

# Welcome!

- Presentation slides can be downloaded from [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com) under Upcoming Events on the right-hand side of the page.
- Audio for this event is available via ReadyTalk® Internet streaming. No telephone line is required.
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- This event is being recorded.



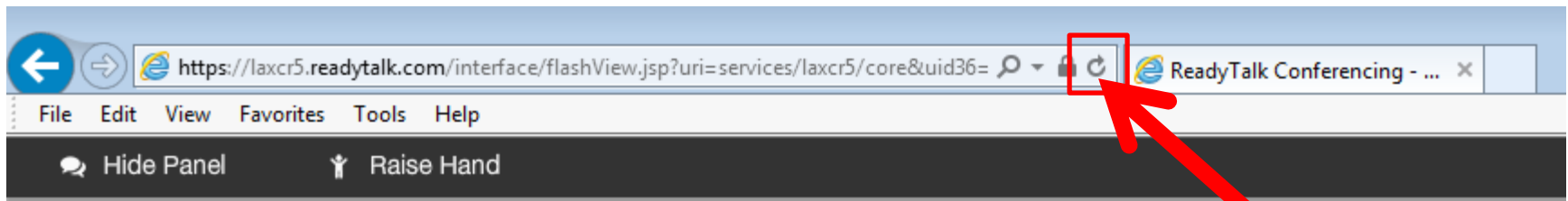
# Troubleshooting Audio

Audio from computer speakers breaking up?  
Audio suddenly stops?

- Click **Refresh** icon  
or
- Click F5



F5 Key  
Top row of keyboard

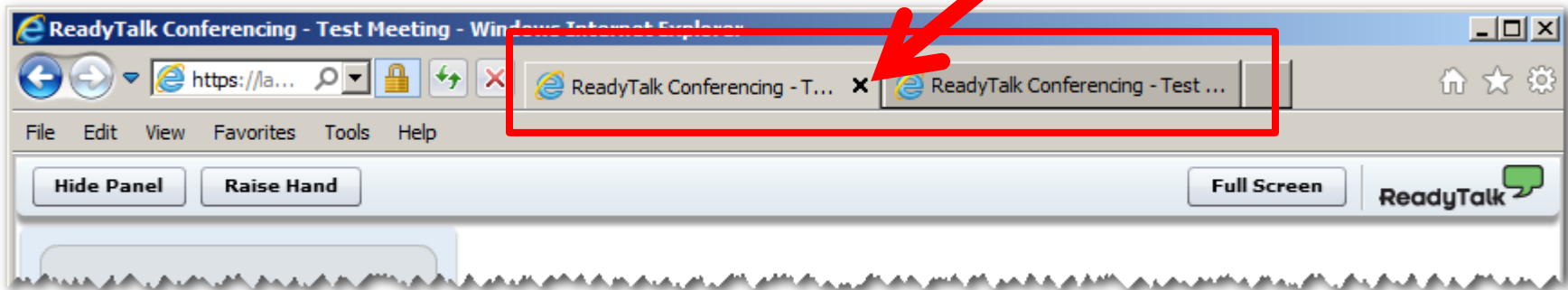


Location of buttons

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 up.



Example of two browsers/tabs open in same event

# Submitting Questions

Type questions in the “Chat with Presenter” section located on the bottom-left corner of your screen.



A screenshot of a web browser window. The browser's address bar shows "Full Screen" and "Ready to go". The main content area features the CMS logo (Centers for Medicare &amp; Medicaid Services) at the top. Below the logo, the text "Welcome to Today's Event" is displayed in a large, bold, blue font. A horizontal yellow line separates this from the bottom section, which contains the text "Thank you for joining us today! Our event will start shortly." in a smaller, italicized blue font. On the left side of the browser window, there is a vertical chat window titled "Chat with Presenter". At the bottom of this chat window, there is a text input field with the placeholder "Type questions here." and a "Send" button. A yellow arrow from the text on the left points to this input field.



# **CY 2018 OPPS/ASC Proposed Rule: Ambulatory Surgical Center Quality Reporting (ASCQR) Program**

**Anita Bhatia, PhD, MPH**

***Program Lead, ASCQR Program***

***Centers for Medicare & Medicaid Services (CMS)***

**August 3, 2017**

# Learning Objectives

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

- ✓ Locate the Calendar Year (CY) 2018 OPPS/ASC Proposed Rule in the *Federal Register*
- ✓ Identify the changes to the ASCQR Program in the CY 2018 OPPS/ASC Proposed Rule
- ✓ Submit comments to CMS regarding the CY 2018 OPPS/ASC Proposed Rule

# Question and Answer Limitations

- During the course of this webinar, CMS:
  - Can only address procedural questions and comment submissions.
  - Cannot address ANY rule-related questions.
- Your understanding of these constraints is appreciated.
- CMS looks forward to your formal comments on the Proposed Rule.

Proposed Rule CY 2018

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# ***Locating the Rule***



# Federal Register Link


- <https://www.gpo.gov/fdsys/pkg/FR-2017-07-20/pdf/2017-14883.pdf>
- The ASCQR Program section begins on p. 33685 of the *Federal Register*

# Accessing the Federal Register

[www.federalregister.gov](http://www.federalregister.gov)

The screenshot shows the Federal Register website with a navigation bar at the top containing 'Sections', 'Browse', 'Search', 'Reader Aids', and 'My FR'. A search box on the right contains the text '82FR33685'. Below the navigation bar is the Federal Register logo and the text 'FEDERAL REGISTER The Daily Journal of the United States Government'. A blue bar indicates the date 'Thursday, July 20th'. The main content area is divided into three sections: 'Current Issue' (95 documents from 36 agencies, 335 Pages), 'Public Inspection' (Special Filing and Regular Filing), and a search bar for 'Search All Federal Register Documents Since 1994' with a search input field and a 'Find' button.

Sections Browse Search Reader Aids My FR 82FR33685

 **FEDERAL REGISTER**  
The Daily Journal of the United States Government

Thursday, July 20th

**Current Issue** 95 documents from 36 agencies (335 Pages)  
79 Notices 2 Presidential Documents 6 Proposed Rules 8 Rules 3 Significant Documents

**Public Inspection**

**Special Filing**  
*updated on 11:15 AM, on Tuesday, July 18, 2017*  
2 documents from 2 agencies  
1 Proposed Rule 1 Rule

**Regular Filing**  
*updated on 08:45 AM, on Thursday, July 20, 2017*  
113 documents from 43 agencies  
81 Notices 11 Proposed Rules  
21 Rules

**Search All Federal Register Documents Since 1994**

Find Search term or citation 755,251 documents

# Finding the Right Page

The screenshot shows the Federal Register website interface. At the top, there are navigation tabs for Sections, Browse, Search, Reader Aids, and My FR. A search bar labeled 'Search Documents' is on the right. The main header features the Federal Register logo and the text 'FEDERAL REGISTER The Daily Journal of the United States Government'. A 'Document Search' button is visible on the right. Below the header, there are tabs for 'Documents' and 'Public Inspection'. A search input field contains '82FR33685' and shows '0 documents'. There are links for 'Show Advanced Search' and 'Learn More'. A message states: 'It looks like you were searching for the citation 82FR33685 . We've found the following document on page 33558 of volume 82. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs'. Below this, there is a summary of the proposed rule and its effective date.

Sections Browse Search Reader Aids My FR Search Documents

0 Sign in Sign up

 **FEDERAL REGISTER**  
The Daily Journal of the United States Government

Document Search

Documents Public Inspection 0

Find 82FR33685 0 documents Subscribe ^

Show Advanced Search Learn More Other Formats: CSV/Excel, JSON v

It looks like you were searching for the citation **82FR33685** .

We've found the following document on page 33558 of volume 82.  
Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs

This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2018 to implement changes...

A Proposed Rule by the Centers for Medicare & Medicaid Services on 07/20/2017  
Pages 33558-33724 (167 pages)

# Finding the Right Section

X Find: 33685 Previous Next Options 1 match

Sections Browse Search Reader Aids My FR Search Documents

0 Sign in Sign up



**FEDERAL REGISTER**  
The Daily Journal of the United States Government

Proposed Rule

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs

A Proposed Rule by the [Centers for Medicare & Medicaid Services](#) on 07/20/2017

Comments on this document are being accepted at [Regulations.gov](#).

**SUBMIT A FORMAL COMMENT**

**PUBLISHED DOCUMENT**

**AGENCY:**  
Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:**  
Proposed rule.

**SUMMARY:**  
This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC)

**DOCUMENT DETAILS**

**Printed version:**  
[PDF](#)

**Publication Date:**  
07/20/2017

**Agencies:**  
[Centers for Medicare & Medicaid Services](#)

**Dates:**  
Comment period: To be assured consideration, comments on this

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# ***Accounting for Social Risk Factors***

# Social Risk Factors

CMS review of information:

- Considerations for strategies to account for social risk factors
- NQF to undertake a two-year trial period to assess whether risk adjustment for social factors is appropriate

# What Do You Think?

Seeking public comment on:

- Whether CMS should account for social risk factors in the ASCQR Program
  - If so, what methods would be most appropriate?
- Which social risk factors might be most appropriate for reporting stratified measure scores and/or potential risk adjustment

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# ***Measures to Be Removed***



# Removing Measures

Two statistical criteria for determining when a measure is “topped out”:

- 1) When there is statistically indistinguishable performance at the 75th and 90th percentiles of national performance
- 2) When the measures' truncated coefficient of variation is less than or equal to 0.10

# Measures Proposed for Removal

Three measures for the **CY 2019** Payment Determination:

- ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing
- ASC-6: Safe Surgery Checklist Use
- ASC-7: ASC Facility Volume Data on Selected Procedures

# ASC-5

This measure assesses whether intravenous antibiotics given for prevention of surgical site infection were administered on time.

- Based on measure data for CY 2014 through 2016 encounters, ASC performance is unvarying, and further improvement cannot be made.
- National Quality Forum (NQF) endorsement was removed because this measure was topped out.

# ASC-5: Data

Encounters	Number of ASCs	75th Percentile	90th Percentile	Truncated COV
CY 2014	2,206	100.000	100.000	0.02633
CY 2015	2,196	100.000	100.000	0.03289
CY 2016	2,158	100.000	100.000	0.02619

# ASC-6

This measure of facility process assesses whether an ASC employed a safe surgery checklist.

- Based on analysis of measure data for CY 2014 through 2016 encounters, the measure meets the criterion for removal due to high and unvarying performance.
  - Traditional criteria for topped out measures are not applicable due to the “Yes” or “No” answer to the question.

# ASC-6: Data

Encounters	Number of ASCs	Rate	75th Percentile	90th Percentile	Truncated COV
CY 2012	4,356	0.989	100.000	100.000	0.106
CY 2013	*	*	*	*	*
CY 2014	4,328	0.997	100.000	100.000	0.050
CY 2015	4,305	0.998	100.000	100.000	0.043

\*No data were collected for CY 2013.

# ASC-5 and ASC-6: Reasons

Reasons for removal:

- Measure performance is high and unvarying
- Meaningful distinctions and improvements in performance can no longer be made
- Reduces administrative burden of retaining the measures.

# ASC-7

This measure collects surgical procedure volume data on six categories of procedures frequently performed in the ASC setting.

- CMS has adopted, and intends to continue to adopt, more measures assessing ASCs' performance on specific procedure types.



# ASC-7: Reasons

Reasons for removal:

- Other measures are more strongly associated with patient outcomes.
- Removal of this measure will alleviate maintenance costs and administrative burden.

# Measure Removal

Benefits to removing these measures:

- Little room for improvement
- Would alleviate maintenance costs and administrative burden of retaining measures
- Burdens outweigh benefits of keeping measures in the program

Proposal to Delay

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# ***Changes to Existing Measures***

# Survey Measures

Outpatient and Ambulatory Surgery  
Consumer Assessment of Healthcare  
Providers and Systems (OAS CAHPS)  
survey-based measures

- Propose to delay OAS CAHPS survey measures
  - Implementation date will be determined in future rulemaking.

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# ***New Measures***

ASC-16

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# ***Measure Entered into a CMS Web-Based Tool***

# ASC-16

## ASC-16: Toxic Anterior Segment Syndrome (TASS):

- Complication of anterior segment eye surgery developing within 24 hours after surgery
- Assesses the number of patients diagnosed with TASS within two days

# Why TASS?

- Measurement and public reporting have the potential to drive preventative efforts.
- This surgery is commonly performed at ASCs.
- Reporting would promote improvement over time.
- The measure would address the Measure Applications Partnership (MAP)-identified priority measure area of procedure complications.



# ASC-16: Calculation

- The number of ophthalmic anterior segment surgery patients diagnosed with TASS within two days of surgery
  - Includes all patients, regardless of age, undergoing anterior segment surgery at an ASC
- **Numerator:** All anterior segment surgery patients diagnosed with TASS within two days of surgery
- **Denominator:** All anterior segment surgery patients

# ASC-16: Submission

- Proposed for the **CY 2021** Payment Determination and subsequent years
- Data will be submitted via a CMS online data submission tool.
- Submission of these data to CMS would be January 1 to May 15 in the year prior to the affected payment determination year

ASC-17 and ASC-18

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# ***Claims-Based Measures***

# ASC-17

## ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures

- Proposed for the **CY 2022** Payment Determination and subsequent years.
- The measure outcome is all-cause, unplanned hospital visits within seven days of an orthopedic procedure performed at an ASC.
- Hospital visits include ED visits, observation stays, and unplanned inpatient admissions.

# Why ASC-17?

- The number of orthopedic procedures has increased.
- Reporting will incentivize ASCs to improve care.
- Complications are preventable such as: infection, post-operative bleeding, urinary retention, nausea and vomiting, and pain.
- Tracking and reporting events would facilitate efforts to lower adverse events.

# ASC-17: Inclusions

- Claims-based using Part A and Part B Medicare administrative claims and Medicare enrollment data
- Includes all Medicare beneficiaries ages 65 and older undergoing outpatient orthopedic surgery at an ASC who have 12 prior months of Fee-for-Service (FFS) Parts A and B Medicare enrollment

# ASC-17: Exclusions

- Excludes patients who survived at least seven days following orthopedic surgery at an ASC but not continuously enrolled in Medicare FFS Parts A and B in the seven days after surgery

# ASC-18

## ASC-18: Hospital Visits after Urology Ambulatory Surgical Center Procedures

- Proposed for the **CY 2022** Payment Determination and subsequent years.
- The measure outcome is all-cause, unplanned hospital visits occurring within seven days of a urology procedure performed at an ASC.



# Why ASC-18?

- The number of urology procedures in ASCs is increasing.
- Many reasons for hospital visits are preventable. Some complications are urinary tract infection, calculus of the ureter, urinary retention, hematuria, and septicemia.
- Tracking and reporting events incentivizes improvement of care.
- The measure addresses the CMS National Quality Strategy of making care safer.

# ASC-18: Inclusions

- Includes all Medicare beneficiaries ages 65 and older undergoing outpatient urology procedures at an ASC who have 12 prior months of FFS Parts A and B Medicare enrollment
- Target procedures are routinely performed, involve increased risk, and are performed by urologists

# ASC-18: Exclusions

- Excludes patients who survived at least seven days following a urology procedure at an ASC, but were not continuously enrolled in Medicare FFS Parts A and B in the seven days after surgery

# Public Reporting

Prior to public reporting of data for ASC-17 and ASC-18:

- There will be a dry run which will utilize the most current two-year set of complete claims available.
- The dry run will generate confidential reports for ASCs.

Proposed Rule CY 2018

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# ***Measures and Topics for Future Consideration***

# Breast SSI

## Ambulatory Breast Procedure Surgical Site Infection (SSI) Outcome Measure

- Represent a substantial proportion of SSIs in the inpatient setting
- Have one of the highest infection risks in the outpatient setting
- Trend in surgery to outpatient and the ASC setting

# Why SSI?

- Assesses outcome of all SSIs following breast procedures conducted at an ASC among adult patients
- Compares the reported number of SSIs observed with a predicted value based on nationally aggregated data

# Numerator and Denominator

- **Numerator:** All SSIs during the 30-day and 90-day postoperative periods following breast procedures in ASCs
- **Denominator:** All adult patients (defined as patients ages 18 to 108 years) undergoing breast procedures, as specified by the operative codes that comprise the breast procedure category of the National Healthcare Safety Network (NHSN) Patient Safety Component Protocol at an ASC



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# ***Requirements for Data Submission***

# Data Submission

CMS is proposing to allow ASCs an alternate method of submission.

- Expand the CMS online tool to allow for batch submission of measure data.
  - Data would be submitted electronically for ASC agents via assigned *QualityNet* accounts.

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# ***Extraordinary Circumstances Extensions Or Exemptions (ECEs)***

# Areas of Variance

Five areas of variance In ECEs among CMS programs:

- Allowing the facilities to submit a form signed by CEO versus CEO or designee
- Requiring the form to be submitted at varying days following the event
- Inconsistency in timelines to provide a formal response
- Variances in CMS authority to grant ECEs due to CMS system issues
- Inconsistencies in verbiage

# ECE Change

- Change in terminology **from** “Extraordinary Circumstances Extensions or Exemptions” **to** “Extraordinary Circumstances Exceptions”
  - CMS will strive to complete the review of each request within 90 days of receipt.

Proposed Rule CY 2018

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# ***Measures Moving Forward***

# ASCQR Measure Set as Proposed

Measure	CY 2022 and Subsequent Payment Determinations
ASC-1: Patient Burn	Yes
ASC-2: Patient Fall	Yes
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Yes
ASC-4: All-Cause Hospital Transfer/Admission	Yes
ASC-5: Prophylactic Intravenous Antibiotic Timing	Proposed Removal CY 2019
ASC-6: Safe Surgery Checklist Use	Proposed Removal CY 2019
ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures	Proposed Removal CY 2019
ASC-8: Influenza Vaccination Coverage among Healthcare Personnel	Yes

# ASCQR Measure Set as Proposed (cont.)

Measure	CY 2022 and Subsequent Payment Determinations
ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Yes
ASC-10: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	Yes
ASC-11: Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery	Yes
ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Yes
ASC-13: Normothermia Outcome	Yes
ASC-14: Unplanned Anterior Vitrectomy	Yes



# ASCQR Measure Set as Proposed (cont.)

Measure	CY 2022 and Subsequent Payment Determinations
ASC-15a: OAS CAHPS – About Facilities and Staff	Proposed Delay CY 2020
ASC-15b: OAS CAHPS – Communication About Procedure	Proposed Delay CY 2020
ASC-15c: OAS CAHPS – Preparation for Discharge and Recovery	Proposed Delay CY 2020
ASC-15d: OAS CAHPS – Overall Rating of Facility	Proposed Delay CY 2020
ASC-15e: OAS CAHPS – Recommendation of Facility	Proposed Delay CY 2020
ASC-16: Toxic Anterior Segment Syndrome	Proposed Beginning CY 2021
ASC-17: Hospital Visits After Orthopedic Ambulatory Surgery Center Procedures	Proposed Beginning CY 2022
ASC-18: Hospital Visits After Urology Ambulatory Surgery Center Procedures	Proposed Beginning CY 2022

Proposed Rule CY 2018

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# ***Commenting***

# Submitting Comments

- Comments must be received no later than 5 p.m. ET on September 11, 2017, if delivered by regular mail, express or overnight mail, or by hand or courier.
- Comments submitted electronically will be accepted until 11:59 p.m. ET.
- CMS encourages submission of electronic comments to [www.regulations.gov](http://www.regulations.gov).
- Responses to comments will be in the Final Rule, to be issued November 2017.

# Submitting Comments

The screenshot shows the homepage of regulations.gov. At the top, there is a navigation bar with links for Home, Help, Resources, and Contact Us. Below this is a search bar with a magnifying glass icon and the text "Search". To the right of the search bar are buttons for "Browse" and "Learn". The main heading reads "Make a difference. Submit your comments and let your voice be heard." Below this is a search box with the text "SEARCH for: Rules, Comments, Adjudications or Supporting Documents:". The search box contains the text "CMS" and a "Search" button. A red box highlights the search box and the "Search" button. Below the search box are three columns of content: "What's Trending", "Comments Due Soon", and "Newly Posted". The "What's Trending" section lists several items with their closing dates. The "Comments Due Soon" section lists items with their due dates. The "Newly Posted" section lists items with their posting dates. On the right side of the page, there are links for "FAA Section 333", "APIs for Developers", "Browse by Category", and "DOS Regulations Twitter Page".

1. Enter *CMS* in the [Search for] box.
2. Select the [Search] button.

# Submitting Comments (cont.)

3. Filter: Comment Period = Open; Document Type = Proposed Rule
4. Scroll: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; etc.
5. Select: [Comment Now] button

The screenshot shows the regulations.gov website interface. At the top, there is a navigation bar with links for Home, Help, Resources, and Contact Us. A search bar contains the text 'CMS' and an 'Advanced Search' button. Below the search bar, it indicates '6 results for "CMS"'. On the left side, there is a 'Filter Results By...' section with two main categories: 'Comment Period' and 'Document Type'. Under 'Comment Period', the 'Open' checkbox is checked, and 'Closed (1,074)' is listed. Under 'Document Type', the 'Proposed Rule' checkbox is checked, and other options like 'Notice (29)', 'Rule (0)', 'Supporting & Related Material (0)', 'Other (1)', and 'Public Submission (400)' are listed. The main content area shows two search results. The first result is titled 'Medicare Program: End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury, and End-Stage Renal Disease Quality Incentive Program CMS-1674-P'. It includes a 'Comment Now!' button, a due date of 'Aug 28, 2017 11:59 PM ET', and an 'Open Docket Folder' button. The second result is titled 'CY 2018 Hospital Outpatient PPS Policy Changes and Payment Rates and Ambulatory Surgical Center Payment System Policy Changes and Payment Rates CMS-1678-P'. It also includes a 'Comment Now!' button, a due date of 'Sep 11, 2017 11:59 PM ET', and an 'Open Docket Folder' button. Both results show they are 'Proposed Rule by CMS' with their respective IDs and dates.

# Comment on Proposed Rule: Step 1

The system will guide you through a three-step comment process.

**Step 1.** Enter your comment and contact information.

- a. Required fields have (Required) next to the field name.
- b. Comments can be up to 5,000 characters.

**You are commenting on:**

The **Centers for Medicare Medicaid Services (CMS)** Proposed Rule: **CY 2018 Hospital Outpatient PPS Policy Changes and Payment Rates and Ambulatory Surgical Center Payment System Policy Changes and Payment Rates CMS-1678-P**  
For related information, [Open Docket Folder](#)

**1 Your Information** **2 Your Preview** **3 Your Receipt**

Information entered will be viewable on Regulations.gov [View Commenter's Checklist \(PDF\)](#)


**Comment** (Required)

a.

b.

5000 characters remaining


# Comment on Proposed Rule: Step 1 (cont.)


Upload file(s) (Optional)  **c.** Choose files

Drop files here **d.**

First Name  Last Name

Contact Information

City  State or Province (Required)  Select a State... ZIP/Postal Code (Required)

Country (Required)  United States

Email Address

I am submitting on behalf of a third party

Organization Name (Required)  **e.**

**f.**

- c. You can upload a file if you wish.
- d. Enter your contact information.
- e. If submitting a comment on behalf of a third party, enter the organization's name.
- f. When finished entering your comment and contact information, select the [Continue] button.

# Comment on Proposed Rule: Step 2

**Step 2. Your Preview:** Shows how your comment\* and information\*\* will appear on *regulations.gov*.

\*Your Comment, files you uploaded, Country, and State or Province **will appear** on Regulations.gov.

\*\*Your Name, ZIP/Postal Code, and Organization Name **will not appear** on Regulations.gov.

- a. Select the [Edit] button to edit your comment and contact information.
- b. When finished previewing, check the box to acknowledge that you have read and understand the provisions of commenting.
- c. If all information is correct, select the [Submit Comment] button.

You are filing a document into an official docket. Any personal information included in your comment and/or uploaded attachment(s) may be publicly viewable on the web.

**b.**  I read and understand the statement above.

**a.**

**c.**



# Comment on Proposed Rule: Step 3

## Step 3. Your Receipt:

Your comment is assigned a tracking number. Take a screenshot of this page or save your tracking number. You can use your tracking number to learn the status of your comment.

**📢 Your comment was submitted successfully!**

The Centers for Medicare Medicaid Services (CMS) Proposed Rule: [CY 2018 Hospital Outpatient PPS Policy Changes and Payment Rates and Ambulatory Surgical Center Payment System Policy Changes and Payment Rates CMS-1678-P](#)  
For related information, [Open Docket Folder](#)

**3 Your Receipt**      1 Your Information   2 Your Preview   3 Your Receipt

Your Comment Tracking Number **xxX-yyYy-1234**

*Your comment may be viewable on Regulations.gov once the agency has reviewed it. This process is dependent on agency public submission policies/procedures and processing times. Use your tracking number to find out the status of your comment.*

Email Address  **Email Receipt** ⓘ

# References

- Proposed Rule:

<https://www.gpo.gov/fdsys/pkg/FR-2017-07-20/pdf/2017-14883.pdf>

- Comment Site:

<https://www.regulations.gov/comment?D=CMS-2017-0091-0001>

# 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 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 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 Deb Price at [dprice@hsag.com](mailto:dprice@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:**

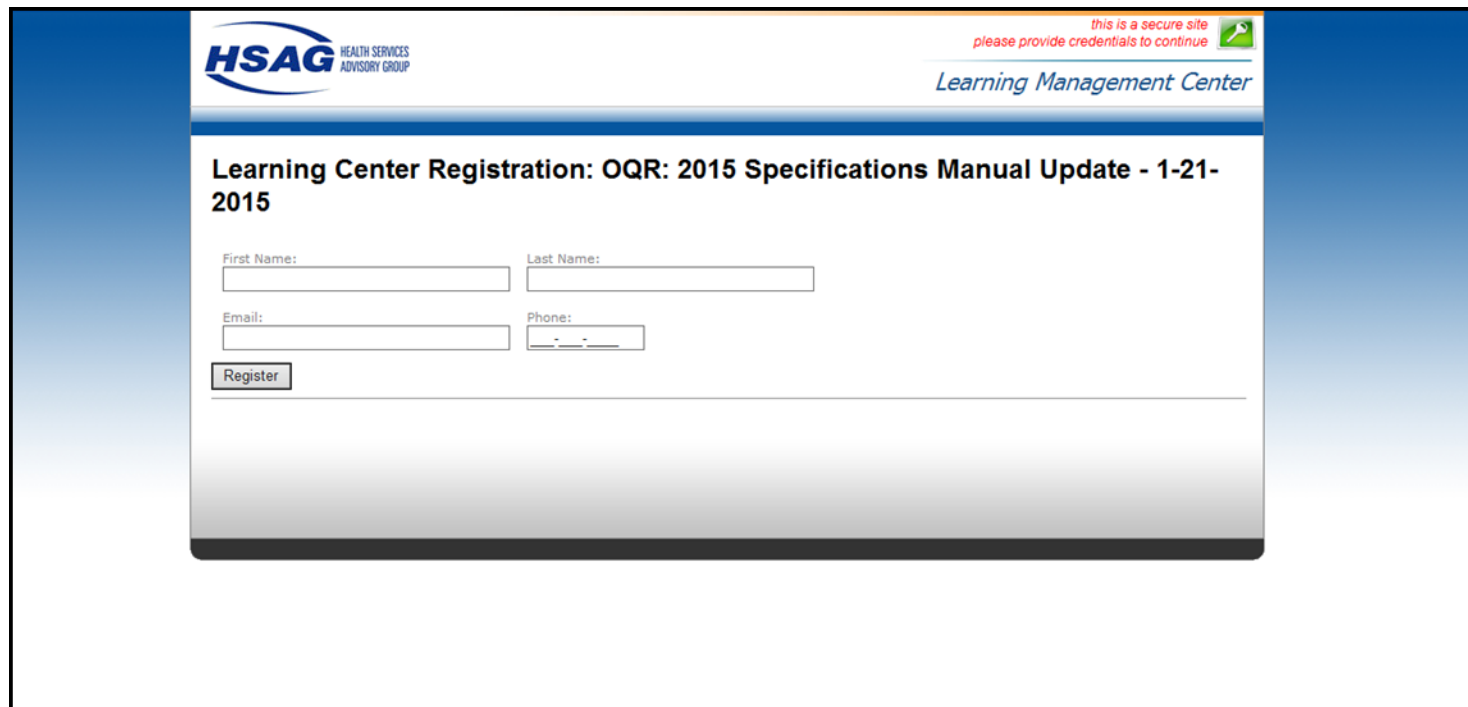
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**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 page for the HSAG Learning Management Center. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, there is a security notice: "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". Below the heading are 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.

**HSAG** HEALTH SERVICES ADVISORY GROUP

this is a secure site  
please provide credentials to continue

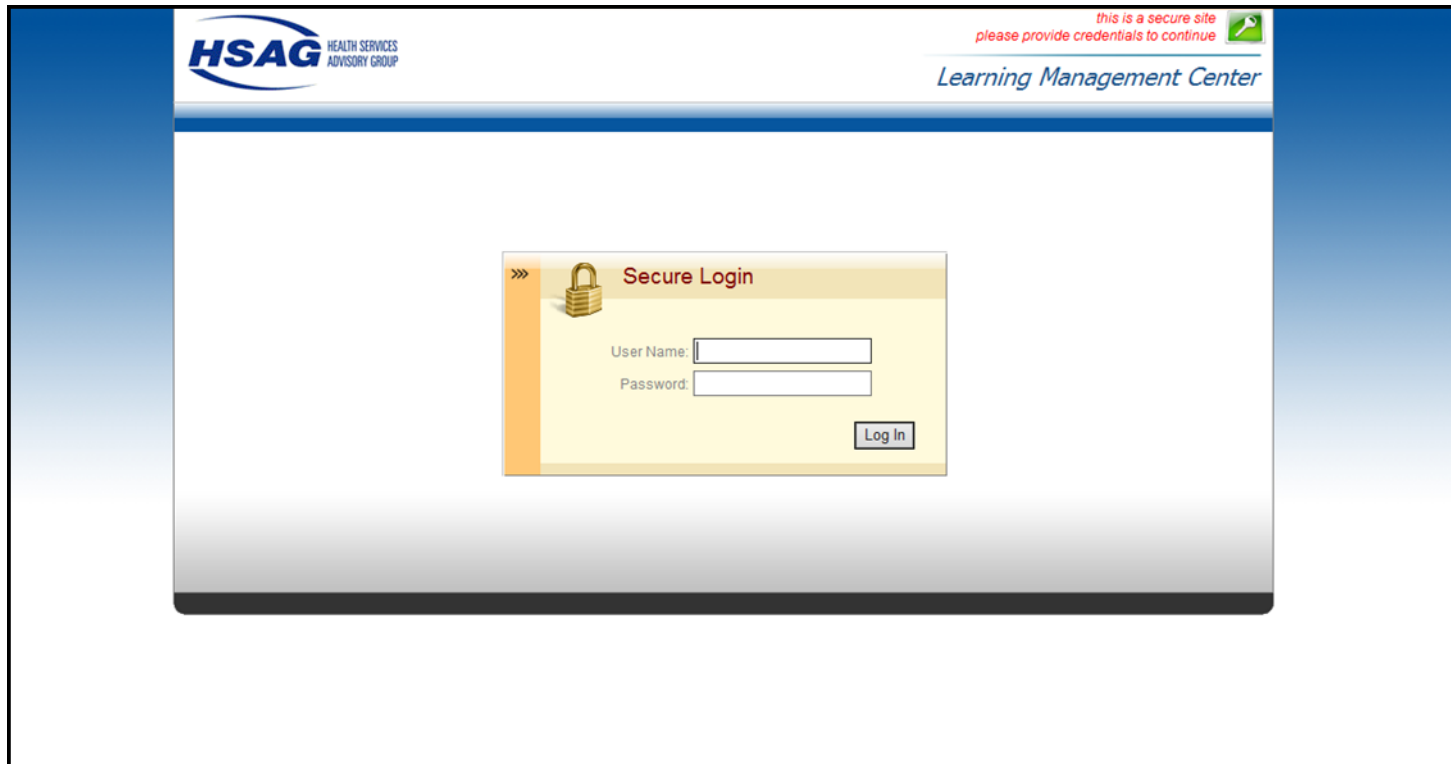
Learning Management Center

**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 with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". 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:". A "Log In" button is positioned at the bottom right of the login box.

**HSAG** HEALTH SERVICES ADVISORY GROUP

this is a secure site  
please provide credentials to continue

Learning Management Center

»» **Secure Login**

User Name:

Password:

Log In

# Thank You for Participating!

Please contact the Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at [www.qualitynet.org](http://www.qualitynet.org)

*Or*

- Call the Support Contractor at 866.800.8756.