Welcome!

- Audio for this event is available via ReadyTalk® Internet Streaming.
- No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Limited dial-in lines are available. Please send a chat message if needed.
- This event is being recorded.
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?
Click Refresh icon
– or –
Click F5

F5 Key
Top Row of Keyboard

Location of Buttons
Refresh
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.

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.

Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)

Today’s Presentation
Hospital Readmissions Reduction Program:
Early Look Hospital-Specific Reports

March 29, 2018
Speakers

Tamyra Garcia
Deputy Division Director
Division of Value, Incentives, and Quality Reporting (DVIQR)
Centers for Medicare & Medicaid Services (CMS)

Kati Michael
Program Lead, HRRP
Hospital Quality Reporting Program Support (HQRPS)

Kristin Maurer, MPH
HRRP Analyst, HRRP
HQRPS
Meaningful Measures focus everyone’s efforts on the same quality areas and lend specificity, which can help identify measures that:

- Address high impact measure areas that safeguard public health.
- Are patient-centered and meaningful to patients, clinicians, and providers.
- Are outcome-based, where possible.
- Minimize level of burden for providers.
- Identify significant opportunity for improvement.
- Address measure needs for population-based payment through alternative payment models.
- Align across programs and/or with other payers.
Meaningful Measures

Promote Effective Communication & Coordination of Care
Meaningful Measure Areas:
• Medication management
• Admissions and readmissions to hospitals
• Transfer of health information and interoperability

Strengthen Person & Family Engagement as Partners in Their Care
Meaningful Measure Areas:
• Care is personalized and aligned with patient’s goals
• End-of-life care according to preferences
• Patient’s experience of care
• Patient-reported functional outcomes

Make Care Safer by Reducing Harm Caused in the Delivery of Care
Meaningful Measure Areas:
• Healthcare-associated infections
• Preventable healthcare harm

Promote Effective Prevention & Treatment of Chronic Disease
Meaningful Measure Areas:
• Preventive care
• Management of chronic conditions
• Prevention, treatment, and management of mental health
• Prevention and treatment of opioid and substance use disorders
• Risk-adjusted mortality

Work with Communities to Promote Best Practices of Healthy Living
Meaningful Measure Areas:
• Equity of care
• Community engagement

Make Care Affordable
Meaningful Measure Areas:
• Appropriate use of healthcare
• Patient-focused episode of care
• Risk-adjusted total cost of care

*All presentation images are still under development.*
Kati Michael
Program Lead, HRRP, HQRPS

Hospital Readmissions Reduction Program
Purpose

• Provide an overview for hospitals on the Early Look Hospital-Specific Reports (HSRs)
  o Hospital-level dual proportions
  o Peer group assignments
  o Estimated payment adjustment information for the new stratified methodology
• Fiscal Year (FY) 2018 data
  o Discharges from July 1, 2013, through June 30, 2016
Objectives

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

• New stratified methodology
• Early Look HSRs and results with the stratified methodology
• Accessing Early Look HSRs
• Upcoming FY 2019 program information
# Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI</td>
<td>acute myocardial infarction</td>
</tr>
<tr>
<td>ASPE</td>
<td>Office of the Assistant Secretary for Planning and Evaluation</td>
</tr>
<tr>
<td>HQRPS</td>
<td>Hospital Quality Reporting Program Support Program</td>
</tr>
<tr>
<td>CABG</td>
<td>coronary artery bypass graft</td>
</tr>
<tr>
<td>HRRP</td>
<td>Hospital Readmission Reduction Program</td>
</tr>
<tr>
<td>CE</td>
<td>continuing education</td>
</tr>
<tr>
<td>HSR</td>
<td>Hospital-Specific Reports</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>IME</td>
<td>indirect medical education</td>
</tr>
<tr>
<td>COPD</td>
<td>chronic obstructive pulmonary disease</td>
</tr>
<tr>
<td>IPPS</td>
<td>inpatient prospective payment system</td>
</tr>
<tr>
<td>DRG</td>
<td>diagnosis-related group</td>
</tr>
<tr>
<td>IQR</td>
<td>Inpatient Quality Reporting</td>
</tr>
<tr>
<td>DSH</td>
<td>disproportionate share hospital</td>
</tr>
<tr>
<td>MMA</td>
<td>Medicare Modernization Act</td>
</tr>
<tr>
<td>ERR</td>
<td>excess readmission ratio</td>
</tr>
<tr>
<td>PPS</td>
<td>prospective payment system</td>
</tr>
<tr>
<td>FAQs</td>
<td>frequently asked questions</td>
</tr>
<tr>
<td>THA</td>
<td>total hip arthroplasty</td>
</tr>
<tr>
<td>FFS</td>
<td>fee-for-service</td>
</tr>
<tr>
<td>TKA</td>
<td>total knee arthroplasty</td>
</tr>
<tr>
<td>FY</td>
<td>Fiscal Year</td>
</tr>
</tbody>
</table>
Background

• Section 3025 of the Affordable Care Act added section 1886(q) to the Social Security Act establishing the Hospital Readmissions Reduction Program (HRRP).

• The program supports CMS’s national goal of improving healthcare by linking payment and the quality of hospital care.
Applicable Hospitals

- Subsection (d) hospitals, as defined in section 1886(d)(1)(B) of the Social Security Act, as well as Maryland hospitals participating in the All-Payer Model.

- Subsection (d) hospitals are not:
  - Long-term care hospitals
  - Critical access hospitals
  - Rehabilitation hospitals and units
  - Psychiatric hospitals and units
  - Children’s hospitals
  - PPS-exempt cancer hospitals
Social Risk Factors

• CMS continues to consider options to address equity and disparities in its value-based purchasing programs.

• A recent Assistant Secretary for Planning and Evaluation (ASPE) report found that dual eligibility was the most powerful predictor of poor healthcare outcomes among social risk factors tested.

• The goal is to improve health disparities by increasing transparency and the ability to compare disparity across hospitals.
21st Century Cures Act
Provisions for HRRP

• CMS assesses penalties based on performance relative to other hospitals with similar proportions of full-benefit, dual-eligible patients.
• Budget Neutrality: Estimated payments under the new stratified methodology equals estimated payments under the non-stratified methodology.
Rationale for Stratification Approach

• In response to rule comments, the ASPE report, and the Cures Act, CMS finalized policy which requires the Secretary to compare cohorts of hospitals to each other based on their proportion of dual-eligible beneficiaries in determining the extent of excess readmissions.

• The finalized FY 2018 HRRP policy adjusts hospital performance scores by stratifying hospitals based on the proportion of their patients who are dual-eligible, thereby accounting for social risk.
Kristin Maurer
Analyst, HRRP, HQRPS

Hospital Readmissions Reduction Program: New Stratified Methodology
Overview of Non-Stratified HRRP Payment Methodology (FY 2018)

Compile Medicare Claims

Blue = high proportion of dual eligible beneficiaries
Blue person = dual eligible beneficiary
ERR = excess readmission ratio
An ERR is calculated for each of the 6 HRRP readmission measures: AMI, HF, pneumonia, COPD, THA/TKA, and CABG.

Calculate ERR for each measure using readmission measure methodology

ERR = \frac{\text{Predicted}}{\text{Expected}}

ERRs Enter Payment Adjustment Factor Formula

\text{Payment adjustment factor} = 1 - \frac{\text{Payment} \times \text{ERRs}}{\text{All payments}}

CMS Determines Payment Adjustment for Each Hospital

Blue = high proportion of dual eligible beneficiaries
Orange = low proportion of dual eligible beneficiaries
Red person = Medicare only beneficiary
Examples of the Stratified Methodology with Two Peer Groups

<table>
<thead>
<tr>
<th>STEP 1</th>
<th>STEP 2</th>
<th>STEP 3</th>
<th>STEP 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compile Medicare Claims</td>
<td>Calculate ERR for each measure using readmission measure methodology</td>
<td>Stratify hospitals into peer groups, calculate peer group Median ERRs and neutrality modifier, and calculate payment reduction</td>
<td>CMS calculates payment adjustment</td>
</tr>
</tbody>
</table>

Blue = high proportion of dual eligible beneficiaries
Orange = low proportion of dual eligible beneficiaries

Blue person = dual eligible beneficiary
Red person = Medicare only beneficiary

ERR = excess readmission ratio

An ERR is calculated for each of the 6 HRRP readmission measures: AMI, HF, pneumonia, COPD, THA/TKA, and CABG. This figure includes 2 peer groups for illustrative purposes; however, in the FY 2018 IPPS final rule CMS finalized a policy to stratify hospitals into 5 peer groups.

3/29/2018
Compile Claims Data, Calculate ERRs and Dual Proportions, Stratify Hospitals into Peer Groups

1. **Use of hospital claims to generate ERRs and peer groups**
   - Medicare FFS
     - Calculate ERRs for each measure
   - Medicare FFS + Managed Care
     - Calculate dual proportion for each hospital and stratify hospitals into 5 peer groups

2. 
   
   \[
   ERR = \frac{\text{Predicted readmission rate}}{\text{Expected readmission rate}}
   \]
FY 2019: Determining Proportion of Dual Eligible Patients

• Dual proportion definition
  o **Numerator** (i.e., full-benefit duals): Full-benefit dual based on data from the state Medicare Modernization Act (MMA) file.
  o **Denominator** (i.e., total number of Medicare Patients): All Medicare FFS and Medicare Advantage accurately represent the proportion of dually eligible patients the hospital served, particularly for hospitals in states with high managed care penetration rates.

• Data period for dual proportion
  o Three-year measure performance period that accounts for social risk factors in the ERR.
Establish Thresholds and Assess Performance

3. Determine median ERRs for each peer group

4. Determine which ERRs will enter the payment adjustment formula

- ERR > Peer Group Median ERR
- Eligible discharges ≥ 25
Section 15002 of the 21st Century Cures Act requires the new stratified methodology to produce a similar amount of Medicare savings as the non-stratified methodology.
Calculate Payment Reductions and Payment Adjustment Factors

Calculate payment reduction

\[
\text{NM} \times \left( \frac{\text{payments}_i(dx)}{\text{total payments}} + (\text{ERP}_i(dx) - \text{peer group median ERPs}) \right) = \text{Payment Reduction}
\]

Determine payment adjustment factor

IF Payment Reduction ≤ 0.03  \(\Rightarrow\) Adjustment factor = 1 - Payment Reduction

IF Payment Reduction > 0.03  \(\Rightarrow\) Adjustment factor = 0.9700
Payment Adjustment Formula

• **Non-Stratified Methodology:**

\[
P = 1 - \min \left\{ .03, \sum_{dx} \frac{Payment(dx) \times \max\{(ERR(dx) - 1.0), 0\}}{All\ payments} \right\}
\]

• **FY 2019 Stratified Methodology:**

Median ERR plus a neutrality modifier

\[
P = 1 - \min \left\{ .03, \sum_{dx} \frac{NM_{PM} Payment(dx) \times \max\{(ERR(dx) - Median\ peer\ group\ ERR(dx)), 0\}}{All\ payments} \right\}
\]
Medicare FFS base-operating DRG payments are the base DRG payment without any add-on payments such as disproportionate share hospital (DSH) and indirect medical education (IME) payments.
HRRP Stratified Payment Methodology

FY 2019 Hospital Readmissions Reduction Program Stratified Payment Adjustment Methodology

1. Use of hospital claims to generate ERRs and peer groups
   - Medicare FFS
   - Calculate ERRs for each measure
   - \[ \text{ERR} = \frac{\text{Predicted readmission rate}}{\text{Expected readmission rate}} \]

2. Medicare FFS + Managed Care
   - Calculate dual proportion for each hospital and stratify hospitals into 5 peer groups

3. Determine median ERRs for each peer group
   - Median ERRs

4. Determine which ERRs will enter the payment adjustment formula
   - Peer group ERRs
   - Payments under the non-stratified methodology

5. Calculate neutrality modifier
   - Payments under the stratified methodology

6. Calculate payment reduction
   - AMI
   - CABG
   - Pneumonia
   - COPD
   - Heart Failure

7. Determine payment adjustment factor
   - IF Payment Reduction ≤ 0.03
     - Adjustment factor = 1 - Payment Reduction
   - IF Payment Reduction > 0.03
     - Adjustment factor = 0.97

8. Payment adjustment
   - Payment for Medicare FFS claims subgroup ending October 1, 2018
   - Base operating DRG payment amount
   - Adjustment factor

*In general, base operating DRG payments are the base DRG payment without any add-on payments.
Hospital Readmissions Reduction Program: Early Look Hospital-Specific Reports (HSRs)
New Early Look
QualityNet Section

Hospital Readmissions Reduction Program
Early Look:
• Mock HSR
• User Guide
• Frequently Asked Questions (FAQs)
• FY 2019 Stratified Payment Methodology
• Link:
  https://www.qualitynet.org/dcs/ContentServer?c=Page&page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228776478716
How to Receive Your Early Look HSR

• How to know your Early Look report is available:
  o A *QualityNet* notification was sent via email to those who are registered for the notifications regarding HRRP.
  o The notification indicated the reports are available.

• Who can access to the Early Look HSRs and User Guide:
  o Hospital users with the following roles:
    ▪ Hospital Reporting Feedback-Inpatient
    ▪ File Exchange and Search

• How to access the report:
  o For those with the correct access, the HSRs and User Guide will be in their *QualityNet* Secure File Transfer inbox.
The *HRRP_EarlyLook_HSR_UsrGde.pdf* that accompanies your HRRP Early Look HSR includes information about the data, as well as examples for replicating the HRRP payment adjustment factor in the HSRs.
The HRRP Early Look HSRs contain tabs that provide hospitals with the following information:

- Contact information for the program and additional resources
- Payment Adjustment Factor information
- Performance information
Workbook: Hospital Readmissions Reduction Program (HRRP) Hospital-Specific Report (HSR) Early Look Report

HOSPITAL NAME

This workbook provides an early look at estimated hospital-level Dual Proportions, Peer Group Assignment, and Estimated Payment Adjustment information for the fiscal year (FY) 2019 HRRP using FY 2018 data.

This report does not reflect actual payment adjustments for FY 2019.

The zip file contains read-only Excel files; if you wish to manipulate your results, save the workbook (or spreadsheet tab) as a new document.

For more information about the data, refer to the FY 2019 HRRP Early Look HSR User Guide delivered with your HSR or visit the QualityNet website: [https://www.qualitynet.org](https://www.qualitynet.org) > Hospitals-Inpatient > Hospital Readmissions Reduction Program (HRRP) > Early Look Hospital-Specific Reports

Please direct questions about CMS’s calculations or reporting of the Excess Readmissions Ratios for HRRP to Hospital Quality Reporting Program Support.

Email: hrrp@lantana-group.com

See the CMS Hospital Readmissions Reduction Program (HRRP) webpage for more information about the program and payment adjustments: [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html)
Table 1: Your Hospital’s Payment Adjustment Factor Information
HOSPITAL NAME
Hospital Discharge Period: July 1, 2013 through June 30, 2016

This report does not reflect actual payment adjustments for FY 2019.

<table>
<thead>
<tr>
<th>Dual Proportion [a]</th>
<th>Peer Group Assignment [b]</th>
<th>Neutrality Modifier [c]</th>
<th>Stratified Estimated Payment Adjustment Factor [d]</th>
<th>FY 2018 Payment Adjustment Factor [d]</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.2528</td>
<td>4</td>
<td>0.9481</td>
<td>0.9997</td>
<td>0.9980</td>
</tr>
</tbody>
</table>
Table 2: Hospital Performance Information

Hospital Discharge Period: July 1, 2013 through June 30, 2016

This report does not reflect actual payment adjustments for FY 2019.

<table>
<thead>
<tr>
<th>Performance Information</th>
<th>AMI</th>
<th>COPD</th>
<th>HF</th>
<th>Pneumonia</th>
<th>CABG</th>
<th>THA/TKA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Discharges [a]</td>
<td>20</td>
<td>73</td>
<td>307</td>
<td>325</td>
<td>NQ</td>
<td>409</td>
</tr>
<tr>
<td>ERR</td>
<td>1.0361</td>
<td>0.9964</td>
<td>1.0041</td>
<td>1.0425</td>
<td>NQ</td>
<td>0.9999</td>
</tr>
<tr>
<td>Peer Group Median ERR [b]</td>
<td>0.9971</td>
<td>0.9980</td>
<td>1.0064</td>
<td>1.0015</td>
<td>0.9944</td>
<td>0.9997</td>
</tr>
<tr>
<td>Non-Stratified Methodology Penalty Indicator [c]</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Stratified Methodology Penalty Indicator [d]</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Ratio of DRG payments per measure to total payments</td>
<td>0.0020</td>
<td>0.0461</td>
<td>0.0299</td>
<td>0.0508</td>
<td>NQ</td>
<td>0.0730</td>
</tr>
</tbody>
</table>
Example:
Less than 25 Discharges

Table 2: Hospital Performance Information
HOSPITAL NAME
Hospital Discharge Period: July 1, 2013 through June 30, 2016

This report does not reflect actual payment adjustments for FY 2019.

<table>
<thead>
<tr>
<th>Performance Information</th>
<th>AMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Discharges [a]</td>
<td>20</td>
</tr>
<tr>
<td>ERR</td>
<td>1.0361</td>
</tr>
<tr>
<td>Peer Group Median ERR [b]</td>
<td>0.9971</td>
</tr>
<tr>
<td>Non-Stratified Methodology Penalty Indicator [c]</td>
<td>N</td>
</tr>
<tr>
<td>Stratified Methodology Penalty Indicator [d]</td>
<td>N</td>
</tr>
<tr>
<td>Ratio of DRG payments per measure to total payments</td>
<td>0.0020</td>
</tr>
</tbody>
</table>
Example:
Different Penalty Indicators

Table 2: Hospital Performance Information

<table>
<thead>
<tr>
<th>HOSPITAL NAME</th>
<th>Hospital Discharge Period: July 1, 2013 through June 30, 2016</th>
</tr>
</thead>
</table>

This report does not reflect actual payment adjustments for FY 2019.

<table>
<thead>
<tr>
<th>Performance Information</th>
<th>HF</th>
<th>THA/TKA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Discharges [a]</td>
<td>307</td>
<td>409</td>
</tr>
<tr>
<td>ERR</td>
<td>1.0041</td>
<td>0.9999</td>
</tr>
<tr>
<td>Peer Group Median ERR [b]</td>
<td>1.0064</td>
<td>0.9997</td>
</tr>
<tr>
<td>Non-Stratified Methodology Penalty Indicator [c]</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Stratified Methodology Penalty Indicator [d]</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Ratio of DRG payments per measure to total payments</td>
<td>0.0299</td>
<td>0.0730</td>
</tr>
</tbody>
</table>
Example:
No Qualifying Cases

Table 2: Hospital Performance Information
HOSPITAL NAME
Hospital Discharge Period: July 1, 2013 through June 30, 2016

This report does not reflect actual payment adjustments for FY 2019.

<table>
<thead>
<tr>
<th>Performance Information</th>
<th>CABG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Discharges [a]</td>
<td>NQ</td>
</tr>
<tr>
<td>ERR</td>
<td>NQ</td>
</tr>
<tr>
<td>Peer Group Median ERR [b]</td>
<td>NQ</td>
</tr>
<tr>
<td>Non-Stratified Methodology Penalty Indicator [c]</td>
<td>0.9944</td>
</tr>
<tr>
<td>Stratified Methodology Penalty Indicator [d]</td>
<td>N</td>
</tr>
<tr>
<td>Ratio of DRG payments per measure to total payments</td>
<td>NQ</td>
</tr>
</tbody>
</table>
Upcoming FY 2019 Program Information

• Review and Corrections Modification
  o HSRs will be modified to include dual proportion, peer group assignment, and payment adjustment factor information.
  o HSRs will be distributed late summer/early fall.

• New CMS HSR tutorial video
  o CMS has released a new video to assist participants in the Hospital IQR Program with interpreting and understanding their HSRs. The video is located at: https://www.youtube.com/watch?v=0pE6VBUE8c8&t=17s
CMS wants to hear from you…

• CMS is interested in implementing a user-centered design approach to developing the HSRs and will reach out to stakeholders for feedback.

• If you are interested in engaging with CMS on the usability of the HSRs, contact the HQRPS Support Team via email at HRRP@lantanagroup.com. Place “HSR Feedback” in the subject line.
Hospital Readmissions Reduction Program Resources

HRRP information:
• [https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772412458](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772412458)

HRRP general inquiries:
• HRRP@lantanagroup.com
• QualityNet Question and Answer Tool

HRRP measure methodology inquiries:
• cmsreadmissionmeasures@yale.edu

More program and payment adjustment information:

Readmission measures:
• [https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1219069855273](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1219069855273)
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

**Note:** To verify CE approval for any other state, license or certification, please check with your licensing or certification board.
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 the HSAG 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 was sent.
- Please go back to the **New User** link and register your personal email account.
  - Personal emails do not have firewalls.
CE Credit Process: Survey

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.

Powered by SurveyMonkey
Check out our sample surveys and create your own now!
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.
You must be registered with the learning management site.

New User Link:
https://lmc.hshapps.com/register/default.aspx?id=da0a12bc-db39-408f-b429-d69f6b9ccb1ae

Existing User Link:
https://lmc.hshapps.com/test/adduser.aspx?id=da0a12bc-db39-408f-b429-d69f6b9ccb1ae

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.
CE Credit Process: New User
CE Credit Process: Existing User
Disclaimer

This presentation was current at the time of publication and/or upload onto the Quality Reporting Center and QualityNet websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.