

### See Us In Action!

#### Upcoming Presentations

Oct 24<sup>th</sup>: Dignity Health Home Care  
Director's Annual Meeting

Nov 12<sup>th</sup>: [VHA Population Health  
Symposium, Effective Post-Acute  
Care Management](#)

Nov 30<sup>th</sup>: APOSM, 2<sup>nd</sup> Meeting of the  
International Society for Restorative  
Neurology

Jan 30<sup>th</sup>: California Hospital Association  
PAC Annual Meeting

#### Previous Engagements

Oct 9<sup>th</sup>: AMA, CPT Coding Work Group  
on PM&R

Oct 5<sup>th</sup>: AHCA, Symposium on The  
Critical Role of Rehabilitation  
Therapy in SNF PPS, PAC Reform,  
and LTC

Oct 2<sup>nd</sup>: Hartford Foundation, Practice  
Change Leadership

### Inaugural **pacrr** Circular

First, a warm welcome to the inaugural issue of the PACCR monthly Circular. We are excited to be sharing with you a wide variety of news and analysis that is impacting the daily delivery of Post-Acute Care.

The Post-Acute Care Center for Research (PACCR) provides a forum for a broad-based, multi-stakeholder exchange of ideas with nationally recognized leaders in Post-Acute Care (PAC). The Center's research provides the latest information on PAC populations, policies, innovations, and opportunities. PACCR includes national leaders from the health policy world, PAC provider communities, PAC researchers, as well as operational experts successfully meeting the challenges of the Triple Aim. Our website ([www.pacrr.org](http://www.pacrr.org)) provides a "go-to" forum for accessing the latest information, considerations, and expertise to successfully manage the high cost, often chronically ill PAC populations. PACCR is an independently licensed subsidiary of naviHealth, in collaboration with Partners HealthCare, and faculty from the Brookings Institution, AIR Center on Aging, and numerous universities.

### Meet Our Faculty!

**Clay Ackerly**, M.D., MS.C., Harvard  
University/Partners HealthCare

**Gerben DeJong**, Ph.D., FACRM,  
Georgetown University/MedStar Health

**Kenneth Harwood**, P.T., Ph.D., C.I.E.,  
George Washington University

**Alan Jette**, P.T., Ph.D., Boston University

**Robert Lerman**, M.D., Dignity Health

**Trudy Mallinson**, Ph.D., OTR/L, George  
Washington University

**Vincent Mor**, Ph.D., Brown University

**Joseph Ouslander**, M.D., Florida Atlantic  
University

**Garry R. Pezzano**, M.S., C.C.C./S.L.P.,  
Genesis Rehab Services

**Margaret (Peg) Terry**, Ph.D., R.N.,  
Visiting Nurse Associations of America  
(VNAA)

**Ross Zafonte**, D.O., Harvard Medical  
School/Spaulding Rehabilitation

**Carolyn Zollar**, J.D., AMPRA

### IMPACT Act Reporting Requirements Timeline

#### Home Health Agency

**January 1, 2017:**

- "Quality Measures" for skin integrity, and medication reconciliation
- "Resource Use and Other Measures"

**January 1, 2019:**

- "Quality Measures" for cognitive function and functional status, occurrence of major falls, ability of a PAC provider to relay health information, and care preferences of an individual
- "Alignment of Claims Data with Standardized Patient Assessment Data"

### Hill Happenings

*IMPACT Act Signed into Law*

One of the most far-reaching pieces of legislation -The IMPACT (Improving Medicare Post-Acute Care Transformation) Act of 2014 -- passed and was signed into law by President Obama on October 6th 2014. The Act "amend[s] title XVIII [Medicare] of the Social Security Act..." and paves the way for "...standardizing post-acute care assessment data for quality, payment, and discharge planning, and for other purposes." The legislation requires the Secretary to collect "interoperable...standardized patient assessment data... data on quality measures...[and]...data on resource use and other measures..." from all PAC providers, including home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, and long-term care hospitals.

The IMPACT Act sets the foundation for measuring patient outcomes across an episode of care. The Secretary is required to collect standardized data on functional status, cognitive function, medical needs and conditions, impairments, and "other categories deemed necessary and appropriate by the Secretary." While this data is already submitted by each of the PAC providers, the current data elements vary by type of provider. The Act calls for replacing duplicative data with standardized items "as soon as practicable." Quality measures specified in the Act focus on functional status, cognitive function, skin integrity, medication reconciliation, major falls incidence, and provider transmission of health information and patient preferences at the time of transitions. Lastly, data on "resource use

### Skilled Nursing Facility

#### October 1, 2016:

- “Quality Measures” for cognitive function and functional status, and skin integrity, occurrence of major falls
- “Resource Use and Other Measures”

#### October 1, 2018:

- “Quality Measures” for medication reconciliation, the ability of a PAC provider to relay health information, and care preferences of an individual
- “Alignment of Claims Data with Standardized Patient Assessment Data”

### Inpatient Rehabilitation Facility

#### October 1, 2016:

- “Quality Measures” for cognitive function and functional status, skin integrity, and occurrence of major falls
- “Resource Use and Other Measures”

#### October 1, 2018:

- “Quality Measures” for medication reconciliation and ability of a PAC provider to relay health information, and care preferences of an individual
- “Alignment of Claims Data with Standardized Patient Assessment Data”

### Long-Term Care Hospital

#### October 1, 2016:

- “Quality Measures” for skin integrity and occurrence of major falls
- “Resource Use and Other Measures”

#### October 1, 2018

- “Quality Measures” for cognitive function and functional status, medication reconciliation, for the ability of a PAC provider to relay health information, and care preferences of an individual
- “Alignment of Claims Data with Standardized Patient Assessment Data”

and other measures” including information on the total estimated amount of spending per Medicare beneficiary, discharge to community, and avoidable readmission rates is also required. (See sidebar for key implementation dates.)

The data will be used in a quality reporting program that will be phased in over the next few years. The first phase includes measure development, data collection and data analysis with varying timelines for each set of measures. The second phase provides feedback reports to PAC providers on their individual performance and allows provider feedback and corrections to the data. The third phase includes public reporting similar to the current Medicare quality reporting program practices.

The IMPACT Act also includes payment refinement provisions. The Medicare Payment Advisory Commission (MedPAC) is charged with submitting a report by June 30, 2016 on potential PAC payment reforms using standardized assessment data from the PAC Payment Reform Demonstration. In addition, the Secretary, in consultation with MedPAC, is directed to develop a technical prototype of a post-acute care PPS based on nationally collected standardized data and report to Congress on its potential impact on Medicare spending.

In the most recent public MedPAC meeting (October 9-10), the IMPACT Act was touted as a clear accomplishment to increase the transparency of information across settings although questions remain about what payment structure should be adopted. Stay tuned!

## Noteworthy Observations

### Bundled Payments for Care Improvement Updates:

- With the second wave of applications to the Bundled Payment for Care Improvement Initiative (BPCI), CMMI has seen a significant increase for the requests to participate in Phase 1. For an October start, CMMI received applications from approximately 600 episode initiators, amongst 27 conveners. And for the January and April start, CMMI received applications from approximately 1,200 episode initiators, spreading amongst 62 conveners.
- CMMI also recently announced that the use of the B-CARE (BPCI- Continuity Assessment Record and Evaluation) will be suspended indefinitely. However, the evaluation contractor will be seeking alternative methods to capture the impact of the BPCI initiative on beneficiary outcomes.

### The Evolving ACO Model:

- Public comment regarding CMS’ proposed ACO quality measures and performance benchmark changes were due last month, and the results expressed concern about the addition of 12 measures and the deletion of 8 measures. These changes, with a heavy focus on diabetes and coronary artery disease, highlight the dearth of PAC related quality metrics.
- CMS is also contemplating adding Part D (drug coverage) to the Medicare Shared Savings Program (MSSP) ACO model.

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