CENTERS FOR MEDICARE & MEDICAID SERVICES CONTINUING EDUCATION (CMSCE)

05-19-2016, Review of the 2015 Mid-Year Quality and Resource Use Reports MLN Connects® National Provider Call

CE Activity Information & Instructions

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

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

In order to receive continuing education credit for this 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 "**05-19-2016: 2015 QRUR**" in the "search for" box and click "search;" 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.

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 an overview of the 2015 Mid-Year Quality and Resource Use Reports (MYQRURs) and explains how to interpret and use the information. The 2015 MYQRURs were recently released to groups and solo practitioners nationwide. These reports are for informational purposes only and contain interim information on a subset of the quality and cost measures used to calculate the 2017 Value Modifier (VM).

Target Audience

This activity is designed for physicians, practitioners, medical group practices, practice managers, medical and specialty societies, payers, and insurers.

Learning Objective

By the end of this presentation, learners should be able to:

- Demonstrate understanding of the relationship between performance year and payment year for the VM.
- Demonstrate understanding of when the VM applies to different group sizes.
- Recognize an accurate description of the 2015 Mid-Year QRUR.
- Understand that for some TINs the Mid-Year QRUR is provided only for informational purposes only.
- Understand the criticality in obtaining an Enterprise Identity Data Management (EIDM) account as it relates to obtaining one's QRUR Report.
- Know how and where to access web-site(s) to obtain additional and detailed information on Mid-Year and Annual QRUR reports.

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

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

Sabrina Ahmed, MHS, 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.

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. Ballow also holds a Ph.D. in economics from Northwestern University.

Margaret Gerteis, planner/developer, has been employed at Mathematica as a senior researcher since 2005. Before joining Mathematica, she served as Senior Manager at BearingPoint, Director of Quality Research and Development at The Picker Institute, and Managing Director of the Harvard School of Public Health's Center for Health Communication. Dr. Gerteis has over 30-years' experience as a health researcher and has directed the development and testing of quality and resource use feedback reports for physicians and medical groups. She continues to advise on the design of content and data displays for Quality and Resource Use Reports in support of CMS's Physician Feedback Program.

Atchut Kanthamani, presenter, has been employed by Softrams, LLC, since January 2015 as Solution Architect. Mr.Kanthamani was previously employed by at Northrop Grumman as a Chief Architect and Program Manager from August 2011 until December 2014. Since 2014, he has worked on Medicare applications and as a Solution Architect for Physician Value system.

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.

Wilfredo Lim, planner/developer, has been employed by Mathematica Policy Research from September 2012 to the present as a health researcher. Previously, Mr. Lim held positions at Columbia University, LifeMasters Supported SelfCare, and Analysis Group. He currently supports CMS with methodological issues related to the development of a value-based payment modifier and confidential feedback reports.

Gloria Maser, RN, BSN, PMP, planner/developer, and has 30 years of results-oriented experience in consulting, military and health care environments. Her areas of expertise include program and project management, creating order out of chaos, nursing training development and delivery, resource oversight and team building. Ms. Maser is a Certified Project Manager for the Division of Value Based Payment (DVBP) and provides support and facilitation to CMS in developing and calculating a Value-Based Payment Modifier (VBM).

Holly Weaver, planner/developer, is employed at CMS as a Project Analyst in the Performance-Based Payment Policy Group (P3) in the Division of Value-Based Payment (DVBP). Ms. Weaver currently serves various roles in supporting of the Physician's Value (PV) program. Prior to her employment with CMS/P3, she was a Contracting Officer for several years at CMS in the Office of Acquisition & Grants Management (OAGM), the National Oceanic & Atmospheric Administration (NOAA), and in private industry.

Rachel Yong, MPH, presenter, has been employed by Acumen, LLC (Acumen), a contractor to CMS, since August 2013. Ms. Yong currently leads a team that evaluates the CMS Episode Grouper software and develops Supplemental Quality and Resource Use Reports (QRURs) for medical group practices and solo practitioners. Ms. Yong also works on other performance-based payment policy work related to the Hospital Value-Based Purchasing Program, including managing the calculation of the Medicare Spending per Beneficiary Measure and the payment standardization of Medicare claims. Prior to Acumen, Ms. Yong had experience in project management, communications, team management, and statistical analysis, working with organizations like the World Health Organization and the City of Baltimore. Ms. Yong earned a Master of Science degree in Public Health with an Emphasis in Health Policy at Johns Hopkins School of Public Health.