

**CENTERS FOR MEDICARE & MEDICAID SERVICES  
CONTINUING EDUCATION (CMSCE)**

**2016 PFS Proposed Rule:  
Medicare Quality Reporting Programs  
MLN Connects® National Provider Call, 16JULY2015**

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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 System (LMS) post-assessment.

### Accreditation Statements

[Please click here for accreditation statements](#)

## Instructions for Continuing Education Credit

### Learning Management System (LMS) Instructions

In order to receive continuing education credits for this teleconference, 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® (MLN). **The post-assessment will be available no later than two hours following the end of the National Provider Call.**

### 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 (new user account):

1. Go to <http://go.cms.gov/MLNProducts> on the CMS website.
2. Under “Related Links” click on “Web-Based Training (WBT) Courses”.
3. Click on a course title (not the icon next to the title) to open a Course Description Window.
4. At the top of the Course Description Window, click “**Register**”.
5. You will be redirected to a page that instructs you to enter an e-mail address and click “Submit.”
6. The screen returned will read: No account was found matching your search criteria. Please click **here** to proceed with registration. Click the word “Here” to continue with registration.
7. After completing this registration, you will receive a confirmation e-mail containing an activation link for the Medicare Learning Network® (MLN) Learning Management System (LMS). Please note that the password you create must comply with the following requirements:
  - At least eight characters;
  - At least one number;
  - One lower case letter;
  - One upper case letter; and
  - One of the following symbols: ! @ \$ % & ?.

No spaces are allowed, and you may not use any of your last six passwords as your new password. Your new password will be case sensitive and effective the next time you log into the site. For the first time, you may only log into the LMS using the link in the confirmation e-mail.

8. Once your account is activated you may enter the LMS through the MLN LMS login page.

Please add [MLN@cms.hhs.gov](mailto:MLN@cms.hhs.gov) to your address book to prevent MLN communication from going into your spam folder.

**To login (existing user account):**

1. Go to <http://go.cms.gov/MLNProducts> on the CMS website.
2. Under “Related Links” click on “Web-Based Training (WBT) Courses.”
3. Click on a course title or assessment title (not the icon next to the title) you are interested in to open a Course Description Window.
4. At the top of the Course Description Window, click “**Login.**”
5. Enter your login ID and password. You will be re-directed to your home page.

**Finding the Post-Assessment**

Once you are logged into the LMS and are on your home page:

1. Click on the "Web-Based Training (WBT) Courses" link.
2. At the top of the page on the right-hand side, you will see “Topic.” Scroll through the topics and select “**MLN Connects® Call**” and click “Search.”
3. Select “**16JULY2015 MLN Connects® 2016 PFS Proposed Rule**” in the left column.
4. Scroll to the bottom of the page. Use the radio buttons to select Certificate of Completion or Certificate of Continuing Education.
5. Click the “Take Course” button. The course will appear in a new pop-up window.

**Viewing Your Transcript and Certificates**

1. Go to <http://go.cms.gov/MLNProducts> on the CMS website.
2. Click on "Web-Based Training Modules" link at the bottom of the page.
3. Click on the title of a course and click on Login.
4. Log in using your CMS LMS credentials.
5. To access your certificate, click on “My Homepage” in the left hand menu.
6. Click on “Transcript/Certificate.”
7. Click on the Certificate link next to the course title. The course evaluation will display. Once you complete the course evaluation, your certificate will display.

**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 e-mail us at [cms-mlnconnectsnpc@blhtech.com](mailto: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 System (LMS), your assessment, or certificate, contact CMSCE at [CMSCE@cms.hhs.gov](mailto:CMSCE@cms.hhs.gov) via e-mail.

## Activity Information

### Activity Description

This MLN Connects® National Provider Call provides an overview of the 2016 Medicare Physician Fee Schedule (PFS) Proposed Rule. This presentation covers proposed updates to the Physician Quality Reporting System (PQRS), Value-Based Payment Modifier (Value Modifier), Electronic Health Record (EHR) Incentive Program, and Comprehensive Primary Care (CPC) Initiative. A question and answer session follows the presentation.

### Target Audience

This activity is designed for physicians, Medicare eligible professionals, 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:

- Identify the proposed Merit-based Incentive Payment System (MIPS) as the new program to replace Physician Quality Reporting System (PQRS) beginning in 2019;
- Recognize the proposed criteria for satisfactorily reporting for PQRS individual eligible professionals (EPs) and group practices using various reporting mechanisms in the 2016 PQRS program year;
- Identify that for the reporting of electronic Clinical Quality Measures (eCQMs) for the 2016 and 2017 reporting periods, Certified EHR Technology (CEHRT) must be updated to the 2014 or 2015 edition certification criteria;
- Recognize Qualified Clinical Data Registry (QCDR) as the proposed new reporting mechanism group practices participating in the Group Practice Reporting Option (GPRO) may use in the 2016 PQRS program year;
- Recognize that group practices of 25 or more EPs are required to use a Centers for Medicare & Medicaid Services certified (CMS-certified) vendor to report Consumer Assessment of Healthcare Providers and Systems for Physician Quality of Reporting System (CAHPS for PQRS) in the 2016 PQRS program year to supplement their GPRO reporting;
- Identify which non-physician EPs the Value-Based Payment Modifier (Value Modifier) will also apply to in calendar year (CY) 2018;
- Identify how the Value Modifier will be applied to groups and solo practitioners in CY 2018; and
- Recognize which groups and solo practitioners will be subject to an automatic downward adjustment under the Value Modifier.

### 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.

**Sandra Adams, presenter/developer**, works with the Performance Based Policy Group in the Division of Shared Savings on Accountable Care Organization (ACO) quality and compliance. Ms. Adams has a background in nursing and has worked in acute care, behavioral health, case management and training settings.

**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.

**Sarah Arceo, RN, presenter**, is a Nurse Consultant with the Centers for Medicare & Medicaid Services (CMS). She presently works in the Seamless Care Models Group, serving in various roles on the Comprehensive Primary Care (CPC) Initiative, including serving as Quality Lead. Prior to her employment with CMS in July 2013, she was a Clinical Trials Coordinator at the National Institutes of Health (NIH).

Ms. Arceo has practiced in various clinical settings, including the Blood Bank at the NIH, community hospitals, the public school system, and outpatient clinics.

**Christine Estella, JD, presenter**, is an attorney for the Centers for Medicare & Medicaid Services' (CMS') Center for Clinical Standards and Quality (CCSQ), a CMS component that develops, tests, evaluates, adopts, and supports performance measurement systems to evaluate care provided to CMS beneficiaries.

Ms. Estella drafts regulations under the Physician Fee Schedule (PFS) related to various CMS quality reporting programs, most notably, the Physician Quality Reporting System (PQRS). In addition, she facilitates the development and implementation of the PQRS informal review process.

Prior to joining CMS, she worked as a General Attorney at the Department of Veteran's Affairs Board of Veterans' Appeals, where she addressed veteran benefit claims presented before the Board.

**Alison Falb, JD, presenter**, has been employed by the Center for Medicare & Medicaid Innovation, since February 2014. Ms. Falb is currently working on policy development under the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 ("MACRA" statute) for the Center for Medicare & Medicaid Information.

Ms. Falb earned a Juris Doctorate cum laude and has a background in health law and Medicare.

**Daniel Green, MD, presenter/developer**, has been employed by the Centers for Medicare & Medicaid Services (CMS), since 2007, where he has served as a Medical Officer in the Division of Ambulatory Care. 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 advises on the measure selection/implementation for the program.

**Alesia Hovatter, presenter**, has been with the Centers for Medicare & Medicaid Services (CMS) for over six years. Her background is in education and health policy. In the Quality Measurement and Value-Based Incentives Group, she is the lead for Physician Compare. Physician Compare is a CMS website that helps patients find and choose physicians and other healthcare professionals enrolled in Medicare. The website provides patients with the information they need to make informed choices about the healthcare they receive, as required by the Affordable Care Act (ACA) of 2010.

**Rabia Khan, presenter**, has been employed by the Center for Medicare's Performance-Based Payment Policy Group, within the Center for Medicare & Medicaid Services (CMS), since May 2014. Ms. Khan was previously employed within the Quality Measurement & Health Assessment Group of the CMS Center for Clinical Standards and Quality, from September 2010 through May 2014.

**Molly MacHarris, presenter**, is a program lead at the Centers for Clinical Standards and Quality for the Centers for Medicare and Medicaid Services (CMS). As the lead for the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive programs, Ms. MacHarris provides leadership and input to a variety of aspects of these programs, including operations, policy, and alignment with other quality programs. She has five years of experience working on these programs.

**Elisabeth Myers, presenter**, is the lead for policy development for the Medicare and Medicaid EHR Incentive Programs at the Centers for Medicare & Medicaid Services (CMS).

**Ashley Spence, developer/presenter**, 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, she supports the education and outreach efforts for the Physician Quality Reporting System (PQRS).