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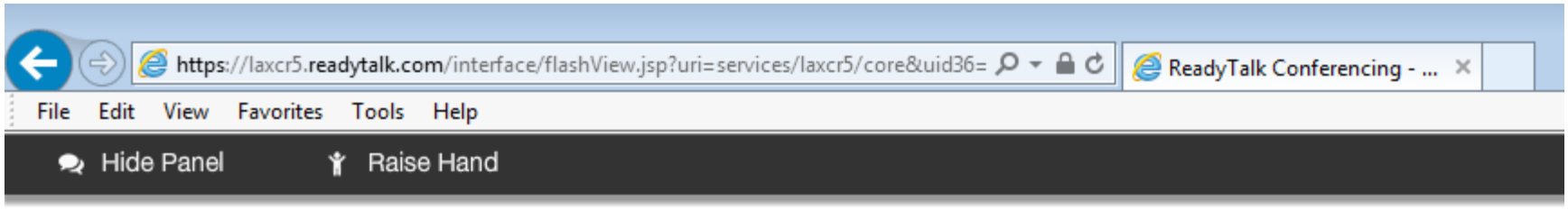
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- **Click <u>Refresh</u> icon –**
  or-
  Click F5

F5 Key
Top Row of Keyboard



Location of Buttons

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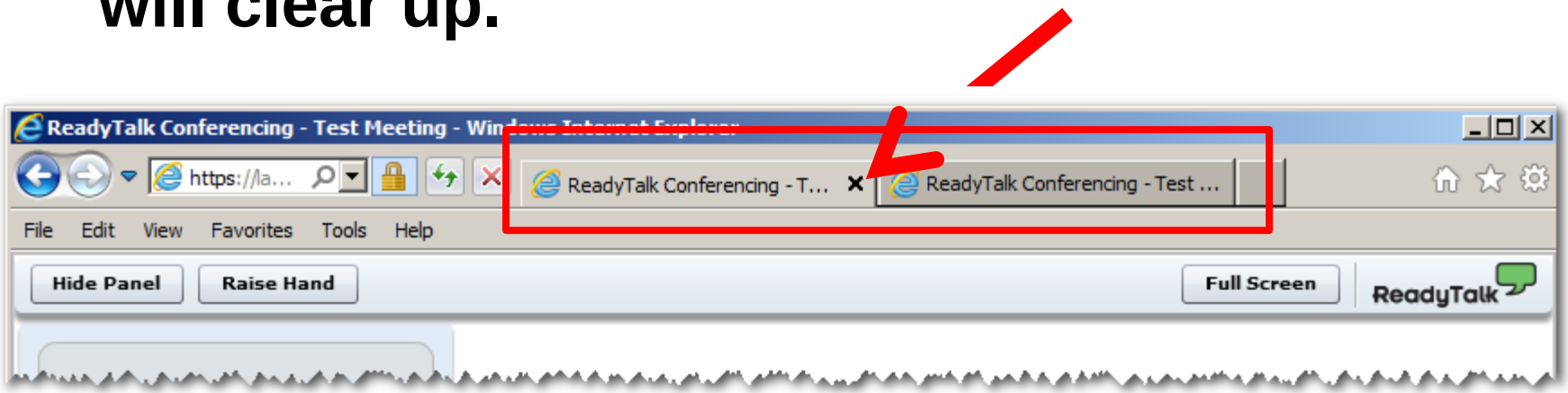
Troubleshooting Echo

- **Hear a bad echo on the call?**
- **Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.**
- **Close all but one browser/tab and the echo will clear up.**



Example of Two Browsers Tabs open in Same Event

Submitting Questions

Type questions in the "Chat with Presenter" section, located in the bottom-left corner of your screen.

Fiscal Year 2017 HAC Reduction Program, Hospital VBP Program, and HRRP: *Hospital Compare* Data Update

Bethany Wheeler-Bunch, MSHA,
Hospital Value-Based Purchasing (VBP) Program Support Contract Lead
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Angie Goubeaux
Hospital-Acquired Condition (HAC) Reduction Program Lead
Hospital Quality Reporting Program Support (HQRPS) Contractor

Casey Thompson MSN, RN-BC
Hospital Readmissions Reductions Program (HRRP) Lead
Hospital Quality Reporting Program Support (HQRPS) Contractor

December 16, 2016

Purpose

This event will provide an overview of the publicly reported data and information available for the Centers for Medicare & Medicaid Services (CMS) inpatient hospital pay-for-performance programs, including the Hospital VBP Program, the HAC Reduction Program, and the HRRP.

Objectives

At the conclusion of this presentation, participants will be able to:

- Recall the location of the publicly reported data for the CMS inpatient hospital pay-for-performance programs
- Identify publicly reported data from previous years
- Obtain comma-separated-value (CSV) files of the publicly reported data

Bethany Bunch, MSHA

Hospital VBP Program Support Contract Lead

Hospital Inpatient VIQR Outreach and Education Support Contractor

HOSPITAL VBP PROGRAM

Background

Hospital VBP is a quality incentive program:

- Required by provisions in the Affordable Care Act (ACA) and further defined in Section 1886(o) of the Social Security Act
- Built on the Hospital Inpatient Quality Reporting (IQR) measure reporting infrastructure
- Based on the quality of care, not just the quantity of inpatient acute care services provided
- Funded by a 2.00% reduction from participating hospitals' base operating Diagnosis-Related Group (DRG) payments for Fiscal Year (FY) 2017

Payments withheld

Hospital Compare December 2016 Release: FY 2017 Hospital VBP

Patient and Caregiver Centered Experience of Care/Care Coordination (PCCEC/CC)

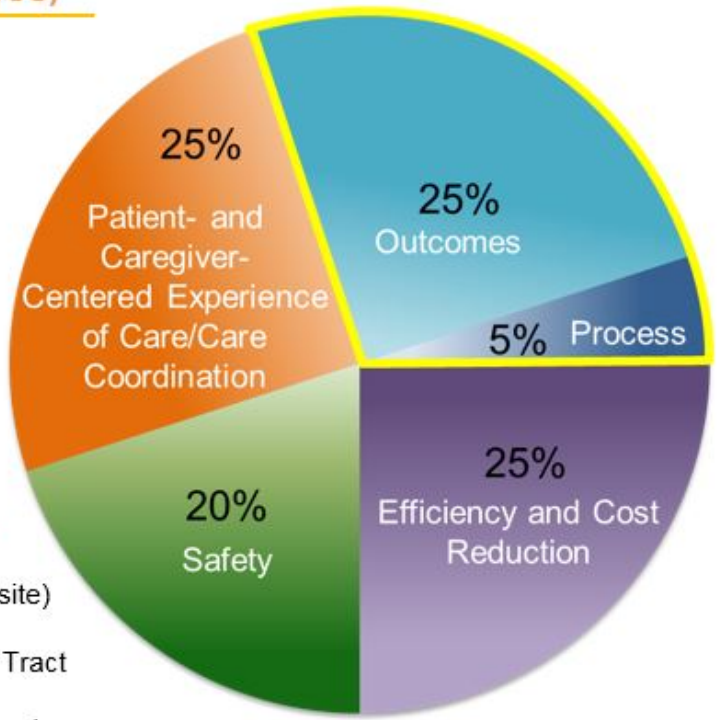
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Dimensions:

1. **Communication** with Nurses
2. **Communication** with Doctors
3. **Responsiveness** of Hospital Staff
4. **Pain** Management
5. **Communication** about Medicines
6. **Cleanliness** and Quietness of Hospital Environment
7. **Discharge** Information
8. **Overall** Rating of Hospital

Safety

1. **AHRQ PSI-90**: Complication/patient safety for selected indicators (composite)
2. **CDI***: Clostridium difficile Infection
3. **CAUTI**: Catheter-Associated Urinary Tract Infection
4. **CLABSI**: Central Line-Associated Blood Stream Infection
5. **MRSA***: Methicillin-Resistant Staphylococcus aureus Bacteremia
6. **SSI**: Surgical Site Infection Colon Surgery and Abdominal Hysterectomy

Domain Weights



An asterisk (*) indicates a newly adopted measure for the Hospital VBP Program.

Clinical Care: Outcomes

1. **MORT-30-AMI**: Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
2. **MORT-30-HF**: Heart Failure (HF) 30-Day Mortality Rate
3. **MORT-30-PN**: Pneumonia (PN) 30-Day Mortality Rate

Clinical Care: Process

1. **AMI-7a**: Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
2. **PC-01***: Elective Delivery Prior to 39 Completed Weeks Gestation
3. **IMM-2**: Influenza Immunization

Efficiency and Cost Reduction

1. **MSPB-1:** Medicare Spending per Beneficiary (MSPB)

FY 2017 Data Periods

Domain	Subdomain/ Measure	Baseline Period	Performance Period
Clinical Care	Process	1/1/2013 – 12/31/2013	1/1/2015 – 12/31/2015
	Outcomes	10/1/2010 – 6/30/2012	10/1/2013 – 6/30/2015
PCCEC/CC	HCAHPS Survey	1/1/2013 – 12/31/2013	1/1/2015 – 12/31/2015
Safety	Agency for Healthcare Research and Quality (AHRQ) PSI-90 Composite	10/1/2010 – 6/30/2012	10/1/2013 – 6/30/2015
	Centers for Disease Control and Prevention (CDC) Healthcare-Associated Infection (HAI) Measures	1/1/2013 – 12/31/2013	1/1/2015 – 12/31/2015
Efficiency and Cost Reduction	MSPB	1/1/2013 – 12/31/2013	1/1/2015 – 12/31/2015

Hospital VBP vs Hospital IQR

The FY 2017 Hospital VBP Program uses measures that are included in the Hospital IQR Program; however, you may notice slightly different results between the two programs, for example:

- HCAHPS survey
- 30-Day Mortality Measures
- AHRQ PSI-90 Composite
- Healthcare-Associated Infection (HAI) measures: CLABSI, CAUTI, SSI, MRSA, and CDI
- Data Periods

Overall Hospital Rating & Hospital VBP Program

The Overall Hospital Rating is a summary of a hospital's reported Hospital Inpatient Quality Reporting and Outpatient Quality Reporting Programs on Hospital Compare. Please note that Hospital VBP Program results are not used in the calculation of the Overall Hospital Rating results.

Hospital Compare Home Page

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About Us | Glossary | CMS.gov | Medicare.gov | MyMedicare.gov Login

Medicare.gov | Hospital Compare

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Hospital Compare Home | About Hospital Compare | About the data | Resources | Help

Home

+ Share

The Department of Veterans Affairs (VA) hospital data are available here.
VA data are temporarily not available through the City, State and Zip code search below.

Find a hospital

A field with an asterisk (*) is required.

* **Location**

Example: 45802 **or** Lima, OH **or** Ohio

ZIP code or City, State or State

Hospital name (optional)

Full or Partial Hospital Name

Search

Hospital Compare Homepage Link to Hospital VBP Program

Spotlight

- NEW Compare hospitals based on their overall star rating, summarizing up to 57 measures of quality shown on Hospital Compare. Learn more here.
- Get Veterans Administration hospital data.
- Get PPS-exempt cancer hospital data.
- Review hospital survey reports.
- NEW Inpatient Psychiatric Facility Quality Reporting measures are now available. Data updated December 2016.
- View American College of Surgeons (ACS) surgical outcomes measures – voluntary reporting by hospitals in the ACS National Surgical Quality Improvement Program External Link icon database (ACS NSQIP®). Data updated December 2016.
- Get Ambulatory Surgical Center Quality (ASCQR) Program data.

Additional information

- **Hospital Compare data last updated**: December 19, 2016. Go to updates.
- Download the Hospital Compare database
- Get Hospital Compare data archives.
- Linking quality to payment:
  - Hospital Value-Based Purchasing Program (Hospital VBP):
    - Fiscal Year 2017 data and scoring
      Data updated Dec. 2016
    - Fiscal Year 2015 incentive payment adjustments
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  - Hospital-Acquired Condition Reduction Program
    Data updated Dec. 2016
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Tools and Tips

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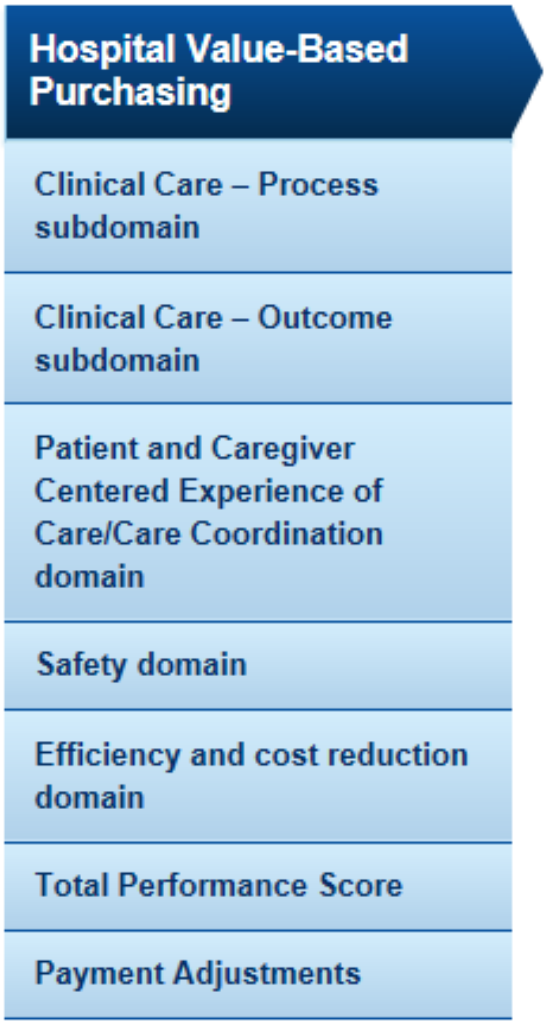
Hospital VBP Program Pages



- CMS breaks down the Hospital VBP Program measures down into smaller tables based on the measure or domain.
- A Total Performance Score table is available that contains domain scores and the Total Performance Score.
- A Payment Adjustments series of tables is also available for previous fiscal years.

Hospital VBP Program Data Pages

Download available as:

- CSV
- CSV for Excel
- JSON
- RDF
- RSS
- XML

FY 2015 Payment Adjustments

FY 2015 Payment Adjustment Tables include:

- Net Change in Base Operating DRG Payment Amount
- Distribution of Net Change in Base Operating DRG Payment Amount
- Percent Change in Base Operating DRG Payment Amount
- Value-Based Incentive Payment Amount

Note: Data is in an aggregate form, not at an individual CMS Certification Number (CCN) level.

FY 2017 Payment Adjustment File

Available on the FY 2017 Inpatient Prospective Payment System (IPPS) Final Rule Tables page, Table 16B contains the actual payment adjustment factors under the Hospital VBP Program for FY 2017.

These actual factors are based on the finalized baseline and performance period for FY 2017 and will be used to adjust base operating DRG payments to eligible hospitals for discharges occurring in FY 2017.

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2017-IPPS-Final-Rule-Home-Page-Items/FY2017-IPPS-Final-Rule-Tables.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending

Hospital VBP Program Resources

Hospital Compare:
https://www.medicare.gov/hospitalcompare/search.html?

Hospital Compare Inquiries:
hospitalcompare@hsag.com

Hospital VBP Program Information:
https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937

Hospital VBP Program General Inquiries:
https://cms-ip.custhelp.com/ or by calling the Hospital Inpatient program at (844) 472-4477

Angie Goubeaux

HAC Reduction Program Lead

HQRPS Contractor

HAC REDUCTION PROGRAM

Background

- The HAC Reduction Program is a CMS Medicare pay-for-performance program established under Section 3008 of the Affordable Care Act.
- Adjusts payments for hospitals that rank in the worst-performing 25% of all subsection (d) hospitals on key quality measures.
- Payment adjustments started with FY 2015 discharges (i.e., beginning on October 1, 2014). These hospitals will have payments reduced to 99 percent of what would be paid for such discharges.
- Section 1886(p)(6)(B) of the ACA requires the Secretary to ensure that an eligible hospital has the opportunity to review, and submit corrections for, the HAC-related data before public reporting.

Hospital Compare December 2016 Release

On December 19, 2016, CMS will update the data on the Hospital Compare website to include the following FY 2017 HAC Reduction Program information:

- AHRQ Patient Safety Indicator (PSI) 90 Composite measure score
- CDC National Healthcare Safety Network (NHSN) CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI measure scores
- Domain 1 and Domain 2 scores
- Total HAC Score

FY 2017 Performance Periods

The calculations for the FY 2017 HAC Reduction Program are based on a 2-year period.

- Domain 1: The PSI 90 Composite is calculated using hospitals' Medicare Fee-for-Service claims data from July 1, 2013 through June 30, 2015.
- Domain 2: The CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI measures are calculated from hospitals' chart-abstracted surveillance data from January 1, 2014 through December 31, 2015.

HAC Reduction Program vs IQR, Hospital VBP Program

- The FY 2017 HAC Reduction Program uses the same PSI 90 Composite and CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI measures as the FY 2017 Hospital IQR and Hospital VBP Programs.
- Your hospital's FY 2017 HAC Reduction Program results will likely differ from your hospital's FY 2017 Hospital VBP Program performance period results due to differences in the applicable hospitals and performance periods used for these programs.
- There will also be differences in PSI 90 Composite results between programs due to the version of the AHRQ PSI software used in each program.

Overall Hospital Rating and HACRP

The Overall Hospital Rating is a summary of a hospital's reported Hospital Inpatient Quality Reporting and Outpatient Quality Reporting Programs on Hospital Compare. Please note that HAC Reduction Program results are not used in the calculation of the Overall Hospital Rating results.

Hospital Compare Homepage Link to HAC Reduction Program

https://www.medicare.gov/hospitalcompare/search.html

Spotlight

- NEW Compare hospitals based on their overall star rating, summarizing up to 57 measures of quality shown on Hospital Compare. Learn more here.
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- Get PPS-exempt cancer hospital data.
- Review hospital survey reports.
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- Get Ambulatory Surgical Center Quality (ASCQR) Program data.

Additional information

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Hospital Compare HAC Reduction Program Page

https://www.medicare.gov/hospitalcompare/HAC-reduction-program.html

Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

Hospital-Acquired Condition Reduction Program

In October 2014, CMS began reducing Medicare payments for subsection (d) hospitals that rank in the worst performing quartile of subsection (d) hospitals with respect to hospital-acquired conditions (HACs). For the FY 2017 HAC Reduction Program, the worst performing quartile is identified by calculating a Total HAC Score based on hospitals' performance on 6 quality measures: the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSI) 90 Composite, and the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Surgical Site Infection (SSI) (Colon Surgery and Abdominal Hysterectomy), Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia, and Clostridium difficile Infection (CDI) measures. Hospitals with a Total HAC Score above the 75th percentile of the Total HAC Score distribution will be subject to payment reduction.

To learn more about the measures and scoring methodology for the HAC Reduction Program, please visit the QualityNet Website.

Hospital-Acquired Condition Reduction Program data

Data.Medicare.gov

MENU

Hospital-Acquired Condition Reduction Program

	Hospital_Name	Provider ID	State	Fiscal Year	
1	SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL	2016	1.0
2	MARSHALL MEDICAL CENTERS	010005	AL	2016	3.0
3	ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL	2016	7.0
4	MIZELL MEMORIAL HOSPITAL	010007	AL	2016	3.0
5	CRENSHAW COMMUNITY HOSPITAL	010008	AL	2016	6.0
6	ST. VINCENT'S EAST	010011	AL	2016	4.0

More Views
Filters, charts, and maps

Download
Download in various formats

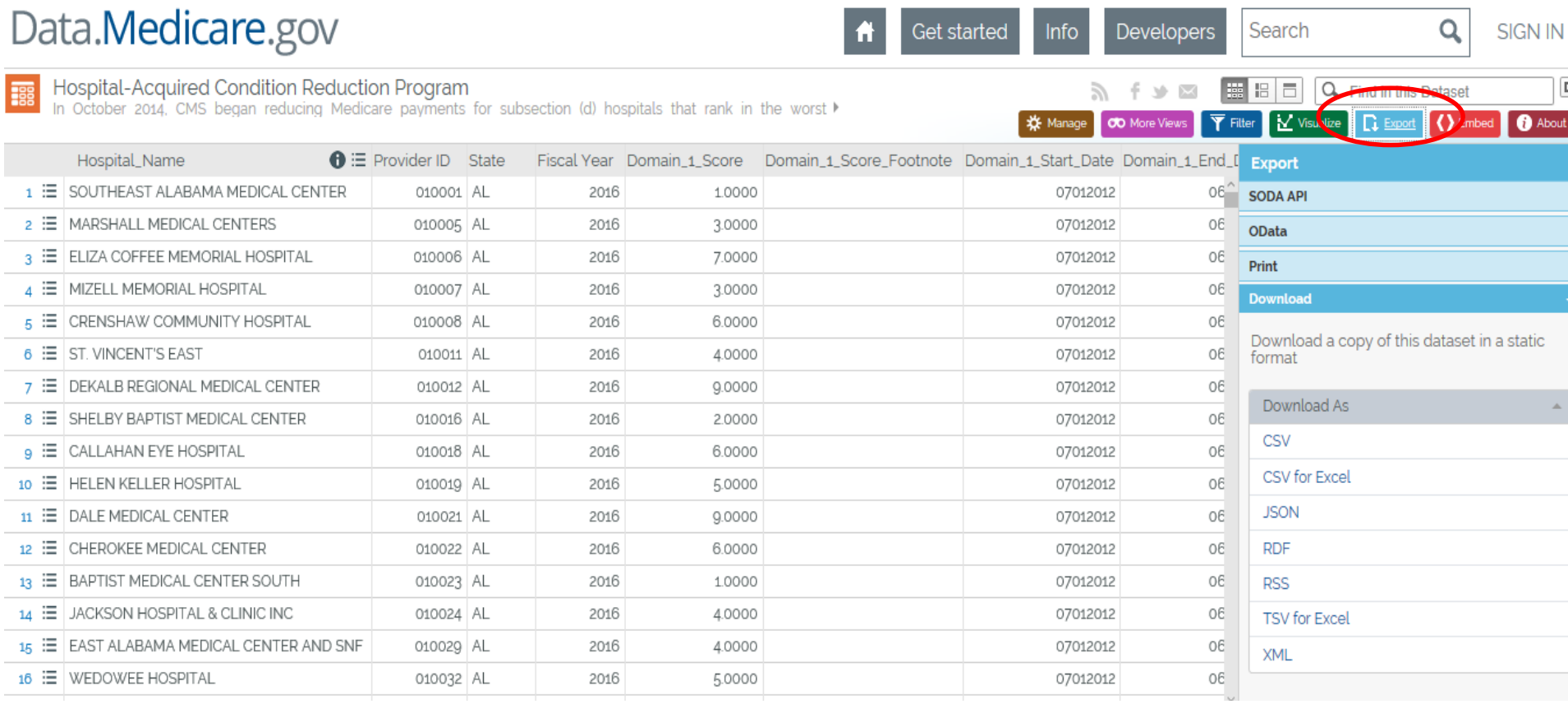
Discuss
Discuss this Dataset

Embed
Embed this player on your site

API
Access this Dataset via SODA

HAC Reduction Program Downloadable Database

https://data.medicare.gov/Hospital-Compare/Hospital-Acquired-Condition-Reduction-Program/yq43-i98g



	Hospital_Name	Provider ID	State	Fiscal Year	Domain_1_Score	Domain_1_Score_Footnote	Domain_1_Start_Date	Domain_1_End_D
1	SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL	2016	1.0000		07012012	06
2	MARSHALL MEDICAL CENTERS	010005	AL	2016	3.0000		07012012	06
3	ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL	2016	7.0000		07012012	06
4	MIZELL MEMORIAL HOSPITAL	010007	AL	2016	3.0000		07012012	06
5	CRENSHAW COMMUNITY HOSPITAL	010008	AL	2016	6.0000		07012012	06
6	ST. VINCENT'S EAST	010011	AL	2016	4.0000		07012012	06
7	DEKALB REGIONAL MEDICAL CENTER	010012	AL	2016	9.0000		07012012	06
8	SHELBY BAPTIST MEDICAL CENTER	010016	AL	2016	2.0000		07012012	06
9	CALLAHAN EYE HOSPITAL	010018	AL	2016	6.0000		07012012	06
10	HELEN KELLER HOSPITAL	010019	AL	2016	5.0000		07012012	06
11	DALE MEDICAL CENTER	010021	AL	2016	9.0000		07012012	06
12	CHEROKEE MEDICAL CENTER	010022	AL	2016	6.0000		07012012	06
13	BAPTIST MEDICAL CENTER SOUTH	010023	AL	2016	1.0000		07012012	06
14	JACKSON HOSPITAL & CLINIC INC	010024	AL	2016	4.0000		07012012	06
15	EAST ALABAMA MEDICAL CENTER AND SNF	010029	AL	2016	4.0000		07012012	06
16	WEDOWEE HOSPITAL	010032	AL	2016	5.0000		07012012	06

Payment Penalty File

The payment penalty file for the HAC Reduction Program will be available on the CMS website under the FY 2017 IPPS For Acute Care and Long Term Care Hospitals (LTCH) Prospective Payment System (PPS) Final Rule at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/HAC-Reduction-Program.html.

HAC Reduction Program Resources

HAC Reduction Program Methodology & General Information:

QualityNet HAC Reduction Program:
www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228774189166

HAC Reduction Program Results:

- Medicare.gov Hospital Compare HAC Reduction Program:
  www.medicare.gov/hospitalcompare/HAC-reduction-program.html
- CMS.gov HAC Reduction Program:
  http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/HAC-Reduction-Program.html

Hospital Compare related questions:

HospitalCompare@hsag.com

HAC Reduction Program related questions:

HACRP@lantanagroup.com

Casey Thompson MSN, RN-BC

HRRP Lead

HQRPS Contractor

HOSPITAL READMISSIONS REDUCTION PROGRAM

Background

- Section 3025 of the ACA added a new section, 1886(q), to the Social Security Act, establishing the HRRP.
- Payment adjustments began with discharges on October 1, 2012.

Purpose

- An important part of the continued efforts of CMS to link payment to the quality of hospital care
- A strong financial incentive for hospitals to improve communication and care coordination efforts, and to better engage patients and caregivers in post-discharge planning

Hospital Compare December 2016 Release

For eligible hospitals with at least 25 discharges, CMS reports the following data elements for each of the six HRRP readmission measures on Hospital Compare:

- Number of eligible discharges
- Number of readmissions (if the hospital has 11 or more readmissions)
- Predicted readmissions (i.e., the adjusted actual readmissions)
- Expected readmissions
- Excess readmission ratio

The FY 2017 HRRP measure results will be updated on CMS's *Hospital Compare* website on December 19, 2016.

Formula for Calculating Aggregate Payments for Excess Readmissions

Aggregate payments for excess readmissions = [sum of base operating DRG payments for AMI x (Excess Readmissions Ratio for AMI-1)] + [sum of base operating DRG payments for HF x (Excess Readmissions Ratio for HF-1)] + [sum of base operating DRG payments for PN x (Excess Readmissions Ratio for PN-1)] + [sum of base operating DRG payments for COPD) x (Excess Readmissions Ratio for COPD-1)] + [sum of base operating DRG payments for THA/TKA x (Excess Readmissions Ratio for THA/TKA-1)] + [sum of base operating DRG payments for CABG x (Excess Readmissions Ratio for CABG-1)].

*We note that if a hospital's excess readmissions ratio for a condition is less than/equal to 1, there are no aggregate payments for excess readmissions for that condition included in this calculation.

Aggregate payments for all discharges = sum of base operating DRG payments for all discharges.

Ratio = 1- (Aggregate payments for excess readmissions/Aggregate payments for all discharges).

Proposed Readmissions Adjustment Factor for FY 2017 is the higher of the ratio or 0.9700.

*Based on claims data from July 1, 2012 to June 30, 2015 for FY 2017.

Supplemental Data File

Hospital FY 2017 HRRP payment adjustment factor information, based on data available as of the close of the Review and Corrections period, was made available to the public in August 2016. CMS posted the information with the final rule data files on the FY 2017 IPPS Hospital Inpatient Prospective Payment System Final Rule Home Page on

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2017-IPPS-Final-Rule-Home-Page.html.

IQR vs. HRRP

- IQR and HRRP both use the same measure methodology and discharge time period; however, they use different sets of hospitals.
- HRRP uses subsection (d) hospitals and Maryland hospitals participating in the all-payer model.
- IQR includes a more expansive group of hospitals, including critical access hospitals, cancer hospitals, and hospitals located in U.S. territories that are not subsection (d) hospitals.
- Most hospitals have similar results, or possibly a lower number of readmissions (or unadjusted readmission rate), in the Hospital Readmissions Reduction Program as compared to the Hospital IQR Program.
- Some hospitals may have a slightly higher number of readmissions, or unadjusted readmission rates, due to the difference described above.

Overall Hospital Rating and HRRP

The Overall Hospital Rating is a summary of a hospital's reported Hospital Inpatient Quality Reporting Program and Outpatient Quality Reporting Program on *Hospital Compare*. Please note that HRRP results are not used in the calculation of the Overall Hospital Rating results.

Hospital Compare Homepage – Link to HRRP

https://www.medicare.gov/hospitalcompare/search.html

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Hospital Compare HRRP Page

Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

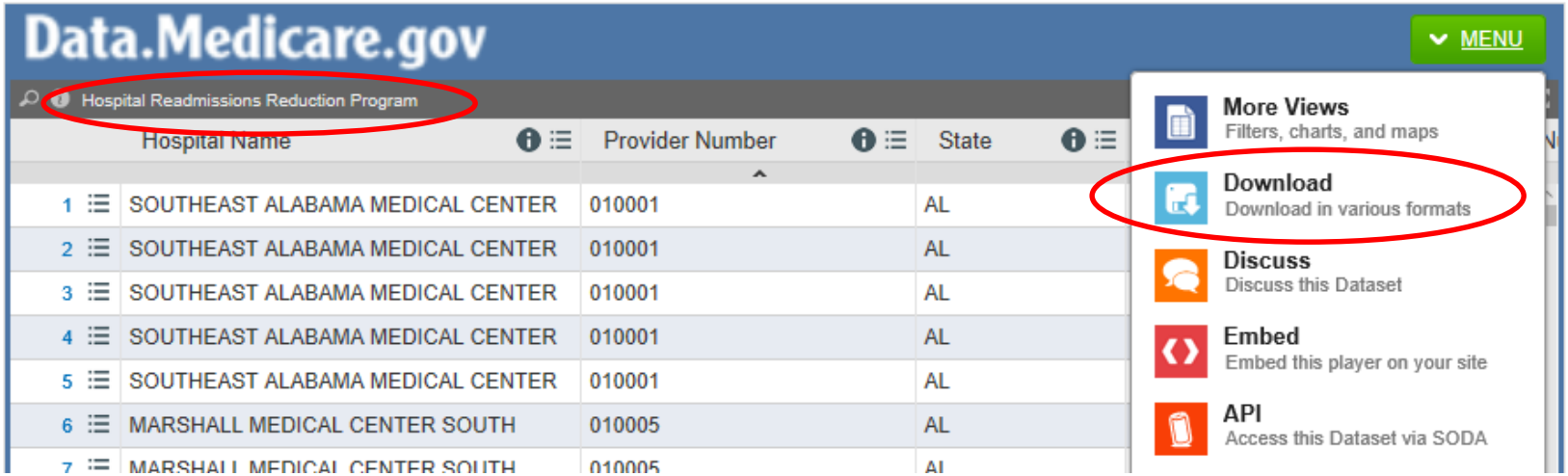
Hospital Readmissions Reduction Program

In October 2012, CMS began reducing Medicare payments for Inpatient Prospective Payment System (IPPS) hospitals with excess readmissions. Excess readmissions are measured by a ratio, by dividing a hospital's number of "predicted" 30-day readmissions for heart attack, heart failure, pneumonia, COPD, hip/knee replacement, and coronary artery bypass graft surgery by the number that would be "expected," based on an average hospital with similar patients. A ratio greater than 1.0000 indicates excess readmissions.

More information on how payments are adjusted.

More on the calculations.

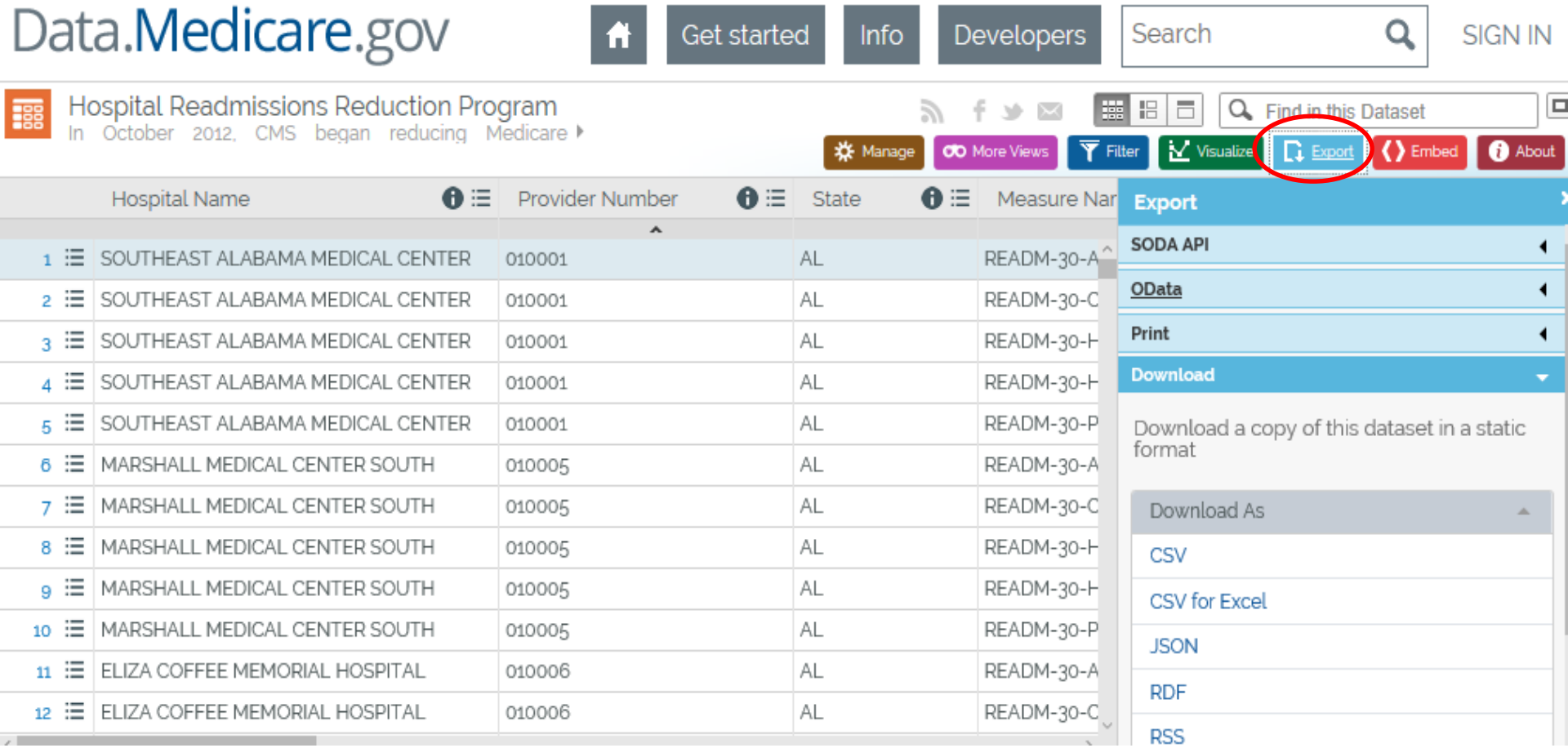
Hospital Readmissions Reduction Program data



	Hospital Name	Provider Number	State
1	SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
2	SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
3	SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
4	SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
5	SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
6	MARSHALL MEDICAL CENTER SOUTH	010005	AL
7	MARSHALL MEDICAL CENTER SOUTH	010005	AL

Data.medicare.gov-HRRP Downloadable Database

https://data.medicare.gov/Hospital-Compare/Hospital-Readmissions-Reduction-Program/9n3s-kdb3



HRRP Resources

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hospitalcompare@hsag.com

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HRRP General Inquiries:
HRRP@lantanagroup.com

HRRP Measure Methodology Inquiries:
cmsreadmissionmeasures@yale.edu

More Program and Payment Adjustment Information:
https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/readmissions-reduction-program.html

Readmission Measures:
https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1219069855273

DOWNLOADING CURRENT & ARCHIVED DATA

Data.Medicare.Gov & Downloading the Data

https://data.medicare.gov/

Archived Data

Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

Hospital Compare Home | About Hospital Compare | About the data | Resources | Help

Home

Share

The Department of Veterans Affairs (VA) hospital data are available here.
VA data are temporarily not available through the City, State and Zip code search below.

Find a hospital

A field with an asterisk (*) is required.

* **Location**

Example: 45802 **or** Lima, OH **or** Ohio

ZIP code or City, State or State

Hospital name (optional)

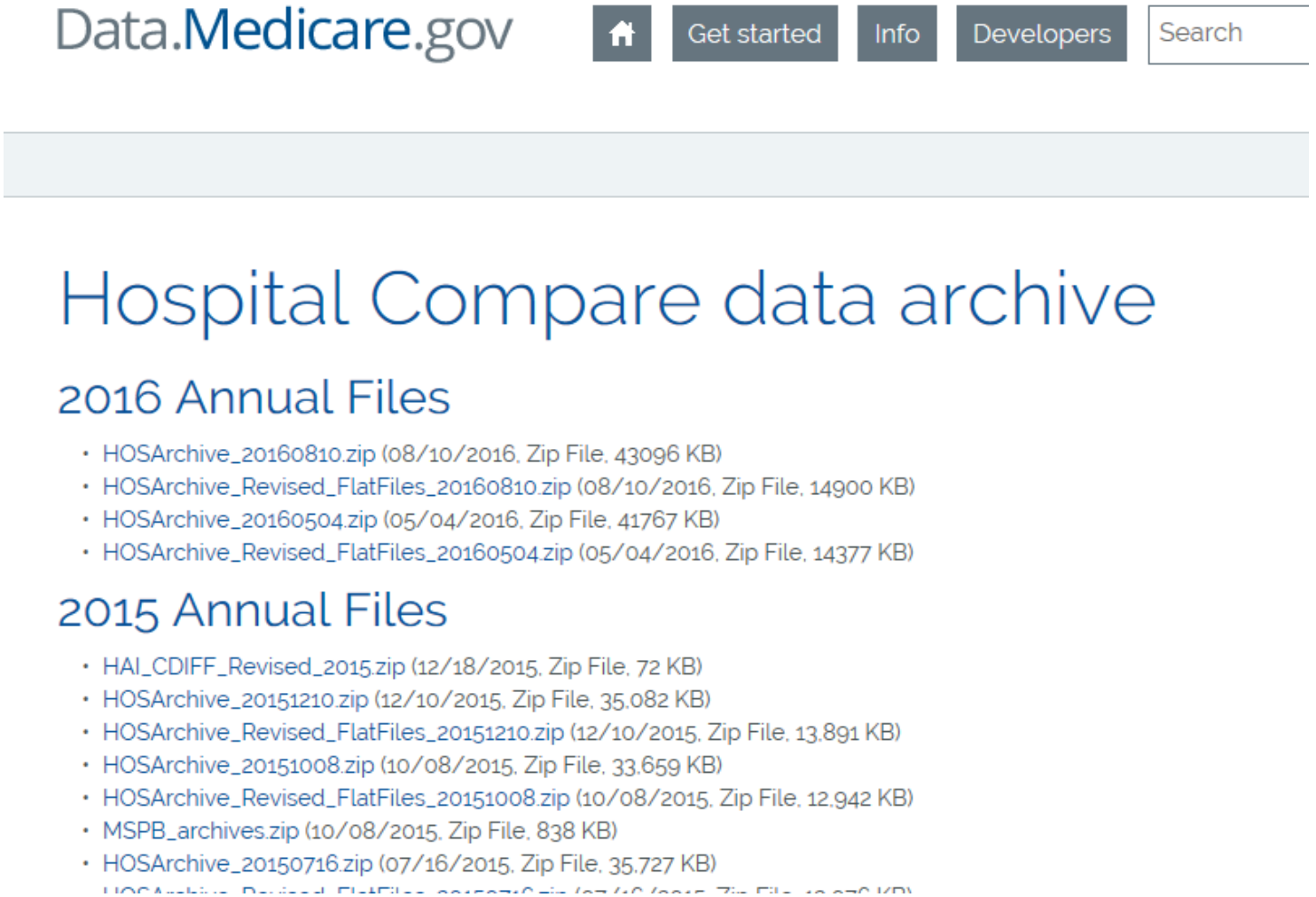
Full or Partial Hospital Name

Search

Archived Data

Archived Data

https://data.medicare.gov/data/archives/hospital-compare



CONTINUING EDUCATION

Continuing Education Approval

This program has been approved for 1.5 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.

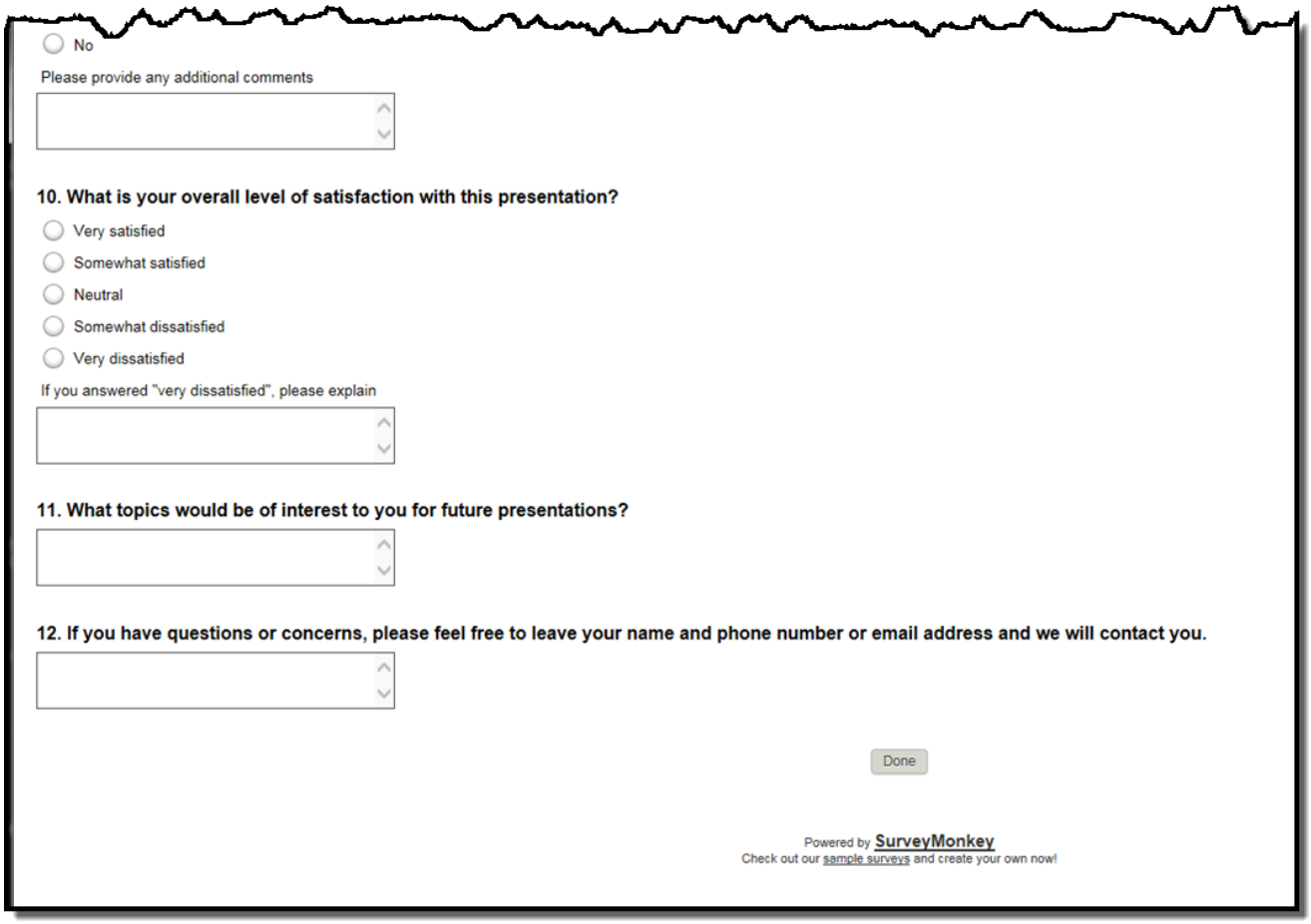
CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- 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.

CE Certificate Problems?

- 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

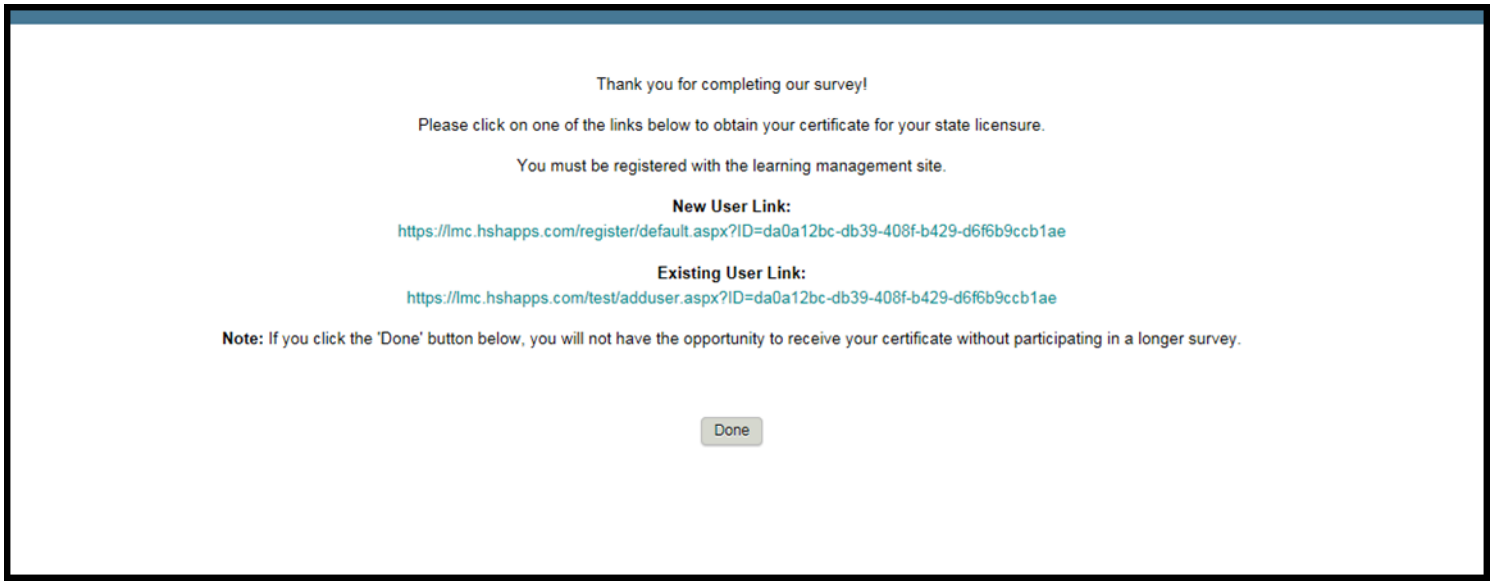
11. What topics would be of interest to you for future presentations?

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.

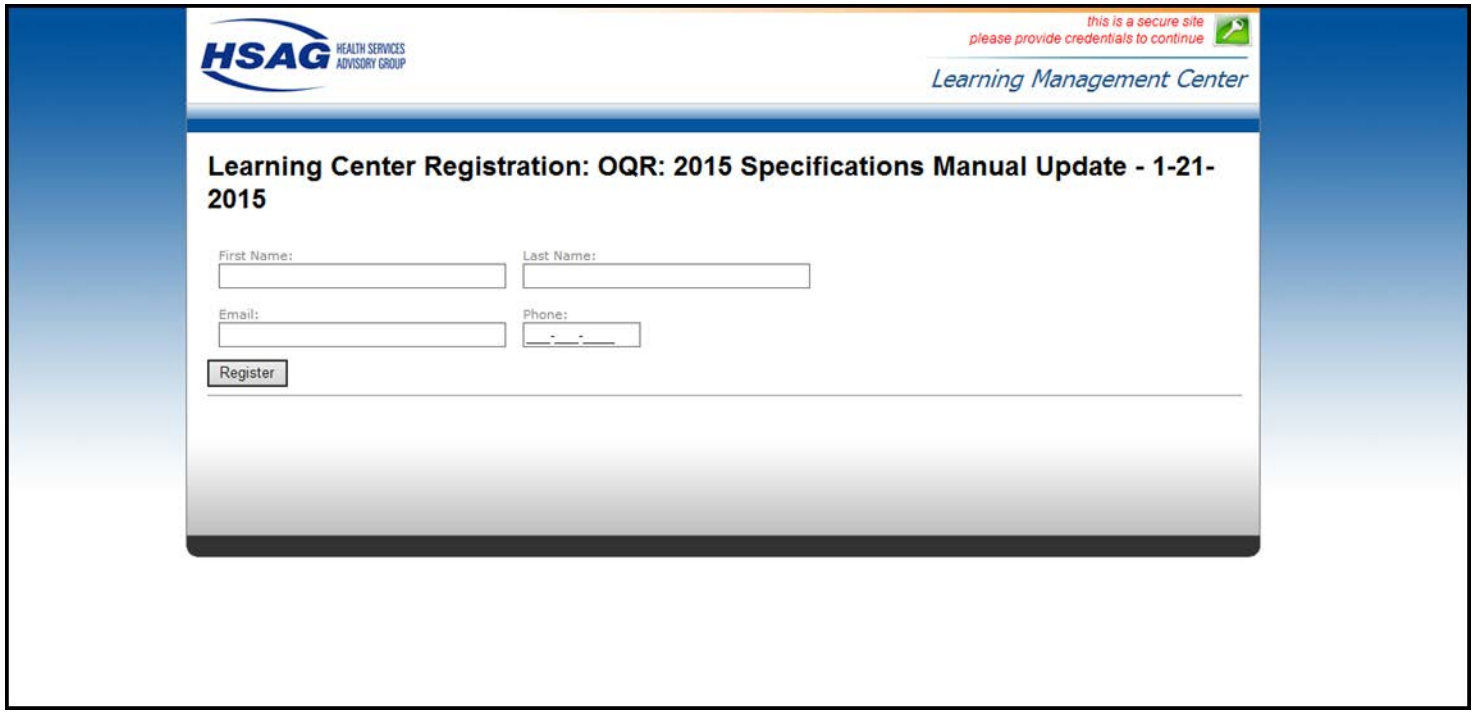
Done

Powered by SurveyMonkey
Check out our sample surveys and create your own now!

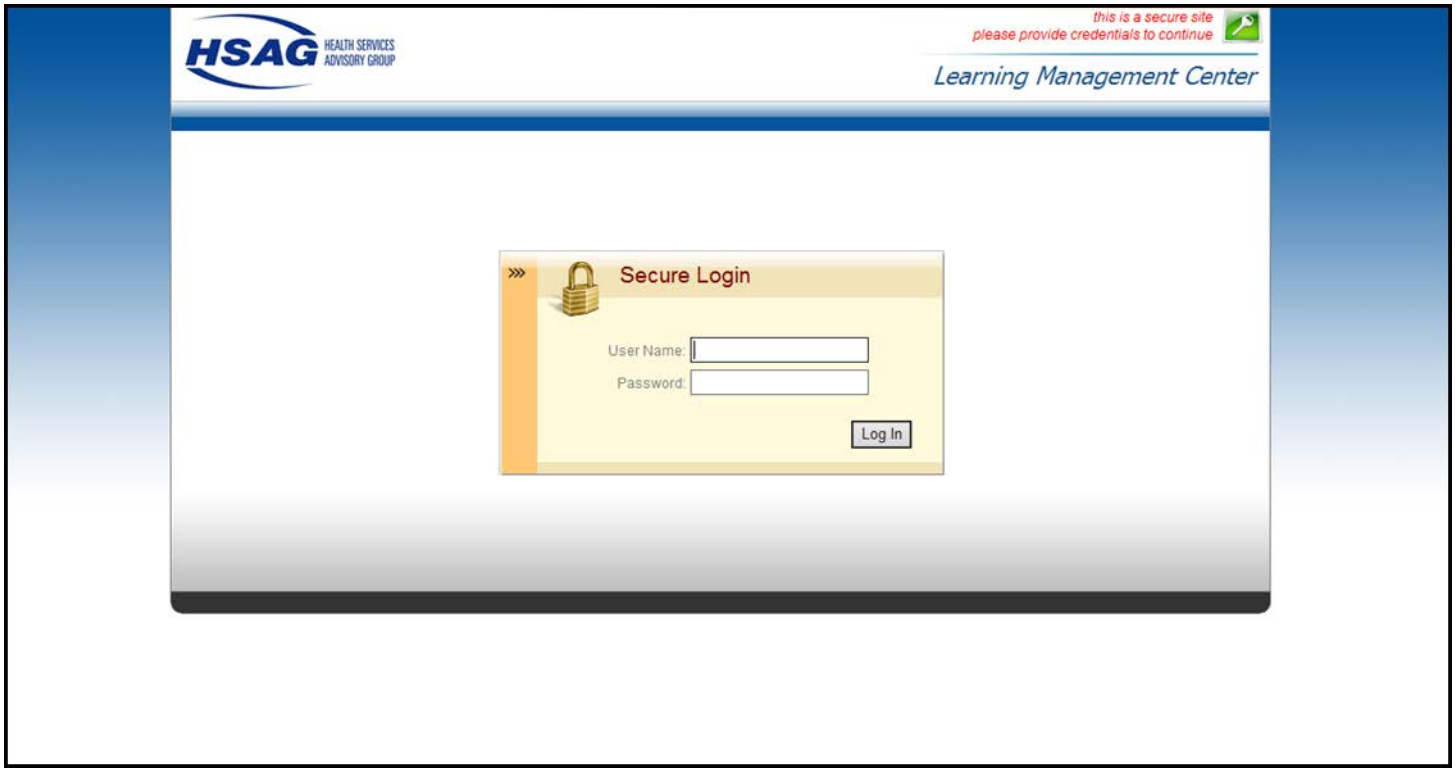
CE Credit Process



CE Credit Process: New User



CE Credit Process: Existing User



QUESTIONS?