

Welcome!

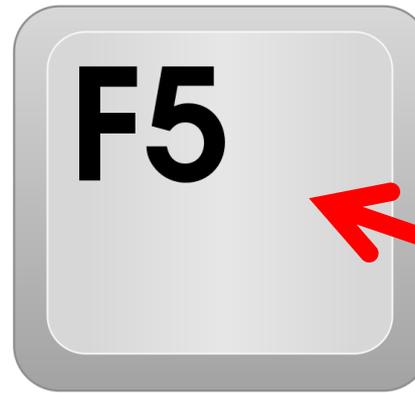
- Presentation slides can be downloaded from www.qualityreportingcenter.com under Upcoming Events on the right-hand side of the page.
- Audio for this event is available via ReadyTalk® Internet streaming. No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Limited dial-in lines are available. Please send a chat message if a dial-in line is needed.
- This event is being recorded.



Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stops?

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



F5 Key
Top row of keyboard

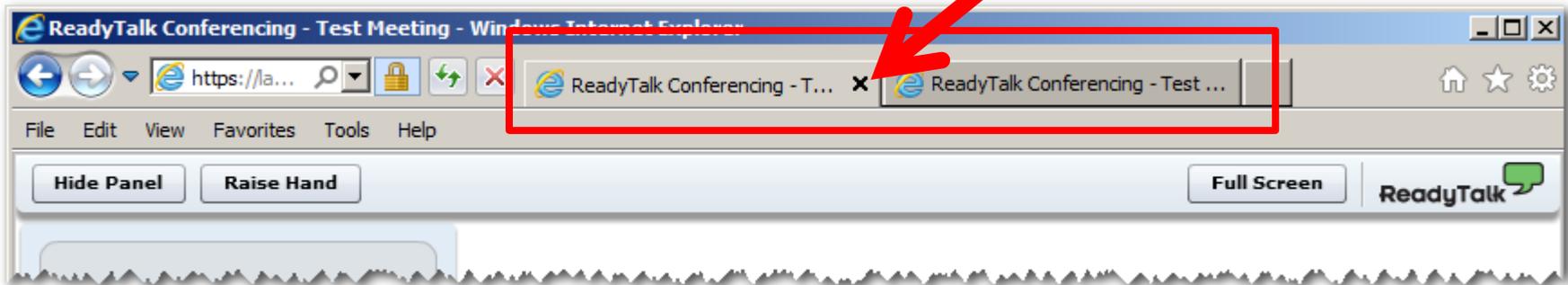


Location of buttons

Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab, and the echo will clear up.



Example of two browsers/tabs open in same event

Submitting Questions

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



A screenshot of a web browser window showing a CMS event interface. The window has a dark title bar with buttons for "Hide Chat", "Return Home", "Full Screen", and "Reopen". The main content area is light gray and features the CMS logo (Centers for Medicare & Medicaid Services) at the top. Below the logo, the text "Welcome to Today's Event" is displayed in a large, bold, blue font. A horizontal yellow line separates this from the bottom section, which contains the text "Thank you for joining us today! Our event will start shortly." in a smaller, italicized blue font. On the left side of the window, there is a vertical white chat box. At the bottom of this chat box, there is a text input field labeled "Type questions here." and a "Send" button. The text "Chat with Presenter" is visible above the input field.



What Report? Whose Report? Where Did You Get That?

Pam Harris, BSN, RN

Project Coordinator

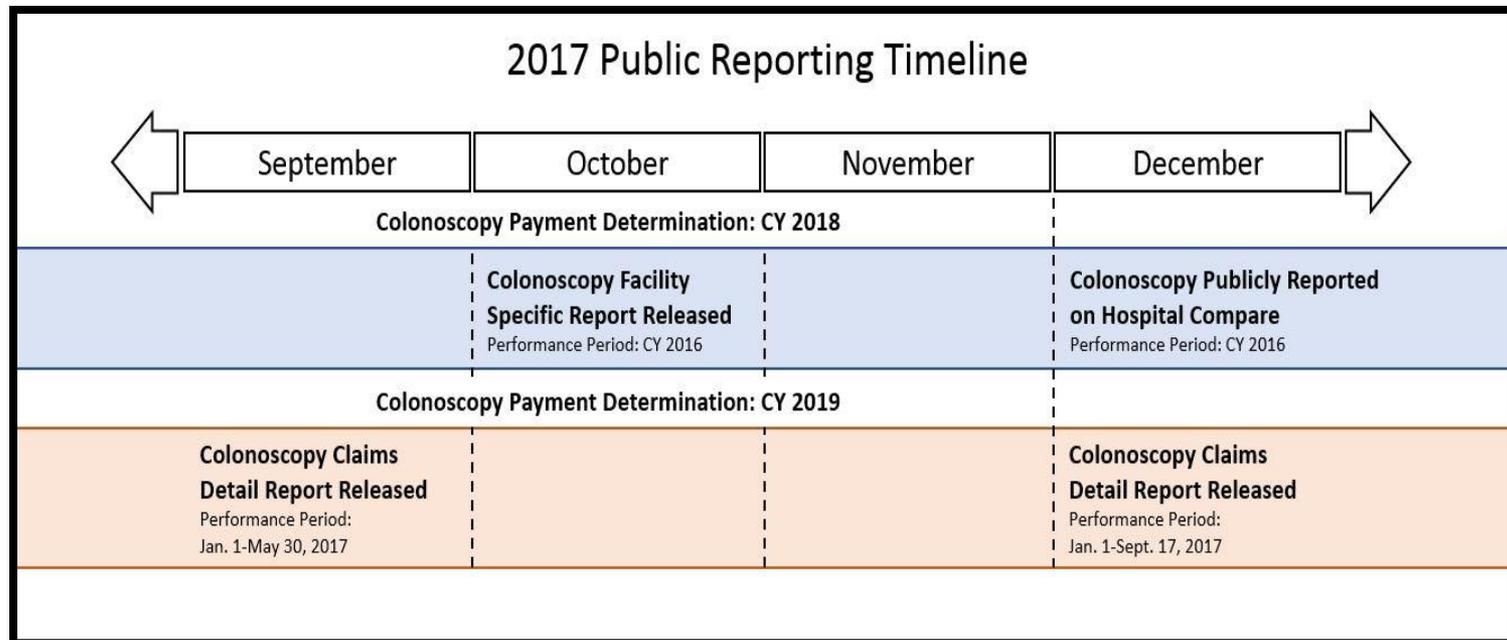
Hospital Outpatient Quality Reporting (OQR) Program

Support Contractor

October 18, 2017

OP-32/ASC-12 Fall 2017 Reports: Overview

- HOPDs and ASCs received performance information on the ASC-12/OP-32 (colonoscopy) measure in two forms this Fall:
 - Claims-Detail Report (CDR) – September 2017
 - Facility-Specific Report (FSR) – October 2017
- The figure below depicts key timeline information related to the measure's implementation



OP-32/ASC-12 Fall 2017 Reports: Key Differences

The FSR and CDR sent in Fall 2017 are for different reporting periods

	Distribution Date	Performance Period	Anticipated Public Reporting	Payment Determination Year
FSR	October 2017	Calendar year (CY) 2016	December 2017	CY 2018
CDR	September 2017	January – May 2017	December 2018*	CY 2019

*Individual CDRs are not publicly reported and do not summarize facilities' performance for public reporting. Only FSRs contain information on facilities' performance results for public reporting.

OP-32/ASC-12 Fall 2017 Reports: Key Differences

The FSR and CDR contain different data elements

Data element	CDR	FSR
Patient-level data (included and excluded colonoscopy cases)	Yes	Yes
State and National measure results	No	Yes
Facility-level distribution of measure risk factors	No	Yes
Facility-level measure rate and performance category	No	Yes

OP-32/ASC-12 Fall 2017 Report: Resources

- For more information about the colonoscopy measure reports see: www.qualitynet.org > Hospitals – Outpatient > Measures > Colonoscopy Measure > Reports OR www.qualitynet.org > Ambulatory Surgical Centers – Outpatient > Measures > Colonoscopy Measure > Reports
- Facilities may submit questions and comments via the QualityNet Question and Answer Tool: <https://cms-ocsq.custhelp.com/>

Announcements

- **November 1, 2017:** Clinical Data and Population and Sampling deadline for Quarter 2 (April 1–June 30) 2017.
- Please be sure to access the **National Healthcare Safety Network (NHSN)** and the QualityNet Secure Portal **every 60 days** to keep your password active.
- Make sure you are signed up for the **ListServe** through QualityNet.

Save the Date

- Upcoming Hospital OQR Program educational webinars:
 - **November TBA:** The CY 2018 OPPS/ASC Final Rule
- Notifications of additional educational webinars will be sent via ListServe

Learning Objectives

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

- State the report categories in the QualityNet Secure Portal under the OQR program.
- List two reports you can run under the Annual Payment Update (APU) category.
- Define at least three reports you can run to check your data after submission.



SO MANY REPORTS

Report Categories

File Edit View Favorites Tools Help

Alerts (0) | Notifications (11) | Secure File Transfer User Profile Log Out Pamela Harris IFMC - SDPS

CMS.gov QualityNet Search QualityNet.org

Home Quality Programs My Reports Help

Home > My Reports > Run Reports

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category related to the selected program has a single value, then it too will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below by clicking on its name.

Report Program: OQR

Report Category:

- Hospital Reporting - Annual Payment Update Reports
- Hospital Reporting - Data Validation Reports
- Hospital Reporting - Feedback Reports
- Hospital Reporting - Submission Reports
- Public Reporting - Preview Reports

VIEW REPORTS

Report Category is required. Use the arrow keys to select one value from the dropdown list

REPORT NAME	REPORT DESCRIPTION
No Reports are available.	

ANNUAL PAYMENT UPDATE (APU)

Choose Your Category

Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category related to the selected program has a single value, then it too will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below by clicking on its name.

Report Program

QQR ▾

Report Category

Hospital Reporting - Annual Payment Update Report ▾

VIEW REPORTS

▸ Search Report

REPORT NAME	REPORT DESCRIPTION
Hospital Reporting - Claims Detail Report	The Claims Detail Report identifies claims in final action status in the Data Warehouse.
Hospital Reporting - Confidence Interval Report	This report displays the confidence interval reliability result for the Annual Payment Update.
Hospital Reporting - Provider Participation Report	The Provider Participation report displays a summary of requirements data for participation in the Hospital Quality Reporting Program.

Select Report Parameters

Start **Run Report(s)** Search Report(s) Favorites

✔ Select Program, Category and Report **Report Parameters** Confirmation

Report Parameters

Select the parameters that define the report you will run, then click RUN REPORT.

* Indicates required fields.

Hospital Reporting - Claims Detail Report - OQR

* **State:** State is required. Use the arrow keys and space bar to select one or more values from the dropdown list.

* **Provider:**

* **Encounter Quarter:**

Measure Set:

* **Report Format:**

Encounter Quarter

File Edit View Favorites Tools Help

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

Report Parameters

Select the parameters that define the report you will run, then click RUN REPORT.

* Indicates required fields.

Hospital Reporting - Claims Detail Report - OQR

* **State:**
FL

* **Provider:**
FL - ABC Hospital - Tampa - 1002546

Please select
07/01/2017 - 09/30/2017
04/01/2017 - 06/30/2017
01/01/2017 - 03/31/2017
10/01/2016 - 12/31/2016
07/01/2016 - 09/30/2016
04/01/2016 - 06/30/2016
01/01/2016 - 03/31/2016
10/01/2015 - 12/31/2015
07/01/2015 - 09/30/2015
04/01/2015 - 06/30/2015
01/01/2015 - 03/31/2015
10/01/2014 - 12/31/2014
07/01/2014 - 09/30/2014
04/01/2014 - 06/30/2014
01/01/2014 - 03/31/2014
10/01/2013 - 12/31/2013
07/01/2013 - 09/30/2013
04/01/2013 - 06/30/2013
01/01/2013 - 03/31/2013
10/01/2012 - 12/31/2012
07/01/2012 - 09/30/2012
04/01/2012 - 06/30/2012
01/01/2012 - 03/31/2012

Encounter Quarter is required. Use the arrow keys to select one value from the dropdown list

Measure Set Selection

Start **Run Report(s)** Search Report(s) Favorites

✔ Select Program, Category and Report **Report Parameters** Confirmation

Report Parameters

Select the parameters that define the report you will run, then click RUN REPORT.

* Indicates required fields.

Hospital Reporting - Claims Detail Report - OQR

* **State:**
FL

* **Provider:**
FL - ABC Hospital-Tampa-1002546

* **Encounter Quarter:**
04/01/2017 - 06/30/2017

Measure Set:

- All
- All
- OQR-AMI
- OQR-CP
- OQR-PAIN MGMT
- OQR-STK
- OQR-SURGERY

Measure Set. Use the arrow keys and space bar to select one or more values from the dropdown list.

Report Format

Start **Run Report(s)** **Search Report(s)** **Favorites**

Report Parameters

Select the parameters that define the report you will run, then click RUN REPORT.

* Indicates required fields.

Hospital Reporting - Claims Detail Report - OQR

* **State:**
FL

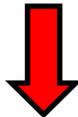
* **Provider:**
FL - ABC Hospital - Tampa - 1002546

* **Encounter Quarter:**
04/01/2017 - 06/30/2017

Measure Set:
All

* **Report Format:**
PDF

CANCEL **RESET** **RUN REPORT**



Search For That Report

File Edit View Favorites Tools Help

Alerts (0) | Notifications (13) | Secure File Transfer User Profile Log Out

CMS.gov QualityNet

Home Quality Programs My Reports Help

Home>My Reports>Run Reports

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

Report Submitted

Thank you. Your report request has been submitted for processing. Processing time may vary due to the number of current requested reports. To run the same report with different parameters, click RUN SAME REPORT. To run a new report, click RUN NEW REPORT. To search and view submitted reports, click SEARCH REPORTS. To make this report a Favorite, click SEARCH REPORTS. To manage your Favorites, click the Favorites tab.

CANCEL RUN SAME REPORT RUN NEW REPORT SEARCH REPORTS



What's the Status?

CMS.gov QualityNet

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>My Reports>Run Reports

Start Run Report(s) Search Report(s) Favorites

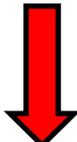
Search Reports

Search for reports you have run. Search Saved Reports

Search Report Name Requested Date - From Requested Date - To Show Reports

03/30/2017 09/26/2017 ALL

RESET SEARCH REFRESH REPORT STATUS



STATUS	DATE REQUESTED	REPORT NAME	LAST DOWNLOADED	SIZE (KB)	ACTION
✓	09/26/2017 09:24:09	Hospital Reporting - Claims Detail Report		0.129	
✓	09/21/2017 10:42:18	Hospital Reporting - Potential Duplicate Records Report	09/21/2017 10:45:22	0.1263	
✓	09/21/2017 10:40:09	Hospital Reporting - Potential Duplicate Records Report	09/21/2017 10:45:31	0.1303	
✓	09/18/2017 12:12:10	Hospital Reporting - Population Submission Report	09/19/2017 17:03:24	0.0169	
✓	09/18/2017 12:06:10	Hospital Reporting - Submission Detail Report	09/19/2017 17:03:43	0.1279	
✓	09/18/2017 09:12:09	Hospital Reporting - Potential Duplicate Records Report	09/19/2017 17:03:57	0.1268	

Claims Detail Report

Purpose:

- Provides users with the ability to monitor claims submitted in final action status
- Includes only Medicare Fee-for-Service claims that have been finalized
- Excludes ED-Throughput claims

Claims Detail Example

Report Run Date: 09/18/2017

Page 1 of 1

Hospital Reporting - Claims Detail Report -

Outpatient Provider: 1002546

Encounter Quarter: 04/01/2017 - 06/30/2017

Measure Set: All



Data As Of¹: 09/12/2017

1002546 ABC Hospital, Tampa, FL

Beneficiary Claim Number ²	Claim Start Date	Claim End Date	Measure Set	Last Name	First Name	Birth Date	Gender
XXXXXXXXXX	04/04/2017	04/04/2017	OQR-PAIN MGMT	HINES	CHERYL	12/24/1958	F
XXXXXXXXXX	04/07/2017	04/07/2017	OQR-PAIN MGMT	SANTA	CLARA	07/07/1936	F
XXXXXXXXXX	04/18/2017	04/18/2017	OQR-PAIN MGMT	JOSEPH	MARY	03/05/1998	F
XXXXXXXXXX	04/22/2017	04/22/2017	OQR-PAIN MGMT	MYANMAR	BURMA	01/10/1989	F
XXXXXXXXXX	04/24/2017	04/24/2017	OQR-PAIN MGMT	FORTUNA	Frank	08/10/1985	F
XXXXXXXXXX	04/25/2017	04/25/2017	OQR-PAIN MGMT	HANSON	LINDA	02/08/1984	F
XXXXXXXXXX	04/30/2017	04/30/2017	OQR-PAIN MGMT	SHEPHERD	SYBIL	10/03/1929	F
XXXXXXXXXX	05/03/2017	05/03/2017	OQR-PAIN MGMT	NEWTON	CAROLYN	10/19/1980	F
XXXXXXXXXX	05/06/2017	05/06/2017	OQR-PAIN MGMT	GELLER	EMMA	03/30/1942	F
XXXXXXXXXX	05/07/2017	05/07/2017	OQR-PAIN MGMT	GREEN	RACHAEL	09/12/1949	F
XXXXXXXXXX	05/17/2017	05/17/2017	OQR-PAIN MGMT	CLARK	LOUISE	06/07/1956	F
XXXXXXXXXX	05/17/2017	05/17/2017	OQR-PAIN MGMT	DRAKE	MAGGIE	07/19/1938	F
XXXXXXXXXX	06/01/2017	06/01/2017	OQR-PAIN MGMT	CONCORD	LINDA	07/12/1967	F
XXXXXXXXXX	06/03/2017	06/03/2017	OQR-PAIN MGMT	BOUCHE	BOBBY	02/16/1925	M
XXXXXXXXXX	06/24/2017	06/24/2017	OQR-PAIN MGMT	CARLISLE	BELINDA	01/08/1962	F
XXXXXXXXXX	06/30/2017	06/30/2017	OQR-PAIN MGMT	LIPTON	SUZANNE	10/09/1984	F
XXXXXXXXXX	04/11/2017	04/11/2017	OQR-STK	KNIGHTS	CHARLES	12/12/1992	M
XXXXXXXXXX	05/02/2017	05/02/2017	OQR-STK	HILL	SHERRY	12/25/1967	F



¹The Data As Of Date displays the date of the last time claims data was loaded for the Provider.

²The Beneficiary Claim Number column will be updated monthly until approximately 15 days prior to the submission deadline for that quarter.

Please note: The report includes only Medicare Fee for Service claims that have been finalized. Claims related to the OQR ED-Throughput population are excluded from this report

Reports in CSV Format

Start **Run Report(s)** Search Report(s) Favorites

Report Parameters

Select the parameters that define the report you will run, then click RUN REPORT.

* Indicates required fields.

Hospital Reporting - Claims Detail Report - OQR

* **State:**
FL

* **Provider:**
FL - ABC Hospital - Tampa - 1002546

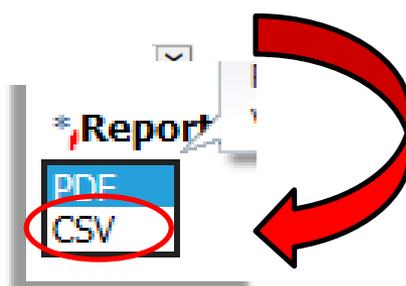
* **Encounter Quarter:**
04/01/2017 - 06/30/2017

Measure Set:
All

* **Report**
PDF
CSV

Report Format is required. Use the arrow keys to select one value from the dropdown list

CANCEL RESET RUN REPORT



Claims Detail Report Example In CSV Format

Hospital Reporting - Claims Detail Report - Microsoft Excel

	A	B	C	D	E	F	G	H	I	J	K	L
1	Provider ID	Beneficiary Claim Number	Claim Start Date	Claim End Date	Measure Set	Last Name	First Name	Birth Date	Gender	Data As Of		
2	1002546 ABC	834590511A	01/05/2017	01/05/2017	OQR-PAIN M	KNOPE	APRIL	06/28/193	F	06/14/2017		
3	1002546 ABC	834590511A	01/06/2017	01/06/2017	OQR-PAIN M	JACK	JOHN	08/13/195	M	06/14/2017		
4	1002546 ABC	834590511A	01/06/2017	01/06/2017	OQR-PAIN M	SCOTT	MICHAEL	05/08/195	F	06/14/2017		
5	1002546 ABC	834590511A	01/08/2017	01/08/2017	OQR-PAIN M	SLAUGHTER	JALON	05/07/197	F	06/14/2017		
6	1002546 ABC	834590511A	01/09/2017	01/09/2017	OQR-PAIN M	GRAY	MIKE	08/17/196	F	06/14/2017		
7	1002546 ABC	834590511A	01/09/2017	01/09/2017	OQR-PAIN M	ROBIDAS	LEN	03/29/195	F	06/14/2017		
8	1002546 ABC	834590511A	01/12/2017	01/12/2017	OQR-PAIN M	STREET	SETH	10/06/197	F	06/14/2017		
9	1002546 ABC	834590511A	01/16/2017	01/16/2017	OQR-PAIN M	BLAZQUEZ	TREVOR	04/16/192	M	06/14/2017		
10	1002546 ABC	834590511A	01/25/2017	01/25/2017	OQR-PAIN M	CHERBERG	TREVIAN	07/28/192	F	06/14/2017		
11	1002546 ABC	834590511A	01/29/2017	01/29/2017	OQR-PAIN M	ROGERS	FELIPE	04/17/192	M	06/14/2017		
12	1002546 ABC	834590511A	01/30/2017	01/30/2017	OQR-PAIN M	WRIGHT	LAURIE	10/14/196	F	06/14/2017		
13	1002546 ABC	834590511A	02/04/2017	02/04/2017	OQR-PAIN M	CRIST	BRAD	06/09/194	F	06/14/2017		
14	1002546 ABC	834590511A	02/06/2017	02/06/2017	OQR-PAIN M	HUFF	FRANK	10/06/194	F	06/14/2017		
15	1002546 ABC	834590511A	02/09/2017	02/09/2017	OQR-PAIN M	SATTERWHITE	FRED	12/13/193	F	06/14/2017		
16	1002546 ABC	834590511A	02/10/2017	02/10/2017	OQR-PAIN M	HUFF	REMO	10/06/194	F	06/14/2017		
17	1002546 ABC	834590511A	02/26/2017	02/26/2017	OQR-PAIN M	HALL	LENNY	12/04/194	F	06/14/2017		
18	1002546 ABC	834590511A	02/28/2017	02/28/2017	OQR-PAIN M	MCKIERNAN	ROLANDA	07/27/193	M	06/14/2017		
19	1002546 ABC	834590511A	03/01/2017	03/01/2017	OQR-PAIN M	SCOTT	JOHN	05/29/193	M	06/14/2017		
20	1002546 ABC	834590511A	03/15/2017	03/15/2017	OQR-PAIN M	DEES	GRAY	01/01/193	F	06/14/2017		
21	1002546 ABC	834590511A	03/15/2017	03/15/2017	OQR-PAIN M	RICH	MEIKA	09/04/195	M	06/14/2017		
22	1002546 ABC	834590511A	03/15/2017	03/15/2017	OQR-PAIN M	VICK	JILL	06/01/194	M	06/14/2017		
23	1002546 ABC	834590511A	03/20/2017	03/20/2017	OQR-PAIN M	HENDERSON	DANIEL	10/23/193	F	06/14/2017		
24	1002546 ABC	834590511A	03/29/2017	03/29/2017	OQR-PAIN M	MARTIN	BRENT	03/09/192	F	06/14/2017		
25	1002546 ABC	834590511A	03/11/2017	03/11/2017	OQR-STK	FABBRO	NANNETE	08/09/193	F	06/14/2017		
26	1002546 ABC	834590511A	03/20/2017	03/20/2017	OQR-STK	LIEBENO	TAMARA	03/01/192	F	06/14/2017		
27												

Confidence Interval Report

Purpose:

- Displays the confidence interval reliability result for the Annual Payment Update
 - Determined by calculating the percent agreement between the calculated measure values on the data originally submitted by the hospital and those based on the data abstracted by the Clinical Data Abstraction Center (CDAC)
 - Available after all quarterly results are complete

Confidence Interval Example

Report Run Date: 09/15/2017

Page 1 of 1

Hospital Reporting - Confidence Interval Report - Outpatient

Provider: 10025

Calendar Year: 2017

FL - ABC Hospital – Tampa – 1002546

Calendar Year: 2017

Hospital OQR Upper Bound Result:

Yearly Overall Measure Outcome Reliability Rate: 92.6%

Validation Sample Size¹: 36

Total Case Population²: 624

The Hospital OQR Confidence Interval results displayed combine the following 3 quarters of data (2Q15, 3Q15, and 4Q15) with the following exceptions, all scenarios in which all 3 quarters may not be used: a disaster waiver is granted for a specific quarter(s), the Notice of Participation date excludes a quarter(s), or there are not enough cases in the warehouse to include a quarter(s).

¹Validation Sample Size is the total number of cases selected for validation.

²Total Case Population is the total number of cases in the OQR Clinical Warehouse.

For detailed information on a Provider's Yearly Overall Measure Outcome Reliability Rate, Validation Sample Size and Total Case Population, review the Provider Participation Report, Case Detail Report or Case Selection Report via My QualityNet.

Provider Participation Report

Purpose:

- Allows hospitals and their vendors to monitor their compliance with program requirements.
- Displays summary information of cases accepted into the warehouse.
- Updated nightly with all data submitted and successfully processed the previous day.

Provider Participation Example

Report Run Date: 09/18/2017

Page 4 of 4

Hospital Reporting - Provider Participation Report - Outpatient Payment Year: 2018

State ID: FL
 Provider ID:
 Provider Name:
 Provider City:
 Active QualityNet Administrator: Yes
 Completed Web-Based Measures: Yes
 Selected for Clinical Measure Validation: Yes

Notice of Participation Form Signed Date: 01/22/2008
 Withdrawal or Non-Participation Date:
 Medicare Accept Date: 07/01/1966

Encounter Time Period	Outpatient Population ¹	Sample ¹	Total Cases Accepted by Submission Deadline ²	Total Medicare Claims ³	Maximum Encounter Date From Claims ⁴
Q1 2017					
OQR-AMI	0	0			
OQR-CP	3	3	3		
OQR-ED	13759	114	114	1884	03/31/2017
OQR-PAIN MGMT	88	88	88	23	03/29/2017
OQR-STK	13	13	13	2	03/20/2017
OQR-SURGERY					

OP-27 Influenza Vaccination Coverage among Healthcare Personnel

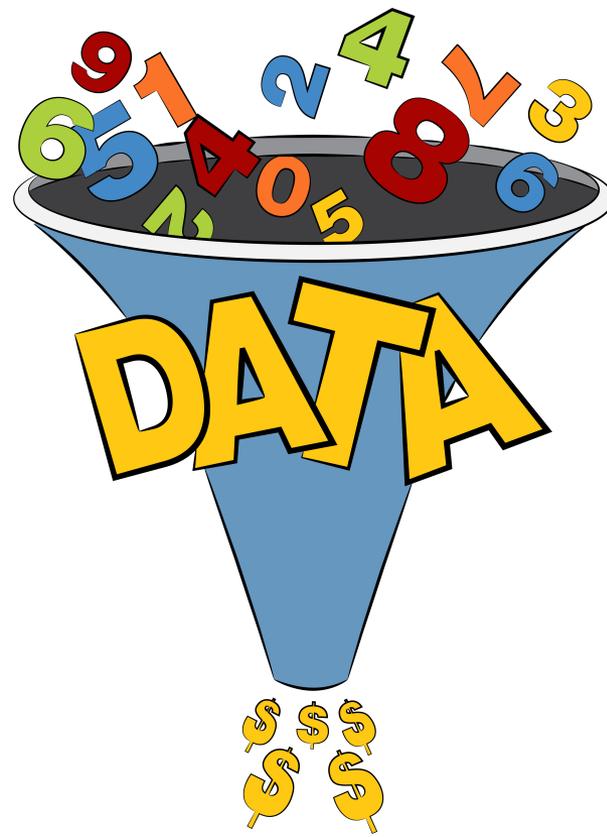
Data Submitted³

Last NISN File Update to CMS

OP-27

Yes

05/16/2017



DATA VALIDATION

Data Validation Reports

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>My Reports>Run Reports

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category related to the selected program has a single value, then it too will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below by clicking on its name.

Report Program: Report Category: [VIEW REPORTS](#)

Search Report

REPORT NAME	REPORT DESCRIPTION
Hospital Data Validation - Case Detail Report	The Case Detail report provides a list of all elements abstracted compared to the CDAC reabstraction on each case.
Hospital Data Validation - Case Selection Report	The Case Selection report displays patient-identifying information available in the Data Warehouse pertaining to the cases selected for validation.
Hospital Data Validation - Validation Summary Report	The Hospital Validation Summary Report provides a high level summary of the validation reliability rate for each abstracted case.

Case Detail Report

Purpose:

- Compares the hospital abstraction data elements to the CDAC results
- Provides a list of all elements abstracted on each case
- Grouped primarily by Provider ID, then by Encounter Time Frame, then by Abstraction Control Number

Case Detail Example

1 of 2

Report Run Date: 08/28/2017

Page 1 of 28

Validation Report Posted: 08/15/2017

Hospital Reporting - Data Validation: Case Detail Report - Outpatient

Provider:1002546

Encounter Quarter: 10/01/2016 - 12/31/2016

FL - ABC Hospital – Tampa – 1002546

Overall Measure Outcome Reliability Rate: 94.0% (16 / 17)

Abstraction Control Number:

Case Status: Complete

Patient ID: -----

Comments:

Measure Set: OQR-ED

Encounter Date: 12/30/2016

Arrival Time: 10:35

Individual Case Measure Outcome Reliability Rate: 100.0% (2 / 2)

Measure:	Original Outcome*	Validated Outcome*	Result
OP-18a	D1 /204 Minutes	D1 /204 Minutes	Match
OP-20	D /10 Minutes	D /10 Minutes	Match

of Measures Matched: 2

of Measures Validated: 2

*For purposes of this report the measure will result in one of the following outcomes: B - Not in Measure Population, D - In Measure Population, D2 - In Measure Population/QI Rate, E - In Numerator Population, or Y - Included in Measure (UTD)

Case Detail Example

2 of 2

Report Run Date: 08/28/2017

Page 2 of 28

Validation Report Posted: 08/15/2017

Hospital Reporting - Data Validation: Case Detail Report - Outpatient

Provider: 1002546

Encounter Quarter: 10/01/2016 - 12/31/2016

1002546 FL - AB C Hospital - Tampa

Overall Measure Outcome Reliability Rate: 94.0% (16 / 17)

Abstraction Control Number: FL50556050

Case Status: Complete

Patient ID:² 00308576432

Comments:

Measure Set: OQR-ED

Encounter Date: 12/30/2016

Arrival Time: 10:35

Element Name ³	Original	Adjudication Value	Educational Comments ¹
ARRVLTIME - Arrival Time	10:35	10:35	
DISCHGCODE - Discharge Code	DISCHGCODE: 1 - Home	DISCHGCODE: 1 - Home	
EDDEPARTDT - ED Departure Date	EDDEPARTDT: DATE 12-30-2016	EDDEPARTDT: DATE 12-30-2016	
EDDEPARTTM - ED Departure Time	EDDEPARTTM: TIME 1359	EDDEPARTTM: TIME 1359	
EMCODE - E/M Code	EMCODE: 99285 - Emergency department visit, new or established patient	EMCODE: 99285 - Emergency department visit, new or established patient	
PHYSICIAN_1 - Physician 1	PHYSICIAN_1: 09696		
PMTSRCE - Payment Source	PMTSRCE: 2 - Source of payment is Non-Medicare	PMTSRCE: 2 - Source of payment is Non-Medicare	
PRINDX - ICD-10-CM Principal Diagnosis Code	PRINDX: N10 - Acute pyelonephritis		
PROVCONDTDT - Provider Contact Date	PROVCONDTDT: DATE 12-30-2016	PROVCONDTDT: DATE 12-30-2016	
PROVCONTTM - Provider Contact Time	PROVCONTTM: TIME 1045	PROVCONTTM: TIME 1045	

Case Selection Report

Purpose:

- Displays a detailed list of the cases that were selected for hospital validation for a particular quarter
- Sorted primarily by Provider ID, then by Measure Set within the Provider

Case Selection Example

Report Run Date: 08/28/2017

Page: 1 of 1

Hospital Reporting - Data Validation: Case Selection Report – Outpatient

Provider: 1002546
Encounter Quarter: 10/01/2016-12/31/2016

Provider ID: 1002546
Provider Name: ABC Hospital
Provider City: TAMPA
Provider State: FL

Patient Identifier	Patient Name	DOB	Encounter Date	Arrival Time ¹	Abstraction Control Number	Measure Set	Medical Record Request Date	Due to CDAC by:	Record Received ²
XXXXXXXXXXXX	THOMAS, MERCY	05/31/1971	10/08/2016	10:39	FL5757575757	OQR-STK	05/12/2017	06/26/2017	05/23/2017
XXXXXXXXXXXX	SNYDER, MARY	01/16/1972	12/30/2016	10:35	H5757575757	OQR-ED	05/12/2017	06/26/2017	05/23/2017
XXXXXXXXXXXX	DOYLE, EMMA	02/27/1949	12/15/2016	10:00	H5757575757	OQR-PAIN MGMT	05/12/2017	06/26/2017	05/23/2017
XXXXXXXXXXXX	GREY, JESSA	12/26/1966	10/03/2016	17:45	H5757575757	OQR-ED	05/12/2017	06/26/2017	05/23/2017
XXXXXXXXXXXX	EYRE, JAMES	08/25/1960	11/09/2016	14:08	H5757575757	OQR-PAIN MGMT	05/12/2017	06/26/2017	05/23/2017
XXXXXXXXXXXX	ROCHESTER, JACK	01/25/1961	10/26/2016	15:11	H5757575757	OQR-ED	05/12/2017	06/26/2017	05/23/2017
XXXXXXXXXXXX	CLARE, MADISON	05/17/1968	11/10/2016	16:24	H5757575757	OQR-ED	05/12/2017	06/26/2017	05/23/2017
XXXXXXXXXXXX	HOLMES, CHERYL	03/13/2007	10/05/2016	12:10	H5757575757	OQR-PAIN MGMT	05/12/2017	06/26/2017	05/23/2017
XXXXXXXXXXXX	CROSS, KATHERINE	10/11/1949	10/09/2016	10:04	H5757575757	OQR-STK	05/12/2017	06/26/2017	05/23/2017
XXXXXXXXXXXX	ST, JAMES	06/28/1966	11/01/2016	16:18	H5757575757	OQR-ED	05/12/2017	06/26/2017	05/23/2017
XXXXXXXXXXXX	SARAH,	01/04/2013	11/21/2016	19:24	H5757575757	OQR-PAIN MGMT	05/12/2017	06/26/2017	05/23/2017
XXXXXXXXXXXX	FRENCH, DANA	03/22/1962	12/31/2016	11:35	H5757575757	OQR-PAIN MGMT	05/12/2017	06/26/2017	05/23/2017



¹ Populated only if information was accepted into the QIO Clinical Warehouse.

² PREV REQ indicates the record has been requested for another measure set and only one record needs to be sent.

* If data is not available for a field, the field will remain blank.



FEEDBACK REPORTS

Hospital Feedback Reports

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>My Reports>Run Reports

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category related to the selected program has a single value, then it too will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below by clicking on its name.

Report Program: OQR Report Category: Hospital Reporting - Feedback Reports [VIEW REPORTS](#)

> Search Report

REPORT NAME	REPORT DESCRIPTION
Hospital Reporting - Case Status Summary Report	The Case Status Summary report displays summary case submission status information for the Data Warehouse (number of cases submitted, accepted, and rejected).
Hospital Reporting - Facility, State and National Report	The Facility, State and National report displays provider data; summarizes and compares the data at the Facility, State and National level by quarter.
Hospital Reporting - Measure Status by Case Report	The purpose of the report is a detail report of individual cases, which includes measure inclusion status and reason for exclusion. For each case, the report provides detail information on the population eligibility (denominator), whether each case was included in the numerator or excluded from the measure calculation; and, if excluded, the reason for the exclusion.
Hospital Reporting - Measure Status by Category Report	The purpose of the report is to provide a summary of counts per measure that are accepted into the Data Warehouse per inpatient or outpatient facility. The report also identifies the counts of excluded from calculation cases per measure.
Hospital Reporting - Population and Sampling Summary Report	The Population and Sampling Summary report displays summary information of population and sampling data for cases for Medicare and Non-Medicare patients by quarter, measure set and provider.
Hospital Reporting - Population Submission Report	The Population Submission Report displays information regarding the submission of population and sampling data.
Hospital Reporting - Potential Duplicate Records Report	The Potential Duplicate Records report identifies potential duplicate records submitted to the Data Warehouse.
Hospital Reporting - Submission Detail Report	The Submission Detail Report displays detailed file information of selected uploaded data grouped by provider.
Hospital Reporting - Submission Summary Report	The Submission Summary Report displays summary information of selected uploaded data.
Hospital Reporting - Vendors Authorized to Upload Data	The Vendors Authorized to Upload Data report displays a list of vendors authorized by a hospital to submit hospital data on their behalf.

Case Status Summary Report

Purpose:

- Total of unique cases submitted to the CMS Clinical Warehouse by measure set for the specified encounter period
 - Includes the number of cases submitted, accepted, and rejected

Case Status Summary Example

Report Run Date: 08/28/2017

Hospital Reporting – Case Status Summary Report - Outpatient

Provider: 1002546

Encounter Quarter: 10/01/2016 - 12/31/2016

Measure Set: OQR-AMI, OQR-CP, OQR-ED, OQR-PAIN MGMT, OQR-STK, OQR-SURGERY

Submitter: JMPH7Q

FL - ABC Hospital – Tampa – 1002546

Measure Set	Unique Cases Submitted ¹	Cases Accepted ²	Cases Rejected ³
OQR-CP	2	2	0
OQR-ED	115	115	0
OQR-PAIN MGMT	115	115	0
OQR-STK	13	13	0

Facility, State, and National Report

Purpose:

- Displays the number of hospital records abstracted for a provider and summarizes and compares, by quarter, the data for the measures chosen at the Facility, State, and National level.
 - State and National columns are blank until approximately 30 days after the submission deadline for the quarter.

Example One

Report Run Date: 09/07/2017

Page 3 of 6

Hospital Reporting – Facility, State and National Report - Outpatient
 Facility: FL – ABC Hospital – Tampa – 1002546
 Encounter Quarter: 01/01/2017 - 03/31/2017
 Measure Set: ALL

OQR-ED Data	Facility			State ¹			National ¹		
	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total
Medical Records Abstracted:		96			25429			587176	
Measure Set: OQR-ED									
OP-18a:Median Time from ED Arrival to ED Departure for Discharged ED Patients - Overall Rate	190 Minutes	/	/	158 Minutes	/	/	147 Minutes	/	/
OP-18b:Median Time from ED Arrival to ED Departure for Discharged ED Patients - Reporting Measure	193 Minutes	/	/	155 Minutes	/	/	142 Minutes	/	/
OP-18c:Median Time from ED Arrival to ED Departure for Discharged ED Patients - Psychiatric/Mental Health Patients	168 Minutes	/	/	239 Minutes	/	/	232 Minutes	/	/
OP-18d:Median Time from ED Arrival to ED Departure for Discharged ED Patients - Transfer Patients	N/A	/	/	239 Minutes	/	/	214 Minutes	/	/
OP-20:Door to Diagnostic Evaluation by a Qualified Medical Professional	39 Minutes	/	/	21 Minutes	/	/	21 Minutes	/	/

*The Facility, State, and National data is hospital reported and for comparison purposes only.
 *NA indicates no data available or Not Applicable.
 *A dash (-) indicates no cases were eligible for inclusion within the denominator.
 *A forward slash (/) is displayed for Median Time measures as minutes display in the Numerator field only.
¹State and National columns will display blank until approximately 30 days after the submission deadline for the quarter.

Example Two

Report Run Date: 10/02/2017

Page 5 of 6

Hospital Reporting – Facility, State and National Report - Outpatient

Facility: FL - ABC Hospital – Tampa – 1002546

Encounter Quarter: 10/01/2016 - 12/31/2016

Measure Set: ALL

QQR-STK Data	Facility			State ¹			National ¹		
Medical Records Abstracted:	13			1684			34615		
Measure Set: QQR-STK	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total
OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival	2	2	100%	297	424	70%	7157	9991	72%

*The Facility, State, and National data is hospital reported and for comparison purposes only.

*N/A indicates no data available or Not Applicable.

*A dash (-) indicates no cases were eligible for inclusion within the denominator.

*A forward slash (/) is displayed for Median Time measures as minutes display in the Numerator field only.

¹State and National columns will display blank until approximately 30 days after the submission deadline for the quarter.

Population and Sampling Summary Report

Purpose:

- Displays summary information of population and sampling data for Medicare and Non-Medicare patients by quarter, measure set, and provider
 - This is data submitted per XML file or the Population and Sampling web pages of QualityNet Secure Portal

Population and Sampling Summary Example

Report Run Date: 09/18/2017

Page 1 of 2

Hospital Reporting - Population and Sampling Summary Report - Outpatient

Provider:

Encounter Quarter: 10/01/2016 - 12/31/2016

Measure Set: OOR-AMI OOR-CP OOR-ED OOR-PAIN MGMT OOR-STK OOR-SURGERY

Measure Set: OOR-AMI						
Sampling Frequency: Not Sampled						
	Population - Medicare	Population - Non-Medicare	Total Population Size	Sample Size - Medicare	Sample Size - Non-Medicare	Total Sample Size
Oct - 16	0	0	0	0	0	0
Nov - 16	0	0	0	0	0	0
Dec - 16	0	0	0	0	0	0
Total	0	0	0	0	0	0
Measure Set: OOR-CP						
Sampling Frequency: Not Sampled						
	Population - Medicare	Population - Non-Medicare	Total Population Size	Sample Size - Medicare	Sample Size - Non-Medicare	Total Sample Size
Oct - 16	0	0	0	0	0	0
Nov - 16	0	0	0	0	0	0
Dec - 16	2	0	2	2	0	2
Total	2	0	2	2	0	2
Measure Set: OOR-ED						
Sampling Frequency: Sampled						
	Population - Medicare	Population - Non-Medicare	Total Population Size	Sample Size - Medicare	Sample Size - Non-Medicare	Total Sample Size
Oct - 16	1046	3607	4653	9	29	38
Nov - 16	910	3471	4381	10	29	39
Dec - 16	1061	3305	4366	10	28	38
Total	3017	10383	13400	29	86	115
Measure Set: OOR-PAIN MGMT						
Sampling Frequency: Sampled						
	Population - Medicare	Population - Non-Medicare	Total Population Size	Sample Size - Medicare	Sample Size - Non-Medicare	Total Sample Size
Oct - 16	13	37	50	8	32	40
Nov - 16	10	27	37	10	27	37
Dec - 16	16	22	38	16	22	38
Total	39	86	125	34	81	115
Measure Set: OOR-STK						
Sampling Frequency: Not Sampled						
	Population - Medicare	Population - Non-Medicare	Total Population Size	Sample Size - Medicare	Sample Size - Non-Medicare	Total Sample Size
Oct - 16	2	2	4	2	2	4
Nov - 16	3	1	4	3	1	4
Dec - 16	1	4	5	1	4	5
Total	6	7	13	6	7	13

*Note: N/A = Population and Sample Size data has not been submitted for this quarter for this Measure Set.

*When counting cases for AMI and Chest Pain you must manually combine your totals between the two measure sets to determine if submission is required.

Potential Duplicate Report

Purpose:

- Identifies potential duplicate records submitted to the CMS Clinical Warehouse
 - The list of potential duplicates should be reviewed to determine if each record is a valid record or if it is a duplicate
 - Once the duplicate record issue is corrected, no records will display in the generated report

Potential Duplicate Records Example

Report Run Date: 09/21/2017

Page: 1 of 1

Hospital Reporting - Potential Duplicate Records Report - Outpatient

Provider: 1002546

Encounter Quarter: 10/01/2016 - 12/31/2016

Encounter Date	Arrival Time	Measure Set	Patient ID	Last Name	First Name	Sex	Birth Date	Postal Code	Upload Date	File Name	Upload User Name	Upload Batch ID	Import Provider ID	Matching ID
Provider ID: 1002546 - ABC Hospital														
10/14/2016	23:40	OQR-ED	13679201	BING	ANDRF	M	12/09/2104	33756	03/03/2017	xxxxxx	jJ, COLE	xxxxxx	xxxxxx	76890
10/14/2016	23:42	OQR-ED	13679201	BING	ANDRF	M	12/09/2014	33756	03/03/2017	xxxxxx	jJ, COLE	xxxxxx	xxxxxx	76890
10/14/2016	23:40	OQR-PAIN MGMT	13679201	BING	ANDRF	M	12/09/2014	33756	03/03/2017	xxxxxx	jJ, COLE	xxxxxx	xxxxxx	76890
10/14/2016	23:42	OQR-PAIN MGMT	13679201	BING	ANDRF	M	12/09/2014	33756	03/03/2017	xxxxxx	jJ, COLE	xxxxxx	xxxxxx	76890

Submission Detail Report

Purpose:

- Contains detailed file information of cases submitted to the CDAC
 - Includes all submissions for a particular case rather than just the most recent submission

Submission Detail Example

Report Run Date: 08/28/2017

Page 1 of 122

Hospital Reporting - Submission Detail Report -

Outpatient Provider: xxxxxxxx

Encounter Quarter: 10/01/2016-12/31/2016

Submitter: xxxxxxxx

Measure Set: All

File Status: All

Action Code: All

Message Type: All

Batch ID	Encounter Date and Time	Upload Date	Action Code	File Name	File Status
Provider ID: FL - ABC Hospital - Tampa - 1002546					
Measure Set: OQR-CP					
Patient ID: 00056784758					
265499	12/04/2016 10:09	04/05/2017	Add	xxxxxx	Accepted
Message: 355 10	OP-4: EXCLUDED - Probable Cardiac Chest Pain [PROBCARDCP] indicates there was no nurse or physician/APN/PA documentation the chest pain was presumed to be cardiac in origin or unable to determine from medical record documentation				
Message: 355 30	OP-5: EXCLUDED - Probable Cardiac Chest Pain [PROBCARDCP] indicates there was no nurse or physician/APN/PA documentation the chest pain was presumed to be cardiac in origin or unable to determine from medical record documentation				
Message Count: 2					
271562	12/04/2016 10:09	04/19/2017	Add	xxxxxx	Accepted
Message: 355 10	OP-4: EXCLUDED - Probable Cardiac Chest Pain [PROBCARDCP] indicates there was no nurse or physician/APN/PA documentation the chest pain was presumed to be cardiac in origin or unable to determine from medical record documentation				
Message: 355 30	OP-5: EXCLUDED - Probable Cardiac Chest Pain [PROBCARDCP] indicates there was no nurse or physician/APN/PA documentation the chest pain was presumed to be cardiac in origin or unable to determine from medical record documentation				
Message Count: 2					
Patient ID: 00056784758					
265499	12/21/2016 14:53	04/05/2017	Add	xxxxxx	Accepted
Message: 355 10	OP-4: EXCLUDED - Probable Cardiac Chest Pain [PROBCARDCP] indicates there was no nurse or physician/APN/PA documentation the chest pain was presumed to be cardiac in origin or unable to determine from medical record documentation				
Message: 355 30	OP-5: EXCLUDED - Probable Cardiac Chest Pain [PROBCARDCP] indicates there was no nurse or physician/APN/PA documentation the chest pain was presumed to be cardiac in origin or unable to determine from medical record documentation				
Message: 362 10	Informational Message: Payment Source [PMTSRCE] is Medicare and Patient HIC# [<pthic>] is missing. Please Verify.				

Submission Summary Report

Purpose:

- Provides a summary of the number of cases per quality measure accepted into the Clinical Data Warehouse
- Displays counts of accepted and rejected cases and counts of error codes

Submission Summary Example

Report Run Date: 08/28/2017

Page 1 of 1

Hospital Reporting - Submission Summary Report - Outpatient

Provider: 1002546

Encounter Quarter: 10/01/2016-12/31/2016

Submitter: SD 789W3

Measure Set: All

File Status: All

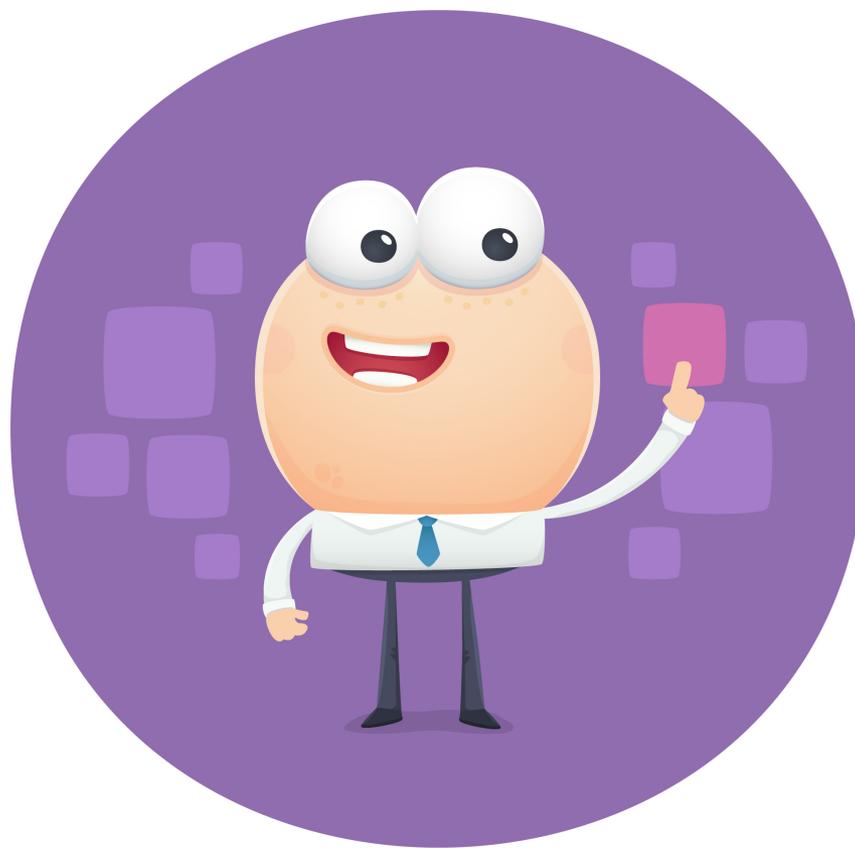
Sort By: Measure Set

Provider ID	Measure	Provider Name	File Status	File Count
Set: OQR-CP				
10025463		ABC Hospital	Accepted	4
Measure Set OQR-CP has 4 Accepted and 0 Rejected				
Provider ID	Measure	Provider Name	File Status	File Count
Measure Set: OQR-ED				
10025463		ABC Hospital	Accepted	230
Measure Set OQR-ED has 230 Accepted and 0 Rejected				
Provider ID	Measure	Provider Name	File Status	File Count
Measure Set: OQR-PAIN MGMT				
10025463		ABC Hospital	Accepted	230
Measure Set OQR-PAIN MGMT has 230 Accepted and 0 Rejected				
Provider ID	Measure	Provider Name	File Status	File Count
Measure Set: OQR-STK				
10025463		ABC Hospital	Accepted	26
Measure Set OQR-STK has 26 Accepted and 0 Rejected				

Total Providers: 1
 Total Cases Submitted: 490
 Total Cases Accepted: 490
 Total Cases Rejected: 0

*Multiple error codes can be associated with a single file.

*For additional detail, review the Hospital Reporting – Submission Detail Report.



SUBMISSION REPORTS

Submission Reports

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>My Reports>Run Reports

Start **Run Report(s)** Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category related to the selected program has a single value, then it too will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below by clicking on its name.

Report Program: Report Category:

> Search Report

REPORT NAME	REPORT DESCRIPTION
Hospital Reporting - Population Submission Report	The Population Submission Report displays information regarding the submission of population and sampling data.
Hospital Reporting - Potential Duplicate Records Report	The Potential Duplicate Records report identifies potential duplicate records submitted to the Data Warehouse.
Hospital Reporting - Submission Detail Report	The Submission Detail Report displays detailed file information of selected uploaded data grouped by provider.
Hospital Reporting - Submission Summary Report	The Submission Summary Report displays summary information of selected uploaded data.
Hospital Reporting - Vendors Authorized to Upload Data	The Vendors Authorized to Upload Data report displays a list of vendors authorized by a hospital to submit hospital data on their behalf.



PUBLIC REPORTING

Preview Report

File Edit View Favorites Tools Help

Alerts (0) | Notifications (11) | Secure File Transfer User Profile Log Out Pamela Harris IFMC - SDPS

CMS.gov | QualityNet Search QualityNet.org

Home Quality Programs My Reports Help

Home>My Reports>Run Reports

Start **Run Report(s)** Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category related to the selected program has a single value, then it too will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below by clicking on its name.

Report Program: Report Category: [VIEW REPORTS](#)

Search Report

REPORT NAME	REPORT DESCRIPTION
No Reports are available.	

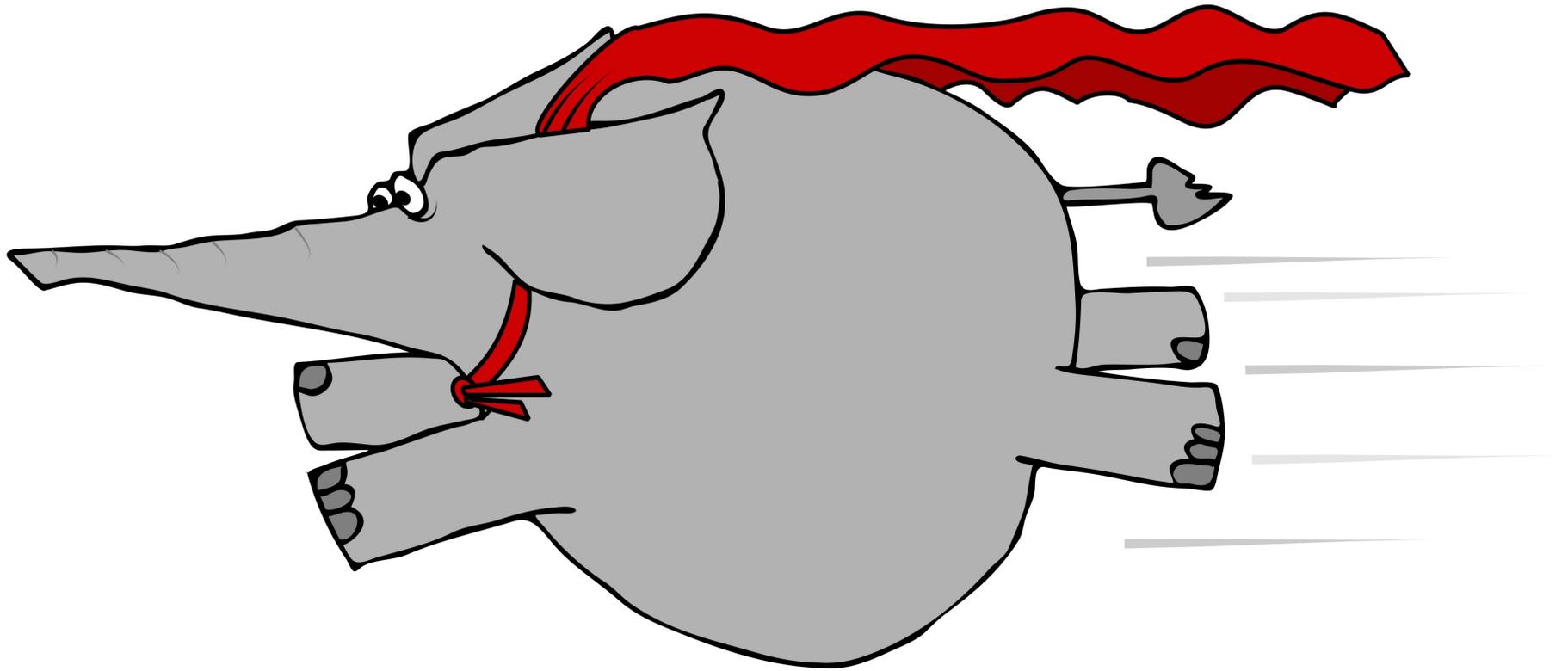
A neon sign spelling the word "REPORTS" in a bright yellow, outlined font. The sign is mounted on a wall made of dark brown and grey bricks. The sign is held in place by several black push-pins. The background is dark, making the glowing neon stand out.

FACILITY SPECIFIC REPORTS

Other Reports

There are two reports, a Claims Detail Report (CDR) and a Facility Specific Report (FSR), for these measures:

- **OP-32:** Facility 7-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy
- **OP-35:** Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy
- **OP-36:** Risk-Standardized Hospital Visits within 7 days after Hospital Outpatient Surgery



Summary

- Running reports helps you stay “in check” with your facility’s data and performance.
- There are various uses for reports:
 - Ensuring you have reported your data timely and completely
 - Internal quality improvement initiatives
 - Confirming you have met all of the program requirements.

Resources

- **We are here to help:**

- Support Contractor website: www.qualityreportingcenter.com
- Support Contractor Helpline: 866.800.8756

- **Ask a Question:**

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

- **QualityNet training module:**

- <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1196690015199>

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>

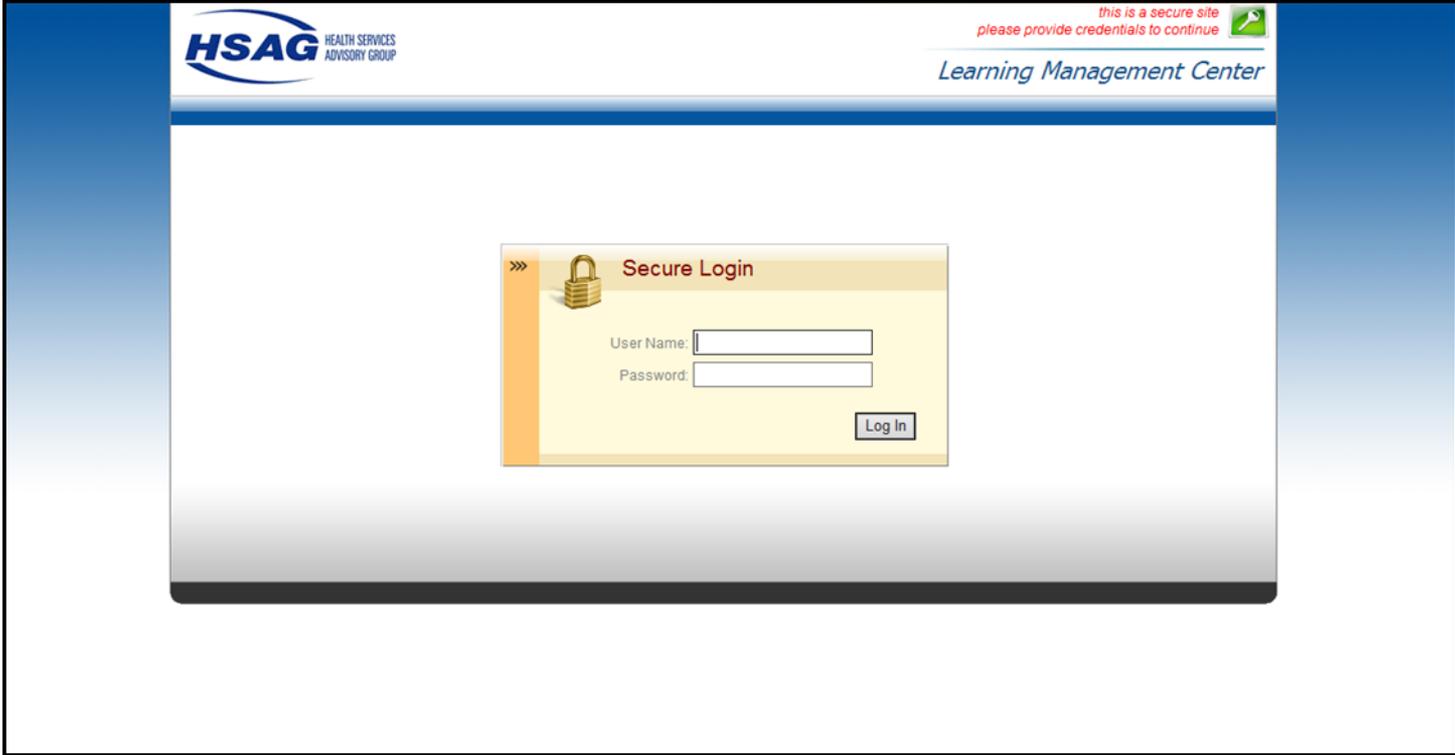
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

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 page title is "Learning Management Center". 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 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 with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

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.