

Quick Reference Guide for Accessing the 2013 QRUR and Performance Dashboard

I. Introduction

On September 30th, 2014, the Centers for Medicare and Medicaid Services (CMS) made available the 2013 Quality and Resource Use Reports (QRURs) to every physician group practices and solo practitioner nationwide. The 2013 QRURs are not 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 2013 or for non-physician solo practitioners or groups (e.g., nurse practitioners) that did not have at least one physician billing under the group in 2013. Group practices and solo practitioners are identified in the QRURs by their Taxpayer Identification Number (TIN). The 2013 QRURs contain data regarding quality and cost of care for calendar year (CY) 2013. This is the same performance period that will be used for calculating the Value-Based Payment Modifier (VM) applicable to physician payments for items and services furnished under the Medicare Physician Fee Schedule for groups of 100 or more eligible professionals (EPs) in 2015. More information about the QRURs is available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2013-QRUR.html>. More information about the VM is available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>.

This Quick Reference Guide illustrates how to access and download a QRUR, along with the supplemental exhibits and Performance Dashboard from the CMS Enterprise Portal. The Performance Dashboard provides a summary of performance highlights and applicable VM information. It also provides quality and cost performance information in a manner that allows physician practices to see how the VM may affect their Medicare payments. The QRURs and supplemental exhibits can be downloaded and exported in PDF and Excel Format. The data in the QRUR 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 QRURs at <https://portal.cms.gov> using an Individuals Authorized Access to the CMS Computer Services (IACS) account with one of the following Physician Value (PV)-PQRS System roles:

- **For groups with 2 or more EPs (TINs with 2 or more individual National Provider Identifiers (NPI)):**
 - PV-PQRS Group Security Official (primary or back-up)
 - PV-PQRS Group Representative
- **For a solo practitioner (TIN with only 1 individual NPI):**
 - PV-PQRS Individual (primary or back-up)
 - PV-PQRS Individual Representative

Authorized representatives must sign up for a new IACS account or modify an existing account at <https://applications.cms.hhs.gov>. Quick reference guides that provide step-by-step instructions for requesting each PV-PQRS System role for new or existing IACS account are available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>. Additional information about obtaining QRURs and supplemental exhibits using an IACS account is available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2013-QRUR.html>.

- If a group has already registered and selected its PQRS group reporting mechanism in the PV-PQRS Registration System, then that same person who registered the group can access the group's QRUR using their IACS User ID and password.
- If a group or solo practitioner does not yet have an authorized representative with an IACS account, then one person representing the group or solo practitioner must sign up for an IACS account with the primary Group Security Official role (if representing a group) or the primary Individual role (if representing a solo practitioner).
- If a group or a solo practitioner has a representative with an existing IACS account, but not one of the group-specific (if representing a group) or individual-specific (if representing a solo practitioner) PV-PQRS System roles listed above, then ensure that the account is still active and then add a group-specific PV-PQRS System role to that person's existing IACS account. To ensure the IACS account is still active, please contact the Quality Net help desk.

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For questions related to an IACS account and accessing your QRUR, please contact the QualityNet Help Desk:

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

For questions about information contained in your 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)

This guide contains the following sections:

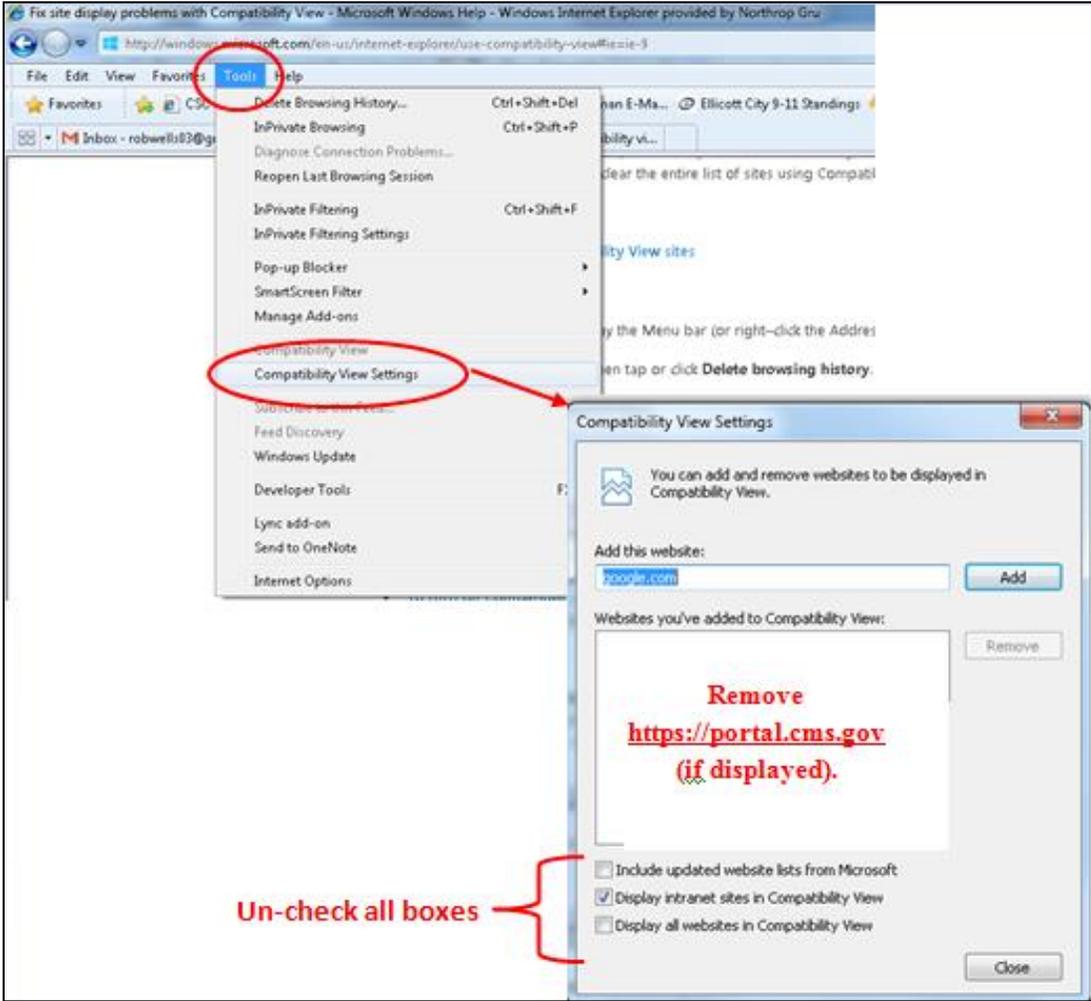
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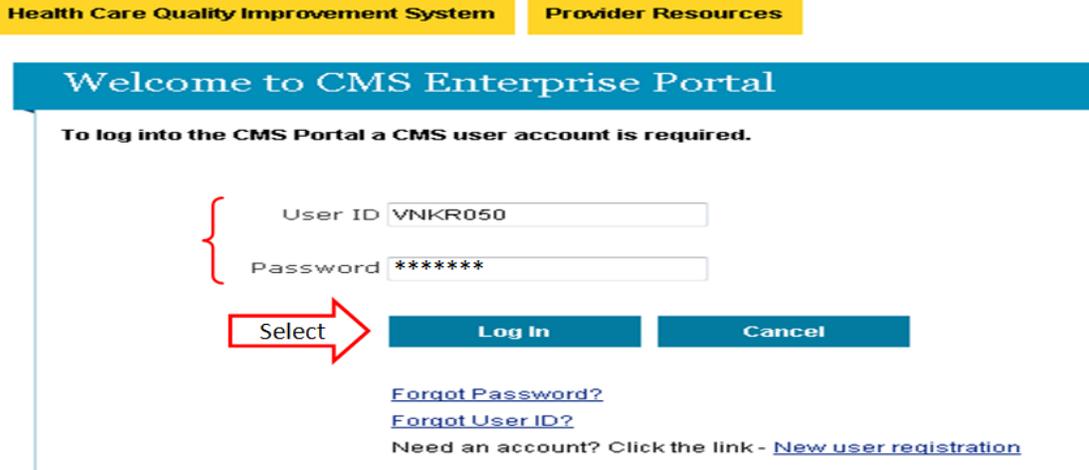
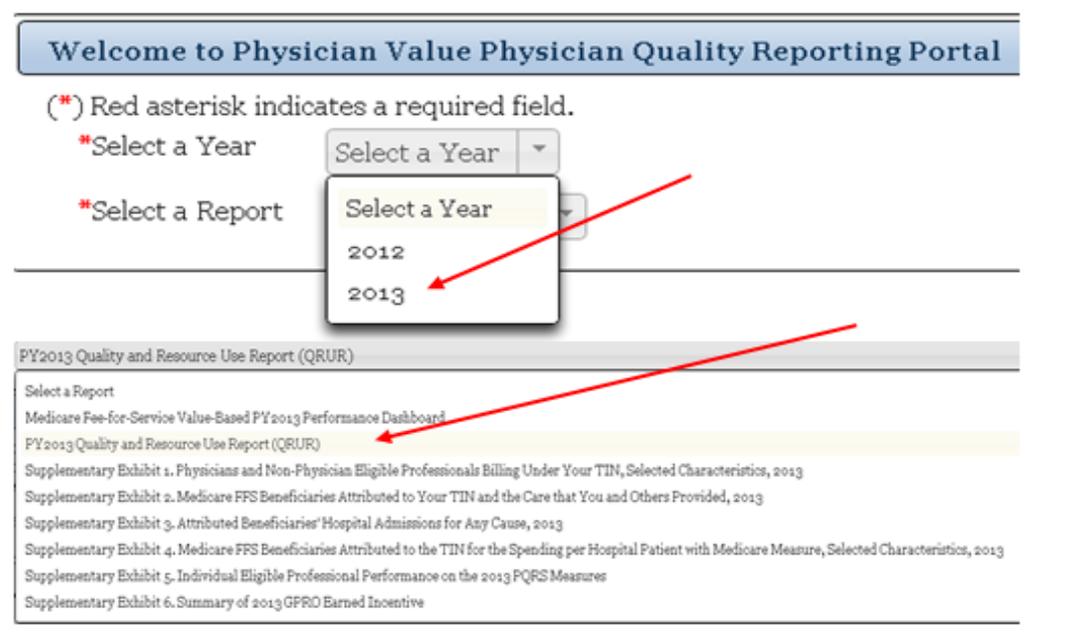
III. Access a QRUR

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 • Mozilla-Firefox • Chrome • Safari <p>Enable JavaScript and adjust any zoom features to ensure you are not seeing the screen in too wide of a view.</p>	 <p>The screenshot shows the CMS Enterprise Portal interface. At the top, there are navigation links for 'Health Care Quality Improvement System' and 'Provider Resources'. Below this is a breadcrumb trail: 'CMS Portal > Welcome to CMS Portal'. The main content area features a large banner titled 'Welcome to CMS Enterprise Portal' with a video player showing a female doctor. To the right of the banner is a 'CMS Secure Portal' login section. A red circle highlights the 'Login to CMS Secure Portal' button. Below the login section, there are links for 'Forgot User ID?', 'Forgot Password?', and 'New User Registration'. At the bottom, there is a 'CMS News' section with a link to 'States Moving Forward to Implement Health Reform'.</p>

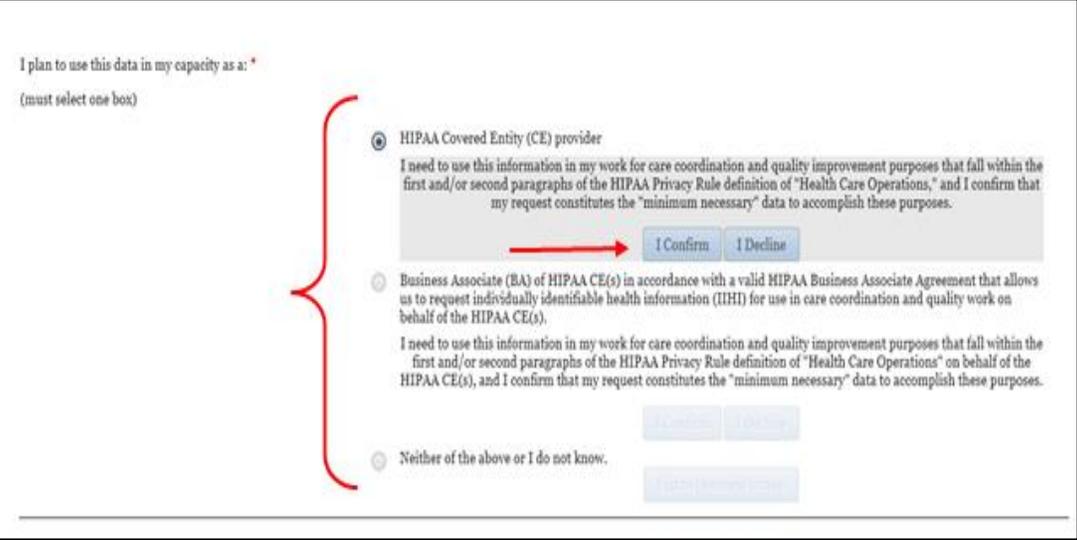
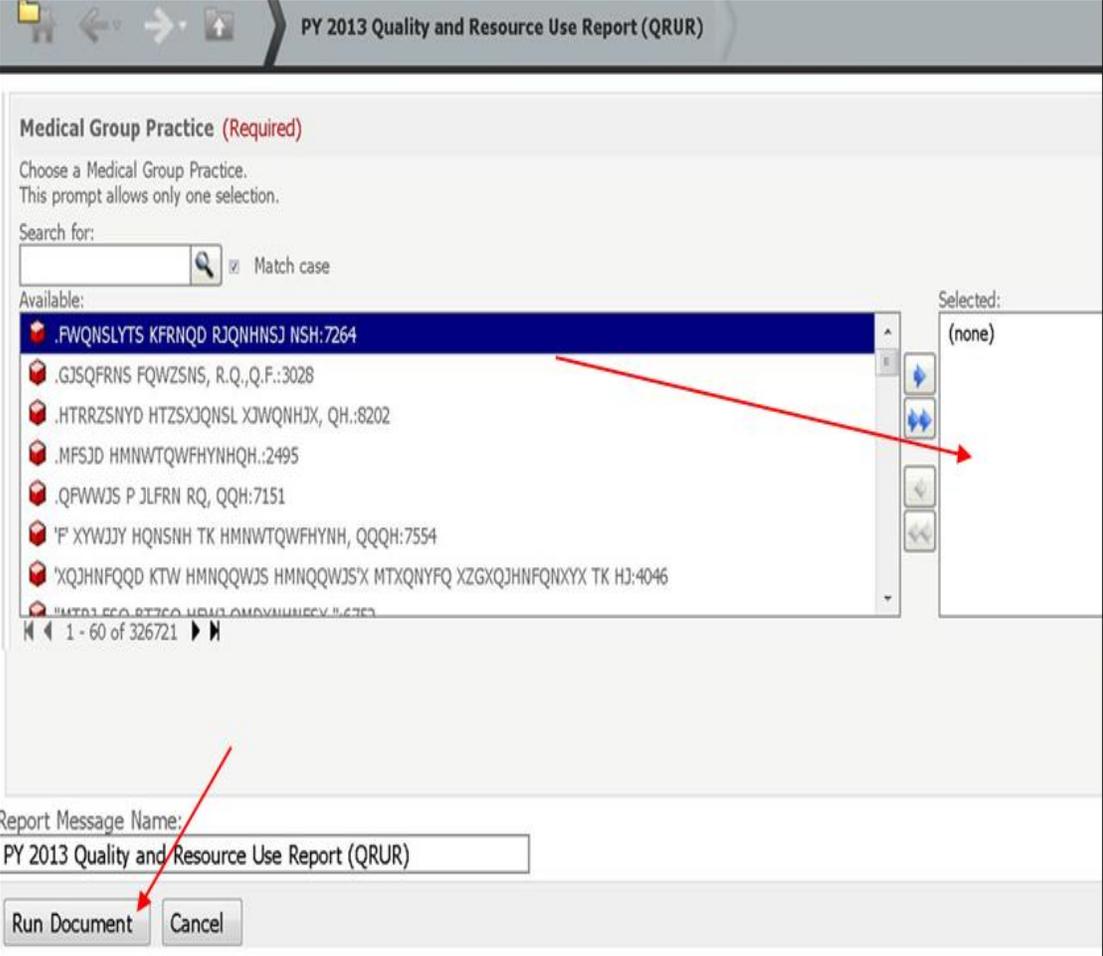
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Steps	Screenshots
<p data-bbox="164 233 370 268">Troubleshooting</p> <p data-bbox="94 302 431 464">If you are not using one of the supported browsers or having trouble viewing the CMS Enterprise Portal using Internet Explorer 9:</p> <ul data-bbox="94 506 431 1604" 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.	 <p data-bbox="704 1129 951 1157">Un-check all boxes</p>

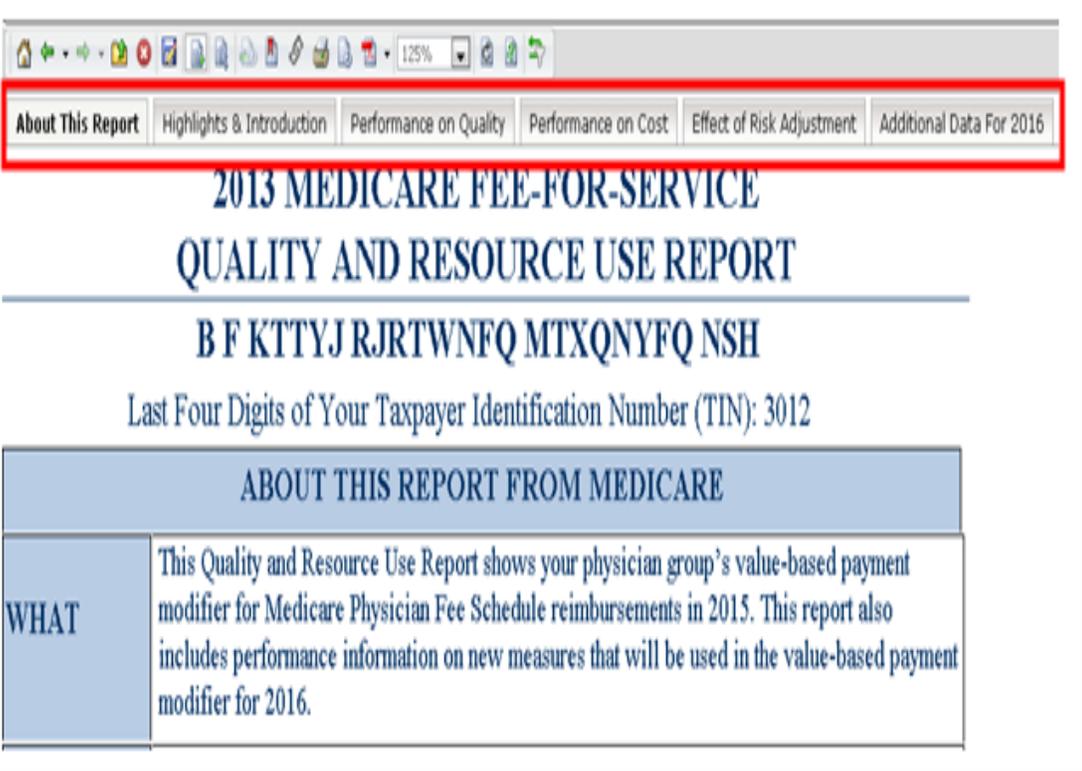
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Steps	Screenshots
<p>2. After accepting the Terms and Conditions, enter your IACS User ID and Password in the Welcome to CMS Enterprise Portal screen.</p> <p>Select Login to continue.</p>	
<p>3. Click the PV-PQRS tab at the top of the screen, and then select the QRUR-Reports option from the dropdown menu.</p>	
<p>4. Select year (2013) from the 'Select a Year' drop down menu, and then select report (2013 QRUR) from the 'Select a Report' dropdown menu.</p> <p>Note: If you don't see the 2013 QRUR in the dropdown menu:</p> <ul style="list-style-type: none"> • Verify that you are logged in with the appropriate role. • Verify that you have selected the Year 2013. 	

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Steps	Screenshots
<p>5. 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, click 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 shown.</p>	
<p>You are now in the MicroStrategy Web Platform. The screen shows the group practice(s) associated with your IACS account.</p> <p>6. Choose one Medical Group Practice from the Available group practice section:</p> <ul style="list-style-type: none"> Select a group 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 Medical Group Practices 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 QRUR. <p>Note: Select only one Medical Group Practice each time you attempt to retrieve a 2013 QRUR.</p>	

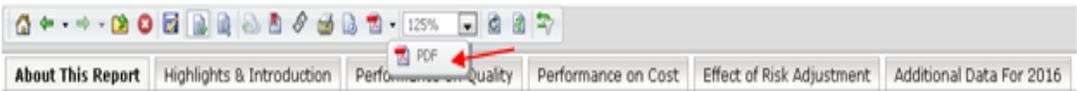
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Steps	Screenshots
<p>7. The QRUR is displayed within the MicroStrategy Web Platform. The section that appears first is About This Report From Medicare.</p> <p>8. Click on any of the section tabs at the top of the screen to navigate to different sections of the QRUR.</p> <p>Note: After you click on a section tab, you will need to wait several seconds for the section to appear on the screen.</p> <p>The QRUR contains the following sections:</p> <ul style="list-style-type: none"> - About This Report - Highlights & Introduction - Performance on Quality - Performance on Cost - Effect of Risk Adjustment - Additional Data for 2016 	

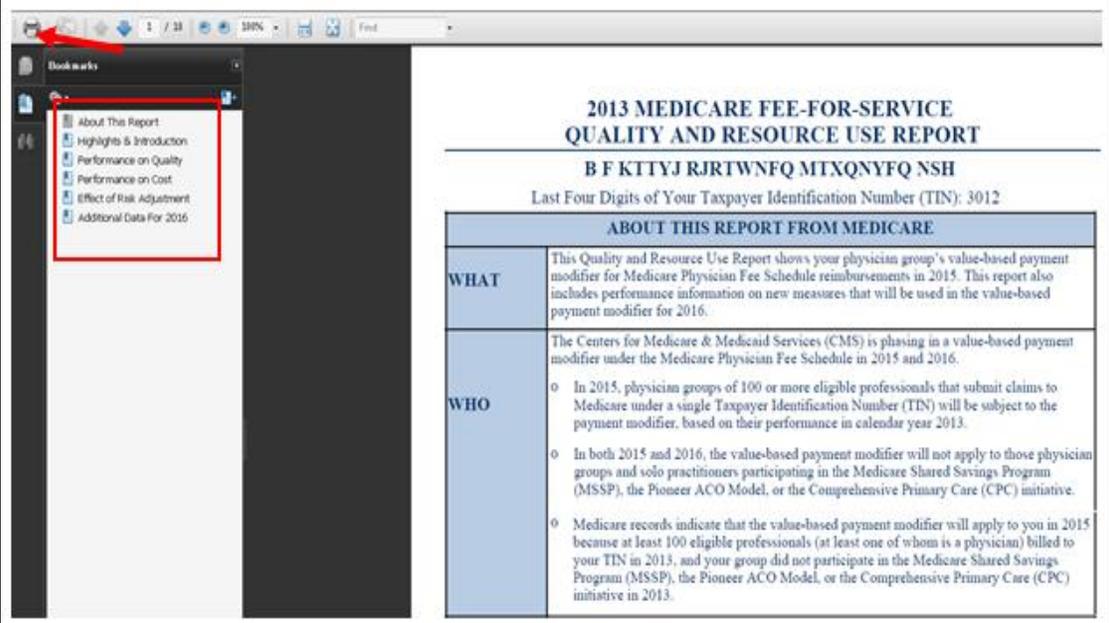
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Steps	Screenshots																												
<p>9. Use the buttons on the MicroStrategy Toolbar at the top of the report to navigate within MicroStrategy.</p>	 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Report Menu Bar icon</th> <th style="text-align: left;">Description</th> </tr> </thead> <tbody> <tr> <td></td> <td>Navigate to the Report Home screen</td> </tr> <tr> <td></td> <td>Navigate backward to the previous report section</td> </tr> <tr> <td></td> <td>Navigate forward to the next report section</td> </tr> <tr> <td></td> <td>To Browse Parent folder</td> </tr> <tr> <td></td> <td>Close the report</td> </tr> <tr> <td></td> <td>Save report in Report folder in MicroStrategy</td> </tr> <tr> <td></td> <td>To view the report in express mode</td> </tr> <tr> <td></td> <td>To view the report in interactive mode</td> </tr> <tr> <td></td> <td>Print report</td> </tr> <tr> <td></td> <td>Adjust page size</td> </tr> <tr> <td></td> <td>Refresh Page</td> </tr> <tr> <td></td> <td>Re-prompt</td> </tr> <tr> <td></td> <td>Reset selection</td> </tr> </tbody> </table>	Report Menu Bar icon	Description		Navigate to the Report Home screen		Navigate backward to the previous report section		Navigate forward to the next report section		To Browse Parent folder		Close the report		Save report in Report folder in MicroStrategy		To view the report in express mode		To view the report in interactive mode		Print report		Adjust page size		Refresh Page		Re-prompt		Reset selection
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IV. View and Print the QRUR as a PDF Document

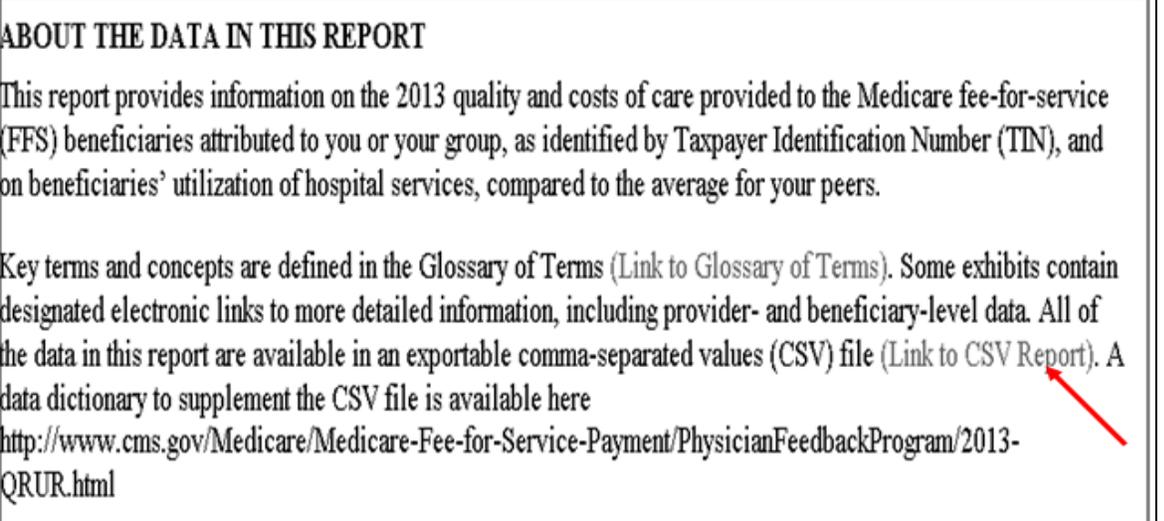
Steps	Screenshots		
<p>1. Click the PDF button on the MicroStrategy Toolbar and select PDF.</p> <p>Note: After you click on a section tab, you will need to wait several seconds for the section to appear on the screen.</p> <p>2. The QRUR is exported to .PDF format.</p>	 <p style="text-align: center;"> 2013 MEDICARE FEE-FOR-SERVICE QUALITY AND RESOURCE USE REPORT B F KTTYJ RJRTWNFQ MTXQNYFQ NSH Last Four Digits of Your Taxpayer Identification Number (TIN): 3012 </p> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; background-color: #e0e0e0;">ABOUT THIS REPORT FROM MEDICARE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; background-color: #e0e0e0;">WHAT</td> <td>This Quality and Resource Use Report shows your physician group's value-based payment modifier for Medicare Physician Fee Schedule reimbursements in 2015. This report also includes performance information on new measures that will be used in the value-based payment modifier for 2016.</td> </tr> </table> </div>	WHAT	This Quality and Resource Use Report shows your physician group's value-based payment modifier for Medicare Physician Fee Schedule reimbursements in 2015. This report also includes performance information on new measures that will be used in the value-based payment modifier for 2016.
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Steps	Screenshots
<p>3. Select any of the Bookmarks to navigate to a different section of the QRUR.</p> <p>4. Select the Print button on the Toolbar to print the QRUR.</p>	

V. Download the QRUR Data to a CSV file

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

Steps	Screenshots
<p>1. Click the text (link to CSV Report) to export your report data to a CSV file.</p>	

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<p>2. The QRUR data is exported to .CSV format.</p> <p>Note1: A data dictionary to supplement the CSV file is available on the CMS.gov website at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2013-QRUR.html</p> <p>Note2: Use Excel tools to Print or Save the file.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Row</th> <th>Field Name</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2</td><td>GRP_NAME</td><td>B F KTTYJ RJRTWNFQ MTXQNYFQ NSH:3012</td></tr> <tr><td>3</td><td>TIN_LAST_4_DGT_NUM</td><td>3012</td></tr> <tr><td>4</td><td>ACO_CPCI_IND</td><td></td></tr> <tr><td>5</td><td>ACO_CPCI_IND</td><td></td></tr> <tr><td>7</td><td>Aco_Or_Cpci_Ind</td><td>0</td></tr> <tr><td>8</td><td>Aco_Or_Cpci_Ind</td><td>0</td></tr> <tr><td>9</td><td>ACOIND</td><td></td></tr> <tr><td>10</td><td>ACOIND</td><td></td></tr> <tr><td>11</td><td>ACUTE_PHASE_D</td><td>No</td></tr> <tr><td>12</td><td>ACUTE_PHASE_D</td><td>No</td></tr> <tr><td>13</td><td>ACUTE_PHASE_D</td><td>*</td></tr> <tr><td>14</td><td>ACUTE_PHASE_D</td><td>*</td></tr> <tr><td>15</td><td>ACUTE_PHASE_D</td><td>1</td></tr> <tr><td>16</td><td>ACUTE_PHASE_D</td><td>1</td></tr> <tr><td>17</td><td>ADDTNL_ADJSTM</td><td></td></tr> <tr><td>18</td><td>ADDTNL_ADJSTM</td><td></td></tr> <tr><td>19</td><td>ADJUSTMT_ELGBL</td><td>Not Eligible</td></tr> <tr><td>20</td><td>ADJUSTMT_ELGBL</td><td>Not Eligible</td></tr> <tr><td>21</td><td>ADJUSTMT_VAL_A</td><td>1.0</td></tr> <tr><td>22</td><td>ADJUSTMT_VAL_A</td><td>1.0</td></tr> </tbody> </table>	Row	Field Name	Value	2	GRP_NAME	B F KTTYJ RJRTWNFQ MTXQNYFQ NSH:3012	3	TIN_LAST_4_DGT_NUM	3012	4	ACO_CPCI_IND		5	ACO_CPCI_IND		7	Aco_Or_Cpci_Ind	0	8	Aco_Or_Cpci_Ind	0	9	ACOIND		10	ACOIND		11	ACUTE_PHASE_D	No	12	ACUTE_PHASE_D	No	13	ACUTE_PHASE_D	*	14	ACUTE_PHASE_D	*	15	ACUTE_PHASE_D	1	16	ACUTE_PHASE_D	1	17	ADDTNL_ADJSTM		18	ADDTNL_ADJSTM		19	ADJUSTMT_ELGBL	Not Eligible	20	ADJUSTMT_ELGBL	Not Eligible	21	ADJUSTMT_VAL_A	1.0	22	ADJUSTMT_VAL_A	1.0
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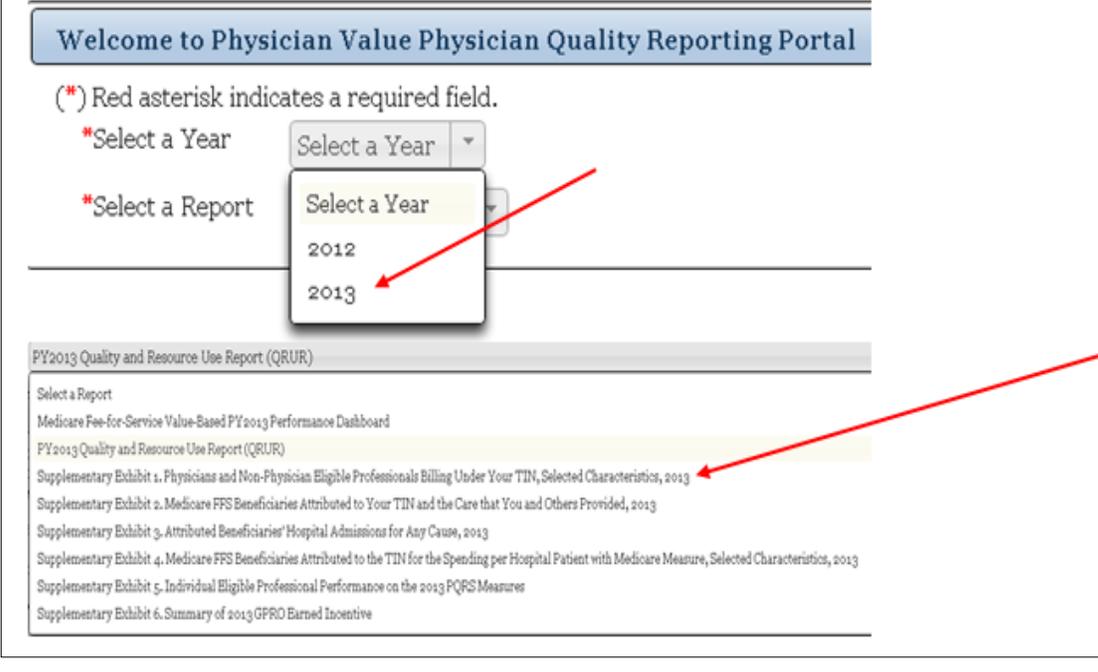
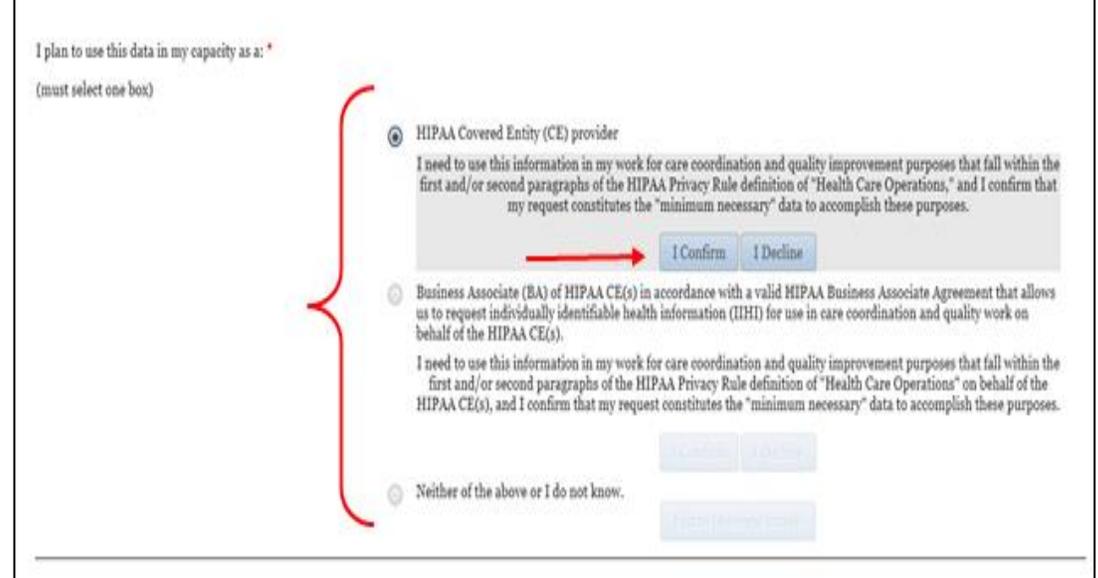
VI. Access a QRUR Supplementary Exhibit Report

The following six QRUR Supplementary Exhibits Reports are available for Performance Year 2013:

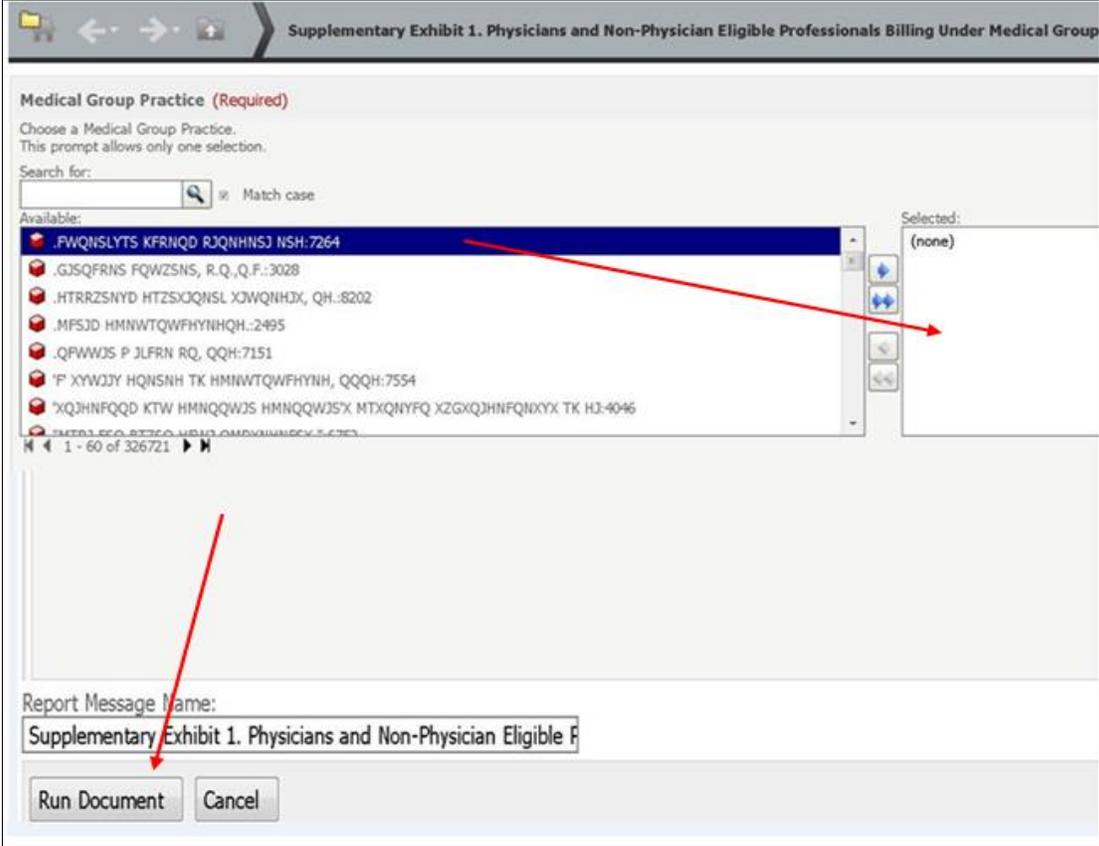
- **Table 1:** Physicians and Non-Physician Eligible Professionals Billing Under Medical Group Practice TIN, Selected Characteristics, 2013
- **Table 2:** Medicare Fee-For-Service (FFS) Beneficiaries Attributed to Your TIN and the Care that You and Others Provided, 2013
- **Table 3:** Attributed Beneficiaries' Hospital Admissions for Any Cause, 2013
- **Table 4:** Medicare FFS Beneficiaries Attributed to the TIN for the Spending per Hospital Patient with Medicare Measure, Selected Characteristics, 2013
- **Table 5:** Individual Eligible Professional Performance on the 2013 PQRS Measures
- **Table 6:** Summary of 2013 GPRO Earned Incentive

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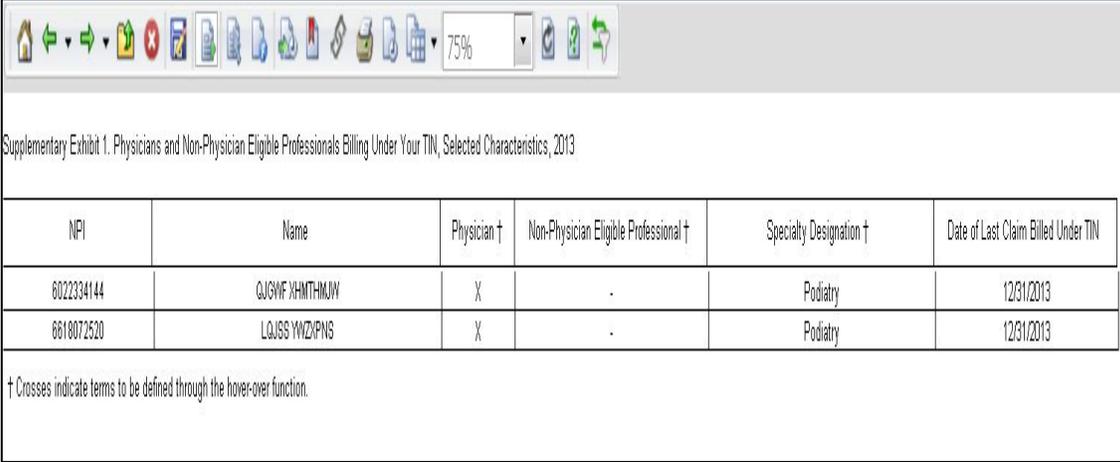
A. Access a 2013 QRUR Supplementary Exhibit Report.

Steps	Screenshots
<p>1. Select year (2013) from the ‘Select a Year’ drop down menu, and then select a report (e.g. Physicians and Non-Physician Eligible Professionals Billing Under Medical Group Practice TIN, Selected Characteristics, 2013) from the ‘Select a Report’ dropdown menu.</p> <p>Note: If you don’t see the Supplemental Exhibits for 2013 in the dropdown menu:</p> <ul style="list-style-type: none"> • Verify that you have selected the Year 2013. 	 <p>The screenshot shows the 'Welcome to Physician Value Physician Quality Reporting Portal' header. Below it, there are two required fields: '*Select a Year' and '*Select a Report'. The 'Select a Year' dropdown menu is open, showing options for 2012 and 2013, with 2013 selected. The 'Select a Report' dropdown menu is also open, showing a list of reports. The report 'Physicians and Non-Physician Eligible Professionals Billing Under Your TIN, Selected Characteristics, 2013' is highlighted in yellow. A red arrow points from the '2013' option in the first dropdown to the highlighted report in the second dropdown.</p>
<p>2. 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, click 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 shown.</p>	 <p>The screenshot shows the attestation message form. The first section is 'I plan to use this data in my capacity as a:' with a red asterisk and '(must select one box)'. There are three radio button options: <ul style="list-style-type: none"> <input checked="" type="radio"/> HIPAA Covered Entity (CE) provider. Below this option is a text box containing the attestation statement: '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 the text box are two buttons: 'I Confirm' and 'I Decline'. A red arrow points from the 'I Confirm' button to the right. <input type="radio"/> 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). Below this option is a text box containing the attestation statement: '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 the text box are two buttons: 'I Confirm' and 'I Decline'. <input type="radio"/> Neither of the above or I do not know. Below this option are two buttons: 'I Confirm' and 'I Decline'. </p>

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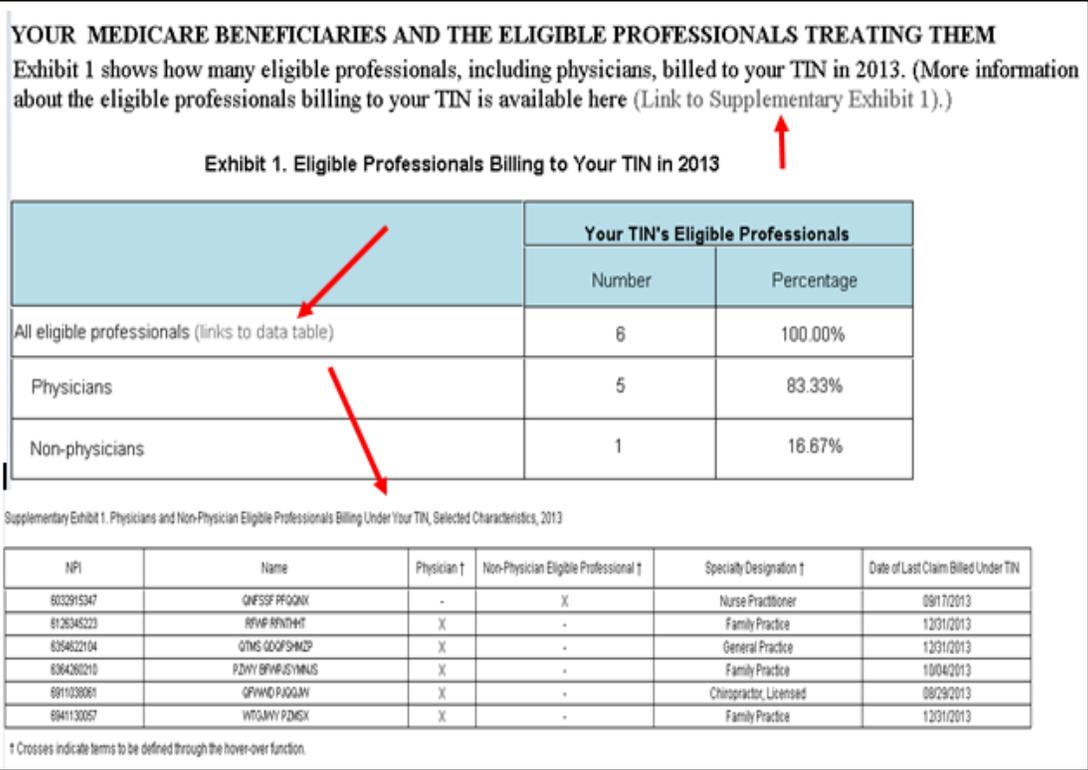
<u>Steps</u>	<u>Screenshots</u>
<p>You are now in the MicroStrategy Web Platform. This screen shows the group practice(s) associated with your IACS account.</p> <p>3. Choose one Medical Group Practice from the Available group practice section:</p> <ul style="list-style-type: none"> • Select a group name 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 Medical Group Practices 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 Report. <p>Note: Select only one Medical Group Practice each time you attempt to retrieve a 2013 Supplemental Exhibit Report.</p>	

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<u>Steps</u>	<u>Screenshots</u>																		
<p>4. The selected QRUR Supplementary Exhibit report is displayed within the MicroStrategy Web Platform.</p> <p>Note: The example shown is Table 1. Physicians and Non-Physician Eligible Professionals Billing Under Medical Group Practice TIN, Selected Characteristics, 2013.</p> <p>Repeat Steps 1-3 of this section to access any of the other QRUR Supplementary Exhibit reports.</p>	 <p style="font-size: small;">Supplementary Exhibit 1: Physicians and Non-Physician Eligible Professionals Billing Under Your TIN, Selected Characteristics, 2013</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">NPI</th> <th style="width: 35%;">Name</th> <th style="width: 10%;">Physician †</th> <th style="width: 10%;">Non-Physician Eligible Professional †</th> <th style="width: 20%;">Specialty Designation †</th> <th style="width: 10%;">Date of Last Claim Billed Under TIN</th> </tr> </thead> <tbody> <tr> <td>6022334144</td> <td>QJGWF YHMT-HMJW</td> <td>X</td> <td>-</td> <td>Podiatry</td> <td>12/31/2013</td> </tr> <tr> <td>6616072620</td> <td>LQJSS YWZPNS</td> <td>X</td> <td>-</td> <td>Podiatry</td> <td>12/31/2013</td> </tr> </tbody> </table> <p style="font-size: x-small; margin-top: 5px;">† Crosses indicate terms to be defined through the hover-over function.</p>	NPI	Name	Physician †	Non-Physician Eligible Professional †	Specialty Designation †	Date of Last Claim Billed Under TIN	6022334144	QJGWF YHMT-HMJW	X	-	Podiatry	12/31/2013	6616072620	LQJSS YWZPNS	X	-	Podiatry	12/31/2013
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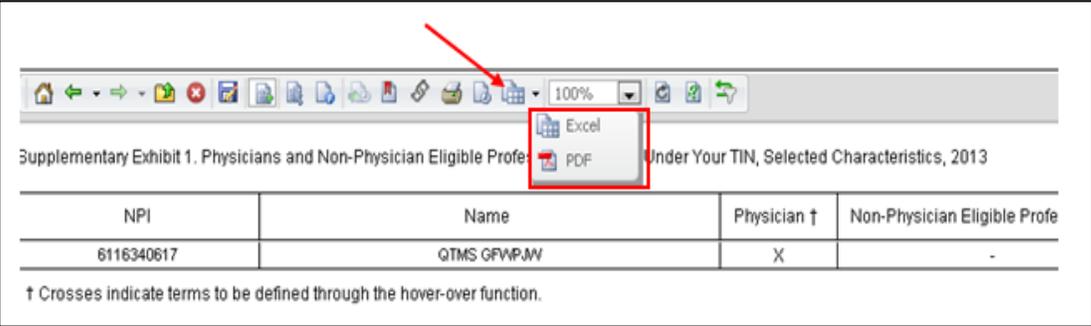
B. Access a QRUR Supplementary Exhibit Report from within the QRUR.

Steps	Screenshots																																																								
<p>1. Hyperlinked text is provided throughout the QRUR that you can select to open a particular Supplemental Exhibit report. For example, to access supplementary information for 'Exhibit 1. Eligible Professionals Billing to Your TIN in 2013' in your QRUR:</p> <ul style="list-style-type: none"> Click the text {link to Supplementary Exhibit 1} shown <u>above</u> Exhibit 1, <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Click the text (links to data table) shown <u>inside</u> the Exhibit 1 table. <p>Note1: You will need to wait several seconds while the system generates the Supplemental Exhibit report.</p> <p>Note2: The hyperlinked fields are active only when viewing the QRUR within the MicroStrategy Web Platform. The hyperlinks are not active after a QRUR is exported to PDF format.</p>	 <p>YOUR MEDICARE BENEFICIARIES AND THE ELIGIBLE PROFESSIONALS TREATING THEM Exhibit 1 shows how many eligible professionals, including physicians, billed to your TIN in 2013. (More information about the eligible professionals billing to your TIN is available here (Link to Supplementary Exhibit 1).)</p> <p style="text-align: center;">Exhibit 1. Eligible Professionals Billing to Your TIN in 2013</p> <table border="1" data-bbox="461 562 1362 837"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Your TIN's Eligible Professionals</th> </tr> <tr> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>All eligible professionals (links to data table)</td> <td>6</td> <td>100.00%</td> </tr> <tr> <td>Physicians</td> <td>5</td> <td>83.33%</td> </tr> <tr> <td>Non-physicians</td> <td>1</td> <td>16.67%</td> </tr> </tbody> </table> <p>Supplementary Exhibit 1. Physicians and Non-Physician Eligible Professionals Billing Under Your TIN, Selected Characteristics, 2013</p> <table border="1" data-bbox="456 907 1481 1087"> <thead> <tr> <th>NPI</th> <th>Name</th> <th>Physician †</th> <th>Non-Physician Eligible Professional †</th> <th>Specialty Designation †</th> <th>Date of Last Claim Billed Under TIN</th> </tr> </thead> <tbody> <tr> <td>6032915347</td> <td>QNFSSP PFGQNX</td> <td>-</td> <td>X</td> <td>Nurse Practitioner</td> <td>09/17/2013</td> </tr> <tr> <td>8126345223</td> <td>RFVP RFNTHHT</td> <td>X</td> <td>-</td> <td>Family Practice</td> <td>12/31/2013</td> </tr> <tr> <td>6354822104</td> <td>QTMS GOQFSMZP</td> <td>X</td> <td>-</td> <td>General Practice</td> <td>12/31/2013</td> </tr> <tr> <td>8364280210</td> <td>PZMY BFWFJYMNLS</td> <td>X</td> <td>-</td> <td>Family Practice</td> <td>10/04/2013</td> </tr> <tr> <td>8911038061</td> <td>QRFWD PQQJHY</td> <td>X</td> <td>-</td> <td>Chiropractor, Licensed</td> <td>08/29/2013</td> </tr> <tr> <td>8941130057</td> <td>WTOJMY PDMGX</td> <td>X</td> <td>-</td> <td>Family Practice</td> <td>12/31/2013</td> </tr> </tbody> </table> <p>† Crosses indicate terms to be defined through the hover-over function.</p>		Your TIN's Eligible Professionals		Number	Percentage	All eligible professionals (links to data table)	6	100.00%	Physicians	5	83.33%	Non-physicians	1	16.67%	NPI	Name	Physician †	Non-Physician Eligible Professional †	Specialty Designation †	Date of Last Claim Billed Under TIN	6032915347	QNFSSP PFGQNX	-	X	Nurse Practitioner	09/17/2013	8126345223	RFVP RFNTHHT	X	-	Family Practice	12/31/2013	6354822104	QTMS GOQFSMZP	X	-	General Practice	12/31/2013	8364280210	PZMY BFWFJYMNLS	X	-	Family Practice	10/04/2013	8911038061	QRFWD PQQJHY	X	-	Chiropractor, Licensed	08/29/2013	8941130057	WTOJMY PDMGX	X	-	Family Practice	12/31/2013
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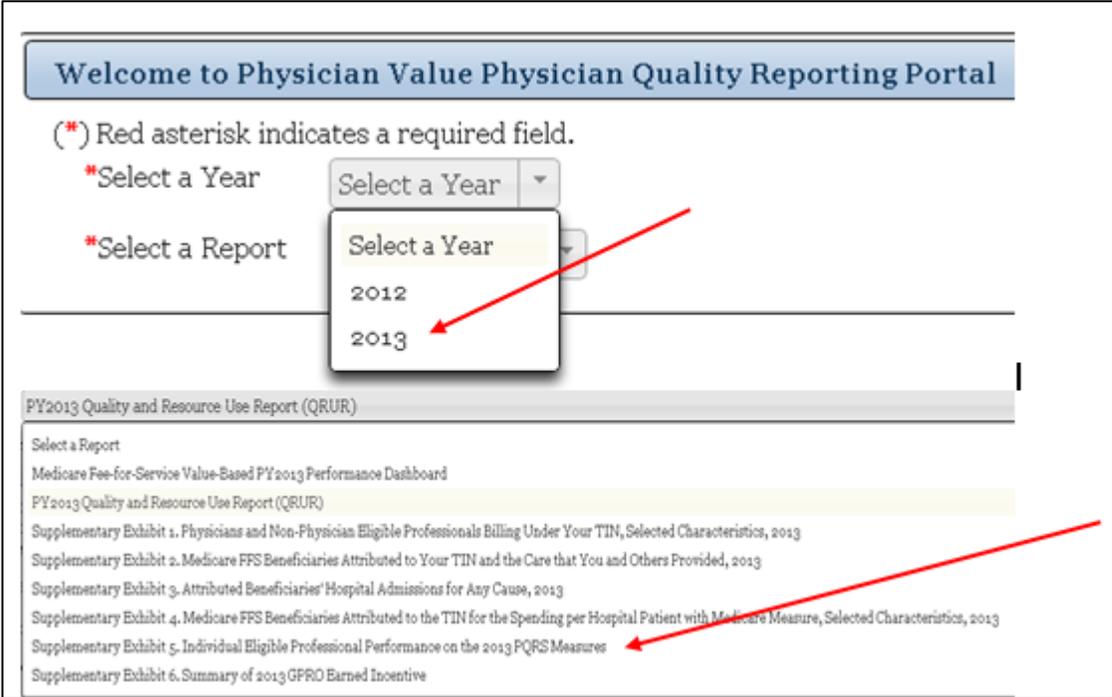
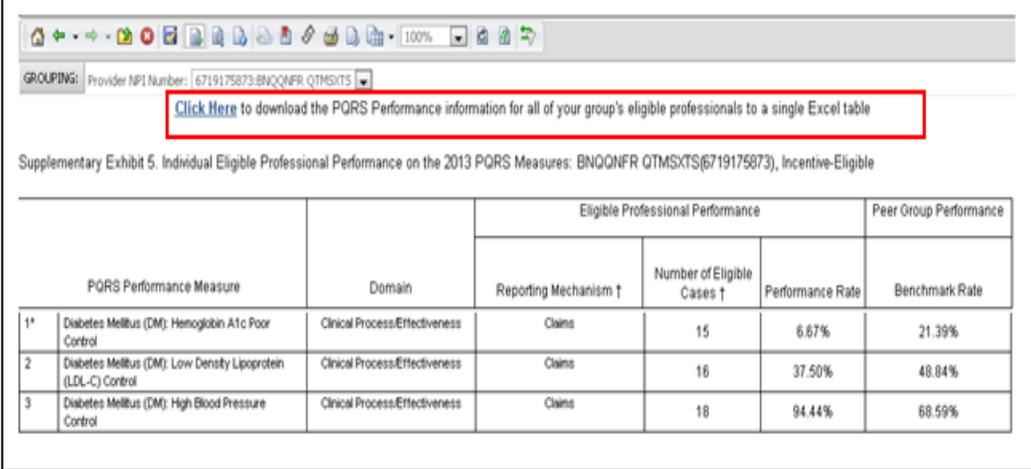
VII. View and Print the Supplementary Exhibits Reports in PDF or Excel Format

A. View a Supplementary Exhibit Report as a PDF Document or Excel Spreadsheet After Opening the Report in MicroStrategy.

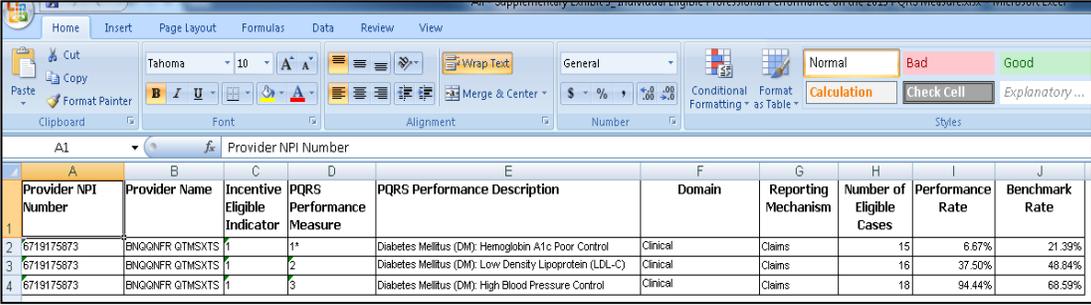
Steps	Screenshots								
<p>1. Click the Export button on the MicroStrategy Toolbar.</p> <ul style="list-style-type: none"> • Select the Excel option to export your report to Excel <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Select PDF to export to PDF format. <p>Note1: After you click on a section tab, you will need to wait several seconds for the section to appear on the screen.</p> <p>Note2: Use the tools provided in Excel or PDF to Print or Save your report in the selected format.</p>	 <p>The screenshot shows the MicroStrategy toolbar with the 'Export' button highlighted by a red arrow. A dropdown menu is open, showing 'Excel' and 'PDF' options, both of which are enclosed in a red box. Below the toolbar, the report title 'Supplementary Exhibit 1. Physicians and Non-Physician Eligible Prof Under Your TIN, Selected Characteristics, 2013' is visible. A table with the following data is shown:</p> <table border="1" data-bbox="456 604 1498 684"> <thead> <tr> <th>NPI</th> <th>Name</th> <th>Physician †</th> <th>Non-Physician Eligible Profe</th> </tr> </thead> <tbody> <tr> <td>6116340617</td> <td>QTMS GFVMPJW</td> <td>X</td> <td>-</td> </tr> </tbody> </table> <p>† Crosses indicate terms to be defined through the hover-over function.</p>	NPI	Name	Physician †	Non-Physician Eligible Profe	6116340617	QTMS GFVMPJW	X	-
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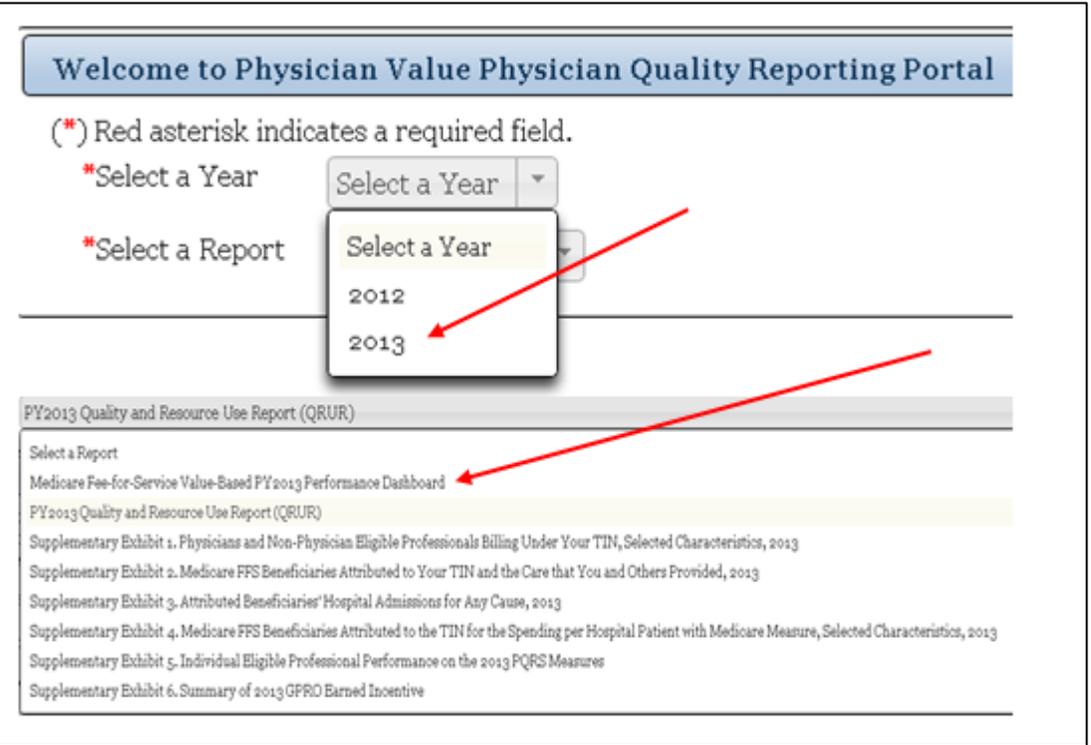
B. Download the PQRS Performance information for all of your group’s eligible professionals to Excel.

Steps	Screenshots																													
<p>1. Select the Supplemental Exhibit 5. Individual Eligible Professional Performance on 2013 PQRS Measures report.</p>																														
<p>2. Ensure you have scrolled to the top of the report and the following text is visible:</p> <p>“Click Here to download the PQRS Performance information for all of your group’s eligible professionals to a single Excel table.”</p> <p>3. Select the “Click Here” link.</p>	 <table border="1" data-bbox="496 1325 1490 1560"> <thead> <tr> <th rowspan="2">PQRS Performance Measure</th> <th rowspan="2">Domain</th> <th colspan="3">Eligible Professional Performance</th> <th colspan="2">Peer Group Performance</th> </tr> <tr> <th>Reporting Mechanism †</th> <th>Number of Eligible Cases †</th> <th>Performance Rate</th> <th>Benchmark Rate</th> </tr> </thead> <tbody> <tr> <td>1* Diabetes Mellitus (DM): Hemoglobin A1c Poor Control</td> <td>Clinical Process/Effectiveness</td> <td>Claims</td> <td>15</td> <td>6.67%</td> <td>21.39%</td> </tr> <tr> <td>2 Diabetes Mellitus (DM): Low Density Lipoprotein (LDL-C) Control</td> <td>Clinical Process/Effectiveness</td> <td>Claims</td> <td>16</td> <td>37.50%</td> <td>48.84%</td> </tr> <tr> <td>3 Diabetes Mellitus (DM): High Blood Pressure Control</td> <td>Clinical Process/Effectiveness</td> <td>Claims</td> <td>18</td> <td>94.44%</td> <td>68.59%</td> </tr> </tbody> </table>	PQRS Performance Measure	Domain	Eligible Professional Performance			Peer Group Performance		Reporting Mechanism †	Number of Eligible Cases †	Performance Rate	Benchmark Rate	1* Diabetes Mellitus (DM): Hemoglobin A1c Poor Control	Clinical Process/Effectiveness	Claims	15	6.67%	21.39%	2 Diabetes Mellitus (DM): Low Density Lipoprotein (LDL-C) Control	Clinical Process/Effectiveness	Claims	16	37.50%	48.84%	3 Diabetes Mellitus (DM): High Blood Pressure Control	Clinical Process/Effectiveness	Claims	18	94.44%	68.59%
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<p>4. All available PQRS data for your group’s EPs is exported to Excel format.</p> <p>Note: Use Excel tools to Print or Save the file.</p>	 <table border="1" style="margin: auto;"> <thead> <tr> <th>Provider NPI Number</th> <th>Provider Name</th> <th>Incentive Eligible Indicator</th> <th>PQRS Performance Measure</th> <th>PQRS Performance Description</th> <th>Domain</th> <th>Reporting Mechanism</th> <th>Number of Eligible Cases</th> <th>Performance Rate</th> <th>Benchmark Rate</th> </tr> </thead> <tbody> <tr> <td>6719175873</td> <td>ENGGNFR QTMSXTS</td> <td>1</td> <td>1*</td> <td>Diabetes Mellitus (DM) Hemoglobin A1c Poor Control</td> <td>Clinical</td> <td>Claims</td> <td>15</td> <td>6.67%</td> <td>21.99%</td> </tr> <tr> <td>6719175873</td> <td>ENGGNFR QTMSXTS</td> <td>1</td> <td>2</td> <td>Diabetes Mellitus (DM) Low Density Lipoprotein (LDL-C)</td> <td>Clinical</td> <td>Claims</td> <td>16</td> <td>37.50%</td> <td>48.84%</td> </tr> <tr> <td>6719175873</td> <td>ENGGNFR QTMSXTS</td> <td>1</td> <td>3</td> <td>Diabetes Mellitus (DM) High Blood Pressure Control</td> <td>Clinical</td> <td>Claims</td> <td>18</td> <td>94.44%</td> <td>68.59%</td> </tr> </tbody> </table>	Provider NPI Number	Provider Name	Incentive Eligible Indicator	PQRS Performance Measure	PQRS Performance Description	Domain	Reporting Mechanism	Number of Eligible Cases	Performance Rate	Benchmark Rate	6719175873	ENGGNFR QTMSXTS	1	1*	Diabetes Mellitus (DM) Hemoglobin A1c Poor Control	Clinical	Claims	15	6.67%	21.99%	6719175873	ENGGNFR QTMSXTS	1	2	Diabetes Mellitus (DM) Low Density Lipoprotein (LDL-C)	Clinical	Claims	16	37.50%	48.84%	6719175873	ENGGNFR QTMSXTS	1	3	Diabetes Mellitus (DM) High Blood Pressure Control	Clinical	Claims	18	94.44%	68.59%
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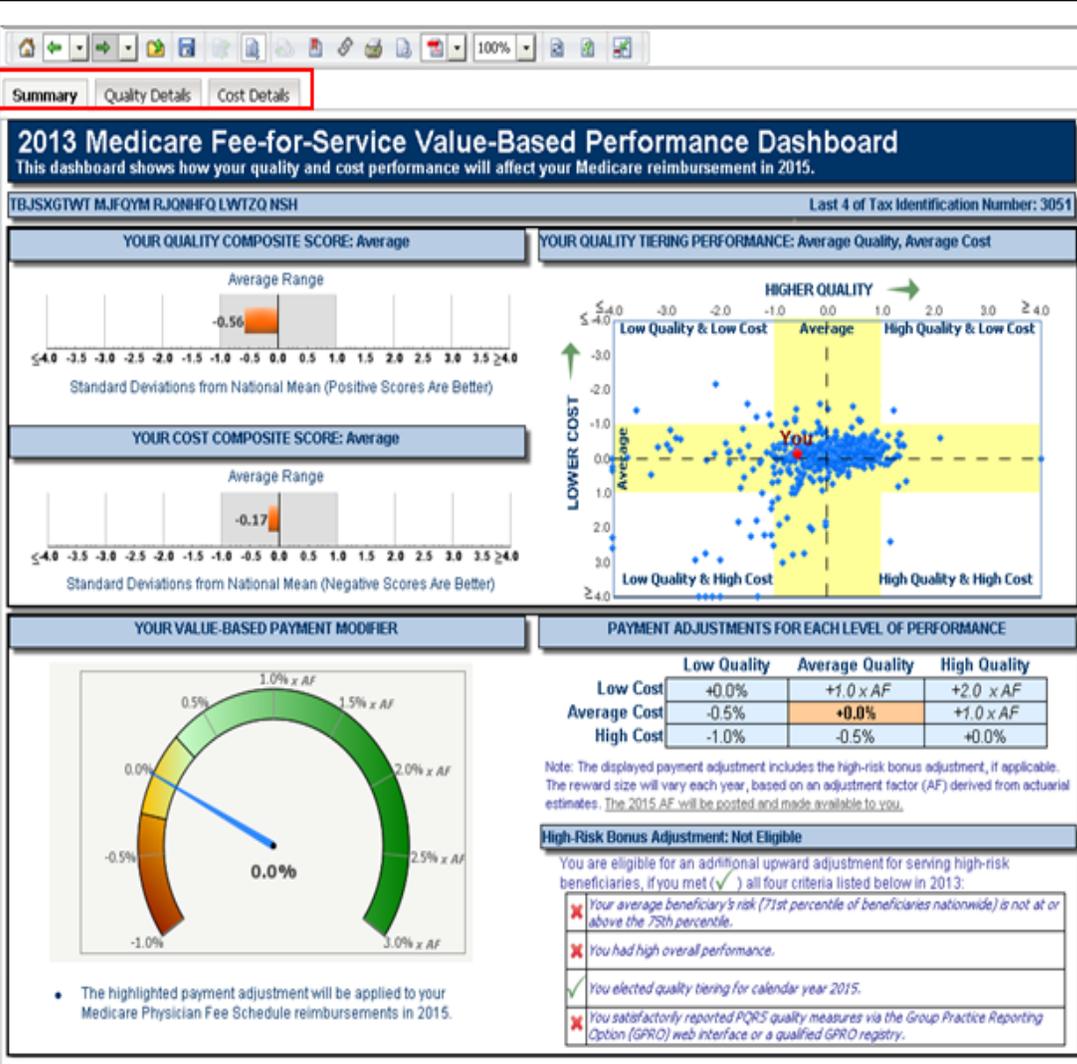
VIII. Access Your 2013 QRUR Performance Dashboard

Steps	Screenshots
<p>1. Select year (2013) from the ‘Select a Year’ drop down menu, and then select the Medicare Fee-for-Service Value-Based PY2013 Performance Dashboard from the ‘Select a Report’ dropdown menu.</p> <p>Note: If you don’t see the Medicare Fee-for-Service Value-Based PY2013 Performance Dashboard in the dropdown menu:</p> <ul style="list-style-type: none"> • Verify that you are logged in with the appropriate role. • Verify that you have selected the Year 2013. 	 <p style="text-align: center;">Welcome to Physician Value Physician Quality Reporting Portal</p> <p>(*) Red asterisk indicates a required field.</p> <p>*Select a Year Select a Year</p> <p>*Select a Report Select a Year</p> <p style="margin-left: 100px;">2012</p> <p style="margin-left: 100px;">2013</p> <hr/> <p>PY2013 Quality and Resource Use Report (QRUR)</p> <p>Select a Report</p> <p>Medicare Fee-for-Service Value-Based PY2013 Performance Dashboard</p> <p>PY2013 Quality and Resource Use Report (QRUR)</p> <p>Supplementary Exhibit 1. Physicians and Non-Physician Eligible Professionals Billing Under Your TIN, Selected Characteristics, 2013</p> <p>Supplementary Exhibit 2. Medicare FFS Beneficiaries Attributed to Your TIN and the Care that You and Others Provided, 2013</p> <p>Supplementary Exhibit 3. Attributed Beneficiaries' Hospital Admissions for Any Cause, 2013</p> <p>Supplementary Exhibit 4. Medicare FFS Beneficiaries Attributed to the TIN for the Spending per Hospital Patient with Medicare Measure, Selected Characteristics, 2013</p> <p>Supplementary Exhibit 5. Individual Eligible Professional Performance on the 2013 PQRS Measures</p> <p>Supplementary Exhibit 6. Summary of 2013 GPRO Earned Incentive</p>

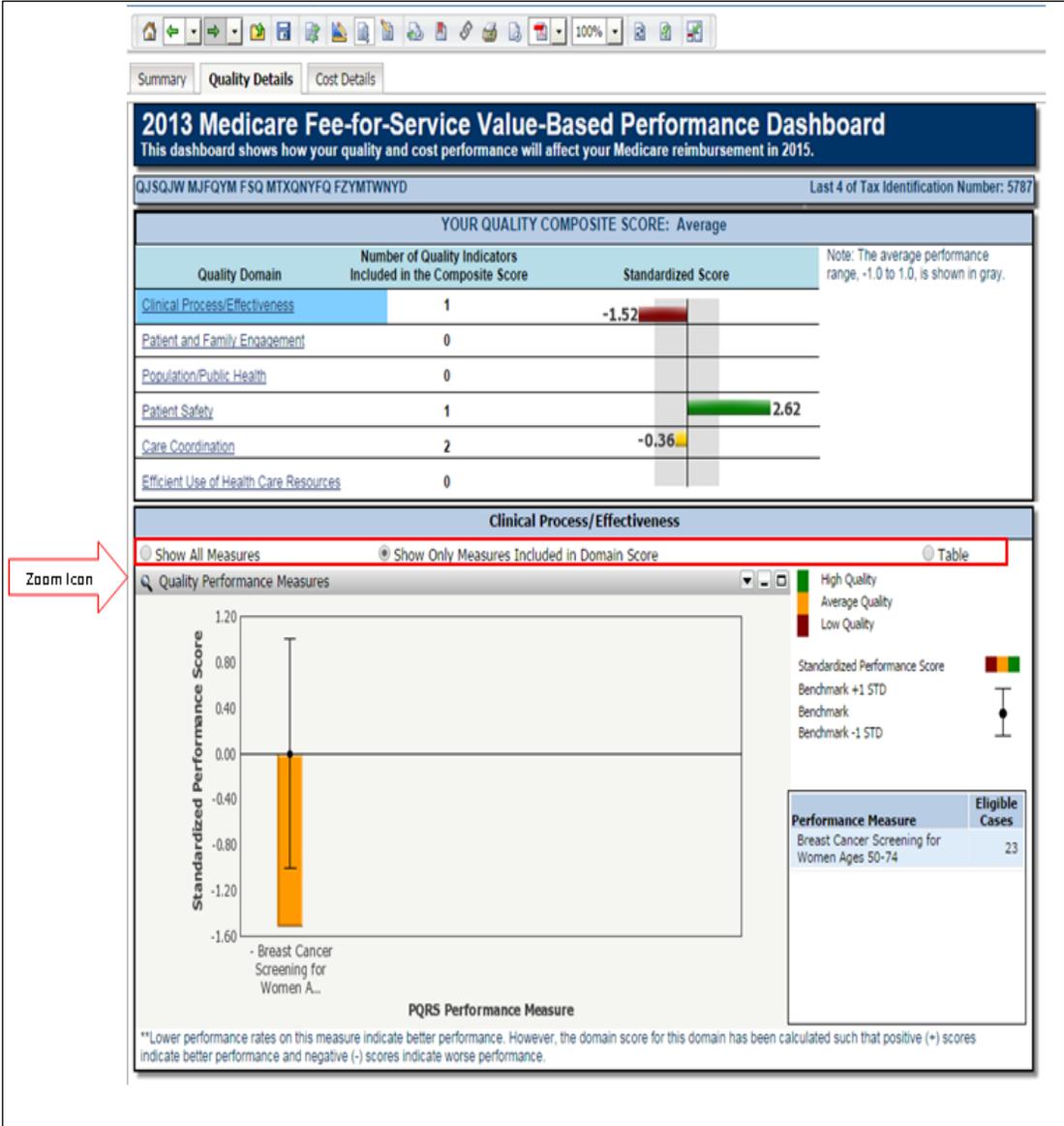
Quick Reference Guide for Accessing the 2013 QRUR and Performance Dashboard

Steps	Screenshots
<p>2. 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, click 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 shown.</p>	
<p>You are now in the MicroStrategy Web Platform. The screen shows the group practice(s) associated with your IACS account.</p> <p>3. Choose one Medical Group Practice from the Available group practice section:</p> <ul style="list-style-type: none"> • Select a group 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 Medical Group Practices 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 2013 QRUR Medicare Fee-for-Service Value-Based Performance 	

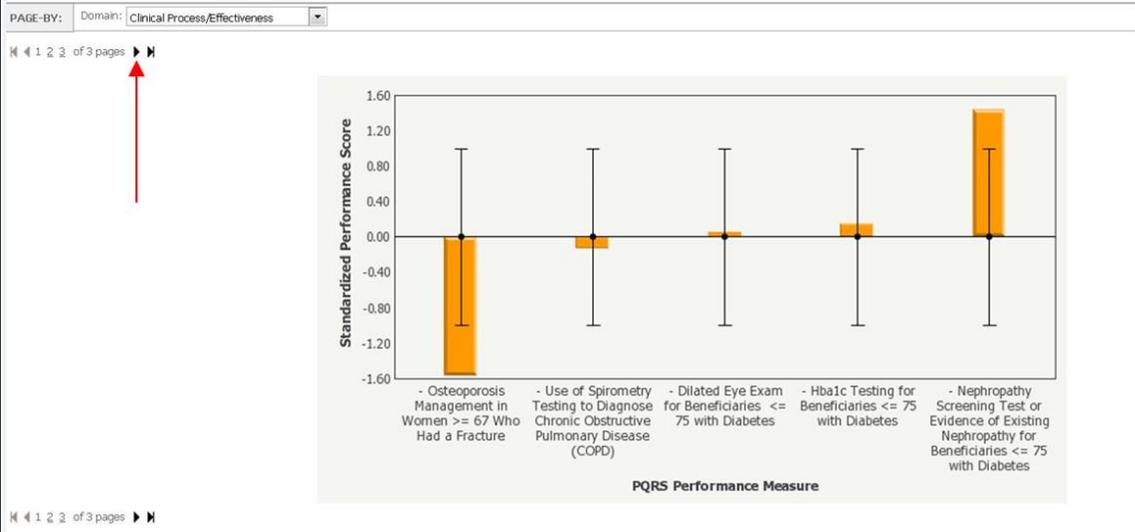
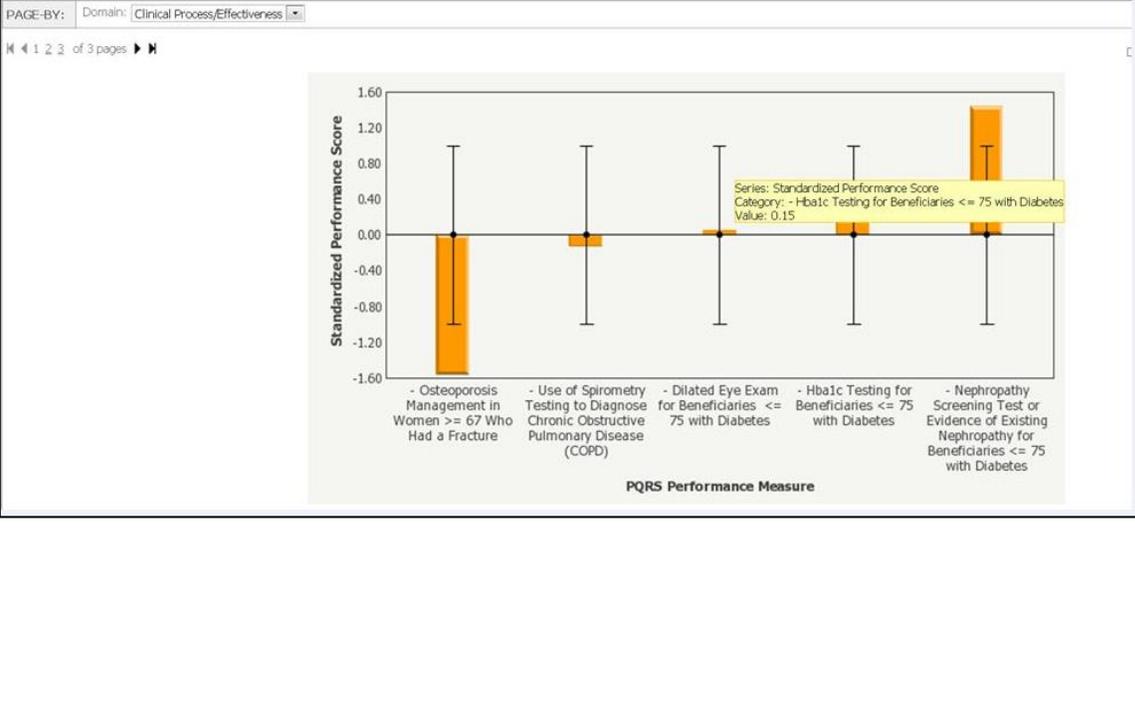
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<p>Dashboard.</p> <p>Note: Select only one Medical Group Practice each time you attempt to retrieve a Medicare Fee-for-Service Value-Based PY2013 Performance Dashboard.</p>																	
<p>4. The Medicare Fee-for-Service Value-Based PY2013 Performance Dashboard is displayed within the MicroStrategy Web Platform. The page that appears first is the Summary.</p> <p>The Dashboard contains the following sections:</p> <ul style="list-style-type: none"> – Summary – Quality Details – Cost Details <p>5. Click on any of the section tabs at the top of the screen to navigate between sections of the Dashboard.</p>	 <p>2013 Medicare Fee-for-Service Value-Based Performance Dashboard This dashboard shows how your quality and cost performance will affect your Medicare reimbursement in 2015.</p> <p>TBJSXGTWT MJFOYM RJQNHFO LWTZO NSH Last 4 of Tax Identification Number: 3051</p> <p>YOUR QUALITY COMPOSITE SCORE: Average Average Range: -0.56 to 0.56 Standard Deviations from National Mean (Positive Scores Are Better)</p> <p>YOUR COST COMPOSITE SCORE: Average Average Range: -0.17 to 0.17 Standard Deviations from National Mean (Negative Scores Are Better)</p> <p>YOUR VALUE-BASED PAYMENT MODIFIER 0.0%</p> <p>PAYMENT ADJUSTMENTS FOR EACH LEVEL OF PERFORMANCE</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Low Quality</th> <th>Average Quality</th> <th>High Quality</th> </tr> </thead> <tbody> <tr> <td>Low Cost</td> <td>+0.0%</td> <td>+1.0 x AF</td> <td>+2.0 x AF</td> </tr> <tr> <td>Average Cost</td> <td>-0.5%</td> <td>+0.0%</td> <td>+1.0 x AF</td> </tr> <tr> <td>High Cost</td> <td>-1.0%</td> <td>-0.5%</td> <td>+0.0%</td> </tr> </tbody> </table> <p>High-Risk Bonus Adjustment: Not Eligible You are eligible for an additional upward adjustment for serving high-risk beneficiaries, if you met (✓) all four criteria listed below in 2013:</p> <ul style="list-style-type: none"> ✗ Your average beneficiary's risk (71st percentile of beneficiaries nationwide) is not at or above the 75th percentile. ✗ You had high overall performance. ✓ You elected quality tiering for calendar year 2015. ✗ You satisfactorily reported PQRS quality measures via the Group Practice Reporting Option (GPRO) web interface or a qualified GPRO registry. <p>• The highlighted payment adjustment will be applied to your Medicare Physician Fee Schedule reimbursements in 2015.</p>		Low Quality	Average Quality	High Quality	Low Cost	+0.0%	+1.0 x AF	+2.0 x AF	Average Cost	-0.5%	+0.0%	+1.0 x AF	High Cost	-1.0%	-0.5%	+0.0%
	Low Quality	Average Quality	High Quality														
Low Cost	+0.0%	+1.0 x AF	+2.0 x AF														
Average Cost	-0.5%	+0.0%	+1.0 x AF														
High Cost	-1.0%	-0.5%	+0.0%														
<p>Note1: After you click on a section tab, you will need to wait several seconds for the section to appear on the screen.</p> <p>Note2: All of the data displayed in the performance dashboard are available in an exportable comma-separated values (CSV) file. Refer to Section V - Download the QRUR Data to a CSV File of the guide for instructions. A data dictionary to supplement the CSV file is available here (http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2013-QRUR.html).</p>																	

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<p>6. The Quality Details tab displays the following Quality Domains:</p> <ul style="list-style-type: none"> - Clinical Process/Effectiveness - Population/Public Health - Patient Safety - Care Coordination - Efficient Use of Healthcare Resources - Patient and Family Engagement <p>You can select the following view options:</p> <ul style="list-style-type: none"> • Show All Measures • Show Only Measures Included in the Domain Score • Table <p>Note: If you select the Zoom in icon a new window will open for the graph, and there will be a page selection option to view multiple pages that show all measures that apply to the selected domain. The first five measures will always be shown.</p>	 <p>The screenshot displays the '2013 Medicare Fee-for-Service Value-Based Performance Dashboard'. At the top, it shows the user's ID (QJSQJW MJFYQM FSQ MTXQNYFQ FZYMTWNYD) and the last 4 of their tax identification number (5787). The dashboard indicates the user's 'YOUR QUALITY COMPOSITE SCORE: Average'.</p> <table border="1"> <thead> <tr> <th>Quality Domain</th> <th>Number of Quality Indicators Included in the Composite Score</th> <th>Standardized Score</th> </tr> </thead> <tbody> <tr> <td>Clinical Process/Effectiveness</td> <td>1</td> <td>-1.52</td> </tr> <tr> <td>Patient and Family Engagement</td> <td>0</td> <td></td> </tr> <tr> <td>Population/Public Health</td> <td>0</td> <td></td> </tr> <tr> <td>Patient Safety</td> <td>1</td> <td>2.62</td> </tr> <tr> <td>Care Coordination</td> <td>2</td> <td>-0.36</td> </tr> <tr> <td>Efficient Use of Health Care Resources</td> <td>0</td> <td></td> </tr> </tbody> </table> <p>The 'Clinical Process/Effectiveness' domain is expanded to show a bar chart of 'Quality Performance Measures'. The chart shows a standardized performance score of -0.36 for 'Breast Cancer Screening for Women A...'. A legend indicates that red represents 'High Quality', yellow represents 'Average Quality', and green represents 'Low Quality'. A table on the right shows 'Breast Cancer Screening for Women Ages 50-74' with 23 eligible cases.</p> <p>Note: Lower performance rates on this measure indicate better performance. However, the domain score for this domain has been calculated such that positive (+) scores indicate better performance and negative (-) scores indicate worse performance.</p>	Quality Domain	Number of Quality Indicators Included in the Composite Score	Standardized Score	Clinical Process/Effectiveness	1	-1.52	Patient and Family Engagement	0		Population/Public Health	0		Patient Safety	1	2.62	Care Coordination	2	-0.36	Efficient Use of Health Care Resources	0	
Quality Domain	Number of Quality Indicators Included in the Composite Score	Standardized Score																				
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Quick Reference Guide for Accessing the 2013 QRUR and Performance Dashboard

Steps	Screenshots
<p>7. The Page Selection navigation allows you to view additional measures, if applicable.</p>	 <p>The screenshot shows the 'PQRS Performance Measure' dashboard. At the top, it says 'PAGE-BY: Domain: Clinical Process/Effectiveness'. Below that, there are navigation arrows and the text '1 2 3 of 3 pages'. A red arrow points to the '3' in this navigation sequence. The main chart displays five measures with standardized performance scores. The y-axis ranges from -1.60 to 1.60. The x-axis lists the measures: Osteoporosis Management in Women >= 67 Who Had a Fracture, Use of Spirometry Testing to Diagnose Chronic Obstructive Pulmonary Disease (COPD), Dilated Eye Exam for Beneficiaries <= 75 with Diabetes, Hba1c Testing for Beneficiaries <= 75 with Diabetes, and Nephropathy Screening Test or Evidence of Existing Nephropathy for Beneficiaries <= 75 with Diabetes.</p>
<p>8. Use your mouse to Hover Over any of the bars displayed on the graph to see measure descriptions.</p>	 <p>This screenshot is identical to the one above, but with a yellow tooltip box hovering over the 'Hba1c Testing for Beneficiaries <= 75 with Diabetes' bar. The tooltip text reads: 'Series: Standardized Performance Score', 'Category: - Hba1c Testing for Beneficiaries <= 75 with Diabetes', and 'Value: 0.15'.</p>

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9. The **Table** view option on the **Quality Details** screen shows the performance information displayed in Exhibits 5 of your QRUR.

Screenshots

The screenshot displays the 'Quality Details' section of the 2013 Medicare Fee-for-Service Value-Based Performance Dashboard. It includes a navigation bar with 'Summary', 'Quality Details', and 'Cost Details' tabs. The main header identifies the provider as TBJSXGTWT MJFOYM RJQNHQ LWTZQ NSH and the tax ID as 3051. The dashboard shows a 'YOUR QUALITY COMPOSITE SCORE: Average' and a table of quality domains. Below this, the 'Clinical Process/Effectiveness' section is expanded to show a detailed table with columns for Performance Category, Performance Measure, Eligible Cases, Performance Rate, Benchmark Rate, Benchmark -1 Standard Deviation, Benchmark +1 Standard Deviation, Standardized Score, and Included in Domain Score. A note at the bottom explains that lower performance rates indicate better performance.

YOUR QUALITY COMPOSITE SCORE: Average			Note: The average performance range, -1.0 to 1.0, is shown in gray.	
Quality Domain	Number of Quality Indicators Included in the Composite Score	Standardized Score		
Clinical Process/Effectiveness	11	-0.41		
Patient and Family Engagement	0			
Population/Public Health	0			
Patient Safety	2	0.04		
Care Coordination	4	-0.15		
Efficient Use of Health Care Resources	0			

Clinical Process/Effectiveness									
<input type="radio"/> Show All Measures <input type="radio"/> Show Only Measures Included in Domain Score <input checked="" type="radio"/> Table									
Performance Category	Performance Measure	Your Performance		Peer Group Performance			Contribution to Your Domain Score		
		Eligible Cases	Performance Rate	Benchmark Rate	Benchmark - 1 Standard Deviation	Benchmark + 1 Standard Deviation	Standardized Score	Included in Domain Score	
Bone, Joint, and Muscle Disorders	Osteoporosis Management in Women >= 67 Who Had a Fracture	70	22.86%	14.54%	7.87%	21.20%	1.25*	Yes	
Chronic Obstructive Pulmonary Disease (COPD)	Use of Spirometry Testing to Diagnose Chronic Obstructive Pulmonary Disease (COPD)	231	23.81%	31.35%	17.24%	45.45%	-0.53*	Yes	
Diabetes Mellitus (DM)	Dilated Eye Exam for Beneficiaries <= 75 with Diabetes	870	40.11%	54.05%	42.70%	65.40%	-1.23*	Yes	
	Hba1c Testing for Beneficiaries <= 75 with Diabetes	870	79.89%	87.65%	78.11%	97.18%	-0.81*	Yes	
	Nephropathy Screening Test or Evidence of Existing Nephropathy for Beneficiaries <= 75 with Diabetes	870	87.82%	76.31%	65.15%	87.47%	1.03*	Yes	
	Lipid Profile for Beneficiaries <= 75 with Diabetes	870	71.26%	82.30%	70.21%	94.39%	-0.91*	Yes	

*Note: Lower performance rates on this measure indicate better performance. However, the domain score for this domain has been calculated such that positive (+) scores indicate better performance and negative (-) scores indicate worse performance.

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Steps

10. The **Cost Details** screen displays the following Cost Domains:

- Payment Standardized and Risk Adjusted Per Capita Costs for All Attributed Beneficiaries
- Payment Standardized and Risk Adjusted Per Capita Costs for Beneficiaries with Specific Conditions

You can select the following view options:

- Table
- Graph

Screenshots

2013 Medicare Fee-for-Service Value-Based Performance Dashboard
 This dashboard shows how your quality and cost performance will affect your Medicare reimbursement in 2015.

B F KTTYJ RJRTWNFQ MTXQNYFQ NSH Last 4 of Tax Identification Number: 3012

YOUR COST COMPOSITE SCORE: Average

Cost Domain	Number of Cost Measures Included in the Composite Score	Standardized Score
Payment Standardized and Risk Adjusted Per Capita Costs for All Attributed Beneficiaries	1	0.78
Payment Standardized and Risk Adjusted Per Capita Costs for Beneficiaries with Specific Conditions	4	0.60

Note: The average performance range, -1.0 to 1.0, is shown in gray.

Graph View

Cost Category	Eligible Cases
All Beneficiaries	5,338

Note: Per capita costs are based on payments for Medicare Parts A and B claims submitted in 2012 by all providers (including medical professionals, hospitals, and post-acute care facilities) for Medicare beneficiaries attributed to a physician group. Outpatient prescription drug costs are not included.

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Steps
 11. The **Table** view option on the **Cost Details** screen shows the cost performance information displayed in Exhibit 8 of your QRUR.

Screenshots

The screenshot displays the 'Cost Details' tab of the performance dashboard. At the top, it shows the provider's ID (TBJSXGTWT MJFQYM RJQNHQ LWTZQ NSH) and the last 4 of the tax identification number (3051). The dashboard title is '2013 Medicare Fee-for-Service Value-Based Performance Dashboard', with a subtitle stating it shows quality and cost performance affecting Medicare reimbursement in 2015. A key metric is 'YOUR COST COMPOSITE SCORE: Average'. Below this, a table lists two cost domains: 'Payment Standardized and Risk Adjusted Per Capita Costs for All Attributed Beneficiaries' (1 measure, score -0.08) and 'Payment Standardized and Risk Adjusted Per Capita Costs for Beneficiaries with Specific Conditions' (4 measures, score -0.36). A note indicates the average performance range is from -1.0 to 1.0. The 'Table' view is selected, showing a detailed table of performance metrics.

Cost Domain	Cost Category	Your Performance		Peer Group Performance			Contribution to Your Domain Score	
		Eligible Cases	Per Capita Costs	Benchmark Per Capita Costs	Benchmark - 1 Standard Deviation	Benchmark + 1 Standard Deviation	Standardized Score	Included in Domain Score
Payment Standardized and Risk Adjusted Per Capita Costs for All Attributed Beneficiaries	All Beneficiaries	4,532	\$9,982	\$10,105	\$8,544	\$11,665	-0.08	Yes
Payment Standardized and Risk Adjusted Per Capita Costs for Beneficiaries with Specific Conditions	Diabetes	1,346	\$14,407	\$14,461	\$11,965	\$16,957	-0.02	Yes
	Chronic Obstructive Pulmonary Disease (COPD)	767	\$21,036	\$23,740	\$19,270	\$28,211	-0.60*	Yes
	Coronary Artery Disease	1,839	\$16,302	\$17,203	\$14,214	\$20,191	-0.30	Yes
	Heart Failure	727	\$23,478	\$26,010	\$20,962	\$31,058	-0.50	Yes

Note: Per capita costs are based on payments for Medicare Parts A and B claims submitted in 2012 by all providers (including medical professionals, hospitals, and post-acute care facilities) for Medicare beneficiaries attributed to a physician group. Outpatient prescription drug costs are not included.