

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 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.

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- 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

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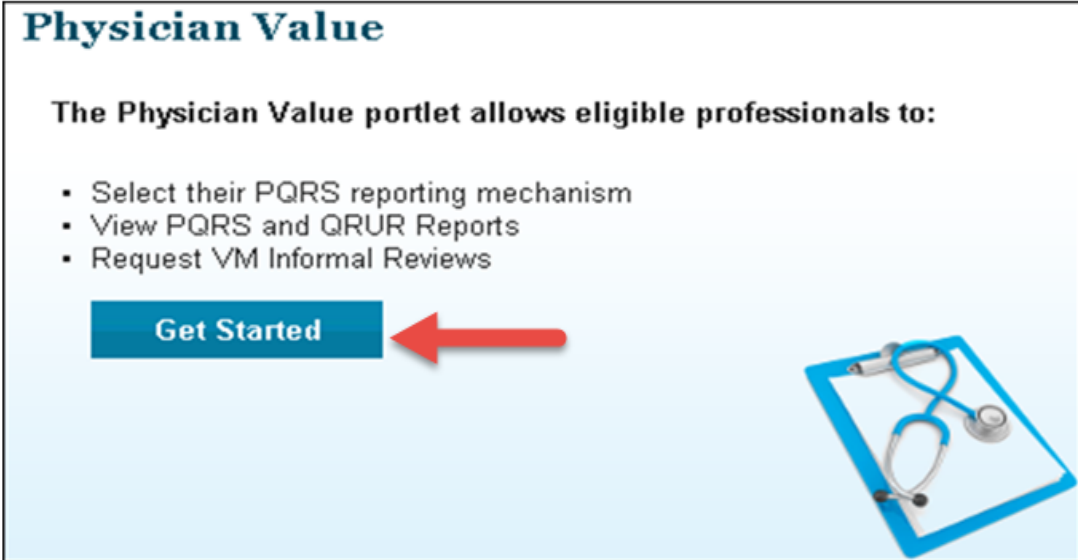
V. Access the 2014 Supplemental QRUR

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)

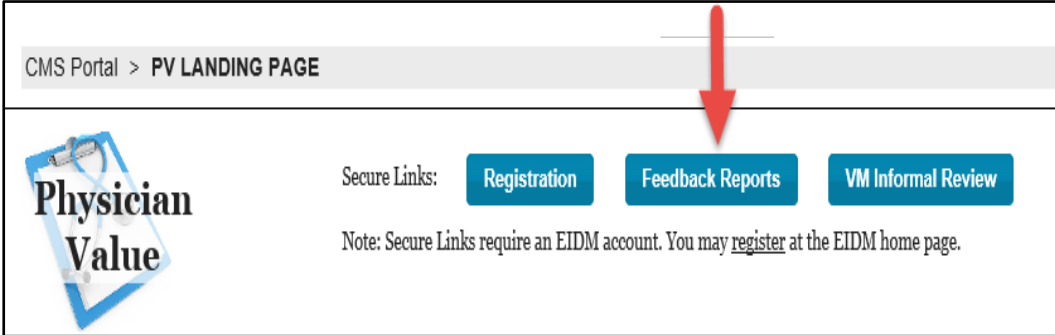
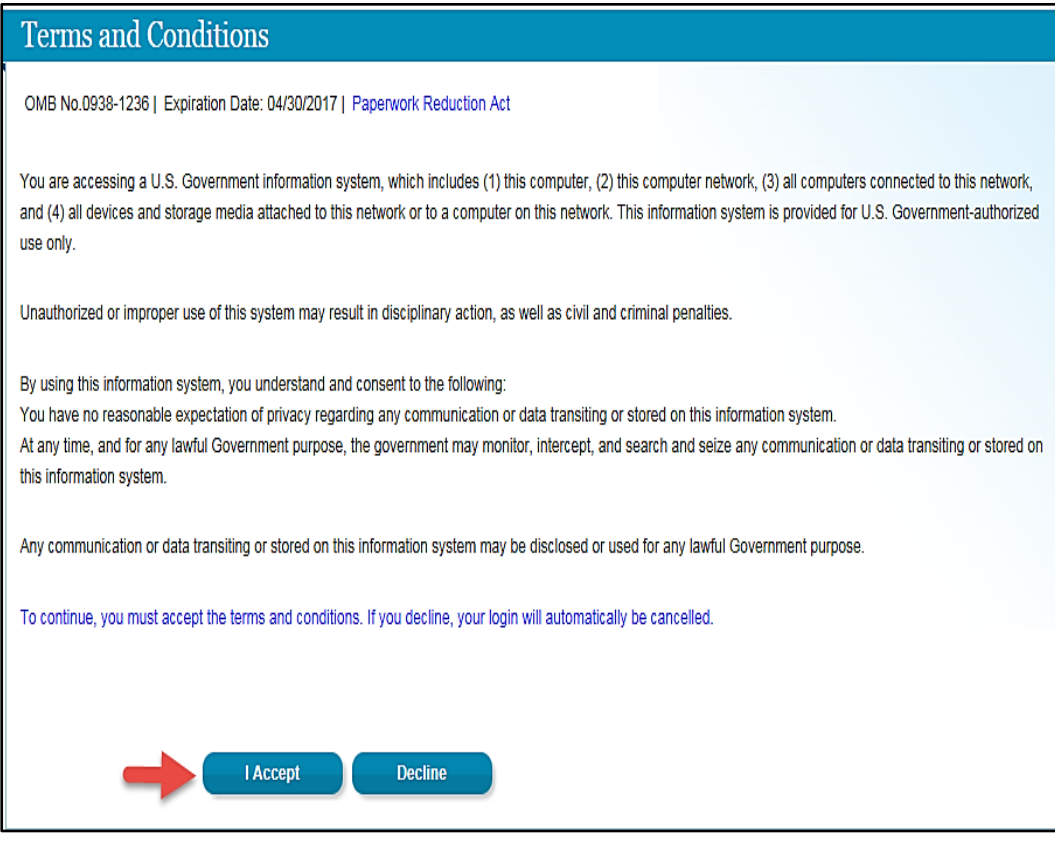
A. How to Access Supplemental QRURs via the PV Landing Portlet

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
<p>1. Go to https://portal.cms.gov and select Get Started in the Physician Value box on the CMS Enterprise Portal.</p> <p style="text-align: center;">OR</p> <p>Type https://portal.cms.gov/PV on a CMS supported Internet Browser.</p> <p>Note: The CMS Enterprise Portal supports the following internet browsers:</p> <ul style="list-style-type: none">• Internet Explorer 8• Internet Explorer 9• Internet Explorer 10• Mozilla-Firefox• Chrome• Safari <p>Enable JavaScript and adjust any zoom features to ensure you are not seeing the screen in too wide of a view.</p>	

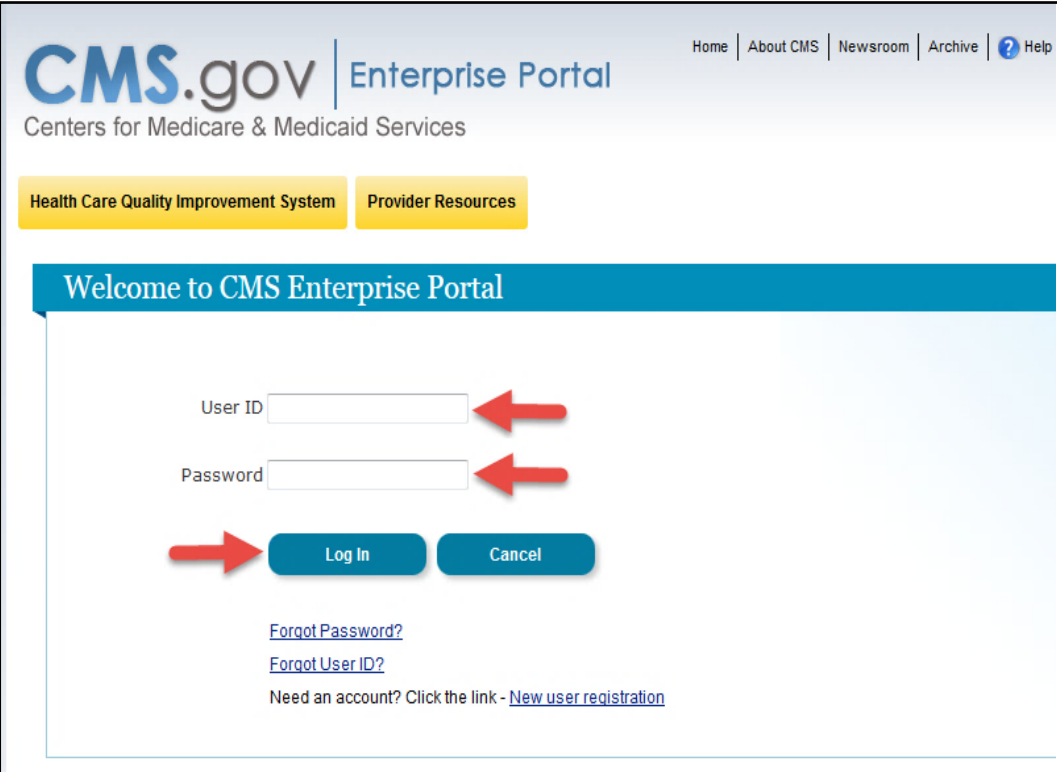
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Steps	Screenshots
<p>2. Select Feedback Reports on the PV Landing Page.</p>	
<p>3. Read the Terms and Conditions and Select I Accept to continue.</p> <p>Note: If you select Decline, then you will be returned to the CMS Enterprise Portal Landing screen.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

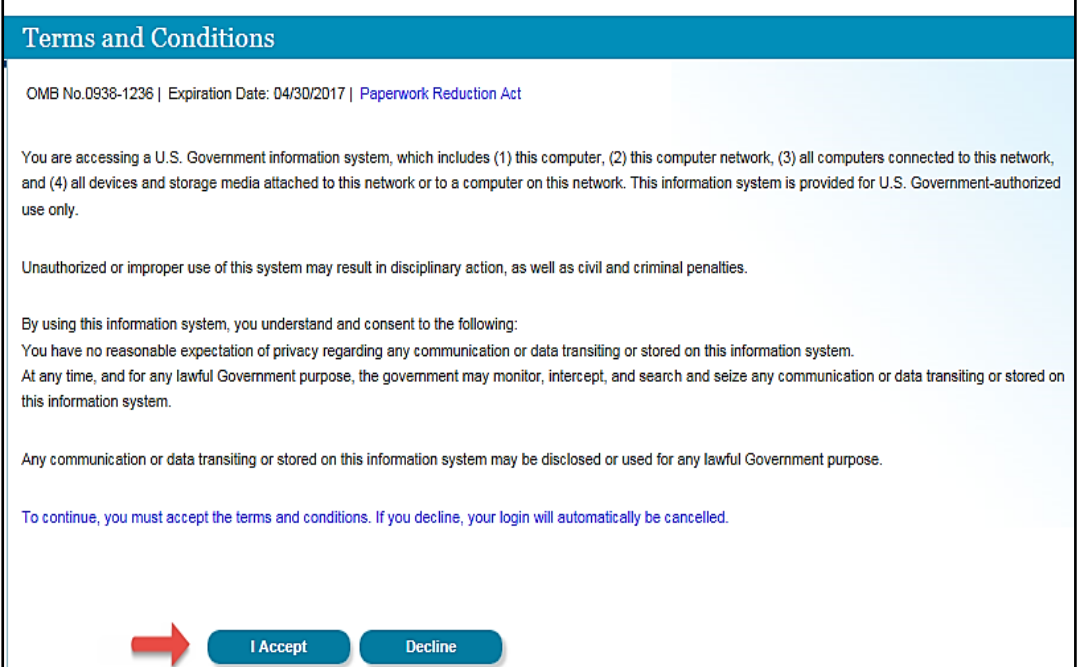
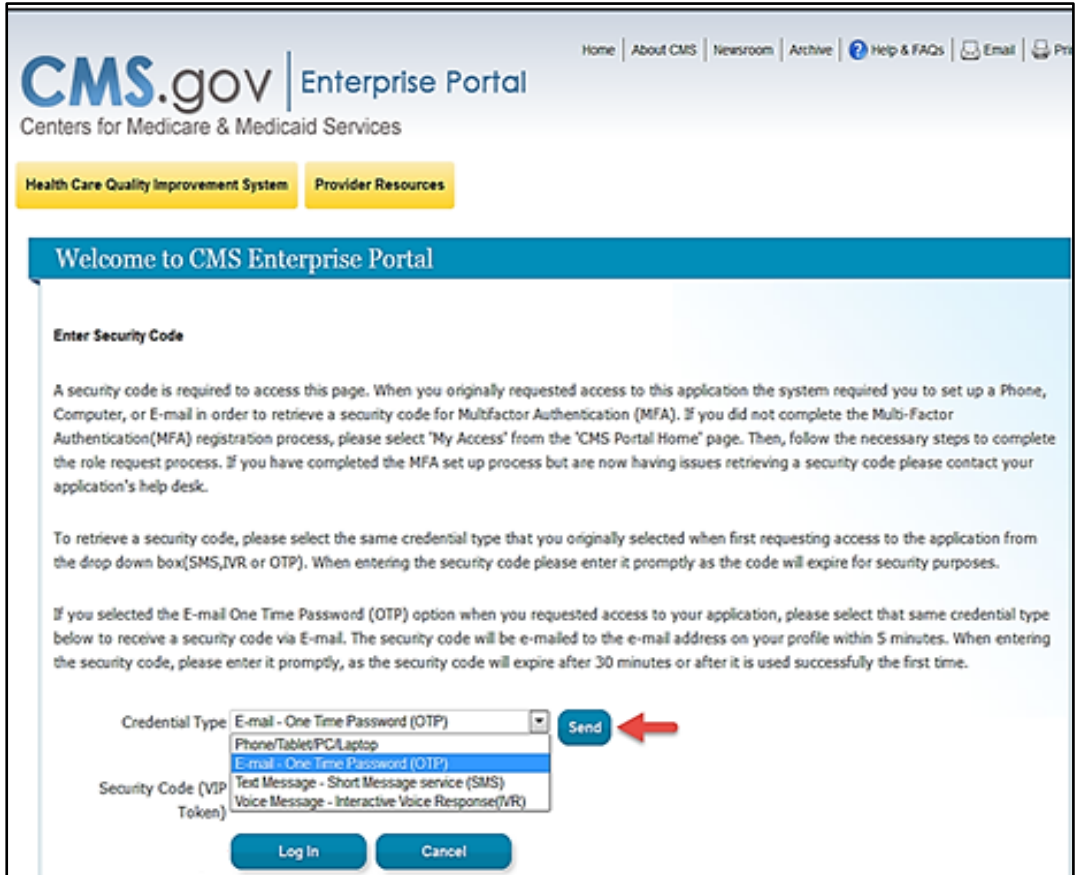
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Steps	Screenshots
<p>4. Enter the following information, then select Log In under Welcome to CMS Enterprise Portal:</p> <ul style="list-style-type: none"> • EIDM User ID • EIDM Password <p>Note: You will be directed to the Multi-Factor Authentication (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.</p>	

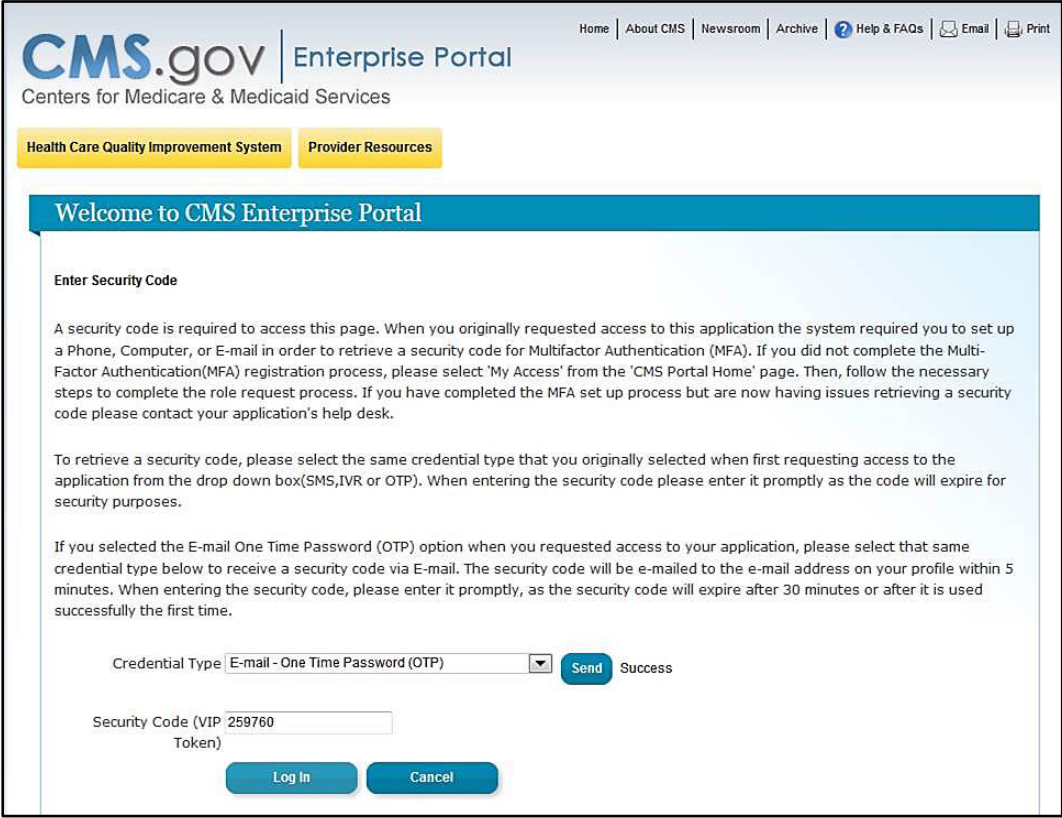
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Steps	Screenshots
<p>5. Read the Terms and Conditions and select I Accept to continue.</p> <p>Note: Selecting Decline will end the session and return you to the CMS Enterprise Portal Landing screen.</p>	
<p>6. Select the Credential Type from the drop-down menu, and then select Send to receive a Security Code. The word Success will be displayed once a security code has been successfully sent.</p> <p>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</p>	

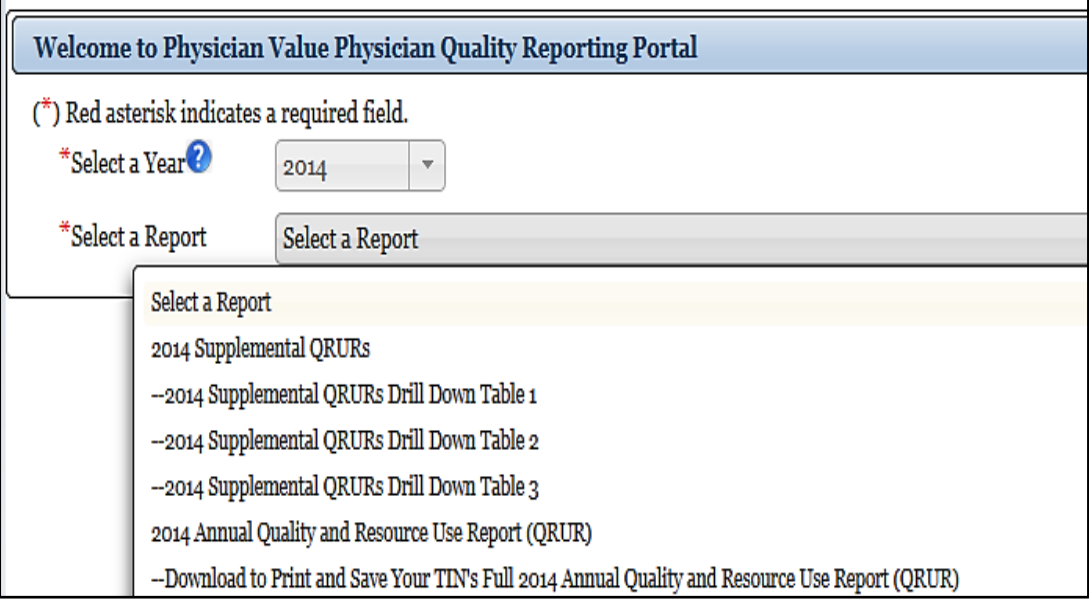
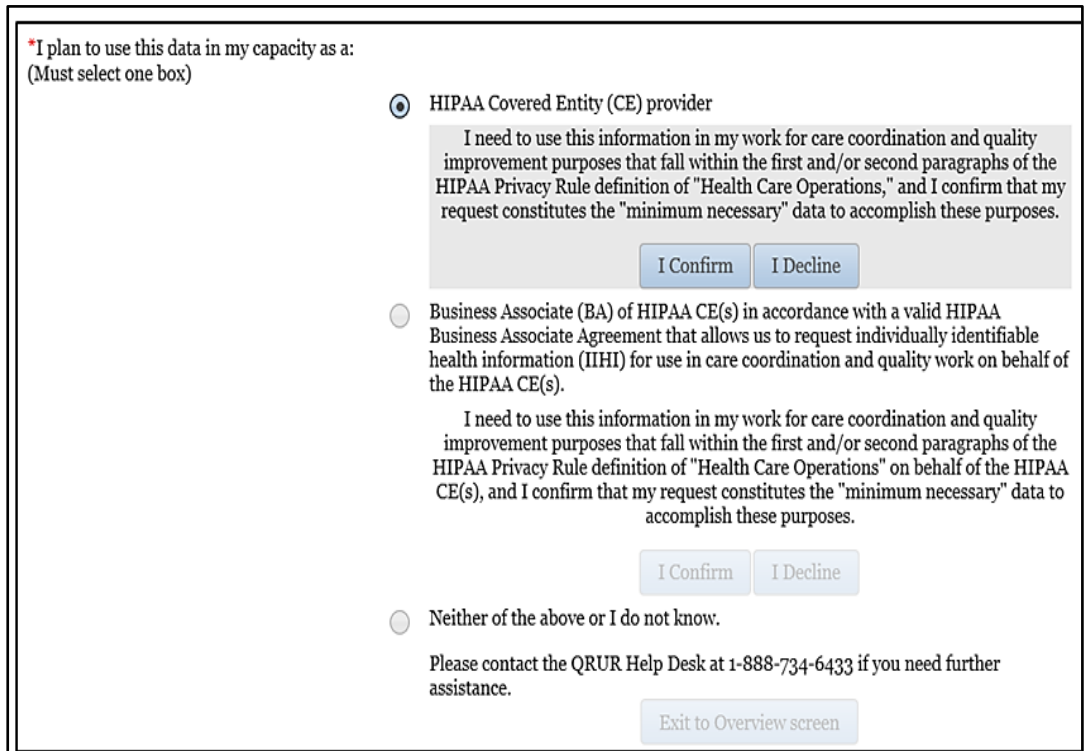
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Steps	Screenshots
<p>register to complete MFA using the selected option and you will be unable to proceed. If you have forgotten the Credential Type you selected, you may (1) retrieve the E-mail you received upon successfully registering for MFA or (2) navigate to My Profile and select Remove Your Phone or Computer for this information.</p> <p>Selecting Remove Your Phone or Computer will display the Credential Type you selected to complete the MFA process.</p>	
<p>7. Enter the Security Code (VIP Token) and then select Log In.</p> <p>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.</p> <p>The Multi-Factor Authentication process is now complete. You will be redirected to your initial selection, the Feedback Reports selection screen.</p>	

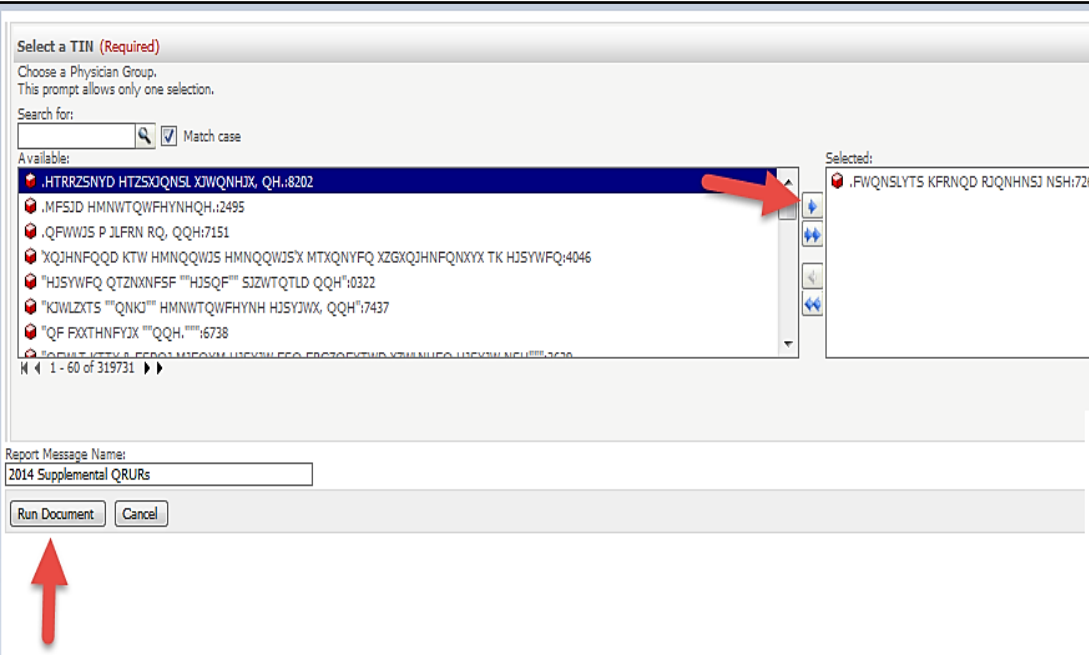
If you have questions about the 2014 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

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Steps	Screenshots
<p>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.</p> <p>Note: If you do not see the 2014 Supplemental QRURs in the drop-down menu:</p> <ul style="list-style-type: none"> • 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. 	
<p>9. Read the Attestation Message and make the appropriate attestation selection.</p> <ul style="list-style-type: none"> • Select one of the options for "I plan to use this data in my capacity as a:" <p>Then, click I Confirm to continue.</p> <p>Note: If you select "Neither of the above or I do not know", the option to Exit to the Overview screen will be enabled.</p>	

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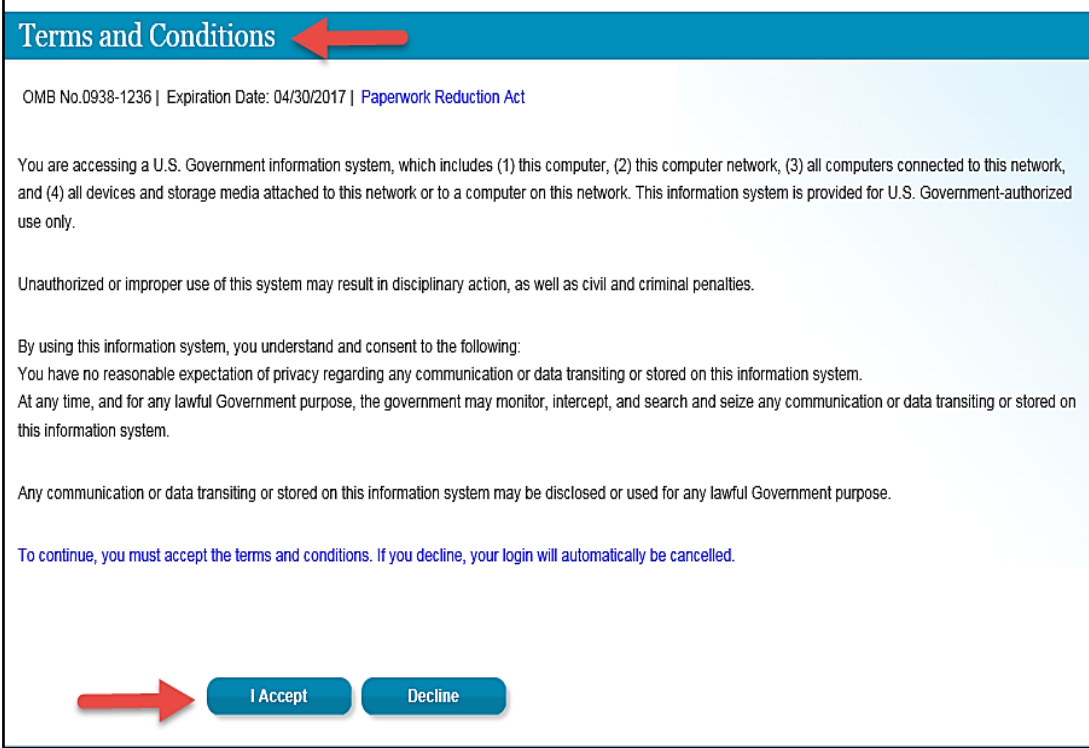
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Steps	Screenshots
<p>You are now in the MicroStrategy Web Platform. The screen shows the TIN(s) associated with your EIDM account.</p> <p>10. Select <u>one</u> TIN from the Available TINs:</p> <ul style="list-style-type: none"> Select a TIN and either 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. <p>Note: Select only one TIN name each time you attempt to retrieve a 2014 Supplemental QRUR.</p> <p>Select Run Document.</p> <p>Note: You will need to wait several seconds while the system generates your 2014 Supplemental QRUR.</p>	 <p>The screenshot shows a web application window titled 'Select a TIN (Required)'. It prompts the user to 'Choose a Physician Group' and states 'This prompt allows only one selection.' There is a 'Search for:' field with a magnifying glass icon and a 'Match case' checkbox. Below this is a list of 'Available' TINs, each preceded by a red circular icon. The first TIN, '.HTRR2SNYD HTZSQQNSL XJWQNHJX, QH.:8202', is highlighted in blue. To the right of the list is a 'Selected:' list, which is currently empty. Between the two lists are four arrow buttons: a double arrow pointing right, a single arrow pointing right, a single arrow pointing left, and a double arrow pointing left. A red arrow points to the single arrow pointing right button. At the bottom of the window, there is a 'Report Message Name:' field containing the text '2014 Supplemental QRURs'. Below this field are two buttons: 'Run Document' and 'Cancel'. A red arrow points to the 'Run Document' button.</p>

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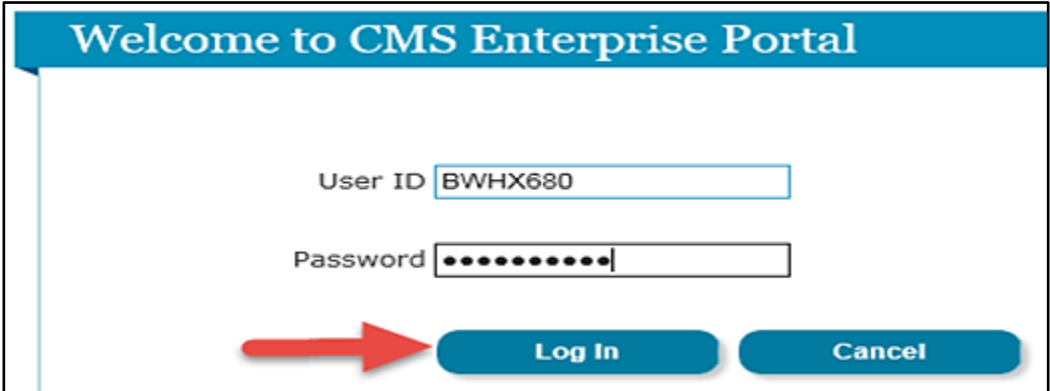
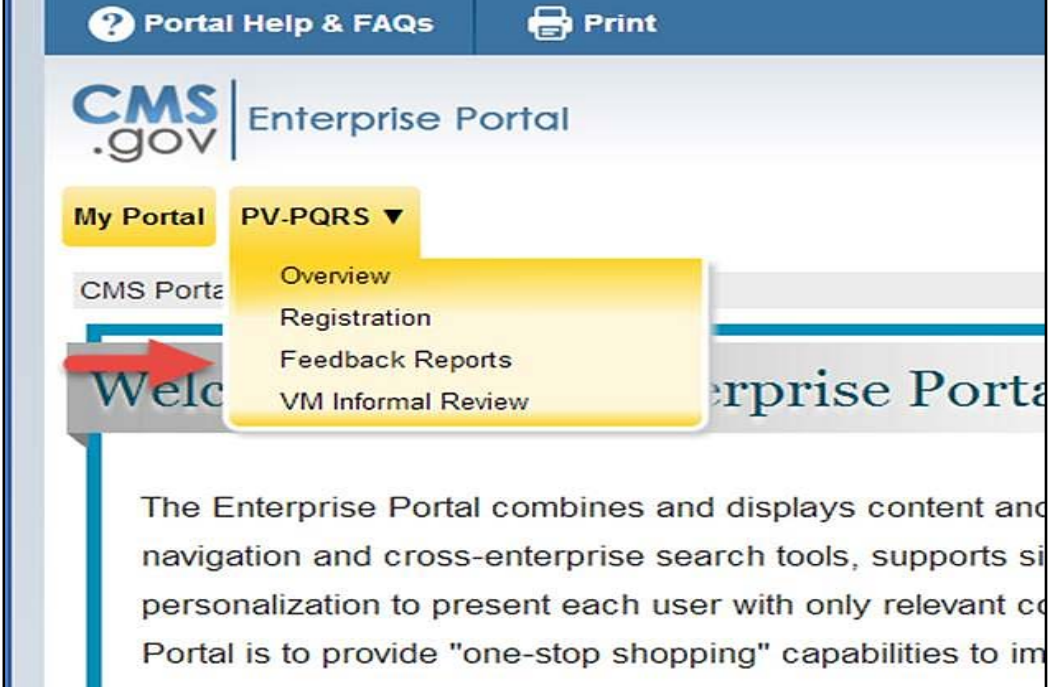
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B. Access Supplemental QRURs Directly from the CMS Secure Portal

Steps	Screenshots
<p>1. Go to https://portal.cms.gov and select Login to CMS Secure Portal.</p> <p>Note: The CMS Enterprise Portal supports the following internet browsers:</p> <ul style="list-style-type: none"> Internet Explorer 8 Internet Explorer 9 Internet Explorer 10 Mozilla-Firefox Chrome Safari <p>Enable JavaScript and adjust any zoom features to ensure you are not seeing the screen in too wide of a view.</p>	
<p>2. Read the Terms and Conditions and Select I Accept continue.</p> <p>Note: Selecting Decline will return you to the CMS Enterprise Portal Landing Screen.</p>	


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Steps	Screenshots
<p>3. Enter the following information, then select Log In under Welcome to CMS Enterprise Portal:</p> <ul style="list-style-type: none"> • EIDM User ID • EIDM Password. 	
<p>4. Select the PV-PQRS tab at the top of the screen and then select Feedback Reports from the drop-down menu.</p> <p>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.</p>	

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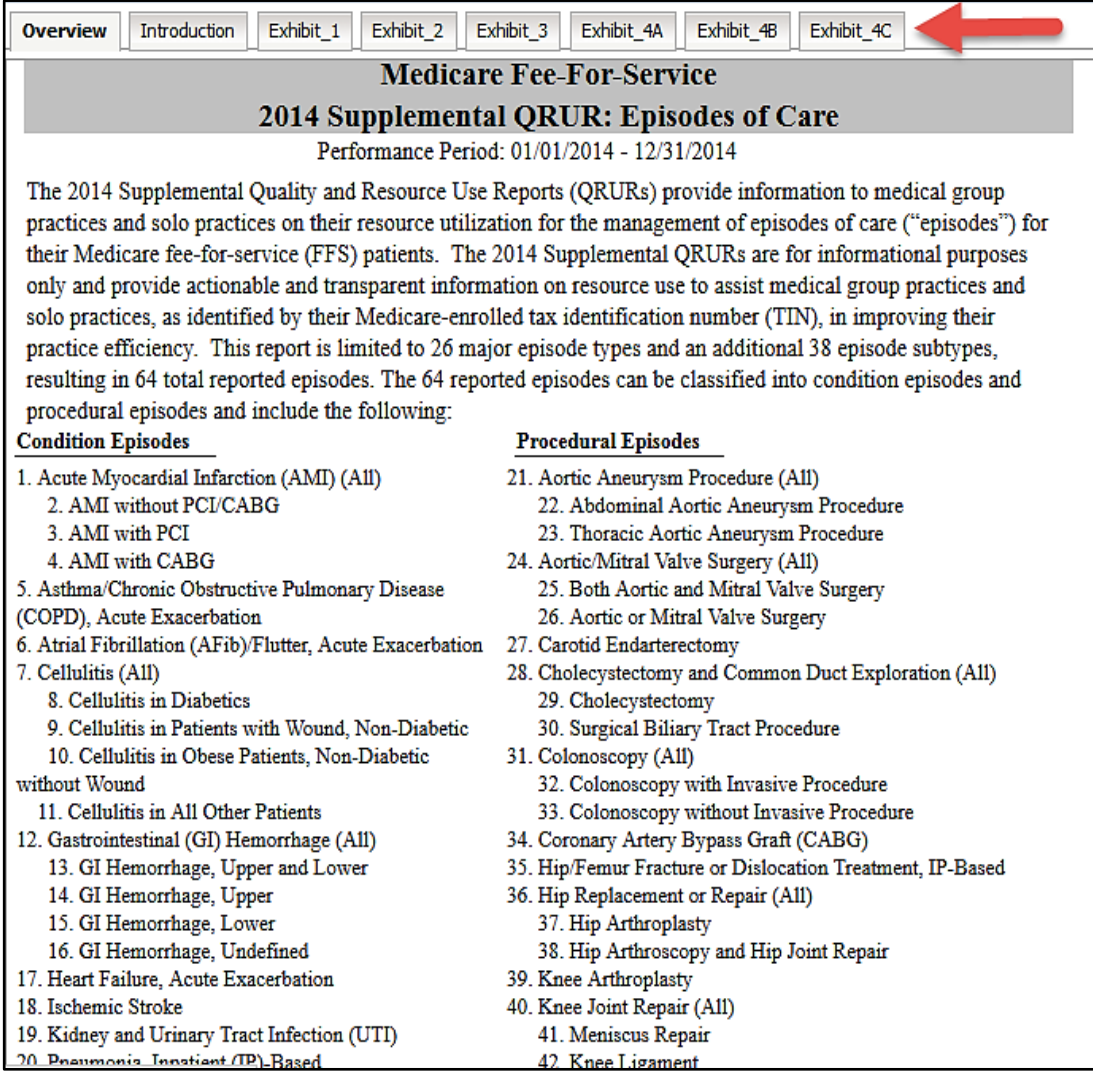
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Steps	Screenshots
<p>5. Enter the <i>EIDM User ID</i> and the <i>EIDM Password</i> on the Multi-Factor Authentication Login screen, then select Log In.</p>	
<p>6. Repeat Steps 5-10 of Section V.A (How to Access Supplemental QRURs via the PV Landing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

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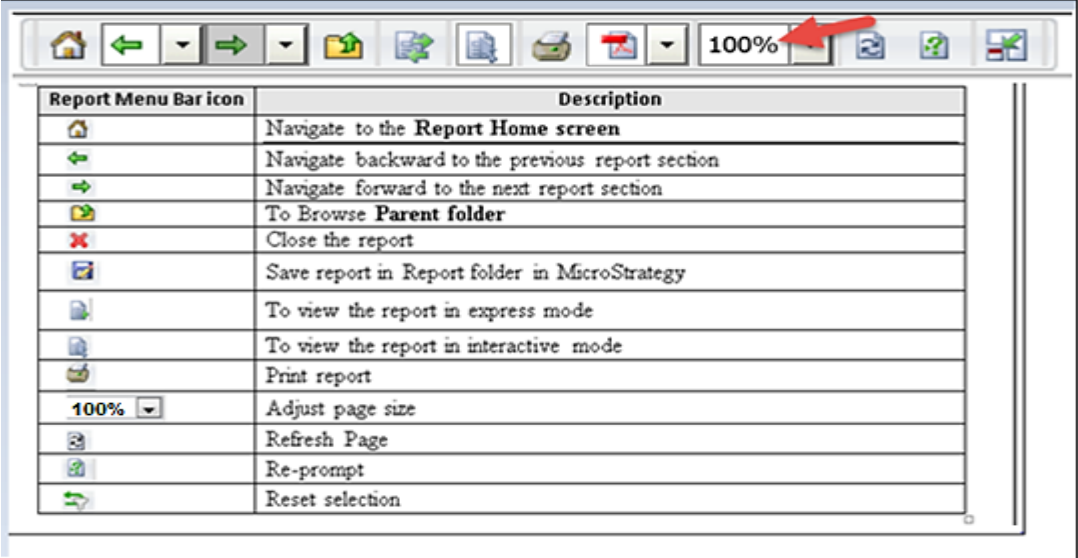
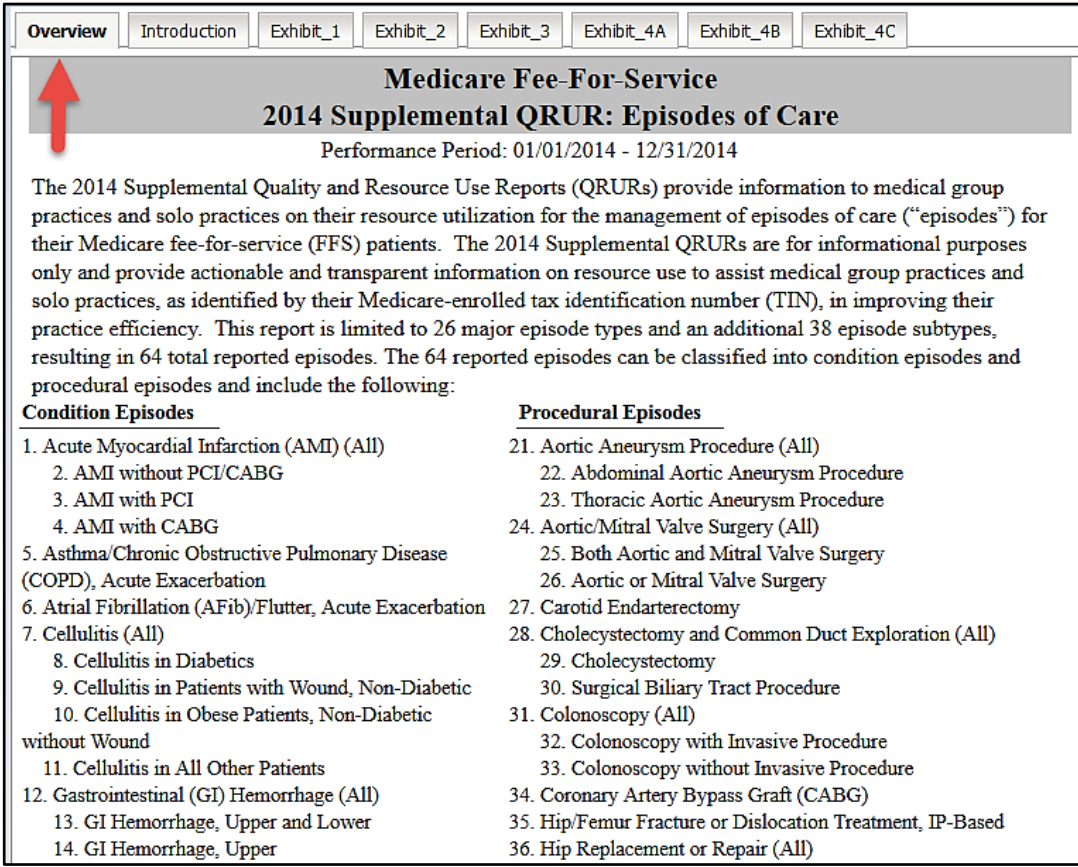
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VI. Navigating the Supplemental QRUR

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<p>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:</p> <ul style="list-style-type: none"> • Overview • Introduction • Exhibit 1 • Exhibit 2 • Exhibit 3 • Exhibit 4A • Exhibit 4B • Exhibit 4C <p>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.</p> <p>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.</p>	 <p>Overview Introduction Exhibit_1 Exhibit_2 Exhibit_3 Exhibit_4A Exhibit_4B Exhibit_4C</p> <p>Medicare Fee-For-Service 2014 Supplemental QRUR: Episodes of Care Performance Period: 01/01/2014 - 12/31/2014</p> <p>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:</p> <table border="0"> <thead> <tr> <th><u>Condition Episodes</u></th><th><u>Procedural Episodes</u></th></tr> </thead> <tbody> <tr><td>1. Acute Myocardial Infarction (AMI) (All)</td><td>21. Aortic Aneurysm Procedure (All)</td></tr> <tr><td>2. AMI without PCI/CABG</td><td>22. Abdominal Aortic Aneurysm Procedure</td></tr> <tr><td>3. AMI with PCI</td><td>23. Thoracic Aortic Aneurysm Procedure</td></tr> <tr><td>4. AMI with CABG</td><td>24. Aortic/Mitral Valve Surgery (All)</td></tr> <tr><td>5. Asthma/Chronic Obstructive Pulmonary Disease (COPD), Acute Exacerbation</td><td>25. Both Aortic and Mitral Valve Surgery</td></tr> <tr><td>6. Atrial Fibrillation (AFib)/Flutter, Acute Exacerbation</td><td>26. 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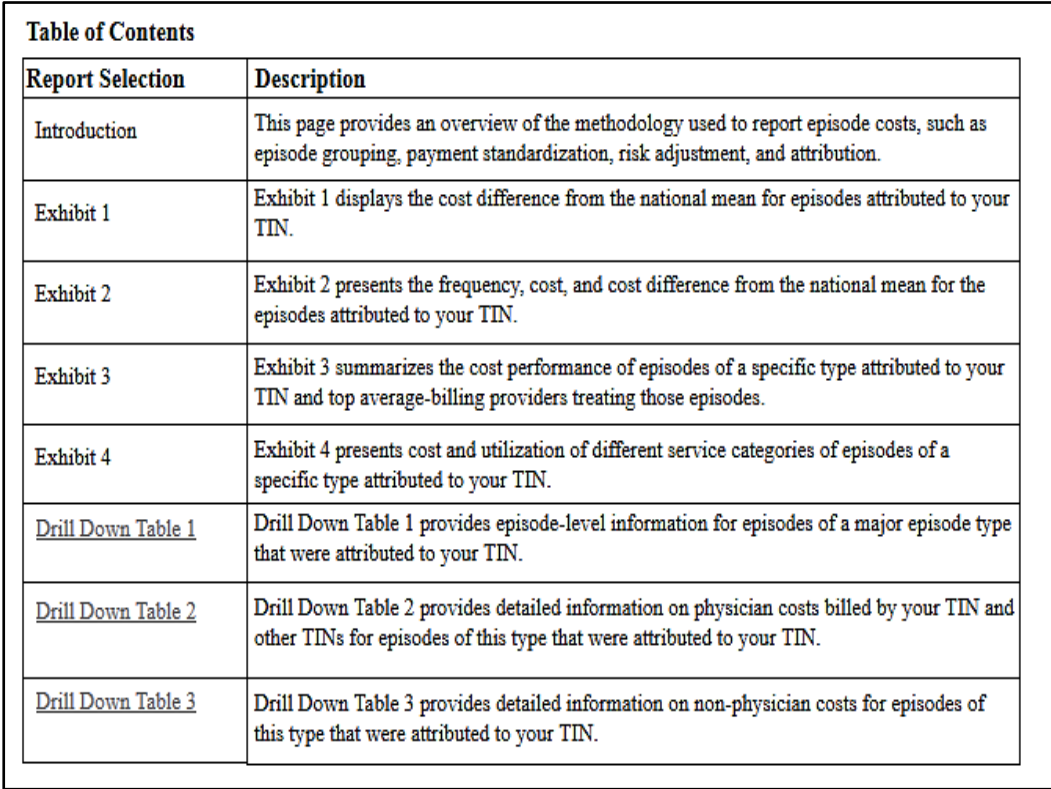
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Instructions for Medical Group Practices and Solo Practices to Access Their 2014 Supplemental QRURs

Steps	Screenshots																												
<p>2. Use the buttons on the Toolbar at the top of the report to navigate within the MicroStrategy Web Platform.</p> <p>Note: Ensure that the Zoom setting in the MicroStrategy Toolbar is set to 100%; otherwise, the report may not appear in the correct format.</p>	 <table border="1"> <thead> <tr> <th>Report Menu Bar icon</th><th>Description</th></tr> </thead> <tbody> <tr> <td></td><td>Navigate to the Report Home screen</td></tr> <tr> <td></td><td>Navigate backward to the previous report section</td></tr> <tr> <td></td><td>Navigate forward to the next report section</td></tr> <tr> <td></td><td>To Browse Parent folder</td></tr> <tr> <td></td><td>Close the report</td></tr> <tr> <td></td><td>Save report in Report folder in MicroStrategy</td></tr> <tr> <td></td><td>To view the report in express mode</td></tr> <tr> <td></td><td>To view the report in interactive mode</td></tr> <tr> <td></td><td>Print report</td></tr> <tr> <td></td><td>Adjust page size</td></tr> <tr> <td></td><td>Refresh Page</td></tr> <tr> <td></td><td>Re-prompt</td></tr> <tr> <td></td><td>Reset selection</td></tr> </tbody> </table>	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		Adjust page size		Refresh Page		Re-prompt		Reset selection
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<p>3. a).The 2014 Supplemental QRURs Report is displayed within the MicroStrategy Web Platform and the Overview section is displayed by default.</p> <p>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.</p>	 <p>Overview Introduction Exhibit_1 Exhibit_2 Exhibit_3 Exhibit_4A Exhibit_4B Exhibit_4C</p> <p>Medicare Fee-For-Service 2014 Supplemental QRUR: Episodes of Care Performance Period: 01/01/2014 - 12/31/2014</p> <p>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:</p> <table border="0"> <tr> <td> <p>Condition Episodes</p> <ol style="list-style-type: none"> 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) <ol style="list-style-type: none"> 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) <ol style="list-style-type: none"> 13. GI Hemorrhage, Upper and Lower 14. GI Hemorrhage, Upper </td> <td> <p>Procedural Episodes</p> <ol style="list-style-type: none"> 21. Aortic Aneurysm Procedure (All) 22. Abdominal Aortic Aneurysm Procedure 23. Thoracic Aortic Aneurysm Procedure 24. Aortic/Mitral Valve Surgery (All) <ol style="list-style-type: none"> 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) <ol style="list-style-type: none"> 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) </td> </tr> </table>	<p>Condition Episodes</p> <ol style="list-style-type: none"> 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) <ol style="list-style-type: none"> 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) <ol style="list-style-type: none"> 13. GI Hemorrhage, Upper and Lower 14. GI Hemorrhage, Upper 	<p>Procedural Episodes</p> <ol style="list-style-type: none"> 21. Aortic Aneurysm Procedure (All) 22. Abdominal Aortic Aneurysm Procedure 23. Thoracic Aortic Aneurysm Procedure 24. Aortic/Mitral Valve Surgery (All) <ol style="list-style-type: none"> 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) <ol style="list-style-type: none"> 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) 																										
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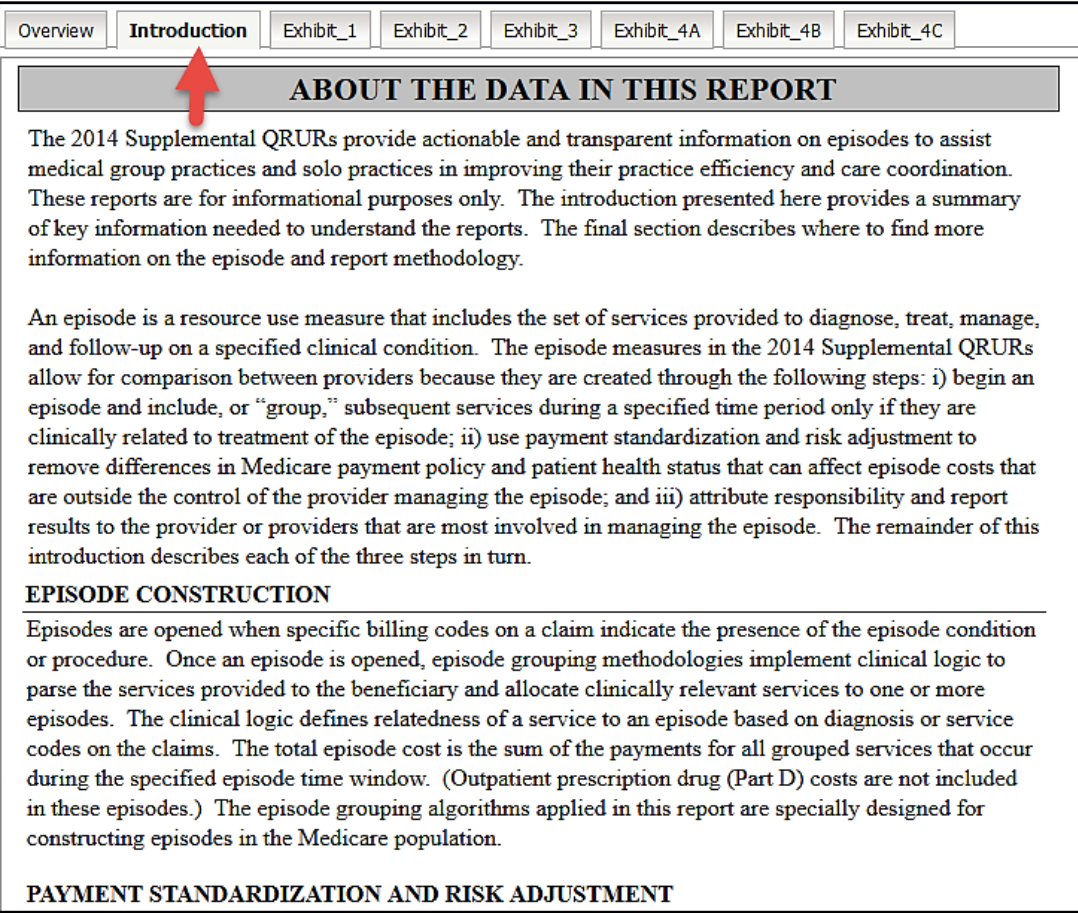
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Instructions for Medical Group Practices and Solo Practices to Access Their 2014 Supplemental QRURs

Steps	Screenshots																				
<p>b). Table of Contents is displayed at the bottom of the Overview page with the following information:</p> <ul style="list-style-type: none"> • Exhibit 1 • Exhibit 2 • Exhibit 3 • Exhibit 4 • Drill Down Table 1 • Drill Down Table 2 • Drill Down Table 3 <p>Note: From the Table of Contents, you can Navigate to each Drill Down table report by selecting a Drill Down table link.</p>	 <table border="1"> <thead> <tr> <th colspan="2">Table of Contents</th></tr> <tr> <th>Report Selection</th><th>Description</th></tr> </thead> <tbody> <tr> <td>Introduction</td><td>This page provides an overview of the methodology used to report episode costs, such as episode grouping, payment standardization, risk adjustment, and attribution.</td></tr> <tr> <td>Exhibit 1</td><td>Exhibit 1 displays the cost difference from the national mean for episodes attributed to your TIN.</td></tr> <tr> <td>Exhibit 2</td><td>Exhibit 2 presents the frequency, cost, and cost difference from the national mean for the episodes attributed to your TIN.</td></tr> <tr> <td>Exhibit 3</td><td>Exhibit 3 summarizes the cost performance of episodes of a specific type attributed to your TIN and top average-billing providers treating those episodes.</td></tr> <tr> <td>Exhibit 4</td><td>Exhibit 4 presents cost and utilization of different service categories of episodes of a specific type attributed to your TIN.</td></tr> <tr> <td>Drill Down Table 1</td><td>Drill Down Table 1 provides episode-level information for episodes of a major episode type that were attributed to your TIN.</td></tr> <tr> <td>Drill Down Table 2</td><td>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.</td></tr> <tr> <td>Drill Down Table 3</td><td>Drill Down Table 3 provides detailed information on non-physician costs for episodes of this type that were attributed to your TIN.</td></tr> </tbody> </table>	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.
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Instructions for Medical Group Practices and Solo Practices to Access Their 2014 Supplemental QRURs

Steps	Screenshots
<p>4. a). Select the Introduction tab to view the following information:</p> <ul style="list-style-type: none"> • About the Data in this Report • Episode Construction • Payment Standardization and Risk Adjustment • Attribution • More Information 	 <p>Overview Introduction Exhibit_1 Exhibit_2 Exhibit_3 Exhibit_4A Exhibit_4B Exhibit_4C</p> <h2>ABOUT THE DATA IN THIS REPORT</h2> <p>The 2014 Supplemental QRURs provide actionable and transparent information on episodes to assist medical group practices and solo practices in improving their practice efficiency and care coordination. These reports are for informational purposes only. The introduction presented here provides a summary of key information needed to understand the reports. The final section describes where to find more information on the episode and report methodology.</p> <p>An episode is a resource use measure that includes the set of services provided to diagnose, treat, manage, and follow-up on a specified clinical condition. The episode measures in the 2014 Supplemental QRURs allow for comparison between providers because they are created through the following steps: i) begin an episode and include, or “group,” subsequent services during a specified time period only if they are clinically related to treatment of the episode; ii) use payment standardization and risk adjustment to remove differences in Medicare payment policy and patient health status that can affect episode costs that are outside the control of the provider managing the episode; and iii) attribute responsibility and report results to the provider or providers that are most involved in managing the episode. The remainder of this introduction describes each of the three steps in turn.</p> <h3>EPISODE CONSTRUCTION</h3> <p>Episodes are opened when specific billing codes on a claim indicate the presence of the episode condition or procedure. Once an episode is opened, episode grouping methodologies implement clinical logic to parse the services provided to the beneficiary and allocate clinically relevant services to one or more episodes. The clinical logic defines relatedness of a service to an episode based on diagnosis or service codes on the claims. The total episode cost is the sum of the payments for all grouped services that occur during the specified episode time window. (Outpatient prescription drug (Part D) costs are not included in these episodes.) The episode grouping algorithms applied in this report are specially designed for constructing episodes in the Medicare population.</p> <h3>PAYMENT STANDARDIZATION AND RISK ADJUSTMENT</h3>
<p>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.</p> <p>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.</p>	<h3>ATTRIBUTION</h3> <p>The 2014 Supplemental QRURs attribute responsibility and report each episode to one or more medical groups or solo practices. A medical group or solo practice is represented by the single TIN under which all physicians in the group or solo practice bill for Medicare services. Within the attributed medical group(s) or solo practice(s), the reports further identify one or more lead eligible professionals (EPs) managing the episode, identified by their National Provider Identifier (NPI). The attribution method is different for acute condition and procedural episodes. Acute condition episodes are attributed to the medical group(s) or solo practice(s) that performed at least 30 percent of the inpatient (IP) evaluation and management (E&M) visits during the episode’s initial hospitalization. Within each attributed medical group or solo practice, the top three EPs billing the largest number of IP E&M visits during the initial hospitalization are identified in the report. Procedural episodes are attributed to the medical group(s) or solo practice(s) billing for the procedure that opened the episode, and the lead EP is identified in the same way.</p> <h3>MORE INFORMATION</h3> <p>Complete documentation of the 2014 Supplemental QRURs can be found in the Detailed Methods document and associated files at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Episode-Costs-and-Medicare-Episode-Grouping.html. For questions about your report, please contact the Physician Value (PV) Helpdesk at 888-734-6433 (option 3), between 8AM and 8PM ET, Monday through Friday. To submit written comments and suggestions on the Supplemental QRURs, please send an email to pvhelpdesk@cms.hhs.gov</p>

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.

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

Steps	Screenshots																																																																								
<p>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:</p> <ul style="list-style-type: none">• Condition Episodes• Procedural Episodes <p>Note 1: The report content will be displayed based on your TIN and the Grouping drop-down menu selection.</p> <p>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.</p>	<div><div>OverviewIntroductionExhibit_1Exhibit_2Exhibit_3Exhibit_4AExhibit_4BExhibit_4C</div><div>GROUPING: Episode Category: (All) Episode Types: (All)</div><div><div>EXHIBIT 1. Summary of All Episodes</div><p>This exhibit summarizes the cost of all episodes attributed to your TIN compared to the national average. All costs are risk-adjusted and payment-standardized.</p><div><div>% Difference between Your TIN's Average Risk-Adjusted Episode Cost and National Average Risk-Adjusted Episode Cost</div><div><div>← Better than National Average</div><table><thead><tr><th>CONDITION EPISODES</th><th>-100%</th><th>-80%</th><th>-60%</th><th>-40%</th><th>-20%</th><th>0%</th><th>20%</th><th>40%</th><th>60%</th><th>80%</th><th>100%</th></tr></thead><tbody><tr><td>AMI (All)</td><td></td><td></td><td></td><td></td><td></td><td>-8.00%</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>-AMI without PCI/CABG</td><td></td><td></td><td></td><td></td><td></td><td>-8.00%</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>-AMI with PCI</td><td></td><td></td><td></td><td></td><td></td><td>-8.00%</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>-AMI with CABG</td><td></td><td></td><td></td><td></td><td></td><td></td><td>3.00%</td><td></td><td></td><td></td><td></td></tr><tr><td>Asthma/COPD, Acute Exacerbation</td><td></td><td></td><td></td><td></td><td></td><td>-3.00%</td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table></div></div></div></div>	CONDITION EPISODES	-100%	-80%	-60%	-40%	-20%	0%	20%	40%	60%	80%	100%	AMI (All)						-8.00%						-AMI without PCI/CABG						-8.00%						-AMI with PCI						-8.00%						-AMI with CABG							3.00%					Asthma/COPD, Acute Exacerbation						-3.00%					
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Instructions for Medical Group Practices and Solo Practices to Access Their 2014 Supplemental QRURs

Steps

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)**.

Screenshots

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

GROUPING: Episode Category: (All) Episode Types: (All)

EXHIBIT 1. Summary

This exhibit summarizes the cost of all episodes attributed to your TIN compared to the national average. All costs are risk-adjusted and payment-standardized.

% Difference between Your TIN's Average Risk-Adjusted Episode Cost and National Average Risk-Adjusted Episode Cost

← Better than National Average

CONDITION EPISODES	-100%	-80%	-60%	-40%	-20%	0%	20%	40%	60%	80%	100%
AMI (All)						-8.00%					
-AMI without PCI/CABG						-8.00%					
-AMI with PCI						-8.00%					
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Instructions for Medical Group Practices and Solo Practices to Access Their 2014 Supplemental QRURs

Steps

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.

Screenshots

EXHIBIT 1. Summary of All Episodes

This exhibit summarizes the cost of all episodes attributed to your TIN compared to the national average. All costs are risk-adjusted and payment-standardized.

% Difference between Your TIN's Average Risk-Adjusted Episode Cost and National Average Risk-Adjusted Episode Cost

← Better than National Average

CONDITION EPISODES	-100%	-80%	-60%	-40%	-20%	0%	20%	40%	60%	80%	100%
AMI (All)											
-AMI without PCI/CABG											
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d). Associated data values are displayed at the graph line of each **Condition Episodes** and **Procedural Episodes**.

EXHIBIT 1. Summary of All Episodes

This exhibit summarizes the cost of all episodes attributed to your TIN compared to the national average. All costs are risk-adjusted and payment-standardized.

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

Steps	Screenshots																																			
<div>Steps</div> <div>6. a). Select the Exhibit 2 tab to view the Episode Frequency and Cost information attributed to your TIN for all:<ul style="list-style-type: none">Condition EpisodesProcedural Episodes<p>Note 1: The Grouping functionality will be the same as mentioned in Steps 5 (b) and 5 (c) of Section VI.</p><p>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.</p></div>	<div><div><div>OverviewIntroductionExhibit_1Exhibit_2Exhibit_3Exhibit_4AExhibit_4BExhibit_4C</div><div>GROUPING: Episode Category: (All) Episode Types: (All)</div><div><div>EXHIBIT 2. Episode Frequency and Cost</div><div>This exhibit summarizes the number, frequency, and cost of all episodes attributed to your TIN compared to the national average. All costs are risk-adjusted and payment-standardized.</div><table><thead><tr><th rowspan="2"></th><th colspan="2">EPISODE FREQUENCY†</th><th colspan="3">AVG. RISK-ADJUSTED EPISODE COST†</th></tr><tr><th>Your TIN</th><th>National</th><th>Your TIN</th><th>National</th><th>% Cost Difference</th></tr></thead><tbody><tr><td colspan="6">CONDITION EPISODES</td></tr><tr><td>AMI (All)</td><td>5 (1.00%)</td><td>1.00%</td><td>\$20,723</td><td>\$19,422</td><td>0.07%</td></tr><tr><td>-AMI without PCI/CABG</td><td>0 (0.00%)</td><td>0.56%</td><td>\$0</td><td>\$14,893</td><td>0.00%</td></tr><tr><td>-AMI with PCI</td><td>5 (1.00%)</td><td>0.38%</td><td>\$22,468</td><td>\$21,086</td><td>0.07%</td></tr></tbody></table></div></div></div>		EPISODE FREQUENCY†		AVG. RISK-ADJUSTED EPISODE COST†			Your TIN	National	Your TIN	National	% Cost Difference	CONDITION EPISODES						AMI (All)	5 (1.00%)	1.00%	\$20,723	\$19,422	0.07%	-AMI without PCI/CABG	0 (0.00%)	0.56%	\$0	\$14,893	0.00%	-AMI with PCI	5 (1.00%)	0.38%	\$22,468	\$21,086	0.07%
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-AMI without PCI/CABG	0 (0.00%)	0.56%	\$0	\$14,893	0.00%																															
-AMI with PCI	5 (1.00%)	0.38%	\$22,468	\$21,086	0.07%																															
<div>b). Select the cross (†) symbol within the table to view the associated definition for that term.</div> <p>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.</p>	<div><div><div>OverviewIntroductionExhibit_1Exhibit_2Exhibit_3Exhibit_4AExhibit_4BExhibit_4C</div><div>GROUPING: Episode Category: (All) Episode Types: (All)</div><div><div>EXHIBIT 2. Episode Frequency and Cost</div><div>This exhibit summarizes the number, frequency, and cost of all episodes attributed to your TIN compared to the national average. All costs are risk-adjusted and payment-standardized.</div><table><thead><tr><th rowspan="2"></th><th colspan="2">EPISODE FREQUENCY†</th><th colspan="3">AVG. RISK-ADJUSTED EPISODE COST†</th></tr><tr><th>Your TIN</th><th>National</th><th>Your TIN</th><th>National</th><th>% Cost Difference</th></tr></thead><tbody><tr><td colspan="6">CONDITION EPISODES</td></tr><tr><td>AMI (All)</td><td>5 (1.00%)</td><td>1.00%</td><td>\$20,723</td><td>\$19,422</td><td>0.07%</td></tr><tr><td>-AMI without PCI/CABG</td><td>0 (0.00%)</td><td>0.56%</td><td>\$0</td><td>\$14,893</td><td>0.00%</td></tr><tr><td>-AMI with PCI</td><td>5 (1.00%)</td><td>0.38%</td><td>\$22,468</td><td>\$21,086</td><td>0.07%</td></tr></tbody></table></div></div></div>		EPISODE FREQUENCY†		AVG. RISK-ADJUSTED EPISODE COST†			Your TIN	National	Your TIN	National	% Cost Difference	CONDITION EPISODES						AMI (All)	5 (1.00%)	1.00%	\$20,723	\$19,422	0.07%	-AMI without PCI/CABG	0 (0.00%)	0.56%	\$0	\$14,893	0.00%	-AMI with PCI	5 (1.00%)	0.38%	\$22,468	\$21,086	0.07%
	EPISODE FREQUENCY†		AVG. RISK-ADJUSTED EPISODE COST†																																	
	Your TIN	National	Your TIN	National	% Cost Difference																															
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AMI (All)	5 (1.00%)	1.00%	\$20,723	\$19,422	0.07%																															
-AMI without PCI/CABG	0 (0.00%)	0.56%	\$0	\$14,893	0.00%																															
-AMI with PCI	5 (1.00%)	0.38%	\$22,468	\$21,086	0.07%																															

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.

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

Steps

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.

Screenshots

OverviewIntroductionExhibit_1Exhibit_2Exhibit_3Exhibit_4AExhibit_4BExhibit_4C

GROUPING: Episode Category : CONDITION EPISODESEpisode 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.

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

Steps

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.

Screenshots

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.

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	\$2,197	0.03%	0.85%

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

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

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 .	<div><div><div>OverviewIntroductionExhibit_1Exhibit_2Exhibit_3Exhibit_4AExhibit_4BExhibit_4C</div><div>GROUPING: Episode Category : CONDITION EPISODESEpisode Types : AMI with CABG</div></div><div><div>EXHIBIT 3.B: Average Cost for Episode Components</div><div><p>This exhibit presents the average non-risk-adjusted, payment standardized cost of each episode component for your TIN and for the national average. Treatment is defined as all costs on days in which the managing provider within your TIN cared for the beneficiary. Indirect is defined as all clinically relevant grouped costs on days in which the managing provider within your TIN did not provide care for the beneficiary. Additional details can be found in Exhibit 4.A - 4.C.</p><div><div><div>Your TIN's EpisodesAll Episodes Nationally</div><div>Avg. Cost</div><div><div>\$0\$20,000\$40,000\$60,000</div><div>TOTAL EPISODE<div>\$42,889\$52,614</div></div><div>Treatment<div>\$33,221\$40,853</div></div><div>Indirect<div>\$9,668\$11,761</div></div></div></div></div></div></div></div>
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 .	<div><div><div>OverviewIntroductionExhibit_1Exhibit_2Exhibit_3Exhibit_4AExhibit_4BExhibit_4C</div><div>GROUPING: Episode Category : CONDITION EPISODESEpisode Types : AMI with CABG</div></div><div><div>EXHIBIT 3.C: Average Cost for Select Service Categories in Episode</div><div><p>This exhibit presents the average non-risk-adjusted, payment standardized cost of select service categories for your TIN and for the national average. Additional details can be found in Exhibit 4.A.</p><div><div><div>Your TIN's EpisodesAll Episodes Nationally</div><div>Avg. Cost</div><div><div>\$0\$20,000\$40,000\$60,000</div><div>TOTAL EPISODE<div>\$42,889\$52,614</div></div><div>Inpatient Hospital: Trigger<div>\$27,459\$33,456</div></div><div>Inpatient Hospital: Non-Trigger<div>\$0\$3,112</div></div><div>Physician Services During Hospitalization<div>\$4,595\$5,667</div></div><div>Outpatient Evaluation & Management Services<div>\$2,037\$904</div></div><div>Major Procedures<div>\$0\$99</div></div><div>Skilled Nursing Facility<div>\$3,757\$3,010</div></div><div>Home Health<div>\$3,559\$1,395</div></div><div>All Other Services<div>\$1,483\$4,970</div></div></div></div></div></div><div><p>"All Other Services" is composed of all service costs not accounted for in the above service categories. Accordingly, "All Other Services" is defined differently in this exhibit than in other exhibits.</p></div></div></div>

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.

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

Steps

Steps

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.

Screenshots

Screenshots

Overview

Introduction

Exhibit_1

Exhibit_2

Exhibit_3

Exhibit_4A

Exhibit_4B

Exhibit_4C

GROUPING:

Episode Category: CONDITION EPISODES

Episode Type: 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

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

Steps

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**.

Screenshots

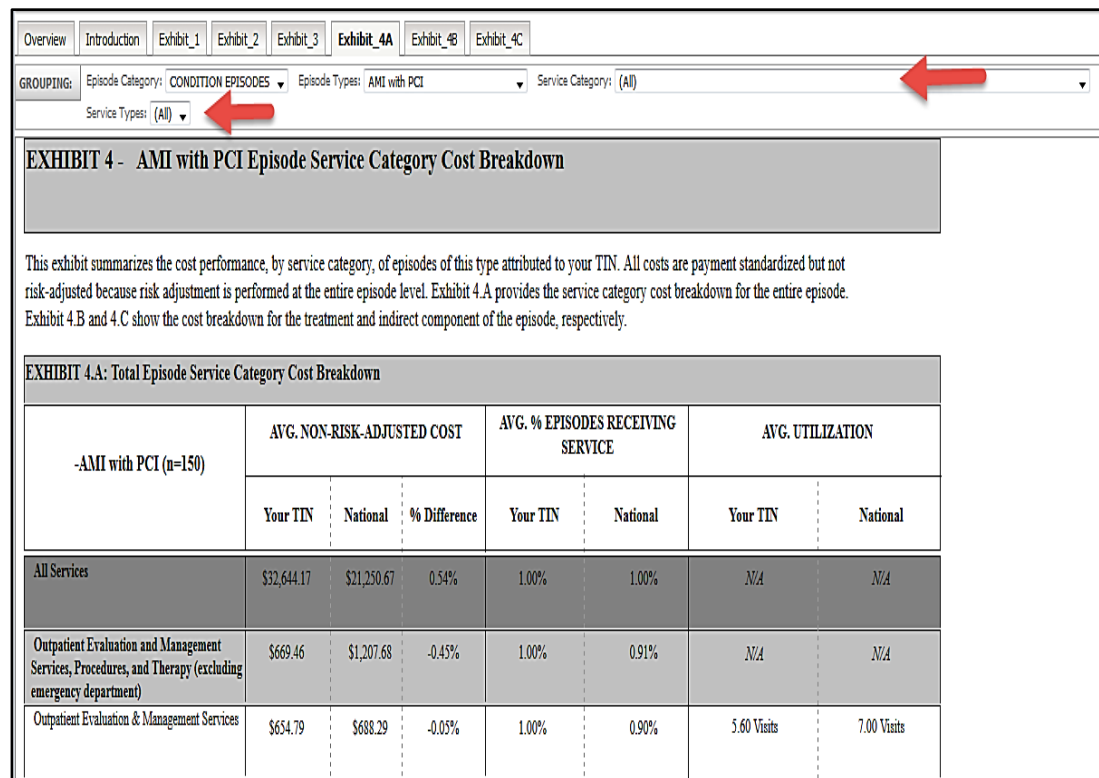


EXHIBIT 4 - AMI with PCI Episode Service Category Cost Breakdown

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.

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

Steps

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.

Screenshots

The screenshot displays a web application interface for viewing cost performance data. At the top, there is a navigation bar with tabs labeled 'Overview', 'Introduction', 'Exhibit_1', 'Exhibit_2', 'Exhibit_3', 'Exhibit_4A', 'Exhibit_4B', and 'Exhibit_4C'. The 'Exhibit_4B' tab is selected, and a red arrow points to it. Below the navigation bar, there is a 'GROUPING' section with dropdown menus for 'Episode Category' (set to 'CONDITION EPISODES'), 'Episode Types' (set to 'AMI with PCI'), 'Service Category' (set to '(All)'), and 'Service Types' (set to '(All)'). The main content area is titled 'EXHIBIT 4 - AMI with PCI Episode Service Category Cost Breakdown'. Below this title, there is a paragraph explaining that the exhibit summarizes cost performance by service category for episodes attributed to the user's TIN, noting that costs are payment standardized but not risk-adjusted. Below the paragraph is a table titled 'EXHIBIT 4.B: Treatment Service Category Cost Breakdown'. The table has a header row with columns for 'AMI with PCI (n=150)', 'AVG. NON-RISK-ADJUSTED COST', 'AVG. % EPISODES RECEIVING SERVICE', and 'AVG. UTILIZATION'. The 'AVG. NON-RISK-ADJUSTED COST' and 'AVG. % EPISODES RECEIVING SERVICE' columns are further divided into 'Your TIN', 'National', and '% Difference'. The 'AVG. UTILIZATION' column is divided into 'Your TIN' and 'National'. The table contains three data rows: 'All Services', 'Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)', and 'Outpatient Evaluation & Management Services'.

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

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

Steps

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.

Screenshots

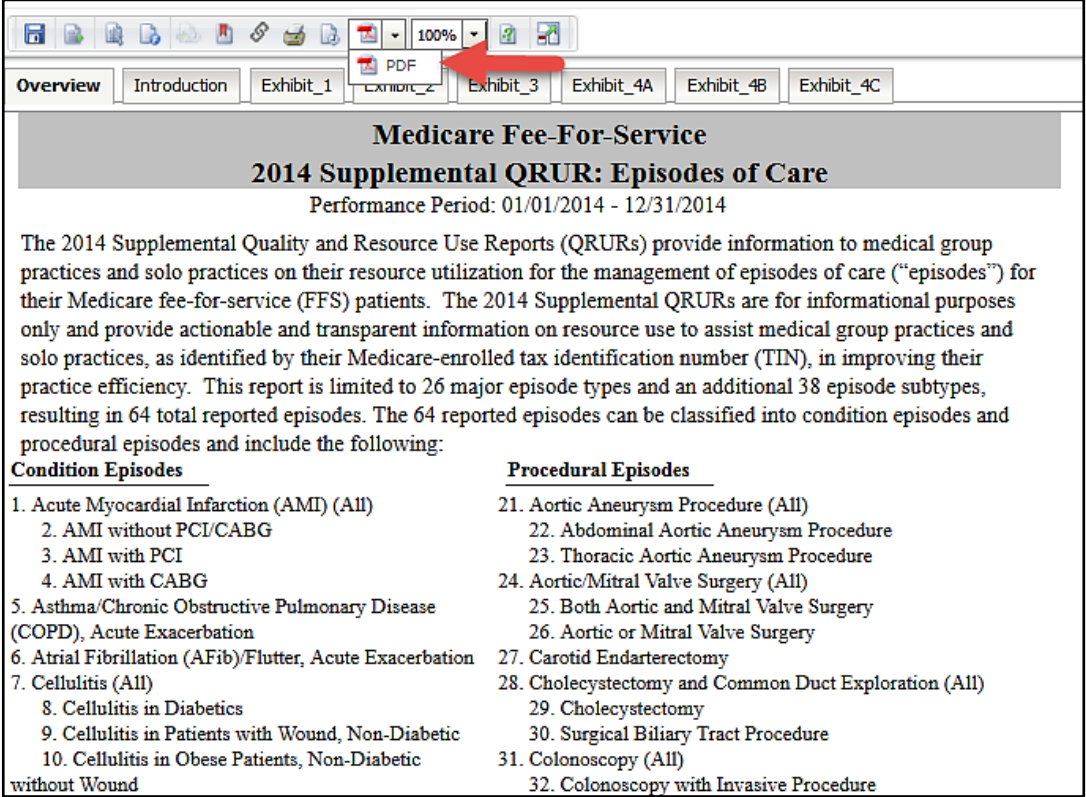
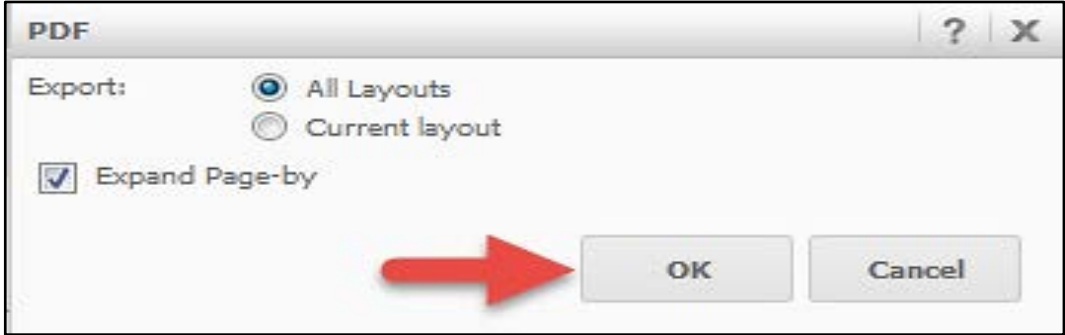
-AMI with PCI (n=150)	AVG. NON-RISK-ADJUSTED COST			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION	
	Your TIN	National	% Difference	Your TIN	National	Your TIN	National
All Services	\$8,016.26	\$4,244.45	0.89%	1.00%	0.94%	N/A	N/A
Outpatient Evaluation and Management	\$579.05	\$1,106.13	-0.48%	0.80%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

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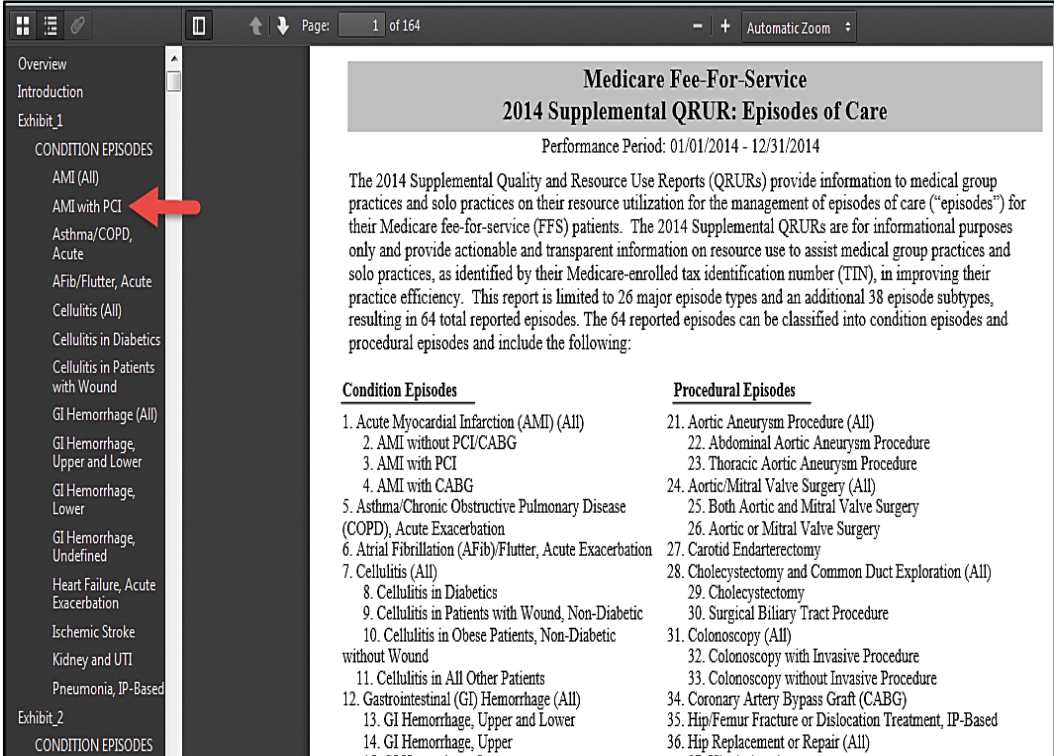
Instructions for Medical Group Practices and Solo Practices to Access Their 2014 Supplemental QRURs

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

Steps	Screenshots
<p>1. Select the PDF icon on the MicroStrategy Web Platform toolbar then select PDF.</p> <p><i>Note: Selecting the PDF option will display PDF Export Options Menu in a new window.</i></p>	 <p>The screenshot shows the MicroStrategy Web Platform interface. At the top, there is a toolbar with various icons. The 'PDF' icon, which is a document with a red 'X' on it, is highlighted with a red arrow. Below the toolbar, there are tabs for 'Overview', 'Introduction', 'Exhibit_1', 'Exhibit_2', 'Exhibit_3', 'Exhibit_4A', 'Exhibit_4B', and 'Exhibit_4C'. The 'Overview' tab is selected. The main content area displays the title 'Medicare Fee-For-Service 2014 Supplemental QRUR: Episodes of Care' and the performance period '01/01/2014 - 12/31/2014'. Below this, there is a paragraph explaining the purpose of the report. At the bottom, there are two columns of episode types: 'Condition Episodes' and 'Procedural Episodes'.</p> <p>Condition Episodes</p> <ol style="list-style-type: none"> 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 <p>Procedural Episodes</p> <ol style="list-style-type: none"> 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
<p>2. Select one (1) of the following options on how the report should be exported on the PDF Export Options Menu window:</p> <ol style="list-style-type: none"> All Layouts. To export all available layouts for the report within MicroStrategy Web Platform to a PDF file; OR Current layout. To export the current layout being used in the MicroStrategy Web Platform to a PDF file. 	 <p>The screenshot shows the 'PDF Export Options Menu' window. It has a title bar with a question mark and a close button. Inside, there are two radio buttons under the 'Export:' label: 'All Layouts' (which is selected) and 'Current layout'. Below these, there is a checkbox labeled 'Expand Page-by' which is checked. At the bottom right, there are two buttons: 'OK' and 'Cancel'. A red arrow points to the 'OK' button.</p>

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.

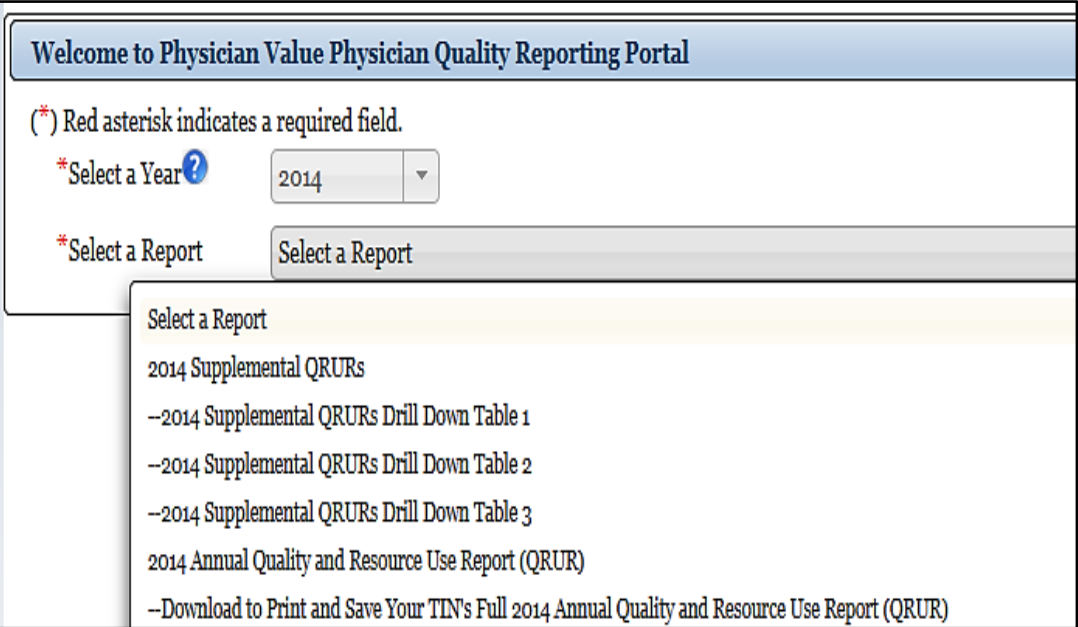
Instructions for Medical Group Practices and Solo Practices to Access Their 2014 Supplemental QRURs

Steps	Screenshots																																		
<p>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.</p> <p>Select OK to proceed.</p>																																			
<p>The 2014 Supplemental QRUR is exported to a PDF format.</p> <p>3. Select any of the Bookmarks to navigate to a different section of the 2014 Supplemental QRUR.</p> <ul style="list-style-type: none"> Select the Print button on the Toolbar to print the 2014 Supplemental QRUR. 	 <p>Medicare Fee-For-Service 2014 Supplemental QRUR: Episodes of Care Performance Period: 01/01/2014 - 12/31/2014</p> <p>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:</p> <table border="1"> <thead> <tr> <th>Condition Episodes</th><th>Procedural Episodes</th></tr> </thead> <tbody> <tr><td>1. Acute Myocardial Infarction (AMI) (All)</td><td>21. Aortic Aneurysm Procedure (All)</td></tr> <tr><td>2. AMI without PCI/CABG</td><td>22. Abdominal Aortic Aneurysm Procedure</td></tr> <tr><td>3. AMI with PCI</td><td>23. Thoracic Aortic Aneurysm Procedure</td></tr> <tr><td>4. AMI with CABG</td><td>24. Aortic/Mitral Valve Surgery (All)</td></tr> <tr><td>5. Asthma/Chronic Obstructive Pulmonary Disease (COPD), Acute Exacerbation</td><td>25. Both Aortic and Mitral Valve Surgery</td></tr> <tr><td>6. Atrial Fibrillation (AFib)/Flutter, Acute Exacerbation</td><td>26. Aortic or Mitral Valve Surgery</td></tr> <tr><td>7. Cellulitis (All)</td><td>27. Carotid Endarterectomy</td></tr> <tr><td>8. Cellulitis in Diabetics</td><td>28. Cholecystectomy and Common Duct Exploration (All)</td></tr> <tr><td>9. Cellulitis in Patients with Wound, Non-Diabetic</td><td>29. Cholecystectomy</td></tr> <tr><td>10. Cellulitis in Obese Patients, Non-Diabetic without Wound</td><td>30. Surgical Biliary Tract Procedure</td></tr> <tr><td>11. Cellulitis in All Other Patients</td><td>31. Colonoscopy (All)</td></tr> <tr><td>12. Gastrointestinal (GI) Hemorrhage (All)</td><td>32. Colonoscopy with Invasive Procedure</td></tr> <tr><td>13. GI Hemorrhage, Upper and Lower</td><td>33. Colonoscopy without Invasive Procedure</td></tr> <tr><td>14. GI Hemorrhage, Upper</td><td>34. Coronary Artery Bypass Graft (CABG)</td></tr> <tr><td></td><td>35. Hip/Femur Fracture or Dislocation Treatment, IP-Based</td></tr> <tr><td></td><td>36. Hip Replacement or Repair (All)</td></tr> </tbody> </table>	Condition Episodes	Procedural Episodes	1. Acute Myocardial Infarction (AMI) (All)	21. Aortic Aneurysm Procedure (All)	2. AMI without PCI/CABG	22. Abdominal Aortic Aneurysm Procedure	3. AMI with PCI	23. Thoracic Aortic Aneurysm Procedure	4. AMI with CABG	24. Aortic/Mitral Valve Surgery (All)	5. Asthma/Chronic Obstructive Pulmonary Disease (COPD), Acute Exacerbation	25. Both Aortic and Mitral Valve Surgery	6. Atrial Fibrillation (AFib)/Flutter, Acute Exacerbation	26. Aortic or Mitral Valve Surgery	7. Cellulitis (All)	27. Carotid Endarterectomy	8. Cellulitis in Diabetics	28. Cholecystectomy and Common Duct Exploration (All)	9. Cellulitis in Patients with Wound, Non-Diabetic	29. Cholecystectomy	10. Cellulitis in Obese Patients, Non-Diabetic without Wound	30. Surgical Biliary Tract Procedure	11. Cellulitis in All Other Patients	31. Colonoscopy (All)	12. Gastrointestinal (GI) Hemorrhage (All)	32. Colonoscopy with Invasive Procedure	13. GI Hemorrhage, Upper and Lower	33. Colonoscopy without Invasive Procedure	14. GI Hemorrhage, Upper	34. Coronary Artery Bypass Graft (CABG)		35. Hip/Femur Fracture or Dislocation Treatment, IP-Based		36. Hip Replacement or Repair (All)
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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.

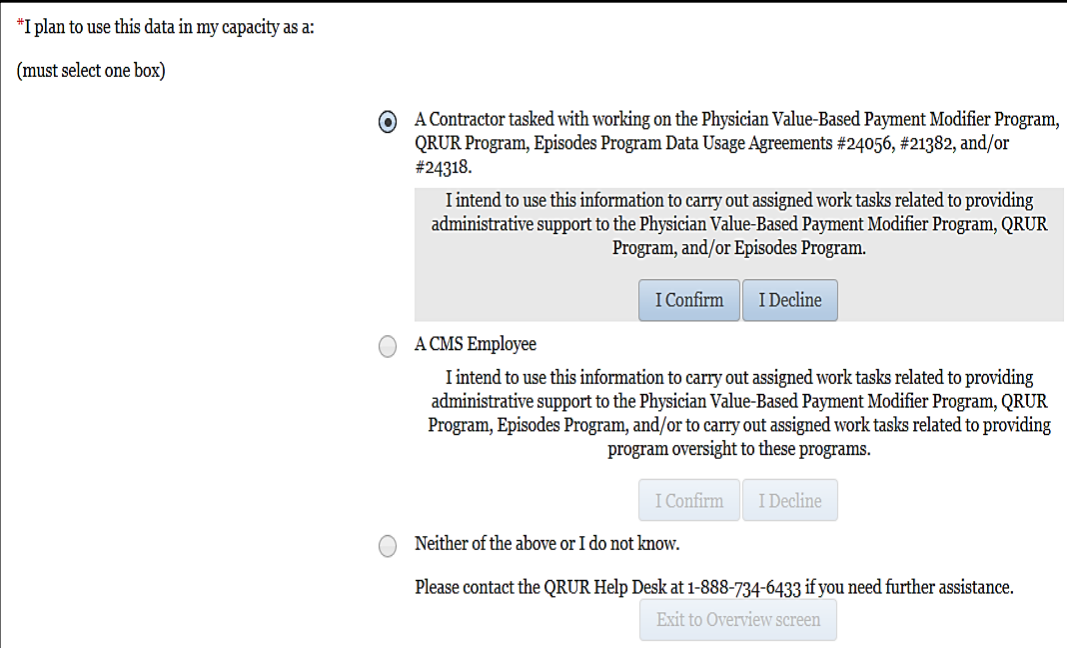
Instructions for Medical Group Practices and Solo Practices to Access Their 2014 Supplemental QRURs

VIII. Access the 2014 Drill Down Tables

Steps	Screenshots
<p>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.</p>	
<p>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:</p> <ul style="list-style-type: none"> • 2014 Supplemental QRURs Drill Down Table 1 • 2014 Supplemental QRURs Drill Down Table 2 • 2014 Supplemental QRURs Drill Down Table 3 <p>Note: The Drill Down reports will be displayed based on the report selected from the drop-down menu.</p>	

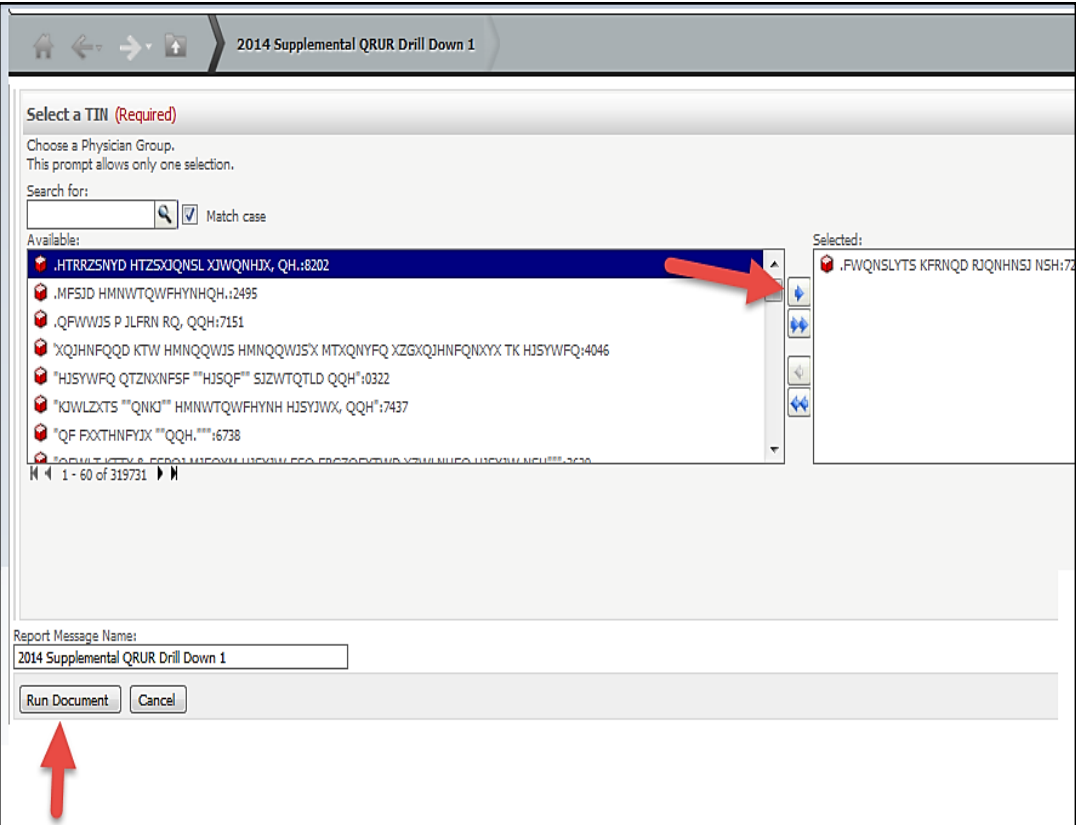
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Instructions for Medical Group Practices and Solo Practices to Access Their 2014 Supplemental QRURs

Steps	Screenshots
<p>3. Read the Attestation Message and make the appropriate attestation selection.</p> <ul style="list-style-type: none"> Select one of the options for <i>“I plan to use this data in my capacity as a:”</i> <p>Then, select <i>I Confirm</i> to continue.</p> <p>Note: If you select <i>Neither of the above or I do not know</i> the option to <i>Exit to the Overview</i> screen will be enabled.</p>	 <p>*I plan to use this data in my capacity as a:</p> <p>(must select one box)</p> <p><input checked="" type="radio"/> A Contractor tasked with working on the Physician Value-Based Payment Modifier Program, QRUR Program, Episodes Program Data Usage Agreements #24056, #21382, and/or #24318.</p> <p>I intend to use this information to carry out assigned work tasks related to providing administrative support to the Physician Value-Based Payment Modifier Program, QRUR Program, and/or Episodes Program.</p> <p><input type="button" value="I Confirm"/> <input type="button" value="I Decline"/></p> <p><input type="radio"/> A CMS Employee</p> <p>I intend to use this information to carry out assigned work tasks related to providing administrative support to the Physician Value-Based Payment Modifier Program, QRUR Program, Episodes Program, and/or to carry out assigned work tasks related to providing program oversight to these programs.</p> <p><input type="button" value="I Confirm"/> <input type="button" value="I Decline"/></p> <p><input type="radio"/> Neither of the above or I do not know.</p> <p>Please contact the QRUR Help Desk at 1-888-734-6433 if you need further assistance.</p> <p><input type="button" value="Exit to Overview screen"/></p>

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.

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

Steps	Screenshots
<p>You are now in the MicroStrategy Web Platform. The screen shows the TIN(s) associated with your EIDM account.</p> <p>4. Select <u>one</u> TIN from the Available TINs:</p> <ul style="list-style-type: none"> 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. <p>Note 1: Select only one TIN each time you attempt to retrieve a 2014 Supplemental QRURs Drill Down Report.</p> <p>Select Run Document.</p> <p>Note 2: You will need to wait several seconds while the system generates your 2014 Supplemental QRURs Drill Down Report.</p>	 <p>The screenshot shows the '2014 Supplemental QRUR Drill Down 1' report interface. At the top, there's a navigation bar with a home icon, back/forward arrows, and the report title. Below this is a section titled 'Select a TIN (Required)' with instructions to 'Choose a Physician Group' and 'This prompt allows only one selection.' There's a 'Search for:' field with a magnifying glass icon and a 'Match case' checkbox. Below the search field is a list of 'Available' TINs, with the first one, '.HTRRZSNYD HTZSXJQNSL XJWQNHJX, QH.:8202', highlighted in blue. To the right of this list is a 'Selected:' list, which is currently empty. Between the 'Available' and 'Selected' lists are several arrow buttons for moving items. At the bottom of the interface, there's a 'Report Message Name:' field containing '2014 Supplemental QRUR Drill Down 1', and two buttons: 'Run Document' and 'Cancel'. A red arrow points to the 'Run Document' button.</p>

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.

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

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		F	12/4/1925	3/8/2014	
1002373290550001	AMI without PCI/CABG	\$15,782.37	\$14,797.18	68th	74th		M	10/15/1930	8/24/2014	
1004037110550001	AMI without PCI/CABG	\$11,047.36	\$8,594.86	25th	96th		M	6/12/1928	3/2/2014	

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.

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

<u>Steps</u>	<u>Screenshots</u>
<p>for Episode Category is by default set to Condition Episodes and Episode Type is displayed in alphabetical order based on your TIN.</p> <p>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.</p> <p>Note 5: Select the cross (†) symbol within the table to view the associated definition for that term.</p> <p>Note 6: For security purposes, the Beneficiary Information column is blacked-out.</p>	
<p>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.</p>	

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.

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

Steps

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 (†)

Screenshots

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.

Episode Information			Beneficiary Information	Episode Cost Breakdown			Physician Costs Billed By Your TIN During Episode					
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		\$409.52	\$0.00	\$0.00	\$0.00	\$84.33	\$0.00	\$325.19	\$0.00	\$0.00
3016361660801001	Discission	55th		\$391.34	\$0.00	\$0.00	\$0.00	\$118.33	\$0.00	\$273.01	\$0.00	\$0.00
3090340620801001	Discission	47th		\$367.07	\$0.00	\$0.00	\$0.00	\$98.06	\$0.00	\$269.01	\$0.00	\$0.00

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.

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

Steps	Screenshots																																																																																											
<p>symbol within the table to view the associated definition for that term.</p> <p>Note 6: For security purposes, the Beneficiary Information column is blacked-out.</p>																																																																																												
<p>4. The selected 2014 Supplemental QRURs Drill Down Table 3 report is displayed with the following information:</p> <ul style="list-style-type: none">• 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 <p>Note 1: The Episode Type displayed on the report will be based on Your TIN and the Episode Type selected from the grouping menu.</p> <p>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.</p> <p>Note 3: Only the Condition Episodes Types will be displayed in the grouping drop-down menu when</p>	<div><div>GROUPING: Episode Category: CONDITION EPISODES Episode Types: AMI without PCI/CABG</div><div><div>DRILL DOWN TABLE 3 - AMI without PCI/CABG, Breakdown of Non-Physician Costs</div><div>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</div><table><tr><th colspan="3">Episode Information</th><th>Beneficiary Information</th><th colspan="3">Episode Cost Breakdown</th><th colspan="4">Outpatient Hospital Services</th><th colspan="2">Hospital Inpatient Services</th></tr><tr><th>Episode ID</th><th>Episode Type (If Applicable)</th><th>Risk Score Percentile†</th><th>HIC</th><th>Physician Costs Billed By Your TIN</th><th>Physician Costs Billed By Other TINs</th><th>All Other Costs During Episode</th><th>E&M Services</th><th>Major Procedures</th><th>Ambulatory/Minor Procedures</th><th>Outpatient PT/OT/SLP</th><th>Trigger</th><th>Non-Trigger</th></tr><tr><td>1000981650550001</td><td>AMI without PCI/CABG</td><td>91st</td><td></td><td>\$1,041.57</td><td>\$17.06</td><td>\$13,100.52</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>\$13,100.52</td><td>\$0.00</td></tr><tr><td>1002373290550001</td><td>AMI without PCI/CABG</td><td>74th</td><td></td><td>\$1,373.22</td><td>\$347.60</td><td>\$16,999.23</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>\$13,053.21</td><td>\$0.00</td></tr><tr><td>1004037110550001</td><td>AMI without PCI/CABG</td><td>96th</td><td></td><td>\$954.98</td><td>\$0.00</td><td>\$11,908.84</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>\$11,908.84</td><td>\$0.00</td></tr><tr><td>1004188850550001</td><td>AMI without PCI/CABG</td><td>8th</td><td></td><td>\$1,770.01</td><td>\$0.00</td><td>\$11,861.53</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>\$11,861.53</td><td>\$0.00</td></tr><tr><td>1005775560550001</td><td>AMI without PCI/CABG</td><td>5th</td><td></td><td>\$1,016.37</td><td>\$167.00</td><td>\$8,294.89</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>\$8,294.89</td><td>\$0.00</td></tr></table></div></div>	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		\$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		\$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		\$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		\$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		\$1,016.37	\$167.00	\$8,294.89	\$0.00	\$0.00	\$0.00	\$0.00	\$8,294.89	\$0.00
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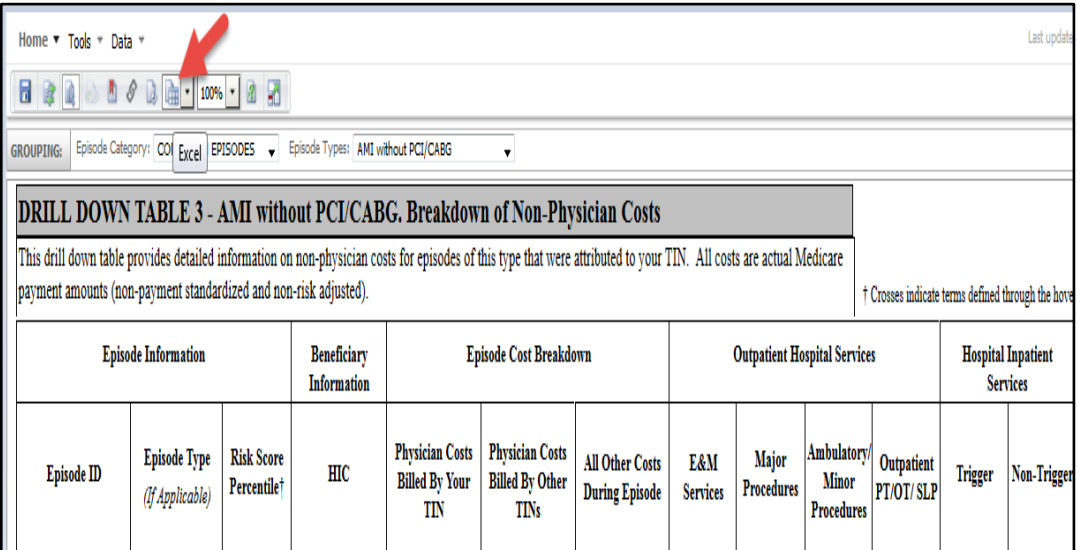
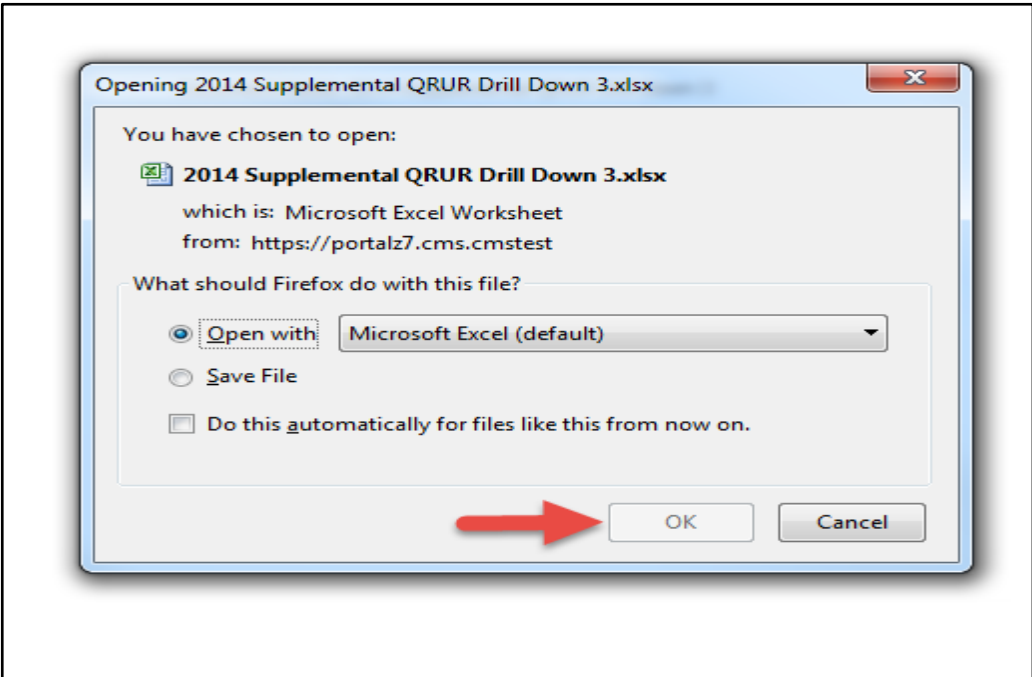
Instructions for Medical Group Practices and Solo Practices to Access Their 2014 Supplemental QRURs

<u>Steps</u>	<u>Screenshots</u>
<p>Condition Episodes is selected as the Episode Category and same will apply for the Procedural Episodes.</p> <p>Note 4: Select the cross (†) symbol within the table to view the associated definition for that term.</p> <p>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.</p> <p>Note 6: For security purposes, the Beneficiary Information column is blacked-out.</p>	

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

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

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

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.

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

Steps

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.

Screenshots

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).

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	Outpatient 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	
1007777777777777	AMI without PCI/CABG	68th	592783617F	\$380.12	\$1,040.64	\$16,456.99	\$0.00	\$0.00	\$0.00	

CONDITION EPISODES, AMI without PCI/CABG

CONDITION EPISODES, AMI with PCI/CABG

CONDITION EPISODES, AMI with CABG

CONDITION EPISODES, AMI with CABG

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