



11-01-2016, How to Report Across 2016 Medicare Quality Programs MLN Connects® National Provider Call

Continuing Education (CE) Activity Information & Instructions (Live Activity #: TC-L11012016)

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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 credit 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 “**11-01-2016: How to Report Across 2016 Medicare Quality Programs**” 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 how to report quality measures during the 2016 program year to maximize your participation in Medicare quality programs, including the Physician Quality Reporting System (PQRS), Medicare Electronic Health Record (EHR) Incentive Program, Value-Based Payment Modifier (Value Modifier), and the Medicare Shared Savings Program. Satisfactory reporters will avoid the 2018 PQRS negative payment adjustment, satisfy the clinical quality measure component of the EHR Incentive Program, and satisfy requirements for the Value Modifier to avoid the downward payment adjustment.

Target Audience

This activity is designed for physicians, individual eligible professionals (EPs), group practices, Comprehensive Primary Care (CPC) practice sites, Accountable Care Organizations (ACOs), therapists, practice managers, medical and specialty societies, payers, and insurers.

Learning Objective

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

- Recognize reporting requirements across 2016 Medicare Quality Programs to avoid a 2018 PQRS negative payment adjustment
- Recognize reporting requirements to satisfy the Clinical Quality Measure (CQM) component of the Medicare Electronic Health Record (EHR) Incentive Program
- Recognize reporting requirements for the 2018 Value-Based Payment Modifier (Value Modifier)
- Identify how to avoid an automatic downward Value Modifier payment adjustment
- Identify satisfactory reporting criteria to avoid the 2018 PQRS negative payment adjustment
- Recognize 2018 satisfactory reporting criteria for eligible professionals (EPs) in a group practice
- Recognize criteria for the 2018 Value Modifier in the context of physicians participating in the 2016 calendar year Medicare Shared Savings Program and how it applies to physician Taxpayer Identification Numbers (TINs)
- Recognize physician-related criteria for the 2018 Value Modifier related to the Centers for Medicare & Medicaid Services (CMS) alternative payment models or initiatives in 2016

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)

All 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.

Sandra Adams, presenter, has been employed by the Centers for Medicare & Medicaid Services (CMS) since May, 2011. Ms. Adams supports quality operations for the Division of Shared Savings

Program working with Accountable Care Organizations (ACOs). She has worked in acute care nursing, including medicine, surgery, and behavioral health settings.

Sean Adetula, presenter, has been employed by NewWave Telecom and Technologies, a Centers for Medicare & Medicaid Services (CMS) Contractor, as a Physician Quality Reporting Program (PQRS) Help Desk Subject Matter Expert (SME), from April 2014 through August 2016.

Mr. Adetula earned a Juris Doctor degree, with honors, in International Law and has worked with Medicare Part B providers on PQRS regulations, including presenting slide presentations and one-on-one training.

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.

Edna Boone, presenter, has supported the Department of Health and Human Services (HHS) in their Electronic Clinical Quality Measure (eCQM) efforts, since its inception in 2012. Ms. Boone is responsible for securing the content for Electronic Clinical Quality Improvement (eCQI) Resource Center.

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 health care.

Kevin Ernst, presenter, has been a part of the Physician Quality Reporting Program (PQRS) program since 2008, serving primarily as a Subject Matter Expert (SME) for the Tier I Help Desk. In this capacity, Mr. Ernst has served as a Liaison to the Centers for Medicare & Medicaid Services (CMS) communicating trends, analyzing program rules, and working with program experts. He now serves with Physician Quality Programs Management and Implementation (PQPMI) on the Education and Outreach Team to develop materials for the end-user community.

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 Records (EHR) Lead for the program. He also serves as an Advisor for Measure Selection/Implementation for the program.

Dr. Green has disclosed that he is currently an OB/GYN Board Review Faculty Member at Exampro.

Shanna Hartman, presenter, has been employed by the Centers for Medicare & Medicaid Services (CMS) since 2015. Ms. Hartman currently works on Electronic Clinical Quality Measures (eCQMs). Previously, she was employed at a large medical system as a Nurse Informaticist working on quality improvement, health information technology, and quality reporting programs.

Katye Hennick, presenter, has been employed by the Centers for Medicare & Medicaid Services (CMS) since August 2010. Ms. Hennick has over four years experience working with the Physician Quality Reporting System (PQRS) and is currently a Subject Matter Expert (SME) for PQRS.

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 managed the Medicare & Medicaid Electronic Incentive Program, since its inception in 2009 through April 2015.

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 the Medical Service Corps with over 15 years of active and reserve military service.

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.

Kathryn Lesh, presenter, is a Healthcare Quality Research Leader with Battelle Memorial Institute. She currently supports the Centers for Medicare & Medicaid Services (CMS) Electronic Clinical Quality Measure (eCQM) projects. Prior to coming to Battelle in April of 2015, Dr. Lesh was employed with MITRE Corporation, supporting quality and informatics projects at CMS, the Office of the National Coordinator for Health Information Technology (ONC), and the National Institutes of Health (NIH).

Matthew Mittleman, panelist, has professional experience developing training and conferences to help improve health care 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).

Jennifer Stephen-Ogbe, presenter, has been employed as the Lead Physician Quality Reporting System (PQRS) Subject Matter Expert (SME) on the help desk since 2014. Ms. Stephen-Ogbe worked as a contractor on the PQRS/PQRI program during its inception from 2007 through 2009.

Aucha Prachanronarong, panelist, currently serves as the Director of the Division of Electronic and Clinician Quality (DECQ) in the Quality Measurement and Health Assessment Group of 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 Programs.

Anastasia Robben, panelist and/or planner/developer, has been employed by NewWave Telecom & Technologies, 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 (WBT) courses, and slide presentations for Medicare providers on Physician Quality Reporting System (PQRS). She has conducted seminars, teleconferences, and one-on-one training for PQRS.

Courtney Rose, panelist and/or planner/developer, has been employed by NewWave Telecom & Technologies, a contractor for the Centers for Medicare & Medicaid Services (CMS), as a Subject Matter Expert (SME) working on the Physician Quality Reporting System (PQRS) since May 2014. Ms. Rose worked on PQRS for other CMS contractors from March 2009 through April 2014.

Ms. Rose earned a Bachelor of Science degree in English and has assisted in creating and editing many of the PQRS educational documents, Frequently Asked Questions (FAQs), listserv notifications, and presentations available on the CMS PQRS website.

Jessica Schumacher, presenter, has been employed by Mathematica Policy Research, as a Program Analyst since February 2013. Ms. Schumacher was employed in the same capacity by General Dynamics Information Technology from 2011 through 2013. She also worked as a Psychiatric Research Assistant at the University of Iowa Hospitals and Clinics from 2003 through 2010. Ms. Schumacher has five years of experience working with the Centers for Medicare & Medicaid Services (CMS) on Physician Quality Reporting System (PQRS) related contracts. Currently, she is a QualityNet Help Desk Tier II Representative and a Subject Matter Expert (SME) for PQRS group practices participating via Group Practice Reporting Option (GPRO). She has conducted CMS-sponsored Centers for Medicare & Medicaid Services Continuing Education (CMSCE) Program & Virtual Office Hour sessions, support calls, teleconferences.

Marilyn Sherwood, presenter, has been employed by NewWave Telecom and Technologies, as part of the Tier II Physician Quality Programs Management and Implementation (PQPMI) of the QualityNet Help Desk since August 2015. Ms. Sherwood was previously employed by General Dynamics Information Technology (GDIT), where she served on the Tier I QualityNet Help Desk.

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.

Kimberly Spalding Bush, presenter, presently works as the Acting Division Director for the Division of Value Based Payment at the Centers for Medicare & Medicaid Services (CMS). She oversees teams that 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.

Kimberly Sullivan, presenter, has been employed by NewWave Telecom and Technologies as the Task Lead for Physician Quality Reporting System (PQRS) Education & Outreach, on the Physician Quality Programs Management and Implementation (PQPMI) contractor since May 2014. Ms. Sullivan has previously served in other PQRS-related communication roles at Edaptive Systems and the Iowa Foundation for Medical Care.

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

