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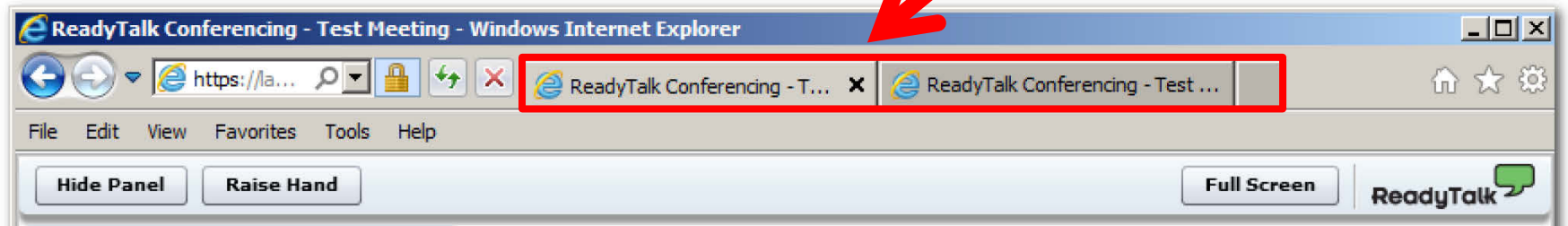


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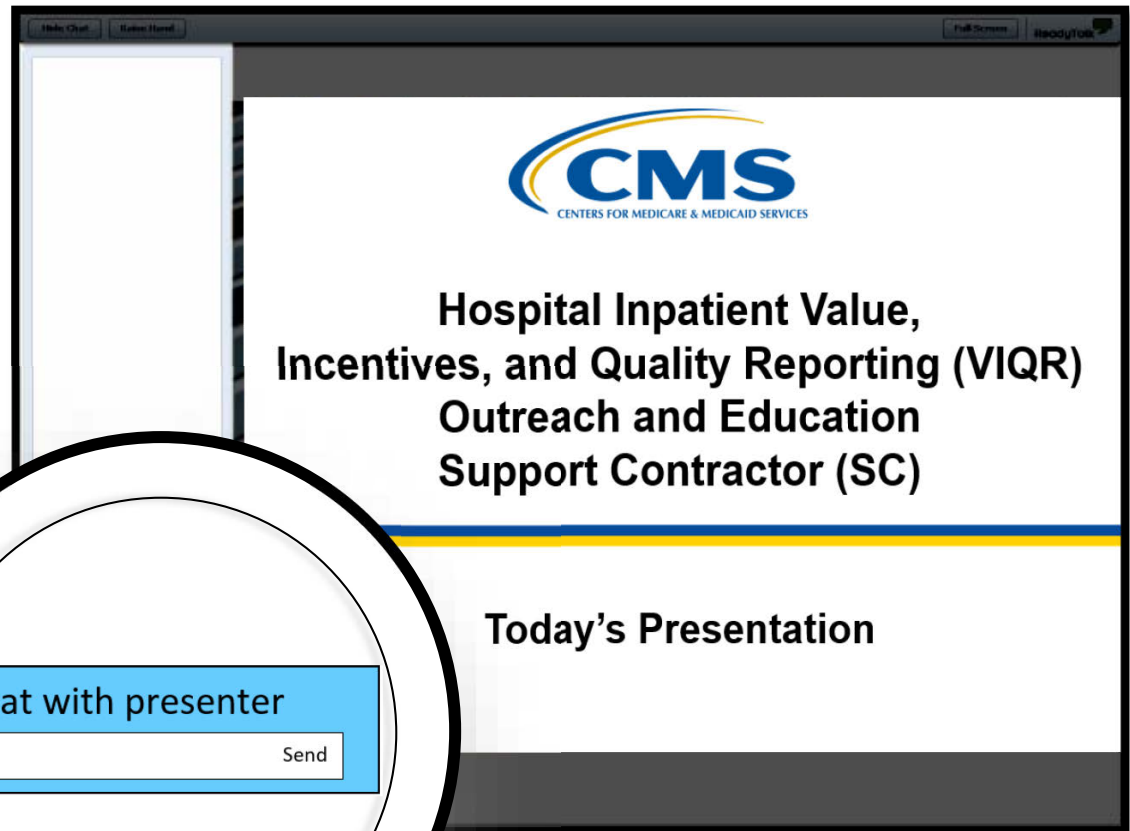
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Hospital IQR Program Requirements for CY 2019 Reporting (FY 2021 Payment Determination)

Candace Jackson, ADN

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Outreach and Education Support Contractor

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Alignment of Electronic Clinical Quality Measures (eCQMs) Lead
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April 29, 2019

Purpose

- This presentation will provide insight into the calendar year (CY) 2019 Hospital IQR Program requirements.
- The webinar will also review aligned CY 2019 electronic clinical quality measure (eCQM) reporting requirements for the Hospital IQR and Medicare Promoting Interoperability Programs.

Objectives

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

- Identify the quarterly and annual requirements for the Hospital IQR Program for CY 2019.
- Understand the CY 2019 areas of alignment between the Hospital IQR and Medicare Promoting Interoperability Program requirements.
- Locate resources for the Hospital IQR Program.

Acronyms and Abbreviations

ACS	American College of Surgeons	ED	emergency department	NQF	National Quality Forum
AMI	acute myocardial infarction	EH	eligible hospital	ONC	Office of the National Healthcare Coordinator for Health IT
CAC	Children's Asthma Care	EHDI	Early Hearing Detection and Intervention	PC	Perinatal Care
CAH	critical access hospital	EHR	electronic health record	PN	Pneumonia
CAUTI	Catheter-Associated Urinary Tract Infection	FY	fiscal year	PPR	Provider Participation Report
CDC	Centers for Disease Control and Prevention	HAI	Healthcare-Associated Infection	PSI	Patient Safety Indicators
CDI	<i>Clostridium difficile</i> Infection	CAHPS	Consumer Assessment of Healthcare Providers and Systems	PSVA	Pre-Submission Validation Application
CE	continuing education	HCP	healthcare personnel	Q	quarter
CLABSI	Central Line-Associated Bloodstream Infection	HQR	Hospital Quality Reporting	QRDA	Quality Reporting Document Architecture
CMS	Centers for Medicare & Medicaid Services	HSAG	Health Services Advisory Group	SA	Security Administrator
COPD	chronic obstructive pulmonary disease	HWR	hospital-wide readmission	SEP	sepsis
CQI	Clinical Quality Improvement	ICU	intensive care unit	SSI	Surgical Site Infection
CQL	Clinical Quality Language	IG	Implementation Guide	STK	stroke
CQM	clinical quality measures	IPP	Initial Patient Population	THA	total hip arthroplasty
CY	calendar year	IPPS	inpatient prospective payment system	TKA	total knee arthroplasty
DACA	Data Accuracy and Completeness Acknowledgement	IQR	Inpatient Quality Reporting	VIQR	Value, Incentives, and Quality Reporting
ECE	Extraordinary Circumstances Exceptions	IT	information technology	VTE	Venous Thromboembolism
eCQI	Electronic Clinical Quality Improvement	MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>		
eCQM	electronic clinical quality measure	NHSN	National Healthcare Safety Network		

Candace Jackson, ADN
Project Lead, Hospital IQR Program
Hospital Inpatient VIQR Outreach and Education Support Contractor

CY 2019 Hospital IQR Program Requirements

Polling Question

Which of the following Hospital IQR Program requirements are submitted on a quarterly basis?

- A. Clinical process of care measures
- B. Aggregate population and sampling
- C. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- D. All of the above

Polling Question

Which of the following Hospital IQR Program requirements are submitted on a quarterly basis?

- A. Clinical process of care measures
- B. Aggregate population and sampling
- C. HCAHPS Survey data
- D. All of the above**

CY 2019 Quarterly Hospital IQR Program Requirements

The following mandatory requirements are due **quarterly**:

- HCAHPS Survey data
- Population and sampling
(for chart-abstracted measures only)
- Clinical process of care measures
- Healthcare-Associated Infection (HAI) measures
- Perinatal care elective delivery measure (PC-01)
- Validation of medical records (if selected)

Population and Sampling

For CY 2019, hospitals will be required to submit the aggregate population and sampling for the following measure sets:

- Global Initial Patient Population (ED-2)
- Severe Sepsis and Septic Shock (SEP-1)

Clinical Process of Care Measures

For CY 2019, hospitals will be required to submit the following chart-abstracted measures.

Short Name	Measure Name
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients
SEP-1	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)
PC-01	Elective Delivery (web-based aggregate measure)

Required HAI Measures

Short Name	Measure Name
CAUTI	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure
CDI	NHSN Facility-wide Inpatient Hospital-onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure
CLABSI	NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure
Colon and Abdominal Hysterectomy SSI	American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure
MRSA Bacteremia	NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia Outcome Measure

Influenza Vaccination Coverage Among Healthcare Professionals (HCP) Measure

Where

HCP data are reported through the NHSN.

When

- Facilities are only required to report data once after the conclusion of the reporting period. (Reporting period is October 1 through March 31.)
- Data must be entered by May 15 for the flu season.
- For CY 2019, the measure covers the flu season from 4Q 2018 through 1Q 2019.
- Data will need to be entered by May 15, 2019.

Hospital IQR Program

Claims-Based Measures

Measure Set	Measures
Patient Safety	<ul style="list-style-type: none"> • Hospital-Level Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) • CMS Recalibrated Death Rate among Surgical Inpatients with Serious Treatable Complications
Mortality Outcome	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following: pneumonia (PN), chronic obstructive pulmonary disease (COPD), stroke (STK)
Coordination of Care	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)

Hospital IQR Program

CY 2019 Dates and Deadlines

Discharge Quarter	Reporting Period	HCAHPS	Population & Sampling	Clinical & HAI	PC-01
1Q 2019	Jan 1–Mar 31	07-03-2019	08-01-2019	08-15-2019	07-01-2019 — 08-15-2019
2Q 2019	Apr 1–Jun 30	10-02-2019	11-04-2019	11-18-2019	10-01-2019 9— 11-18-2019
3Q 2019	Jul 1–Sep 30	01-02-2020	02-03-2020	02-18-2020	01-01-2020 — 02-18-2020
4Q 2019	Oct 1–Dec 31	04-01-2020	05-04-2020	05-18-2020	4-01-2020 0— 5-18-2020

Chart-Abstracted Validation

Number and Selection of Hospitals

- A random and targeted selection of inpatient prospective payment system (IPPS) hospitals are selected on an annual basis.
 - Random selection of 400 hospitals for fiscal year (FY) 2021 occurred in January of 2019.
 - An additional targeted provider sample of up to 200 hospitals will be selected in April or May of 2019.
- The quarters included in FY 2021 validation are 3Q 2018, 4Q 2018, 1Q 2019, and 2Q 2019.

Note: eCQM validation is discussed later in this presentation.

Chart-Abstracted Validation

Number of Cases and Scoring

All chart-abstracted measures, with the exception of PC-01, are included in the validation process.

- Case selection
 - Up to eight process of care cases per quarter are selected.
 - Up to ten candidate HAI cases per quarter are selected.
- Scoring
 - A total score, reflecting a weighted average of two individual scores for the reliability of the clinical process of care and HAI measures, is calculated.
 - If the calculated confidence interval is 75 percent or higher, the hospital will pass the validation requirement.

Hospital IQR Program

Best Practices and Tips

- Submit data early, at least 15 calendar days prior to the submission deadline, to correct problems identified from the review of the Provider Participation Report (PPR) and feedback reports. The *QualityNet Secure Portal* does not allow data to be submitted or corrected after the deadline. CMS typically allows 4.5 months for hospitals to submit, resubmit, change, add new, and delete existing data up until the submission deadline. **No updates can be made to the CMS Clinical Data Warehouse after the submission deadline.**
- It is highly recommended that hospitals designate at least two *QualityNet* Security Administrators (SAs).
- For the submission of population and sampling, leaving the fields blank does not fulfill the requirement. **A zero (0) must be submitted even when there are no discharges for a particular measure set.**
- Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set (ED or SEP) in a quarter are not required to submit patient-level data for that measure set for that quarter.

Hospital IQR Program

IPPS Measure Exception Form

Measure Exception Forms must be renewed at least annually.

- Emergency Department (ED)
 - Hospital does not have an ED and does not provide emergency care.
 - If form is not submitted, then hospitals that do not have an ED must submit ED data each quarter.
- PC-01
 - Hospital does not deliver babies.
 - If form is not submitted, then hospitals that do not deliver babies must enter a zero (0) for each of the data entry fields each discharge quarter.
- SSI Colon and Abdominal Hysterectomy
 - Hospital performed a combined total of nine or fewer of any of the specified colon surgeries and abdominal hysterectomies combined in the calendar year prior to the reporting year.
- CAUTI/CLABSI
 - Hospitals have no units mapped as medical, surgical, medical/surgical, or as intensive care units (ICUs).

Note: For further guidance on SSI and CAUTI/CLABSI, please refer to the [NHSN Location Mapping Checklist](#) on *QualityNet*.



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Polling Question

Which of the following Hospital IQR Program requirements are submitted annually?

- A. Data Accuracy and Completeness Acknowledgement (DACCA)
- B. Two active *QualityNet* SAs
- C. eCQMs
- D. A and C
- E. All of the above

Polling Question

Which of the following Hospital IQR Program requirements are submitted annually?

A. DACA

B. Two active *QualityNet* SAs

C. eCQMs

D. A and C

E. All of the above

Annual Hospital IQR Program Requirements for CY 2019

The following mandatory requirements are due **annually**:

- One active *QualityNet SA*
- DACA
- Influenza Vaccination Coverage Among HCP measure
- eCQMs

CY 2019 Security Administrators, DACA, HCP, and eCQMs

- Hospitals are required to maintain an active *QualityNet* Security Administrator at all times.
- DACA is submitted annually.
 - Reporting year runs from January 1 through December 31.
 - Submission deadline is May 15 for the previous reporting year.
 - Submission deadline for CY 2019 DACA is May 18, 2020.
 - Data can be entered from April 1, 2020–May 18, 2020.
 - Data are entered through the *QualityNet Secure Portal*.
- HCP data are reported through the NHSN.
- Hospitals must submit eCQMs.



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Hospital IQR Program Resources

- **Hospital IQR Program General Questions**
 - <https://cms-ip.custhelp.com>
 - (866) 800-8765 or (844) 472-4477, 7 a.m. to 7 p.m. ET Monday through Friday (except holidays)
- **Inpatient Live Chat**
 - <https://www.QualityReportingCenter.com/en/inpatient-quality-reporting-programs/>
- **Website and Monthly Web Conferences**
 - www.QualityReportingCenter.com
- **Secure Fax** - (877) 789-4443
- **ListServes** - www.QualityNet.org

Hospital IQR Program

Useful Tools

[Quality Reporting Center.com](#) and [QualityNet.org](#)

- CMS Hospital Quality Reporting (HQR) Program Overview
- Hospital IQR Program Guide
- Calendar Year and Fiscal Year Infographic
- Quick Support Reference Card
- Reference Guides: Accessing and Using Your PPR and Entering PC-01 Data
- Video Tutorials: Population and Sampling, Accessing the PPR, and How to Locate, Complete, and Submit an ECE request form
- Important dates and deadlines
- IPPS Measure Exception Form
- Reporting quarter for FY 2021 payment determination
- Extraordinary Circumstances Exception (ECE) Form
- Hospital IQR Program FY 2021 Measures
- Acute Care Hospital Quality Improvement Program Measures – FY 2021

Artrina Sturges, EdD

Alignment of eCQMs Lead

Hospital Inpatient VIQR Outreach and Education Support Contractor

CY 2019 eCQM Reporting Requirements for the Hospital IQR Program

Polling Question

For CY 2019, hospitals are required to submit all 15 available eCQMs for all four quarters.

- A. True
- B. False

Polling Question

For CY 2019, hospitals are required to submit all 15 available eCQMs for all four quarters.

A. True

B. False

CY 2019 eCQM Reporting Requirements

For hospitals participating in the Hospital IQR Program:

- Report on **four** of the 15 available eCQMs.
- Report **one** self-selected calendar quarter in CY 2019 (Q1, Q2, Q3, or Q4).
- Submission deadline is March 2, 2020.
 - Deadline extended due to the original deadline (February 29, 2020) falling on a weekend.

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program for Eligible Hospitals (EHs) and critical access hospitals (CAHs) **except outpatient measure ED-3, National Quality Forum (NQF) #0496.**

CY 2019 (FY 2021) Available eCQMs

AMI-8a CMS53v7 <i>Primary PCI Received Within 90 Minutes of Hospital Arrival</i>	CAC-3 CMS26v6 <i>Home Management Plan of Care Document Given to Patient/ Caregiver</i>	ED-1 CMS55v7 <i>Median Time from ED Arrival to ED Departure for Admitted ED Patients</i>	ED-2 CMS111v7 <i>Median Admit Decision Time to ED Departure Time for Admitted Patients</i>	ED-3* CMS32v8 <i>Median Time from ED Arrival to ED Departure for Discharged ED Patients</i>	EHDI-1a CMS31v7 <i>Hearing Screening Prior to Hospital Discharge</i>
PC-01 CMS113v7 <i>Elective Delivery</i>	PC-05 CMS9v7 <i>Exclusive Breast Milk Feeding</i>	STK-2 CMS104v7 <i>Discharged on Antithrombotic Therapy</i>	STK-3 CMS71v8 <i>Anticoagulation Therapy for Atrial Fibrillation/ Flutter</i>	STK-5 CMS72v7 <i>Antithrombotic Therapy By End of Hospital Day 2</i>	STK-6 CMS105v7 <i>Discharged on Statin Medication</i>
STK-8 CMS107v7 <i>Stroke Education</i>	STK-10 CMS102v7 <i>Assessed for Rehabilitation</i>	VTE-1 CMS108v7 <i>Venous Thromboembolism Prophylaxis</i>	VTE-2 CMS190v7 <i>Intensive Care Unit Venous Thromboembolism Prophylaxis</i>	*ED-3 is an outpatient measure and is not applicable for Hospital IQR Program aligned credit.	

Note: ED=Emergency Department, PCI=Percutaneous Coronary Intervention.

CY 2019 Certification and Specification Policies

- Use electronic health record (EHR) technology certified to the 2015 Edition of Office of the National Healthcare Coordinator for Health IT (ONC) standards and certified to all available eCQMs.
- Use eCQM specifications published in the 2018 eCQM annual update for CY 2019 reporting and applicable addenda, available on the eCQI Resource Center website at https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms?field_year_value=1&=Appl.
- Use the *2019 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting*, available at <https://ecqi.healthit.gov/qrda>.

Successful eCQM Submission for CY 2019 Reporting

To successfully submit the required eCQMs based on program year for the Hospital IQR and the Medicare Promoting Interoperability Programs, report the eCQMs as any combination of:

- Accepted QRDA Category I files with patients meeting the initial patient population (IPP) of the applicable measures.
- Zero denominator declarations.
- Case threshold exemptions.

Note: Submission of eCQMs does **not** meet the complete program requirements for the Hospital IQR or the Medicare Promoting Interoperability Programs. Hospitals are still responsible for data submission for all required chart-abstracted, web-based, and claims-based measures.



CHECKPOINT

CY 2019 QRDA Category I File Format Expectations

- One file, per patient, per quarter
- Should include all the episodes of care and the measures associated with the patient file in that reporting period
- Maximum individual file size of 10 MB
- Files uploaded by ZIP file (.zip)
- Maximum number of QRDA Category I files within zip file is 15,000
 - If a hospital has more than 15,000 QRDA Category I files to report, they are welcome to submit more than one zip file.

CY 2019 Public Reporting of eCQM Data

- Public display of eCQM data on *Hospital Compare* continues to be delayed in conjunction with the implementation of the eCQM data validation process.
- Public display of eCQM data will be addressed in a future CMS IPPS rule.

eCQM Validation

Selection of Hospitals

Following the close of the eCQM submission period, up to 200 hospitals will be selected for eCQM validation via random sample. The following hospitals will be excluded:

- Any hospital selected for chart-abstracted measure validation
- Any hospital that has been granted a Hospital IQR Program ECE for the applicable eCQM reporting period
- Any hospital that does not have at least five discharges for at least one reported eCQM
- Episodes of care that are longer than 120 days
- Cases with a zero denominator for each measure

Note: Criteria will be applied **before** the random selection of 200 hospitals for eCQM data validation, meaning hospitals meeting any one of the aforementioned criteria are not eligible for selection.

eCQM Validation

Case Number and Scoring

- Hospitals selected for participation in eCQM data validation will be required to submit eight cases (8 cases x 1 quarter) from CY 2018 eCQM data for the FY 2021 payment determination (CY 2019 eCQM data will be validated for the FY 2022 payment determination).
- The accuracy of eCQM data submitted for validation will not affect a hospital's validation score for FY 2021 payment determination.

Note: For more information, visit the *QualityNet.org* [Data Validation – Chart-Abstracted and eCQMs](#) page.

Artrina Sturges, EdD

Alignment of eCQMs Lead

Hospital Inpatient VIQR Outreach and Education Support Contractor

CY 2019 eCQM Reporting Requirements for the Medicare Promoting Interoperability Program

CY 2019 Medicare Promoting Interoperability Program eCQM Reporting Requirements

For EHs and CAHs reporting **electronically** for the Medicare Promoting Interoperability Program in CY 2019:

- The reporting period is **one** self-selected quarter of CQMs if demonstrating meaningful use for the first time or demonstrated meaningful use any year prior to 2019.
- Report on **at least four** (self-selected) available CQMs.
- The Medicare Promoting Interoperability Program submission deadline is March 2, 2020 (two months following the close of the calendar year).
 - Deadline extended due to the original deadline (February 29, 2020) falling on a weekend.

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program for EHs and CAHs **except outpatient measure ED-3, NQF #0496.**

CY 2019 CQM Reporting Form and Manner for Medicare Promoting Interoperability Program

Requirements:

- Use of QRDA Category I for CQM electronic submissions
- EHR technology certified to the 2015 Edition
 - Providers are required to have the EHR technology certified to all 16 available CQMs.
 - This **would not** require recertification each time the EHR technology was updated to the most recent version of CQMs if it continues to meet 2015 Edition certification criteria.
- Use of eCQM specifications published in the 2018 eCQM annual update for CY 2019 reporting and any applicable addenda (available on the eCQI Resource Center website at <https://ecqi.healthit.gov/eh>)
- *2019 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting* (available at <https://ecqi.healthit.gov/qrda>)

Note: QRDA Category I file specifications, Schematrons, sample files, and other helpful materials are located on the eCQI Resource Center website at <https://ecqi.healthit.gov/qrda>.

CY 2019 Medicare Promoting Interoperability Program eCQM Reporting Requirements

Attestation is an option for EHs and CAHs in specific circumstances when electronic reporting of CQMs is not feasible under the Medicare Promoting Interoperability Program:

- Full CY 2019, consisting of four quarterly data reporting periods
- Report on all 16 available CQMs via the *QualityNet Secure Portal*
- Submission deadline: March 2, 2020. Deadline extended due to the original deadline (February 29, 2020) falling on a weekend.

Note: For EHs and CAHs demonstrating meaningful use for the first time under their state's Medicaid Promoting Interoperability Program, the reporting period is any continuous 90-day period within CY 2019. Visit the CMS.gov Promoting Interoperability Programs [Eligible Hospital Information](#) page for additional details.

CY 2019 Medicaid

Promoting Interoperability Program

- State Medicaid programs continue to be responsible for determining whether or how electronic reporting of CQMs would occur or if they wish to allow reporting through attestation.
- Visit the [CMS.gov Promoting Interoperability Programs Medicaid State Information](#) page for details.

Promoting Interoperability Program Resources

- Visit the [Eligible Hospital Information page of the Promoting Interoperability Programs](#) on CMS.gov for updated reference guides, webinar presentation materials, etc.
- Submit questions to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.



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Support Resources

Topic	Who to Contact	How to Contact
Hospital IQR Program and Policy	Hospital Inpatient Support Team	(844) 472-4477 https://cms-ip.custhelp.com
Medicare Promoting Interoperability Program (objectives, attestation, and policy)	QualityNet Help Desk	(866) 288-8912 gnetsupport@hcqis.org
eCQM specifications (code sets, measure logic, and measure intent)	ONC JIRA Issue Trackers	eCQM Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/CQM/summary
QRDA-related questions (CMS IG, sample files, and Schematrons)		QRDA Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/QRDA/issues/QRDA-313?filter=allopenissues
Clinical Quality Language (CQL) measure specifications		CQL Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/CQLIT/issues/CQLIT-143?filter=allopenissues
QualityNet Secure Portal (reports, PSVA tool, data upload, and troubleshooting file errors)	QualityNet Help Desk	(866) 288-8912 gnetsupport@hcqis.org
eCQM data validation	Validation Support Team	validation@hcqis.org or https://cms-ip.custhelp.com

Hospital IQR Program Requirements
for CY 2019 Reporting (FY 2021 Payment Determination)

Questions

Hospital IQR Program Requirements
for CY 2019 Reporting (FY 2021 Payment Determination)

Continuing Education

Continuing Education (CE) Approval

This program has been approved for 1 CE credits 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 CE approval for any other state, license, or certification, please check with your licensing or certification board.

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2. Register on the HSAG Learning Management Center for the certificate
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Note: An additional survey will be sent to all registrants within the next 48 hours.

CE Credit Process: Survey

No

Please provide any additional comments

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

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

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

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

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CE Credit Process: Certificate

Thank you for completing our survey!

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

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<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>

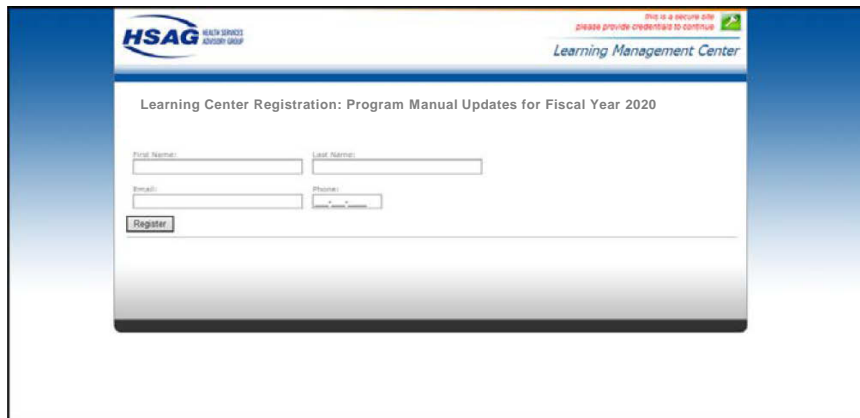
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

Register for Credit

New User

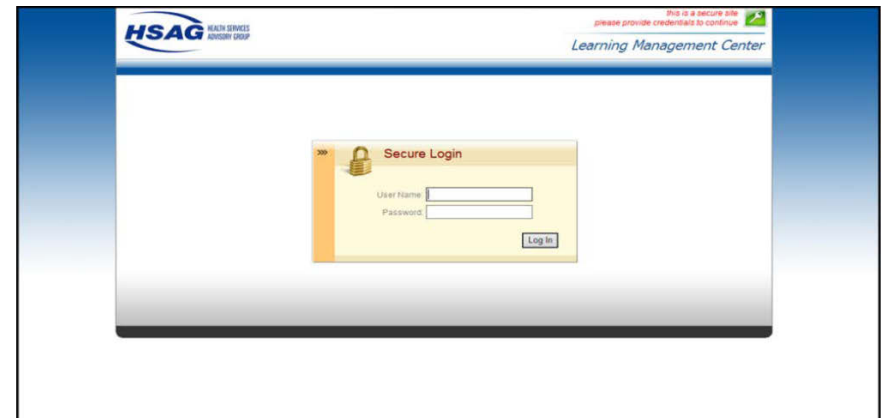
Use personal email and phone.
Go to email address and
finish process.



The screenshot shows the HSAG Learning Management Center registration page. The header includes the HSAG logo and the text "Learning Management Center". Below the header, the page title is "Learning Center Registration: Program Manual Updates for Fiscal Year 2020". The registration form contains four input fields: "First Name", "Last Name", "Email", and "Phone". A "Register" button is located at the bottom left of the form area.

Existing User

Entire email is your user name.
You can reset your password.



The screenshot shows the HSAG Learning Management Center secure login page. The header includes the HSAG logo and the text "Learning Management Center". The main content area features a "Secure Login" box with a yellow background and a lock icon. Inside the box, there are two input fields: "User Name" and "Password". A "Log In" button is located at the bottom right of the login box.

Thank You for Attending

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