

Welcome!

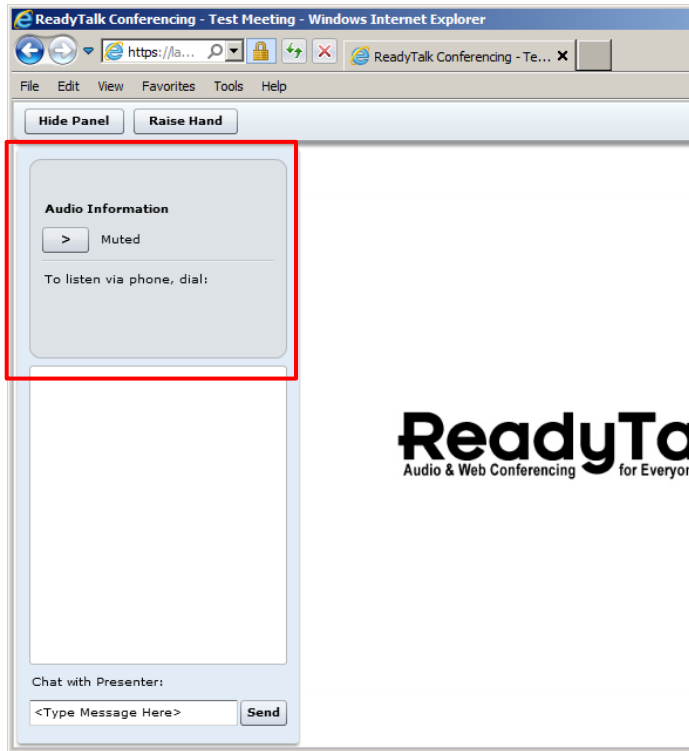
- **Audio for this event is available via ReadyTalk® Internet Streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**



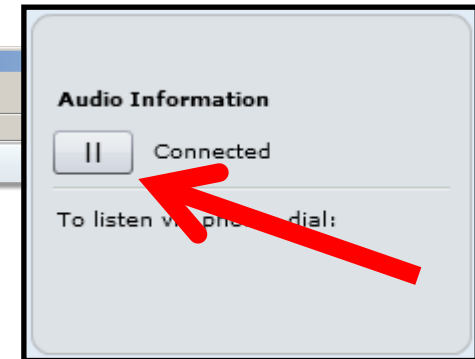
Troubleshooting Audio

Audio from
computer speakers
breaking up?
Audio suddenly
stop?

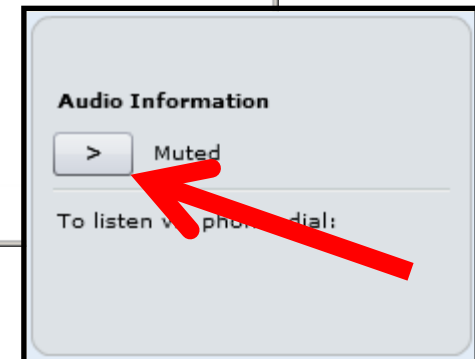
- Click Pause button
- Wait 5 seconds
- Click Play button



Location of Audio Controls



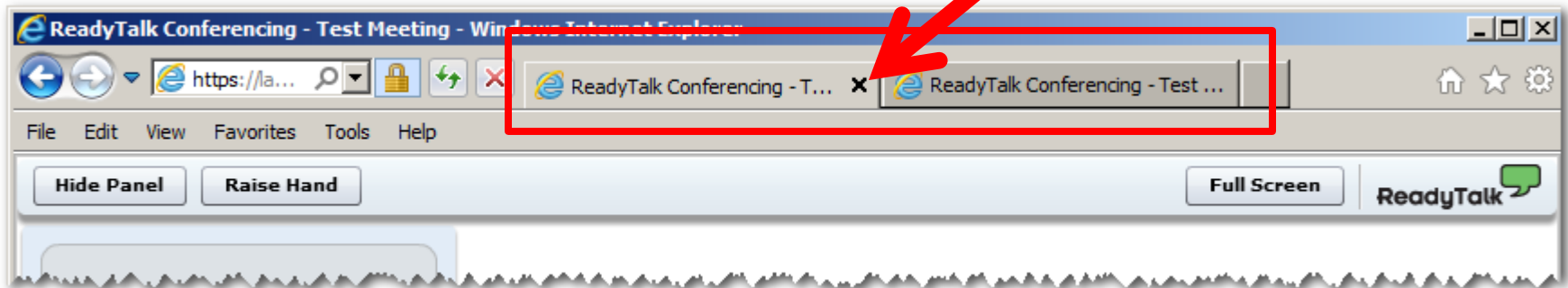
Step 1



Step 2

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.



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



Telling Your Story: Public Reporting for the ASCQR Program

Karen VanBourgondien RN, BSN

Project Coordinator

October 28, 2015

Announcements

- November 16, 2015 – Deadline for submitting requests for suppression of claims-based data from Hospital Compare for April 2016
- Access your QualityNet and NHSN accounts routinely to ensure your passwords stay active
 - QualityNet accounts deactivate after 365 days
 - NHSN accounts deactivate; contact nhsn@cdc.gov

Save the Date for Webinars

- December 2, 2015 – Final Rule
- December 16, 2015 – Measure Development Process
- January 27, 2016 – Specifications Manual

Learning Objectives

At the conclusion of the program, attendees will be able to:

- Identify the process to access their individual Public Reporting Report
- Describe what data will be displayed on their individual reports
- Locate their data on Hospital Compare



Telling Your Story: Public Reporting for the ASCQR Program



***Karen
VanBourgondien
RN, BSN***

***Project Coordinator
October 28, 2015***

BACKGROUND

Public Reporting: Background

- Calendar Year 2012 OPPS/ASC Final Rule
- Industry is eager to have ASC quality data publicly reported
- Public would have access to ASC quality data just as they have access to hospitals' quality data

POLLING QUESTION

PROGRAM OUTLINE

Requirement to Access Reports

A Security Administrator (SA) is needed to:

- Submit data through a web-based tool
- Assign rights for the Basic User role
- Access secure reports

Claims-Based Measures

- ASC-1 through ASC-5
 - Submitted through Quality Data Codes (QDCs)
- ASC-12: Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
 - Calculated from paid Medicare Fee for Service claims
 - Publicly reported beginning on or after December 1, 2017
 - Will not affect annual payment update (APU) until 2018 payment year

Web-Based Measures

Six measures submitted via web-based tools

- **ASC-6, ASC-7, ASC-9, ASC-10, and ASC-11** (voluntary) are entered into the QualityNet Secure Portal.
- **ASC-8** is entered into the National Healthcare Safety Network via the Centers for Disease and Control and Prevention (CDC).

Minimum Threshold and Case Volume (1 of 2)

- If an ASC has fewer than 240 Medicare claims, there are no program requirements for the following reporting year, and no measures are required to be submitted into the web-based tools.
- If an ASC has greater than 240 Medicare claims, it must submit QDCs on 50% of claims for the reporting period and submit web-based measures the following year.

Minimum Threshold and Case Volume (2 of 2)

- CY 2015
 - >240 Medicare claims
- Data are to be reported in 2016 for 2015 encounters.
- This submission will affect the 2017 payment year.

PREVIEW REPORT

Quick Reference Guide

ASC Public Reporting Preview Report Quick Reference Guide October 2015 Release – Preview Period July 9 through August 9, 2015

Preview Report Access

Preview Period

Preview reports will be available to participating Outpatient Facilities via the QualityNet Secure Portal July 9 through August 9, 2015.

Preview Reports can be accessed by:

1. Accessing the public website for QualityNet at <https://www.qualitynet.org>. Selecting [Login] under the “Log in to QualityNet Secure Portal” header.
2. Entering your QualityNet User ID, Password, and Security Code and selecting [Submit].
3. Reading the Terms and Conditions statement and selecting [I Accept] to proceed.

The Preview Report can be downloaded by:

1. Selecting “Secure File Transfer” in the blue ribbon at the top of the screen;
2. Selecting “AutoRoute_Inbox” in the left-side menu;
3. Selecting “ASC Preview Report” also identified by your facility’s NPI;
4. Selecting “Download”;
5. Selecting “Save” in the pop-up box; and
6. Saving and opening the report.

Data Highlights

Claims-based Measures

Aggregate rates include 1Q 2013 through 4Q 2013 and 1Q 2014 through 4Q 2014 encounter data. (These data are updated annually in October.)

- ASC-1: Patient Burn
- ASC-2: Patient Fall
- ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
- ASC-4: Hospital Transfer/Admission
- ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing

ASC measures 1 through 4 should be interpreted as lower values are better (i.e., negative measure); ASC-5 should be interpreted as higher values are better (i.e., positive measure).

Web-based Measures

Data submitted July 1 through August 23, 2013, based on ASC participation for Calendar Year (CY) 2012. (These data will be updated in April 2016, then annually in October.)

Web-based Measures include:

- ASC-6 Safe Surgery Checklist Use
- ASC-7 ASC Facility Volume Data on Selected Procedures

Footnotes (FN)

FN 1 The number of cases/patients is too to report.

Denominators greater than 0 and less than 11 will display on the Preview Report, but will not be reported on Hospital Compare.

FN 5 Results are not available for this reporting period.

Applied when no data are available for display for the measure

Notice of Participation Information

Once an ASC submits any quality measure data, it is considered to be participating in the ASCQR Program, and would continue to be considered participating in the ASCQR Program, regardless of whether the ASC continues to submit quality measure data, unless the ASC withdraws from the Program. Data submitted voluntarily will be publicly reported.

For questions about the preview report, ASCs may contact the Outpatient Quality Reporting Outreach and Education Program Support Contractor through the Outpatient Questions and Answers tool at <https://cms-ocsq.custhelp.com>, or by calling, toll-free, 866.800.8756 weekdays from 8 a.m. to 6 p.m. ET.

Preview Report Example

**Ambulatory Surgical Center Compare Preview Report (per 1,000 claims)
Sample Surgery Center (NPI 0000000000)
Claims-Based Measures in Calendar Year 2013 and Calendar Year 2014**

Measure	2013				2014			
	Claims with QDCs	Rate	National Rate	State Rate	Claims with QDCs	Rate	National Rate	State Rate
ASC-1 Patient Burn	1315	0.76	0.247	0.543	1405	0	0.364	0.389
ASC-2 Patient Fall	1314	0	0.156	0.088	1405	0	0.095	0.108
ASC-3 Wrong Site/ Side/Patient/Procedure/Implant	1314	0	0.039	0.011	1405	0	0.028	0.011
ASC-4 Hospital Transfer/Admission	1314	0	0.537	0.598	1405	0	0.475	0.416
ASC-5 Prophylactic Intravenous (IV) Antibiotic Timing	0	N/A(5)	962.43	974.53	0	N/A(5)	960.04	984.39

Footnote Legend:

1. The number of cases/patients is too few to report (Denominators greater than 0 and less than 11 will display on the Preview Report, but will not be reported on Hospital Compare.)
5. Results are not available for this reporting period (Applied when no data are available for display for the measure).

Web-Based Measures in Calendar Year 2012 (Reported in 2013)

ASC-6 Safe Surgery Checklist Use	ASC-7 (Data on Selected Surgical Procedure)					
	Gastrointestinal	Eye	Nervous	Musculoskeletal	Genitourinary	Skin
	Volume	Volume	Volume	Volume	Volume	Volume
YES	5314	0	0	0	0	0

POLLING QUESTION

Data Suppression (1 of 2)

- November 16, 2015, is the deadline to request data suppression
 - Calendar Year (CY) 2013, 2014, or both
- Risk of suppression
- Display rates
- Data suppressed will display footnote #5 indicating “Results are not available for this reporting period.”

Data Suppression (2 of 2)

- Suppression requests must be emailed to ASCPublicReporting@hsag.com
- The request should include:
 - Facility name
 - CMS Certification Number (CCN)
 - National Provider Identifier (NPI)
 - Indication of what year to suppress data: CY 2013, CY 2014, or both years

Public Data Timeline and Display

- October 8, 2015, was the public display date for 2012 data entered on the web-based tool on QualityNet.
 - April 2016 is the scheduled publication date for all ASC measures.
- The ASC data can be accessed on <https://www.medicare.gov/hospitalcompare/search.html>.

Public Data Display

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

Find a hospital

A field with an asterisk (*) is required.

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

Hospital name (optional)
Full or Partial Hospital Name

Search



Spotlight

- ◆ We've reorganized the data categories. [Learn more.](#)
- ◆ Compare hospital star ratings on the Survey of Patients' Experiences Tab. [Learn more.](#)
- ◆ Get PPS-exempt cancer hospital data.
- ◆ Review hospital survey reports.
- ◆ Check inpatient psychiatric facility data.
- ◆ 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®). Date updated: October 2015.
- ◆ Get Ambulatory Surgical Center Quality (ASCQP) Program Data

Additional information

- ◆ **Hospital Compare data last updated:** October 8, 2015. [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 2015 data and scoring
Data updated Dec. 2014
 - ◆ Fiscal Year 2013 incentive payment adjustments
Data updated Oct. 2014
 - ◆ Hospital Readmissions Reduction Program
Data updated Dec. 2014
 - ◆ Hospital-Acquired Condition

Tools and Tips

- ◆ Learn how Medicare covers inpatient and outpatient hospital services.
- ◆ Use [The Guide to Choosing a Hospital](#) when comparing hospitals.
- ◆ [Get tips for printing hospital information](#)
- ◆ Compare other providers and plans
 - ◆ Visit [Physician Compare](#) to learn what hospitals your physicians and other healthcare professionals are affiliated with.
 - ◆ [Nursing Home Compare](#)
 - ◆ [Home Health Compare](#)
 - ◆ [Dialysis Facility Compare](#)
 - ◆ [Medicare Plan Finder](#)
 - ◆ [Supplier Directory](#)



Data Display Views (1 of 7)

Ambulatory Surgical Center Quality Reporting Program

The Ambulatory Surgical Center Quality Reporting (ASCQR) Program is a quality measure data reporting program implemented by the Centers for Medicare & Medicaid Services for care provided in the ASC setting. The ASCQR Program exists to promote higher quality, more efficient health care for Medicare beneficiaries through data reporting, quality improvement, and measure alignment with other clinical care settings.

The ASCQR Program measures allow consumers to find and compare the quality of care given at ASCs to enable patients to make informed decisions. ASCs that meet program requirements for reporting measure data during a given calendar year (CY) receive their full annual payment update for the upcoming CY; ASCs that do not participate or fail to meet those requirements may receive a two percent reduction of their annual payment update.

The tables that follow contain [facility results](#), [state results](#), and [national results](#). You can also visit data.medicare.gov to [download these datasets in access or csv format](#).

Data for the following measures are displayed in the tables below:


- Safe Surgery Checklist Use (ASC-6)
- ASC Facility Volume Data on Selected ASC Surgical Procedures (ASC-7)

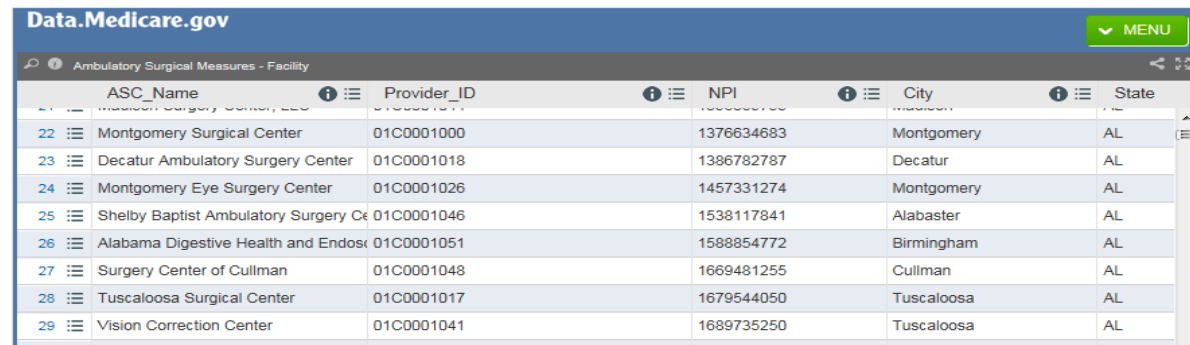
[Click here](#) [External Link icon](#) for more details about these measures and specifications on QualityNet.org [External Link icon](#) (click "Accept" at the bottom of the page to proceed to the Specifications Manuals).

[Click here](#) for details about the selected procedures, including the procedure category, the corresponding Surgical Procedure Codes and short descriptions for ASC-7.

If you are unable to find an ASC's data, this facility has not reported data for these measures.

Ambulatory surgical measure data – by facility

If you would like to sort or filter these data, select the three-line menu icon  for that particular column header.



The screenshot shows a web interface for Data.Medicare.gov. The page title is "Ambulatory Surgical Measures - Facility". The table has columns for ASC Name, Provider_ID, NPI, City, and State. Each column header has a three-line menu icon for sorting or filtering. The table contains 9 rows of data.

	ASC Name	Provider_ID	NPI	City	State
22	Montgomery Surgical Center	01C0001000	1376634683	Montgomery	AL
23	Decatur Ambulatory Surgery Center	01C0001018	1386782787	Decatur	AL
24	Montgomery Eye Surgery Center	01C0001026	1457331274	Montgomery	AL
25	Shelby Baptist Ambulatory Surgery Ce	01C0001046	1538117841	Alabaster	AL
26	Alabama Digestive Health and Endosc	01C0001051	1588854772	Birmingham	AL
27	Surgery Center of Cullman	01C0001048	1669481255	Cullman	AL
28	Tuscaloosa Surgical Center	01C0001017	1679544050	Tuscaloosa	AL
29	Vision Correction Center	01C0001041	1689735250	Tuscaloosa	AL

Data Display Views (2 of 7)

Ambulatory surgical measure data – by facility

If you would like to sort or filter these data, select the three-line menu icon for that particular column header.

Data.Medicare.gov

Ambulatory Surgical Measures - Facility

	Provider_ID	NPI	City	
1	02C0001000	1033395603	Anchorage	
2	02C0001006	1093710717	Anchorage	
3	02C0001001	1205892197	Anchorage	
4	3, LLC	1255652285	Fairbanks	
5	ary Center	1316942048	Anchorage	
6	center	1336448968	Anchorage	
7	02C0001007	1508835299	Anchorage	
8	nstitute, In	1548213077	Anchorage	
9	nter, Inc.	1699875450	Anchorage	
10	LLC	1710207998	Anchorage	
11	ter, LLC	1770605214	Anchorage	
12	01C0001039	1003815242	Dothan	
13	01C0001037	1013924133	Enterprise	
14	, LLC	1215926993	Tuscaloosa	
15	Alabama	1265657258	Huntsville	AL
16	01C0001008	1285690073	Birmingham	AL
17	rgery Cent	1306877261	Gadsden	AL
18	01C0001053	1336375930	Montgomery	AL
19	Center	1346349164	Dothan	AL
20	01C0001035	1356321293	Oxford	AL

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

OData
Access this Dataset via OData

Print
Print this dataset

[Help with file formats & plugs-ins](#)

[About the Socrata Open Data Platform](#)

Data Display Views (3 of 7)

Ambulatory surgical measure data – by facility

If you would like to sort or filter these data, select the three-line menu icon for that particular column header.

Data.Medicare.gov

MENU

Ambulatory Surgical Measures - Facility

	ASC_7_Volume	ASC7_Gastrointestinal	ASC7_
1	917	427	
2	2,932	0	
3	11,322	1,420	
4	950	570	
5	1,621	0	
6	1,424	0	
7	4,371	4,371	
8	1,440	0	
9	108	1	
10	3,582	170	
11	4,254	4,254	
12	18,799	16,037	
13	2,823	302	
14	3,218	3,131	
15	1,922	0	
16	18,077	368	
17	4,206	0	
18	9,457	7,254	
19	12,774	0	
20	9,149	1,285	

Powered by Socrata External Link icon

View more footnote details

Data Display Views (4 of 7)

Medicare.gov | Hospital Compare
The Official U.S. Government Site for Medicare

About Hospital Compare

About the data

⌘ About Hospital Compare data

Measures displayed on Hospital Compare

How measures are selected

Data sources

Current data collection periods

⌘ **Footnotes**

Downloading the data

Timely and effective care measures

Measures of complications, readmissions & deaths

Use of medical imaging

Survey of patients' experiences (HCAHPS)

Payment and value of care

Linking quality to payment

Footnotes

Footnote number	Footnote as displayed on Hospital Compare	Footnote details
1	The number of cases/patients is too few to report.	This footnote is applied: <ul style="list-style-type: none"> When the number of cases/patients doesn't meet the required minimum amount for public reporting; When the number of cases/patients is too small to reliably tell how well a hospital is performing; and/or To protect personal health information.
2	Data submitted were based on a sample of cases/patients.	This footnote indicates that a hospital chose to submit data for a random sample of its cases/patients while following specific rules for how to select the patients.
3	Results are based on a shorter time period than required.	This footnote indicates that the hospital's results were based on data reported from less than the maximum possible time period used to collect data for a measure. View the Hospital Compare data collection periods for more information. This footnote is applied: <ul style="list-style-type: none"> When a hospital elected not to submit data for a measure for one or more, but not all possible quarters; When there was no data to submit for a measure for one or more, but not all possible quarters; and/or When a hospital did not successfully submit data for a measure for one or more, but not all possible quarters.
4	Data suppressed by CMS for one or more quarters.	The results for these measures were excluded for various reasons, like data inaccuracies.

Data Display Views (5 of 7)



5	Results are not available for this reporting period.	This footnote is applied: <ul style="list-style-type: none"> • When a hospital elected not to submit data for the entire reporting period; or • When a hospital had no claims data for a particular measure; or • When a hospital elected to suppress a measure from being publicly reported
6	Fewer than 100 patients completed the HCAHPS survey. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.	This footnote is applied when the number of completed surveys the hospital or its vendor provided to CMS is less than 100.
7	No cases met the criteria for this measure.	This footnote is applied when a hospital didn't have any cases meet the inclusion criteria for a measure.
8	The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.	
9	No data are available from the state/territory for this reporting period.	This footnote is applied when: <ul style="list-style-type: none"> • Too few hospitals in a state/territory had data available, or • No data was reported for this state/territory.

Data Display Views (6 of 7)

Ambulatory surgical measure data – by state

The average and median are calculated based on those ASCs that perform a set of services, i.e. the volume for the service category is not zero.

If you would like to sort or filter these data, select the three-line menu icon for that particular column header.

Data.Medicare.gov ▼ MENU

Ambulatory Surgical Measures - State

	State	ASC6_Measure_State	Avg_ASC7_Gastrointestinal_state	Avg_ASC7_Eye_state	Avg_ASC7_Nervous_System_state	Avg_ASC7_Other_state
1	AK	1	1,601.86	449.8	1,247.57	
2	AL	1	3,516.92	2,118	2,894.05	
3	AR	1	3,357	1,363.35	1,294.64	
4	AZ	0.9462	3,262.52	1,435.65	3,022.93	
5	CA	0.9938	2,477.11	1,116.56	1,558.01	
6	CO	0.988	2,698.57	1,237.02	1,796.89	
7	CT	1	4,771.91	2,243.45	1,584.63	
8	DC	1	4,544			
9	DE	1	2,911.69	1,271.82	1,954.62	
10	FL	0.9947	3,784.29	1,716.09	1,714.35	
11	GA	0.9959	3,265.79	1,550.82	1,842.63	
12	GU	1	747	632	11	
13	HI	1	3,081.78	1,358.25	557	
14	IA	1	2,951.73	1,436.54	632.2	
15	ID	0.9737	1,945.24	1,051.07	1,396.6	
16	IL	1	2,200.3	1,323.41	1,053.46	
17	IN	1	2,166.74	1,497.52	1,062.41	
18	KS	1	1,839.58	1,299.84	771.3	
19	KY	0.963	4,345.8	1,874.89	2,390.4	
20	LA	0.9857	3,533.03	1,335.85	2,278	


Data Display Views (7 of 7)

Ambulatory surgical measure data – national

The average and median are calculated based on those ASCs that perform a set of services, i.e. the volume for the service category is not zero. If you would like to sort or filter these data, select the three-line menu icon for that particular column header.

Data.Medicare.gov ▼ MENU

Ambulatory Surgical Measures - National

	ASC6_Measure_Nat	Avg_ASC7_Gastrointestinal_nat	Avg_ASC7_Eye_nat	Avg_ASC7_Nervous_System_nat	Avg_ASC7_Musculoskeletal_nat
1 	0.9893	3,451.39	1,537.07	1,601.39	77

Horizontal scrollbar: |||

Powered by Socrata [External Link icon](#)

[View more footnote details](#)

Reconsideration Process

- A reconsideration process is available to ASCs that did not receive their full APU.
 - Lists of ASCs meeting and not meeting requirements for full APU will be posted on QualityNet.
- The instructions and forms are available on the [QualityNet](#) website.
 - The reconsideration form must be received by the first business day on or after March 17 of the affected payment year.

How to Withdraw

- To withdraw from participating in the ASCQR Program, an ASC must complete the ASCQR Withdrawal of Participation Form.
- A 2.0 percentage point reduction will occur.
- This form is located on www.qualitynet.org.
- It can be either faxed or mailed to the ASCQR Program Support Contractor.
- Address: 3000 Bayport Drive, Ste. 300, Tampa, FL, 33607
- Secure fax: 877.789.4443

Conclusion

- The 2015-2016 flu season is open for reporting. The season is October 1, 2015 through March 31, 2016.
- October 8, 2015 – Data made available for public viewing
- November 16, 2015 – Deadline to submit request for data suppression
- January 2016 Preview Reports (date TBD)
- April 2016 data refresh will be available for public viewing (date TBD)

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
 - California Board of Registered Nursing (Provider #16578) nationally approved CEs
 - 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 that block our certificates.

CE Certificate Problems?

- If you do not immediately receive a response to the email account you used in the Learning Management Center, a firewall is blocking the link contained in the email response.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails are not blocked by 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

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 registration form for the HSAG Learning Management Center. The page title is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The form includes fields for "First Name", "Last Name", "Email", and "Phone". A "Register" button is located below the form fields. The HSAG logo is in the top left, and a security warning is in the top right.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

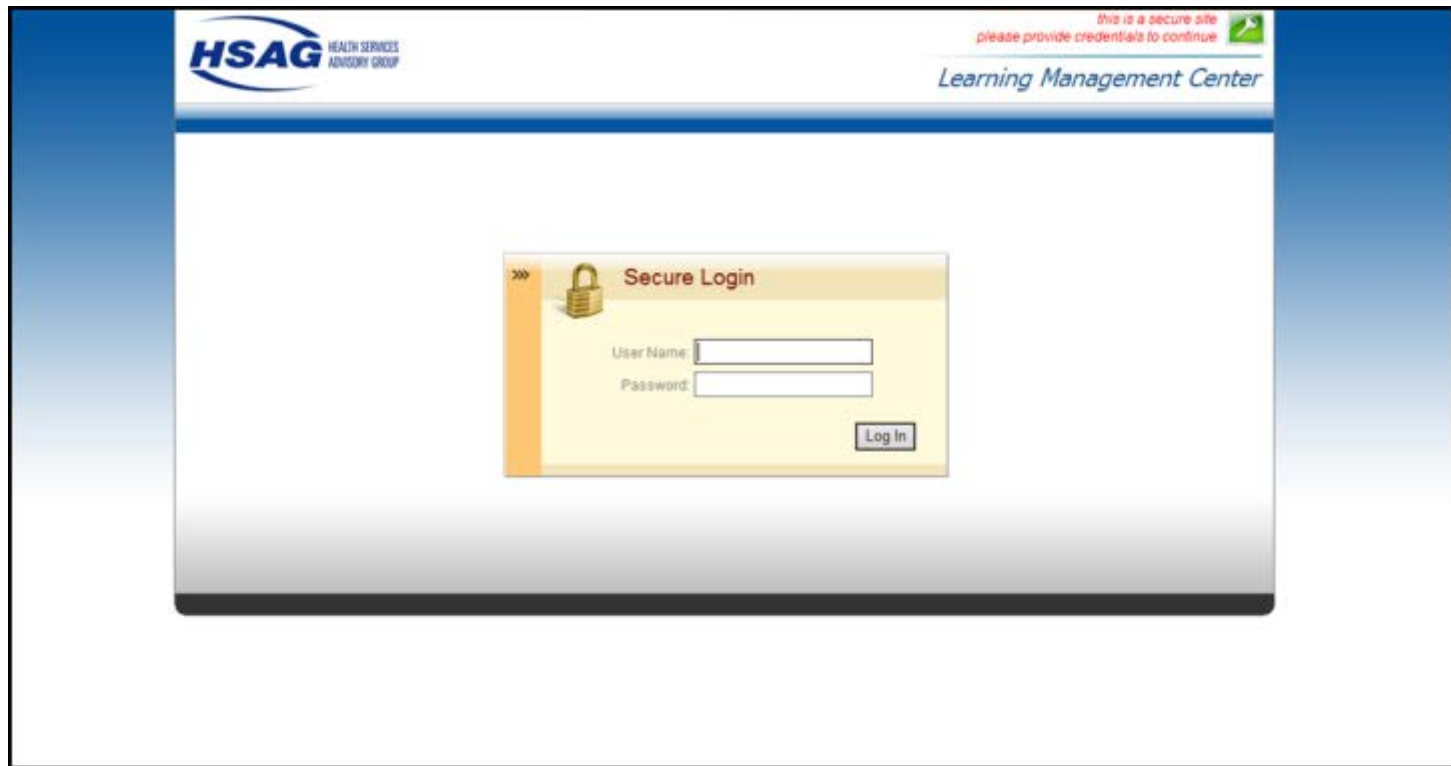
Learning Management Center

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, the HSAG logo is accompanied by the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a security notice reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this, the text "Learning Management Center" is displayed. The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name" and "Password", followed by a "Log In" button.

Thank You for Participating!

Please contact the ASCQR Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org

Or

- Call the ASCQR Support Contractor at 866.800.8756.