



Overview of the FY 2021 Hospital-Acquired Condition (HAC) Reduction Program

**Hosted by: Inpatient Value, Incentives, and Quality Reporting Outreach
and Education Support Contractor (Inpatient VIQR SC)**

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Speakers

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Purpose

This event will provide an overview of the fiscal year (FY) 2021 HAC Reduction Program, including:

- Program updates
- Methodology
- Hospital-Specific Reports (HSRs)
- Scoring Calculations Review and Correction period

Objectives

Participants will be able to:

- Interpret the scoring methodology used in the HAC Reduction Program
- Understand your hospital's program results in your HSR
- Submit questions about your hospital's calculations during the HAC Reduction Program Scoring Calculations Review and Correction period

Webinar Chat Questions

Please email any questions that are pertinent to the webinar topic to WebinarQuestions@hsag.com with the following information:

- Subject Line: Overview of the FY 2021 Hospital-Acquired Condition (HAC) Reduction Program
- Email Body: If your question pertains to a specific slide, please include the slide number

If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the [QualityNet](#) Inpatient Questions and Answers tool, at

https://cmsqualitysupport.servicenowservices.com/qnet_qa.

If you do not find an answer, then submit your question to us via the same tool.

Aaron Swaney, MPH
HAC Reduction Program Lead
DVIQR Program Support (DPS)

HAC Reduction Program

Program Background

What is the HAC Reduction Program?

- A Medicare value-based purchasing program that reduces payments to hospitals based on their performance on measures of hospital-acquired conditions
- The program encourages hospitals to implement best practices to reduce their rates of healthcare-associated infections and improve patients' safety

Program Background

How does the HAC Reduction Program work?

- CMS evaluates overall hospital performance by calculating Total HAC Scores as the equally weighted average of scores across measures included in the program
- Hospitals with a Total HAC Score greater than the 75th percentile (that is, the worst-performing quartile) of all Total HAC Scores will be subject to a 1-percent payment reduction

Eligible Hospitals

The HAC Reduction Program includes all subsection (d) hospitals

- Subsection (d) hospitals are broadly defined as general acute care hospitals
- Maryland hospitals are exempt from payment reductions under the HAC Reduction Program due to an agreement between CMS and Maryland

FY 2021 Program Information

Updates for FY 2021

For the FY 2021 HAC Reduction Program, CMS:

- Used v10.0 PSI software to calculate the CMS PSI 90
- Updated the performance period for CMS PSI 90 to include patient discharges from July 1, 2017 to June 30, 2019
- Updated the performance period for the CDC NHSN HAI measures to include patient discharges from January 1, 2018 through December 31, 2019

CMS did not change the scoring or measure methodology for the FY 2021 HAC Reduction Program

Program Measures

Measure	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
CMS PSI 90 (Patient Safety and Adverse Events Composite)*	✓	✓	✓	✓	✓	✓	✓
CLABSI (Central Line-Associated Bloodstream Infection)	✓	✓	✓	✓	✓	✓	✓
CAUTI (Catheter-Associated Urinary Tract Infection)	✓	✓	✓	✓	✓	✓	✓
SSI (Surgical Site Infection for Abdominal Hysterectomy and Colon Procedures)	--	✓	✓	✓	✓	✓	✓
MRSA (Methicillin-resistant <i>Staphylococcus aureus</i>) bacteremia	--	--	✓	✓	✓	✓	✓
CDI (<i>Clostridium difficile</i> Infection)	--	--	✓	✓	✓	✓	✓

*CMS adopted the modified version of the CMS PSI 90 measure in the FY 2018 HAC Reduction Program

FY 2021 Performance Periods

CMS PSI 90: patient discharges from July 1, 2017, to June 30, 2019

CDC NHSN HAI measures: patient discharges from January 1, 2018, to December 31, 2019

- **Note:** In a press release dated March 22, 2020, and a guidance memo issued March 27, 2020, CMS announced that it was excepting hospitals from CMS's HAI data submission requirements for Q4 2019 because of the COVID-19 public health emergency to assist health care providers while they direct their resources toward caring for their patients and ensuring the health and safety of patients and staff. This memo also stated that data from the impacted quarters for the HAI measures will be used in the HAC Reduction Program if submitted, but that data submission is optional. If a hospital did not submit data for Q4 2019, the FY 2021 HAC Reduction Program measure results for the HAI measures rely on a performance period of Q1 2018 to Q3 2019 (that is, January 1, 2018, to September 30, 2019).

Scoring Methodology

Scoring Methodology

The HAC Reduction Program scoring methodology consists of 4 high-level steps:

1. Determining measure results
2. Calculating measure scores
3. Calculating Total HAC Scores
4. Determining the worst-performing quartile

Scoring Methodology

The HAC Reduction Program scoring methodology consists of 4 high-level steps:

1. Determining measure results

Determining Measure Results

A hospital's measure result is the base value used to calculate performance for the program:

- For the **CMS PSI 90 measure** the measure result is the CMS PSI 90 composite value
- For the **CDC NHSN HAI measures** the measure result is the standardized infection ratio, calculated by CDC
- For measure results, lower values represent better performance

Scoring Methodology

The HAC Reduction Program scoring methodology consists of 4 high-level steps:

1. Determining measure results
- 2. Calculating measure scores**

Calculating Measure Scores

CMS calculates a hospital's measure score as the Winsorized z-score using measure results for the given measure. This involves two steps:

1. Winsorizing measure results
2. Calculating z-scores based on the Winsorized measure results

Calculating Measure Scores

Winsorization is a process that reduces the impact of extreme or outlying measure results but preserves hospitals' relative results

Hospital's measure result	Winsorized measure result
Less than the 5 th percentile	Equal to the 5 th percentile value
Between the 5 th and 95 th percentile	Equal to the measure result
Greater than the 95 th percentile	Equal to the 95 th percentile value

CMS determines the 5th and 95th percentiles based on the distribution of measure results from all eligible hospitals with measure results

Calculating Measure Scores

CMS calculates a hospital's Winsorized z-score, z , for each measure as:

$$z = \frac{(x_i - \bar{x})}{S}$$

Diagram illustrating the calculation of a hospital's Winsorized z-score, z . The formula is $z = \frac{(x_i - \bar{x})}{S}$. The components are defined as follows:

- x_i : Hospital's Winsorized measure result
- \bar{x} : Mean Winsorized measure result across eligible hospitals
- S : Standard deviation of Winsorized measure result across eligible hospitals

The result z is labeled as the z-score.

- Hospitals that perform **worse** than the mean will earn a **positive** Winsorized z-score
- Hospitals that perform **better** than the mean will earn a **negative** Winsorized z-score

Scoring Methodology

The HAC Reduction Program scoring methodology consists of 4 high-level steps:

1. Determining measure results
2. Calculating measure scores
- 3. Calculating Total HAC Scores**

Calculating Total HAC Scores

CMS calculates each hospital's Total HAC Score as the equally weighted average of the hospital's measure scores (that is, the Winsorized z-scores)

- The Total HAC Score calculation includes only the measures for which a hospital receives a measure score
 - Higher Total HAC Scores indicate **worse** overall performance
 - Lower Total HAC Scores indicate **better** overall performance

Measure Weighting

Number of measures with a measure score	Weight applied to each measure score (as a percentage)
0	Not applicable
1	100.0
2	50.0
3	33.3
4	25.0
5	20.0
6	16.7

CMS uses unrounded measure weights (for example, $1/6$) when calculating each measure's contribution to the Total HAC Score, not measure weights rounded to a percentage as shown above

Scoring Methodology

The HAC Reduction Program scoring methodology consists of 4 high-level steps:

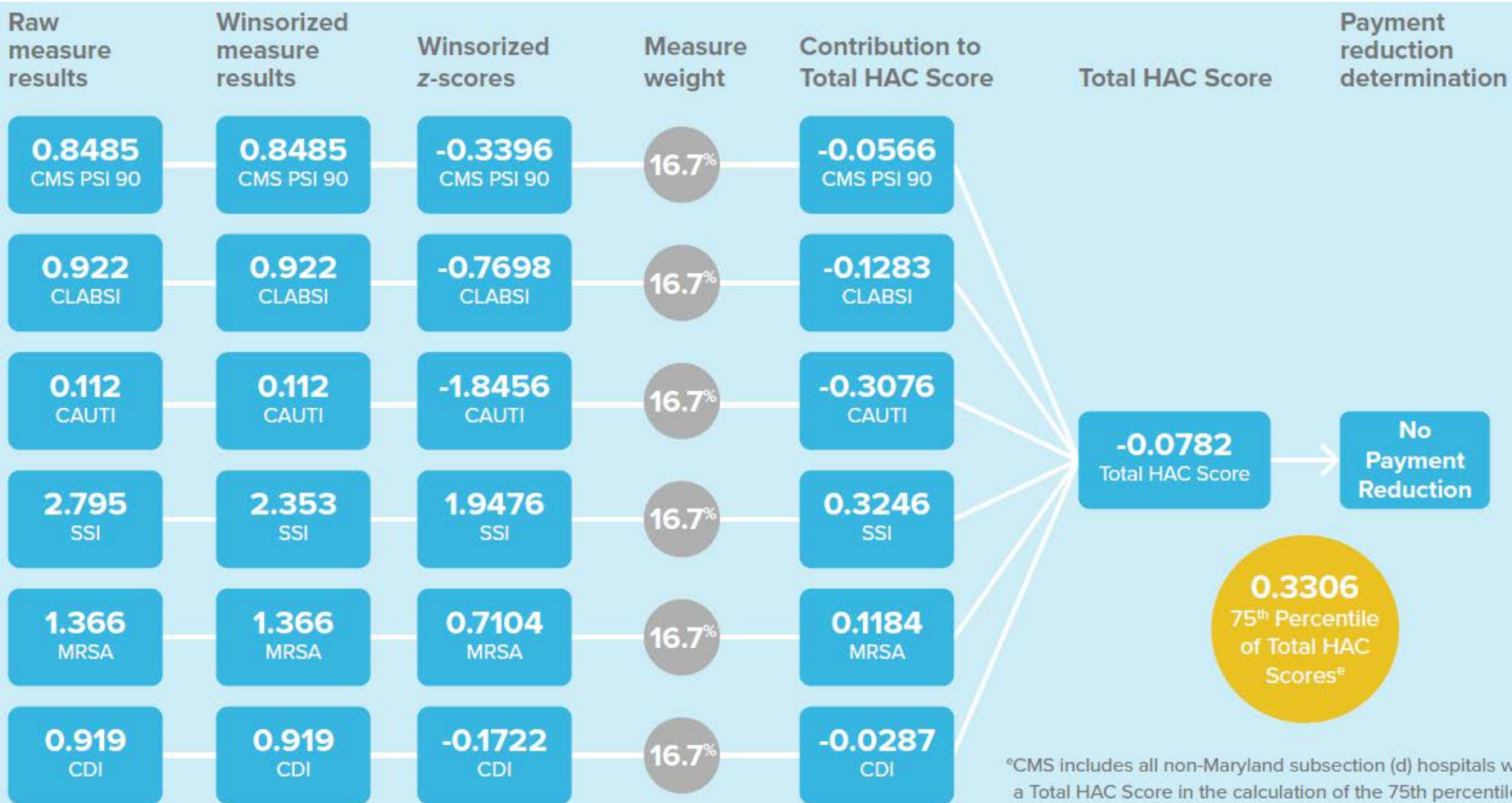
1. Determining measure results
2. Calculating measure scores
3. Calculating Total HAC Scores
4. **Determining the worst-performing quartile**

Determining the Worst-Performing Quartile

Hospitals whose Total HAC Score is greater than the 75th percentile Total HAC Score among all eligible hospitals will receive a payment reduction for FY 2021

- CMS exempts Maryland hospitals from payment reductions under the HAC Reduction Program due to an agreement with Maryland, and excludes them from the distribution of hospitals used to determine the 75th percentile

Example Calculation



^eCMS includes all non-Maryland subsection (d) hospitals with a Total HAC Score in the calculation of the 75th percentile.

Payment Reduction

The 1-percent payment reduction applies to the overall Medicare payment amount for all Medicare fee-for-service discharges during FY 2021 (that is, from October 1, 2020, to September 30, 2021)

- The payment reduction occurs when CMS pays hospital claims

Hospital-Specific Reports (HSRs) and Review and Correction

HSRs and Review and Correction

CMS provides hospitals with 30 days to review their program data, submit questions about calculations, and request corrections

- This known as the Scoring Calculations Review and Correction period
- Hospitals can review their data and results via the HSRs

HAC Reduction Program HSR

The HAC Reduction Program HSR provides hospitals the necessary information to review their program results, replicate the program calculations, and submit correction requests

- Hospitals should refer to the FY 2021 HSR User Guide (HUG) for instructions on replicating program results using the HSR

How to Receive Your HSR

How will I know my report is available?

- A *QualityNet* email notification that reports are available is sent to those who are registered for the notifications regarding the program

Who has access to the HSRs and User Guide?

- Hospital staff registered as *QualityNet Secure Portal* users with the following roles:
 - Hospital Reporting Feedback (Inpatient Role) – required to receive the report
 - File Exchange & Search Role – required to download the report from the *Secure Portal*

Where can I access the report?

- For those with the correct access, the HSR and HSR User Guide will be in their Secure File Transfer Inbox

HSR Contents

The HAC Reduction Program HSR provides hospitals with the following information:

- Contact information for the program and additional resources
- FY 2021 payment reduction status
- Total HAC Score
- Winsorized z-scores for all measures in the Program
- Measure results for all measures in the Program
- Discharge-level information for CMS PSI 90
- Hospital-level information for the CDC NHSN HAI measures

HSR Table 1 Total HAC Score

Table 1: Your Hospital's Total HAC Score Performance for the FY 2021 HAC Reduction Program

HOSPITAL NAME

CMS PSI 90 Hospital Discharge Period: July 1, 2017 through June 30, 2019

CDC NHSN HAI CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI Measures Hospital Discharge Period: January 1, 2018 through December 31, 2019

CMS PSI 90 Contribution to to Total HAC Score [a]	CLABSI Contribution to Total HAC Score [b]	CAUTI Contribution to Total HAC Score [c]	SSI Contribution to Total HAC Score [d]	MRSA bacteremia Contribution to Total HAC Score [e]	CDI Contribution to Total HAC Score [f]	Total HAC Score for Your Hospital [g]	Payment Reduction Threshold (75th Percentile) [h]	Subject to Payment Reduction (Yes/No) [i]
-0.1718	-0.0125	-0.1700	-0.2476	-0.2478	0.0165	-0.8332	0.3383	No

HSR Table 2 Winsorized z-scores

Table 2: Your Hospital's Measure Results and Winsorized z-scores for the FY 2021 HAC Reduction Program

HOSPITAL NAME

CMS PSI 90 Hospital Discharge Period: July 1, 2017 through June 30, 2019

CDC NHSN HAI CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI Measures Hospital Discharge Period: January 1, 2018 through December 31, 2019

Measure [a]	Measure Result [b]	5th Percentile Measure Result [c]	95th Percentile Measure Result [d]	Winsorized Measure Result [e]	Mean Winsorized Measure Result [f]	Standard Deviation of Winsorized Measure Results [g]	Winsorized z-score [h]	Weight of Winsorized z-score for Your Hospital [i]	Contribution of Winsorized z-score to Total HAC Score [j]
CMS PSI 90	0.8348	0.7666	1.3262	0.8348	0.9832	0.1440	-1.0306	0.1667	-0.1718
CLABSI	0.6350	0.0000	1.7550	0.6350	0.6711	0.4808	-0.0751	0.1667	-0.0125
CAUTI	0.2540	0.0000	1.7700	0.2540	0.7413	0.4777	-1.0200	0.1667	-0.1700
SSI	0.0000	0.0000	1.9280	0.0000	0.8034	0.5408	-1.4855	0.1667	-0.2476
MRSA bacteremia	0.0000	0.0000	1.9800	0.0000	0.7985	0.5371	-1.4868	0.1667	-0.2478
CDI	0.6340	0.0000	1.2270	0.6340	0.6034	0.3101	0.0987	0.1667	0.0165

HSR Table 3 CMS PSI Performance

Table 3: Your Hospital's Performance on CMS PSI 90 for the FY 2021 HAC Reduction Program
HOSPITAL NAME
Discharge Period: July 1, 2017 through June 30, 2019

Performance Information	CMS PSI 90 [a]	PSI 03 – Pressure Ulcer Rate	PSI 06 – Iatrogenic Pneumothorax Rate	PSI 08 – In Hospital Fall with Hip Fracture Rate	PSI 09 – Perioperative Hemorrhage or Hematoma Rate	PSI 10 – Postoperative Acute Kidney Injury Requiring Dialysis Rate	PSI 11 – Postoperative Respiratory Failure Rate	PSI 12 – Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	PSI 13 – Postoperative Sepsis Rate	PSI 14 – Postoperative Wound Dehiscence Rate	PSI 15 – Unrecognized Abdominopelvic Accidental Puncture or Laceration Rate
1. Composite Value*	0.8348	--	--	--	--	--	--	--	--	--	--
2. Total Number of Eligible** Discharges (Denominator) at Your Hospital [b]	--	2,145	2,975	2,703	870	610	595	906	609	286	628
3. Number of Outcomes (Numerator) [b]	--	1	0	0	0	0	1	1	1	0	0
4. Observed Rate per 1,000 Eligible** Discharges [b]	--	0.4662	0.0000	0.0000	0.0000	0.0000	1.6807	1.1038	1.6420	0.0000	0.0000
5. Expected Rate per 1,000 Eligible** Discharges [b]	--	0.6981	0.2381	0.1214	1.5179	0.3582	3.7568	3.6971	2.8883	0.3582	0.9261
6. Risk-Adjusted Rate per 1,000 Eligible** Discharges [b]	--	0.4027	0.0000	0.0000	0.0000	0.0000	2.7526	1.1226	2.7204	0.0000	0.0000
7. Smoothed Rate per 1,000 Eligible** Discharges [b] [c]	--	0.4658	0.2208	0.1042	2.2348	1.2866	4.7747	2.8182	4.3732	0.8999	1.0928
8. National Composite Value [d]	1.0000	--	--	--	--	--	--	--	--	--	--
9. National Risk-Adjusted Rate per 1,000 Eligible** Discharges [b]	--	0.6029	0.2534	0.1083	2.4918	1.3566	6.1529	3.7603	4.7851	0.9140	1.2620
10. Measure's Weight in Composite [b]	--	0.1608	0.0392	0.0154	0.0426	0.0812	0.1846	0.1879	0.2420	0.0093	0.0370
11. Reliability Weight [b]	--	0.6848	0.1287	0.0375	0.1031	0.0516	0.4053	0.3572	0.1995	0.0154	0.1341

HSR Table 4 CMS PSI Discharges

Table 4: Your Hospital's Discharge-Level Information for CMS PSI 90 for the FY 2021 HAC Reduction Program

HOSPITAL NAME

Discharge Period: July 1, 2017 through June 30, 2019

Note: The accompanying Microsoft® Excel® files contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of PHI should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of this document, use the ID Number.

ID Number	Measure	HICNO	MBI [a]	Medical Record Number	Beneficiary DOB	Admission Date	Discharge Date	PSI Trigger Diagnoses or Procedures	DX1	POA1
1	IATROGENIC PNEUMOTHORAX RATE (PSI06)	999999999A	--	99999A	99/99/9999	99/99/9999	99/99/9999	5121	4414	Y
2	IATROGENIC PNEUMOTHORAX RATE (PSI06)	999999999A	1EG4 TE5 MK73	A10002	99/99/9999	99/99/9999	99/99/9999	5121	42781	Y
3	IATROGENIC PNEUMOTHORAX RATE (PSI06)	999999999A	1EG4 TE5 MK73	A10003	99/99/9999	99/99/9999	99/99/9999	5121	99656	Y
4	PERIOPERATIVE HEMORRHAGE OR HEMATOMA RATE (PSI09)	999999999A	1EG4 TE5 MK73	A10004	99/99/9999	99/99/9999	99/99/9999	99811	0241	N
5	POSTOPERATIVE RESPIRATORY FAILURE RATE (PSI11)	999999999A	1EG4 TE5 MK73	A10005	99/99/9999	99/99/9999	99/99/9999	51851	9671	N
6	POSTOPERATIVE RESPIRATORY FAILURE RATE (PSI11)	999999999A	1EG4 TE5 MK73	A10006	99/99/9999	99/99/9999	99/99/9999	51851	9670	Y
7	POSTOPERATIVE RESPIRATORY FAILURE RATE (PSI11)	999999999A	1EG4 TE5 MK73	A10007	99/99/9999	99/99/9999	99/99/9999	51853	9604	N
8	POSTOPERATIVE RESPIRATORY FAILURE RATE (PSI11)	999999999A	1EG4 TE5 MK73	A10008	99/99/9999	99/99/9999	99/99/9999	51853	9671	N
9	PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)	999999999A	1EG4 TE5 MK73	A10009	99/99/9999	99/99/9999	99/99/9999	45341	V5482	--
10	PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)	999999999A	1EG4 TE5 MK73	A10010	99/99/9999	99/99/9999	99/99/9999	41519	73342	Y
11	PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)	999999999A	1EG4 TE5 MK73	A10011	99/99/9999	99/99/9999	99/99/9999	45341	4414	Y

HSR Table 5 CDC HAI Performance

Table 5: Your Hospital's Performance on CDC NHSN HAI CAUTI, CLABSI, SSI, MRSA bacteremia, and CDI Measures for the FY 2021 HAC Reduction Program
 HOSPITAL NAME
 Discharge Period: January 1, 2018 through December 31, 2019

Performance Information	CLABSI [a]	CAUTI [a]	SSI [a]	MRSA bacteremia [a]	CDI [a]
1. Reported Number of HAIs [b]	2	1	0	0	11
2. Predicted Number of HAIs [c]	3.150	3.930	1.554	1.133	17.344
3. Reported Central-line Days or Urinary Catheter Days; Surgical Procedures Performed; MRSA bacteremia Patient Days; CDI Patient Days [d]	4,433	5,563	61	32,456	32,456
4. SIR [e]	0.635	0.254	0.000	0.000	0.634
5. National SIR [f]	0.708	0.760	0.887	0.836	0.646

Scoring Calculations Review and Correction Period

The HAC Reduction Program Scoring Calculations Review and Correction period begins July 20, 2020, and ends August 18, 2020

- Hospitals have 30 days to review their data, submit questions about the calculation of results, and request corrections to calculation errors
- CMS will distribute HSRs via the *QualityNet Secure Portal* prior to the start of the Review and Correction period

Submit questions and correction requests to the HAC Reduction Program Support Team via the [Quality Q&A Tool](#) as soon as possible, but no later than 11:59 PM PT on August 18, 2020.

What can hospitals correct?

Hospitals CAN request corrections to the following

- Measure result for the CMS PSI 90 measure
- Measure scores for all measures in the program
- Total HAC Score
- Payment reduction status

Hospitals CANNOT request corrections to the following

For the CMS PSI 90 measure:

- Underlying claims data used to calculate the results (this includes adding new claims to the data extract)

For the CDC NHSN HAI measures:

- Reported number of HAIs
- Standardized infection ratios
- Reported central-line days, urinary catheter days, surgical procedures performed, or MRSA or CDI patient days

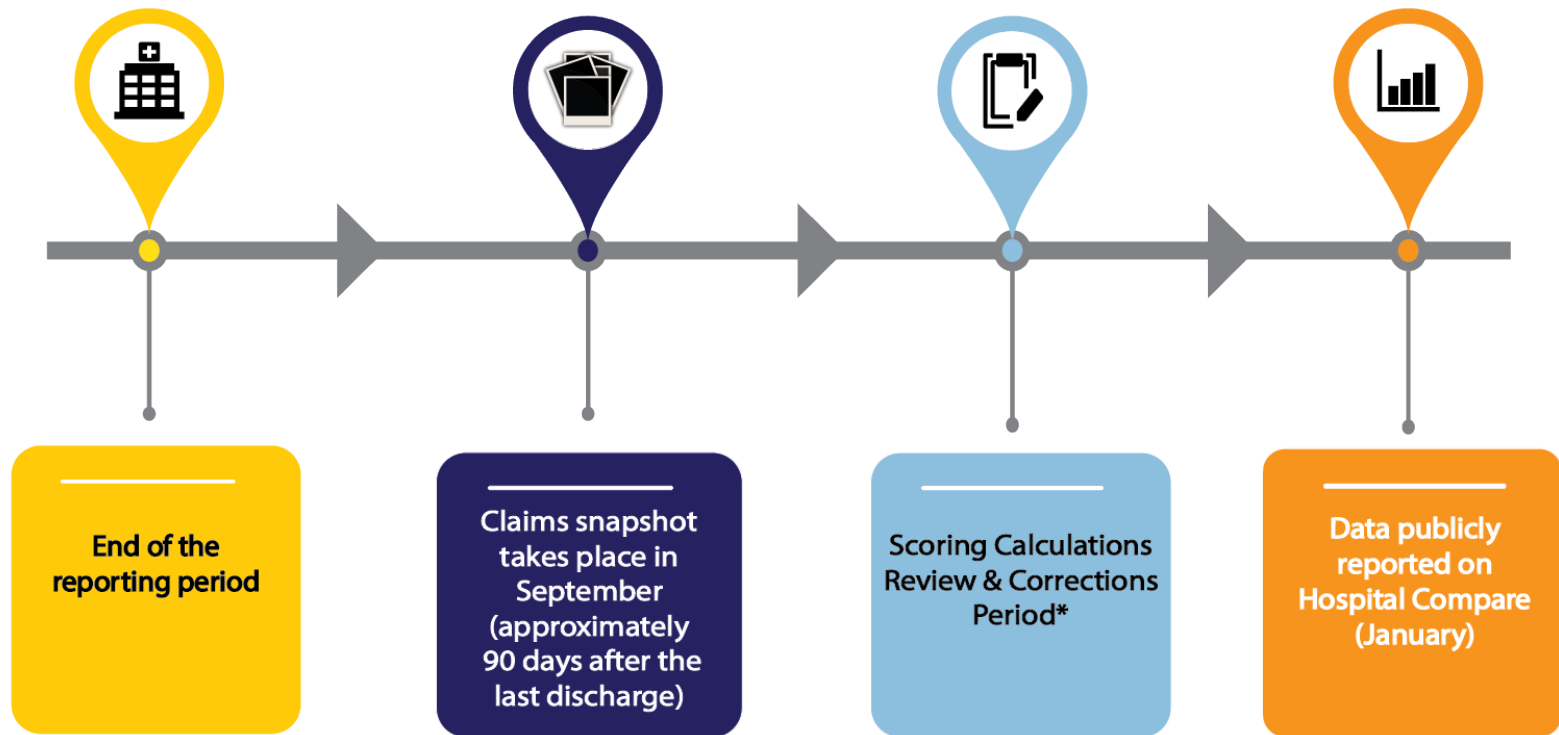
Correcting CMS PSI 90 Data

Hospitals **cannot** correct underlying data during the Scoring Calculations Review and Correction period, because hospitals have already had the opportunity to review and correct those data

For the CMS PSI 90:

- CMS takes an annual snapshot of claims data to perform measure calculations for claims-based measures
- The snapshot for FY 2021 calculations occurred on September 27, 2019
- Medicare Administrative Contractors must have processed all corrections to underlying claims by the snapshot date, and claim edits after this date will not be reflected in program results
- The next claims snapshot (for FY 2022 calculations) will occur on September 25, 2020

Claims-Based Data CMS PSI 90



*Hospitals may not change underlying data during this period

Correcting CDC NHSN HAI Data

Hospitals **cannot** correct underlying data during the Scoring Calculations Review and Correction period, because hospitals have already had the opportunity to review and correct that data

For the CDC NHSN HAI measures:

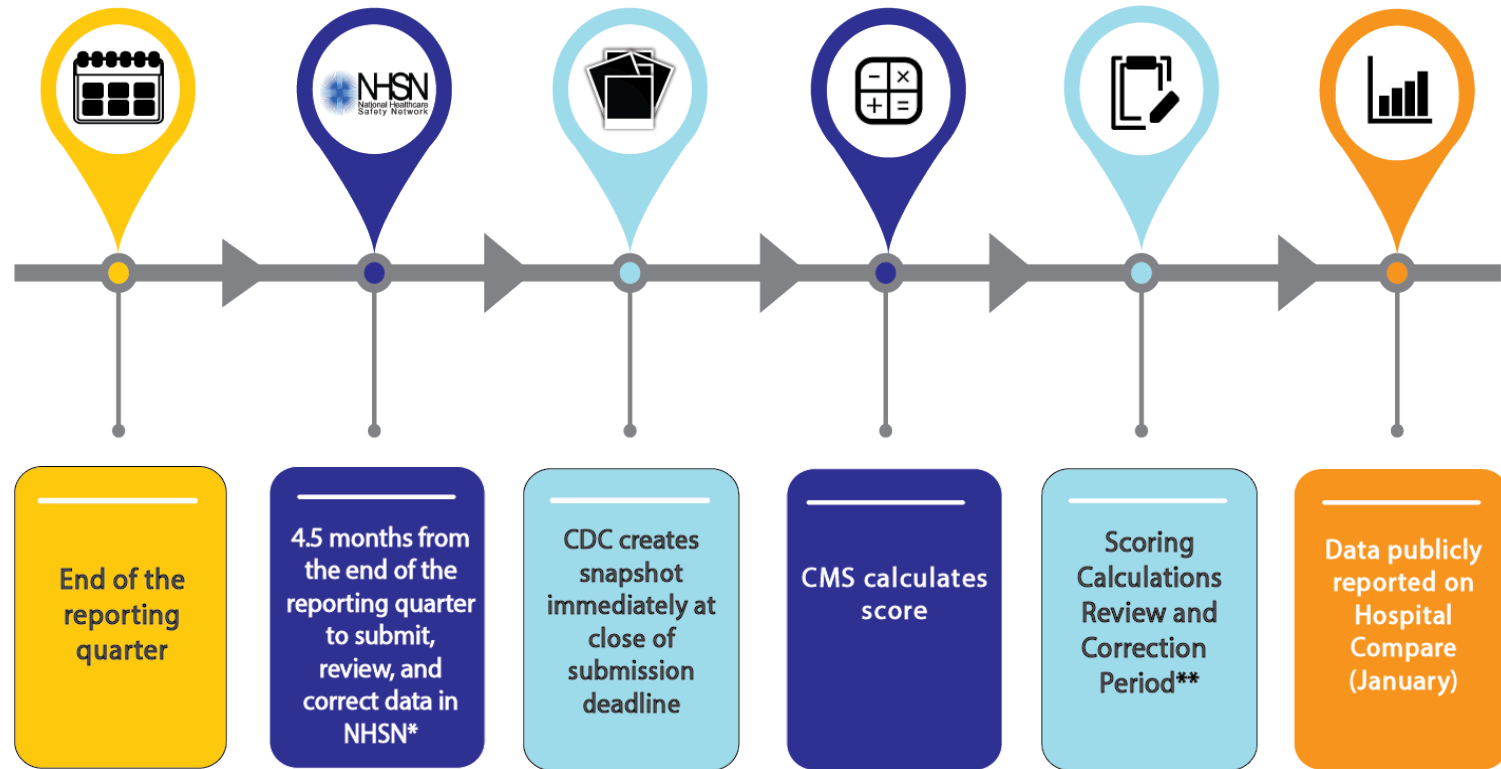
- Hospitals can submit, review, and correct the CDC NHSN HAI data for the full 4.5 months after the end of the reporting quarter
- Immediately after the NHSN submission deadline, CDC creates a data file for CMS to use in HAC Reduction Program calculations
- CMS does not receive or use data entered after the NHSN submission deadline
- CMS expects hospitals to review and correct their data before the NHSN submission deadline

NHSN Submission Deadlines

Reporting quarter	Applicable calendar months	NHSN submission deadline*
Q1	January, February, March	August 15
Q2	April, May, June	November 15
Q3	July, August, September	February 15
Q4	October, November, December	May 15

*If the 15th of the month falls on a Friday, Saturday, Sunday, or a federal holiday the NHSN submission deadline is the following business day

HAI Data Flow



*Eligible Hospitals have until the Q4 submission of each year to submit an HAI exemption form for CLABSI, CAUTI, and SSI only.

** The Scoring Calculations Review and Corrections period does not allow hospitals to correct: (1) reported number of HAIs; (2) standardized infection ratios (SIRs); and (3) reported central-line days, urinary catheter days, surgical procedures performed, or patient days.

More Information

CMS releases a HAC Reduction Program HSR User Guide and a Mock HSR on the *QualityNet* website

For more information on replicating results, hospitals can contact the HAC Reduction Program Support Team via the Quality Q&A Tool to:

- Submit questions about the replication process
- Request a copy of the Example Replication Instructions
- Request a copy of v10.0 of the CMS PSI Software
- https://cmsqualitysupport.servicenowservices.com/qnet_qa
- Refer to the FY 2020 Replication Instructions document on the *QualityNet* CMS PSI Resources webpage for instructions on how to use the CMS PSI Software: <https://www.qualitynet.org/inpatient/asures/psi/resources>

Public Reporting

In early 2021, CMS will release the following FY 2021 HAC Reduction Program information on Hospital Compare:

- CMS PSI 90, CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI measure scores
- Total HAC Score
- Payment reduction indicator

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

HAC Reduction Program Resources

General information on the HAC Reduction Program can be found on *QualityNet*: <https://www.qualitynet.org/inpatient/hac>

- Scoring Methodology Information on *QualityNet*:
<https://www.qualitynet.org/inpatient/hac/methodology>
- Scoring Calculations Review and Correction Information on *QualityNet*:
<https://www.qualitynet.org/inpatient/hac/payment#tab2>
- FY 2021 HSR User Guide and Mock HSR on *QualityNet*:
<https://www.qualitynet.org/inpatient/hac/reports>
- CMS PSI Resources on *QualityNet*:
<https://www.qualitynet.org/inpatient/asures/psi>

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https://cmsqualitysupport.servicenowservices.com/qnet_qa

Questions

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