

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

**09-24-2015 Medicare Quality Reporting Programs:
2017 Payment Adjustments
MLN Connects® National Provider Call
*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 (CEU) for this live activity, you must pass the session post-assessment and complete the evaluation. The continuing education post-assessment and evaluation is 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 "**09-24-2015 Medicare Quality Reporting Programs: 2017 Payment Adjustments**" 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.
14. Do not click on "View Certificate" button that appears. This will not provide the correct certificate. Please see directions below on "Viewing Your Transcript and Certificate."

Viewing Your Transcript and Certificates:

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 "Transcript;"
4. Search for "**09-24-2015 Medicare Quality Reporting Programs: 2017 Payment Adjustments;**"
5. If you do not see a "View Certificate" button, then you need to complete the evaluation. Click on the title;
6. On the left-hand side, you will see "Form CMSCE-7" listed under "Surveys." Click on "Form CMSCE-7;"
7. Complete the evaluation and click "Submit;"
8. You will now see a "View Certificate" button. Click on this to view your certificate;
9. If you haven't already selected your credit type (or if you selected the wrong type before), click on "Select Credit Type" next to the credit type you want;
10. Click "View Certificate;"
11. When you get a message asking if you want to open the certificate at the bottom of your screen, click "Open;" and

12. Your certificate will open in a new window. Select “File” and then either “Save As” or “Print” to save or print your 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 e-mail 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 e-mail.



Activity Information

Activity Description

This MLN Connects® National Provider Call provides guidance and instructions on how individual Eligible Professionals (EPs) and group practices can avoid the 2017 Physician Quality Reporting System (PQRS) negative payment adjustment, satisfy the clinical quality measure component of the Medicare Electronic Health Records (EHR) Incentive Program, earn an incentive based on performance, and avoid the automatic 2017 downward payment adjustment under the Value-Based Payment Modifier (VBPM).

Various scenarios on how EPs and group practices will be affected by the 2017 payment adjustments is presented, along with a preview of the Remittance Advice (RA) messaging that affected EPs will receive in 2017.

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 how individual eligible professionals (EPs) and group practices can satisfactorily report for the 2015 Physician Quality Reporting System (PQRS) to avoid the 2017 PQRS negative payment adjustment;
- Recognize the three reporting mechanisms individual EPs can still use for 2015 PQRS;
- Recognize which reporting mechanisms individual EPs and group practices can use to report quality measures once for PQRS and the Medicare Electronic Health Records (EHR) Incentive Program;
- Identify attestation requirements and important dates for the 2015 Medicare Electronic Health Records (EHR) Incentive Program to avoid 2017 payment adjustments;
- Recognize how to earn a Value-Based Payment Modifier (Value Modifier) incentive based on performance and avoid the automatic downward Value Modifier payment adjustment in 2017;
- Identify which reporting mechanisms EPs in a Pioneer Accountable Care Organization (ACO) can use in 2015 to avoid negative PQRS and Medicare EHR Incentive Program payment adjustments in 2017; and
- Recognize the quality programs to which EPs participating in a Medicare Shared Savings Program ACO will be subject to in 2017.

Participation

[Please click here for participation and credit requirements.](#)

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 they have no relevant financial interests. This activity was developed without commercial support.

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

Elizabeth Holland, presenter, is a senior Technical Advisor in Division of Health Information Technology in the Quality Measurement and Health Assessment Group, at the Centers for Medicare & Medicaid Services (CMS). She managed the Medicare and Medicaid Electronic Incentive Programs since their inception in 2009 through April of 2015.

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. Previously, Ms. Khan was employed within the Quality Measurement & Health Assessment Group of the CMS Center for Clinical Standards and Quality from September 2010 through May 2014.

Fiona Larbi, presenter, is a health insurance specialist with the Center for Medicare & Medicaid Services (CMS). She presently works in the Division of Value Based Payment on the Physician Feedback/ Value-based Payment Modifier Program, a confidential feedback program providing performance data on quality and costs of care to physicians. Prior to her employment with CMS in April 2012, Ms. Larbi practiced in various clinical settings, including Critical Care and Nursing Administration.

Alexandra Mugge, presenter, is a Program Lead in the Center for Clinical Standards and Quality at the Center for Medicare & Medicaid Services (CMS). She has been with CMS since 2010 and has worked on multiple CMS quality reporting programs during that time, including the Medicare EHR Incentive Program, Physician Quality Reporting System (PQRS), PQRS Group Practice Reporting Option (GPRO), Value-Based Modifier (VM), Shared Savings Program (SSP) Accountable Care Organization (ACO), Pioneer ACO, and Comprehensive Primary Care Initiative (CPC).