Instructions for Medical Group Practices and Solo Practices to Access Their 2014 Supplemental QRURs

I. Introduction

In fall 2015, the Centers for Medicare and Medicaid Services (CMS) made available the 2014 Supplemental Quality and Resource Use Reports (QRURs) to every group practice and solo practitioner nationwide, as identified by their Medicare-enrolled Tax Identification Number (TIN), with information on the management of their Medicare Fee-For-Service (FFS) patients based on episodes of care ("episodes").

The performance period for the 2014 Supplemental QRURs is January 1, 2014 through December 31, 2014. The Supplemental QRURs are confidential feedback reports provided to medical group practices and solo practices to show payment-standardized, risk-adjusted cost information on the management of their Medicare FFS patients based on episodes of care. The Supplemental QRURs are currently for informational purposes only and complement the per capita cost and quality information provided in the QRURs. More information about the 2014 Supplemental QRURs is available at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Episode-Costs-and-Medicare-Episode-Grouper.html.

The 2014 Supplemental QRURs and the Drill Down Tables can be downloaded and exported to PDF and Excel format, respectively. This Access Guide illustrates how to access and download the 2014 Supplemental QRURs and Drill Down Tables from the CMS Enterprise Portal.

II. Getting Started

Authorized representatives of groups and solo practitioners can access the 2014 Supplemental QRURs at https://portal.cms.gov using an Enterprise Identify Management (EIDM) account with one of the following roles:

- **For a group with 2 or more eligible professionals (EPs) (TIN with 2 or more National Provider Identifiers (NPIs) that bill under the TIN):**
  - Security Official
  - Group Representative
- **For a solo practitioner (TIN with only 1 NPI that bills under the TIN):**
  - Individual Practitioner
  - Individual Practitioner Representative

Instructions for obtaining an EIDM account to access the 2014 Supplemental QRURs are available at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html.

- If a group has already accessed its 2014 Annual QRUR, then that same person who accessed the Annual QRUR can access the group's Supplemental QRURs using their EIDM User ID and password.
- If a group or solo practitioner does not have an authorized representative with an EIDM account with the correct role, then one person representing the group or solo practitioner must sign up for an EIDM account with the Security Official role (if representing a group) or the Individual Practitioner role (if representing a solo practitioner).

- If a group or a solo practitioner has a representative with an existing EIDM account, but not one of the group-specific (if representing a group) or individual-specific (if representing a solo practitioner) roles listed above, then ensure that the account is still active and then add a role to that person's existing EIDM account. To ensure the EIDM account is still active, please contact the QualityNet Help Desk.

III. Questions

For questions about setting up an EIDM account, please contact the QualityNet Help Desk:

- Monday – Friday: 8:00 am – 8:00 pm EST
- Phone: (866) 288-8912 (TTY (877) 715-6222)
- Fax: (888) 329-7377
- Email: gnetsupport@hcqis.org

To find out whether there is already someone who can access your TIN's Supplemental QRUR, please contact the QualityNet Help Desk and provide your TIN and the name of your group (or your name, if you are a solo practitioner).

For questions about information contained in your 2014 Supplemental QRUR or to provide feedback to CMS, please contact the Physician Value Help Desk:

- Monday – Friday: 8:00 am – 8:00 pm EST
- (888) 734-6433 (press option 3); (TTY (888) 734-6563)
- Email: pvhelpdesk@cms.hhs.gov

IV. Table of Contents

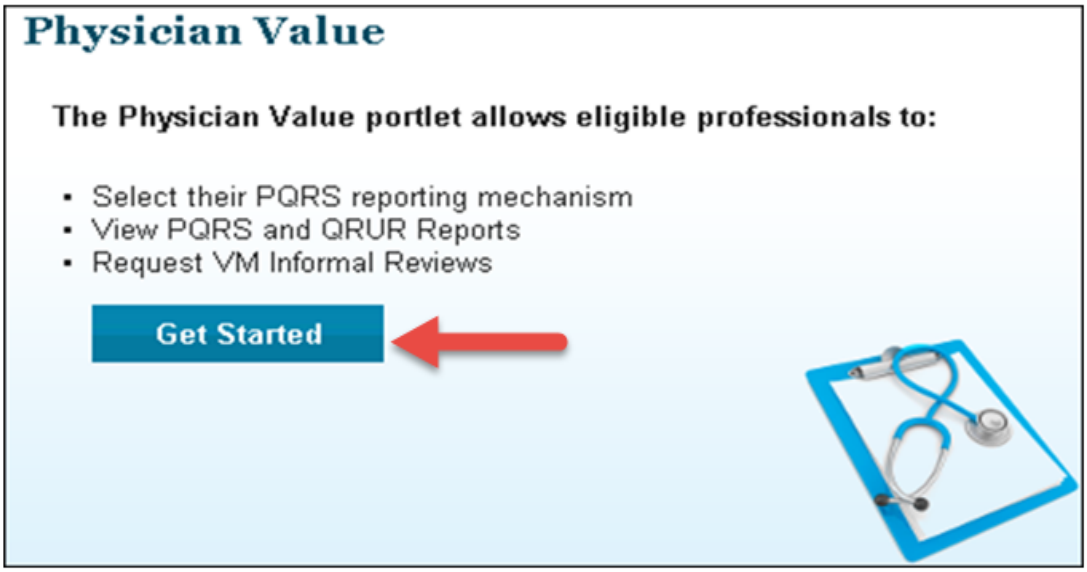
V. Access the 2014 Supplemental QRUR

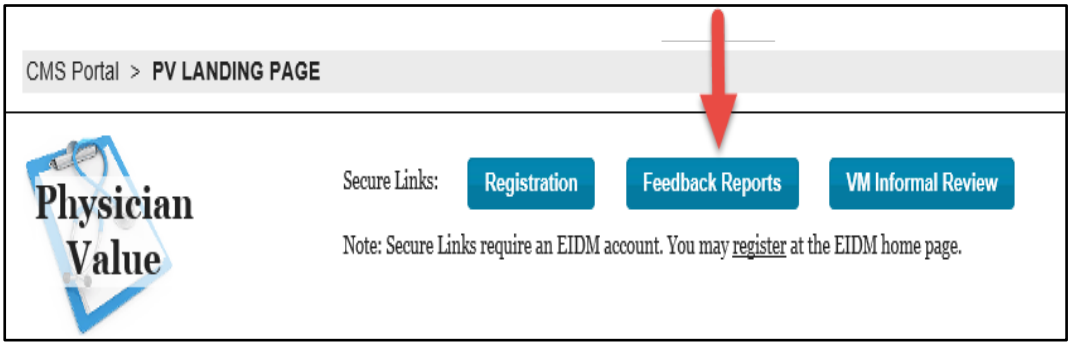
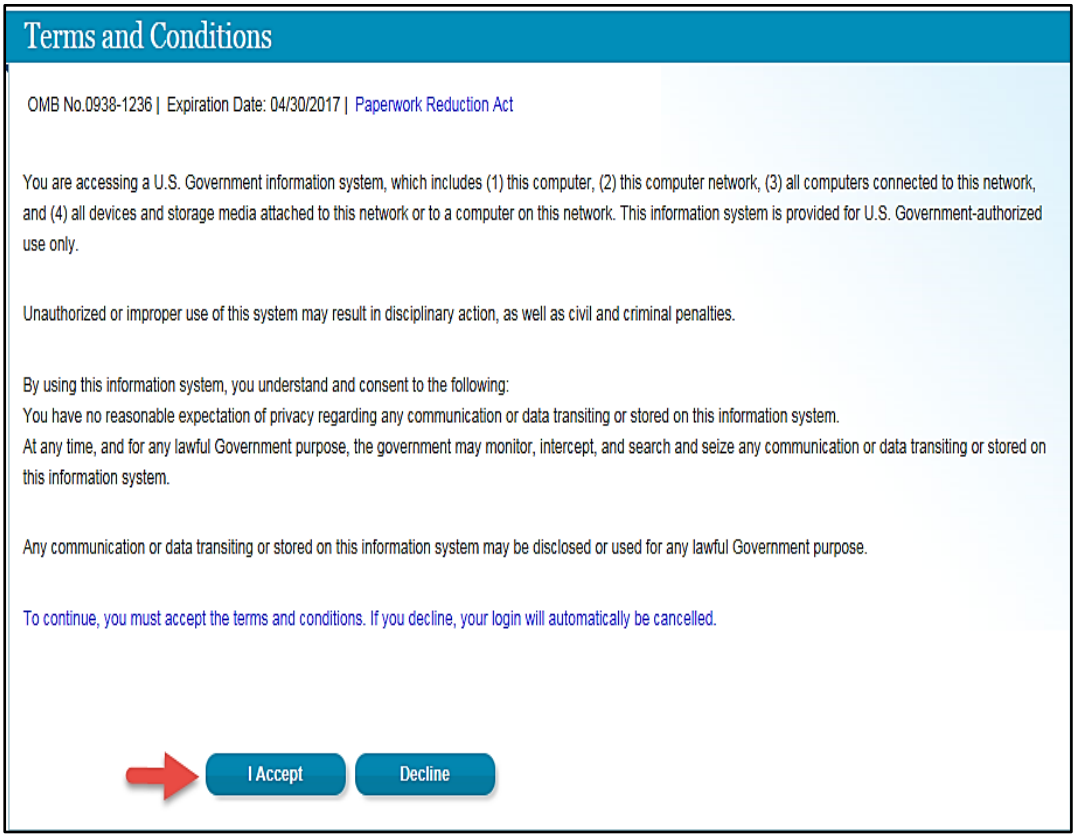
There are two ways to access the **Supplemental QRUR.** The user may choose one of the following:

- Physician Value (PV) Landing Portlet (*see pages 4-10*)
- Directly from the **CMS Enterprise Portal** *(see pages 11-13)*

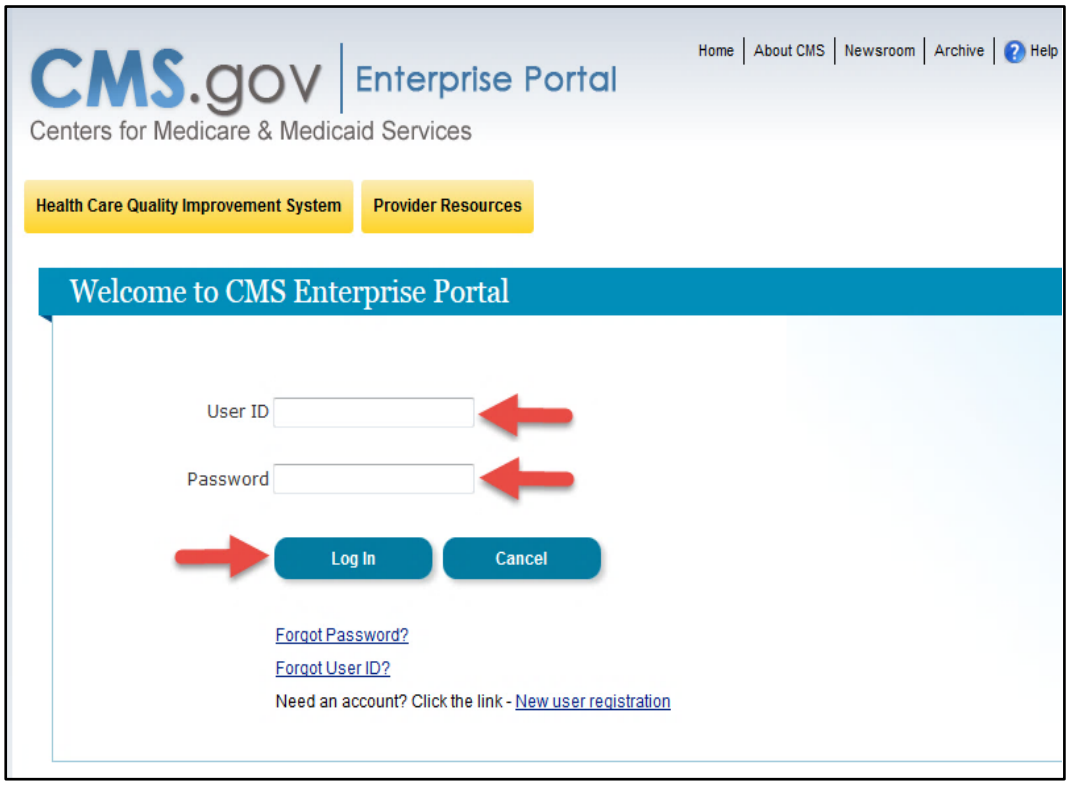
A. How to Access Supplemental QRURs via the PV Landing Portlet

In addition to accessing the Supplemental QRUR, the PV Landing Portlet will also allow users to view the information related to PV, and access other PV applications.

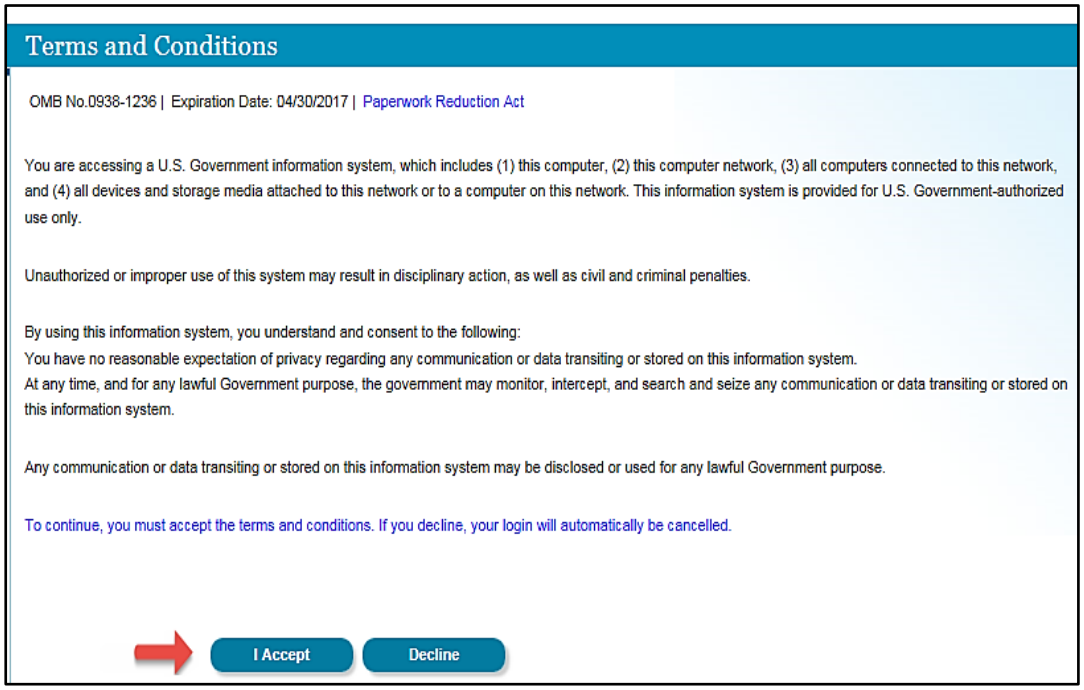
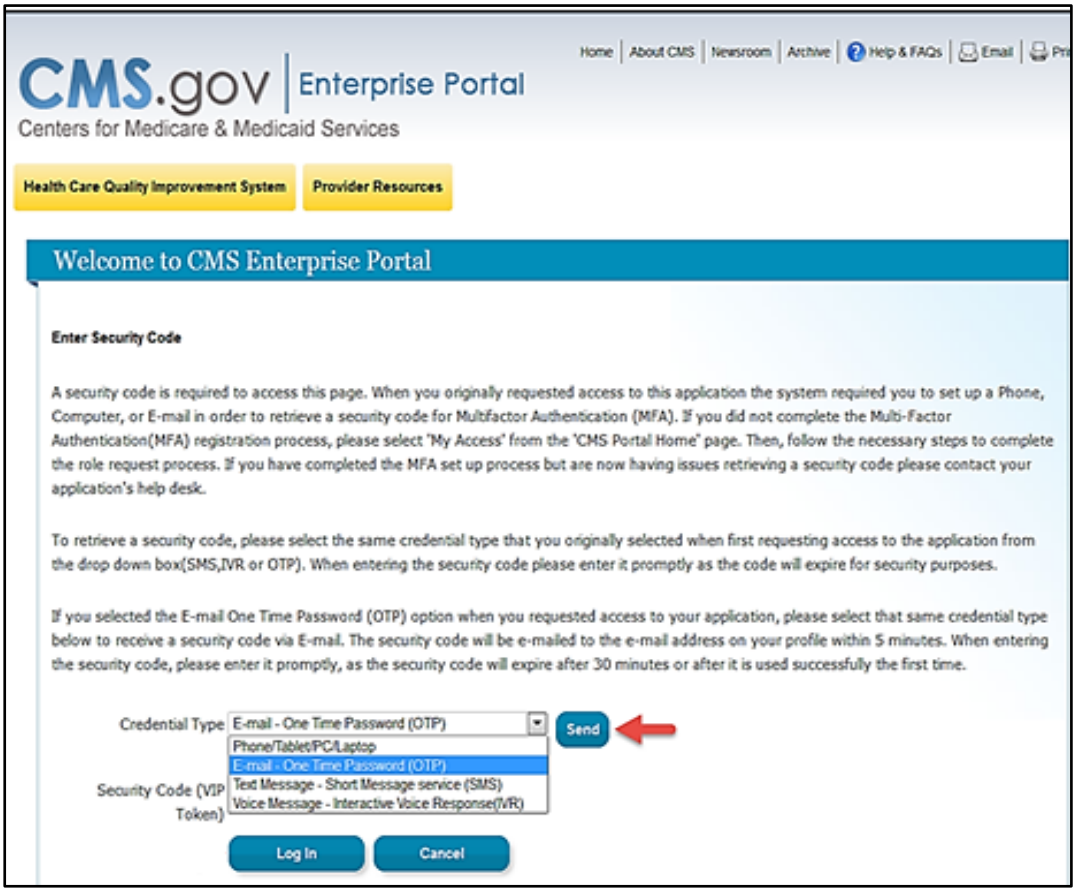
Steps	Screenshots
1. Go to https://portal.cms.gov and select ***Get Started*** in the ***Physician Value*** box on the **CMS Enterprise Portal**. **OR** Type (https://portal.cms.gov/PV) on a CMS supported Internet Browser. ***Note:*** *The CMS Enterprise Portal supports the following internet browsers:* • *Internet Explorer 8* • *Internet Explorer 9* • *Internet Explorer 10* • *Mozilla-Firefox* • *Chrome* • *Safari* *Enable JavaScript and adjust any zoom features to ensure you are not seeing the screen in too wide of a view.*	

Steps	Screenshots
2. Select ***Feedback Reports*** on the ***PV Landing Page***.	
3. Read the **Terms and Conditions** and Select ***I Accept*** to continue. ***Note:*** *If you select* ***Decline****, then you will be returned to the* ***CMS Enterprise Portal Landing*** *screen.*	

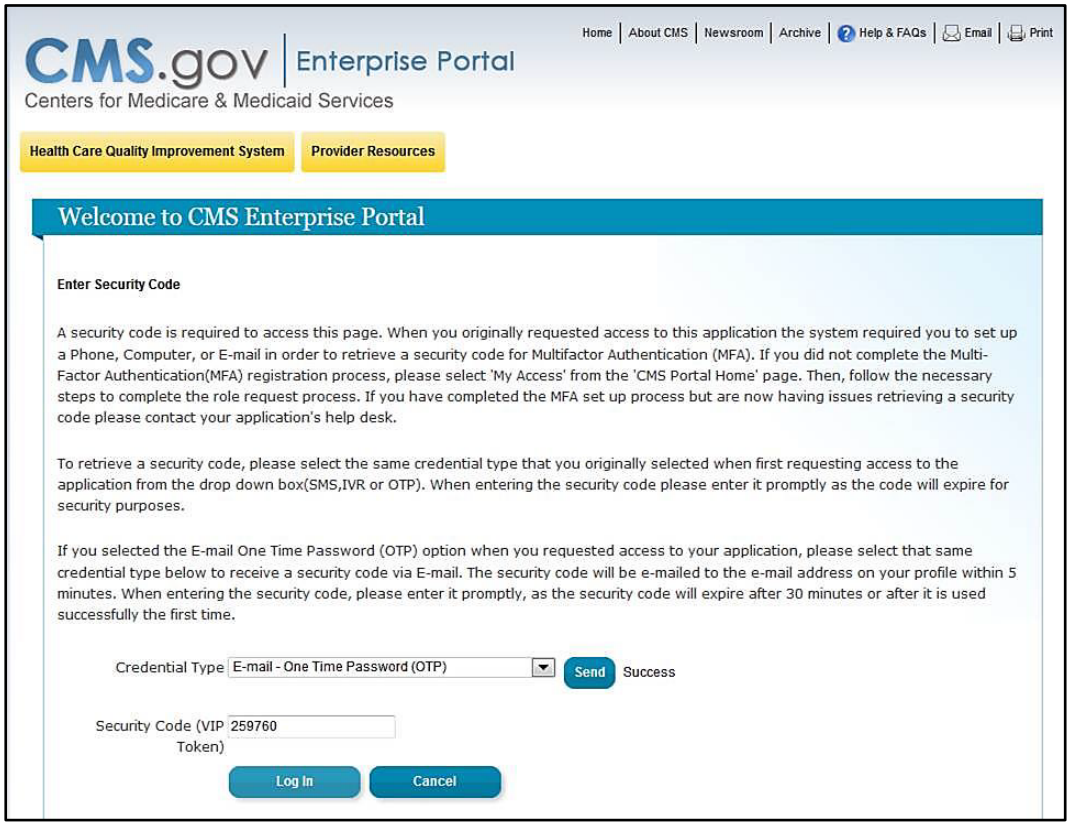
If you have questions about the 2014 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Steps	Screenshots
4. Enter the following information, then select **Log In** under **Welcome to CMS Enterprise Portal:** • EIDM User ID • EIDM Password ***Note**: You will be directed to the **Multi-Factor Authentication (MFA)** process each time you log in and attempt to access the Feedback Reports interface**.** MFA is a new approach to security authentication which will help improve CMS' ability to reduce fraud and ensure system security. It requires users to provide more than one form of verification to prove their identity in order to access certain information provided via the 'Physician Quality and Value Programs' application. MFA registration is required only once when you are requesting a role, but will be verified at every logon. Upon selecting Log In, the **Multi-Factor Authentication Terms and Conditions** page will be displayed.*	

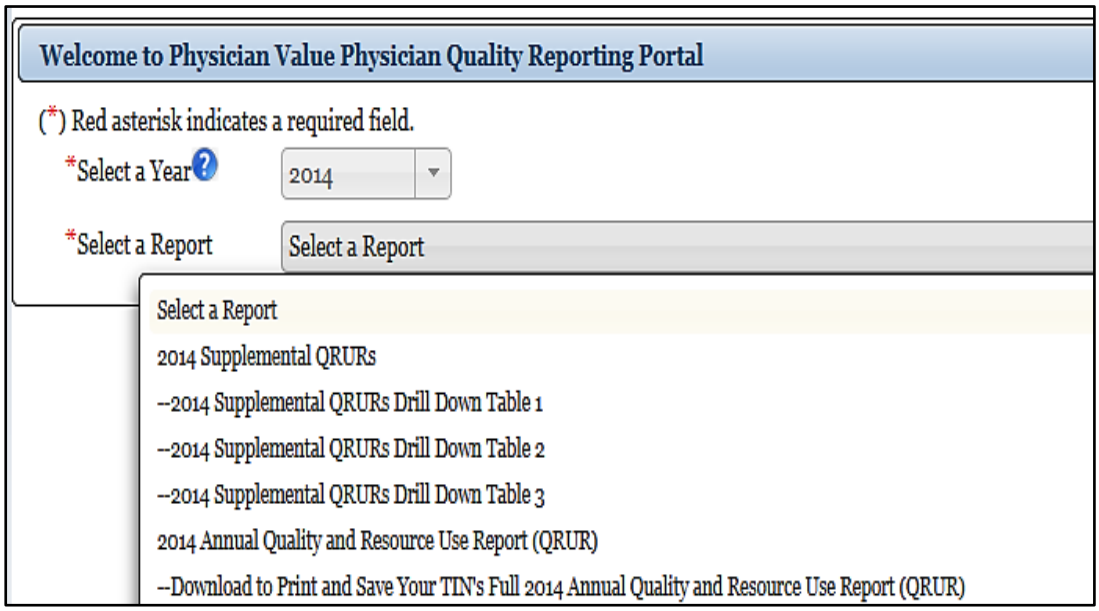
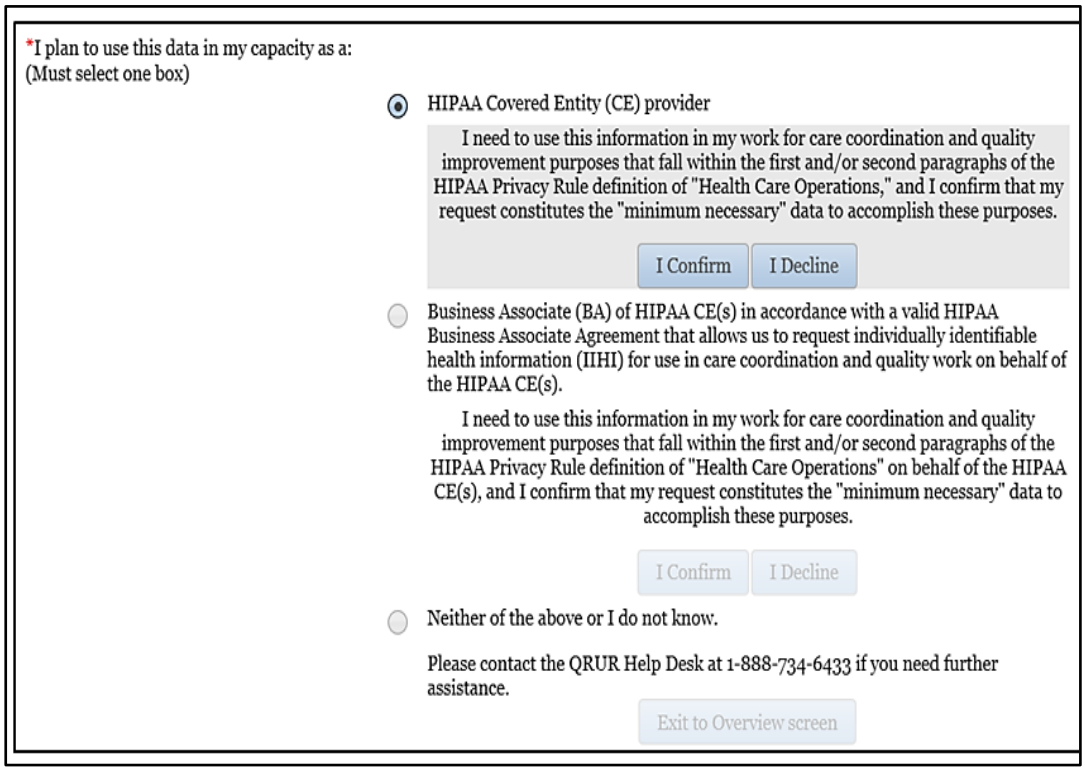
If you have questions about the 2014 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Steps	Screenshots
5. Read the **Terms and Conditions** and select ***I Accept*** to continue. ***Note:*** *Selecting* ***Decline*** *will end the session and return you to the* ***CMS Enterprise Portal Landing*** *screen.*	
6. Select the ***Credential Type*** from the drop-down menu, and then select ***Send*** to receive a **Security Code**. The word **Success** will be displayed once a security code has been successfully sent. **Note**: *You previously registered to complete the MFA process when setting-up your Physician Quality and Value Programs account. Please ensure that you select the same* ***Credential Type*** *you selected when registering for the MFA process during your initial account set-up. If you select a different* ***Credential Type****, you will receive an error message stating you did not*	

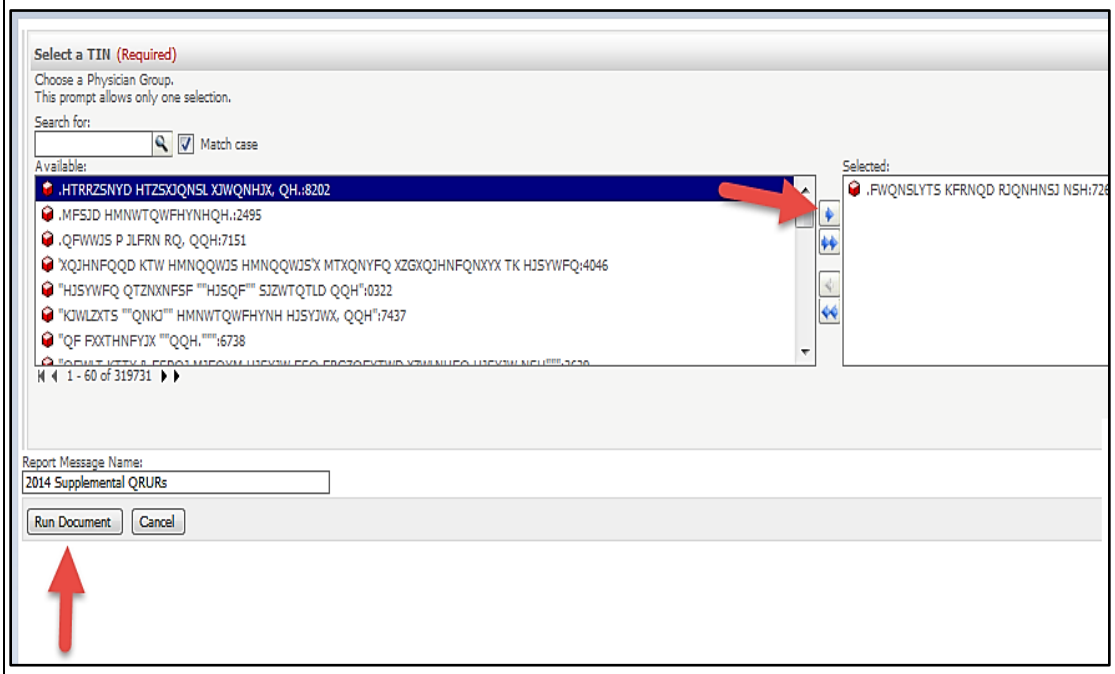
If you have questions about the 2014 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Steps	Screenshots
*register to complete MFA using the selected option and you will be unable to proceed. If you have forgotten the **Credential Type** you selected, you may (1) retrieve the E-mail you received upon successfully registering for MFA or (2) navigate to **My Profile** and select **Remove Your Phone or Computer** for this information.* *Selecting **Remove Your Phone or Computer** will display the Credential Type you selected to complete the MFA process.*	
7. Enter the ***Security Code (VIP Token)*** and then select ***Log In***. **Note:** *You will have thirty (30) minutes to retrieve and enter the Security Code. If you are unable to enter the code within thirty (30) minutes, then the code will expire and you will need to request a new Security Code.* The **Multi-Factor Authentication** process is now complete. You will be redirected to your initial selection, the Feedback Reports selection screen.	

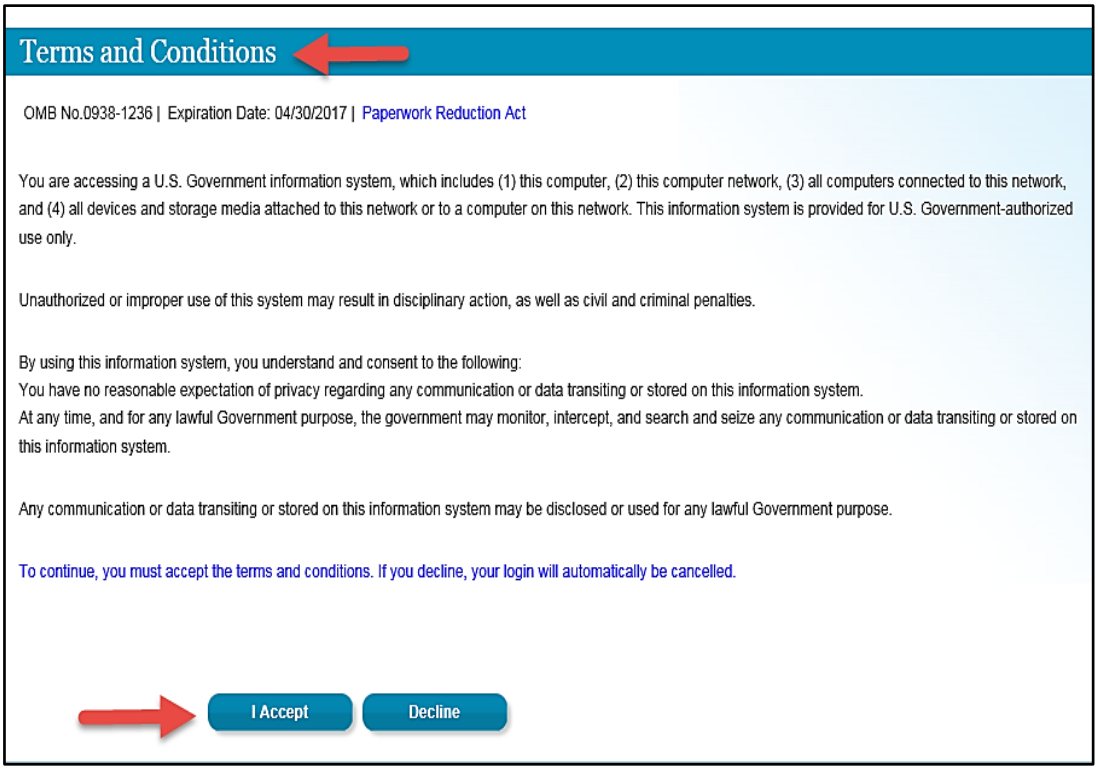
If you have questions about the 2014 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Steps	Screenshots
8. Select a year (**2014**) from the '***Select a Year***' drop-down menu, then select report (**2014 Supplemental QRURs** or any one of the supplemental Drill Down tables) from the ***Select a Report*** drop-down menu. ***Note:*** *If you do not see the **2014 Supplemental QRURs** in the drop-down menu:* • *Verify that you selected **2014** from the **Select a Year** drop-down menu.* • *Call the QualityNet Help Desk to ensure that you logged in with an EIDM account with a correct role.*	
9. Read the **Attestation Message** and make the appropriate attestation selection. • Select **one** of the options for "***I plan to use this data in my capacity as a***:" Then, click ***I Confirm*** to continue. ***Note:*** *If you select "**Neither of the above or I do not know**", the option to **Exit to the Overview** screen will be enabled.*	

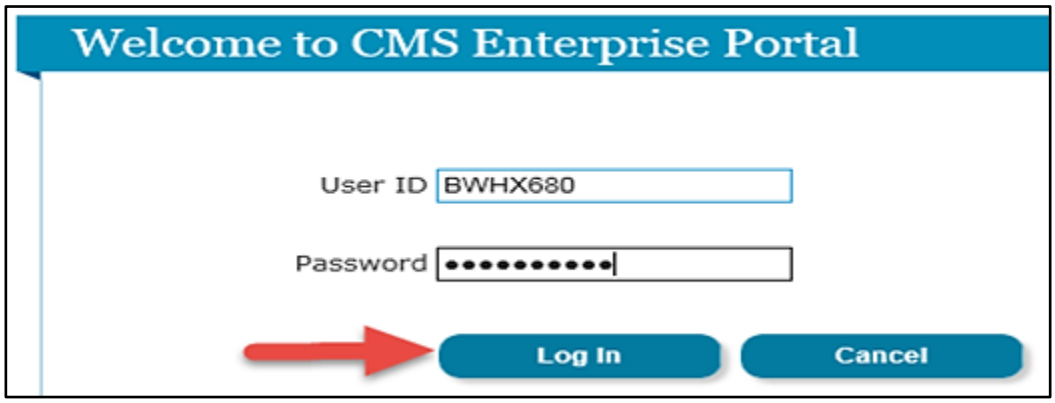
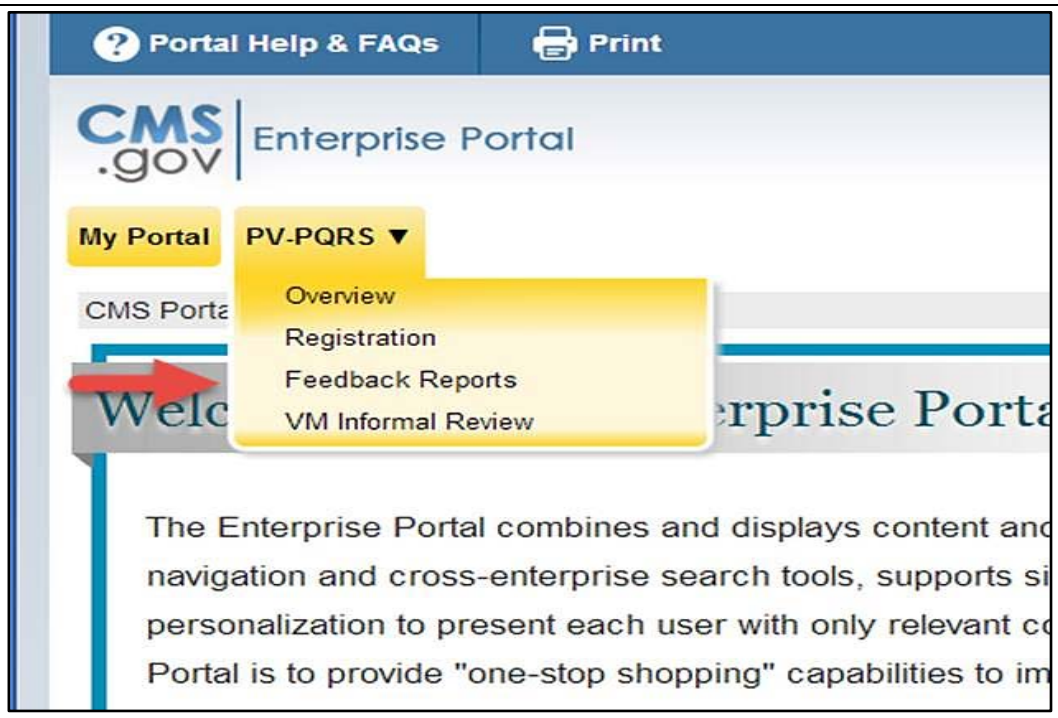
If you have questions about the 2014 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Steps	Screenshots
You are now in the **MicroStrategy Web Platform**. The screen shows the TIN(s) associated with your EIDM account. 10. Select <u>one</u> **TIN** from the **Available** TINs: • Select a **TIN** and either double click or select the ***Arrow*** button to move the **TIN** from **Available** to **Selected**. • You can also filter the list of **Available** TINs by entering the name or last 4 digits of a TIN in the **Search for** field. ***Note:*** *Select only one **TIN** name each time you attempt to retrieve a **2014 Supplemental QRUR**.* Select **Run Document**. ***Note****: You will need to wait several seconds while the system generates your **2014 Supplemental QRUR**.*	

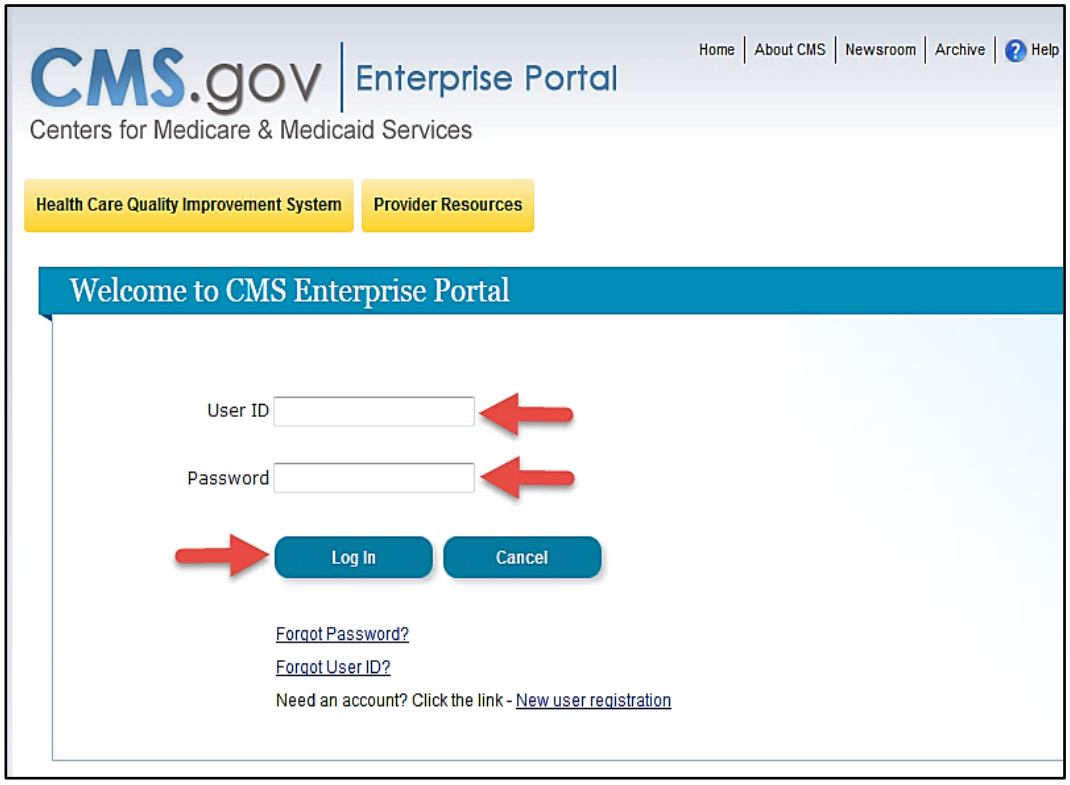
B. Access Supplemental QRURs Directly from the CMS Secure Portal

Steps	Screenshots
1. Go to https://portal.cms.gov and select ***Login to CMS Secure Portal***. ***Note:*** *The* ***CMS Enterprise Portal*** *supports the following internet browsers:* • *Internet Explorer 8* • *Internet Explorer 9* • *Internet Explorer 10* • *Mozilla-Firefox* • *Chrome* • *Safari* *Enable JavaScript and adjust any zoom features to ensure you are not seeing the screen in too wide of a view.*	
2. Read the **Terms and Conditions** and Select ***I Accept*** continue. ***Note:*** *Selecting* ***Decline*** *will return you to the* ***CMS Enterprise Portal Landing Screen****.*	

If you have questions about the 2014 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

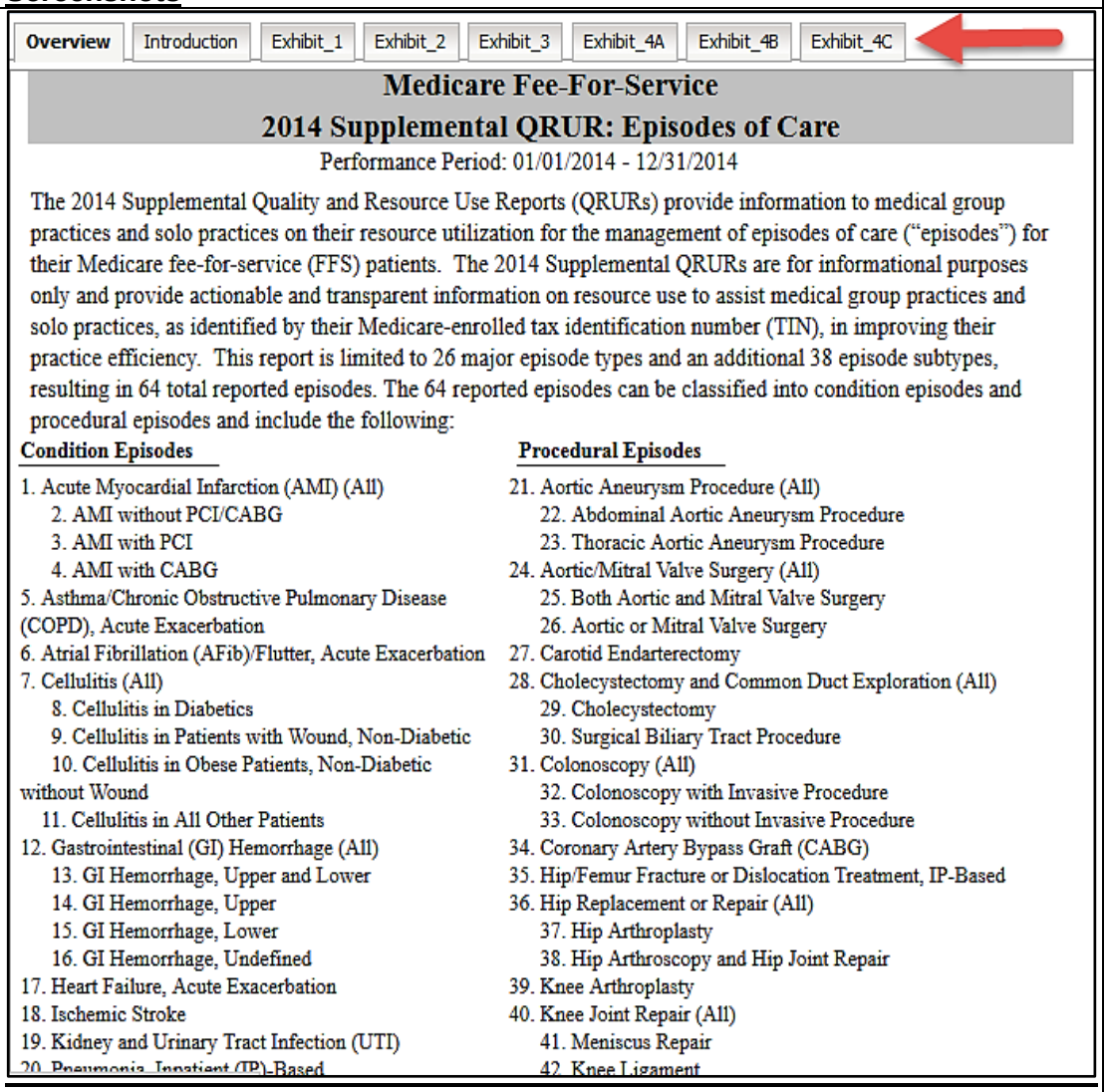
Steps	Screenshots
3. Enter the following information, then select ***Log In*** under **Welcome to CMS Enterprise Portal**: • EIDM User ID • EIDM Password.	
4. Select the **PV-PQRS** tab at the top of the screen and then select ***Feedback Reports*** from the drop-down menu. ***Note**: You will be directed to the **Multi-Factor Authentication (MFA)** process each time you log in and attempt to access the Feedback Reports interface. MFA is a new approach to security authentication which will help improve CMS' ability to reduce fraud and ensure system security. It requires users to provide more than one form of verification to prove their identity in order to access certain information provided via the 'Physician Quality and Value Programs' application. MFA registration is required only once when you are requesting a role but will be verified at every logon. Upon selecting Log In, the **Multi-Factor Authentication Terms and Conditions** page will be displayed.*	

If you have questions about the 2014 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

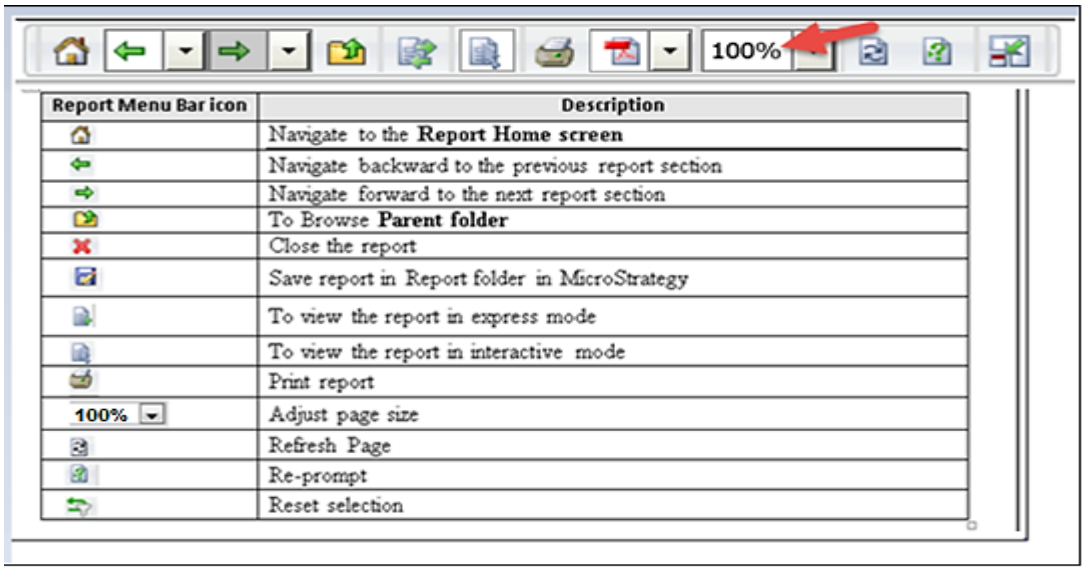
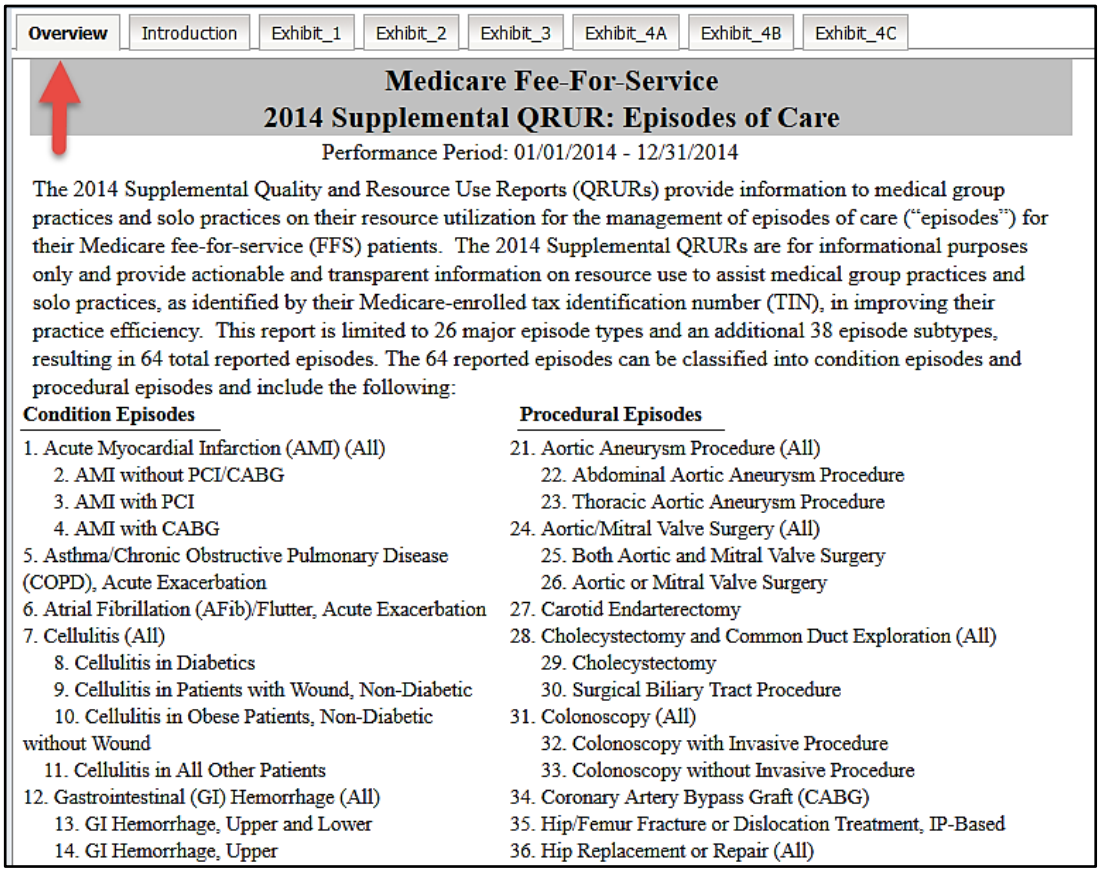
Steps	Screenshots
5. Enter the *EIDM* ***User ID*** and the *EIDM* ***Password*** on the **Multi-Factor Authentication Login** screen, then select ***Log In.***	
6. Repeat Steps 5-10 of **Section V.A** (**How to Access Supplemental QRURs via the PV Landing Portlet**) of this guide to complete the MFA process.	

If you have questions about the 2014 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

VI. Navigating the Supplemental QRUR

Steps	Screenshots
1. Select any of the section tabs at the top of the screen to navigate to different sections of the **2014 Supplemental QRUR**. The following tabs are displayed: • Overview • Introduction • Exhibit 1 • Exhibit 2 • Exhibit 3 • Exhibit 4A • Exhibit 4B • Exhibit 4C ***Note 1:*** *If you are not receiving a full report you will see the information on the* ***Overview*** *tab only. The remaining tabs will not display information.* ***Note 2:*** *Due to the spacing limitation, only a sub-section of the screen is shown. Please use the scroll down feature in the report to view the full Condition and Procedural Episodes list.*	

If you have questions about the 2014 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Steps	Screenshots
2. Use the buttons on the **Toolbar** at the top of the report to navigate within the **MicroStrategy Web Platform**. ***Note:*** *Ensure that the* ***Zoom*** *setting in the MicroStrategy Toolbar is set to 100%; otherwise, the report may not appear in the correct format.*	
3. a).The **2014 Supplemental QRURs** Report is displayed within the **MicroStrategy Web Platform** and the **Overview** section is displayed by default. ***Note:*** *Due to the spacing limitation, only a sub-section of the screen is shown. Please use the scroll down feature in the report to view the full Condition and Procedural Episodes list.*	

Report Menu Bar icon	Description
	Navigate to the **Report Home screen**
	Navigate backward to the previous report section
	Navigate forward to the next report section
	To Browse **Parent folder**
	Close the report
	Save report in Report folder in MicroStrategy
	To view the report in express mode
	To view the report in interactive mode
	Print report
100%	Adjust page size
	Refresh Page
	Re-prompt
	Reset selection

Medicare Fee-For-Service
2014 Supplemental QRUR: Episodes of Care

Performance Period: 01/01/2014 - 12/31/2014

The 2014 Supplemental Quality and Resource Use Reports (QRURs) provide information to medical group practices and solo practices on their resource utilization for the management of episodes of care ("episodes") for their Medicare fee-for-service (FFS) patients. The 2014 Supplemental QRURs are for informational purposes only and provide actionable and transparent information on resource use to assist medical group practices and solo practices, as identified by their Medicare-enrolled tax identification number (TIN), in improving their practice efficiency. This report is limited to 26 major episode types and an additional 38 episode subtypes, resulting in 64 total reported episodes. The 64 reported episodes can be classified into condition episodes and procedural episodes and include the following:

Condition Episodes

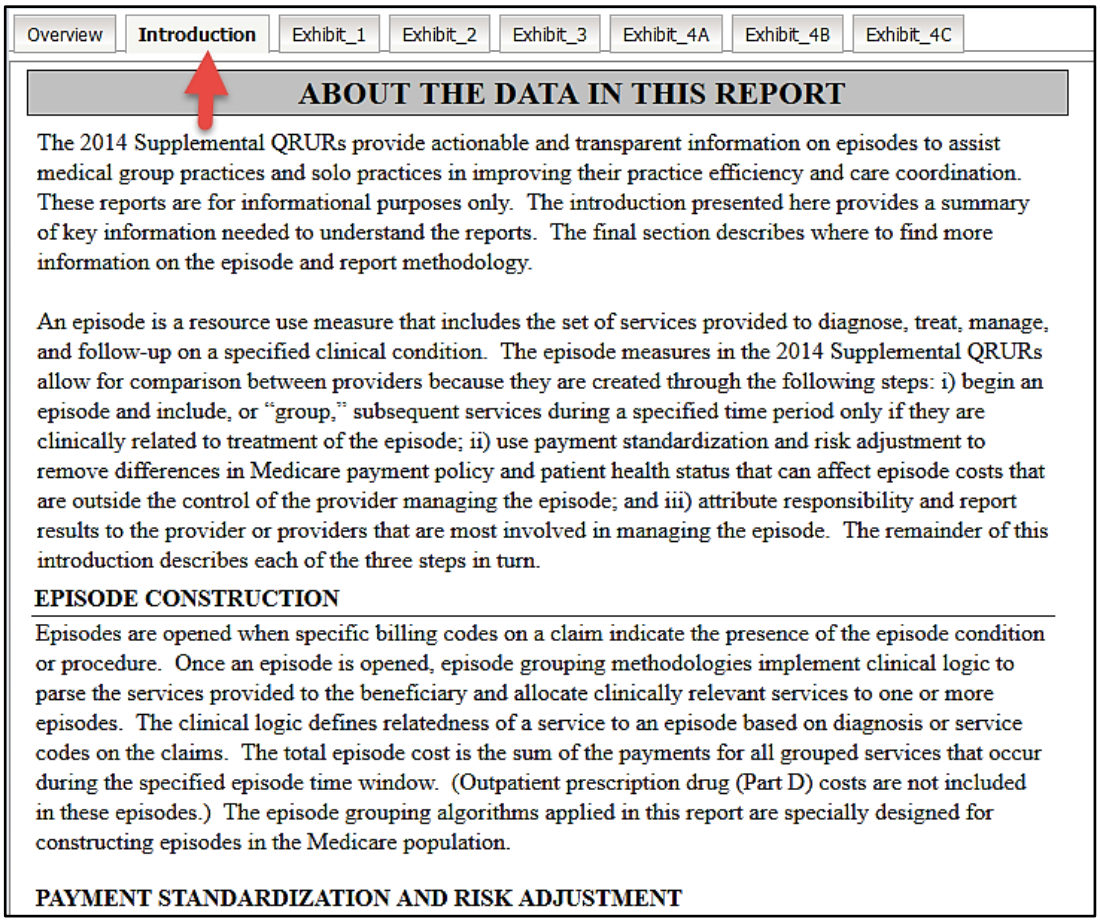
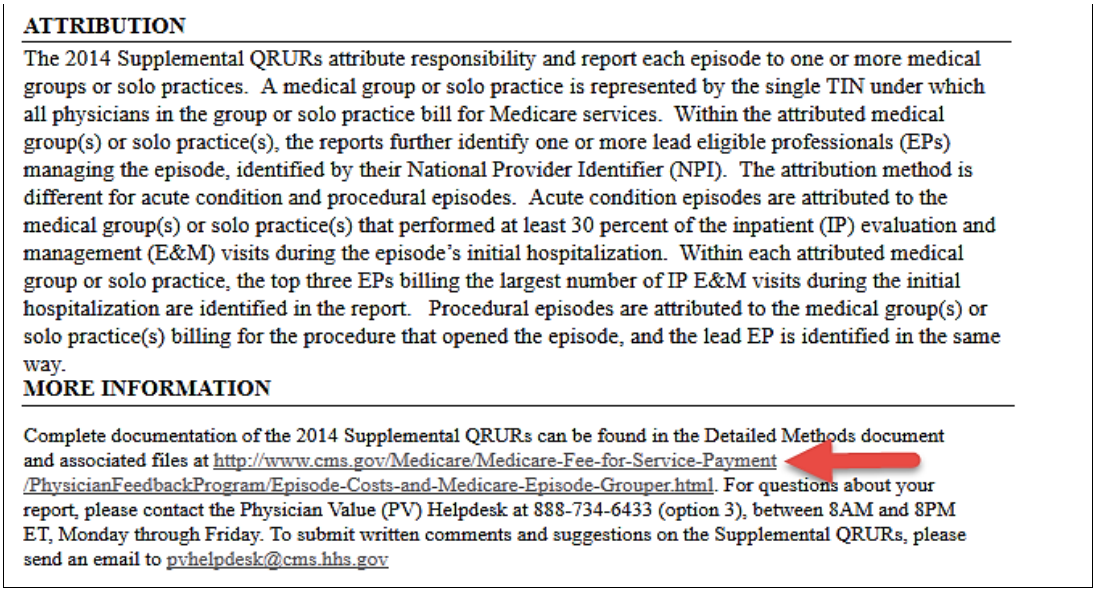
1. Acute Myocardial Infarction (AMI) (All)
   2. AMI without PCI/CABG
   3. AMI with PCI
   4. AMI with CABG
5. Asthma/Chronic Obstructive Pulmonary Disease (COPD), Acute Exacerbation
6. Atrial Fibrillation (AFib)/Flutter, Acute Exacerbation
7. Cellulitis (All)
   8. Cellulitis in Diabetics
   9. Cellulitis in Patients with Wound, Non-Diabetic
   10. Cellulitis in Obese Patients, Non-Diabetic without Wound
   11. Cellulitis in All Other Patients
12. Gastrointestinal (GI) Hemorrhage (All)
   13. GI Hemorrhage, Upper and Lower
   14. GI Hemorrhage, Upper

Procedural Episodes

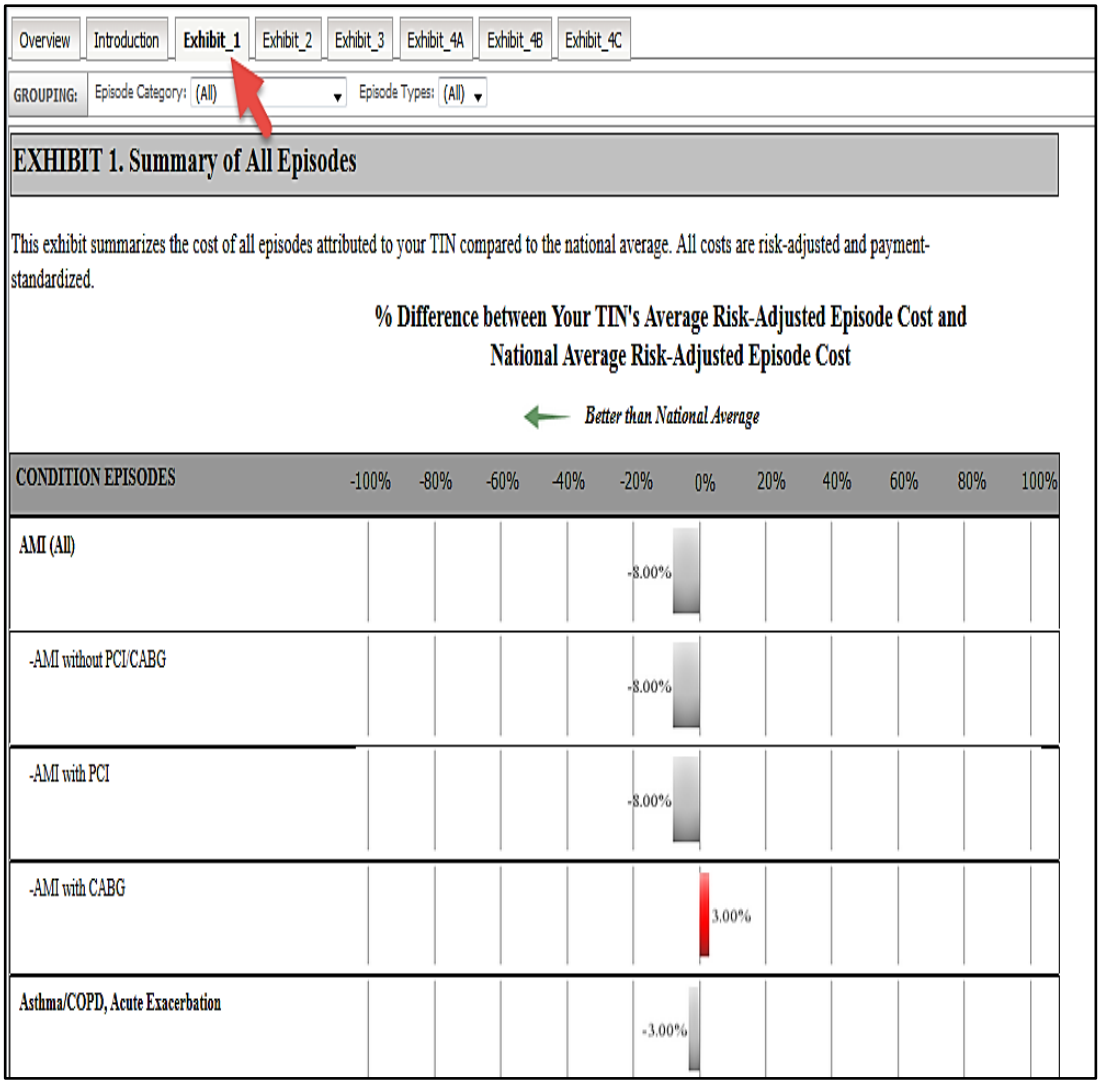
21. Aortic Aneurysm Procedure (All)
   22. Abdominal Aortic Aneurysm Procedure
   23. Thoracic Aortic Aneurysm Procedure
24. Aortic/Mitral Valve Surgery (All)
   25. Both Aortic and Mitral Valve Surgery
   26. Aortic or Mitral Valve Surgery
27. Carotid Endarterectomy
28. Cholecystectomy and Common Duct Exploration (All)
   29. Cholecystectomy
   30. Surgical Biliary Tract Procedure
31. Colonoscopy (All)
   32. Colonoscopy with Invasive Procedure
   33. Colonoscopy without Invasive Procedure
34. Coronary Artery Bypass Graft (CABG)
35. Hip/Femur Fracture or Dislocation Treatment, IP-Based
36. Hip Replacement or Repair (All)

If you have questions about the 2014 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

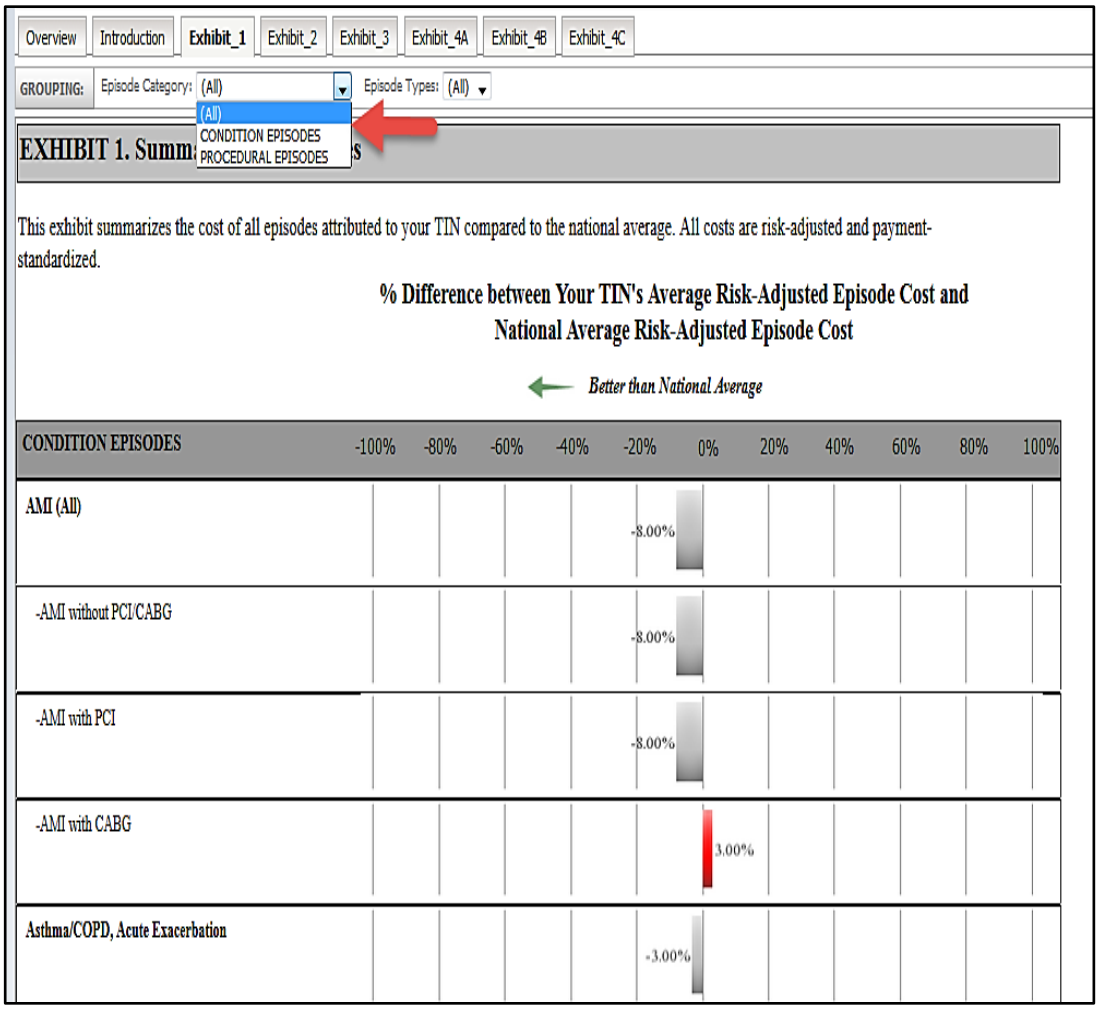
Steps	Screenshots
b). **Table of Contents** is displayed at the bottom of the **Overview page** with the following information: • Exhibit 1 • Exhibit 2 • Exhibit 3 • Exhibit 4 • Drill Down Table 1 • Drill Down Table 2 • Drill Down Table 3 ***Note:*** *From the* ***Table of Contents****, you can Navigate to each Drill Down table report by selecting a Drill Down table link.*	**Table of Contents** **Report Selection** / **Description** Introduction — This page provides an overview of the methodology used to report episode costs, such as episode grouping, payment standardization, risk adjustment, and attribution. Exhibit 1 — Exhibit 1 displays the cost difference from the national mean for episodes attributed to your TIN. Exhibit 2 — Exhibit 2 presents the frequency, cost, and cost difference from the national mean for the episodes attributed to your TIN. Exhibit 3 — Exhibit 3 summarizes the cost performance of episodes of a specific type attributed to your TIN and top average-billing providers treating those episodes. Exhibit 4 — Exhibit 4 presents cost and utilization of different service categories of episodes of a specific type attributed to your TIN. Drill Down Table 1 — Drill Down Table 1 provides episode-level information for episodes of a major episode type that were attributed to your TIN. Drill Down Table 2 — Drill Down Table 2 provides detailed information on physician costs billed by your TIN and other TINs for episodes of this type that were attributed to your TIN. Drill Down Table 3 — Drill Down Table 3 provides detailed information on non-physician costs for episodes of this type that were attributed to your TIN.

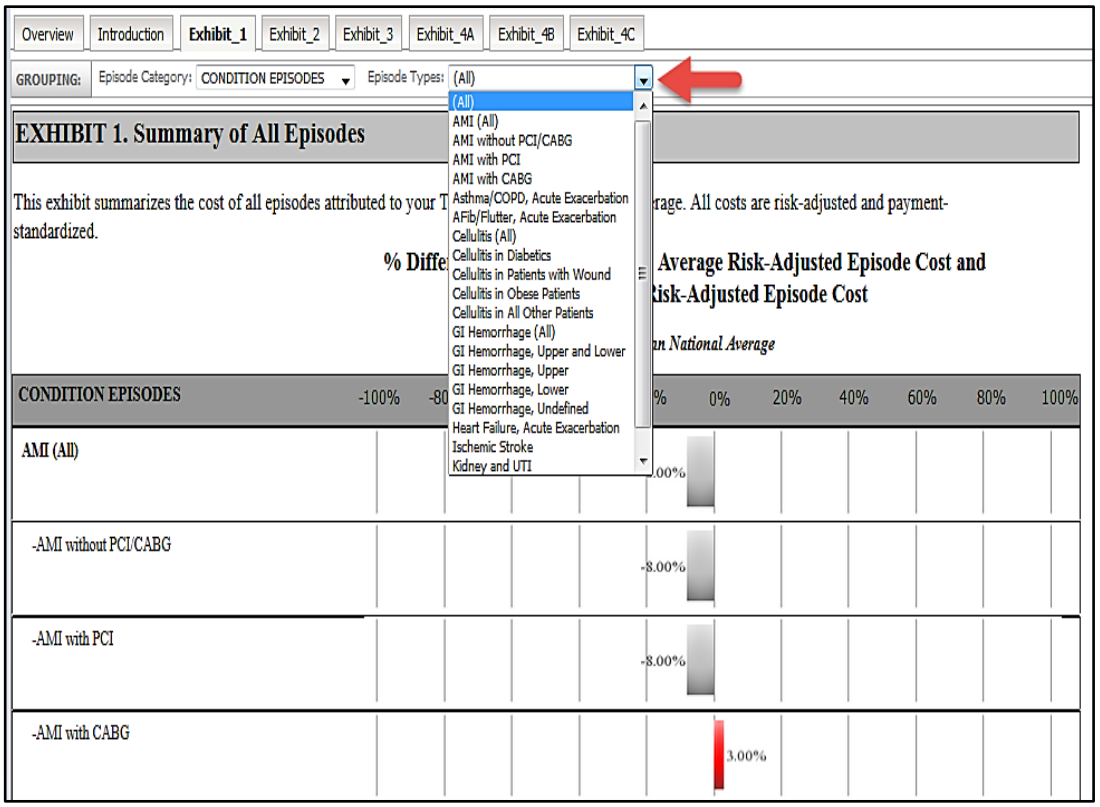
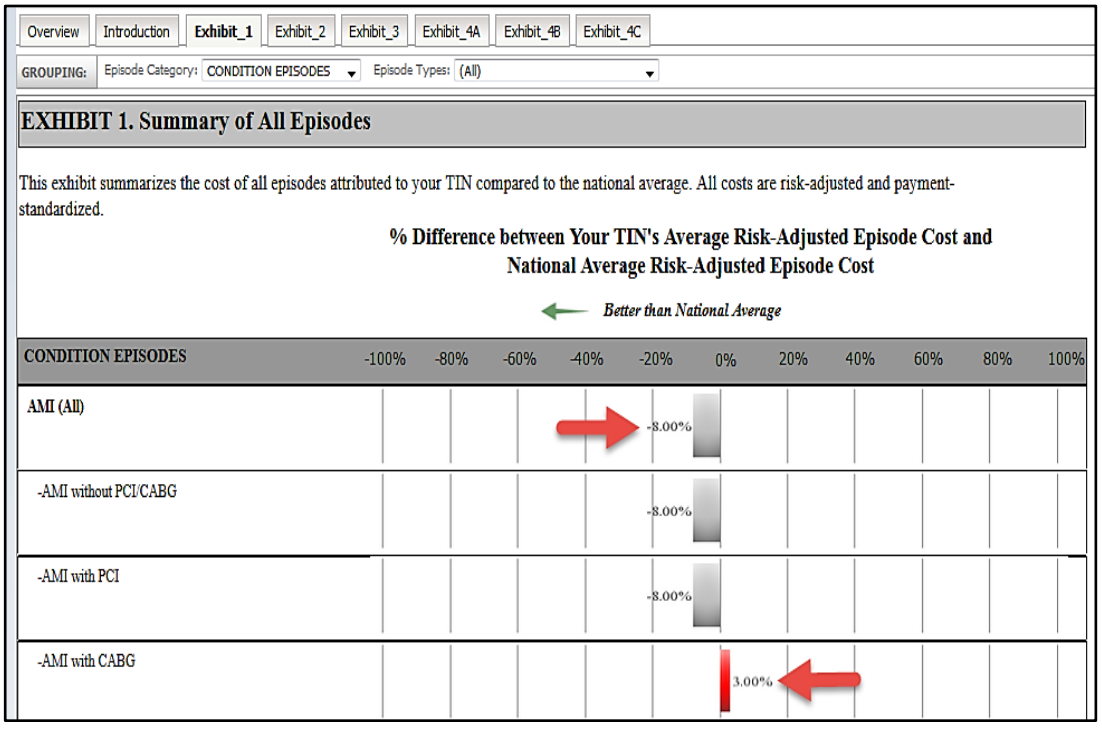
Steps	Screenshots
4. a). Select the **Introduction** tab to view the following information: • About the Data in this Report • Episode Construction • Payment Standardization and Risk Adjustment • Attribution • More Information	
b). Select the hyperlinks provided in the **More Information** section within the **Supplemental QRUR** to navigate to the designated information or to access external websites. ***Note:*** *The screenshot illustrates an example of links to external websites. The links that appear in the report are only active while reviewing the report within the* ***MicroStrategy Web Platform****.*	

If you have questions about the 2014 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

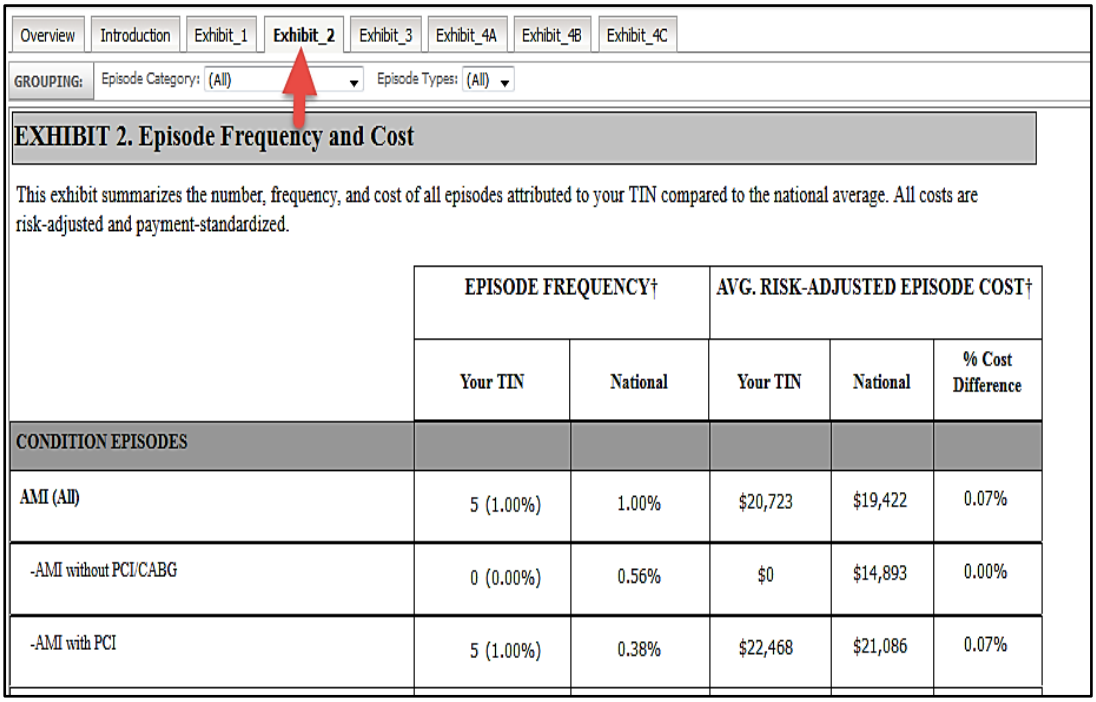
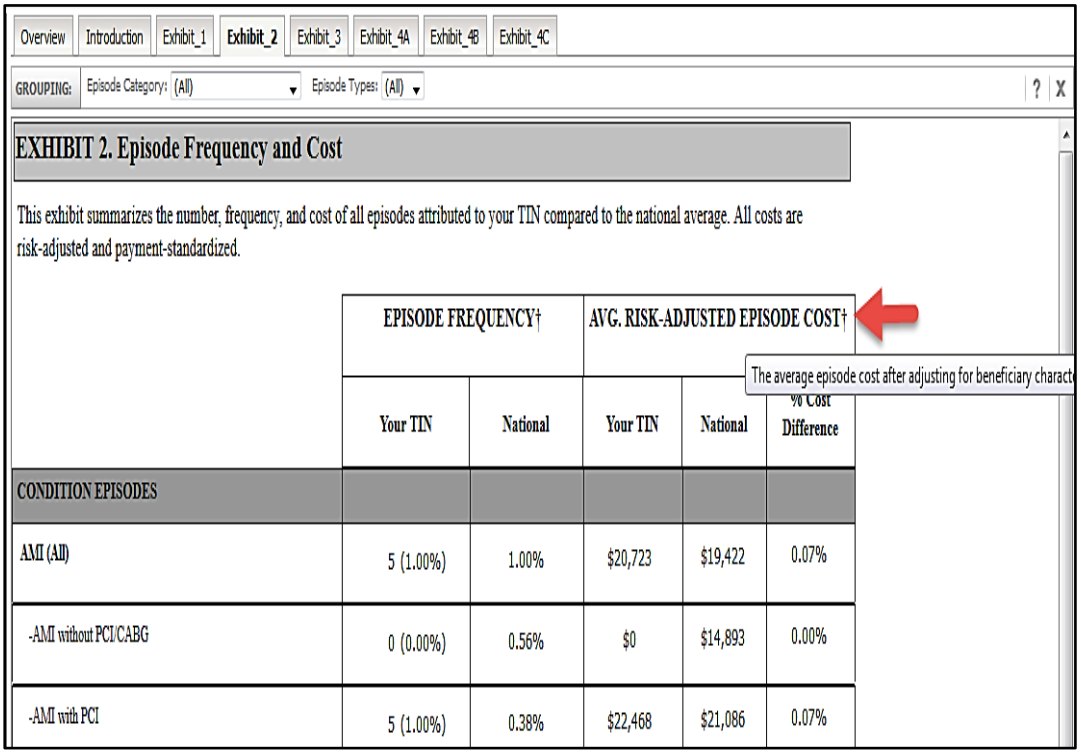
Steps	Screenshots
Steps	**Screenshots**
5. a). Select the **Exhibit 1** tab to view the summary of the cost of all episodes attributed to your TIN compared to the national average. The information is presented graphically for: • Condition Episodes • Procedural Episodes ***Note 1**: The report content will be displayed based on your **TIN** and the **Grouping** drop-down menu selection.* ***Note 2:** Due to the spacing limitation, only a sub-section of the screen is shown. Please use the scroll down feature in the report to view the **Condition and Procedural Episodes.***	

Steps	Screenshots

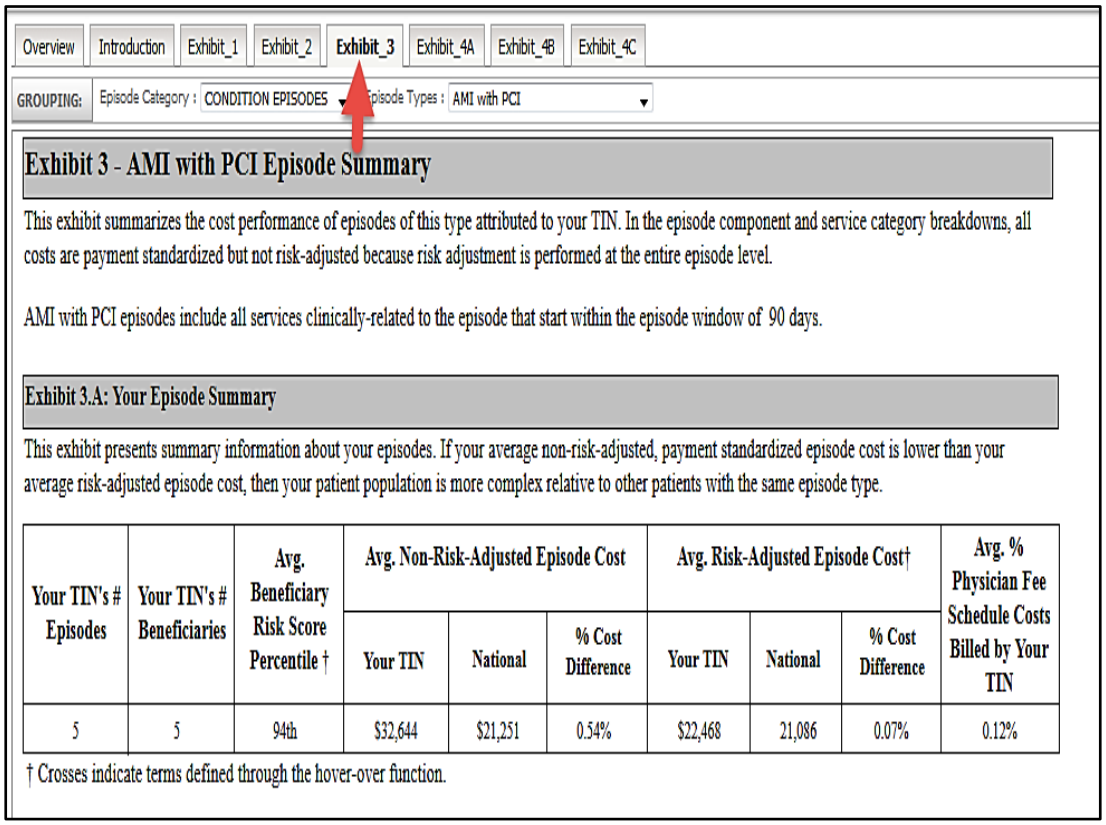
b). Choose the **Episode Category** and **Episode Type** from the associated Grouping option/field:
• **Episode Category**
  • All
  • Condition Episodes
  • Procedural Episodes
• **Episode Type**
  • All
  • List of Condition and Procedural Episodes
 	
***Note 1**: The report content will be displayed based on the **TIN** and the **Grouping** drop-down menu selection.*
 	
Note 2**: By default the **Episode Category** and **Condition Type** is set to **(All).
	

Steps	Screenshots
c). Select the **Condition Episodes** as **Episode Category** and the drop down menu for **Episode Type.** ***Note 1:*** *Due to the spacing limitation, only a sub-section of the screen is shown. Please use the scroll down feature in the report to view the* ***Condition*** *and* ***Procedural Episodes.*** ***Note 2****: Both* ***Condition*** *and* ***Procedural Episodes*** *list are displayed in the grouping menu based on your TIN.*	
d). Associated data values are displayed at the graph line of each **Condition Episodes** and **Procedural Episodes**.	

If you have questions about the 2014 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Steps	Screenshots
Steps	**Screenshots**
6. a). Select the **Exhibit 2** tab to view the **Episode Frequency and Cost** information attributed to your TIN for all: • Condition Episodes • Procedural Episodes ***Note 1**: The **Grouping** functionality will be the same as mentioned in Steps 5 (b) and 5 (c) of Section VI.* ***Note 2**: Due to the spacing limitation, only a sub-section of the screen is shown. Please use the scroll down feature in the report to view the **Procedural Episodes.***	
b). Select the cross (†) symbol within the table to view the associated definition for that term. ***Note:** The screenshot illustrates an example of information displayed for the term. Use your mouse to hover over any of the cross symbols displayed on the table to view a definition for that term.*	

If you have questions about the 2014 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Steps	Screenshots
7. a). Select the **Exhibit 3** tab to view the following information: • Exhibit 3.A: Your Episode Summary • Exhibit 3.B: Average Cost for Episode Components • Exhibit 3.C: Average Cost for Select Service Categories in Episode • Exhibit 3.D: Top Five Highest Average-Billing Providers Treating Episode ***Note**: Due to the spacing limitation, only a sub-section of the screen is shown. Please use the scroll down feature in the report to view the full information.*	

Overview | Introduction | Exhibit_1 | Exhibit_2 | **Exhibit_3** | Exhibit_4A | Exhibit_4B | Exhibit_4C

GROUPING: Episode Category : CONDITION EPISODES | Episode Types : AMI with PCI

Exhibit 3 - AMI with PCI Episode Summary

This exhibit summarizes the cost performance of episodes of this type attributed to your TIN. In the episode component and service category breakdowns, all costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level.

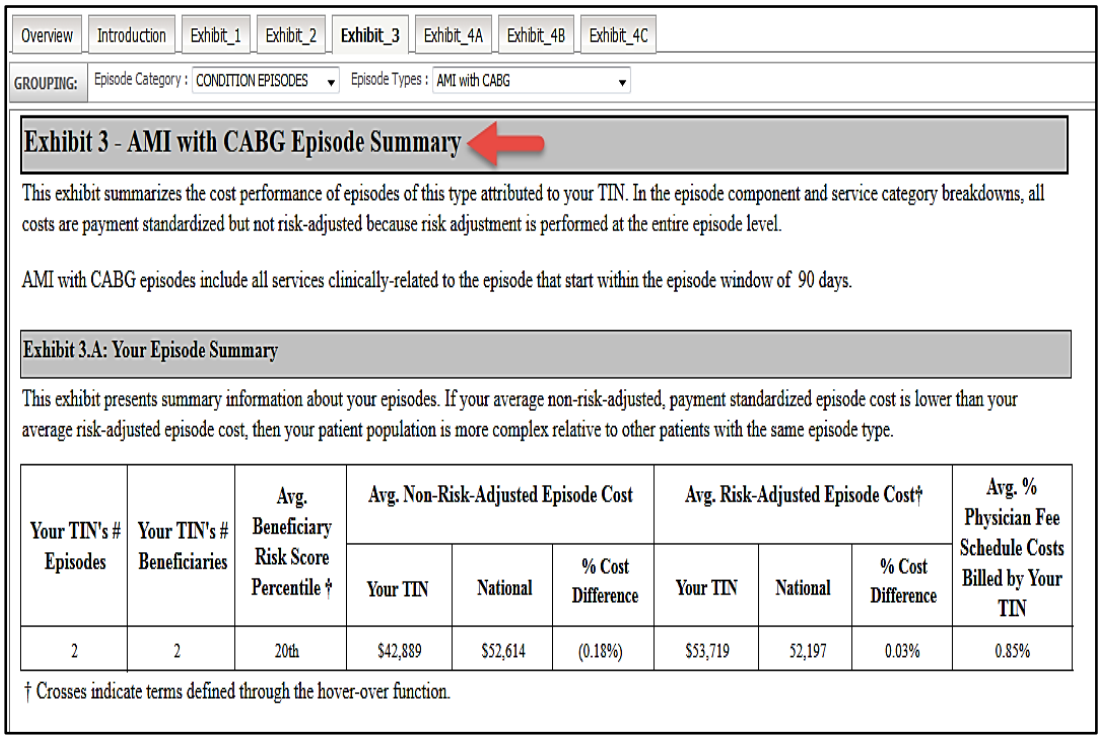
AMI with PCI episodes include all services clinically-related to the episode that start within the episode window of 90 days.

Exhibit 3.A: Your Episode Summary

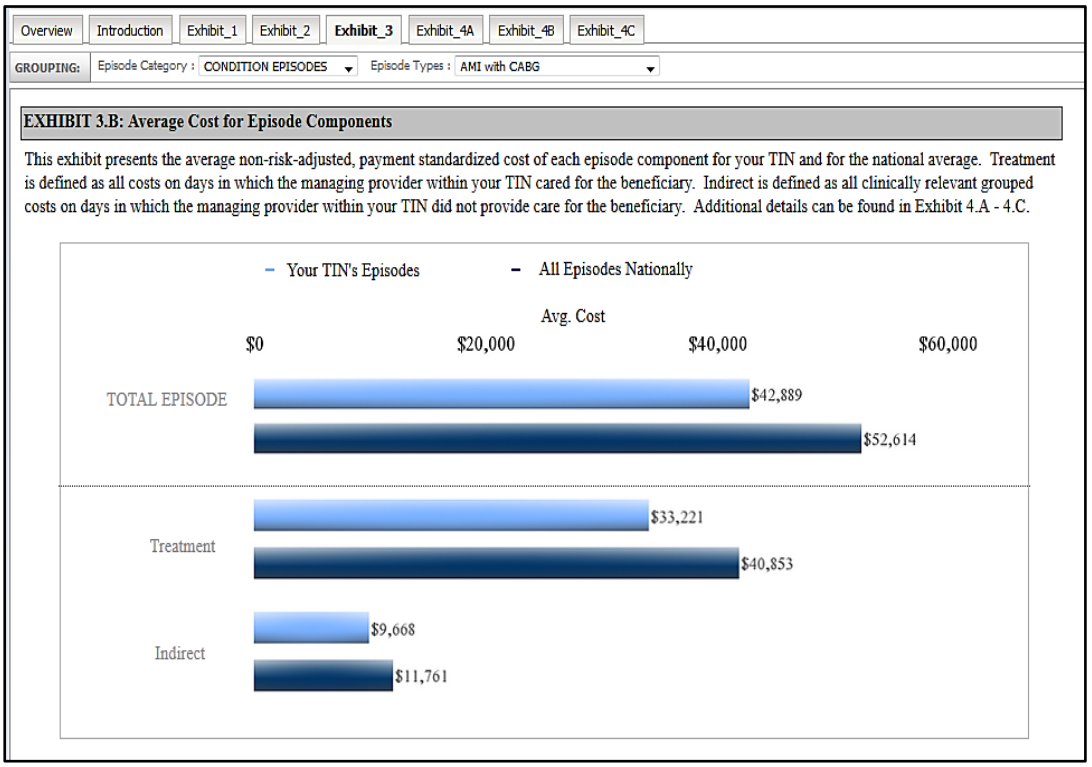
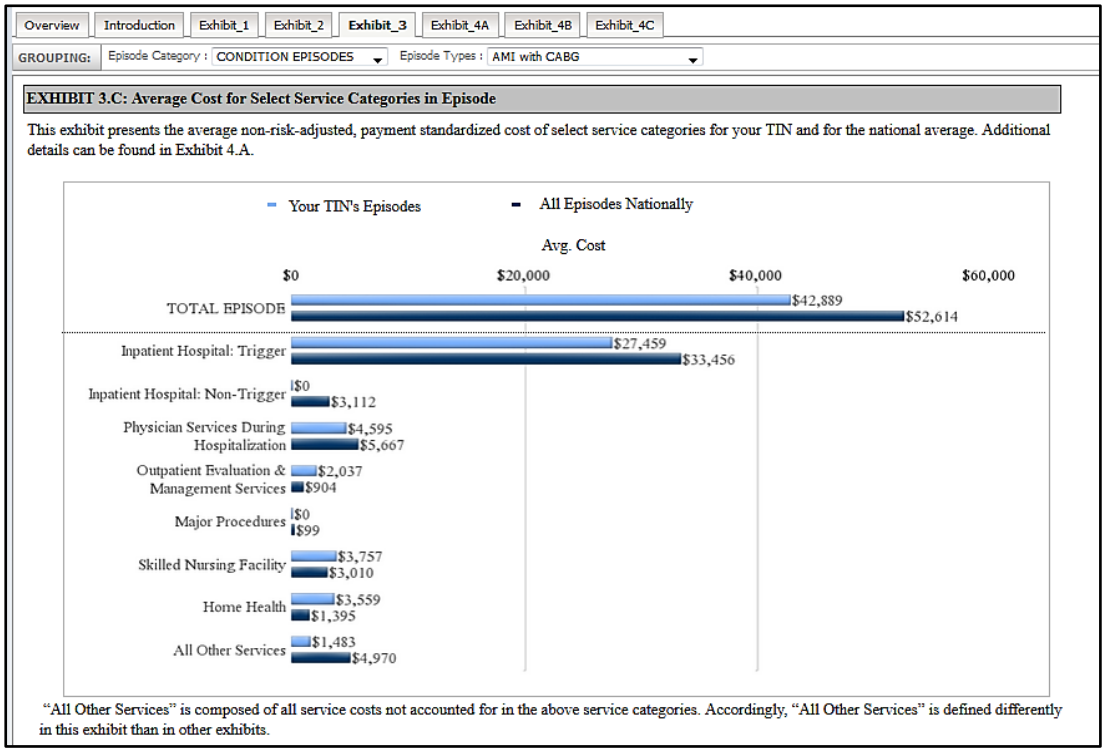
This exhibit presents summary information about your episodes. If your average non-risk-adjusted, payment standardized episode cost is lower than your average risk-adjusted episode cost, then your patient population is more complex relative to other patients with the same episode type.

Your TIN's # Episodes	Your TIN's # Beneficiaries	Avg. Beneficiary Risk Score Percentile †	Avg. Non-Risk-Adjusted Episode Cost			Avg. Risk-Adjusted Episode Cost†			Avg. % Physician Fee Schedule Costs Billed by Your TIN
			Your TIN	National	% Cost Difference	Your TIN	National	% Cost Difference	
5	5	94th	$32,644	$21,251	0.54%	$22,468	21,086	0.07%	0.12%

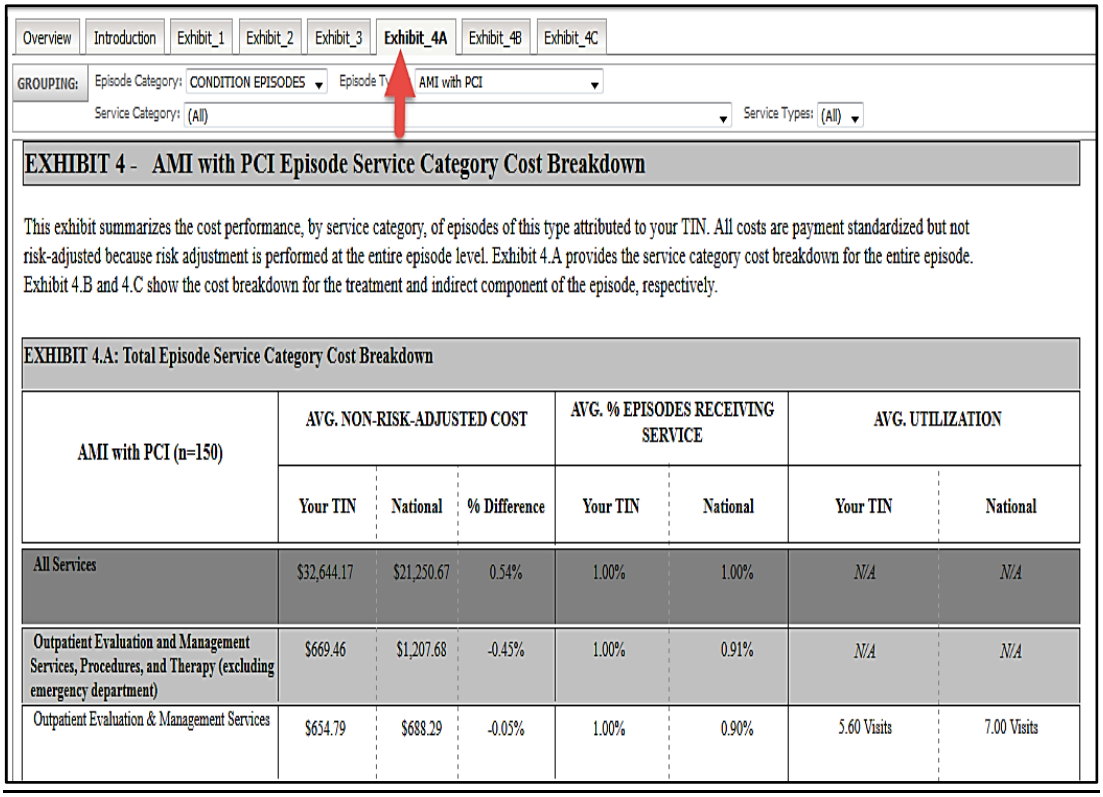
† Crosses indicate terms defined through the hover-over function.

Steps	Screenshots
b). The screen shows the **Exhibit 3** tab, and the Grouping functionality. ***Note 1**: The **Episode Type** displayed on the report will be based on Your TIN and the **Episode Type** selected from the grouping menu.* ***Note 2:** The Grouping menu for **Episode Category** is by default set to **Condition Episodes** and **Episode Type** is displayed in alphabetical order based on your TIN.* ***Note 3**: Only the **Condition Episodes Types** will be displayed in the grouping drop-down menu when **Condition Episodes** is selected as the **Episode Category** and the same will apply for the **Procedural Episodes.*** ***Note 4:** Select the cross (†) symbol within the table to view the associated definition for that term.*	 Overview | Introduction | Exhibit_1 | Exhibit_2 | Exhibit_3 | Exhibit_4A | Exhibit_4B | Exhibit_4C GROUPING: Episode Category : CONDITION EPISODES Episode Types : AMI with CABG **Exhibit 3 - AMI with CABG Episode Summary** This exhibit summarizes the cost performance of episodes of this type attributed to your TIN. In the episode component and service category breakdowns, all costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. AMI with CABG episodes include all services clinically-related to the episode that start within the episode window of 90 days. **Exhibit 3.A: Your Episode Summary** This exhibit presents summary information about your episodes. If your average non-risk-adjusted, payment standardized episode cost is lower than your average risk-adjusted episode cost, then your patient population is more complex relative to other patients with the same episode type. † Crosses indicate terms defined through the hover-over function.

Your TIN's # Episodes	Your TIN's # Beneficiaries	Avg. Beneficiary Risk Score Percentile †	Avg. Non-Risk-Adjusted Episode Cost			Avg. Risk-Adjusted Episode Cost†			Avg. % Physician Fee Schedule Costs Billed by Your TIN
			Your TIN	National	% Cost Difference	Your TIN	National	% Cost Difference	
2	2	20th	$42,889	$52,614	(0.18%)	$53,719	52,197	0.03%	0.85%

Steps	Screenshots
c). The screen shows the **Exhibit 3.B: Average Cost for Episode Components** and the graph displaying the associated data value for **Your TIN's Episodes** and **All Episodes Nationally.**	
d). The screen shows the **Exhibit 3.C: Average Cost for Select Service Categories in Episode** and the graph displaying the associated data value for **Your TIN's Episodes** and **All Episodes Nationally.**	

If you have questions about the 2014 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Steps	**Screenshots**
Steps	**Screenshots**
8. a). Select the **Exhibit_4A** tab to view the summary of the following information: • Exhibit 4.A: Total Episode Service Category Cost Breakdown ***Note:*** *The* ***Episode Types*** *and* ***Service Types*** *displayed on the report will be based on your TIN and the report selected from the* ***Grouping*** *menu.*	

Overview | Introduction | Exhibit_1 | Exhibit_2 | Exhibit_3 | **Exhibit_4A** | Exhibit_4B | Exhibit_4C

GROUPING: Episode Category: CONDITION EPISODES Episode Ty… AMI with PCI

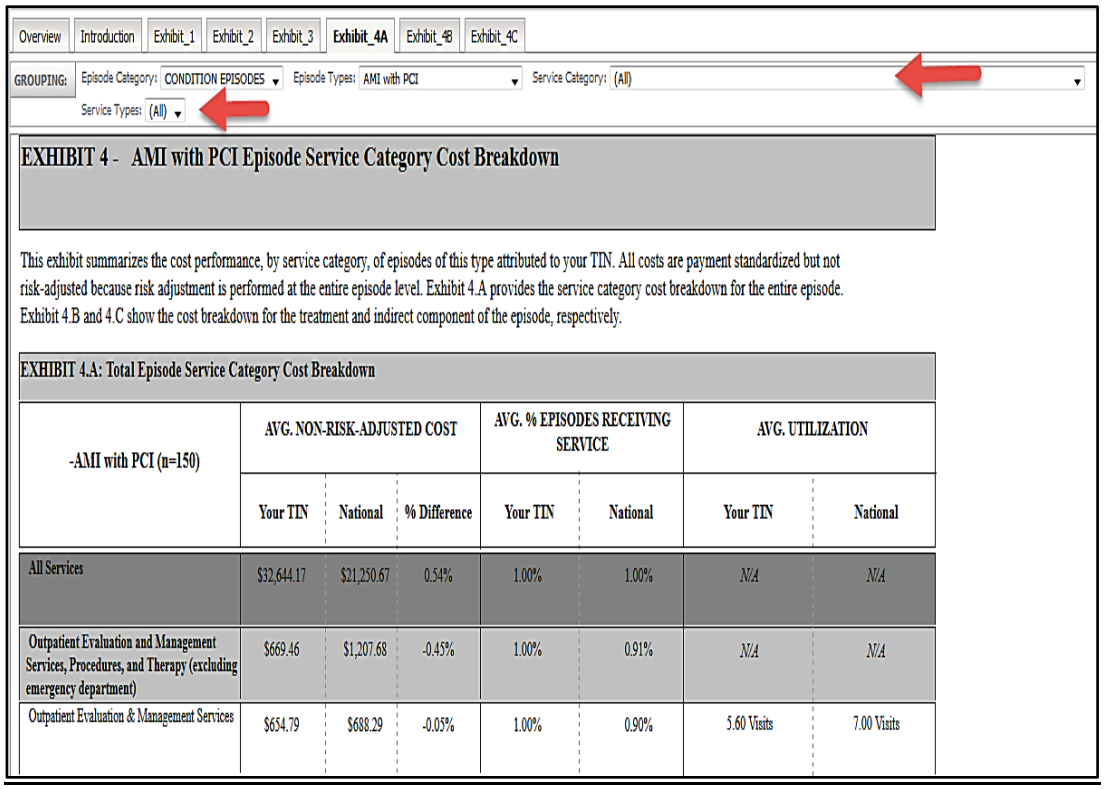
Service Category: (All) Service Types: (All)

EXHIBIT 4 - AMI with PCI Episode Service Category Cost Breakdown

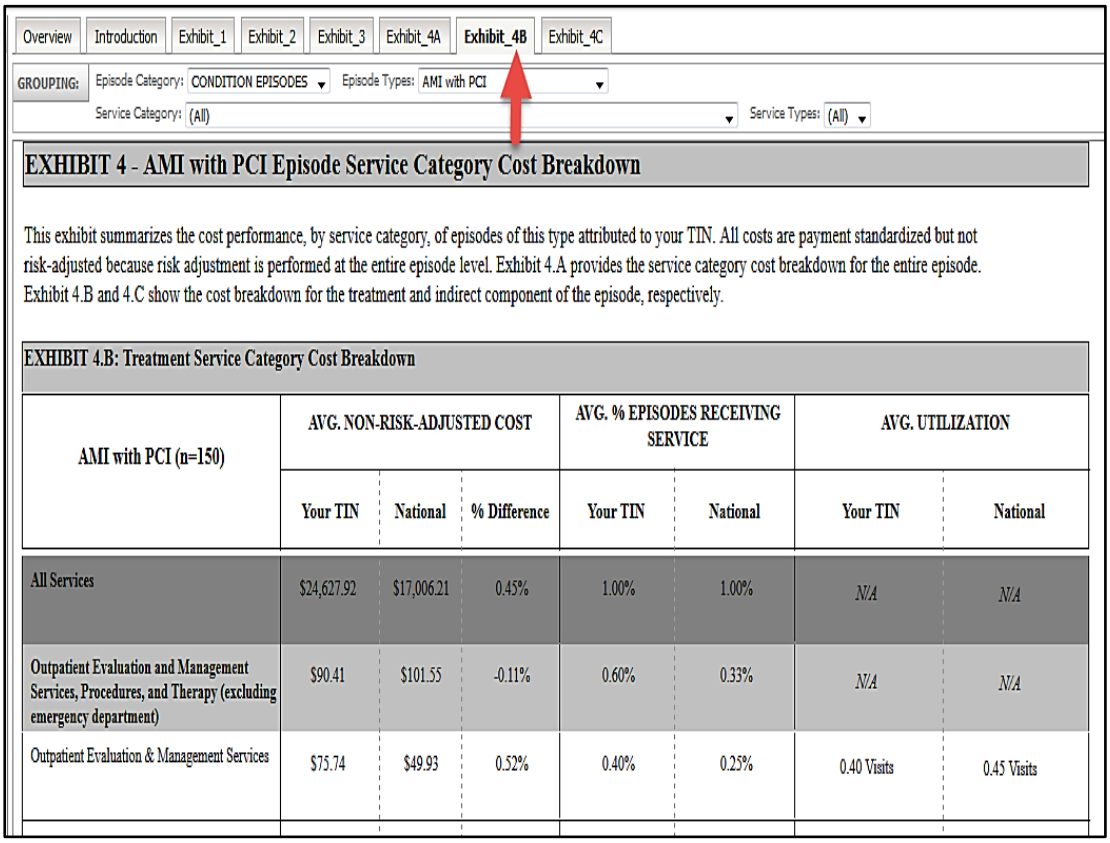
This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.A: Total Episode Service Category Cost Breakdown

AMI with PCI (n=150)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	$32,644.17	$21,250.67	0.54%	1.00%	1.00%	*N/A*	*N/A*
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	$669.46	$1,207.68	-0.45%	1.00%	0.91%	*N/A*	*N/A*
Outpatient Evaluation & Management Services	$654.79	$688.29	-0.05%	1.00%	0.90%	5.60 Visits	7.00 Visits

Steps	Screenshots
b). Four (4) grouping drop-down menu options will be displayed in **Exhibit 4A** for the report selection: • Episode Category • Episode Type • Service Category • Service Type i. By default all 4 (four) options will be set to (All) in **Exhibit 4**. ii. **Episode Category** and **Episode Types** functions the same as mentioned in Step 7(b) - Notes 2 and 3 of Section VI. iii. **Service Category** and **Service Types** can be selected after selecting **Episode Category** and **Episode Type**.	 Overview | Introduction | Exhibit_1 | Exhibit_2 | Exhibit_3 | Exhibit_4A | Exhibit_4B | Exhibit_4C GROUPING: Episode Category: CONDITION EPISODES Episode Types: AMI with PCI Service Category: (All) Service Types: (All) **EXHIBIT 4 - AMI with PCI Episode Service Category Cost Breakdown** This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively. **EXHIBIT 4.A: Total Episode Service Category Cost Breakdown** -AMI with PCI (n=150) / AVG. NON-RISK-ADJUSTED COST / AVG. % EPISODES RECEIVING SERVICE / AVG. UTILIZATION Your TIN | National | % Difference | Your TIN | National | Your TIN | National All Services | $32,644.17 | $21,250.67 | 0.54% | 1.00% | 1.00% | *N/A* | *N/A* Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department) | $669.46 | $1,207.68 | -0.45% | 1.00% | 0.91% | *N/A* | *N/A* Outpatient Evaluation & Management Services | $654.79 | $688.29 | -0.05% | 1.00% | 0.90% | 5.60 Visits | 7.00 Visits

If you have questions about the 2014 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Steps	Screenshots
9. Select the **Exhibit_4B** tab to view the summary of cost performance by Service Category of Episodes Type attributed to your TIN. The following information is displayed: • Exhibit 4.B: Treatment Service Category Cost Breakdown ***Note 1**: The **Grouping** menu functions the same as mentioned in Step 5(b) of Section **VI**.* ***Note 2**: The **Episode Types** displayed on the report will be based on your TIN and the report selected from the **Grouping** menu option.*	

Overview | Introduction | Exhibit_1 | Exhibit_2 | Exhibit_3 | Exhibit_4A | **Exhibit_4B** | Exhibit_4C

GROUPING: Episode Category: CONDITION EPISODES Episode Types: AMI with PCI

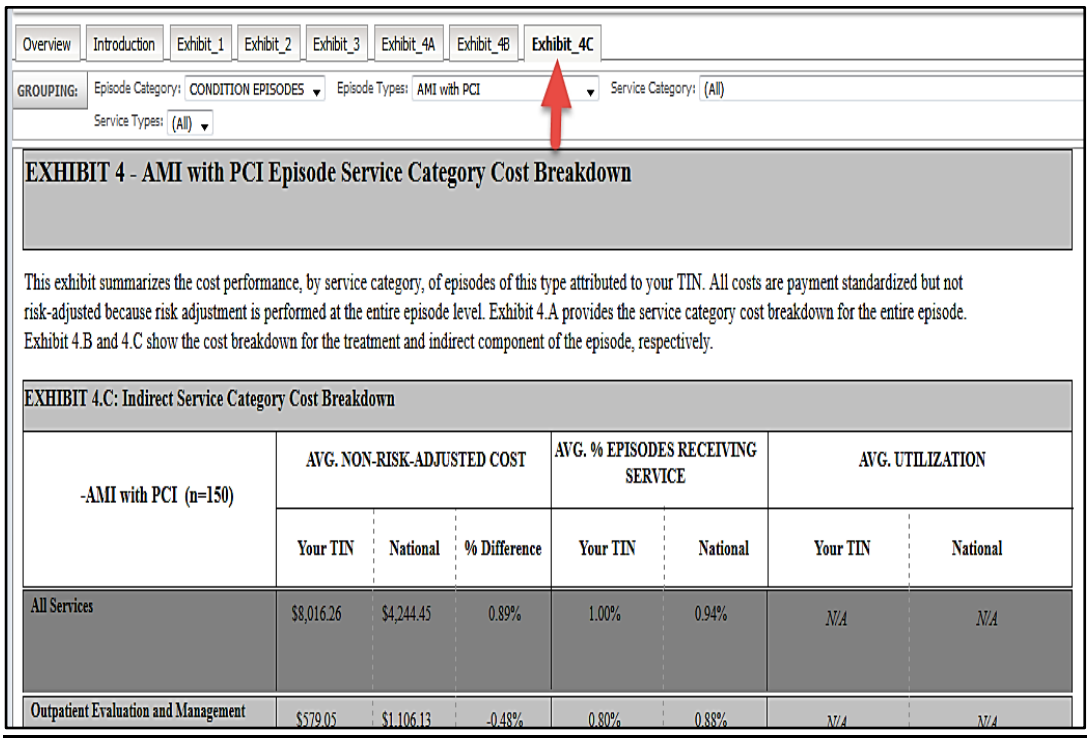
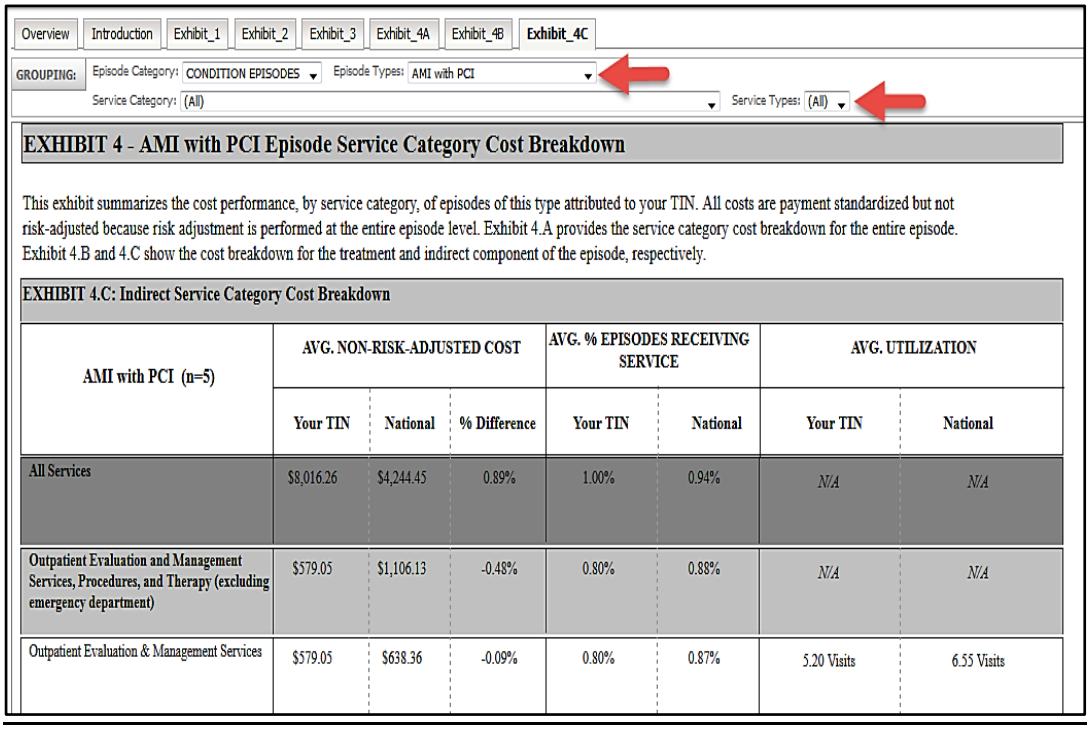
Service Category: (All) Service Types: (All)

EXHIBIT 4 - AMI with PCI Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.B: Treatment Service Category Cost Breakdown

AMI with PCI (n=150)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	$24,627.92	$17,006.21	0.45%	1.00%	1.00%	*N/A*	*N/A*
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	$90.41	$101.55	-0.11%	0.60%	0.33%	*N/A*	*N/A*
Outpatient Evaluation & Management Services	$75.74	$49.93	0.52%	0.40%	0.25%	0.40 Visits	0.45 Visits

Steps	Screenshots
10. a). Select the **Exhibit_4C** tab to view a summary of the cost performance by Service Category of Episode Type attributed to your TIN. The following information is displayed: • Exhibit 4.C: Indirect Service Category Cost Breakdown ***Note**: The **Grouping** menu functions the same as mentioned in Step 5(b) of Section VI.*	
b). The report displayed is based on the selection made from the **Grouping** drop-down menu. ***Note**: **Episode Types** in the report are dynamic based on the episodes attributed to your TIN.*	

Overview | Introduction | Exhibit_1 | Exhibit_2 | Exhibit_3 | Exhibit_4A | Exhibit_4B | Exhibit_4C

GROUPING: Episode Category: CONDITION EPISODES | Episode Types: AMI with PCI | Service Category: (All) | Service Types: (All)

EXHIBIT 4 - AMI with PCI Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.C: Indirect Service Category Cost Breakdown

-AMI with PCI (n=150)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	$8,016.26	$4,244.45	0.89%	1.00%	0.94%	*N/A*	*N/A*
Outpatient Evaluation and Management	$579.05	$1,106.13	-0.48%	0.80%	0.88%	*N/A*	*N/A*

Overview | Introduction | Exhibit_1 | Exhibit_2 | Exhibit_3 | Exhibit_4A | Exhibit_4B | Exhibit_4C

GROUPING: Episode Category: CONDITION EPISODES | Episode Types: AMI with PCI | Service Category: (All) | Service Types: (All)

EXHIBIT 4 - AMI with PCI Episode Service Category Cost Breakdown

This exhibit summarizes the cost performance, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category cost breakdown for the entire episode. Exhibit 4.B and 4.C show the cost breakdown for the treatment and indirect component of the episode, respectively.

EXHIBIT 4.C: Indirect Service Category Cost Breakdown

AMI with PCI (n=5)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	$8,016.26	$4,244.45	0.89%	1.00%	0.94%	*N/A*	*N/A*
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	$579.05	$1,106.13	-0.48%	0.80%	0.88%	*N/A*	*N/A*
Outpatient Evaluation & Management Services	$579.05	$638.36	-0.09%	0.80%	0.87%	5.20 Visits	6.55 Visits

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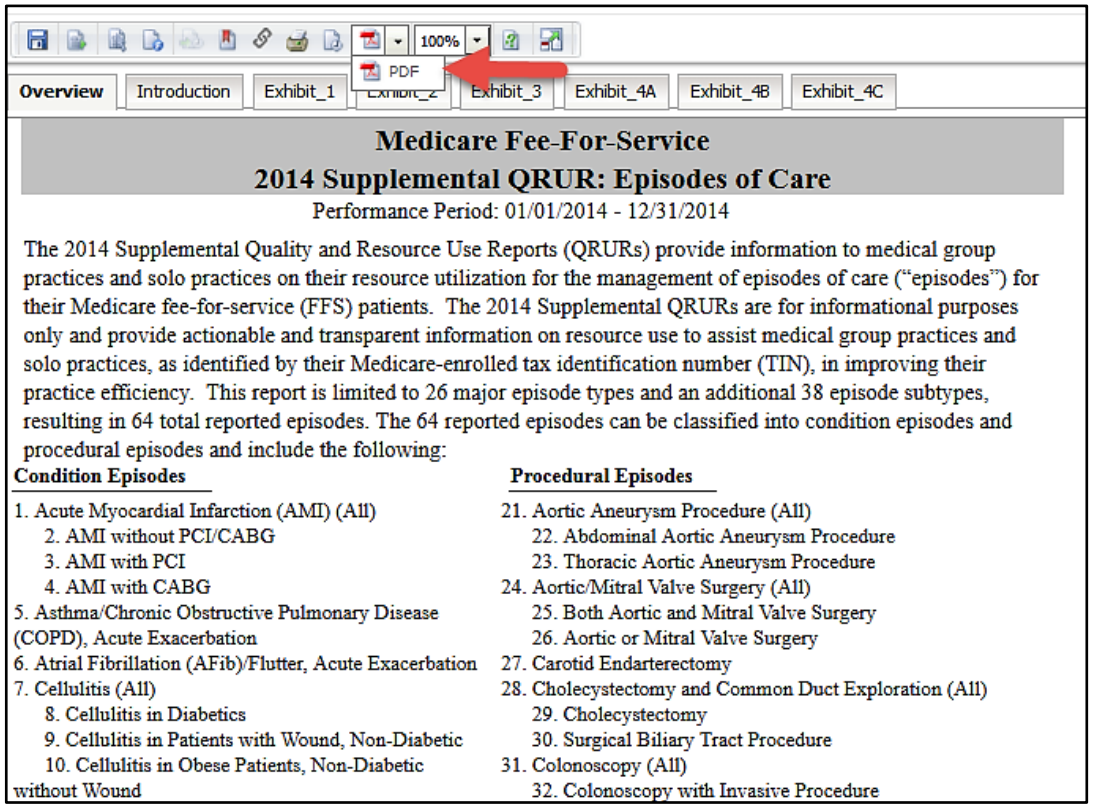
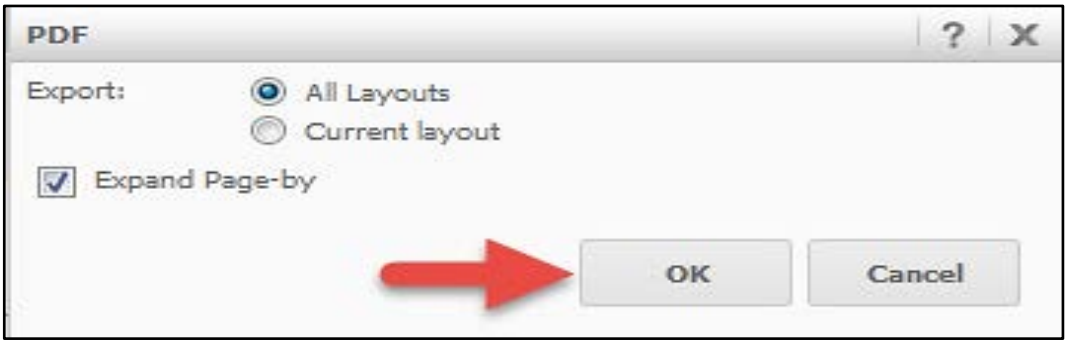
VII. View and Print the 2014 Supplemental QRUR as a PDF Document

Steps	Screenshots
1. Select the ***PDF*** icon on the **MicroStrategy Web Platform** toolbar then select ***PDF***. ***Note***: *Selecting the **PDF** option will display **PDF Export Options Menu** in a new window.*	
2. Select one (1) of the following options on how the report should be exported on the **PDF Export Options Menu** window: a. ***All Layouts.*** To export all available layouts for the report within **MicroStrategy Web Platform** to a PDF file; *OR* b. ***Current layout***. To export the current layout being used in the **MicroStrategy Web Platform** to a PDF file.	

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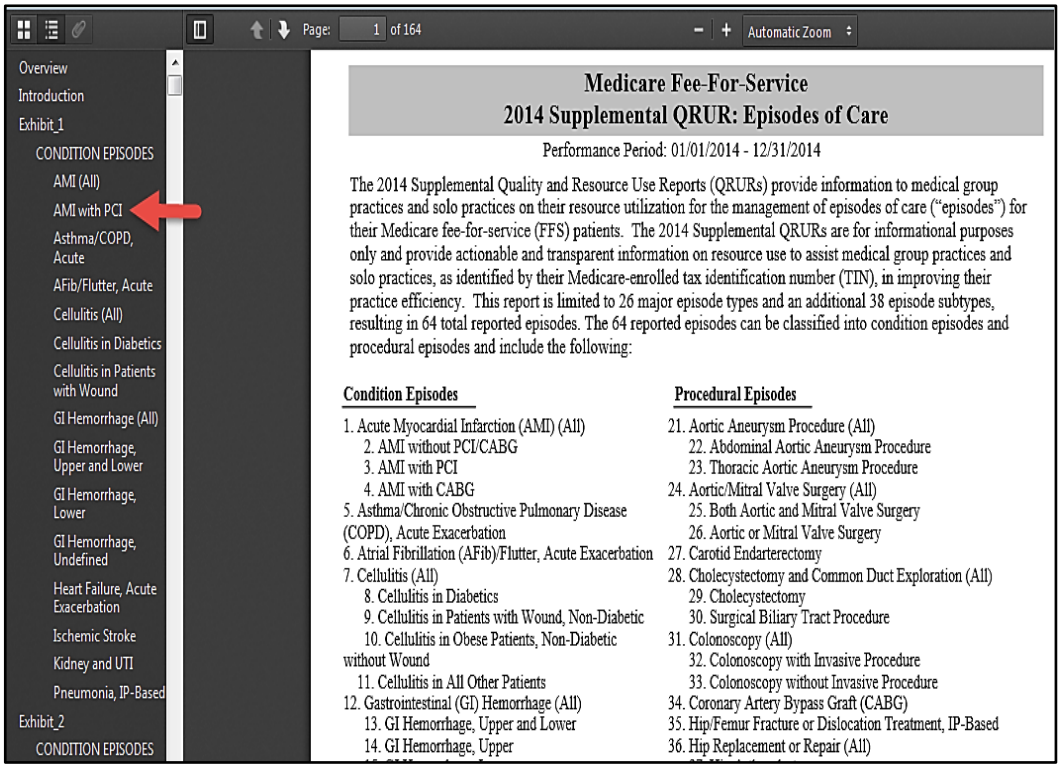
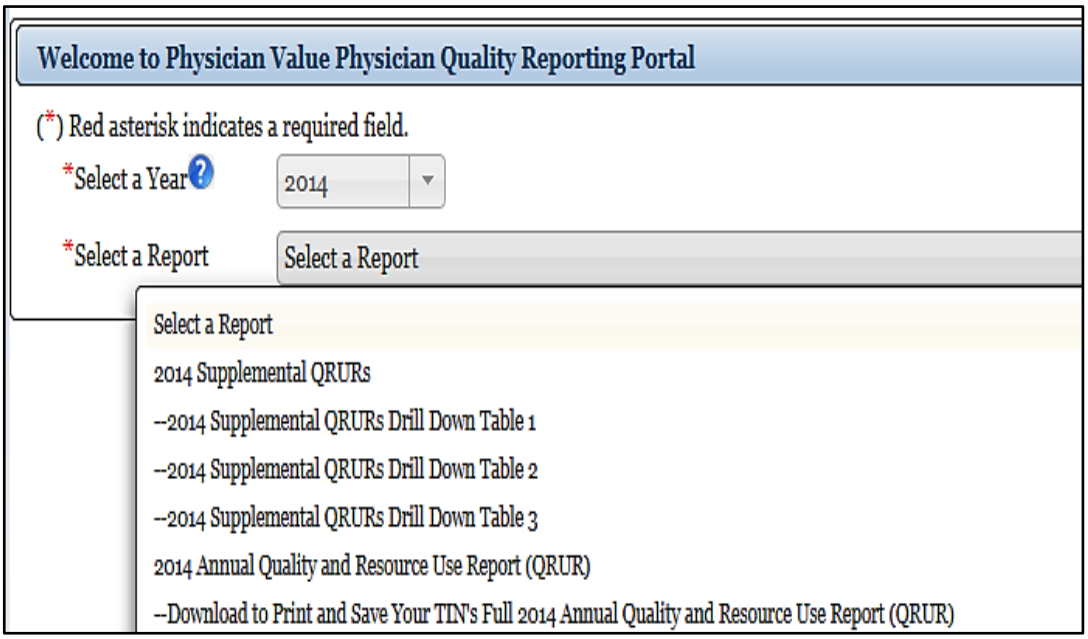
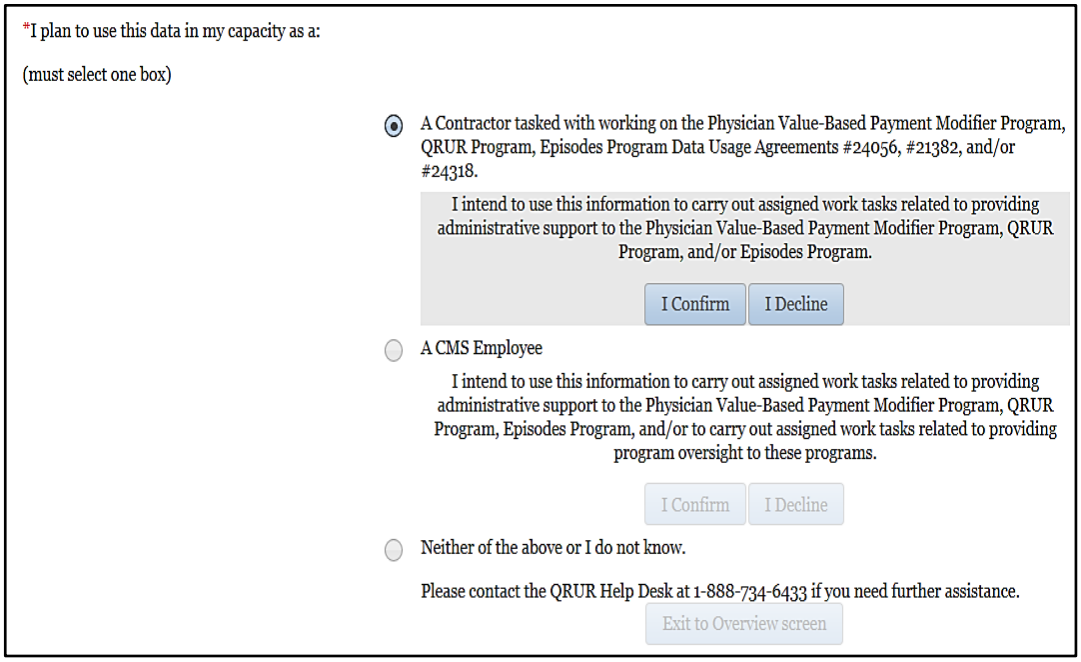
Steps	Screenshots
Note: *To have each section of the report displayed on a separate tab check* ***Expand Page-by****. By default, the* ***Expand Page-by*** *(check-box) is selected. If you un-select this check-box, each section of the report will be displayed on a single tab.* Select ***OK*** to proceed.	
The **2014 Supplemental QRUR** is exported to a **PDF** format. 3. Select any of the **Bookmarks** to navigate to a different section of the **2014 Supplemental QRUR.** • Select the ***Print*** button on the Toolbar to print the **2014 Supplemental QRUR**.	

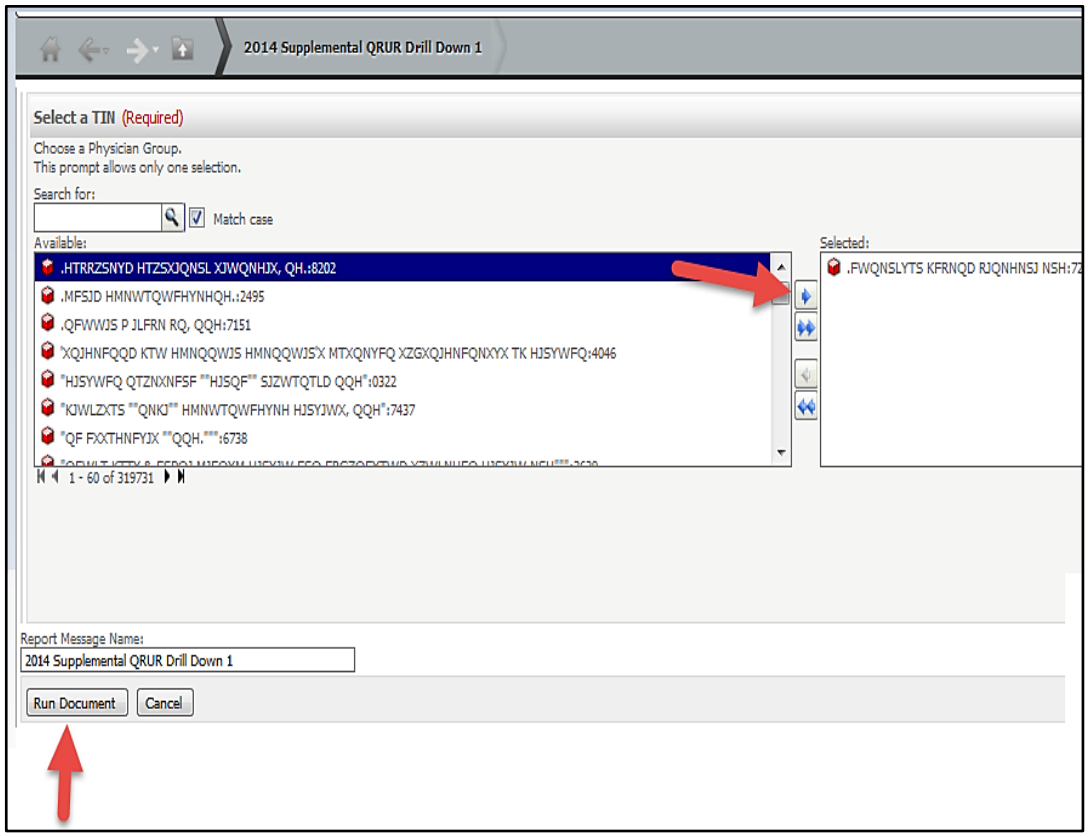
If you have questions about the 2014 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

VIII. Access the 2014 Drill Down Tables

Steps	Screenshots
1. Repeat Steps 1-7 of **Section V.A (How to Access Supplemental QRURs via PV-Landing Portlet)** or Steps 1-6 of **Section V.B (Access via Directly Logging into CMS Secure Portal)** of this guide.	
2. Select year (i.e., ***2014***) from the **Select a Year** drop-down menu, then select a Drill Down report from the **Select a Report** drop-down menu. The following reports are available: • 2014 Supplemental QRURs Drill Down Table 1 • 2014 Supplemental QRURs Drill Down Table 2 • 2014 Supplemental QRURs Drill Down Table 3 ***Note***: *The **Drill Down** reports will be displayed based on the report selected from the drop-down menu.*	

If you have questions about the 2014 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Steps	Screenshots
3. Read the **Attestation Message** and make the appropriate attestation selection. • Select one of the options for ***"I plan to use this data in my capacity as a:"*** Then, select ***I Confirm*** to continue. ***Note:*** *If you select* ***Neither of the above or I do not know*** *the option to Exit to the* ***Overview*** *screen will be enabled.*	

Steps	Screenshots
You are now in the **MicroStrategy Web Platform**. The screen shows the TIN(s) associated with your EIDM account. 4. Select <u>one</u> **TIN** from the **Available** TINs: • Select a **TIN** and either double click or select the ***arrow*** button to move the **TIN** from **Available** to **Selected.** • You can also filter the list of **Available** TINs by entering the name or last 4 digits of a TIN in the **Search for** field. ***Note 1:*** *Select only one **TIN** each time you attempt to retrieve a **2014 Supplemental QRURs Drill Down Report**.* Select ***Run Document***. ***Note 2:*** *You will need to wait several seconds while the system generates your 2014 Supplemental QRURs Drill Down Report.*	

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IX. Navigating the 2014 Supplemental QRUR Drill Down Table

Steps

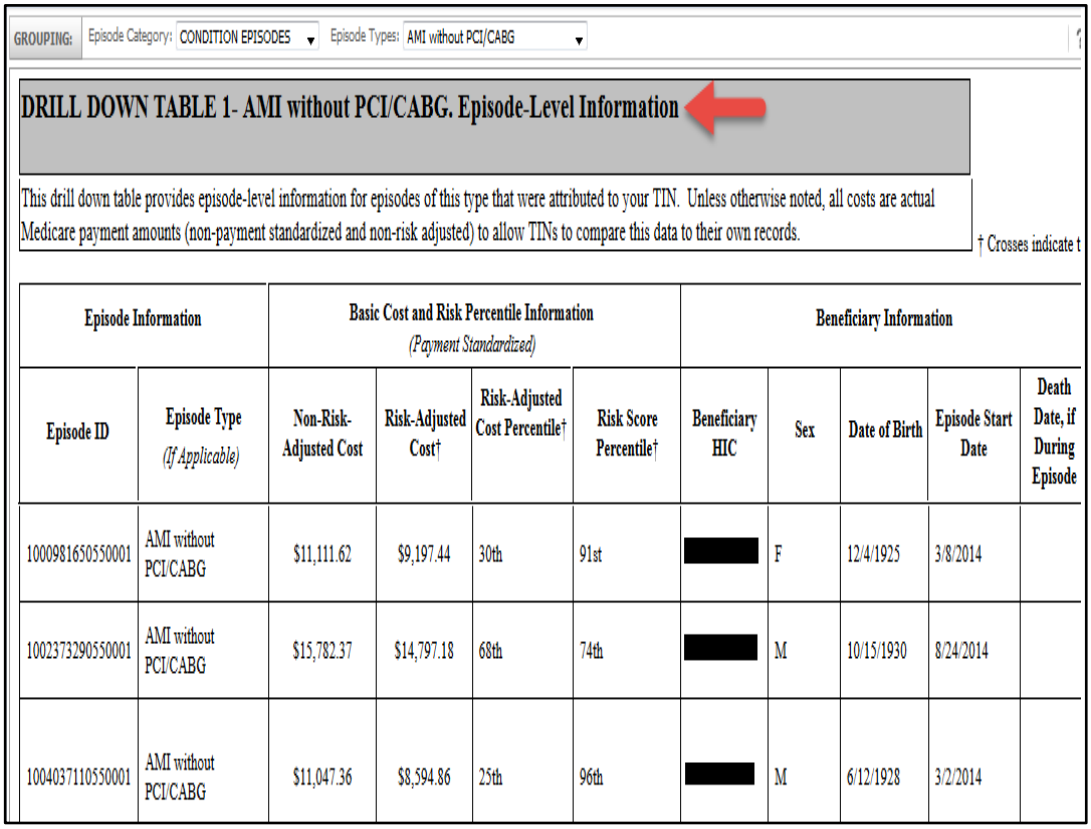
1. The selected **2014 Supplemental QRURs Drill Down table 1** report is displayed for the selected **Episode Type** with the following information:
   - Episode Information
   - Basic Cost and Risk Percentile Information *(Payment Standardized)*
   - Beneficiary Information
   - Lead Eligible Professional(s) (EP) (Physician/Non-Physician Practitioner(s) Managing Episode)
   - Evaluation and Management (E&M) Visits Performed During Episode
   - Physician Fee Schedule (PFS) Costs Billed During Episode
   - Providers, Hospitals, SNFs, and HH Agencies Treating Episode

***Note 1**: Due to the spacing limitation, only a sub-section of the screen is shown. Please use the scroll feature in the report to view the full information.*

***Note 2**: The **Episode Type** displayed on the report will be based on Your TIN and the **Episode Type** selected from the grouping menu.*

***Note 3:** The Grouping menu*

Screenshots


GROUPING: Episode Category: CONDITION EPISODES Episode Types: AMI without PCI/CABG

DRILL DOWN TABLE 1- AMI without PCI/CABG. Episode-Level Information

This drill down table provides episode-level information for episodes of this type that were attributed to your TIN. Unless otherwise noted, all costs are actual Medicare payment amounts (non-payment standardized and non-risk adjusted) to allow TINs to compare this data to their own records.

† Crosses indicate t

Episode Information		Basic Cost and Risk Percentile Information (Payment Standardized)				Beneficiary Information				
Episode ID	Episode Type (If Applicable)	Non-Risk-Adjusted Cost	Risk-Adjusted Cost†	Risk-Adjusted Cost Percentile†	Risk Score Percentile†	Beneficiary HIC	Sex	Date of Birth	Episode Start Date	Death Date, if During Episode
1000981650550001	AMI without PCI/CABG	$11,111.62	$9,197.44	30th	91st	[redacted]	F	12/4/1925	3/8/2014	
1002373290550001	AMI without PCI/CABG	$15,782.37	$14,797.18	68th	74th	[redacted]	M	10/15/1930	8/24/2014	
1004037110550001	AMI without PCI/CABG	$11,047.36	$8,594.86	25th	96th	[redacted]	M	6/12/1928	3/2/2014	

Steps	**Screenshots**
*for **Episode Category** is by default set to **Condition Episodes** and **Episode Type** is displayed in alphabetical order based on your TIN.* ***Note 4**: Only the **Condition Episodes Types** will be displayed in the grouping drop-down menu when **Condition Episodes** is selected as the **Episode Category** and the same will apply for the **Procedural Episodes.*** ***Note 5:** Select the cross (†**)** symbol within the table to view the associated definition for that term.* ***Note 6**: For security purposes, the **Beneficiary Information** column is blacked-out.*	
2. Repeat Steps 2 and 4 of **Section VIII Access 2014 Drill Down Tables** each time to access other **2014 Supplemental QRURs Drill Down** table reports.	

Steps	Screenshots

3. The selected 2014 **Supplemental QRURs Drill Down Table 2** report is displayed with following information:
   - Episode Information
   - Beneficiary Information
   - Episode Cost Breakdown
   - Physician Cost Billed By Your TIN During Episode
   - Physician Cost Billed By Other TINs During Episode

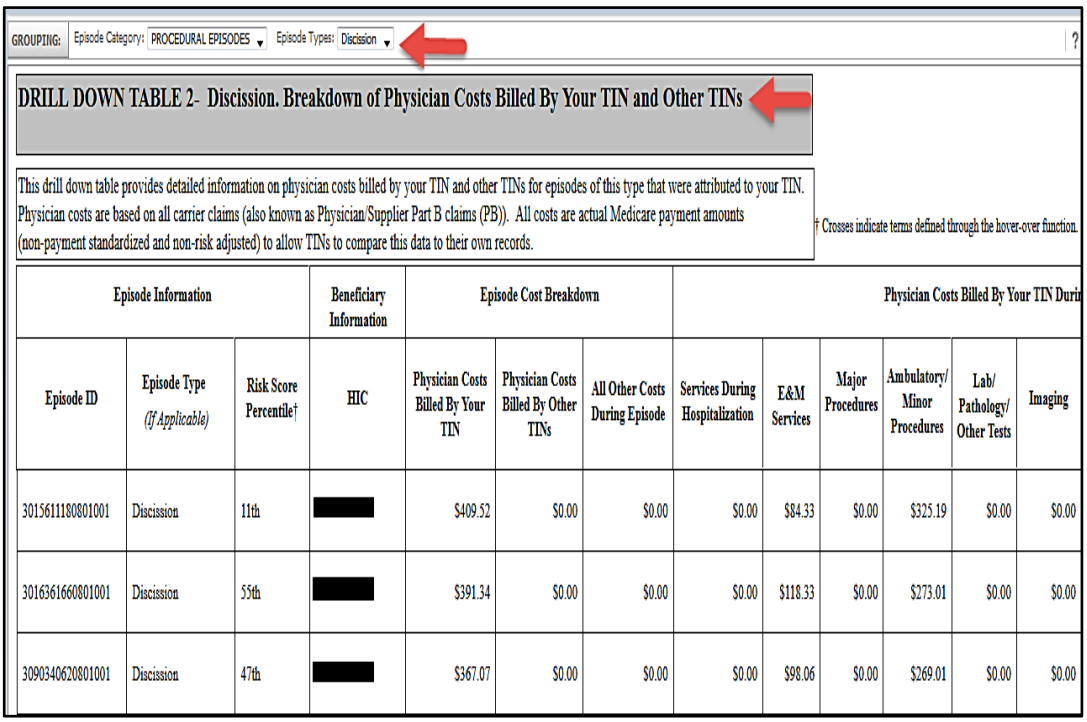
***Note 1**: Due to the spacing limitation, only a sub-section of the screen is shown. Please use the scroll feature in the report to view the full information.*

***Note 2**: The **Episode Type** displayed on the report will be based on Your TIN and the **Episode Type** selected from the grouping menu.*

***Note 3:** The **Grouping** menu for **Episode Category** is by default set to **Condition Episodes** and **Episode Type** is displayed in alphabetical order based on your TIN.*

***Note 4**: Only the **Condition Episodes Types** will be displayed in the grouping drop-down menu when **Condition Episodes** is selected as the **Episode Category** and the same will apply for the **Procedural Episodes**.*

***Note 5:** Select the cross (†)*


GROUPING: Episode Category: PROCEDURAL EPISODES Episode Types: Discission ?

DRILL DOWN TABLE 2- Discission. Breakdown of Physician Costs Billed By Your TIN and Other TINs

This drill down table provides detailed information on physician costs billed by your TIN and other TINs for episodes of this type that were attributed to your TIN. Physician costs are based on all carrier claims (also known as Physician/Supplier Part B claims (PB)). All costs are actual Medicare payment amounts (non-payment standardized and non-risk adjusted) to allow TINs to compare this data to their own records.

† Crosses indicate terms defined through the hover-over function.

Episode Information			Beneficiary Information	Episode Cost Breakdown			Physician Costs Billed By Your TIN Durin					
Episode ID	Episode Type (If Applicable)	Risk Score Percentile†	HIC	Physician Costs Billed By Your TIN	Physician Costs Billed By Other TINs	All Other Costs During Episode	Services During Hospitalization	E&M Services	Major Procedures	Ambulatory/ Minor Procedures	Lab/ Pathology/ Other Tests	Imaging
3015611180801001	Discission	11th	[redacted]	$409.52	$0.00	$0.00	$0.00	$84.33	$0.00	$325.19	$0.00	$0.00
3016361660801001	Discission	55th	[redacted]	$391.34	$0.00	$0.00	$0.00	$118.33	$0.00	$273.01	$0.00	$0.00
3090340620801001	Discission	47th	[redacted]	$367.07	$0.00	$0.00	$0.00	$98.06	$0.00	$269.01	$0.00	$0.00

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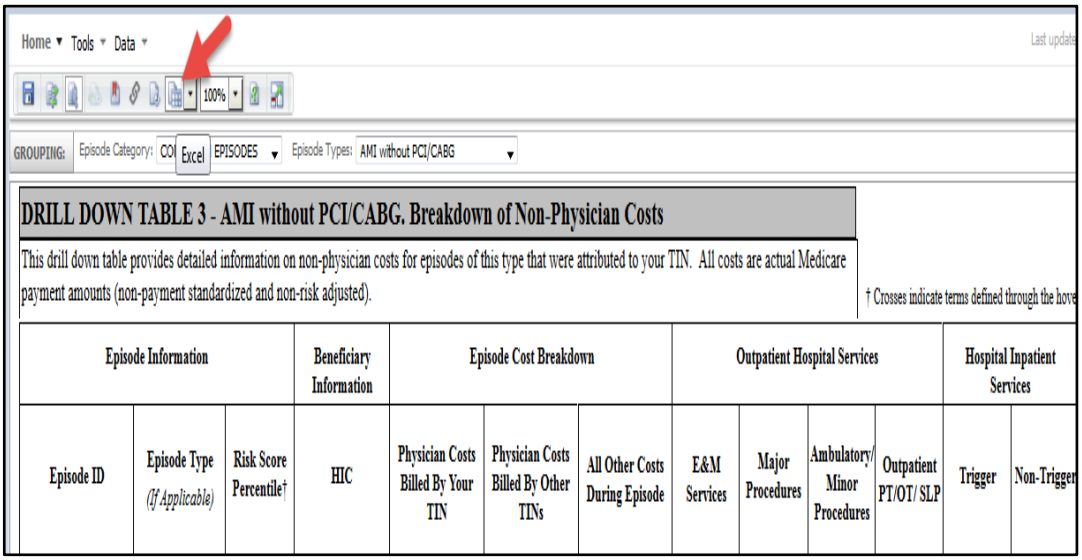
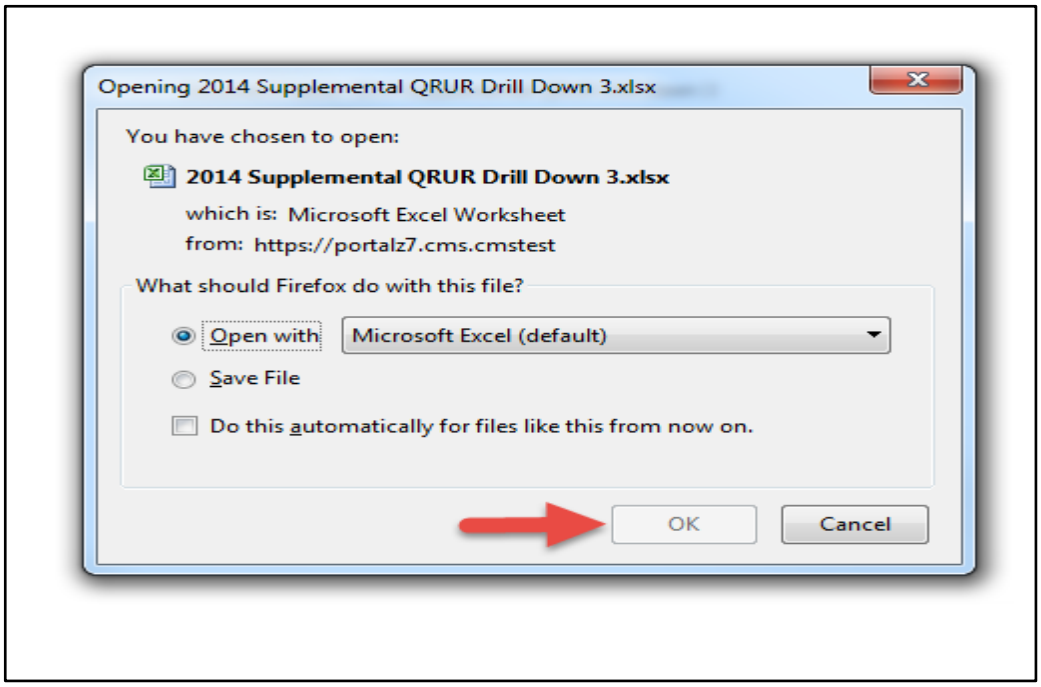
Steps	Screenshots
symbol within the table to view the associated definition for that term. ***Note 6**: For security purposes, the **Beneficiary Information** column is blacked-out.*	
4. The selected **2014 Supplemental QRURs Drill Down Table 3** report is displayed with the following information: • Episode Information • Beneficiary Information • Episode Cost Breakdown • Outpatient Hospital and Physician Office Services • Hospital Inpatient Services • Emergency Room Services • Post-Acute Care • Hospice Care • Other Services ***Note 1**: The **Episode Type** displayed on the report will be based on Your TIN and the **Episode Type** selected from the grouping menu.* ***Note 2:** The Grouping menu for **Episode Category** is by default set to **Condition Episodes** and **Episode Type** is displayed in alphabetical order based on your TIN.* ***Note 3**: Only the **Condition Episodes Types** will be displayed in the grouping drop-down menu when*	GROUPING: Episode Category: CONDITION EPISODES Episode Types: AMI without PCI/CABG **DRILL DOWN TABLE 3 - AMI without PCI/CABG. Breakdown of Non-Physician Costs** This drill down table provides detailed information on non-physician costs for episodes of this type that were attributed to your TIN. All costs are actual Medicare payment amounts (non-payment standardized and non-risk adjusted). † Crosses indicate terms defined through the hove

Episode Information			Beneficiary Information	Episode Cost Breakdown			Outpatient Hospital Services				Hospital Inpatient Services	
Episode ID	Episode Type *(If Applicable)*	Risk Score Percentile†	HIC	Physician Costs Billed By Your TIN	Physician Costs Billed By Other TINs	All Other Costs During Episode	E&M Services	Major Procedures	Ambulatory/ Minor Procedures	Outpatient PT/OT/ SLP	Trigger	Non-Trigger
1000981650550001	AMI without PCI/CABG	91st	[redacted]	$1,041.57	$17.06	$13,100.52	$0.00	$0.00	$0.00	$0.00	$13,100.52	$0.00
1002373290550001	AMI without PCI/CABG	74th	[redacted]	$1,373.22	$347.60	$16,999.23	$0.00	$0.00	$0.00	$0.00	$13,053.21	$0.00
1004037110550001	AMI without PCI/CABG	96th	[redacted]	$954.98	$0.00	$11,908.84	$0.00	$0.00	$0.00	$0.00	$11,908.84	$0.00
1004188850550001	AMI without PCI/CABG	8th	[redacted]	$1,770.01	$0.00	$11,861.53	$0.00	$0.00	$0.00	$0.00	$11,861.53	$0.00
1005775560550001	AMI without PCI/CABG	5th	[redacted]	$1,016.37	$167.00	$8,294.89	$0.00	$0.00	$0.00	$0.00	$8,294.89	$0.00

Steps	**Screenshots**
Condition Episodes *is selected as the* ***Episode Category*** *and same will apply for the* ***Procedural Episodes.*** ***Note 4:*** *Select the cross* (†**)** *symbol within the table to view the associated definition for that term.* ***Note 5****: Due to the spacing limitation, only a sub-section of the screen is shown. Please use the scroll feature in the report to view the full information.* ***Note 6****: For security purposes, the* ***Beneficiary Information*** *column is blacked-out.*	

X. View and Print the 2014 Drill Down Table in Excel format

Steps	Screenshots
1. Select the ***Export*** button from the Toolbar, and then select the ***Excel*** option.	
2. Select one of the following options: a. ***Open with***. To open the report in Excel. By default the file will open in Excel and will not be automatically saved. *OR* b. ***Save File***. The file will be saved in Excel format in the **Downloads** folder on your computer. ***Note:*** *Check* ***Do this automatically*** *check box to automatically save files like this from now on.* Select ***OK*** to proceed.	

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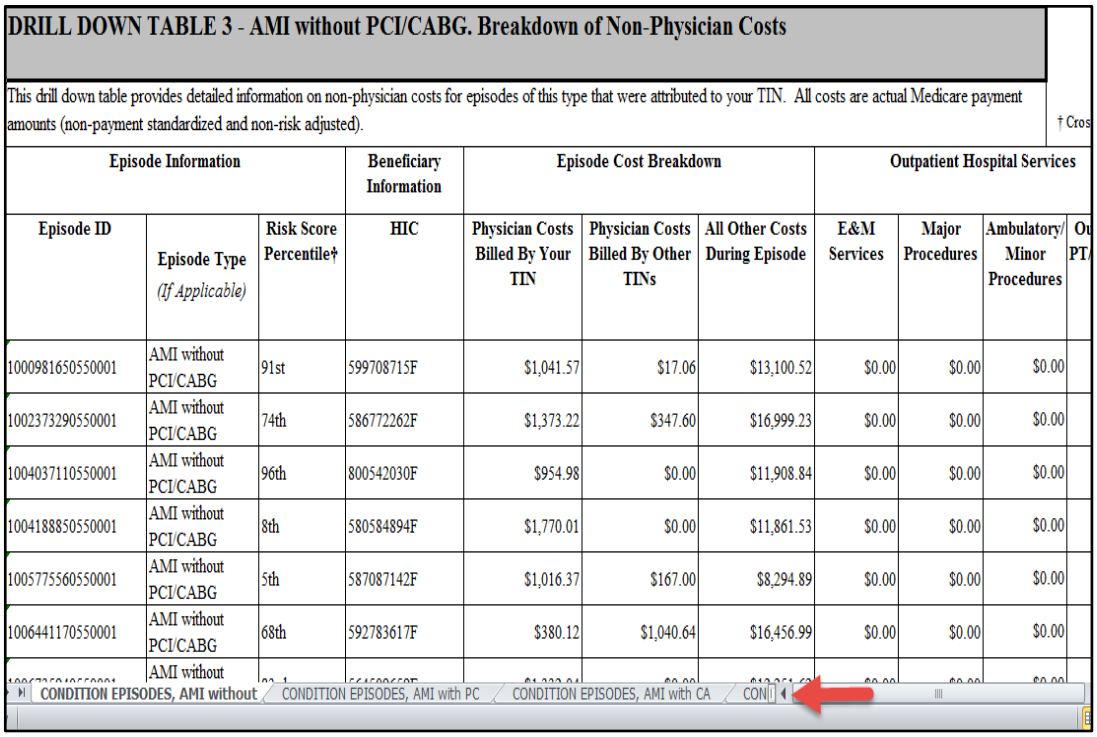
Steps	Screenshots
3. The **2014 Supplemental Drill down Table Report** is exported to the **Excel** format. ***Note 1**: The **Episode Type** reports are available in different tabs and these episodes are dynamic based on the episodes attributed to your TIN.* ***Note 2**: For security purposes, the **Beneficiary Information** column is blacked-out.*	

DRILL DOWN TABLE 3 - AMI without PCI/CABG. Breakdown of Non-Physician Costs

This drill down table provides detailed information on non-physician costs for episodes of this type that were attributed to your TIN. All costs are actual Medicare payment amounts (non-payment standardized and non-risk adjusted). † Cros

Episode Information			Beneficiary Information	Episode Cost Breakdown			Outpatient Hospital Services			
Episode ID	Episode Type *(If Applicable)*	Risk Score Percentile†	HIC	Physician Costs Billed By Your TIN	Physician Costs Billed By Other TINs	All Other Costs During Episode	E&M Services	Major Procedures	Ambulatory/ Minor Procedures	Ou PT/
1000981650550001	AMI without PCI/CABG	91st	599708715F	$1,041.57	$17.06	$13,100.52	$0.00	$0.00	$0.00	
1002373290550001	AMI without PCI/CABG	74th	586772262F	$1,373.22	$347.60	$16,999.23	$0.00	$0.00	$0.00	
1004037110550001	AMI without PCI/CABG	96th	800542030F	$954.98	$0.00	$11,908.84	$0.00	$0.00	$0.00	
1004188850550001	AMI without PCI/CABG	8th	580584894F	$1,770.01	$0.00	$11,861.53	$0.00	$0.00	$0.00	
1005775560550001	AMI without PCI/CABG	5th	587087142F	$1,016.37	$167.00	$8,294.89	$0.00	$0.00	$0.00	
1006441170550001	AMI without PCI/CABG	68th	592783617F	$380.12	$1,040.64	$16,456.99	$0.00	$0.00	$0.00	
[illegible]	AMI without	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

CONDITION EPISODES, AMI without | CONDITION EPISODES, AMI with PC | CONDITION EPISODES, AMI with CA | CON

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