



# THE AMERICAN BOARD OF ANESTHESIOLOGY, INC.

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## MOCA PART II: HOW TO BECOME A REGISTERED CME PROVIDER

Thank you for your interest in electronically reporting Lifelong Learning and Self-Assessment (LL-SA) data to The American Board of Anesthesiology (ABA). Please review the following Frequently Asked Questions to learn more about this process. For additional information, please contact the ABA offices at 866-999-7501.

**What is LL-SA?** The ABA has launched the Maintenance of Certification in Anesthesiology (MOCA) program in which all ABA diplomates may participate. As part of the MOCA program requirements, ABA diplomates are required to report LL-SA activities they complete as part of their MOCA program. LL-SA includes Category 1 CME activities from sponsors accredited by the Accreditation Council for Continuing Medical Education (ACCME), as well as non-Category 1 activities, such as institution-based learning, committee memberships, and self-directed study.

**What LL-SA data may be reported electronically?** The ABA will accept information on participation in LL-SA activities for which your organization is the primary sponsor.

**What LL-SA data may not be reported?** The ABA will NOT accept information from your organization about participation in activities sponsored by another organization and subsequently reported to you by the doctor.

**How is each LL-SA activity identified?** In order to accurately identify an activity, your organization will have to report three different ID numbers for each LL-SA activity:

1. **Provider ID:** If your organization is accredited by the Accreditation Council for Continuing Medical Education (ACCME), the ABA will use your ACCME ID number. If your organization is not accredited by the ACCME, the ABA will assign you an ID number.
2. **Event ID:** Your organization will identify each event or activity with a unique Event ID number. This Event ID must be unique for each instance of an event that is repeated on a periodic basis, such as an annual meeting or monthly conference. The Event ID should be less than 10 characters.
3. **ABA ID:** Your organization will collect and report the eight-digit ABA ID number for each participant.

**What is the ABA ID number?** Every ABA diplomate, candidate and resident is assigned an eight-digit ABA ID number, for example, 3456-7890.

**How can a doctor get his/her ABA ID number?** The ABA ID is distributed to the doctor when the doctor visits the ABA web site at [www.theABA.org](http://www.theABA.org) and first creates a personal portal account. The ABA ID number is sent via email to the doctor for future reference. The ABA also has started issuing ID cards that include the ABA ID number.

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**What LL-SA data will be transmitted?** LL-SA providers will routinely transmit two sets of data for each CME activity reported to the ABA. First, the LL-SA provider will provide information on the various LL-SA activities (Event File):

Field Names	Description
Provider_ID	Your organization's ACCME ID number, or the ID number assigned by the ABA
Event_ID	The unique code your organization uses to identify the event. The code should be less than 10 characters.
Description	A text description of the event, for example, "2005 Annual Meeting"
Category	Each activity is reported as either: <ul style="list-style-type: none"> <li>▪ "Y": If a CME activity is designated Category 1 by an ACCME-accredited provider</li> <li>▪ "N": If the CME is any Other LL-SA activity that is not Category 1 CME</li> </ul>

Second, your organization will periodically report the following data for all CME completed by an individual doctor that has not been reported to the ABA (Participation file):

Field Names	Description
ABA_ID	The eight-digit number issued by the ABA, for example, "3580-1234"
Provider_ID	Your ACCME ID number or ID number assigned by the ABA
Event_ID	The unique code used by the provider for each event
Completion_Date	The year, month and day the participant completed the activity, for example, "2005-01-31"
Credit	The hours or credits awarded by the sponsor or requested by the participant. The amount can be less than or equal to the maximum possible credit. The credit should be reported in quarter hour increments.

**In what format is the LL-SA data transmitted?** All data is transmitted as a tab-delimited ASCII file using the Field Names presented above.

**How is the data transmitted?** The data is sent as an attachment to an email message.

**To what email address is the data sent?** Send all data to: [cme@theABA.org](mailto:cme@theABA.org)

**How often should you transmit event or LL-SA data?** There is no strict requirement for when to submit data. However, the ABA recommends that you regularly send data, for example, after the end of each month. This will allow you to easily determine which LL-SA data needs to be sent to the ABA.

**Can I "bundle" related activities and report them as one activity?** Yes, as long as the sponsor of the activity is the same and the activities are completed in the same calendar year. You can total the amount of credit a doctor receives for a recurring activity and report completion on a monthly, quarterly, biannual, or annual basis.

**Does the data file have to include only information for one event?** No. You may create a single data file that includes information on participation in more than one event.

**Do you have to collect all participation data for an event before it is reported?** No. For example, annual meeting attendees may submit requests for Category 1 CME credit for several months following the meeting. You may report the participation data as you receive it each month.





# LL-SA Provider Registration Form

Phone: (866) 999-7501 | Fax: (866) 999-7503 | Email: [moca@theABA.org](mailto:moca@theABA.org) | Website: [www.theABA.org](http://www.theABA.org)

Dear LL-SA Provider:

Thank you for your interest in submitting Lifelong Learning and Self-Assessment (LL-SA) data electronically to the ABA. Please complete and return the registration form below:

## 1. Organization and Contact Information

Organization: \_\_\_\_\_

Department: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## 2. Accreditation Status

Is your organization accredited by the Accreditation Council for Continuing Medical Education (ACCME)?

Yes

No

If the answer is “Yes,” please enter your ACCME ID number here: \_\_\_\_\_

## 3. LL-SA Activities

What types of LL-SA activities does your organization sponsor (check all that apply)?

ACCME-accredited Category 1 CME

Non-Category 1 CME activities

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Please fax your completed form toll-free to **1-866-999-7503** (no cover page is necessary).