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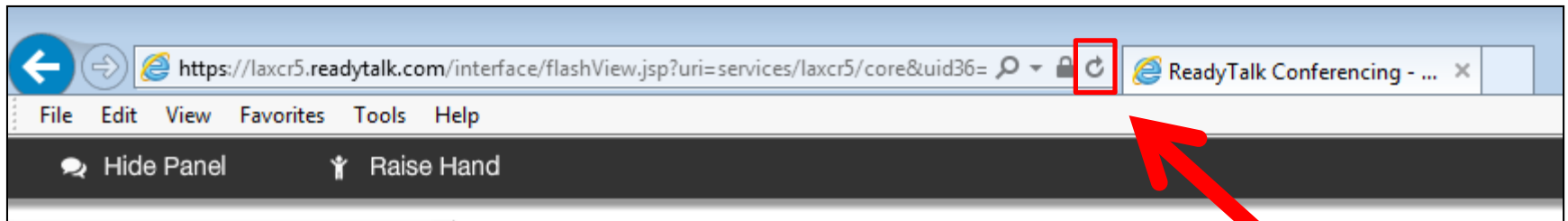


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F5 Key  
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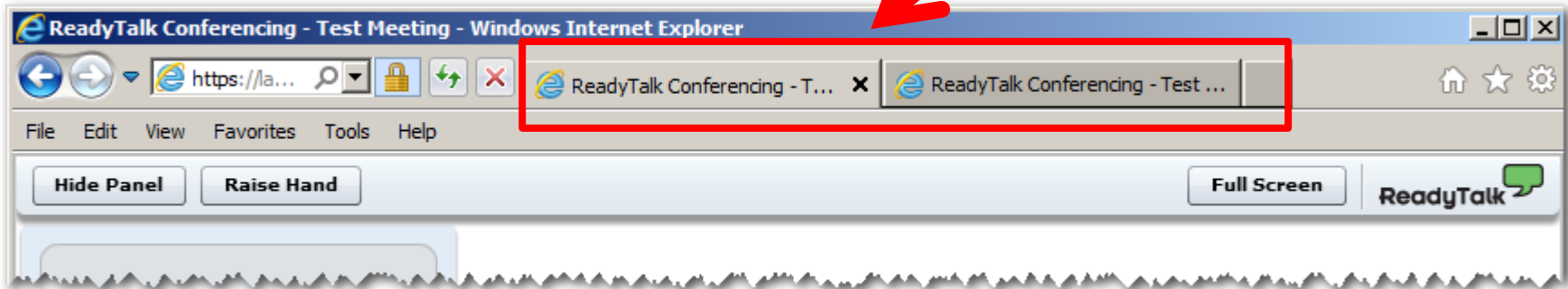


Location of Buttons

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# Troubleshooting Echo

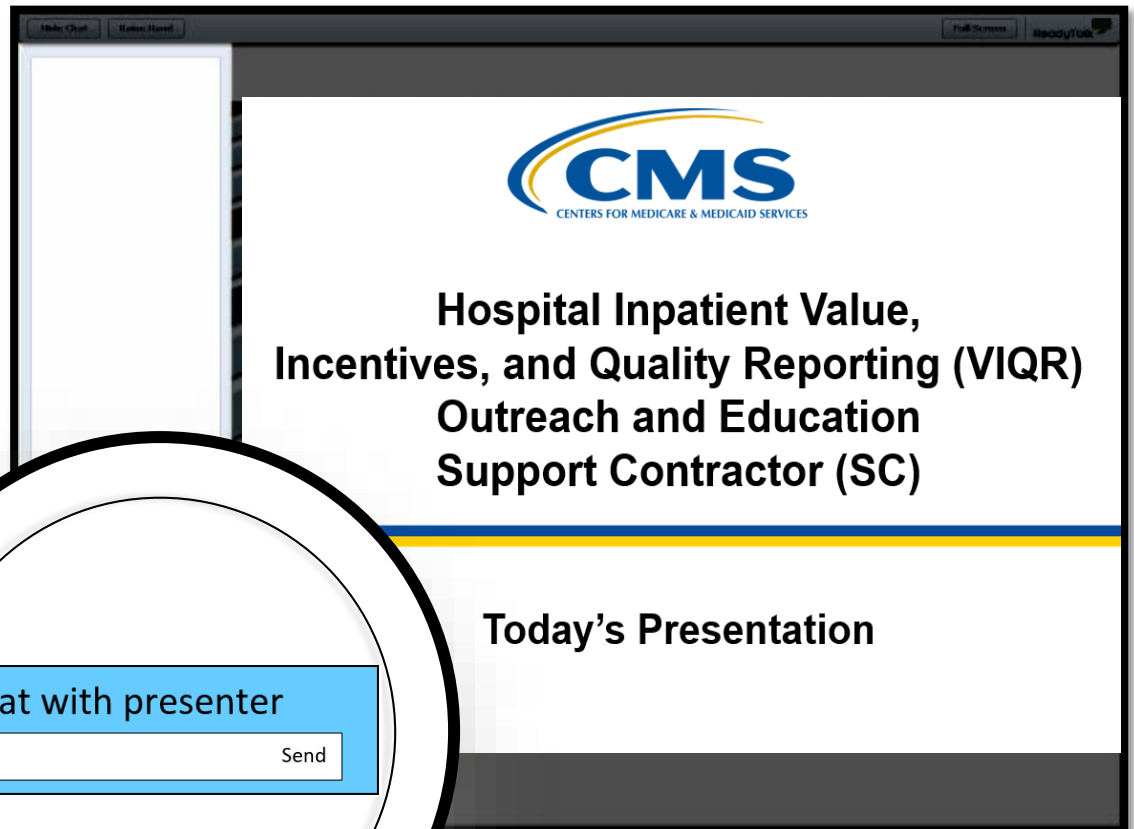
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**Hospital VBP Program,  
HAC Reduction Program, and Hospital  
Readmissions Reduction Program  
FY 2019 *Hospital Compare* Data Update**

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**March 12, 2019**

# Speakers

## **Bethany Bunch, MSHA**

Program Lead, Hospital Value-Based Purchasing (VBP) Program  
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)  
Outreach and Education Support Contract (SC)

## **Angie Goubeaux**

Program Lead, Hospital-Acquired Condition (HAC) Reduction Program  
Hospital Quality Reporting Program Support (HQRPS) Contract

## **Kati Warren**

Program Lead, Hospital Readmissions Reduction Program (HRRP)  
HQRPS Contract

# Purpose

This event will provide an overview of the publicly reported data and information available for the CMS inpatient hospital pay-for-performance programs, including the Hospital VBP Program, the HAC Reduction Program, and the HRRP.

# Objectives

Participants will be able to:

- Recall the location of the publicly reported data for the CMS inpatient hospital pay-for-performance programs.
- Identify publicly reported data from previous years.
- Obtain comma-separated value (CSV) files of the publicly reported data.



# Acronyms

<b>ACA</b>	Affordable Care Act	<b>ICD</b>	International Classification of Diseases
<b>AMI</b>	acute myocardial infarction	<b>ICU</b>	intensive care unit
<b>CABG</b>	coronary artery bypass grafting	<b>IPPS</b>	inpatient prospective payment system
<b>CAUTI</b>	catheter-associated urinary tract infection	<b>IQR</b>	Inpatient Quality Reporting
<b>CCN</b>	CMS Certification Number	<b>LTCH</b>	long-term care hospital
<b>CDC</b>	Centers for Disease Control and Prevention	<b>MORT</b>	mortality
<b>CDI</b>	<i>Clostridium difficile</i> Infections	<b>MRSA</b>	Methicillin-resistant <i>Staphylococcus aureus</i>
<b>CE</b>	continuing education	<b>MS-DRG</b>	Medicare Severity Diagnosis-Related Groups
<b>CLABSI</b>	central-line associated bloodstream infection	<b>MSPB</b>	Medicare Spending per Beneficiary
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>NHSN</b>	National Healthcare Safety Network
<b>CSV</b>	comma-separated value	<b>OQR</b>	Outpatient Quality Reporting
<b>DRG</b>	diagnosis-related group	<b>PC</b>	perinatal care
<b>ERR</b>	Excess Readmission ratio	<b>PN</b>	pneumonia
<b>FFS</b>	fee-for-service	<b>PPS</b>	prospective payment system
<b>FY</b>	fiscal year	<b>PSI</b>	Patient Safety Indicator
<b>HAC</b>	hospital-Acquired Condition	<b>SC</b>	support contractor
<b>HAI</b>	healthcare-associated infections	<b>SSI</b>	surgical site infection
<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems	<b>THA</b>	total hip arthroplasty
<b>HF</b>	heart failure	<b>TKA</b>	total knee arthroplasty
<b>HQRPS</b>	Hospital Quality Reporting Program Support	<b>VBP</b>	value-based purchasing
<b>HSAG</b>	Health Services Advisory Group	<b>VIQR</b>	Value, Incentives, and Quality Reporting

**Bethany Bunch, MSHA**, Program Lead, Hospital VBP Program  
Hospital Inpatient VIQR Outreach and Education SC

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## **Hospital VBP Program**

# Foundation



Section 1886(o) of the Social Security Act sets forth the statutory requirements for the Hospital VBP Program



When selecting new measures for the Hospital VBP Program, the measure must have been originally specified under the Hospital IQR Program



CMS will refrain from beginning the performance period for any new measure until the data on that measure have been posted on *Hospital Compare* for at least one year



Next step in promoting higher quality of care for Medicare; pays for care that rewards better value and patient outcomes instead of just volume of services



Funded by a 2.00% reduction from participating hospitals' base operating Medicare Severity-diagnosis related group (MS-DRG) payments



# FY 2019 Domain Weights and Measures

## Clinical Care (25%)

**MORT-30-AMI:** Acute Myocardial Infraction (AMI) 30-Day Mortality Rate  
**MORT-30-HF:** Heart Failure (HF) 30-Day Mortality Rate  
**MORT-30-PN:** Pneumonia (PN) 30-Day Mortality Rate  
**COMP-HIP-KNEE:** Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate

## Efficiency and Cost Reduction (25%)

**MSPB:** Medicare Spending per Beneficiary (MSPB)

## Safety (25%)

**CDI:** *Clostridium difficile* Infection  
**CAUTI:** Catheter-Associated Urinary Tract Infection  
**CLABSI:** Central Line-Associated Bloodstream Infection  
**MRSA:** Methicillin-resistant *Staphylococcus aureus* Bacteria  
**SSI:** Surgical Site Infection Colon Surgery and Abdominal Hysterectomy  
**PC-01:** Elective Delivery Prior to 39 Completed Weeks Gestation

## Person and Community Engagement (25%)

**Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)**

### **Survey Dimensions:**

- Communication with Nurses
- Communication with Doctors
- Responsiveness of Hospital Staff
- Communication about Medicines
- Cleanliness and Quietness of Hospital Environment
- Discharge Information
- Care Transition
- Overall Rating of Hospital

# FY 2019 Measurement Periods

Domain	Measure	Baseline Period	Performance Period
Clinical Care	Mortality Measures	07/1/2009–6/30/2012	7/1/2014–6/30/2017
	COMP-HIP-KNEE	07/1/2010–6/30/2013	01/1/2015-6/30/2017
Person and Community Engagement	HCAHPS Survey	1/1/2015–12/31/2015	1/1/2017–12/31/2017
Safety	HAI Measures	1/1/2015–12/31/2015	1/1/2017–12/31/2017
	PC-01	1/1/2015–12/31/2015	1/1/2017–12/31/2017
Efficiency and Cost Reduction	MSPB	1/1/2015–12/31/2015	1/1/2017–12/31/2017

# Summary of Changes from FY 2018 to FY 2019

- **Clinical Care Domain**
  - Elective Primary THA and/or TKA Complication Rate was added to the Clinical Care Domain.
- **Person and Community Engagement Domain**
  - The Patient- and Caregiver-Centered Experience of Care/Care Coordination Domain name was modified to Person and Community Engagement.
- **Efficiency and Cost Reduction Domain**
  - No changes to this Domain.

# Summary of Changes from FY 2018 to FY 2019

## Safety Domain

- CLABSI and CAUTI measures were expanded to include Select Ward, or non-intensive care unit (non-ICU), locations.
- The Centers for Disease Control and Prevention (CDC) updated the “standard population data” (a.k.a. “national baseline”) to ensure National Healthcare Safety Network (NHSN) measures’ number of predicted infections reflect the current state of healthcare-associated infections (HAIs) in the United States.
- CMS removed the current Patient Safety Indicator (PSI) 90 measure beginning with the Fiscal Year (FY) 2019 program year.

# Hospital VBP Program vs Hospital IQR and HAC Reduction Programs

The FY 2019 Hospital VBP Program uses measures that are included in the Hospital Inpatient Quality Reporting (IQR) Program; however, you may notice slightly different results between the two programs, for example:

- HCAHPS
  - The HCAHPS survey in the Hospital VBP Program uses the top-box responses only in the rate calculation.
  - The cleanliness and quietness questions are combined into one dimension in the Hospital VBP Program.
- The 30-day mortality measures are displayed as survival rates in the Hospital VBP Program instead of a mortality rate.
- The baseline and performance periods may be different than many measures publicly reported on the *Hospital Compare* website for the Hospital IQR Program or used in the HAC Reduction Program.



# Overall Hospital Rating and Hospital VBP Program

- On *Hospital Compare*, the Overall Hospital Rating summarizes Hospital IQR and Hospital Outpatient Quality Reporting (OQR) Program data.
- The Overall Hospital Rating calculations do not include Hospital VBP Program results.

# Publicly Reported Data

- On December 3, 2018, CMS posted the FY 2019 payment adjustment factors to the *CMS.gov* website.
- On February 28, 2019, CMS updated the data on the *Hospital Compare* website to include the following:
  - FY 2019 Hospital VBP Program data and scoring information
    - Measure/Dimension Scores
    - Domain Scores
    - Total Performance Scores
  - Actual FY 2017 Hospital VBP Program aggregate payment adjustments

# FY 2019 Payment Adjustment File

Table 16B, available on the *CMS.gov* website contains the actual payment adjustment factors by CMS Certification Number (CCN) for each participating hospital under the Hospital VBP Program for FY 2019. These actual factors are based on the finalized baseline and performance period for FY 2019 and will be used to adjust base operating Medicare Severity Diagnosis-Related Groups (MS-DRGs) payments to eligible hospitals for discharges occurring in FY 2019.

**Table 16B link:**

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2019-IPPS-Final-Rule-Home-Page-Items/FY2019-IPPS-Final-Rule-Tables.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending>

**Fact Sheet link:**

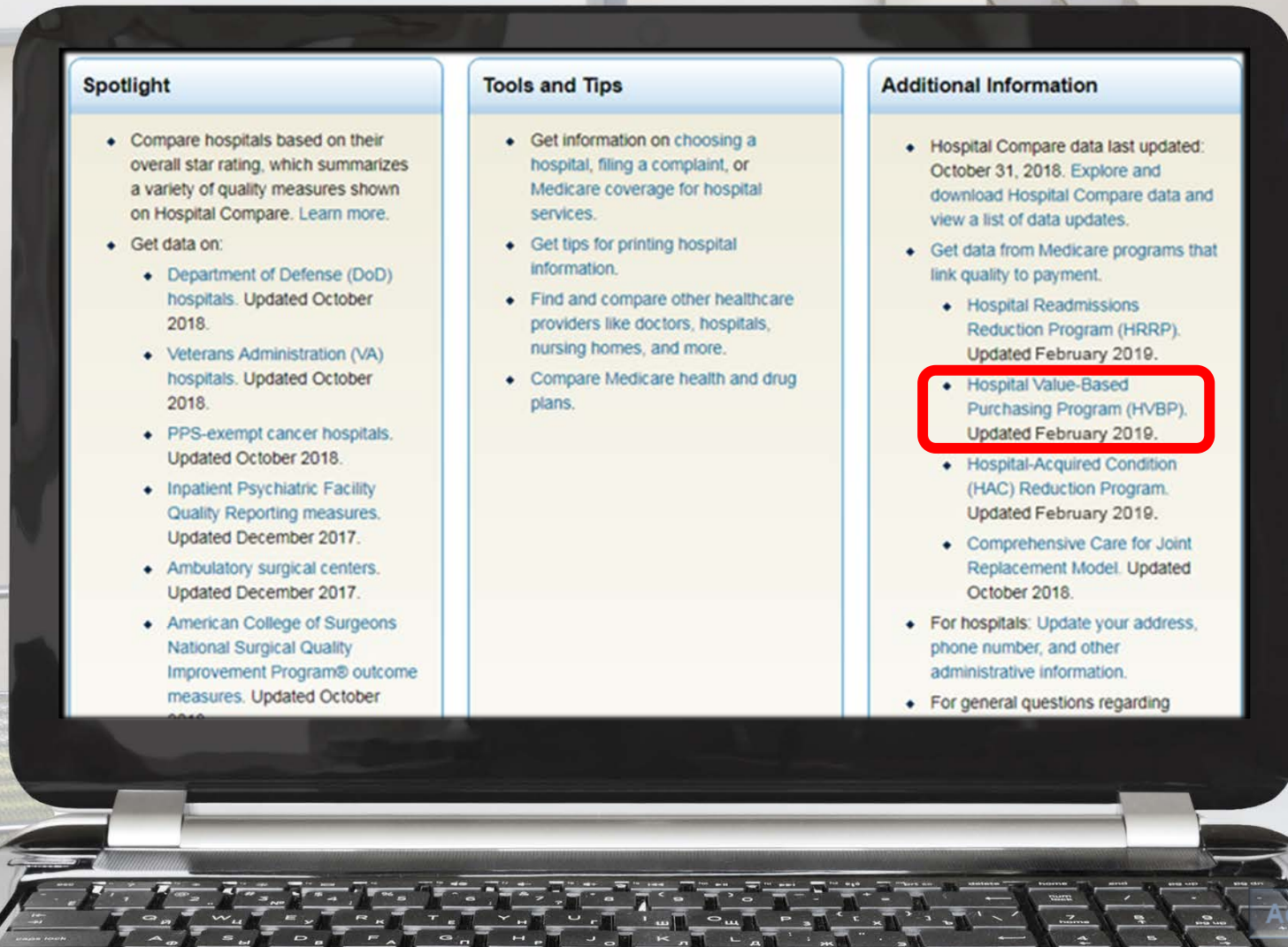
<https://www.cms.gov/newsroom/fact-sheets/cms-hospital-value-based-purchasing-program-results-fiscal-year-2019>

# Hospital Compare Home Page

<https://www.Medicare.gov/hospitalcompare/search.html>



# Hospital Compare Homepage Link to Hospital VBP Program



# Hospital VBP Program Pages

<https://www.medicare.gov/hospitalcompare/Data/hospital-vbp.html>

## Hospital Value-Based Purchasing

Clinical Care domain

Person and Community Engagement domain

Safety domain

Efficiency and cost reduction domain

Total Performance Score

Payment Adjustments

- CMS breaks down the Hospital VBP Program measures into smaller tables based on the Domain.
- The Total Performance Score table also provides Domain Scores.
- A series of tables with actual aggregate payment adjustments from a previous fiscal year is available.

# Hospital VBP Program Data Tables

Fiscal Year 2019 Baseline and Performance Periods:

Baseline period: January 1, 2015 - December 31, 2015

Performance period: January 1, 2017 - December 31, 2017

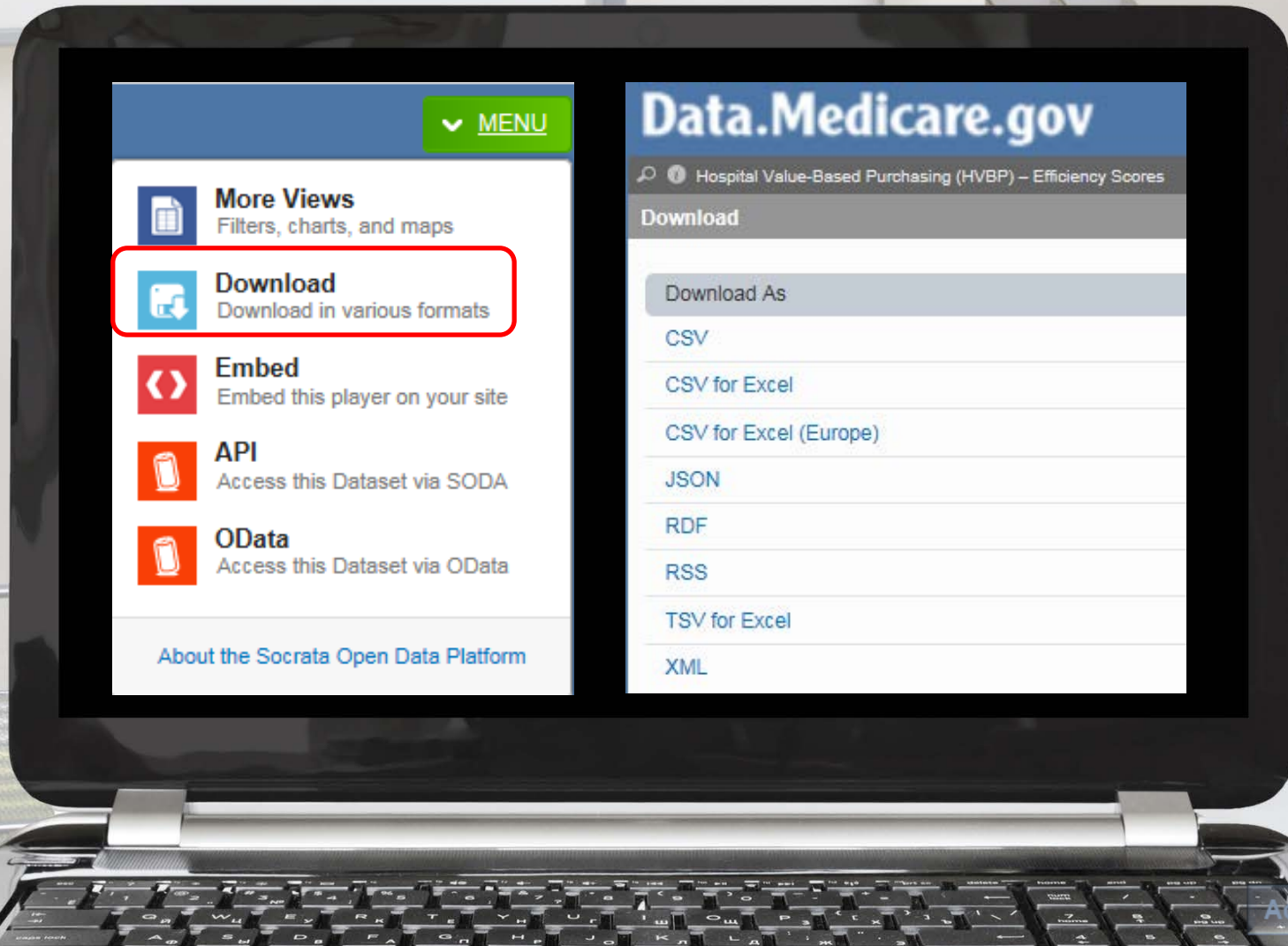
Data.Medicare.gov

▼ MENU

Hospital Value-Based Purchasing (HVBP) – Efficiency Scores

MSPB-1...	MSPB-1...	MSPB-1...	MSPB-1 Perform...	MSPB-1 Achievem...	M
0.985777	0.832678	0.950527	0.962057	2 out of 10	0
0.985777	0.832678	0.921788	0.939953	3 out of 10	0
0.985777	0.832678	0.843599	0.832790	9 out of 10	9
0.985777	0.832678	0.966919	0.967548	2 out of 10	0

# Hospital VBP Program Download Data Table





# FY 2017 Payment Adjustments

## Hospital Value-Based Purchasing

Clinical Care domain

Patient- and Caregiver-Centered Experience of Care/Care Coordination domain

Safety domain

Efficiency and cost reduction domain

Total Performance Score

Payment Adjustments

FY 2017 payment adjustment tables include the following:

- Net change in base-operating DRG payment amount
- Distribution of net change in base-operating DRG payment amount
- Percent change in base-operating DRG payment amount
- Value-based incentive payment amount

**Note:** Data are in an aggregate form, not at an individual CCN level.

# Resources

## ***Hospital Compare:***

- <https://www.medicare.gov/hospitalcompare/search.html>

## **Hospital VBP Program page on *Hospital Compare:***

- <https://www.medicare.gov/hospitalcompare/Data/hospital-vbp.html>

## **General *Hospital Compare* inquiries:**

- [HospitalCompare@lantanagroup.com](mailto:HospitalCompare@lantanagroup.com)

## **Hospital VBP Program information:**

- <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937>

## **Hospital VBP Program general inquiries:**

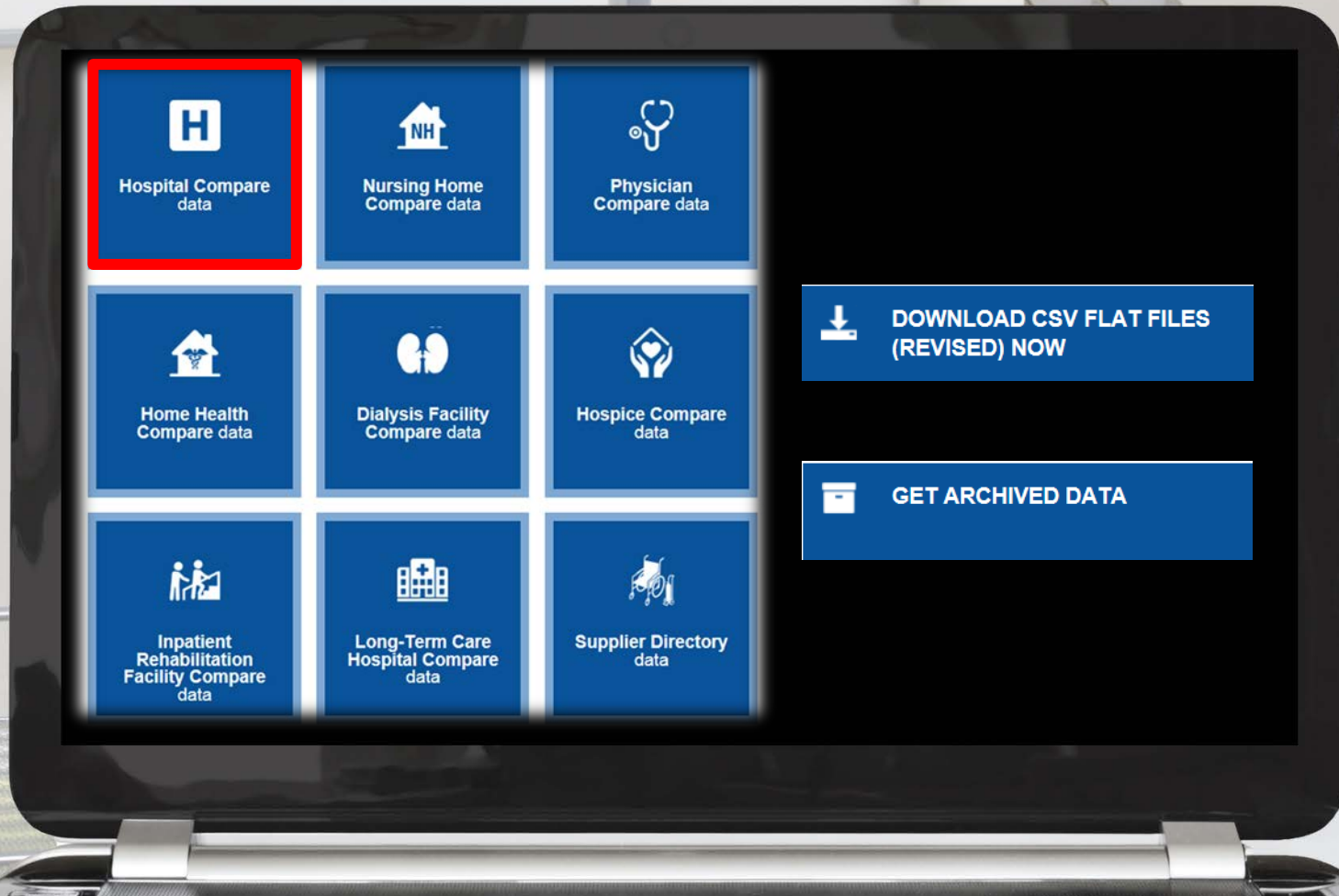
- <https://cms-ip.custhelp.com/>
- Hospital Inpatient VIQR Outreach and Education SC at (844) 472-4477

**Bethany Bunch, MSHA**, Program Lead, Hospital VBP Program  
Hospital Inpatient VIQR Outreach and Education SC

## **Downloading Current and Archived Data**

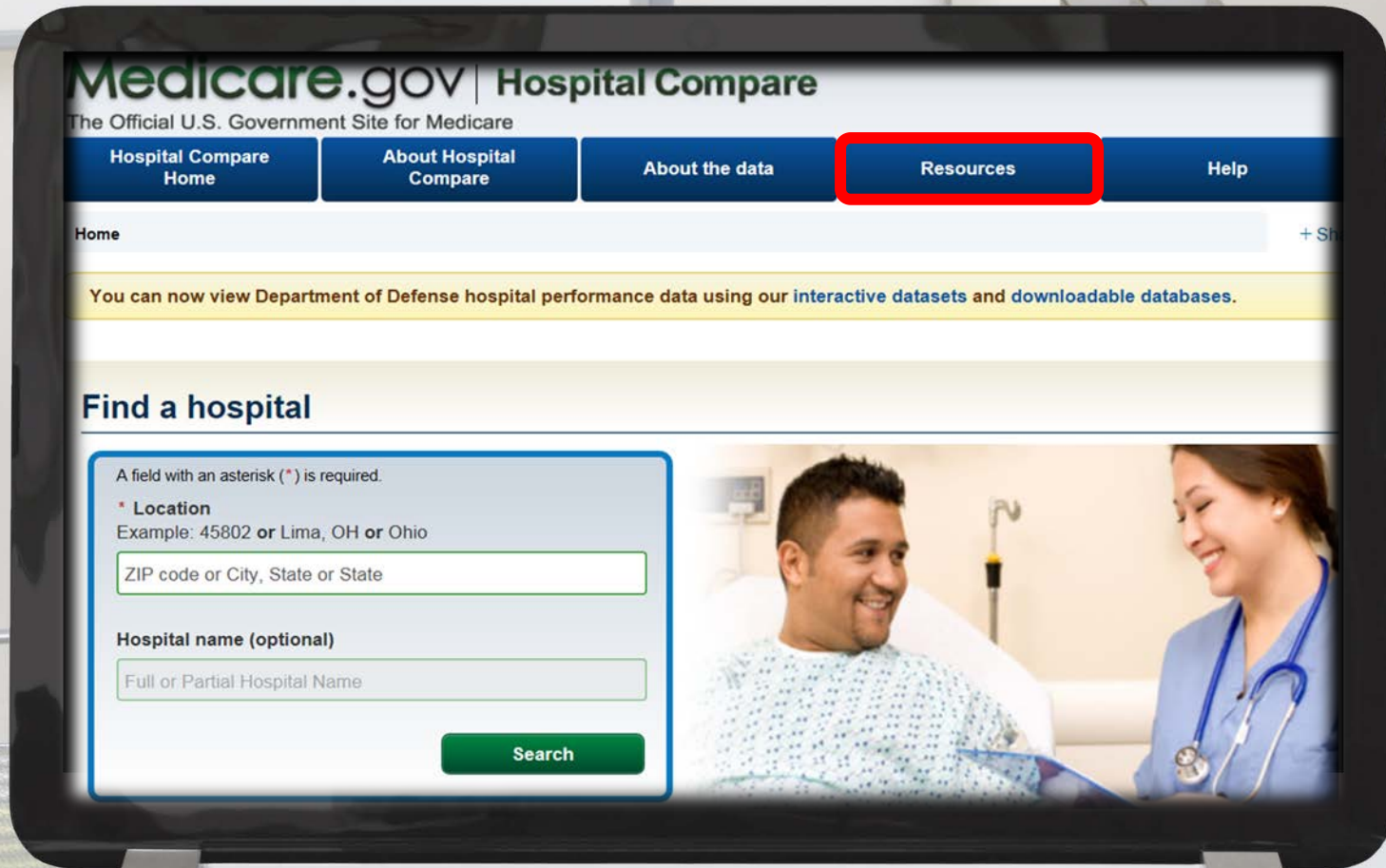
# Downloading Data

<https://Data.Medicare.gov/>



# Archived Data

<https://www.medicare.gov/hospitalcompare/search.html>



# Archived Data

## Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

About Hospital Compare

About the data

Measures and current data collection periods

» About Hospital Compare data

How measures are selected

Data sources

Footnotes

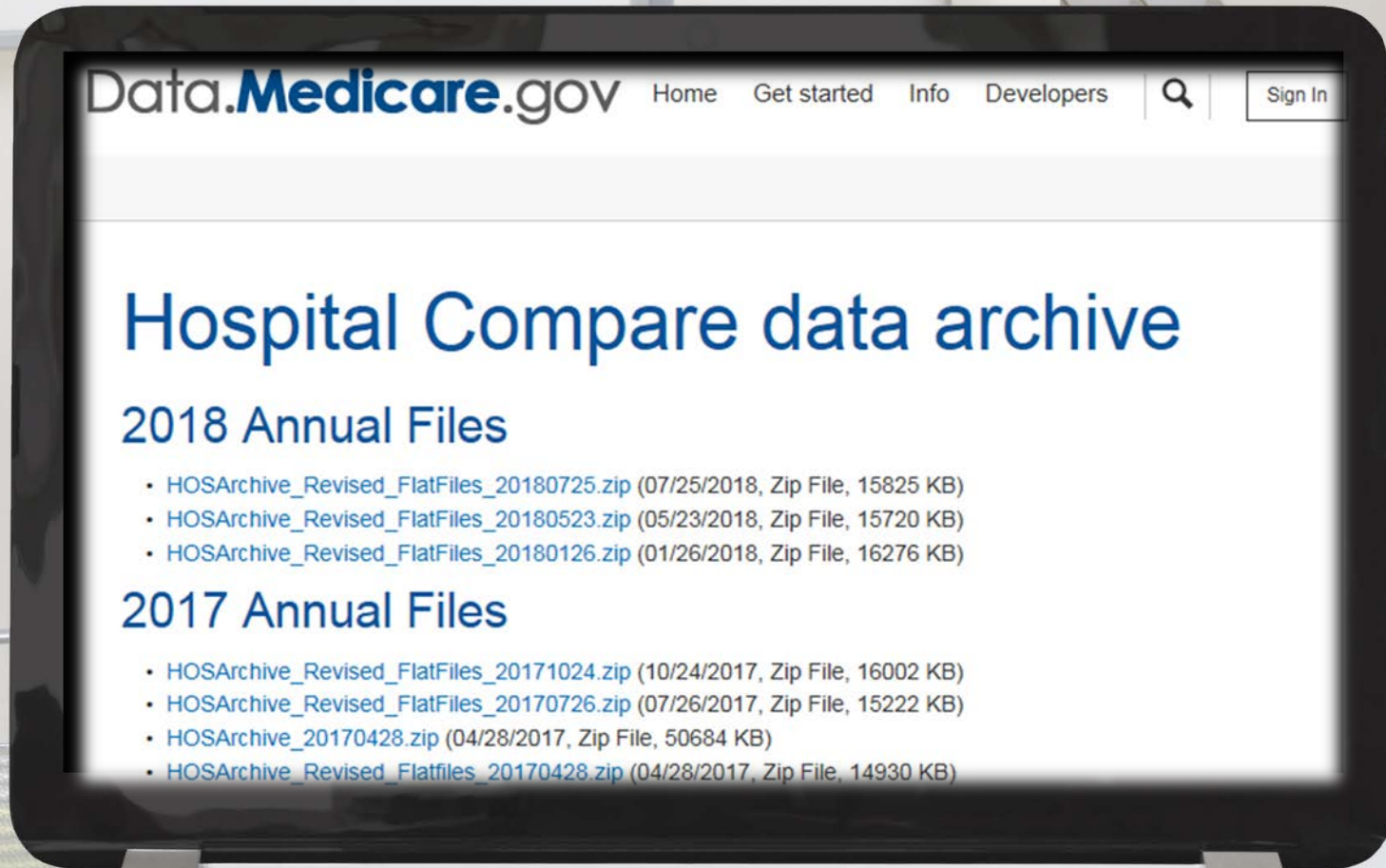
» Downloading the data

### Downloading the data

- Visit [data.medicare.gov](#) to get the downloadable data.
- [Get archived Hospital Compare data.](#)
- Learn more about using government data.
- Beginning July 2017, the downloadable database will be provided in CSV format only.

# Archived Data

<https://Data.Medicare.gov/data/archives/hospital-compare>



Angie Goubeaux, Program Lead, HAC Reduction Program  
HQRPS Contract

## HAC Reduction Program



# Overview

- The Hospital-Acquired Condition (HAC) Reduction Program is a pay-for-performance program established under Section 3008 of the Affordable Care Act (ACA).
- CMS applies a 1 percent reduction to Medicare payments for hospitals that rank in the worst-performing 25 percent of all subsection (d) hospitals on key quality measures.
- Payment adjustments started with FY 2015 discharges (i.e., beginning on October 1, 2014).
- Section 1886(p)(6)(B) of the ACA requires the Secretary of Health and Human Services to ensure eligible hospitals can review, and submit corrections for, their HAC Reduction Program results before public reporting.

# *Hospital Compare*

## February 2019 Release

On February 28, 2019, CMS updated the data on the *Hospital Compare* website to include the following FY 2019 HAC Reduction Program information:

- Recalibrated CMS PSI 90 measure score
- CDC NHSN HAI measure scores:
  - CLABSI
  - CAUTI
  - SSI
  - MRSA bacteremia
  - CDI
- Domain 1 and Domain 2 scores
- Total HAC Score
- Payment Reduction Indicator

# FY 2019 Performance Periods

Calculations for the FY 2019 HAC Reduction Program are based on the following performance periods:

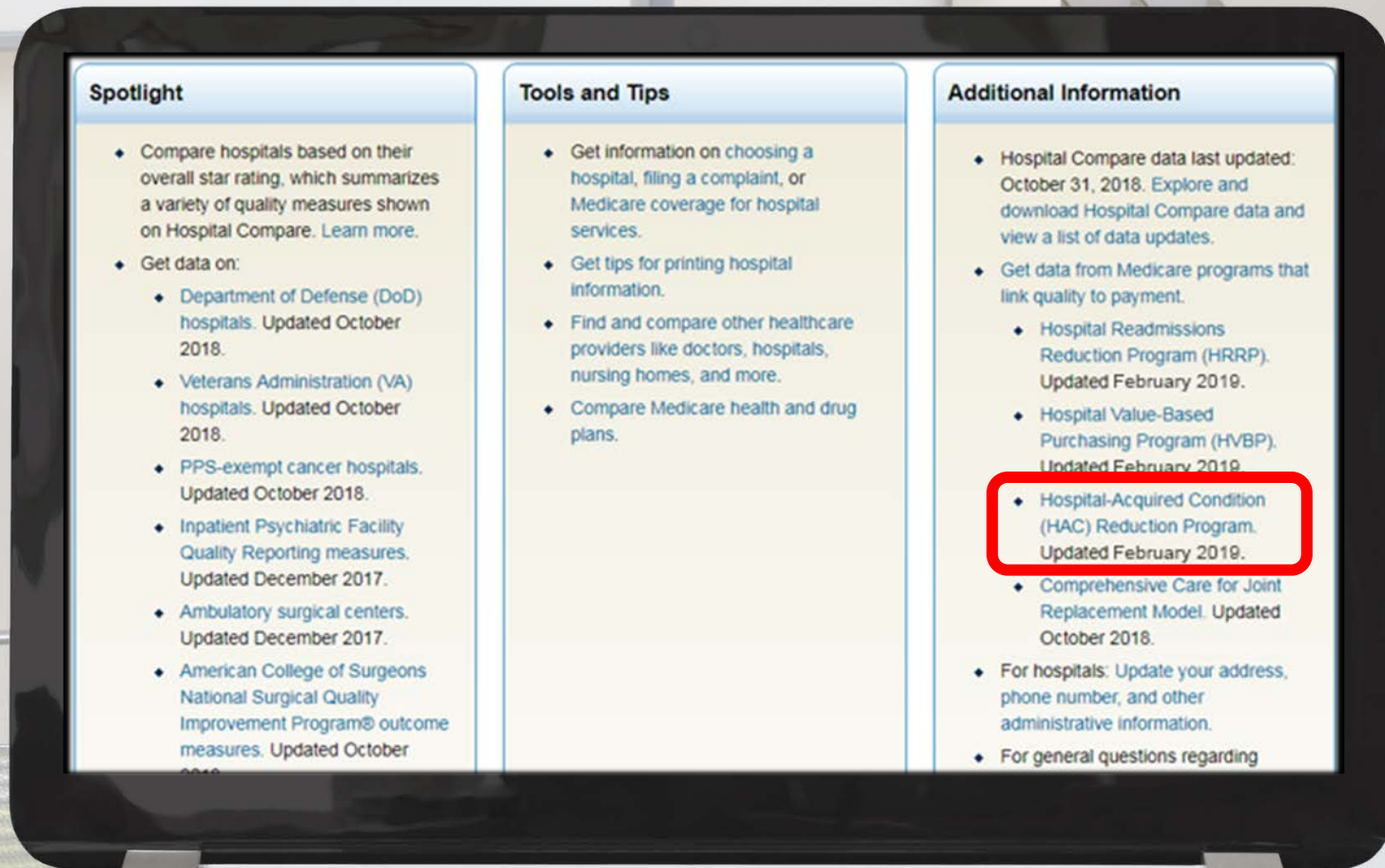
- **Domain 1**
  - CMS PSI 90 uses Medicare Fee-for-Service (FFS) claims data from **October 1, 2015 through June 30, 2017\***.
- **Domain 2**
  - The CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI measures use chart-abstracted surveillance data from **January 1, 2016 through December 31, 2017**.

\*Domain 1, which only uses ICD-10 data, has a shortened data collection period.

# Overall Hospital Rating

- On *Hospital Compare*, the Overall Hospital Rating summarizes Hospital IQR Program and Hospital OQR Program data.
- The Overall Hospital Rating calculations do not include HAC Reduction Program results.

# Hospital Compare Homepage Link to HAC Reduction Program



# Hospital Compare

## HAC Reduction Program Page

<https://www.Medicare.gov/hospitalcompare/HAC-reduction-program.html>

**Medicare.gov | Hospital Compare**  
The Official U.S. Government Site for Medicare

### Hospital-Acquired Condition Reduction Program

In October 2014, CMS began reducing Medicare payments for subsection (d) hospitals that rank in the worst-performing quartile of subsection (d) hospitals with respect to hospital-acquired conditions (HACs). For the FY 2019 HAC Reduction Program, the worst-performing quartile is identified by calculating a Total HAC Score based on hospitals' performance on six quality measures: the Recalibrated Patient Safety Indicators (PSI) 90 Composite, which is calculated using recalibrated version 8.0 of the PSI software, and the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Surgical Site Infection (SSI) (Colon Surgery and Abdominal Hysterectomy), Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia, and Clostridium difficile Infection (CDI) measures. Hospitals with a Total HAC Score greater than the 75th percentile of the Total HAC Score distribution will be subject to a payment reduction.

To learn more about the measures and scoring methodology for the HAC Reduction Program, please visit the [QualityNet Website](#).

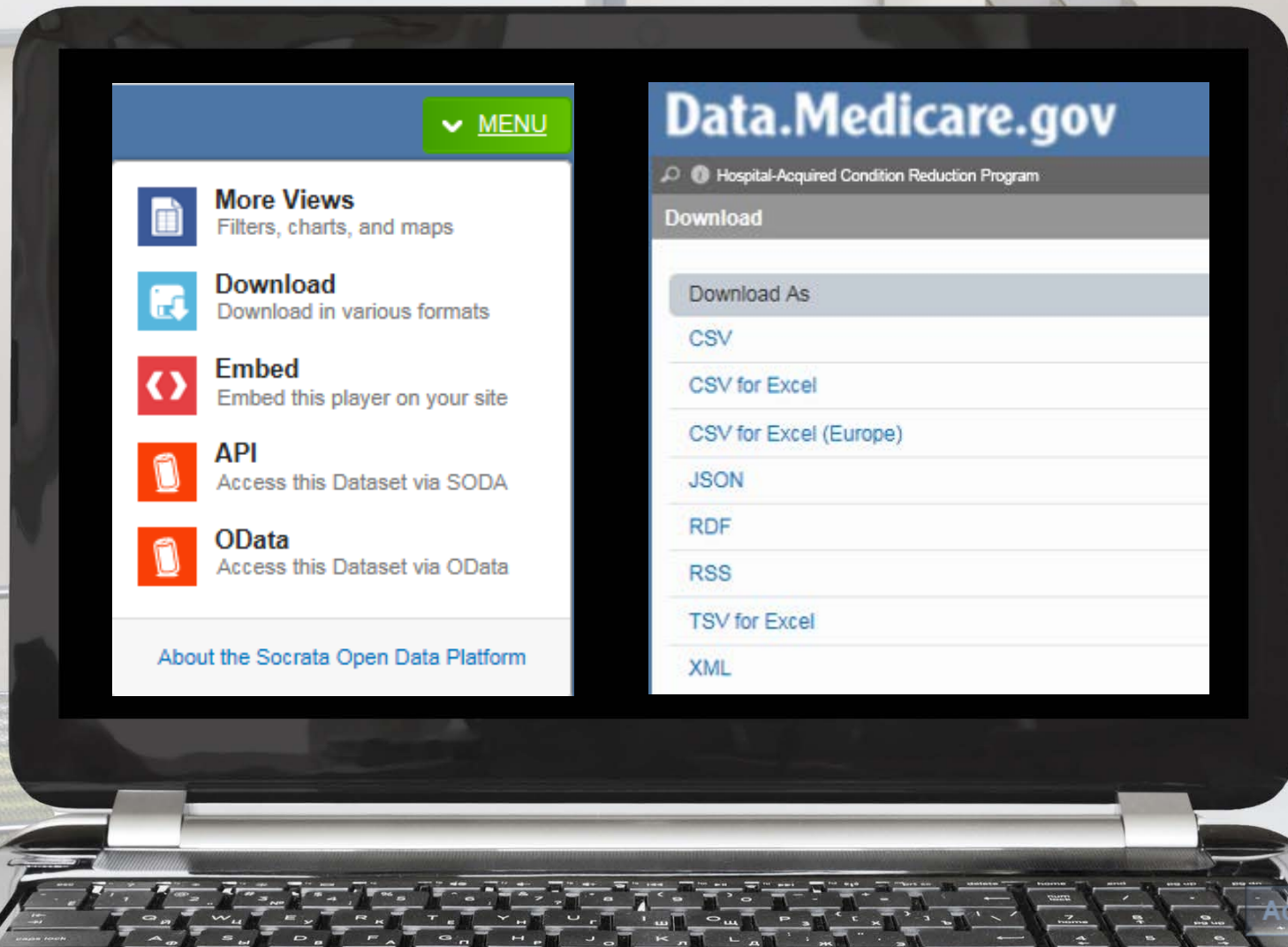
**Hospital-Acquired Condition Reduction Program data**

**Data.Medicare.gov** MENU

	Hospital_Name	Provider ID	State	Fiscal Year	Domain_1_Score
1	HOSPITAL 1	000000	AL	2019	1.0
2	HOSPITAL 2	000000	AL	2019	5.0
3	HOSPITAL 3	000000	AL	2019	7.0
4	HOSPITAL 4	000000	AL	2019	3.0
5	HOSPITAL 5	000000	AL	2019	6.0
6	HOSPITAL 6	000000	AL	2019	8.0

- More Views  
Filters, charts, and maps
- Download**  
Download in various formats
- Discuss  
Discuss this Dataset
- Embed  
Embed this player on your site
- API

# HAC Reduction Program Downloadable Database



# HAC Reduction Program Resources

## HAC Reduction Program methodology and general information:

- [www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228774189166](http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228774189166)

## HAC Reduction Program results:

- *Medicare.gov Hospital Compare* HAC Reduction Program: [www.medicare.gov/hospitalcompare/HAC-reduction-program.html](http://www.medicare.gov/hospitalcompare/HAC-reduction-program.html)
- *CMS.gov* HAC Reduction Program: <http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/HAC-Reduction-Program.html>

## *Hospital Compare* questions:

- [HospitalCompare@lantanagroup.com](mailto:HospitalCompare@lantanagroup.com)

## HAC Reduction Program questions:

- [HACRP@lantanagroup.com](mailto:HACRP@lantanagroup.com)
- *QualityNet* Question and Answer Tool: <https://cmsip.custhelp.com/app/homehacrp/p/842>



Kati Warren, Program Lead, HRRP, HQRPS Contract

# Hospital Readmissions Reduction Program

# Overview

- The Hospital Readmissions Reduction Program (HRRP) is a Medicare value-based purchasing program established under Section 3025 of the Affordable Care Act.
- Payment adjustments started with FY 2013 discharges (i.e., beginning October 1, 2012).
- The 21st Century Cures Act requires CMS to assess a hospital's performance relative to other hospitals with a similar proportion of patients who are dually eligible for Medicare and full-benefit Medicaid.

# FY 2019 Measures and Performance Period

Claims-Based Readmission Measures	National Quality Forum (NQF) Measure Number	FY 2019 Performance Period
AMI	NQF #0505	July 1, 2014–June 30, 2017
COPD	NQF #1891	July 1, 2014–June 30, 2017
HF	NQF #0330	July 1, 2014–June 30, 2017
Pneumonia	NQF #0506	July 1, 2014–June 30, 2017
CABG	NQF #2515	July 1, 2014–June 30, 2017
Elective primary THA/TKA	NQF #1551	July 1, 2014–June 30, 2017

# *Hospital Compare*

## February 2019 Release

- CMS reports the following data elements for each of the six HRRP readmission measures on *Hospital Compare*:
  - Number of eligible discharges
  - Number of readmissions  
(only if the hospital has 11 or more readmissions)
  - Predicted readmissions (i.e., the adjusted actual readmissions)
  - Expected readmissions
  - Excess readmission ratio (ERR)
- CMS updated the FY 2019 HRRP measure results on *Hospital Compare* on February 28, 2019.

# Overall Hospital Rating

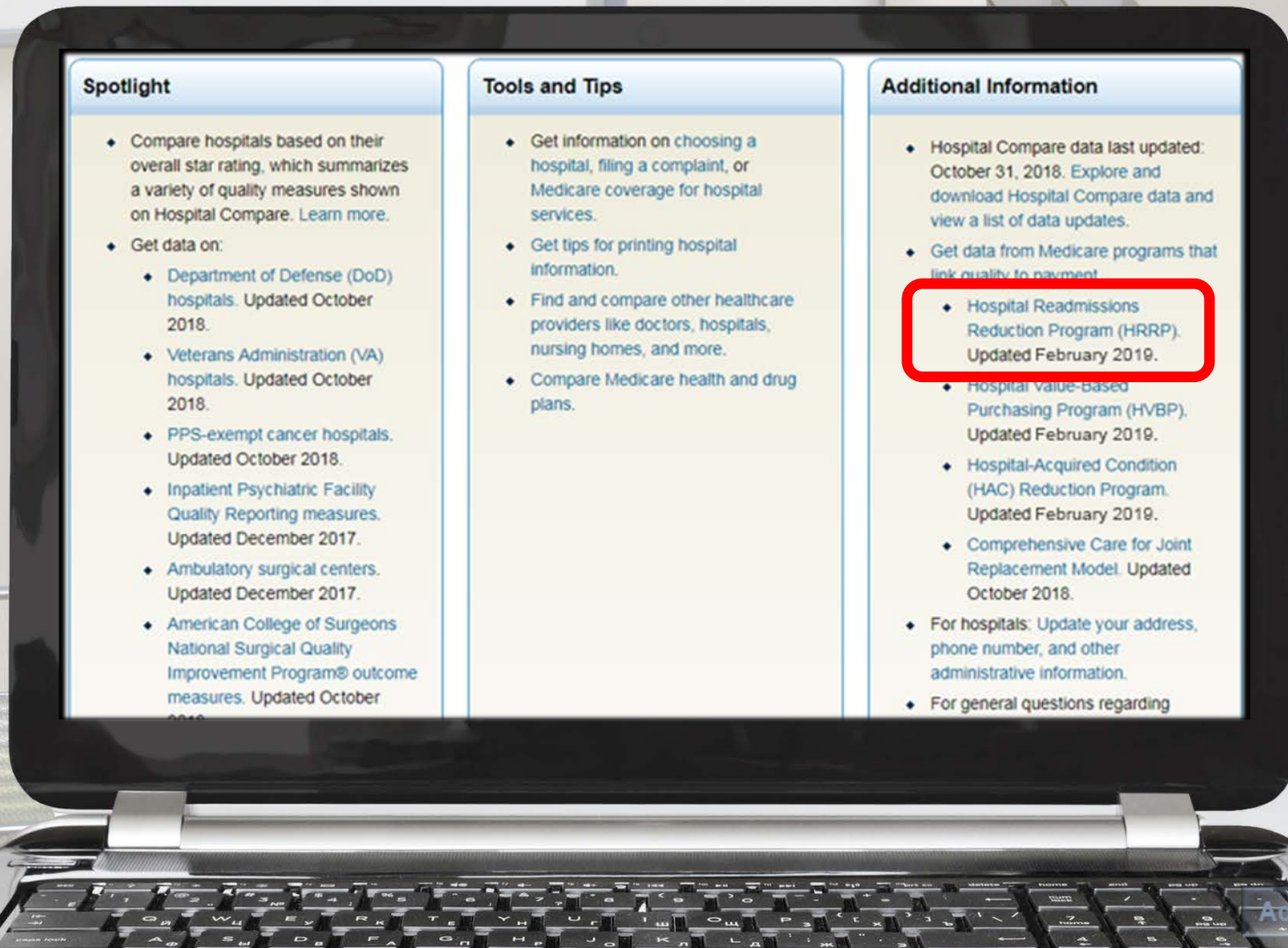
- On *Hospital Compare*, the Overall Hospital Rating summarizes Hospital IQR Program and Hospital OQR Program data.
- The Overall Hospital Rating calculations do not include HRRP results.

# Supplemental Data File

- CMS released hospital payment adjustment factors and components in the FY 2019 IPPS/LTCH PPS Final Rule Supplemental Data File after the Review and Corrections period. The file included the following:
  - Dual Proportion
  - Peer group assignment
  - ERR
  - Number of eligible discharges
  - Peer group median ERR
  - Penalty indicator
- CMS posted this file in September 2018 on the FY 2019 IPPS/LTCH PPS Final Rule home page: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2019-IPPS-Final-Rule-Home-Page.html>

# Hospital Compare

## Homepage Link to HRRP



# Hospital Compare HRRRP Page

## Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

### Hospital Readmissions Reduction Program

In October 2012, CMS began reducing Medicare payments for Inpatient Prospective Payment System (IPPS) hospitals with excess readmissions. Excess readmissions are measured by a ratio, by dividing a hospital's number of "predicted" 30-day readmissions for heart attack, heart failure, pneumonia, COPD, hip/knee replacement, and coronary artery bypass graft surgery by the number that would be "expected," based on an average hospital with similar patients. A ratio greater than 1.0000 indicates excess readmissions.

[More information on how payments are adjusted.](#)

[More on the calculations.](#)

#### Hospital Readmissions Reduction Program data

Data.Medicare.gov ▼ MENU

Hospital Readmissions Reduction Program

	Hospital Name	Provider Number	State
1	HOSPITAL 1	000000	AL
2	HOSPITAL 1	000000	AL
3	HOSPITAL 1	000000	AL
4	HOSPITAL 1	000000	AL

- More Views**  
Filters, charts, and maps
- Download**  
Download in various formats
- Discuss**  
Discuss this Dataset
- Embed**  
Embed this player on your site



# HRRP Downloadable Database



# HRRP Resources

## Hospital Compare:

<https://www.medicare.gov/hospitalcompare/search.html?>

## *Medicare.gov Hospital Compare* HRRP:

<https://www.medicare.gov/hospitalcompare/readmission-reduction-program.html>

## Hospital Compare Inquiries:

[hospitalcompare@lantanagroup.com](mailto:hospitalcompare@lantanagroup.com)

## HRRP Program Information:

<https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/readmissions-reduction-program.html>

## HRRP General Inquiries:

[HRRP@lantanagroup.com](mailto:HRRP@lantanagroup.com), or via the QualityNet Question and Answer tool:

<https://cms-ip.custhelp.com/app/homehrrp/p/843>

## More Program and Payment Adjustment Information:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772412458>

## HRRP Measure Methodology Inquiries:

[cmsreadmissionmeasures@yale.edu](mailto:cmsreadmissionmeasures@yale.edu)

## Readmission Measures:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1219069855273>

Hospital VBP Program, HAC Reduction Program, and Hospital Readmissions Reduction Program FY 2019 *Hospital Compare* Data Update

## Questions

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**Thank You for Attending**

# Disclaimer

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