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F5 Key  
Top row of keyboard

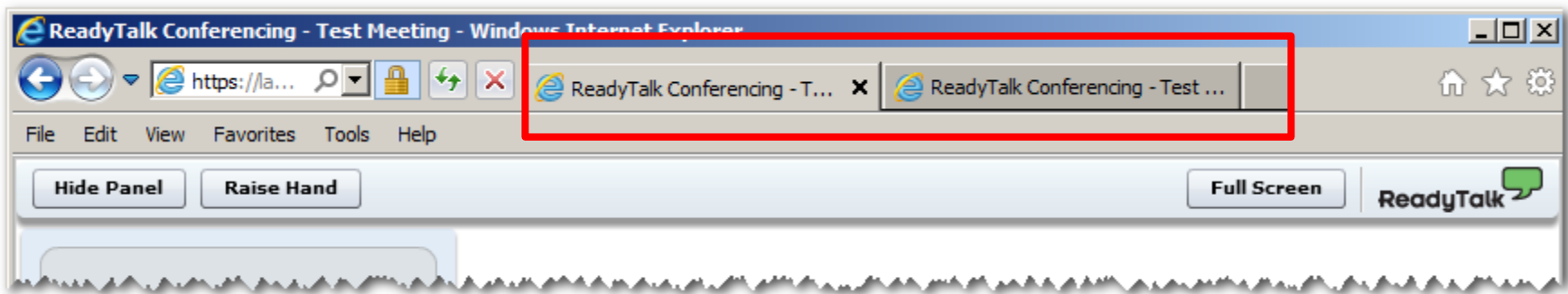


Location of Buttons

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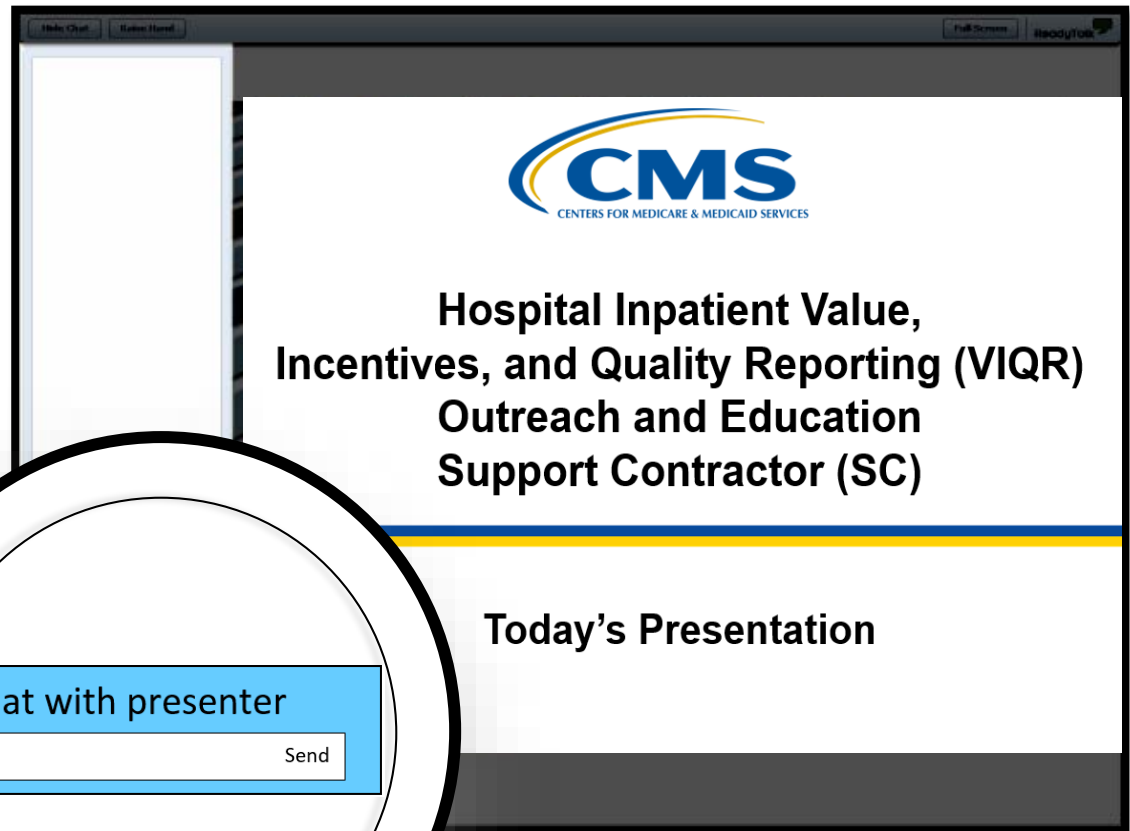
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# **Quality Measures at CMS: A Closer Look at the Measure Development Lifecycle and CMS' Meaningful Measures Initiative**

## **Speaker**

**Kimberly Rawlings, MPP**

Measures Management System Lead, Centers for Medicare & Medicaid Services (CMS)

## **Moderator**

**Evette Robinson, MPH**

Project Lead, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor (SC)

**February 15, 2018**

# Purpose

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This presentation will discuss the following:

- Basics of quality measures and their components
- Five phases of the measure development lifecycle
- Resources for further learning
- CMS' Meaningful Measures Initiative

# Learning Objectives

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By the end of this presentation, participants will be able to perform the following tasks:

- Describe the components of a quality measure
- Provide examples of how quality measures are used
- Identify the five phases of the measure development lifecycle
- Locate resources for further learning
- Describe the Meaningful Measures framework

# Acronyms

<b>CAHPS</b>	Consumer Assessment of Healthcare Providers and Systems	<b>MER</b>	Measure Evaluation Reports
<b>CAUTI</b>	catheter-associated urinary tract infections	<b>MIF</b>	Measure Information Form
<b>CE</b>	continuing education	<b>MMS</b>	Measures Management System
<b>CHIP</b>	Children's Health Insurance Program	<b>MRSA</b>	Methicillin-resistant Staphylococcus aureus
<b>CLABSI</b>	central line-associated bloodstream infection	<b>MSSP</b>	Medicare Shared Savings Program
<b>CMMI</b>	Center for Medicare and Medicaid Innovation	<b>MUC</b>	Measures under Consideration
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>NQF</b>	National Quality Forum
<b>COR</b>	Contracting Officer's Representative	<b>OMB</b>	Office of Management and Budget
<b>DHHS</b>	Department of Health and Human Services	<b>PPS</b>	Prospective Payment System
<b>HER</b>	electronic health records	<b>PROMs</b>	Patient-Reported Outcome Measurement
<b>ESRD QIP</b>	End-Stage Renal Disease Quality Incentive Program	<b>Q</b>	quarter
<b>FUH</b>	Follow-Up After Hospitalization for Mental Illness	<b>QIO</b>	Quality Improvement Organization
<b>HACRP</b>	Hospital-Acquired Condition Reduction Program	<b>QPP</b>	Quality Payment Program
<b>HF</b>	heart failure	<b>QRP</b>	Quality Reporting Program
<b>HH QRP</b>	Home Health Quality Reporting Program	<b>QRS</b>	Health Insurance Market Place Quality Rating System
<b>HQRP</b>	Hospice Quality Reporting Program	<b>SC</b>	Support Contractor
<b>HVBP</b>	Hospital Value-Based Purchasing Program	<b>Sfusion</b>	spinal fusion
<b>IOM</b>	Institute of Medicine	<b>SNF QRP</b>	Skilled Nursing Facility Quality Reporting Program
<b>IPF</b>	Inpatient psychiatric facility	<b>SRR</b>	standardized risk ratio
<b>IPFQR</b>	Inpatient Psychiatric Facility Quality Reporting	<b>SSI</b>	Surgical Site Infections
<b>IQR</b>	Inpatient Quality Reporting	<b>TEP</b>	Technical Expert Panel
<b>IRB</b>	Institutional Review Board	<b>V</b>	version
<b>IRF QRP</b>	Inpatient Rehabilitation Facility Quality Reporting Program	<b>VIQR</b>	Value, Incentives, and Quality Reporting
<b>LTCH QRP</b>	Long-Term Care Hospital Quality Reporting Program	<b>VM</b>	Value Modifier
<b>MAP</b>	Measure Applications Partnership		



Quality Measures at CMS: A Closer Look at the Measure Development Lifecycle and CMS' Meaningful Measures Initiative

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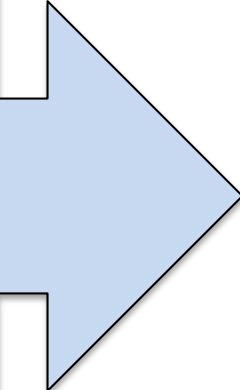
## **Quality Measurement 101**

# What are Quality Measures?

“Quality measures are tools that help us measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality healthcare and/or that relate to one or more quality goals for healthcare. These goals include: effective, safe, efficient, patient-centered, equitable, and timely care.”

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/index.html>

# Why Measure?

- Evidence-based approach to improving health quality
  - Monitor health outcomes as related to how care is delivered
  - Assure accountability that quality initiatives are implemented
  - Transparency – public reporting of quality
- 

- Payment programs
- Quality reporting programs
- Public reporting programs
- Quality improvement activities

# Alcohol and Other Drug Use Disorder Treatment at Discharge

**Description:** This rate describes only those who receive a prescription for FDA-approved medications for alcohol or drug use disorder OR a referral for addictions treatment.

**Numerator:** The number of patients who received a prescription at discharge for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment

**Denominator:** The number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder

**Denominator Exclusions:** The following 11 exclusions apply: patients less than 18 years of age; patients drinking at unhealthy levels who do not meet criteria for an alcohol use disorder; patients who are cognitively impaired; patients who expire; patients discharged to another hospital; patients who left against medical advice; patients discharged to another healthcare facility; patients discharged to home or another healthcare facility for hospice care; patients who have a length of stay less than or equal to three days or greater than 120 days; patients who do not reside in the United States; patients receiving comfort measures only documented

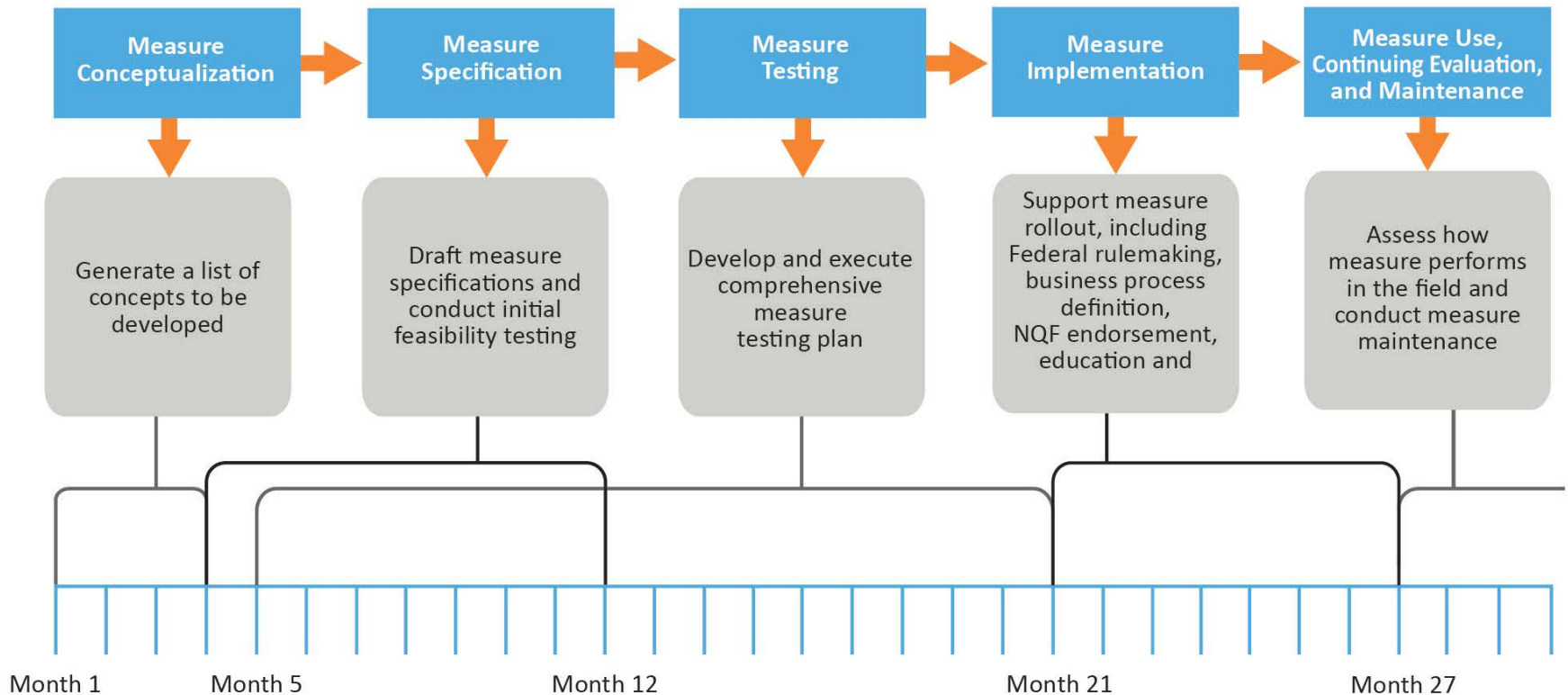
# Types of Measures

- **Structural**
  - Focus on a feature of the healthcare organization or clinician related to the capacity to provide high-quality care (e.g., Assessment of Patient Experience of Care)
- **Process**
  - Focus on a healthcare-related activity performed for or on behalf of a patient (e.g., Tobacco Use Screening)
  - Most common type of quality measure
- **Outcome**  
**(Patient Reported Outcome, Outcome, Intermediate Outcome)**
  - Focus on a health state of a patient resulting from healthcare (e.g., 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility)
- **Composite**
- **Efficiency**
- **Cost and Resource Use**

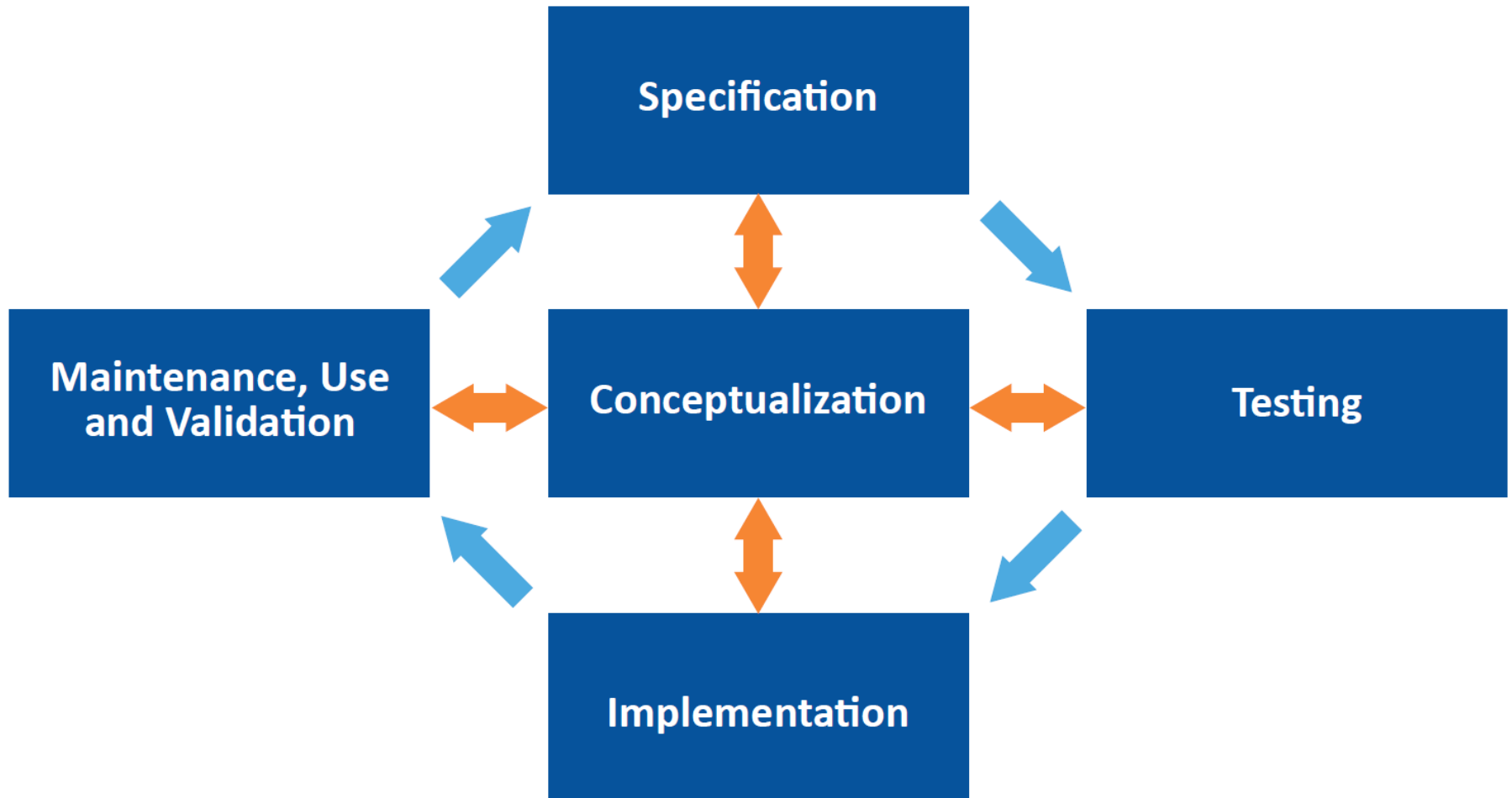
# Data Sources for Quality Measures

- Administrative Data – Derived from insurance claims and enrollment files
- Medical Records – Provide details about the care being received (e.g., patient's history, condition, complications).
- Patient Surveys – Measures patient experience with care (e.g., CAHPS).
- Electronic Health Records – EHR Incentive Program and Meaningful Use; hybrid data sources
- Assessment Instruments

# Measure Development Lifecycle



# Measure Development Lifecycle





Quality Measures at CMS: A Closer Look at the Measure Development Lifecycle and CMS' Meaningful Measures Initiative

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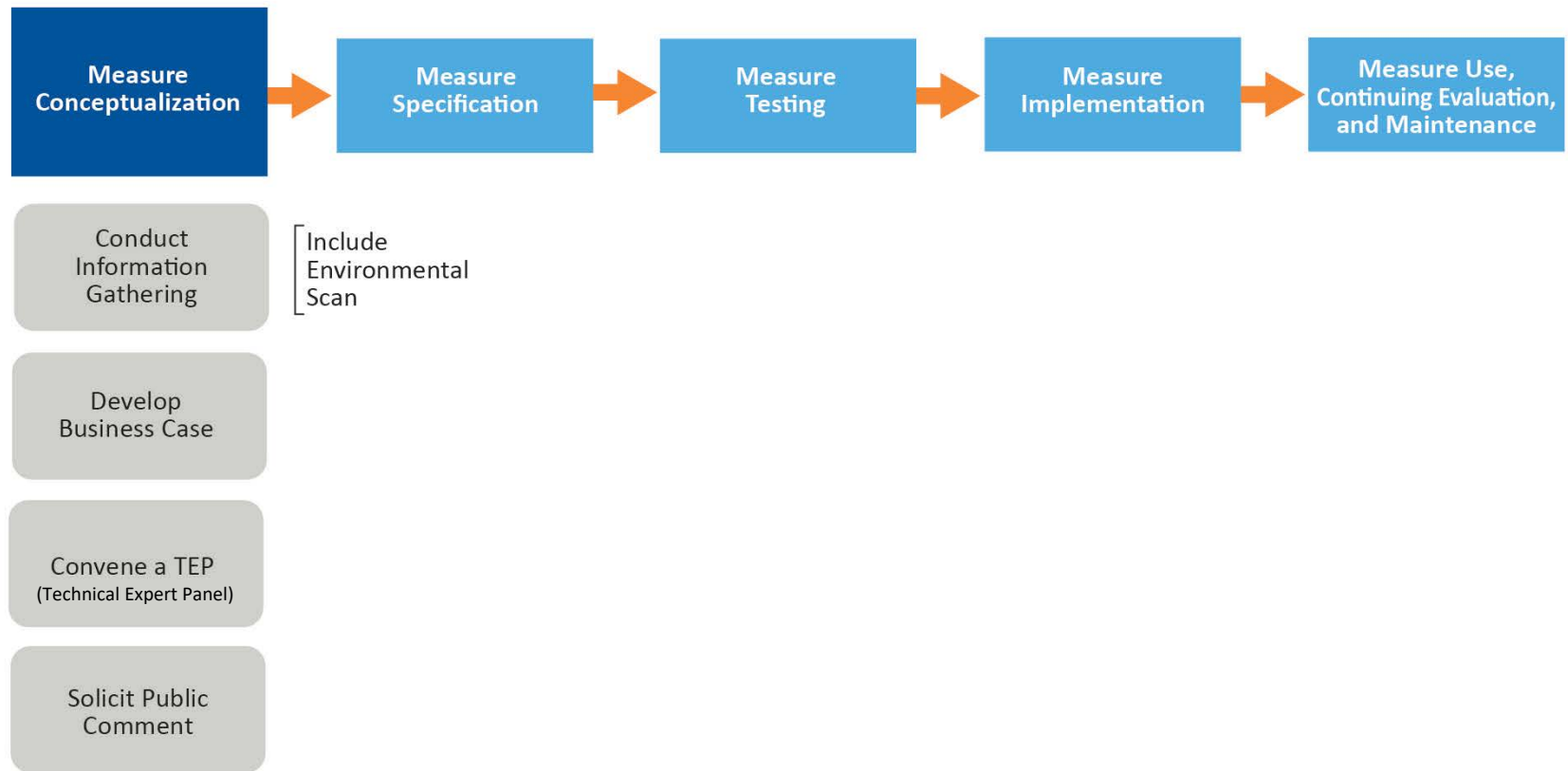
## **In-Depth Look at the Measure Development Lifecycle**

# Measure Conceptualization

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Define measurement concepts or ideas that are meaningful and important to those who receive care and those who provide it

# Measure Conceptualization: Steps



# Measure Conceptualization: Information Gathering

**Information gathering** is a broad term that includes an environmental scan (literature review, clinical practice guidelines search, interviews, and other related activities) and empirical data analysis. These activities are conducted to:

- Obtain information that will guide the prioritization of topics or conditions.
- Inform the measure specifications.
- Help develop the initial business case.

# Measure Conceptualization: Business Case

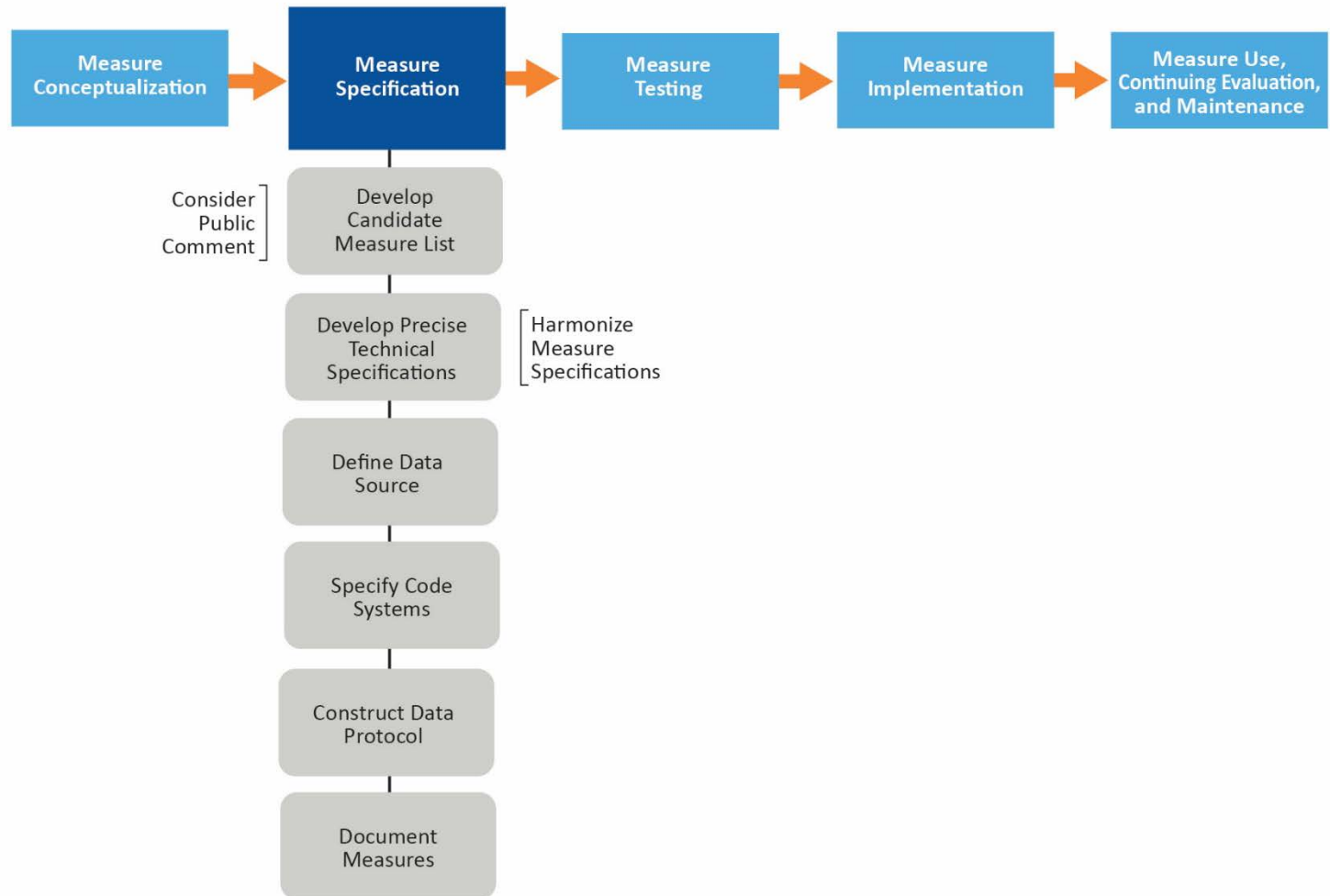
- **The business case** predicts the return on investment of resources in developing and implementing measures.
- Returns on investment can be defined as the following:
  - Lives saved
  - Complications prevented
  - Clinical practice improved
  - Person and caregiver experience enhanced
- The goal is to explain how the potential improvement to healthcare quality outweighs the costs and effort to collect the data and compute the measure score.

# Measure Specification

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Define and develop the selected measures and present them for review and feedback.

# Measure Specification: Steps



# Measure Specification

The following steps are performed to develop the full measure technical specifications:

- Develop the candidate measure list
- Develop precise technical specifications and update the Measure Information Form (MIF)
- Define the data source
- Specify the code systems
- Construct data protocol
- Document the measures and obtain Contracting Officer Representative (COR) approval



# Measure Specification: Measure Components

## Measure Construct Components

- Initial population
- Denominator
- Numerator
- Exclusions and exceptions
- Calculation algorithm

## Detailed Data Elements

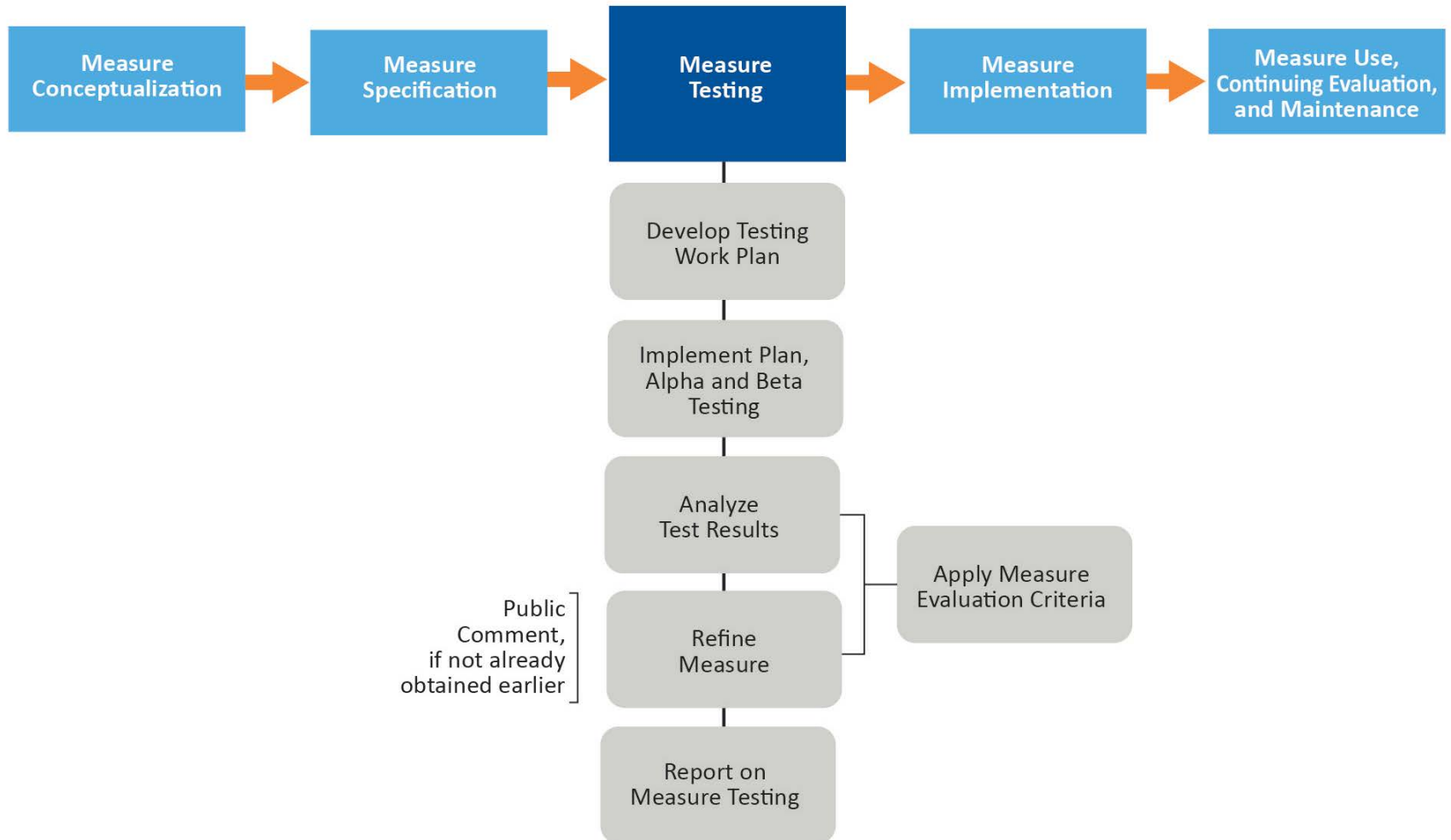
- Measure name, description
- Data sources
- Key terms, data elements, code sets
- Unit of measurement or analysis
- Sampling
- Risk adjustment
- Time windows
- Measure results

# Measure Testing

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Plan comprehensive measure testing to evaluate whether the proposed measures will support the intended quality programs successfully.

# Measure Testing: Steps

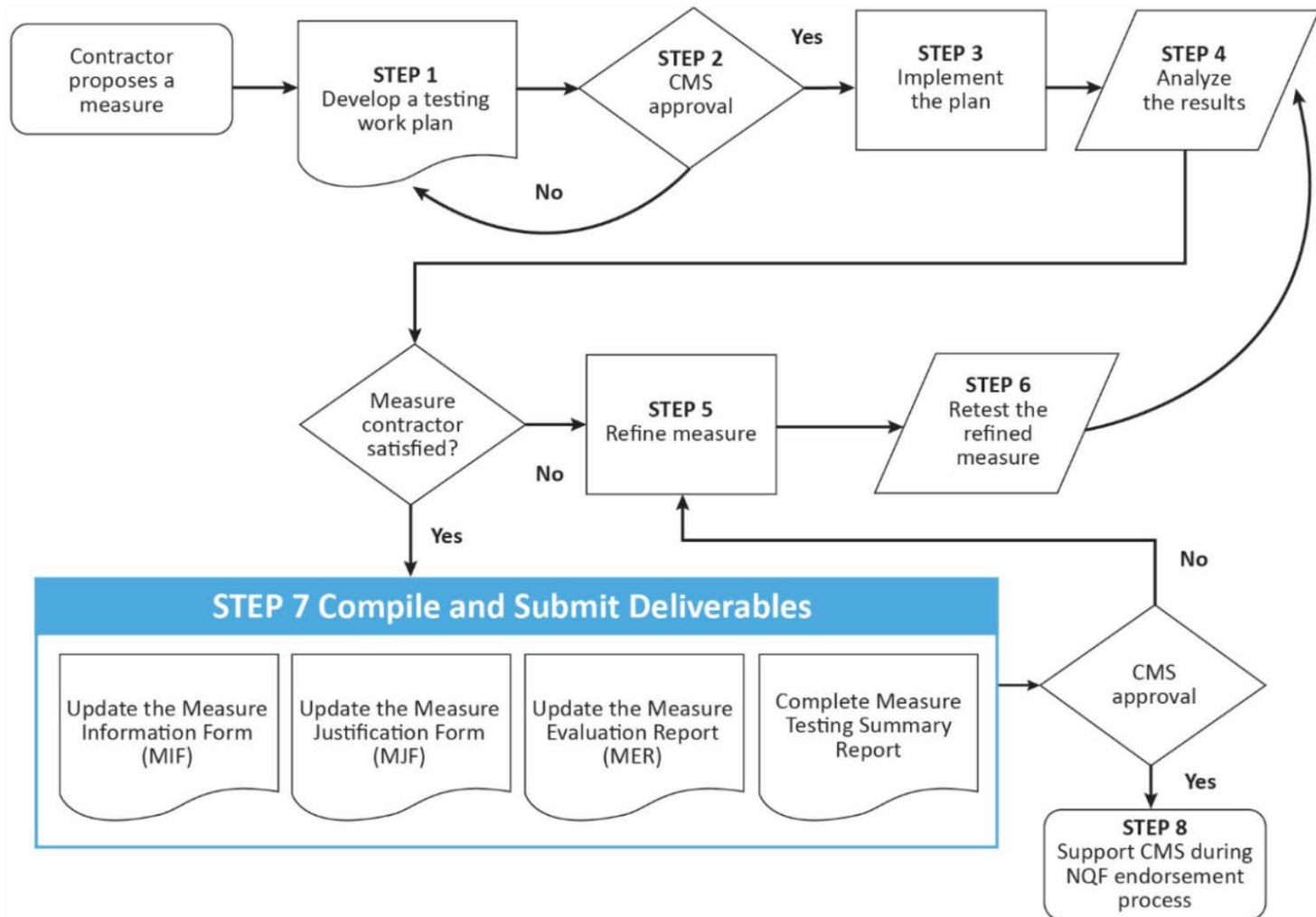


# Measure Testing: Work Plan

## Components of the measure testing work plan:

- Name of the measure
- Type of testing (alpha or beta)
- Study objectives
- Timeline for testing and completing the report
- Data collection methodology
- Test population description
- Description of the data elements that will be collected
- Sampling methods
- Description of strategy to recruit providers/obtain data sets
- Analysis methods planned and description of test statistics
- Description of forms documenting patient confidentiality and IRB compliance, and data use agreements (if needed)
- Methods to comply with Paperwork Reduction Act (OMB)
- Training and qualifications of staff

# Measure Testing Process



# Reliability and Validity

- Reliability testing
  - Demonstrates that measure results are repeatable and the measurement error is acceptable, producing the same results a high proportion of the time when assessed in the same population in the same time period (p. 193)
- Validity testing
  - Refers to the degree to which evidence, clinical judgment, and theory support the interpretations of a measure score
  - Indicates the ability of a measure to record or quantify what it purports to measure

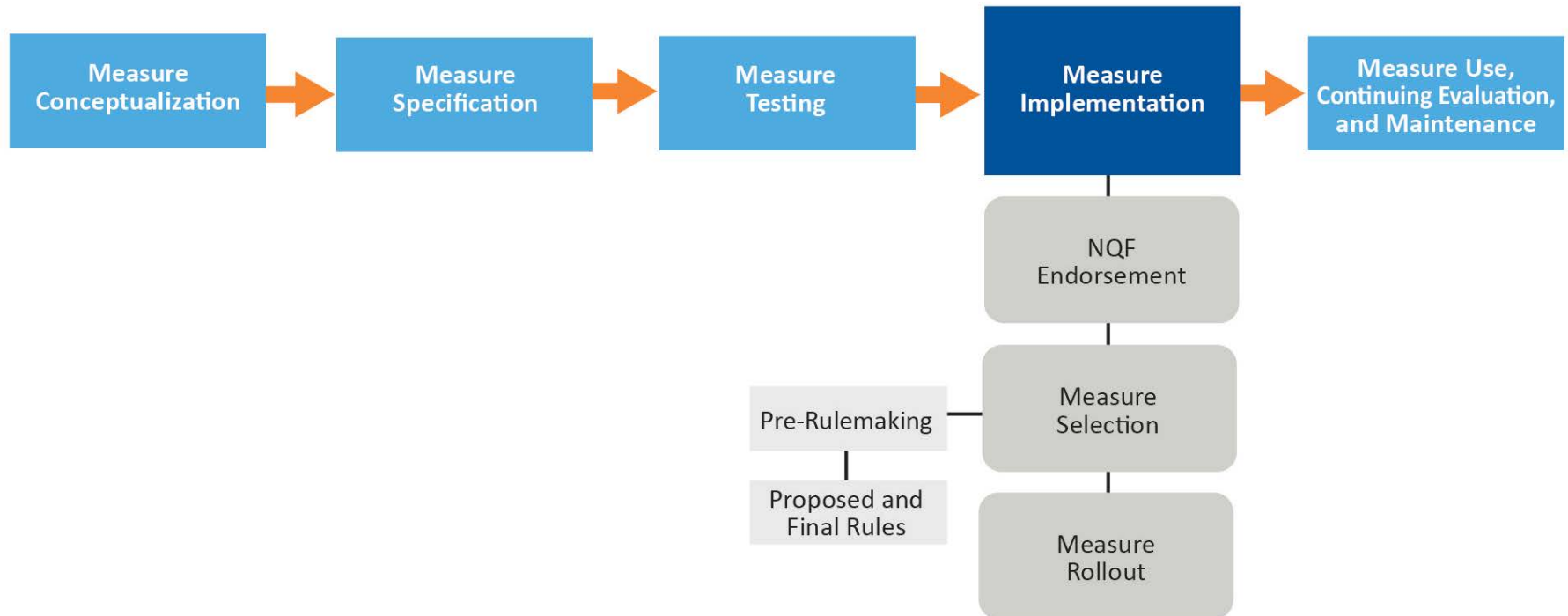
[CMS Measures Management System Blueprint v13.0 \(May 2017\)](#)

# Measure Implementation

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Plan measure implementation to support rollout to the healthcare providers who will collect and report the new measures.

# Measure Implementation: Steps





# Measure Implementation: NQF Endorsement

National Quality Forum (NQF) endorsement “relies on a set of rigorous criteria to ensure that measures under consideration address aspects of care that are important and feasible to measure, provide consistent and credible information, and can be used for quality improvement and decision-making.”

## [NQF Endorsement Process](#)



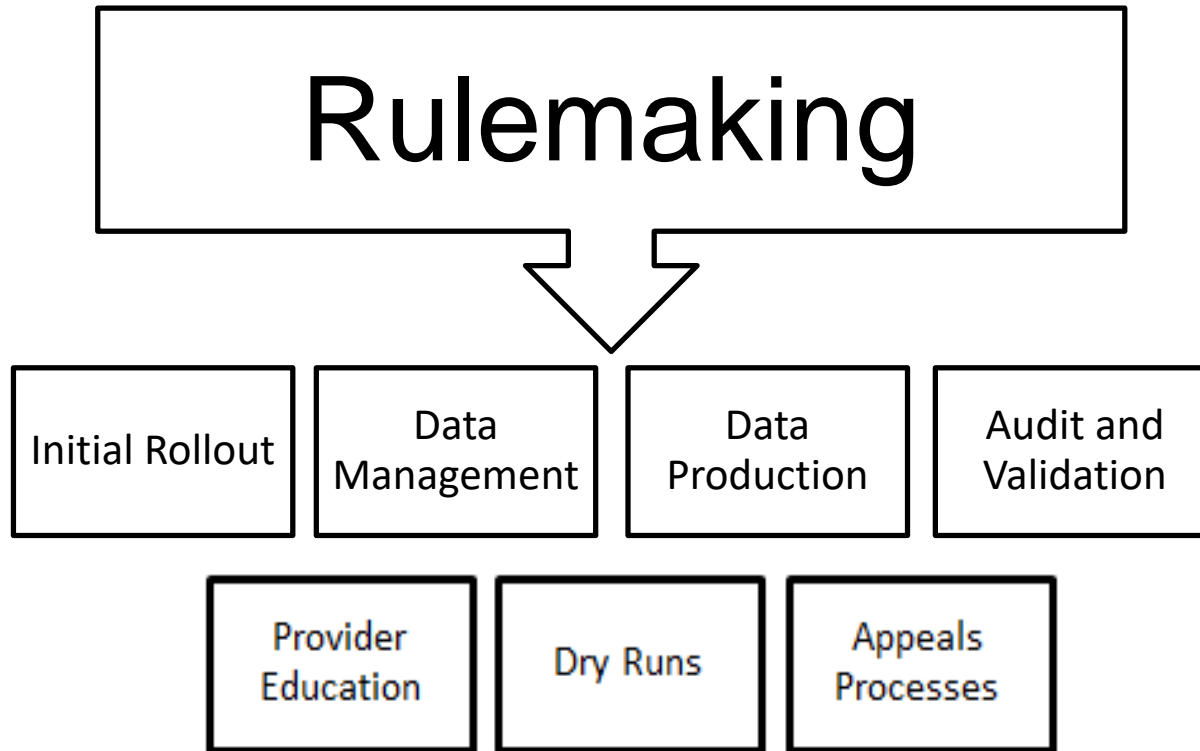
# Measure Implementation: Pre-Rulemaking

- **Statutory Reference**
  - Section 3014 of the Patient Protection and Affordable Care Act
  - Section 1890 and 1890A of the Social Security Act
- **Pre-rulemaking Steps**
  1. Annually publish Measures Under Consideration (MUC) List by December 1
  2. Multi-Stakeholder Groups, NQF's Measure Applications Partnership (MAP)
  3. Annually by February 1 the MAP provides recommendations and feedback to the US Secretary of Health and Human Services

# Measure Implementation: Non-Pre-Rulemaking

- **Not all measures go through pre-rulemaking**
  - Example: Marketplace Quality Initiatives
  - Specific measures may not be listed in the Final Rule
- **Process**
  - CMS issues a call letter to solicit measures.
  - The submitted measures go through the DHHS clearance process.
  - It *may* go to MAP for review and decision.
  - It goes through Public Comments.
  - CMS issues a final letter.

# Measure Implementation

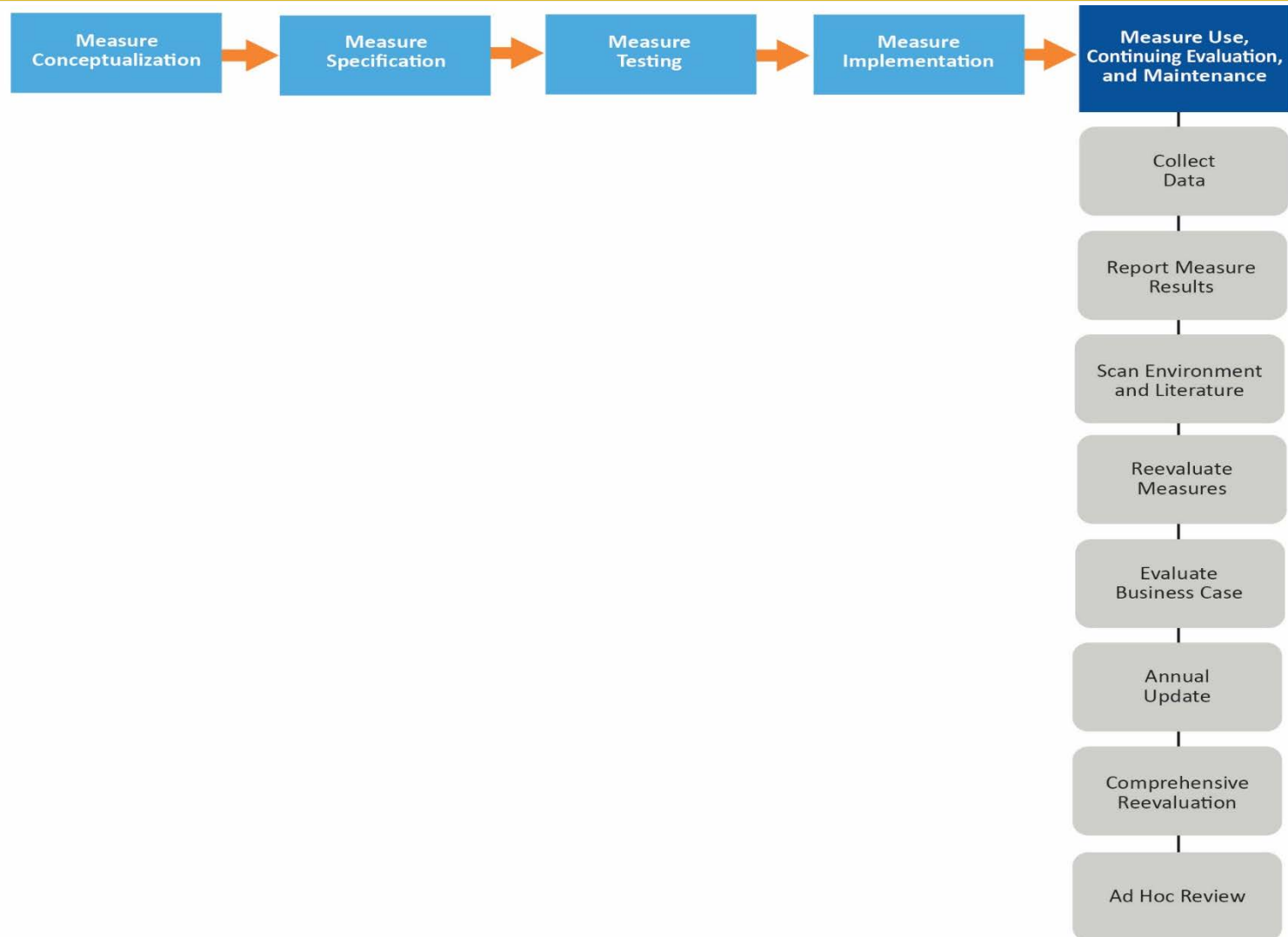


# Measure Maintenance, Use, and Evaluation

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Monitor and measure the use of quality measures to ensure that they continue to support the quality programs they were designed to support, and identify opportunities to tweak or repurpose measures to improve reporting and to increase the value of quality program measurement results.

# Measure Maintenance, Use, and Evaluation: Steps



# Measure Maintenance, Use, and Evaluation: Steps

The following steps are performed:

- Collect data
- Report measure results
- Scan environment and literature
- Reevaluate measures
- Evaluate business case
- Annual update
- Comprehensive reevaluation
- Ad hoc review

# Measure Maintenance, Use, and Evaluation: Purpose

- Contributions measured **continue to be** important.
- Results **drive significant improvements** in healthcare.
- Data elements, codes, and parameters are **still the most appropriate**.
- Calculation methods continue to **reflect a clear and accurate** representation of variation in a health outcome or its tightly linked processes.
- Measure continues to be unique **or best in class**.



# Measure Development Challenges

- Aligning measures across programs, payers, and payment systems
- Reducing clinician burden of data collection for measure reporting
- Shortening the time frame for measure development
- Streamlining data acquisition for measure testing
- Identifying and developing meaningful outcome measures
- Partnering with patients, frontline clinicians, and professional societies
- Developing Patient-reported Outcome Measurement Tools (PROMs) and appropriate use measures
- Developing measures that promote shared accountability across settings and providers

Quality Measures at CMS: A Closer Look at the Measure Development Lifecycle and CMS' Meaningful Measures Initiative

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## **Evaluation and Feedback**

# Measure Evaluation Criteria

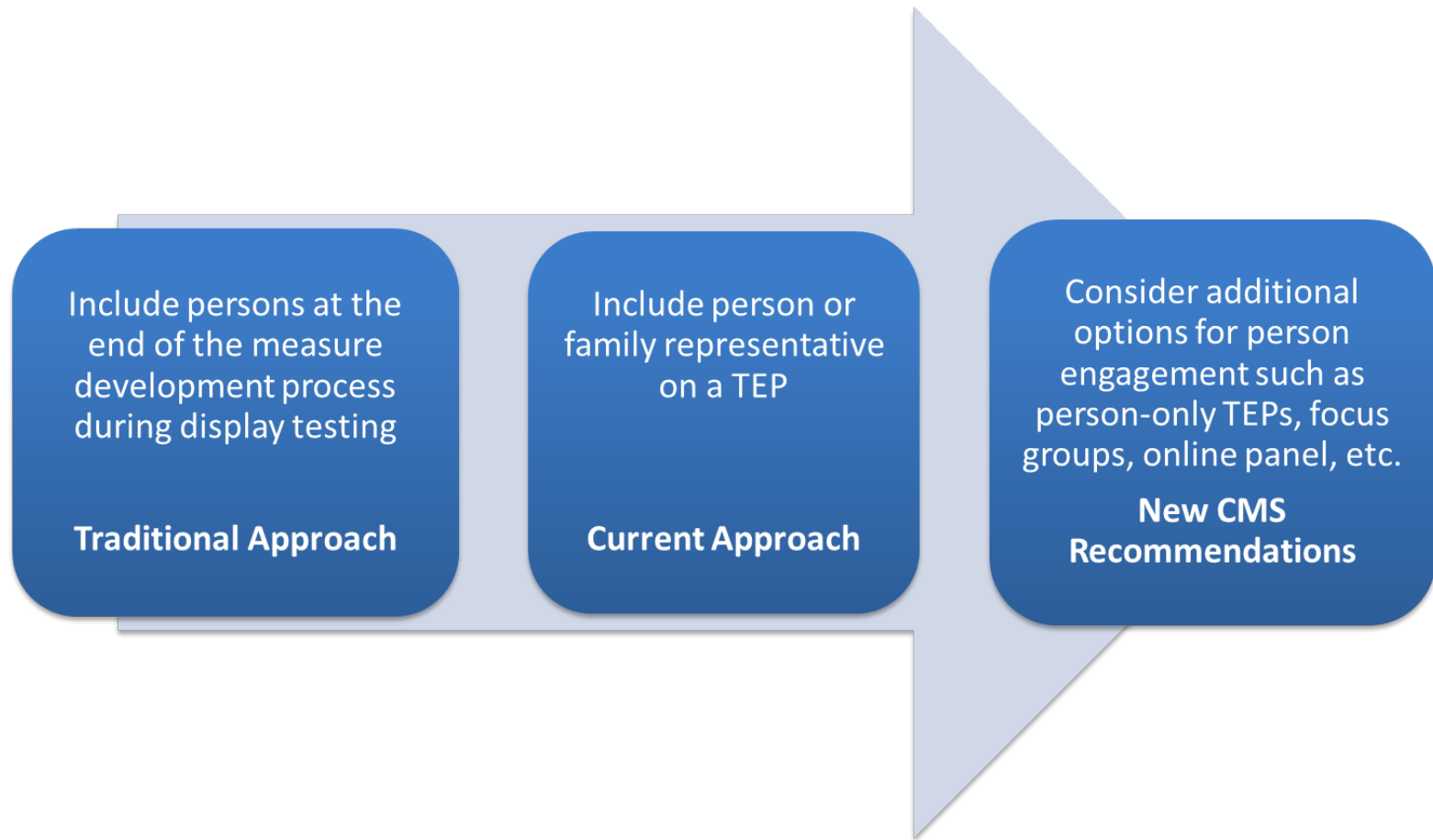
- **Importance to measure and report**—including analysis of opportunities for improvement such as reducing variability in comparison groups or disparities in healthcare related to race, ethnicity, age, or other classifications
- **Scientific acceptability**—including analysis of reliability, validity, and exclusion appropriateness
- **Feasibility**—including evaluation of reported costs or perceived burden, frequency of missing data, and description of data availability
- **Usability**—including planned analyses to demonstrate that the measure is meaningful and useful to the target audience
- **Harmonization**



# Importance of Stakeholder Input

- To develop measures that matter
  - Effective for accountability
  - Improve quality
  - Useful to consumers
- To ensure that the value added outweighs the burden and receive input from those being held accountable
- How?  
TEPs, Public Comment —  
supporting measure development

# Evolution of Approaches for Person and Family Engagement



Quality Measures at CMS: A Closer Look at the Measure Development Lifecycle and CMS' Meaningful Measures Initiative

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## **Resources**

# Measures Management System

The MMS Blueprint documents the core set of business processes and decision-making criteria for CMS measure development.

Meetings and Continued Learning Opportunities:

- Monthly newsletter through GovDelivery
- Website



[CMS Blueprint for the CMS Measures Management System, Version 13.0, May 2017](#)

# Measures Management System Website

The screenshot shows the CMS.gov website with the 'Measures Management System Overview' page. The header includes the CMS.gov logo, navigation links (Home, About CMS, Newsroom, FAQs, Archive, Share, Help, Print), and a search bar. A secondary navigation bar contains links for Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The breadcrumb trail reads: Home > Medicare > Measures Management System > Measures System Overview. Below this is a row of buttons: Measures System Overview, Measures Development, Get Involved, Tools & Resources, New to Measures, and Popular Links. The main content area is titled 'Welcome to the Measures Management System Overview' and contains several paragraphs of introductory text and links to various MMS-related resources.

**CMS.gov**  
Centers for Medicare & Medicaid Services

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Learn about [your health care options](#) type search term here Search

Medicare Medicaid/CHIP Medicare-Medicaid Coordination Private Insurance Innovation Center Regulations & Guidance Research, Statistics, Data & Systems Outreach & Education

Home > Medicare > Measures Management System > Measures System Overview

Measures System Overview Measures Development Get Involved Tools & Resources New to Measures Popular Links

### Welcome to the Measures Management System Overview

In this section of the website you will find information about (click on the links below or in the dropdown menu to select one of these pages):

**The Measures Management System (MMS):** Learn about this standardized system which includes a core set of business processes and decision criteria when developing, implementing, and maintaining quality measures.

**Quality Measures and You:** There are numerous opportunities to actively engage in Measure Management System (MMS) efforts whatever your role might be: [Persons & Family](#), [Clinicians](#), [Facilities](#), [Measure Developers](#), or [Others](#).

**The Quality Measures Inventory:** The inventory is a compilation of measures used by CMS in various quality, reporting and payment programs.

**Pre-Rulemaking (MUC):** The process through which developers submit measures for CMS to consider including in certain CMS programs as required under the Affordable Care Act.

[https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/index.html?redirect=/mms/17\\_callforpubliccomment.asp](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/index.html?redirect=/mms/17_callforpubliccomment.asp)



Quality Measures at CMS: A Closer Look at the Measure Development Lifecycle and CMS' Meaningful Measures Initiative

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## **Meaningful Measures**

# **A New Approach to Meaningful Outcomes**

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**Empower patients and  
doctors to make  
decision about their  
healthcare**

**Usher in a new era of  
state flexibility and  
local leadership**

**Support innovative  
approaches to improve  
quality, accessibility,  
and affordability**

**Improve the CMS  
customer experience**

# Meaningful Measures Objectives

Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help identify measures that:

- Address high impact measure areas that safeguard public health
- Are patient-centered and meaningful to patients, clinicians and providers
- Are outcome-based where possible
- Minimize level of burden for providers
- Identify significant opportunity for improvement
- Address measure needs for population based payment through alternative payment models
- Align across programs and/or with other payers

# Meaningful Measures Framework

## Meaningful Measure areas achieve:

- ✓ High-quality healthcare
- ✓ Meaningful outcomes for patients

Criteria meaningful for patients and actionable for providers

### Draws on measure work by:

- Health Care Payment Learning and Action Network
- NQF – *High Impact Outcomes*
- Institute of Medicine (IOM)  
*VITAL SIGNS: Core Metrics for Health and Health Care Progress*

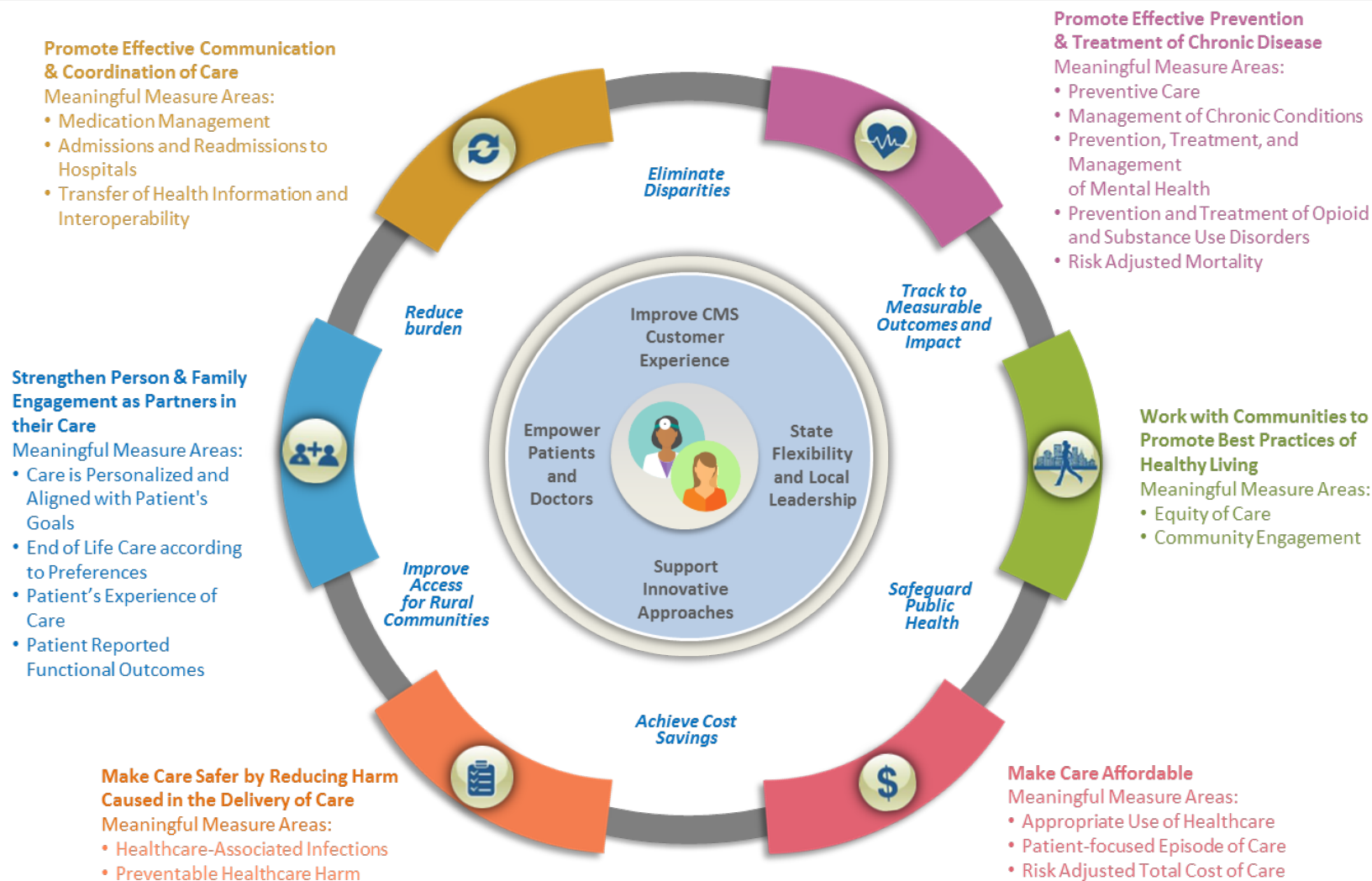
### Includes perspectives from experts and external stakeholders:

- Core Quality Measures Collaborative
- Agency for Healthcare Research and Quality
- Many other external stakeholders

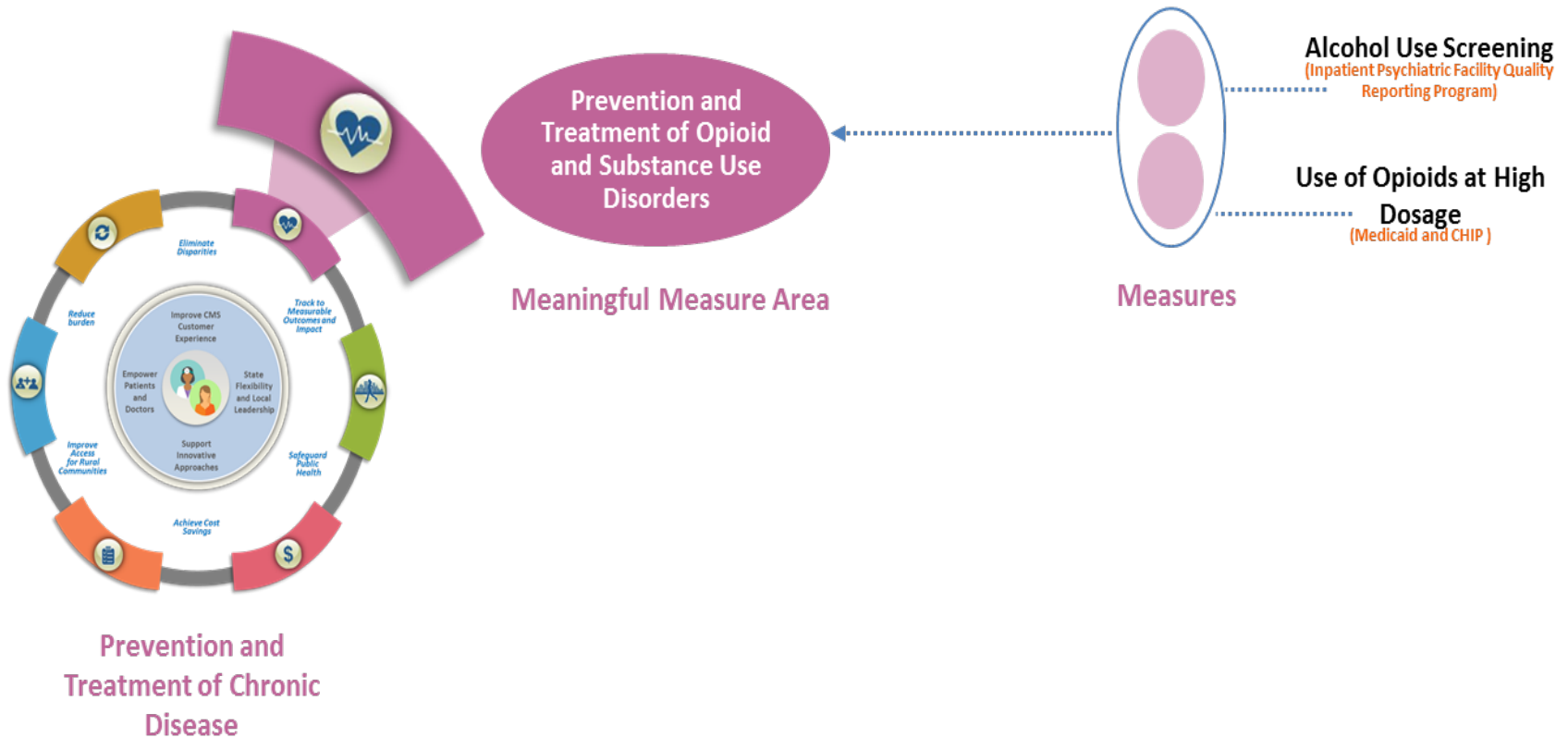
Quality Measures



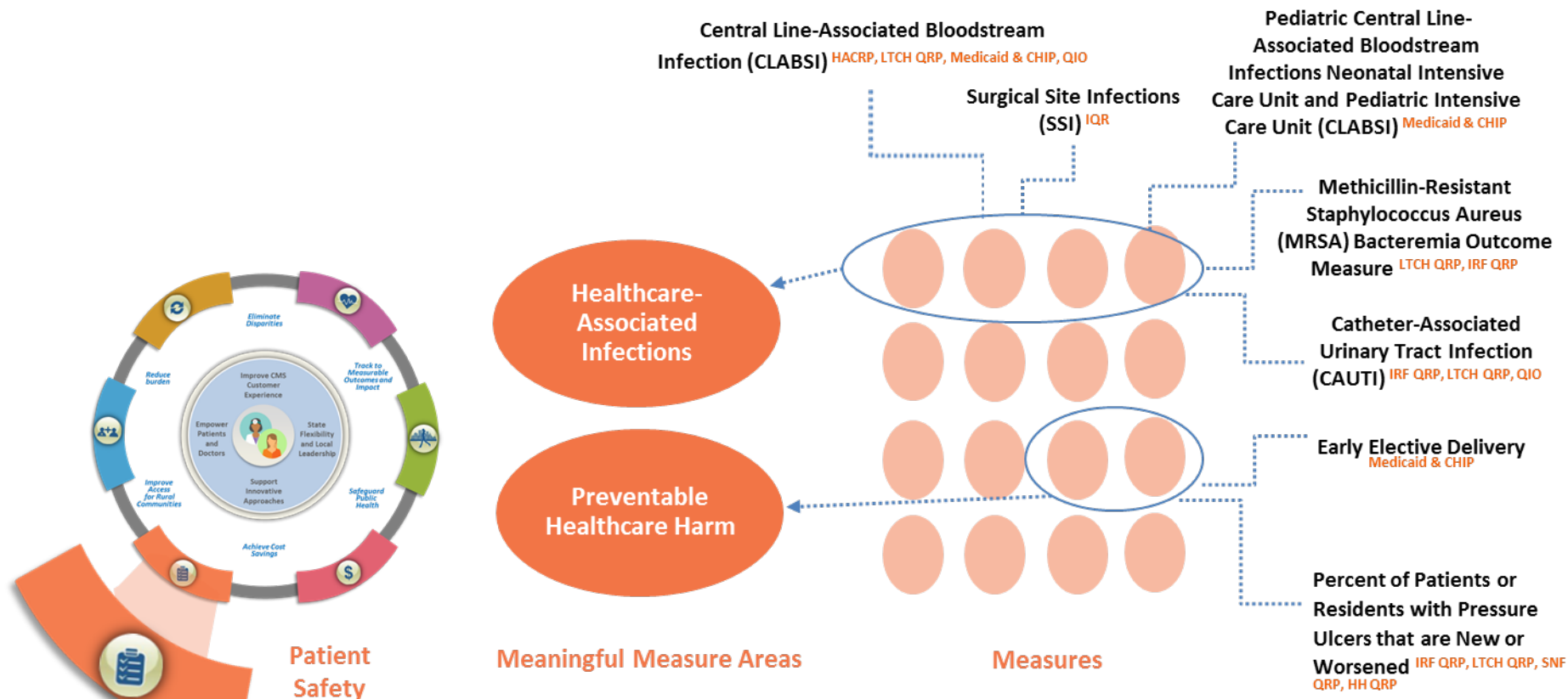
# Meaningful Measures



# Promote Effective Prevention & Treatment of Chronic Disease



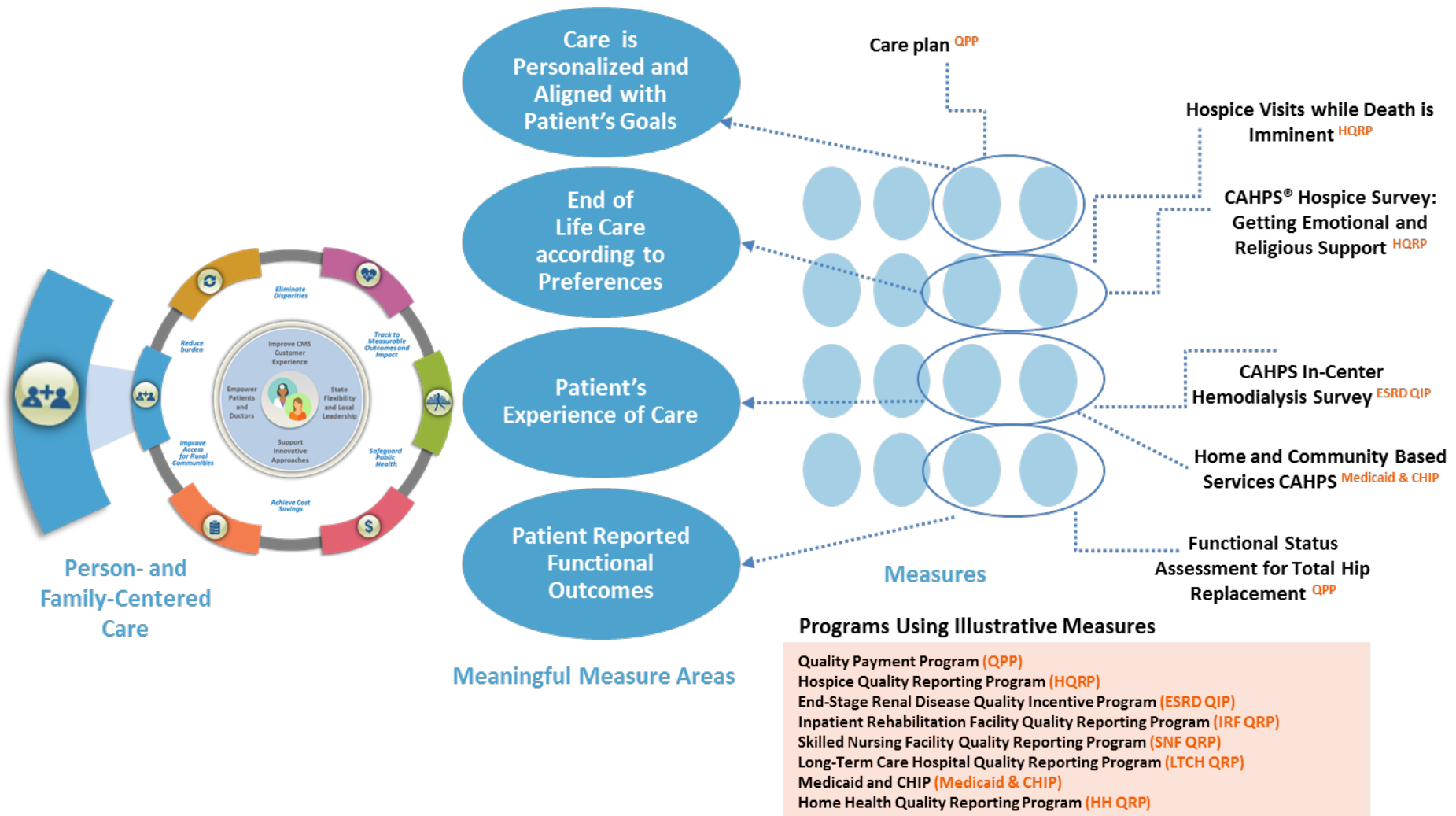
# Make Care Safer by Reducing Harm Caused in the Delivery of Care



## Programs Using Illustrative Measures

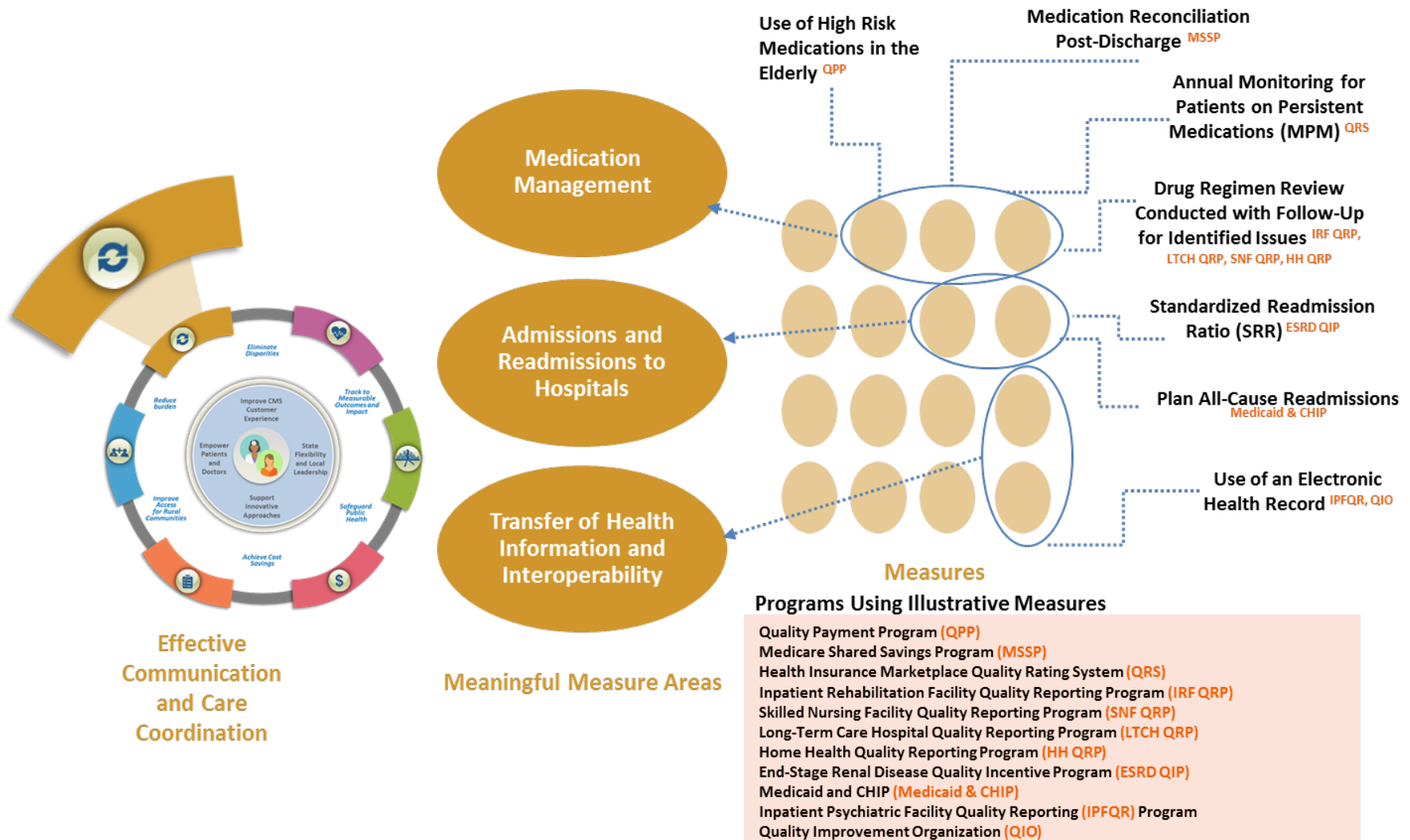
Hospital-Acquired Condition Reduction Program (HACRP)  
 Long-Term Care Hospital Quality Reporting Program (LTCH QRP)  
 Medicaid and CHIP (Medicaid & CHIP)  
 Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)  
 Skilled Nursing Facility Quality Reporting Program (SNF QRP)  
 Hospital Inpatient Quality Reporting (IQR) Program  
 Home Health Quality Reporting Program (HH QRP)  
 Quality Improvement Organization (QIO)

# Strengthen Person & Family Engagement as Partners in their Care

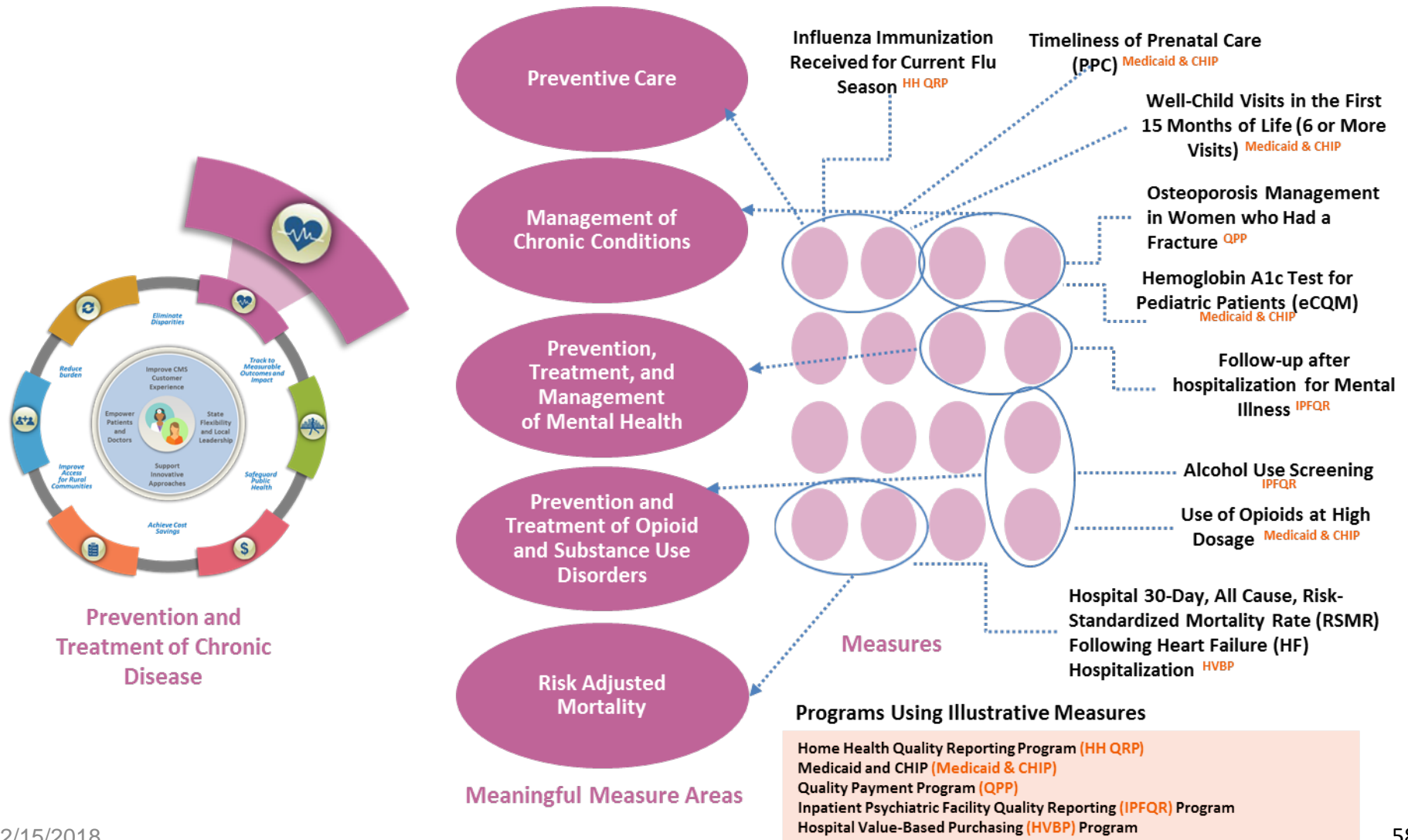




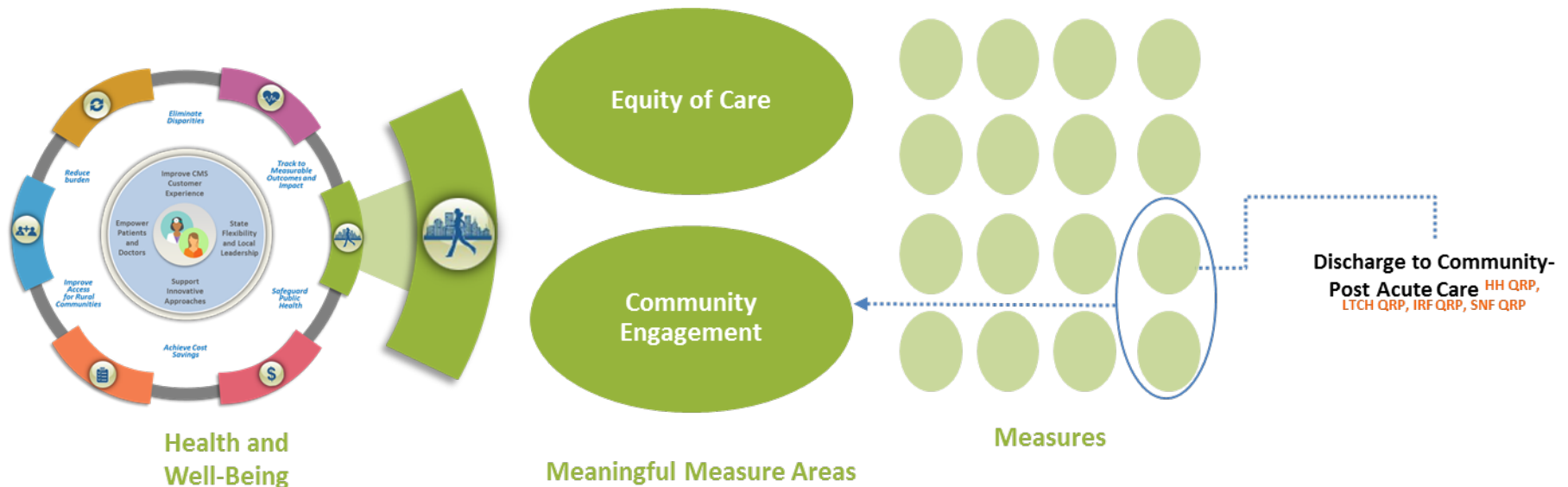
# Promote Effective Communication & Coordination of Care



# Promote Effective Prevention & Treatment of Chronic Disease



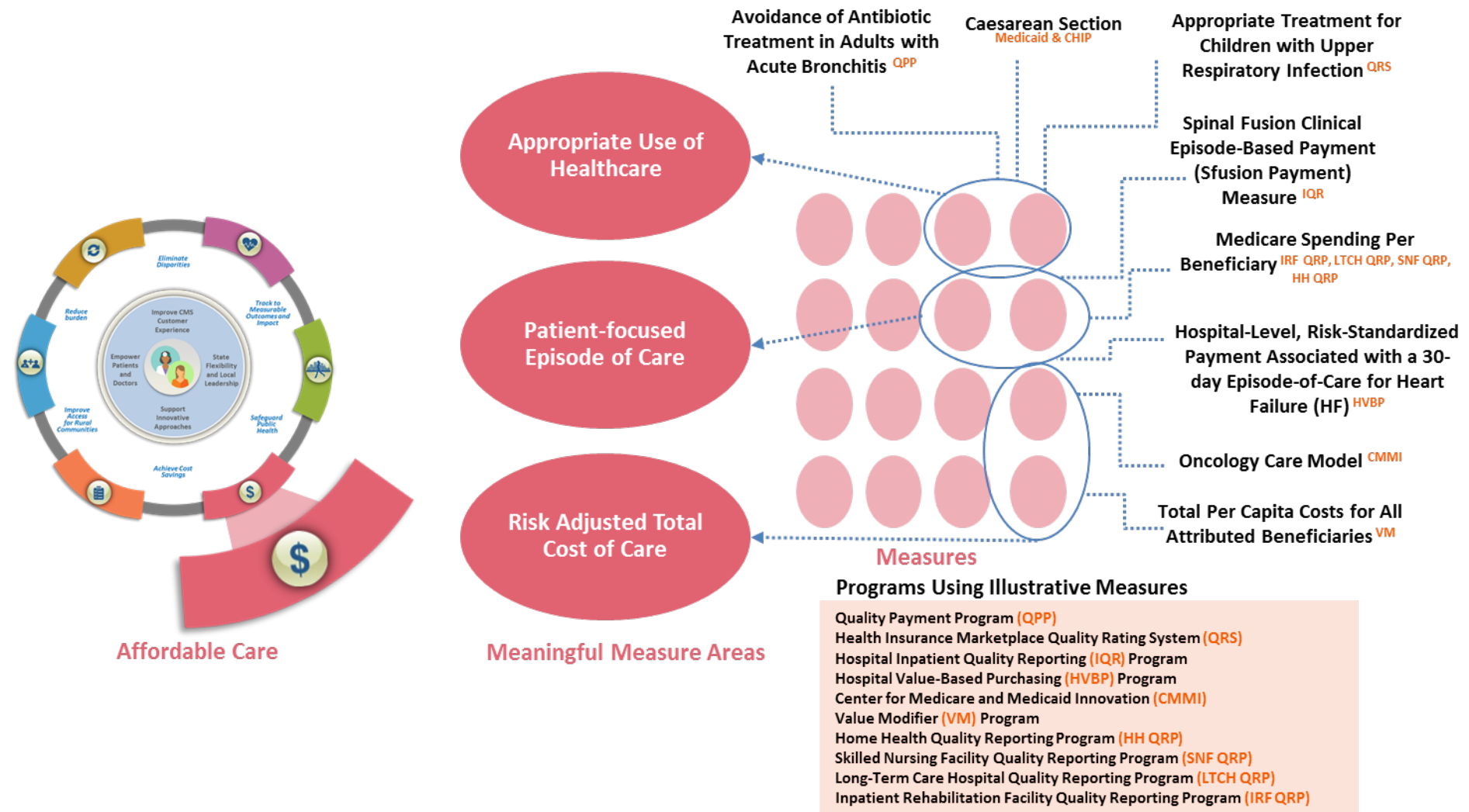
# Work with Communities to Promote Best Practices of Healthy Living



## Programs Using Illustrative Measures

Home Health Quality Reporting Program (HH QRP)  
Skilled Nursing Facility Quality Reporting Program (SNF QRP)  
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)  
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

# Make Care Affordable



# Getting to Measures that Matter

## **How do Meaningful Measure areas relate to existing CMS programs?**

- Do not replace any existing programs, create new requirements, or mandate new measures, but will help programs identify and select individual measures
- Intended to increase measure alignment across CMS programs and other public and private initiatives
- Point to high priority areas where there may be gaps in available quality measures while helping guide CMS's effort to develop and implement quality measures to fill those gaps

## **How will this initiative reduce burden for clinicians and providers?**

- Allow clinicians and providers to focus on patients and improve quality of care in ways that are meaningful to them instead of reporting and paperwork
- Prioritize the use of outcome measures though high priority process measures will continue to be considered in cases where outcome measures might not be possible

## **What does this initiative mean for clinicians, including specialists?**

- Intended to capture the most impactful and highest priority quality improvement areas for all clinicians, including specialists
- It is applicable across the lifespan and care settings
- Taking orthopedic surgeons as an example, we have heard from patients and surgeons that measuring patient-reported functional outcomes after surgery is important to determine if the surgery has been effective in improving or maintaining patients' quality of life.

# Meaningful Measures Next Steps

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- Get stakeholder input to further improve the Meaningful Measures framework
- Work across CMS components to implement the framework
- Evaluate current measure sets and inform measure development

Give us your feedback!  
[MeaningfulMeasuresQA@cms.hhs.gov](mailto:MeaningfulMeasuresQA@cms.hhs.gov)

# Questions

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Kimberly Rawlings: [Kimberly.Rawlings@cms.hhs.gov](mailto:Kimberly.Rawlings@cms.hhs.gov)

Quality Measures at CMS: A Closer Look at the Measure Development Lifecycle and CMS' Meaningful Measures Initiative

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## **Helpful Resources**



# Helpful Resources Links

The current IPFQR Program manual and various optional paper tools can be found at two locations:

- [QualityNet](#)

Inpatient Psychiatric Facilities ➡ Resources

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864255>

- [Quality Reporting Center](#)

Inpatient ➡ IPFQR Program ➡ Resources and Tools

<https://www.qualityreportingcenter.com/inpatient/ipf/tools/>

# Helpful Resources Links

## IPFQR Program General Resources

Q&A Tool	Email Support	Website	Phone Support
<a href="https://cms-IP.custhelp.com">https://cms-IP.custhelp.com</a>	<a href="mailto:IPFQualityReporting@hcqis.org">IPFQualityReporting@hcqis.org</a>	<a href="http://www.QualityReportingCenter.com">www.QualityReportingCenter.com</a>	(866) 800-8765
Monthly Web Conferences	ListServes	Hospital Contact Change Form	Secure Fax
<a href="http://www.QualityReportingCenter.com">www.QualityReportingCenter.com</a>	<a href="http://www.QualityNet.org">www.QualityNet.org</a>	<a href="#">Hospital Contact Change Form</a>	(877) 789-4443

# Helpful Resources

## Save the Date

Upcoming IPFQR Program Educational Webinars	
March 2018	Improving Behavioral Health Outcomes Through Measurement-based Care
April 2018	FUH Measure Best Practices
May 2018	Fiscal Year 2019 IPF PPS Proposed Rule
June 2018	Keys to Successful Fiscal Year 2019 Data Submission

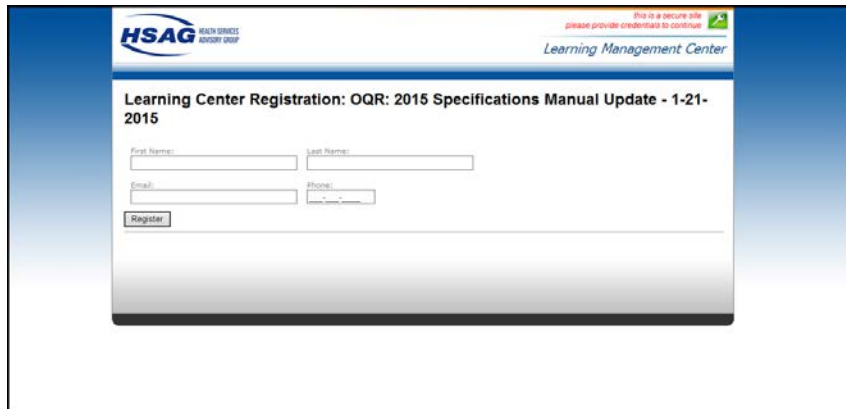
# Continuing Education

- This event has been approved for 1.0 continuing education (CE) unit by the national Board of Registered Nursing (Provider #16578).  
**Please Note:** To verify CE approval for any other license or certification, please check with your licensing or certification board.
  - Report your credit to your own board.
  - Complete the survey and register for credit.
  - Registration is automatic and instantaneous.
- \*Please download your continuing education certificate for your records. HSAG retains attendance records for four years, not certificates.

# Register for Credit

## New User

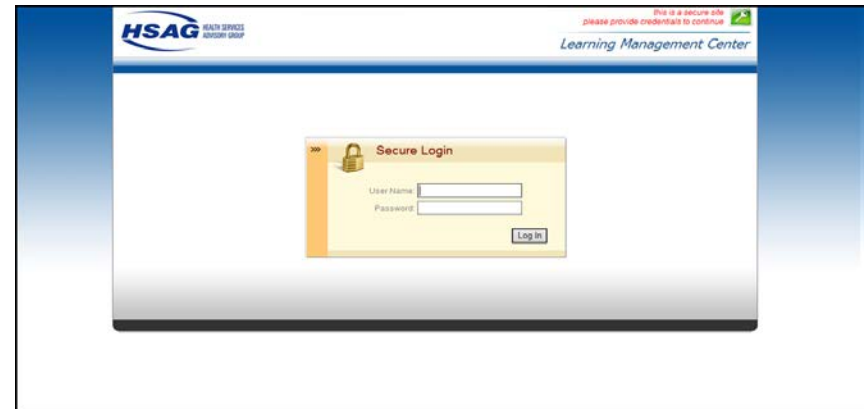
Use personal email and phone.  
Go to email address; finish  
process.



The screenshot shows the HSAG Learning Management Center registration page. At the top, there is a blue header with the HSAG logo and the text "HEALTH SERVICES ADVISORY GROUP". 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". It contains a registration form with fields for "First Name:", "Last Name:", "Email:", and "Phone:". There is a "Register" button at the bottom of the form. A security warning at the top right of the page reads: "This is a secure site. please provide credentials to continue."

## Existing User

Entire email is your user name.  
You can reset your password.



The screenshot shows the HSAG Learning Management Center secure login page. At the top, there is a blue header with the HSAG logo and the text "HEALTH SERVICES ADVISORY GROUP". Below the header, the page title is "Learning Management Center". The main content area is titled "Secure Login". It contains a login form with fields for "User Name" and "Password". There is a "Log In" button at the bottom of the form. A security warning at the top right of the page reads: "This is a secure site. please provide credentials to continue."

# Disclaimer

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