

CENTERS FOR MEDICARE & MEDICAID SERVICES CONTINUING EDUCATION (CMSCE)

05-04-2016, How to Register for the 2016 PQRS Group Practice Reporting Option MLN Connects® National Provider Call

Continuing Education (CE) Activity Information & Instructions

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Continuing Education Credit Information

Continuing Education Credit

The Centers for Medicare & Medicaid Services (CMS) is evaluating this activity for continuing education (CE) credit. The number of credits awarded will be calculated following the activity based on the actual learning time. Final CE information on the amount of credit will be available on the MLN Connects® National Provider Call detail page on the CMS website and within the Learning Management and Product Ordering System (LM/POS) post-assessment.

Accreditation Statements

[Please click here for accreditation statements.](#)

Instructions for Continuing Education Credit

The Medicare Learning Network® (MLN) recently upgraded its Learning Management and Product Ordering System (LM/POS).

If you were already registered in the former MLN Learning Management System (LMS), you do not need to create a new login or password for the LM/POS. However, the appearance of the system and instructions for registering, logging-in, accessing courses, and obtaining certificate information have all changed.

For more information on the new LM/POS, please visit <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/LMS-Upgrade.pdf>.

Learning Management and Product Ordering System (LM/POS) Instructions

In order to receive continuing education credits (CEU) for this live activity, you must pass the session post-assessment and complete the evaluation. The continuing education post-assessment and evaluation are being administered through the Medicare Learning Network®.

The post-assessment will be available on the Medicare Learning Network® (MLN) Learning Management and Product Ordering System (LMS/POS) no later than two hours following the end of the National Provider Call. Participants will need to login or register, to access the post-assessment.

Registering To Take a Post-Assessment

If you have previously taken Medicare Learning Network® (MLN) web-based training courses, you may use the login ID and password you created for those courses. If you are a new user, you will need to register.

To register (if you do NOT have an account):

1. Go to the LM/POS Homepage <https://learner.mlnlms.com>;
2. Click on "Create Account;" and
3. Enter information for all the required fields (with the red asterisks) and click "Create."

***NOTE:** When you get to the 'Organization' field, click on Select. From the "Select Organizations" screen, leave the "Find Organization" field blank and click Search. Select "**CMS-MLN Learners Domain - Organization**" and click Save.

Please add MLN@cms.hhs.gov to your address book to prevent Medicare Learning Network® (MLN) communication from going into your spam folder.

To login (if you already have an account):

1. Go to the Learning Management and Product Ordering System (LM/POS) Homepage <https://learner.mlnlms.com>; and
2. Enter your login ID and password and click on "Log In."

Finding the Post-Assessment:

1. Go to the LM/POS Homepage <https://learner.mlnlms.com>;
2. Enter your login ID and password and click on "Log In;"
3. Click on "Training Catalog" in the menu beneath the MLN logo;
4. Enter "**05-04-2016: 2016 PQRS Group Practice Reporting**" in the "search for" box and click "search;"
5. Click on the title;
6. Click "Enroll;"
7. Click "Access Item;"
8. Scroll down on the page and click on the link titled "Post-Assessment;"
9. Click "Open Item;"
10. A new window will open. Click "Post-Assessment" in this new window for it to display;
11. Complete the assessment and click "close;"
12. Click the grey and white "x" in the upper right-hand corner to close the window; and
13. Click "OK" when prompted about closing the window.

Accessing Your Transcript and Certificate

[Please click here for instructions for accessing your transcript and certificate.](#)

For questions regarding continuing education credit contact CMSCE@cms.hhs.gov via email.

Hardware/Software Requirements

[Please click here for hardware and software requirements.](#)

CMS Privacy Policy

[Please click here for CMS' Privacy Policy.](#)

Help

- For assistance with registration or technical teleconference assistance email us at cms-mlnconnectsnpc@blhtech.com or view the HELP page frequently asked questions at <http://www.eventsvc.com/blhtechnologies/apage/faq.html>.
- For assistance with the Medicare Learning Network® (MLN) Learning Management and Product Ordering System (LM/POS), your assessment, or certificate, contact CMSCE at CMSCE@cms.hhs.gov via email.



Activity Information

Activity Description

This MLN Connects® National Provider Call provides a walkthrough of the Physician Value - Physician Quality Reporting System (PV-PQRS) Registration System, an application that serves the PQRS and Value-Based Payment Modifier (Value Modifier) programs. Learn how to meet the satisfactory reporting criteria through the PQRS Group Practice Reporting Option (GPRO), avoid the CY 2018 [PQRS payment adjustment](#), and CY 2018 [Value Modifier automatic downward payment adjustment](#). A question and answer session follows the presentation.

Target Audience

This activity is designed for physicians, Medicare individual eligible professionals and group practices, therapists, medical group practices, practice managers, medical and specialty societies, payers, and insurers.

Learning Objective

By the end of the teleconference, the learner should be able to:

- Understand the requirements for participating via the Group Practice Reporting Option (GPRO) for the 2016 Physician Quality Reporting System (PQRS) program year;
- Identify the various reporting mechanisms available to PQRS group practices in 2016;
- Recognize that group practices must register for 2016 GPRO using the Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System during the April 1, 2016 through the June 30, 2016 GPRO registration period;
- Identify the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS via a Centers for Medicare & Medicaid Services certified (CMS-certified) survey vendor as the reporting mechanism available to group practices of two or more eligible professionals (EPs) wishing to supplement their 2016 PQRS reporting;
- Recognize the Centers for Medicare & Medicaid Services (CMS) Enterprise Identity Management (EIDM) system as a way for business partners to apply for, obtain approval for, and receive a single user ID for accessing multiple CMS applications, including the PV-PQRS Domain; and
- Understand the policies for the 2018 Value Modifier (VM) based upon the 2016 performance year.

Participation

Register for the teleconference, participate in the teleconference, and access and complete the assessment and evaluation, per the [Instructions for Continuing Education Credit](#), at the beginning of this document.

Speaker Bios & Disclosures (alphabetical by last name)

No one in a position to control the content of this activity has anything to disclose. The planners/developers of this activity have signed a disclosure statement indicating that they have no relevant financial interests. This activity was developed without commercial support.

Sabrina Ahmed, presenter, is a Health Insurance Specialist at the Centers for Medicare & Medicaid Services (CMS). She presently works in the Division of Value Based Payment on the Physician Feedback and Value-based Payment Modifier Programs. She has worked on various Medicare initiatives for Medicare Fee-for-Service and Medicare Advantage beneficiaries since July 2002. Prior to her work at CMS, she completed a Master of Health Science degree at the Johns Hopkins School of Public Health.

Sophia Autrey, panelist/planner/developer, has over 15 years of experience evaluating public health and clinical programs. She has experience in implementation research, services research evaluation, and performance management policy. Ms. Autrey has developed policy and operational guidance in performance measurement at both the State and Federal levels of Government.

Jeff Ballou, speaker, has been employed by Mathematica Policy Research for the past eight years. Dr. Ballou has also held faculty positions in the Department of Economics at Northeastern University and the Institute for Policy Research at Northwestern University. He also leads Mathematica's work in supporting CMS' development of confidential provider feedback reports and calculation of the value-based payment modifier. Dr. Ballou also holds a Ph.D. in economics from Northwestern University.

Regina Chell, panelist, has professional experience in designing, developing, assessing, evaluating, and implementing quality assessment and performance improvement programs. Prior to joining the Centers for Medicare & Medicaid Services (CMS), Ms. Chell led the implementation of a disease management clinic for the treatment of heart failure. She has spoken nationally on a wide variety of topics and has published several white papers regarding the fragmentation, complexity, and multiplicity of stakeholders in the healthcare.

Lara Converse, panelist/planner/developer, has been employed by Mathematica Policy Research as a health analyst, since January 2013. Ms. Converse currently supports the Centers for Medicare & Medicaid Services (CMS) on methodological issues related to the development of a Value-Based Payment Modifier (Value Modifier). She also works with CMS on developing confidential feedback reports that provide medical groups and solo practitioners with performance data on the quality and resource use associated with care for their Medicare Fee-For-Service beneficiaries.

Anna Deahl, panelist, has over 20 years of experience in implementing, executing, and successfully managing government programs and projects. Ms. Deahl currently serves as the Brilliant Project Manager, lead of the Education and Outreach and Advanced Inquiry Support Team, and member of the Physicians Quality Reporting System (PQRS) project. She recently served as the lead and senior project advisor in a multi-year contract with the American Institutes for Research. She also served as a senior consultant on the Medicaid and Children Policy and Implications and Evaluations (MACPIE) Electronic Health Record (EHR) project.

Lisa Marie Gomez, presenter, has been employed by the Centers for Medicare & Medicaid Services (CMS), since August 2015. Ms. Gomez currently serves as a subject matter expert in the Center for Clinical Standards and Quality (CCSQ) at CMS, where she develops, evaluates, and implements policies regarding quality programs. She previously worked in the Center for Consumer Information and Insurance Oversight (CCIIO) at CMS, where she served as a subject matter expert and developed policies pertaining to the Affordable Care Act.

Dr. Daniel Green, panelist/planner/developer, has been employed by the Centers for Medicare & Medicaid Services (CMS) as a Medical Officer in the Division of Ambulatory Care, since 2007. Dr. Green has worked on the Physician Quality Reporting System (PQRS) since its inception and is the registry and Electronic Health Record (EHR) lead for the program. He also serves as an advisor for the measure selection/implementation for the program.

Bobby Harris, panelist, has been employed by the Centers for Medicare & Medicaid Services (CMS) as a Health Insurance Specialist, since 2012. Prior to his employment at CMS, Mr. Harris

was employed by the United States Air Force for 23 years.

Elizabeth Holland, panelist, currently serves as a Senior Technical Advisor in the Division of Health Information Technology of the Quality Measurement and Health Assessment Group at the Centers for Medicare & Medicaid Services (CMS). Ms. Holland has managed the Medicare & Medicaid Electronic Incentive Program, since its inception in 2009 through April 2015.

Alesia Hovatter, panelist, has been employed by the Centers for Medicare & Medicaid Services (CMS) for over six years. Ms. Hovatter currently serves as the lead for Physician Compare in the Quality Measurement & Value-Based Incentives Group.

Timothy Jackson, presenter, has been employed by the Centers for Medicare & Medicaid Services (CMS), since August 2013. Mr. Jackson currently serves as a Research Analyst and is on the Steering Committee of the National Quality Registry Network. He is a Major in Medical Service Corps with over 15 years of active and reserve military service.

Carol Jones, planner/developer, has been employed by the Centers for Medicare & Medicaid Services (CMS), since August 2013. Ms. Jones currently serves as a Program Analyst and the primary liaison for the Medicare Physician Fee-for-Service Programs Help Desk at CMS. Prior to joining CMS, she worked for the Department of Veterans Affairs as a Program Analyst in the Office of Communications. Ms. Jones also served for over 26 years as a Deputy Commander for Nursing Services in the Army Nurse Corps.

Fiona Larbi, panelist, has been employed by the Centers for Medicare & Medicaid Services (CMS) since April 2012. Ms. Larbi currently serves as a Health Insurance Specialist in the Division of Value-Based Payment where she works on the Physician Feedback/Value-Based Payment Modifier Program. Prior to her employment with CMS, Ms. Larbi practiced in various clinical settings including critical care and nursing administration.

Rabia Khan, panelist, has been employed by the Centers for Medicare & Medicaid Services (CMS), since May 2014. Ms. Khan currently serves as a Health Insurance Specialist in the Center for Medicare's Performance-Based Payment Policy Group at CMS. Previously, she worked for the Quality Measurement & Health Assessment Group at CMS.

Matthew Mittleman, panelist, has professional experience developing training and conferences to help improve healthcare disparities. Mr. Mittleman worked on a large National Healthcare Disparities Project, where he provided data and supported quality improvement initiatives nationwide. He currently leads the Physician Quality Reporting System (PQRS) Tier II Help Desk, which assists organizations with reporting quality measures to the Centers for Medicare & Medicaid Services (CMS).

Alexandra Mugge, panelist, has been employed by the Centers for Medicare & Medicaid Services (CMS) since 2010, and currently serves as the program lead in the Center for Clinical Standards and Quality. Ms. Mugge has worked on multiple CMS quality reporting programs, including the Medicare Electronic Health Record (EHR) Incentive Program, Physician Quality Reporting System (PQRS), PQRS Group Practice Reporting Option (GPRO), Value-Based Modifier (VM), Shared Savings Program (SSP) Accountable Care Organization (ACO), Pioneer ACO, and Comprehensive Primary Care Initiative (CPC).

Carol Noyes, panelist, has professional experience maintaining, creating, and supporting measure development for Physician Quality Reporting System (PQRS) measures. Since 2012,

Ms. Noyes has primarily focused on assisting PQRS group practices and Accountable Care Organizations (ACOs) reporting through the GPRO Web Interface. She has provided training and supportive educational documentation to PQRS group practices, ACOs, and vendors on an ongoing basis to assist with understanding of measure documentation. Additionally, Ms. Noyes has over 25 years of clinical nursing expertise in cardiac and research coordination.

Aucha Prachanronarong, panelist, currently serves as the Director of the Division of Electronic and Clinician Quality's Quality Measurement and Health Assessment Group in the Center for Clinical Standards and Quality at the Centers for Medicare & Medicaid Services (CMS). Her division is responsible for managing the Physician Quality Reporting System (PQRS), the Physician Compare website, and the Clinical Quality Measure portion of the Electronic Health Record (EHR) Incentive Program.

Anastasia Robben, panelist and/or planner/developer, has been employed by NewWave Telecom & Technologies, Inc. as the lead of Communications for the Physician Quality Programs Management and Implementation (PQPMI) team, since May 2014. Ms. Robben has developed educational printed materials, web-based training courses, and slide presentations for Medicare providers on Physician Quality Reporting System (PQRS). She has also conducted seminars, teleconferences, and one-on-one training for PQRS.

Cindy Shiblee, panelist, has been employed by the Centers for Medicare & Medicaid Services (CMS) since October 2015, and currently serves as the education and outreach lead for Physician Quality Reporting System (PQRS). Ms. Shiblee has taught workshops and classes to both medical staff and patients on database management, clinical quality, and chronic disease self-management. She was previously employed by the Walter Reed National Military Medical Center as a disease management nurse.

Ashley Spence, panelist, has been employed by the Centers for Medicare & Medicaid Services (CMS) as a Social Science Research Analyst in the Center for Clinical Standards and Quality, since June 2012. In this capacity, Ms. Spence supports the education and outreach efforts for the Physician Quality Reporting System (PQRS), by developing web-based, print and educational materials for Medicare Part B professionals. She has also conducted numerous teleconferences, facilitated meetings/work groups, and provided one-on-one support.

Kimberly Sullivan, panelist, has been employed by NewWave Telecom & Technologies, Inc. since May 2014, and currently serves as the task lead for Physician Quality Reporting System (PQRS) Education & Outreach on the Physician Quality Programs Management and Implementation (PQPMI) contract. Ms. Sullivan has over 25 years of experience with PQRS, including nine years developing and implementing internal and external communications strategies for PQRS.

Jamie Welch, panelist, has been employed by Signature Consulting for two years, as a Clinical Analyst for the Physician Quality Reporting System (PQRS). Ms. Welch has worked with PQRS since its inception in 2010. She currently provides assistance to eligible professionals, vendors and other contractors who participate within PQRS via teleconferences.