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Trick or Treat – The impact of IMPACT: New Reporting Requirements for Post-Acute Care Providers

Beginning in October of this year, the IMPACT Act requires that Post-Acute Care (PAC) providers submit standardized assessment data related to: 1) quality measure domains, 2) assessment categories, and 3) resource use.

It is important to determine if your PAC is among the thousands of Post-Acute Care settings affected by the Improving Medicare Post-Acute Care Transformation Act (IMPACT Act) because penalties can result from failure to report. The new reporting requirements also offer PAC's the opportunity to distinguish themselves as high quality providers.

The IMPACT Act is designed to provide data that is more clearly comparable across PAC settings in order to enable quality comparisons across those settings. It is planned that this reporting will improve quality of care and outcomes. Additional goals of the Act are: 1) using the standardized data to help initiate PAC payment reform and 2) aiding in improvements in hospital and PAC discharge planning.

The IMPACT Act requires the submission of standardized data from:

- Long-Term Care Hospitals;
- Skilled Nursing Facilities;
- Home Health Agencies; and
- Inpatient Rehabilitation Facilities.

Different PAC facilities are required to begin their data reporting at different times. Some PAC facilities are required to begin reporting as soon as October 1, 2016. Monetary penalties may be imposed on providers that fail to report the required data. For example, beginning in 2018, the Secretary of Health and Human Services may

reduce payments by two percentage points during a fiscal year for any Skilled Nursing Facility that does not comply with the data submission requirements for that fiscal year.

The IMPACT Act requires that PAC providers submit standardized assessment data, as specified by the Centers for Medicare and Medicaid Services (CMS), related to: 1) quality measure domains, 2) assessment categories, and 3) resource use.

1. Quality measure domains include:

- Skin integrity and changes in skin integrity;
- Functional status, cognitive function, and changes in function and cognitive function;
- Medication reconciliation;
- Incidence of major falls; and
- Transfer of health information and care preferences when an individual transitions to a different setting (this includes another PAC provider, a hospital, or the individual's home).

2. Assessment categories include:

- Functional status;
- Cognitive function and mental status;
- Special services, treatments, and interventions;
- Medical conditions and co-morbidities;
- Impairments; and
- Other categories that may be deemed necessary.

3. Resource use and related measures include:

- Resource use measures, including total estimated Medicare spending per beneficiary;
- Discharge to the community; and
- All-condition, risk-adjusted, potentially preventable hospital readmission rates.

For more information on the IMPACT Act's data reporting requirements, reporting deadlines, and penalties that can result from failure to report, please contact Rhonda Schechter or any member of Frost Brown Todd's health law service team.

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