



Information, Tips and Updates: The Hospital Outpatient Quality Reporting (OQR) Program

Hosted by:
Outpatient Quality Program Systems
and Stakeholder Support Team

Learning Objectives

Attendees will be able to:

- ✓ List the steps necessary to enter web-based measures.
- ✓ State how to find your hospital's publicly displayed data.
- ✓ Describe the new system updates and how it will affect the program moving forward.

Next Generation

Next Generation Changes

The changes include the following:

- A redesigned, interactive format based on stakeholder insight
- Consistency across programs
- A universal platform across multiple programs

Data Submission Review

Log Into *QualityNet*

www.qualitynet.org

The screenshot shows the QualityNet website homepage. At the top, there is a navigation bar with the CMS.gov logo, a search bar, and links for 'Quality Programs' and 'Help'. The 'Log into Secure Portal' button is highlighted with a red box. Below the navigation bar, the main content area features a large blue banner with the text 'Welcome to QualityNet! Your one-stop shop for CMS Quality Programs.' and two buttons: 'Subscribe to Email Updates' and 'Log into QualityNet Secure Portal'. To the right of the banner, there is a 'Recent News' section with two news items dated Jan 7, 2020 and Jan 2, 2020. Below the banner, there is a section titled 'I am looking for quality information associated with...' with six category buttons: 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Ambulatory Surgical Centers', 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', and 'Inpatient Psychiatric Facilities'.

Choose Your Destination

CMS.gov | QualityNet

Choose Your QualityNet Destination

Please select your QualityNet destination to reach the correct login screen for your QualityNet portal.

Select Your QualityNet Destination

Select Your QualityNet Destination

Secure File Transfer

CMS Data Element Library

End-Stage Renal Disease Quality Reporting System

Quality Improvement Organizations

QIES Business Intelligence Center

Hospital Quality Reporting



A federal government website managed by the Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244



Sign In

CMS.gov | QualityNet
Centers for Medicare & Medicaid Services

Log In to QualityNet * Required Field

Please enter your CMS User ID and password, followed by your Symantec VIP Security Code, then click Submit.

* User ID

* Password

* Security Code

? Help

Start/Complete New User Enrollment

[Forgot your password?](#)

[Trouble with your Security Code?](#)

[Need to register for a QualityNet account?](#)

Choose Your Task

The screenshot shows the CMS.gov Hospital Quality Reporting interface. At the top left is the CMS.gov logo and 'Hospital Quality Reporting'. At the top right, it says 'ABC Hospital' and has a 'Change Organization' button. Below this is a yellow navigation bar with 'My Tasks', 'My Reports', and 'Help'. The main content area is titled 'Hospital Quality Reporting: My Tasks' and contains a paragraph about CMS improvements. To the right of this paragraph is a callout box with the text 'View the new Hospital Quality Reporting' and 'Access the new and improved Hospital Quality Reporting functions.', accompanied by a blue arrow icon. Below this are several task cards: 'Hospital Reporting Inpatient/Outpatient', 'Manage Measures' (highlighted with a red border), 'Manage Notice of Participation', 'Report Authorizations', 'The Measure Designation Application is no longer applicable for Inpatient reporting and has been retired.', 'EHR Incentive Program Hospital eCQM Reporting', 'Manage Security', and 'Hospital Reporting External Files'. Each card contains a title and a link to the task.


CMS.gov | Hospital Quality Reporting

ABC Hospital [Change Organization](#)

[My Tasks](#) [My Reports](#) [Help](#) ▾

Hospital Quality Reporting: My Tasks

CMS is making improvements to QualityNet based on user feedback. We are creating a new interface that improves the way you submit, review and track the status of data. Continue using this My Tasks page to enter web-based data, view submission and feedback reports, and other tasks available here.

View the new Hospital Quality Reporting 
Access the new and improved Hospital Quality Reporting functions.

- Hospital Reporting Inpatient/Outpatient**
[View / Edit Population and Sampling](#)
- Manage Measures**
[View/Edit Structural/Web-Based Measures/Data Acknowledgement \(DACA\)](#)
- Manage Notice of Participation**
[View/Edit Notice of Participation, Contacts, Campuses](#)
- Report Authorizations**
[View/Request/Approve Access](#)
- The Measure Designation Application is no longer applicable for Inpatient reporting and has been retired.**
- EHR Incentive Program Hospital eCQM Reporting**
[eCOM Intention/Denominator Declaration/QRDA File Deletion](#)
- Manage Security**
[My Account](#)
[Manage Multifactor Credentials](#)
- Hospital Reporting External Files**
[External Files Online Tool](#)

Choose Your Program

CMS.gov | Hospital Quality Reporting ABC Hospital [Change Organization](#)

My Tasks My Reports Help ▾

Start Structural/Web-Based Measures 3/25/2020 12:00:00 PT

[View/Edit Structural/Web-Based Measures/Data Acknowledgement \(DACA\)](#) Print

A structural measure reflects the environment in which providers care for patients. Structural measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes requesting structural measures information will encourage facilities to increase the use of tools, ultimately improving the quality of care provided to Medicare beneficiaries.

Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes reporting Web-Based measures information will encourage facilities to improve the quality of care provided to all patients.

The Centers for Medicare & Medicaid Services (CMS) Promoting Interoperability Program promotes the meaningful use of certified electronic health record technology (CEHRT) to support patient engagement and the electronic exchange of health information. The program highlights CMS's commitment to interoperability, patient access to health information to make fully informed health care decisions, and reducing provider burden.

The DACA is an annual requirement for providers participating in the Hospital IQR, IPFQR, and PCHQR Programs to electronically acknowledge that the data submitted to these programs by or on behalf of the providers are accurate and complete to the best of their knowledge.

Select a Program

- [Inpatient Structural Measures/DACA](#)
- [Inpatient Web-Based Measures](#)
- [Outpatient Web-Based Measures](#) ←
- [Inpatient Psychiatric Facilities Web-Based Measures/DACA](#)
- [Ambulatory Surgical Center Web-Based Measures](#)
- [PPS Exempt Cancer Hospitals Web-Based Measures](#)
- [PPS Exempt Cancer Hospitals DACA](#)

Choose the Payment Year

The screenshot displays the CMS.gov Hospital Quality Reporting interface for 'ABC Hospital'. The page title is 'Structural/Web-Based Measures' and the date is '03/25/2020 12:00:00 PT'. The main content area is titled 'Outpatient Web-Based Measures' and includes a 'Print' button. A text box explains that Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. A note states that proceeding with data submission will change a Provider's status to 'Participating' if they are currently 'Not Participating' or 'Withdrawn'. The 'Payment Year' dropdown menu is open, showing a list of years from 2012 to 2021. The year 2021 is highlighted, and a red arrow points to it. A red box highlights the 'Continue' button. A tooltip above the dropdown menu reads '* Payment Year: Please select a Payment Year'.

CMS.gov | Hospital Quality Reporting

ABC Hospital [Change Organization](#)

My Tasks My Reports Help ▾

Start Structural/Web-Based Measures 03/25/2020 12:00:00 PT

Outpatient Web-Based Measures [Print](#)

Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes reporting Web-Based measures information will encourage facilities to improve the quality of care provided to all patients.

NOTE: Proceeding with data submission will change a Provider's status to **Participating** if they are currently **Not Participating** or **Withdrawn**.

* Payment Year: Please select a Payment Year

-- Select --
-- Select --
2021
2020
2019
2018
2017
2016
2015
2014
2013
2012

[Continue](#)

For more information on the Reduction Act Notice, see Specifications Manual.

Choose Each Measure

My Tasks My Reports Help ▾

[Start Structural/Web-Based Measures](#)

[Outpatient Web-Based Measures](#)

Submission Period: 01/01/2020 - 05/15/2020 With Respect to Reporting Period: 01/01/2019 - 12/31/2019

[Web-Based Measures | P.Y. 2021](#)

Use the horizontal scroll bar in the middle of this page to scroll completely to the right to view and edit the remaining data submissions.

Provider ID	OP-22	OP-29	OP-31	OP-33
123456	Incomplete	Incomplete	Incomplete	Incomplete

Data Entry Page

OP-29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

Population (Not Required)

What was your hospital's Total Population?

What was your hospital's sample size?

What was your hospital's sampling frequency?

- Monthly
- Quarterly
- Not Sampled
- N/A - Submission not required

Numerator

* Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

Denominator

* All patients aged 50 years and older receiving screening colonoscopy without biopsy or polypectomy

Polling Question

Upcoming Deadlines

- Clinical Data (*reported quarterly*)
 - The deadline is **May 1, 2020**.
 - You will use Q4 2019 data.
(October 1–December 31, 2019)
 - The required measure sets include:
 - ED Throughput, Stroke, and AMI

More Deadlines

- Web-Based measures (*reported annually*)
 - The deadline is **May 15, 2020**.
 - You will use the reporting period of January 1–December 31, 2019.
 - The required measures are:
 - OP-22, OP-29, OP-31* and OP-33

*Voluntary

Checking Your Submission

- Access the Lookup tool on the www.QualityReportingCenter.com website.
 - Check the Date Last Updated.
- You will see:
 - **Yes**, if data is submitted for *all* measures.
 - **No**, if you have additional data to submit.

Home Page

QualityReportingCenter.com

QUALITY REPORTING CENTER

Events Calendar Inpatient **Outpatient** ASC SNF VBP

Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting.

Inpatient

- > [Inpatient Overview](#)
- > [Tools and Resources](#)
- > [Hospital Contact Change Form](#)

Outpatient

- > [Outpatient Overview](#)
- > [Tools and Resources](#)
- > [CCN Look-up Tools](#)

ASC

- > [ASC Overview](#)
- > [Tools and Resources](#)
- > [CCN/NPI Look-up Tools](#)

Data Dashboard

The screenshot shows the 'Hospital OQR Program' Data Dashboard. At the top, there is a navigation bar with the 'QUALITY REPORTING CENTER' logo on the left and five tabs: 'Events Calendar', 'Inpatient', 'Outpatient' (highlighted in yellow), 'ASC', and 'SNF VBP'. On the left side, a vertical menu lists various options: 'Hospital OQR Program', 'Program Information', 'Hospital Outpatient Quality Reporting 101', 'Hospital OQR Program Tools and Resources', 'Upcoming Events', 'Archived Events', 'Continuing Education', 'Data Dashboard' (with a dropdown arrow and a red arrow pointing to it), 'Data Collection and Cart', 'Data Submission', 'Data Validation', 'OQR Program Rule History', and 'OQR Times'. The main content area is titled 'Hospital OQR Program' and contains the following text:

Welcome to the Centers for Medicare & Medicaid Services (CMS) Hospital Outpatient Quality Reporting (HOQR) Program. The HOQR Program exists to promote higher quality, more efficient health care for Medicare beneficiaries through measurement. Under this program, quality data reporting requirements for care rendered in the Hospital OQR setting were implemented starting with claims submitted for services beginning in 2008.

If you are new to the program or would like to learn more, please take a moment to review our website.

- **For more information about the Hospital OQR Program**, visit the [OQR Program Information page](#).
- **For videos and resources on reporting and participating in the Hospital OQR Program**, visit the [HOQR 101 page](#).
- **For specific measure reporting guidelines and tools**, visit the [HOQR Tools and Resources page](#).

As the national support contractor for the HOQR Program, the team at HSAG is available to answer questions or supply any additional information you may need. We invite you to join the Hospital OQR Listserve at qualitynet.org to receive notifications about program developments. We are committed to offering quality service in a timely and effective manner. Please contact us at qgrsupport@hsag.com, or call us toll-free at [866.800.8756](tel:866.800.8756) from 7 a.m. to 6 p.m. ET with any comments, suggestions, or concerns you may have.

Choose Lookup Tools

The screenshot shows the Quality Reporting Center website. The top navigation bar includes the logo and tabs for 'Events Calendar', 'Inpatient', 'Outpatient' (highlighted in yellow), 'ASC', and 'SNF VBP'. The main content area is titled 'Hospital OQR Program' and contains introductory text and a list of links. A left-hand navigation menu is visible, with a red arrow pointing to the 'Lookup Tools' option. The 'Lookup Tools' menu is expanded, showing options for 'Data Dashboard', 'Lookup Tools', 'National Maps', and 'Lookup Tool Archives'.

QUALITY REPORTING CENTER

Events Calendar Inpatient **Outpatient** ASC SNF VBP

Hospital OQR Program

Welcome to the Centers for Medicare & Medicaid Services (CMS) Hospital Outpatient Quality Reporting (HOQR) Program. The HOQR Program exists to promote higher quality, more efficient health care for Medicare beneficiaries through measurement. Under this program, quality data reporting requirements for care rendered in the Hospital OQR setting were implemented starting with claims submitted for services beginning in 2008.

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- **For specific measure reporting guidelines and tools**, visit the [HOQR Tools and Resources page](#).

As the national support contractor for the HOQR Program, the team at HSAG is available to answer questions or supply any additional information you may need. We invite you to join the Hospital OQR Listserve at qualitynet.org to receive notifications about program developments. We are committed to offering quality service in a timely and effective manner. Please contact us at qgrsupport@hsag.com, or call us toll-free at [866.800.8756](tel:866.800.8756) from 7 a.m. to 6 p.m. ET with any comments, suggestions, or concerns you may have.

Hospital OQR Program

Program Information

Hospital Outpatient Quality Reporting 101

Hospital OQR Program Tools and Resources

Upcoming Events

Archived Events

Continuing Education

Data Dashboard

Lookup Tools ←

National Maps

Lookup Tool Archives

Enter Your Facility


Web-Based Measures (PY2021)

The Web-Based Measure Status Listing is based on the most current information submitted to the Centers for Medicare & Medicaid Services (CMS). Enter the CMS Certification Number (CCN) for your facility to receive the status of your facility's data submission for all of the web-based measures submitted via the QualityNet web-based tool as of the date indicated. However, to document that all data submission requirements for the measures are complete, please log in to the [QualityNet website](#) and print a screenshot of the data submitted for your records.

Web-Based Measure Lookup Tool

Hospital 6-digit CCN

Note: Data last updated March 18, 2020



Running Reports

- Provider Participation Report (PPR)
- Case Status Summary Report
- Submission Summary Report

Public Reporting

Coming Soon

Public Reporting:

- Plans to launch a simplified online experience
 - A new Provider Data Catalog on [Data.Medicare.gov](https://data.medicare.gov)
 - Hospital Compare will be Medicare Care Compare
 - Streamlined experience to access information

Accessing Your Public Data

What's New?

- Data refresh was in January.
 - Chart-abstracted measures were updated.
 - This is the last data refresh for OP-5.
 - OP-32 was moved to a two-year data collection cycle using data from 2016–2018.
 - OP-35 and OP-36 are being displayed for the first time.
- April preview period was available February 10 through March 10, 2020.


Accessing Your Data

CMS.gov | Hospital Quality Reporting ABC Hospital [Change Organization](#)

My Tasks **My Reports** **Help** ▾

Hospital Quality Reporting: My Tasks

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View the new Hospital Quality Reporting 

Access the new and improved Hospital Quality Reporting functions.

Hospital Reporting Inpatient/Outpatient View / Edit Population and Sampling	Manage Measures View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)	Manage Notice of Participation View/Edit Notice of Participation, Contacts, Campuses
Report Authorizations View/Request/Approve Access	Vendor Authorization Authorize Vendors to Submit Data	The Measure Designation Application is no longer applicable for Inpatient reporting and has been retired.
EHR Incentive Program Hospital eCQM Reporting eCQM Intention/Denominator Declaration/QRDA File Deletion	Manage Security My Account Manage Multifactor Credentials	Hospital Reporting External Files External Files Online Tool

Select Public Reporting

ABC Hospital

Change Organization

Home

Welcome to Hospital Quality Reporting

The cards below display the features available to you. Please select the card that aligns with your task.

Public Reporting

Preview and analyze measure benchmarks for your facility.



eCQM

Track status and validation of EHR patient files.



Program Credit Report

Review how uploaded data applies toward program credit



File Upload

Upload files for program credit.



Data Entry

Enter data for program credit.



My Tasks Page

Return to the new HQR My Tasks page.

Measure Data Tab

ABC Hospital Change Organization

Home

Star Rating **Measure Data**

Measure Data

Explore your measure data benchmarks for the current or previous release period(s). Use the filters below to refine your feedback, and access supplemental info for any value with the info icon (**i**) or an asterisk (*).

Export Data

Search **Release** **Level** **Performance** **Clear Filters**

April 2020 Select Select

+ Survey of Patients' Experience

+ Timely and Effective Care

Available Tabs

+ Survey of Patients' Experience

+ Timely and Effective Care

+ Structural Measures

+ Complications & Deaths

+ Unplanned Hospital Visits

+ Payment & Value of Care

+ Continuity of Care

+ Substance Use Treatment

+ Patient Experience

+ Preventive Care and Screening

+ Use of Medical Imaging

Star Rating Tab

The screenshot shows the 'Star Rating Tab' interface for ABC Hospital. At the top left, the text 'ABC Hospital' is displayed. In the top right corner, there is a 'Change Organization' button. Below this is a navigation bar with a 'Home' link. The main content area features two tabs: 'Star Rating' (highlighted with a red box) and 'Measure Data'. Under the 'Measure Data' tab, there is a heading 'Measure Data' followed by a descriptive paragraph: 'Explore your measure data benchmarks for the current or previous release period(s). Use the filters below to refine your feedback, and access supplemental info for any value with the info icon (i) or an asterisk (*).' Below the text is an 'Export Data' button. A filter panel contains a search input field, a 'Release' dropdown menu set to 'April 2020', a 'Level' dropdown menu set to 'Select', a 'Performance' dropdown menu set to 'Select', and a 'Clear Filters' button. At the bottom of the filter panel, two measure categories are listed: '+ Survey of Patients' Experience' and '+ Timely and Effective Care'.

ABC Hospital

Change Organization

Home

Star Rating Measure Data

Measure Data

Explore your measure data benchmarks for the current or previous release period(s). Use the filters below to refine your feedback, and access supplemental info for any value with the info icon (**i**) or an asterisk (*).

Export Data

Search

Release

Level

Performance

Clear Filters

+ Survey of Patients' Experience

+ Timely and Effective Care

Star Rating

ABC Hospital

Home

Change Organization

Star Rating | Measure Data

Star Rating Preview: ★★★★★
Summary Score: 0.24

Facility Details
Type of Facility: Short-term
Type of Ownership: Voluntary non-profit - Church
Emergency Service: Yes

Publication Date: 01/2020

Do you know how your Star Ratings are calculated by Hospital Compare?
[Learn More](#)

Measure Score Groups

[Export Data](#)

+ Safety of Care	Performance: N/A
------------------	------------------



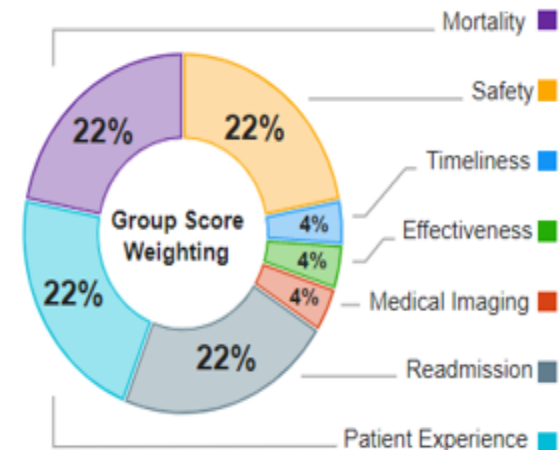
Star Rating Weight

Understanding Star Ratings

Hospital Compare reports data from a wide variety of quality measures that cross many domains of care, including safety, patient experience, and other patient outcomes. Star Ratings are a way of summarizing the information contained in these quality measures, with a goal of helping patients and hospitals interpret the information contained in the individual measures.

Similar measures are grouped together into one of seven areas (e.g., safety or patient experience), and each of these groups is given a score. Group scores higher than the national average indicate better performance against national benchmarks. The group scores are then assigned a weight, and the weighted group scores are used to calculate a summary score. The summary score determines the hospital star rating.

Find more information [here](#).



More Selections

ABC Hospital [Change Organization](#)

Home

[Star Rating](#) [Measure Data](#)

Star Rating Preview: ★★★★★
Summary Score: 0.24

Publication Date: 01/2020

Facility Details
Type of Facility: Short-term
Type of Ownership: Voluntary non-profit - Church
Emergency Service: Yes

Do you know how your Star Ratings are calculated by Hospital Compare?
[Learn More](#)

Measure Score Groups

[Export Data](#)

+ Safety of Care Performance: N/A

Star Rating Groups

Measure Score Groups

Export Data	
+ Safety of Care	Performance: Better
+ Mortality	Performance: Average
+ Readmission	Performance: Worse
+ Patient Experience	Performance: Average
+ Effectiveness of Care	Performance: Average
+ Timeliness of Care	Performance: Average
+ Efficient Use of Medical Imaging	Performance: Better

Upcoming System Updates

Healthcare Quality Information System (HCQIS)
Access Roles and Profile (HARP)

HARP

Overview

HARP:

- Provides a secure portal providing a single location for users.
- Registration is through *QualityNet*.
 - Uses two-factor authentication.
- Users will log in to the new reporting portal.
- Currently does not have a release date.

Polling Question

Resources

- To contact the Support Team Helpline:
 - 866.800.8756
- To access today's presentation:
 - www.qualityreportingcenter.com
under the Archived Events tab
- To ask a question: Quality Q&A Tool
- To access *QualityNet*:
 - www.qualitynet.org

Questions



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

- Complete the GlobalMeet® 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 separate from registering for the webinar. If you have not registered at the Learning Management Center, you will **not** receive your certificate.
 - Please use your **personal** email so you can receive your certificate.
 - Healthcare facilities have firewalls that block our certificates.

CE Certificate Problems?

- If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.
- Please go back to the New User link and register your personal email account.
- If you continue to have problems, please contact Artrina Sturges at asturges@hsag.com.

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

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

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 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 page title is "Learning Management Center". 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 page is framed by a blue border.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

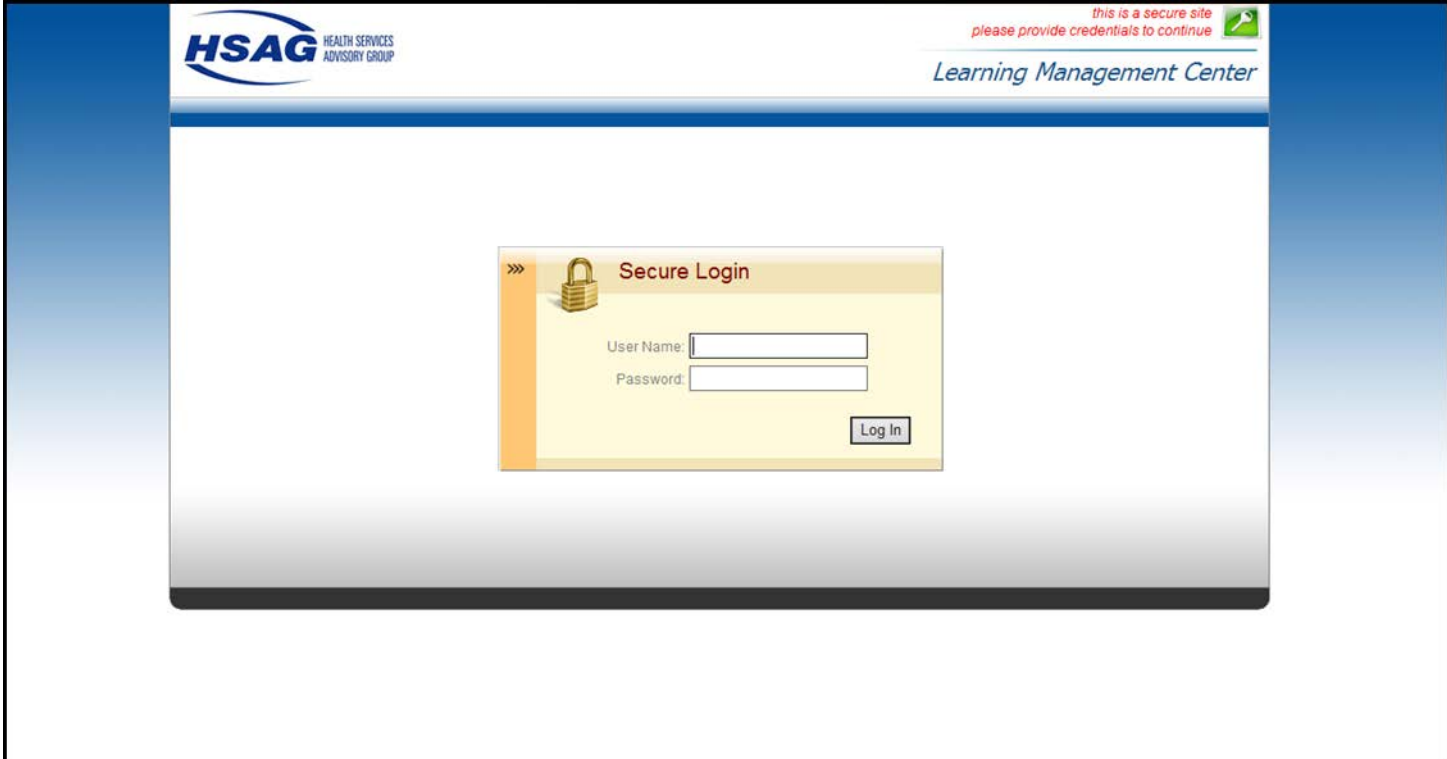
Learning Management Center

Learning Center Registration: OQR: 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 (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.

References

- **Slides 6–13 and 27–34:**
<https://www.qualitynet.org/>.
Accessed on February 3, 2020.
- **Slides 18–21:**
<https://www.qualityreportingcenter.com/en/>.
Accessed on February 3, 2020.

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