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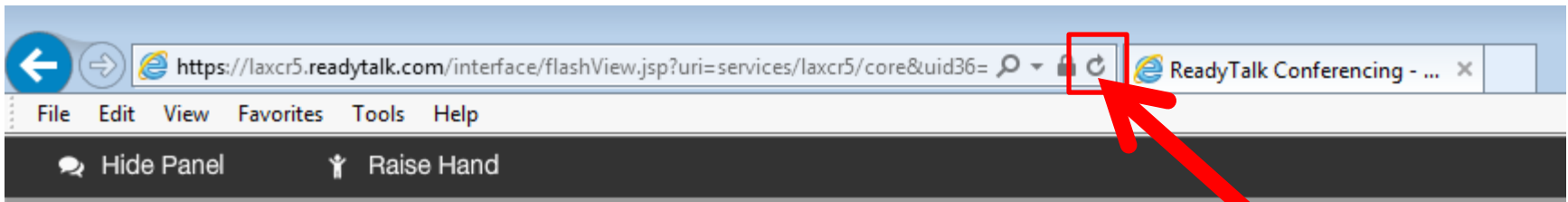
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Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Refresh icon
-or-
Click F5



F5 Key
Top Row of Keyboard

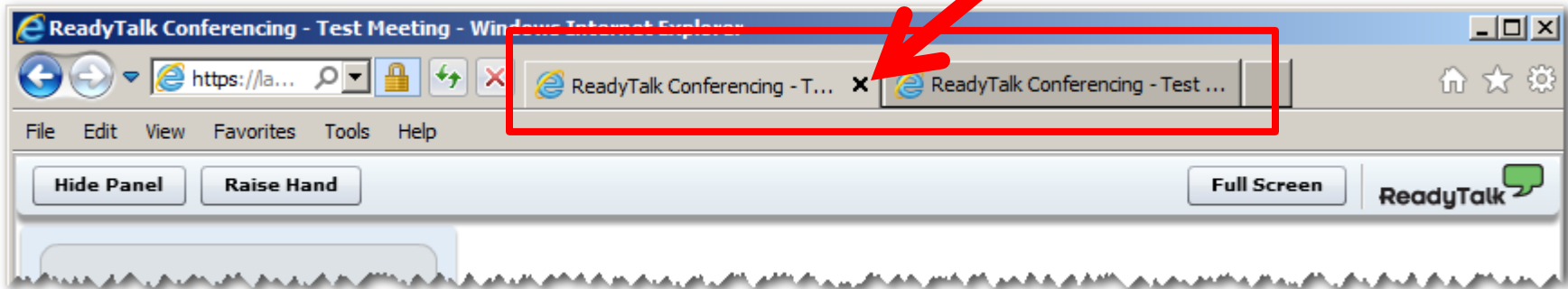


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A screenshot of a web interface for a CMS event. The interface is split into two main sections. The left section is a vertical chat window with a white background and a blue border. At the top of this window are buttons for 'Hide Chat' and 'Raise Hand'. The main area of the chat window is empty. At the bottom of the chat window is a text input field with the placeholder text 'Type questions here.' and a 'Send' button. The right section of the interface has a light gray background. At the top center is the CMS logo, which consists of a blue and yellow swoosh above the letters 'CMS' and the text 'CENTERS FOR MEDICARE & MEDICAID SERVICES' below it. Below the logo, the text 'Welcome to Today's Event' is displayed in a large, blue, sans-serif font. At the bottom of this section, there is a yellow horizontal line, and below it, the text 'Thank you for joining us today! Our event will start shortly.' is displayed in a smaller, italicized, blue font. In the top right corner of the entire interface, there are buttons for 'Full Screen' and 'ReadyToGo'.



Clinical Episode-Based Payment (CEBP) Measures

David Ruiz, MA
Lead, Data & Analytics Practice
Econometrica, Inc.

August 31, 2017

Purpose

This presentation will provide an overview of the CEBP measures and the Hospital-Specific Reports (HSRs), including: the goals of the CEBP measures, the measure methodology, and how to perform CEBP measure calculations. Additionally, participants will learn about the CEBP HSRs and where to locate related supplemental files.

Objectives

By the end of the presentation, participants will be able to:

- Identify the goals of the CEBP measures
- Explain the CEBP measure methodology
- Locate the following CEBP documents:
 - HSRs
 - Supplemental files that accompany HSRs
 - Additional measure information on *QualityNet*
 - Measure specification documentation for each measure
 - Measures Grouping rules information for each measure
 - Frequently Asked Questions
 - Mock HSR
 - Hospital-specific data files descriptions

CEBP Measures Introduction

- Clinically coherent groupings of healthcare services that can be used to assess providers' resource use
- Assess Medicare spending for clinically related services for a condition or procedural CEBP episode
 - Episode is comprised of the periods immediately prior to, during, and following a patient's hospital stay for a given procedure or condition.

Condition Measures	Procedural Measures
Cellulitis	Aortic Aneurysm
Gastrointestinal (GI) Hemorrhage	Cholecystectomy and Common Duct Exploration
Kidney/Urinary Tract Infection (Kidney/UTI)	Spinal Fusion

CEBP and Inpatient Quality Reporting (IQR) Program

Measure Reporting	Condition Measures	Procedural Measures
August 2017 HSR	Informational Purposes Only	---
December 2017 <i>Hospital Compare</i>	---	---
May 2018 HSR	x	x
December 2018 <i>Hospital Compare</i>	x	x

X = CEBP measures included in the Hospital IQR Program in 2018

CEBP measures become part of the Hospital IQR Program measure set for payment determination starting FY 2019.¹

¹<https://www.federalregister.gov/d/2016-18476/p-4768>

CEBP Measure Prioritization

The CEBP measures were selected based on the following criteria:

1. Constitute a significant share of Medicare payments and potential savings during and surrounding a hospital stay
2. Represent services that can be linked to care provided during a hospitalization
3. Comprise a substantial proportion of payments and potential savings for post-acute care
4. Reflect high variation in post-discharge payments, enabling differentiation among hospitals
5. Managed by general physicians or hospitalists or by surgical subspecialists, depending on the type of measure

FY 2016 Inpatient Prospective Payment System (IPPS) Rule:
<https://www.federalregister.gov/d/2015-19049/p-3917>

CEBP vs. MSPB

- CEBP measures follow the general construction of the Medicare Spending Per Beneficiary (MSPB) measure:
 - Standardized payments for Medicare Part A and Part B services
 - Risk adjustment for individual patient characteristics
 - Episode window is three days prior to inpatient admission (also known as the “index admission”) through 30 days after hospital discharge.
- Unlike the MSPB measure,
 - CEBP measures include only Medicare Part A and Part B services that are clinically related to a condition or procedure.
 - CEBP episodes may also begin during the 30-day post-discharge window of another CEBP episode.

Agenda

- Goals of CEBP measures
- Measure methodology
- Calculation steps
- Example calculation
- Overview of HSRs and supplemental files

Agenda

- **Goals of CEBP measures**
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Goals of CEBP Measures

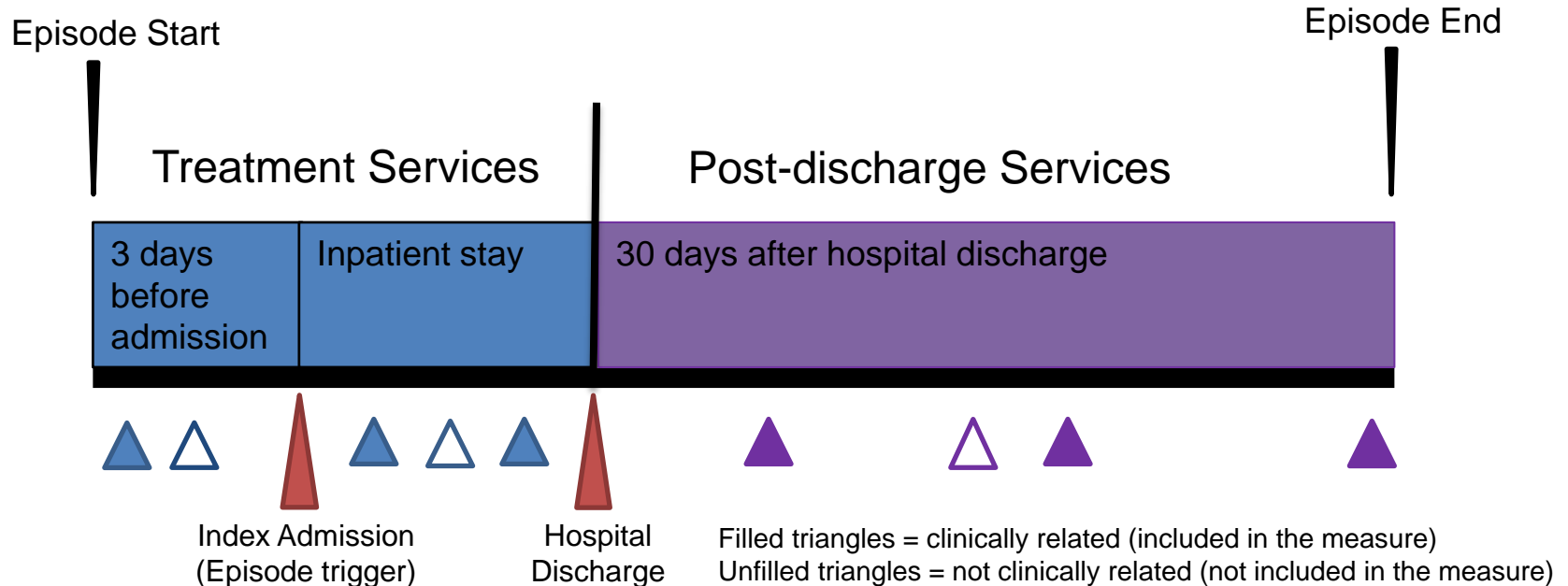
- In conjunction with other Hospital IQR Program quality measures, the CEBP measures aim to:
 - Contribute to the overall picture of providers' clinical effectiveness and efficiency
 - Allow meaningful comparisons between providers based on resource use for certain conditions or procedures

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Measure Methodology

The CEBP measures are claims-based measures that include price-standardized payments for clinically related Part A and Part B services grouped by treatment services and post-discharge services.



Measure Methodology

Hospital admissions that are NOT considered as index admissions, include:

- When claims have data coding errors, including missing date of birth or death dates preceding the date of the index admission
- When the index admission claim has \$0 payment
- Acute-to-acute transfers (as defined by the claim discharge code)
- Admissions to hospitals that Medicare does not reimburse through the IPPS (e.g., cancer hospitals, critical access hospitals)
- Admissions having discharge dates fewer than 30 days prior to the end of the yearly performance period (i.e., before December 31)

Measure Methodology

The presence of specific medical codes on claims triggers CEBP episodes. CEBP measures are classified into:

- Episode Types – defined by presence of complications or comorbidities (e.g., Major Complications and Comorbidities [MCC]) on triggering inpatient hospitalization
- Clinical Subtypes – defined by presence of International Classification of Diseases (ICD)-10 diagnosis codes (condition episodes) or Current Procedural Terminology (CPTs) (procedural episodes) during hospitalization and/or on Physician/Part B claims associated with the triggering inpatient hospitalization

Example: Cellulitis Measure

- Episode Types: Cellulitis with MCC OR Cellulitis without MCC
- Clinical Subtypes: Cellulitis as a Complication of Diabetes OR Cellulitis as a Complication of Decubitus Pressure Ulcers OR Cellulitis in All Other Patients

Division of measures into types and subtypes allows for a more accurate comparison of observed to expected costs for beneficiaries who have a similar clinical picture.

Measure Methodology

Clinically related services are grouped to an episode by applying grouping rules.

- Grouping rules identify and aggregate clinically related services by two categories of medical care:
 1. **Treatment services** that encompass the medical care occurring during the hospital stay and clinically related services three days prior to the hospital stay
 2. **Clinically related post-discharge services** that include routine follow-up as well as services after discharge linked to occurrence of adverse outcomes fully or partially attributable to care while in the hospital

CEBP Measures Definition

$$\text{CEBP Measure} = \frac{\text{CEBP Amount}}{\text{National Episode-Weighted Median CEBP Amount}}$$

CEBP amount:

- Average of the ratio of each episode's standardized episode payment amount over its expected episode payment amount, multiplied by the national average observed episode payment amount. The average is taken across all of a hospital's episodes.

CEBP measure:

- A hospital's CEBP amount divided by the episode-weighted median CEBP amount across all hospitals

Measure Interpretation

- CEBP measures that are less than 1 indicate that a given hospital spends less than the national median CEBP amount for a condition or procedure across all hospitals during a given performance period.
- Improvement on the CEBP measures for a hospital would be observed as lower CEBP measure values across performance periods.
- Resource use measures, such as CEBP measures, are most meaningful when presented in the context of other quality measures to provide a more comprehensive assessment of hospital performance.

Measure Specifications: Included and Excluded Populations

- **Episodes are included for beneficiaries who are:**
 - Enrolled in Medicare Parts A and B from 90 days prior to the episode through the end of the episode
 - Admitted to subsection (d) hospitals
- **Episodes are excluded if beneficiaries:**
 - Are enrolled in Medicare Advantage during the episode
 - Have Medicare as the secondary payer 90 days prior to the episode through the end of the episode
 - Died during the episode

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Overview of Calculation Steps for Each CEBP Measure

1. Standardize claims payments
2. Calculate standardized episode payments
3. Calculate predicted episode payments
4. Winsorize predicted values
5. Calculate residuals
6. Exclude episodes with outlier residuals
7. Calculate hospital-level risk-adjusted payments (CEBP amount)
8. Calculate CEBP measure

Step 1: Standardize Claims Payments

- Standardize spending to adjust for geographic differences and payments from special Medicare programs that are not related to resource use (e.g., graduate medical education)
- Maintain differences that result from healthcare delivery choices, such as:
 - Setting where the service is provided
 - Specialty of healthcare provider who delivers the service
 - Number of services provided in the same encounter
 - Outlier cases
- Refer to the CMS Price (Payment) Standardization documents at this *QualityNet* webpage:
<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic/Page/QnetTier4&cid=1228772057350>

Step 2: Calculate Standardized Episode Payments

- Sum all standardized Medicare Part A and Part B claim payments for clinically related services starting within an episode (i.e., between three days prior to the hospital admission until 30 days after discharge), including:
 - Patient deductibles and coinsurance
 - Claims grouped based on the “from date” variable
 - The first day on the billing statement covering services rendered to the beneficiary (or admission date for inpatient claims)

Step 3: Calculate Predicted Episode Payments

- Account for variation in patient clinical complexity by estimating expected episode cost (based on risk adjustment variables) using a linear regression.
 - Risk adjustment variables include factors such as: age; severity of illness (Hierarchical Condition Categories version 22); clinical subtype; disabled/end stage renal disease (ESRD) enrollment status; long-term care indicator; comorbidity interactions; and Medicare Severity-Diagnosis Related Group (MS-DRG) of index admission.
 - Additional independent variables included depend on a given procedure or condition.
 - Full details are available at this *QualityNet* webpage:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228775614447>.
- Separate regression model for each clinical subtype

Step 4: Winsorize Predicted Values

- Winsorize predicted episode spending for extremely low-spending low values
 - Identify episodes with clinical subtypes that fall below the 0.5 percentile of the episode expected spending distribution
 - Reset the expected spending for these episodes to the expected spending of the episode at this threshold (0.5 percentile)
 - Renormalize expected spending so that the average expected spending for an episode based on clinical subtype remains unchanged

Step 5 and 6: Calculate Residuals and Exclude Outliers

- Calculate residuals to identify outliers
 - Residual = Standardized Episode Spending (Step 2) – Winsorized Predicted Episode Spending (Step 4)
- Exclude statistical outlier episodes based on outlier clinical subtype. Statistical outlier episodes are defined as the following:
 - High-Cost Outlier – Residual falls above 99th percentile of the residual cost distribution
 - Low-Cost Outlier – Residual falls below 1st percentile of the residual cost distribution
- Renormalize expected spending to ensure that average expected spending is the same as average standardized spending after outlier exclusions

Step 7: Calculate Hospital-Level Risk-Adjusted Payments (CEBP Amount)

- For each episode in a given condition or procedure measure, calculate a ratio of the hospital's standardized payment (step 2) to its renormalized expected payment (step 6)
- Calculate the average of the ratios for a given condition or procedure (n = number of episodes in a hospital)
- Multiply average ratio by the national average standardized episode payment to convert this ratio to a dollar amount

Risk-Adjusted payment (CEBP amount) =

$$\left[\left(\frac{1}{n}\right) \left(\sum \frac{\text{std. episode payments}}{\text{expected episode payments}}\right)\right] * (\text{avg. standardized episode payments}_{\text{all hospitals}})$$

Step 8: Calculate the CEBP Measure

- Each CEBP measure is calculated as the ratio of the CEBP amount for the hospital divided by the episode-weighted median CEBP amount across all hospitals:
 - CEBP amount (Step 7) is the average risk-adjusted episode payment across all episodes of a condition or procedure for a hospital.

$$\text{CEBP Measure} = \frac{\text{CEBP amount}}{\text{National Episode Weighted Median CEBP amount}}$$

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Example Calculation: Cellulitis

- Conditions and procedures have different episode types and clinical subtypes, but follow similar calculation steps.

Episode Measure	Episode Type	Clinical Subtype
Cellulitis	Major Complications or Comorbidities (MCC)	Diabetes
		Decubitus pressure ulcers
		Other
	Without MCC	Diabetes
		Decubitus pressure ulcers
		Other

Example Calculation: Cellulitis

- Hospital A has 30 cellulitis episodes, ranging from \$8,000 to \$11,000. After applying Steps 1–4, one episode had a residual higher than the 99th percentile residual over all cellulitis episodes and was excluded in Step 6.
 - Calculate Residuals (Step 5) = Standardized Episode Payment (Step 2) – Winsorized Expected Value (Step 4)
 - Example Episode Residual = \$9,000 - \$8,500 = \$500

Example Calculation: Step 7

- Calculate the average of the ratios of each episode's standardized payment (step 2) to its expected payment (step 6)
- Multiply average ratio by the national average standardized episode payment

Risk-Adjusted payments (CEBP amount) =

$$\left[\left(\frac{1}{n}\right) * \left(\sum \frac{\text{std. episode costs}}{\text{expected episode costs}}\right)\right] * (\text{avg. standardized episode cost}_{\text{all hospitals}})$$

*Example Cellulitis CEBP amount = [0.899] * (\$9,260.25) = \$8,324.96*

Example Calculation of Risk-Adjusted (CEBP) Amount

Cellulitis

Clinical Subtypes

w/Diabetes

Episode 1

Episode 2

Episode 3

Std. Pay. /

\$8,404 / \$14,687 / \$17,334 /

Exp. Pay.

\$8,569 = \$14,892 = \$17,150 =

0.981 + 0.986 + 1.011 +

w/DPC

Episode 4

Episode 5

Episode 6

\$7,013 / \$5,692 / \$8,150 /

\$8,078 = \$10,094 = \$8,290 =

0.868 + 0.564 + 0.983

= 5.393

5.393 / 6 episodes = 0.899

National Average Standardized Episode Spending = \$9,260.25

0.899 * \$9,260.25 = \$8,324.96

Episode Type

w/o MCC

w/ MCC

Example Calculation: Step 8

- Calculate the hospital's CEBP cellulitis measure by dividing the CEBP cellulitis amount (Step 7) by the episode-weighted national median of episode amounts across hospitals

$$CEBP \text{ Measure} = \frac{CEBP \text{ amount}}{National \text{ Episode Weighted Median CEBP amount}}$$

$$Example \text{ Cellulitis CEBP amount} = \frac{\$8,324.96}{\$9,382.23} = 0.89$$

This example shows that Hospital A's spending on cellulitis was lower than the national median hospital spending amount on cellulitis.

Agenda

- Goals of CEBP measures
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Overview of Hospital-Specific Reports (HSRs)

- Reports include six tables and are accompanied by three supplemental hospital-specific data files.
 - Tables include the CEBP measures for the individual hospital and other hospitals in the state and the nation.
 - Supplemental hospital-specific data files contain information on the admissions that were considered for the individual hospital's CEBP measures and data on the Medicare payments (to individual hospitals and other providers) that were included in the measures.

Overview of Table 1: CEBP Measures

Displays the individual hospital's CEBP measures by condition

Your Hospital's Cellulitis CEBP Measure	Your Hospital's GI Hemorrhage CEBP Measure	Your Hospital's Kidney/UTI CEBP Measure
0.96	0.91	0.92

Overview of Table 2: Additional Information About the Individual Hospital's CEBP Measures

Provides the number of eligible admissions and CEBP amounts for the individual hospital, the state, and the nation

Performance Scores	Cellulitis	GI Hemorrhage	Kidney/UTI
Number of eligible admissions at your hospital	52	125	80
Your hospital's CEBP amount	9,052.64	9,700.25	9,002.00
State average CEBP amount	8,996.60	10,694.34	9,452.25
U.S. national average CEBP amount	9,264.25	10,578.28	9,680.81

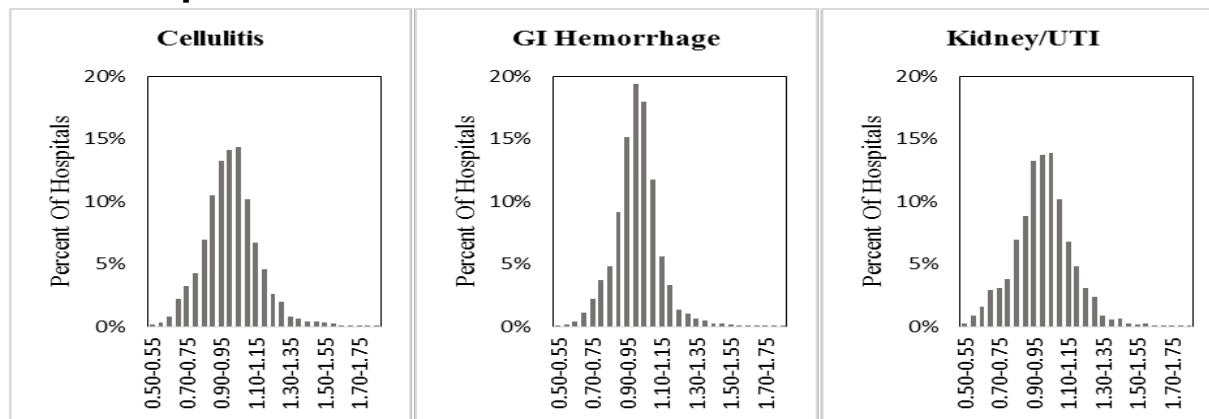
Table 3: Detailed MSPB Statistics

Displays the major components (e.g., number of eligible admissions, CEBP amount, and national median CEBP amount) used to calculate the individual hospital's CEBP measures

Cellulitis	Your Hospital	State	United States
Number of eligible admissions	52	2011	102,764
Average spending per episode	8,260.82	8,002.30	8,652.80
CEBP amount (average risk-adjusted spending)	9,052.60	8,996.60	9,260.25
U.S. national median CEBP amount	9,382.23	9,382.23	9,382.23
CEBP measure	0.96	0.96	0.99
GI Hemorrhage	Your Hospital	State	United States
Number of eligible admissions	125	3,082	142,048

Fig. 1 and Table 4: National Distribution of the CEBP Measures

Displays the national distribution of the CEBP measures across all hospitals in the nation



Percentile	Cellulitis	Kidney/UTI	GI Hemorrhage
5	0.73	0.78	0.68
10	0.79	0.83	0.75
25	0.90	0.92	0.89
50	0.99	0.98	0.99
75	1.09	1.07	1.09
90	1.20	1.15	1.21
95	1.29	1.23	1.30

Table 5: CEBP Spending Breakdowns by Clinical Episode Grouping

Category of Medical Care:
When in the episode clinically related services are grouped

Individual Hospital Spending:
Amount and percent of total average episode spending for the clinical episode within a grouping period and claim type

Cellulitis	Claim Type	Your Hospital		State	Nation
		Spending per Episode	Percent of Spending	Percent of Spending	Percent of Spending
Treatment services	Total	6180.29	73%	73%	71%
	Inpatient	5186.31	62%	61%	58%
	Part B (Carrier)	993.98	11%	12%	13%
Clinically related post-discharge services	Total	2300.68	28%	29%	31%
	Home Health Agency	361.42	4%	4%	3%
	ER	8.96	.06%	.15%	.30%
	Inpatient**	647.88	8%	4%	5%
	Outpatient	129.91	2%	.82%	.92%
	Skilled Nursing Facility	1030.07	12%	16%	19%
	Durable Medical Equipment	20.61	.2%	.5%	.08%
	Carrier	101.83	1.7%	19.4%	2.7%

Table 5: CEBP Spending Breakdowns by Clinical Episode Grouping

Percent of total average spending in the individual hospital, state, and nation:
 A higher percent of spending in the hospital than the percent of spending in the state or nation means that, for a clinical episode within a grouping period and claim type, the individual hospital spends more than other hospitals in the state or the nation, respectively.

Cellulitis	Claim Type	Your Hospital		State	Nation
		Spending per Episode	Percent of Spending	Percent of Spending	Percent of Spending
Treatment services	Total	6180.29	73%	73%	71%
	Inpatient	5186.31	62%	61%	58%
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	Skilled Nursing Facility	1030.07	12%	16%	19%
	Durable Medical Equipment	20.61	.2%	.5%	.08%
	Carrier	101.83	1.7%	19.4%	2.7%

Overview of Table 6: Spending Breakdowns by Clinical Subtypes

- Provides a breakdown of the individual hospital's average actual and expected spending per CEBP episode by clinical subtypes
- Compares the individual hospital's average actual and expected spending to state and national average actual and expected spending

Table 6: Detailed Spending Breakdowns by Clinical Subtypes

CEPB Measure and Episode Type

Hospital Spending:
The individual hospital's average and expected spending by clinical subtype

Episode Measure	Episode Type	Clinical Subtype	A	B	C	D	E	F
			Your Hospital		State		National	
			Average Spending per Episode	Average Expected Spending per Episode	Average Spending per Episode	Average Expected Spending per Episode	Average Spending per Episode	Average Expected Spending per Episode
Cellulitis	MCC	Diabetes	10,404.28	10,596.31	14,240.16	13,900.11	14,000.29	14,562.98
		DPC**	14,6871.12	14,892.11	16,698.10	16,790.15	15,754.08	16,162.48
		Other	17,158.72	17,334.81	13,877.21	13,900.61	13,852.16	13,886.00
	Without MCC	Diabetes	7,013.89	8,078.23	8,021.17	8,629.16	8,706.14	8,972.00
		DPC**	5,692.34	10,094.13	13,836.18	12,146.19	12,028.18	12,382.18
		Other	8,154.18	8,298.15	7,996.72	8,354.19	8,306.28	8,570.56

Table 6: Detailed Spending Breakdowns by Clinical Subtypes

Spending in the Individual Hospital's State and Nation:

Average spending values for the state and for the nation (e.g., if the individual hospital has a lower value in Column B than in Column F, its patients have a lower expected spending level than the nation for that given clinical episode by clinical subtype)

Episode Measure	Episode Type	Clinical Subtype	A	B	C	D	E	F
			Your Hospital		State		National	
			Average Spending per Episode	Average Expected Spending per Episode	Average Spending per Episode	Average Expected Spending per Episode	Average Spending per Episode	Average Expected Spending per Episode
Cellulitis	MCC	Diabetes	10,404.28	10,596.31	14,240.16	13,900.11	14,000.29	14,562.98
		DPC**	14,6871.12	14,892.11	16,698.10	16,790.15	15,754.08	16,162.48
		Other	17,158.72	17,334.81	13,877.21	13,900.61	13,852.16	13,886.00
	Without MCC	Diabetes	7,013.89	8,078.23	8,021.17	8,629.16	8,706.14	8,972.00
		DPC**	5,692.34	10,094.13	13,836.18	12,146.19	12,028.18	12,382.18
		Other	8,154.18	8,298.15	7,996.72	8,354.19	8,306.28	8,570.56

Overview of Supplemental Hospital-Specific Data Files

Each HSR is accompanied by three supplemental hospital-specific data files:

1. Index Admission File
 - Presents all inpatient admissions for the individual hospital in which a beneficiary was discharged during the period of performance
2. Beneficiary Risk Score File
 - Identifies beneficiaries and their health status based on the beneficiary's claims history in the 90 days prior to the start of an episode
3. CEBP Episode File
 - Shows the type of care, spending amount, and top five billing providers in each care setting for each CEBP episode

CEBP Questions

- Hospitals may submit questions about CEBP calculations or their HSR at cmscebpmeasures@Econometricalnc.com.
 - For report re-upload requests, please include your hospital's CMS Certification Number (CCN).
- As with other claims-based measures, hospitals may **NOT** submit:
 - Additional corrections to underlying claims data
 - New claims to be added to the calculations
- Additional measure information can be found on this *QualityNet* website:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228775614447>.

Summary of Agenda

- Goals of CEBP measures
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Clinical Episode-Based Payment (CEBP) Measures

Questions?

Continuing Education Approval

This program has been pre-approved for 1.0 continuing education (CE) unit for the following professional boards:

- **National**

- Board of Registered Nursing (Provider #16578)

- **Florida**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

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

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- Another page will open that asks you to register in the HSAG Learning Management Center.
 - This is a separate registration from ReadyTalk®.
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 - Healthcare facilities have firewalls up that block our certificates.

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- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

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Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

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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.

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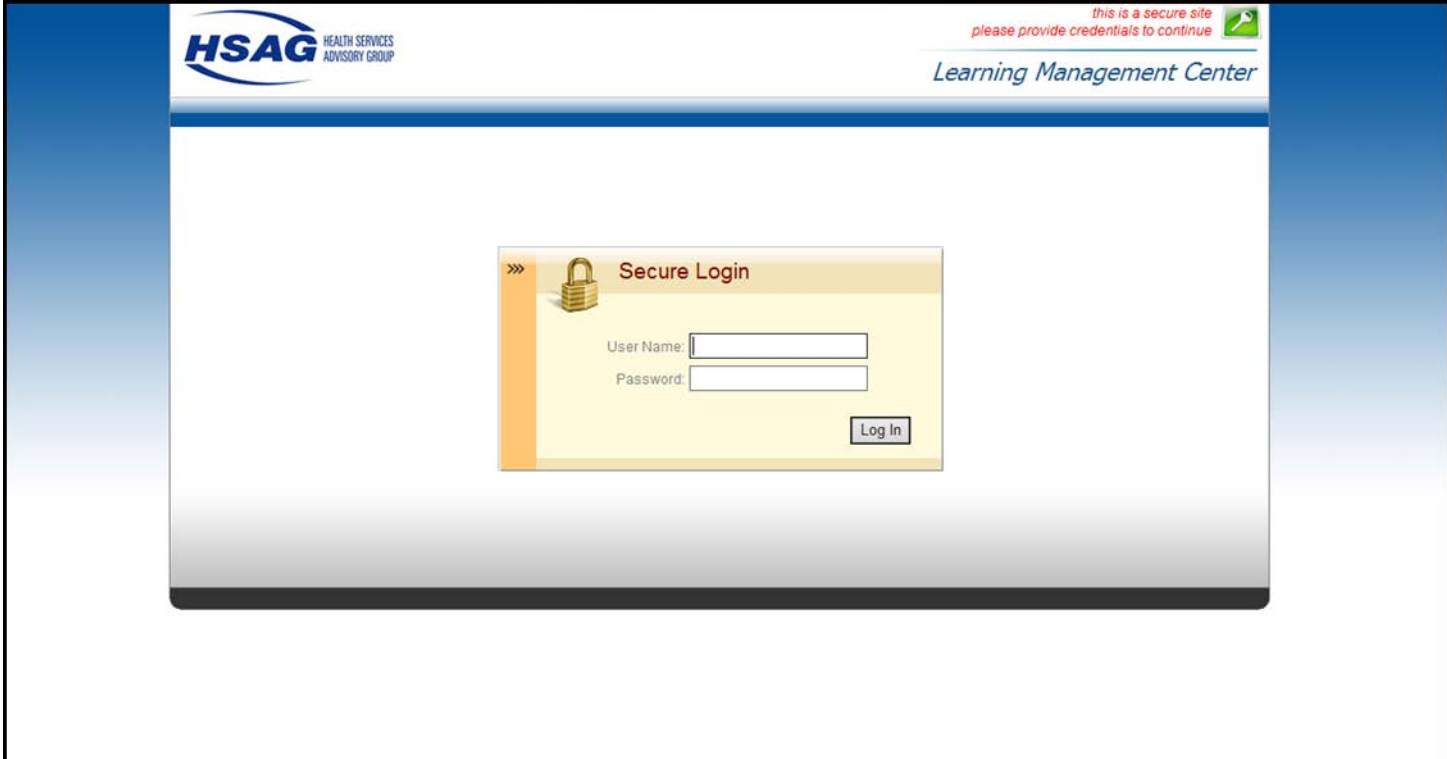
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the text "Learning Management Center" is displayed. The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The entire form is set against a light blue gradient background.

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 (Health Services Advisory Group). At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box containing a padlock icon, a "User Name:" label with an input field, a "Password:" label with an input field, and a "Log In" button.

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