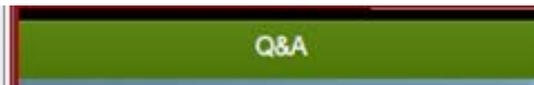


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National Provider Call

Review of the 2015 Annual Quality and Resource Use Reports

September 29, 2016



Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Agenda and Learning Objectives

- Overview of the 2017 Value-Based Payment Modifier (VM)
- Overview of the 2015 Annual Quality and Resource Use Report (QRUR)
- How to Access the 2015 Annual QRUR
- Information Contained in the 2015 Annual QRUR
- How to Request an Informal Review of Your TIN's 2017 VM
- Question and Answer Session

[Acronyms](#)

Overview of the 2017 Value-Based Payment Modifier (VM)

Policies for the 2017 VM

- 2015 is the performance year for the application of the 2017 VM.
- Applies to all physicians in groups with 2+ eligible professionals (EPs) and to physician solo practitioners, as identified by their Medicare-enrolled Taxpayer Identification Number (TIN), including those that participated in the Shared Savings Program in 2015.
- Based on participation in the Physician Quality Reporting System (PQRS) in 2015.
- VM is waived for a TIN if at least one EP who billed for Medicare Physician Fee Schedule (PFS) items and services under the TIN during 2015 participated in the Pioneer Accountable Care Organization (ACO) Model or Comprehensive Primary Care (CPC) initiative in 2015.

[Acronyms](#)

2017 VM and 2015 PQRS Interaction

CY 2017 VM payment adjustment, for physicians in groups with 2+ EPs and physician solo practitioners

PQRS Reporters - Category 1

- 1a. Group reporters: Report as a group via a PQRS Group Practice Reporting Option (GPRO) and meet the criteria to avoid the 2017 PQRS payment adjustment
- OR**
- 1b. Individual reporters in the group: At least 50% of EPs in the group report PQRS measures as individuals AND meet the criteria to avoid the 2017 PQRS payment adjustment
- 2. Solo practitioners: Report PQRS measures as an individual AND meet the criteria to avoid the 2017 PQRS payment adjustment

Non-PQRS Reporters – Category 2

- 1. Groups: Do not avoid the 2017 PQRS payment adjustment as a group AND do not meet the 50% threshold as individuals
- 2. Solo practitioners: Do not avoid the 2017 PQRS payment adjustment as individuals

Quality-Tiering Calculation

Physicians in groups with 2-9 EPs and physician solo practitioners

Physicians in groups with 10+ EPs

Upward or neutral VM adjustment based on quality-tiering (0.0% to +2.0*xAdjustment Factor (AF))

Upward, neutral, or downward VM adjustment based on quality-tiering (-4.0% to +4.0*xAF)

Automatic VM downward adjustments:

- 2.0% (for physicians in groups with 2-9 EPs and physician solo practitioners)
- 4.0% (for physicians in groups with 10+ EPs)

Note: The VM payment adjustment is separate from the PQRS payment adjustment and payment adjustments from other Medicare sponsored programs.

*TINs treating high risk beneficiaries are eligible to earn an additional +1.0xAF upward adjustment.

[Acronyms](#)

Overview of the 2015 Annual Quality and Resource Use Report (QRUR)

What is the 2015 Annual QRUR?

- Shows how TINs performed in 2015 on quality and cost measures used to calculate the 2017 VM.
- For TINs subject to the 2017 VM, the QRUR shows how the VM will apply to physician payments under the Medicare PFS for physicians who bill under the TIN in 2017.
- Based on all services provided from January 1, 2015 through December 31, 2015.
 - Cost, claims-based outcome measures, and utilization data is based on all services provided to a TIN's attributed patients.
 - Quality data is based on PQRS quality data submitted by the TIN.

Who received a 2015 Annual QRUR?

- All TINs nationwide that had at least one EP bill Medicare under the TIN in 2015 received a full QRUR, including TINs that participated in the Shared Savings Program, Pioneer ACO Model, or the CPC initiative in 2015.
- TINs that did not have at least one EP bill Medicare under the TIN in 2015 received a one page report.

How to Access the 2015 Annual QRUR

Enterprise Identity Management (EIDM)

Introduction

- An EIDM account is required to access the QRUR.
- If you want to know whether there is already someone who can access your TIN's QRUR → Contact the QualityNet Help Desk (phone: 1-866-288-8912 or email: qnetsupport@hcqis.org) and provide the name and number of the TIN.
 - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html>
- You can sign up for a new EIDM account, modify an existing EIDM account to add the correct role, or reset an EIDM account password (every 60 days) on the CMS Enterprise portal at <https://portal.cms.gov>.
- Please note that if you already have an EIDM account, then you must **modify** your existing account to sign up for one of the group or solo practitioner roles (see EIDM roles for Groups and Solo Practitioners in Appendix).

[Acronyms](#)

Steps to Sign Up for an EIDM Account

Gather, Enter, and Verify

1. Gather all of the required information you need to create EIDM User ID and Password.
2. Request Role (see EIDM roles for Groups and Solo Practitioners in Appendix).
3. Complete Remote Identity Proofing Verification and Multi-Factor Authentication Process.
4. Associate with existing organization or Create new Organization.
5. Verify information and submit request.

Note: When signing up for an EIDM account, use an email address that you monitor regularly. Email notifications will be sent with your User ID, temporary password, and information about password resets and recertification.

Quick reference guides that provide step-by-step instructions for requesting each role in EIDM for a new or existing EIDM account are available on the How to Obtain a QRUR website: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html>.

[Acronyms](#)

Required Information Needed for EIDM Account

User Information (all roles)

- *Your Information*: First Name, Last Name, E-mail Address, Social Security Number, Date of Birth, Home Address, City, State, Zip Code, and Primary Phone Number.
- *Business Contact Information*: Company Name, Address, City, State, Zip Code, Company Phone Number, and Office Phone Number.

Security Official

- *Organization Information*: Group's Medicare billing TIN, Legal Business Name, Rendering NPIs for **two different EPs** who bill under the TIN and their corresponding individual Provider Transaction Access Numbers (PTANS) (do not use the Group NPI or Group PTAN), Address and Phone Number.

Group Representative

- *Organization Information*: Group's Medicare billing TIN, or the Legal Business Name and the State, or the Legal Business Name and the Street Address.

[Acronyms](#)

Required Information Needed for EIDM Account (cont.)

Individual Practitioner

- *Professional Information:* Solo practitioner's First Name and Last Name, Medicare billing TIN, Legal Business Name, Rendering NPI and the corresponding individual PTAN, Address and Phone Number.

Individual Practitioner Representative

- *Professional Information:* Solo practitioner's Medicare billing TIN, or the Legal Business Name and the State, or the Legal Business Name and the Street Address.

[Acronyms](#)

Security Official: New Registration

Enter the required information in the **Your Information** section.

Your Information

Enter your legal first name and last name, as it may be required for Identity Verification.

* First Name: Middle Name:

* Last Name: Suffix:

Enter your E-mail address, as it will be used for account related communications.

* E-mail Address:

Re-enter your E-mail address.

* Confirm E-mail Address:

Enter your full 9 digit social security number, as it may be required for Identity Verification.

Social Security Number:

Enter your date of birth in MM/DD/YYYY format, as it may be required for Identity Verification.

* Date of Birth:

U.S. Home Address Foreign address

Enter your current or most recent home address, as it may be required for Identity Verification.

* Home Address Line 1:

[Acronyms](#)

Security Official: New Registration (cont.)

Enter the required information in the **Business Contact Information** section.

Request New Application Access * Required Field

Please update your profile to continue the request for an application access.

Name

Title: First Name: Middle Name: Last Name: Suffix:

Professional Credentials:

Social Security Number:

Business Contact Information

* Company Name:

* Address 1:

Address 2:

* City:

* State/Territory:

* Zip Code: Zip Code Extension:

Phone

* Company Phone Number: Extension:

* Office Phone Number: Extension:

[Acronyms](#)

Security Official: New Registration (cont.)

Enter your group's Medicare billing **TIN**; enter **rendering NPIs** for **two different** EPs who bill under the TIN and their corresponding **individual PTANs** (*do not use the group NPI or group PTAN*); and enter the remaining required **Organization Information**.

* TIN:	<input type="text"/>		
Group Unique Identifier:	<input type="text"/>		
ACO Parent TIN:	<input type="text"/>		
* Legal Business Name:	<input type="text"/>		
* NPI 1:	<input type="text"/>		
* PTAN 1:	<input type="text"/>		
* NPI 2:	<input type="text"/>		
* PTAN 2:	<input type="text"/>		
NPI 3:	<input type="text"/>		
PTAN 3:	<input type="text"/>		
* Address Line 1:	<input type="text"/>	Address Line 2:	<input type="text"/>
* City:	<input type="text"/>	* State:	<input type="text"/>
* Zip Code:	<input type="text"/>	Zip Code Extension:	<input type="text"/>
Country:	United States		
* Phone Number:	<input type="text"/>	Extension:	<input type="text"/>

[Acronyms](#)

How can I access my QRUR?

- Go to <https://portal.cms.gov> and select “Login to CMS Secure Portal”
- Accept the Terms and Conditions and enter your EIDM User ID and Password
- For step-by-step instructions, refer to the “Guide for Accessing the 2015 Annual QRURs” on the “How to Obtain a QRUR” website

CMS.gov | Enterprise Portal
Centers for Medicare & Medicaid Services

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Health Care Quality Improvement System | Provider Resources

CMS Portal > Welcome to CMS Portal

Welcome to CMS Enterprise Portal

The CMS Enterprise Portal is a gateway being offered to allow the public to access a number of systems related to Medicare Advantage, Prescription Drug, and other CMS programs.

CMS Secure Portal

To log into the CMS Portal a CMS user account is required.

Login to CMS Secure Portal

[Forgot User ID?](#)
[Forgot Password?](#)
[New User Registration](#)

CMS Enterprise Portal | MACBIS | Medicare Shared Savings Program | Physician Value | ASP | Open Payments | QMAT | CPC | Innovation Center

Information for people with Medicare,

[Acronyms](#)

How to Download the 2015 Annual QRUR

- 2015 Annual QRUR can be exported to a PDF format

The screenshot shows the CMS Enterprise Portal interface. At the top, the breadcrumb navigation reads "CMS Enterprise Portal > PV-PQRS > Feedback Reports". Below this is a header for the "Physician Value Physician Quality Reporting Portal". A message states: "A field with an asterisk (*) before denotes it is a required field." There are three required fields: "Select a Year" (set to 2015), "Select a Report" (set to "2015 Annual Quality and Resource Use Report (QRUR)"), and "Select an Action". A dropdown menu for "Select an Action" is open, showing options: "Select an Action", "View Online", and "Download this report in PDF format". Below the form is a red note: "Note: This selection will only download the report you selected. In order to download the tables, please select the appropriate table from the Select a Report drop down." The main content area displays a PDF viewer with the title "2015 ANNUAL QUALITY AND RESOURCE USE REPORT AND THE 2017 VALUE-BASED PAYMENT MODIFIER" and subtitle "Sample Medical Practice". It also includes the TIN "0000" and the performance period "01/01/2015 – 12/31/2015". A section titled "ABOUT THIS REPORT FROM MEDICARE" provides details about the report's purpose and the Value Modifier for 2017.

[Acronyms](#)

Information Contained in the 2015 Annual QRUR

What information is contained in the 2015 Annual QRUR?

Annual QRUR Report Section	Exhibit	Use the Information in the Report to:
Cover Page	-	<ul style="list-style-type: none"> Indicates whether your TIN is subject to the 2017 VM, and if so, what is the 2017 VM payment adjustment Explains how a TIN subject to the 2017 VM can file a informal review request
Your TIN's 2017 Value Modifier	1	<ul style="list-style-type: none"> Explains how the VM applies to your TIN in 2017 Explains whether the high-risk bonus adjustment applies to your TIN
Your TIN's Quality Composite Score	2, 3	<ul style="list-style-type: none"> Indicates your TIN's Quality Composite Score Shows how your TIN performed on quality measures
Your TIN's Cost Composite Score	4,5	<ul style="list-style-type: none"> Indicates your TIN's Cost Composite Score Shows how your TIN performed on cost measures

[Acronyms](#)

Cover Page

The cover page indicates whether your TIN is subject to the 2017 VM payment adjustment.

2015 ANNUAL QUALITY AND RESOURCE USE REPORT AND THE 2017 VALUE-BASED PAYMENT MODIFIER

Sample Medical Practice
LAST FOUR DIGITS OF YOUR MEDICARE-ENROLLED TAXPAYER IDENTIFICATION NUMBER (TIN): 0000
PERFORMANCE PERIOD: 01/01/2015 – 12/31/2015

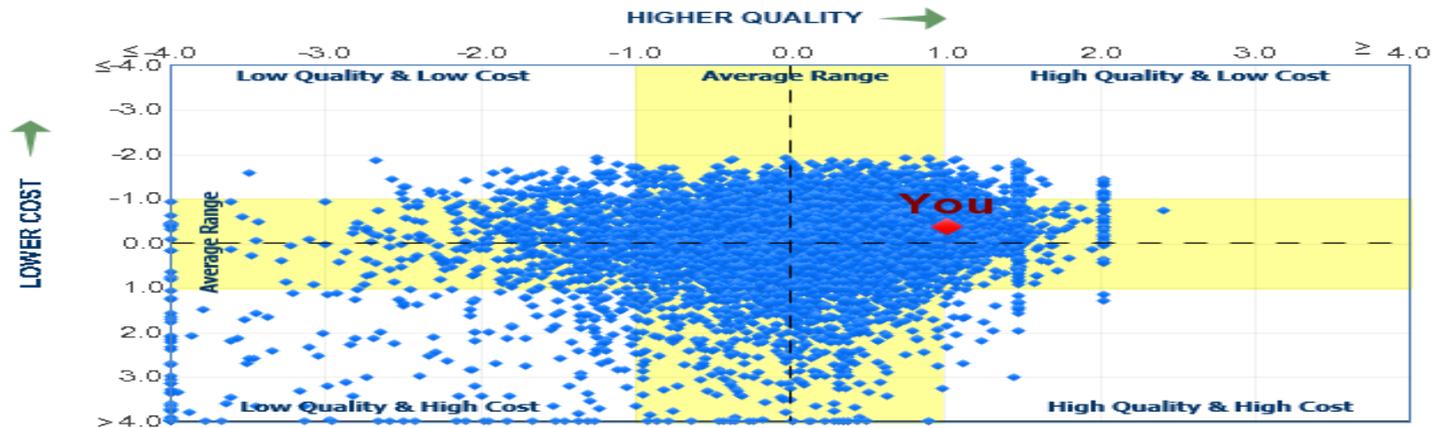
YOUR TIN'S 2017 VALUE MODIFIER

High Quality, Average Cost = Upward Adjustment (+3.0 x adjustment factor)

Your TIN's overall performance was determined to be high on quality measures and average on cost measures.

This means that the Value Modifier applied to payments for items and services under the Medicare Physician Fee Schedule for physicians billing under your TIN in 2017 will result in an upward adjustment equal to three (+3.0) times the adjustment factor.

The scatter plot below shows how your TIN ("You" diamond) compares to a representative sample of other TINs on the Quality and Cost Composite scores used to calculate the 2017 Value Modifier.



Note: The scatter plot shows performance among a representative sample of all TINs with Quality and Cost Composite Scores reflecting standard deviations from the mean for each Composite Score.

[Acronyms](#)

How does the VM apply to your TIN in 2017?

This section of the QRUR explains how the VM applies to your TIN. For TINs subject to the VM, this section explains whether your TIN was classified as Category 1 or 2.

YOUR TIN'S 2017 VALUE MODIFIER

How does the Value Modifier apply to your TIN in 2017?

The Value Modifier will apply to your TIN because at least one physician billed Medicare under your TIN in 2015, and no eligible professional billing under your TIN participated in the Pioneer ACO Model or the Comprehensive Primary Care initiative in 2015. In 2015, your TIN had 53 eligible professional(s).

At least 50 percent (77.36%) of the eligible professionals in your TIN reported quality data to the Physician Quality Reporting System (PQRS) as individuals and met the criteria to avoid the 2017 PQRS payment adjustment (or, if a solo practitioner, you met the criteria as an individual). This also qualifies your TIN to avoid an automatic Value Modifier downward payment adjustment in 2017. CMS used its quality-tiering methodology to calculate your TIN's 2017 Value Modifier based on the number of eligible professionals in your TIN and your TIN's performance on quality and cost measures during 2015.

Exhibit 1. 2017 VM Payment Adjustments under Quality-Tiering

Exhibit 1 displays the 2017 VM calculated for your TIN.

Exhibit 1. 2017 Value Modifier Payment Adjustments under Quality-Tiering
(TINs with 10 or More Eligible Professionals)

	Low Quality	Average Quality	High Quality
Low Cost	0.0%	+3.0* x AF	+5.0* x AF
Average Cost	-2.0%	0.0%	+3.0* x AF
High Cost	-4.0%	-2.0%	0.0%

Note: TINs with 10 or more EPs will receive a +2.0 x AF upward adjustment for having High Quality/Average Cost. An additional upward adjustment of +1.0 x AF was applied to this TIN, because it achieved that designation and treated a high proportion of clinically complex beneficiaries, as described in the next slide.

[Acronyms](#)

How does the high-risk bonus adjustment apply to your TIN?

This section of the QRUR explains whether the high-risk bonus applies to your TIN.

How does the high-risk bonus adjustment apply to your TIN?

TINs that qualify for an upward adjustment under quality-tiering will receive an additional upward adjustment to their 2017 Value Modifier equal to one (1.0) times the adjustment factor, if they served a disproportionate share of high-risk beneficiaries in 2015. The average risk for all beneficiaries attributed to your TIN is at the 82nd percentile of beneficiaries nationwide.

Medicare determined your TIN's eligibility for the high-risk bonus adjustment based on whether your TIN met (✓) or did not meet (✗) both of the following criteria in 2015:

- ✓ Had strong quality and cost performance
- ✓ Average beneficiary's risk is at or above the 75th percentile of beneficiaries nationwide

Your TIN will receive the high-risk bonus adjustment to the 2017 Value Modifier because your TIN met these criteria.

This additional upward adjustment is reflected in the Value Modifier payment adjustment for your TIN (Exhibit 1).

[Acronyms](#)

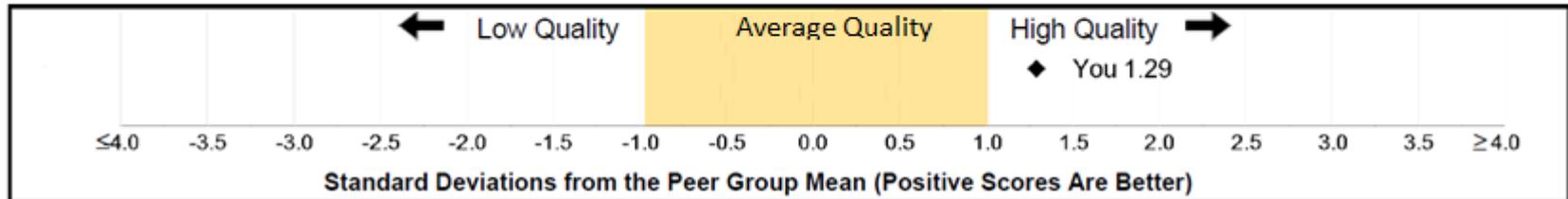
Exhibit 2. Your TIN's Quality Composite Score

Exhibit 2 shows your TIN's Quality Composite Score, which reflects its overall performance on quality measures compared to its peer group.

PERFORMANCE ON QUALITY MEASURES

Your TIN's Quality Tier: High

Exhibit 2. Your TIN's Quality Composite Score



[Acronyms](#)

What quality measures are used to calculate the Quality Composite Score?

- This section of the QRUR describes the quality measures used to calculate your TIN's Quality Composite Score.
- Exhibit 3 shows your TIN's performance on the quality measures, by domain, used to calculate the Quality Composite Score.

What quality measures are used to calculate the Quality Composite Score?

The following measures were used to calculate your TIN's Quality Composite Score based on performance in 2015:

- Quality measures reported by 50 percent or more of the eligible professionals in your TIN who met the criteria to avoid the 2017 PQRS payment adjustment as individuals, and
- Up to three quality outcome measures that Medicare calculates from Medicare fee-for-service claims submitted for services provided in 2015 to beneficiaries attributed to your TIN.

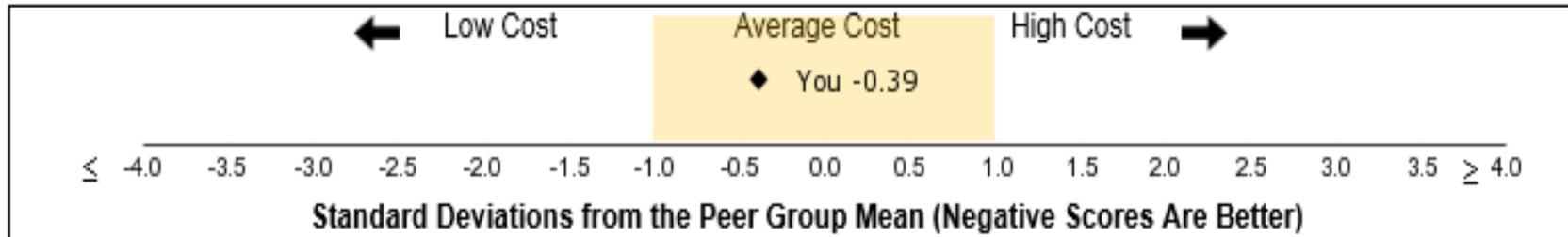
Exhibit 4. Your TIN's Cost Composite Score

- Exhibit 4 shows your TIN's Cost Composite Score, which reflects its overall performance on cost measures compared to its peer group.

PERFORMANCE ON COST MEASURES

Your TIN's Cost Tier: Average

Exhibit 4. Your TIN's Cost Composite Score



[Acronyms](#)

What cost measures are used to calculate the Cost Composite Score?

- This section of the QRUR describes the cost measures used to calculate your TIN's Cost Composite Score.
- Exhibits 5-AAB and 5-BSC show your TIN's performance on the cost measures, by domain, used to calculate the Cost Composite Score.

What cost measures are used to calculate the Cost Composite Score?

Six cost measures are used to calculate your TIN's Cost Composite Score based on performance in 2015:

1. Per Capita Costs for All Attributed Beneficiaries
2. Per Capita Costs for Beneficiaries with Diabetes
3. Per Capita Costs for Beneficiaries with Chronic Obstructive Pulmonary Disease (COPD)
4. Per Capita Costs for Beneficiaries with Coronary Artery Disease (CAD)
5. Per Capita Costs for Beneficiaries with Heart Failure
6. Medicare Spending per Beneficiary

[Acronyms](#)

Accompanying Tables for the 2015 Annual QRUR

(Refer to the Appendix)

How to Request an Informal Review of Your TIN's 2017 VM

VM Informal Review Request

- If your TIN is subject to the VM in 2017 and you disagree with the VM calculation, then a representative from your TIN with one of the group or solo practitioner roles in EIDM can submit a request for an Informal Review through the CMS Enterprise Portal at <https://portal.cms.gov>.
- The informal review period lasts for 60 days.
- The same EIDM account User ID and Password can be used to access the QRURs and submit an informal review request.

Requesting an Informal Review of Your TIN's 2017 VM

- Navigate to <https://portal.cms.gov> and select **Login to CMS Secure Portal**.

The screenshot displays the CMS.gov Enterprise Portal. At the top, the CMS.gov logo and 'Enterprise Portal' are visible, along with navigation links for Home, About CMS, Newsroom, Help & FAQs, Email, and Print. A search bar is located on the right. Below the header, there are two yellow buttons: 'Health Care Quality Improvement System' and 'Provider Resources'. The main content area features a large banner with the text 'Welcome to CMS Enterprise Portal' and a description: 'The CMS Enterprise Portal is a gateway being offered to allow the public to access a number of systems related to Medicare Advantage, Prescription Drug, and other CMS programs.' To the right of the banner is a 'CMS Secure Portal' section with a red arrow pointing to a 'Login to CMS Secure Portal' button. Below this button are links for 'Forgot User ID?', 'Forgot Password?', and 'New User Registration'. At the bottom of the page, there are several navigation buttons for various CMS services, including MACBIS, Medicare Shared Savings Program, Physician Value, ASP, Open Payments, QMAT, CPC, Innovation Center, MLMS, MCU, PECOS, Quality Reporting, and CBIC. A footer section includes the text 'CMS Provides Health Coverage for 100 Million People...' and a link to 'Information for people with Medicare, Medicare open enrollment, and benefits.'

[Acronyms](#)

Requesting an Informal Review of Your TIN's 2017 VM (cont.)

➤ Accept the Terms and Conditions.

Terms and Conditions

OMB No.0938-1236 | Expiration Date: 04/30/2017 | [Paperwork Reduction Act](#)

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:
You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.
At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

To continue, you must accept the terms and conditions. If you decline, your login will automatically be cancelled.



Requesting an Informal Review of Your TIN's 2017 VM (cont.)

- Enter your **EIDM User ID** and select **Next**.

Welcome to CMS Enterprise Portal

User ID

 [Next](#) [Cancel](#)

[Forgot User ID?](#)
Need an account? Click the link - [New user registration](#)

Requesting an Informal Review of Your TIN's 2017 VM (cont.)

- Enter your EIDM Password, complete the **Multi-Factor Authentication (MFA) Process** and select **Log In**.

Enter Security Code
A Security Code is required to complete your login.
To retrieve a Security Code, please select the Phone, Computer, or E-mail that you registered as your Multi-Factor Authentication(MFA) device when you originally requested access, from the MFA Device Type dropdown menu below.
Security Codes expire, be sure to enter your Security Code promptly.

Unable to Access Security Code?
If you are unable to access a Security Code, you may use the "Unable To Access Security Code?" link. To use this link you will be directed away from this page. For security purposes, you will be prompted to answer your challenge questions before the Security Code is generated. The Security Code will be sent to the email address in your profile. You will be required to login again with your User ID, Password and Security Code. You may also call your Application Help Desk to obtain a Security Code.
After you receive the Security Code using this link or from your Help Desk, you must select the 'One-Time Security Code' option from the MFA Device Type dropdown menu.

Need to Register an MFA Device?
If you have not registered an MFA device and would like to do so now, you may use the "Register MFA Device" link. For security purposes you will be prompted to login again and answer your challenge questions before registering an MFA device.

Success

→ Password:

→ MFA Device Type:

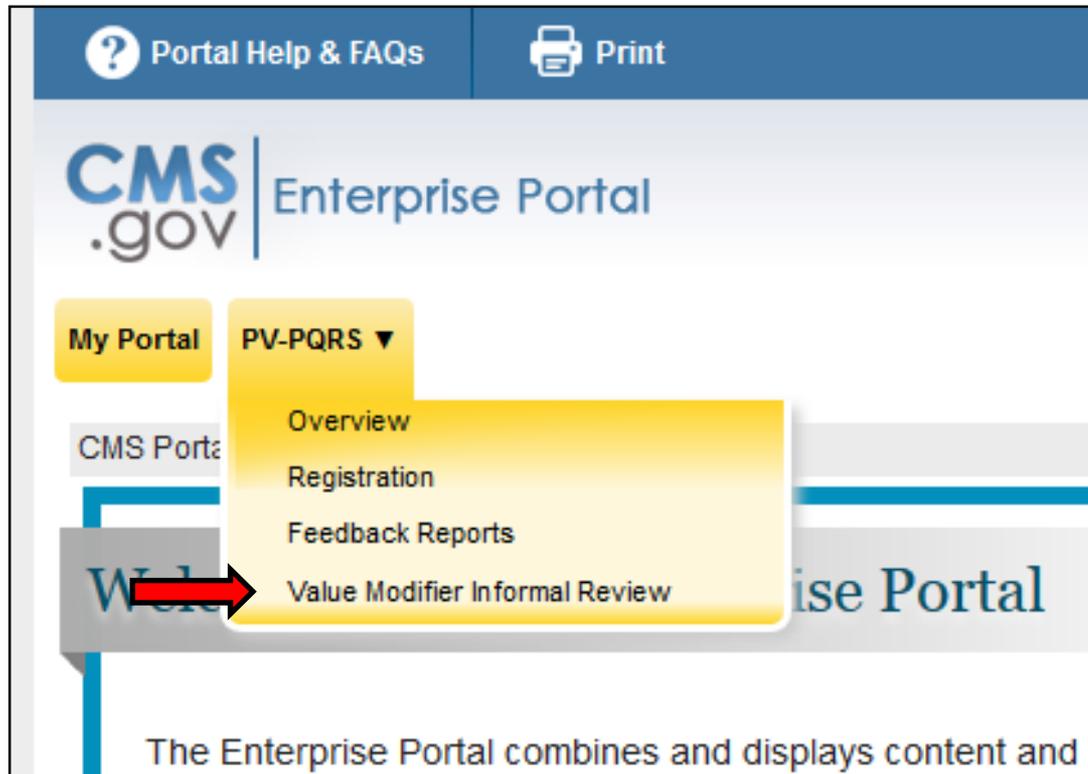
→ Security Code:

→

[Forgot Password?](#)
[Unable to Access Security Code?](#)
[Register MFA Device](#)

Requesting an Informal Review of Your TIN's 2017 VM (cont.)

- Select the **PV-PQRS** tab at the top of the screen, and then select the **Value Modifier Informal Review** option from the dropdown menu.



[Acronyms](#)

Requesting an Informal Review of Your TIN's 2017 VM (cont.)

- Value Modifier Informal Review Request screen will be displayed.
- Select the **Request Informal Review** option from the **Action** dropdown menu for the TIN for which you want to file an informal review.

Registration Value Modifier Informal Review

Value Modifier History

Please select View QRUR, if you are an authorized representative of a Group Practice Tax Identification Number (TIN) and want to view your QRUR Report or select Request Informal Review to initiate an informal review request.

	Name	TIN	Performance/ Adjustment Year	Quality Composite Score	Cost Composite Score	Value Modifier Adjustment Percentage	Value Modifier Calculation/ Decision Date	Adjustment Factor	Action
1	MFYYNJXGZWL HQNSNH QF	XX-XXX3937	2015/2017	N/A	N/A	0.00	N/A	N/A	<input type="text"/>
	JFLQJ WJMFQ, NSH.	XX-XXX6965	2015/2017	N/A	N/A	N/A	N/A	N/A	<input type="text"/>
	VZFNQYD HFWJ RJQNHQ HQNSNH QQH	XX-XXX7907	2015/2017	N/A	N/A	N/A	N/A	N/A	<input type="text"/>

View QRUR
Request Informal Review

[Acronyms](#)

Next Steps: What You Can Do

- Download your TIN's 2015 Annual QRUR and 2015 PQRS Feedback Report at: <https://portal.cms.gov>
 - <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html>
 - The same EIDM account can be used to access the Annual QRUR and PQRS Feedback Report.
- Review the FAQs, fact sheets, Detailed Methodology, and other QRUR supporting documents at:
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2015-QRUR.html>
- File an informal review request if you disagree with your TIN's 2017 VM calculation

Technical Assistance Information

For QRUR and VM questions or to provide feedback on the content and format of the QRUR, contact the **Physician Value Help Desk**:

Phone: 1-888-734-6433 (select option 3)
Monday – Friday: 8:00 am – 8:00 pm EST
Email: pvhelpdesk@cms.hhs.gov

For PQRS and EIDM questions, contact the **QualityNet Help Desk**:

Phone: 1-866-288-8912
(TTY 1-877-715-6222)

Monday – Friday: 8:00 am – 8:00 pm EST

Email: qnetsupport@hcqis.org

Additional Resources

- 2015 QRUR Educational Documents: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2015-QRUR.html>
- How to Obtain a QRUR: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html>
- VM Program: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>
- PQRS Program: <http://www.cms.gov/PQRS>

[Acronyms](#)

Acronyms in this Presentation

- ACO: Accountable Care Organization
- AF: Adjustment Factor
- CAHPS: Consumer Assessment of Healthcare Providers & Systems
- CPC: Comprehensive Primary Care
- EIDM: Enterprise Identity Management
- EP: Eligible Professional
- FFS: Fee-for-Service
- GPRO: Group Practice Reporting Option
- MSPB: Medicare Spending per Beneficiary
- NPI: National Provider Identifier
- PECOS: Provider Enrollment, Chain, and Ownership System
- PFS: Physician Fee Schedule
- PQRS: Physician Quality Reporting System
- QRUR: Quality and Resource Use Report
- TIN: Taxpayer Identification Number
- VM: Value-Based Payment Modifier

Question & Answer Session

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Thank You

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Appendix

What is an Eligible Professional (EP)?

- Physician
 - Doctor of Medicine, Doctor of Osteopathy, Doctor of Podiatric Medicine, Doctor of Optometry, Doctor of Oral Surgery, Doctor of Dental Medicine, and Doctor of Chiropractic
- Practitioner
 - Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist (and Anesthesiologist Assistant), Certified Nurse Midwife, Clinical Social Worker, Clinical Psychologist, Registered Dietician, Nutrition Professional, and Audiologist
- Therapist
 - Physical Therapist, Occupational Therapist, and Qualified Speech-Language Therapist

Quality-Tiering Approach for 2017 VM

Physicians in Groups with 10+ EPs

- Category 2: An automatic **-4.0%** VM downward adjustment will be applied for TINs not meeting the criteria to avoid the 2017 PQRS payment adjustment.
- Category 1: Under quality-tiering, the maximum upward adjustment is **+4.0 x** the VM payment adjustment factor (AF) and the maximum downward adjustment is **-4.0%**.

Cost/Quality	Low Quality	Average Quality	High Quality
Low Cost	+0.0%	+2.0 x AF*	+4.0 x AF*
Average Cost	-2.0%	+0.0%	+2.0 x AF*
High Cost	-4.0%	-2.0%	+0.0%

Physicians in Groups with 2-9 EPs and Physician Solo Practitioners

- Category 2: An automatic **-2.0%** VM downward adjustment will be applied for TINs not meeting the criteria to avoid the 2017 PQRS payment adjustment.
- Category 1: Under quality-tiering, the maximum upward adjustment is **+2.0 x** AF and TINs are not subject to a downward adjustment.

Cost/Quality	Low Quality	Average Quality	High Quality
Low Cost	+0.0%	+1.0 x AF*	+2.0 x AF*
Average Cost	+0.0%	+0.0%	+1.0 x AF*
High Cost	+0.0%	+0.0%	+0.0%

** indicates a TIN may be eligible for an additional +1.0 x AF if reporting PQRS quality measures and average beneficiary risk score in the top 25 percent of all beneficiary risk scores.*

[Acronyms](#)

2017 VM Policies for Shared Savings Program Participants

- TINs that participated in a Shared Savings Program ACO in 2015 will be subject to the 2017 VM based on the ACO's quality performance in 2015.
 - The VM will be applied at the participant TIN level based on the size and composition of the TIN.
 - ACO's quality performance is based on data submitted by the ACO via the GPRO Web Interface and the ACO's All-Cause Hospital Readmission measure for the 2015 performance period.
- If the ACO fails to successfully report on quality measures via the GPRO Web Interface in 2015, then the participant TINs under the ACO will be subject to an automatic downward adjustment under the 2017 VM.

2017 Policies for Shared Savings Program Participants (cont.)

- If the ACO successfully reports on quality measures via the GPRO Web Interface in 2015, then the 2017 VM for the participant TINs under the ACO will be calculated using the quality-tiering methodology.
- For TINs participating in a Shared Savings Program ACO in 2015, their VM in 2017 will be based on:
 - Cost performance = classified as “Average”
 - Quality performance = calculated based on quality data submitted by the ACO via the GPRO Web Interface and the ACO’s All-Cause Hospital Readmission measure for the 2015 performance period

EIDM Roles for Groups and Solo Practitioners

EIDM Roles for Groups

- Groups are identified in EIDM by their Medicare billing TIN and consist of two or more EPs (as identified by their National Provider Identifier (NPI) that bill under the TIN).
- One person from the group must first sign up for an EIDM account with the **Security Official** role.
 - If additional persons are needed to access the QRUR, they can request the **Security Official** role or the **Group Representative** role in EIDM.
- For example, a group wants to give access to its QRUR to a vendor, its ACO, or another third party. The third party may set up an EIDM account by submitting a request to the group's Security Official via the EIDM. The Security Official can approve the request and give the third party access to its report.

EIDM Roles for Solo Practitioners

- Solo practitioners are identified in EIDM by their Medicare billing TIN and consist of only 1 EP (as identified by a NPI) that bills under the TIN.
- One person must first sign up for an EIDM account with the **Individual Practitioner** role.
 - If additional persons are needed to access the QRUR, they can request the **Individual Practitioner** role or the **Individual Practitioner Representative** role in EIDM.

EIDM Roles for Groups and Solo Practitioners

- **Security Official or Individual Practitioner** role allows the user to:
 1. Obtain the TIN's Mid-Year and Annual QRUR, Supplemental QRUR, and PQRS Feedback Report.
 2. Submit a VM informal review request on behalf of the TIN.
 3. Approve requests for the **Group Representative or Individual Practitioner Representative** role in EIDM.

Group Representative or Individual Practitioner Representative role allows the user to perform tasks 1 and 2 listed above.

Accompanying Tables for the 2015 Annual QRUR

(The following tables can be downloaded as Excel spreadsheets)

Note: *The HICs/NPIs shown in the screenshots are not real.*

Table 1. Physicians and Non-Physician Eligible Professionals Identified in Your Medicare-Enrolled Taxpayer Identification Number (TIN), Selected Characteristics

Table 1 contains a summary table and an EP-level table. The summary table shows counts of physicians and non-physician EPs in your TIN based on a query of the Provider Enrollment, Chain, and Ownership System (PECOS) on July 10, 2015 and the number of EPs that submitted claims to Medicare under your TIN in 2015.

Summary: Number of Eligible Professionals in Your TIN		
	Number Identified via PECOS†	Number Identified via Billing‡
All Eligible Professionals	64	53
Physicians	37	29
Non-Physicians	27	24

[Acronyms](#)

Table 1. Physicians and Non-Physician Eligible Professionals Identified in Your Medicare-Enrolled Taxpayer Identification Number (TIN), Selected Characteristics (cont.)

The EP-level table provides a listing of the EPs in your TIN.

NPI	Name	Physician†	Non-Physician Eligible Professional†	Specialty Designation†
6022192089	PJSSJYM GZQJS	Yes	No	Family Practice
6022378465	QFQNQ RNYHMQJQQ	Yes	No	Internal Medicine
6022620713	WJSJJ RHMZLM	No	Yes	Certified Clinical Nurse Specialist
6146434997	QZQNJ MTBJQQ	No	Yes	Physician Assistant

(Table continued from above)

Identified via PECOS†	Identified via Billings†	Date of Last Claim Billed Under TIN
Yes	Yes	12/13/2015
Yes	Yes	04/19/2015
Yes	No	--
No	Yes	12/23/2015

[Acronyms](#)

Table 2A. Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending per Beneficiary) and Claims-Based Quality Outcome Measures, and the Care that Your TIN and Other TINs Provided

Table 2A includes information on the number of beneficiaries attributed to your TIN for the Per Capita Costs for All Attributed Beneficiaries measure, the four Per Capita Costs for Beneficiaries with Specific Conditions measures, and any claims-based quality outcome measures and whether they were attributed in the first or second step of the attribution methodology.

Summary: Basis for Attribution			
		Number	Percentage
All attributed beneficiaries		602	100%
<i>Step 1</i>	Beneficiaries attributed because your TIN's primary care physicians, nurse practitioners, physician assistants, or clinical nurse specialists provided most primary care services	527	88%
<i>Step 2</i>	Beneficiaries attributed because your TIN's specialist physicians provided most primary care services	75	12%

[Acronyms](#)

Table 2A. Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending per Beneficiary) and Claims-Based Quality Outcome Measures, and the Care that Your TIN and Other TINs Provided (cont.)

Table 2A provides additional details about the Medicare beneficiaries attributed to your TIN for the five per capita cost and three claims-based quality outcome measures.

Beneficiaries Attributed to Your TIN							Medicare FFS Claims Filed by Your TIN		
HIC	Gender	DOB	Index †	HCC Percentile Ranking †	Died in 2015	Basis for Attribution †	Date of Last Claim Filed by TIN	Number of Primary Care Services † Provided by TIN	Percent of Primary Care Services † Billed by TIN
463580100B	F	12/11/1948	134212034	7	-	Step 1	12/29/2015	3	38.81%
671580686A	F	06/02/1943	113724874	60	-	Step 1	12/16/2015	6	22.11%

(Table continued on next slide)

[Acronyms](#)

Table 2A. Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending per Beneficiary) and Claims-Based Quality Outcome Measures, and the Care that Your TIN and Other TINs Provided (cont.)

EP in TIN Billing Most Primary Care Services †				EP in TIN Billing Most Non-Primary Care Services †			
NPI	Name	Specialty	Date of Last Claim Filed by NPI	NPI	Name	Specialty	Date of Last Claim Filed by NPI
6062418786	WJSJJ RFWPTQNHM	Family Practice	12/29/2015	6062418786	WJSJJ RFWPTQNHM	Family Practice	12/29/2015
6843169573	QTXJQM KNSTHHMNT	Internal Medicine	12/16/2015	-	STSJ	-	-
8550000000	QJNXXEED QZJZM	Internal Medicine	11/17/2015	-	STSJ	-	-

(Table continued on next slide)

[Acronyms](#)

Table 2A. Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending per Beneficiary) and Claims-Based Quality Outcome Measures, and the Care that Your TIN and Other TINs Provided (cont.)

EP Outside of TIN Billing Most Primary Care Services †				EP Outside of TIN Billing Most Non-Primary Care Services †				Hospital Admission	Chronic Condition Subgroup †			
NPI	Name	Specialty	Date of Last Claim Filed by NPI	NPI	Name	Specialty	Date of Last Claim Filed by NPI	Date of Last Hospital Admission	Diabetes	Coronary Artery Disease	Chronic Obstructive Pulmonary Disease	Heart Failure
6186806462	QJWJS MZFSL	Neurology	11/05/2015	6530907540	QFQNQ GZWPJY	Ophthalmology	12/17/2015	-	◆	-	-	◆
6475744909	SNPNYF MJLQJ	Rheumatology	11/30/2015	6455993406	GWNYYFSD KFWGJW	Physical Therapist in Private Practice	09/28/2015	-	-	◆	-	-

(Table continued from previous slide)

[Acronyms](#)

Table 2B. Admitting Hospitals: Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending Per Beneficiary) and Claims-Based Quality Outcome Measures

Table 2B identifies the hospitals where at least five percent of your TIN's attributed beneficiaries' inpatient stays occurred.

Hospital Name	Hospital CMS Certification Number	Hospital Location	Number of Stays	Percentage of All Stays
Total			195	100.00%
FPWTS LJSJWFQ RJQNHFQ HJSYJW	504456	FPWTS, TM	130	66.67%
JQBNS XMFB WJMFG NSXYNYZYJ	504712	HZDFMTLF KFQQX, TM	17	8.72%

[Acronyms](#)

Table 2C. Hospital Admissions for Any Cause: Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending Per Beneficiary) and Claims-Based Quality Outcome Measures

Table 2C provides details about your TIN's attributed beneficiaries' hospitalizations during 2015. For TINs participating in a Shared Savings Program ACO in 2015, see Tables 6A and 6B for information about the TIN's attributed beneficiaries' hospitalizations.

Attributed Beneficiaries Admitted to the Hospital				Characteristics of Hospital Admission								
HIC	Gender	DOB	Index †	Date of Admission	Admitting Hospital (Name, CCN, City, State)				Principal Diagnosis † (Code, Description)			
400848204A	M	12/13/1949	136752446	08/17/2015	FPWTS	LJSJWFQ	RJQNHFQ	504473	FPWTS	OH	27801	Morbid obesity
544501938A	M	07/04/1942	98837707	03/22/2015	FPWTS	LJSJWFQ	RJQNHFQ	504473	FPWTS	OH	481	Pneumococcal pneumonia
461513821A	F	12/07/1949	137276179	03/07/2015	ZSNQJWXNYD	MTXQNYFQX	504592	GJFHMBTTQ	OH	99657	Complication-insulin pump	

(Table continued from above)

			Discharge Disposition		
Admission Via the ED	ACSC Admission †	Followed by Unplanned All-Cause Readmission within 30 Days of Discharge †	Date of Discharge	Discharge Status † (Code, Description)	
-	-	-	08/19/2015	01	Disch Home
X	PNEU	-	03/27/2015	06	Disch to Home Health
X	-	-	03/08/2015	01	Disch Home

[Acronyms](#)

Table 3A. Per Capita Costs, by Categories of Service, for the Per Capita Costs for All Attributed Beneficiaries Measure

Table 3A summarizes your TIN's attributed beneficiaries' payment-standardized, risk-adjusted per capita costs for various types of services performed by EPs both within and outside your TIN.

Service Category	Your TIN			All TINs in Peer Group†		How Much Higher or (Lower) Your TIN's Costs Were than TINs in Peer Group
	Number of Attributed Beneficiaries Using any Service in this Category	Percentage of Beneficiaries Using any Service in this Category	Per Capita Costs for Attributed Beneficiaries‡	Benchmark (National Mean) Percentage of Beneficiaries Using Any Service in This Category	Benchmark (National Mean) Per Capita Costs	
ALL SERVICES	602	100.00%	\$10,721	100.00%	\$12,326	(\$1,605)
Outpatient Evaluation and Management Services, Procedures, and Evaluation & Management Services Billed by Eligible Professionals	602	100.00%	\$1,546	100.00%	\$1,962	(\$416)
Billed by Your TIN	602	100.00%	\$186	99.98%	\$502	(\$276)
Primary Care Physicians	514	85.38%	\$226	62.06%	\$346	(\$160)
Medical Specialists	5	0.83%	\$1	18.02%	\$54	(\$53)
Surgeons	0	0.00%	\$0	8.06%	\$21	(\$21)
Other Eligible Professionals	204	33.89%	\$39	20.41%	\$81	(\$41)
Billed by Other TINs	536	89.04%	\$736	80.87%	\$661	\$74
Primary Care Physicians	81	13.46%	\$35	23.75%	\$56	(\$20)
Medical Specialists, Surgeons, and Other Eligible Professionals	533	88.54%	\$700	78.93%	\$606	\$95
Major Procedures Billed by Eligible Professionals	0	0.00%	\$0	1.56%	\$22	(\$22)
Billed by Your TIN	0	0.00%	\$0	0.24%	\$1	(\$1)
Primary Care Physicians	0	0.00%	\$0	0.71%	\$8	(\$8)
Medical Specialists	0	0.00%	\$0	0.13%	\$6	(\$6)

(Table truncated to fit slide)

Table 3B. Costs of Services Provided by Your TIN and Other TINs: Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending per Beneficiary) and Claims-Based Quality Outcome Measures

Table 3B provides information about the costs of the care provided to the beneficiaries attributed to your TIN.

Beneficiaries Attributed to Your TIN						Chronic Condition Subgroup †				Included in Per Capita Costs for All Attributed Beneficiaries Measure‡	Total Payment-Standardized‡ Medicare FFS Costs
HIC	Gender	DOB	Index †	HCC Percentile Ranking †	Died in 2015	Diabetes	Chronic Obstructive Pulmonary Disease	Coronary Artery Disease	Heart Failure		
343463274C6	M	6/28/1938	93394792	77	No	No	No	No	No	Yes	\$1,831
362433076C6	M	10/13/1956	93604032	45	No	No	No	No	No	Yes	\$831

(Table continued on next slide)

[Acronyms](#)

Table 3B. Costs of Services Provided by Your TIN and Other TINs: Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending per Beneficiary) and Claims-Based Quality Outcome Measures (cont.)

Total Costs by Category of Services Furnished by All Providers					
Evaluation & Management* Services Billed by Eligible Professionals in Your TIN	Evaluation & Management* Services Billed by Eligible Professionals in Other TINs	Major Procedures* Billed by Eligible Professionals in Your TIN	Major Procedures* Billed by Eligible Professionals in Other TINs	Ambulatory/Minor Procedures* Billed by Eligible Professionals in Your TIN	Ambulatory/Minor Procedures* Billed by Eligible Professionals in Other TINs
\$78	\$640	\$0	\$0	\$0	\$219
\$129	\$0	\$0	\$0	\$0	\$45

(Table continued on next slide)

[Acronyms](#)

Table 3B. Costs of Services Provided by Your TIN and Other TINs: Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending per Beneficiary) and Claims-Based Quality Outcome Measures (cont.)

Total Costs by Category of Services Furnished by All Providers								
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy*	Ancillary Services*	Inpatient Hospital Facility Services	Eligible Professional Services During Hospitalization Billed by Your	Eligible Professional Services During Hospitalization Billed by Other TINs	Emergency Services that Did Not Result in a Hospital Admission	Post-Acute Services	Hospice	All Other Services
\$0	\$705	\$0	\$0	\$0	\$0	\$0	\$43	\$189
\$174	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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[Acronyms](#)

Tables 4A-D. Per Capita Costs, by Categories of Service, for Beneficiaries with Specific Conditions

Tables 4A-4D are analogous to Table 3A, except that they report on subsets of your TIN's attributed beneficiaries with one of the following four specific chronic conditions: diabetes, COPD, CAD, and heart failure.

Service Category	Your TIN			All TINs in Peer Group†		How Much Higher or (Lower) Your TIN's Costs Were than TINs in Peer Group
	Number of Attributed Beneficiaries Using any Service in this Category	Percentage of Beneficiaries Using any Service in this Category	Per Capita Costs for Attributed Beneficiaries†	Benchmark (National Mean) Percentage of Beneficiaries Using Any Service in This Category	Benchmark (National Mean) Per Capita Costs	
ALL SERVICES	99	100.00%	\$20,851	100.00%	\$33,871	(\$13,020)
Outpatient Evaluation and Management Services, Procedures, and Evaluation & Management Services Billed by Eligible Professionals	99	100.00%	\$1,875	100.00%	\$2,773	(\$898)
Billed by Your TIN	99	100.00%	\$1,276	100.00%	\$1,765	(\$490)
Primary Care Physicians	99	100.00%	\$298	99.99%	\$774	(\$475)
Medical Specialists	83	83.84%	\$234	85.67%	\$521	(\$287)
Surgeons	1	1.01%	\$1	9.10%	\$83	(\$83)
Other Eligible Professionals	0	0.00%	\$0	2.20%	\$18	(\$18)
Billed by Other TINs	48	48.48%	\$64	18.01%	\$151	(\$87)
Primary Care Physicians	96	96.97%	\$977	92.27%	\$992	(\$15)
Medical Specialists, Surgeons, and Other Eligible Professionals	27	27.27%	\$93	37.54%	\$131	(\$38)
Major Procedures Billed by Eligible Professionals	96	96.97%	\$885	90.59%	\$861	\$24
Billed by Your TIN	21	21.21%	\$186	17.64%	\$316	(\$130)
Billed by Other TINs	0	0.00%	\$0	1.29%	\$32	(\$32)
Primary Care Physicians	0	0.00%	\$0	0.20%	\$2	(\$2)

(Table truncated to fit slide)

[Acronyms](#)

Table 5A. Admitting Hospitals: Episodes of Care Attributed to Your TIN for the Medicare Spending per Beneficiary (MSPB) Measure

Table 5A identifies the hospitals that account for at least five percent of attributed inpatient episodes of care during 2015 for your TIN for the MSPB measure.

Hospital Name	Hospital CMS Certification Number	Hospital Location	Number of MSPB Episodes	Percentage of All MSPB Episodes
Total			135	100.00%
FPWTS LJSJWFQ RJQNHFQ HJSYJW	504473	FPWTS, TM	135	100.00%

[Acronyms](#)

Table 5B. Beneficiaries and Episodes Attributed to Your TIN for the Medicare Spending per Beneficiary (MSPB) Measure

Table 5B's summary table displays the total number of episodes of hospital care attributed to your TIN, and the number of unique Medicare FFS beneficiaries associated with the attributed episodes for the MSPB measure.

Summary: Attributed Episodes and Beneficiaries

	Number
Total episodes of hospital care attributed to your TIN	135
Unique Medicare beneficiaries associated with attributed episodes of hospital care	98

Table 5B. Beneficiaries and Episodes Attributed to Your TIN for the Medicare Spending per Beneficiary (MSPB) Measure (cont.)

Table 5B's detailed table displays the total number of episodes of hospital care attributed to your TIN for the MSPB measure and the number of unique Medicare FFS beneficiaries associated with the attributed episodes.

Beneficiaries and Episodes Attributed to Your TIN for the MSPB Measure					Apparent Lead Eligible Professional†		
HIC	Gender	DOB	Index †	HCC Percentile Ranking†	NPI	Name	Specialty
334977792M	F	11/13/1934	120043625	81	6590852771	GWNFS GFHMJQQJW	Kfrnqd Qwfhynhj
334977792M	F	11/13/1934	120043625	55	6779463897	FFWTS QJFW	Xqtwyx Rjqnhnsj

(Table continued on next slide)

[Acronyms](#)

Table 5B. Beneficiaries and Episodes Attributed to Your TIN for the Medicare Spending per Beneficiary (MSPB) Measure (cont.)

Characteristics of Hospital Admission						
Date of Admission	Admitting Hospital (Name, CCN, City, State)				Principal Diagnosis [†] (Code, Description)	
06/03/2015	FPWTS LJSJWFQ RJQNHFQ HJSYJW	504473	FPWTS	TM	V5789	Rehabilitation proc NEC
02/13/2015	FPWTS LJSJWFQ RJQNHFQ HJSYJW	504473	FPWTS	TM	V5789	Rehabilitation proc NEC

(Table continued on next slide)

[Acronyms](#)

Table 5B. Beneficiaries and Episodes Attributed to Your TIN for the Medicare Spending per Beneficiary (MSPB) Measure (cont.)

Discharge Disposition		
Date of Discharge	Discharge Status †	
06/05/2015	03	Disch to Medicare SNF
02/14/2015	01	Disch Home

(Table continued from previous slide)

Table 5C. Costs per Episode, by Categories of Service, for the Medicare Spending per Beneficiary (MSPB) Measure

Table 5C summarizes your TIN's attributed beneficiaries' payment-standardized, risk-adjusted, specialty-adjusted per episode costs for various types of services performed by EPs both within and outside your TIN.

Service Category	Your TIN			All TINs in Peer Group†		How Much Higher or (Lower) Your TIN's Costs Were than TINs in Peer Group
	Number of Episodes with Costs in this Category	Percentage of Episodes with Costs in this Category	Costs per Attributed Episode‡	Benchmark (National Mean) Percentage of Episodes with Costs in This Category	Benchmark (National Mean) Costs per Episode	
ALL SERVICES	135	100.00%	\$21,452	100.00%	\$20,599	\$853
Acute Inpatient Services	135	100.00%	\$10,736	100.00%	\$12,860	(\$2,125)
Acute Inpatient Hospital: Index Admission	0	0.00%	\$0	0.00%	\$0	\$0
Acute Inpatient Hospital: Readmission	22	16.30%	\$1,452	15.05%	\$1,661	(\$209)
Eligible Professional Services Billed by Your TIN During Index Hospitalization	0	0.00%	\$0	0.00%	\$0	\$0
Eligible Professional Services Billed by Other TINs During Index Hospitalization	0	0.00%	\$0	0.00%	\$0	\$0
Other Physician or Supplier Part B Services Billed During Any Hospitalization	22	16.30%	\$241	15.72%	\$267	(\$26)
Post-Acute Care	68	50.37%	\$8,033	49.69%	\$5,337	\$2,696
Home Health	35	25.93%	\$1,054	28.60%	\$841	\$213
Skilled Nursing Facility	42	31.11%	\$6,036	25.88%	\$3,433	\$2,602
Inpatient Rehabilitation or Long-Term Care Hospital	3	2.22%	\$943	5.42%	\$1,062	(\$119)
Emergency Services Not Included in a Hospital Admission	19	14.07%	\$115	17.24%	\$165	(\$50)
Emergency Evaluation & Management Services	19	14.07%	\$109	17.22%	\$143	(\$34)
Procedures	0	0.00%	\$0	7.05%	\$16	(\$16)
Laboratory, Pathology, and Other Tests	6	4.44%	\$0	4.56%	\$1	\$0
Imaging Services	13	9.63%	\$5	9.18%	\$5	\$0
Outpatient Evaluation and Management Services, Procedures, and	130	96.30%	\$1,120	91.74%	\$901	\$219
Physical, Occupational, or Speech and Language Pathology Therapy	3	2.22%	\$3	8.80%	\$38	(\$35)

(Table truncated to fit slide)

[Acronyms](#)

Table 5D. Medicare Spending per Beneficiary (MSPB) Costs, by Episode and Service Category

Table 5D provides information about the costs of the care provided to each Medicare beneficiary with an MSPB episode attributed to your TIN.

Beneficiaries and Episodes Attributed to Your TIN for the MSPB Measure					
HIC	Gender	DOB	Index †	HCC Percentile Ranking †	Total Payment-Standardized Episode Cost †
334977792M	F	11/13/1934	120043625		\$7,035
456706610D	F	5/17/1921	5914998		\$7,012

(Table continued on next slide)

[Acronyms](#)

Table 5D. Medicare Spending per Beneficiary (MSPB) Costs, by Episode and Service Category (cont.)

Medicare Spending per Beneficiary, by Category of Service, Furnished by All Providers					Medicare Spending per Beneficiary, by Category of Service Furnished by All Providers									
Acute Inpatient Hospital: Index Admission†	Acute Inpatient Hospital: Readmission	Eligible Professional Services Billed by Your TIN During Index Hospitalization†	Eligible Professional Services Billed by Other TINs During Index Hospitalization†	Other Physician or Supplier Part B Services Billed During Any Hospitalization	Home Health	Skilled Nursing Facility	Inpatient Rehabilitation or Long-Term Care Hospital	ER Evaluation & Management Services	ER Procedures	ER Laboratory, Pathology, and Other Tests	ER Imaging Services	Outpatient Physical, Occupational, or Speech and Language Pathology Therapy*	Dialysis	Outpatient Evaluation and Management Services*
\$4,297	\$0	244	89	0	\$0	\$0	\$0	\$312	\$0	\$0	\$0	\$0	\$0	\$397
\$4,297	\$0	282	378	0	\$0	\$0	\$0	\$657	\$0	\$8	\$9	\$0	\$0	\$205

(Table continued on next slide)

Table 5D. Medicare Spending per Beneficiary (MSPB) Costs, by Episode and Service Category (cont.)

Medicare Spending per Beneficiary, by Category of Service Furnished by All Providers								
Major Procedures and Anesthesia*	Ambulatory/ Minor Procedures*	Ancillary Laboratory, Pathology, and Other Tests	Ancillary Imaging Services	Durable Medical Equipment and Supplies	Hospice	Ambulance Services	Chemotherapy and Other Part B-Covered Drugs	All Other Services Not Otherwise Classified
\$0	\$557	\$178	\$107	\$0	\$0	\$852	\$1	\$0
\$0	\$0	\$3	\$222	\$0	\$0	\$950	\$0	\$0

(Table continued from previous slide)

[Acronyms](#)

Table 6A. Hospital Admissions for Any Cause: Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending Per Beneficiary) - Shared Savings Program ACO TINs Only

For MSSP ACO TINs, Table 6A provides details about each of your attributed beneficiary's hospitalizations in 2015.

Attributed Beneficiaries Admitted to the Hospital				Characteristics of Hospital Admission							Discharge Disposition			
HIC	Gender	DOB	Index †	Date of Admission	Admitting Hospital (Name, CCN, City, State)			Principal Diagnosis † (Code, Description)	Date of Discharge	Discharge Status † (Code, Description)				
402505862A	F	03/09/1941	107182231	07/01/15	GJFZRTSY	MTXQNYFQ -	754474	QJFWGTWS	MI	71535	Loc osteoarth NOS-pelvis	07/05/15	06	Disch to Home Health
406816703B	F	06/05/1944	116901516	02/01/15	MJSWD	KTWQ MTXQNYFQ	754495	QJYWTNY	MI	8072	Fracture of sternum-clos	02/03/15	06	Disch to Home Health

[Acronyms](#)

Table 6B. Hospital Admissions for Any Cause: Beneficiaries Assigned to Your ACO for the All-Cause Hospital Readmission Measure and Attributed to Your TIN for the Cost Measures - Shared Savings Program ACO TINs Only

For TINs participating in a Shared Savings Program ACO in 2015, the All-Cause Hospital Readmission measure is calculated at the ACO level. Table 6B displays information about hospital admissions for those beneficiaries who were (1) attributed to your TIN for all of the cost measures (including MSPB), and (2) included in the calculation of your ACO's performance on the All-Cause Hospital Readmission measure. Table 6B does not include hospital admissions for beneficiaries attributed to other TINs in the ACO.

Attributed Beneficiaries Admitted to the Hospital				Characteristics of Hospital Admission				Discharge Disposition			
HIC	Gender	DOB	Index †	Date of Admission	CMS Certification Number	Principal Diagnosis † (Code, Description)	Followed by Unplanned All-Cause Readmission within 30 Days of Discharge †	Date of Discharge	Discharge Status † (Code, Description)		
402505862A	F	03/09/1941	107182231	07/01/2015	754474	71535 Loc osteoarth NOS-pelvis	-	07/05/2015	06	Disch to Home Health	
406816703B	F	06/05/1944	116901516	01/31/2015	754495	8072 Fracture of sternum-clos	-	02/03/2015	06	Disch to Home Health	

Table 7. Individual Eligible Professional Performance on the 2015 PQRs Measures

For TINs that did not avoid the PQRs payment adjustment via a PQRs GPRO, Table 7 displays details on whether or not at least 50 percent of the EPs in the TIN reported quality data to the PQRs as individuals and met the criteria to avoid the 2017 PQRs payment adjustment.

Summary: Eligible Professionals (EPs) Reporting to PQRs as Individuals			
Number of EPs in your TIN who met the criteria to avoid 2017 PQRs payment adjustment as individuals [†]	Number of EPs in your TIN [†]	Percentage of EPs in your TIN who met the criteria to avoid 2017 PQRs payment adjustment as individuals [†]	Did 50% or more EPs in your TIN meet the criteria to avoid 2017 PQRs payment adjustment as individuals?
41	53	77.36%	Yes

Table 7. Individual Eligible Professional Performance on the 2015 PQRS Measures (cont.)

For TINs that did not avoid the PQRS payment adjustment via a PQRS GPRO, Table 7 displays information on the individually reported PQRS measures submitted by the EPs in your TIN.

NPI	Eligible Professional Name†	Did eligible professional meet criteria to avoid 2017 PQRS payment adjustment?	PQRS or QCDR Performance Measure	
			Measure Reference	Measure Name
3334534	JOHN SMITH	Yes	111 (CMS127v2)	Preventive Care and Screening: Pneumococcal Vaccination for Older Adults
8928399	JOHN SMITH	Yes	172	Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula
1823942	JOHN SMITH	Yes	195	Radiology: Stenosis Measurement in Carotid Imaging Reports

(Table continued on next slide)

Table 7. Individual Eligible Professional Performance on the 2015 PQRS Measures (cont.)

Quality Domain	Eligible Professional Performance			Benchmark [†] (National Mean)
	Reporting Mechanism [†]	Number of Eligible Cases [†]	Performance Rate	
Effective Clinical Care	Claims	191	64.40%	45.42%
Effective Clinical Care	Claims	22	100%	96.78%
Effective Clinical Care	Claims	434	99.77%	81.49%

(Table continued from previous slide)

[Acronyms](#)