

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

**12-08-2015 Medicare Quality Reporting Programs:  
2016 Physician Fee Schedule  
MLN Connects® National Provider Call**

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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 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 “**12-8-2015: 2016 Physician Fee Schedule**” 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.

#### 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 "**12-8-2015: 2016 Physician Fee Schedule**;"
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 email 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 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

During this MLN Connects® National Provider Call, find out how the 2016 Medicare Physician Fee Schedule [Final Rule](#) impacts Medicare Quality Reporting Programs. A question and answer session will follow the presentation.

### Target Audience

This activity is designed for physicians, Accountable Care Organizations (ACOs), Medicare eligible professionals (EPs), 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 Merit-Based Incentive Payment System (MIPS) as the new program to replace the Physician Quality Reporting System (PQRS), beginning in 2019;
- Recognize the 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, the Final Rule specifies that Certified Electronic Health Record Technology (CEHRT) must be updated to the 2014 or 2015 edition certification criteria;
- Recognize qualified clinical data registry (QCDR) as the new reporting mechanism that group practices participating in the group practice reporting option (GPRO) may use in the 2016 PQRS program year;
- Recognize that the Final Rule requires that group practices of 100 or more eligible professionals (EPs) participating via GPRO (regardless of mechanism) use a Centers for Medicare & Medicaid Services certified (CMS-certified) survey vendor to report Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS in the 2016 PQRS program year;
- Recognize that the Value-Based Payment Modifier (VM) assesses both the quality and cost of care, is an adjustment made on a per-claim basis to Medicare payments, and applies to all physicians and non-physician EPs billing under the Taxpayer Identification Number (TIN);
- Recognize that quality-tiering is mandatory for the 2018 VM;
- Identify that groups comprised solely of non-physician practitioners and non-physician solo practitioners are only subject to an upward or neutral adjustment under quality-tiering for the 2018 VM; and
- Recognize which groups are subject to an automatic downward payment adjustment under the VM, and that the VM downward payment adjustment is in addition to any negative payment adjustment incurred under PQRS.

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

**Sarah Arceo, presenter**, has been employed by the Centers for Medicare & Medicaid Services (CMS), since July 2013, as a Nurse Consultant, in the Comprehensive Primary Care Initiative. Prior to her employment at CMS, Ms. Arceo served as a Clinical Trials Coordinator at the National Institutes of Health (NIH) and has practiced in various clinical settings.

**Kimberley Spalding Bush, presenter**, presently works as the Acting Division Director for the Division of Value Based Payment. 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, she also directs the program that provides feedback reports to physicians about the quality of care furnished compared to cost for Medicare beneficiaries. She has been employed by the Centers for Medicare & Medicaid Services (CMS) since 2005, with previous experience in medical review and education and Medicare appeals.

**Anna Deahl, presenter**, currently serves as the Briljent Project Manager and Functional Group Lead for Education and Outreach, for the Physician Quality Reporting System (PQRS) project, led by the Signature Consulting Group and the Centers for Medicare & Medicaid Services (CMS). Ms. Deahl previously served as the Lead and Senior Project Advisor in multi-level contracts with the American Institutes for Research (AIR) and the CMS Medicare Advantage Marketplace Surveillance Services (MAMS) project.

**Alesia Dawn Hovatter, presenter**, has been employed by the Centers for Medicare & Medicaid Services (CMS) for over six years. Ms. Hovatter currently works in the Quality Measurement & Value-Based Incentives Group where she serves as the lead for Physician Compare.

**Debra Kaldenberg, presenter**, has been employed by General Dynamics Information Technology (GDIT), a contractor for the Centers for Medicare & Medicaid Services (CMS), as a Program Analyst, since March 2012.

**Rabia Khan, presenter**, has been employed by the Centers for Medicare & Medicaid Services (CMS), since May 2014, as a Health Insurance Specialist, in the Center for Medicare's Performance-Based Payment Policy Group. Ms. Khan previously worked in the Center for Clinical Standards and Quality's Quality Measurement & Health Assessment Group, also within CMS.

**Fioni Larbi, presenter**, has been employed by the Centers for Medicare & Medicaid Services (CMS), since April 2012, as a Health Insurance Specialist, in the Center for Medicare's Division of Value-Based Payment. In this capacity, she works on the Physician Feedback/Value-Based Payment Modifier Program. Prior to working at CMS, Ms. Larbi practiced in various clinical settings, including critical care and nursing administration.

**Alexandra Mugge, presenter**, has been employed by the Centers for Medicare & Medicaid Services (CMS), since 2010, as a Program Lead in the Center for Clinical Standards and Quality. In this capacity, Ms. Mugge has worked on multiple CMS quality reporting programs.

**Carol Noyes, presenter,** has been employed by the Signature Consulting Group, since January 2014, as a Clinical Analyst. In this capacity, Ms. Noyes works primarily with the Physician Quality Reporting System (PQRS) group practices and Accountable Care Organizations (ACOs) reporting through the GPRO Web Interface. Ms. Noyes was previously employed by General Dynamics, beginning in 2012, where she worked in the same capacity with the PQRS GPRO Web Interface Program.

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

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

**Brian Warren, presenter,** has been employed by NewWave Telecom and Technologies since August 2015, as a Physician Quality Reporting System (PQRS) subject matter expert. Mr. Warren was previously employed as a Supervisor for General Dynamics Information Technology (GDIT) where he also worked with the PQRS program.

**Jamie Welch, presenter,** has been employed by the Signature Consulting Group for five years, where she serves as a Physician Quality Reporting System (PQRS) subject matter expert. In this capacity, Ms. Welch provides clinical measure maintenance and development for PQRS and also provides support to medical professionals and PQRS stakeholders that want to implement and utilize PQRS documentation and measurements.