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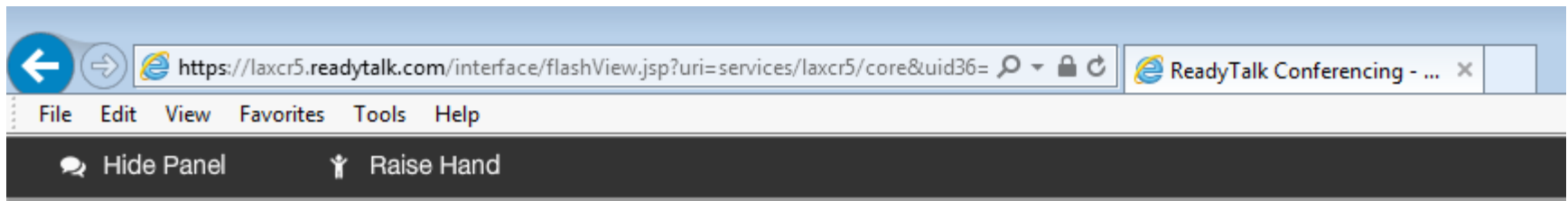
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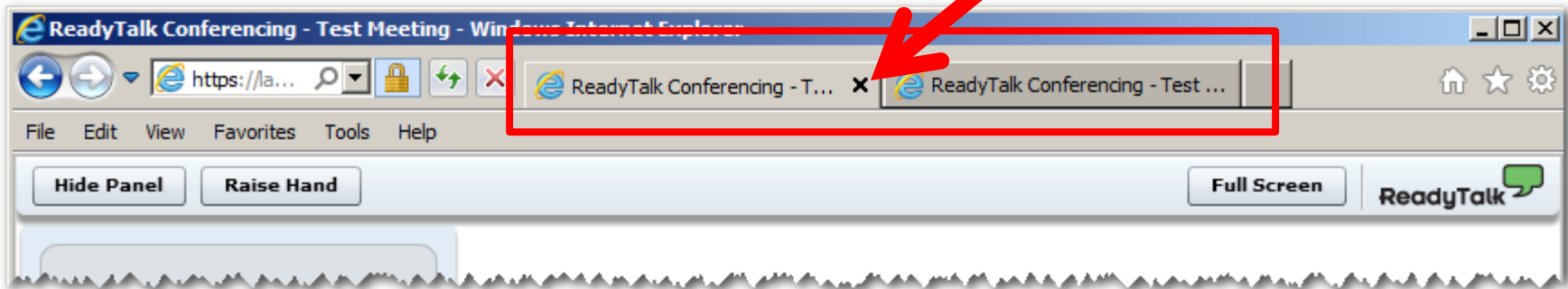


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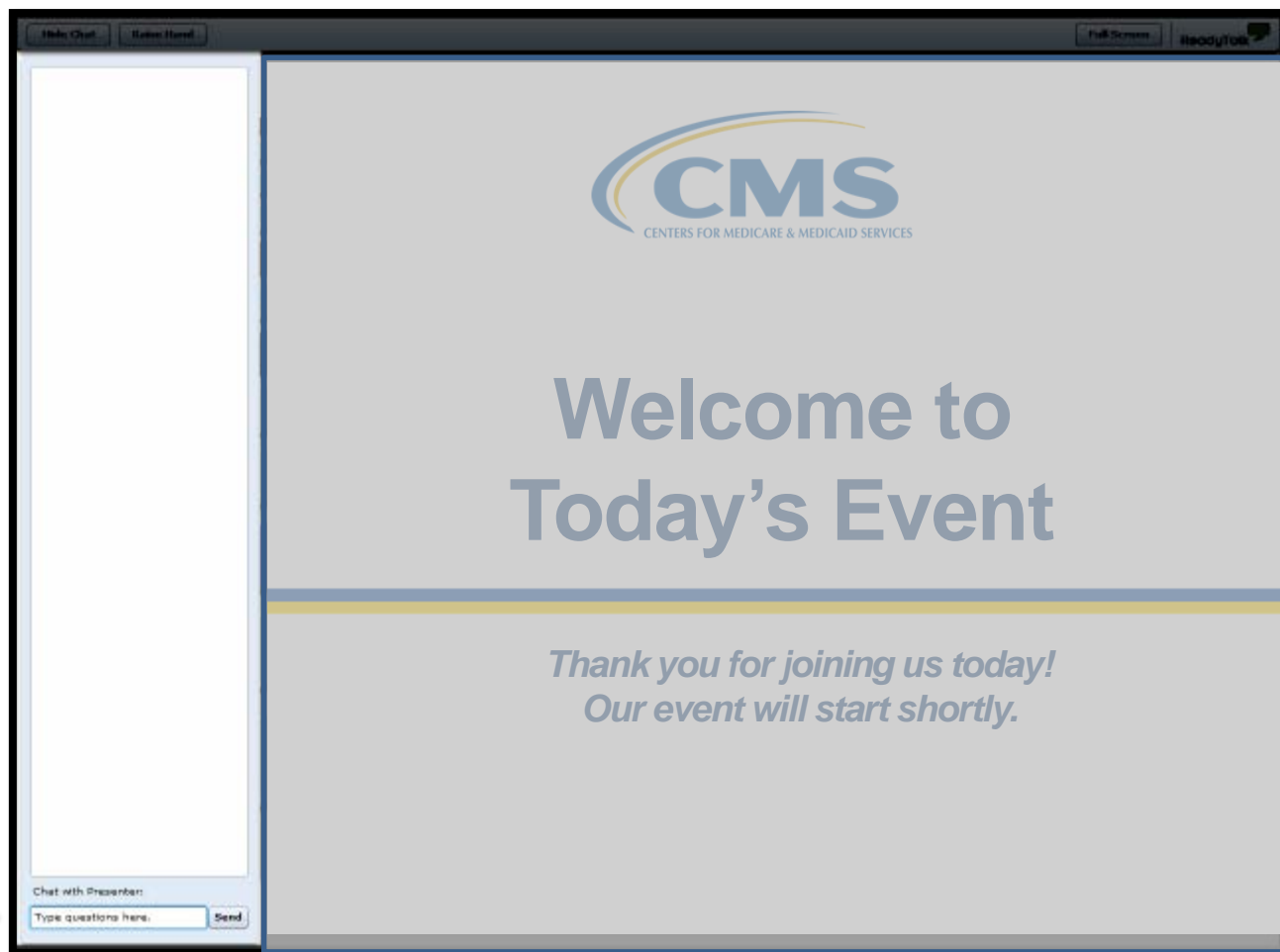
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# **FY 2017 IPPS/LTCH Final Rule – Focus on the PCHQR Program**

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**August 25, 2016**

# Acronyms and Abbreviations

<b>ACS</b>	American College of Surgeons	<b>ICD</b>	International Classification of Diseases
<b>ADCC</b>	Alliance of Dedicated Cancer Centers	<b>IPF</b>	Inpatient Psychiatric Facility
<b>ACA</b>	Affordable Care Act	<b>IPPS</b>	Inpatient Prospective Payment System
<b>AHRQ</b>	Agency for Healthcare Research and Quality	<b>IQR</b>	Inpatient Quality Reporting
<b>AMA</b>	American Medical Association	<b>LabID</b>	Laboratory-Identified
<b>ANA</b>	American Nurses Association	<b>LTCH</b>	Long-Term Care Hospital
<b>CAUTI</b>	Catheter-Associated Urinary Tract Infections	<b>MAP</b>	Measure Application Partnership
<b>CDC</b>	Centers for Disease Control and Prevention	<b>MIF</b>	Measure Information Form
<b>CCN</b>	CMS Certification Number	<b>MUC</b>	Measures Under Consideration
<b>CDI</b>	<i>Clostridium difficile</i> Infection	<b>NIH</b>	National Institutes of Health
<b>CE</b>	Continuing Education	<b>NHSN</b>	National Healthcare Safety Network
<b>CLABSI</b>	Central Line-Associated Bloodstream Infection	<b>NQF</b>	National Quality Forum
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>OCM</b>	Oncology Care Measure
<b>CPT</b>	Current Procedural Terminology	<b>OQR</b>	Outpatient Quality Reporting
<b>CST</b>	Cancer-Specific Treatment	<b>PCH</b>	PPS-Exempt Cancer Hospital
<b>CY</b>	Calendar Year	<b>PCHQR</b>	PPS-Exempt Cancer Hospital Quality Reporting
<b>DACA</b>	Data Accuracy and Completeness Acknowledgement	<b>PQRS</b>	Physician Quality Re[porting] System
<b>EBRT</b>	External Beam Radiotherapy	<b>PR</b>	Public Reporting
<b>ED</b>	Emergency Department	<b>Q</b>	Quarter
<b>FFS</b>	Fee-For-Service	<b>RSAR</b>	Risk-standardized admission rate
<b>FY</b>	Fiscal Year	<b>RSEDR</b>	Risk-standardized ED visit rate
<b>Fxns</b>	Fractions	<b>SBRT</b>	Stereotactic Body Radiation Therapy
<b>Gy</b>	Gray	<b>SC</b>	Support Contractor
<b>HAI</b>	Healthcare-Associated Infection	<b>SRS</b>	Stereotactic Radiosurgery
<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems	<b>SSI</b>	Surgical Site Infection
<b>HCP</b>	Healthcare Personnel	<b>TEP</b>	Technical Expert Panel
<b>HHS</b>	Health and Human Services	<b>TBD</b>	To be determined
<b>HQR</b>	Hospital Quality Reporting	<b>TJC</b>	The Joint Commission
		<b>VIQR</b>	Value, Incentives, and Quality Reporting

# Purpose

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This presentation will provide a review of the FY 2017 IPPS/LTCH Final Rule.

It will focus on how these changes impact the PCHQR, as well as summarize the CMS responses to comments received during the rule making process.

# Objectives

Upon completion of this program, participants will be able to:

- Locate the FY 2017 IPPS/LTCH Final Rule text
- Identify PCHQR changes within the FY 2017 Final Rule
- Summarize the CMS responses to comments received during the rule making process.



# FY 2017 Final Rule Publication

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- Display copy published August 2, 2016  
Available for download at  
<https://federalregister.gov/a/2016-18476>
- Official Federal Register version to be published on August 22, 2016

FY 2017 IPPS/LTCH Final Rule  
Focus on the PCHQR Program

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# OVERVIEW

# Final Criteria for Removal and Retention of Measures

A measure may be considered for removal if:

- Performance is “topped-out”
- It does not align with current guidelines or practice
- A more broadly applicable measure or a measure more proximal in time is available
- It does not result in better outcomes
- A measure more strongly linked to outcomes is available
- It leads to negative unintended consequences
- A measure is not feasible to implement

# Reasons to Retain a Measure

Even when a measure meets some of the criteria for removal, there may be other reasons to retain it in the Program:

- Alignment with other CMS and HHS policy goals
- Alignment with other CMS programs
- Support of efforts to move the PCHs towards electronic reporting

# Comments and Responses

## Comments received

- Support proposed criteria and recommend flexibility in determining “topped out”
- Recommend removing Cancer-Specific Treatment (CST) measures as topped out

## Responses

- If all PCHs are performing in top quartile, it is reasonable to review to determine if “topped out”
- We will consider removal of CSTs in the future
- CMS is finalizing the measure removal and retention policy as proposed

**Participants are referred to the Final Rule for full discussion**

# Background of Rule Impact on the PCHQR Program

The FY 2017 Final Rule is the fifth Rule issued, which addresses the PCHQR Program. Previous PCHQR-impacted Rules include:

- [FY 2013 IPPS/LTCH Final Rule](#) (77 FR 53555 through 53561)  
Five quality measures (two hospital-acquired infection (HAI), and three cancer-specific treatment measures) were finalized for the FY 2014 program and subsequent years.
- [FY 2014 IPPS/LTCH Final Rule](#) Final Rule (78 FR 50838 through 50846)
  - One new HAI quality measure (SSI) was finalized for FY 2015.
  - 12 new quality measures (including five clinical process oncology care measures, six SCIP measures, and HCAHPS) for FY 2016.
- [FY 2015 IPPS/LTCH Final Rule](#) (79 FR 50277 through 50288)  
One new clinical effectiveness measure (EBRT) was finalized for FY 2017.
- [FY 2016 IPPS/LTCH Final Rule](#) (80 FR 49713 through 49723 )
  - Two new outcome measures, Methicillin-resistant *Staphylococcus aureus* (MRSA), and *Clostridium difficile* infection (CDI) and one process measure, Healthcare Personnel Vaccination (HCP), were finalized for FY 2018.
  - Surgical Care Improvement Project (SCIP) measures will be removed as of October 1, 2016.

# Retention and Update to Previously Finalized Measures

Beginning with the FY 2019 Program Year there is:

- No proposal to remove previously finalized measures from Program Year 2018
- An update to one measure, the Oncology: Radiation Dose Limits to Normal Tissues (NQF #0382)
  - Expand patient cohort to include patients receiving 3D conformal radiation therapy for breast or rectal cancer in addition to the original cohort of lung or pancreatic cancer
  - Be effective for patients treated starting January 1, 2017
  - Make available the new MIF and algorithms with ICD-10 diagnosis codes
  - Update the PCHQR Program Manual

# Rationale to Expand the NQF #0382 Cohort

- Updated cohort specifications endorsed by the NQF
- Prevalence of breast cancer in women
  - Most common cancer and the second most common cause of cancer-related death
- Prevalence of colon cancer
  - NIH estimates approximately 39,000 new cases of rectal cancer in 2016
- Placed on MUC List in December 2015
- Endorsed in the 2016 MAP recommendations
- Aligned with NQF-endorsed specifications



# Comments and Responses

## Comments received

- Support the expansion of the diagnosis cohort
- Urge delay until the expansion received NQF endorsement

## Response

- CMS thanked the commenters for their support
- The NQF endorsed the expanded cohort in 2014
- CMS finalized the update to this measure as proposed

**Participants are referred to the Final Rule for full discussion**

# Considerations in the Selection of Quality Measures

- Section 1866(k)(3)(A) of the Act requires that PCHQR measures be endorsed by an entity with a contract under section 1890(a) of the Act (Currently the NQF)
- Section 1866(k)(3)(B) provides an exception stating that the Secretary may specify a measure not endorsed by an entity with a contract under section 1890(a), as long as due consideration is given to existing endorsed or adopted measures.

# New Measure

## The **Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy** Measure:

- Effective for FY 2019 program and subsequent years
  - Begin with data from July 1, 2016, through June 30, 2017, and then use data from July 1 through June 30 for subsequent years
- Aims to assess care provided to cancer patients and encourage quality improvement efforts
  - Reduce the number of unplanned inpatient admissions and ED visits among cancer patients receiving chemotherapy in a PCH outpatient setting
- Addresses two National Quality Strategy Priorities
  - Promote effective communication and coordination of care
  - Promote the most effective prevention and treatment practices for the leading causes of mortality
- Focuses on results that matter to patients

# Anticipated Impact of the New Measure

The **Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy** Measure is anticipated to impact:

- Quality of life for patients and families
  - Physical and emotional well-being
  - Disruption of schedules
  - Decreased desire to work and engage in social activities
  - Increased burden on family
- Population and Fiscal Issues
  - 1.6 million new cancer cases in 2015
  - 22% of cancer patients receive chemotherapy
  - From 2008 to 2012 the proportion of Medicare patients receiving hospital-based outpatient chemotherapy increased from 18 to 29%
  - Medicare payments for cancer treatment totaled \$34.4 billion in 2010, or almost 10% of Medicare FFS
  - National average costs
    - \$22,000 for chemotherapy-related admission
    - \$800 for chemotherapy-related ED visit

# Potentially Preventable Chemotherapy-Associated Adverse Events Causing Admissions and ED Visits

Anemia	Nausea
Dehydration	Neutropenia
Diarrhea	Pain
Emesis	Pneumonia
Fever	Sepsis

# Opportunities To Minimize The Need For Acute Hospital Care For Chemotherapy-Associated Adverse Events

Evidence-based interventions are currently available from:

- American Society of Clinical Oncology
- National Comprehensive Cancer Network
- Oncology Nursing Society
- Infectious Diseases Society of America
- Other professional societies

# Benefits of the New Measure

## The Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy measure:

- Aligns with two existent PCHQR process measures
  - NQF #0383: Plan of care for pain
  - NQF #0384: Pain intensity quantified
- Improves upon process measures in two key ways
  - It is not specific to one symptom, but overall management of 10 symptoms
  - It assesses care outcomes that matter to patients instead of processes to detect and treat

# Basics of the New Measure

## The **Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy** measure:

- Is a risk-standardized outcome measure for patients 18 years or older who are receiving PCH-based outpatient chemotherapy treatment for all cancer types except for leukemia
- Will utilize one year of Medicare FFS Part A and B administrative claims data
- Requires that the qualifying diagnosis on the admission or ED visit claim be the primary diagnosis or a secondary diagnosis accompanied by a primary diagnosis of cancer
- Has a window for identifying events limited to 30 days after PCH outpatient chemotherapy treatment encounters
- Identifies outcomes separately for the inpatient and ED measures (i.e., a patient can only qualify once for one of the two outcomes in each measurement period. If a patient experiences both outcomes, the measure counts toward the inpatient admission.)



# Measure Exclusions

The **Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy** measure does not include procedure codes for oral chemotherapy.

The Measure excludes patients:

- Who have a diagnosis of leukemia at any time during the measurement period
- Who were not enrolled Medicare FFS Parts A and B in the year before the first outpatient chemotherapy encounter
- Who do not have at least one outpatient chemotherapy treatment encounter followed by continuous enrollment in Medicare FFS Parts A and B in 30 days after the encounter

# Risk Adjustment for the Measure

- Patient's age at start of measurement period
- Patient's sex
- Comorbidities in the 12 months before the first chemotherapy treatment encounter within the measurement period
- Cancer Type
- Number of outpatient chemotherapy treatments the patient received at the reporting PCH during the measurement period

## Two risk-adjustment models

- Inpatient admissions (20 relevant variables)
- ED visits (15 relevant variables)

# Measure Analysis

## The Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy measure:

- Uses hierarchical logistic modeling

- Is calculated as: 
$$\left[ \frac{\text{Predicted Number of Outcomes}}{\text{Expected Number of Outcomes}} \right] \times \text{National Observed Rate (PCH)}$$

- Is reported as two PCH-level rates:
  - RSAR
  - RSEDR

# Reporting for the Measure

Reporting for the **Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy** includes:

- Public reporting of RSAR and RSEDR for all participating PCHs with 25 or more eligible patients per measurement period
- Conducting a confidential national reporting (dry run) of measure results prior to public reporting to:
  - Educate PCHs and other stakeholders
  - Allow PCHs to review their results prior to public reporting
  - Answer questions about the measure
  - Test the production and reporting process
  - Identify technical changes that may be needed

# Comments and Responses:

## Conclusion

- There were numerous comments made in regards to the proposed new measure. Participants are referred to the Final Rule for full discussion of the comments and responses
- CMS thanked the commenters for their input and recommendations. They will be considered in future work with this measure
- After consideration of the public comments received, we are finalizing the adoption of the Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy measure, as proposed

# Previously Finalized and Newly Finalized PCHQR Safety and HAI Measures For the FY 2019 Program Year and Subsequent Years

HAI		
Short Name	NQF #	Measure Name
CLABSI	0139	NHSN Central Line-Associated Bloodstream Infection Outcome Measure
CAUTI	0138	NHSN Catheter-Associated Urinary Tract Infections Outcome Measure
SSI	0753	ACS-CDC Harmonized Procedure Specific SSI Outcome Measure [currently includes SSIs following Colon Surgery and Abdominal Hysterectomy Surgery]
CDI	1717	NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure
MRSA	1716	NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure
HCP	0431	Influenza Vaccination Coverage Among Healthcare Personnel (HCP)

\* Finalized update in FY 2019 program year

\*\* Newly finalized for FY 2019 program year

\*\*\* In previous final rules, this measure was titled “Combination Chemotherapy is Considered or Administered Within 4 months (120 days) of Diagnosis for Women Under 70 with AJCC T1c, or Stage II or III Hormone Receptor Negative Breast Cancer.” This name change is consistent with NQF updates to the measure name and reflects an update in the AJCC staging, does not reflect a change in the measure inclusion criteria, and is not considered substantive.

# Previously Finalized and Newly Finalized PCHQR Clinical Process/CST and OCM Measures For the FY 2019 Program Year and Subsequent Years

Clinical Process/CST		
Short Name	NQF #	Measure Name
N/A	0223	Adjuvant Chemotherapy is Considered or Administered Within 4 Months (120 days) of Diagnosis to Patients Under the Age of 80 with AJCC III (lymph node positive) Colon Cancer
N/A	0559	Combination Chemotherapy is Considered or Administered Within 4 Months (120 days) of Diagnosis for Women Under 70 with AJCC T1cN0M0, or Stage IB - III Hormone Receptor Negative Breast Cancer***
N/A	0220	Adjuvant Hormonal Therapy
Clinical Process/OCM		
Short Name	NQF #	Measure Name
N/A	0382	Oncology: Radiation Dose Limits to Normal Tissues*
N/A	0383	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology
N/A	0384	Oncology: Medical and Radiation - Pain Intensity Quantified
N/A	0390	Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients
N/A	0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

\* Finalized update in FY 2019 program year

\*\* Newly finalized for FY 2019 program year

\*\*\* In previous final rules, this measure was titled “Combination Chemotherapy is Considered or Administered Within 4 months (120 days) of Diagnosis for Women Under 70 with AJCC T1c, or Stage II or III Hormone Receptor Negative Breast Cancer. “ This name change is consistent with NQF updates to the measure name and reflects an update in the AJCC staging, does not reflect a change in the measure inclusion criteria, and is not considered substantive.

# Previously Finalized and Newly Finalized PCHQR Patient Engagement, Clinical Effectiveness, and Claims-Based Outcome Measures for the FY 2019 Program Year and Subsequent Years

## Patient Engagement/Experience of Care

Short Name	NQF #	Measure Name
HCAHPS	0166	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey

## Clinical Effectiveness Measure

Short Name	NQF #	Measure Name
EBRT	1822	External Beam Radiotherapy for Bone Metastases

## Claims-Based Outcome Measure

Short Name	NQF #	Measure Name
N/A	N/A	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy **

\* Finalized update in FY 2019 program year

\*\* Newly finalized for FY 2019 program year

\*\*\* In previous final rules, this measure was titled "Combination Chemotherapy is Considered or Administered Within 4 months (120 days) of Diagnosis for Women Under 70 with AJCC T1c, or Stage II or III Hormone Receptor Negative Breast Cancer." This name change is consistent with NQF updates to the measure name and reflects an update in the AJCC staging, does not reflect a change in the measure inclusion criteria, and is not considered substantive.



# Possible New Quality Measure Topics for Future Years

## Comments Received

- Thanked CMS for a thoughtful approach to measure development
- Urged incorporation of additional outcome measures, such as patient-reported outcomes, condition-specific outcomes, and an unplanned readmission measure
- Urged CMS to include stakeholders throughout the process

## Response

- CMS appreciates the support and will continue collaboration efforts with key stakeholders

# Changes to Public Display

- Proposal to not specify exact timeframes in rulemaking in order to make data publicly available as soon as possible
  - Exact dates to be communicated via website and/or ListServe
  - Time period for review would be approximately 30 days
  - As no comments were received, we are finalizing these proposals
- Addition of EBRT (NQF #1822) during CY 2017, displaying data collected during CY 2015
  - One comment supporting this addition was received
  - This proposal is finalized

# Changes to Public Display (cont.)

- Update of NQF #0382 to include expanded diagnosis cohort for data collected in CY 2017
  - Will denote on *Hospital Compare* so that consumers are informed
  - One commenter asked for clarification of data collection dates
  - After consideration of the public comment received, CMS is finalizing this policy as proposed
- Postponement of public display of CLABSI and CAUTI
  - Two commenters supported this proposal
  - After consideration of comments received, CMS is finalizing this proposal to defer public reporting of these measures pending further collaboration with the CDC
- Participants are referred to the Final Rule for full review of the comments and responses received pertaining to public display

# Finalized Public Display Requirements

Measures	Public Reporting
<ul style="list-style-type: none"> <li>Adjuvant Chemotherapy is Considered or Administered Within 4 Months (120 days) of Diagnosis to Patients Under the Age of 80 with AJCC III (lymph node positive) Colon Cancer (NQF #0223)</li> <li>Combination Chemotherapy is Considered or Administered Within 4 Months (120 days) of Diagnosis for Women Under 70 with AJCC T1cN0M0, or Stage IB - III Hormone Receptor Negative Breast Cancer (NQF #0559)</li> </ul>	2014 and subsequent years
<ul style="list-style-type: none"> <li>Adjuvant Hormonal Therapy (NQF #0220)</li> </ul>	2015 and subsequent years
<ul style="list-style-type: none"> <li>Oncology: Radiation Dose Limits to Normal Tissues (NQF #0382)*</li> <li>Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (NQF #0383)</li> <li>Oncology: Medical and Radiation - Pain Intensity Quantified (NQF #0384)</li> <li>Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients (NQF #0390)</li> <li>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (NQF #0389)</li> <li>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey (NQF #0166)</li> </ul>	2016 and subsequent years
<ul style="list-style-type: none"> <li>CLABSI (NQF #0139)**</li> <li>CAUTI (NQF #0138)**</li> </ul>	Deferred
<ul style="list-style-type: none"> <li>External Beam Radiotherapy for Bone Metastases (NQF #1822)***</li> </ul>	Beginning at the first opportunity in 2017 and for subsequent years

\* Update newly finalized for display for the FY 2019 program year and subsequent years in this proposed rule – expanded cohort will be displayed as soon as feasible.

\*\* Deferral newly finalized in this final rule.

\*\*\* Measure newly finalized for public display in this final rule.

# Unchanged in FY 2017 IPPS/LTCH Final Rule

- Background statutory support and participation requirement
- Maintenance of Technical Specifications for Quality Measures
- Data submission requirements and deadlines for previously finalized measures on *QualityNet*
- Current exceptions process

# Important Upcoming Dates and Milestones

## Upcoming 2016 Webinars

- **September 22:** *PCHQR Program: Lessons Learned in Population and Sampling and from EBRT*
- **October 6:** *PCHQR Program: Overview of Public Reporting*
- **November 17:** *Review of the Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy*
- **December 15:** *PCHQR Program: Looking Back and Looking Ahead*

## Upcoming 2016 Data Submissions

- **August 31:** 2017 DACA
- **October 5:** Quarter 2, 2016, HCAHPS

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# **CONTINUING EDUCATION CREDIT**

# 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
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
  - It is your responsibility to submit this form to your accrediting body for credit.



# CE Credit Process

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- Another page will open that asks you to register in HSAG’s Learning Management Center.
  - This is a separate registration from ReadyTalk®.
  - Please use your PERSONAL email so you can receive your certificate.
  - Healthcare facilities have firewalls up that block our certificates.

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- If you do not immediately receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out.
- Please go back to the **New User** link and register your personal email account.
  - 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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Thank you for completing our survey!

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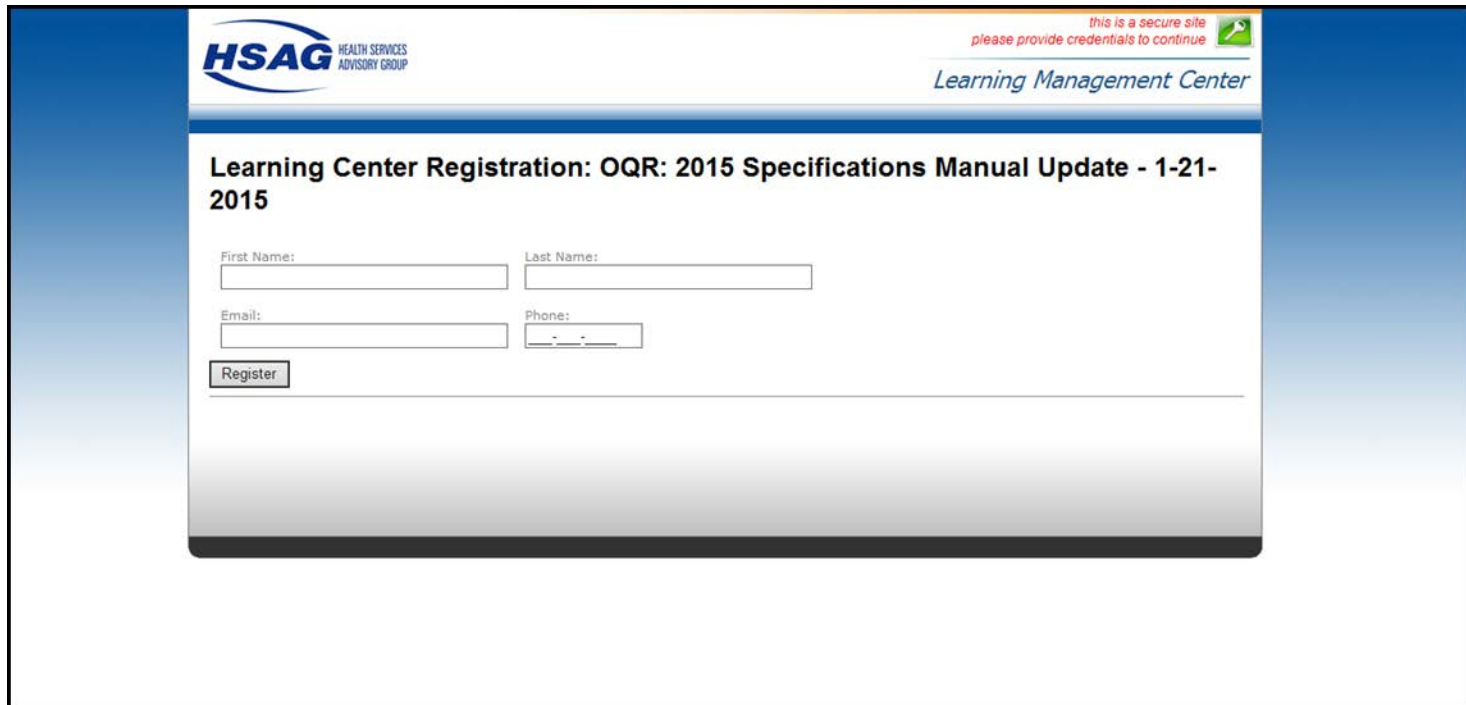
**New User Link:**  
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**Existing User Link:**  
<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 displays the registration interface for a new user. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, a security notice states "this is a secure site please provide credentials to continue" next to a lock icon, and the text "Learning Management Center" is displayed. The main heading is "Learning Center Registration: QQR: 2015 Specifications Manual Update - 1-21-2015". Below this, there are four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". A "Register" button is located below the "First Name" field. The entire form is set against a blue gradient background.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site  
please provide credentials to continue

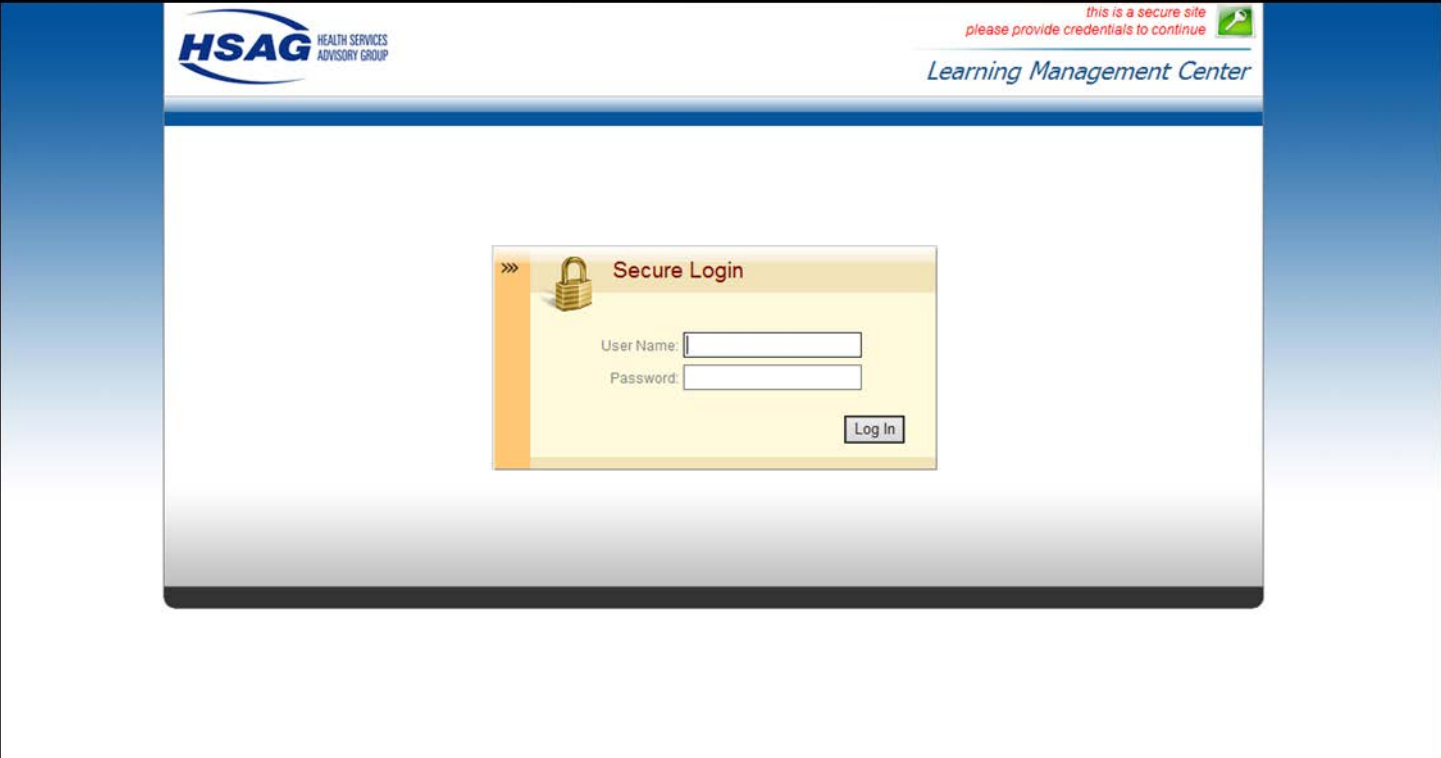
Learning Management Center

**Learning Center Registration: QQR: 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 with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red warning message states "this is a secure site please provide credentials to continue" next to a small green padlock icon. Below this, the text "Learning Management Center" is visible. The central focus is a "Secure Login" box with a yellow background and an orange border. Inside this box, there is a small padlock icon, the title "Secure Login", and two input fields labeled "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

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# **CLOSING REMARKS**