

Welcome!

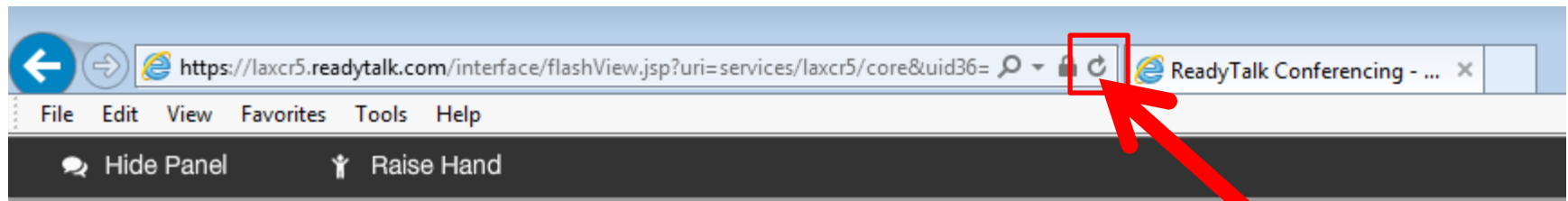
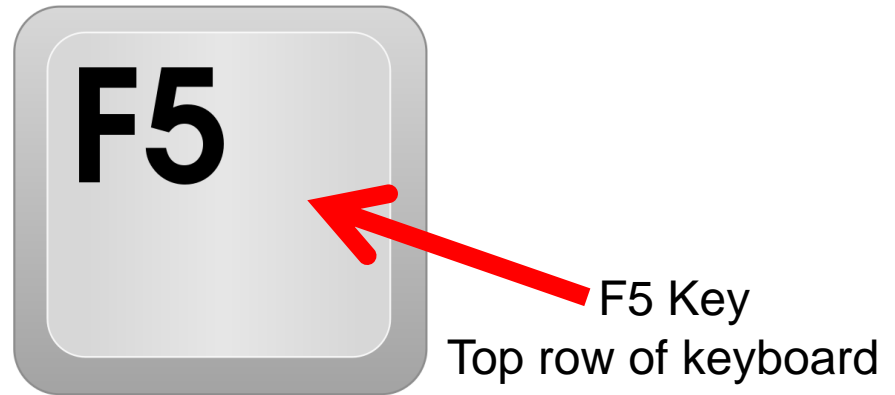
- Presentation slides can be downloaded from www.qualityreportingcenter.com under Upcoming Events on the right-hand side of the page.
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- Limited dial-in lines are available. Please send a chat message if a dial-in line is needed.
- This event is being recorded.



Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stops?

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

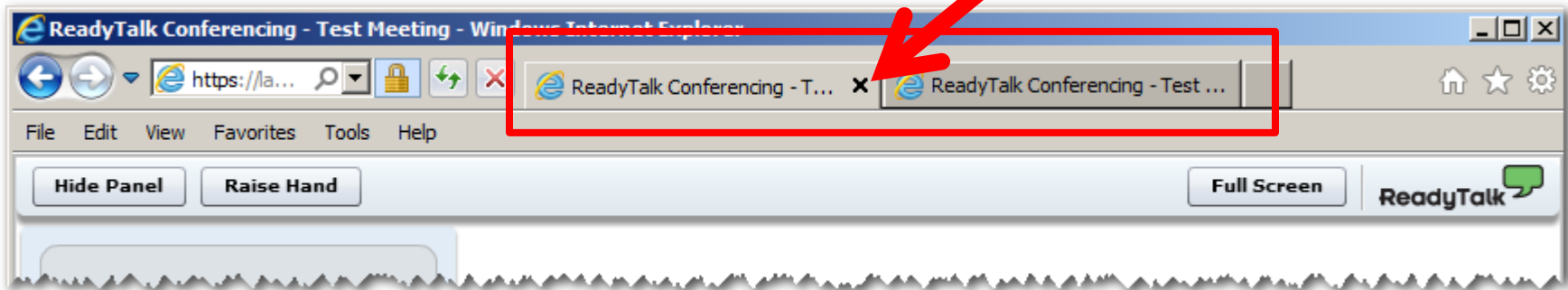


Location of buttons

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.



Discovery: Planet Data



Presented by:

Pamela Rutherford, BSN, RN, Project Manager
Ambulatory Surgical Center Quality Reporting (ASCQR) Program
Support Contractor

September 26, 2018

Save the Date

- Upcoming ASCQR Program educational webinars
 - October 24, 2018: Public Reporting
 - December: Final Rule
- Notifications of additional educational webinars will be sent via ListServe

Learning Objectives

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

- Interpret the data contained within the Mid-Year Report.
- Identify at least three reports to obtain data submitted for the ASCQR Program.
- State how to utilize the ASC Compare Tool to access publicly displayed data reported for the ASCQR Program.

ASCQR Proposed Measures for Removal

Measure	Payment Determination Year for Proposed Removal	Last Time You Report
ASC-1: Patient Burn	CY 2021	Apply to claims until December 31, 2018
ASC-2: Patient Fall	CY 2021	Apply to claims until December 31, 2018
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	CY 2021	Apply to claims until December 31, 2018
ASC-4: All-Cause Hospital Transfer/Admission	CY 2021	Apply to claims until December 31, 2018
ASC-8: Influenza Vaccination Coverage among Healthcare Personnel	CY 2020	No longer reported

ASCQR Proposed Measures for Removal (cont.)

Measure	Payment Determination Year for Proposed Removal	Last Time You Report
ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	CY 2021	May 15, 2019
ASC-10: Colonoscopy Interval for Patients with a History of Adenomatous Polyps—Avoidance of Inappropriate Use	CY 2021	May 15, 2019
ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	CY 2021	May 15, 2019

Let the Journey Begin



Looking for Data in **All** the Right Places

- Sources of data for the ASCQR Program
 - Mid-Year Reports
 - QualityNet reports
 - Support contractor website
 - Hospital Compare
- Improving performance and quality unique to your ASC setting



Mid-Year Report

Summary of Report

Mid-Year Report

- Preview of your ASC's Calendar Year (CY) 2018 claims and Quality Data Code (QDC) submission status for Payment Year (PY) 2020
- Summary of performance on PY 2019 web-based measures
- Listing of the measures with encounter period, deadline, and associated payment determination

Sample 1: Tables 1 and 2

Table 1 – Your Facility's Information, Claims, and QDC Rates					
NPI	State	CY 2018 Claims Number	CY 2018 Claims with QDCs Submitted	CY 2018 QDC Rate	CY 2017 QDC Rate
1236547895	SC	646	194	30.0%	98.1%

Source: Medicare FFS Claims.

Note: The 2018 claims, appropriate QDCs submitted, and QDC rate include data up through the production of this report.

Table 2 – Your Facility's Measure Submissions Status		
PY 2019 ASC-8 Submission	PY 2019 ASC-9 Submission	PY 2019 ASC-10 Submission
FEMA	Yes	Yes

Source: Centers for Disease Control and Prevention's (CDC) NHSN and QualityNet Secure Portal.

Note: Data for ASC-8 was due to the NHSN on May 15, 2018. Data for ASC-9 and ASC-10 are due to the QualityNet Secure Portal on May 15, 2018.

Sample 2: Tables 1 and 2

Table 1 – Your Facility's Information, Claims, and QDC Rates					
NPI	State	CY 2018 Claims Number	CY 2018 Claims with QDCs Submitted	CY 2018 QDC Rate	CY 2017 QDC Rate
1236547895	CA	873	873	100.000%	99.895%

Source: Medicare FFS Claims.

Note: The 2018 claims, appropriate QDCs submitted, and QDC rate include data up through the production of this report.

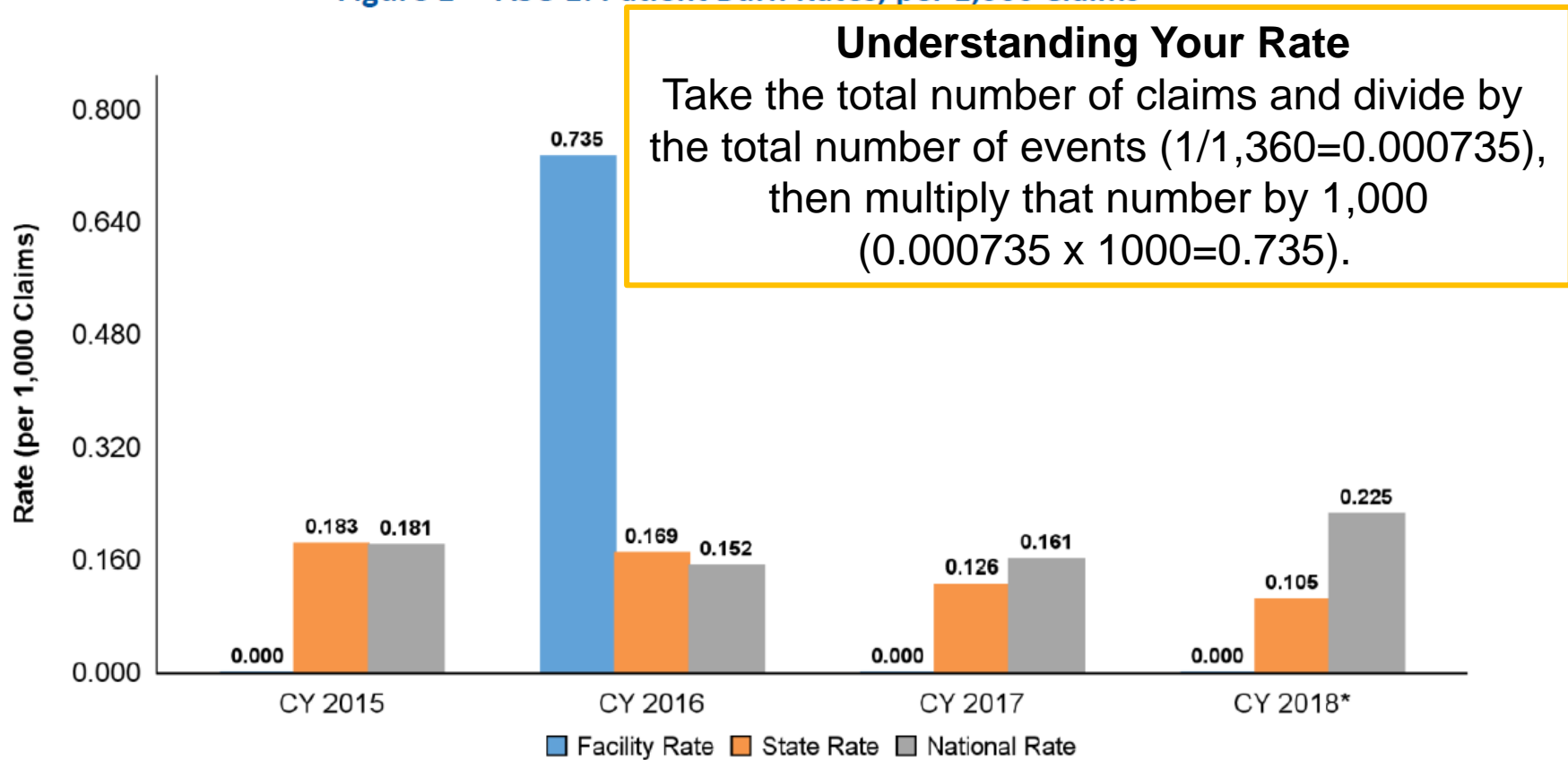
Table 2 – Your Facility's Measure Submissions Status		
PY 2019 ASC-8 Submission	PY 2019 ASC-9 Submission	PY 2019 ASC-10 Submission
Yes	Yes	Yes

Source: Centers for Disease Control and Prevention's (CDC) NHSN and QualityNet Secure Portal.

Note: Data for ASC-8 was due to the NHSN on May 15, 2018. Data for ASC-9 and ASC-10 were due to the QualityNet Secure Portal on May 15, 2018.

Figure 1: ASC-1

Figure 1— ASC-1: Patient Burn Rates, per 1,000 Claims

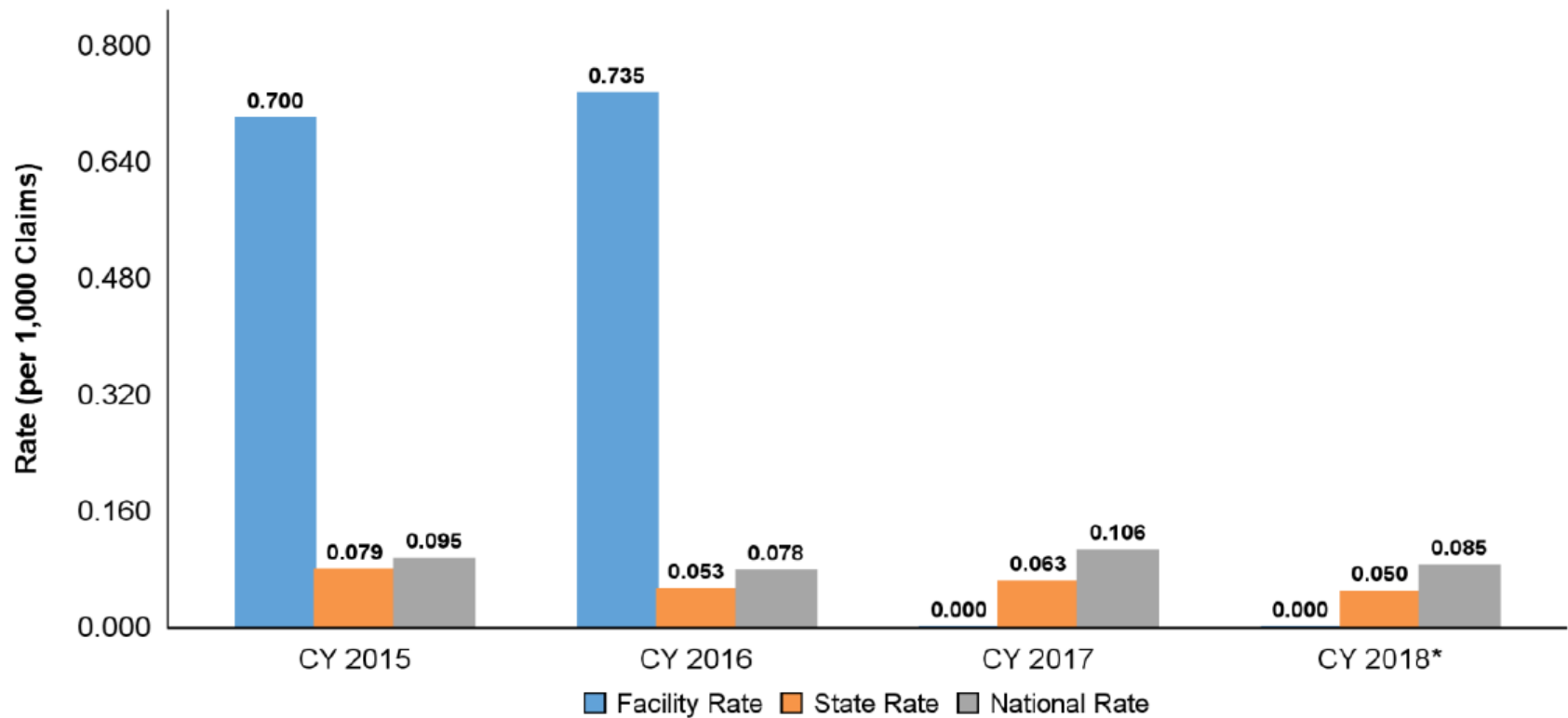


Source: Medicare FFS Claims.

* CY 2018 data are current as of report date

Figure 2: ASC-2

Figure 2— ASC-2: Patient Fall Rates, per 1,000 Claims

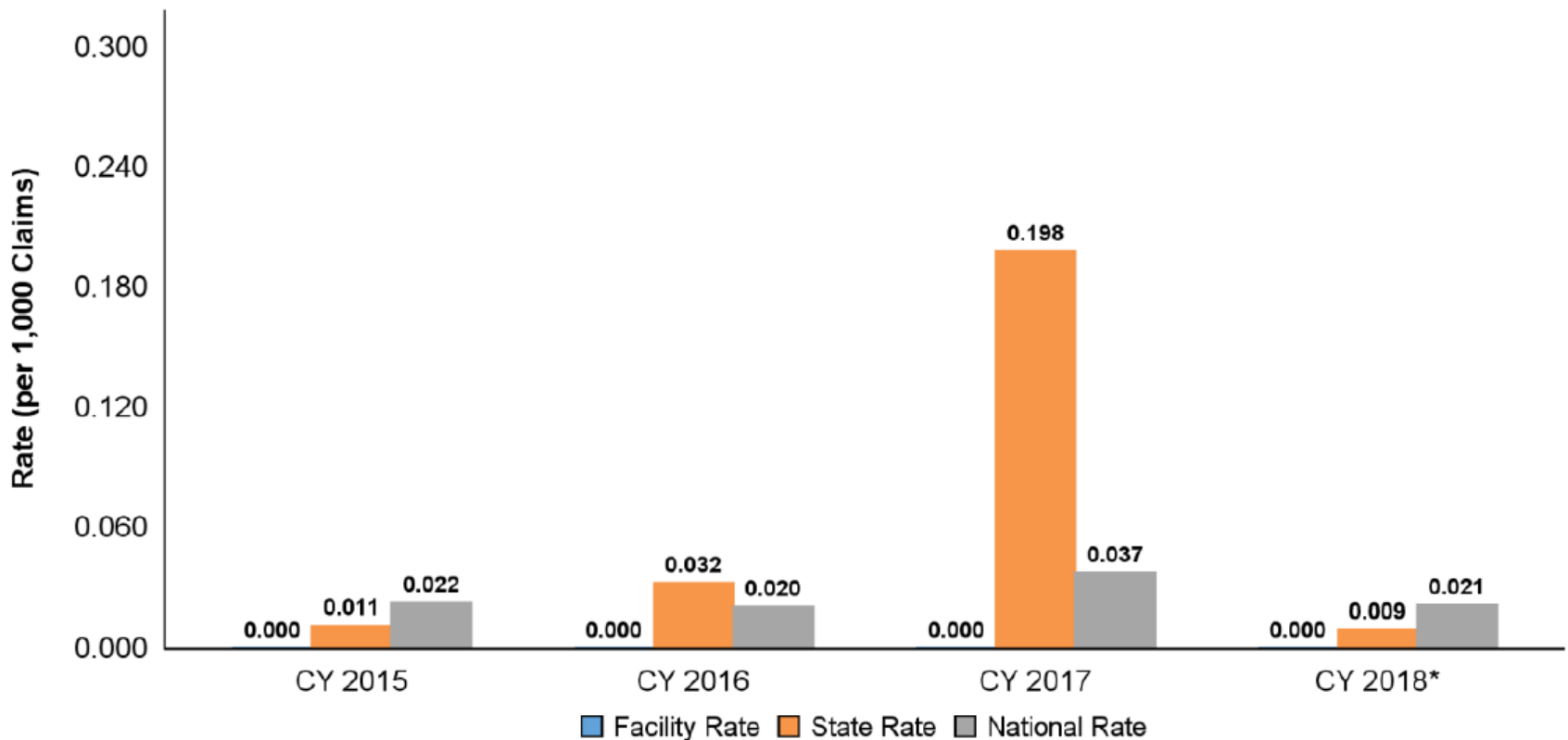


Source: Medicare FFS Claims.

* CY 2018 data are current as of report date

Figure 3: ASC-3

Figure 3— ASC-3: Wrong Site/Side/Patient/Procedure/Implant Rates, per 1,000 Claims



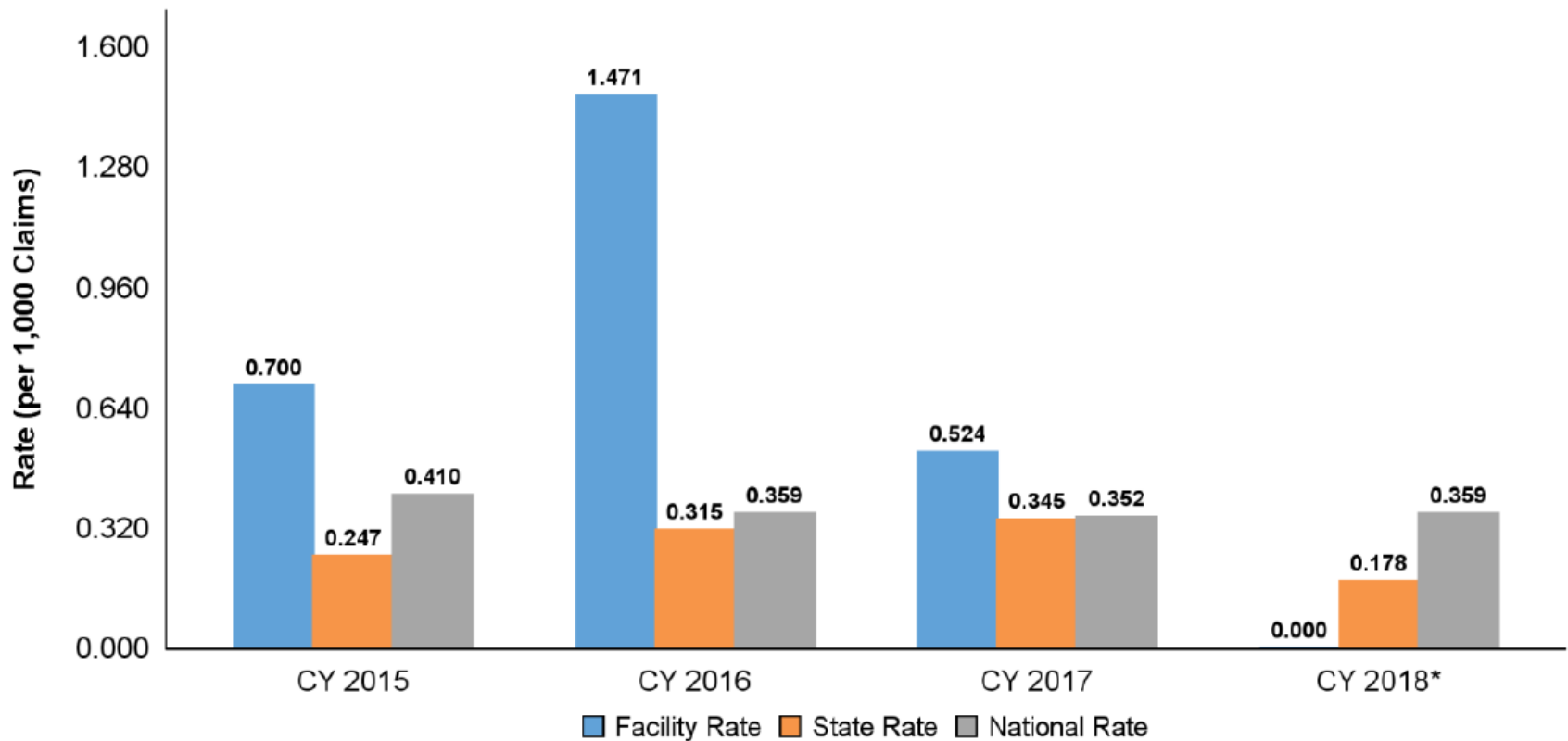
Source: Medicare FFS Claims.

* CY 2018 data are current as of report date

The facility and information shown are entirely fictitious.

Figure 4: ASC-4

Figure 4— ASC-4: All-Cause Hospital Transfer/Admission Rates, per 1,000 Claims



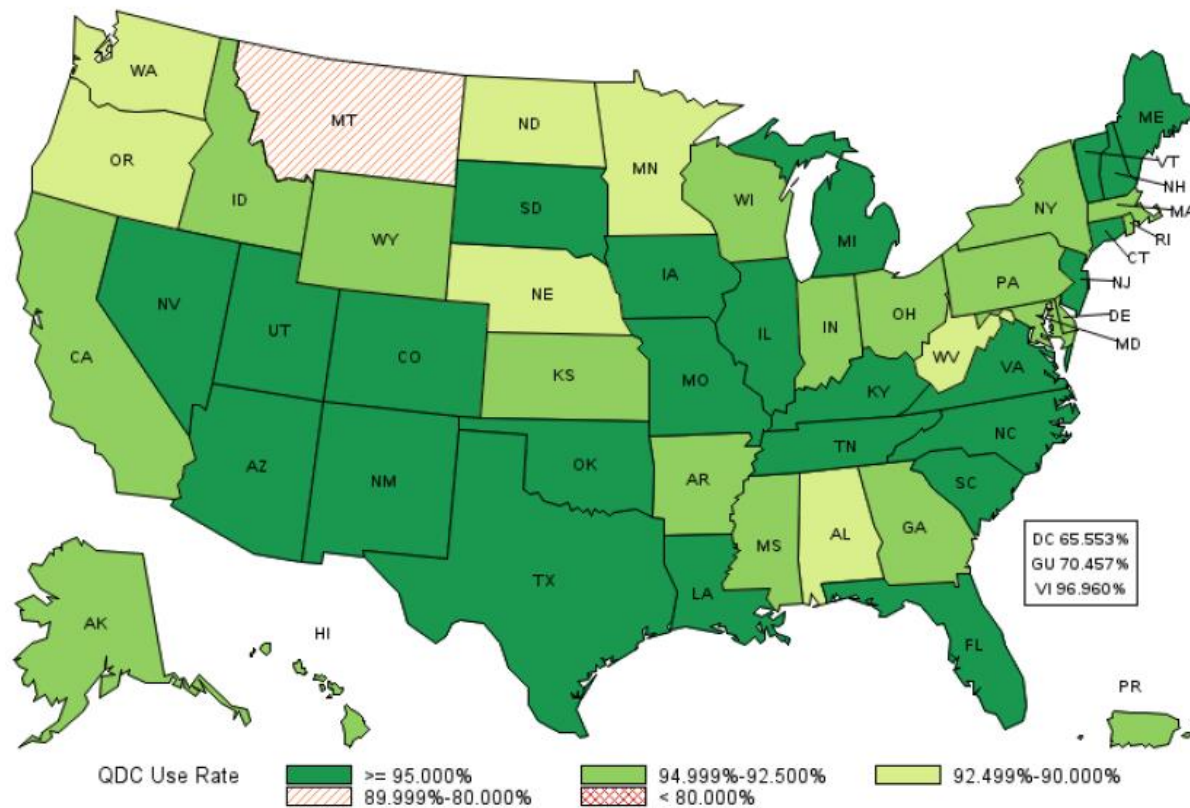
Source: Medicare FFS Claims.

* CY 2018 data are current as of report date

The facility and information shown are entirely fictitious.

Figure 5: CY 2017 QDC Rates

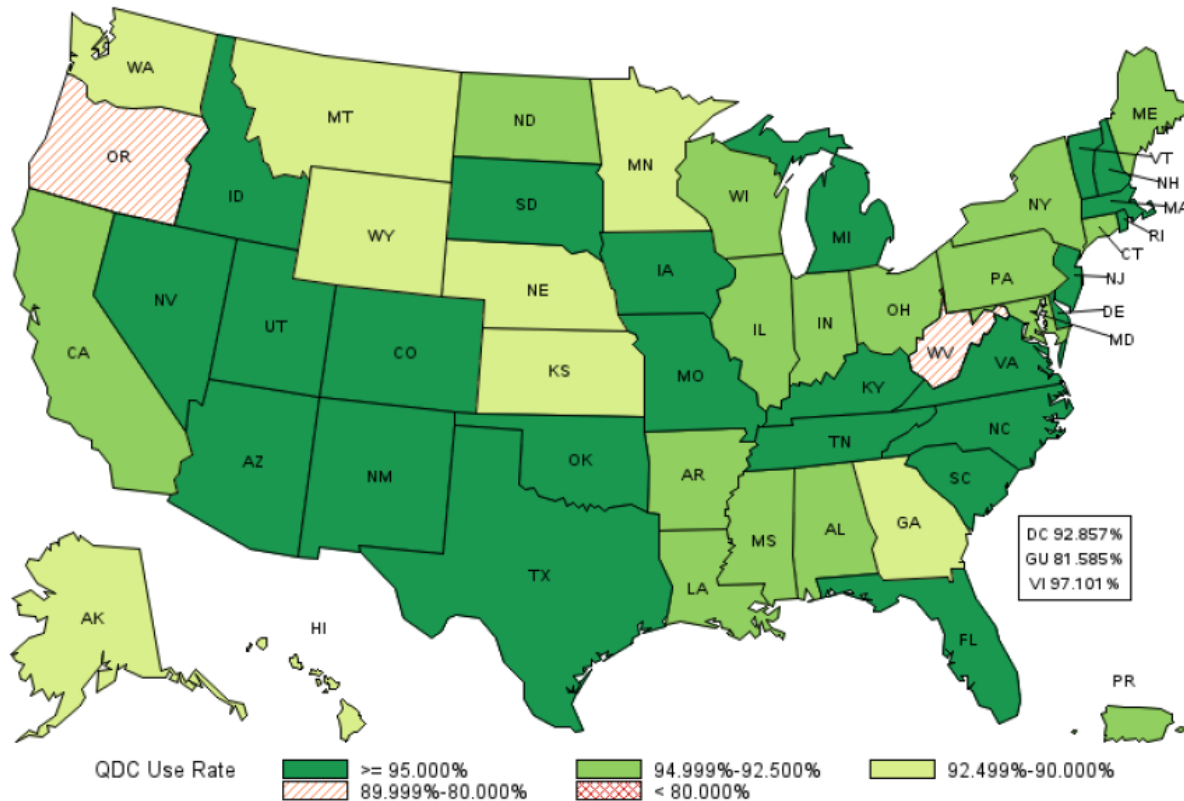
Figure 5—Average CY 2017 QDC Rate, by State



Source: Medicare FFS Claims

Figure 6: CY 2018 QDC Rates

Figure 6—Average CY 2018 QDC Rate, by State



Source: Medicare FFS Claims

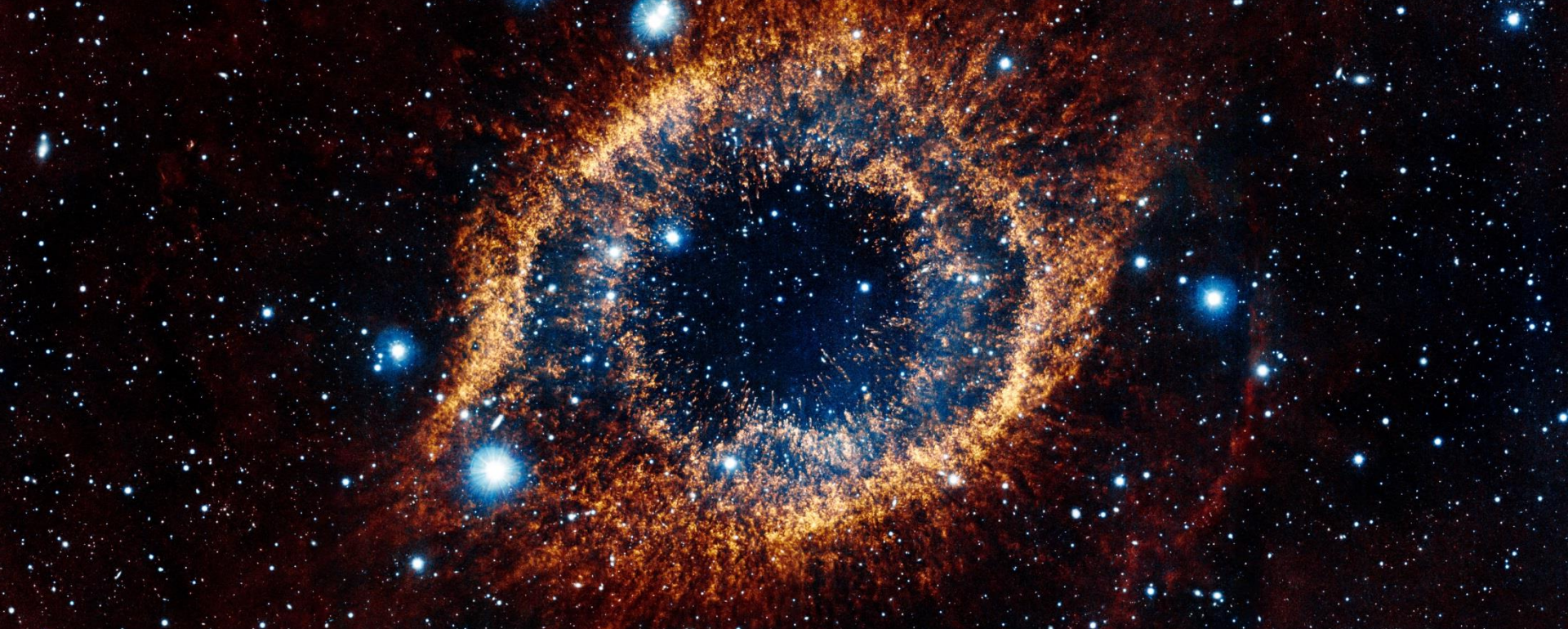
Appendix A–Measure Information

- Claims-Based Measures
 - **ASC-1:** Patient Burn
 - **ASC-2:** Patient Fall
 - **ASC-3:** Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
 - **ASC-4:** All-Cause Hospital Transfer/Admission
- Web-Based Measures
 - **ASC-9:** Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
 - **ASC-10:** 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)

Reporting Information

Table A-1—Measure Reporting Information

Measure	Encounter Period	Deadline	Payment Year Affected
ASC-1	January 1–December 31, 2017	Paid by the Medicare Administrative Contractor (MAC) by April 30, 2018	PY 2019
ASC-2	January 1–December 31, 2017	Paid by the MAC by April 30, 2018	PY 2019
ASC-3	January 1–December 31, 2017	Paid by the MAC by April 30, 2018	PY 2019
ASC-4	January 1–December 31, 2017	Paid by the MAC by April 30, 2018	PY 2019
ASC-8	October 1, 2017–March 31, 2018	Submitted by May 15, 2018 via the NHSN	PY 2019
ASC-9	January 1–December 31, 2017	Submitted by May 15, 2018 via the QualityNet Secure Portal	PY 2019
ASC-10	January 1–December 31, 2017	Submitted by May 15, 2018 via the QualityNet Secure Portal	PY 2019
QDC Rate	January 1–December 31, 2018	Paid by the MAC by April 30, 2019	PY 2020



Exploring Within Our System

QualityNet Reports

QualityNet Reports

- Reports run on demand
 - Claims Detail Report
 - Provider Participation Report
- Reports sent through Secure File Transfer
 - Mid-Year Report
 - Preview Report
 - Reports for ASC-12

Claims Detail Report

Page: 1 of 74

Report Run Date: 07/12/2018

ASC Claims Detail Report
Date of Service Range: 04/02/2018 - 07/12/2018

Data As Of: 07/05/2018

1236547895 – ABC Surgery Center Kokomo, FL USA

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)
7GHIJJIJH4O	04/18/18	04/02/18	G8907	Flintstone	Fred	07/12/83	1593578520654123
8FD89DHK8F	04/18/18	04/02/18	G8907	Sam	Yosemite	09/23/82	951852357456215
FHJ94HJKU79	04/18/18	04/02/18	G8907	Vandalay	Art	10/08/88	159753654987123
2K4HJK44HGY	04/18/18	04/02/18	G8907	Goldberg	Barry	07/24/81	951753654852145
7HJK76HJKB4	04/18/18	04/02/18	G8907	Flenderson	Toby	08/11/72	159753456864159
25DHF8SHJ6T	04/18/18	04/02/18	G8907	Shrute	Dwight	03/15/75	159357456852321

Provider Participation Report

ASCQR Participation Report

Payment Year: 2019

State: FL
 National Provider Identifier (NPI): 1236547895
 ASC Name: ABC Surgery Center
 ASC City: Kokomo

Active QualityNet Security Administrator: No
 Participation Status: Participating

Quality Data Code Submission

Total Number of Claims with QDC¹: 3781
 Total Number of Claims: 3884
 Data Completeness: 97%
 CMS Required Threshold: 50%

Claims-Based Measures	Quarter 1 - 2017 Dates of Service			Measure Value
	Numerator	Denominator	Measure Value	
ASC-1: Patient Burn	0	1019	0.000	Per 1000 Admissions
ASC-2: Patient Fall	0	1019	0.000	Per 1000 Admissions
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	0	1019	0.000	Per 1000 Admissions
ASC-4: All-Cause Hospital Transfer/Admission	0	1019	0.000	Per 1000 Admissions

Last Page

ASCQR Participation Report

Payment Year: 2019

State: FL
National Provider Identifier (NPI): 1236547895
ASC Name: ABC Surgery Center
ASC City: Kokomo

Active QualityNet Security Administrator: No
Participation Status: Participating

Web-Based Measures:

	Numerator	Denominator	Percentage	Submission Status:
ASC-9: Endoscopy: Follow-up Interval for Average Risk Patients	892	1029	87%	Yes
ASC-10: Endoscopy: Interval for Patients with History of Polyps	2201	2269	97%	Yes
ASC-11: Cataracts: Improvement in Patient's Visual Function (Voluntary)	0	0		Yes

HAI Measures:

ASC-8: Influenza Vaccination Coverage among Healthcare Personnel

Submission Status:
Yes



Beyond the Universe of QualityNet

Quality Reporting Center Website

Our New Links

www.qualityreportingcenter.com

The screenshot displays the Quality Reporting Center website interface. At the top left is the logo for the Quality Reporting Center. The navigation bar includes links for HOME, EVENTS CALENDAR, INPATIENT, OUTPATIENT, ASC, and QIN-QIO. A dropdown menu is open under the ASC link, listing various options: PROGRAM INFORMATION, ASC 101, PROGRAM RULE HISTORY, UPCOMING EVENTS, ARCHIVED EVENTS, DATA DASHBOARD (highlighted with an orange arrow), ASC Facility Compare Tool, Lookup Tools, AGENT (VENDOR) AUTHORIZATION FORMS, TOOLS AND RESOURCES, DATA SUBMISSION, and QUALIT-E-QUIPS. The main content area features 'Inpatient Quick Links' (Overview, Tools and Resources) and 'Outpatient Quick Links' (Tools and Resources, Lookup Tools). Below these are sections for 'Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs', a list of resources, and 'Upcoming Events'. An 'Announcements' section on the right shows a date of January 22, 2018, with a link to 'Website Design Update'.

ASC Facility Compare Tool

QUALITY REPORTING CENTER

HOME EVENTS CALENDAR INPATIENT > OUTPATIENT > **ASC >** QIN-QIO >

Data Dashboard

ASC Facility Compare Tool

The Facility Compare tool can be used to find Ambulatory Surgical Centers by ZIP code or city and state, and compare facilities based on their publicly reported data.

Please click here to access the [ASC Facility Compare Tool](#).

Lookup Tools

The Lookup Tools allow program participants to view the CMS Certification Number assigned to their National Provider Identifier, if their facility has completed data submission for selected measures, and if certain data reports are available through QualityNet.

Please click here to access the [Lookup Tools](#).

National Maps

The National Maps allow you to view the state and national rates for ASCQR Program measures.

Please click here to access the [National Maps](#).

Choose Your Search Option

Search ASCs

Enter a city and state or ZIP code to search ASCs to compare.
Results displayed within a 50 mile radius and may cross state lines.

City State

(e.g., Richmond) *(e.g., Virginia)*

ZIP Code

(e.g., 23221)

List ASCs by State

Search all ASCs in a particular state.

State

(e.g., Virginia)

OR

Compare ASCs by NPI

To bypass the search and compare up to three (3) ASCs, please enter the associated NPIs.

Select Your Facilities

Select facilities to compare:

Compare

Select/unselect all <input type="checkbox"/>	Facility Name	NPI	CCN	Address	Year	Distance
<input type="checkbox"/>	TAMPA SURGERY CENTER LLC	1023256187	10C0001542	TAMPA, FL 33618	2016	0 mi
<input type="checkbox"/>	TAMPA BAY SURGERY CENTER ASSOCIATES LTD	1093766735	10C0001166	TAMPA, FL 33618	2016	0 mi
<input type="checkbox"/>	TAMPA MINIMALLY INVASIVE SPINE SURGERY CENTER LLC	1104233014	10C0001513	TAMPA, FL 33647	2016	0 mi
<input type="checkbox"/>	SOUTH TAMPA SURGERY CENTER LLC	1124186663	10C0001403	TAMPA, FL 33609	2016	0 mi
<input type="checkbox"/>	BIOSPINE LLC	1154747566	10C0001590	TAMPA, FL 33607	2016	0 mi
<input type="checkbox"/>	WEST CHASE SURGERY CENTER LTD	1285874065	10C0001543	TAMPA, FL 33626	2016	0 mi
<input type="checkbox"/>	FLORIDA SURGERY CENTER ENTERPRISES LLC	1316973050	10C0001496	TAMPA, FL 33603	2016	0 mi
<input type="checkbox"/>	SELECT PHYSICIANS SURGERY CENTERS	1326435926	10C0001601	TAMPA, FL 33607	2016	0 mi
<input type="checkbox"/>	TAMPA BAY CENTER FOR SPECIALIZED SURGERY INC	1366499923	10C0001072	TAMPA, FL 33607	2016	0 mi
<input type="checkbox"/>	COLUMBIA EYE AND SPECIALTY SURGERY CENTER LTD	1376507194	10C0001055	TAMPA, FL 33607	2016	0 mi
<input type="checkbox"/>	TAMPA BAY SURGERY CENTER LTD	1396796249	10C0001442	TAMPA, FL 33607	2016	0 mi

Examine Your Data

ASC Facility Compare Tool

ASCs can access measure data from other ASCs in their city and state or in their ZIP code to compare performance and set goals for improved patient care.

This page contains data from [Medicare's Hospital Compare Site](#).
For best results, use a browser such as: Edge, Chrome, or Firefox.



Measure Information (click to expand)

Results:

Facility Name	ASC 7 Volume	ASC 7 Gastrointestinal	ASC 7 Eye	ASC 7 Skin	ASC 7 Genitourinary	ASC 7 Musculoskeletal	ASC 7 Nervous System	ASC 7 Respiratory	ASC 7 Footnote	ASC 6-7 Encounter Start Date	A En Er
AMBULATORY SURGERY CENTER GROUP LTD	3,788	773	2,343	340	49	200	83	0		1/1/2016	12/
FLORIDA MEDICAL CLINIC PA	8,452	7,464	95	21	346	234	292	0		1/1/2016	12/
ADVANCED SURGERY CENTER OF TAMPA LLC	1,098	0	0	2	0	356	740	0		1/1/2016	12/



Measure Information

ASC Facility Compare Tool

ASCs can access measure data from other ASCs in their city and state or in their ZIP code to compare performance and set goals for improved patient care.

This page contains data from [Medicare's Hospital Compare Site](#).
For best results, use a browser such as: Edge, Chrome, or Firefox.

[Measure Information \(click to expand\)](#)

The following measures are included in the ASCQR Program data:

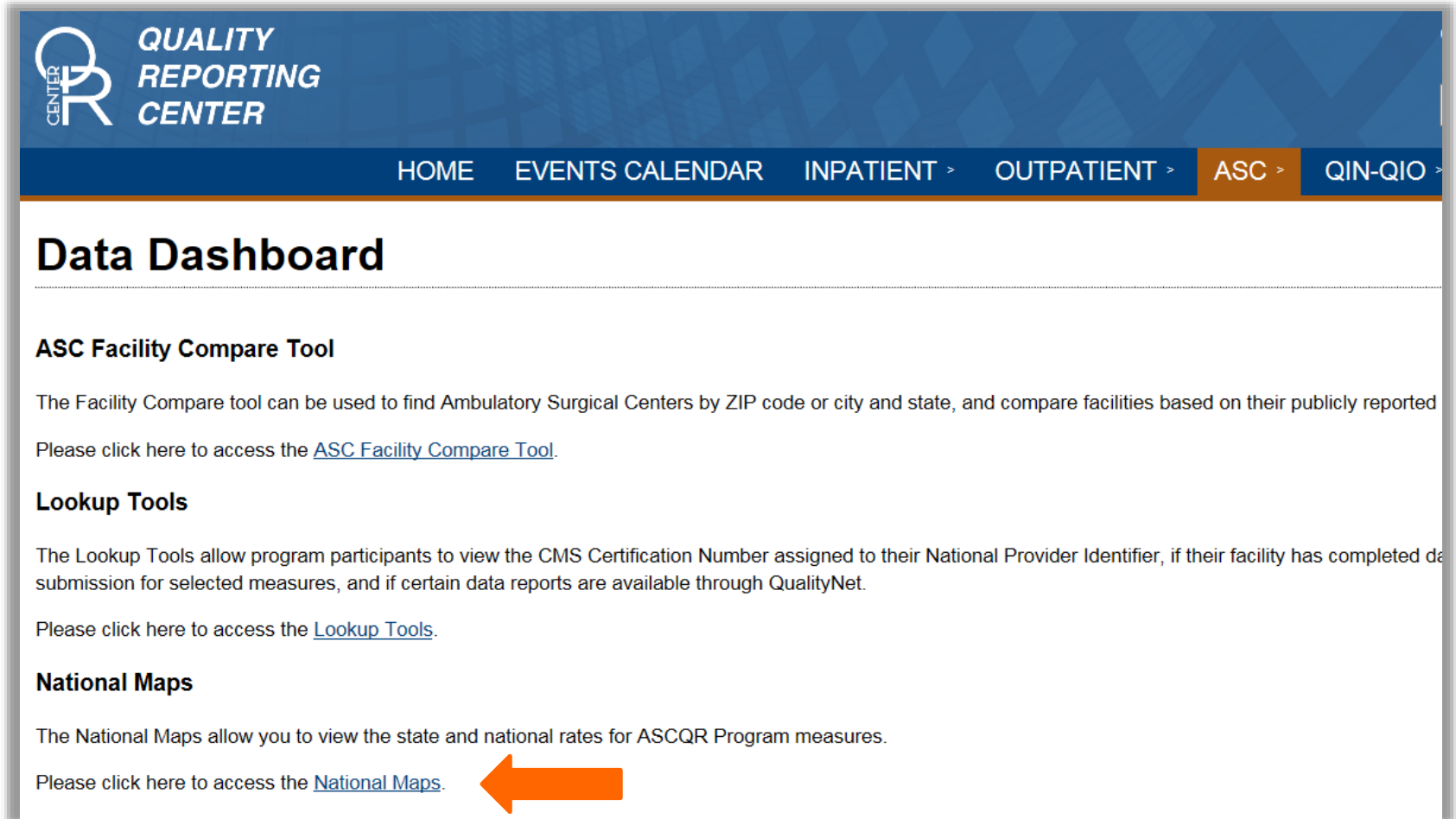
Measure #	Measure Title	Applicable Notes
ASC-1*	Patient Burn	Lower rates are better.
ASC-2*	Patient Fall	Lower rates are better.
ASC-3*	Wrong Site, Side, Patient, Procedure, Implant	Lower rates are better.
ASC-4*	Hospital Transfer/Admission	Lower rates are better.
ASC-5*	Prophylactic Intravenous (IV) Antibiotic Timing	Higher rates are better.
ASC-6†	Safe Surgery Checklist Use	All patients are included, not only Medicare patients.
ASC-7†	ASC Facility Volume Data on Selected ASC Surgical Procedures	All patients are included not only Medicare patients. Get details [PDF, 81K] about the selected procedures, including the procedure category, the corresponding Surgical Procedure Codes and short descriptions for ASC-7.
ASC-8	Influenza Vaccination Coverage among Healthcare Personnel	Data for this measure are from the 2016/2017 flu season (October 1, 2016-March 31, 2017).
ASC-9†	Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy	All patients are included, not only Medicare patients.
ASC-10†	Percentage of patients with history of polyps receiving follow-up colonoscopy in the appropriate timeframe	All patients are included, not only Medicare patients.
ASC-11†	Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery	All patients are included, not only Medicare patients; ASCs have the option to voluntarily submit data for ASC-11.
ASC-12*	Rate of unplanned hospital visits after an outpatient colonoscopy	Lower rates are better.

*Results for these measures are rates per 1,000 patients (or per 1,000 procedures).

†All patients are included, not only Medicare patients.

For information on footnotes used in the data tables, visit <https://www.medicare.gov/hospitalcompare/data/Footnotes.html>.

National Maps



QUALITY REPORTING CENTER

HOME EVENTS CALENDAR INPATIENT > OUTPATIENT > **ASC >** QIN-QIO >

Data Dashboard

ASC Facility Compare Tool

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Your Choices in Data

National Maps

[Log In](#) to Access QIO Section

Search this page:

Search this page...

Claims-Based Data Rates (by State)	Data Rates for ASC-8 (by State)	Data Submitted via QualityNet Rates (by State)
<ul style="list-style-type: none">ASC-1 Rate (2016)ASC-2 Rate (2016)ASC-3 Rate (2016)ASC-4 Rate (2016)ASC-5 Rate (2016)	<ul style="list-style-type: none">ASC-8 Rate (2016/2017)	<ul style="list-style-type: none">ASC-9 Rate (2016)ASC-10 Rate (2016)

Upcoming Events

July 17, 2018
[SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock: Providence Tarzana Medical Center's Sepsis Journey and v5.4](#)
[Frequently Asked Questions — 1.5 C.E.](#)

Summary

- Be aware that the data reported for this program will be displayed publicly.
- Evaluate your preview report.
- Access your publicly displayed data.
- Compare your data to other ASCs.
 - Utilize all of the tools to evaluate, implement changes, and improve quality.



ASCs in the Data Universe

Review of Data

Measures Aligned for Hospital OQR and ASCQR

Influenza Vaccination Coverage among Healthcare Personnel (OP-27, ASC-8)

Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (OP-29, ASC-9)

Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use (OP-30, ASC-10)

Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (OP-31, ASC-11)

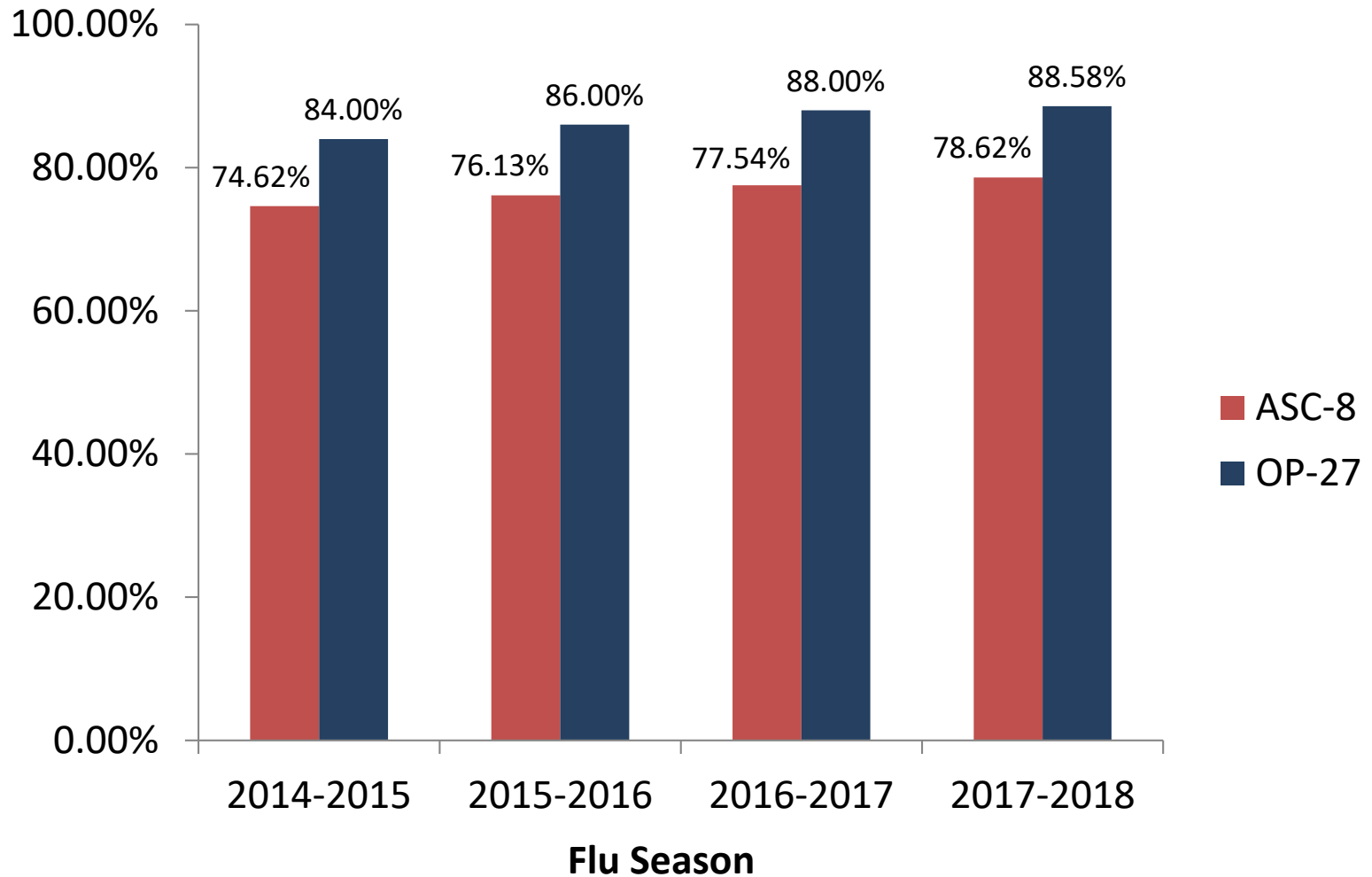
Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy (OP-32, ASC-12)

ASC-8

ASC-8: Influenza Vaccination Coverage among Healthcare Personnel

- Reported for three categories of hospital personnel
- Entered annually via a web-based tool through the National Healthcare Safety Network
- Submitted per facility

Influenza Vaccination Coverage Among Healthcare Personnel Measure Comparison



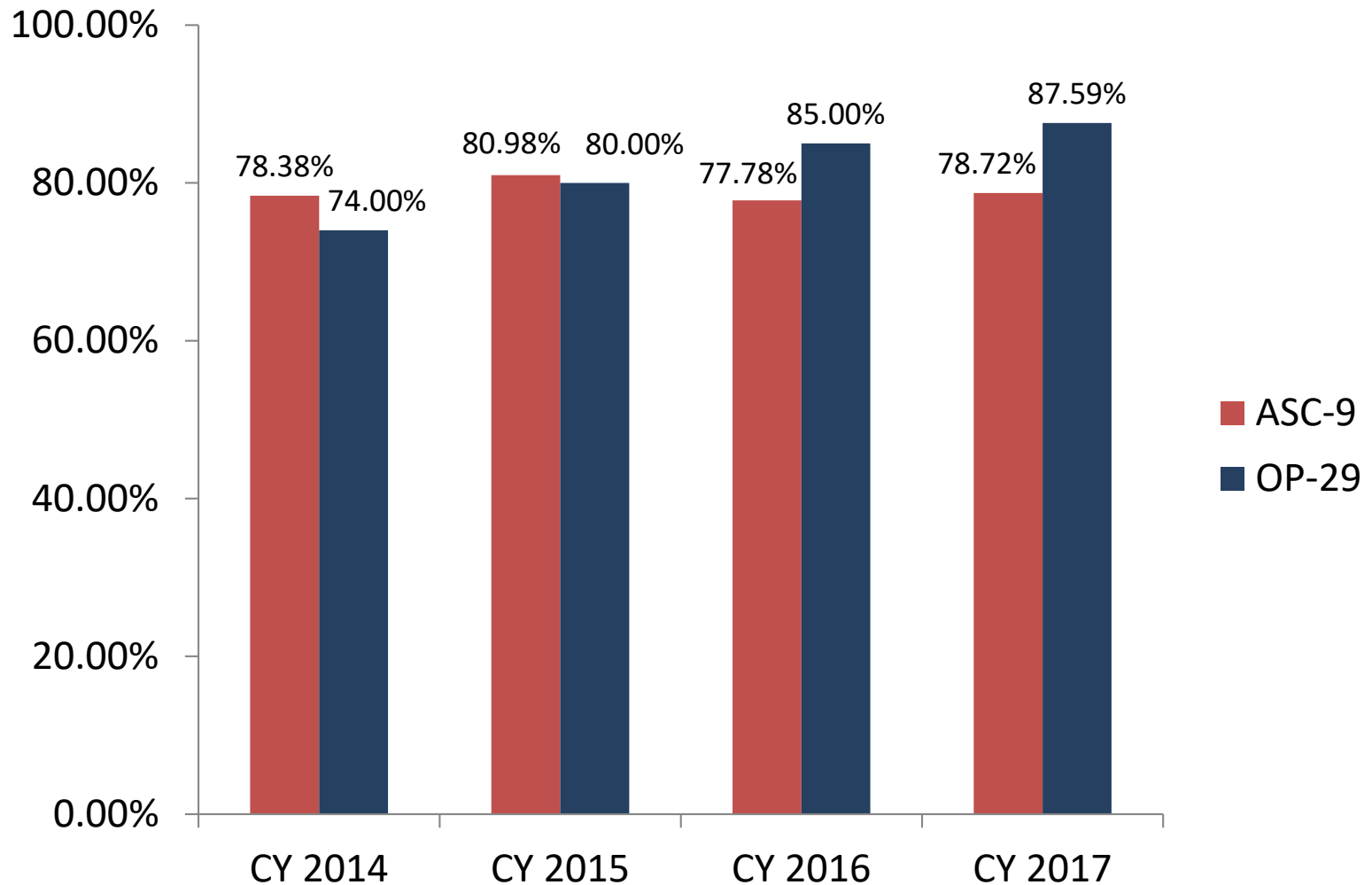
Data source: Hospital Compare and Centers for Disease Control and Prevention

ASC-9

ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

- Percentage of patients aged 50-75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients Measure Comparison



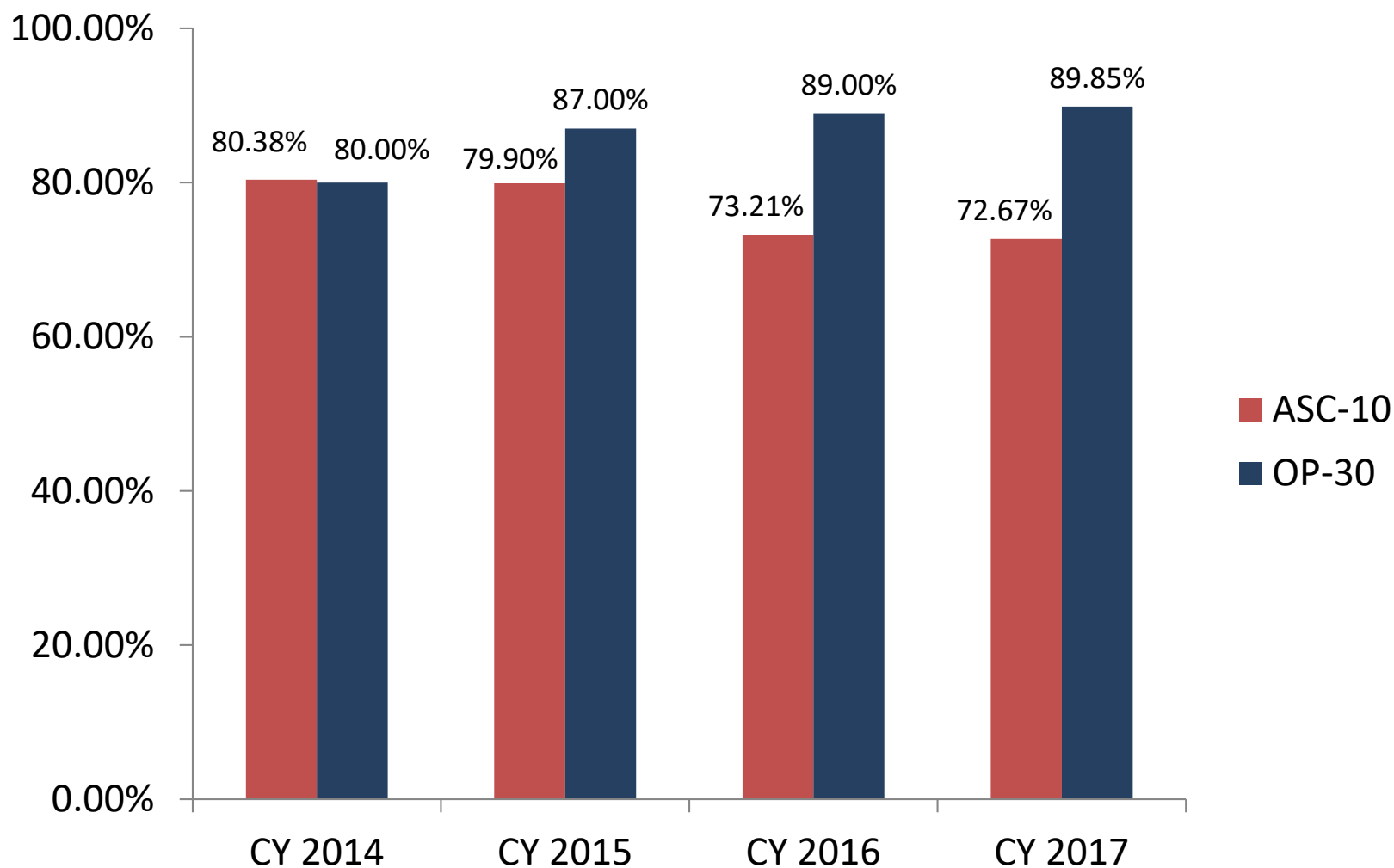
Data source: Hospital Compare and Oracle data warehouse

ASC-10

ASC-10: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use

- Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp(s) in previous colonoscopy findings, who had a follow-up interval of three or more years since their last colonoscopy

Colonoscopy Interval for Patients with a History of Adenomatous Polyps—Avoidance of Inappropriate Use Measure Comparison



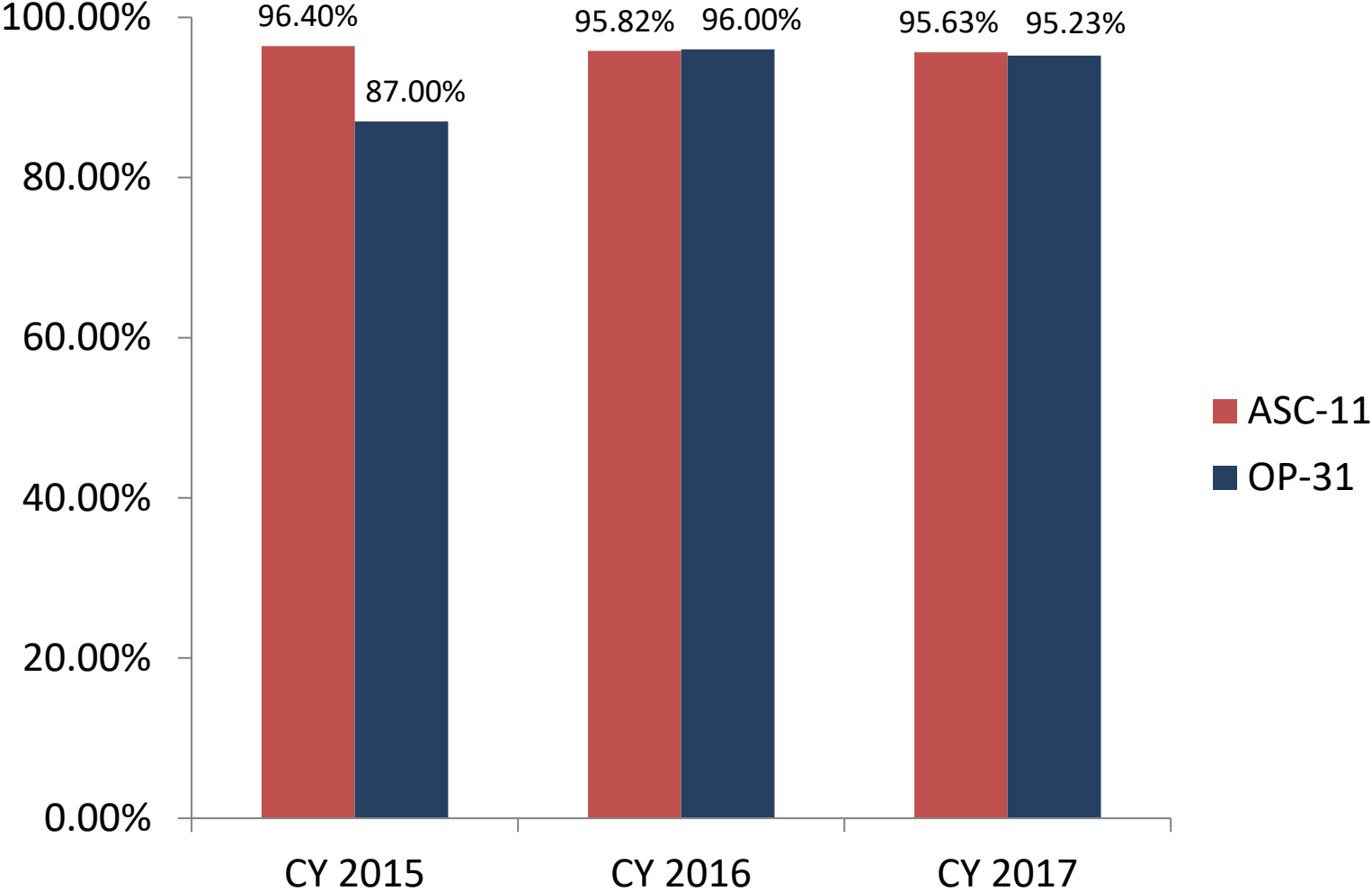
Data source: Hospital Compare and Oracle data warehouse

ASC-11

ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

- Percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery
- Voluntary measure

Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary) Measure Comparison



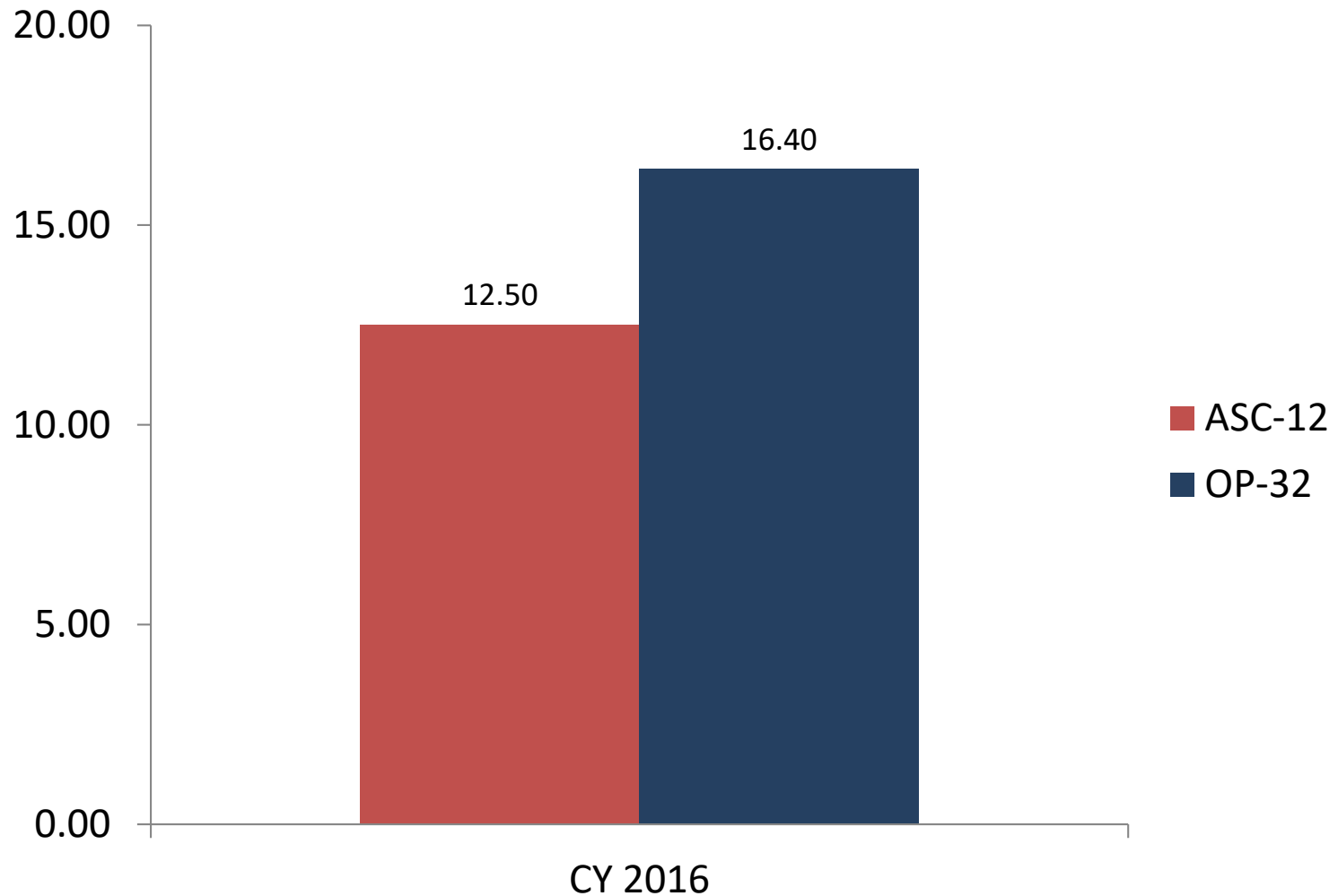
Data source: Hospital Compare and Oracle data warehouse

ASC-12

ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

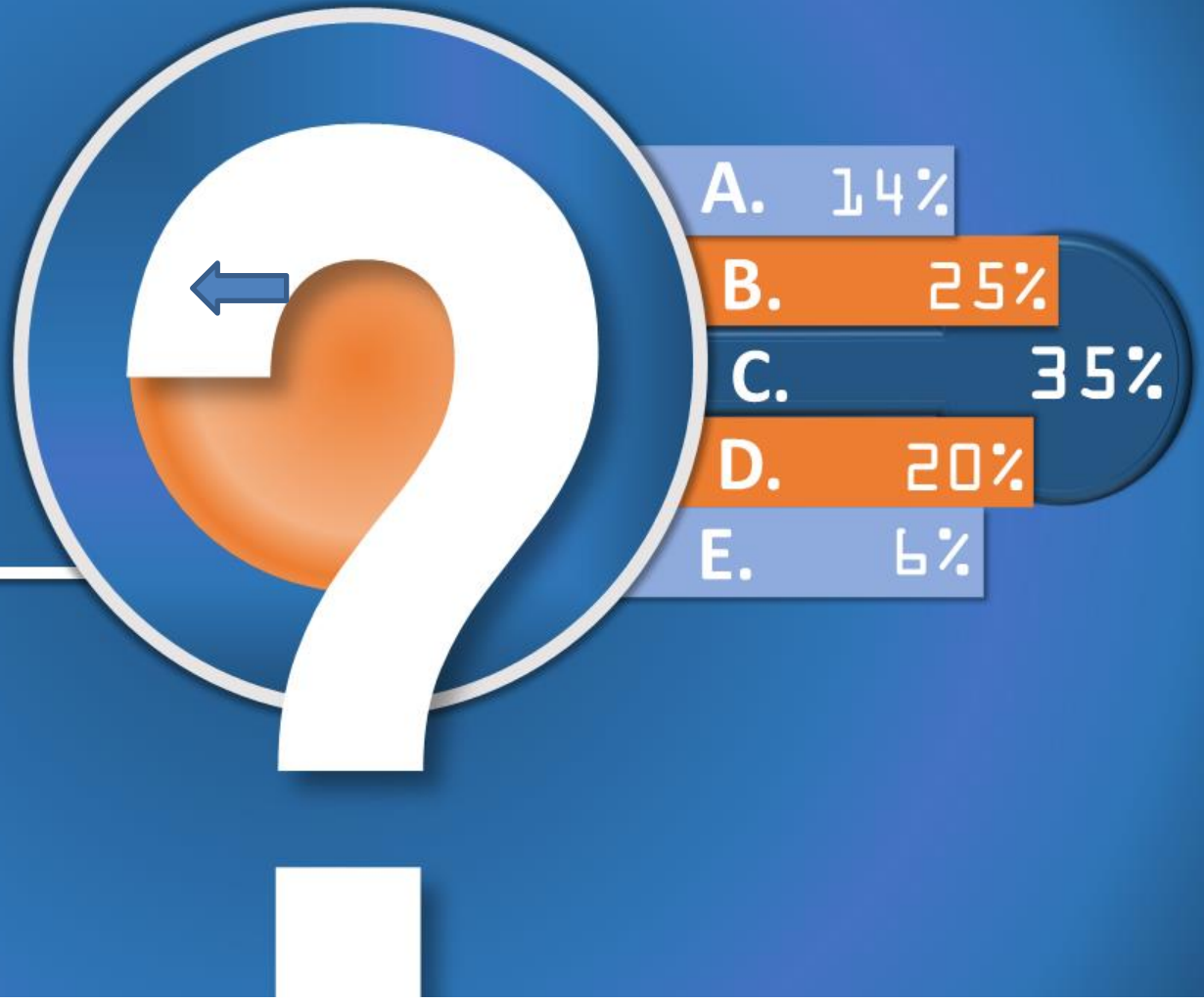
- Estimates a facility-level rate of risk-standardized, all-cause, unplanned hospital visits within 7 days of an outpatient colonoscopy among Medicare fee-for-service (FFS) patients aged 65 years and older
- Outcome measure
 - Data collected via administrative claims data

Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy Measure Comparison



Data source: Hospital Compare and Oracle data warehouse

Polling Question





Where Do You Go from Here?

You Collect Data to Improve

- A primary Quality Improvement (QI) principle is that performance can be measured and compared to identify a need for improvement.
 - Your systems create your outcomes.
 - What you do is what you get.

In order to get something different, you need to do something different.

Another Glimpse

- QI efforts benefit patients as well as the ASC.
- Participation in formal QI efforts are required for accreditation, board certification, and, in some cases, payer reimbursement.
- A Quality Assurance and Performance Improvement (QAPI) Program is based on five elements:
 - Design and Scope
 - Governance and Leadership
 - Feedback, data systems, and monitoring
 - Performance improvement projects
 - Systematic analysis and action

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.

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>

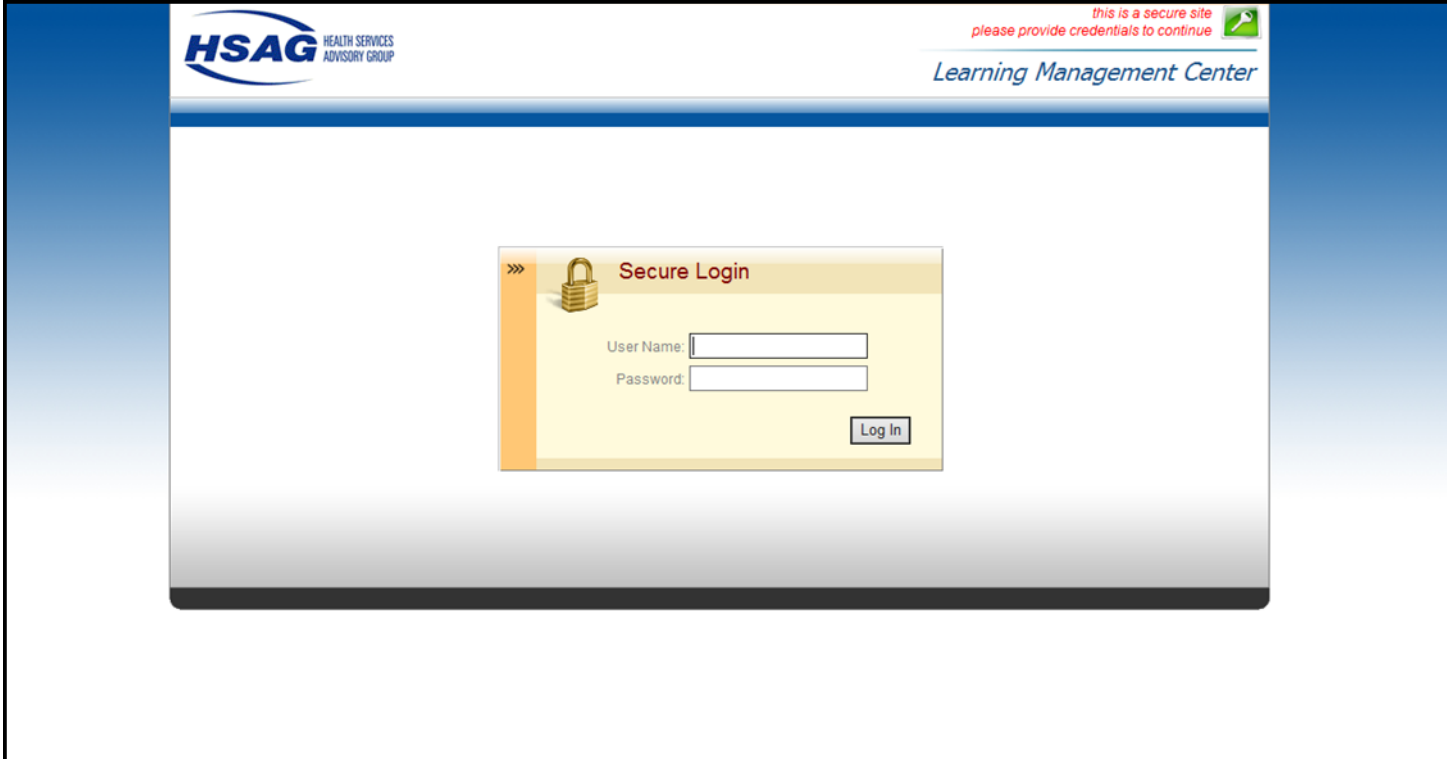
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the text "Learning Management Center" is displayed. The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains 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. The entire form is set against a light blue background with a white border.

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 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:", followed by a "Log In" button.

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

Or

- Call the Support Contractor at 866.800.8756.

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