



Society of Thoracic Surgeons

Adult Cardiac Surgery
Database:
User Group Call

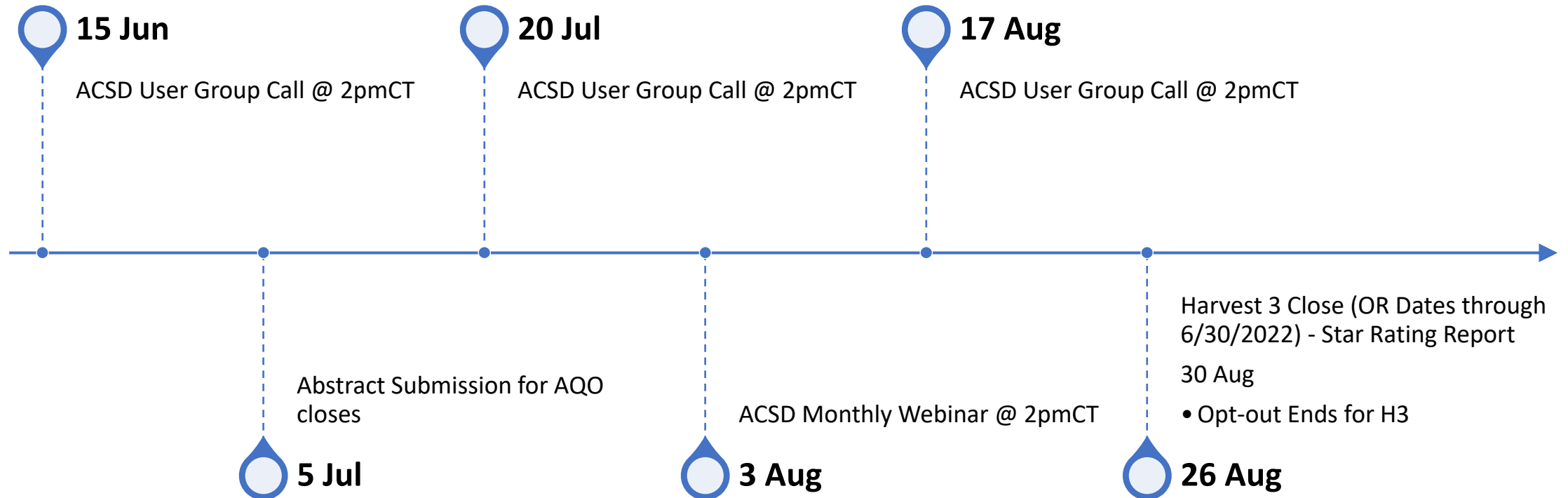


June 15, 2022

Agenda

- Welcome and Introductions
- STS Important Dates
- STS Updates
- IQVIA Updates
- STS Education
 - Insurance
- Q & A

Important Dates



Harvest 2022 Dates

ACSD					
Harvest	Close	Opt-Out	Includes procedures performed through	Report Posting	Comments
H1 2022	February 25	March 1	December 31, 2021	Spring 2021	Star Rating
H2 2022	May 27	June 1	March 31, 2022	Summer 2022	
H3 2022	August 26	August 30	June 30, 2022	Fall 2022	Star Rating
H4 2022	November 18	November 22	September 30, 2022	Winter 2022	



STS Updates

Harvest 2 data in analysis

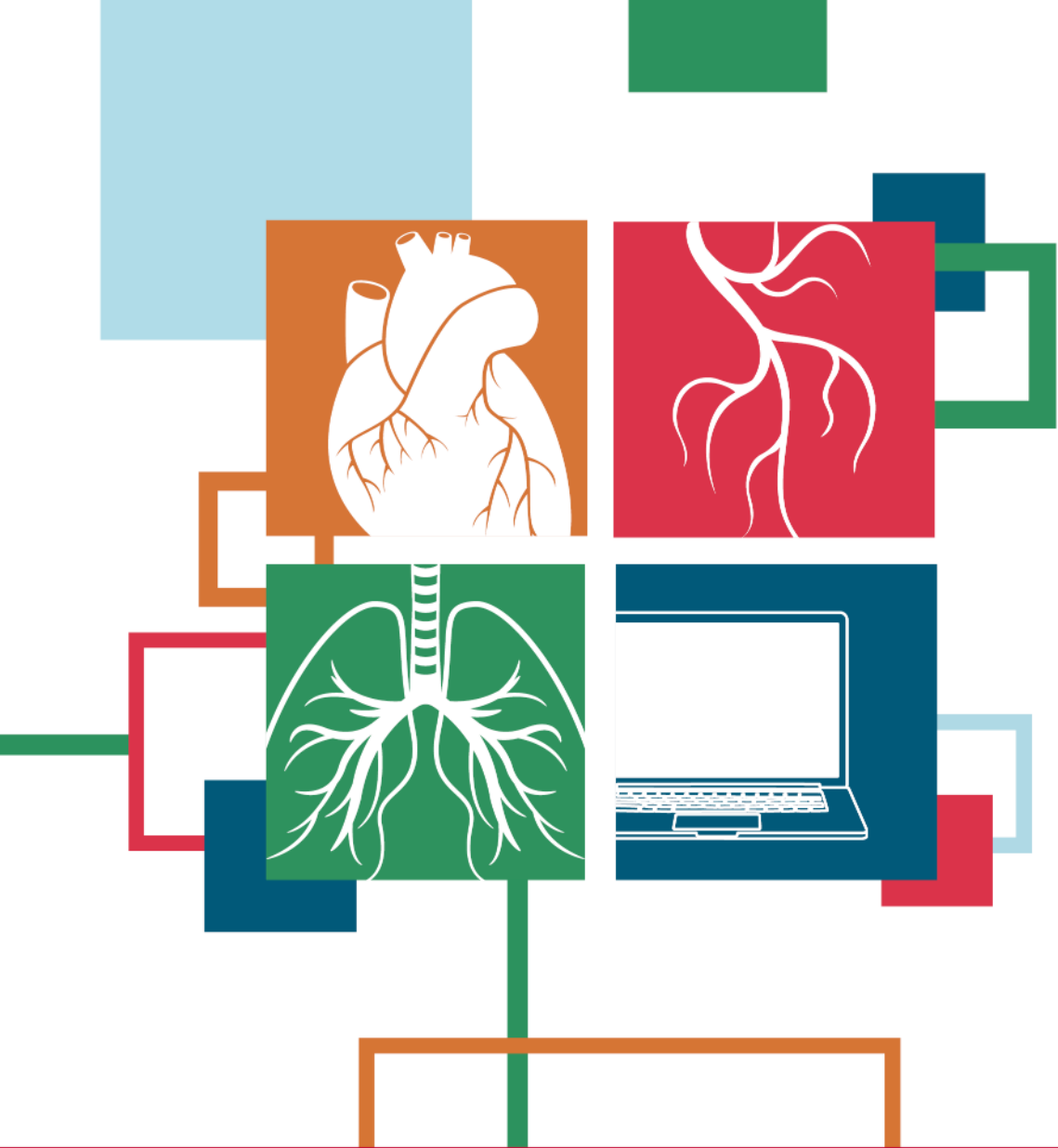
June Training Manual Posted

Email STSDB@sts.org for contact updates

AQO Abstract submission open

Audit notifications sent

Audit instruction letters coming this week



ADVANCES IN QUALITY & OUTCOMES: A Data Managers Meeting

October 26-28, 2022 ■ PROVIDENCE, RHODE ISLAND



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Thursday, October 27, 2022 – Adult Cardiac In-Person Option

- In-person sessions for the track(s) you choose with opportunity for live Q&A
- Breakfast, lunch, and refreshment breaks
- Networking Reception with speakers, vendors, and colleagues
- Face-to-face time with Exhibitors
- Opportunity to view and vote on your favorite E-Poster
- All on-demand content available on virtual meeting platform in mid-October
- All recorded in-person sessions available for additional viewing in **mid-November**
- Post-AQO Webinar “Hot Topics” in **January**
- Access to digital conference materials such as: PowerPoint slides and case scenarios
- CE/CEU Credit





ADVANCES IN QUALITY & OUTCOMES: A Data Managers Meeting

October 26-28, 2022 ■ PROVIDENCE, RHODE ISLAND

**AQO Registration
will open next
week.**

**Receive Early Bird
Registration
Pricing through
Friday, August 26.**

STS MEMBER	Early Bird (August 26, 2022)	Standard
One Track	\$550	\$650
Two Tracks	\$900	\$1,100
Multi-Day (Three Tracks)	\$1,150	\$1,450
Virtual Pass	\$300	\$300

NON-MEMBER	Early Bird (August 26, 2022)	Standard
One Track	\$650	\$750
Two Tracks	\$1,100	\$1,300
Multi-Day (Three Tracks)	\$1,450	\$1,750
Virtual Pass	\$400	\$400



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**The Society
of Thoracic
Surgeons**

**ADVANCES IN QUALITY & OUTCOMES:
A Data Managers Meeting**
October 26-28, 2022 ■ PROVIDENCE, RI



- Educational sessions and social events will take place at the Rhode Island Convention Center (1 Sabin St, Providence, RI 02903).
- A block of rooms have been reserved at the Omni Providence Hotel (1 West Exchange St., Providence, RI 02903). The special AQO group rate of \$259, plus state and local taxes, is guaranteed through **Tuesday, October 4**, or until the group block is sold out.
- [Reserve online](#)
- Call 401-598-8000. Be sure to reference “AQO” or “Advances in Quality and Outcomes.”



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ADVANCES IN QUALITY & OUTCOMES: A Data Managers Meeting

October 26–28, 2022 ■ PROVIDENCE, RHODE ISLAND

Abstract Submission

Deadline: Tuesday, July 5, 2022.

Click **Submit an Abstract** on the STS AQO Website.

All authors listed on the abstract are required to submit a Disclosure Form at the time of submission. Your submission will not be listed as complete unless each author has submitted a Disclosure Form.

Submit an Abstract

Abstracts are now being accepted for consideration. Submissions are due on Tuesday, July 5, 2022, at 11:59 p.m. ET. Accepted submissions will be presented as e-posters, while a small number also may be selected for oral presentation. Submitted abstracts must use STS National Database Core Fields and Participating Sites Custom Fields to produce results.

Deadline

Tuesday, July 5, 2022, at 11:59 p.m. ET

[View Abstract Guidelines](#)

[Submit Abstract](#)



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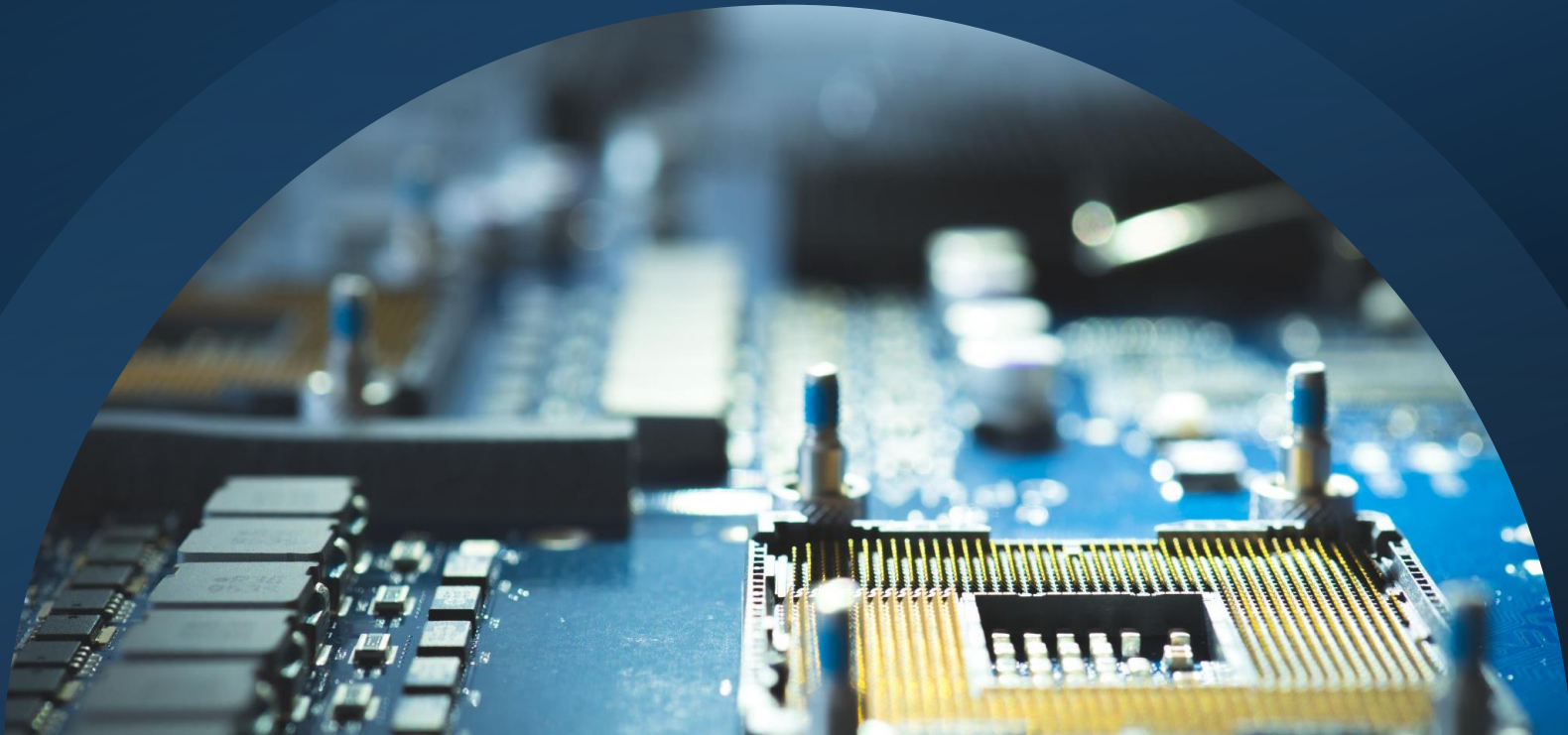
Preliminary Program Topics

- Aorta/Arch/Debranching
 - AVR with Annular Enlargements
 - MV Procedures
 - CABG Anastomoses
 - Devices: VAD, ECMO, Impellas
 - Databases in Value Based Care
 - TVT Registry
 - Cath/Echo
- [Submit your questions or case scenarios](#) **by Friday, August 16.**



IQVIA Update

Joe Brower



IQVIA Release June 2022

The below items were deployed to production the weekend of June 4

Risk Adjusted Report (analyzed and benchmark report)

Report Updates

STS-7815 – The Rating Trends Report has been updated to display the reporting periods starting from the current harvest in the first column to the oldest in the last column.

STS-8072 – Isolated CABG Benchmark Report – Preoperative Medications - The Preoperative Beta Blocker within 24 Hours calculation for the Among Eligible Cases results has been updated to exclude cases that are Status = Emergent or Emergent Salvage (harvest code 3 or 4) and cases where MedBeta = Contraindicated (harvest code = 3) from the denominator.

IQVIA Release June 2022

The below items were deployed to production the weekend of June 4

Risk Adjusted Report (analyzed and benchmark report)

Report Updates

STS-8058 – Isolated CABG Benchmark Report – Operative Information - The Missing results for Blood Products Used has been corrected to not flag patients who answered Yes to refused Intraop blood as Missing.

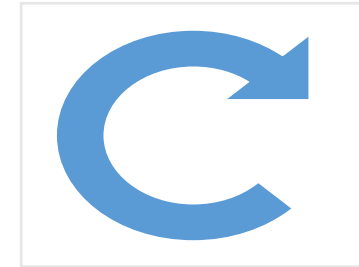
STS-8380 – Demographics Benchmark Report - The total number of STS cases previously displayed a dash |-|. This has been corrected and now displays the case count result.

IQVIA Update



Please note:

Submitted tickets are currently under review and the IQVIA support team will follow up on resolution and/or target release confirmation.



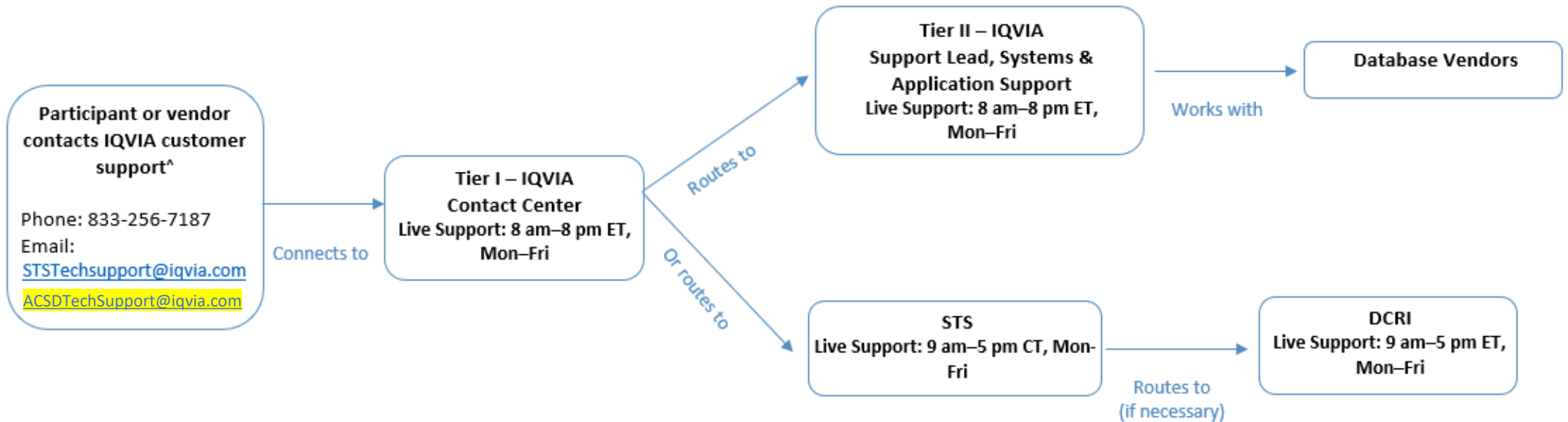
The IQVIA Team is currently reviewing items that will be released in an upcoming release. Those items will be posted to the Notifications section once released.

IQVIA Support Plan



IQVIA's Support Plan

Please include your Participant ID (PID) in all communications with STS and IQVIA



^ Inquiries received outside live support hours will require a 24-hour turnaround window (i.e., one business day) for responses.





STS Education:
Devices
Insurance


Devices not on the 'list'



- Capture devices approved or near-approval that are not included on the current ACSD version 4.20 data specifications
- Please start with July 1, 2022 cases
- May enter cases prior to July 1, 2022, but not required
- Double check the specs before entering a device, just to be sure!
- These devices will be added to the next upgrade – not planned at this time.

<https://redcap.sts.org/surveys/?s=8YR88JKHPMTXKRMM>

Device Entry for Devices NOT on the 'List'



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Adult Cardiac Surgery Database


Supplemental Device Data Collection Form



Administrative Data


1) Participant ID (ParticID) 5 characters remaining
* must provide value

2) Patient ID (PatID)
* must provide value

3) Record ID (RecordID)

4) Date of Surgery (SurgDt)  Today
* must provide value

AAA  





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Supplemental Device Data Collection Form

Device Information
(Please enter device information below for all devices not

Device Anatomic Location
* must provide value

AAA  



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Supplemental Device Data Collection Form

Device Information
(Please enter device information below for all devices not captured via ACSD DCF version 4.20.2)

Device Anatomic Location
* must provide value

Aortic Valve or Aortic Valve Composite Grafts
Mitral Valve
Tricuspid Valve
Pulmonic Valve
Other

– or –

Device Entry for Devices NOT on the 'List'

AAA
☒ ☒

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[Supplemental Device Data Collection Form](#)

Device Information

(Please enter device information below for all devices not captured via ACS DCF version 4.20.2)

Device Anatomic Location

* must provide value

Aortic Valve or Aortic Valve Composite Gi ▾

Device Name

* must provide value

▾

ESP200-## - Abbott, Epic Plus Supra Stented
11060A-## - Edwards Konect Resilia
HAART-300 - Biostable, HAART
HAART-200 - Biostable, HAART
???????? - Medtronic, Hall Tiltin
Other

Submit and

↻ Add another device

– or –


Submit

Close survey

Thank you! Your responses have been saved.

Have a nice day!

Device Entry for Devices NOT on the 'List'



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Adult Cardiac Surgery Database

Supplemental Device Data Collection Form

Device Information
*(Please enter device information below for all devices **not captured via ACSD DCF version 4.20.2**.)*


Device Anatomic Location
* must provide value
Aortic Valve or Aortic

Device Name
* must provide value
Other

Please specify other device name:
* must provide value
100 characters remaining
*include device manufacturer
For e.g., HAART-200 - Bio: Annuloplasty Device.

Submit and

 - or -



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Adult Cardiac Surgery Database

Supplemental Device Data Collection Form

Device Information
*(Please enter device information below for all devices **not captured via ACSD DCF version 4.20.2**.)*

Device Anatomic Location
* must provide value
Other

Please specify other device location:
* must provide value

Device Name
* must provide value

Submit and

 - or -

Powered by REDCap

- 11060A-## - Edwards Konect Resilia
- 5300-## - Edwards Physio Flex Annuloplast Ring
- ESP200-## - Abbott, Epic Plus Supra Stented
- 7700FB-## - Medtronic, Simplus Annuloplasty Band
- 7700FR-## - Medtronic, Simplus Annuloplasty Ring
- TENDV-SP-##-X - Abbott, Tendyne Transcatheter Mitral Valve
- TENDV-LP-##-X - Abbott, Tendyne Transcatheter Mitral Valve
- 11400M-## - Edwards; Mitris Resilia Mitral Valve
- FRH-## - Genesee, FlexForm Annuloplasty Ring
- FBH-## - Genesee, FlexForm Annuloplasty Band
- HAART-300 - Biostable, HAART Aortic Annuloplasty Device
- HAART-200 - Biostable, HAART Aortic Annuloplasty Device
- ???????? - Medtronic, Hall Tilting Disc Aortic Valve
- 7800RR-## - Medtronic, SimuForm Mitral Annuloplasty Ring

Insurance

Indicate the primary insurance payor at time of arrival.

Insurance is in the Risk Model.

The hospital Billing Dept will be your best friend.



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Medicare – Includes commercially managed options

Traditional Medicare

- Medicare Part A – is hospital insurance and covers inpatient hospital stays, skilled nursing facility, hospice care and some home health care. Some patients may only have Medicare A, and this is not included in Fee-for-Service.
- Medicare Part B – is medical insurance; payment for Pro-fee or the coverage for physician services (therefore it is coded as Fee-for-Service), outpatient care, medical supplies, and preventive services.



The image shows a Medicare Health Insurance Card for John L. Smith. The card is blue and white with a red bar at the bottom. It contains the following information:

MEDICARE HEALTH INSURANCE CARD	
Name/Nombre	JOHN L SMITH
Medicare Number/Número de Medicare	1EG4-TE5-MK72
Entitled to/Con derecho a	Coverage starts/Cobertura
PART A	03-03-2016
PART B	03-03-2016

MBI Number SEQ 294

Primary Payor Medicare Part B SEQ 295
Medicare Part B – is payment for Professional-fee or the coverage for physician services therefore it is coded as Fee-for-Service. **This field is for traditional Medicare plans** that pay via FFS (Fee-for-service). Medicare Replacement (Medicare Advantage) and Managed Care plans that pay via PFFS (Private-Fee-for Service) are not captured as Medicare FFS.

Medicare Part C / Medicare Advantage Plan – is still a Medicare program which is managed by an insurance company, most have additional benefits – vision, and/or dental. Medicare Advantage Plan covers most Medicare benefits and usually require patients to see specific providers in their network. All Medicare Advantage/ Managed Care plans (i.e.. Humana HMO Medicare) are captured in the payor category as Medicare only. For example, if the patient has Medicare HMO, code as primary payor Medicare, there is no secondary payor in this scenario.

Medicare Part D is prescription drug coverage. Medicare Part D is optional, and it's available only through private insurance companies that contract with Medicare (Medicare Advantage or Managed Care plans).

Medicare Advantage Plan Types:

- ➤ HMO
- ➤ PPO
- ➤ Private Fee-for-Service
- ➤ Special needs plan
- ➤ Medicare Medical Savings Account plan

Blue Cross Blue Shield of Michigan

Medicare PLUS Blue PPOSM

Enrollee Name <VALUED CUSTOMER>	Plan <9572_001>
Enrollee ID <XYL888888888>	RxBIN 610014
Issuer (80840) 9101003777	RxPCN MEDDPRIME
Group Number 50802	RxGrp BCBSMAN
	Issued: <06/2011>

MA PPO MedicareRx Prescription Drug Coverage

UnitedHealthcare

Health Plan (80840): **911-87726-04**
 Member ID: 999999999-99 Group Number: 99999

Member: **SUBSCRIBER BROWN** Payer ID: 87726

GROUP NAME
MedicareRx
 Prescription Drug Coverage

RxBIN: 610097
 RxPCN: 9999
 RxGrp: COS

Copay: PCP \$XX ER \$XX
 Spec \$XX

H9999 PBP# 999 UnitedHealthcare Group Medicare Advantage (PPO)
 Plan pays up to Medicare Limiting Charges.

PREMERA | BLUE CROSS

Member: **Premera Blue Cross Medicare Advantage (HMO-POS)**

Prefix Identification #
ZNP

Group #:
 RXBIN: 012353
 RXPCN: 06670000

BCBS 430

Medical Network
Medicare Advantage
 PCP:
 PCP Ph:

Insurer: 80840
Dental: Preventive Only
Dental Network: MA Select Dental

CMS-H7245 002

MedicareRx Prescription Drug Coverage

MEDICARE ADVANTAGE HMO

Anthem BlueCross BlueShield

Anthem MediBlue Plus (HMO)

COPC Senior Care Advantage
 <PCP Name>
 Preventive Dental Package

Member ID:

Group: <GRGRID>
 Plan: 332
 RX Bin: 003858
 RxPCN: MD
 Issuer (80840): 9101000302
 Rx Group: WM2A

Office Visit Copay: \$5
 Specialist Visit Copay: \$35
 Emergency Room Copay: \$80
 Preventive Copay: \$0
 livehealthonline.com

CMS

MEDICARE ADVANTAGE HMO MedicareRx Prescription Drug Coverage

All of these are coded as Medicare. There is no secondary payor in this scenario. There is **NO HIC number SEQ 294 and NO FFS Part B SEQ 295** with Medicare Advantage Plans

UnitedHealthcare
 Health Plan (80840) 911-95378-08
 Member ID: 999999999 Group Number: 0JJN
 Member: ROBBIE BROWN Heritage Select Advantage POS
 DEPENDENTS: JACQUELINE BROWN, JACOB BROWN, SARAH BROWN
 Payer ID 95378
 Rx Bin: 008358
 Copay: Office/Spec \$25/\$40
 DOI-0501 Underwritten By UnitedHealthcare Plan of the River Valley, Inc.

BlueCross BlueShield Government-Wide Service Benefit Plan PPO
Federal Employee Program
 Member Name: I M Sample www.fepblue.org
 Member ID: R99999999
 Enrollment Code: 104 RcdIN: 610239
 Effective Date: 01/01/2008 RxPCN: FEPRX
 RxGrip: 65006500

HPHC Insurance Company **MEDICARE SUPPLEMENT**
 ID#: HPK999999-00
 Name: JANE F. SAMPLE
 Copay: NO COPAY APPLIES
 HARVARD PILGRIM MEDICARE SUPPLEMENT SUPPLEMENT 1
 MEDICARE IS PRIMARY BILL MEDICARE FIRST

All of these are coded as Commercial Health Insurance

Commercial Health Insurance - Commercial health insurance is health insurance provided and administered by non-governmental entities. It covers medical expenses and disability income for the insured.

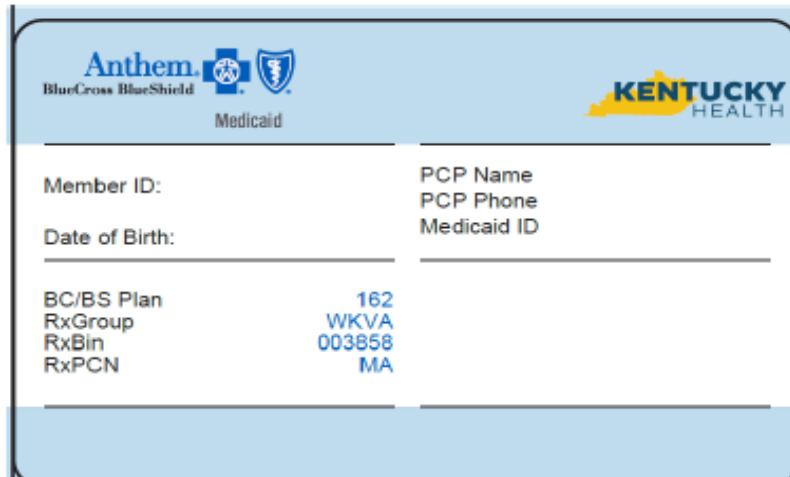
Commercial insurance includes Medicare Supplement plans such as Medigap or AARP etc. It is a private insurance policy that can help pay for some of the health care cost Medicare doesn't cover, such as co-payments, coinsurance, and deductibles. **This is not part of Medicare – this is a separate private health insurance plan.**

Point-of-service plan (POS) and Preferred Provider Organization (PPO) plans not associated with Medicare Advantage plans will be captured here

Medicaid - Medicaid in the United States is a federal and state program that helps with medical costs for some people with limited income and resources. Medicaid also offers benefits not normally covered by Medicare, including nursing home care and personal care services.



All Medicaid Commercial / Managed Care plans (i.e.. Humana Medicare, Star Molina Medicaid) are captured in the payor category as Medicaid only.



Commercial Plan

UnitedHealthcare
Health Plan (80840) 911-87726-04
Member ID: [REDACTED] Group Number: 7W4505
Member: [REDACTED]
Payer ID 87726
OPTUMRx
Rx Bin: 610279
Rx PCN: 9999
Rx Grp: UHC
Office: \$35
UrgCare: \$50 Spec: \$70 Office<19: \$0
FULLY INSURED
DOI - 0501
UnitedHealthcare Choice Plus
Underwritten by UnitedHealthcare Insurance Company

Commercial Plan

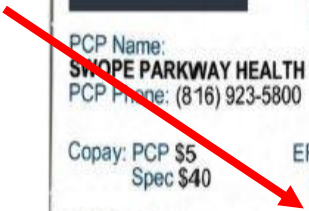
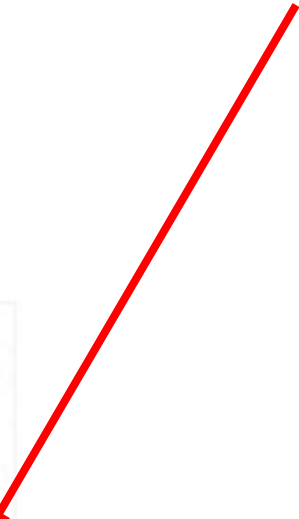
Medicare Advantage/Replacement Plan

AARP MedicareComplete
Health Plan (80840): 911-87726-04
Member ID [REDACTED] Group Number: 55794
Member: [REDACTED]
Payer ID: 87726
PCP Name: SVOPE PARKWAY HEALTH CENTER
PCP Phone: (8-16) 923-5800
Copay: PCP \$5 ER \$80 Spec \$40
H2802 PBP# 033
Dental Benefits Included
MedicareRx
Rx Bin: 610097
Rx PCN: 9999
Rx Grp: COS
AARP MedicareComplete Plan 1 (HMO)

Medicare Supplement Plan

AARP Medicare Supplement Plans
insured by UnitedHealthcare Insurance Company
MEMBERSHIP ID: [REDACTED]
EFFECTIVE DATE: 12-01-2015
AARP MEDICARE SUPPLEMENT PLAN N
Co-payments:
Up to \$20 per office visit
Up to \$50 per emergency room visit
Insured by UnitedHealthcare Insurance Company (for NY residents, UnitedHealthcare Insurance Company of NY).

Medicare Advantage Plan – Code as Medicare



Health Maintenance Organization (HMO) - An HMO gives you access to certain doctors and hospitals within its network. A network is made up of providers that have agreed to lower their rates for plan members and meet quality standards. But unlike PPO plans, care under an HMO plan is covered only if you see a provider within that HMO's network. There are few opportunities to see a non-network provider. There are also typically more restrictions for coverage than other plans, such as allowing only a certain number of visits, tests or treatments.

BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

Ascend HSA

Member Name: **JANE SAMPLE**

Member ID: **XHK987654321**

STATEWIDE HMO NETWORK

Group No: **AB123**
Rx Bin #: **603017**
Deductible: **\$6550**
Specialist Referral Required

Member(s) Name:	Member(s) PCP:	Designated:
JANE SAMPLE	BARBARA BLACK, MD	01/01/2018
JAMES SAMPLE	DAVID DAY, MD:	12/01/2017
JACK SAMPLE	GREG GREEN, MD:	11/21/2017
JILL SAMPLE	GREG GREEN, MD	11/21/2017

HMO

Code as HMO in SEQ

Horizon

Horizon Blue Cross Blue Shield of New Jersey

Horizon Medicare Blue Advantage (HMO)

MEMBER NAME: **J D DOE JR**

MEMBER ID NUMBER: **YKO3HZN12345678**

OFFICE VISIT: \$10
SPECIALIST: \$25
EMERGENCY ROOM: \$80

GROUP NUMBER: 00-12345 RxBIN: 016499

EFFECTIVE DATE: 01/01/2018 RxPCN: HMOPOSNJ

BC/BS PLAN CODES: 280/780 RxGrp: RXHRZN

ISSUER (80840) RxID: 3HZN12345678

HorizonBlue.com/Medicare

MedicareRx Prescription Drug Coverage

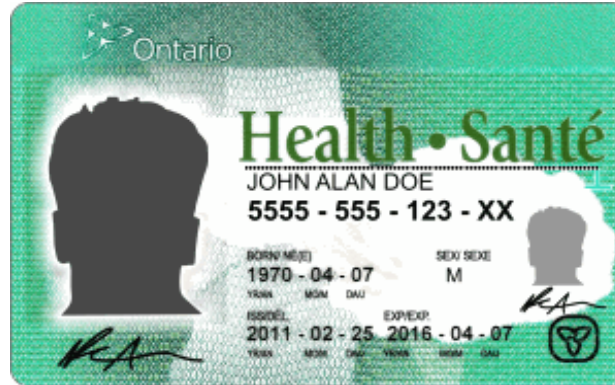
MEDICARE ADVANTAGE **HMO**

Notice this is Medicare Advantage HMO - it is coded as Medicare, not HMO

Military – US Military provides insurance. Typically reported as VA insurance or Tricare.



Non-U.S. Plan – Insurance covered by a non-U.S. source.



Other Category - Indian Health Services, Correctional Facility, State Specific plans, other government insurance, charitable care or foundation funding.

None / Self – the patient has no insurance, or the patient is self-pay. Code Christian Healthcare Ministries and Medi-Share Christian Health Care in this selection.

TRICARE

- Department of Defense's (DOD) health plan for families of active-duty members of:
 - Army
 - Air Force
 - Coast Guard
 - NOAA
 - Navy
 - Marine
 - Public Health Service
- Previously known as CHAMPUS





Question #1

If Medicare A&B and AARP Medicare Supplement is listed for insurance, how do I code this?

- A. Code Primary Payor as Medicare and Secondary Payor as Commercial.
- B. Code Primary Payor as Commercial and Secondary Payor as Medicare.
- C. I haven't a clue



Answer #1

If Medicare A&B and AARP Medicare supplement is listed for insurance, how do I code this?

- A. Code Primary Payor as Medicare and Secondary Payor as Commercial.
- B. Code Primary Payor as Commercial and Secondary Payor as Medicare.
- C. I haven't a clue

Medicare almost always pays first, and the Commercial supplement insurance covers what Medicare does not pay. Unless the patient is still working, then the patient may have Medicare as secondary depending if they receive coverage through their employer.



Question #2

Patient has Humana HMO Medicare. Do I code this as Medicare or Commercial or HMO?

- A. Code as Medicare and Commercial
- B. Code as Medicare
- C. Code as Medicare and HMO
- D. Help me!



Answer #2

Patient has Humana HMO Medicare. Do I code this as Medicare or Commercial or HMO?

- A. Code as Medicare and Commercial
- B. Code as Medicare**
- C. Code as Medicare and HMO
- D. Help me!

All Traditional Medicare, Medicare Advantage/ Managed Care plans (i.e., Humana HMO Medicare) are captured in the payor category as Medicare only.

There is no secondary payor in this scenario.



Question #3

For patient who has Medicare Managed Insurance there is a policy number i.e 79011118. Is this the MBI number?

- A. No this is not the MBI number
- B. Yes, this is the MBI number
- C. What is a MBI number??



Answer #3

For patient who has Medicare Managed Insurance there is a policy number i.e 79011118. Is this the MBI number?

- A. **No this is not the MBI number**
- B. Yes, this is the MBI number
- C. What is a MBI number??

A MBI number is not the same as a member number or policy number and is only associated with traditional Medicare



Question #4

I have a patient who has Aetna Medicare PPO. I answered Yes to Medicare and Yes to Commercially Managed Medicare Plan. How do I answer the question "Primary Payor Medicare Part B"?

- A. Yes, Primary Payor Medicare Part B
- B. No, Primary Payor Medicare Part B
- C. Send a question to the FAQ mailbox



Answer #4

I have a patient who has Aetna Medicare PPO. I answered Yes to Medicare and Yes to Commercially Managed Medicare Plan. How do I answer the question "Primary Payor Medicare Part B"?

- A. Yes, Primary Payor Medicare Part B
- B. No, Primary Payor Medicare Part B**
- C. Send a question to the FAQ mailbox

Only traditional Medicare (not Medicare Advantage is coded as Fee for service)

Medicare Part B – is payment for Professional-fee or the coverage for physician services therefore it is coded as Fee-for-Service.

Medicare Replacement (Medicare Advantage) and Managed Care plans that pay via PFFS (Private-Fee-for-Service) are not captured as Medicare FFS.



Question #5

I have a question about coding primary payor for a patient who presents to the hospital with no insurance with Medicaid pending. Are these patients coded as None/self as primary insurance with Medicaid as secondary or are they coded as Medicaid Primary?

- A. Code as Medicaid
- B. Code as Primary Payor as None and Secondary Payor as Medicaid
- C. Code as None
- D. Call a friend



Answer #5

I have a question about coding primary payor for a patient who presents to the hospital with no insurance with Medicaid pending. Are these patients coded as None/self as primary insurance with Medicaid as secondary or are they coded as Medicaid Primary?

- A. Code as Medicaid
- B. Code as Primary Payor as None and Secondary Payor as Medicaid
- C. Code as None
- D. Call a friend

Indicate the primary insurance payor at time of arrival



Question #6

BLUE CROSS FEDERAL
Plan with commercial provider
paid by BCBS Code as Other or
Commercial or what?

- A. Code as Other
- B. Code as Medicare
- C. Code as Commercial
- D. Code all the above



Answer #6

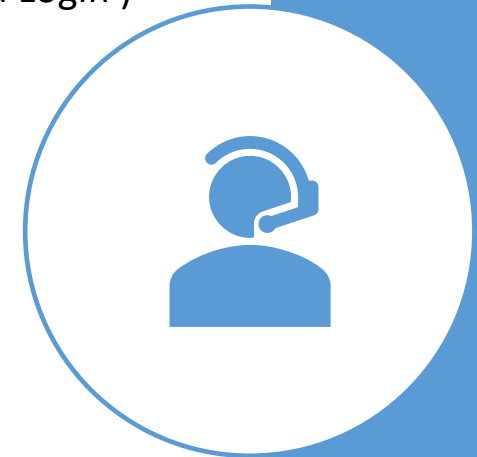
BLUE CROSS FEDERAL
Plan with commercial provider
paid by BCBS. Code as Other or
Commercial or what?

- A. Code as Other
- B. Code as Medicare
- C. Code as Commercial
- D. Code all the above

*This is a commercial insurance for
Federal Workers*

Resources

- [STS National Database Webpage](#)
- ACSDTechSupport@IQVIA.com (Uploader, DQR, Missing Variable, Dashboard, Password and Login)
- Phone Support: 1-833-256-7187
- [STS National Database Feedback Form](#)
- Resource Documents
 - Contact Information
 - Webinar Information
 - FAQ Document
 - Go-Live Checklist
 - Tiered-level Support Document
 - *Training Videos*
 - *Link to IQVIA*
 - ckrohn@sts.org



Contact Information

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Open Discussion

Please use the
raise-hand
function.

Please use the
Q&A Function.

We will answer as
many questions as
possible.

We encourage
your feedback and
want to hear from
you!