

### Introduction

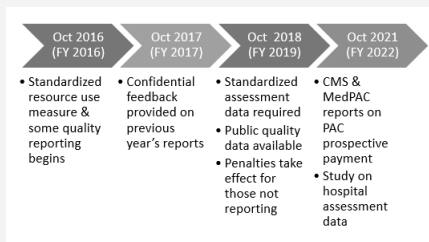
In October 2014, the bipartisan Improving Medicare Post-Acute Care Transformation (IMPACT) Act became law. This legislation is an important step forward in improving the quality of health care for millions of Americans, providing consumers and government critical information regarding outcomes and cost. IMPACT will standardize assessments for critical care issues across the spectrum of post-acute care (PAC) providers and builds a bridge to ensure that patient care is delivered based on what the patient needs, eliminating the silo focused approach to quality measurement and resource utilization..

### How it works

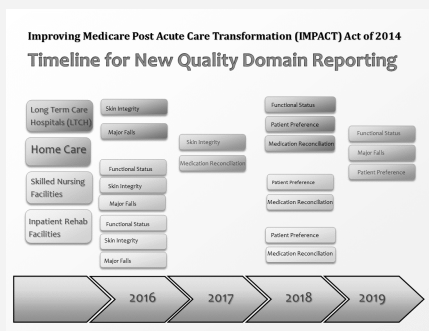
The IMPACT Act has five parts:

1. Incorporate standardized assessment, including components of the CARE tool, into existing assessment tools across PAC providers: skilled nursing facilities (SNF), long term care hospitals (LTCH), inpatient rehabilitation facilities (LTC), and home health agencies (HHA). This tool will measure quality based on a variety of metrics: pressure ulcers, functional status, cognitive status, and special services.
  - Data will be collected at admission and discharge.
  - Implementation begins October 2018 (fiscal year 2019).
- Development and public reporting of quality measures across settings, including hospitalizations, rehospitalizations, rehospitalizations after discharge from PAC provider, discharge to community, pressure ulcers, medication reconciliation, incidence of major falls, patient preferences, and average total Medicare cost per beneficiary.
  - Any measures must be approved by National Quality Forum or through notice and comment rulemaking.
3. Hospitals and PAC providers are required to provide quality measures to consumers when transitioning to a PAC provider. Conditions of participation are modified to incorporate Quality Measures (QMs) into the discharge planning process.
  - There is a market basket payment penalty of 2% for failure to effectively collect and report data.
4. Requires HHS and MedPAC to conduct studies and reports to link payment to quality. HHS and MedPAC must develop a plan to link Medicare PAC payment to quality of care, review current risk adjustment methodologies, and study the effect of beneficiaries' socioeconomic status on quality, resource use, and other measures.
5. Adds \$11M in funding for CMS to use payroll data to measure staffing in SNF setting.

### IMPACT



### Timeline



### New QA Requirements

