

# NSQIP Participant Portal: Application Guide

This document contains a step-by-step guide on how to enroll in ACS NSQIP.



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*Inspiring Quality:  
Highest Standards, Better Outcomes*

**100+years**

ACS  
**NSQIP**

# NSQIP Application Guide

## Contents

1. Pre-Application.....	3
1.1 Pre-Application Webpage .....	3
1.2 Completing the Pre-Application .....	4
1.3 Institutional Information .....	5
1.4 Institutional Profile .....	6
1.5 Contact Information .....	7
1.6 Pre-Application Submission.....	8
Click on the 'Submit Pre-Application' button to submit the pre-application.....	8
2. Application.....	9
2.1 Logging on to the Participant Portal .....	9
2.2 Complete the Application .....	10
2.3 Institution Information .....	11
2.4 Institution Profile .....	12
2.6 Submitting the Application.....	14
2.7 Accessing Program Resources and Uploading Important Documents .....	16
3. Technical Assistance and Help Contacts.....	17

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# NSQIP Application Guide

## 1. Pre-Application

The first step in joining the ACS National Surgical Quality Improvement Program is completing the pre-application. To fill out and submit the pre-application, please go to the following URL:

<https://accreditation.facs.org/programs/NSQIP>

### 1.1 Pre-Application Webpage

Once on the NSQIP application home page, click the “Click Here to Apply” button (no log in will be required).

ACS Home Home

ACS NSQIP®

The American College of Surgeons National Surgical Quality Improvement Program® (ACS NSQIP®) is at the intersection of raising surgical quality and lowering costs. As the Centers for Medicare and Medicaid Services, National Quality Forum and other leading organizations recognize the value of using reliable, clinical data to address the soaring costs of healthcare, will you join us in making your hospital's quality of care as good as it can be while helping reduce the cost of that care?

[Click Here to Apply](#)

Please note that all hospitals are expected to participate independently. Cases from multiple sites should not be combined.

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Click the “Click Here to Apply” link.

# NSQIP Application Guide

## Please note the required criteria for non-USA hospitals seeking enrollment into ACS NSQIP®:

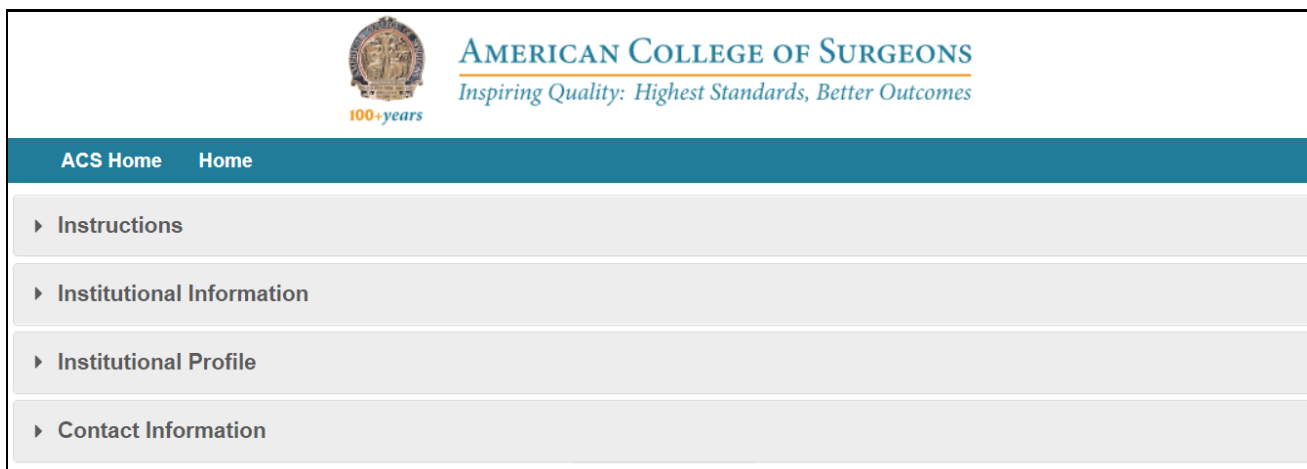
- ALL medical record documentation must be in English – NSQIP staff to be fluent in English
- Access to Current Procedural Terminology (CPT) Codes
- High-speed, reliable internet access
- We would also recommend that prior to commencing the enrollment process; the hospital must ensure that they have approval from appropriate government council and/or their hospital administration.

**All hospitals are expected to participate independently. Cases from multiple sites should not be combined.**

## 1.2 Completing the Pre-Application

Once you select the “Click Here to Apply” button, you will be led to the ACS NSQIP Pre-Application containing the following sections:

- Instructions
- Institutional Information
- Institutional Profile
- Contact Information



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ACS Home Home

- ▶ Instructions
- ▶ Institutional Information
- ▶ Institutional Profile
- ▶ Contact Information

# NSQIP Application Guide

## 1.3 Institutional Information

Under the “Institutional Information” section, you will be asked for the following information about your site. Please ensure all requested fields are completed to avoid delay in processing and approval of your ACS NSQIP pre-application.

**▼ Institutional Information**

\*Company Name:

\*Address:

\*Country:  ▼

\*City:

\*State:  ▼

\*ZIP:

\*Telephone:

FAX:

Company Email:

\*Web Site:

\*Federal Employer Identification Number (FEIN): (Required for US)

National Provider Identifier Number (NPI):

Tax ID Number if Outside USA:

**Note:** Fields with a red asterisk are required

# NSQIP Application Guide

## 1.4 Institutional Profile

Under the “Institution Profile” section, you will be asked for the following additional information about your site:

*Please ensure all requested fields are completed to avoid delay in processing and approval of your ACS NSQIP pre-application.*

**▼ Institutional Profile**

\*Did the facility previous participate in ACS NSQIP?  Yes  No

\*If yes, provide your ACS NSQIP Site ID

\*Hospital Type

\*Teaching Affiliation:

\*Affiliated with a Hospital System:  Yes  No

\*If yes, what is the name of the system?

\*Does the hospital system have hospitals already enrolled in NSQIP?  Yes  No

\*If yes, what is/are the names(s) of the participating NSQIP hospitals?

\*Is the facility currently accredited by the Joint Commission?  Yes  No

\*Volume of Licensed Beds

\*Estimated Annual Surgical Volume (Outpatient plus Inpatient)

**Note:** Fields with a red asterisk are required

# NSQIP Application Guide

## 1.5 Contact Information

Under the “Contact Information” section, you will be asked to identify the **Primary Program Contact**. This will be the person who will be in contact with ACS NSQIP staff throughout the enrollment process and will serve as the main point of contact for the site.

▼ **Contact Information**

**Primary Program Contact (Required)**

Use Facility Address:

Primary Contact:

\*First:

\*Last:

Credentials:

\*Title:

\*Email:

Telephone:      Area Code:       Number:

\*Address:

\*Country:  ▼

\*City:

\*State:  ▼

\*ZIP:

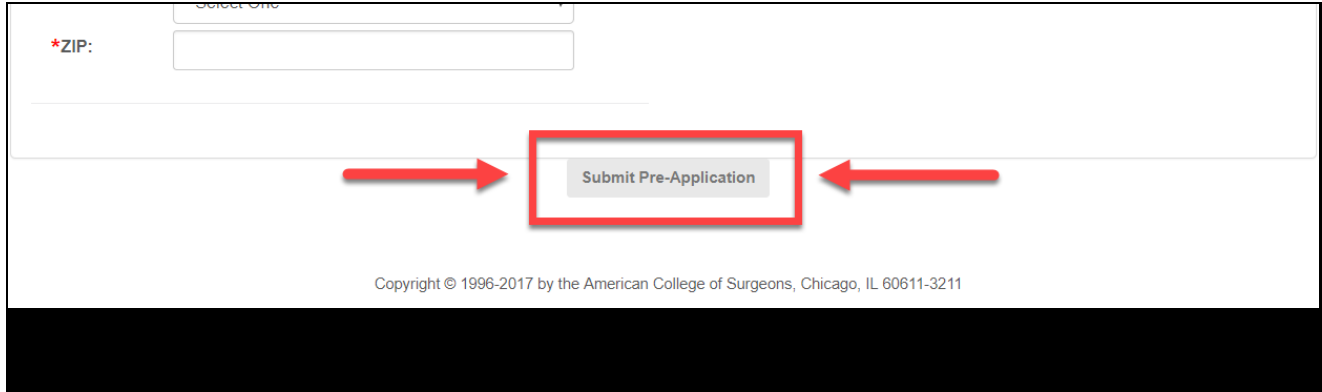
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**Note:** Fields with a red asterisk are required

# NSQIP Application Guide


## 1.6 Pre-Application Submission

Click on the 'Submit Pre-Application' button to submit the pre-application.



The screenshot shows a web form with a dropdown menu labeled 'Select One' and a text input field labeled '\*ZIP:'. Below these fields is a large button labeled 'Submit Pre-Application'. The button is highlighted with a red rectangular box, and two red arrows point towards it from the left and right. At the bottom of the form, there is a copyright notice: 'Copyright © 1996-2017 by the American College of Surgeons, Chicago, IL 60611-3211'.

Once all the information is entered and submitted, the web page will display a confirmation message saying that the pre-application form was successfully submitted.



The screenshot shows the confirmation message from the American College of Surgeons (ACS) NSQIP. At the top left is the ACS logo, which includes a circular emblem and the text '100+ years'. To the right of the logo is the text 'AMERICAN COLLEGE OF SURGEONS' in a large, blue, serif font, followed by the tagline 'Inspiring Quality: Highest Standards, Better Outcomes' in a smaller, italicized, blue font. Below the logo and tagline is a navigation bar with two links: 'Home' and 'Contact Us'. The main content of the message is centered and reads: 'Your Pre-Application has been successfully submitted'. Below this is a bolded line: 'Thank you for your interest in ACS NSQIP. Your pre-application has been received.' The next line states: 'Once your pre-application has been approved, you will receive an email with login instructions to access the ACS NSQIP Portal. The portal will provide program information and resources to help guide you through the enrollment process.' This is followed by: 'If you have any questions, please do not hesitate to reach out to us at [acsnsqip@facs.org](mailto:acsnsqip@facs.org)'. The message concludes with: 'We welcome your participation, and look forward to working with you!' and 'Kindest Regards, ACS NSQIP Team'. At the bottom, there is a copyright notice: 'Copyright © 1996-2017 by the American College of Surgeons, Chicago, IL 60611-3211'.

Pre-application Confirmation Message

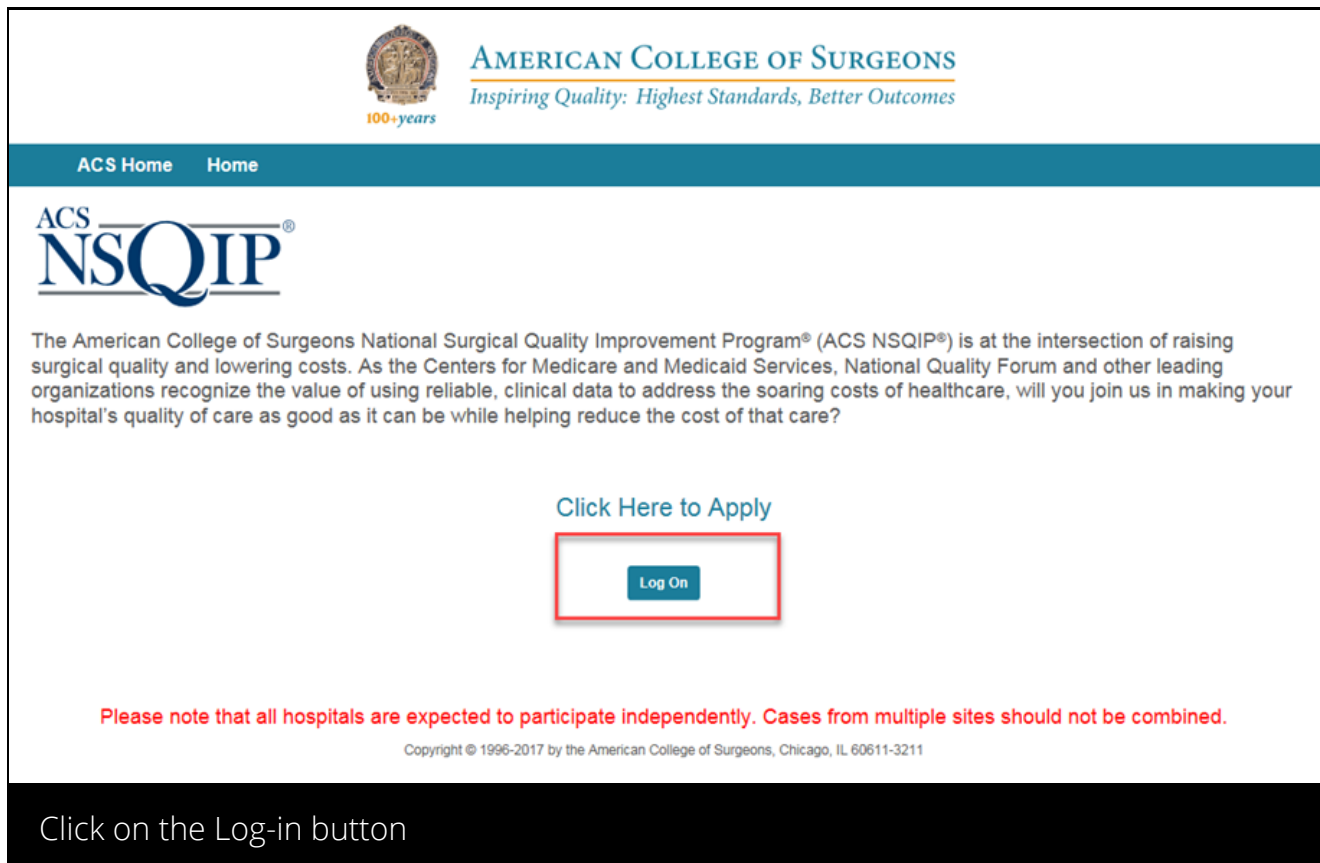


## 2. Application

Once your Pre-Application has been received and processed, the Primary Program Contact will receive an email with details on how to log on to the ACS NSQIP Portal.

### 2.1 Logging on to the Participant Portal

To log on to the participant portal, go to: <https://accreditation.facs.org/programs/NSQIP> or click on the link in the email noted above. Use the details you received in the confirmation email to log on to the NSQIP Participant Portal.



The screenshot shows the ACS NSQIP website. At the top left is the ACS logo with "100+ years" below it. To the right is the text "AMERICAN COLLEGE OF SURGEONS" and "Inspiring Quality: Highest Standards, Better Outcomes". Below this is a navigation bar with "ACS Home" and "Home". The main content area features the "ACS NSQIP" logo and a paragraph of text: "The American College of Surgeons National Surgical Quality Improvement Program® (ACS NSQIP®) is at the intersection of raising surgical quality and lowering costs. As the Centers for Medicare and Medicaid Services, National Quality Forum and other leading organizations recognize the value of using reliable, clinical data to address the soaring costs of healthcare, will you join us in making your hospital's quality of care as good as it can be while helping reduce the cost of that care?". Below this text is a link "Click Here to Apply" and a "Log On" button, which is highlighted with a red rectangular box. At the bottom of the main content area, there is a red text notice: "Please note that all hospitals are expected to participate independently. Cases from multiple sites should not be combined." and a copyright notice: "Copyright © 1996-2017 by the American College of Surgeons, Chicago, IL 60611-3211". A black banner at the bottom of the screenshot contains the text "Click on the Log-in button".

# NSQIP Application Guide

**Already have an account?**

Please enter your username and password below.

Username:

Password:

Remember me

[Log in to your account](#)

[Forgot your username or password?](#)

**New user? Create your account here**

Create your user account here. We will need your name, address, and e-mail address. You will be able to create your username, password, and security questions.

[Click here if you are a new user](#)

Enter your username and password and click the “Log in to your account” button.

## 2.2 Complete the Application

Once logged on, you will be taken to the NSQIP Participant Portal to submit the full application. Below, you can see the accordion style tabs that enable you to access and manage information for your site. Only the Primary Program Contact and the Registry Site Manager have access to the “Institutional Information” and “Contact Information” tabs. All users have access to the “Important Documents” and “Sampling” tabs.

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100+ years

ACS Home Home Log Out

Welcome: ,Registry Site Manager ,NSQIP Pediatric Surgical Clinical Reviewer - Pending ,Primary Program Contact  
AJS Test 1

- ▶ Institutional Information
- ▶ Institution Profile
- ▶ Contact Information
- ▶ Application Complete
- ▶ Important Documents
- ▶ Sampling

Your Institutional Information, Institutional Profile and Contact Information will have information already pre-populated from the data entered when the site's pre-application was submitted.

The Important Documents section, will contain pertinent documents for you to reference throughout your enrollment process and ACS NSQIP participation.

# NSQIP Application Guide

## 2.3 Institution Information

Under the "Institution Information" section, you will be asked for the following information about your site if not already pre-populated from the pre-application:

- Hospital Federal Employee Identification Number (FEIN)
- Hospital National Provider Identification Number (NPI)
- Tax Identification Number if outside the USA

**▼ Institution Information**

**Name:** Riley St. Francis Medical Center

**\*Address:**

**\*Country:**  ▼

**\*City:**

**\*State:**  ▼

**\*Zip:**

**\*Telephone:** (Country Code/Area Code/Number)

**Fax:** (Country Code Area Code Number)

**Email:**

**\*Web Site:**

**\*Federal Employer Identification Number (FEIN)**   
(Required for US):

**National Provider Identifier Number (NPI):**

**Tax ID Number if Outside USA:**

# NSQIP Application Guide

## 2.4 Institution Profile

When submitting the Full Application, you will be asked for the following information when filling out the Institution Profile section:

- To access American Hospital Association (AHA) ID Number
  - <http://www.ahadata.com/free-hospital-lookup/>
- CMS Certification Number (CCN) (United States ONLY)

**▼ Institution Profile**

**\*American Hospital Association (AHA) ID Number:**

**CMS Certification Number (CCN) US ONLY:**

**\*Interested in joining ACS NSQIP Adult?**  Yes  No

**\*Did the facility previous participate in ACS NSQIP?**  Yes  No

If yes, provide your ACS NSQIP Site ID?

**\*Hospital Type**

**\*Teaching Affiliation?**

**\*Affiliated with a Hospital System?**  Yes  No

**\*If yes, what is the name of the system?**

**\*Does the hospital system have hospitals already enrolled in NSQIP?**  Yes  No

**\*If yes, what is/are the names(s) of the participating NSQIP hospitals?**

**\*Is the facility currently accredited by the Joint Commission?**  Yes  No

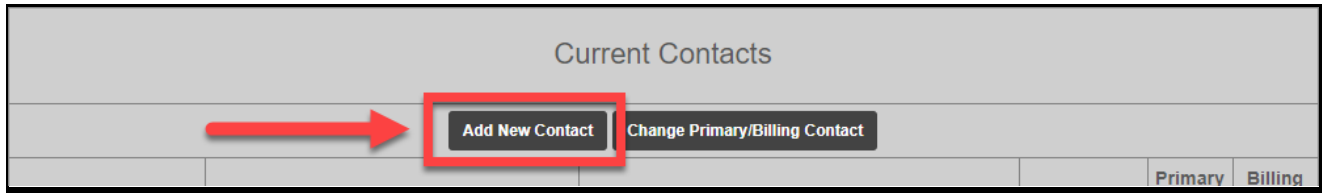
**\*Volume of Licensed Beds?**

**\*Estimated Annual Surgical Volume (Outpatient plus Inpatient)?**

# NSQIP Application Guide

## 2.5 Contact Information

In order to submit the application, there has to be a contact entered for Primary Program Contact and Billing Contact.

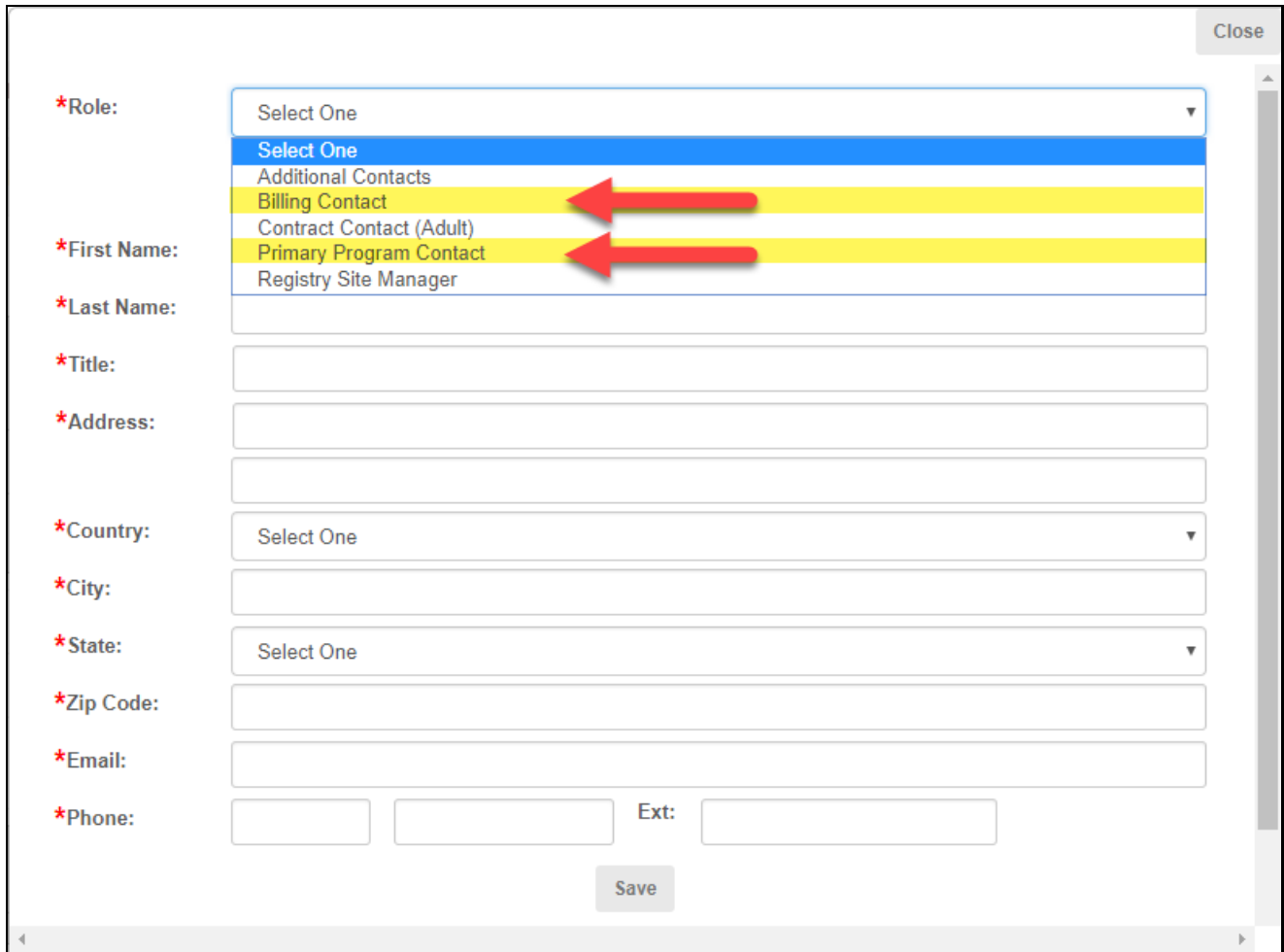


Current Contacts

**Add New Contact** **Change Primary/Billing Contact**

Primary Billing

Click the "Add New Contact" button to open a new contact record window.



Close

\*Role: Select One

- Select One
- Additional Contacts
- Billing Contact
- Contract Contact (Adult)
- Primary Program Contact
- Registry Site Manager

\*First Name:

\*Last Name:

\*Title:

\*Address:

\*Country: Select One

\*City:

\*State: Select One

\*Zip Code:

\*Email:

\*Phone: Ext:

Save

Select the desired contact type from the "Role" drop down menu and fill out the contact information.

# NSQIP Application Guide

The Primary Program Contact can add the following administrative roles.

Administrative Contacts	Description
Billing Contact	Billing contact for the hospital
Contract Contact	Contract contact for the hospital
Primary Program Contact	Primary person accountable for NSQIP at the hospital
Registry Site Manager	Manages registry access for individuals at the hospital
Additional Contacts	Other hospital personnel (e.g. CEO, Chief of Surgery)

**Adding NSQIP registry roles:** For information on how to add NSQIP registry roles, please review the "Contact Information Help Guide" which is posted in the Contact Information Tab.

## 2.6 Submitting the Application

Click the application submit button in the application complete tab. You will see a pop up notification stating that the application has been successfully submitted. An email will be sent to the Primary Program Contact's email address.

# NSQIP Application Guide

Thank You for submitting your NSQIP application. We have received your application and will respond within the next 48 business hours. If you have any questions, please contact NSQIP staff at [acsnsqip@facs.org](mailto:acsnsqip@facs.org).

**April Hospital**  
6335 Erie Street  
Chicago, IL, 60610

AHAID	8945698
CMS Certification #	789456989
NSQIP Adult	Y
Participate In NSQIP	N
NSQIP Site ID	
Teaching Affiliation	Non-teaching
Affiliated Hospitals	N
Hospital System Name	
Enrolled in NSQIP	N
NSQIP Hospital Name	
Accredited by Joint Commission	N
Licensed Beds	100 - 299
Surgical Volume	1680 - 4999

**Hospital Contacts**

Nathalie	Evermore	NSQIP Primary Contact – Adult
Rose	Blake	Registry Site Manager
Brigid	Mattingly	NSQIP Billing Contact – FSCI

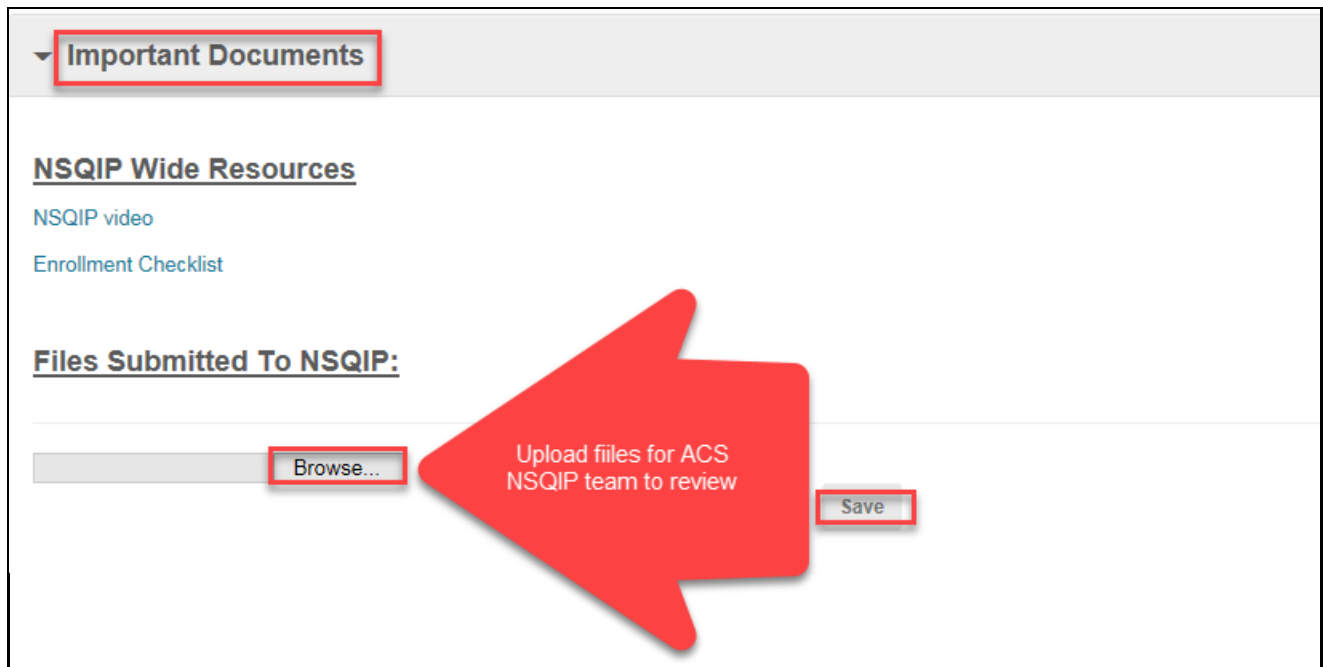
Confirmation Email

# NSQIP Application Guide

## 2.7 Accessing Program Resources and Uploading Important Documents

The NSQIP Participant Portal has an Important Documents Tab.

- This section will allow for a bi-directional sharing of documents.
- Hospital users will be able to upload documents to this section.
- This section will also display any documents that NSQIP staff has attached to the facility's NSQIP Profile record.





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## 3. Technical Assistance and Help Contacts

ACS NSQIP staff are available to help if you have questions on the Pre-Application or Application process or need assistance with the NSQIP Participant Portal.

**Institution Information or Contact Information:** If you have questions about submitting a Pre-Application or Application process please contact [acsnsqip@facs.org](mailto:acsnsqip@facs.org).

**Technical Questions:** If you are experiencing technical issues with the Participant Portal, please contact [nsqiptech@acsnsqip.org](mailto:nsqiptech@acsnsqip.org).