



# **Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) Version 5.15a Review & Updates**

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**March 12, 2024**

# Speakers

## **Noel Albritton, MSN, RN, Lead Solutions Specialist**

Behavioral Development and Inpatient and Outpatient  
Measure Maintenance Support Contractor

## **Jennifer Witt, RN, Senior Quality Improvement Facilitator**

Behavioral Development and Inpatient and Outpatient  
Measure Maintenance Support Contractor

## **Moderator**

## **Donna Bullock, MPH, BSN, RN**

Program Lead, Hospital Inpatient Quality Reporting Program  
Inpatient, Value, Incentives, and Quality Reporting  
Outreach and Education Support Contractor

# Purpose

The purpose of this event is to:

- Clarify the changes and outline the rationale behind the updates to the Sepsis (SEP)-1 measure and guidance in Version (V) 5.15a of the specifications manual.
- Respond to frequently asked questions.

# Objective

Participants will be able to understand and interpret the guidance in Version 5.15a, effective for January 1, 2024, through June 30, 2024, discharges, of the specifications manual to ensure successful reporting of the SEP-1 measure.

# Acronyms and Abbreviations

<b>AMA</b>	against medical advice	<b>kg</b>	kilogram
<b>APN</b>	advance practice nurse	<b>LR</b>	Lactated Ringers
<b>ASC</b>	Ambulatory surgical center	<b>MAR</b>	Medication Administration Record
<b>BFCC</b>	Beneficiary and Family Centered Care	<b>MD</b>	medical doctor
<b>CA</b>	cancer	<b>Med/Surg</b>	Medical/Surgical
<b>CCN</b>	CMS Certification Number	<b>mL</b>	milliliter
<b>CHF</b>	congestive heart failure	<b>NS</b>	normal saline
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>OQR</b>	Outpatient Quality Reporting
<b>c/o</b>	complains of	<b>PA</b>	physician assistant
<b>DRA</b>	Deficit Reduction Act	<b>PC</b>	Perinatal Care
<b>ED</b>	emergency department	<b>PCH</b>	Prospective Payment System-exempt Cancer Hospital
<b>EMS</b>	emergency medical services	<b>PDF</b>	Portable Data Format
<b>ESRD</b>	End-Stage Renal Disease	<b>PHI</b>	Protected Health Information
<b>HA</b>	headache	<b>PI</b>	Promoting Interoperability
<b>HAC</b>	hospital-acquired condition	<b>PRN</b>	as needed
<b>HACRP</b>	Hospital-Acquired Condition Reporting Program	<b>pt</b>	patient
<b>HPI</b>	History of Present Illness	<b>Q&amp;A</b>	questions and answers
<b>hr</b>	Hour	<b>QIO</b>	Quality Improvement Program
<b>HRRP</b>	Hospital Readmission Reduction Program	<b>QIP</b>	Quality Incentive Program
<b>HVBP</b>	Hospital Value-Based Purchasing	<b>RN</b>	Registered Nurse
<b>ICU</b>	intensive care unit	<b>s/s</b>	signs/symptoms
<b>IPF</b>	inpatient psychiatric facility	<b>SEP</b>	sepsis
<b>IQR</b>	Inpatient Quality Reporting	<b>SNF</b>	skilled nursing facility
<b>IV</b>	intravenous	<b>V</b>	version

# Webinar Questions Follow-Up

If we do not answer your question during the webinar, please submit your question to the [QualityNet](#) Question and Answer Tool at this link:

[https://cmsqualitysupport.servicenowservices.com/qnet\\_qa](https://cmsqualitysupport.servicenowservices.com/qnet_qa)

If your question is about a specific slide, please include the slide number.

If you have a question unrelated to this webinar topic, we recommend that you first search for it in the QualityNet Question and Answer Tool. If you do not find an answer, then submit your question to us via the same tool.

Noel Albritton, MSN, RN, and Jennifer Witt, RN

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## **Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) Version 5.15a Review & Updates**

# *Severe Sepsis Present*

## (New Abstraction Guidance V5.15a)

- Select Value “2” if there is physician/APN/PA documentation that coronavirus or COVID-19 is suspected or present. Documentation of COVID-19 or coronavirus qualified with a term synonymous with possible, probable, likely, or suspected is acceptable. Do not use the positive and negative qualifier table for COVID-19 documentation.
  - **Do not use** physician/APN/PA documentation that refers to a previous diagnosis of COVID-19 or coronavirus (e.g., “recent COVID-19” or “history of COVID-19”).



# Severe Sepsis Present (New Abstraction Guidance V5.15a)

- **Do not use** documentation that COVID-19 is suspected or present if there is physician/APN/PA documentation that coronavirus or COVID-19 is not suspected or present within six hours following the initial documentation that coronavirus or COVID-19 is suspected or present.

## Example

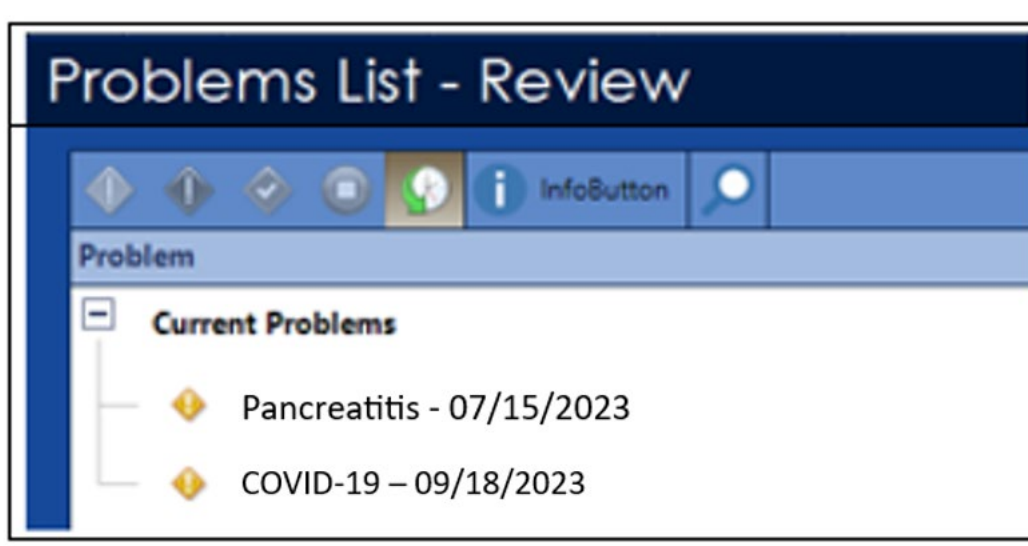
ED MD note at 0700: "suspect COVID-19 is cause of current respiratory symptoms"

Admitting MD note at 1115: "possible pneumonia, COVID-19 test negative"

- **Do not use** documentation that COVID-19 is suspected or present because there is subsequent physician documentation within six hours indicating COVID-19 is not present.

# Severe Sepsis Present Question #1

- Q. Would you select Value “2” (No) for the *Severe Sepsis Present* data element based only on the physician documentation of COVID-19 in the Current Problems list below?
- Hospital Admission: 02/21/2024 – 02/25/2024
  - MD note:

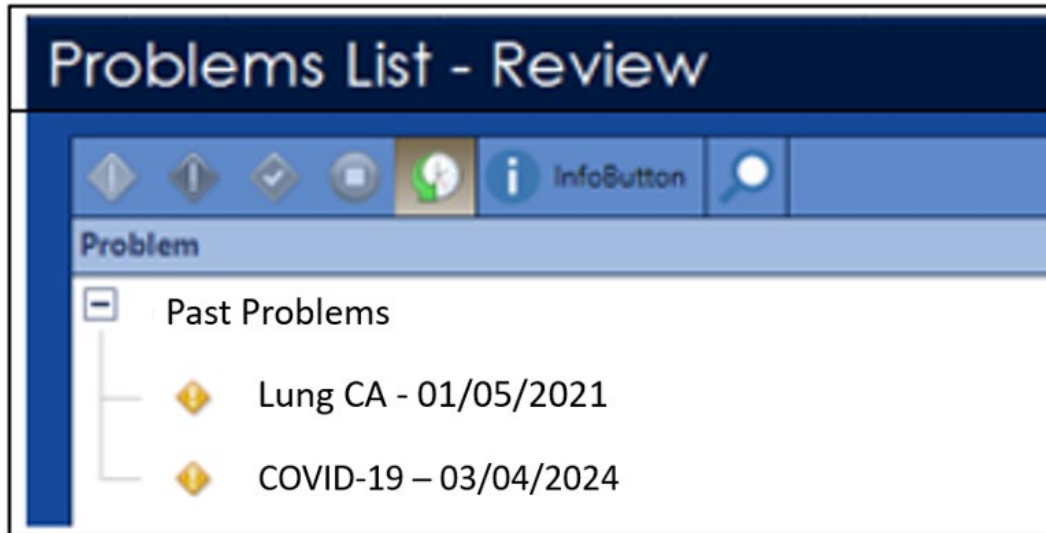


A. No.

# Severe Sepsis Present

## Question #2

- Q. Would you select Value “2” (No) for the *Severe Sepsis Present* data element based only on the physician documentation of COVID-19 in the Current Problems list below?
- Hospital Admission: 03/02/2024 – 03/09/2024
  - MD note:



The screenshot shows a software interface titled "Problems List - Review". It features a toolbar with navigation icons and an "InfoButton". Below the toolbar, there is a section labeled "Problem" with a minus sign icon. Underneath, a list of "Past Problems" is displayed:

- Lung CA - 01/05/2021
- COVID-19 – 03/04/2024

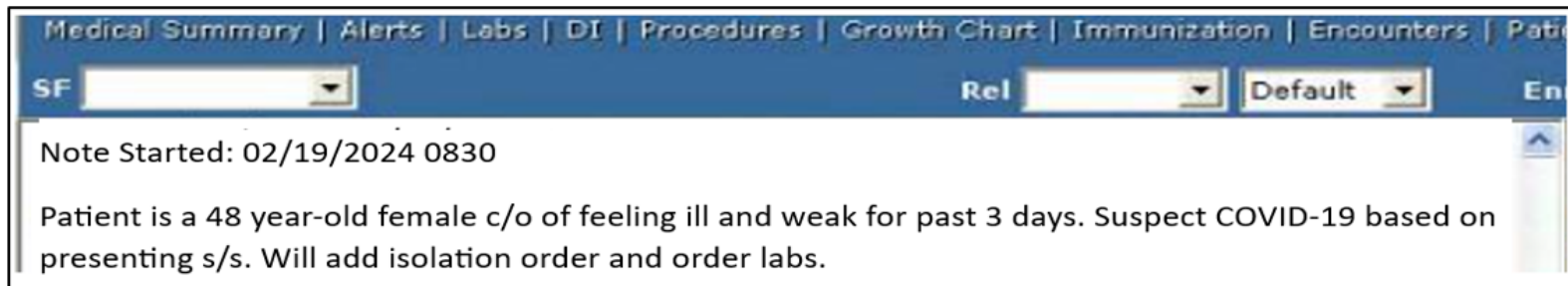
A. Yes.

# Severe Sepsis Present

## Question #3

Q. Would you use the documentation below to select Value “2” (No) for the *Severe Sepsis Present* data element based only on the documentation below?

- Physician documentation:



The screenshot shows a medical note in an EHR system. The top navigation bar includes links for Medical Summary, Alerts, Labs, DI, Procedures, Growth Chart, Immunization, Encounters, and Patient. Below the navigation bar, there are dropdown menus for 'SF', 'Rel', and 'Default'. The note text reads: 'Note Started: 02/19/2024 0830' followed by 'Patient is a 48 year-old female c/o of feeling ill and weak for past 3 days. Suspect COVID-19 based on presenting s/s. Will add isolation order and order labs.'

- Lab Report 02/19/2024 0930:

<b>SARS-COV-2 RNA</b>	Negative	Negative	Final
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A. Yes.

# Knowledge Check:

## *Severe Sepsis Present*

Which allowable value would you select for *Severe Sepsis Present* if the physician stated “No COVID-19” at 1400 and the PA stated “COVID-19 possible” at 1600?

- A. Value “1” (Yes)
- B. Value “2” (No)

# Knowledge Check:

## *Severe Sepsis Present*

Which allowable value would you select for *Severe Sepsis Present* if the physician stated “No COVID-19” at 1400 and the PA stated “COVID-19 possible” at 1600?

A. Value “1” (Yes)

B. Value “2” (No)



# ***Severe Sepsis Presentation Date and Severe Sepsis Presentation Time (New Abstraction Guidance V5.15a)***

- Use the earliest documented arrival date/time for patients who enter the Emergency Department with the following:
  - Severe sepsis clinical criteria met in pre-hospital records
  - Physician/APN/PA documentation of severe sepsis in pre-hospital records
  - Physician/APN/PA documentation that severe sepsis was present on arrival
  - **Physician/APN/PA documentation that severe sepsis was present with a documented presentation date/time that is prior to arrival**



# Severe Sepsis Presentation Date & Severe Sepsis Presentation Time

## Question #1

Q. Which date and time would you use for the *Severe Sepsis Presentation Date* and *Time* based on the information below?

- Physician note:

<b>HPI:</b>	[Add/Edit Note]
Pt. met severe sepsis criteria 04/28/2024 at 1600.	

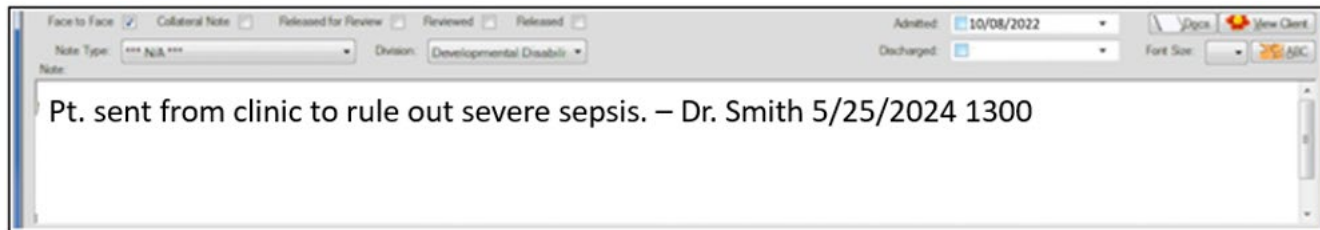
- Arrival date and time to ED: 04/28/2024 1830
- Admission date and time to ICU: 04/28/2024 1945

A. 04/28/2024 at 1830

# Severe Sepsis Presentation Date & Severe Sepsis Presentation Time

## Question #2

- Q. Which date and time would you use for the *Severe Sepsis Presentation Date* and *Time* based on the information below?
- Physician note:



The screenshot shows an EHR note entry window. The note text is: "Pt. sent from clinic to rule out severe sepsis. – Dr. Smith 5/25/2024 1300". The window includes a header with various checkboxes (Face to Face, Collateral Note, Released for Review, Reviewed, Released), a date field (Admitted: 10/08/2022), and a dropdown menu (Discharged: [blank]). The note type is "N/A" and the division is "Developmental Disability".

- Arrival date and time to ED: 05/25/2024 1330
- Admission date and time: 05/25/2024 1830

A. 05/25/2024 at 1330

# ***Directive for Comfort Care or Palliative Care, Septic Shock / Severe Sepsis (New Abstraction Guidance V5.15a)***

- Only accept terms identified in the list of inclusions **or synonymous with an inclusion term.**

# ***Directive for Comfort Care or Palliative Care, Severe Sepsis***

## **Question #3**

- Q. Would you select value “1” (Yes) for the *Directive for Comfort Care or Palliative Care* data element based only on the documentation below?
- Palliative Medicine Consult ordered: 02/19/2024 1800
  - Severe Sepsis Presentation Date and Time: 02/19/2024 2100

A. Yes.

# Knowledge Check:

## *Directive for Comfort Care or Palliative Care, Severe Sepsis*

Which allowable value would you select if the *Severe Sepsis Presentation Time* was 1500, and the physician stated, “plan to consult hospice team” at 1700?

- A. Value “1” (Yes)
- B. Value “2” (No)

# Knowledge Check:

## *Directive for Comfort Care or Palliative Care, Severe Sepsis*

Which allowable value would you select for *Directive for Comfort Care or Palliative Care, Severe Sepsis* if the *Severe Sepsis Presentation Time* was 1500, and the physician stated, “plan to consult hospice team” at 1700?

**A. Value “1” (Yes)**

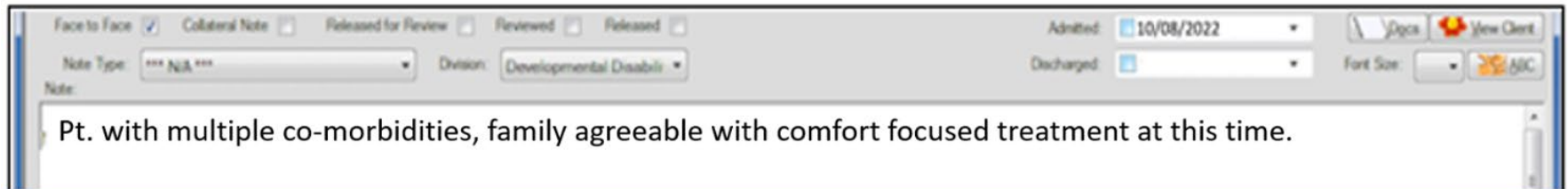
**B. Value “2” (No)**

# Directive for Comfort Care or Palliative Care, Severe Sepsis

## Question #4

Q. Would you select value “1” (Yes) for the *Directive for Comfort Care or Palliative Care* data element based only on the documentation below?

Physician note:



The screenshot shows a medical note interface. At the top, there are several checkboxes: 'Face to Face' (checked), 'Collateral Note', 'Released for Review', 'Reviewed', and 'Released'. To the right, there are fields for 'Admitted: 10/08/2022' and 'Discharged:'. Below these are dropdown menus for 'Note Type: \*\*\* N/A \*\*\*' and 'Division: Developmental Disability'. The main text area contains the note: 'Pt. with multiple co-morbidities, family agreeable with comfort focused treatment at this time.'

A. Yes

# *Discharge Time*

## **(New Abstraction Guidance V5.15a)**

- Use the time that is directly associated with the documentation indicating the patient actually left (e.g., time patient was discharged from acute inpatient care, left AMA, or transferred out to another facility).



# *Discharge Time*

## **(New Abstraction Guidance V5.15a)**

- If the patient was discharged from acute inpatient care, was no longer receiving acute inpatient care, but remained in the same hospital, use the time directly associated with the documentation that the patient was discharged from acute inpatient care (e.g., acute inpatient care discharge and admit to inpatient hospice services).

# *Discharge Time*

## Question #1

Q. Which time would you use for the *Discharge Time* based only on the below documentation?

- Discharge from Med/Surg (acute care): 06/19/2024 1600
- Admission to hospice: 06/19/2024 1545
- Discharge to Mercy Hospice Center: 06/20/2024 0900

A. 1600

# *Discharge Time*

## **(New Abstraction Guidance V5.15a)**

- Use the earliest time that is directly associated with the documentation indicating the patient actually left if there are multiple times documented when the patient was discharged from acute inpatient care or left AMA.

# *Discharge Time*

## Question #2

Q. Which time would you use for the *Discharge Time* based only on the below documentation?

- Discharge Summary: 1700
- Gave discharge instructions: 1745
- Patient left on stretcher with EMS: 1800
- Discharge from acute care: 1830

A. 1800

# *Discharge Time*

## (New Abstraction Guidance V5.15a)

- Use the earliest time that is directly associated with the documentation indicating the patient actually left if there is subsequent documentation of care after this time.
- Do not use the time the order was written.

# *Discharge Time*

## Question #3

Q. Which time would you use for the *Discharge Time* based only on the below documentation?

- Discharge Summary: 1200
- Discharge from acute care via wheelchair: 1330
- MAR pain med administer: 1345
- RN Note: 1400 “pt c/o of HA, PRN pain med given”

A. 1330

# *Crystalloid Fluid Administration* (New Abstraction Guidance V5.15a)

- A physician/APN/PA order for less than 30 mL/kg of crystalloid fluids is acceptable for the target ordered volume if all of the following criteria were met:
  - There is a physician/APN/PA order for the lesser volume of crystalloid fluids as either a specific volume (e.g., 1500 mL) or a weight-based volume (e.g., 25 mL/kg).
  - The ordering physician/APN/PA documented within a single source (e.g., note or order) in the medical record all of the following:
    - The volume of fluids to be administered as either a specific volume (e.g., 1500 mL) or a weight-based volume (e.g., 25 mL/kg).
    - AND a reason for ordering a volume less than 30 mL/kg of crystalloid fluids. Reasons include and are not limited to the following:
      - Concern for fluid overload
      - Heart failure
      - Renal failure
      - Blood pressure responded to lesser volume
      - A portion of the crystalloid fluid volume was administered as colloids (If a portion consisted of colloids, there must be an order and documentation that colloids were started or noted as given,)

# ***Crystalloid Fluid Administration*** **(New Abstraction Guidance V5.15a)**

- If there are multiple physician/APN/PA orders for lesser volumes with documented reasons, use the total of the lesser volumes ordered within the specified time of six hours prior through three hours after the triggering event.



# ***Crystalloid Fluid Administration***

## **Question #1**

Q. Which volume would you use as the target ordered volume?

Patient weight 70 kg,  $30 \text{ mL/kg} = 2100 \text{ mL}$

Initial Hypotension: 14:00

### **IV Fluid Orders:**

13:00: NS 0.9% IV volume 500 mL over 1 hr

Order Comments: CHF

17:00: NS 0.9% IV volume 500 mL over 1 hr

Order Comments: Fluid overloaded

### **MAR:**

13:10 new bag 500 mL NS, stop time 14:10

17:15 new bag 500 mL NS, stop time 18:15

A. 1000 mL

# ***Crystalloid Fluid Administration***

## **Question #2**

Q. Which volume would you use as the target ordered volume?

Patient weight 90 kg,  $30 \text{ mL/kg} = 2700 \text{ mL}$

Septic shock: 09:00

### **IV Fluid Orders:**

09:20: NS 0.9% IV volume 1000 mL over 1 hr

Order Comments: Give 1000 mL to avoid overload.

11:30: NS 0.9% IV volume 500 mL over 1 hr

### **MAR:**

09:25 new bag 1000 mL NS, stop time 10:25

11:45 new bag 500 mL NS, stop time 12:45

A. 1000 mL

# Knowledge Check:

## *Crystalloid Fluid Administration*

Would you use 0 mL as the target ordered volume for the *Crystalloid Fluid Administration* data element based only on the physician statement, “Ordering 0 mL due to CHF?”

- A. Yes
- B. No

# Knowledge Check:

## *Crystalloid Fluid Administration*

Would you use 0 mL as the target ordered volume for the *Crystalloid Fluid Administration* data element based only on the physician statement, “Ordering 0 mL due to CHF?”

A. Yes

**B. No**

# ***Crystalloid Fluid Administration*** **(New Abstraction Guidance V5.15a)**

- If a lesser volume is ordered and there is physician/APN/PA documentation indicating the target ordered volume is 30 mL/kg within six hours after the lesser volume is ordered, use the 30 mL/kg volume as the target ordered volume.

# ***Crystalloid Fluid Administration***

## **Question #3**

Q. Which volume would you use as the target ordered volume?

Patient weight 82 kg, 30 mL/kg = 2460 mL

Initial hypotension: 21:00

### **IV Fluid Orders:**

21:30: NS 0.9% IV volume 250 mL over 30 minutes

Order Comments: 250 mL due to mild hypotension

### **Physician note:**

23:15: "Pt met septic shock criteria, ordering 30 mL/kg now."

A. 2460 mL

# ***Crystalloid Fluid Administration***

## **Question #4**

Q. Which volume would you use as the target ordered volume?

Patient weight 75 kg, 30 mL/kg = 2250 mL

Septic shock: 19:20

**ED physician note:**

“Giving 500 mL due to ESRD”

**IV Fluid Orders:**

1830: LR IV volume 500 mL over 60 minutes

**Hospitalist note:**

2200: “Hypotension worsening, pt received 500 mL in ED, adding 1750 mL for total of 2250 mL.”

A. 2250 mL

# ***Septic Shock Presentation Date and Septic Shock Presentation Time (New Abstraction Guidance V5.15a)***

- Use the earliest documented arrival date/time for patients who enter the Emergency Department with the following:
  - Septic shock clinical criteria met in pre-hospital records
  - Physician/APN/PA documentation of septic shock in pre-hospital records
  - Physician/APN/PA documentation that septic shock was present on arrival
  - Physician/APN/PA documentation that septic shock was present with a documented presentation date/time that is prior to arrival



# Septic Shock Presentation Date and Septic Shock Presentation Time Question #1

Q. Which date and time would you use for the *Septic Shock Presentation Date* and *Time* based on the information below?

- ED physician note:

<b>HPI:</b>	[Add/Edit Note]
Call from Dr. Smith at University Geriatric Care states he identified septic shock at 1230 today (5/15/2024) in the office and EMS is enroute now.	

- Arrival date and time to ED: 05/15/2024 1255
- Admission date and time to ICU: 05/15/2024 1345

A. 05/15/2024 1255

Jennifer Witt, RN

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## **Knowledge Check Q&A Review**

# Knowledge Check:

## *Severe Sepsis Present*

Which allowable value would you select for *Severe Sepsis Present* if the physician stated “No COVID-19” at 1400, and the PA stated “COVID-19 possible” at 1600?

A. Value “1” (Yes)

B. Value “2” (No)

# Knowledge Check:

## Directive for Comfort Care or Palliative Care, Severe Sepsis

Which allowable value would you select for *Directive for Comfort Care or Palliative Care, Severe Sepsis* if the *Severe Sepsis Presentation Time* was 1500, and the physician stated “plan to consult hospice team” at 1700?

**A. Value “1” (Yes)**

**B. Value “2” (No)**

# Knowledge Check:

## *Crystalloid Fluid Administration*

Would you use 0 mL as the target ordered volume for the *Crystalloid Fluid Administration* data element based only on the MD statement, “Ordering 0 mL due to CHF?”

A. Yes

**B. No**

Noel Albritton, MSN, RN

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## **Submitting Questions to the QualityNet Question and Answer Tool**

# Webinar Questions Follow-Up

If we do not answer your question during the webinar, please submit your question to the [QualityNet](#) Question and Answer Tool at this link:

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If you have a question unrelated to this webinar topic, we recommend that you first search for it in the QualityNet Question and Answer Tool. If you do not find an answer, then submit your question to us via the same tool.

# Submitting a Question

The screenshot shows the CMS.gov Quality Question and Answer Tool interface. At the top left, the logo reads "CMS.gov | QualityNet". Below the logo are navigation links: "Quality Q&A Tool", "Ask a Question", "Browse Program Articles", and "My Questions". On the top right, there is a link for "How to Use this Tool". The main heading is "Quality Question and Answer Tool" with the subtitle "Your one-stop shop for CMS Quality Answers". Below the heading is a search bar with the placeholder text "Search for the answer to your question" and a search icon. At the bottom, there are three main action buttons: "Browse" (with a document icon and the subtext "View existing articles"), "My Questions" (with a database icon and the subtext "Both Old & New Q&A tools"), and "Ask a Question" (with a question mark icon and the subtext "Submit a Question to CMS").

- Click **Browse** to search for existing questions and answers.
- Click **Ask a Question** to submit a new question.



# Submitting a Question

## QualityNet Question and Answer Site

### Submit a Question to Our Support Team

\* Indicate required field

**WARNING:** Individually identifiable health information in this system is subject to the Health Information Portability and Accountability Act of 1996 and the Privacy Act of 1974. Submission of questions to the QIO and Hospital Q&A System that contains Protected Health Information (PHI) is a violation of these Acts. **Questions containing PHI will be deleted from the system and not processed.** For detailed information regarding transmitting or receiving healthcare information or data read the [QualityNet System Security Policy \(PDF\)](#).

### Tell us about yourself.

First Name \*

Limit 75 chars

Last Name \*

Limit 75 chars

Email Address \*

e.g. joe@domain.com

Confirm Email Address \*

Phone Number

(xxx)xxx-xxxx(ext.)

### Question Details

Program \*

Select from the drop down

# Submitting a Question


**Question Details**


Program \*

Select from the drop down

- ASC - Ambulatory Surgical Centers - Quality Reporting
- BFCC-QIO - Beneficiary and Family Centered Care-Quality Improvement Organization
- DRA HAC - Deficit Reduction Act Hospital-Acquired Conditions
- ESRD QIP - End-Stage Renal Disease -Quality Incentive Program
- HACRP - Hospital-Acquired Condition Reduction Program
- Hospital Compare - Hospital Compare Site Support
- HRRP - Hospital Readmissions Reduction Program
- HVBP - Hospital Value Based Purchasing
- Inpatient - Measures & Data Element Abstraction**
- Inpatient Claims-Based Measures
- IPF - Inpatient Psychiatric Facility
- IQR - Inpatient Quality Reporting
- OQR - Outpatient Quality Reporting
- Overall Hospital Star Ratings
- PCH - Cancer Hosp. Quality Reporting
- PI - Promoting Interoperability
- Public Reporting & Preview Period
- SNF VBP - Skilled Nursing Facility Value-Based Purchasing
- Validation

I'm not a robot

  
reCAPTCHA  
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 SUBMIT QUESTION

# Submitting a Question

The image shows a web form for submitting a question. The form is partially obscured by a modal window titled "Select a topic".

**Question Details**

Program \*  
Inpatient - Measures & Data Element Ab

Topic \*  
*Select from the list of topics*

Hospital CCN  
#####

Reporting Quarter  
*Select from the drop down*

Discharge Period \*  
*Select from the drop down*

Subject \*  
*Limit 160 chars*

Please describe your question \*  
*Enter your question for CMS (limit 4,000 chars)*

**Select a topic**

- Inpatient - Measures & Data Element Abstraction
  - Hospital Inpatient - ED
    - Arrival Date/Time
    - Decision to Admit Date/Time
    - ED Departure Date/Time
    - ED Patient
  - Hospital Inpatient - PC-01
    - Data Submission
    - General Abstraction Guidelines
    - Population and Sampling
  - Hospital Inpatient - Sepsis
    - Administrative Contraindication to Care
    - Blood Culture Collection

OK

# Submitting a Question

**Question Details**

Program \*

Topic \*

Hospital CCN  
 6 Digit CMS Certification Number, Numeric only. Format: #####

Reporting Quarter

Discharge Period \*

Subject \*

Please describe your question \*

Noel Albritton, MSN, RN, and Jennifer Witt, RN

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## **Questions and Answers**

# Continuing Education Approval

This program has been approved for [continuing education credit](#) for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

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