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:
  – 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
Requirements for Standardized Assessment Data

• IMPACT Act added new section 1899(B) to Title XVIII of the Social Security Act (SSA)
• Post-Acute Care (PAC) providers must report:
  • Standardized assessment data
  • Data on quality measures
  • Data on resource use and other measures
• The data must be standardized and interoperable to allow for the:
  • Exchange of data using common standards and definitions
  • Facilitation of care coordination
  • Improvement of Medicare beneficiary outcomes
• PAC assessment instruments must be modified to:
  • Enable the submission of standardized data
  • Compare data across all applicable providers

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
Definitions

• Applicable PAC settings and Prospective Payment Systems (PPS):
  • Home health agencies (HHA) under section 1895
  • Skilled nursing facilities (SNF) under section 1888(e)
  • Inpatient rehabilitation facilities (IRF) under section 1886(j)
  • Long-term care hospitals (LTCH) under section 1886(m)

Definitions (continued)

• Applicable PAC assessment instruments
  • HHA: Outcome and Assessment Information Set (OASIS) or any successor regulation
  • SNF: assessment specified under section 1819(b)(3)
  • IRF: any Medicare beneficiary assessment instrument established by the Secretary for purposes of section 1886(j)
  • LTCH: any Medicare beneficiary assessment instrument used to collect data elements to calculate quality measures, including for purposes of section 1886(m)(5)(C)
Legislative Background: 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

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**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

**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

**Guiding Principles**
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 • Eating
- MDS • Eating
- OASIS • Eating
- LCDS • Eating
Standardized Assessment Data Elements

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

Data Element & Response Code

Care Planning/Decision Support
QI
Payment
Quality Reporting
Care Transitions

Standardizing Across Settings

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

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

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
  - 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

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 IMPACT Act requires reporting on quality measures "not later than the specified application dates" listed above. Data collection for the LTCH QRF measures addressing functional status began in April 1, 2016, concurrent with the LTCH CARE Data Set V.3.00 release.

The IMPACT Act requires reporting on quality measures "not later than the specified application dates" listed above. Data collection for the LTCH QRF measures addressing incidence of major falls began in April 1, 2016, concurrent with the LTCH CARE Data Set V.3.00 release.
## IMPACT Act: Measures

<table>
<thead>
<tr>
<th>Measure Domain</th>
<th>HHA</th>
<th>SNF</th>
<th>IRF</th>
<th>LTCH</th>
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<tr>
<td>Functional status</td>
<td>1/1/2019</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
<td>10/1/2018</td>
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<tr>
<td>Skin integrity</td>
<td>1/1/2017</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
</tr>
<tr>
<td>Medication reconciliation</td>
<td>1/1/2017</td>
<td>10/1/2018</td>
<td>10/1/2018</td>
<td>10/1/2018</td>
</tr>
<tr>
<td>Incidence major falls</td>
<td>1/1/2019</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
</tr>
<tr>
<td>Transfer of Health Information</td>
<td>1/1/2019</td>
<td>10/1/2018</td>
<td>10/1/2018</td>
<td>10/1/2018</td>
</tr>
</tbody>
</table>

### Resource Use & Other Measures Domain

<table>
<thead>
<tr>
<th>Measure Domain</th>
<th>HHA</th>
<th>SNF</th>
<th>IRF</th>
<th>LTCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Spending Per Beneficiary</td>
<td>1/1/2017</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
</tr>
<tr>
<td>Discharge to Community</td>
<td>1/1/2017</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
</tr>
<tr>
<td>Potentially Preventable Hospital Readmissions</td>
<td>1/1/2017</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
</tr>
</tbody>
</table>

## Development of a Cross-Setting Pressure Ulcer Quality Measure


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:

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
CMS Framework for Measurement

- 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 Act provides an opportunity to address complex goals

- 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
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

Technical Expert Input: General Support

- Overview of cross-setting pressure ulcer TEP feedback (July 2016):
  - The TEP supported adding new unstageable pressure ulcers to the quality measure numerator
  - Support using M0300/M1313 items for quality measure calculation
  - Support for inclusion of new DTIs (as a new incidence)
  - Consensus for use of the term “injury”
  - Support for testing of additional pressure ulcer risk factors to inform future risk adjustment of the measure, and encouraged consideration of multivariate adjustment.
Public Comment Input

- CMS held a Call for Public Comments which ran from October 17, 2016 to November 17, 2016.
- Invited comments on:
  - The addition of unstageable pressure ulcers due to slough or eschar, unstageable pressure ulcers due to non-removable dressing or device, and unstageable pressure ulcers presenting as deep tissue injuries in the numerator.
  - The use of M0300 (M1311 OASIS) items instead of M0800 (M1313 OASIS) items to calculate the quality measure.
  - Adaptation of updated NPUAP terminology.

Pre-Rulemaking Public Comment on Quality Measures

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>All MAP Orientation Web meeting (MAP overview)</td>
<td>August 12, 2015</td>
</tr>
<tr>
<td>MAP Coordinating Committee in-person Meeting</td>
<td>September 18, 2015</td>
</tr>
<tr>
<td>MAP PAC/LTC Workgroup Web Meeting</td>
<td>October 16, 2015</td>
</tr>
<tr>
<td>MAP Coordinating Committee Web meeting</td>
<td>November 13, 2015</td>
</tr>
<tr>
<td>Measures Under Consider List posted for comment</td>
<td>December 1, 2015</td>
</tr>
<tr>
<td>MAP PAC/LTC Workgroup In-person Meeting</td>
<td>December 14-15, 2015</td>
</tr>
<tr>
<td>MAP PAC/LTC Workgroup deliberations posted for comment</td>
<td>December-January (TBD)</td>
</tr>
<tr>
<td>MAP Coordinating Committee in-person Meeting</td>
<td>January 26-27, 2016</td>
</tr>
</tbody>
</table>
Measures Mapped to IMPACT Act Domains
2014 Ad Hoc MAP

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

MAP Review 2016

- Application of NQF #0678: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (MUC ID: MUC16-143)
  - Includes unstageable pressure ulcers/injuries

- **Inpatient Rehabilitation Facility** Quality Reporting Program Quality Reporting Program
- **Long-Term Care Hospital** Quality Reporting Program
- **Skilled Nursing Facility** Quality Reporting Program
- **Home Health** Quality Reporting Program
**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.
  - 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

**Standardization: Ideal State**

- **Use of Standardized Assessment data no later than**
  - SNF: October 1, 2018
  - IRF: October 1, 2018
  - LTCH: October 1, 2018
  - HHA: January 1, 2019

- **Information Follows the Person**
Phase 1/Track 1: Public Comment Data Elements

- Function (met with QMs)
- Cognitive Function and Mental Status
  - Brief Interview for Mental Status (BIMS)
  - Expression of Ideas and Wants
  - Ability to Understand Others: Understanding Verbal Content
  - Confusion Assessment Method (CAM)
  - Behavioral Signs and Symptoms
    - Patient Health Questionnaire (PHQ-9, PHQ-2, hybrid PHQ-2/9)
- Medical Conditions: Pain
  - Pain Presence
  - Pain Severity
- Impairments of Hearing and Vision
  - Ability to Hear
  - Ability to See in Adequate Light
- Special Services, Treatments, and Interventions
  - Hemodialysis
  - IV Chemotherapy
  - Radiation
  - Central Line Management
  - Total Parenteral Nutrition (TPN)
  - Enteral Nutrition
  - Vasoactive Medications
  - Oxygen (intermittent or continuous)
  - BiPAP/CPAP
  - Invasive Mechanical Ventilator: Weaning Status
  - Suctioning
  - Tracheostomy Care
**Overarching Principles**

**The Mission:** To transform and modernize the health care system; promoting effective, efficient, high quality care for beneficiaries, through the use of standardized, reusable data so as to:

- Facilitate rapid, accurate exchange of critical patient information to reduce errors, prevent adverse events and improve care
- Allow for the measurement and reporting of comparable quality across providers and provider types
- Enable person-centered decision making using comparable data
- Enable payment reform
Guiding Principles I

We believe that certain principles should be applied in the work related to data standardization and that the data should:

- Allow for reusable data:
  - Data to serve multiple purposes: *collect once, use multiple times*

- Create a common spoken and IT language
  - Enable Interoperability
  - Facilitate care coordination through standardized communication

- Be usable across the continuum of care, and beyond the healthcare system

Guiding Principles II

Assessment instrument item development shall take into account these essential principles:

- The data elements selected for use shall reside in the public domain

- Item development shall occur through a consensus-based development process

- Application of current science

- Adherence to the statutory requirements under the IMPACT Act of 2014
For More Information

- Visit the IMPACT Act of 2014 Data Standardization & Cross Setting Measures webpage-
- Sign up to receive the latest Post-Acute Care information including IMPACT Act updates-
  http://tinyurl.com/PACQuality

Questions and Discussion
Reference Materials

Timelines

PAC QRP IRF 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 assessment domains are defined in legend #2 above.

3 Provider feedback and preview reports and publicly reported data are refreshed at regular intervals after starting.

10/1/16
10/1/17
10/1/18
10/1/19
10/1/20
10/1/21

Client feedback reports to IRF providers
(A, B, C, D, E, F, G, H, I)

Aug 14, 2017

Aug 16, 2018

Aug 19, 2019

Aug 17, 2020

Aug 15, 2021

LEGEND: IRF Measure Domains

A. Functional status: requires function, and changes in function and cognitve function
B. Skin integrity: 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. Avoiding hospital inpatient spending per beneficiary
G. Discharge to community
H. All-cause risk-adjusted mortality preventable
I. Readmissions

LEGEND: Standardized Assessment Domains

A. Functional status
B. Skin integrity
C. Medication reconciliation
D. Incidence of major falls
E. Transfer of health information and care preferences when an individual transitions
F. Avoiding hospital inpatient spending per beneficiary
G. Discharge to community
H. All-cause risk-adjusted mortality preventable

LEGEND: Standardized Assessment Domains

A. Functional status
B. Skin integrity
C. Medication reconciliation
D. Incidence of major falls
E. Transfer of health information and care preferences when an individual transitions
F. Avoiding hospital inpatient spending per beneficiary
G. Discharge to community
H. All-cause risk-adjusted mortality preventable
### PAC QRP LTCH Estimated Timelines/Milestones to Meet the IMPACT Act of 2014 Timeline Requirements

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>1/3/15</strong></td>
<td><strong>3/2/17</strong></td>
<td><strong>4/1/16</strong></td>
<td><strong>6/30/17</strong></td>
<td><strong>8/31/17</strong></td>
<td><strong>10/31/17</strong></td>
<td><strong>12/31/17</strong></td>
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<tr>
<td><strong>Aug. 31/16</strong></td>
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<td><strong>Aug. 31/18</strong></td>
<td><strong>Aug. 31/19</strong></td>
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<td><strong>Aug. 31/21</strong></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
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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 HHA Estimated Timelines/Milestones to Meet the IMPACT Act of 2014 Timeline Requirements

#### 2015
- 12/15/2015: Measure development

#### 2016
- 4/16: HHA providers begin reporting quality and resource use measure data and summary for 2015
- 6/16: Confidential feedback reports to HHA providers

#### 2017
- 4/17: Public reporting of provider-predicted individual performance
- 6/20: Assessment standards finalized

#### 2018
- 5/17: HHA providers begin reporting quality and resource use measure data specified by the beneficiary

#### 2019
- 5/18: HHA providers begin reporting quality measure data specified by the beneficiary

#### 2020
- 7/10: Assessment domains updated

#### 2021
- 7/11: Assessment domains updated

### Legend #3: Assessments Domains
- a. Functional status, mental health, and social risk
- b. Social risk
- c. Resource use
- d. Resource use

### Notes
1. Quality measure development requires six months to two years and includes public input, stakeholder input, and the MAP process.
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