# Welcome!

- Presentation slides can be downloaded from <u>www.qualityreportingcenter.com</u> under Upcoming Events on the right-hand side of the page.
- Audio for this event is available via ReadyTalk<sup>®</sup> 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 a dial-in line is needed.
- This event is being recorded.

ReadyTalk

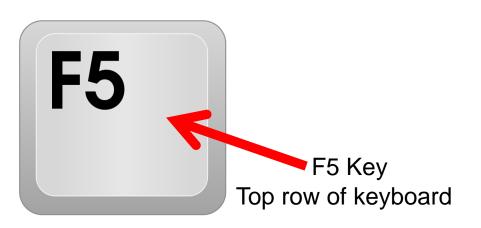
# **Troubleshooting Audio**

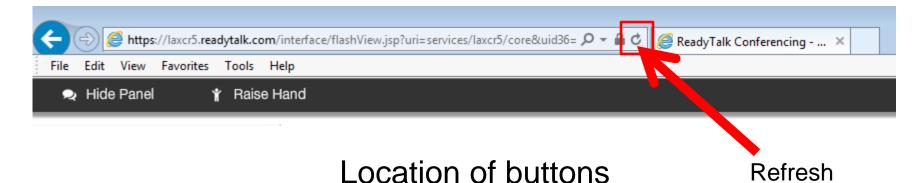
Audio from computer speakers breaking up? Audio suddenly stops?

Click Refresh icon

or

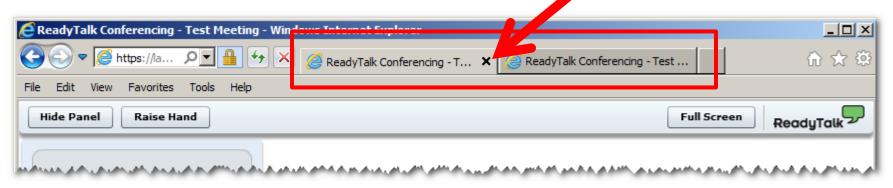
Click F5





# **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 bottomleft corner of your screen.





#### Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting



#### **Dianne Glymph, MLIS**

Project Coordinator Ambulatory Surgical Center Quality Reporting (ASCQR) Program Support Contractor

March 28, 2018

#### Announcements

May 15, 2018: Measures submitted via a web-based tool are due to QualityNet and the National Healthcare Safety Network (NHSN).

Please keep your QualityNet and NHSN passwords current by logging in every 90 days. Ensure at least two people have active access to both platforms.

Sign up for the ListServe on QualityNet.org.

# **NHSN Consent Forms**

- Facility Administrators and Primary Contacts must review and sign updated form
- Form available now
- Must sign electronically by April 14, 2018
- May lose access to NHSN if not signed
- NHSN guidance document available at <u>https://www.cdc.gov/nhsn/pdfs/gen-</u> <u>support/ReconsentStepsforUsers-508.pdf</u>

## Save the Date

- Upcoming ASCQR Program educational webinar
  - April 25, 2018: Discussing tools and resources available to assist you with successful reporting
- Notifications of additional educational webinars will be sent via ListServe

# Learning Objectives

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

- State the submission deadlines for the ASCQR Program.
- Summarize the data submission process.
- Identify at least two ways to check data submission efforts.
- Recognize staffing issues that may interfere with reporting for the program.

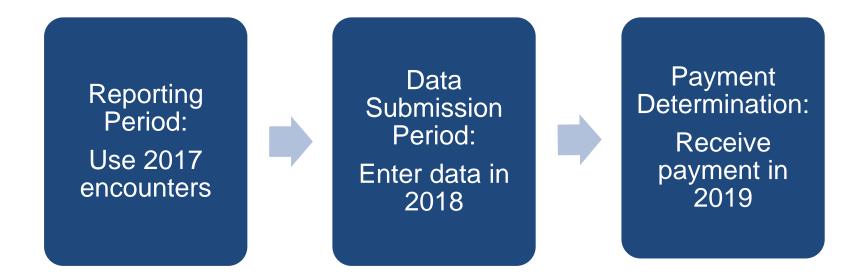


#### When and What to Submit



# **Current Submission**

Reporting requirements for a given calendar year (CY) affect your ASC's payment for the upcoming CY.



## **CY 2019 Payment Determination Year**

#### **Claims-Based Measures**

Measure	Submitted via Claims for Services Furnished
ASC-1: Patient Burn	01/01/17–12/31/17
ASC-2: Patient Fall	01/01/17–12/31/17
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	01/01/17–12/31/17
ASC-4: All-Cause Hospital Transfer/Admission	01/01/17–12/31/17
ASC-12: Facility 7-Day Risk- Standardized Hospital Visit Rate after Outpatient Colonoscopy (Outcome claims-based)	01/01/17–12/31/17 (Calculated from administrative claims)

# **CY 2019 Payment Determination Year**

#### Web-Based Measures

Measure	<b>Collection Period</b>	Submission Period
ASC-8: Influenza Vaccination among Healthcare Personnel	10/01/17–03/31/18	10/01/17–05/15/18
ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	01/01/17–12/31/17	01/01/18–05/15/18
ASC-10: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	01/01/17–12/31/17	01/01/18–05/15/18
ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary)	01/01/17–12/31/17	01/01/18–05/15/18

# **CY 2020 Payment Determination Year**

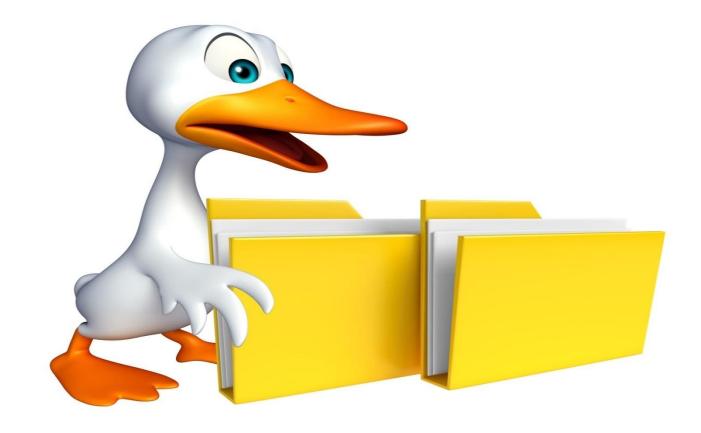
#### **Claims-Based Measures**

Measure	Submitted via Claims for Services Furnished
ASC-1: Patient Burn	01/01/18–12/31/18
ASC-2: Patient Fall	01/01/18–12/31/18
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	01/01/18–12/31/18
ASC-4: All-Cause Hospital Transfer/Admission	01/01/18–12/31/18
ASC-12: Facility 7-Day Risk- Standardized Hospital Visit Rate after Outpatient Colonoscopy (Outcome claims-based)	01/01/18–12/31/18 (Calculated from administrative claims)

# **CY 2020 Payment Determination Year**

#### Web-Based Measures

Measure	Collection Period	Submission Period
ASC-8: Influenza Vaccination among Healthcare Personnel	10/01/18–03/31/19	10/01/18–05/15/19
ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	01/01/18–12/31/18	01/01/19–05/15/19
ASC-10: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	01/01/18–12/31/18	01/01/19–05/15/19
ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary)	01/01/18–12/31/18	01/01/19–05/15/19
ASC-13: Normothermia	01/01/18–12/31/18	01/01/19–05/15/19
ASC-14: Unplanned Anterior Vitrectomy	01/01/18–12/31/18	01/01/19–05/15/19



### Submitting Your Quality Data Codes (QDCs)

## What Are These Codes?

#### QDCs:

- Are required to be reported on a minimum of 50% of the facility's claims.
- Are specialized, non-reimbursed codes.
- Are reported via Medicare fee-for-service claims.
- Provide information about performance and outcomes.

# What Should Your ASC Submit?

- Report one code
  - Report G8907 if there were no events
- Report four codes
  - Report the code for each event if there were any events

## The QDC Breakdown



\*Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant

#### When an Event Happens...

One of your patients experienced a fall:

ASC-2 Patient Fall Yes: G8910 No: G8911 ASC-3 Wrong Event Yes: G8912 No: G8913

ASC-1 Patient Burn Yes: G8908 No: G8909 ASC-4 Patient Transfer Yes: G8914 No: G8915

# **Submitting Your Claims**

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY A. ICD-10 B.	D,	22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER
E F I J 24. A DATE(S) OF SERVICE From To B	C. DOCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances)	F G. H. L J
	EMG CPT/HCPCS MODIFIER POINTER	\$ CHARGES     OR Family OUAL.     PROVIDER ID. #       CHARGE     NPI     ASC NPI
24	G-CODE 1	0.0 NPI ASC NPI
		NPI
		NPI
		NPI
25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT?	28. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd for NUCC Use \$ \$
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		33. BILLING PROVIDER INFO & PH # ( )
SIGNED DATE	a. NPI b.	a. NPI b.



#### Conquering Your Data Submission

#### QualityNet

# **Specifications Manual**

- For encounters January 1–December 31, 2017, use version 6.0a.
  - Measures being submitted now.
- For encounters January 1–December 31, 2018, use version **7.0a**.

#### **Correct Version**

Qu Home	ality		Log in to QualityNet Se Log In	ecure Port	t <b>al</b> (formerly M	lyQualityNet)		X) #4	Search
Hospitals - Inpatient	Hospitals - Outpatient	* *	Ambulatory Surgical Centers	PPS-Ex Cancer	empt Hospitals	ESRD Facilities	Inpatient Psychiatric Facili	ties	Quality Improvement
QualityNet Registration		QualityNet					More News »	-	n to QualityNet re Portal
Hospitals - I     Hospitals - C     Physician Of     ASCs     Cancer Hosp	npatient Dutpatient fices	New CMS HSR to The Centers for M the Hospital Inpat Hospital-Specific F	Assessment of Health Providers and System	care	as released a new video to assist participants in n with interpreting and understanding their • Download		nload Symantec		
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Security Sta     Password Ru	tement iles	<ul> <li><u>CY 2018 OPPS</u></li> <li><u>CMS grants ex</u> Northern Califi</li> </ul>	Registration		ipants in FEMA	A disaster areas	affected by	+ Hos	ease (ESRD) QIP pitals - Inpatient pitals - Outpatient
<ul> <li>QualityNet S</li> <li>Security Poli</li> </ul>	-	CY 2017 eCQN			Outpatient Provide Street				

#### **Choosing a Version**

Qualit							
ospitals - Hospit npatient Outpat	*	Physician Offices	Ambulatory Surgical Centers	PPS-Exempt Cancer Hospita	els ESRD Facilities	Inpatient Psychiatric Fac	Quality ilities Improvement
Specifications Manuals Timelines Version 7.0a	The pro- sta	e Ambulatory Su ovides measure i indardized measu	urgical Center Quality Rep nformation and specifica ures were selected by th y of care for patients in t	porting Program Q itions for Medicare e Centers for Medi	uality Measures Sp s ASC Quality Repo	ecifications Manual orting Program. These	
Version 6.0a		Data Collection Time Period Specifications Manual					
Version 5.1		01/01/18 - 12/31/18 Version 7.0a					
Previous Manuals	0	01/01/17 - 12/31/17 Version 6.0a					
	c	)7/01/16 - 12/31	/16	Ve	rsion 5.1		
	c	01/01/16 - 06/30	/16	Ve	rsion 5.0a		
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	c	01/01/15 - 09/30	/15	Ve	rsion 4.0a		
	c	)1/01/14 - 12/31	/14	Ve	rsion 3.0c		
	c	)1/01/13 - 12/31	/13	Ve	rsion 2.0		
	1	0/01/12 - 12/31	/12	Ve	rsion 1.0b		
				or Specifications			-

### **Sample Size**

Table 3: Sample size requirements per year per ASC for Endoscopy/Polyp Surveillance(ASC-9 and ASC-10) or Cataracts (ASC-11\*) measures, or Normothermia (ASC-13).\*\*

Population Per Year	0-900
Yearly Sample Size	63
Quarterly Sample Size	16
Monthly Sample Size	6
Population Per Year	≥ 901
Yearly Sample Size	96
Quarterly Sample Size	24
Monthly Sample Size	

\*Voluntary submission of data for ASC-11 began January 2015. \*\*For ASCs with fewer than 63 cases, the total population of cases is required.

# Logging In

	ality y QualityNe		og in te QualityNet Se og In	cure Portal (formerly M	lyQualityNet)		Search
lospitals - npatient	Hospitals - Outpatient	Physician Offices	Ambulatory Surgical Centers	PPS-Exempt Cancer Hospitals	ESRD Facilities	Inpatient Psychiatric Facil	Quality Improvement
QualityNet Registration Hospitals - I Hospitals - C Physician Of ASCs Cancer Hosp ESRD Faciliti Inpatient Psy Facilities OIOs	Dutpatient I fices t itals i ies g ychiatric	The Centers for Mea the Hospital Inpatie Hospital-Specific Re Full Article » Headlines	o <b>rial video released</b> dicare & Medicaid Servic ent Quality Reporting (IC	es (CMS) has released a )R) program with interpro			Log in to QualityNet Secure Portal Login • Download Symantec ID ( <i>required</i> for login) • Portal Resources • Secure File Transfer Resources
QualityNet     Getting Start QualityNet     Registration     Sign-In Insti     Security Sta     Password Ru     QualityNet S     Security Poli	ructions tement iles system	<ul> <li>FY 2018 program site</li> <li>Hospitals select</li> <li>CY 2018 OPPS//</li> <li>CY 2018 OPPS//</li> <li>CMS grants exent</li> <li>Northern California</li> </ul>	m results for three Value ed for FY 2020 inpatient ASC final rule with comm ASC Final Rule displayed mptions for Quality Proc mia Wildfires Reporting Updates and F	e-Based Purchasing program	abstracted data A disaster areas	validation affected by	Questions & Answers Ambulatory Surgical Centers End-Stage Renal Disease (ESRD) QIP Hospitals - Inpatient Hospitals - Outpatient Inpatient Psychiatric Facilities PPS-Exempt Cancer

#### **Choose Your Program**



Centers for Medicare & Medicaid Services

#### Choose Your QualityNet Destination

Please select your primary quality program to reach the correct login screen for your QualityNet portal.

#### Secure File Transfer

Select your primary quality program:

End-Stage Renal Disease Quality Reporting System

Ambulatory Surgical Center Quality Reporting Program PPS-Exempt Cancer Hospital Quality Reporting Program Inpatient Hospital Quality Reporting Program Inpatient Psychiatric Facility Quality Reporting Program Outpatient Hospital Quality Reporting Program

Physician Quality Reporting System Quality Improvement Organizations

CANCEL

### What Is My Password?

Log In to QualityNet *Required Field   Please enter your CMS User ID and password, followed by your Symantec VIP Security Code, then click Submit.   * User ID   * Password   * Security Code     CANCEL   SUBMIT	Performance Performanc
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A federal government website managed by the Centers for Medicare & Medicaid Services 7500 Security Boulevard, Baltimore, MD 21244

3/28/2018

QualityNet Home

CMS.gov QualityNet

#### **New Password**

CMS.gov QualityNet Centers for Medicare & Medicaid Services
Identify Account Answer Questions Confirm Email Reset Password Reset Complete
Password Assistance *Required Field *User ID Forgot your User ID? *E-mail Address Forgot your E-mail Address? CANCEL SUBMIT

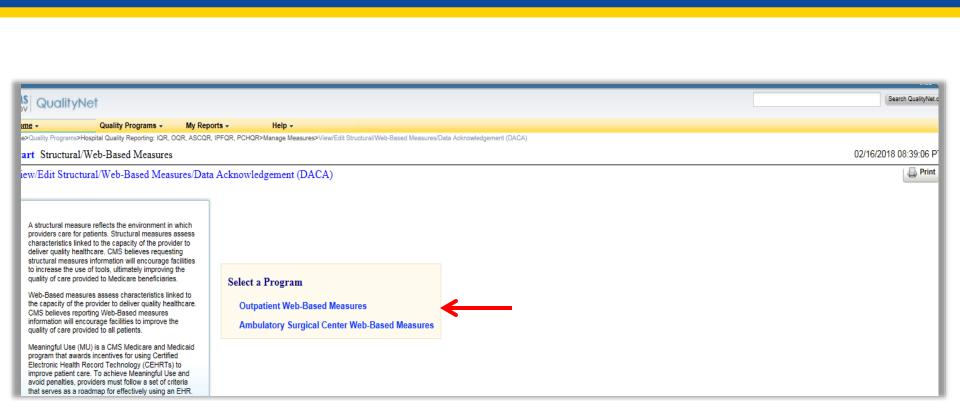
## **Choose the Program Again**

lome -	Quality Programs	My Reports -	Help 🗸	
me> Welcome	Hospital Quality Reporting: Physician Quality Reporting		DR, PCHQR	
QualityNet Secu quality improvement r CMS-approved site for	End Stage Renal Disease Quality Improvement Organ QMARS - Quality Manager	Quality Reporting System nizations nent and Review System	by	aid Services (CMS), QualityNet provides healthcare healthcare providers and others. QualityNet is the onl between: Quality Improvement Organizations (QIOs),
-	o a specific report and/or a sistance or have question			
				gs contact the Quality Net Help Deak

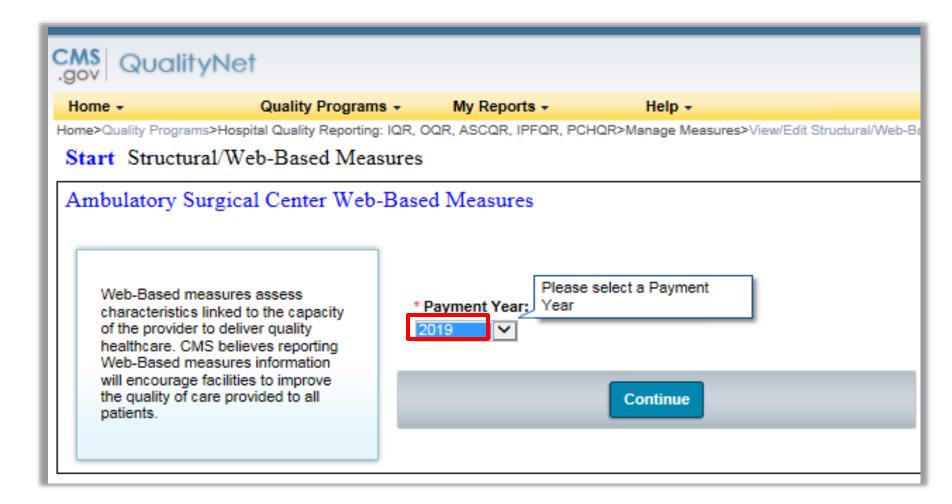
#### Manage Measures

Home +	Quality Programs -	My Reports -	Help +	
lome>Quality Programs Quality Report	Hospital Quality Reporting: IQR, O ing System: My Tasks	QR, ASCQR, IPFQR, PCHQR		
Hospital Reporting Inpatient / Outpatient /iew / Edit Population and Sampling			Manage Measures	Manage Security Manage Multifactor Credentials
	o contrang			My Account
Manage Notice of Participation /iew/Edit Notice of Participation, Contacts, Campuses			Report Authorization View/Request/Approve Access	Vendor Authorization Authorize Vendors to Submit Dat
Hospital Reporting /iew / Edit Measure Des			Hospital Reporting External Files External Files Online Tool	
		ge Measures 🗲 t Structural/Web-Based	Measures/Data Acknowledgement (DACA)	

#### **Select a Program**



### **Choose the Payment Year**



# **Verify the Information**

lome 🗸	Quality Programs -	My Reports -	Help 🗸		
			CHQR>Manage Measures>View/Ed	it Structural/Web-Based Measures/Data Ack	nowledgement (DACA)
tart Structur	al/Web-Based Measures				
mbulatory S	urgical Center Web-Base	d Measures			
	Ŭ.				
ubmission Perio		1454	Description Desired		
1/01/2018 - 05		01/	h Respect to Reporting Period 01/2017 - 12/31/2017	2	
eb-Based Me	asures   PY 2019	3			
	Provider ID		ASC-9	ASC-10	ASC-11
	1234567891		Incomplete	Incomplete	Incomplete
<					)
<					)
۲					

# **Entering Zeros**

ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
Population (Not Required)
What was your hospital's Total Population?
0
What was your hospital's sample size?
0
What was your hospital's sampling frequency?
Monthly
Quarterly
<ul> <li>Not Sampled</li> <li>N/A - Submission not required</li> </ul>
Numerator
* Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report
0
Denominator
* All patients aged 50 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy
0

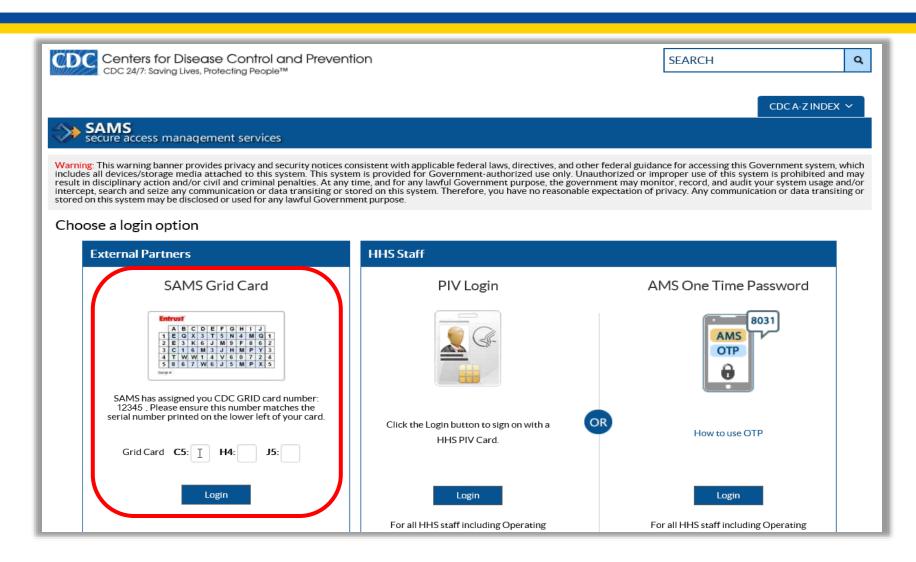
# Save a Copy

	My Reports - Help -		
ne>Quality Programs>Hospital Quality Reporting: IQR, OQR,	, ASCUR, IPPUR, PCHUR>Manage Measures>View/Edit 3	structural/Web-based Measures/Data Ack	nowledgement (DACA)
mbulatory Surgical Center Web-Based M	Measures		
5			
Submission Period 01/01/2018 - 05/15/2018	With Respect to Reporting Period 01/01/2017 - 12/31/2017		
10112010 001102010	01012011 - 12012011		
Veb-Based Measures   PY 2019			
Provider ID	ASC-9	ASC-10	ASC-11
Provider ID 1234567891	ASC-9 Completed	ASC-10 Completed	ASC-11 Incomplete
1234567891			



#### NHSN

# **Getting Ready to Report**



# **NHSN Reporting**

CDC o	DC 24/7: Sav	o <b>r Disea</b> ving Lives, P	se C rotecti	ontrol ar ng People™	nd Prevent	lion			SEARCH		
										CDC A-Z INDE	ex ~
SA Secu	VIS re access	manager	ment	services							
Menu			М	y Applic	ations						
🥞 My Prof	ile		N	lational Hea	Ithcare Safe	ty Network	¢				
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Links				NHSN Enro	ollment *						
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<b>9</b>			6	NHSN Enro	ilment 🔝						
About CDC	Jobs	Funding	Ş	Policies	Privacy	FOIA	No Fear Act	OIG			
SAMS Help De Monday-Frida 8:00AM to 6:0 <i>Excluding U.S.</i> 877-681-2901	r OPM EST Federal Holi	idays							U.S. Departmer		n Ser IHS// US/

# **NHSN Landing Page**

Centers for Disease Control and Prevention CDC 24/7: Saving Lives. Protecting People™	<ul> <li>Rectangular Srip</li> </ul>	NHSN National Healthcare
IHSN - National Healthcare Safety Network		Safety Network
C Welcome to the NHSN Landing Page		
Select component: Healthcare Personnel Safety Select facility/group: T Submit		

### **Home Page**

CDC Center CDC 24/7	s for Disease Control and Prevention : Saving Lives, Protecting People™
NHSN - Natior	al Healthcare Safety Network
NHSN Home Alerts	NHSN Healthcare Personnel Safety Component Home Page
Reporting Plan	<ul> <li>Action Items</li> </ul>
Lab Test	You have no action items.
Prophy/Treat	Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not
iurveys 🕨 🕨	otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).
lsers acility	Get Adobe Acrobat Reader for PDF files
Group +	

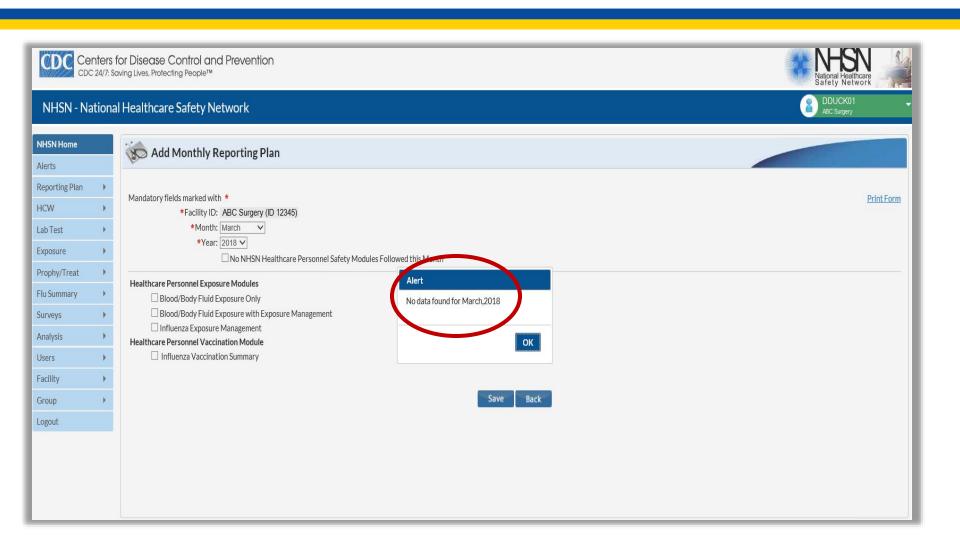
# Add a Reporting Plan

CDC Centers CDC 24/7: 1	for Disease Control and Prevention Raving Lives, Protecting People™
NHSN - Nation	al Healthcare Safety Network
NHSN Home Alerts	NHSN Healthcare Personnel Safety Component Home Page
Reporting Plan	Add Find rems
Lab Test	Incomplete You have no action items.
Exposure •	
Prophy/Treat	
Flu Summary	Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).
Analysis 🕨	
Users >	Get Adobe Acrobat Reader for PDF files
Facility >	
Group +	
Logout	

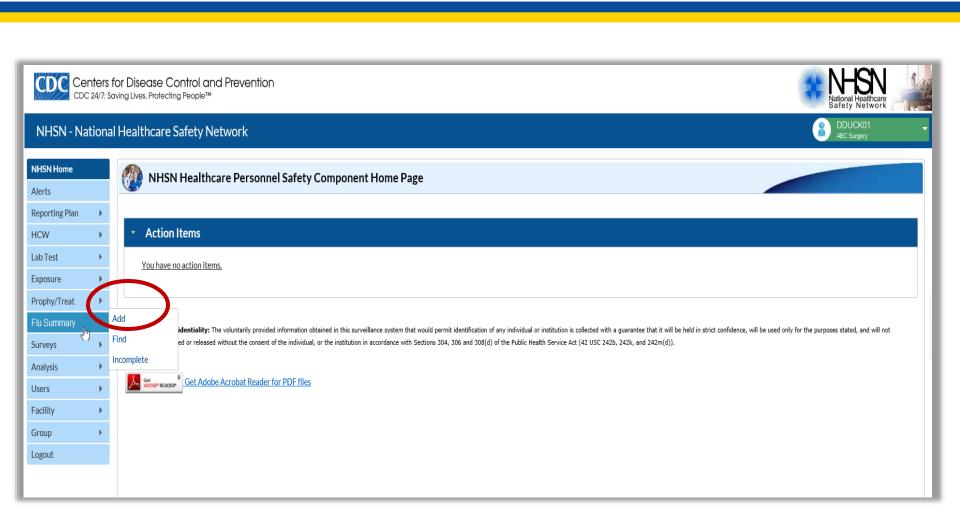
## **Complete the Fields**

CDC Centers CDC 24/7:	for Disease Control and Prevention aving Lives, Protecting People™	NHSN National Healthcare Safety Network
NHSN - Nation	I Healthcare Safety Network	DDUCK01 ABC Surgery
NHSN Home Alerts	🗞 Add Monthly Reporting Plan	
Reporting Plan  HCW Lab Test Exposure	Mandatory fields marked with *     *Facility ID: ABC Surgery (ID 12345)     *Month: March      *Year: 2018	Print Form
Prophy/Treat   Flu Summary  Surveys  Analysis	No NHSN Healthcare Personnel Safety Modules Followed this Month  Healthcare Personnel Exposure Modules      Blood/Body Fluid Exposure Only      Blood/Body Fluid Exposure with Exposure Management      Influenza Exposure Management  Healthcare Personnel Vaccination Module	
Users > Facility > Group > Logout	Influenza Vaccination Summary Save Back back back back back back back back b	

# Where's My Data?



# Add a Flu Summary



## **Choose the Correct Options**

Centers CDC 24/7: Sc	OF DIsease Control and Prevention ving Lives, Protecting People™			Na Sa	tional Healthcare
NHSN - Nationa	Healthcare Safety Network				DDUCK01 - ABC Surgery
NHSN Home Alerts	🐼 Add Influenza Vaccination Summary				
Reporting Plan	Mandatory fields marked with *				Print Form
Lab Test	Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked.				
Exposure	Facility ID *: ABC Surgery (ID 12345) Vaccination type *: Influenza V				
Prophy/Treat	Influenza subtype *: Seasonal 🗸				
Flu Summary	Flu Season *: 2017/2018 2016/2017				
Surveys 🕨	Date Last Modified: 2015/2016				
Analysis 🕨 🕨	2014/2015	Employee HCP		Non-Employee HCP	
Users  Facility Group	2012/2013 2011/2012 HCP categories	Employees (staff on facility payroll) *	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *	Adult students/ trainees & volunteers *	Other Contract Personnel
	1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31				
_ogout	2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season				
	3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season				
	4. Number of HCP who have a medical contraindication to the influenza vaccine				
	5. Number of HCP who declined to receive the influenza vaccine				
	6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)				
	Custom Fields				
	Comments				

### **Enter Your Data**

😿 Add Influenza Vaccination Summary				
Mandatory fields marked with *				Print Form
Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked. Facility ID *: ABC Surgery (ID 12345) Vaccination type *: Influenza  Influenza subtype *: Seasonal  Flu Season *: 2017/2018				
Date Last Modified:	Employee HCP	1	Non-Employee HCP	]
HCP categories	Employees (staff on facility payroll) *	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *	Adult students/ trainees & volunteers *	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	10	3 ×	0	0
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	7	2	0	0
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season	1	0	0	0
4. Number of HCP who have a medical contraindication to the influenza vaccine	1	0	0	0
5. Number of HCP who declined to receive the influenza vaccine	1	1	0	0
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	0	0	0	0
Custom Fields Comments				

# **Print a Copy**

		_	$\rightarrow$	<b>⊇ ⊗</b> ^
nfluenza Vaccination Summary				
Aandatory fields marked with *				
Record the cumulative number of healthcare personnel (HCP) for each category below for Facility ID*: ABC Surgery (ID 12345) Vaccination type*: Influenza Influenza subtype*: Seasonal Flu Season*: 2017/2018 Date Last Modified: 09/28/2017	r the influenza	season being tra	acked.	
	Employee HCP	Noi	n-Employee H	СР
HCP categories	Employees (staff on facility payroll)*	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants*	Adult students/ trainees & volunteers*	Other Contract Personnel
l. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	10	3	0	0
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	7	2	0	0
8. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season	1	0	0	0
4. Number of HCP who have a medical contraindication to the influenza vaccine	1	0	0	0
5. Number of HCP who declined to receive the influenza vaccine	1	1	0	0
5. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	0	0	0	0



# **Checking Your Efforts**

# How Can I Check My Performance?

- Evaluate your Estimate of Benefits/Remittance Advice (RA)
  - A correct RA reflects a billed charge and a minimum of one or a maximum of four QDCs for the same claim number.
  - QDCs will split into a separate claim when one of the QDCs is entered on the seventh or fourteenth line on the claim form.
  - A billed charge must be affiliated with the QDCs on each claim.
- Run the following reports on QualityNet:
  - Claims Detail Report
  - Provider Participation Report

### **Claims Detail Report**

Report Run Date: 02/02/2018

Page: 1 of 71

ASC Claims Detail Report Date of Service Range: 01/01/2017 - 01/01/2018

Data As Of: 01/03/2018

17471356859 ABC Surgery Center, Pawnee, IN

Medicare Beneficiary Identification Number (MBI)	Claim Receipt Date	Date of Service	Quality Data Codes	Last Name	First Name	Date of Birth	Claim Control Number (ICN)
	01/12/2017	01/09/2017	G8907	Smith	Stan	01/28/1942	174713587246859
	01/12/2017	01/10/2017	G8907	Dursley	Dudley	07/21/1936	174713587246859
	01/12/2017	01/10/2017	G8907	Wood	Oliver	12/15/1934	174713587246859
	01/12/2017	01/10/2017	G8907	Filch	Argus	07/25/1948	174713587246859
	01/12/2017	01/10/2017	G8907	Finnigan	Seamus	06/12/1951	174713587246859
	01/12/2017	01/10/2017	G8907	Dean	Thomas	02/09/1948	174713587246859
	01/12/2017	01/09/2017	G8907	Lee	Jordan	08/06/1934	174713587246859
	01/18/2017	01/12/2017	G8907	Weasley	Percy	12/24/1945	174713587246859

# **Provider Participation Report (PPR)**

ASCQR Participation Report Payment Year: 2018 State: FL National Provider Identifier (NPI): 4561231235 ASC Name: ABC Surgery Center ASC City: Kokomo Quality Data Code Submission Total Number of Claims with QDC1: 1156 Total Number of Claims: 1238 Data Completeness: 93% CMS Required Threshold: 50%						Page 1 of 5
State: FL National Provider Identifier (NPI): 4561231235 ASC Name: ABC Surgery Center ASC City: Kokomo       Active QualityNet Security Administrator: No Participation Status: Participating         Quality Data Code Submission       International Provider Identifier (NPI): 4561231235 ASC Name: ABC Surgery Center ASC City: Kokomo       International Provider Identifier (NPI): 4561231235 ASC Name: ABC Surgery Center ASC City: Kokomo         Quality Data Code Submission       International Provider Identifier (NPI): 4561231235 ASC Asc City: Kokomo       International Provider Identifier (NPI): 4561231235 ASC City: Kokomo         Total Number of Claims with QDC1:       1156 Total Number of Claims:       International Provider Identifier (NPI): 4561231235 (MS Required Threshold:       93% CMS Required Threshold:       93% CMS Required Threshold:       International Provider Identifier (NPI): 4561231235 (MS Required Threshold:       93% CMS Required Threshold:       International Provider Identifier (NPI): 4561231235 (Mumerator       Internatin Provider (Mumerator)       International Provider Iden			ASCOR Parti	cipation Report		
National Provider Identifier (NPI): 4561231235 ASC Name: ABC Surgery Center ASC City: Kokomo Quality Data Code Submission Fotal Number of Claims with QDC <sup>1</sup> : 1156 Fotal Number of Claims: 1238 Data Completeness: 93% CMS Required Threshold: 50% Quarter 1 - 2016 Dates of Service Claims-Based Measures Numerator Denominator Measure Value ASC-1: Patient Burn 0 263 0.000 Per 1000 Admissions ASC-2: Patient Fall 0 263 0.000 Per 1000 Admissions ASC-3: Wrong Side, Wrong Patient, 0 263 0.000 Per 1000 Admissions			Payment	Year: 2018		
Total Number of Claims with QDC1: 1156         Total Number of Claims: 1238         Data Completeness: 93%         CMS Required Threshold: 50%         Quarter 1 - 2016 Dates of Service         Claims-Based Measures       Numerator       Denominator       Measure Value         ASC-1: Patient Burn       0       263       0.000       Per 1000 Admissions         ASC-2: Patient Fall       0       263       0.000       Per 1000 Admissions         ASC-3: Wrong Side, Wrong Patient, Wrong Implant       0       263       0.000       Per 1000 Admissions	lational Provider Identifier (NPI): 456 SC Name: ABC Surgery Center	1231235				No
Total Number of Claims:       1238         Data Completeness:       93%         CMS Required Threshold:       50%         Quarter 1 - 2016 Dates of Service         Claims-Based Measures       Numerator       Measure Value         ASC-1: Patient Burn       0       263       0.000       Per 1000 Admissions         ASC-2: Patient Fall       0       263       0.000       Per 1000 Admissions         ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Implant       0       263       0.000       Per 1000 Admissions	Quality Data Code Submission					
CMS Required Threshold:       50%         Quarter 1 - 2016 Dates of Service         Claims-Based Measures       Numerator       Denominator       Measure Value         ASC-1: Patient Burn       0       263       0.000       Per 1000 Admissions         ASC-2: Patient Fall       0       263       0.000       Per 1000 Admissions         ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Implant       0       263       0.000       Per 1000 Admissions		100000000				
Quarter 1 - 2016 Dates of Service         Claims-Based Measures       Numerator       Denominator       Measure Value         ASC-1: Patient Burn       0       263       0.000       Per 1000 Admissions         ASC-2: Patient Fall       0       263       0.000       Per 1000 Admissions         ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Implant       0       263       0.000       Per 1000 Admissions		100 0 000				
Claims-Based MeasuresNumeratorDenominatorMeasure ValueASC-1: Patient Burn02630.000Per 1000 AdmissionsASC-2: Patient Fall02630.000Per 1000 AdmissionsASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Implant02630.000Per 1000 Admissions		60000	127 0 220			
ASC-1: Patient Burn02630.000Per 1000 AdmissionsASC-2: Patient Fall02630.000Per 1000 AdmissionsASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant02630.000Per 1000 Admissions			Quarter 1 - 2010	6 Dates of Service		
ASC-2: Patient Fall 0 263 0.000 Per 1000 Admissions ASC-3: Wrong Side, Wrong Patient, 0 263 0.000 Per 1000 Admissions Wrong Procedure, Wrong Implant	Claims-Based Measures	5	Numerator	Denominator	Measure Value	
ASC-3: Wrong Site, Wrong Side, Wrong Patient, 0 263 0.000 Per 1000 Admissions Wrong Procedure, Wrong Implant	SC-1: Patient Burn		o	263	0.000	Per 1000 Admissions
Wrong Procedure, Wrong Implant	SC-2: Patient Fall		0	263	0.000	Per 1000 Admissions
ASC-4: Hospital Transfer/Admission 0 263 0.000 Per 1000 Admissions		ng Patient,	0	263	0.000	Per 1000 Admissions
	SC-4: Hospital Transfer/Admission		0	263	0.000	Per 1000 Admissions
ASC-5: Prophylactic Intravenous (IV) Antibiotic 36 36 100% Timing		Antibiotic	36	36	100%	

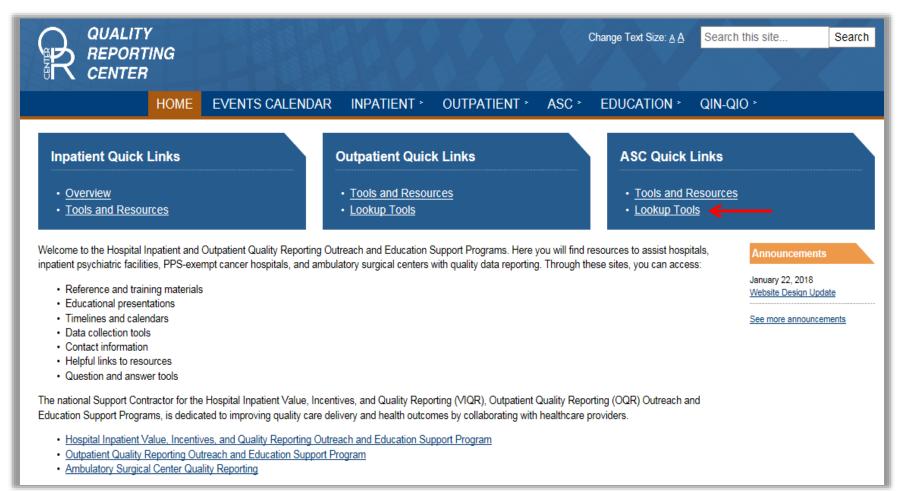
\*Total Number of Claims with QDC\* field displays a count of claims containing at least one Quality Data Code (QDC) relevant to each of the required measur \*\*Disclaimer: This report does not confirm or deny whether an ASC qualifies for the full annual payment update.

#### **Another Page of the PPR**

		ASCO	R Participatio	n Report		Page	010
		P	ayment Year: 2	2018			
	rovider Identifier (NPI): : ABC Surgery Center Kokomo	18342695745		ctive QualityNet Se articipation Status		ator: No	
Veb-Base	d Measures:						
				Submission Sta	tus:		
ASC-6: Sat	e Surgery Checklist U	se		Yes			
			d standards of pre	ation during the dee	innated period		
Ye		surgery checklist based on accepte	a standards of pra	cuce during the des	signated period?		
Te	3			Submission Sta	tue:		
ASC-7: AS	C Facility Volume Data			Yes	itus.		
	o racinty volume bat			105			
		Aggregate Count					
100	ye	1014					
1000	Sastrointestinal	251					
C	Senitourinary	0					
N	lusculoskeletal	869					
N	lervous	260					
F	Respiratory	11					
S	skin	132					
N	fulti-System	0					
SC-10: E	ndoscopy: Interval for	nterval for Average Risk Patients Patients with History of Polyps t in Patient's Visual Function	Numerator 18 12	Denominator 21 24	Percentage 86% 50%	Submission Status: Yes Yes No	
AI Meas	ures:			Submission St	atus:		
SC-8. Infl	uenza Vaccination Co	verage among Healthcare Person	nel	Yes			
450-6. mil	uenza vaccination co	verage among realtricate Person	nei	Tes			

## **Another Check**

#### www.qualityreportingcenter.com



### Lookup Tools

#### **Lookup Tools**

You are here: Home » ASCQR Program » Data Dashboard » Lookup Tools

#### Web-Based Status Listing (PY 2019)

The Web-Based Measure Status Listing is provided as a quick way to determine if your facility has completed data submission using a web-based tool for the following measures for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program:

- · ASC-8: Influenza Vaccination Coverage among Healthcare Personnel\*
- ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
- ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps Avoidance of Inappropriate Use
- ASC-11: Cataracts Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary)

Data submission for these measures is required by the Centers for Medicare & Medicaid Services (CMS) in order to be eligible for the calendar year (CY) 2019 payment determination. ASCs may voluntarily submit data for ASC-11 and are not subject to a payment reduction during the voluntary reporting period.

\* Data submission results for ASC-8 represent the 2017/2018 influenza season (October 1, 2017 – March 31, 2018). These data will not change after the May 15, 2018 deadline.

Log in to the QualityNet website for complete details on your data submission and to print a screenshot for your records.

#### **Data Archives**

Visit the Archive pages via the links below to review a previous year's web-based data submission.

#### Use the Lookup Tool

Enter your facility's National Provider Identifier (NPI) or CMS Certification Number (CCN) into the field below. Your facility will not be visible in the database if no data have been submitted. NPIs are cross-referenced with the facility CCN to indicate if data were submitted for ASC-8 and will not update after the May 15 deadline.

Note	Bata last updated damaary 10	, 2010
NPI:	1234567891	or CCN:
Sea	arch	

### **Your Data Displays**

Visit the Archive pages via the li	nks below to review a previous year's web-based data submission.
Use the Lookup Tool	
	vider Identifier (NPI) or CMS Certification Number (CCN) into the field below. Your facility will not be visible in the database if no da cross-referenced with the facility CCN to indicate if data were submitted for ASC-8 and will not update after the May 15 deadline.
Note: Data last updated January	r 19, 2018
NPI: 1234567891	or CCN:
Search	
Results for the NPI submi	ssion of "1234567891"
Location Information:	
CCN:123456	
Facility Name: ABC Surgery Address: 221B Baker Street	
Facility Phone: 555-123-45	
Facility Fax: 555-123-456	•
Facility Contact Name/Ema	il: Atticus Finch (Afinch@AOL.com)
Web-Based Measures Informa	ition:
WBM Data last updated January	
Your NPI submission contains the	ne following data:
<ul> <li>ASC-8 Submitted: No</li> </ul>	
<ul> <li>ASC-8 Submitted: No</li> <li>ASC-9 Submitted: No</li> </ul>	



#### **Administrative Issues**

# **Common Hurdles**

- Staffing Issues
  - Turnover
  - No one available to enter data
- Failing to keep passwords active
- Not communicating staff changes
- Not being signed up for the ListServe

# **Prior Administrator Is Available**

If the previous facility administrator is available but is transferring this role:

- The person assuming this role should:
  - Have an active Secure Access Management Services (SAMS) grid card.
  - Be authorized as a user in the NHSN system and have the same email associated with their SAMS account.
- The existing facility administrator should reassign the role in the NHSN system.
  - Both individuals will receive an email notification once reassignment is complete.

# **Prior Administrator Is Unavailable**

- Change in the facility administrator role should be written on facility letterhead and include:
  - Name
  - Email address
  - NHSN Facility ID, if known
  - Facility address and phone number
- Submit to NHSN via fax: 404.929.0131
- NHSN will then change the designated person

# **Gaining Access**

#### www.qualitynet.org

Qu Home	ality	_	Log in to QualityNet Log In	Secure Port	al (formerly M	lyQualityNet)		<b>X</b> A.	Search
Hospitals -	Hospitals Outpatient	*	n Ambulatory Surgical Centers	PPS-Ex Cancer	empt Hospitals	ESRD Facilities	Inpatient Psychiatric Facili	ities <b>*</b>	Quality Improvement
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# **Security Administrator Link**

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Hospitals - Hospitals Inpatient Outpatien	V . V	Ambulatory Surgical Centers	PPS-Exempt Cancer Hospitals	ESRD Facilities	Inpatient Psychiatric Facilities	Quality Improvement
Getting Started with QualityNet • Registration • Sign-In Instructions • Security Statement • Password Rules • QualityNet System Security Policy, PDF	This mandatory reg information and dat registration for a Q For registration for a Q Security Admi The Security Ad Typicany, an or <u>Responsibilities</u> submit data on <b>required</b> to des <b>Basic User</b> All other register <b>Data submission</b> Joint Commission-covendors wishing to account. Contact the <b>Healthcare syster</b> If you represent a b	gical Centers access to the QualityNe istration process is used a transmitted via the Qu ualityNet account. unitions, select your use <u>nistrator</u> ministrator facilitates th generation designates tw for a more complete list their behalf) and access signate a Security Admin red QualityNet users in a vendors ertified Performance Mea transmit data via the Qu e QualityNet Help Desk in ns	e registration process for to Security Administrator: of duties. Providers sub- ing secured reports via th istrator. an organization are consi- asurement Systems or of JalityNet Secure Portal m to obtain a Vendor ID an prising multiple providers	ntiality and secu- rhe process beg other users at s. See the <u>Secu</u> mitting data (or he QualityNet Si idered basic use ther third-party ust also registe d initiate the re	rity of healthcare ins with the organization. <u>rity Administrator</u> using a vendor to ecure Portal are ers. data submission r for a QualityNet gistration process.	
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### **Registration Packet**

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	-	JalityNet Se	curity Administra gical Centers	ator Registration			
		s highly recomm ministrators.	ended that each organiz	ation designate <b>two</b> peo	ple as QualityN	let Security	
	То	register as a Qua	alit her Security Admini	strator:			
	1	L. Download the	QualityNet Security A	Administrator Registra	<u>tion Packet</u> (P	F-78 KB).	
	2			d by the highest level ex			
	з	-		eeping a copy for your re ogram Support Contracto		nbulatory Surgical	
		3000	ASCQR Program Bayport Drive, Suite 3 a, Florida 33607-8415				
	act	ivated. The e-ma	ail will also contain your	tion is complete and you User ID. A Temporary plete enrollment for acce	Password will	be sent in a	
	For	access to the Q		l complete the <u>New User</u> password and answer a			

#### ListServe

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Hospitals - Inpatient	Hospitals - Outpatient	<b>V</b>   <b>V</b>	Ambulatory Surgical Centers	PPS-Exempt Cancer Hospitals	ESRD Facilities	Inpatient Psychiatric Faciliti	es Quality Improvement
QualityNet Registration		QualityNet N	lews			<u>More News »</u>	Log in to QualityNet Secure Portal
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#### **Enter Your Information**

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System Outage Notifications

### **Enter Your Email Address**

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### **Select Your Program**

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#### Don't let yourself get underwater!



# **Contact Us**

- Support Contractor website: <u>www.qualityreportingcenter.com</u>
- Support Contractor Helpline: 866.800.8756
- Have a question? Use the Questions & Answers tool:

https://cms-ocsq.custhelp.com/

# Thank You!



# **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<sup>®</sup> 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 <u>dprice@hsag.com</u>.

#### **CE Credit Process: Survey**

lease provide any additional comments	
^	
$\sim$	
). What is your overall level of satisfaction with this pre	esentation?
) Very satisfied	
Somewhat satisfied	
Neutral	
Somewhat dissatisfied	
Very dissatisfied	
you answered "very dissatisfied", please explain	
^	
$\checkmark$	
I. What topics would be of interest to you for future pre	sentations?
^	
~	
. If you have questions or concerns, please feel free to	) leave your name and phone number or email address and we will contact you.
If you have questions or concerns, please feel free to	o leave your name and phone number or email address and we will contact you.
. If you have questions or concerns, please feel free to	b leave your name and phone number or email address and we will contact you.
2. If you have questions or concerns, please feel free to	b leave your name and phone number or email address and we will contact you.
?. If you have questions or concerns, please feel free to	o leave your name and phone number or email address and we will contact you. Done
. If you have questions or concerns, please feel free to	
/ou have questions or concerns, please feel free to	

#### **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://imc.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**

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21- 2015
First Name:         Last Name:

## **CE Credit Process: Existing User**

HEALTH SERVICES ADVISORY GROUP		this is a secure site please provide credentials to continue
	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 <u>www.qualitynet.org</u>

#### Or

• Call the Support Contractor at 866.800.8756.