Quick Reference Guide for Accessing the 2014 Mid-Year QRURs and Supplementary Exhibits

I. Introduction

In **April 2015**, CMS made available the 2014 Mid-Year Quality and Resource Use Reports (QRURs) to every physician group practice with two or more eligible professionals (EPs) and physician solo practitioners nationwide. Although the 2016 Value Modifier (VM) will not apply to physician solo practitioners, physician groups with fewer than ten EPs, or groups with at least one physician who participated in the Shared Savings Program, Pioneer ACO Model, or Comprehensive Primary Care (CPC) Initiative in 2014, CMS made Mid-Year QRURs available to these groups and physician solo practitioners for informational purposes.

The performance period for 2014 Mid-Year QRUR is July 1, 2013 through June 30, 2014. The 2014 Mid-Year QRUR is based on the CY2014 Medicare Physician Fee Schedule Final Rule (2016 Value-Based Payment Modifier [VM] policies). Mid-Year QRURs do not include all of the measures described in the Final Rule; specifically, only exhibits with measures that can be computed via claims are included. The following measures and VM-specific calculations that are discussed in the CY2014 Final Rule are **not** included in the Mid-Year QRURs:

a. GPRO and Individual Eligible Professional Physician Quality Reporting System (PQRS) Measures (including CAHPS)

b. Calculations related to the VM, including, cost and quality composite scores, quality and cost performance categories (High, Average, Low), and the quality tiering categories.

More information about the 2014 Mid-Year QRURs is available at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2014-QRUR.html. Information about the VM is available at http://www.cms.gov/PhysicianFeedbackProgram.

This Quick Reference Guide illustrates how to access and download a 2014 Mid-Year QRUR, along with the supplemental exhibits from the CMS Enterprise Portal. 2014 Mid-Year QRURs (including a 508 compliant version) and supplemental exhibits can be downloaded and exported in PDF or Excel Format. The data in the 2014 Mid-Year 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 2014 Mid-Year QRURs at https://portal.cms.gov using an Enterprise Identity Management System (EIDM) account with one of the following roles:

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

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

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

For questions about setting up an EIDM account, please contact Quality Net Help Desk at:

- Monday – Friday: 8:00 am – 8:00 pm EST
  - Phone: (866) 288-8912 (TTY 1-877-715-6222)
  - Fax: (888) 329-7377
  - Email: qnetsupport@hcqis.org

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

- Monday – Friday: 8:00 am – 8:00 pm EST
- 1-888-734-6433 (press option 3)

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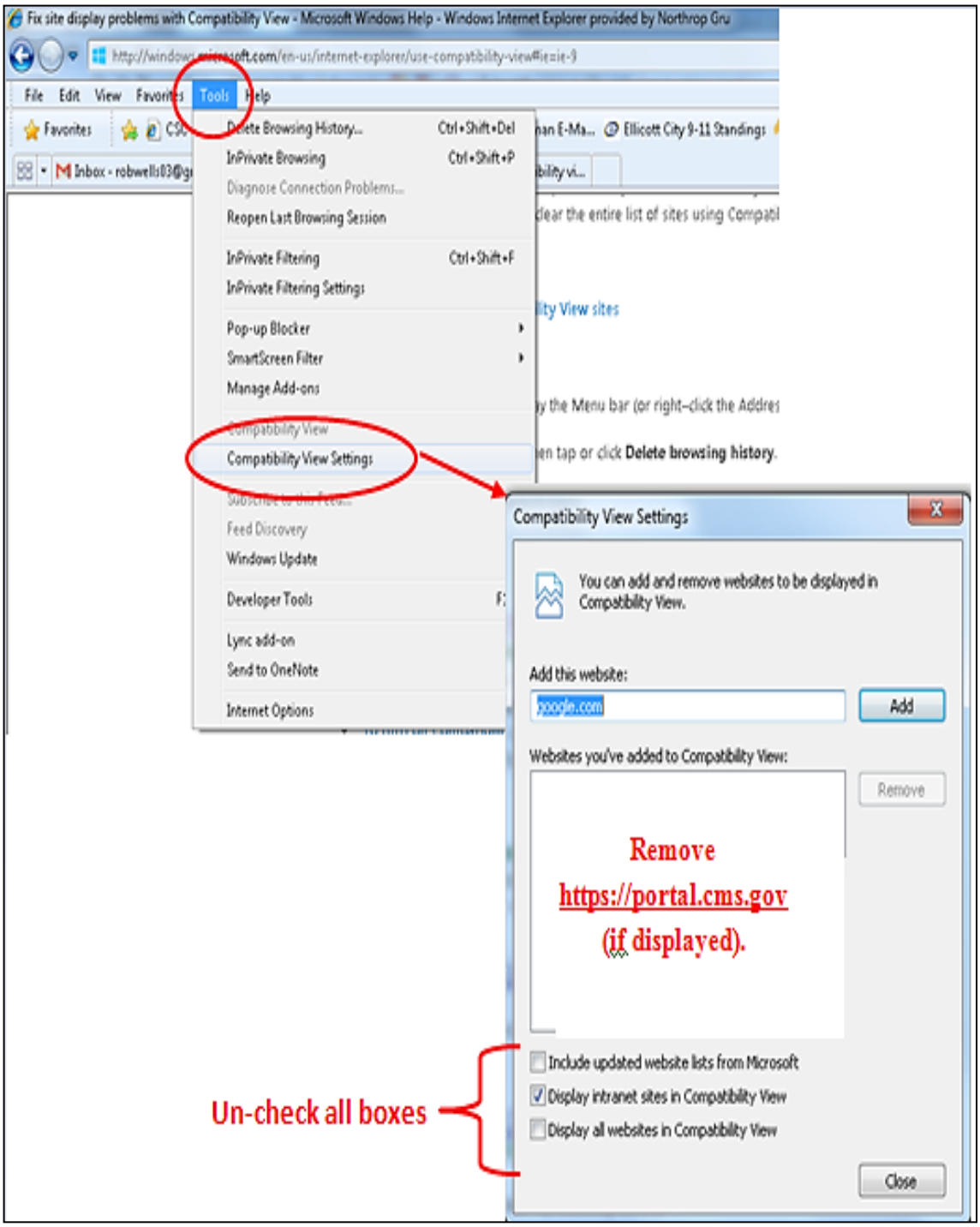
IV. Access Your 2014 Mid-Year QRUR

Steps	Screenshots
1. Go to https://portal.cms.gov and select **Login to CMS Secure Portal**. **Note:** The CMS Enterprise Portal supports the following internet browsers: • Internet Explorer 8 • Internet Explorer 9 • Mozilla-Firefox • Chrome • Safari Enable JavaScript and adjust any zoom features to ensure you are not seeing the screen in too wide of a view.	

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

Steps	**Screenshots**
Troubleshooting If you are not using one of the supported browsers or having trouble viewing the CMS Enterprise Portal using Internet Explorer 9: • 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**.	

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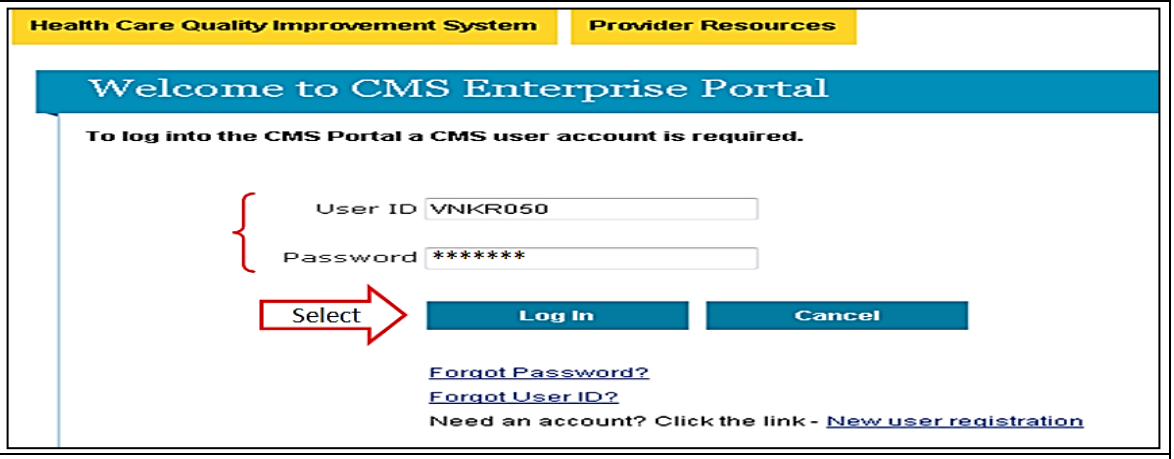
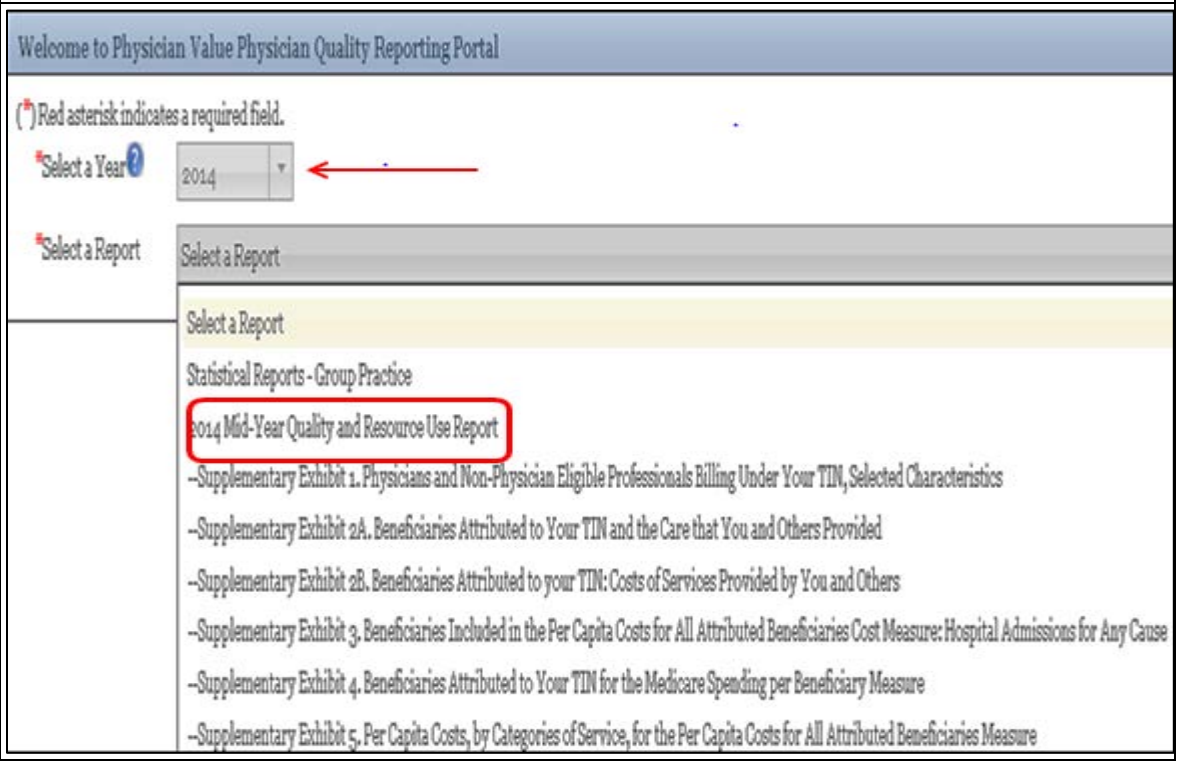
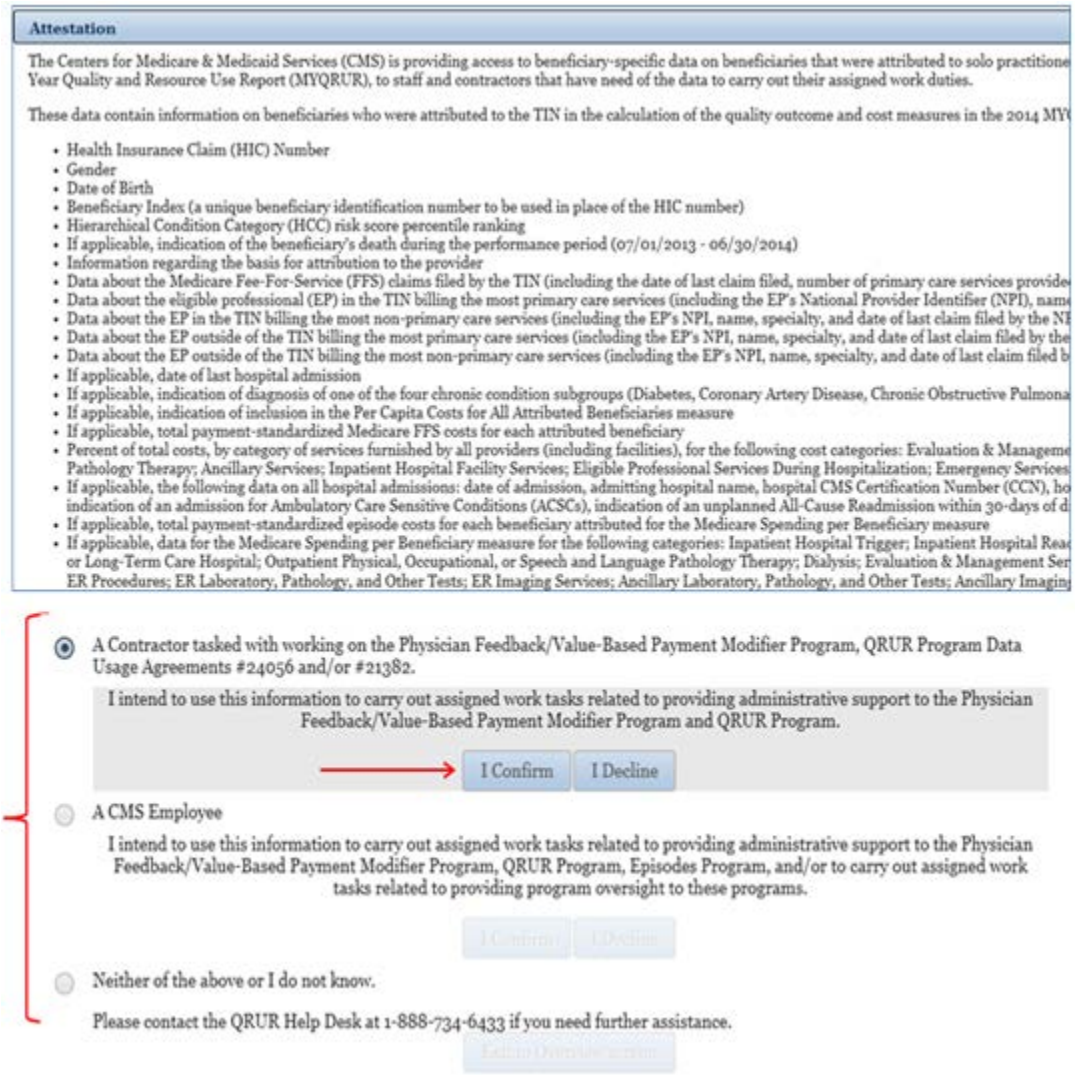
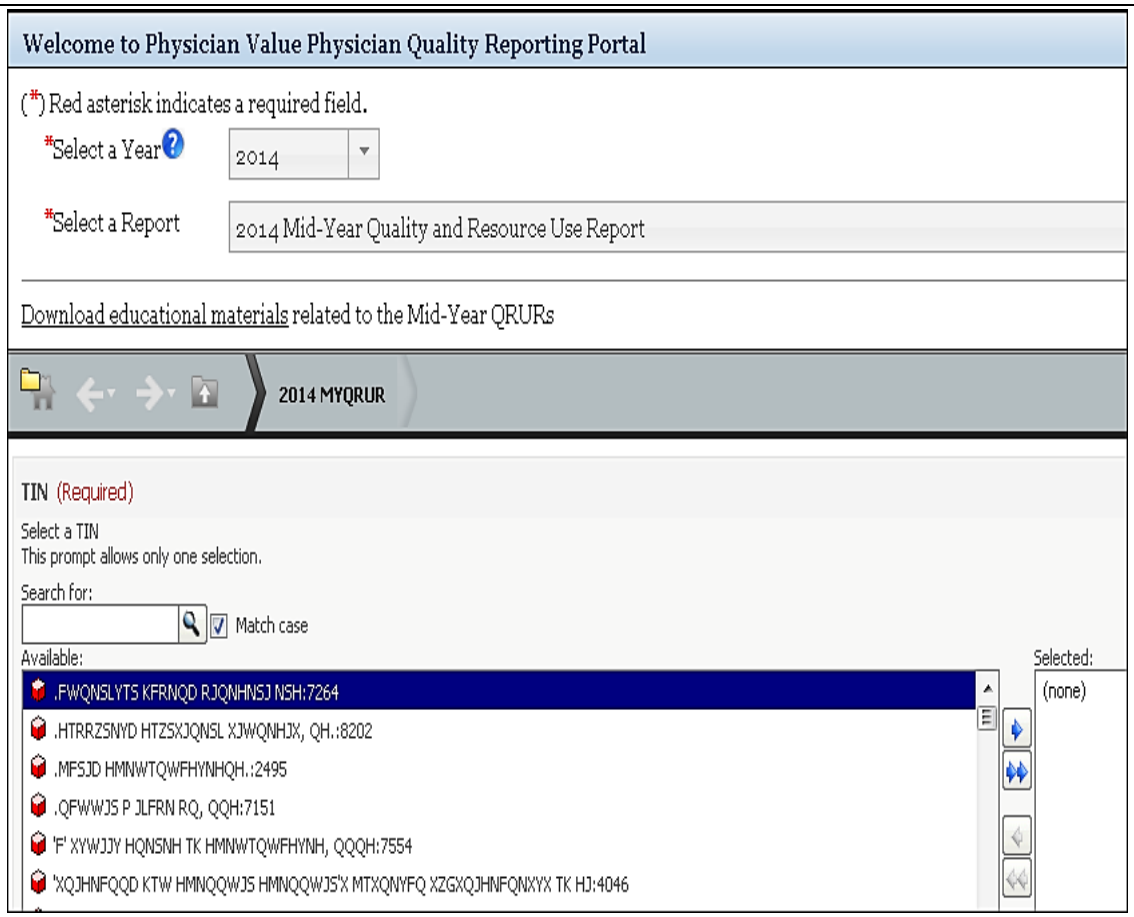
Steps	**Screenshots**
2. After accepting the **Terms and Conditions**, enter your EIDM User ID and Password in the **Welcome to CMS Enterprise Portal** screen. Select **Login** to continue.	
3. Click the **PV-PQRS** tab at the top of the screen, and then select the **QRUR-Reports** option from the dropdown menu.	

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

Steps	**Screenshots**
4. Select year **(2014)** from the 'Select a Year' drop down menu, and then select report **(2014 Mid- Year QRUR)** from the 'Select a Report' dropdown menu. **Note:** If you don't see the **2014 Mid-Year QRUR** in the dropdown menu: • Verify that you are logged in with the appropriate role. • Verify that you have selected the Year 2014.	

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

Steps	**Screenshots**
5. Read the **Attestation Message** and make the appropriate attestation selection. • Select **one** of the options under "**I plan to use this data in my capacity as a**:" • Then, click **I Confirm** to continue. **Note:** If you select "Neither of the above or I do not know" the option to Exit to the Overview screen will be enabled.	 **Attestation** The Centers for Medicare & Medicaid Services (CMS) is providing access to beneficiary-specific data on beneficiaries that were attributed to solo practitione Year Quality and Resource Use Report (MYQRUR), to staff and contractors that have need of the data to carry out their assigned work duties. These data contain information on beneficiaries who were attributed to the TIN in the calculation of the quality outcome and cost measures in the 2014 MY • Health Insurance Claim (HIC) Number • Gender • Date of Birth • Beneficiary Index (a unique beneficiary identification number to be used in place of the HIC number) • Hierarchical Condition Category (HCC) risk score percentile ranking • If applicable, indication of the beneficiary's death during the performance period (07/01/2013 - 06/30/2014) • Information regarding the basis for attribution to the provider • Data about the Medicare Fee-For-Service (FFS) claims filed by the TIN (including the date of last claim filed, number of primary care services provide • Data about the eligible professional (EP) in the TIN billing the most primary care services (including the EP's National Provider Identifier (NPI), nam • Data about the EP in the TIN billing the most non-primary care services (including the EP's NPI, name, specialty, and date of last claim filed by the N • Data about the EP outside of the TIN billing the most primary care services (including the EP's NPI, name, specialty, and date of last claim filed by the • Data about the EP outside of the TIN billing the most non-primary care services (including the EP's NPI, name, specialty, and date of last claim filed b • If applicable, date of last hospital admission • If applicable, indication of diagnosis of one of the four chronic condition subgroups (Diabetes, Coronary Artery Disease, Chronic Obstructive Pulmona • If applicable, indication of inclusion in the Per Capita Costs for All Attributed Beneficiaries measure • If applicable, total payment-standardized Medicare FFS costs for each attributed beneficiary • Percent of total costs, by category of services furnished by all providers (including facilities), for the following cost categories: Evaluation & Manageme Pathology Therapy; Ancillary Services; Inpatient Hospital Facility Services; Eligible Professional Services During Hospitalization; Emergency Services • If applicable, the following data on all hospital admissions: date of admission, admitting hospital name, hospital CMS Certification Number (CCN), ho indication of an admission for Ambulatory Care Sensitive Conditions (ACSCs), indication of an unplanned All-Cause Readmission within 30-days of d • If applicable, total payment-standardized episode costs for each beneficiary attributed for the Medicare Spending per Beneficiary measure • If applicable, data for the Medicare Spending per Beneficiary measure for the following categories: Inpatient Hospital Trigger; Inpatient Hospital Rea or Long-Term Care Hospital; Outpatient Physical, Occupational, or Speech and Language Pathology Therapy; Dialysis; Evaluation & Management Ser ER Procedures; ER Laboratory, Pathology, and Other Tests; ER Imaging Services; Ancillary Laboratory, Pathology, and Other Tests; Ancillary Imagin A Contractor tasked with working on the Physician Feedback/Value-Based Payment Modifier Program, QRUR Program Data Usage Agreements #24056 and/or #21382. I intend to use this information to carry out assigned work tasks related to providing administrative support to the Physician Feedback/Value-Based Payment Modifier Program and QRUR Program. I Confirm I Decline A CMS Employee I intend to use this information to carry out assigned work tasks related to providing administrative support to the Physician Feedback/Value-Based Payment Modifier Program, QRUR Program, Episodes Program, and/or to carry out assigned work tasks related to providing program oversight to these programs. Neither of the above or I do not know. Please contact the QRUR Help Desk at 1-888-734-6433 if you need further assistance.

Steps	**Screenshots**
6. You are now in the **MicroStrategy Web Platform.** The screen shows the TIN(s) associated with your EIDM account. Choose one **TIN Name** from the **Available** TINs: • Select a TIN Name and either double click the mouse or click the arrow button to move the TIN Name 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. • Click **Run Document**. You will need to wait several seconds while the system generates your 2014 Mid-Year QRUR. **Note:** Select only one TIN Name each time you attempt to retrieve a **2014 Mid-Year QRUR**.	

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

Steps	Screenshots
7. The 2014 Mid-Year QRUR is displayed. The section that appears first is **About This Report.** • Click on any of the section tabs at the top of the screen to navigate to different sections of the 2014 Mid-Year QRUR. **Note:** After you click on a section tab, you will need to wait several seconds for the section to appear on the screen. • The **2014 Mid-Year** QRUR contains the following sections: – About This Report – About the Data in This Report – Elig Profs and Attributed Pts – Quality Performance – Admitting Hospitals – Cost Performance – Per Capita Costs of Services	About this Report | About the Data in this Report | Elig Profs and Attributed Pts | Quality Performance | Admitting Hospitals | Cost Performance | Per Capita Costs of Services MID-YEAR QUALITY AND RESOURCE USE REPORT .FWQNSLYTS KFRNQD RJQNHNSJ NSH Last Four Digits of Your Taxpayer Identification Number (TIN): 7264 PERFORMANCE PERIOD: 07/01/2013 - 06/30/2014 ABOUT THIS REPORT • This Mid-Year Quality and Resource Use Report shows how your group or solo practice, as identified by your Medicare-enrolled Taxpayer Identification Number (TIN), performed during the performance period on selected quality outcomes and cost measures that Medicare calculates from fee-for-service claims data. Quality data reported as part of the Physician Quality Reporting System (PQRS) are not included in this report. • This report is provided for informational purposes only. It will not affect your Medicare Physician Fee Schedule payments and is not intended to predict future value-based performance.The information contained in this report is believed to be accurate at the time of production. The information may be subject to change at CMS' discretion, including but not limited to circumstances in which an error is discovered. WHAT'S NEXT • The Centers for Medicare & Medicaid Services (CMS) will continue to phase in the Value Modifier for Medicare Physician Fee Schedule payments. • The Annual Quality and Resource Use Report, which will be disseminated in late summer 2015, will provide full information about your TIN's value-based performance in 2014, as applicable. Because the Annual Quality and Resource Use Report will be based on a different performance period, note that the metrics and performance rates computed for each exhibit in this report may change. • In 2016, TINs with 10 or more eligible professionals that submit claims to Medicare and that have been identified through the Provider Enrollment, Chain and Ownership System, will be subject to the Value Modifier. The Value Modifier will be based on these TINs' participation in the Physician Quality Reporting System (PQRS) and on their quality and cost performance in 2014. • The 2016 Value Modifier will not apply to those TINs in which at least one physician participated in the Medicare Shared Savings Program (MSSP), the Pioneer ACO Model, or the Comprehensive Primary Care (CPC) initiative in 2014. QUESTIONS? • Contact the QRUR Help Desk at 1-888-734-6433 (select option 3) with questions or feedback about this report. • For more information about the policies governing the 2016 Value Modifier, please see http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/.
8. Use the buttons on the Toolbar at the top of the report to navigate within the MicroStrategy Web Platform.	Welcome to Physician Value Physician Quality Reporting Portal (*) Red asterisk indicates a required field. *Select a Year 2014 *Select a Report 2014 Mid-Year Quality and Resource Use Report Download educational materials related to the Mid-Year QRURs 100% About this Report | About the Data in this Report | Elig Profs and Attributed Pts | Quality Performance | Admitting Hospitals | Cost Performance | Per Capita Costs of Services

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

V. About the Data in This Report

The "About the Data in this Report" section of the Mid-Year QRUR provides summary information about the data and methodology used to compute the quality outcomes and costs for care reflected in the report based on services provided to Medicare beneficiaries attributed to your TIN during the Mid-Year QRUR performance period. This section of the report also includes links to perform the following tasks:

- Download/Print the Mid-Year QRUR data to a Coma Separated Values (CSV) File
- Access to a data dictionary to supplement the Mid-Year QRUR Data CSV File
- Download/Print the Mid-Year QRUR to a Portable Document Format (PDF) File
- Download/Print the Mid-Year QRUR to a Microsoft Excel (XLS) File
- Generate Mid-Year QRUR Supplementary Exhibit Reports
- Access to view or print the Mid-Year QRUR Glossary
- Access to view or print a listing of provider specialties associated with "Eligible Professional" and "Physician" (Appendix A)

Steps	Screenshots
1. Click the tab "**About the Data in this Report**" to navigate to the **About the Data in this Report** section of the Mid-Year QRUR.	About this Report | **About the Data in this Report** | Elig Profs and Attributed Pts | Quality Performance | Admitting Hospitals | Cost Performance | Per Capita Costs of Services ABOUT THE DATA IN THIS REPORT This report provides summary information on selected quality outcomes and costs for care provided to the Medicare fee-for-service (FFS) beneficiaries attributed to your TIN during the performance period. The table below briefly describes the data included in each section. All of the data in this report are available in an exportable comma-separated values (CSV) data file {Link to CSV}, with accompanying data dictionary {Link to Data Dictionary}, in a downloadable portable document format (PDF) {Link to PDF report}, and in an exportable Excel format {Link to Excel File}. In addition, CMS has made select educational information about the Mid-Year Quality and Resource Use Report available through the CMS Portal. For more information about the Physician Feedback/Value-Based Payment Modifier Program, and to understand the Mid-Year Quality and Resource Use Report methodology, visit www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram//2014-MYQRUR.html.
2. Scroll through the sections of the table displayed to learn about the various data and methodologies used to create the Mid-Year QRUR. 3. Click the applicable link to perform a desired function. 4. Refer to the following sections in the guide for step-by-step instructions to on this page.	ABOUT THE DATA IN THIS REPORT This report provides summary information on selected quality outcomes and costs for care provided to the Medicare fee-for-service (FFS) beneficiaries attributed to your TIN during the performance period. The table below briefly describes the data included in each section. All of the data in this report are available in an exportable comma-separated values (CSV) data file {Link to CSV}, with accompanying data dictionary {Link to Data Dictionary}, in a downloadable portable document format (PDF) {Link to PDF report}, and in an exportable Excel format {Link to Excel File}. In addition, CMS has made select educational information about the Mid-Year Quality and Resource Use Report available through the CMS Portal. For more information about the Physician Feedback/Value-Based Payment Modifier Program, and to understand the Mid-Year Quality and Resource Use Report methodology, visit www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram//2014-MYQRUR.html. **Section** | **Overview of the Data** | **For More Information** **Eligible Professionals Billing to Your Taxpayer Identification Number (TIN)** A "TIN" (or "Taxpayer Identification Number") is defined as the single provider entity to which eligible professionals reassigned their Medicare billing rights in the performance period. In order to receive this Mid-Year QRUR, at least one eligible professional billing under your TIN must be a physician. The number of eligible professionals billing to your TIN is determined both by claims submitted to Medicare under that TIN during the performance period and by information reported by eligible professionals through the Provider Enrollment, Chain and Ownership System (PECOS) (Exhibit 1). Links on the CMS Portal: • Supplementary Exhibit 1 Physicians and Non-Physician Eligible Professionals Billing Under Your TIN, Selected Characteristics Glossary • Eligible professional • Provider Enrollment, Chain and Ownership System (PECOS) • Taxpayer Identification Number (TIN) Appendix A (listing of eligible professional specialities)

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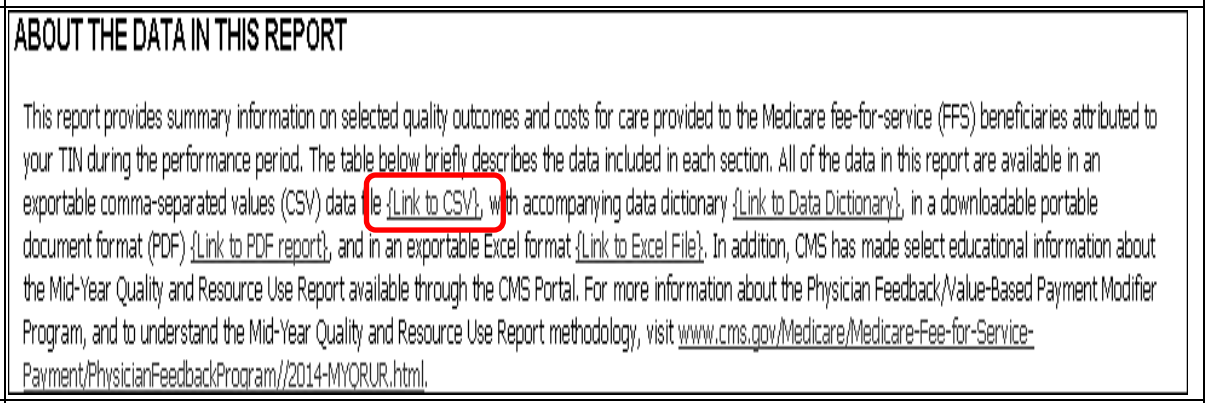
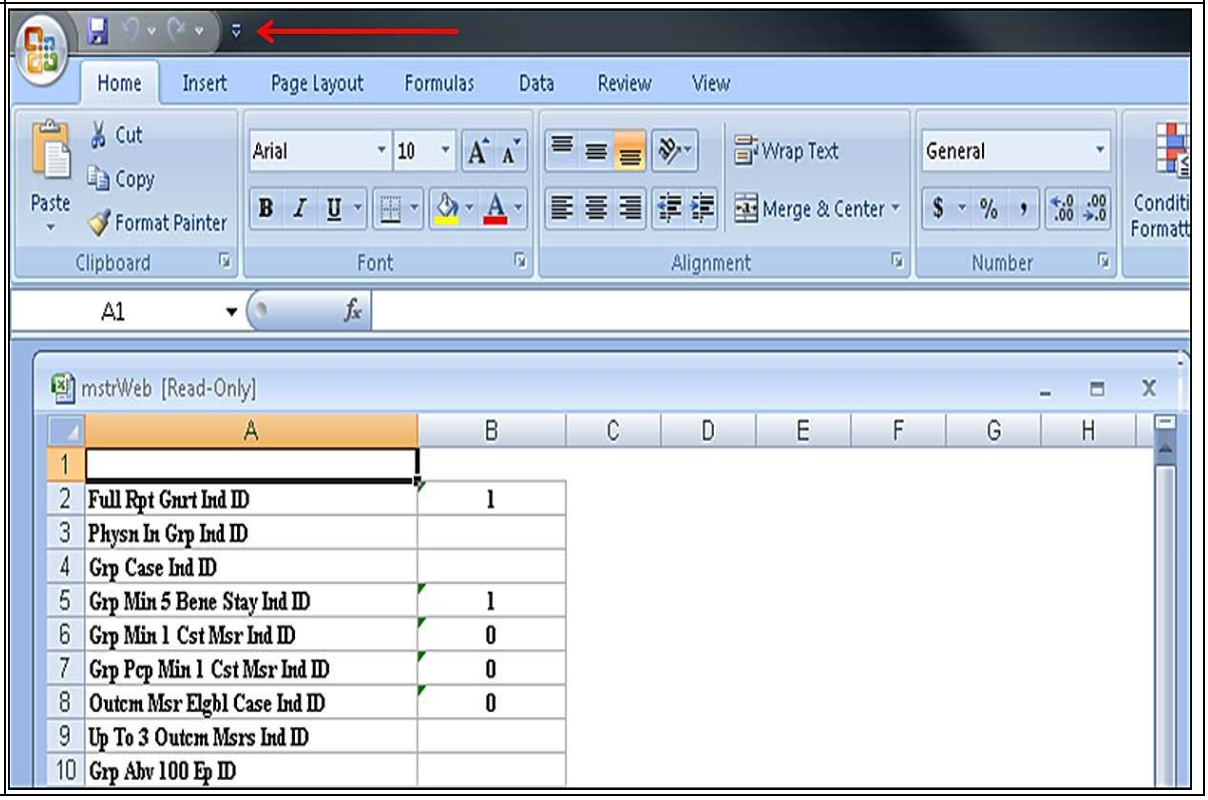
VI. Download Mid-Year QRURs

A. CSV File Format

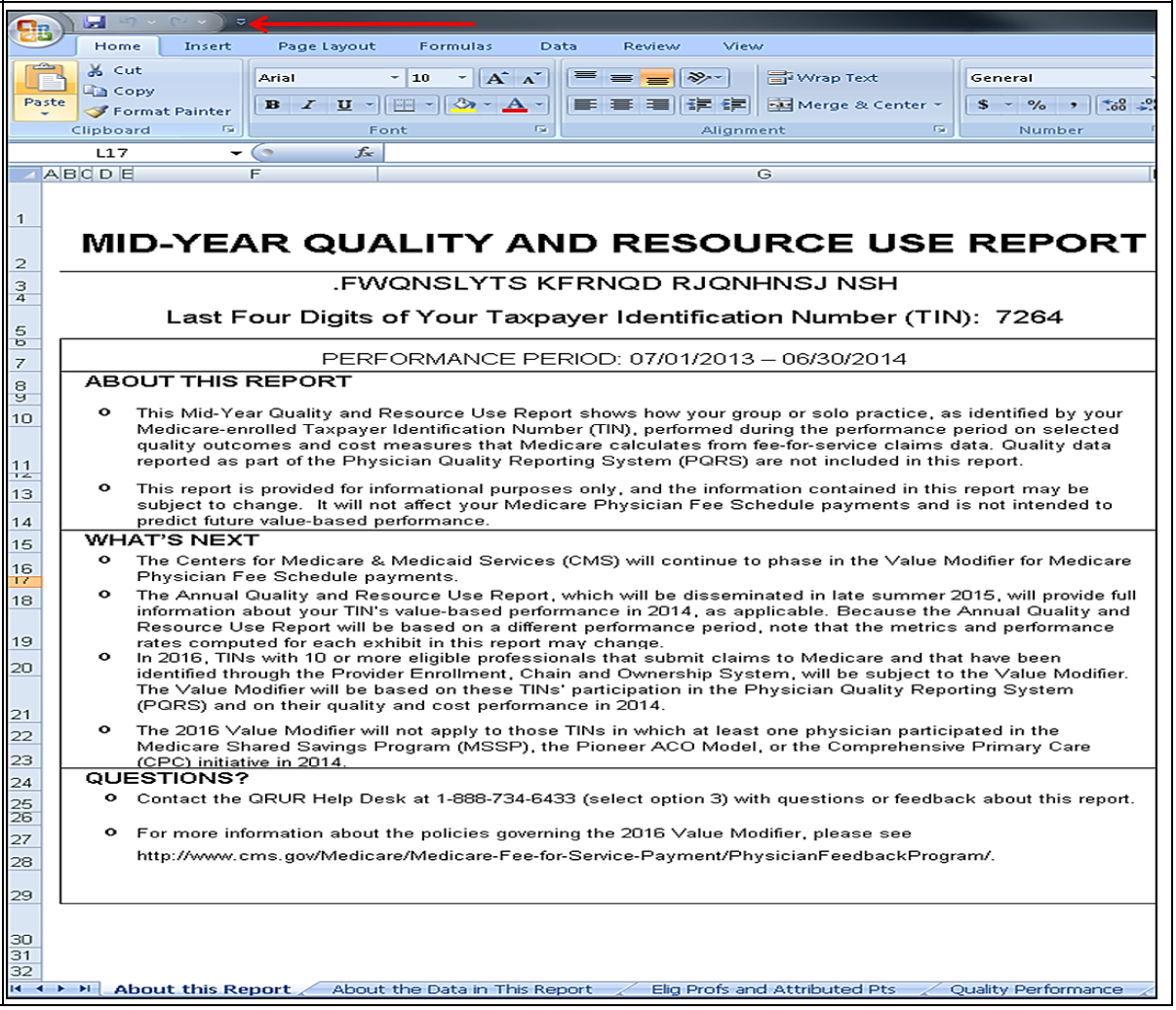
All of the data in your 2014 Mid-Year QRUR are available in an exportable comma-separated values (CSV) file. Refer to the section About the Data in This Report – Step1 of your report and follow the steps below:

Steps	Screenshots
1. Click the **text (link to CSV file)** on the **About the Data in This Report** section to export the Data in CSV format.	 ABOUT THE DATA IN THIS REPORT This report provides summary information on selected quality outcomes and costs for care provided to the Medicare fee-for-service (FFS) beneficiaries attributed to your TIN during the performance period. The table below briefly describes the data included in each section. All of the data in this report are available in an exportable comma-separated values (CSV) data file {Link to CSV}, with accompanying data dictionary {Link to Data Dictionary}, in a downloadable portable document format (PDF) {Link to PDF report}, and in an exportable Excel format {Link to Excel File}. In addition, CMS has made select educational information about the Mid-Year Quality and Resource Use Report available through the CMS Portal. For more information about the Physician Feedback/Value-Based Payment Modifier Program, and to understand the Mid-Year Quality and Resource Use Report methodology, visit www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram//2014-MYQRUR.html.
2. The 2014 Mid-Year QRUR data is exported to **.CSV** format. • Use the **Microsoft Excel** feature to **Save** and/or **Print** the 2014 Mid-Year QRUR data file. **Note**: A data dictionary to supplement the CSV file is available on **About the Data in This Report** page.	

B. Excel File Format

2014 Mid-Year QRUR is available in an exportable downloadable Microsoft Excel format. Refer to the section About the Data in This Report – Step1 of your report and follow the steps below:

Steps	Screenshots
1. Click the **text (Link to Excel)** on the **About the Data in This Report** section to export the report in Excel format.	

Steps	**Screenshots**
2. The 2014 Mid-Year QRUR is exported to Excel format. • Use the **Microsoft Excel** features to **Save** and/or **Print** the 2014 Mid-Year QRUR file. .	

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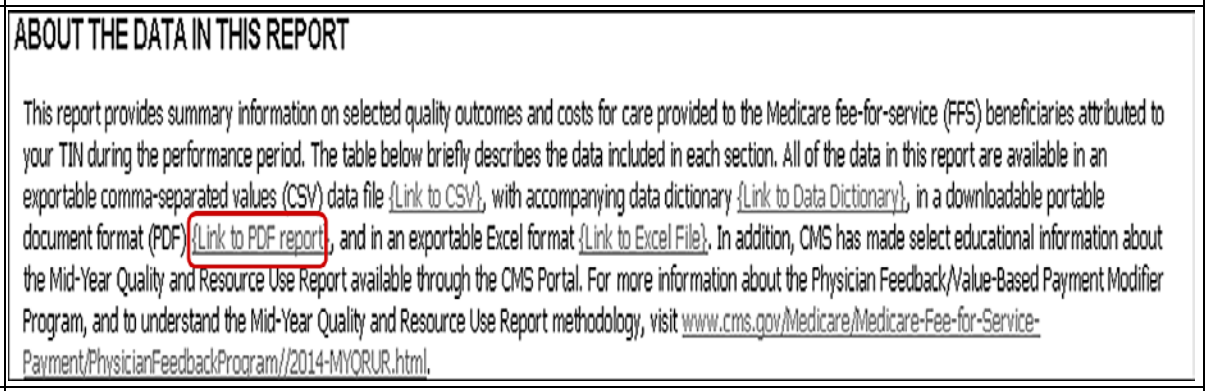
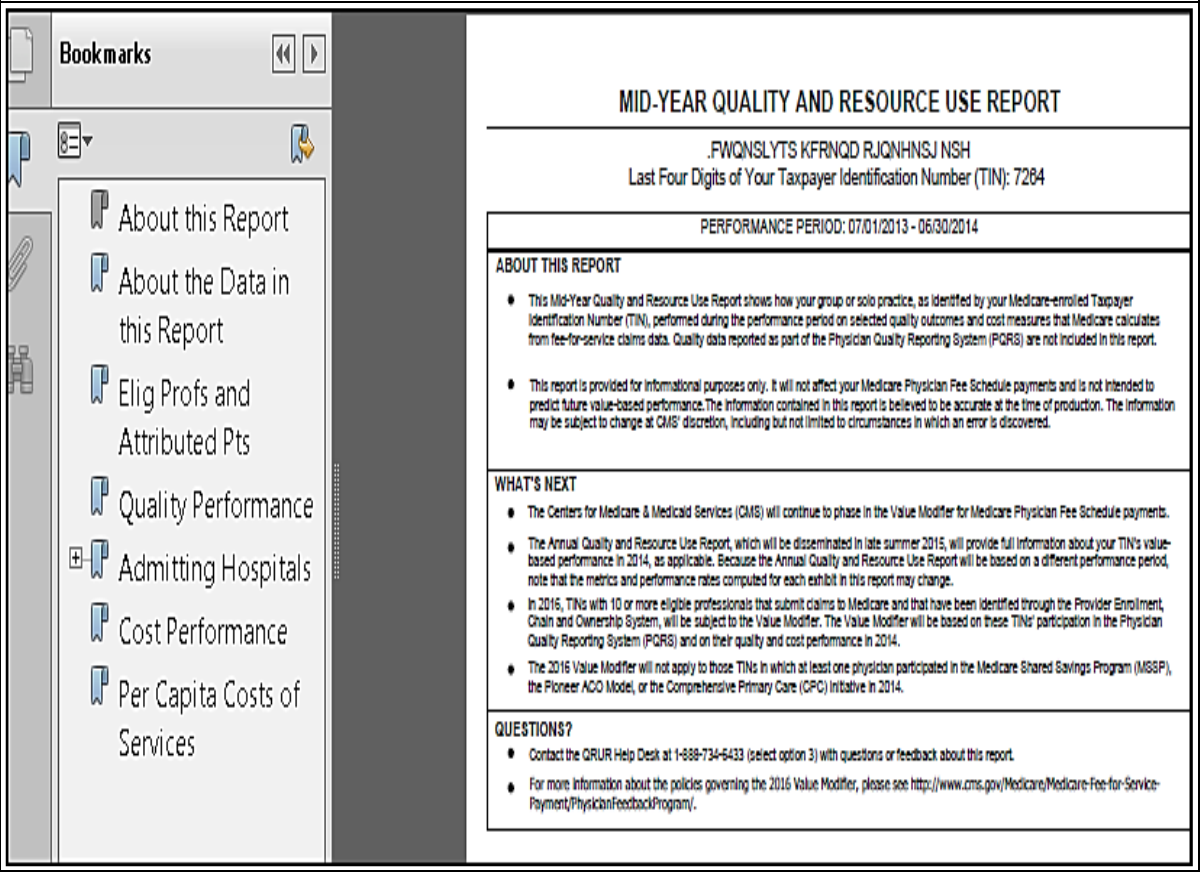
C. **PDF File (About the Data in This Report Section)**

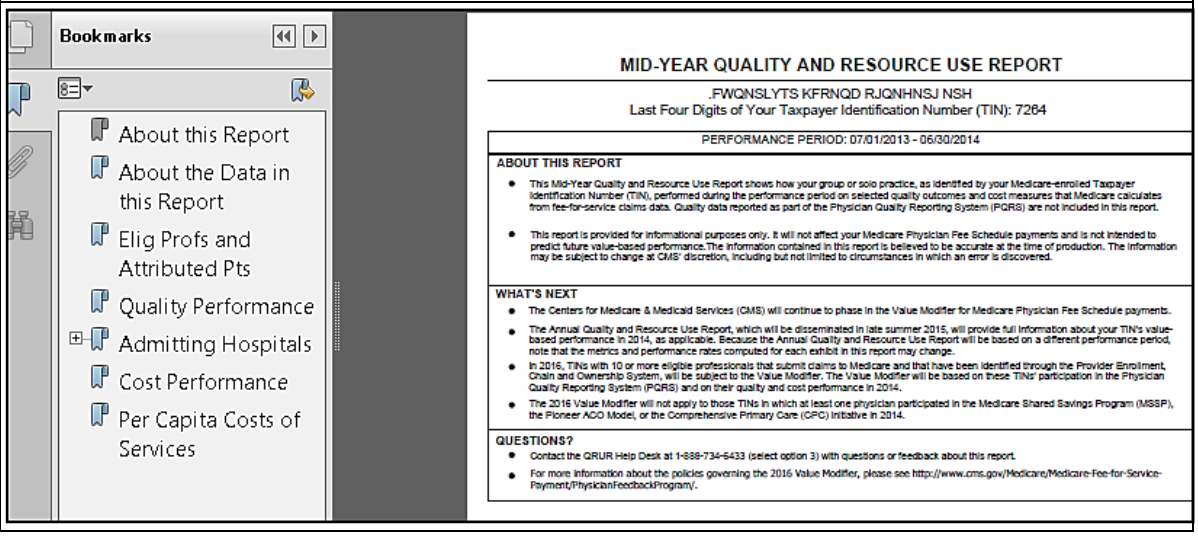
2014 Mid-Year QRUR is available in an exportable downloadable PDF format. Refer to the section About the Data in This Report – Step1 of your report and follow the steps below:

Steps	**Screenshots**
1. Click the **text (Link to PDF)** on the **About the Data in This Report** section to export the report in Excel format.	 ABOUT THE DATA IN THIS REPORT This report provides summary information on selected quality outcomes and costs for care provided to the Medicare fee-for-service (FFS) beneficiaries attributed to your TIN during the performance period. The table below briefly describes the data included in each section. All of the data in this report are available in an exportable comma-separated values (CSV) data file {Link to CSV}, with accompanying data dictionary {Link to Data Dictionary}, in a downloadable portable document format (PDF) {Link to PDF report}, and in an exportable Excel format {Link to Excel File}. In addition, CMS has made select educational information about the Mid-Year Quality and Resource Use Report available through the CMS Portal. For more information about the Physician Feedback/Value-Based Payment Modifier Program, and to understand the Mid-Year Quality and Resource Use Report methodology, visit www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram//2014-MYQRUR.html.
2. The 2014 Mid-Year QRUR is exported to PDF format. • Use the **PDF** features to **Save** and/or **Print** the 2014 Mid-Year QRUR file.	 Bookmarks About this Report About the Data in this Report Elig Profs and Attributed Pts Quality Performance Admitting Hospitals Cost Performance Per Capita Costs of Services MID-YEAR QUALITY AND RESOURCE USE REPORT .FWQNSLYTS KFRNQD RJQNHNSJ NSH Last Four Digits of Your Taxpayer Identification Number (TIN): 7264 PERFORMANCE PERIOD: 07/01/2013 - 06/30/2014 ABOUT THIS REPORT • This Mid-Year Quality and Resource Use Report shows how your group or solo practice, as identified by your Medicare-enrolled Taxpayer Identification Number (TIN), performed during the performance period on selected quality outcomes and cost measures that Medicare calculates from fee-for-service claims data. Quality data reported as part of the Physician Quality Reporting System (PQRS) are not included in this report. • This report is provided for informational purposes only. It will not affect your Medicare Physician Fee Schedule payments and is not intended to predict future value-based performance. The information contained in this report is believed to be accurate at the time of production. The information may be subject to change at CMS' discretion, including but not limited to circumstances in which an error is discovered. WHAT'S NEXT • The Centers for Medicare & Medicaid Services (CMS) will continue to phase in the Value Modifier for Medicare Physician Fee Schedule payments. • The Annual Quality and Resource Use Report, which will be disseminated in late summer 2015, will provide full information about your TIN's value-based performance in 2014, as applicable. Because the Annual Quality and Resource Use Report will be based on a different performance period, note that the metrics and performance rates computed for each exhibit in this report may change. • In 2016, TINs with 10 or more eligible professionals that submit claims to Medicare and that have been identified through the Provider Enrollment, Chain and Ownership System, will be subject to the Value Modifier. The Value Modifier will be based on these TINs' participation in the Physician Quality Reporting System (PQRS) and on their quality and cost performance in 2014. • The 2016 Value Modifier will not apply to those TINs in which at least one physician participated in the Medicare Shared Savings Program (MSSP), the Pioneer ACO Model, or the Comprehensive Primary Care (CPC) initiative in 2014. QUESTIONS? • Contact the QRUR Help Desk at 1-888-734-6433 (select option 3) with questions or feedback about this report. • For more information about the policies governing the 2016 Value Modifier, please see http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/.

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

D. PDF File (MicroStrategy Toolbar)

This option will allow users to export the 2014 Mid-Year Report into PDF through the MicroStrategy Toolbar. All the sections of the report including the graphs and tables in each section can be exported and printed.

Steps	Screenshots
1. Click the Export button on the Toolbar and select PDF. • Click **OK** in the **Export Options** window.	
2. The 2014 Mid-Year QRUR is exported to **.PDF** format. • Select any of the **Bookmarks** to navigate to a different section of the 2014 Mid-Year QRUR. • Use the **Print options in Adobe Reader** to print the 2014 Mid-Year QRUR.	

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

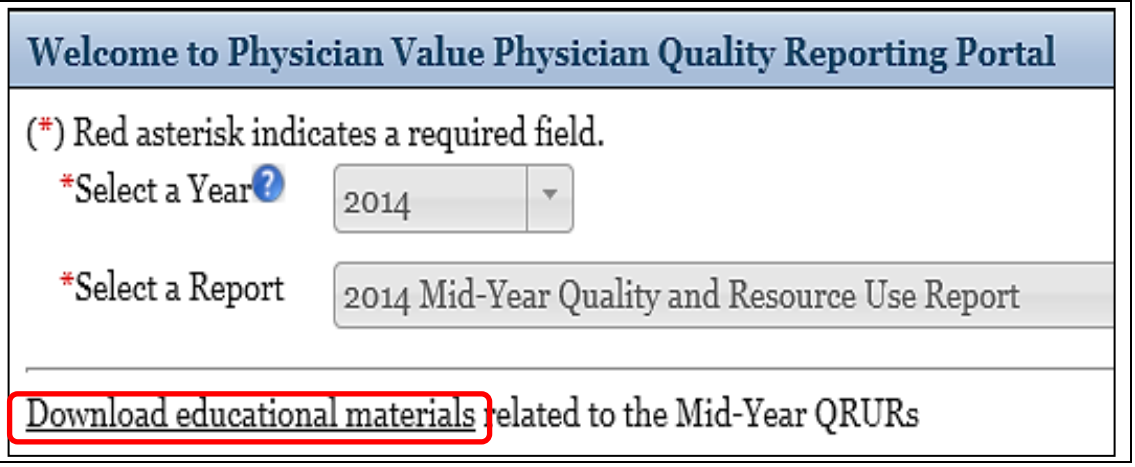
VII. Download the 2014 Mid-Year QRUR Education and Outreach (E&O) Materials

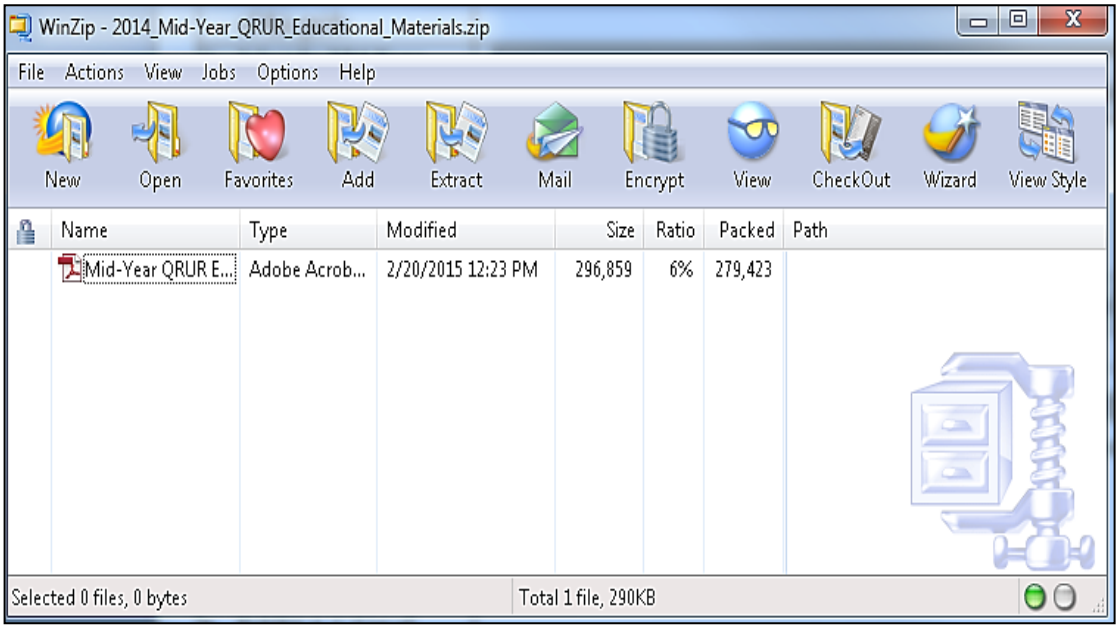
The following educational materials related to the **2014 Mid-Year QRUR** are available to view and/or print through the CMS Portal:

- Glossary: List of terms found within the report
- Exhibit A-1: List of Specialties Associated with Eligible Professional, Physician, and Provider Stratification Categories
- About the Data In This Report: Detailed information about the data used in the report
- Notes and Hover-Over Terms: Definitions of column names used in supplementary report exhibit tables

These educational materials can be accessed from within the PV-PQRS QRUR-Reports portal prior to generating the Mid-Year QRUR or within the Mid-Year QRUR.

Note: Refer to Section IV Access Your 2014 Mid-Year QRUR and follow the instructions below:

Steps	Screenshots
1. Follow the Steps 1 through 4 mentioned in Section IV of this guide.	
2. Select the **Mid-Year QRUR Educational Materials** link that appears upon selecting a Year (**2014**) and Report (2014 Mid-Year **QRUR**).	

Steps	**Screenshots**
3. A Zip File opens with a PDF file that contains the following: • Glossary: List of terms found within the report • Exhibit A-1: List of Specialties Associated with Eligible Professional, Physician, and Provider Stratification Categories • About the Data In This Report: Detailed information about the data used in the report • Notes and Hover-Over Terms: Definitions of column names used in supplementary report exhibit tables **Note**: Use the standard PDF features to **Save, Open** and **Print** content of the file. • Click **Open** to open the file. The file will open in PDF and **will not be** automatically saved. • Click **Save**. The file will be saved in PDF format in the **Downloads folder** on your computer. • Click **Save As**. You will be prompted with a **Save As** window on which you can choose the location to save the file.	

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

VIII. Access 2014 Mid-Year QRUR Supplementary Exhibit Reports

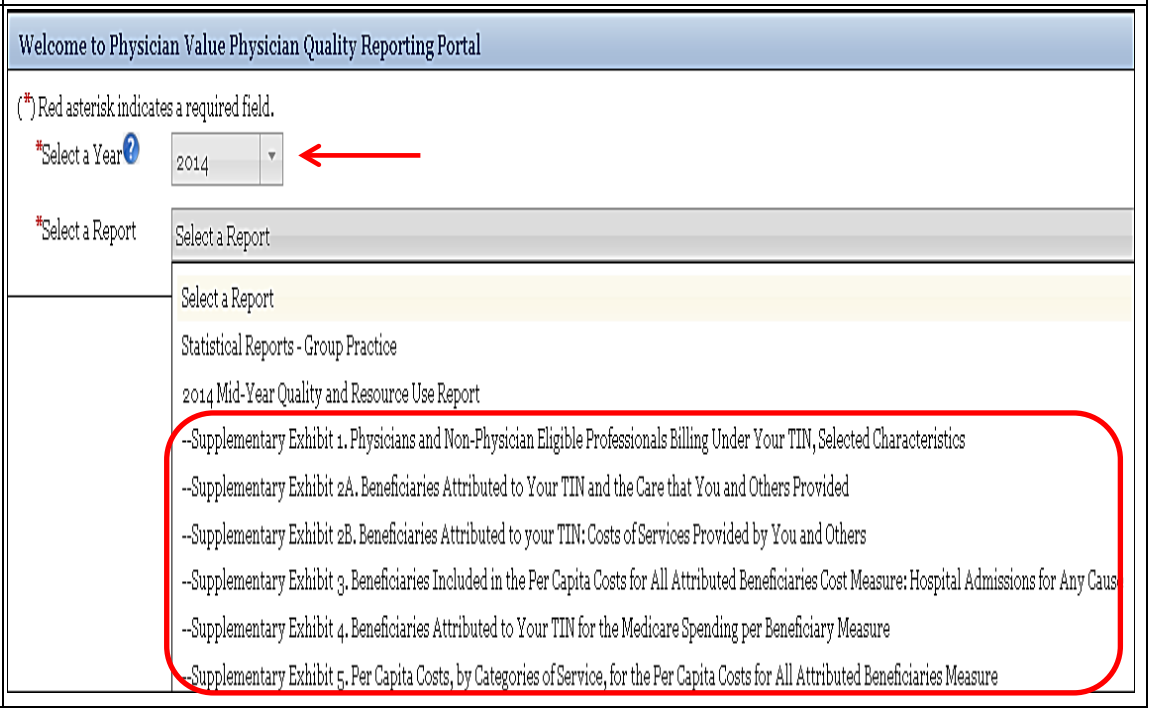
The following 2014 Mid-Year QRUR Supplementary Exhibits are available:

- Supplementary Exhibit 1. Physicians and Non-Physician Eligible Professionals Billing Under Your TIN, Selected Characteristics
- Supplementary Exhibit 2A. Beneficiaries Attributed to Your TIN and the Care that You and Others Provided
- Supplementary Exhibit 2B. Beneficiaries Attributed to Your TIN: Costs of Services Provided by You and Others
- Supplementary Exhibit 3. Beneficiaries Included in the Per Capita Costs for All Attributed Beneficiaries Cost Measure: Hospital Admissions for Any Cause
- Supplementary Exhibit 4. Beneficiaries Attributed to Your TIN for the Medicare Spending per Beneficiary Measure
- Supplementary Exhibit 5. Per Capita Costs, by Categories of Service, for the Per Capita Costs for All Attributed Beneficiaries Measure

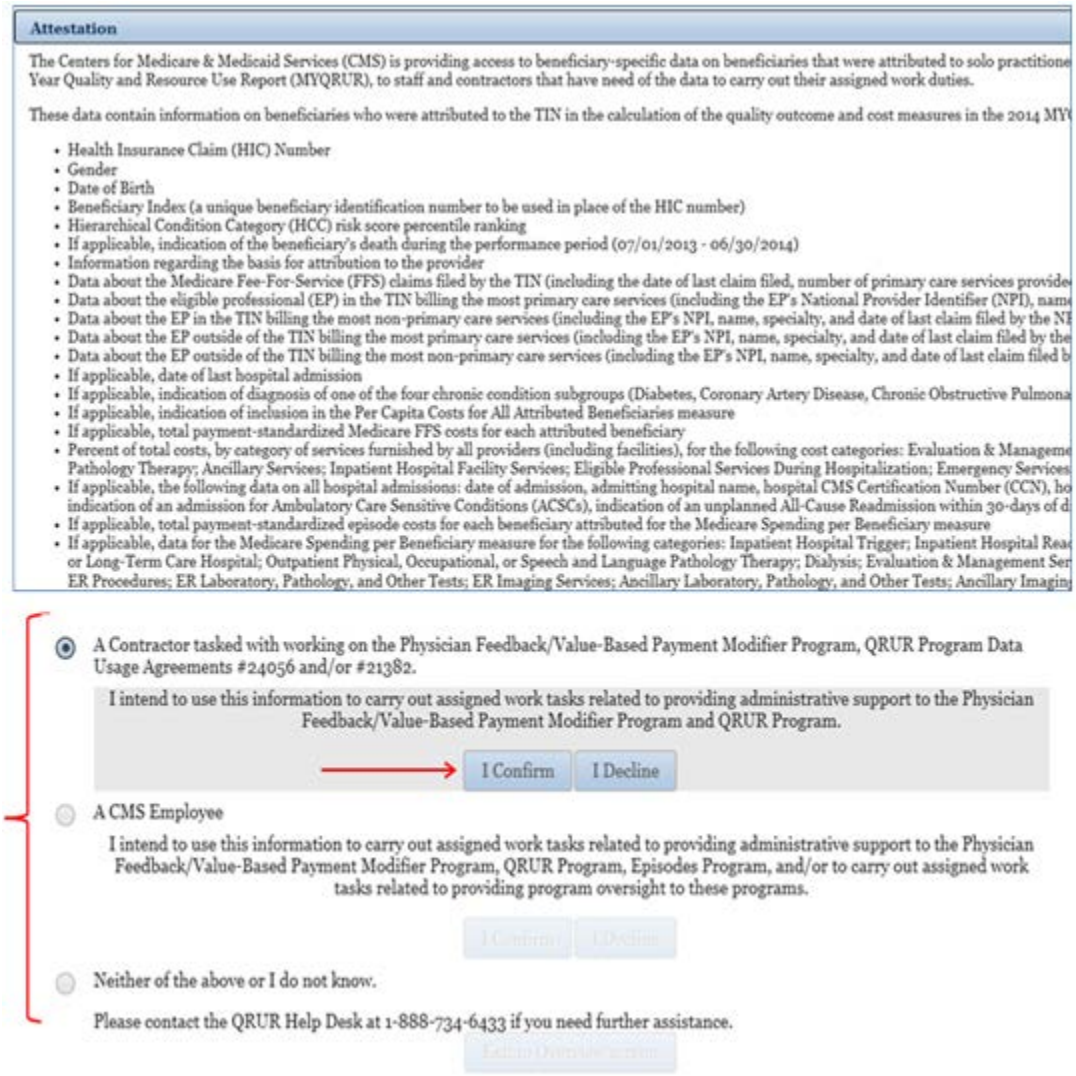
All of these reports can be generated either separately from the PV-PQRS QRUR-Reports portal or from links placed in the **About the Data in this Report** section of the Mid-Year QRUR.

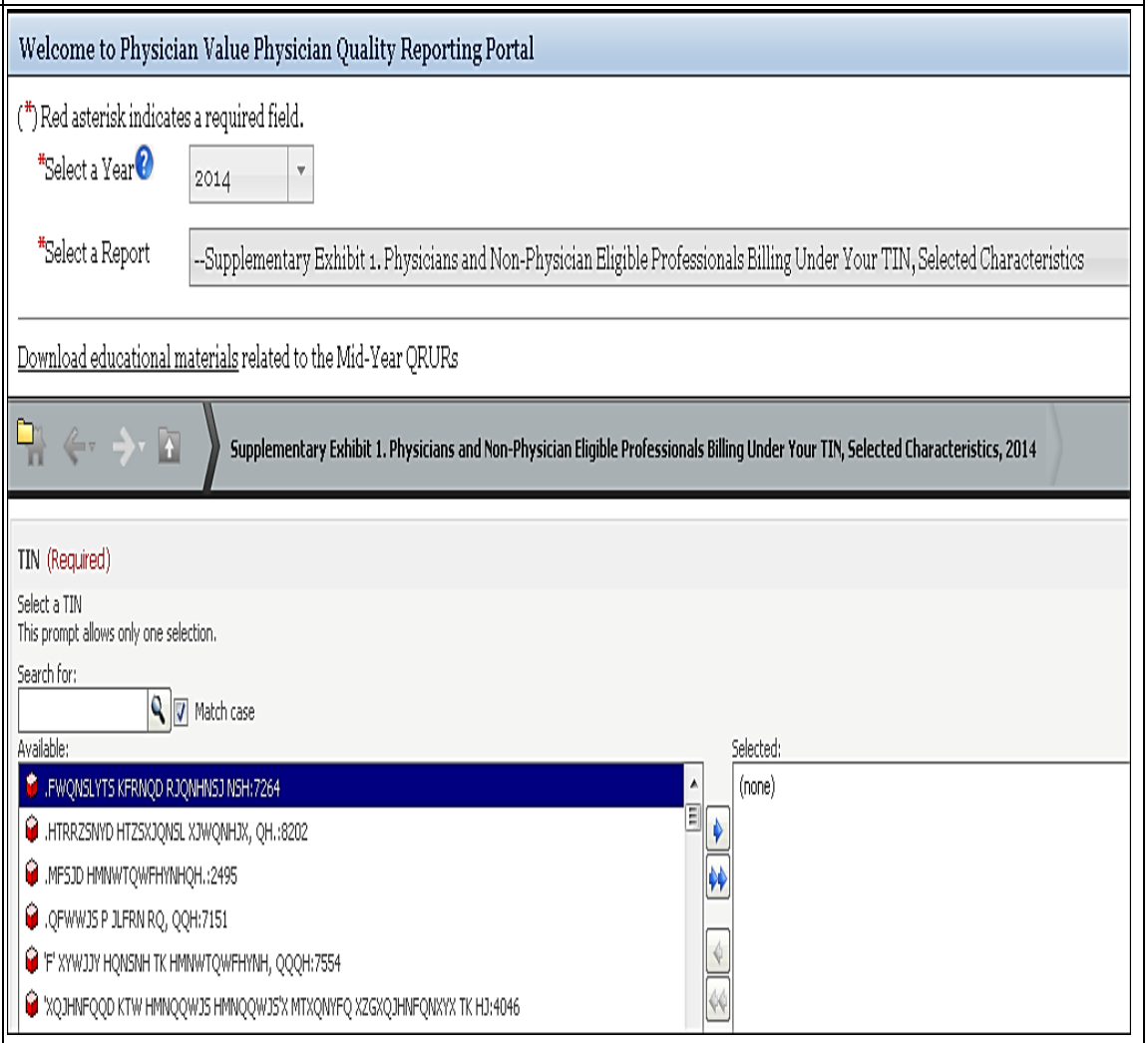
A. Access a 2014 Mid-Year QRUR Supplementary Exhibits from the PV-PQRS QRUR-Reports Portal:

Note: Refer to Section IV: **Access Your 2014 Mid-Year QRUR** your report and follow the instructions below:

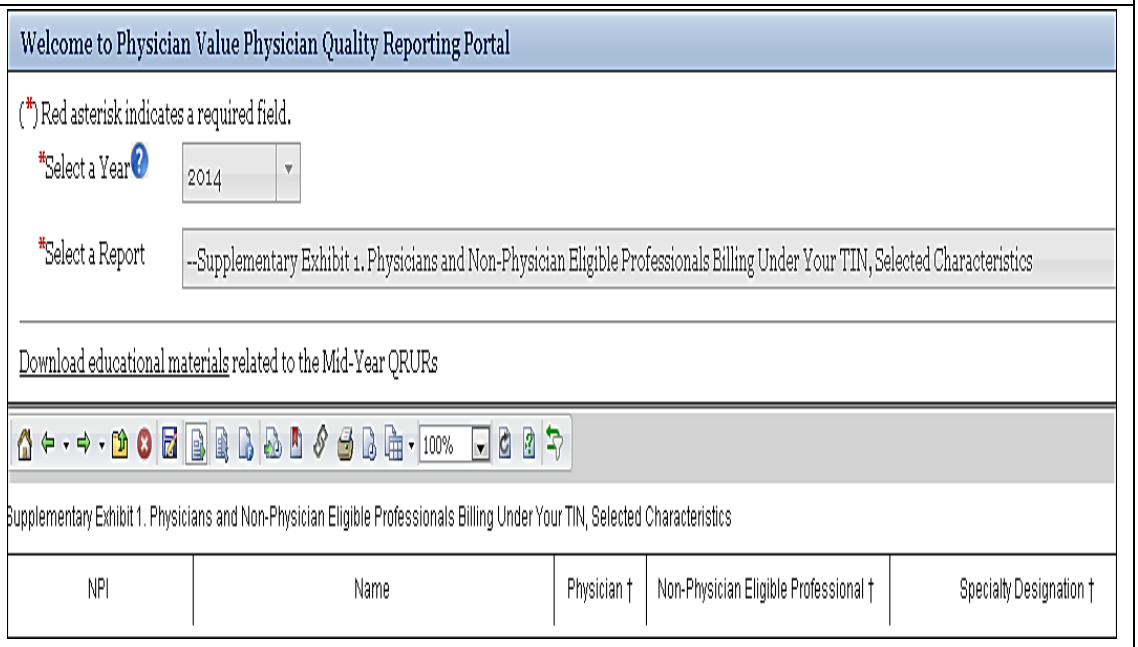
Steps	Screenshots
1. Follow the Steps 1 through 4 mentioned in Section IV of this guide.	
2. Select year (**2014**) from the 'Select a Year' drop down menu, and then select a report from the 'Select a Report' drop down menu.	

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

Steps	**Screenshots**
3. Read the **Attestation Message** and make the appropriate attestation selection. • Select **one** of the options under "**I plan to use this data in my capacity as a**:" • Then, click **I Confirm** to continue. **Note:** If you select "Neither of the above or I do not know" the option to Exit to the Overview screen will be enabled.	 **Attestation** The Centers for Medicare & Medicaid Services (CMS) is providing access to beneficiary-specific data on beneficiaries that were attributed to solo practitione Year Quality and Resource Use Report (MYQRUR), to staff and contractors that have need of the data to carry out their assigned work duties. These data contain information on beneficiaries who were attributed to the TIN in the calculation of the quality outcome and cost measures in the 2014 MY • Health Insurance Claim (HIC) Number • Gender • Date of Birth • Beneficiary Index (a unique beneficiary identification number to be used in place of the HIC number) • Hierarchical Condition Category (HCC) risk score percentile ranking • If applicable, indication of the beneficiary's death during the performance period (07/01/2013 - 06/30/2014) • Information regarding the basis for attribution to the provider • Data about the Medicare Fee-For-Service (FFS) claims filed by the TIN (including the date of last claim filed, number of primary care services provide • Data about the eligible professional (EP) in the TIN billing the most primary care services (including the EP's National Provider Identifier (NPI), nam • Data about the EP in the TIN billing the most non-primary care services (including the EP's NPI, name, specialty, and date of last claim filed by the N • Data about the EP outside of the TIN billing the most primary care services (including the EP's NPI, name, specialty, and date of last claim filed by the • Data about the EP outside of the TIN billing the most non-primary care services (including the EP's NPI, name, specialty, and date of last claim filed b • If applicable, date of last hospital admission • If applicable, indication of diagnosis of one of the four chronic condition subgroups (Diabetes, Coronary Artery Disease, Chronic Obstructive Pulmona • If applicable, indication of inclusion in the Per Capita Costs for All Attributed Beneficiaries measure • If applicable, total payment-standardized Medicare FFS costs for each attributed beneficiary • Percent of total costs, by category of services furnished by all providers (including facilities), for the following cost categories: Evaluation & Manageme Pathology Therapy; Ancillary Services; Inpatient Hospital Facility Services; Eligible Professional Services During Hospitalization; Emergency Services • If applicable, the following data on all hospital admissions: date of admission, admitting hospital name, hospital CMS Certification Number (CCN), ho indication of an admission for Ambulatory Care Sensitive Conditions (ACSCs), indication of an unplanned All-Cause Readmission within 30-days of d • If applicable, total payment-standardized episode costs for each beneficiary attributed for the Medicare Spending per Beneficiary measure • If applicable, data for the Medicare Spending per Beneficiary measure for the following categories: Inpatient Hospital Trigger; Inpatient Hospital Rea or Long-Term Care Hospital; Outpatient Physical, Occupational, or Speech and Language Pathology Therapy; Dialysis; Evaluation & Management Ser ER Procedures; ER Laboratory, Pathology, and Other Tests; ER Imaging Services; Ancillary Laboratory, Pathology, and Other Tests; Ancillary Imagin A Contractor tasked with working on the Physician Feedback/Value-Based Payment Modifier Program, QRUR Program Data Usage Agreements #24056 and/or #21382. I intend to use this information to carry out assigned work tasks related to providing administrative support to the Physician Feedback/Value-Based Payment Modifier Program and QRUR Program. I Confirm I Decline A CMS Employee I intend to use this information to carry out assigned work tasks related to providing administrative support to the Physician Feedback/Value-Based Payment Modifier Program, QRUR Program, Episodes Program, and/or to carry out assigned work tasks related to providing program oversight to these programs. Neither of the above or I do not know. Please contact the QRUR Help Desk at 1-888-734-6433 if you need further assistance.

Steps	**Screenshots**
4. You are now in the **MicroStrategy Web Platform.** This screen shows the TIN(s) associated with your EIDM account. 5. Choose one **TIN Name** from the **Available** group practice section: • Select a **TIN Name** and either double click the mouse or click the arrow button to move the practice from **'Available'** to **'Selected'.** • You can also filter the list of **Available** TIN by entering the name or last 4 digits of a TIN in the **Search for** field. • Click **Run Document**. You will need to wait several seconds while the system generates your Supplementary Exhibit. **Note:** Select only one TIN Name each time you attempt to retrieve a **2014 Mid-Year Supplemental Exhibit**.	

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

Steps	**Screenshots**
6. The selected 2014 Mid-Year QRUR Supplementary Exhibit report is displayed. **Note:** The example shown is **Supplementary Exhibit 1. Physicians and Non-Physician Eligible Professionals Billing Under Your TIN, Selected Characteristics** Repeat Steps 1-3 of this section to access any of the other 2014 Mid-Year QRUR Supplementary Exhibits.	

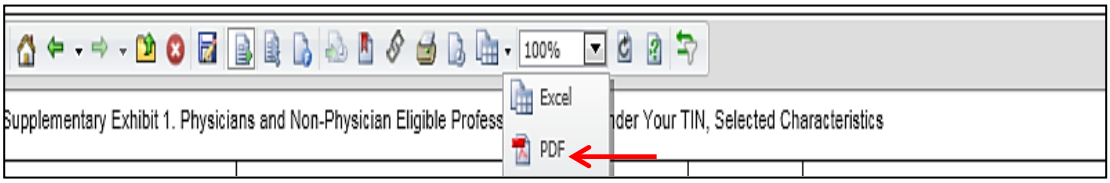
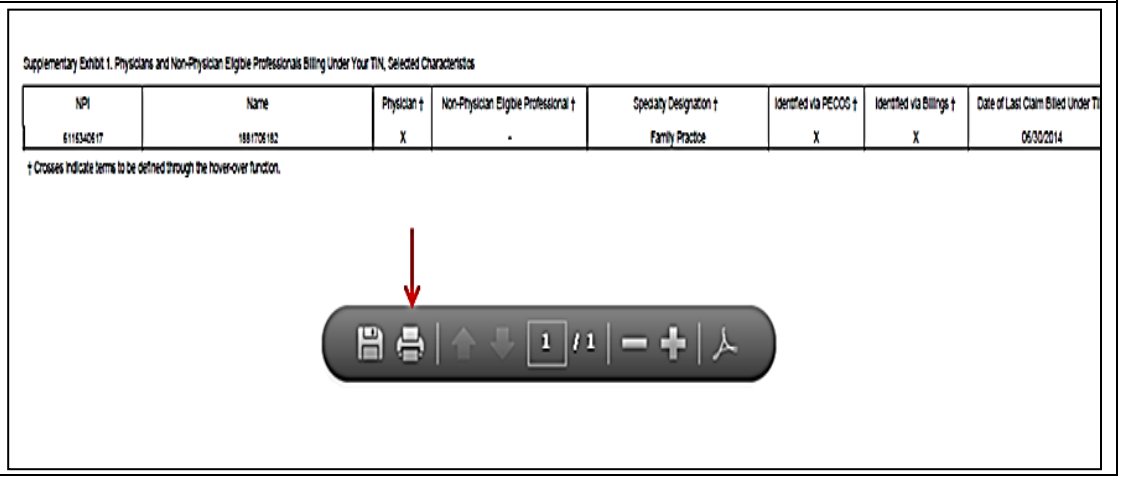
B. Access a 2014 Mid-Year QRUR Supplementary Exhibit Report within the 2014-Mid Year QRUR.

Steps	**Screenshots**
1. Follow Step 1 mentioned in Section V of this guide.	
2. Click the **text** mentioned in the **About the Data in This Report** to open the desired 2014 Mid-Year QRUR Supplementary Exhibit. **Note**: You will need to wait several seconds while the system generates the drill-down Report.	**ABOUT THE DATA IN THIS REPORT** This report provides summary information on selected quality outcomes and costs for care provided to the Medicare fee-for-service (FFS) beneficiaries attributed to your TIN during the performance period. The table below briefly describes the data included in each section. All of the data in this report are available in an exportable comma-separated values (CSV) data file {Link to CSV}, with accompanying data dictionary {Link to Data Dictionary}, in a downloadable portable document format (PDF) {Link to PDF report}, and in an exportable Excel format {Link to Excel File}. In addition, CMS has made select educational information about the Mid-Year Quality and Resource Use Report available through the CMS Portal. For more information about the Physician Feedback/Value-Based Payment Modifier Program, and to understand the Mid-Year Quality and Resource Use Report methodology, visit www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram//2014-MYQRUR.html. **Section** / **Overview of the Data** / **For More Information** **Eligible Professionals Billing to Your Taxpayer Identification Number (TIN)** A "TIN" (or "Taxpayer Identification Number") is defined as the single provider entity to which eligible professionals reassigned their Medicare billing rights in the performance period. In order to receive this Mid-Year QRUR, at least one eligible professional billing under your TIN must be a physician. The number of eligible professionals billing to your TIN is determined both by claims submitted to Medicare under that TIN during the performance period and by information reported by eligible professionals through the Provider Enrollment, Chain and Ownership System (PECOS) (Exhibit 1). Links on the CMS Portal: • Supplementary Exhibit 1 Physicians and Non-Physician Eligible Professionals Billing Under Your TIN, Selected Characteristics Glossary • Eligible professional • Provider Enrollment, Chain and Ownership System (PECOS) • Taxpayer Identification Number (TIN) Appendix A (listing of eligible professional specialities)
3. The associated supplementary exhibit is displayed. **Note:** The hyperlinked fields in the **About the Data in This Report** section are active only when viewing the 2014 Mid-Year QRUR. The hyperlinks are not active after a Mid-Year QRUR is exported to PDF format.	Welcome to Physician Value Physician Quality Reporting Portal (*) Red asterisk indicates a required field. *Select a Year: 2014 *Select a Report: --Supplementary Exhibit 1. Physicians and Non-Physician Eligible Professionals Billing Under Your TIN, Selected Characteristics Download educational materials related to the Mid-Year QRURs 100% Supplementary Exhibit 1. Physicians and Non-Physician Eligible Professionals Billing Under Your TIN, Selected Characteristics NPI / Name / Physician † / Non-Physician Eligible Professional † / Specialty Designation †

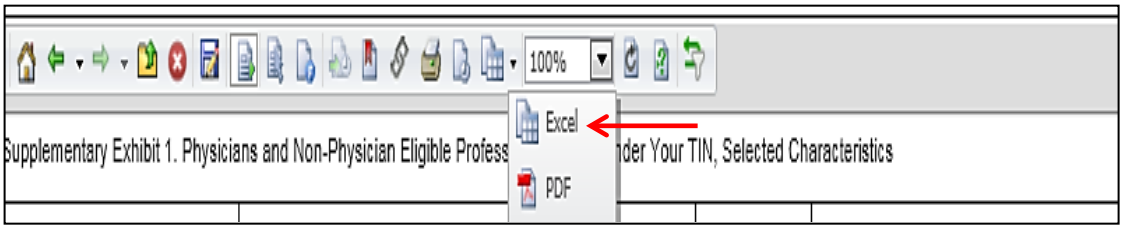
If you have questions about the 2014 Mid-Year QRURs and Supplementary Exhibits, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

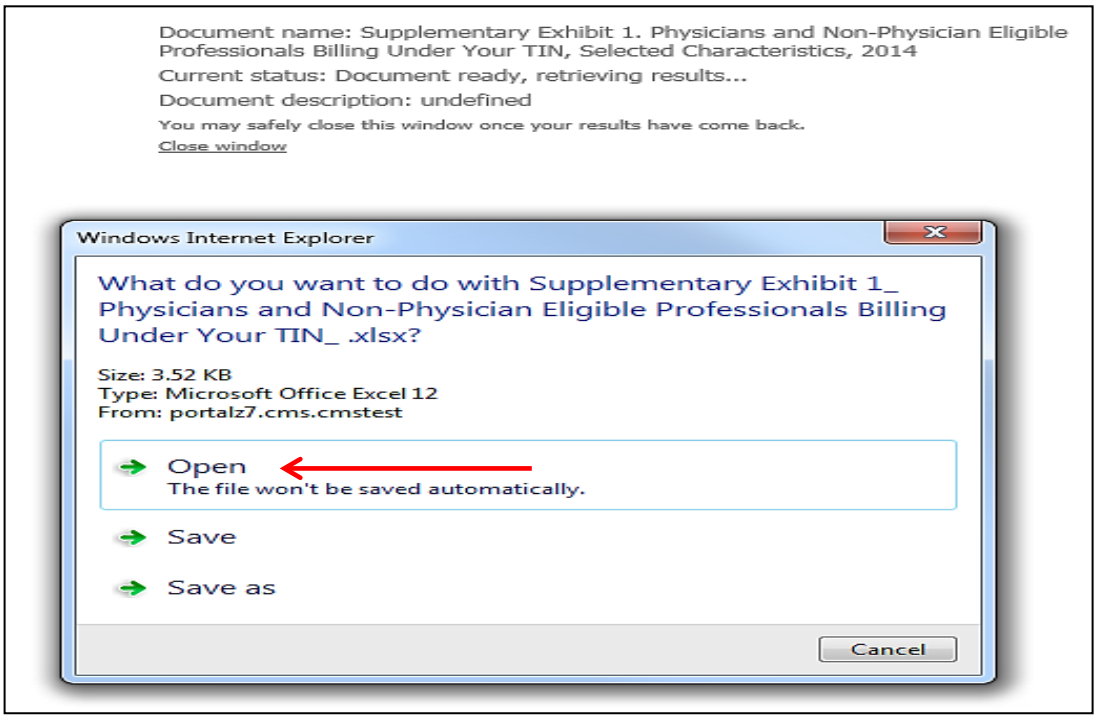
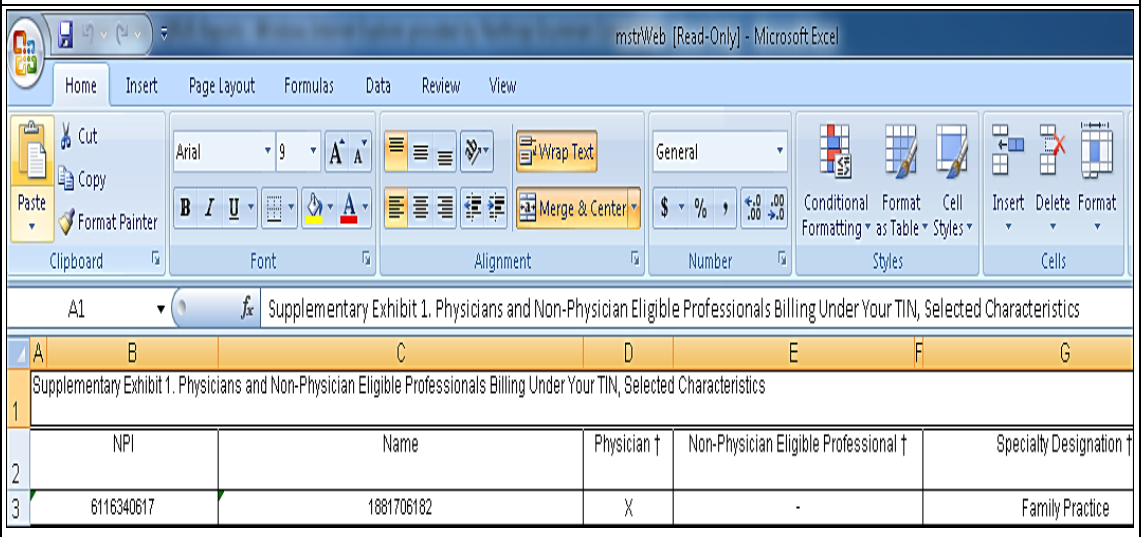
IX. View and Print the 2014 Mid-Year Supplementary Exhibits in PDF or Excel Format

A. View a 2014 Mid-Year Supplementary Exhibit as a PDF Document After Opening the Report.

Steps	Screenshots
1. Click the **Export** button on the Toolbar and select the **PDF** option.	
2. The Supplementary Exhibit is displayed in .**PDF** format. • Select the **Print** button on the Toolbar to print the report.	

A. View a 2014 Mid-Year Supplementary Exhibit Report as an Excel Spreadsheet After Opening the Report.

Steps	Screenshots
1. Click the **Export** button on the Toolbar and select the **Excel** option.	

Steps	**Screenshots**
2. Select one of the following options: • Click **Open** to open the report in Excel. The file will open in Excel and **will not be** automatically saved. • Click **Save**. The file will be saved in Excel format in the **Downloads folder** on your computer. • Click **Save As**. You will be prompted with a **Save As** window on which you can choose the location to save the file.	
3. The Supplementary Exhibit is exported to **Excel** format.	

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