10-20-2016, 2015 Supplemental Quality and Resource Use Reports (QRURs)
MLN Connects® National Provider Call

Continuing Education (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).**
>
> **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 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 "**10-20-2016: 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 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 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 via email.

Activity Information

Activity Description

This MLN Connects® National Provider Call provides an overview of the 2015 Supplemental Quality and Resource Use Reports (QRURs) and confidential feedback reports for medical group practices and solo practices on resource use for Fee-for-Service episodes of care. The 2015 Supplemental QRURs report on 23 major episode types and an additional 44 episode subtypes, resulting in 67 total reported episode types. These reports are for informational purposes only and are not used to adjust payments.

Target Audience

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

Learning Objective

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

- Recognize episode-based measures;
- Understand how episode-based measures are created, attributed, and reported;
- Identify the basic steps of creating episodes;
- Understand how episodes are assigned to the medical group practice(s) and/or solo practitioner(s); and
- Understand how to use and interpret the information in the 2015 Supplemental Quality and Resource Use Reports (QRURs).

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.

Rose Do, MD, presenter, is a Medical Officer at Acumen and is Board-Certified by the American Board of Internal Medicine in both Internal Medicine and Cardiology. Dr. Do has directed efforts in telehealth and worked with Electronic Health Records (EHR) and procedure tracking systems, as well as telecommunications software for clinical care and teaching. As part of her policy work, Dr. Do has led stakeholder and clinician meetings and webinars, instructed clinicians how to use web and excel-based feedback tools, and summarized feedback to measure developers and the Centers for Medicare & Medicaid Services (CMS).

Devin Drewry, presenter, has been employed by Acumen, LLC, a contractor to the Centers for Medicare & 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.

Sandhya Gilkerson, MD, presenter, has been employed by the Center for Medicare as a Health Insurance Specialist, since March 2009. She is physician by training and also earned a graduate degree in Health Administration. Dr. Gilkerson also completed the Centers for Medicare & Medicaid Services' (CMS') Learning Systems Fellowship Program and has developed educational material and coordinated Learning Systems webinars and onsite conferences for CMS educational and outreach programs for Accountable Care Organizations (ACOs).

Rachel Liu, MS, presenter, has been employed by Acumen, LLC, a contractor to the Centers for Medicare & 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.

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.

Theodore G. Long, MD, presenter, is a Medical Officer in the Division of Quality Measurement, Quality Measurement and Value-Based Incentives Group of the Center for Clinical Standards and Quality at the Centers for Medicare & Medicaid Services (CMS). He is a practicing primary care physician and previously served as a Medical Director for the Rhode Island State Department of Health. Dr. Long has a background in quality measurement, resource use, and health services research. He is currently the Medical Officer leading the resource use measure development under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).