

Table of Contents

I. Introduction 2

II. Getting Started..... 2

III. Questions 3

IV. Accessing the 2015 Annual QRUR 4

V. Navigating the 2015 Annual QRUR..... 10

 A. About This Report..... 11

 B. Your TIN’s 2017 Value Modifier..... 12

 C. Quality Performance 14

 D. Cost Performance 18

 E. Accompanying Tables 21

 F. About the 2017 Value Modifier 22

 G. Glossary..... 23

VI. Downloading the 2015 Annual QRUR..... 24

 A. From the Physician Value Physician Quality Reporting Portal using the ‘Select an Action’ dropdown 24

 B. From the About This Report Section..... 27

VII. Accessing the 2015 Annual QRUR Tables..... 33

 A. Accessing the 2015 AQRUR Tables from the Physician Value Physician Quality Reporting Portal 33

 B. Accessing the 2015 Annual QRUR Tables within the 2015 Annual QRUR..... 37

VIII. Downloading the 2015 Annual QRUR Tables in Excel Format 38

IX. Using the Re-prompt Function to Select a Different TIN 42

X. Troubleshoot Browser Settings..... 44

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelppdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

I. Introduction

In **September 2016**, the Centers for Medicare & Medicaid Services (CMS) made the 2015 Annual Quality and Resource Use Reports (QRURs) available to every group practice and solo practitioner nationwide, including those consisting of non-physician eligible professionals. The 2015 Annual QRURs are also available for groups and solo practitioners that participated in the Medicare Shared Savings Program, the Pioneer Accountable Care Organization Model, or the Comprehensive Primary Care initiative in 2015. The 2015 Annual QRURs show how groups and solo practitioners, as identified by their Medicare-enrolled Taxpayer Identification Number (TIN) performed in calendar year 2015 on the quality and cost measures used to calculate the 2017 Value-based Payment Modifier (Value Modifier). For physicians in groups with two or more eligible professionals and physicians who are solo practitioners that are subject to the 2017 Value Modifier, the QRUR shows how the Value Modifier will apply to physician payments under the Medicare Physician Fee Schedule (Medicare PFS) for physicians who bill under the TIN in 2017.

For groups and solo practitioners that are subject to the 2017 Value Modifier, CMS established an informal review period to request corrections of perceived errors in the 2017 Value Modifier calculation. More information about the 2015 Annual QRURs, including how to request an informal review of the 2017 Value Modifier, is available at:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2015-QRUR.html>.

This guide illustrates how to access and download a 2015 Annual QRUR, along with the Tables from the CMS Enterprise Portal. 2015 Annual QRURs and Tables can be downloaded and exported in Portable Document Format (PDF) or Excel Format, respectively. The data in the 2015 Annual QRURs is also available for download to an exportable comma-separated values (CSV) file.

II. Getting Started

Authorized representatives of groups and solo practitioners can access the 2015 Annual QRURs at <https://portal.cms.gov> using an Enterprise Identity Management (EIDM) account with one of the following roles in the **Physician Quality and Value Programs** application:

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

Having an EIDM account with one of these roles will allow you to access your TIN's Annual QRURs, Mid-year QRURs, Supplemental QRURs, and PQRS Feedback Reports.

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelphdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

Instructions for obtaining an EIDM account are available at:

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html>

III. **Questions**

For questions about setting up an EIDM account and/or resetting the EIDM password, 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: qnetsupport@hcqis.org

For retrieving a forgotten password, navigate to <https://portal.cms.gov>, and select the **Forgot Password** link located in the **Login to Secure Portal** section. Step-by-step instructions on how to retrieve an EIDM password are available on page 25 of the CMS Enterprise Identity Management User Guide located at the following link:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/IACS/Downloads/IACS-EIDM-Migration-User-Guide.pdf>

To find out if there is already someone who can access your TIN's 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).

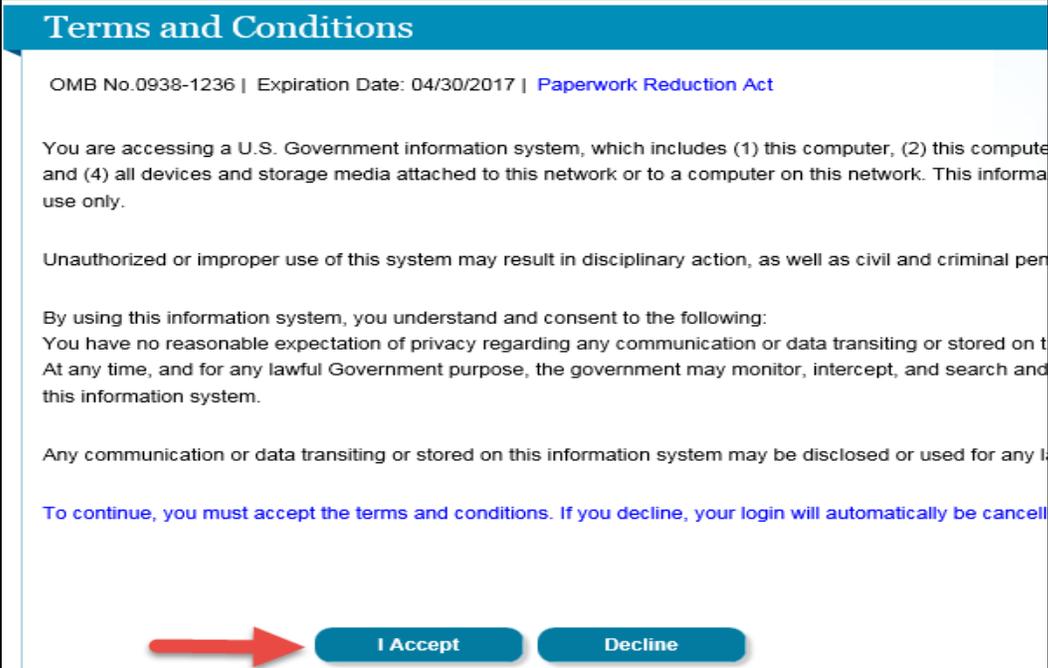
For questions about information contained in your TIN's 2015 Annual QRUR or to provide feedback to CMS, please contact the Physician Value Help Desk:

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

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

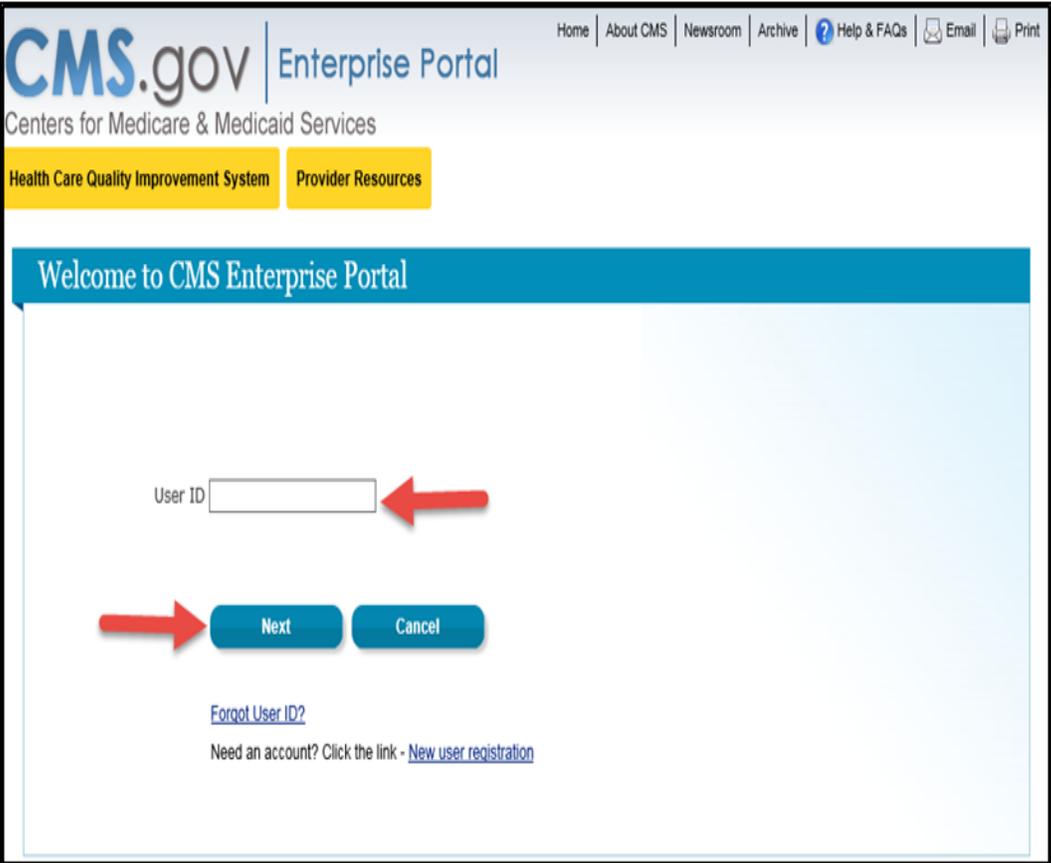
Guide for Accessing the 2015 Annual QRURs and Tables

IV. Accessing the 2015 Annual QRUR

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 • Internet Explorer 11 • Mozilla-Firefox • Chrome • Safari <p>Note: Enable JavaScript and adjust any browser 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 to continue.</p> <p>Note: If you select Decline, then you will be returned to the CMS Enterprise Portal Landing screen.</p>	

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelphdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

Steps	Screenshots
3. Enter your EIDM User ID and select Next on the Welcome to CMS Enterprise Portal screen.	

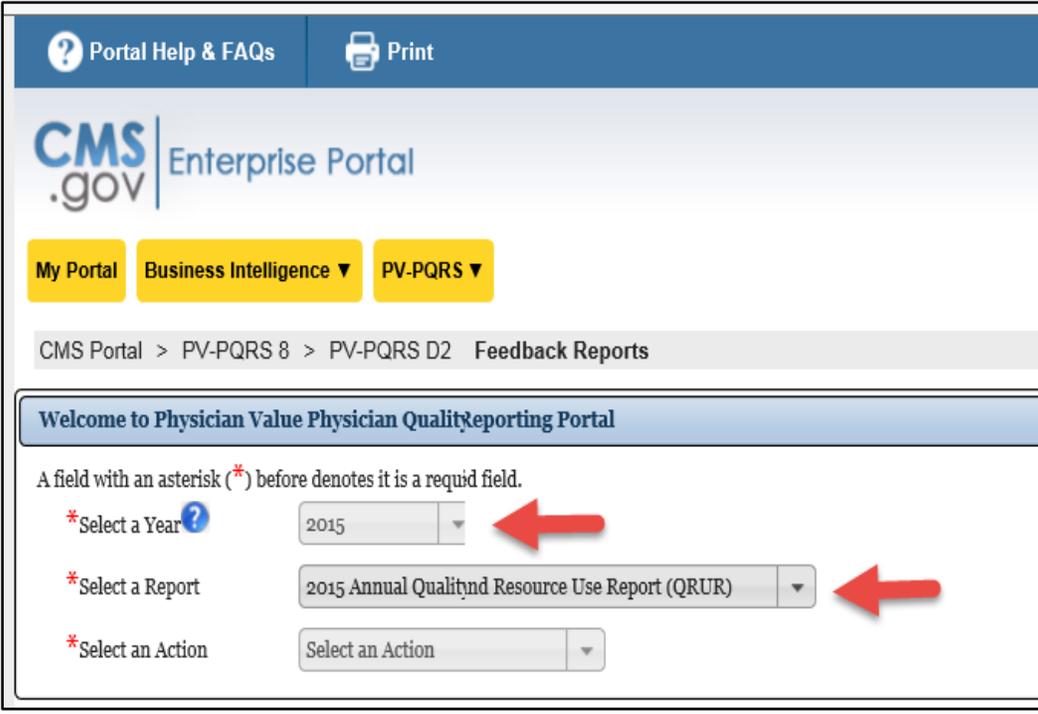
If you have questions about the 2015 Annual QRURs and Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

Steps	Screenshots
<p>4. Complete the Multi-Factor Authentication (MFA) process. MFA will need to be completed each time you log in to the CMS Enterprise Portal.</p> <ul style="list-style-type: none"> • Enter your EIDM Password. • Select your MFA Device Type from the dropdown menu. <p>Note: You previously registered to complete the MFA process when setting-up your EIDM account. Please ensure that you select the same MFA Device Type selected during your initial account set-up. You will not be able to complete the MFA process if your selection from the MFA Device Type does not match your initial selection when setting-up your EIDM account.</p> <p>Select Send to Receive a Security Code.</p> <p>Note: The Send option will be displayed only when one of the following MFA Device Types is selected:</p> <ul style="list-style-type: none"> • Text Message-Short Message (SMS) • Interactive Voice Response (IVR) • Email • Retrieve the security code from the selected MFA Device. <p>Enter the Security Code and select Log In.</p>	<p>Welcome to CMS Enterprise Portal</p> <p>Enter Security Code A Security Code is required to complete your login.</p> <p>To retrieve a Security Code, please select the Phone, Computer, or E-mail that you registered as your Multi-Factor Authentication(MFA) device when you originally requested access, from the MFA Device Type dropdown menu below.</p> <p>Security Codes expire, be sure to enter your Security Code promptly.</p> <p>Unable to Access Security Code? If you are unable to access a Security Code, you may use the "Unable To Access Security Code?" link. To use this link you will be directed away from this page. For security purposes, you will be prompted to answer your challenge questions before the Security Code is generated. The Security Code will be sent to the email address in your profile. You will be required to login again with your User ID, Password and Security Code.</p> <p>You may also call your Application Help Desk to obtain a Security Code.</p> <p>After you receive the Security Code using this link or from your Help Desk, you must select the 'One-Time Security Code' option from the MFA Device Type dropdown menu.</p> <p>Need to Register an MFA Device? If you have not registered an MFA device and would like to do so now, you may use the "Register MFA Device" link. For security purposes you will be prompted to login again and answer your challenge questions before registering an MFA device.</p> <p>Password: <input type="password"/> </p> <p>MFA Device Type: <input type="text" value="Text Message- Short Message Service (SMS)"/> <input type="button" value="Send"/> </p> <p>The Security Code for the Text Message- Short Message Service (SMS) will expire in 10 minutes.</p> <p>Security Code: <input type="text"/> </p> <p><input type="button" value="Log In"/> <input type="button" value="Cancel"/> </p> <p>Forgot Password? Unable to Access Security Code? Register MFA Device</p>

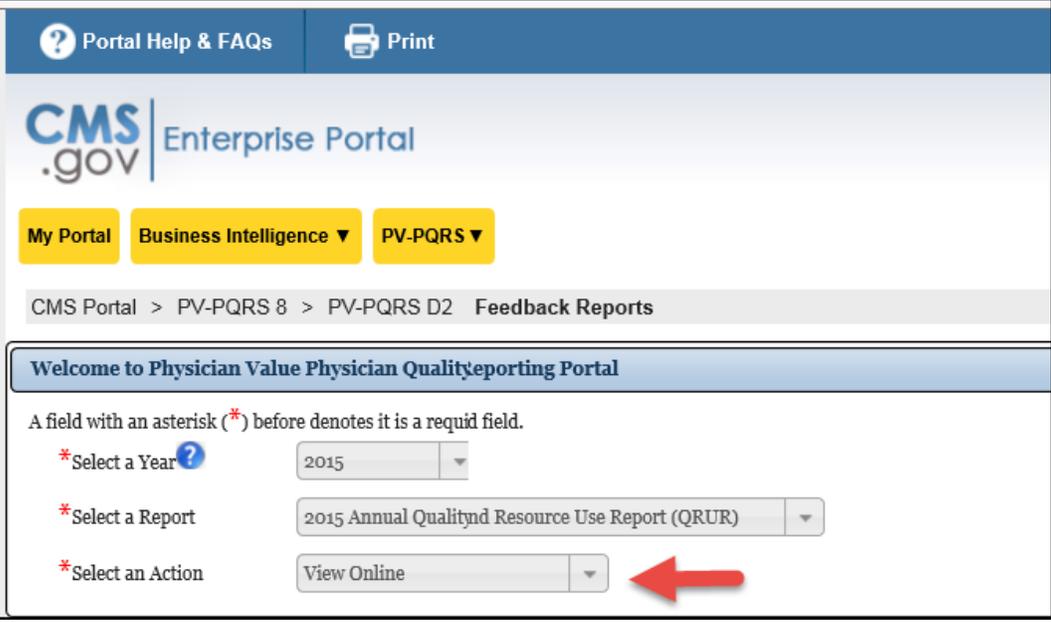
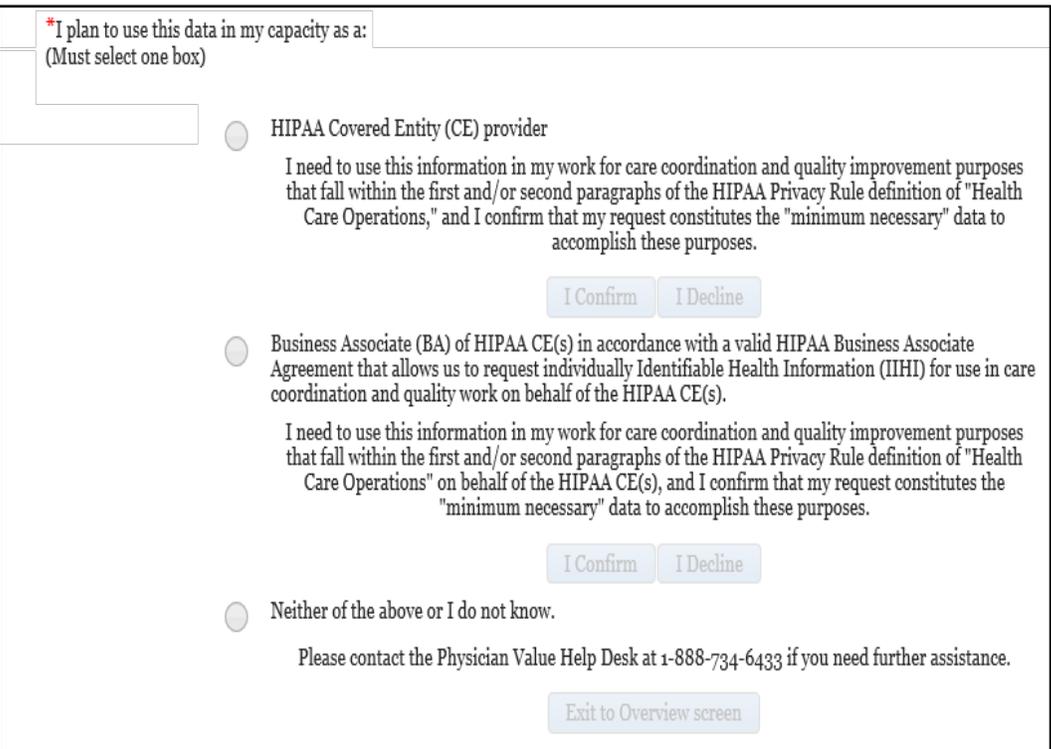
If you have questions about the 2015 Annual QRURs and Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

Steps	Screenshots
<p>5. Select the PV-PQRS tab at the top of the screen and then select Feedback Reports from the dropdown menu.</p>	 <p>The screenshot shows the top navigation bar with 'Portal Help & FAQs' and 'Print'. Below is the 'CMS.gov Enterprise Portal' header. A yellow 'PV-PQRS' dropdown menu is open, listing 'Overview', 'Registration', 'Feedback Reports' (highlighted with a red arrow), and 'Value Modifier Informal Review'. A 'My Portal' button is also visible.</p>
<p>6. Select 2015 from the Select a Year dropdown menu, and then select a report 2015 Annual Quality and Resource Use Report (QRUR), or any one of the Tables from the Select a Report dropdown menu.</p> <p>Note: If you do not see the 2015 Annual Quality Resource User Report (QRUR) in the dropdown menu:</p> <ul style="list-style-type: none"> • Verify that you selected 2015 from the Select a Year dropdown menu. • Call the QualityNet Help Desk to ensure that you logged in with an EIDM account with a correct role. 	 <p>The screenshot shows the 'CMS.gov Enterprise Portal' with 'Business Intelligence' and 'PV-PQRS' buttons. The breadcrumb trail reads 'CMS Portal > PV-PQRS 8 > PV-PQRS D2 Feedback Reports'. Below is a 'Welcome to Physician Value Physician Quality Reporting Portal' section. A note states: 'A field with an asterisk (*) before denotes it is a required field.' Three dropdown menus are shown: '*Select a Year' (with '2015' selected and a red arrow), '*Select a Report' (with '2015 Annual Quality and Resource Use Report (QRUR)' selected and a red arrow), and '*Select an Action' (with 'Select an Action' selected).</p>

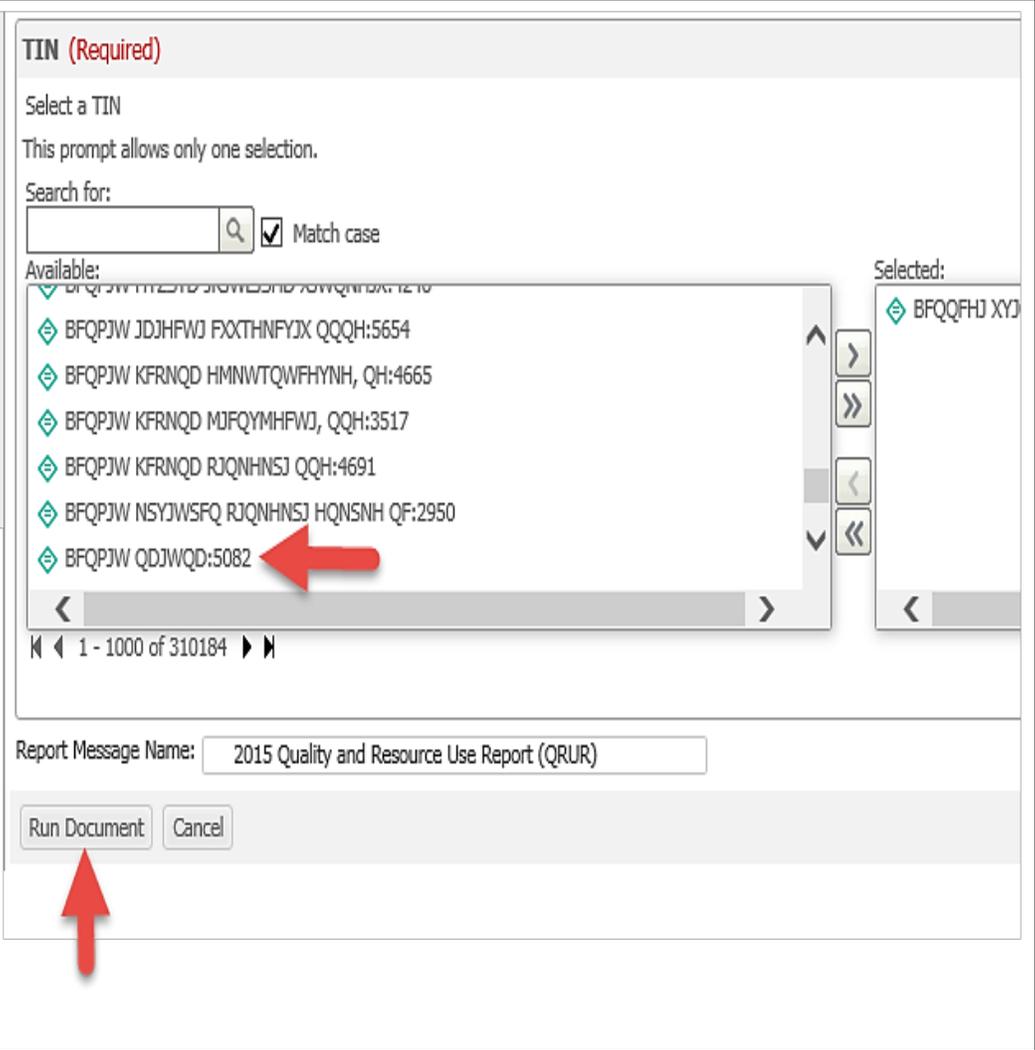
If you have questions about the 2015 Annual QRURs and Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3) or by email at pvhelphdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

Steps	Screenshots
<p>7. To view the 2015 Annual QRUR online: Select View Online from the Select an Action dropdown menu.</p> <p>To download the 2015 Annual QRUR in PDF format: Proceed to Section VI.A.</p> <p>To access the 2015 Annual QRUR Tables: Proceed to Section VII.</p>	 <p>The screenshot shows the CMS Enterprise Portal interface. At the top, there are links for 'Portal Help & FAQs' and 'Print'. Below the CMS logo, there are navigation buttons for 'My Portal', 'Business Intelligence', and 'PV-PQRS'. The breadcrumb trail indicates the path: 'CMS Portal > PV-PQRS 8 > PV-PQRS D2 Feedback Reports'. A welcome message is displayed, followed by a note that fields with an asterisk are required. Three dropdown menus are shown: '*Select a Year' (set to 2015), '*Select a Report' (set to '2015 Annual Quality and Resource Use Report (QRUR)'), and '*Select an Action' (set to 'View Online'). A red arrow points to the 'View Online' dropdown menu.</p>
<p>8. Read the Attestation Message and make the appropriate attestation selection.</p> <ul style="list-style-type: none"> Select one of the options under 'I plan to use this data in my capacity as a:' Then select I Confirm to continue. <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>	 <p>The screenshot shows an attestation message form. At the top, it asks the user to select their capacity: '*I plan to use this data in my capacity as a: (Must select one box)'. There are three radio button options: <ul style="list-style-type: none"> HIPAA Covered Entity (CE) provider: I need to use this information in my work for care coordination and quality improvement purposes that fall within the first and/or second paragraphs of the HIPAA Privacy Rule definition of "Health Care Operations," and I confirm that my request constitutes the "minimum necessary" data to accomplish these purposes. Below this option are 'I Confirm' and 'I Decline' buttons. Business Associate (BA) of HIPAA CE(s) in accordance with a valid HIPAA Business Associate Agreement that allows us to request individually Identifiable Health Information (IIHI) for use in care coordination and quality work on behalf of the HIPAA CE(s). I need to use this information in my work for care coordination and quality improvement purposes that fall within the first and/or second paragraphs of the HIPAA Privacy Rule definition of "Health Care Operations" on behalf of the HIPAA CE(s), and I confirm that my request constitutes the "minimum necessary" data to accomplish these purposes. Below this option are 'I Confirm' and 'I Decline' buttons. Neither of the above or I do not know. Please contact the Physician Value Help Desk at 1-888-734-6433 if you need further assistance. Below this option is an 'Exit to Overview screen' button. </p>

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

Steps	Screenshots
<p>You are now in the MicroStrategy Web Platform. The screen shows the TIN(s) associated with your EIDM account.</p> <p>9. Select one TIN from the Available TINs:</p> <ul style="list-style-type: none"> Select a TIN and either double-click the mouse or click on 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 each time you attempt to retrieve a 2015 Annual QRUR.</p> <p>Note: For better search results, it is recommended to search by the last 4 digits of the TIN.</p> <p>Select Run Document.</p> <p>Note: You will need to wait several seconds while the system generates your 2015 Annual QRUR.</p>	

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

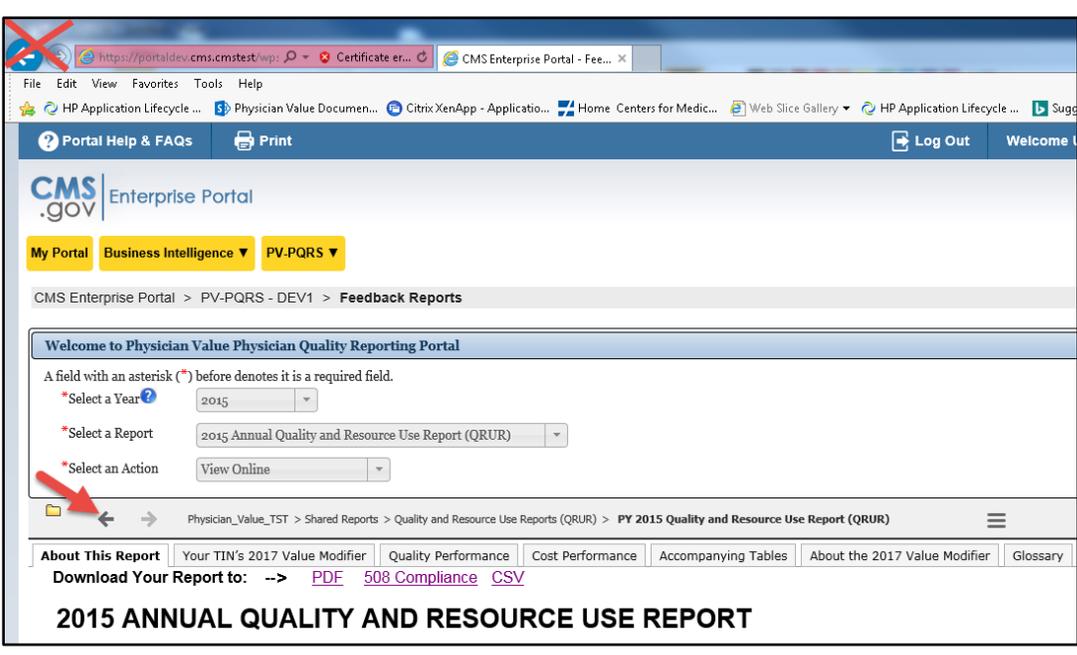
V. Navigating the 2015 Annual QRUR

The 2015 Annual QRUR contains the following sections within the MicroStrategy Web Platform if your TIN is receiving a full Annual QRUR:

- A. About This Report (*Default Tab*)
- B. Your TIN's 2017 Value Modifier
- C. Quality Performance
- D. Cost Performance
- E. Accompanying Tables
- F. About the 2017 Value Modifier
- G. Glossary

If your TIN is not receiving a full Annual QRUR, then you will see information in the **About This Report** tab only. The remaining tabs will not display any information.

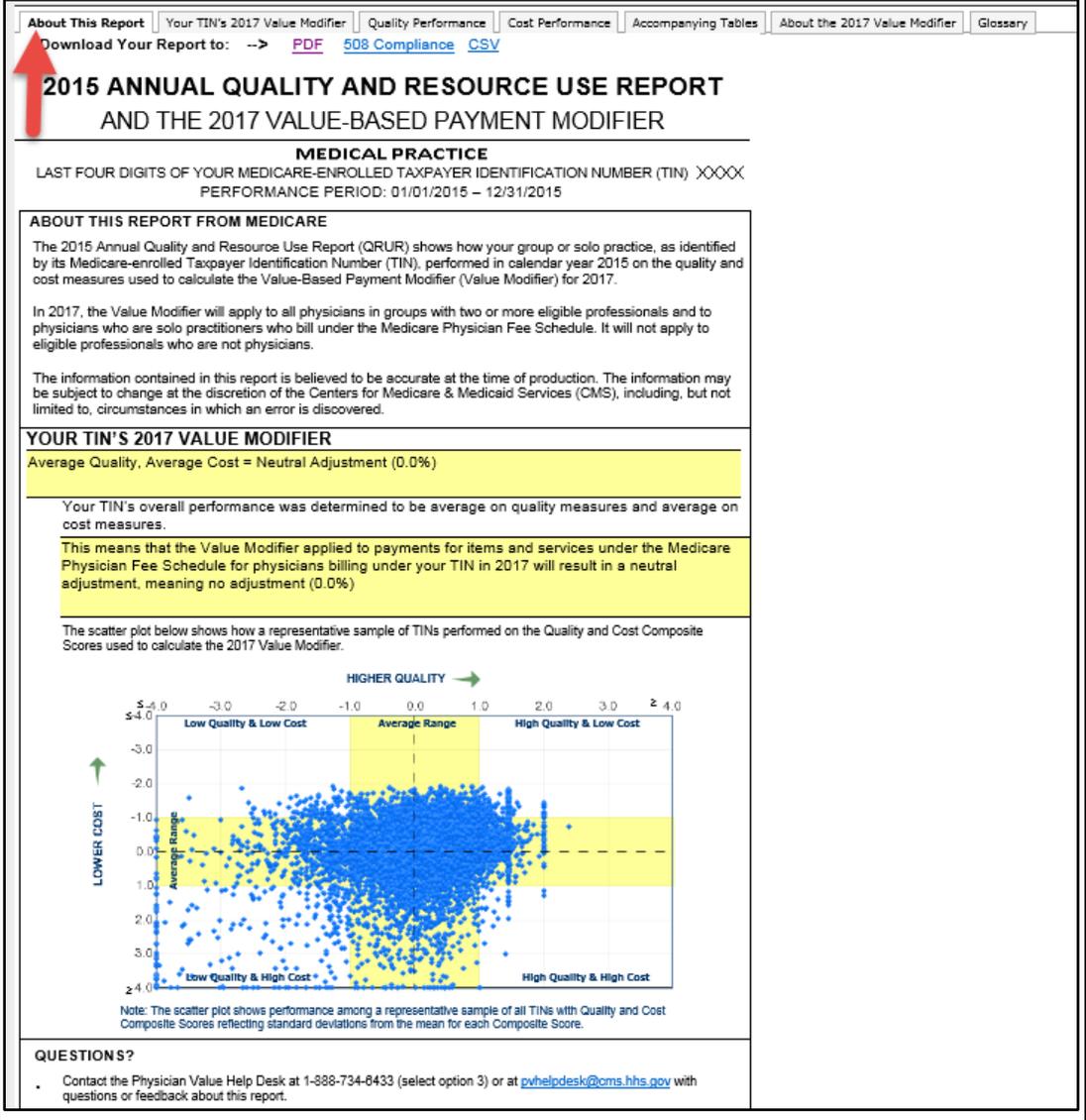
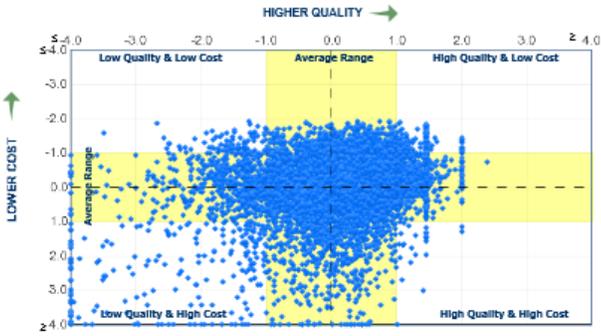
To navigate through the report, select the appropriate tab at the top of the screen for the different sections contained within the report. Please note, after a tab is selected, it may take several seconds for the information to appear on the screen.

Global Note	Screenshot
<p>1. Use the back arrow button on the MicroStrategy Platform Toolbar to navigate between screens when viewing your report.</p> <p>Note: Please do not use the browser's arrow buttons.</p>	

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelphdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

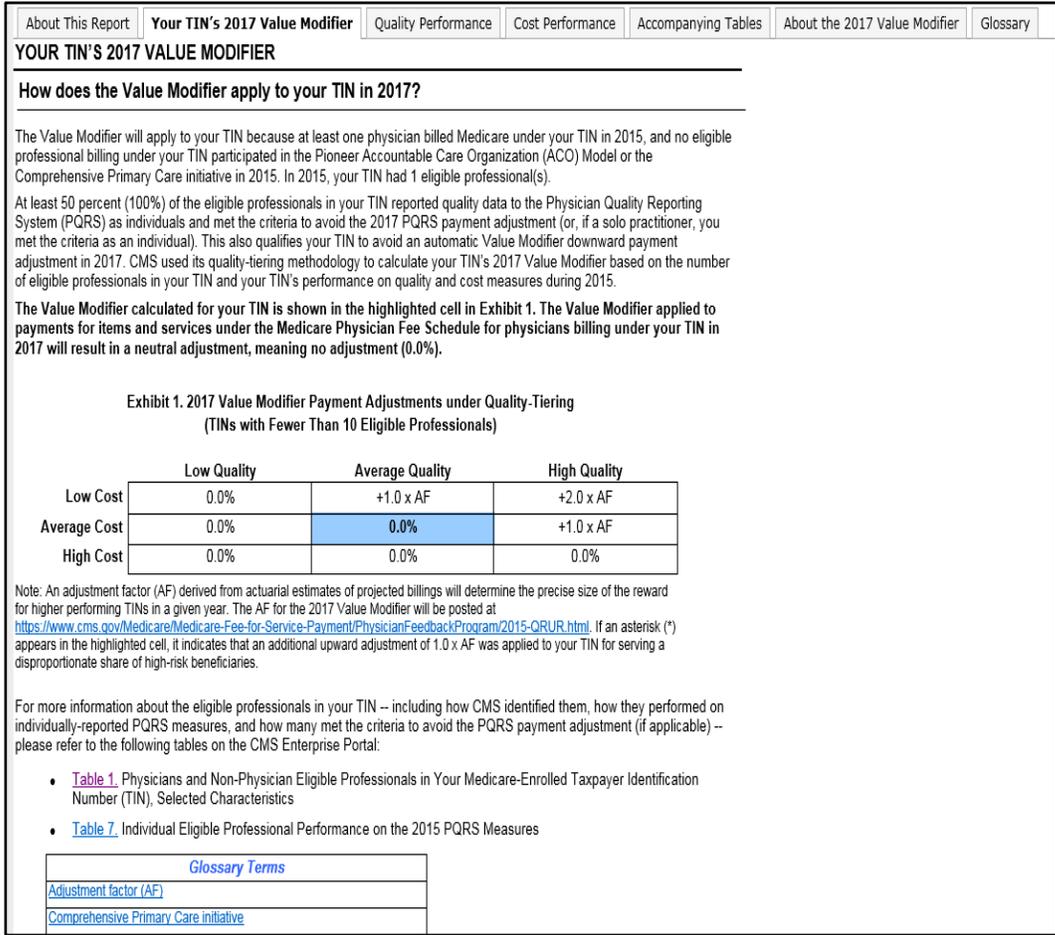
A. About This Report

Steps	Screenshots
<p>1. Follow Section IV. Accessing the 2015 Annual QRUR of this guide on how to access the Annual QRUR and view it online.</p>	
<p>By default the About This Report tab is displayed. This tab contains information on how your TIN performed in calendar year 2015 on the quality and cost measures used to calculate the 2017 Value Modifier.</p> <p>This tab displays information in the following sections:</p> <ul style="list-style-type: none"> • About This Report From Medicare • Your TIN's 2017 Value Modifier • Questions? 	 <p>The screenshot shows the 'About This Report' page for a medical practice. The page title is "2015 ANNUAL QUALITY AND RESOURCE USE REPORT AND THE 2017 VALUE-BASED PAYMENT MODIFIER". The page includes sections for "ABOUT THIS REPORT FROM MEDICARE", "YOUR TIN'S 2017 VALUE MODIFIER", and a scatter plot of quality and cost scores. A red arrow points to the "About This Report" tab in the navigation menu.</p> <p>ABOUT THIS REPORT FROM MEDICARE</p> <p>The 2015 Annual Quality and Resource Use Report (QRUR) shows how your group or solo practice, as identified by its Medicare-enrolled Taxpayer Identification Number (TIN), performed in calendar year 2015 on the quality and cost measures used to calculate the Value-Based Payment Modifier (Value Modifier) for 2017.</p> <p>In 2017, the Value Modifier will apply to all physicians in groups with two or more eligible professionals and to physicians who are solo practitioners who bill under the Medicare Physician Fee Schedule. It will not apply to eligible professionals who are not physicians.</p> <p>The information contained in this report is believed to be accurate at the time of production. The information may be subject to change at the discretion of the Centers for Medicare & Medicaid Services (CMS), including, but not limited to, circumstances in which an error is discovered.</p> <p>YOUR TIN'S 2017 VALUE MODIFIER</p> <p>Average Quality, Average Cost = Neutral Adjustment (0.0%)</p> <p>Your TIN's overall performance was determined to be average on quality measures and average on cost measures.</p> <p>This means that the Value Modifier applied to payments for items and services under the Medicare Physician Fee Schedule for physicians billing under your TIN in 2017 will result in a neutral adjustment, meaning no adjustment (0.0%).</p> <p>The scatter plot below shows how a representative sample of TINs performed on the Quality and Cost Composite Scores used to calculate the 2017 Value Modifier.</p>  <p>QUESTIONS?</p> <p>Contact the Physician Value Help Desk at 1-888-734-6433 (select option 3) or at pvhelppdesk@cms.hhs.gov with questions or feedback about this report.</p>

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelppdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

B. Your TIN's 2017 Value Modifier

Steps	Screenshots
<p>1. Follow Section IV. Accessing the 2015 Annual QRUR of this guide on how to access the Annual QRUR and view it online.</p>	
<p>2. Select Your TIN's 2017 Value Modifier tab.</p>	
<p>This tab displays Value Modifier, quality-tiering and high risk bonus adjustment information applicable to your TIN. Hyperlinks to related tables and glossary terms are also available.</p> <ul style="list-style-type: none"> • How does the Value Modifier apply to your TIN in 2017? <ul style="list-style-type: none"> ○ Exhibit 1. 2017 Value Modifier Payment Adjustments under Quality-Tiering ○ Table 1. Physicians and Non-Physician Eligible Professionals in Your Medicare-Enrolled Taxpayer Identification (TIN), Selected Characteristics ○ Table 7. Individual Eligible Professional Performance on the 2015 PQRS Measures ○ Glossary Terms 	

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

Steps	Screenshots						
<ul style="list-style-type: none"> • How does the high-risk bonus adjustment apply to your TIN? <ul style="list-style-type: none"> ○ Table 2A. Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending per Beneficiary) and Claims-Based Quality Outcome Measures, and the Care that Your TIN and Other TINs Provided ○ Table 5B. Beneficiaries and Episodes Attributed to Your TIN for the Medicare Spending per Beneficiary (MSPB) Measure ○ Glossary Terms 	<div style="border: 1px solid black; padding: 5px;"> <p>How does the high-risk bonus adjustment apply to your TIN?</p> <p>TINs that qualify for an upward adjustment under quality-tiering will receive an additional upward adjustment to their 2017 Value Modifier equal to one (1.0) times the adjustment factor, if they served a disproportionate share of high-risk beneficiaries in 2015. The average risk for all beneficiaries attributed to your TIN is at the 74th percentile of beneficiaries nationwide.</p> <p>Medicare determined your TIN's eligibility for the high-risk bonus adjustment based on whether your TIN met (✓) or did not meet (✗) both of the following criteria in 2015:</p> <ul style="list-style-type: none"> ✗ Had strong quality and cost performance ✗ Average beneficiary's risk is at or above the 75th percentile of beneficiaries nationwide <p>Your TIN will not receive the high-risk bonus adjustment to the 2017 Value Modifier because your TIN did not meet these criteria.</p> <p>For more information about the characteristics of the Medicare beneficiaries attributed to your TIN, please refer to the following tables on the CMS Enterprise Portal:</p> <ul style="list-style-type: none"> • Table 2A. Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending per Beneficiary) and Claims-Based Quality Outcome Measures, and the Care that Your TIN and Other TINs Provided • Table 5B. Beneficiaries and Episodes Attributed to Your TIN for the Medicare Spending per Beneficiary (MSPB) Measure <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; color: blue;">Glossary Terms</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Beneficiary</td> </tr> <tr> <td style="text-align: center;">High-risk bonus adjustment</td> </tr> <tr> <td style="text-align: center;">Quality-tiering</td> </tr> <tr> <td style="text-align: center;">Risk score</td> </tr> <tr> <td style="text-align: center;">Value Modifier (Value-Based Payment Modifier)</td> </tr> </tbody> </table> </div>	Glossary Terms	Beneficiary	High-risk bonus adjustment	Quality-tiering	Risk score	Value Modifier (Value-Based Payment Modifier)
Glossary Terms							
Beneficiary							
High-risk bonus adjustment							
Quality-tiering							
Risk score							
Value Modifier (Value-Based Payment Modifier)							

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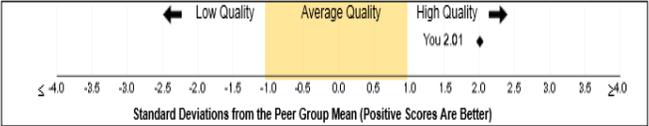
Guide for Accessing the 2015 Annual QRURs and Tables

C. Quality Performance

Steps	Screenshots
<p>1. Follow Section IV. Accessing the 2015 Annual QRUR of this guide on how to access the Annual QRUR and view it online.</p>	
<p>2. Select the Quality Performance tab.</p> <p><i>Note: If using Internet Explorer 11 at 100% zoom, the data may appear truncated. Please adjust the zoom settings or use Firefox or Chrome to display all of the data via the Web. Users also have the option to export the report into the CSV, Excel, or PDF format to view all data.</i></p>	 <p>The screenshot shows a web browser window with the address bar displaying the path: Physician_Value_TST > Shared Reports > Quality and Resource Use Reports (QRUR) > PY 2015 Quality and Resource Use Report (QRUR). The navigation menu includes tabs for 'About This Report', 'Your TIN's 2017 Value Modifier', 'Quality Performance' (which is highlighted with a red arrow), 'Cost Performance', 'Accompanying Tables', 'About the 2017 Value Modifier', and 'Glossary'. The main content area displays 'PERFORMANCE ON QUALITY MEASURES' and 'Your TIN's Quality Tier: Average'. Below this, there is a section for 'Exhibit 2. Your TIN's Quality Composite Score'.</p>

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Guide for Accessing the 2015 Annual QRURs and Tables

Steps	Screenshots
<p>This tab contains information on the quality measures used to calculate the Quality Composite Score for your TIN. Hyperlinks to related tables and glossary terms are also available.</p> <ul style="list-style-type: none"> • Performance on Quality Measures <ul style="list-style-type: none"> ○ Your TIN's Quality Tier: ○ Exhibit 2. Your Tin's Quality Composite Score ○ Glossary Terms 	<div style="border: 1px solid black; padding: 10px;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> About This Report Your TIN's 2017 Value Modifier Quality Performance Cost Performance Accompanying Tables About the 2017 Value Modifier Glossary </div> <p>PERFORMANCE ON QUALITY MEASURES</p> <p>Your TIN's Quality Tier: Average</p> <p style="text-align: center;">Exhibit 2. Your TIN's Quality Composite Score</p>  <p>Your TIN's Quality Composite Score (Exhibit 2) indicates that your overall performance on quality measures is 2.01 standard deviations above the mean for the TIN's peer group. However, your TIN's Quality Composite Score is NOT statistically significantly different from the mean. Therefore, your TIN's quality performance is classified as Average Quality under quality-tiering.</p> <p>The Quality Composite Score and Cost Composite Score are the two summary scores used to calculate the Value Modifier under quality-tiering. The Quality Composite Score standardizes a TIN's quality performance relative to the mean for the TIN's peer group, such that 0 represents the peer group mean and the TIN's Quality Composite Score indicates how many standard deviations a TIN's performance is from the mean. Your TIN's peer group includes all TINs subject to the 2017 Value Modifier for which a Quality Composite Score could be calculated.</p> <p>A TIN's Quality Composite Score is classified into one of three quality tiers (high, average, or low), based on how the score compares to the mean for the TIN's peer group. To be considered either High Quality or Low Quality, a TIN's score must be at least one standard deviation from the peer group mean and statistically significantly different from the mean at the five percent level of significance. That is, a TIN with a statistically significant positive Quality Composite Score of one (+1.0) or higher would be classified as High Quality, and a TIN with a statistically significant negative score of one (-1.0) or lower would be classified as Low Quality. A TIN with any other Quality Composite Score would be classified as Average Quality. That is, a TIN with a Quality Composite Score in the range between (but not including) negative one (-1.0) and positive one (+1.0) would be classified as Average Quality, because its score is less than one standard deviation from the mean. A TIN with a score of negative one (-1.0) or lower or positive one (+1.0) or higher that is NOT statistically significantly different from the mean would also be classified as Average Quality.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: blue;"><i>Glossary Terms</i></p> <ul style="list-style-type: none"> Quality Composite Score Quality-tiering Standard deviation Statistical significance Value Modifier (Value-Based Payment Modifier) </div> </div>

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<ul style="list-style-type: none"> • What quality measures are used to calculate the Quality Composite Score? <ul style="list-style-type: none"> ○ Table 2A. Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending per Beneficiary) and Claims-Based Quality Outcome Measures, and the Care that Your TIN and Others TINs Provided ○ Table 2B. Admitting Hospitals: Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending per Beneficiary) and Claims-Based Quality Outcome Measures ○ Table 2C. Hospital Admissions for Any Cause: Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending per Beneficiary) and Claims-Based Quality Outcome measures. ○ Table 6B. Hospital Admissions for Any Cause: Beneficiaries Assigned to Your ACO for the All-Cause Hospital Readmissions Measure and Attributed to Your TIN for the Cost Measures-Shared Savings Program 	<div style="border: 1px solid black; padding: 10px;"> <p>What quality measures are used to calculate the Quality Composite Score?</p> <p>The following measures were used to calculate your TIN's Quality Composite Score based on performance in 2015:</p> <ul style="list-style-type: none"> • Quality measures reported by 50 percent or more of the eligible professionals in your TIN who met the criteria to avoid the 2017 PQRS payment adjustment as individuals, and • Up to two quality outcome measures that Medicare calculates from Medicare fee-for-service claims submitted for services provided in 2015 to beneficiaries attributed to your TIN. <p>All quality measures are classified into six quality domains, aligned with the six priorities outlined in the National Quality Strategy: (1) Effective Clinical Care, (2) Person and Caregiver-Centered Experience and Outcomes, (3) Community/Population Health, (4) Patient Safety, (5) Communication and Care Coordination, and (6) Efficiency and Cost Reduction.</p> <p>For more information about your TIN's quality measures and the data underlying their computation, including both measures reported by your TIN and any claims-based quality outcome measures calculated by CMS, please refer to the following tables on the CMS Enterprise Portal:</p> <ul style="list-style-type: none"> • Table 2A. Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending per Beneficiary) and Claims-Based Quality Outcome Measures, and the Care that Your TIN and Other TINs Provided • Table 2B. Admitting Hospitals: Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending per Beneficiary) and Claims-Based Quality Outcome Measures • Table 2C. Hospital Admissions for Any Cause: Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending per Beneficiary) and Claims-Based Quality Outcome Measures • Table 6B. Hospital Admissions for Any Cause: Beneficiaries Assigned to Your ACO for the All-Cause Hospital Readmission Measure and Attributed to Your TIN for the Cost Measures – Shared Savings Program ACO TINs Only • Table 7. Individual Eligible Professional Performance on the 2015 PQRS Measures <table border="1" style="margin-top: 10px; width: 100%; text-align: center;"> <tr> <td>Glossary Terms</td> </tr> <tr> <td>All-Cause Hospital Readmission</td> </tr> <tr> <td>Ambulatory Care-Sensitive Conditions (ACSCs)</td> </tr> <tr> <td>Attribution</td> </tr> </table> </div>	Glossary Terms	All-Cause Hospital Readmission	Ambulatory Care-Sensitive Conditions (ACSCs)	Attribution
Glossary Terms					
All-Cause Hospital Readmission					
Ambulatory Care-Sensitive Conditions (ACSCs)					
Attribution					

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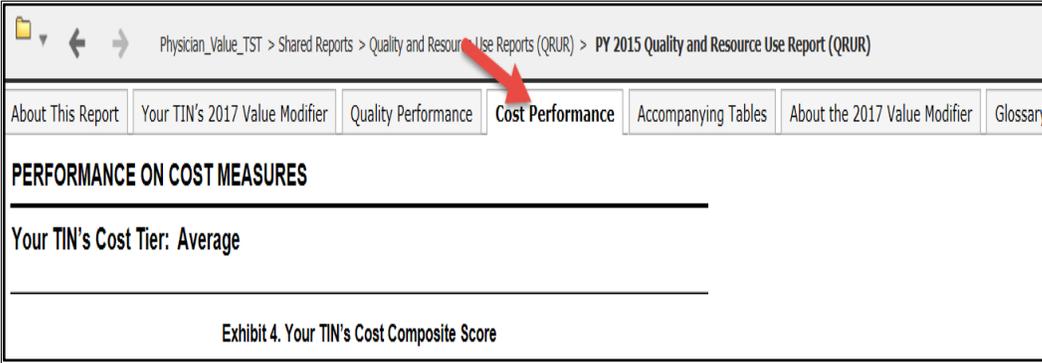
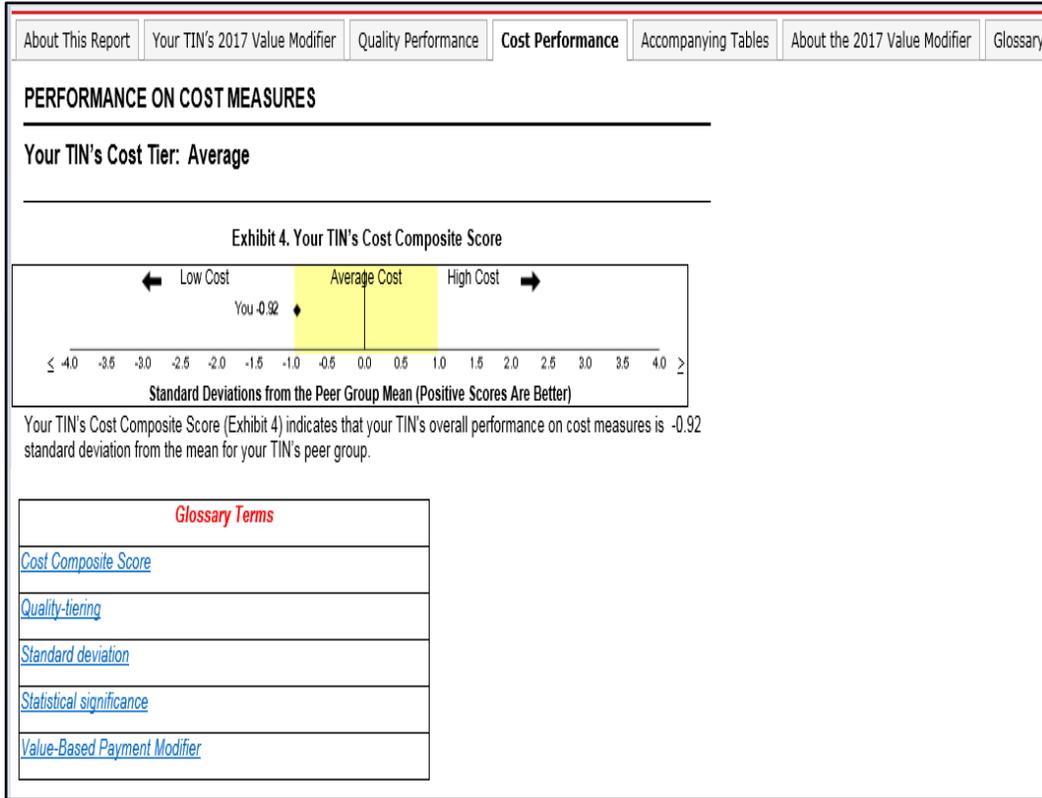
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Steps	Screenshots																																																																	
<p>ACO TINs Only</p> <ul style="list-style-type: none"> ○ Table 7. Individual Eligible Professional Performance on the 2015 PQRS Measures ○ Glossary Terms <p>Note: Table 6B is not available as a hyperlink in this section. Refer to Section VII.A- Accessing the 2015 Annual QRUR Tables from the Physician Value Physician Quality Reporting Portal to access Table 6B.</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">Exhibits 3-CCC-A and B. Communication and Care Coordination Domain</p> <p style="text-align: center;">Domain Score</p> <div style="text-align: center;"> <p style="margin-left: 100px;">● You 1.69</p> </div> <p style="text-align: center;">Standard deviations from the mean (positive scores are better)</p> <p style="text-align: center;">A. Communication and Care Coordination Domain Quality Indicator Performance</p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 150px; height: 20px;"></td> <td style="border: 1px solid black; width: 150px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Your TIN</td> <td style="text-align: center; font-size: small;">All TINs in Peer Group</td> </tr> </table> <p style="font-size: x-small;">Note: If an asterisk (*) appears after the measure identification number, it indicates that the measure is an inverse (negative) measure, and a lower performance rate for this measure reflects better performance. This is taken into account when calculating the quality domain score, such that a positive (+) domain score indicates better performance and negative (-) domain score indicates worse performance. Only those measures for which benchmarks are available and for which your TIN had at least 20 eligible cases are included in the domain score. The benchmark for a quality measure is the case-weighted national mean performance rate among all TINs in the measure's peer group during calendar year 2014. The peer group is defined as all TINs nationwide that reported the measure and had at least 20 eligible cases during calendar year 2014. If a dash (-) appears in the Benchmark column, this indicates that no benchmark is available for this measure.</p> <p style="text-align: center;">B. Communication and Care Coordination Domain CMS-Calculated Quality Outcome Measures</p> <p style="font-size: x-small;">Exhibit 3-CCC-B provides information on the three quality outcome measures calculated from Medicare Part A and Part B claims data.</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; width: 100%;"> <thead> <tr> <th rowspan="2" style="width: 15%;">Performance Category</th> <th rowspan="2" style="width: 10%;">Measure Identification Number(s)</th> <th rowspan="2" style="width: 25%;">Measure Name</th> <th colspan="4" style="width: 30%;">Your TIN</th> <th colspan="2" style="width: 10%;">All TINs in Peer Group</th> </tr> <tr> <th style="width: 5%;">Number of Eligible Cases</th> <th style="width: 5%;">Performance Rate</th> <th style="width: 5%;">Standardized Performance Score</th> <th style="width: 5%;">Included in Domain Score?</th> <th style="width: 5%;">Benchmark (National Mean)</th> <th style="width: 5%;">Standard Deviation</th> </tr> </thead> <tbody> <tr> <td rowspan="6" style="vertical-align: middle; font-size: x-small;">Hospitalization Rate per 1,000 Beneficiaries for Ambulatory Care-Sensitive Conditions</td> <td rowspan="2" style="vertical-align: middle; font-size: x-small;">CMS-1</td> <td style="font-size: x-small;">Acute Conditions Composite</td> <td style="text-align: center; font-size: x-small;">37</td> <td style="text-align: center; font-size: x-small;">0.00%</td> <td style="text-align: center; font-size: x-small;">1.27</td> <td style="text-align: center; font-size: x-small;">Yes</td> <td style="text-align: center; font-size: x-small;">6.90%</td> <td style="text-align: center; font-size: x-small;">5.44</td> </tr> <tr> <td style="font-size: x-small;">Bacterial Pneumonia</td> <td style="text-align: center; font-size: x-small;">37</td> <td style="text-align: center; font-size: x-small;">0.00%</td> <td style="text-align: center; font-size: x-small;">—</td> <td style="text-align: center; font-size: x-small;">—</td> <td style="text-align: center; font-size: x-small;">9.96%</td> <td style="text-align: center; font-size: x-small;">8.73</td> </tr> <tr> <td rowspan="2" style="vertical-align: middle; font-size: x-small;">-</td> <td style="font-size: x-small;">Urinary Tract Infection</td> <td style="text-align: center; font-size: x-small;">37</td> <td style="text-align: center; font-size: x-small;">0.00%</td> <td style="text-align: center; font-size: x-small;">—</td> <td style="text-align: center; font-size: x-small;">—</td> <td style="text-align: center; font-size: x-small;">7.02%</td> <td style="text-align: center; font-size: x-small;">7.76</td> </tr> <tr> <td style="font-size: x-small;">Dehydration</td> <td style="text-align: center; font-size: x-small;">37</td> <td style="text-align: center; font-size: x-small;">0.00%</td> <td style="text-align: center; font-size: x-small;">—</td> <td style="text-align: center; font-size: x-small;">—</td> <td style="text-align: center; font-size: x-small;">3.69%</td> <td style="text-align: center; font-size: x-small;">4.18</td> </tr> <tr> <td rowspan="2" style="vertical-align: middle; font-size: x-small;">CMS-2</td> <td style="font-size: x-small;">Chronic Conditions Composite</td> <td style="text-align: center; font-size: x-small;">25</td> <td style="text-align: center; font-size: x-small;">0.00%</td> <td style="text-align: center; font-size: x-small;">2.11</td> <td style="text-align: center; font-size: x-small;">Yes</td> <td style="text-align: center; font-size: x-small;">54.56%</td> <td style="text-align: center; font-size: x-small;">25.83</td> </tr> <tr> <td style="font-size: x-small;">Diabetes (composite of 4 indicators)</td> <td style="text-align: center; font-size: x-small;">19</td> <td style="text-align: center; font-size: x-small;">0.00%</td> <td style="text-align: center; font-size: x-small;">—</td> <td style="text-align: center; font-size: x-small;">—</td> <td style="text-align: center; font-size: x-small;">17.98%</td> <td style="text-align: center; font-size: x-small;">20.11</td> </tr> </tbody> </table> </div>			Your TIN	All TINs in Peer Group	Performance Category	Measure Identification Number(s)	Measure Name	Your TIN				All TINs in Peer Group		Number of Eligible Cases	Performance Rate	Standardized Performance Score	Included in Domain Score?	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D. Cost Performance

Steps	Screenshots
<p>1. Follow Section IV. Accessing the 2015 Annual QRUR of this guide on how to access the Annual QRUR and view it online.</p>	
<p>2. Select the Cost Performance tab.</p>	
<p>This tab contains information on cost measures used to calculate the Cost Composite Score for your TIN. Hyperlinks to tables and glossary terms are also available.</p> <ul style="list-style-type: none"> • Your TIN's Cost Tier: <ul style="list-style-type: none"> ○ Exhibit 4. Your TIN's Cost Composite Score ○ Glossary Terms 	

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Steps	Screenshots						
<ul style="list-style-type: none"> • What cost measures are used to calculate the Cost Composite Score? <ul style="list-style-type: none"> ○ Table 3A. Per Capita Cost, by Categories of Service, for the Per Capita Costs for All Attributed Beneficiaries Measure ○ Table 3B. Per Capita Costs (except Medicare Spending per Beneficiary) for All Beneficiaries Attributed to Your TIN ○ Table 4A. Per Capita Costs, by Categories of Service, for Patients with Diabetes ○ Table 4B. Per Capita Costs, by Categories of Service, for Patients with Chronic Obstructive Pulmonary Disease (COPD) ○ Table 4C. Per Capita Costs, by Categories of Service, for Patients with Coronary Artery Disease (CAD) ○ Table 4D. Per Capita Costs, by Categories of Service, for Patients with Heart Failure ○ Table 5A. Hospitals Accounting for Five Percent or More 	<div style="border: 1px solid black; padding: 10px;"> <p>What cost measures are used to calculate the Cost Composite Score?</p> <p>Six cost measures are used to calculate your TIN's Cost Composite Score based on performance in 2015:</p> <ol style="list-style-type: none"> 1. Per Capita Costs for All Attributed Beneficiaries 2. Per Capita Costs for Beneficiaries with Diabetes 3. Per Capita Costs for Beneficiaries with Chronic Obstructive Pulmonary Disease (COPD) 4. Per Capita Costs for Beneficiaries with Coronary Artery Disease (CAD) 5. Per Capita Costs for Beneficiaries with Heart Failure 6. Medicare Spending per Beneficiary <p>For more information about your TIN's cost measures and the data underlying their computation, including breakdowns of cost by categories of service and beneficiary-level data, please refer to the following tables on the CMS Enterprise Portal:</p> <ul style="list-style-type: none"> • Table 3A. Per Capita Costs, by Categories of Service, for the Per Capita Costs for All Attributed Beneficiaries Measure • Table 3B. Per Capita Costs (except Medicare Spending Per Beneficiary) for All Beneficiaries Attributed to Your TIN • Table 4A. Per Capita Costs, by Categories of Service, for Patients with Diabetes • Table 4B. Per Capita Costs, by Categories of Service, for Patients with Chronic Obstructive Pulmonary Disease (COPD) • Table 4C. Per Capita Costs, by Categories of Service, for Patients with Coronary Artery Disease (CAD) • Table 4D. Per Capita Costs, by Categories of Service, for Patients with Heart Failure <p>For more information about your TIN's Medicare Spending Per Beneficiary hospitalization episodes, including the hospitals where your TIN's beneficiaries were treated, breakdowns of cost by categories of service, and episode-level data, please refer to the following tables:</p> <ul style="list-style-type: none"> • Table 5A. Hospitals Accounting for Five Percent or More Episodes of Care Attributed to Your TIN for the Medicare Spending per Beneficiary Measure • Table 5B. Beneficiaries and Episodes Attributed to Your TIN for the Medicare Spending per Beneficiary Measure • Table 5C. Per Episode Costs, by Categories of Service, for the Medicare Spending per Beneficiary Measure • Table 5D. Medicare Spending per Beneficiary Costs, by Episode and Service Category <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th colspan="2" style="text-align: center; color: red;">Glossary Terms</th> </tr> </thead> <tbody> <tr> <td style="width: 60%;">Attribution</td> <td></td> </tr> <tr> <td>Benchmark</td> <td></td> </tr> </tbody> </table> </div>	Glossary Terms		Attribution		Benchmark	
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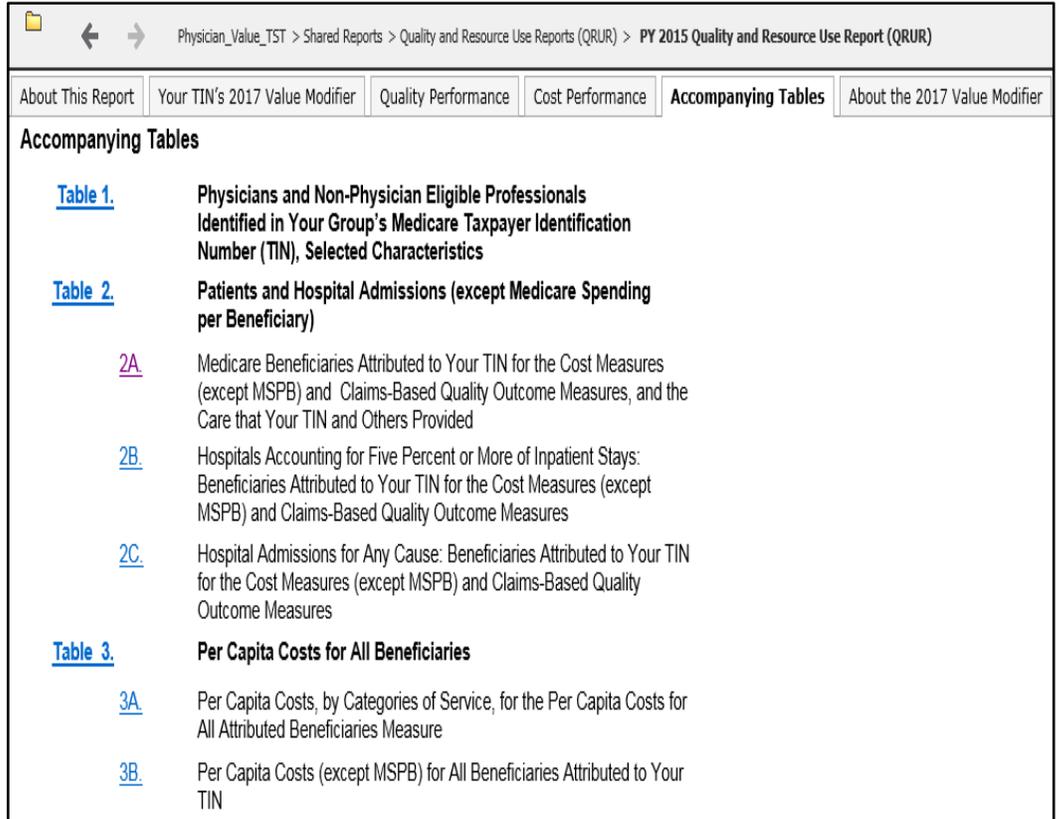
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<p>Episodes of Care Attributed to Your TIN for the Medicare Spending per Beneficiary Measure</p> <ul style="list-style-type: none"> ○ Table 5B. Beneficiaries and Episodes Attributed to Your TIN for the Medicare Spending per Beneficiary ○ Table 5C. Per Episodes Costs, by Categories of Service, for the Medicare Spending per Beneficiary Measure ○ Table 5D. Medicare Spending per Beneficiary Costs, by Episode and Service Category ○ Glossary Terms 	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">Exhibit 5-AAB. Costs for All Attributed Beneficiaries Domain</p> <p style="text-align: center;">Domain Score</p> <p style="text-align: center;"><i>A domain score was not calculated because your TIN did not have at least one cost measure with the minimum number of eligible cases or episodes to be included in the domain score.</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th rowspan="2" style="text-align: left;">Cost Measure</th> <th colspan="4" style="text-align: center;">Your TIN</th> <th colspan="2" style="text-align: center;">All TINs in Peer Group</th> </tr> <tr> <th style="text-align: center;">Number of Eligible Cases or Episodes</th> <th style="text-align: center;">Per Capita or Per Episode Costs</th> <th style="text-align: center;">Standardized Cost Score</th> <th style="text-align: center;">Included in Domain Score?</th> <th style="text-align: center;">Benchmark (National Mean)</th> <th style="text-align: center;">Standard Deviation</th> </tr> </thead> <tbody> <tr> <td>Per Capita Costs for All Attributed Beneficiaries</td> <td style="text-align: center;">37</td> <td style="text-align: center;">\$6,798</td> <td style="text-align: center;">-1.51</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">\$12,326</td> <td style="text-align: center;">\$3,665</td> </tr> <tr> <td>Medicare Spending per Beneficiary</td> <td style="text-align: center;">0</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">No</td> <td style="text-align: center;">\$20,599</td> <td style="text-align: center;">\$1,254</td> </tr> </tbody> </table> <p style="font-size: small;">Note: Only the measures for which your TIN had the minimum number of eligible cases or episodes are included in the domain score. For the Per Capita Costs for All Attributed Beneficiaries measure, the minimum number of eligible cases is 20. For the Medicare Spending per Beneficiary measure, the minimum number of eligible episodes is 125. The benchmark for a cost measure is the case-weighted national mean cost among all TINs in the measure's peer group during calendar year 2015. For the Per Capita Costs for All Attributed Beneficiaries measure, the peer group is defined as all TINs nationwide that had at least 20 eligible cases. For the Medicare Spending per Beneficiary measure, the peer group is defined as all TINs nationwide that had at least 125 eligible episodes.</p> <p style="text-align: center;">Exhibit 5-BSC. Costs for Beneficiaries with Specific Conditions Domain</p> <p style="text-align: center;">Domain Score</p> <p style="text-align: center;"><i>A domain score was not calculated because your TIN did not have at least one cost measure with the minimum number of eligible cases to be included in the domain score.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: left;">Cost Measure</th> <th colspan="4" style="text-align: center;">Your TIN</th> <th colspan="2" style="text-align: center;">All TINs in Peer Group</th> </tr> <tr> <th style="text-align: center;">Number of Eligible Cases or Episodes</th> <th style="text-align: center;">Per Capita or Per Episode Costs</th> <th style="text-align: center;">Standardized Cost Score</th> <th style="text-align: center;">Included in Domain Score?</th> <th style="text-align: center;">Benchmark (National Mean)</th> <th style="text-align: center;">Standard Deviation</th> </tr> </thead> <tbody> <tr> <td>Per Capita Costs for Beneficiaries with Diabetes</td> <td style="text-align: center;">19</td> <td style="text-align: center;">\$9,548</td> <td style="text-align: center;">-1.53</td> <td style="text-align: center;">No</td> <td style="text-align: center;">\$18,273</td> <td style="text-align: center;">\$5,690</td> </tr> </tbody> </table> </div>	Cost Measure	Your TIN				All TINs in Peer Group		Number of Eligible Cases or Episodes	Per Capita or Per Episode Costs	Standardized Cost Score	Included in Domain Score?	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Guide for Accessing the 2015 Annual QRURs and Tables

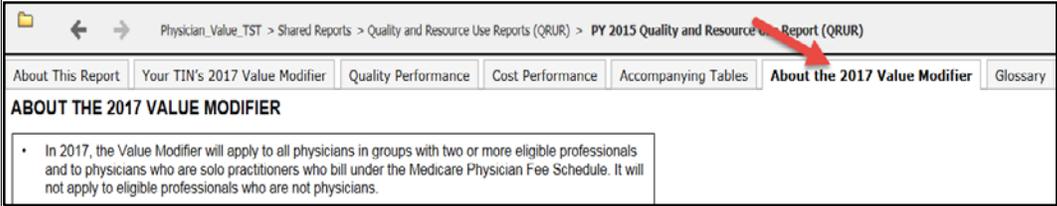
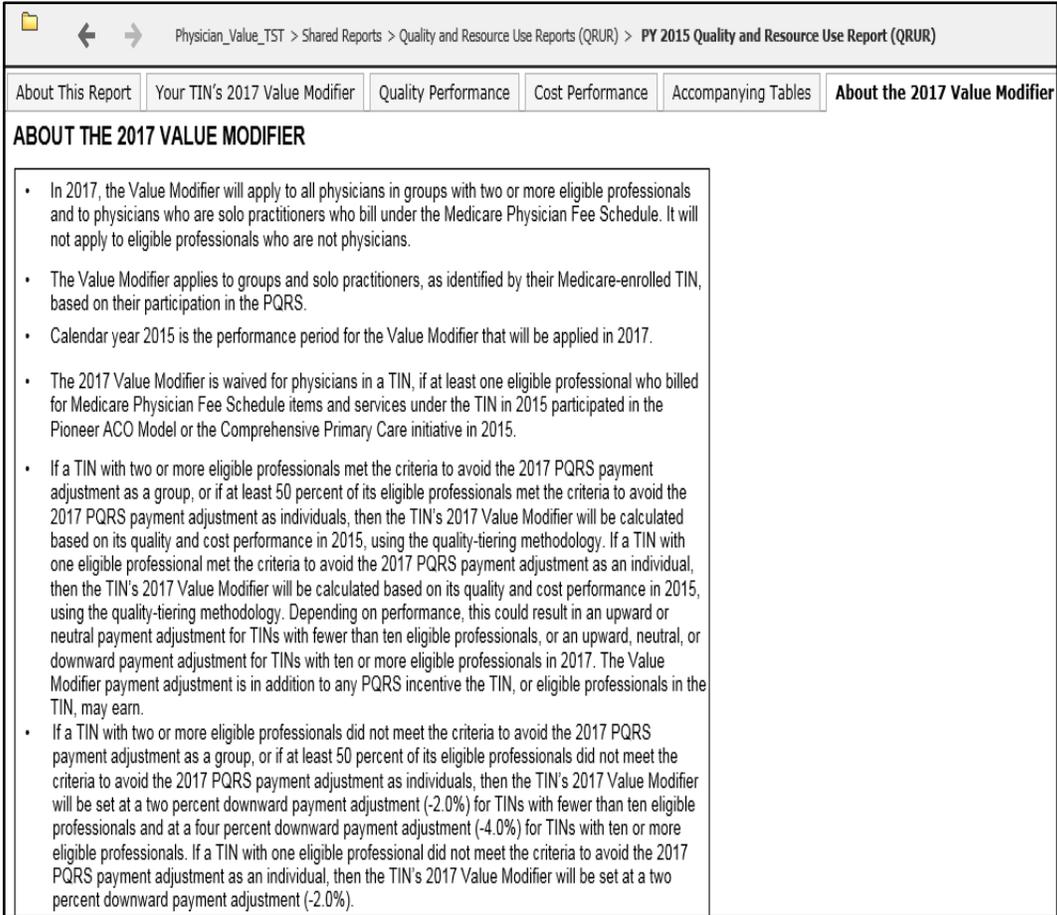
E. Accompanying Tables

Steps	Screenshots
<p>1. Follow Section IV. Accessing the 2015 Annual QRUR of this guide on how to access the Annual QRUR and view it online.</p>	
<p>2. Select the Accompanying Tables tab.</p>	
<p>This tab contains a list of hyperlinks to each of the 2015 Annual QRUR Tables. The tables provide supplemental information on your TIN.</p> <ul style="list-style-type: none"> Select any of the hyperlinks to access the Annual QRUR Tables. <p>Note: Table 6B is not available as a hyperlink in this section. Refer to Section VII. A- Accessing the 2015 Annual QRUR Tables from the Physician Value Physician Quality Reporting Portal to access Table 6B.</p>	

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

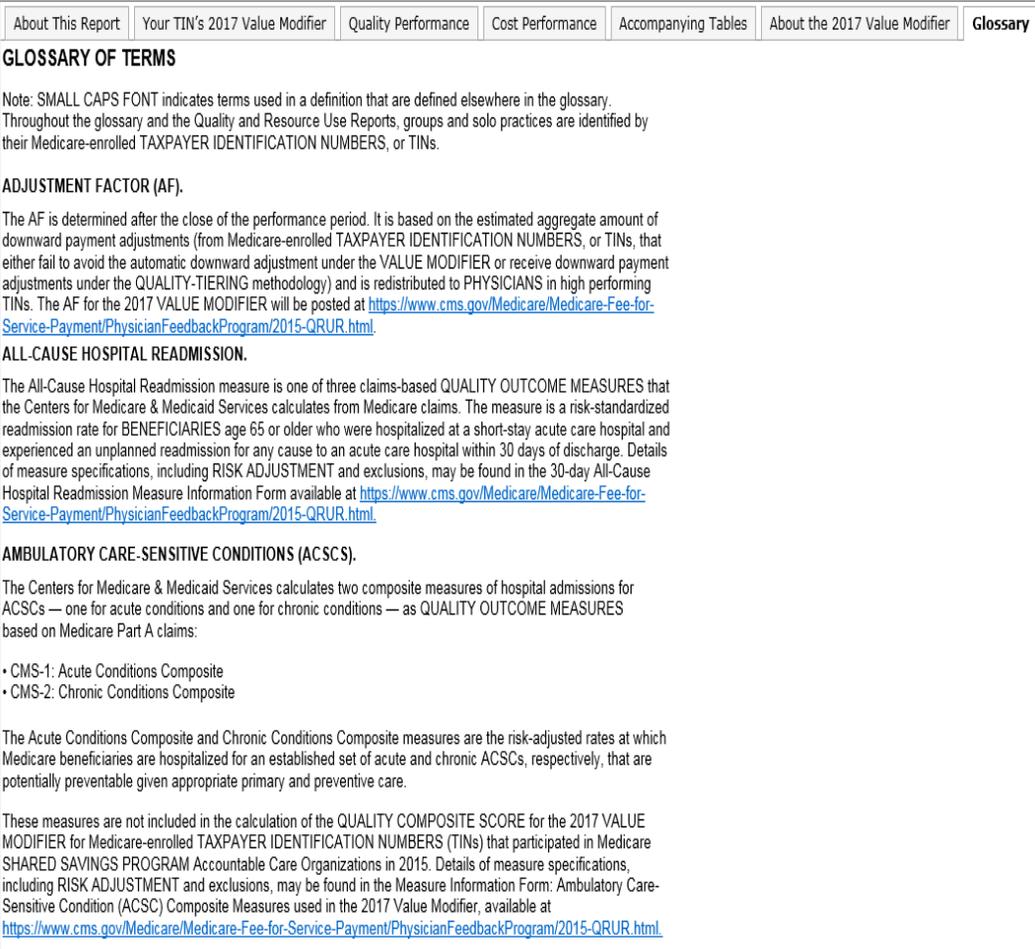
F. About the 2017 Value Modifier

Steps	Screenshots
<p>1. Follow Section IV. Accessing the 2015 Annual QRUR of this guide on how to access the Annual QRUR and view it online.</p>	
<p>2. Select the About the 2017 Value Modifier tab.</p>	
<p>This tab provides information About the 2017 Value Modifier.</p> <ul style="list-style-type: none"> About the 2017 Value Modifier What's Next? 	

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

G. Glossary

Steps	Screenshots
<p>1. Follow Section IV. Accessing the 2015 Annual QRUR of this guide on how to access the Annual QRUR and view it online.</p>	
<p>2. Select the Glossary tab.</p>	 <p>The screenshot shows a breadcrumb trail: Physician_Value_TST > Shared Reports > Quality and Resource Use Reports (QRUR) > PY 2015 Quality and Resource Use Report (QRUR). Below the trail is a horizontal menu with tabs: About This Report, Your TIN's 2017 Value Modifier, Quality Performance, Cost Performance, Accompanying Tables, About the 2017 Value Modifier, and Glossary. A red arrow points to the 'Glossary' tab.</p>
<p>The Glossary tab contains a list of terms with definitions used throughout the Annual QRUR.</p> <p>Note: Glossary terms specific to each section are also available throughout the report.</p>	 <p>The screenshot shows the 'Glossary of Terms' page content. At the top is the same navigation menu as in the previous screenshot. Below it is the heading 'GLOSSARY OF TERMS' followed by a note: 'Note: SMALL CAPS FONT indicates terms used in a definition that are defined elsewhere in the glossary. Throughout the glossary and the Quality and Resource Use Reports, groups and solo practices are identified by their Medicare-enrolled TAXPAYER IDENTIFICATION NUMBERS, or TINs.'</p> <p>ADJUSTMENT FACTOR (AF). The AF is determined after the close of the performance period. It is based on the estimated aggregate amount of downward payment adjustments (from Medicare-enrolled TAXPAYER IDENTIFICATION NUMBERS, or TINs, that either fail to avoid the automatic downward adjustment under the VALUE MODIFIER or receive downward payment adjustments under the QUALITY-TIERING methodology) and is redistributed to PHYSICIANS in high performing TINs. The AF for the 2017 VALUE MODIFIER will be posted at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2015-QRUR.html.</p> <p>ALL-CAUSE HOSPITAL READMISSION. The All-Cause Hospital Readmission measure is one of three claims-based QUALITY OUTCOME MEASURES that the Centers for Medicare & Medicaid Services calculates from Medicare claims. The measure is a risk-standardized readmission rate for BENEFICIARIES age 65 or older who were hospitalized at a short-stay acute care hospital and experienced an unplanned readmission for any cause to an acute care hospital within 30 days of discharge. Details of measure specifications, including RISK ADJUSTMENT and exclusions, may be found in the 30-day All-Cause Hospital Readmission Measure Information Form available at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2015-QRUR.html.</p> <p>AMBULATORY CARE-SENSITIVE CONDITIONS (ACSCS). The Centers for Medicare & Medicaid Services calculates two composite measures of hospital admissions for ACSCS — one for acute conditions and one for chronic conditions — as QUALITY OUTCOME MEASURES based on Medicare Part A claims:</p> <ul style="list-style-type: none"> • CMS-1: Acute Conditions Composite • CMS-2: Chronic Conditions Composite <p>The Acute Conditions Composite and Chronic Conditions Composite measures are the risk-adjusted rates at which Medicare beneficiaries are hospitalized for an established set of acute and chronic ACSCS, respectively, that are potentially preventable given appropriate primary and preventive care.</p> <p>These measures are not included in the calculation of the QUALITY COMPOSITE SCORE for the 2017 VALUE MODIFIER for Medicare-enrolled TAXPAYER IDENTIFICATION NUMBERS (TINs) that participated in Medicare SHARED SAVINGS PROGRAM Accountable Care Organizations in 2015. Details of measure specifications, including RISK ADJUSTMENT and exclusions, may be found in the Measure Information Form: Ambulatory Care-Sensitive Condition (ACSC) Composite Measures used in the 2017 Value Modifier, available at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2015-QRUR.html.</p>

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

VI. Downloading the 2015 Annual QRUR

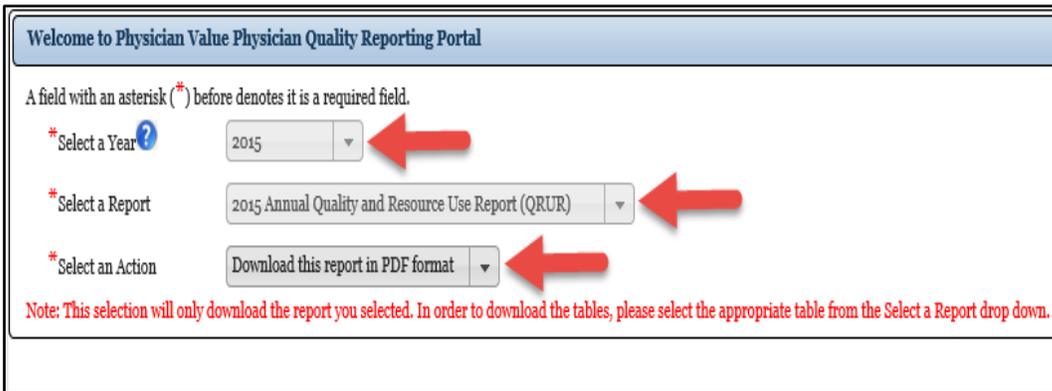
There are two ways to download and save the 2015 Annual QRUR on your desktop:

- A. From the Physician Value Physician Quality Reporting Portal using the ‘Select an Action’ in PDF format
- B. From the About This Report Section
 1. PDF format
 2. 508 Compliant Excel Format
 3. Comma Separated Value (CSV) Format

To download the 2015 Annual QRUR tables, please follow the instructions in Section VIII.

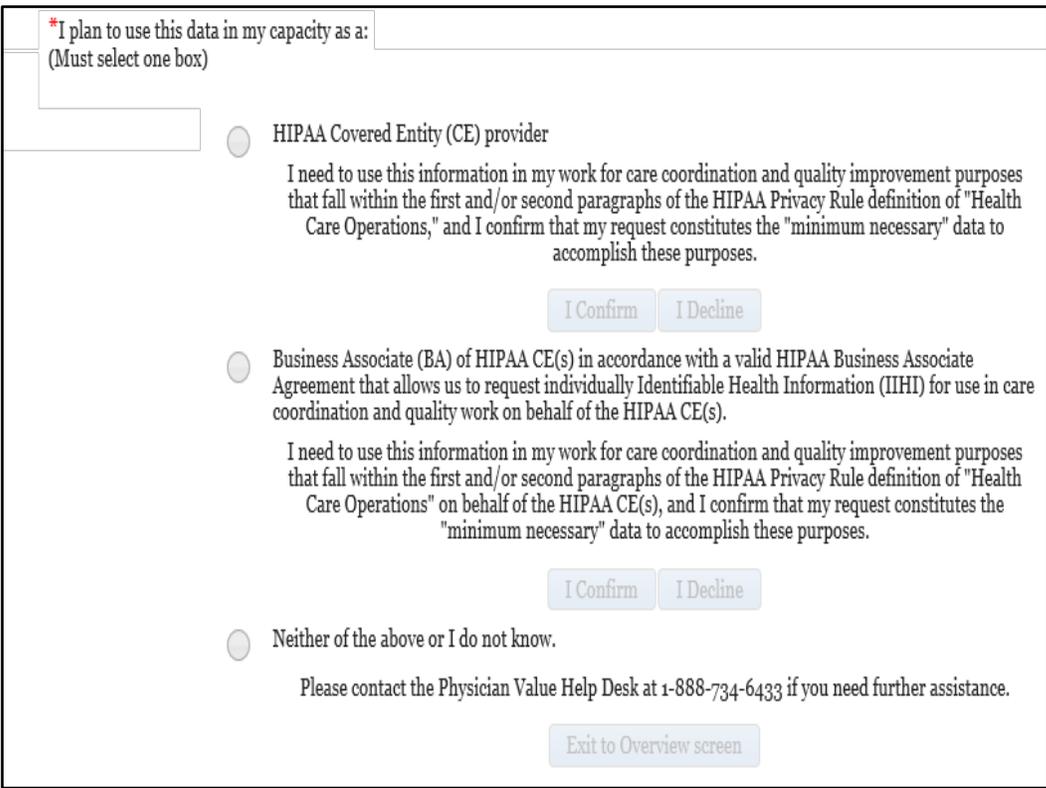
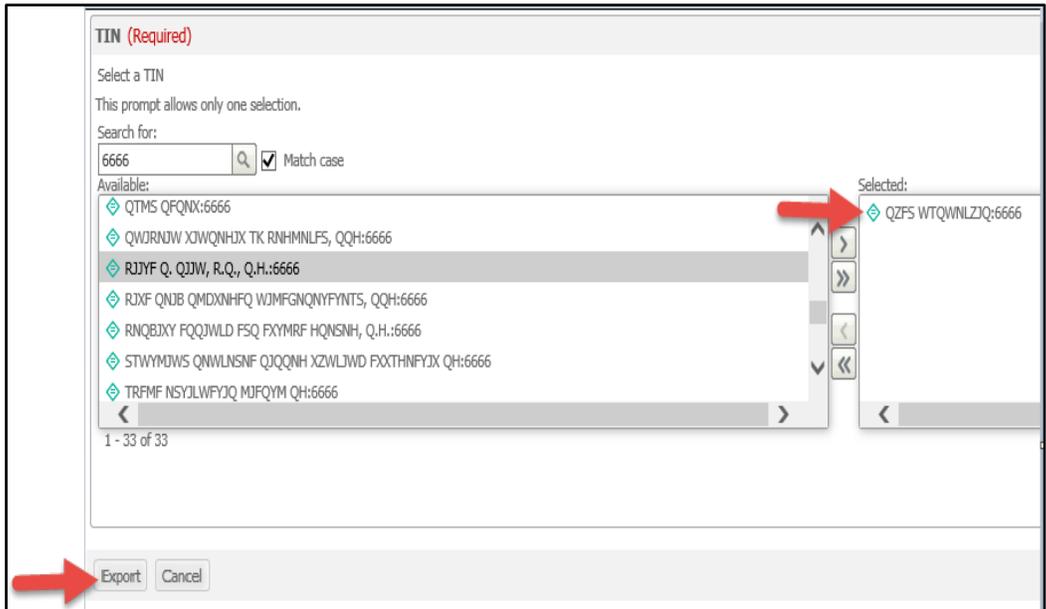
A. From the Physician Value Physician Quality Reporting Portal using the ‘Select an Action’ dropdown

This option will allow users to download the 2015 Annual QRUR into PDF through the **Physician Value Physician Quality Reporting Portal** from the **Select an Action** dropdown menu.

Steps	Screenshots
1. Follow Section IV: (Steps 1 – 5) Accessing the 2015 Annual QRUR of this guide on how to access the Annual QRUR.	
2. Select 2015 from the Select a Year dropdown menu, and then select a report 2015 Annual Quality and Resource Use Report (QRUR) from the Select a Report dropdown menu. <ul style="list-style-type: none"> • Select Download this report in PDF Format from the Select an Action dropdown menu. 	

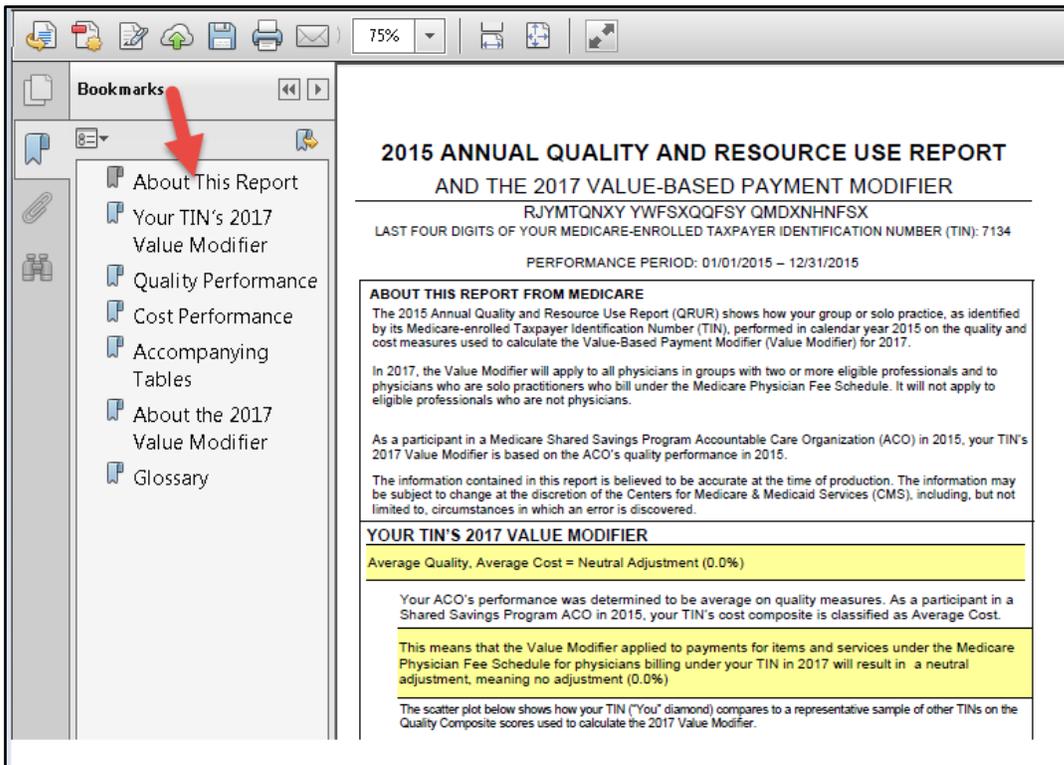
If you have questions about the 2015 Annual QRURs and Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

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 under 'I plan to use this data in my capacity as a:' Then select I Confirm to continue. <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>	
<p>4. Select one TIN from the Available TINs.</p> <ul style="list-style-type: none"> Select Export 	

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

Steps	Screenshots
<p>5. The 2015 Annual QRUR is downloaded to PDF format.</p> <p><i>Note: Only the Annual QRUR is downloaded. The Tables must be downloaded separately.</i></p> <p>6. Select any of the Bookmarks to navigate to a different section of the 2015 Annual QRUR.</p> <p><i>Note: Use the standard Adobe features to Save, Open, and Print content of the PDF file.</i></p>	 <p style="text-align: center;">2015 ANNUAL QUALITY AND RESOURCE USE REPORT AND THE 2017 VALUE-BASED PAYMENT MODIFIER</p> <p style="text-align: center;">RJYMTQNX YWFSXQQFSY QMDXNHNFSX LAST FOUR DIGITS OF YOUR MEDICARE-ENROLLED TAXPAYER IDENTIFICATION NUMBER (TIN): 7134 PERFORMANCE PERIOD: 01/01/2015 – 12/31/2015</p> <p>ABOUT THIS REPORT FROM MEDICARE The 2015 Annual Quality and Resource Use Report (QRUR) shows how your group or solo practice, as identified by its Medicare-enrolled Taxpayer Identification Number (TIN), performed in calendar year 2015 on the quality and cost measures used to calculate the Value-Based Payment Modifier (Value Modifier) for 2017.</p> <p>In 2017, the Value Modifier will apply to all physicians in groups with two or more eligible professionals and to physicians who are solo practitioners who bill under the Medicare Physician Fee Schedule. It will not apply to eligible professionals who are not physicians.</p> <p>As a participant in a Medicare Shared Savings Program Accountable Care Organization (ACO) in 2015, your TIN's 2017 Value Modifier is based on the ACO's quality performance in 2015.</p> <p>The information contained in this report is believed to be accurate at the time of production. The information may be subject to change at the discretion of the Centers for Medicare & Medicaid Services (CMS), including, but not limited to, circumstances in which an error is discovered.</p> <p>YOUR TIN'S 2017 VALUE MODIFIER</p> <p>Average Quality, Average Cost = Neutral Adjustment (0.0%)</p> <p>Your ACO's performance was determined to be average on quality measures. As a participant in a Shared Savings Program ACO in 2015, your TIN's cost composite is classified as Average Cost.</p> <p>This means that the Value Modifier applied to payments for items and services under the Medicare Physician Fee Schedule for physicians billing under your TIN in 2017 will result in a neutral adjustment, meaning no adjustment (0.0%)</p> <p>The scatter plot below shows how your TIN ("You" diamond) compares to a representative sample of other TINs on the Quality Composite scores used to calculate the 2017 Value Modifier.</p>

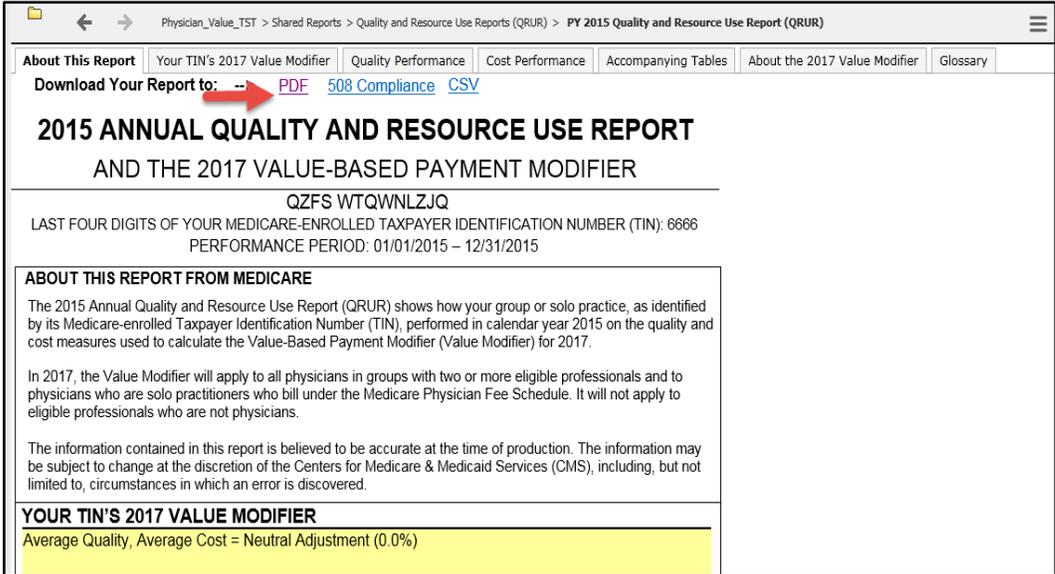
If you have questions about the 2015 Annual QRURs and Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

B. From the About This Report Section

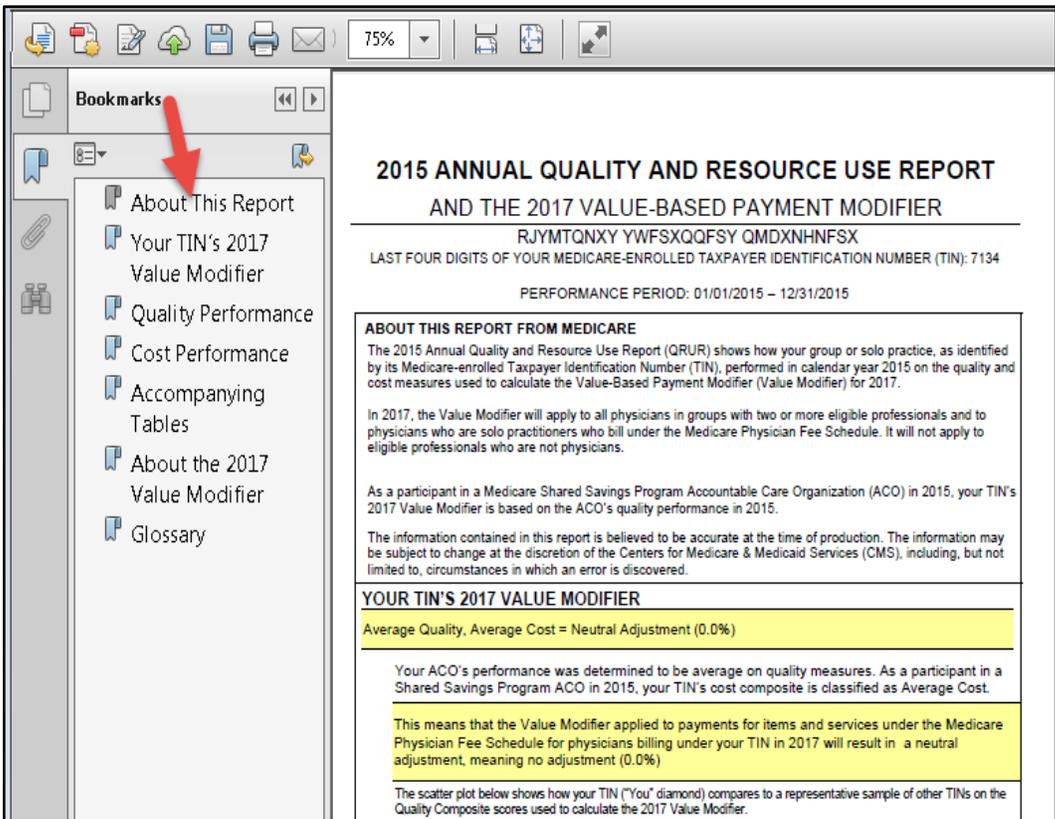
This option will allow users to download the 2015 Annual QRUR in PDF, 508 Compliant Excel, and CSV formats from the **About This Report** tab.

B-1 PDF Format

Steps	Screenshots
<p>1. Follow Section IV: (Steps 1 – 9) Accessing the 2015 Annual QRUR of this guide on how to access the Annual QRUR.</p>	
<p>The Annual QRUR is displayed with the following download options available on the 'About This Report' tab.</p> <p>Download Your Report to:</p> <ul style="list-style-type: none"> • PDF • 508 Compliant Excel • CSV <p>2. Select the PDF link from the Download Your Report to option to view this report in PDF format.</p>	

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

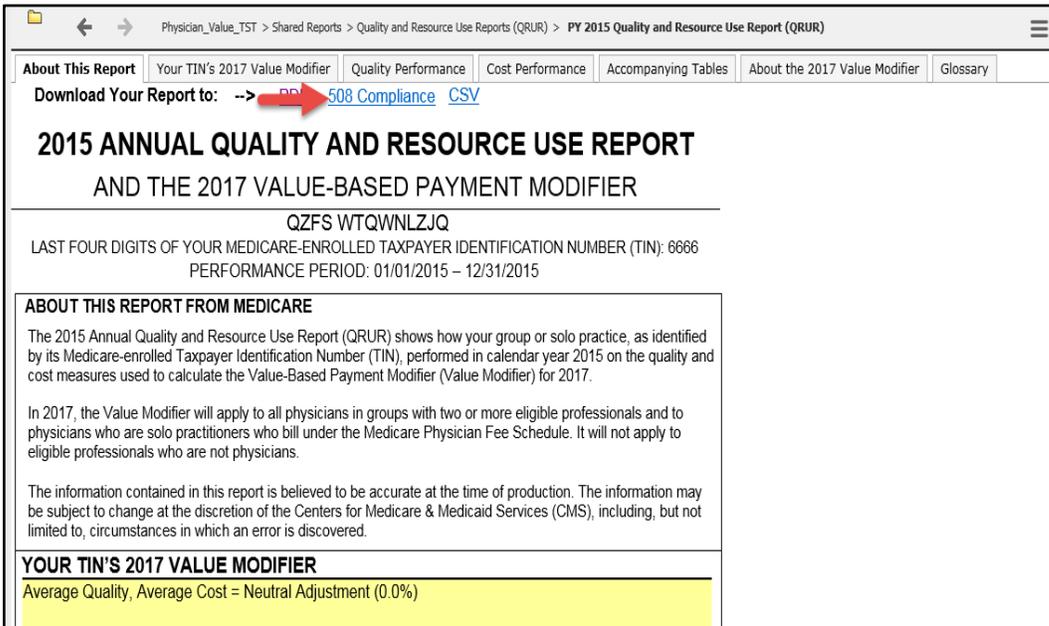
Guide for Accessing the 2015 Annual QRURs and Tables

Steps	Screenshots
<p>3. The 2015 Annual QRUR is downloaded to PDF format.</p> <p><i>Note: Only the Annual QRUR is downloaded. The Tables must be downloaded separately.</i></p> <p>4. Select any of the Bookmarks to navigate to a different section of the 2015 Annual QRUR.</p> <p><i>Note: Use the standard Adobe features to Save, Open, and Print content of the PDF file.</i></p>	 <p>The screenshot shows a PDF viewer interface. At the top, there are navigation icons and a zoom level of 75%. Below that is a 'Bookmarks' sidebar with a red arrow pointing to the 'About This Report' bookmark. The main content area displays the following text:</p> <p style="text-align: center;">2015 ANNUAL QUALITY AND RESOURCE USE REPORT AND THE 2017 VALUE-BASED PAYMENT MODIFIER</p> <p style="text-align: center;">RJYMTQNX YWFSXQQFSY QMDXNHNFSX LAST FOUR DIGITS OF YOUR MEDICARE-ENROLLED TAXPAYER IDENTIFICATION NUMBER (TIN): 7134 PERFORMANCE PERIOD: 01/01/2015 – 12/31/2015</p> <p>ABOUT THIS REPORT FROM MEDICARE The 2015 Annual Quality and Resource Use Report (QRUR) shows how your group or solo practice, as identified by its Medicare-enrolled Taxpayer Identification Number (TIN), performed in calendar year 2015 on the quality and cost measures used to calculate the Value-Based Payment Modifier (Value Modifier) for 2017.</p> <p>In 2017, the Value Modifier will apply to all physicians in groups with two or more eligible professionals and to physicians who are solo practitioners who bill under the Medicare Physician Fee Schedule. It will not apply to eligible professionals who are not physicians.</p> <p>As a participant in a Medicare Shared Savings Program Accountable Care Organization (ACO) in 2015, your TIN's 2017 Value Modifier is based on the ACO's quality performance in 2015.</p> <p>The information contained in this report is believed to be accurate at the time of production. The information may be subject to change at the discretion of the Centers for Medicare & Medicaid Services (CMS), including, but not limited to, circumstances in which an error is discovered.</p> <p>YOUR TIN'S 2017 VALUE MODIFIER</p> <p style="background-color: yellow;">Average Quality, Average Cost = Neutral Adjustment (0.0%)</p> <p>Your ACO's performance was determined to be average on quality measures. As a participant in a Shared Savings Program ACO in 2015, your TIN's cost composite is classified as Average Cost.</p> <p style="background-color: yellow;">This means that the Value Modifier applied to payments for items and services under the Medicare Physician Fee Schedule for physicians billing under your TIN in 2017 will result in a neutral adjustment, meaning no adjustment (0.0%)</p> <p>The scatter plot below shows how your TIN ("You" diamond) compares to a representative sample of other TINs on the Quality Composite scores used to calculate the 2017 Value Modifier.</p>

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

B-2 508 Compliant Excel Format

Steps	Screenshots
<p>1. Follow Section IV: (Steps 1 – 9) Accessing the 2015 Annual QRUR of this guide on how to access the Annual QRUR.</p>	
<p>The Annual QRUR is displayed with the following download options available on the 'About This Report' tab.</p> <p>Download Your Report to:</p> <ul style="list-style-type: none"> • PDF • 508 Compliant Excel • CSV <p>2. Select the 508 Compliance link from the Download Your Report to option to view this report in Excel format.</p> <p>Note: If you use Internet Explorer (IE) as your web browser, please make sure the CMS Enterprise Portal (https://portal.cms.gov) is added to the browser's trusted sites to prevent problems exporting your feedback report(s) to Excel. On the browser tool bar, go to Tools, select Internet Options, select the Security tab and then select Trusted Sites. On the Trusted Sites screen, click on the Sites button. If you don't see the portal address in the list of trusted Websites, click the Add button to add the portal address. Select Close and then OK to save and return</p>	

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

Steps	Screenshots
<p>to IE. Alternatively, you may use Chrome or Firefox as your browser, to view and export your report(s).</p>	
<p>3. The 2015 Annual QRUR is downloaded to 508 Compliant Excel format.</p> <p>Note: This version contains the report information but graphics are removed for 508 compliance purposes.</p> <p>Note: Exported cells may look truncated. Please expand the cells to view the whole content.</p>	

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

B-3 Comma Separated Value (CSV) Format

Steps	Screenshots
<p>1. Follow Section IV (Steps 1 – 9) Accessing the 2015 Annual QRUR of this guide on how to access the Annual QRUR.</p>	
<p>The Annual QRUR is displayed with the following download options available on the 'About This Report' tab.</p> <p>Download Your Report to:</p> <ul style="list-style-type: none"> • PDF • 508 Compliant Excel • CSV <p>2. Select the CSV link from the Download this Report to option to download the report in CSV format.</p>	

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

Steps	Screenshots																																																																																																																																																																																																																																																																
<p>3. The 2015 Annual QRUR is downloaded to CSV format.</p> <p>Note: All of the data in the 2015 Annual QRUR are downloaded to a comma-separated values (CSV) file. A data dictionary to supplement the CSV file is available at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2015-QRUR.html</p> <p>Note: Exported cells may look truncated. Please expand the cells to view the whole content.</p>	<table border="1" style="width: 100%; border-collapse: collapse; font-size: 8pt;"> <thead> <tr> <th style="width: 5%;">Row</th> <th style="width: 15%;">Column A</th> <th style="width: 45%;">Column B</th> <th style="width: 10%;">Column C</th> <th style="width: 5%;">Column D</th> <th style="width: 5%;">Column E</th> <th style="width: 5%;">Column F</th> <th style="width: 5%;">Column G</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td>Gpro Rptg Txt ID</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td>Cst Cmpst Tier Txt ID</td><td>Average</td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td>Qlty Cmpst Tier Txt ID</td><td>Average</td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td>EP Avoid Pymt Adjstnt Pct ID</td><td>100</td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td>Grp Aplcbl Val Mdfc Ind ID</td><td>7</td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td>Grp Met Non Gpro 50 Ep Ind ID</td><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>7</td><td></td><td>Grp Mssp With Aco Data Ind ID</td><td>0</td><td></td><td></td><td></td><td></td></tr> <tr><td>8</td><td></td><td>Qlty And Cst Prfinc Txt ID</td><td>0</td><td></td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td>Qlty Msr Prfinc Ctgrel Var Num ID</td><td>2</td><td></td><td></td><td></td><td></td></tr> <tr><td>10</td><td></td><td>Val Mdfc Num ID</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>11</td><td></td><td>Full Rpt Gurt Ind ID</td><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>12</td><td></td><td>Avg Risk Abv 75th Pctl Ind ID</td><td>0</td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #e0e0e0;"><td>13</td><td></td><td>Pymt Adjstnt Ctgry Txt ID</td><td>ACost_AQual</td><td></td><td></td><td></td><td></td></tr> <tr><td>14</td><td></td><td>Pg Stdzd Qlty Cmpst Scrc Rate ID</td><td>2.01</td><td></td><td></td><td></td><td></td></tr> <tr><td>15</td><td></td><td>Pg Stdzd Cst Cmpst Scrc Rate ID</td><td>-0.89</td><td></td><td></td><td></td><td></td></tr> <tr><td>16</td><td></td><td>Inelgbl Physn Blg Chrg Ind ID</td><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>17</td><td></td><td>Ep Withot Min Rptg Rqmt Ind ID</td><td>0</td><td></td><td></td><td></td><td></td></tr> <tr><td>18</td><td></td><td>Ep With Min Rptg Rqmt Ind ID</td><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>19</td><td></td><td>Ecr Dsply Ind ID</td><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>20</td><td></td><td>Ecc Dsply Ind ID</td><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>21</td><td></td><td>Cph Dsply Ind ID</td><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>22</td><td></td><td>Ccea Dsply Ind ID</td><td>4</td><td></td><td></td><td></td><td></td></tr> <tr><td>23</td><td></td><td>Ps Dsply Ind ID</td><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>24</td><td></td><td>Pce Dsply Ind ID</td><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>25</td><td></td><td>Low Cst Avg Qlty Adjstnt Pct ID</td><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>26</td><td></td><td>Low Cst High Qlty Adjstnt Pct ID</td><td>2</td><td></td><td></td><td></td><td></td></tr> <tr><td>27</td><td></td><td>Avg Cst High Qlty Adjstnt Pct ID</td><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>28</td><td>TIN/ACO</td><td></td><td></td><td>TIN</td><td></td><td></td><td></td></tr> <tr><td>29</td><td>STDZD_CST_CMPST_SCRC_RATE</td><td></td><td></td><td>-0.90</td><td></td><td></td><td></td></tr> <tr><td>30</td><td>STDZD_QLTY_CMPST_SCRC_RATE</td><td></td><td></td><td>2.01</td><td></td><td></td><td></td></tr> <tr><td>31</td><td>TIN_ELGBL_PROFNL_CNT</td><td></td><td></td><td>1</td><td></td><td></td><td></td></tr> </tbody> </table>	Row	Column A	Column B	Column C	Column D	Column E	Column F	Column G	1		Gpro Rptg Txt ID						2		Cst Cmpst Tier Txt ID	Average					3		Qlty Cmpst Tier Txt ID	Average					4		EP Avoid Pymt Adjstnt Pct ID	100					5		Grp Aplcbl Val Mdfc Ind ID	7					6		Grp Met Non Gpro 50 Ep Ind ID	1					7		Grp Mssp With Aco Data Ind ID	0					8		Qlty And Cst Prfinc Txt ID	0					9		Qlty Msr Prfinc Ctgrel Var Num ID	2					10		Val Mdfc Num ID						11		Full Rpt Gurt Ind ID	1					12		Avg Risk Abv 75th Pctl Ind ID	0					13		Pymt Adjstnt Ctgry Txt ID	ACost_AQual					14		Pg Stdzd Qlty Cmpst Scrc Rate ID	2.01					15		Pg Stdzd Cst Cmpst Scrc Rate ID	-0.89					16		Inelgbl Physn Blg Chrg Ind ID	1					17		Ep Withot Min Rptg Rqmt Ind ID	0					18		Ep With Min Rptg Rqmt Ind ID	1					19		Ecr Dsply Ind ID	1					20		Ecc Dsply Ind ID	1					21		Cph Dsply Ind ID	1					22		Ccea Dsply Ind ID	4					23		Ps Dsply Ind ID	1					24		Pce Dsply Ind ID	1					25		Low Cst Avg Qlty Adjstnt Pct ID	1					26		Low Cst High Qlty Adjstnt Pct 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Guide for Accessing the 2015 Annual QRURs and Tables

VII. Accessing the 2015 Annual QRUR Tables

The following 2015 Annual QRUR Tables are available:

- Table 1. Physicians and Non-Physician Eligible Professionals Identified in Your Medicare-Enrolled Taxpayer Identification Number (TIN), Selected Characteristics
- Table 2. Patients and Hospital Admissions (except Medicare Spending per Beneficiary)
- Table 3. Per Capita Costs for All Beneficiaries
- Table 4. Per Capita Costs for Selected Conditions
- Table 5. Medicare Spending per Beneficiary (MSPB)
- Table 6. Medicare Shared Savings Program
- Table 7. Individual Eligible Professional Performance on the 2015 PQRS Measures

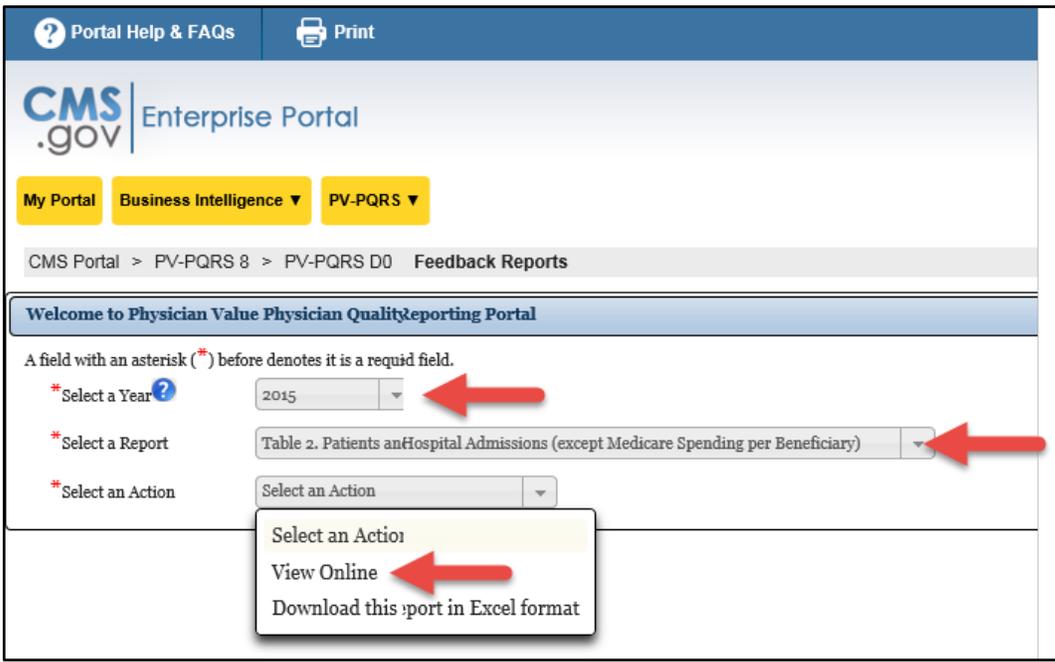
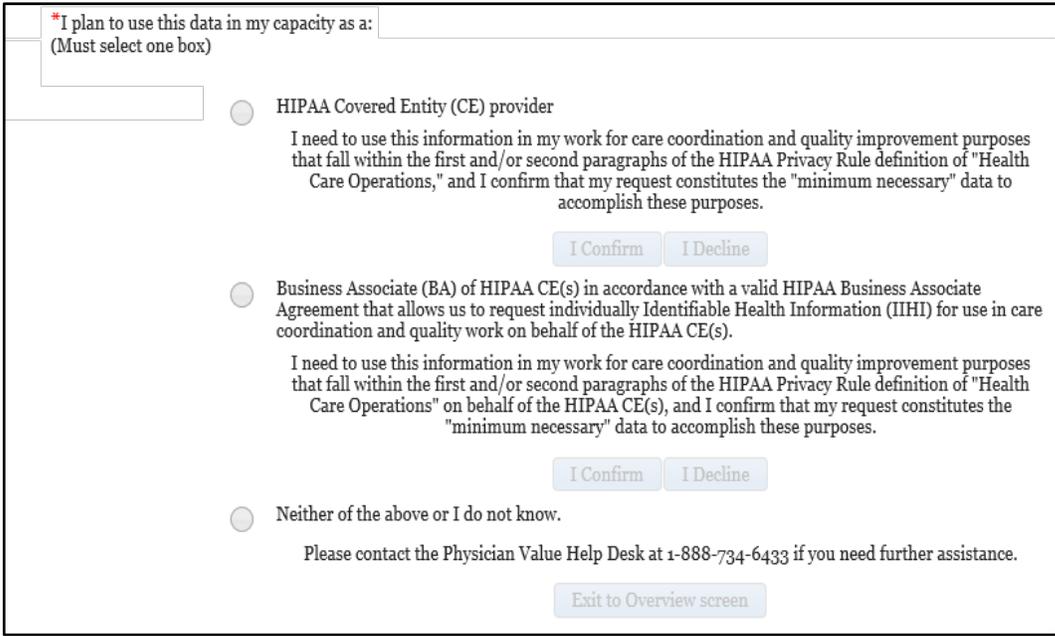
All of these tables can be generated either separately from the Physician Value Physician Quality Reporting Portal or from links placed within applicable sections throughout the report while viewing the Annual QRUR online in MicroStrategy.

A. Accessing the 2015 AQRUR Tables from the Physician Value Physician Quality Reporting Portal

Steps	Screenshots
1. Follow Section IV (Steps 1-5) Accessing the 2015 Annual QRUR of this guide on how to access the 2015 Annual QRUR .	

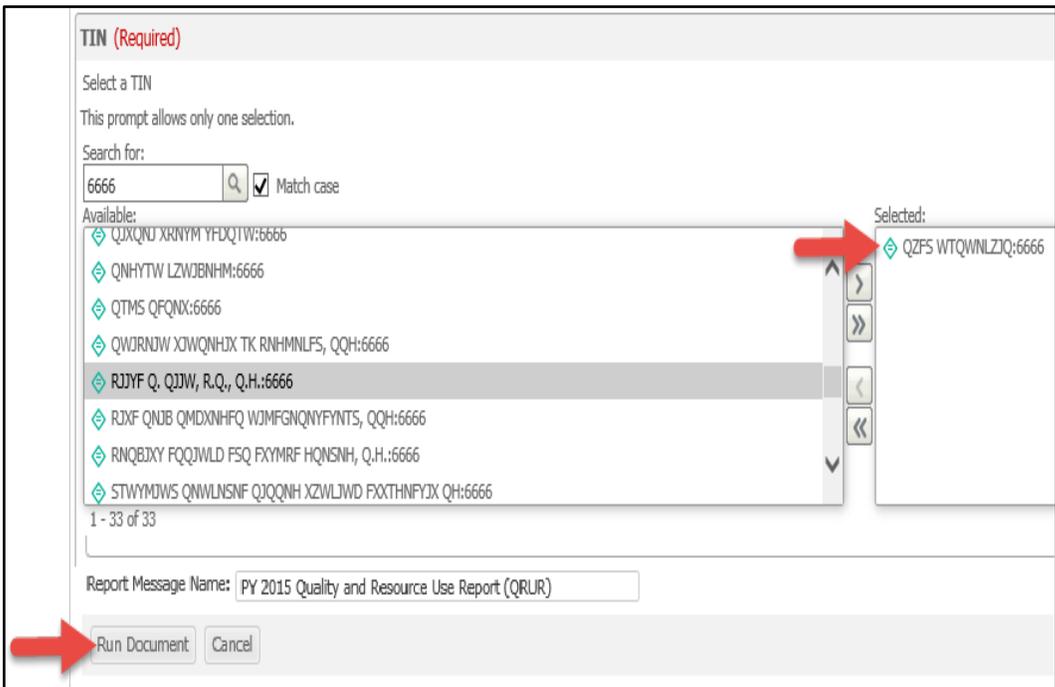
If you have questions about the 2015 Annual QRURs and Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

Steps	Screenshots
<p>2. Select 2015 from the Select a Year dropdown menu, and then select one of the Annual QRUR Tables (<i>e.g., Table 2. Patients and Hospital Admissions (except Medicare Spending per Beneficiary)</i>) from the Select a Report dropdown menu.</p> <ul style="list-style-type: none"> Select View Online from the Select an Action dropdown menu. 	
<p>3. Read the Attestation Message and make the appropriate attestation selection.</p> <ul style="list-style-type: none"> Select one of the options under 'I plan to use this data in my capacity as a:' Then, select I Confirm to continue. <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>	

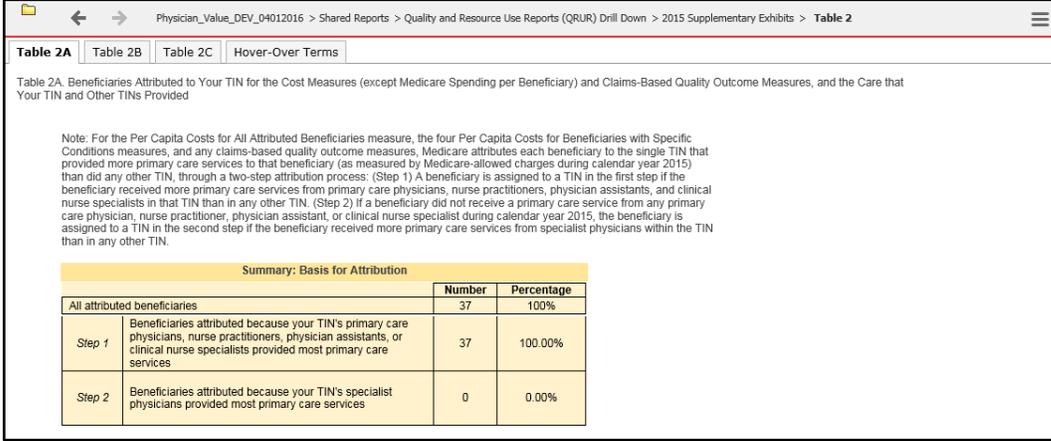
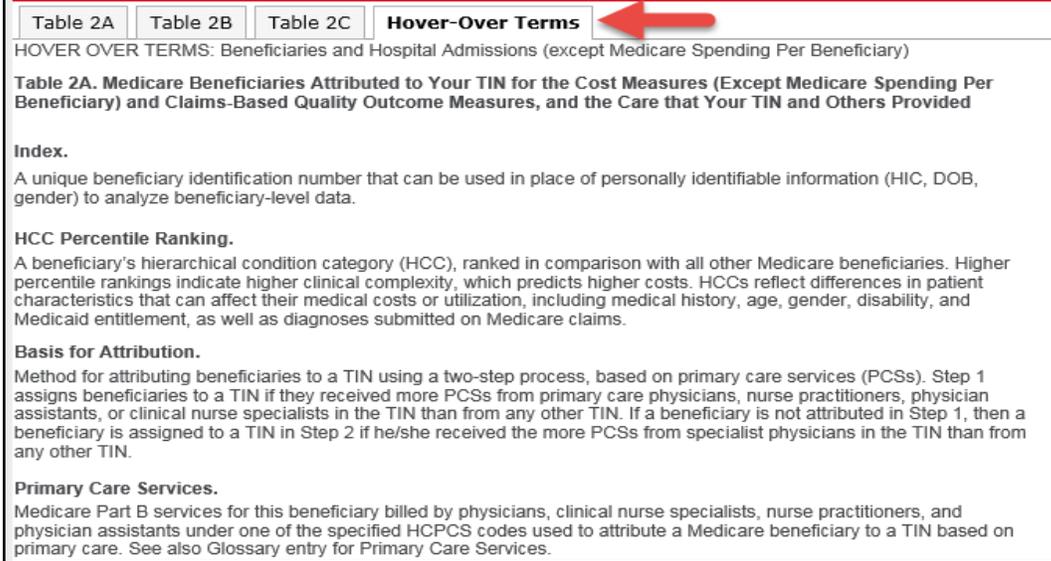
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Guide for Accessing the 2015 Annual QRURs and Tables

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 one TIN from the Available TINs:</p> <ul style="list-style-type: none"> Select a TIN and either double-click or click 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 each time you attempt to retrieve a 2015 Annual Table.</p> <p>Note: For better search results, it is recommended to search by the last 4 digits of the TIN.</p> <p>Select Run Document.</p> <p>Note: You will need to wait several seconds while the system generates your 2015 Annual QRUR Table.</p>	

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

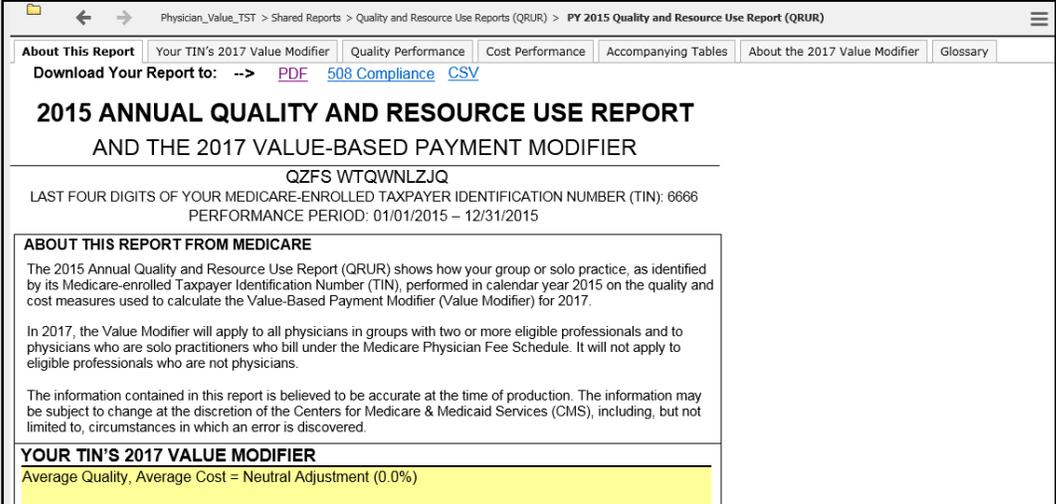
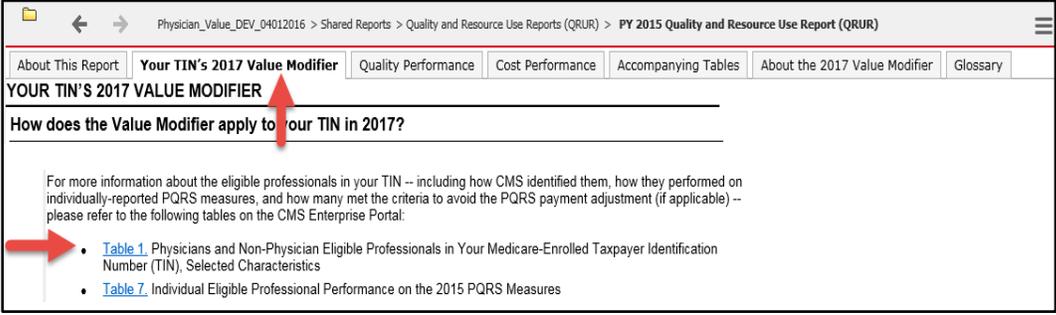
Steps	Screenshots															
<p>The selected 2015 Annual QRUR Table is displayed.</p> <p>Note: <i>The example shown is Table 2A. Patients and Hospital Admissions (Except Medicare Spending per Beneficiary).</i></p> <p>Note: <i>Some tables will display multiple tabs when the report opens in MicroStrategy.</i></p>	 <p>Table 2A. Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending per Beneficiary) and Claims-Based Quality Outcome Measures, and the Care that Your TIN and Other TINs Provided</p> <p>Note: For the Per Capita Costs for All Attributed Beneficiaries measure, the four Per Capita Costs for Beneficiaries with Specific Conditions measures, and any claims-based quality outcome measures, Medicare attributes each beneficiary to the single TIN that provided more primary care services to that beneficiary (as measured by Medicare-allowed charges during calendar year 2015) than did any other TIN, through a two-step attribution process: (Step 1) A beneficiary is assigned to a TIN in the first step if the beneficiary received more primary care services from primary care physicians, nurse practitioners, physician assistants, and clinical nurse specialists in that TIN than in any other TIN. (Step 2) If a beneficiary did not receive a primary care service from any primary care physician, nurse practitioner, physician assistant, or clinical nurse specialist during calendar year 2015, the beneficiary is assigned to a TIN in the second step if the beneficiary received more primary care services from specialist physicians within the TIN than in any other TIN.</p> <table border="1"> <thead> <tr> <th colspan="3">Summary: Basis for Attribution</th> </tr> <tr> <th></th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>All attributed beneficiaries</td> <td>37</td> <td>100%</td> </tr> <tr> <td>Step 1</td> <td>Beneficiaries attributed because your TIN's primary care physicians, nurse practitioners, physician assistants, or clinical nurse specialists provided most primary care services</td> <td>37 100.00%</td> </tr> <tr> <td>Step 2</td> <td>Beneficiaries attributed because your TIN's specialist physicians provided most primary care services</td> <td>0 0.00%</td> </tr> </tbody> </table>	Summary: Basis for Attribution				Number	Percentage	All attributed beneficiaries	37	100%	Step 1	Beneficiaries attributed because your TIN's primary care physicians, nurse practitioners, physician assistants, or clinical nurse specialists provided most primary care services	37 100.00%	Step 2	Beneficiaries attributed because your TIN's specialist physicians provided most primary care services	0 0.00%
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<p>When the Annual QRUR Tables are generated the report will include an additional tab labeled, 'Hover Over Terms'. This tab will contain the descriptions of the terms used in the specific table, when applicable.</p> <p>5. Select the tabs at the top of the report to navigate between the applicable Table(s) within the report or the Hover-Over Terms.</p>	 <p>Table 2A. Medicare Beneficiaries Attributed to Your TIN for the Cost Measures (Except Medicare Spending Per Beneficiary) and Claims-Based Quality Outcome Measures, and the Care that Your TIN and Others Provided</p> <p>Index. A unique beneficiary identification number that can be used in place of personally identifiable information (HIC, DOB, gender) to analyze beneficiary-level data.</p> <p>HCC Percentile Ranking. A beneficiary's hierarchical condition category (HCC), ranked in comparison with all other Medicare beneficiaries. Higher percentile rankings indicate higher clinical complexity, which predicts higher costs. HCCs reflect differences in patient characteristics that can affect their medical costs or utilization, including medical history, age, gender, disability, and Medicaid entitlement, as well as diagnoses submitted on Medicare claims.</p> <p>Basis for Attribution. Method for attributing beneficiaries to a TIN using a two-step process, based on primary care services (PCSs). Step 1 assigns beneficiaries to a TIN if they received more PCSs from primary care physicians, nurse practitioners, physician assistants, or clinical nurse specialists in the TIN than from any other TIN. If a beneficiary is not attributed in Step 1, then a beneficiary is assigned to a TIN in Step 2 if he/she received the more PCSs from specialist physicians in the TIN than from any other TIN.</p> <p>Primary Care Services. Medicare Part B services for this beneficiary billed by physicians, clinical nurse specialists, nurse practitioners, and physician assistants under one of the specified HCPCS codes used to attribute a Medicare beneficiary to a TIN based on primary care. See also Glossary entry for Primary Care Services.</p>															
<p>6. Follow Steps 1-5 of this section to access any of the other 2015 Annual QRUR Tables.</p>																

If you have questions about the 2015 Annual QRURs and 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) or by email at pvhelpdesk@cms.hhs.gov. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Guide for Accessing the 2015 Annual QRURs and Tables

B. Accessing the 2015 Annual QRUR Tables within the 2015 Annual QRUR

All of the Annual QRUR Tables can be accessed from links placed within the main Annual QRUR. There are links available throughout the various sections of the report.

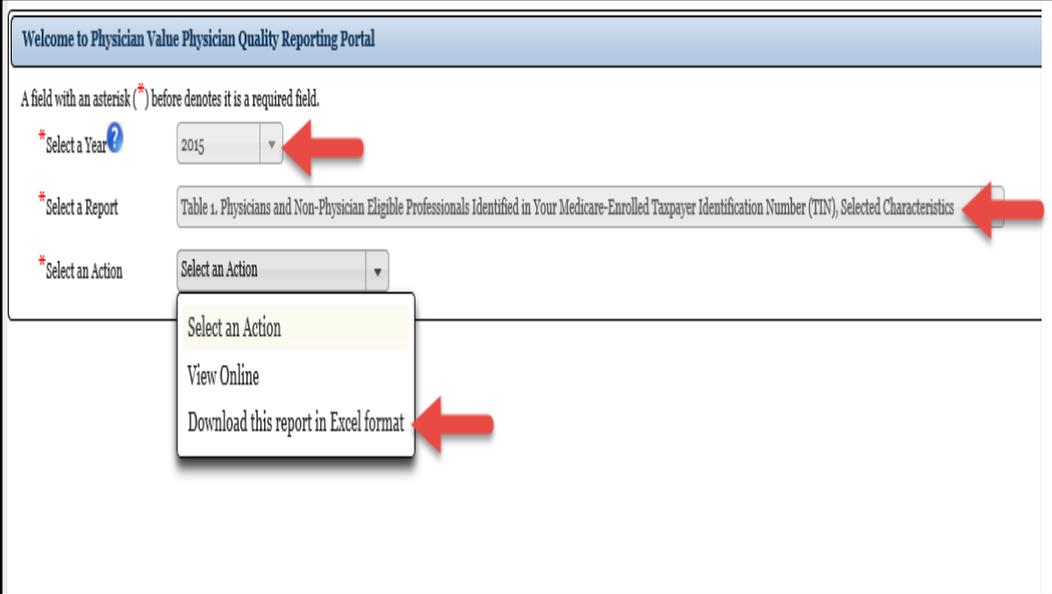
Steps	Screenshots
<p>1. Follow Section IV (Steps 1-9) Accessing the 2015 Annual QRUR of this guide on how to access the Annual QRUR.</p>	
<p>2. The 2015 Annual QRUR is displayed.</p>	
<p>3. Select any tab in the Annual QRUR and scroll to the bottom of the page to see links to the Tables that are applicable to that section.</p> <ul style="list-style-type: none"> Select the link to open the Table. <p>Note: You will need to wait several seconds while the system generates the table.</p>	

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Guide for Accessing the 2015 Annual QRURs and Tables

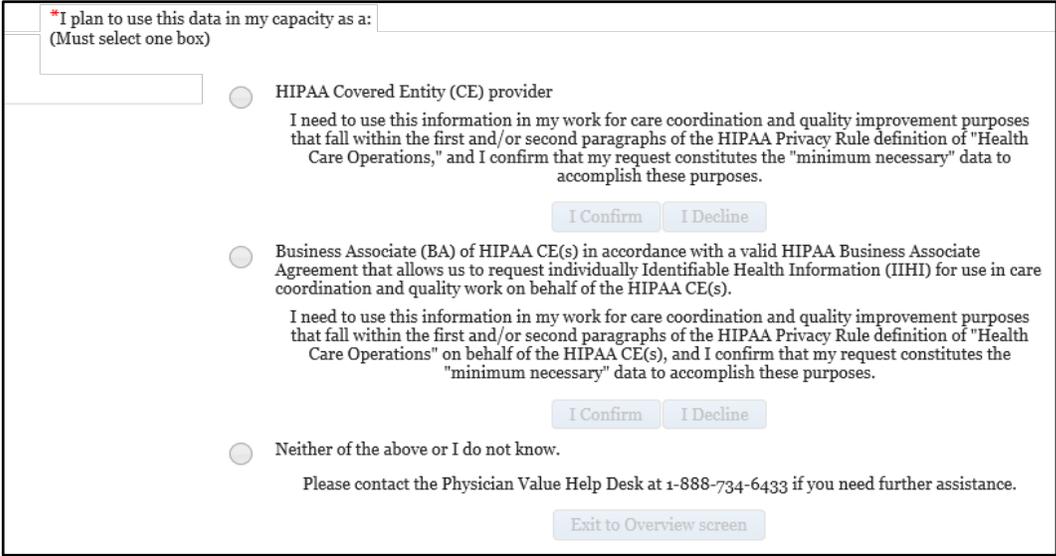
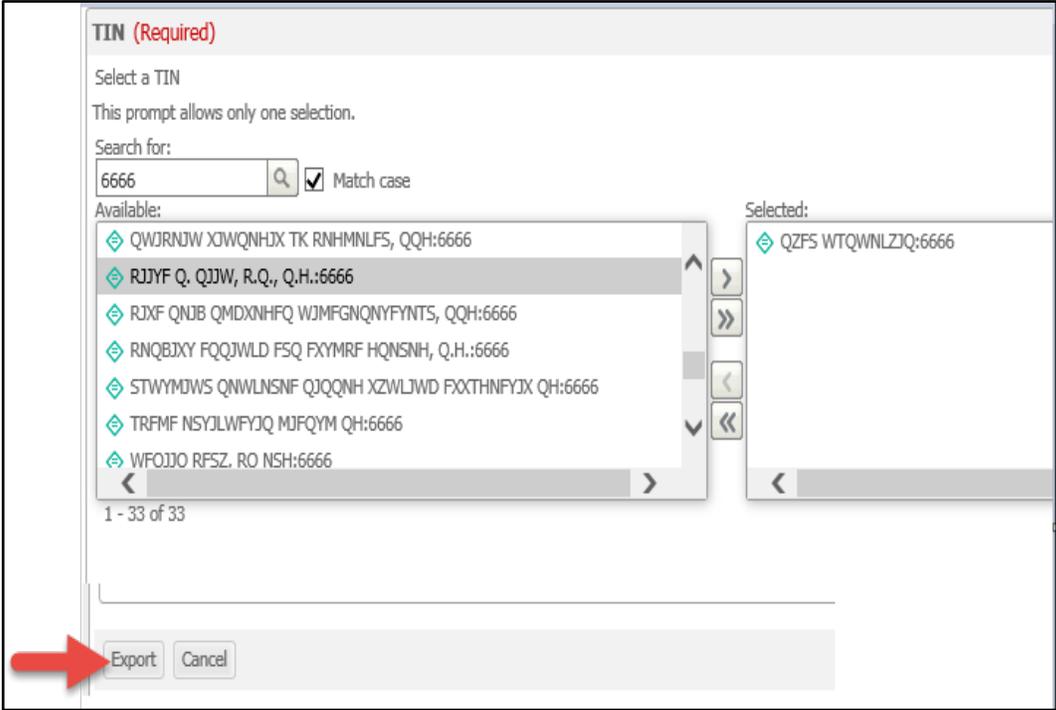
VIII. Downloading the 2015 Annual QRUR Tables in Excel Format

This option will allow users to download the 2015 Annual QRUR Tables in Excel through the Physician Value Physician Quality Reporting Portal from the 'Select an Action' dropdown menu.

Steps	Screenshots
<p>1. Follow Section IV (Steps 1-5) Accessing the 2015 Annual QRUR of this guide on how to access the Annual QRUR.</p>	
<p>2. Select 2015 from the Select a Year dropdown menu and then select one of the Annual QRUR Tables.</p> <ul style="list-style-type: none"> • Select Download this report in Excel format from the Select an Action dropdown menu. <p>Note: <i>Select an Action field will populate only when the year 2015 is selected.</i></p>	 <p>The screenshot shows the 'Welcome to Physician Value Physician Quality Reporting Portal' header. Below it, a message states: 'A field with an asterisk (*) before denotes it is a required field.' There are three required dropdown menus: <ul style="list-style-type: none"> '*Select a Year' with a blue question mark icon, set to '2015'. A red arrow points to the dropdown arrow. '*Select a Report' set to 'Table 1. Physicians and Non-Physician Eligible Professionals Identified in Your Medicare-Enrolled Taxpayer Identification Number (TIN), Selected Characteristics'. A red arrow points to the dropdown arrow. '*Select an Action' set to 'Select an Action'. A dropdown menu is open, showing options: 'Select an Action', 'View Online', and 'Download this report in Excel format'. A red arrow points to the 'Download this report in Excel format' option. </p>

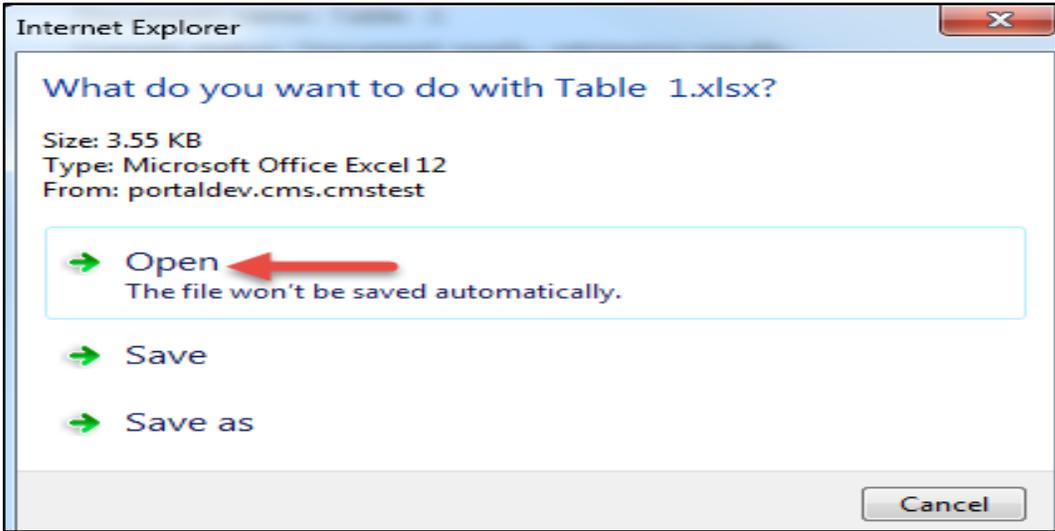
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Guide for Accessing the 2015 Annual QRURs and Tables

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 under 'I plan to use this data in my capacity as a.' Then select I Confirm to continue. <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>	
<p>You are now in the MicroStrategy Web Platform. The screen shows the TIN(s) associated with your EIDM account.</p> <p>4. Select one TIN from the Available TINs:</p> <ul style="list-style-type: none"> Select a TIN and either double-click or click 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 each time you attempt to retrieve a 2015 Annual QRUR Table.</p> <p>Note: For better search results, it is recommended to search by the last 4 digits of the TIN.</p>	

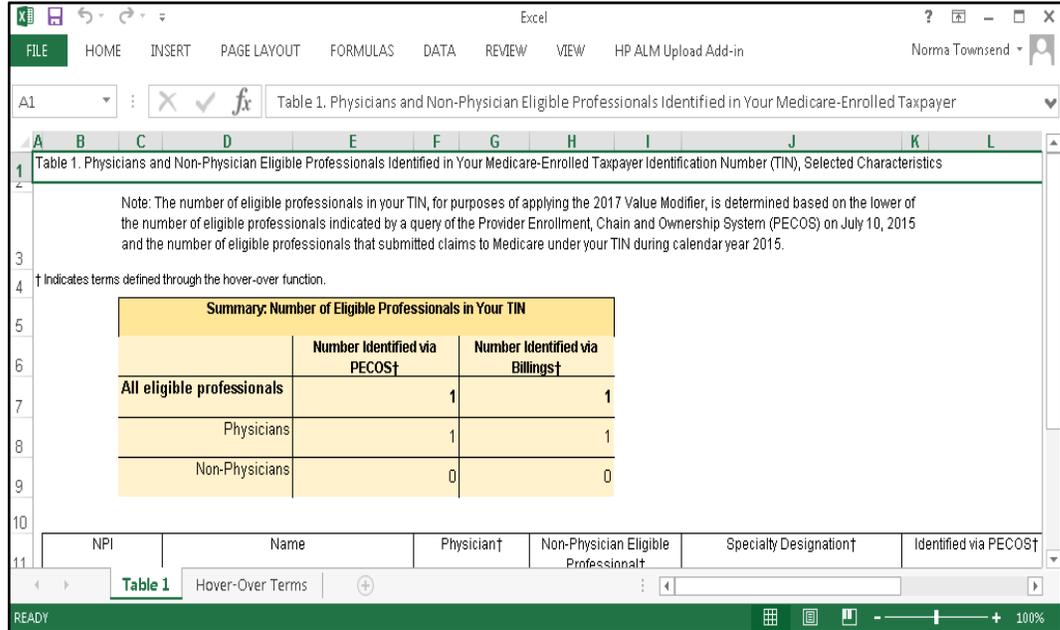
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Guide for Accessing the 2015 Annual QRURs and Tables

Steps	Screenshots
<p>Select Export.</p> <p>Note: You will need to wait several seconds while the system generates your 2015 Annual QRUR Table.</p>	
<p>5. Select one of the following options:</p> <ul style="list-style-type: none"> • Open to open the table in Excel. The file will open in Excel and will not be automatically saved. • Save. The file will be saved in Excel format in the Downloads folder on your computer. • Save As. You will be prompted with a Save As window on which you can choose the location where you can save the file. <p>Note: If you use Internet Explorer (IE) as your web browser, please make sure the CMS Enterprise Portal (https://portal.cms.gov) is added to the browser's trusted sites to prevent problems exporting your feedback report(s) to Excel. On the browser tool bar, go to Tools, select Internet Options, select the Security tab and then select Trusted Sites. On the Trusted Sites screen, click on the Sites button. If you don't see the portal address in the list of trusted Websites, click the Add button to add the portal address. Select Close and then OK to save and return to IE. Alternatively, you may use Chrome or Firefox as your browser, to view and</p>	

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Guide for Accessing the 2015 Annual QRURs and Tables

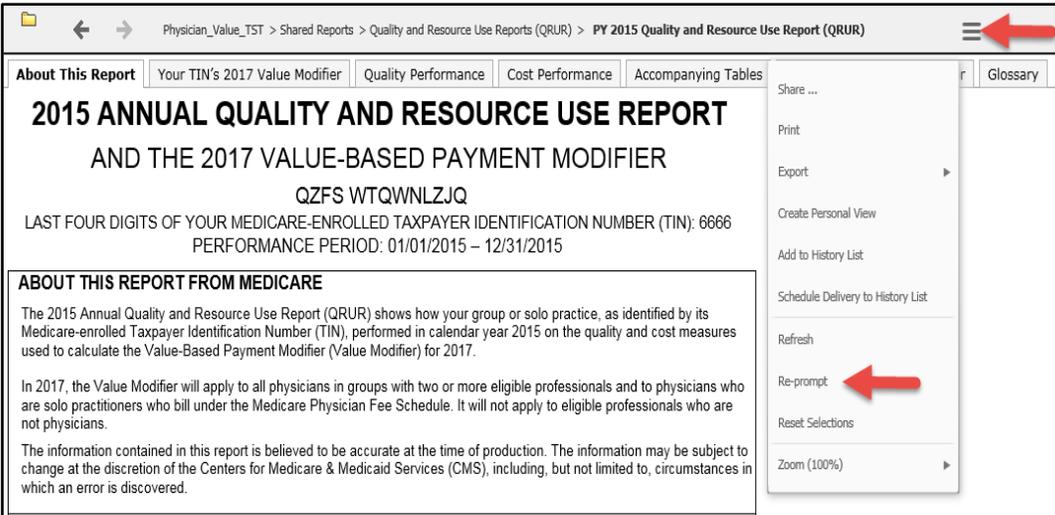
Steps	Screenshots																											
<p><i>export your report(s).</i></p>																												
<p>6. The 2015 Annual QRUR table is downloaded to Excel format.</p> <p>Note: Use the Microsoft Excel features to Save and/or Print the 2015 Annual QRUR Table file.</p> <p>Note: Exported cells may look truncated. Please expand the cells to view the whole content.</p>	 <p>The screenshot shows an Excel spreadsheet with the following table content:</p> <p>Table 1. Physicians and Non-Physician Eligible Professionals Identified in Your Medicare-Enrolled Taxpayer Identification Number (TIN), Selected Characteristics</p> <p>Note: The number of eligible professionals in your TIN, for purposes of applying the 2017 Value Modifier, is determined based on the lower of the number of eligible professionals indicated by a query of the Provider Enrollment, Chain and Ownership System (PECOS) on July 10, 2015 and the number of eligible professionals that submitted claims to Medicare under your TIN during calendar year 2015.</p> <p>↑ Indicates terms defined through the hover-over function.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="3">Summary: Number of Eligible Professionals in Your TIN</th> </tr> <tr> <th></th> <th>Number Identified via PECOS†</th> <th>Number Identified via Billings†</th> </tr> </thead> <tbody> <tr> <td>All eligible professionals</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Physicians</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Non-Physicians</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table> <p>Table 1. Physicians and Non-Physician Eligible Professionals Identified in Your Medicare-Enrolled Taxpayer Identification Number (TIN), Selected Characteristics</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">NPI</th> <th style="width: 30%;">Name</th> <th style="width: 10%;">Physician†</th> <th style="width: 15%;">Non-Physician Eligible Professional†</th> <th style="width: 15%;">Specialty Designation†</th> <th style="width: 10%;">Identified via PECOS†</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Summary: Number of Eligible Professionals in Your TIN				Number Identified via PECOS†	Number Identified via Billings†	All eligible professionals	1	1	Physicians	1	1	Non-Physicians	0	0	NPI	Name	Physician†	Non-Physician Eligible Professional†	Specialty Designation†	Identified via PECOS†						
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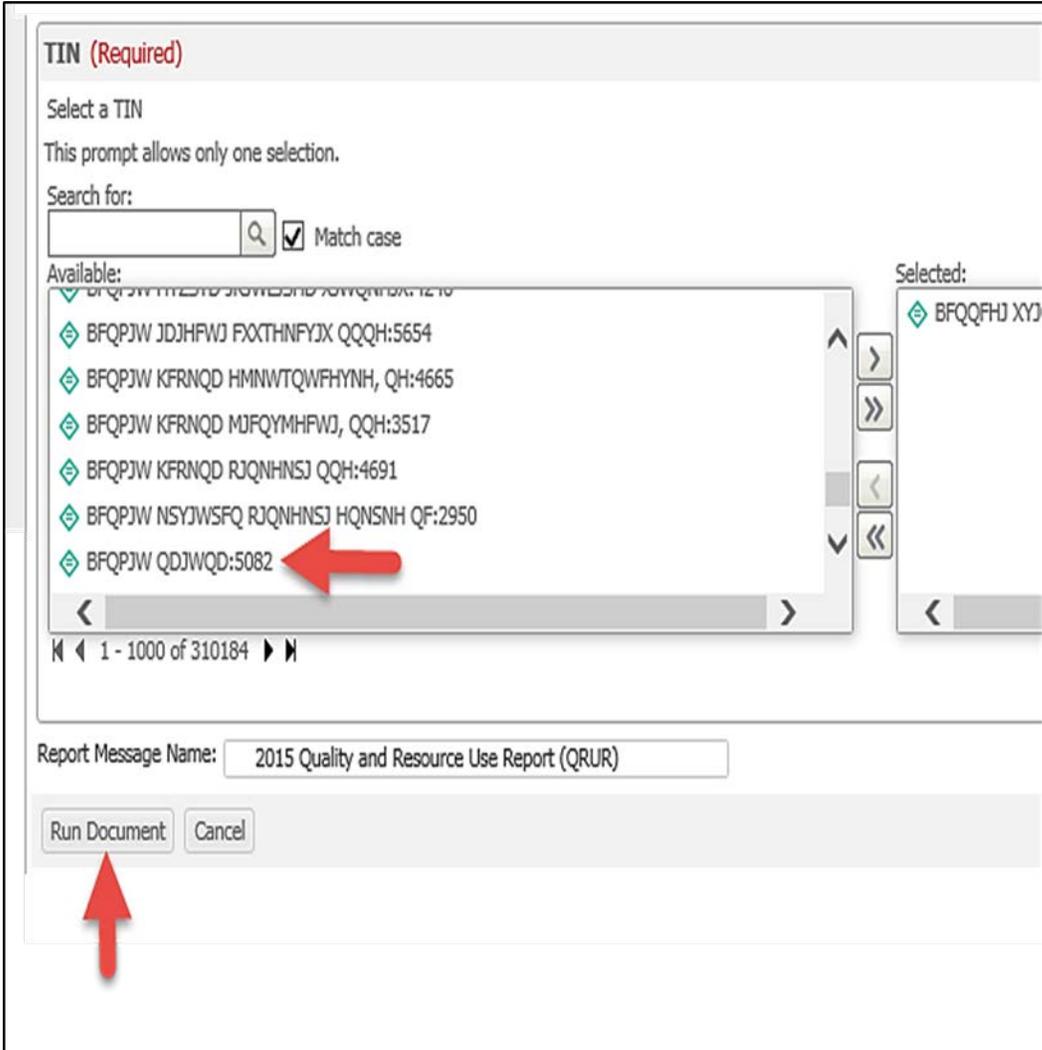
IX. Using the Re-prompt Function to Select a Different TIN

Follow these steps to use the Re-prompt feature to generate an Annual QRUR or Table for a different TIN to avoid starting a new session in MicroStrategy.

Steps	Screenshots
<p>1. Follow Section IV. Accessing the 2015 Annual QRUR of this guide on how to access the Annual QRUR and view it online.</p>	
<p>2. Select the MicroStrategy Platform Toolbar.</p> <p>3. Select Re-prompt from the MicroStrategy Platform Toolbar to refresh the portal to select a new TIN screen.</p>	

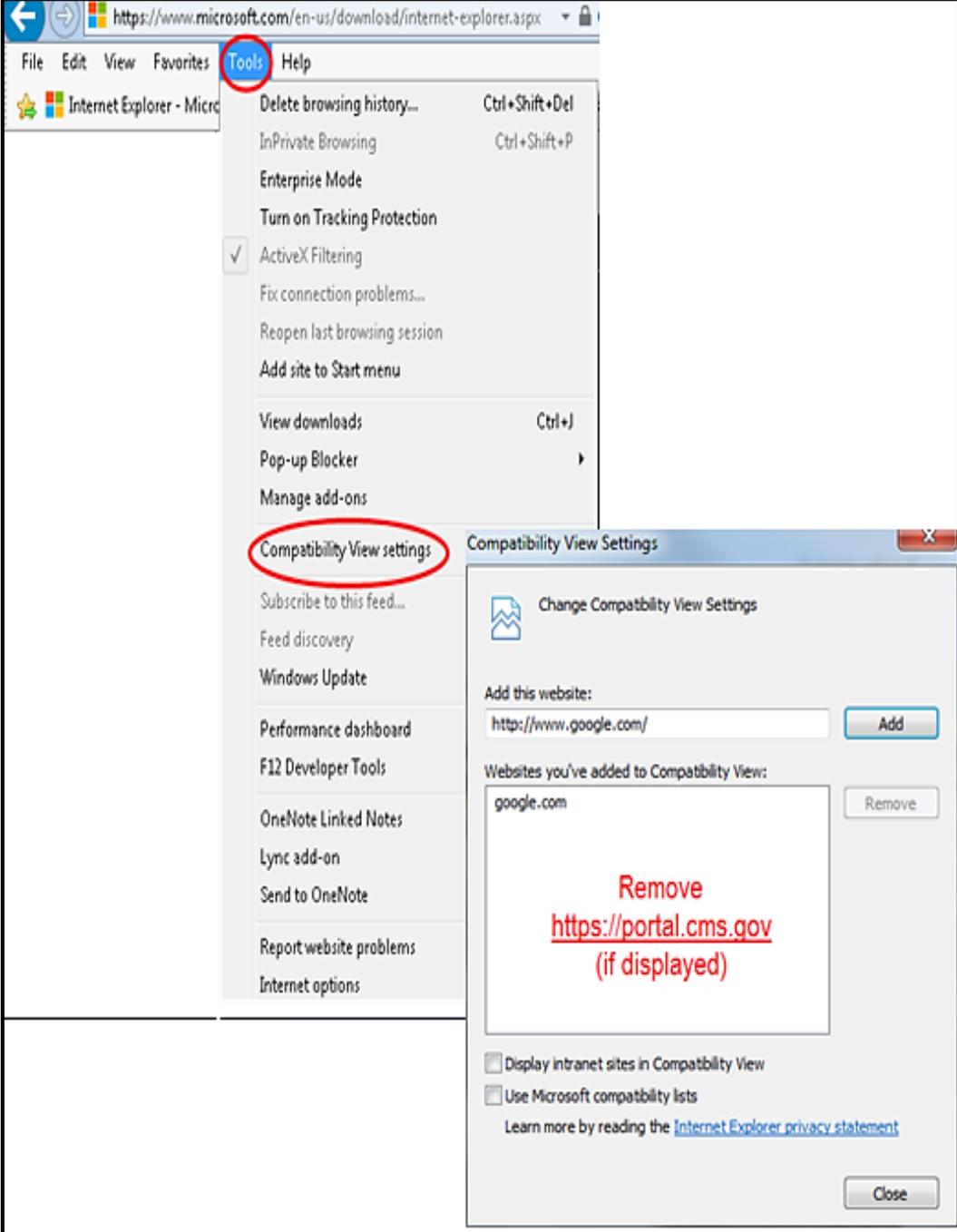
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Guide for Accessing the 2015 Annual QRURs and Tables

Steps	Screenshots
<p>4. Select one TIN from the Available TINs:</p> <ul style="list-style-type: none"> Select a TIN and either double-click the mouse or click on 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>Select Run Document.</p> <p>Note: Select only one TIN each time you attempt to retrieve a 2015 Annual QRUR.</p> <p>Note: For better search results, it is recommended to search by the last 4 digits of the TIN.</p> <p>Note: You will need to wait several seconds while the system generates your 2015 Annual QRUR.</p> <p>Note: Repeat Steps 1-3 each time you want to generate a 2015 Annual QRUR for a different TIN.</p>	

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X. Troubleshoot Browser Settings

Steps	Screenshots
<p>Troubleshooting</p> <p>If you are not using one of the supported browsers or having trouble viewing the CMS Enterprise Portal using Internet Explorer 9:</p> <ul style="list-style-type: none"> • Ensure the browser is open. • Press the Alt key to display the Menu bar (or right-click the Address bar and then select Menu bar). • Select Tools on the Menu bar. • Select Compatibility View Settings. • Remove the CMS Portal web address if it appears in the Websites you've added to Compatibility View box. • Un-check all of the boxes below Websites you've added to Compatibility View. • Close the Compatibility View Settings box. • Close the current browser session. • Open a new browser session. • Go to https://portal.cms.gov and select Login to the CMS Enterprise Portal located on the right-hand side of the screen. 	
<p>Note: The CMS Enterprise Portal supports the following</p>	

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Guide for Accessing the 2015 Annual QRURs and Tables

Steps	Screenshots
<i>internet browsers:</i> <ul style="list-style-type: none">• <i>Internet Explorer 8</i>• <i>Internet Explorer 9</i>• <i>Internet Explorer 10</i>• <i>Internet Explorer 11</i>• <i>Mozilla-Firefox</i>• <i>Chrome</i>• <i>Safari</i>	

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