Making the Case: The CY 2024 Hospital OPPS/ASC Proposed Rule
Kimberly Go, MPA
*Program Lead*
Hospital Outpatient Quality Reporting (OQR) Program Lead
Centers for Medicare & Medicaid Services (CMS)

Anita J. Bhatia, PhD, MPH
*Program Lead*
Rural Emergency Hospital Quality Reporting (REHQR) Program Lead, CMS

Karen VanBourgondien, RN, BSN
Outpatient Quality Program Systems and Stakeholder Support Team
Objectives

Attendees will be able to:

• Locate the Calendar Year (CY) 2024 Hospital Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System Proposed Rule in the Federal Register.

• List the proposals for the Hospital OQR and REHQR Programs included in the CY 2024 OPPS/ASC Proposed Rule.

• State the topics included in the Requests for Comment (RFC).

• Recall the steps to submit comments.
Guidance

• We will discuss the proposed updates for the Hospital OQR and REHQR Programs in the CY 2024 OPPS Proposed Rule, released on July 31, 2023.

• The information provided is offered as an informal reference and does not constitute official CMS guidance.

• CMS encourages interested parties to refer to the proposed rule, located in the Federal Register.
Hospital Outpatient Quality Reporting (OQR) Proposals

Kimberly Go, MPA
Program Lead
Proposals to Change Existing Measures
Proposals to Existing Measures

• COVID–19 Vaccination Coverage Among Healthcare Personnel (HCP) measure to align with updated specifications.

• Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients measure to align with updated clinical guidelines.

• Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery measure to further standardize data collection and reduce facility burden.

• Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients.

• Left Without Being Seen (LWBS)
Propose to modify the definition of “Up to Date”:

- Begin with the CY 2024 reporting period/CY 2026 payment determination.
- Display of the modified version in Fall 2024 refresh or as soon as feasible.
- Update the numerator to specify time frames which HCP are considered up to date.
  - Guidance on up to date can be found on the CDC’s National Healthcare Safety Network (NHSN) website.
Propose to modify to align with current guidelines:

• Begin with the CY 2024 reporting period/CY 2026 payment determination.

• Amend the measure’s denominator language by replacing the phrase “aged 50 years” with the phrase “aged 45 years” to read “all patients aged 45 years to 75 years receiving screening colonoscopy without biopsy or polypectomy.”
Propose to modify survey instrument usage:

- Begin with the CY 2024 reporting period/CY 2026 payment determination.

- Limit the allowable survey instruments to the:
  - National Eye Institute Visual Function Questionnaire-25 (NEI VFQ-25)
  - Visual Functioning Patient Questionnaire (VF-14)
  - Visual Functioning Index Patient Questionnaire (VF-8R)

- Administration of the questionnaires can be conducted by the patient.

This measure is still voluntary.
Propose to modify data publicly reported

• Display all measure data on Care Compare:

• Begin with the CY 2024 data

• Available in downloadable files for Hospital OQR Program.
  - Median Time for Discharged ED Patients-Transfer Patients
  - Median Time for Discharged ED Patients-Overall Rate
Propose to remove LWBS measure:

• Will begin with CY 2024 reporting period/CY 2026 payment determination.

• Under measure removal Factor 2.
  - Does not provide enough evidence to promote quality of care and improved patient outcomes.

• Median Time from ED Arrival to ED Departure for Discharged ED Patients is better for measuring ED performance and care.
Proposals to Add Measures
Proposed Measures for Adoption: Summary

• Hospital Outpatient Department Volume Data on Selected Outpatient Surgical Procedures Measure

• Risk-Standardized Patient Reported Outcome-Based Performance Measure (PRO-PM) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the Hospital Outpatient Department (HOPD) Setting (THA/TKA PRO-PM)

• Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults electronic clinical quality measure (eCQM)
Hospital Outpatient Department Volume Data on Selected Outpatient Surgical Procedures

Propose to re-adopt with modification:

- Voluntary reporting begins with the CY 2025 reporting period.
- Mandatory reporting begins with the CY 2026 reporting period/CY 2028 payment determination.
Data Collection and Submission Modifications

• Data collection with eight categories; the data publicly displayed will be for the top five most frequently performed procedures within each category.
  ▪ CMS will assess and update the top five procedures in each category annually, as needed.

• Data submission via the Hospital Quality Reporting (HQR) system during the submission period from January 1 to May 15.

• Data will be publicly displayed after a preview period, typically 30 days.
Propose to adopt:

- Voluntary reporting beginning with CYs 2025 and 2026 reporting periods.
- Mandatory reporting beginning with CY 2027 reporting period/CY 2030 payment determination.

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Eligible Elective Outpatient Procedures Between Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Voluntary Reporting Period</strong></td>
<td>CY 2025 reporting period</td>
</tr>
<tr>
<td><strong>Second Voluntary Reporting Period</strong></td>
<td>CY 2026 reporting period</td>
</tr>
<tr>
<td><strong>Mandatory Reporting</strong></td>
<td>CY 2027 reporting period/CY 2030 payment determination</td>
</tr>
</tbody>
</table>
Measure Overview

- Reports facility-level risk standardized improvement rate in PROs for Medicare Fee-for-Service beneficiaries aged 65 years and older enrolled in Part A and B for 12 months prior to the procedure.

- Includes only elective primary outpatient THA/TKA procedures performed in an HOPD.

- Excludes patients with staged procedures that occur during the measurement period, and discontinued procedures.
Data Sources

• Data sources for calculation: (1) PRO data, (2) claims data, (3) Medicare enrollment and beneficiary data, and (4) United States (U.S.) Census Bureau survey data.

• Pre-operative mental health scores from 1 of 2 instruments:
  ▪ Patient-Reported Outcomes Measurement Information System (PROMIS)-Global Mental Health subscale
  ▪ Veterans RAND 12-Item Health Survey (VR-12) Mental Health subscale

• Access additional specifications on CMS.gov.
Data Collection

• Clinical improvement is measured by a pre-defined score on one of two validated two joint-specific PRO instruments:
  ▪ HOOS, JR for completion by THA recipients
  ▪ KOOS, JR for TKA recipients

• Clinical improvement is measured assessments preoperatively (90-0 days prior to surgery) to postoperatively (300-425 days after surgery).
  ▪ Hospitals would submit these assessments for at least 50 percent of eligible procedures.
Hospitals and their percent of completed assessments will be publicly displayed in the voluntary period. Results will also display during mandatory reporting periods.

<table>
<thead>
<tr>
<th>Reporting Cycle</th>
<th>Reporting Period</th>
<th>Pre-Procedure Data Collection</th>
<th>Pre-Procedure Data Submission</th>
<th>Post-Procedure Data Collection</th>
<th>Post-Procedure Data Submission</th>
<th>Preview/Public Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 2025</td>
<td>Jan 1, 2025-Dec 31, 2025</td>
<td>Oct 3, 2024-Dec 31, 2025</td>
<td>May 15, 2026</td>
<td>Oct 28, 2025-Mar 1, 2027</td>
<td>May 15, 2027</td>
<td>CY 2028*</td>
</tr>
<tr>
<td>CY 2026</td>
<td>Jan 1, 2026-Dec 31, 2026</td>
<td>Oct 3, 2025-Dec 31, 2026</td>
<td>May 15, 2027</td>
<td>Oct 28, 2026-Feb 29, 2028</td>
<td>May 15, 2028</td>
<td>CY 2029*</td>
</tr>
<tr>
<td>CY 2027</td>
<td>Jan 1, 2027-Dec 31, 2027</td>
<td>Oct 3, 2026-Dec 31, 2027</td>
<td>May 15, 2028</td>
<td>Oct 28, 2027-Feb 28, 2029</td>
<td>May 15, 2029</td>
<td>CY 2030*</td>
</tr>
</tbody>
</table>

*Public reporting of information on facility participation in the voluntary reporting periods would occur in CY 2028 for the CYs 2025 and 2026 reporting periods.
Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults

Propose to adopt:

• Voluntary reporting with the CY 2025 reporting period.
  ▪ Hospitals would submit data for up to four quarters.

• Mandatory reporting with the CY 2026 reporting period/CY 2028 payment determination.
  ▪ Hospitals would begin to submit data for two self-selected calendar quarters for CY 2026 reporting period/CY 2028 payment determination.
  ▪ Hospitals would submit all data for all quarters for CY 2027 reporting period/CY 2029 payment determination.

• This aligns with the STEMI* schedule to provide a seamless transition.

*ST elevation myocardial infarction
## Progressive Data Submission

<table>
<thead>
<tr>
<th>Calendar Year Period</th>
<th>Calendar Quarters of Reporting</th>
<th>Reporting Requirement</th>
<th>Submission Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 2025 Reporting Period</td>
<td>Any quarter(s)</td>
<td>Voluntary</td>
<td>May 15, 2026</td>
</tr>
<tr>
<td>CY 2026 Reporting Period/CY 2028</td>
<td>Two self-selected quarters</td>
<td>Mandatory</td>
<td>May 15, 2027</td>
</tr>
<tr>
<td>Payment Determination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CY 2027 Reporting Period/CY 2029</td>
<td>All four quarters of the calendar year</td>
<td>Mandatory</td>
<td>May 15, 2028</td>
</tr>
<tr>
<td>Payment Determination</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Measure Specifications

• Numerator is diagnostic CT scans that have a size-adjusted radiation dose greater than the threshold.

• Denominator is all diagnostic CT scans performed on patients ages 18 and older during the one-year measurement period that have an assigned CT category, a size-adjusted radiation dose value, and a global noise value.

• Exclusions include CT scans that cannot be categorized by body area being imaged or reason for imaging.

• Measure Specifications can be found at: https://ecqi.healthit.gov/ecqm/oqr/pre-rulemaking/2024/cms1206v1
Data Sources

• The eCQM uses hospitals’ electronic health record (EHR) data and radiology electronic clinical data systems, including the Radiology Information System (RIS) and the Picture Archiving and Communication System (PACS).

• Hospitals may choose to use any available software which performs the necessary functions to comply with measure requirements.
  - Hospitals can use data elements created by this software to calculate the eCQM and to submit results via Quality Reporting Document Architecture (QRDA) Category I files as they do for all other eCQMs.
  - Alara Imaging Software is designed for this measure.
Propose to amend regulatory text across the program:

- Replace “QualityNet” with “CMS-designated information system” or “CMS website.”
Acquiring Information: Requests for Comment (RFCs)
Topics for Potential Future Consideration

Seeking comment to address:

• Gaps in quality measurement (including ED)
• Changes in outpatient care
• Growth concerns around workforce and patient safety
• Transition to digital quality measurement
• Interest in patient-reported outcomes

Seeking comment on quality measurement topics to include:

• Promoting safety (patient and workforce)
• Behavioral health
• Telehealth
RFC: Patient and Workplace Safety

- Sepsis measure or alternative measure.
- Outcome priorities specific to:
  - Settings (including ED and observation care)
  - Procedures and services (including medication errors)
  - Transitions and transfers
  - Access to care.
- Individual harms (including system all-cause harm)
  - Methodological approaches to patient identification and data collection
  - Technological-derived harm
  - Electronic resources to mitigate potential for harm.
- Workforce safety.
RFC: Behavioral Health, Specific Measures

- Suicide Prevention:
  - Screening
    - Adult Major Depressive Disorder (MDD): Suicide Risk Assessment measure
  - Interventions

- Substance Use Disorder
  - Screening
  - Treatment
    - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
RFC: Behavioral Health, General Topics

- Access
- Coordination of care
- Patient experience
- Patient-centered clinical care
- Prevention and treatment of chronic conditions
- Prevention of harm resulting from care
- Priorities for measuring outcomes of services
RFC: Telehealth

- Including four domains:
  - Access
  - Effectiveness
  - Experience
  - Equity
- Prioritizing and inclusion
- Addressing quality gaps (including across settings and services)
- Capturing utilization and disparities resulting from use of services
- Understanding patient experience
Rural Emergency Hospital Quality Reporting (REHQR) Proposals

Anita J. Bhatia, PhD, MPH
Program Lead
Propose to adopt and codify:

• Quality reporting program requiring REHs to submit data

• Measure Retention Policy
  ▪ Quality measures adopted will be retained until proposed for removal, suspension, or replacement.

• Measure Removal Policy
  ▪ Immediate Removal Policy
    • Adopted measures can be removed outside rulemaking.
    • Confirmation of removal would be addressed in the next appropriate rulemaking cycle.
  ▪ Use of removal factors.
## Removal Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Measure performance among REHs is so high and unvarying that meaningful distinctions and improvements in performance can no longer be made (“topped-out” measures).</td>
</tr>
<tr>
<td>2</td>
<td>Performance or improvement on a measure does not result in better patient outcomes.</td>
</tr>
<tr>
<td>3</td>
<td>A measure does not align with current clinical guidelines or practice.</td>
</tr>
<tr>
<td>4</td>
<td>The availability of a more broadly applicable (across settings, populations, or conditions) measure for the topic.</td>
</tr>
<tr>
<td>5</td>
<td>The availability of a measure that is more proximal in time to desired patient outcomes for the particular topic.</td>
</tr>
<tr>
<td>6</td>
<td>The availability of a measure that is more strongly associated with desired patient outcomes for the particular topic.</td>
</tr>
<tr>
<td>7</td>
<td>Collection or public reporting of a measure leads to negative unintended consequences other than patient harm.</td>
</tr>
<tr>
<td>8</td>
<td>The costs associated with a measure outweigh the benefit of its continued use in the program.</td>
</tr>
</tbody>
</table>
Sub-Regulatory Modification Policy

Propose to adopt and codify to use:

• A sub-regulatory process to make non-substantive updates.
• The rulemaking process to make substantive updates.
  ▪ Substantive versus non-substantive determined on a case-by-case basis.
Propose and codify to develop a manual:

• Provide technical specifications for quality measures.
• Revise to clearly identify updates.
• Provide sufficient time for REHs to implement the revisions.
• Provide notification of the updates on a designated website.
Develop Program Technical Specifications

Propose and codify program technical specifications:

• Any modifications to measures and measure sets will be reflected in the Specifications Manual.

• The Specifications Manual will be updated at least every 12 months beginning with CY 2024.
Proposals to Add Measures
Measures for Proposed Adoption: Summary

Four measures currently adopted in the OQR Program:

• Abdomen Computed Tomography (CT) - Use of Contrast Material
• Facility 7-Day Risk-Standardized Hospital Visit Rate After Outpatient Colonoscopy
• Risk-Standardized Hospital Visits Within 7 Days After Hospital Outpatient Surgery
• Median Time from ED Arrival to ED Departure for Discharged ED Patients
Propose to adopt:

- Is a claims-based measure
- Begins with the CY 2024 reporting period.
  - Uses a one-year reporting period
  - Publicly reported and updated annually.
  - Lower scores are better
- Measures the percentage of CT abdomen and abdominopelvic studies performed with and without contrast out of all CT abdomen studies performed.
Facility 7-Day Risk-Standardized Hospital Visit Rate After Outpatient Colonoscopy Measure

Propose to adopt:

• Is a claims-based measure

• Begins with the CY 2024 reporting period.
  ▪ Uses a three-year reporting period
  ▪ Publicly reported and updated annually.
  ▪ Lower scores are better

• Defines unplanned hospital visits within seven days of an outpatient colonoscopy procedure.
Propose to adopt:

- Is a claims-based measure
- Begins with CY 2024 reporting period.
  - Uses a one-year reporting period
  - Publicly reported and updated annually
  - Lower scores are better
- Defines any unplanned hospital visits within seven days of an outpatient surgical procedure.
Propose to adopt:

- Is a chart-abstracted measure
- Begins with the CY 2024 reporting period.
  - Uses quarterly reporting periods
  - Public reported and updated quarterly
  - Lower times are better
- Evaluates the time between the arrival to and departure from the ED, also known as ED throughput time.
Propose public display of all measure strata:

- Displays all data for Discharged ED Patients:
  - Median Time for Discharged ED Patients – Overall Rate
  - Median Time for Discharged ED Patients – Reported Measure
  - Median Time for Discharged ED Patients – Psychiatric/Mental Health Patients
  - Median Time for Discharged ED Patients – Transfer Patients
Propose that data submission will be quarterly via the HQR system.

**CY 2024 Reporting Period and Subsequent Years**

<table>
<thead>
<tr>
<th>Patient Encounter Quarter</th>
<th>Clinical Data Submission Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2024 (January 1 – March 31)</td>
<td>08/01/2024</td>
</tr>
<tr>
<td>Q2 2024 (April 1 – June 30)</td>
<td>11/01/2024</td>
</tr>
<tr>
<td>Q3 2024 (July 1 – September 30)</td>
<td>02/01/2025</td>
</tr>
<tr>
<td>Q4 2024 (October 1 – December 31)</td>
<td>05/01/2025</td>
</tr>
</tbody>
</table>
Propose to codify:

• Participation requirements:
  ▪ Register on a CMS-designated information system.
  ▪ Identify and register a Security Official (SO).
Public Display of Data: General Data

Propose and codify:

• Data will be available on Care Compare and in data.cms.gov beginning with data submitted in CY 2024.

• A 30-day preview period will be announced

• Data submitted will be publicly available by a CCN on a CMS website.

• Submission deadlines will be posted on a CMS website.
Propose to adopt and codify that hospitals:

• Can review and submit corrections to measure data for a period of four months after the reporting quarter has ended.
  
  ▪ Early submission is encouraged to identify, address and rectify any data issues before deadlines.

• Will not be able to change data after the submission deadline.

• Will be provided rates for chart-abstracted data submitted within 24-48 hours following submission deadline.
Propose to adopt and codify:

- CMS may grant an exception to one or more data submission deadlines and requirements in the event of circumstances beyond the facility’s control.

- CMS may grant waivers or extensions:
  - Upon request by the REH according to specific requirements.
  - At its own discretion, without a request from an affected REH when an extraordinary circumstance has occurred.

- Detailed instructions to request consideration for an ECE will be available on a CMS website.
Inquiring Information: Requests for Comment (RFC)
RFC: Topics for Future Consideration

- The inclusion of eCQMs for Reporting Quality Data.
  - Excessive Radiation eCQM
- Care Coordination Measures including telehealth.
Tiered Approach Framework

• This approach could be phased-in.
• Tier 1 would encompass required measures for all REHs
  ▪ Focus on required ED and observation services
• Tier 2 would apply only to REHs that choose to provide additional outpatient services.
From the Operations Desk: Commenting
Comment Period

- Comments must be received or postmarked by September 11, 2023.
- CMS encourages electronic submission of comments.
  - Comments may also be submitted by regular mail, express mail, or overnight mail to the designated addresses provided.
- Comment responses will be included in the final rule.
Accessing the *Federal Register*

The proposed rule can be found:

- In the *Federal Register*.
- As a PDF.
- The Hospital OQR Program section is XIV, beginning on page 222.
- The REHQR Program section is XVI, beginning on page 274.
Accessing the Rule

From the *Federal Register*, select the green **Submit A Formal Comment** box.
Enter your comment in the **Comment** field. You can also attach files.
Submitting Your Comment

Enter the rest of your information.

Select the box next to “I read and understand the statement above.”

Select the Submit Comment box.
Resources

Hospital OQR Program Support Team
Phone: 866.800.8756

QualityNet QA Tool:  [Customer Service Portal](https://servicenowservices.com) - [QualityNet](https://servicenowservices.com)

Center for Clinical Standards and Quality (CCSQ) Services
Phone: 866.288.8912
Email: qnetsupport@cms.gov

SAMS Help Desk
Phone: 877.681.2901

National Healthcare Safety Network (NHSN)
Email: nhsn@cdc.gov
### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>APU</td>
<td>Annual Payment Update</td>
</tr>
<tr>
<td>ASC</td>
<td>ambulatory surgical center</td>
</tr>
<tr>
<td>ASCQR</td>
<td>Ambulatory Surgical Center Quality Reporting</td>
</tr>
<tr>
<td>CAA</td>
<td>Consolidated Appropriations Act</td>
</tr>
<tr>
<td>CCN</td>
<td>CMS Certification Number</td>
</tr>
<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>CT</td>
<td>Computed Tomography</td>
</tr>
<tr>
<td>CY</td>
<td>calendar year</td>
</tr>
<tr>
<td>dQM</td>
<td>Digital Quality Measure</td>
</tr>
<tr>
<td>ECE</td>
<td>Extraordinary Circumstances Exceptions</td>
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<tr>
<td>eCQM</td>
<td>electronic clinical quality measure</td>
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<tr>
<td>ED</td>
<td>emergency department</td>
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<tr>
<td>EDTC</td>
<td>Emergency Department Transfer Communications</td>
</tr>
<tr>
<td>EDU</td>
<td>Emergency Department Utilization</td>
</tr>
<tr>
<td>ESRD</td>
<td>end-stage renal disease</td>
</tr>
<tr>
<td>FHIR</td>
<td>Fast Healthcare Interoperability Resources</td>
</tr>
<tr>
<td>FR</td>
<td>Federal Register</td>
</tr>
<tr>
<td>HEDIS</td>
<td>Health Effectiveness Data and Information Set</td>
</tr>
<tr>
<td>HHS</td>
<td>U.S. Department of Health and Human Services</td>
</tr>
<tr>
<td>IPPS</td>
<td>inpatient prospective payment system</td>
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<tr>
<td>IQR</td>
<td>inpatient quality reporting</td>
</tr>
<tr>
<td>LTCH</td>
<td>Long-Term Care Hospital</td>
</tr>
<tr>
<td>MBQIP</td>
<td>Medicare Beneficiary Quality Improvement</td>
</tr>
<tr>
<td>MRI</td>
<td>magnetic resonance imaging</td>
</tr>
<tr>
<td>NHSN</td>
<td>National Healthcare Safety Network</td>
</tr>
<tr>
<td>NQF</td>
<td>National Quality Forum</td>
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<tr>
<td>OAS</td>
<td>Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery</td>
</tr>
<tr>
<td>OPPS</td>
<td>outpatient prospective payment system</td>
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<tr>
<td>OQR</td>
<td>outpatient quality reporting</td>
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<tr>
<td>PPS</td>
<td>prospective payment system</td>
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<tr>
<td>Q</td>
<td>quarter</td>
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<tr>
<td>REH</td>
<td>Rural Emergency Hospital</td>
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<tr>
<td>REHQR</td>
<td>Rural Emergency Hospital Quality Reporting</td>
</tr>
<tr>
<td>RFI</td>
<td>Request for Information</td>
</tr>
<tr>
<td>SAMS</td>
<td>Secure Access Management System</td>
</tr>
<tr>
<td>SO</td>
<td>Security Official</td>
</tr>
</tbody>
</table>
Continuing Education Approval

This program has been approved for one 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

**Note:** To verify approval for any other state, license, or certification, please check with your licensing or certification board.
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