

# Welcome!

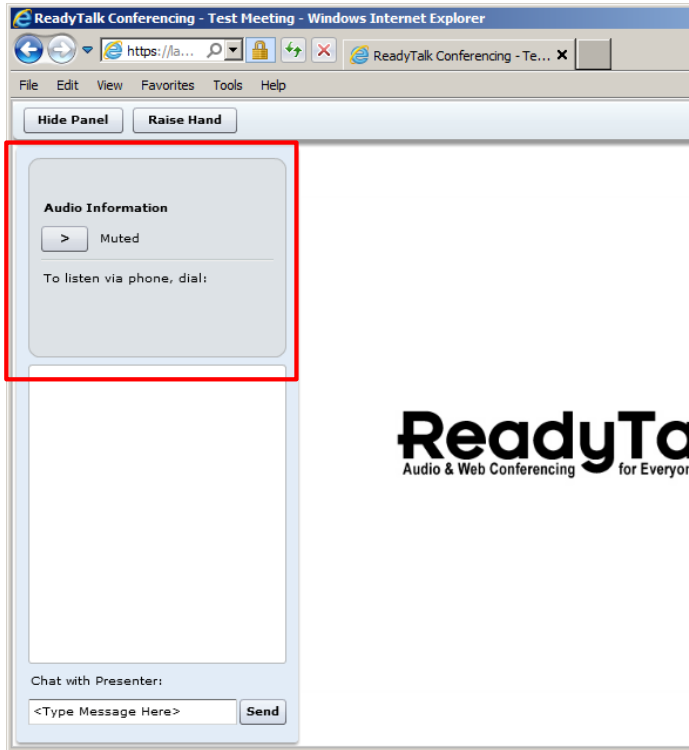
- **Audio for this event is available via ReadyTalk® Internet Streaming.**
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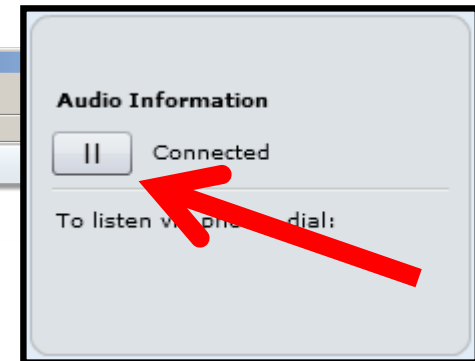
# Troubleshooting Audio

Audio from computer speakers breaking up?  
Audio suddenly stop?

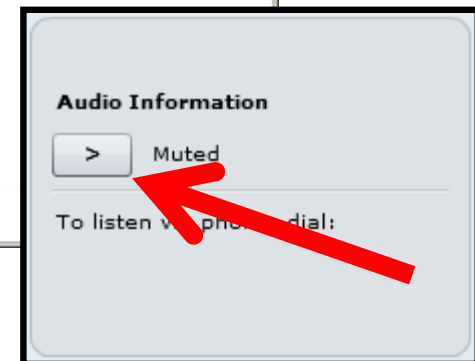
- Click Pause button
- Wait 5 seconds
- Click Play button



Location of Audio Controls



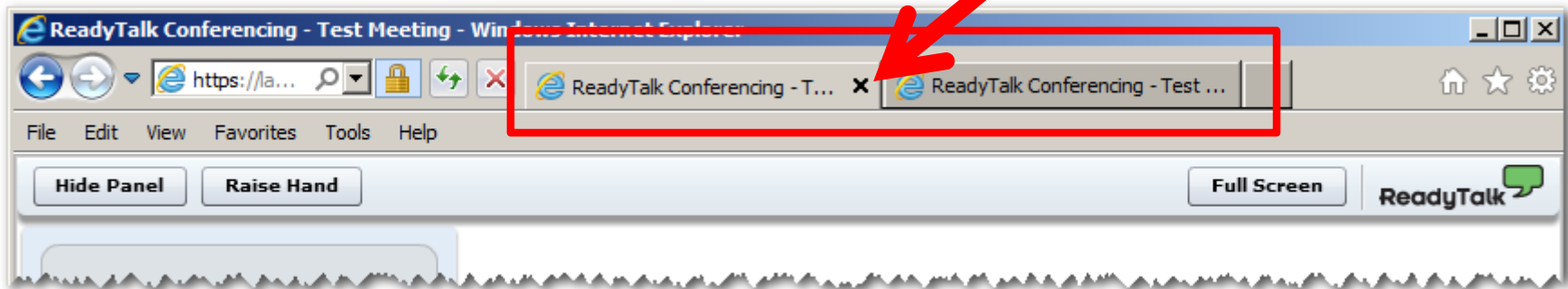
Step 1



Step 2

# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is usually caused by multiple connections to a single event.
- Close all but one browser/tab and the echo will clear up.



Example of Two Connections to Same Event

# Submitting Questions

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



A screenshot of a presentation slide from the CMS (Centers for Medicare &amp; Medicaid Services). The slide title is "Specifications Manual, Version 4.4a, Changes &amp; Hospital VBP Program Improvement Series: MSPB" and the date is "November 18, 2014, 10 a.m. &amp; 2 p.m. ET". The slide lists several speakers: Candace Jackson, RN, Hospital IQR Support Contract Lead; Donna Isgett, Sr. Vice President Corporate Quality and Safety at McLeod Medical Center; Cindy Cullen, Mathematica Policy Research; Amanda Molski, Quality Coordinator at Memorial Hospital Sweetwater County; and Bethany Wheeler, BS, Hospital VBP Program Support Contract Lead. A chat window is overlaid on the left side of the slide, titled "Chat with Presenter" and containing a text input field and a "Send" button. The chat window also has "Hide Chat" and "Return Home" buttons at the top and "Full Screen" and "ReadyToGo" buttons at the top right.



# **FY 2016 IPF PPS Final Rule, APU Determination Process, and Reconsideration Review**

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**September 17, 2015**

# Purpose

During this presentation participants will learn about changes to the IPFQR program as delineated in the Fiscal Year (FY) 2016 IPF Prospective Payment System (PPS) Final Rule, as well as the Annual Payment Update (APU) determination and reconsideration processes.

# Learning Objectives

At the conclusion of this presentation, attendees will understand the:

- IPFQR program changes, as stated in the FY 2016 IPF PPS Final Rule
- APU determination and reconsideration processes

# Acronyms

- **ADA** American Diabetes Association
- **AMA** American Medical Association
- **APA** American Psychiatric Association
- **APU** Annual Payment Update
- **BMI** Body Mass Index
- **BBRA** Balanced Budget Refinement Act of 1999
- **CMS** Centers for Medicare & Medicaid
- **CY** Calendar Year
- **DACA** Data Accuracy and Completeness Acknowledgment
- **FUH** Follow up After Hospitalization for Mental Illness
- **FR** Federal Register
- **FY** Fiscal Year
- **HbA1c** Hemoglobin A1c
- **HHS** Health and Human Services
- **HBIPS** Hospital Based Inpatient Psychiatric Services
- **IPFQR** Inpatient Psychiatric Facility Quality Reporting
- **IPF** Inpatient Psychiatric Facility
- **IPP** Initial Patient Population
- **NOP** Notice of Participation
- **NQF** National Quality Forum
- **PCPI** Physician Consortium for Performance Improvement
- **PPS** Prospective Payment System
- **SUB** Substance Use Measure
- **TOB** Tobacco Use Measure



IPFQR Program

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**FY 2016 IPF PPS FINAL RULE**

# FY 2016 Final Rule

- The IPF PPS FY 2016 Final Rule was published on August 5, 2015, in the *Federal Register* found at <http://www.gpo.gov/fdsys/pkg/FR-2015-08-05/pdf/2015-18903.pdf>.
- The IPFQR Program (42 CFR Part 412) begins on page one of the PDF or page 46,651 of the *Federal Register*.

# Summary of Final Rule Changes: Executive Version

The Final Rule adopted all program changes in the Proposed Rule with one change: three of the five proposed measures will not be required to be initially collected until the third and fourth quarters of CY 2016.

The three measures are:

1. **Transition Record with Specified Elements Received by Discharged Patients** (discharges from an inpatient facility to home/self care or any other site of care)
2. **Timely Transmission of Transition Record** (discharges from an inpatient facility to home/self care or any other site of care)
3. **Screening for Metabolic Disorders**

# Summary of Final Rule Changes: New Measures

For the FY 2018 payment determination and subsequent years, CMS has adopted five new measures:

1. **Tobacco Use Treatment Provided or Offered at Discharge** (TOB-3) and the subset, **Tobacco Use Treatment at Discharge** (TOB-3a)
2. **Alcohol Use Brief Intervention Provided or Offered** (SUB-2) and the subset, **Alcohol Use Brief Intervention** (SUB-2a)
3. **Transition Record with Specified Elements Received by Discharged Patients** (discharges from an inpatient facility to home/self care or any other site of care)
4. **Timely Transmission of Transition Record** (discharges from an inpatient facility to home/self care or any other site of care)
5. **Screening for Metabolic Disorders**

# Tobacco Use Treatment Provided or Offered at Discharge (TOB-3) and the Subset, Tobacco Use Treatment at Discharge (TOB-3a)

- TOB-3 and TOB-3a measures are chart-abstracted and reported as two rates:
  - The overall rate, TOB-3, assesses patients identified as tobacco product users within the past 30 days who were referred to or refused evidence-based outpatient counseling AND **received or refused** a prescription for FDA-approved cessation medication upon discharge.
  - The subset rate, TOB-3a, includes only patients who were referred to evidence-based outpatient counseling AND **received** a prescription for FDA-approved cessation medication upon discharge as well as those who were referred to outpatient counseling and had reason for not receiving a prescription for medication.
- Intent of these measures:
  - Address tobacco use as a major problem among inpatient psychiatric patients and to alert IPFs to gaps in treatment for smoking cessation at discharge if rates for these measures are low

# Alcohol Use Brief Intervention Provided or Offered (SUB-2) and the Subset, Alcohol Use Brief Intervention (SUB-2a)

- The SUB-2 and SUB-2a measures are chart-abstracted and reported as two rates:
  - The overall rate, SUB-2, assesses patients to whom a brief alcohol use intervention was **provided**, or **offered and refused**
  - The subset rate, SUB-2a, includes only patients who **received** a brief intervention
- Intent of measures:
  - Depict the rate at which patients who screen positive for unhealthy alcohol use receive an intervention for such use
  - Alert IPFs to gaps in treatment for unhealthy alcohol use if rates are low, supporting the development of quality improvement plans and better patient engagement in treatment

# Transition Record with Specified Elements Received by Discharged Patients

(Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)

- This measure:
  - Replaces the existing HBIPS-6 Post-Discharge Continuing Care Plan measure
    - Numerator includes 11 required elements compared to four in HBIPS-6
  - Is chart-abstracted:
    - Assesses the percentage of patients, regardless of age, discharged from an inpatient facility to home or another site of care, or their caregiver(s), who received a transition record and with whom a review of all included information was documented at the time of discharge
    - Developed by the AMA-convened PCPI
- Intent of measure:
  - Increase patient care coordination
  - Prevent gaps in care transitions caused by patients receiving inadequate or insufficient information that lead to avoidable adverse events and patient readmissions

# Timely Transmission of Transition Record

(Discharges From an Inpatient Facility to Home/Self Care or Any Other Site of Care)

- This measure:
  - Replaces the existing HBIPS-7 Post-Discharge Continuing Care Plan Transmitted to the Next Level of Care Provider Upon Discharge measure:
    - Numerator includes patients with transmission of a transition record within 24 hours of discharge, compared to those transmitted within five days of discharge for HBIPS-7
  - Is Chart-Abstracted:
    - Assesses the percentage of patients, regardless of age, discharged from an inpatient facility to home or another site of care, or their caregiver(s), for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge
    - Developed by the AMA-convened PCPI
- Intent of measure:
  - Improve patient care
  - Reduce systemic medical errors
  - Improve patient outcomes through more timely communication of vital information regarding the inpatient hospitalization



# Screening for Metabolic Disorders

- The Chart-Abstracted Metabolic Disorders measure:
  - Assesses the percentage of IPF patients discharged with one or more routinely-scheduled antipsychotic medications who received a metabolic screening either prior to or during the index IPF stay
- Intent of measure:
  - Reduce the risk of preventable adverse events and improve the physical health status of the patient
  - Align with a consensus statement supported by the ADA, APA, American Association of Clinical Endocrinologists, and the North American Association for the Study of Obesity, which recommended the implementation of baseline screening measures for patients “before, or as soon as clinically feasible after, the initiation of any antipsychotic medication” to assess patients’ risk for metabolic syndrome (CMS-1627-P 136)

# Measures Removed

- **HBIPS-4:** Patients Discharged on Multiple Antipsychotic Medications measure removed for the **FY 2017** payment determination and subsequent years
  - The HBIPS-5 measure (Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification) sufficiently includes the information that HBIPS-4 was intended to collect
- **HBIPS-6:** Post Discharge Continuing Care Plan Created and **HBIPS-7:** Post Discharge Continuing Care Plan Transmitted to Next Level of Care at Discharge removed for the **FY 2018** payment determination and subsequent years
  - Transition Record with Specified Elements Received by Discharged Patients (discharges from an inpatient facility to home/self care or any other site of care) replaces HBIPS-6
  - Timely Transmission of Transition Record (discharges from an inpatient facility to home/self care or any other site of care) replaces HBIPS-7

# Data Reporting Requirements

- Reporting by Age and Quarter
  - Beginning with FY 2017 payment determination and subsequent years, IPFs are required to:
    - Report data for chart-abstracted measures on an aggregate basis by year rather than by quarter
    - Discontinue the requirement to report measure data by age group
    - Report a single aggregate measure rate for each measure annually for each payment determination
      - ❖ The FUH and Influenza Vaccination Coverage among Healthcare Personnel measures **are excluded** from this because the FUH measure is a claims-based measure that does not require additional data submission and IPFs report the Influenza Vaccination Coverage among Healthcare Personnel measure to the CDC through the NHSN
- Aggregate Population Count Reporting
  - Beginning with FY 2017 payment determination and subsequent years, CMS no longer requires non-measure data by quarter, but as an aggregate, yearly count

# CMS Sampling Requirements for FY 2018 Payment Determination and Subsequent Years

IPFs have the option to submit one, uniform, global sample for the following select measures:

- HBIPS-5
- SUB-1/-2/-2a
- TOB-1/-2/-2a/-3/-3a
- IMM-2
- Transition Record with Specified Elements Received by Discharged Patients
- Timely Transmission of Transition Record
- Screening for Metabolic Disorders

# Global Sampling Requirements

Yearly Sample Size	
Number of Cases in Initial Patient Population	Number of Records to be Sampled
≥ 6,117	1,224
3,057–6,116	20%
609–3,056	609
0–608	All cases

Monthly Sample Size		Quarterly Sample Size	
Average Monthly Initial Patient Population Size “ <i>N</i> ”	Minimum Required Sample Size “ <i>n</i> ”	Average Quarterly Initial Patient Population Size “ <i>N</i> ”	Minimum Required Sample Size “ <i>n</i> ”
≥ 510	102	≥ 1,530	306
255–509	20%	765–1,529	20%
51–254	51	153–764	153
< 51	No sampling 100% IPP required	6–152	No sampling 100% IPP required
		0–5	If submission occurs, 1–5 cases of the IPP may be submitted

# IPFQR Measures for FY 2017

Measure	Reporting Period	Submission Period	Measure Type	Sampling Allowed	Public Display
<b>HBIPS-2: Hours of Physical Restraint Use</b>	January 1– December 31, 2015	July 1– August 15, 2016	Chart-Abstracted	No	April 2017
<b>HBIPS-3: Hours of Seclusion Use</b>	January 1– December 31, 2015	July 1– August 15, 2016	Chart-Abstracted	No	April 2017
<b>HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification</b>	January 1– December 31, 2015	July 1– August 15, 2016	Chart-Abstracted	Yes	April 2017
<b>HBIPS-6: Post-Discharge Continuing Care Plan Created</b>	January 1– December 31, 2015	July 1– August 15, 2016	Chart-Abstracted	Yes	April 2017
<b>HBIPS-7: Post-Discharge Continuing Care Plan Transmitted to Next Level of Care at Discharge</b>	January 1– December 31, 2015	July 1– August 15, 2016	Chart-Abstracted	Yes	April 2017
<b>SUB-1: Alcohol Use Screening</b>	January 1– December 31, 2015	July 1– August 15, 2016	Chart-Abstracted	Yes	April 2017
<b>FUH: Follow-Up After Hospitalization for Mental Illness</b>	July 1, 2014– June 30, 2015	Calculated by CMS	Claims-Based	N/A	April 2017
<b>Use of Electronic Health Record</b>	January 1– December 31, 2015	July 1– August 15, 2016	Structural Web-Based	N/A	April 2017
<b>Assessment of Patient Experience of Care</b>	January 1– December 31, 2015	July 1– August 15, 2016	Structural Web-Based	N/A	April 2017

# IPFQR Measures for FY 2017

Measure	Reporting Period	Submission Period	Measure Type	Sampling Allowed	Public Display
<b>IMM-2: Influenza Immunization</b>	October 1, 2015– March 31, 2016	July 1– August 15, 2016	Chart-Abstracted	Yes	April 2017
<b>Influenza Vaccination Coverage among Healthcare Personnel</b>	October 1, 2015– March 31, 2016	October 1, 2015– May 15, 2016	Web-Based reported on NHSN website*	No	April 2017
<b>TOB-1: Tobacco Use Screening</b>	January 1– December 31, 2015	July 1– August 15, 2016	Chart-Abstracted	Yes	April 2017
<b>TOB-2: Tobacco Use Treatment Provided or Offered and TOB-2a: Tobacco Use Treatment</b>	January 1– December 31, 2015	July 1– August 15, 2016	Chart-Abstracted	Yes	April 2017

\*Each new entry overwrites previous entry.

# FY 2017 Non-Measure Data Collection

Total Annual Discharges

Age Strata	Total Annual Discharges
Children (≥ 1yr. and < 13 yrs.)	
Adolescent (≥ 13 yrs. and < 18 yrs.)	
Adult (≥ 18 yrs. and < 65 yrs.)	
Older Adult (≥ 65 yrs.)	

Payer	Total Annual Discharges
Medicare	
Non-Medicare	

Diagnostic Categories	Total Annual Discharges
Anxiety disorders (651)	
Delirium, dementia, and amnesic and other cognitive disorders (653)	
Mood disorders (657)	
Schizophrenia and other psychotic disorders (659)	
Alcohol-related disorders (660)	
Substance-related disorders (661)	
Other diagnosis – Not included in one of the above categories	

Measure	Total Annual Sample Size
HBIPS-5, -6, -7	
SUB-1, IMM-2, TOB-1, TOB-2/2a	



# IPFQR Measures for FY 2018

Measure	Reporting Period	Submission Period	Measure Type	Sampling Allowed	Public Display
<b>HBIPS-2: Hours of Physical Restraint Use</b>	January 1– December 31, 2016	July 1– August 15, 2017	Chart-Abstracted	No	April 2018
<b>HBIPS-3: Hours of Seclusion Use</b>	January 1– December 31, 2016	July 1– August 15, 2017	Chart-Abstracted	No	April 2018
<b>HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification</b>	January 1– December 31, 2016	July 1– August 15, 2017	Chart-Abstracted	Yes	April 2018
<b>Transition Record with Specified Elements Received by Discharged Patients</b>	July 1– December 31, 2016	July 1– August 15, 2017	Chart-Abstracted	Yes	April 2018
<b>Timely Transmission of Transition Record</b>	July 1– December 31, 2016	July 1– August 15, 2017	Chart-Abstracted	Yes	April 2018
<b>Screening for Metabolic Disorders</b>	July 1– December 31, 2016	July 1– August 15, 2017	Chart-Abstracted	Yes	April 2018
<b>SUB-1: Alcohol Use Screening</b>	January 1– December 31, 2016	July 1– August 15, 2017	Chart-Abstracted	Yes	April 2018
<b>SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention</b>	January 1– December 31, 2016	July 1– August 15, 2017	Chart-Abstracted	Yes	April 2018

# IPFQR Measures for FY 2018

Measure	Reporting Period	Submission Period	Measure Type	Sampling Allowed	Public Display
<b>TOB-1: Tobacco Use Screening</b>	January 1– December 31, 2016	July 1– August 15, 2017	Chart-Abstracted	Yes	April 2018
<b>TOB-2: Tobacco Use Treatment Provided or Offered and TOB-2a Tobacco Use Treatment</b>	January 1– December 31, 2016	July 1– August 15, 2017	Chart-Abstracted	Yes	April 2018
<b>TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge</b>	January 1– December 31, 2016	July 1– August 15, 2017	Chart-Abstracted	Yes	April 2018
<b>IMM-2: Influenza Immunization</b>	October 1, 2016– March 31, 2017	July 1– August 15, 2017	Chart-Abstracted	Yes	April 2018
<b>Influenza Vaccination Coverage among Healthcare Personnel</b>	October 1, 2016– March 31, 2017	October 1, 2016– May 15, 2017	Web-Based reported on NHSN website*	No	April 2018
<b>Use of Electronic Health Record</b>	January 1– December 31, 2016	July 1– August 15, 2017	Structural Web-Based	N/A	April 2018
<b>Assessment of Patient Experience of Care</b>	January 1– December 31, 2016	July 1– August 15, 2017	Structural Web-Based	N/A	April 2018
<b>FUH: Follow-Up After Hospitalization for Mental Illness</b>	July 1, 2015– June 30, 2016	Calculated by CMS	Claims-Based	N/A	April 2018

\*Each new entry overwrites previous entry.

# IPFQR Program

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## **FY 2016 APU DETERMINATION AND RECONSIDERATION PROCESSES**

# FY 2016 IPFQR Program Reporting Requirements

To participate in the IPFQR Program and qualify to receive the full FY 2016 APU, eligible IPFs had to meet the following requirements by the August 15, 2015 deadline:

- Complete *QualityNet* Registration
- Complete the IPFQR Program NOP
- Submit measure data, including:
  - Aggregate numerator and denominator data for all age groups and quarters for HBIPS-2, -3, -4, -5, -6, and -7 measures
  - Aggregate numerator and denominator data for all quarters for SUB-1
  - Structural Measure attestations, including Use of Electronic Health Record and Assessment of Patient Experience of Care
- Complete the DACA

# Data Submission Review: July 1–August 15, 2015

- 1,662 IPFs were identified as eligible to participate in the FY 2016 data submission period
- Approximately 97% of the eligible IPFs met all program requirements to qualify for full APU

# APU Status Notifications

- Notification letters were sent on September 8, 2015 to facilities not meeting one or more of the program requirements.
- Reconsideration requests for decisions are due to CMS 30 days from the date of receipt of the payment notification.
- Facilities filing a reconsideration will be notified by CMS approximately 90 days after the reconsideration request is submitted.

# Reconsideration Process: *QualityNet* Location

An overview of the APU reconsideration process for the IPF Program is available on the [**APU Reconsideration**] page on *QualityNet* found at:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTieR2&cid=1228772517446>.

IPFQR Program

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# **HELPFUL RESOURCES**



# Links

- **FY 2016 IPF PPS Final Rule:**  
<http://www.gpo.gov/fdsys/pkg/FR-2015-08-05/pdf/2015-18903.pdf>
- **The Joint Commission Specifications Manual, Version 5.0a:**  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228774725171>
- **The Joint Commission Specifications Manual (HBIPS):**  
<https://manual.jointcommission.org/>
- **Specifications Manual for National Hospital Inpatient Quality Measures (SUB, TOB, IMM):**  
[www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1141662756099](http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1141662756099)
- **List of validated screening tools for SUB-1:**  
[www.integration.samhsa.gov/clinical-practice/screening-tools#drugs](http://www.integration.samhsa.gov/clinical-practice/screening-tools#drugs)

# Links

## IPFQR Program Resources and Tools

- *QualityNet*: [www.qualitynet.org](http://www.qualitynet.org) – *IPF Resources*
- *Quality Reporting Center*:  
[www.qualityreportingcenter.com/inpatient/ipf/tools](http://www.qualityreportingcenter.com/inpatient/ipf/tools) – IPFQR Program Resources and Tools

# Upcoming IPFQR Program Educational Webinar Dates

- **October 15, 2015:** *New Measures and Non-Measure Reporting – Part 1*
- **November 19, 2015:** *New Measures and Non-Measure Reporting – Part 2*
- **December 17, 2015:** *Public Reporting and FUH Measure Review*

# IPFQR Program General Resources



## Q & A Tool

<https://cms-ip.custhelp.com>



## Email Support

[IPFQualityReporting@area-m.hcqs.org](mailto:IPFQualityReporting@area-m.hcqs.org)



## Phone Support

866.800.8765



## Inpatient Live Chat

[www.qualityreportingcenter.com/inpatient](http://www.qualityreportingcenter.com/inpatient)



## Monthly Web Conferences

[www.QualityReportingCenter.com](http://www.QualityReportingCenter.com)



## Secure Fax

877.789.4443



## ListServes

Sign up on  
[www.QualityNet.org](http://www.QualityNet.org)



## Website

[www.QualityReportingCenter.com](http://www.QualityReportingCenter.com)

# 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 a separate registration from ReadyTalk
  - Please use your PERSONAL email so you can receive your certificate
  - Healthcare facilities have firewalls up that block our certificates

# CE 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](#)  
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# 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>

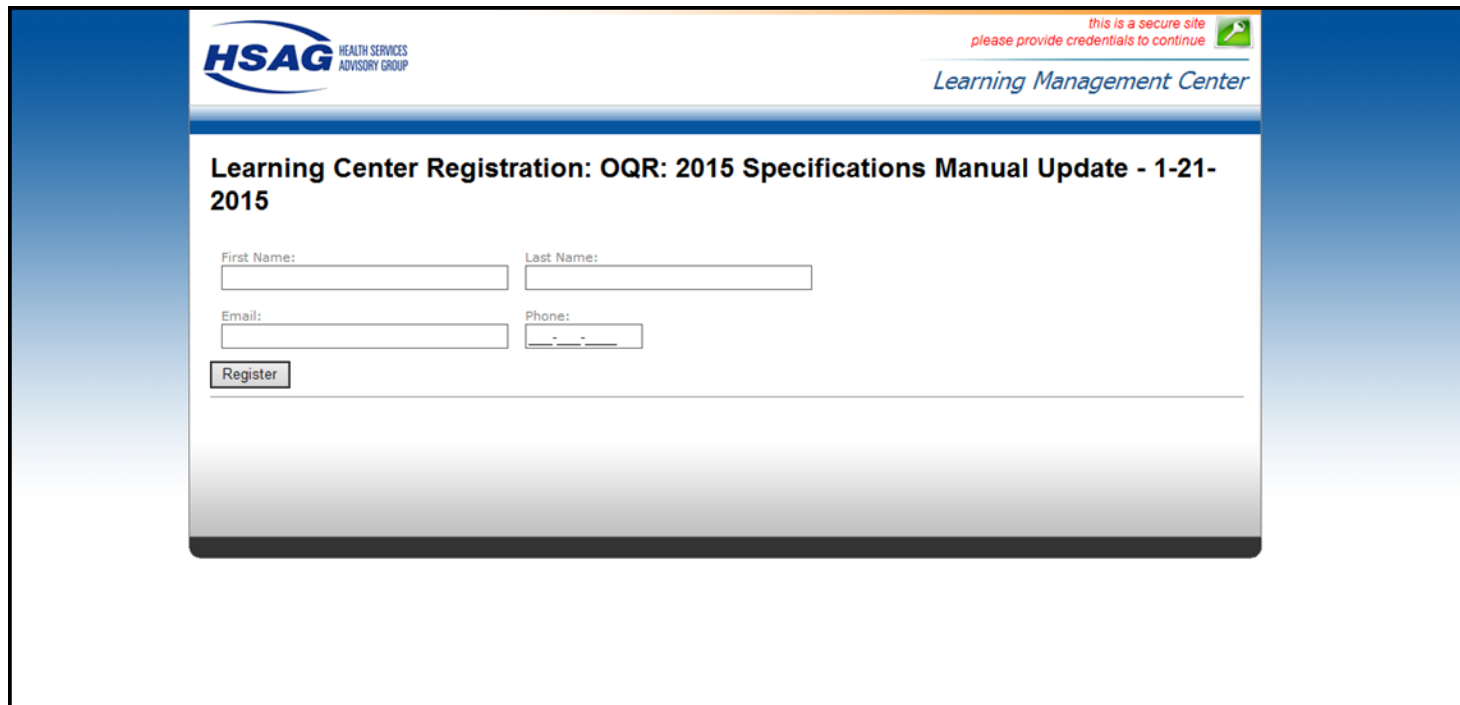
**Existing User Link:**  
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**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

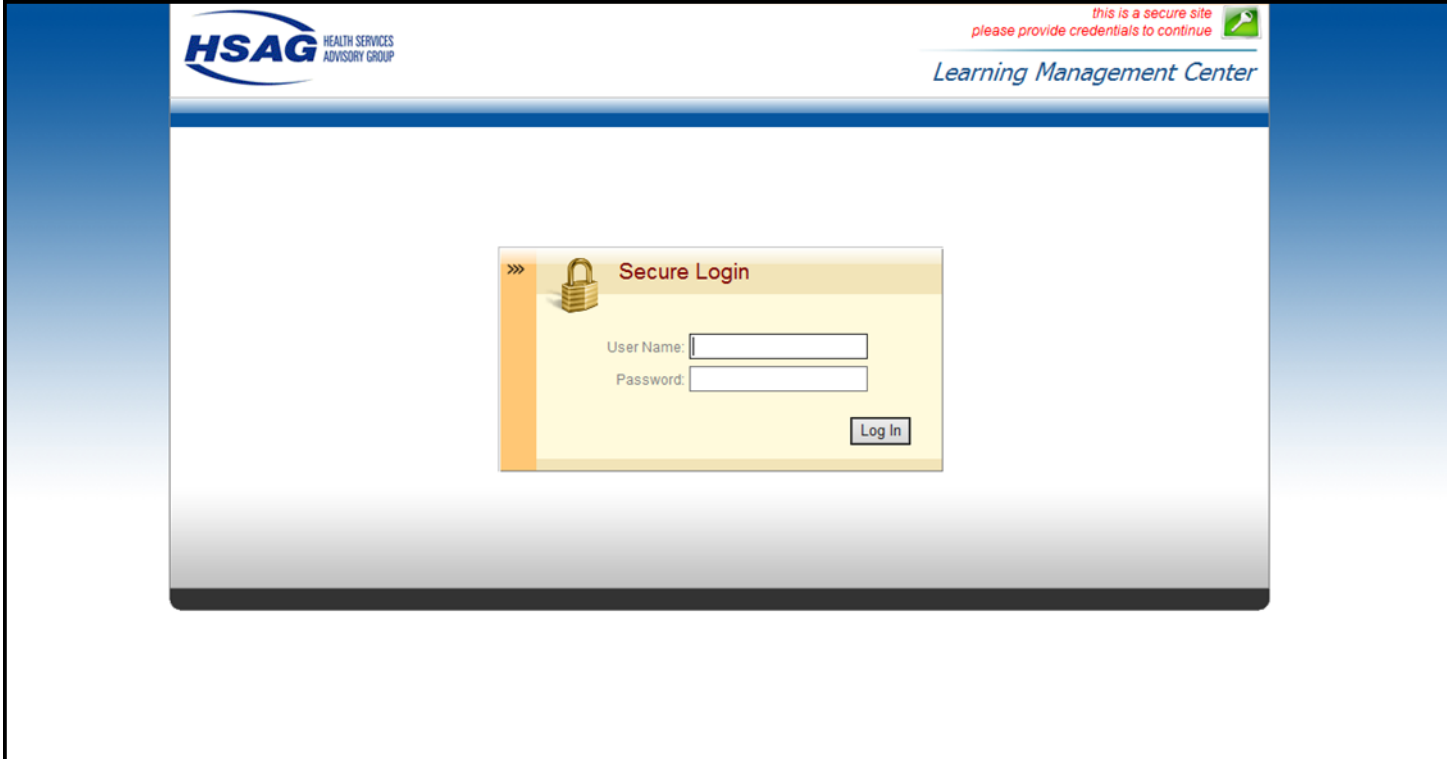


# CE Credit Process: New User



The screenshot shows a web browser window displaying the registration page for a new user. The page features the HSAG logo (Health Services Advisory Group) in the top left corner. In the top right corner, there is a security notice: "this is a secure site please provide credentials to continue" next to a small green padlock icon. Below this, the text "Learning Management Center" is displayed. The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form includes 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 page is framed by a blue border on the left and right sides.

# 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 (Health Services Advisory Group). At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box containing a padlock icon, a "User Name:" label with an input field, a "Password:" label with an input field, and a "Log In" button.