1/19	4/19	7/19	10/19	1/20	4/20	7/20	10/20	1/21	4/21	7/21	10/21

10/1/16 IRF providers begin reporting quality and resource use measure data specified by the Secretary (A, B, D, F, G, H)[2]

10/1/17 Confidential feedback reports to IRF providers[4] (A, B, D, F, G, H)[2]

Jul 2018 Preview Reports - IRF provider opportunity to review[4] (A, B, D, F, G, H)[2]

10/1/18 Public reporting of provider-previewed individual performance[4] (A, B, D, F, G, H)[2]

10/1/18 Assessment domains standardized[3]

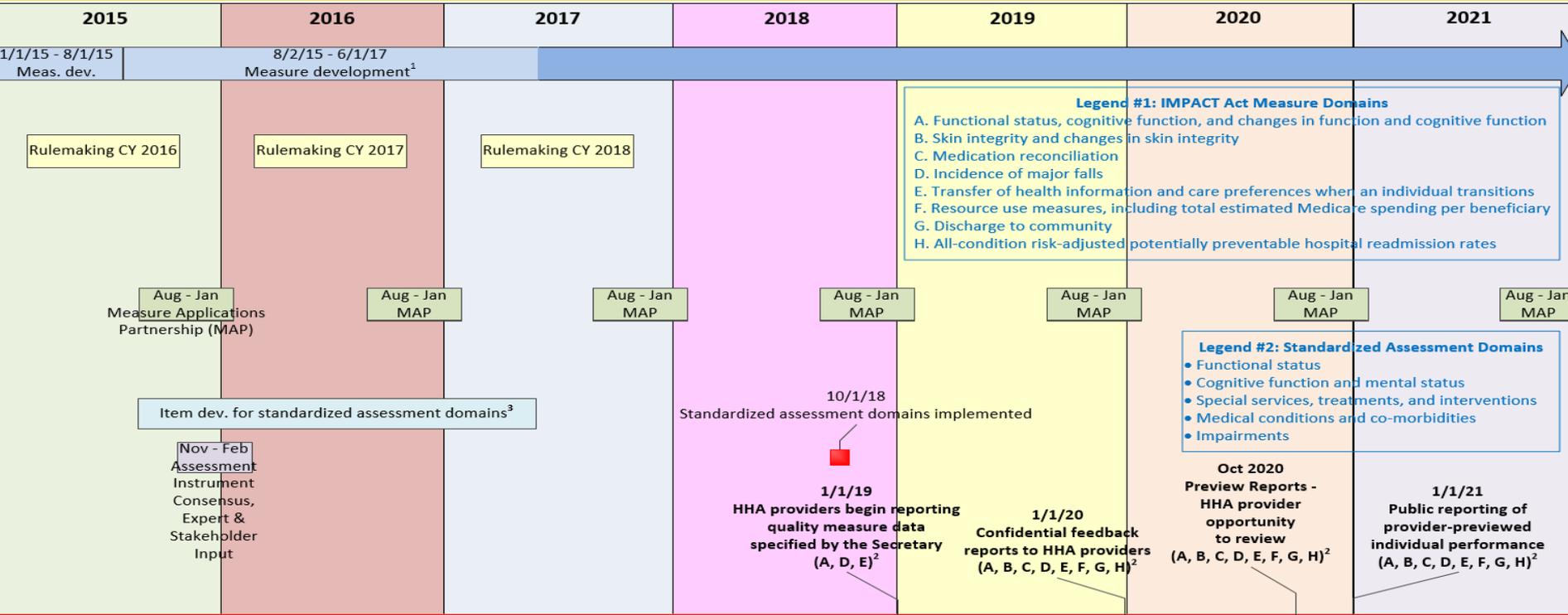[1] Quality measure development requires six months to two years and includes public input, stakeholder input, and the MAP process

[2] IMPACT Act measure domains are defined in legend #1 above

[3] IMPACT Act assessment domains are defined in legend #2 above

[4] Provider feedback and preview reports and publicly reported data are refreshed at regular intervals after starting

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PAC QRP LTCH Estimated Timelines/Milestones to Meet the IMPACT Act of 2014 Timeline Requirements

2015	2016	2017	2018	2019	2020	2021

1/1/15 - 8/1/15 Meas. dev.

8/2/15 - 4/1/17 Measure development[1]

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Rulemaking FY 2016

Rulemaking FY 2017

Rulemaking FY 2018

Aug – Jan Measure Applications Partnership (MAP)

Aug – Jan MAP (×6)

Legend #2: Standardized Assessment Domains
• Functional status
• Cognitive function and mental status
• Special services, treatments, and interventions
• Medical conditions and co-morbidities
• Impairments

Item dev. for standardized assessment domains[3]

Nov – Feb Assessment Instrument Consensus, Expert & Stakeholder Input

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10/1/20 Public reporting of provider-previewed individual performance (A, B, C, D, E, F, G, H)[2]

10/1/18 LTCH providers begin reporting quality measure data specified by the Secretary (A, C, E)[2]

10/1/19 Confidential feedback reports to LTCH providers (A, B, C, D, E, F, G, H)[2]

IMPACT Act Milestones

4/15	7/15	10/15	1/16	4/16	7/16	10/16	1/17	4/17	7/17	10/17	1/18	4/18	7/18	10/18	1/19	4/19	7/19	10/19	1/20	4/20	7/20	10/20	1/21	4/21	7/21	10/21

Measures A, B, and D will be implemented on 04/01/2016

10/1/16 LTCH providers begin reporting quality and resource use measure data specified by the Secretary (B, D, F, G, H)[2]

10/1/17 Confidential feedback reports to LTCH providers[4] (B, D, F, G, H)[2]

Jul 2018 Preview Reports - LTCH provider opportunity to review[4] (B, D, F, G, H)[2]

10/1/18 Public reporting of provider-previewed individual performance[4] (B, D, F, G, H)[2]

10/1/18 Assessment domains standardized[3]

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[4] Provider feedback and preview reports and publicly reported data are refreshed at regular intervals after starting

PAC QRP SNF Estimated Timelines/Milestones to Meet the IMPACT Act of 2014 Timeline Requirements
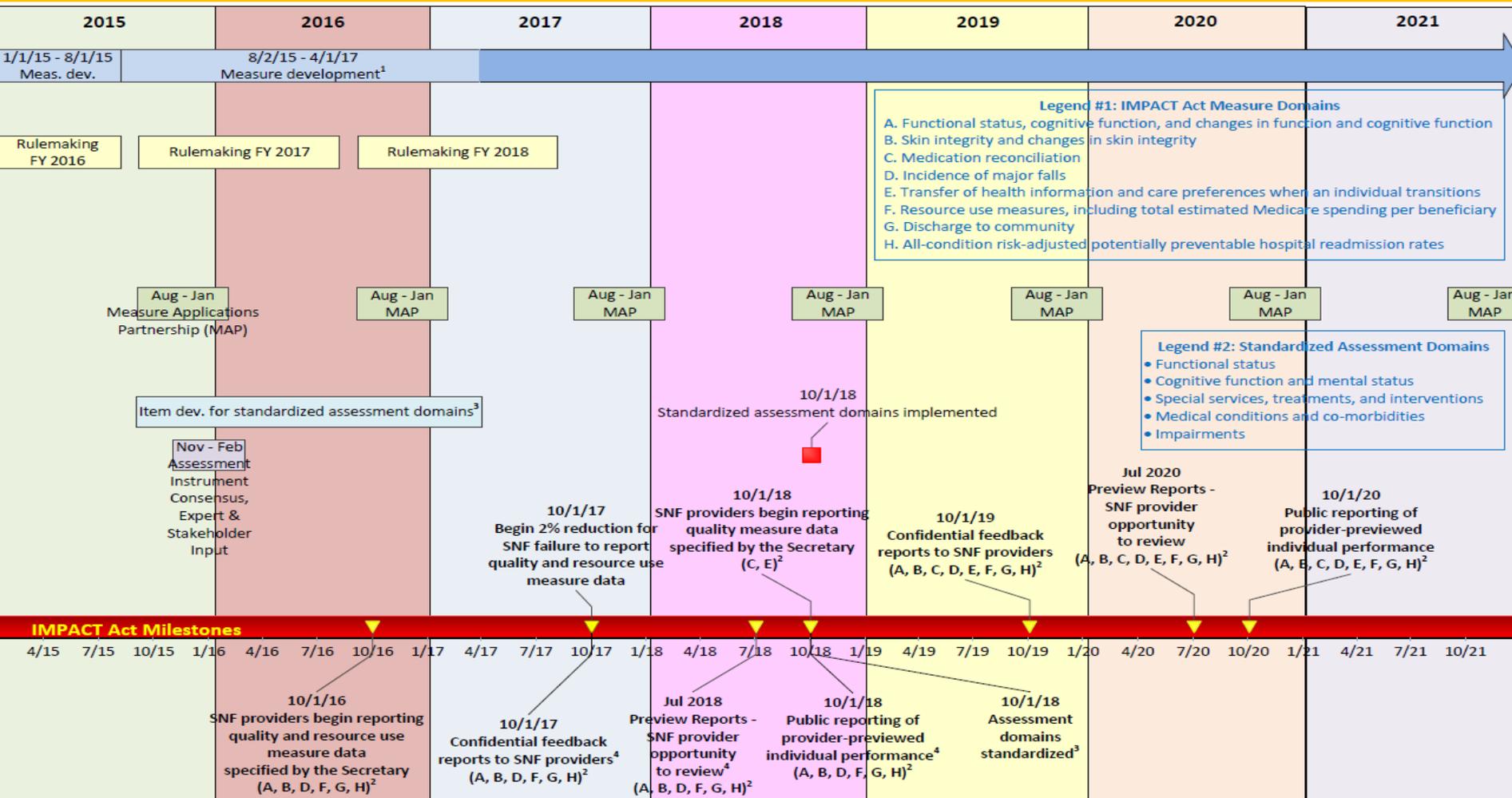
PAC QRP HHA Estimated Timelines/Milestones to Meet the IMPACT Act of 2014 Timeline Requirements

[1] Quality measure development requires six months to two years and includes public input, stakeholder input, and the MAP process

[2] IMPACT Act measure domains are defined in legend #1 above

[3] IMPACT Act assessment domains are defined in legend #2 above

[4] Provider feedback and preview reports and publicly reported data are refreshed at regular intervals after starting

PAC Assessment Domain Standardized Data: Stakeholder Opportunities

- **Consensus Development**
  - Focus Groups: fall 2015
  - Technical Expert Panels (TEPs): fall/winter 2015

- **Provider Testing**
  - Recruitment: winter 2015
  - Alpha/Beta Testing: spring/fall 2016

- **Anticipate Fiscal Year/Calendar Year 2018 rulemaking cycles**
  - Public display of draft item sets

Anticipated Outreach Activities Fall 2015

- **Open Door Forums (ODFs):**
  - SNF, LTC: October 29 and December 1
  - HH, Hospice, DME: November 4 and December 16

- **Special Open Door Forum (SODF):** Understanding The IMPACT Act-Patient and Family Focused for Informed Decision Making. Wednesday, October 28, 2015, from 1:00 p.m. – 3:00p.m. Eastern Time

- **CMS Quality Conference Presentation:** December 1 – 3, 2015 (planned)

- **CMS National Training Program Partner Update Webinar:** **January 2016** (planned)

Ongoing Outreach & Communications

- **Special Open Door Forums (SODFs) Webinars**

- **eNews updates**

- **Listening sessions**

- **Medicare Learning Network (MLN) activities**

- **YouTube videos**

- **Conference outreach and speaking engagements**

Ongoing Outreach & Communications
(continued)

- **Listserv announcements** — 250,000 providers, 500,000+ subscribers, and Medicare Administrative Contractors (MACs)

- **Webpage Enhancement** — dedicated IMPACT Act web presence featuring:
  - Highlights/special announcements
  - Upcoming events, educational sessions, and stakeholder input opportunities
  - HHAs dedicated IMPACT Act section
  - IRFs dedicated IMPACT Act section
  - LTCHs dedicated IMPACT Act section
  - SNFs dedicated IMPACT Act section
  - Measure Specifications
  - Resources

General Resources

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

- **Comments can be submitted to:** PACQualityInitiative@cms.hhs.gov

Acronyms in this Presentation

- **BIPA:** Benefits Improvement & Protection Act
- **CARE:** Continuity Assessment Record and Evaluation
- **DRA:** Deficit Reduction Act
- **HHA:** Home Health Agency
- **HIT:** Health Information Technology
- **IMPACT Act:** Improving Medicare Post-Acute Care Transformation Act
- **IRF–PAI:** Inpatient Rehabilitation Facility-Patient Assessment Instrument
- **IRF:** Inpatient Rehabilitation Facility
- **LTCH:** Long-Term Care Hospital
- **MAP:** Measure Applications Partnership
- **MDS:** Minimum Data Set
- **MUC:** Measures Under Consideration
- **NQF:** National Quality Forum
- **OASIS:** Outcome & Assessment Information Set
- **ODFs:** Open Door Forums
- **PAC:** Post-Acute Care
- **PAC-PRD:** Post-Acute Care Payment Reform Demonstration
- **QM:** Quality Measure
- **QRP:** Quality Reporting Program
- **SNF:** Skilled Nursing Facility
- **SODFs:** Special Open Door Forums

Question & Answer Session

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