



# 09-29-2016, 2015 Quality and Resource Use Reports (QRURs) – Physician Feedback Program 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 (CEUs) 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](mailto: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 "**09-29-2016: 2015 QRURs**" 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](mailto: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](mailto:cms-mlnconnectsnpc@blhtech.com) or view the HELP page frequently asked questions at <https://blh.ier.intercall.com/faq>.
- 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](mailto:CMSCE@cms.hhs.gov) via email.



## Activity Information

### Activity Description

This MLN Connects® National Provider Call provides an overview of the 2015 Annual Quality and Resource Use Report (QRUR) and explains how to interpret and use the information. The 2015 Annual QRURs show how groups and solo practitioners performed in 2015 on the quality and cost measures used to calculate the 2017 Value-Based Payment Modifier (Value Modifier) and how the Value Modifier will be applied to physician payments.

### Target Audience

This activity is designed for physicians, Medicare Eligible Professionals (EPs), medical group practices, practice managers, medical and specialty societies.

### Learning Objective

By the end of the presentation, participants should be able to:

- Recognize the interaction between the 2015 Annual Quality and Resource Use Report (QRUR) and the 2017 Value Modifier (VM);
- Identify how to access the 2015 Annual QRUR;
- Recognize the methodologies and data in the 2015 Annual QRUR; and
- Recognize the Informal Review (IR) process based on 2015 Annual QRURs & 2017 VM.

### 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 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 (DVBP) 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, Ms. Ahmed completed a Master of Health Science degree at the Johns Hopkins School of Public Health.

**Jeff Ballou, PhD, presenter**, 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 the Centers for Medicare & Medicaid Services' (CMS') development of confidential provider feedback reports and calculation of the Value-Based Payment Modifier (Value Modifier).

Dr. Ballou holds a Doctor of Philosophy degree in Economics from Northwestern University.

**Olivia Berzin, MPH, presenter,** has been employed by RTI International as Research Associate in the Health Care Quality and Outcomes program, since 2010. For the past several years, Ms. Berzin has led work on Accountable Care Organization (ACO) quality scoring and ACO quality technical assistance. In addition, she provides general management support to the lead for the quality tasks.

Ms. Berzin earned her Master of Public Health degree in Health Policy and Management at the Boston University School of Public Health.

**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.

**Rose Do, MD, presenter,** is a Medical Officer and Senior Policy Associate employed by Acumen, LLC, a contractor to the Centers for Medicare and Medicaid Services (CMS).

Dr. Do earned a Doctor of Medicine degree at the University of Arizona.

**Devin Drewry, panelist/presenter,** has been employed by Acumen, LLC, a contractor to the Centers for Medicare and Medicaid Services (CMS), as a Data and Policy Analyst, since July 2014. Mr. Drewry aids with management of performance-based payment policy work related to the Hospital Value-Based Purchasing (VBP) program, Supplemental Quality and Resource Use Reports (QRURs), and physician QRURs.

Mr. Drewry earned a Bachelor of Arts degree in Mathematics at Pomona College.

**Margaret Gerteis, PhD, planner/developer,** has been employed at Mathematica as a Senior Researcher, since 2005. Before joining Mathematica, she served as a Senior Manager at BearingPoint, a Director of Quality Research and Development at the Picker Institute, and the Managing Director of the Harvard School of Public Health's Center for Health Communication. Dr. Gerteis has over 30 years of 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 (QRURs) in support of the Centers for Medicare & Medicaid Services' (CMS') Physician Feedback Program.

**Ahmad Hameed, panelist/presenter,** has been employed by Acumen, LLC, a contractor to the Centers for Medicare and Medicaid Services (CMS), as a Policy Associate, since September 2012. Mr. Hameed aids with development of performance-based measures for the Hospital Value-Based Purchasing (VBP) program, Supplemental Quality and Resource Use Reports (QRURs), and physician QRURs.

Mr. Hameed earned a Bachelor of Science degree in Mathematics & Economics at Carnegie Mellon University.

**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 (DVBP), 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.

**Rachel Liu, MS, presenter**, has been employed by Acumen, LLC, a contractor to the Centers for Medicare and Medicaid Services (CMS), as a Policy Lead, since August 2013. Ms. Liu and her team support management of episode-based measures and performance-based payment policy work related to the Hospital Value-Based Purchasing (VBP) program, Supplemental Quality and Resource Use Reports (QRURs), and physician QRURs.

Ms. Liu earned a Master of Science degree in Public Health at Johns Hopkins University's School of Public Health.

**Kimberly Spalding Bush, presenter**, presently works as the Acting Division Director in the Division of Value-Based Payment (DVBP) at the Centers for Medicare & Medicaid Services (CMS). She oversees teams to implement value-based purchasing for physicians and hospitals so that Medicare rewards value rather than volume. As part of these responsibilities, Ms. Bush also directs the program that provides feedback reports to physicians about the quality of care furnished compared to cost for Medicare beneficiaries. Ms. Bush has been employed by CMS since 2005, with previous experience in medical review, education and Medicare appeals.

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