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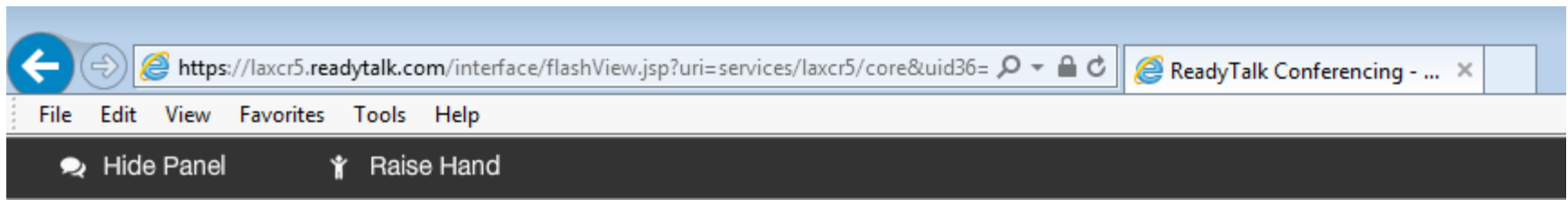
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Audio from computer speakers breaking up?
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- Click Refresh icon –
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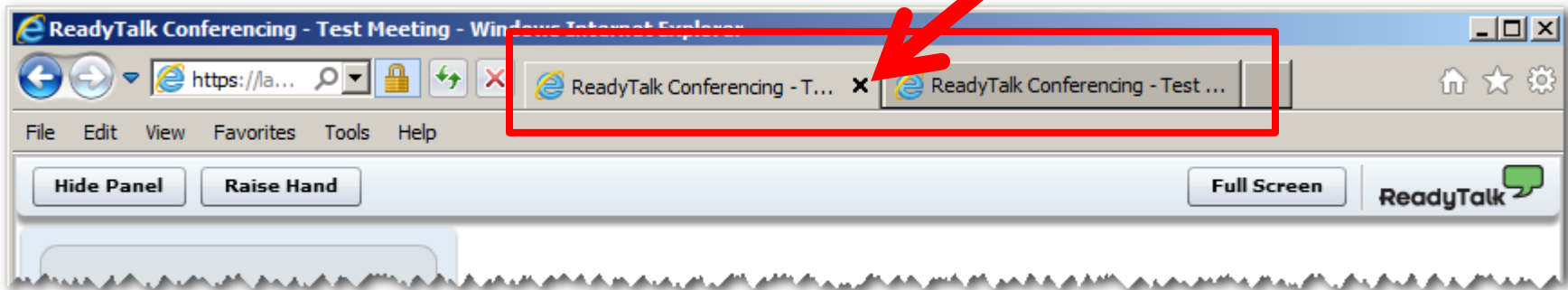
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Troubleshooting Echo

- Hear a bad echo on the call?
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- Close all but one browser/tab and the echo will clear up.



Example of Two Browsers Tabs open in Same Event

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Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



A screenshot of a web application interface. The top bar contains buttons for 'Hide Chat', 'Raise Hand', 'Full Screen', and 'ReadyToGo'. The main content area features the CMS logo (Centers for Medicare & Medicaid Services) and a large 'Welcome to Today's Event' message. Below this, a message reads 'Thank you for joining us today! Our event will start shortly.' On the left side, there is a vertical chat window titled 'Chat with Presenter' with a text input field containing 'Type questions here.' and a 'Send' button. A yellow arrow from the text on the left points to this input field.



Hospital IQR Program & Hospital VBP Program: FY 2018 Medicare Spending Per Beneficiary (MSPB) Hospital-Specific Report (HSR) Overview

Speaker: Cynthia Khan, PhD

Data Scientist

Econometrica, Inc.

Moderated by: Bethany Wheeler-Bunch, MSHA

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

May 31, 2017

Purpose

This presentation will provide an overview of the MSPB Measure and the HSRs, including: the goals of the MSPB Measure, the Measure methodology, and how to perform MSPB Measure calculations. Additionally, participants will learn about the HSRs, where to locate their related supplemental files, how to request a review and correction, and where downloadable MSPB files can be found on <https://data.medicare.gov/data/hospital-compare>.

Objectives

By the end of the presentation, participants will be able to:

- Identify the goals of the MSPB Measure
- Explain the MSPB Measure methodology
- Locate the following MSPB documents:
 - Downloadable MSPB files posted on <https://data.medicare.gov/data/hospital-compare>
 - HSRs and their supplemental files

Introduction

The MSPB Measure:

- Evaluates hospitals' efficiency relative to the efficiency of the national median hospital
- Assesses the cost to Medicare for services performed by hospitals and other healthcare providers during an MSPB episode
 - Episode is comprised of the periods immediately prior to, during, and following a patient's hospital stay.

MSPB and Hospital VBP Program

- The MSPB Measure:
 - Is an efficiency measure in the Hospital Value-Based Purchasing (VBP) Program and was included starting in Fiscal Year (FY) 2015
 - Was required for inclusion in the Hospital VBP Program by §1886(o)(2)(B)(ii) of the Social Security Act
- Final details of MSPB episode construction and adjustment are in the FY 2012 Inpatient Prospective Payment System (IPPS) Final Rule (76 FR 51618 through 51626)¹ and the FY 2013 IPPS Final Rule (77 FR 53583 through 53602).²

¹ <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>

² <http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/2012-19079.pdf>

Agenda

- Goals of MSPB Measure
- Measure Methodology
- Calculation Steps
- Example Calculation
- Overview of Hospital-Specific Reports and Supplemental Files
- Overview of Downloadable MSPB Files Posted on <https://data.medicare.gov/data/hospital-compare>

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- **Goals of MSPB Measure**
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Goals of MSPB Measure

In conjunction with other Hospital VBP Program quality measures, the MSPB Measure aims to:

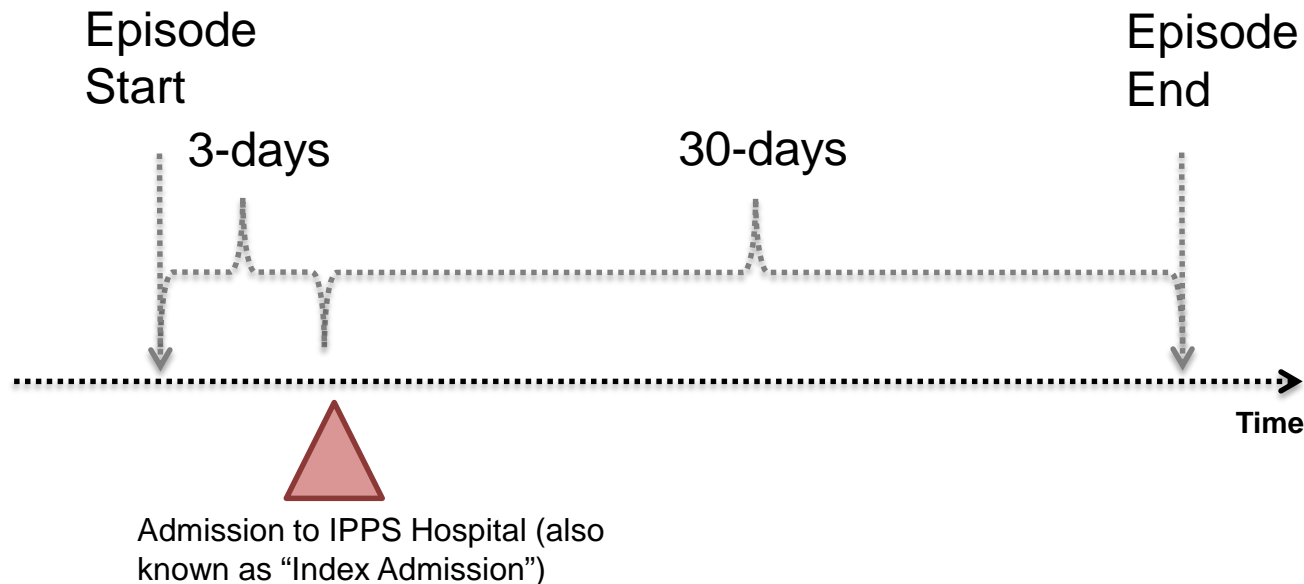
- Incentivize hospitals to coordinate care
- Reduce system fragmentation
- Improve efficiency

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Measure Methodology

The MSPB Measure is a claims-based measure that includes price-standardized payments for all Part A and Part B services provided from 3 days prior to a hospital admission (index admission) through 30 days after the hospital discharge.



MSPB Measure Definitions *(1 of 2)*

MSPB Episode:

- Period 3 days prior to an IPPS hospital admission (also known as the “index admission”) through 30 days post-hospital discharge
- Hospital admissions that are NOT considered as index admissions include:
 - Admissions that occur within 30 days of discharge from another index admission
 - Acute-to-acute transfers
 - Episodes where the index admission claim has \$0 payment
 - Admissions having discharge dates fewer than 30 days prior to the end of the performance period

MSPB Measure Definition *(2 of 2)*

$$\text{MSPB Measure} = \frac{\text{MSPB Amount}}{\text{National Episode-Weighted Median MSPB Amount}}$$

MSPB Amount:

- Sum of a hospital's standardized, risk-adjusted spending across all of the hospital's eligible episodes divided by the number of episodes

MSPB Measure:

- A hospital's MSPB Amount divided by the episode-weighted median MSPB Amount across all hospitals
 - Normalized MSPB Amount so that median MSPB Measure equals 1.0

Measure Interpretation

- An MSPB Measure that is less than 1 indicates that a given hospital spends less than the national median MSPB Amount across all hospitals during a given performance period.
- Improvement on the MSPB Measure for a hospital would be observed as a lower MSPB Measure value across performance periods.

Measure Specifications: Included and Excluded Populations

- **Beneficiaries Included are:**
 - Enrolled in Medicare Parts A and B from 90 days prior to the episode through the end of the episode
 - Admitted to subsection (d) hospitals
 - Covered by the Railroad Retirement Board
- **Beneficiaries Excluded:**
 - Are enrolled in Medicare Advantage
 - Have Medicare as the secondary payer
 - Died during the episode

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Overview of Calculation Steps

1. Standardize claims payments
2. Calculate standardized episode spending
3. Calculate expected episode spending
4. Winsorize expected values
5. Calculate residuals
6. Exclude outliers
7. Calculate MSPB Amount for each hospital
8. Calculate MSPB Measure
9. Report and use MSPB Measure for Hospital VBP Program

Step 1: Standardize Claims Payments

- Standardize spending to adjust for geographic differences and payments from special Medicare programs that are not related to resource use (e.g., graduate medical education).
- Maintain differences that result from healthcare delivery choices such as:
 - Setting where the service is provided
 - Specialty of healthcare provider who delivers the service
 - Number of services provided in the same encounter
 - Outlier cases
- Full details are available at this *QualityNet* web page:
<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic/Page/QnetTier4&cid=1228772057350>.

Step 2: Calculate Standardized Episode Spending

Sum all standardized Medicare Part A and Part B claim payments made during an MSPB episode (i.e., between 3 days prior to the hospital admission until 30 days after discharge), including:

- Patient deductibles and coinsurance
- Claims based on the “from date” variable
 - The first day on the billing statement covering services rendered to the beneficiary (or admission date for inpatient claims)

Step 3: Calculate Expected Episode Spending

- Account for variation in patient case mix across hospitals by using a linear regression to estimate the relationship between risk adjustment variables and standardized episode cost (Step 2).
 - Risk adjustment variables include factors such as age, severity of illness, and comorbidity interactions.
 - Severity of illness is measured using a number of indicators, including Hierarchical Condition Categories (HCC) indicators. HCC indicators are specified in the HCC Version 22 model, which accounts for the inclusion of ICD-10 codes by mapping ICD-9 codes to condition categories and ICD-10 codes to condition categories.
- Use a separate regression model for each major diagnostic category (MDC).

Step 4: Winsorize Expected Values

Winsorize expected spending for extremely low-spending episodes/expected values.

- For each MDC:
 - Identify episodes that fall below the 0.5 percentile of the MDC expected spending distribution
 - Reset the expected spending for these episodes to the expected spending of the episode at this threshold (0.5 percentile)
 - Renormalize expected spending so that the average expected spending within any MDC remains unchanged

Step 5 and 6: Calculate Residuals and Exclude Outliers

- Calculate residuals for each episode to identify outliers:
 - Residual = Standardized Episode Spending (Step 2) – Winsorized Expected Episode Spending (Step 4)
- Exclude statistical outlier episodes to mitigate effect of high-cost and low-cost outliers on each hospital's MSPB Measure. Statistical outlier episodes are defined as:
 - High-Cost Outlier – Residual falls above 99th percentile of the residual cost distribution
 - Low-Cost Outlier – Residual falls below 1st percentile of the residual cost distribution
- Renormalize expected cost to ensure that average expected cost are the same as average standardized cost after outlier exclusions

Step 7: Calculate MSPB Amount for Each Hospital

- Calculate the risk-adjusted MSPB Amount for each hospital as the ratio of the average standardized episode spending over the average expected episode spending multiplied by the average episode spending level across all hospitals.
- For hospital j :

$$MSPB \text{ Amount} = \frac{Avg. \text{ Standardized Spending}_j}{Avg. \text{ Truncated Expected Spending}_j} \times Avg. \text{ Standardized Spending}_{all \text{ hospitals}}$$

Step 8: Calculate MSPB Measure

MSPB Measure for each hospital is reported as the ratio of the MSPB Amount for the hospital (Step 7) divided by the episode-weighted median MSPB Amount across all hospitals:

$$\text{MSPB Measure} = \frac{\text{MSPB Amount}}{\text{National Episode-Weighted Median MSPB Amount}}$$

Step 9: Report and Use MSPB Measure for Hospital VBP Program

The MSPB Measure for Hospital VBP-eligible hospitals with:

- At least 25 episodes are reported and used for payment purposes under the Hospital VBP Program
- 24 and fewer episodes will not have their MSPB Measures used for payment purposes

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Example Calculation

- Hospital A has 30 MSPB episodes, ranging from \$1,000 to \$33,000. After applying Steps 1-4, one episode had a residual higher than the 99th percentile residual over all MSPB episodes and was excluded in Step 6.
 - Calculate Residuals (Step 5) = Standardized Episode Spending (Step 2) – Winsorized Expected Episode Spending (Step 4)
 - Example Episode Residual = \$33,000 - \$5,500 = \$27,500
- Full details of example calculation are available on *QualityNet* at:
<http://www.qualitynet.org/dcs/ContentServer?c=Page&pageName=QnetPublic/Page/QnetTier4&cid=1228772057350>.

Example Calculation: Step 7

Calculate the MSPB Amount for each hospital as the ratio of the average standardized episode spending over the average expected episode spending multiplied by the average episode spending level across all hospitals.

$$\text{MSPB Amount} = \frac{\text{Avg. Standardized Spending}_j}{\text{Avg. Truncated Expected Spending}_j} \times \text{Avg. Standardized Spending}_{\text{all hospitals}}$$

$$\text{Example Hospital MSPB Amount} = \frac{\$9,368}{\$9,964} \times \$9,000 = \$8,462$$

Example Calculation: Steps 8 and 9

8. Calculate the MSPB Measure

as the hospital's MSPB amount divided by the episode-weighted median MSPB amount across all hospitals.

$$\text{MSPB Measure} = \frac{\text{MSPB Amount}}{\text{National Episode-Weighted Median MSPB Amount}}$$

$$\text{Example Hospital MSPB Measure} = \frac{\$8,462}{\$9,100} = 0.93$$

9. Report the MSPB Measure

Since this hospital has 29 episodes, its MSPB Measure will be used for payment purposes.

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Overview of Hospital-Specific Reports (HSRs)

- During the preview period, individual hospitals can review their MSPB Measure in their HSR.
- Reports include six tables and are accompanied by three supplemental hospital-specific data files.
 - Tables include the MSPB Measure results of the individual hospital and of other hospitals in the state and the nation.
 - Supplemental hospital-specific data files contain information on the admissions that were considered for the individual hospital's MSPB Measure and data on the Medicare payments (to individual hospitals and other providers) that were included in the measure.

Overview of Table 1: MSPB Measure Performance Rate

Displays the individual hospital's MSPB Measure performance rate

Your Hospital's MSPB Measure
1.08

Overview of Table 2: Additional Information About the Individual Hospital's MSPB Performance

Provides the number of eligible admissions and MSPB amount for the individual hospital, the state, and the nation

Number of Eligible Admissions at Your Hospital	Your Hospital's MSPB Amount	State Average MSPB Amount	U.S. National Average MSPB Amount
21	19,546.53	18,900.02	20,168.13

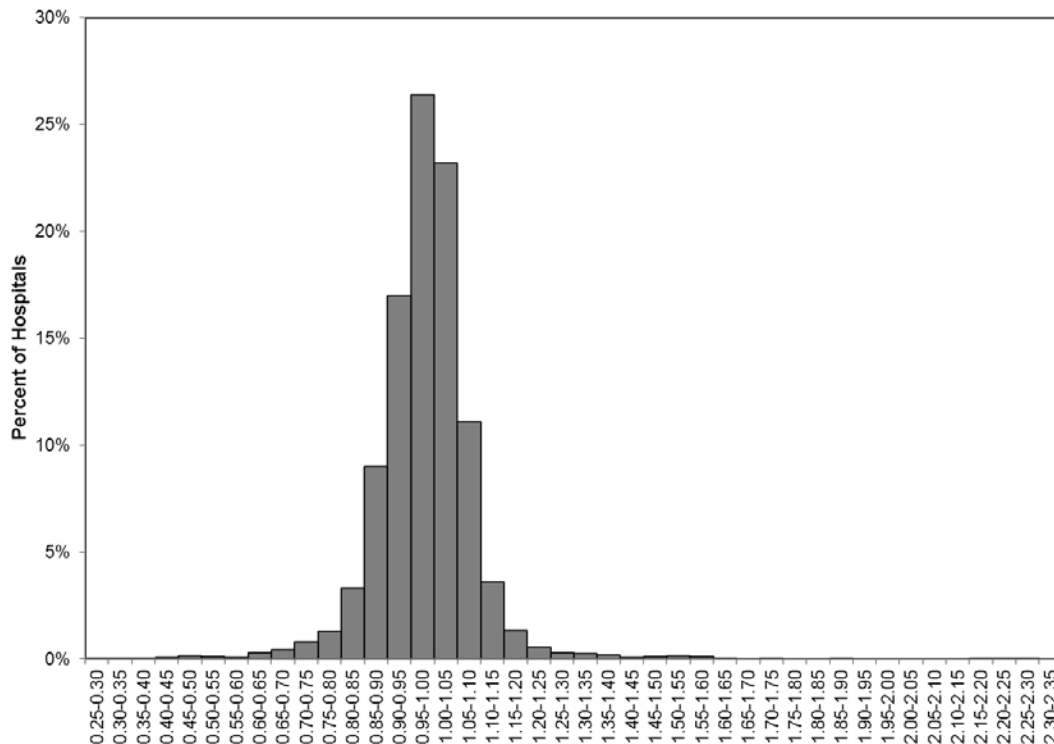
Table 3: Detailed MSPB Statistics

Displays the major components (e.g., number of eligible admissions, MSPB Amount, and National Median MSPB Amount) used to calculate the individual hospital's MSPB Measure performance rate

	Your Hospital	State	U.S.
Number of Eligible Admissions	21	64,000	5,420,633
Average Spending per Episode	16,215.81	15,502.55	20,497.09
MSPB Amount (Avg. Risk-Adjusted Spending)	19,546.53	18,900.02	20,168.13
U.S. National Median MSPB Amount	20,473.32	20,473.32	20,473.32
MSPB Measure	1.08	1.05	0.99

Table 4: National Distribution of the MSPB Measure

Displays the national distribution of the MSPB Measure across all hospitals in the nation



Percentile	MSPB Value
5	0.84
10	0.88
25	0.94
50	0.99
75	1.03
90	1.08
95	1.12

Overview of Table 5: Spending Breakdown by Claim Type

- Provides a detailed breakdown of the individual hospital's spending for the following time periods:
 - 3 Days Prior to Index Admission
 - During-Index Admission
 - 30 Days After Hospital Discharge
- Spending levels are broken down by claim type within each of the time periods.
- Compares the percent of total average episode spending by claim type and time period at the individual hospital to the total average spending at hospitals in the state and the nation

Table 5: Detailed MSPB Spending Breakdown by Claim Type *(1 of 2)*

Time Period
When in the episode the claim occurred

The Individual Hospital Spending
Shows the amount and percent of total average episode spending for the individual hospital's episodes in a given category and claim type

	Claim Type	The Individual Hospital Spending per Episode	The Individual Hospital Percent of Spending	State Percent of Spending	Nation Percent of Spending
During-Index Admission	<i>Total During-Index</i>	6,687	41.23%	70.2%	53.1%
	Home Health Agency	47	0.29%	3.1%	0.0%
	Hospice	75	0.46%	4.9%	0.0%
	Inpatient	5,262	32.45%	47%	45.5%
	Outpatient	0	0.00%	0.1%	0.0%
	Skilled Nursing Facility	340	2.10%	10%	0.0%
	Durable Medical Equipment	76	0.47%	0.1%	0.1%
	Carrier	887	5.47%	5.0%	7.5%

Table 5: Detailed MSPB Spending Breakdown by Claim Type *(2 of 2)*

Percent of Total Average Spending in the Individual Hospital, State, and Nation

A lower percent of spending in the individual hospital than the percent of spending in the state or nation means that for the given category and claim type, the individual hospital spends less than other hospitals in the state or the nation, respectively.

	Claim Type	The Individual Hospital Spending per Episode	The Individual Hospital Percent of Spending	State Percent of Spending	Nation Percent of Spending
During-Index Admission	<i>Total During-Index</i>	6,687	41.23%	70.2%	53.1%
	Home Health Agency	47	0.29%	3.1%	0.0%
	Hospice	75	0.46%	4.9%	0.0%
	Inpatient	5,262	32.45%	47%	45.5%
	Outpatient	0	0.00%	0.1%	0.0%
	Skilled Nursing Facility	340	2.10%	10%	0.0%
	Durable Medical Equipment	76	0.47%	0.1%	0.1%
	Carrier	887	5.47%	5.0%	7.5%

Overview of Table 6: Spending Breakdown by Major Diagnostic Category (MDC)

- Provides a breakdown of the individual hospital's average actual and expected spending for an MSPB episode by Major Diagnostic Category (MDC)
- Compares the individual hospital average actual and expected spending to state and national average actual and expected spending

Table 6: Detailed MSPB Spending Breakdown by MDC *(1 of 2)*

MDC Number and Description

Hospital Spending:
The individual hospital's average and expected spending per episode for a given MDC

MDC	Description	(A) The Individual Hospital Average Spending per Episode	(B) The Individual Hospital Average Expected Spending per Episode	(C) State Average Spending per Episode	(D) State Average Expected Spending per Episode	(E) National Average Spending per Episode	(F) National Average Expected Spending per Episode
4	Respiratory System	14,585	16,444	16,324	15,565	16,902	16,985
5	Circulatory System	19,053	17,422	16,533	17,200	20,999	21,216
6	Digestive System	6,605	11,700	8,000	9,200	16,516	16,641

Table 6: Detailed MSPB Spending Breakdown by MDC *(2 of 2)*

Spending in the Individual Hospital's State and Nation

Average spending values for the state and for the nation, e.g., if the individual hospital has a lower value in Column B than in Column F, its patients have a lower expected spending level than the nation for that given MDC.

MDC	Description	(A) The Individual Hospital Average Spending per Episode	(B) The Individual Hospital Average Expected Spending per Episode	(C) State Average Spending per Episode	(D) State Average Expected Spending per Episode	(E) National Average Spending per Episode	(F) National Average Expected Spending per Episode
4	Respiratory System	14,585	16,444	16,324	15,565	16,902	16,985
5	Circulatory System	19,053	17,422	16,533	17,200	20,999	21,216
6	Digestive System	6,605	11,700	8,000	9,200	16,516	16,641

Overview of Supplemental Hospital-Specific Data Files

Each HSR is accompanied by three supplemental hospital-specific data files:

1. Index Admission File

- Presents all inpatient admissions for the individual hospital in which a beneficiary was discharged during the period of performance

2. Beneficiary Risk Score File

- Identifies beneficiaries and their health status based on the beneficiary's claims history in the 90 days prior to the start of an episode

3. MSPB Episode File

- Shows the type of care, spending amount, and top five billing providers in each care setting for each MSPB episode

Review and Correction

- Hospitals may preview their MSPB Measure for one month after release.
 - Data will be posted on *Hospital Compare* in December 2017.
- During the preview period, hospitals may submit questions or requests for correction to cmsmspbmeasure@econometricainc.com.
 - Please include your hospital's CMS Certification Number (CCN).
- As with other claims-based measures, hospitals may **NOT** submit:
 - Additional corrections to underlying claims data
 - New claims to be added to the calculations

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Downloadable MSPB Files Posted on <https://data.medicare.gov/data/hospital-compare>

Downloadable MSPB files include (in category “Payment and Value of Care”)

- **MSPB – Hospital, State, and National Level**
 - Presents the hospital, state average, and national average MSPB Measure
- **MSPB – Spending Breakdown by Claim Type**
 - Provides a breakdown of each hospital’s MSPB episode spending into the three time periods and claim type, similar to what is presented in Table 5 of the HSRs. See: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/hospital-value-based-purchasing/index.html>.
- **MSPB – Additional Decimal Places**
 - Provides hospital MSPB Measure up to six decimal places

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Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
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- Florida Council of Dietetics
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 - It is your responsibility to submit this form to your accrediting body for credit.

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- After completion of the survey, click “Done” at the bottom of the screen.
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 - Personal emails do not have firewalls.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

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<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the page title is "Learning Management Center". The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The page is framed by a blue border on the left and right sides.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
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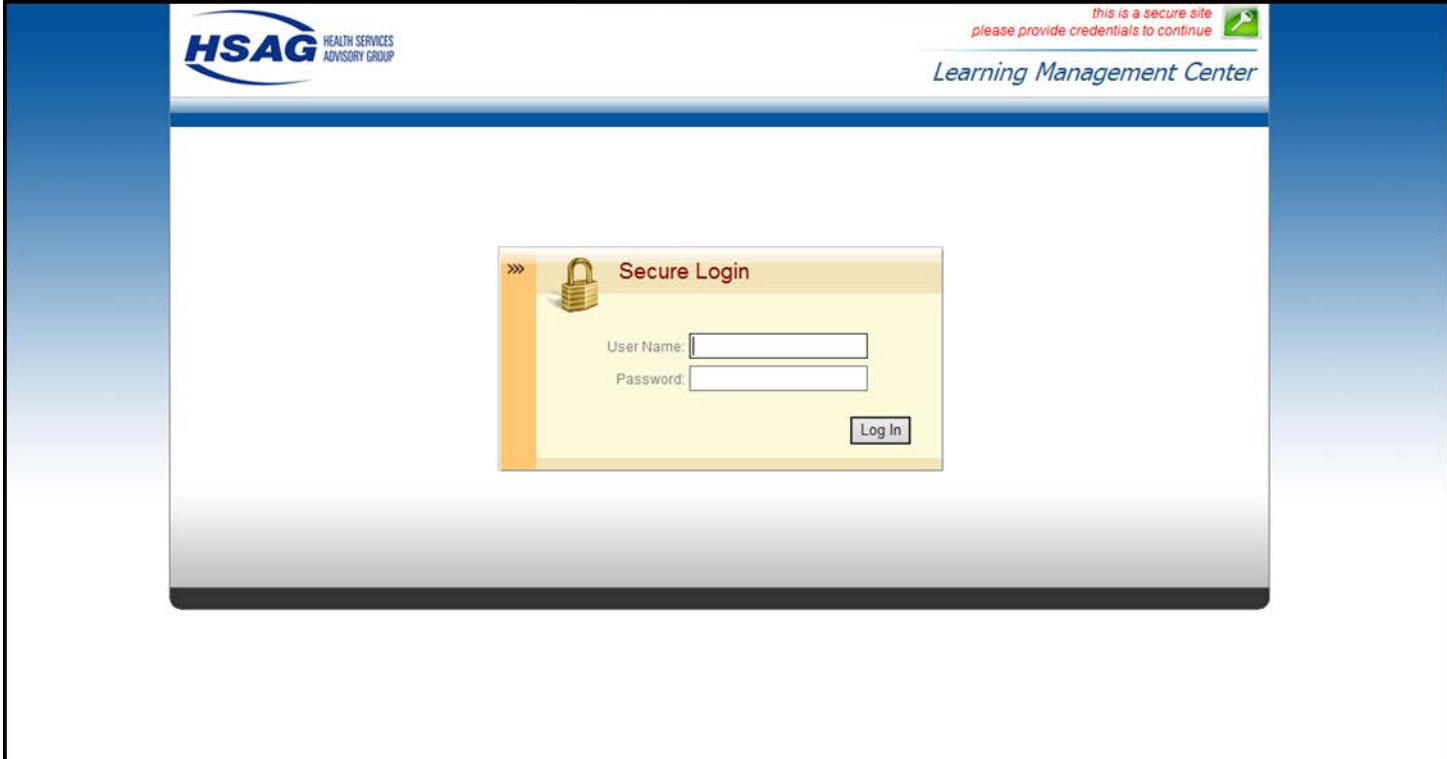
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box containing a padlock icon, a "User Name:" label with an input field, a "Password:" label with an input field, and a "Log In" button.

QUESTIONS?

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