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I. Introduction

In September 2017, the Centers for Medicare & Medicaid Services (CMS) made the 2016 Annual Quality and Resource Use Reports (QRURs) available to every group practice and solo practitioner nationwide, including those consisting of non-physician eligible professionals. The 2016 Annual QRURs are also available for groups and solo practitioners that participated in the Medicare Shared Savings Program, the Pioneer Accountable Care Organization (ACO) Model, the Comprehensive Primary Care initiative (CPC), the Next Generation ACO Model, the Oncology Care Model (OCM), or the Comprehensive End Stage Renal Disease (ESRD) Care Model in 2016. The 2016 Annual QRURs show how groups and solo practitioners, as identified by their Medicare-enrolled Taxpayer Identification Number (TIN) performed in calendar year 2016 on the quality and cost measures used to calculate the 2018 Value-based Payment Modifier (Value Modifier). For physicians, physician assistants (PAs), nurse practitioners (NPs), clinical nurse specialists, and certified registered nurse anesthetists (CRNAs) in groups with two or more eligible professionals and PAs, NPs, CNSs, and CRNAs who are solo practitioners that are subject to the 2018 Value Modifier, the 2016 QRUR shows how the Value Modifier will apply to payments under the Medicare Physician Fee Schedule (PFS) for those billing under the TIN in 2018.

For groups and solo practitioners that are subject to the 2018 Value Modifier, CMS established an Informal Review period to request corrections of perceived errors in the 2018 Value Modifier calculation. More information about the 2016 Annual QRURs, including how to request an informal review of the 2018 Value Modifier, is available at:

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2016-QRUR.html.

This guide illustrates how to access and download a 2016 Annual QRUR, along with the Tables from the CMS Enterprise Portal. 2016 Annual QRURs and Tables can be downloaded and exported in Portable Document Format (PDF) or Excel Format, respectively. The data in the 2016 Annual QRURs is also available for download to an exportable comma-separated values (CSV) file.

II. <u>Getting Started</u>

Authorized representatives of groups and solo practitioners can access the 2016 Annual QRURs at https://portal.cms.gov using an Enterprise Identity Management (EIDM) account with one of the following roles in the **Physician Quality and Value Programs application**:

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

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

Instructions for obtaining an EIDM account are available at:

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

III. Questions

For questions about setting up an EIDM account and/or resetting the EIDM password, please contact the QualityNet Help Desk:

Monday – Friday: 8:00 am – 8:00 pm Eastern Time Zone

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

o Fax: (888) 329-7377

Email: gnetsupport@hcgis.org

For retrieving a forgotten password, navigate to https://portal.cms.gov, and select the Forgot your Password link located in the CMS Enterprise Portal screen.

To find out if someone can already access your TIN's QRUR, please contact the QualityNet Help Desk and provide your TIN and the name of your group (or your name, if you are a solo practitioner).

For questions about information contained in your 2016 Annual QRUR or to provide feedback to CMS, please contact the Physician Value Help Desk:

• Monday – Friday: 8:00 am – 8:00 pm Eastern Time Zone

• (888) 734-6433 (option 3)

Email: pvhelpdesk@cms.hhs.gov

IV. Accessing the 2016 Annual QRUR

Steps Screenshots 1. Go to the CMS Enterprise Portal at: https://portal.cms.gov. Note: The CMS Enterprise Portal supports the following internet browsers: CMS.gov Enterprise Portal Internet Explorer 11 **Firefox** Chrome UserID Safari Enable JavaScript and adjust any Password browser zoom features to ensure you are not seeing the screen in too wide of a view. Agree to our <u>Terms & Conditions</u> Login 2. Enter your EIDM User ID. Forgot your User ID or your Password? Note: The Choose MFA Device dropdown menu is displayed when you enter the User ID. **New User Registration**

Steps

Screenshots

- 3. Enter your Password.
- Complete the Multi-Factor Authentication (MFA) process each time you attempt to log in to the CMS Enterprise Portal.
 - Select an option under the Choose MFA Device drop-down menu.

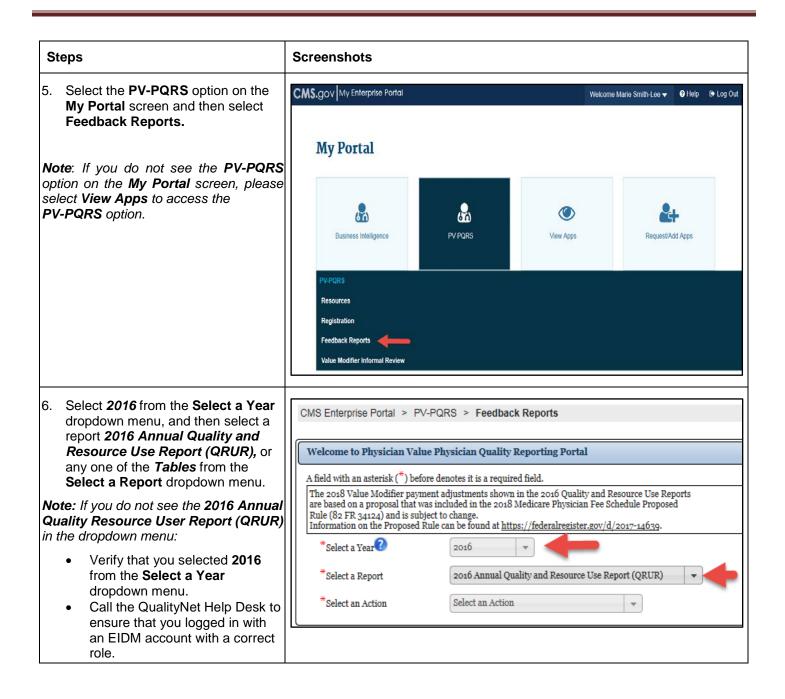
Note: You previously registered to complete the MFA process when setting up your EIDM account. Please ensure that you select the same **MFA Device** type you selected when registering for the MFA process during your initial account set-up.

b. Select **Send MFA Code** to receive the **Security Code**.

Note: The **Send MFA Code** option is displayed only when one of the following **Choose MFA Device** types is selected:

- Text Message (SMS)
- Interactive Voice Response (IVR)
- Email
- c. Retrieve the security code from the selected MFA device type.
- d. Enter the Security Code and select Agree to our Terms & Conditions.
- e. Select Login.





Steps Screenshots 7. To view the 2016 Annual QRUR CMS Enterprise Portal > PV-PQRS > Feedback Reports online: Select View Online from the Select Welcome to Physician Value Physician Quality Reporting Portal an Action dropdown menu. A field with an asterisk (**) before denotes it is a required field. To download the 2016 Annual The 2018 Value Modifier payment adjustments shown in the 2016 Quality and Resource Use Reports QRUR in PDF format: Proceed to are based on a proposal that was included in the 2018 Medicare Physician Fee Schedule Proposed Rule (82 FR 34124) and is subject to change. Information on the Proposed Rule can be found at $\frac{https://federalregister.gov/d/2017-14639}{https://federalregister.gov/d/2017-14639}$. Section VI.A. To access the 2016 Annual QRUR [†]Select a Year🕗 Tables: Proceed to Section VII. *Select a Report 2016 Annual Quality and Resource Use Report (QRUR) Note: The 2018 Value Modifier payment adjustments shown in the 2016 Quality *Select an Action View Online and Resource Use Reports are based on a proposal that was included in the 2018 Medicare Physician Fee Schedule Proposed Rule (82 FR 34124) and is subject to change. Information on the Proposed Rule can be found at https://federalregister.gov/d/2017-14639. 8. Read the **Attestation Message** and *I plan to use this data in my capacity as a: make the appropriate attestation (Must select one box) selection. A Contractor tasked with working on the Value-Based Payment Modifier Program, QRUR Program Data Usage Agreements #24056 and/or #21382. Select one of the options under I intend to use this information to carry out assigned work tasks related to providing '*I plan to use this data in my administrative support to the Value-Based Payment Modifier Program and QRUR Program. capacity as a:' Then select *I Confirm* to continue. A CMS Employee Note: If you select 'Neither of the I intend to use this information to carry out assigned work tasks related to providing administrative support to the Value-Based Payment Modifier Program, QRUR Program, above or I do not know', the option to Episodes Program, and/or to carry out assigned work tasks related to providing program Exit to Resources screen will be oversight to these programs. enabled. Neither of the above or I do not know. Please contact the Physician Value Help Desk at 1-888-734-6433 if you need further assistance.

Steps Screenshots You are now in the MicroStrategy Web TIN (Required) **Platform.** The screen shows the TIN(s) associated with your EIDM account. Select a TIN This prompt allows only one selection. 9. Select one TIN from the Available Search for: TINs: 8437 Q Match case Select a TIN and either doubleclick the mouse or click on the STWJJS HTRJFZ:8437 OTMS R SJQJQTB TQ:8437 Arrow button to move the TIN ♠ RNQ BJXY FSJXYMJXNF QQH:8437 from Available to Selected. SFLBF FQJW:8437 You can also filter the list of STWJJS HTRJFZ:8437 Available TINs by entering the TXHFW QFQJ HTQTS:8437 name or last 4 digits of a TIN in ♦ WTGPJ JSYJWQWNXJX NSH:8437 the Search for field. STRFWNYFS HTZSXJQNSL HJSYJW:8437 **Note:** Select only one TIN each time you 1 - 34 of 34 attempt to retrieve a 2016 Annual QRUR. Report Message Name: PY 2016 Annual Quality and Resource Use Report (QRUR) **Note:** For better search results, it is Run Document Cancel recommended to search by the last 4 digits of the TIN. 10. Select Run Document. Note: You will need to wait several seconds while the system generates your 2016 Annual QRUR.

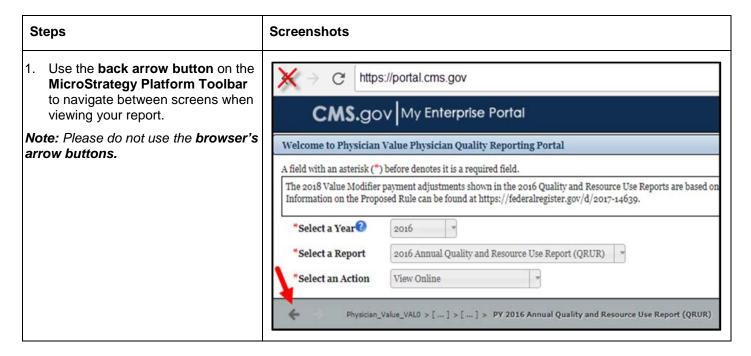
V. Navigating the 2016 Annual QRUR

The 2016 Annual QRUR contains the following sections within the MicroStrategy Web Platform if your TIN is receiving a full Annual QRUR:

- A. About This Report (Default Tab)
- B. Your TIN's 2018 Value Modifier
- C. Quality Performance
- D. Cost Performance
- E. Accompanying Tables
- F. About the 2018 Value Modifier
- G. Glossary

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

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



A. About This Report

Steps	Screenshots
Follow Section IV. Accessing the 2016 Annual QRUR of this guide on how to access the Annual QRUR and view it online.	
By default the About This Report tab is displayed. This tab contains information on how your TIN performed in calendar year 2016 on the quality and cost measures used to calculate the 2018 Value Modifier. This tab displays information in the following sections: • ABOUT THIS REPORT FROM MEDICARE • YOUR TIN'S 2018 VALUE MODIFIER • QUESTIONS?	About this Report Your TIV's 2018 Value Modifier Quality Performance Cost Performance Accompanying Tables About the 2018 Value Modifier Glossary 2016 ANNUAL QUALITY AND RESOURCE USE REPORT AND THE 2018 VALUE-BASED PAYMENT MODIFIER SIWUJS HTRUFZ LAST FOUR DIGITS OF YOUR MEDICARE ENROLLED TAXPAYER IDENTIFICATION NUMBER (1988) SIRVAL SHARE ABOUT THIS REPORT FROM MCDICARE The 2016 Annual Caulity and Resource the Report (GRUR) shores two your group or solo practice, as identified by the Medicare-annual Caulity and Resource the Report (GRUR) shores two your group or solo practice, as identified by the Medicare-annual Caulity and Resource the Report (GRUR) shores two your group or solo practice, as identified by the Medicare Annual Caulity and Resource the Report (GRUR) shores two your group or solo practice, as identified by the Medicare annual Caulity and Resource the Report (GRUR) shores two your group or solo practice, as identified by the Medicare annual Caulity and Resource to the Report of the Medicare annual or the Report of the Medicare annual or the Report of the Medicare annual or the Report of the Medicare in the Report of the Medicare Physician Free Schedule. The information contained in the report of the Medicare in the Report of the

B. Your TIN's 2018 Value Modifier

Steps	Screenshots
Follow Section IV. Accessing the 2016 Annual QRUR of this guide on how to access the Annual QRUR and view it online.	
2. Select Your TIN's 2018 Value Modifier tab.	Physician_Value_TST > [] > PY 2016 Annual Quality and Resource Use Report (QRIIR) About this Report Your TIN's 2018 Value Modifier Quality Performance Cost Performance Accompanying Tables About the 2018 Value Modifier Glossary YOUR TIN'S 2018 VALUE MODIFIER How does the Value Modifier apply to your TIN in 2018?
This tab displays Value Modifier, qualitytiering and high risk bonus adjustment information applicable to your TIN. Hyperlinks to related tables and glossary terms are also available. • How does the Value Modifier apply to your TIN in 2018? o Exhibit 1. 2018 Value Modifier Payment Adjustments under QualityTiering o Glossary Terms	About this Report Your TIN's 2018 Value Modifier Quality Performance Cost Performance Accompanying Tables About the 2018 Value Modifier Glossary YOUR TIN'S 2018 VALUE MODIFIER How does the Value Modifier apply to your TIN in 2018? The Value Modifier will apply to your TIN because all of the following conditions were met. (1) at least one physician, physician assistant, nurse practitioner, clinical nurse specialist, or certified registered nurse anesthetist in your TIN was identified in Medicare closmins for 2016; (2) at least one physician, physician assistant, nurse practitioner, clinical nurse specialist, or certified registered nurse anesthetist in your TIN was identified in the Provider Enrollment, Chain and Ownership System (PECOS), and (3) no eligible professional biling under your IND participated in the Provider Enrollment, Chain and Ownership System (PECOS), and (3) no eligible professional Disage (ESRO) Care Model, the Comprehensive Primary Care initiative, the Next Generation ACO Model, the Oncology Care Model, or the Comprehensive End-Stage Renal Disage (ESRO) Care Model (Jule Modifier-warded Innovation Models) in 2016. In 2016, your TIN hat 1 eligible professional(s). For more information on how we identify the number of professionals in a TIN for Value Modifier Program purposes, please see the Detailed Methodology: https://www.orm.gov/Medicare/Medicare-Eac-Care-Care-Care-Payment/Physician Feedback/Program/Downloads/Detailed-Methodology-for-the-2018-Value-Modifier-and-2016-Quality-and-Resource-Use-Report-1016. At least 50 percent (100.00%) of the eligible professionals in your TIN reported quality data to the Physician Quality Reporting System (PCRS) as individuals and avoided the 2018 PCRS payment adjustment as an individuals. This also qualifies your TIN to avoid an automatic Value Modifier downward payment adjustment as an individual. This also qualifies your TIN to avoid an automatic Value Modifier downward payment for items and services under the Medicare Physician Fee Schedule Proposed Ru
	Exhibit 1. 2018 Value Modifier Payment Adjustments under Quality—Tiering Low Cost 0.0% +1.0.x AF +2.0.x AF Average Cost High Cost 0.0% 0.0% +1.0.x AF High Cost 0.0% 0.0% 0.0% Note: An adjustment factor (AF) derived from actuarial estimates of projected billings will determine the greate size of the reversif for higher performing This in a given year. The AF for the 2018 Value Modifier will be posted at https://www.om.ag.out/Medicare/Medicare-Fee/Detected-permets/Physiciare-Geostack-poramonic/G-RUR mit. If a masterix (r) appears in the highlighted cell. It indicates that an additional upward adjustment of 1.0 x AF was applied to your Thi for senring a disproprint call of the following tables on the CMS Enterprise Portal: For more information about the eligible professionals in your TIN including how CMS identified them, how they performed on individually-reported PCRS measures, and how many avoided the PCRS payment adjustment (if applicable) – pleaser refer to the following tables on the CMS Enterprise Portal: - Table 1. Physicians and Nonphysician Eligible Professionals in Your Medicare-Enrolled Taxpayer Identification Number (TIN). Selected Characteristics - Table 7. Individual Eligible Professional Performance on the 2018 PCRS Measures Adjustment factor (AF) Beneficiary

Steps	Screenshots
How does the high-risk bonus adjustment apply to your TIN? Glossary Terms	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 2018 Value Modifier equal to one (1.0) times the adjustment factor, if they served a disproportionate share of high-risk beneficiaries in 2016. The average risk for all beneficiaries attributed to your TIN is at the 89th 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 (x) both of the following criteria in 2016: X Had strong quality and cost performance V Average beneficiary's risk is at or above the 75th percentile of beneficiaries nationwide Your TIN will not receive the high-risk bonus adjustment to the 2018 Value Modifier because your TIN did not meet these criteria. For more information about the characteristics of the Medicare beneficiaries attributed to your TIN, please refer to the following tables on the CMS Enterprise Portal: Table 2A. Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending per Beneficiary) and Claims-Based Quality Outcome Measures, and the Care that Your TIN and Other TINs Provided Table 5B. Beneficiaries and Episodes Attributed to Your TIN for the Medicare Spending per Beneficiary (MSPB) Measure Glossary Terms Adjustment Factor Attribution

C. Quality Performance

Steps	Screenshots
Follow Section IV. Accessing the 2016 Annual QRUR of this guide on how to access the Annual QRUR and view it online.	
2. Select the Quality Performance tab. Note: If using Internet Explorer 11 at 100% zoom, the data may appear truncated. Please adjust the zoom settings or use Firefox or Chrome to display all of the data via the Web. Users also have the option to export the report into the CSV, Excel, or PDF format to view all data.	Physician_Value_TST > [] > [] PY 2016 Annual Quality and Resource Use Report (QRUR) About this Report Your TIN's 2018 Value Modifier Quality Performance Cost Performance Accompanying Tables About the 2018 Value Modifier Glossary PERFORMANCE ON QUALITY MEASURES Your TIN's Quality Tier: Average Exhibit 2. Your TIN's Quality Composite Score
This tab contains information on the quality measures used to calculate the Quality Composite Score for your TIN. Hyperlinks to related tables and glossary terms are also available. • Performance on Quality Measures • Your TIN's Quality Tier: • Exhibit 2. Your TIN's Quality Composite Score • Glossary Terms	About this Report Your TIN's 2018 Value Modifier Quality Performance Cost Performance Accompanying Tables About the 2018 Value Modifier Glossary PERFORMANCE ON QUALITY MEASURES Your TIN's Quality Tier: Average Exhibit 2. Your TIN's Quality Composite Score

Steps

- What quality measures are used to calculate the Quality Composite Score?
 - Exhibits 3-A and B.
 Information Used in the Calculation of Your TIN's Quality Composite Score
 - A. Summary Quality Performance
 - B. Quality Domain Scores
 - Glossary Terms

Screenshots

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 2018:

- Quality measures reported by 50 percent or more of the eligible professionals in your TIN who avoided the 2018 PQRS payment adjustment as individuals, and
- Up to two quality outcome measures that Medicare calculates from Medicare fee-for-service claims submitted for services provided in 2016 to beneficiaries attributed to your TIN

All quality measures are classified into six quality domains, aligned with the six priorities outlined in the National Quality Strategy:

(1) Effective Clinical Care, (2) Person and Caregiver-Centered Experience and Outcomes, (3) Community/Population Health, (4) Patient Safety, (5) Communication and Care Coordination, and (8) Efficiency and Cost Reduction.

A score for each quality domain is calculated as the equally-weighted average of measure scores within the domain, for all measures that have 2015 benchmarks and the required minimum number of eligible cases. Performance is then summarized across all quality domains for which scores could be calculated. This summary score is standardized relative to the mean of summary scores within the TIN's peer group to create a TIN's Quality Composite Score. The information used in the calculation of your TIN's Quality Composite Score is shown in Exhibit 3, below.

Exhibits 3-A and B. Information Used in the Calculation of Your TIN's Quality Composite Score

A. Summary Quality Performance

l		Your TIN	All TINs and ACOs in Peer Group		
	Number of Domains Included	Summary Score (Mean Domain Score)	Quality Composite Score (Standardized Summary Score)	Benchmark (Peer Group Mean Summary Score)	Standard Deviation
ı	1	-1.19	-2.22	0.30	0.67

B. Quality Domain Scores

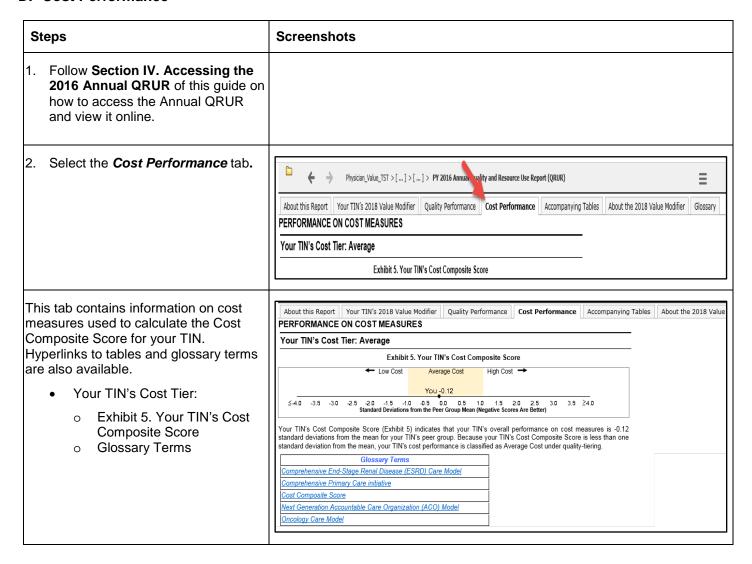
Domain	Number of Measures Included in Domain Score	Domain Score
Effective Clinical Care	0	0.00
Person and Caregiver-Centered Experience and Outcomes	0	0.00
Community/Population Health	0	0.00
Patient Safety	0	0.00
Communication and Care Coordination	2	-1.19
Efficiency and Cost Reduction	0	0.00

The exhibits below show your TIN's quality domain scores and the quality measures reported by your TIN in each quality domain, if your TIN had at least one measure with at least one eligible case. Additionally, Exhibit 4-CCC-B shows how your TIN performed on the claims-based quality outcome measures calculated by CMS, if your TIN had at least one eligible case for at least one outcome measure. The exhibits also show which measures are included in the domain scores, and therefore, your TIN's Quality Composite Score. A measure is included in the domain score and the Quality Composite Score only if your TIN had the required minimum number of eligible cases for the measure and a 2015 benchmark (national mean) is available for the measure.

Glossary Terms		
All-Cause Hospital Readmission		
Ambulatory Care-Sensitive Conditions (ACSCs)		
Attribution		
Benchmark Benchmark		
Beneficiary		

S	teps	Screensl	nots							
•	Exhibit 4. Domain Level Quality Indicator Performance information	Exhibit 4-CPH. Community/Population Health Domain Quality Indicator Performance Domain Score You 0.69								
		≤ 4.0 -3.0 -2.0 -1.0 0.0 1.0 2.0 3.0 ≥4.0 Standard deviations from the mean (positive scores are better)								
						Your T	IN		All TINs and Peer G	
		Measure Identification Number(s)	Meas	ure Name	Number of Eligible Cases	Performance Rate	Standardized Performance Score		Benchmark (National Mean)	Standard Deviation
		226 (GPRO PREV-10)	Preventive Care : Tobacco Use: Sc Cessation Interve	reening and	20	100.00	0.69	Yes	86.88	19.01
		317 (GRPO PREV-11)	Preventive Care : Screening for Hig and Follow-up Do	h Blood Pressure	3	100.00	1.50	No	59.28	27.12
		rate for this measur indicates better per which your TIN had performance rate a	è reflects better perfo formance and negati at least 20 eligible co mong all TINs in the t least 20 eligible cas	measure identification no ormance. This is taken in ve (-) domain score indic ases are included in the measure's peer group du ses during calendar year	to account when ca ates worse perform domain score. The iring calendar year:	Iculating the quali ance. Only those benchmark for a c 2015. The peer gr	ity domain score measures for wh quality measure i roup is defined as	, such that a nich benchma is the case-w s all TINs na	positive (+) dom arks are available eighted national tionwide that rep	iain score e and for mean ported the

D. Cost Performance



Steps

- What cost measures are used to calculate the Cost Composite Score?
 - Exhibits 6-A and B.
 Information Used in the
 Calculation of Your TIN's
 Cost Composite Score
 - A. Summary Cost Performance
 - B. Cost Domain Scores
 - Glossary Terms

Screenshots

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 2016:

- 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

For the Per Capita Costs for All Attributed Beneficiaries measure and the four Per Capita Costs for Beneficiaries with Specific Conditions measures, costs reflect payments for all Medicare Part A and Part B claims submitted by all providers who treated the beneficiaries attributed to your TIN for each measure during 2016, including providers who did not bill under your TIN.

For the Medicare Spending per Beneficiary measure, costs are based on payments for all Medicare Part A and Part B claims submitted by all providers for care surrounding specified inpatient hospital stays (3 days prior to a hospital admission through 30 days post-discharge). This includes payments to providers who do not bill under your TIN.

The six cost measures are classified into two cost domains: (1) Costs for All Attributed Beneficiaries and (2) Costs for Beneficiaries with Specific Conditions. A score for each cost domain is calculated as the equally-weighted average of measure scores within the domain, for all measures that have the required minimum number of eligible cases or episodes. Performance is then summarized across the cost domains for which scores could be calculated. This summary score is standardized relative to the mean of summary scores within the TIN's peer group to create a TIN's Cost Composite Score. The information used in the calculation of your TIN's Cost Composite Score is shown in Exhibit 6, below.

Exhibits 6-A and B. Information Used in the Calculation of Your TIN's Cost Composite Score

A. Summary Cost Performance

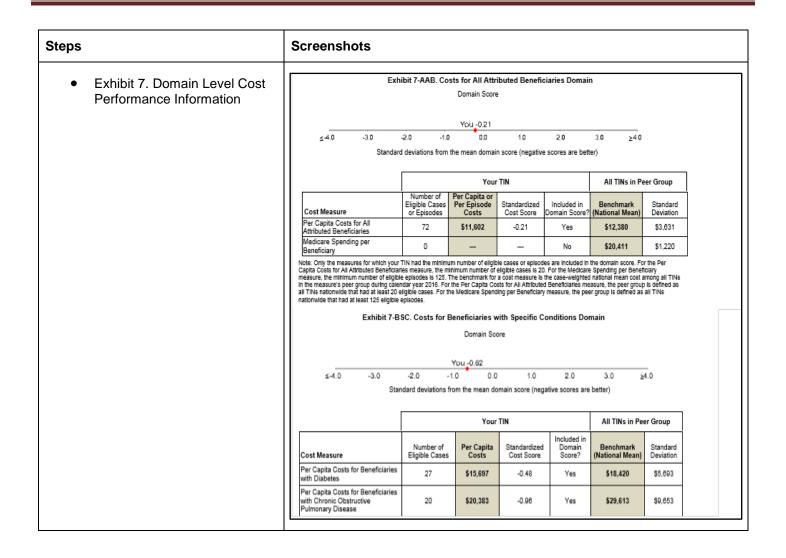
	Your TIN	All TINs in Peer Group		
Number of Domains Included	Summary Score (Mean Domain Score)	Cost Composite Score (Standardized Summary Score)	Benchmark (Peer Group Mean Summary Score)	Standard Deviation
2	-0.42	-0.12	-0.24	1.45

B. Cost Domain Scores

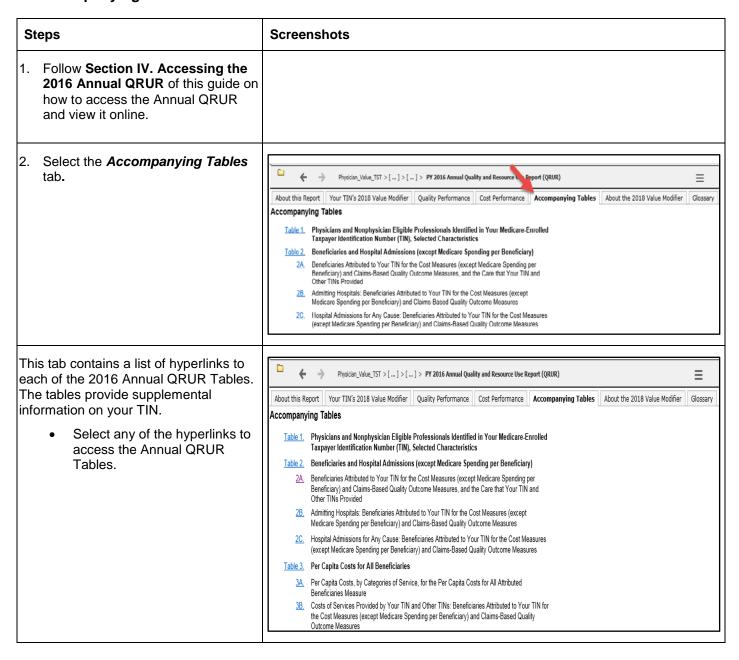
Di-	Number of Measures Included in Domain Score	Dannia Casa
Domain	included in Domain Score	Domain Score
Costs for All Attributed Beneficiaries	1	-0.21
Costs for Beneficiaries with Specific Conditions	4	-0.62

All cost measures are risk-adjusted based on the mix of beneficiaries attributed to your TIN; payment-standardized to account for differences in Medicare payments across geographic regions due to variations in local input prices; and specialty-adjusted to reflect the mix of specialties among eligible professionals within a TIN.

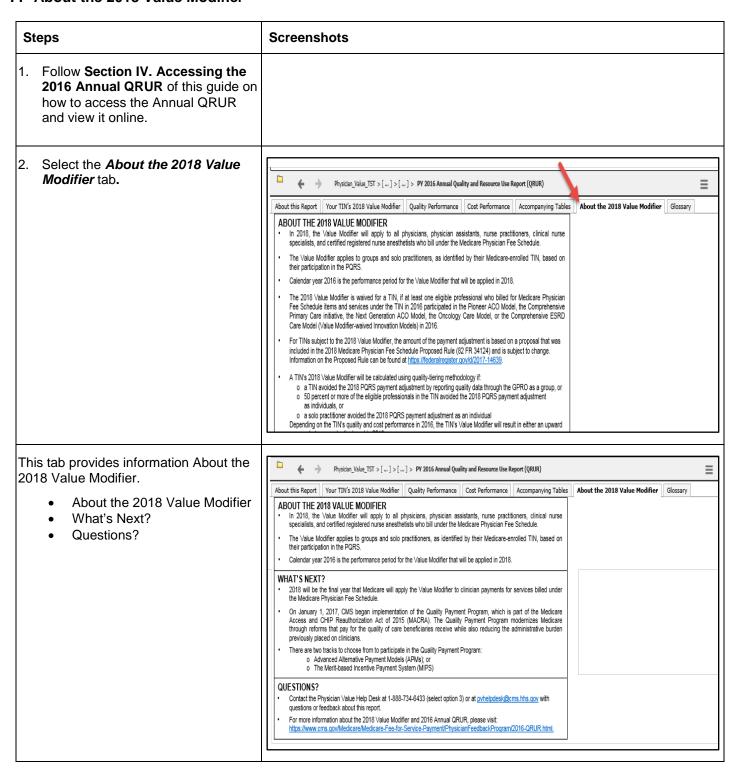
	Glossary Terms	
<u>Attribution</u>		
<u>Benchmark</u>		
Beneficiary		



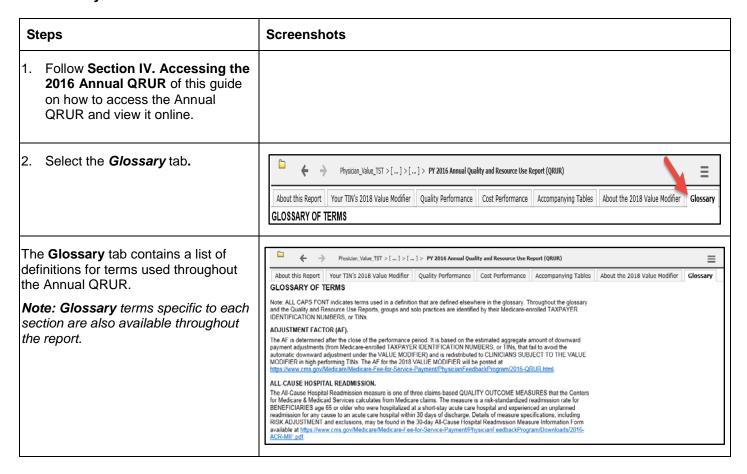
E. Accompanying Tables



F. About the 2018 Value Modifier



G. Glossary



VI. Downloading the 2016 Annual QRUR

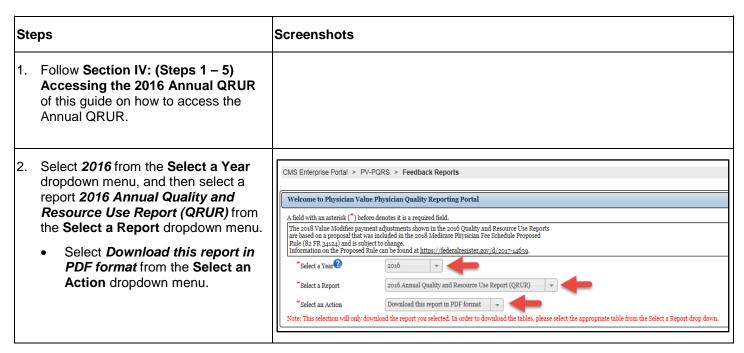
There are two ways to download and save the 2016 Annual QRUR on your desktop:

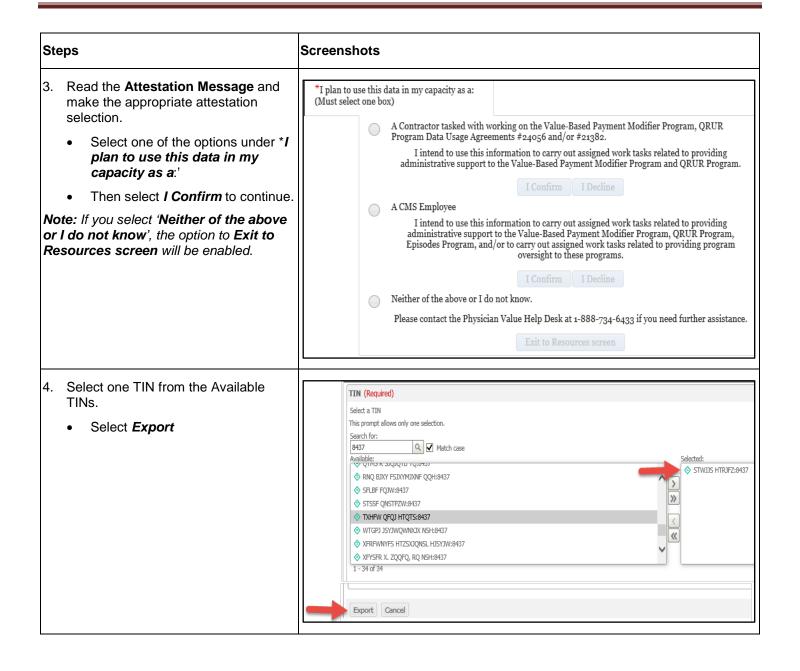
- A. From the Physician Value Physician Quality Reporting Portal using the 'Select an Action' in PDF format
- B. From the About this Report Section
 - 1. PDF Format
 - 2. Excel Format
 - 3. Comma Separated Value (CSV) Format

To download the 2016 Annual QRUR tables, please follow the instructions in **Section VII**.

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

This option will allow users to download the 2016 Annual QRUR into PDF through the **Physician Value Physician Quality Reporting Portal** from the **Select an Action** dropdown menu.





Steps **Screenshots** The 2016 Annual QRUR is Tools Fill 8 🎝 ち 📝 🝙 🖺 🖨 🖂 👂 🗩 | 75% 🔻 | 🔓 🖺 | 🛂 downloaded to PDF format. **(()** Bookmarks Note: Only the Annual QRUR is 2016 ANNUAL QUALITY AND RESOURCE USE REPORT downloaded. The Tables must be 8=₩ P AND THE 2018 VALUE-BASED PAYMENT MODIFIER downloaded separately. About this Report STWJJS HTRJFZ Select any of the Bookmarks to Vour TIN's 2018 LAST FOUR DIGITS OF YOUR MEDICARE-ENROLLED TAXPAYER IDENTIFICATION NUMBER Value Modifier navigate to a different section of the (TIN): 8437 角 PERFORMANCE PERIOD: 01/01/2016 - 12/31/2016 P Quality Performance 2016 Annual QRUR. ABOUT THIS REPORT FROM MEDICARE Cost Performance The 2016 Annual Quality and Resource Use Report (QRUR) shows how your group or solo practice, as identified by its Note: Use the standard Adobe features to Medicare-enrolled Taxpayer Identification Number (TIN), performed in calendar year 2016 on the quality and cost measures Accompanying Save, Open, and Print content of the PDF used to calculate the Value-Based Payment Modifier (Value Modifier) for 2018. Tables In 2018, the Value Modifier will apply to all physicians, physician assistants, nurse practitioners, clinical nurse specialists. file. and certified registered nurse anesthetists (clinicians subject to the Value Modifier) who bill under the Medicare Physician About the 2018 Fee Schedule. The information contained in this report is believed to be accurate at the time of production. The information may be subject to Value Modifier change at the discretion of the Centers for Medicare & Medicaid Services (CMS), including, but not limited to, circumstances in which an error is discovered. Please note that payment adjustments under the 2018 Value Modifier are based on a proposal that was included in the 2018 Needlare Physician Fee Schedule Proposed Rule (S. Fr. 34124) and is subject to change. Information on the Proposed Rule (S. Fr. 34124) and is subject to change. Information on the Proposed Rule (S. Fr. 34124) and is subject to change. Information on the Proposed Rule (S. Fr. 34124) and is subject to change. YOUR TIN'S 2018 VALUE MODIFIER Average Quality, Average Cost = Neutral Adjustment (0.0%) Your TIN's overall performance was determined to be average 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 clinicians subject to the Value Modifier billing under your TIN in 2018 will result in a neutral adjustment, meaning no adjustment (0.0%). The scatter plot below shows how a representative sample of TINs performed on the Quality and Cost Composite Scores used to calculate the 2018 Value Modifier.

B. From the About This Report Section

This option will allow users to download the 2016 Annual QRUR in PDF, Excel, and CSV formats from the **About This Report** tab.

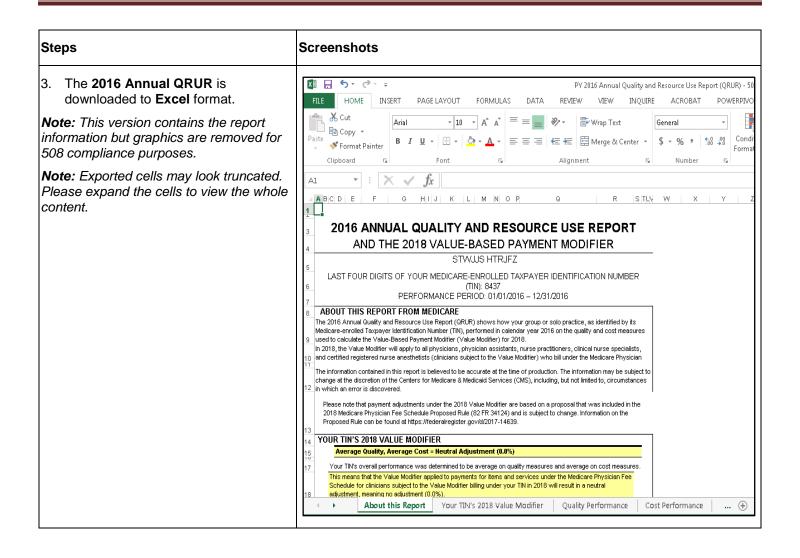
B-1 PDF Format

Steps	Screenshots	
Follow Section IV: (Steps 1 – 9) Accessing the 2016 Annual QRUR of this guide on how to access the Annual QRUR.		
The Annual QRUR is displayed with the following download options available on the 'About this Report' tab. Download Your Report to: PDF Excel CSV Select the PDF link from the Download Your Report to option to view this report in PDF format.	About this Report Your TIN's 2018 Value Modifier Quality Performance Cost Performance Accompanying Tables About the 2018 Value Modifier GI Download Your Report to: -> PDF Excel CSV 2016 ANNUAL QUALITY AND RESOURCE USE REPORT AND THE 2018 VALUE-BASED PAYMENT MODIFIER STWJJS HTRJFZ LAST FOUR DIGITS OF YOUR MEDICARE-ENROLLED TAXPAYER IDENTIFICATION NUMBER (TIN): 8437 PERFORMANCE PERIOD: 01/01/2016 - 12/31/2016 ABOUT THIS REPORT FROM MEDICARE The 2016 Annual Quality and Resource Use Report (QRUR) shows how your group or solo practice, as identified by its Medicare-enrolled Taxpayer Identification Number (TIN), performed in calendar year 2016 on the quality and cost measures used to calculate the Value-Based Payment Modifier (Value Modifier) for 2016, In 2018, the Value Modifier will apply to all physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetist (clinicians subject to the Value Modifier) who bill under the Medicare Physician Fee Schedule. The information contained in this report is believed to be accurate at the time of production. The information may be subject to change at the discretion of the Centers for Medicare & Medicaid Services (CMS), including, but not limited to, circumstances in which an error is discovered. Please note that payment adjustments under the 2018 Value Modifier are based on a proposal that was included in the 2018 Medicare Physician Fee Schedule Proposed Rule (02 FR 34124) and is subject to change. Information on the Proposed Rule can be found at https://light.chi.dip.umment.gov.org/10/2017-14639. YOUR TIN'S 2018 VALUE MODIFIER Average Quality, Average Cost = Neutral Adjustment (0.0%) Your TiN's overall performance was determined to be average on quality measures and average on cost measures. This means that the Value Modifier applied to payments for ferms and services under the Medicare Physician Fee Schedule Proposed Rule (02 FR 34124) and is subject to 110 in	Glossary

Steps Screenshots The 2016 Annual QRUR is Tools Fill 8 🗐 ち 📝 🚳 🖺 🖨 🖂 | 9 | 🕞 🕕 | 75% 🔻 | ∺ 🖺 | 🛂 downloaded to PDF format. 44 ▶ 2016 ANNUAL QUALITY AND RESOURCE USE REPORT Note: Only the Annual QRUR is **₽** ß AND THE 2018 VALUE-BASED PAYMENT MODIFIER downloaded. The Tables must be About this Report STWJJS HTRJFZ downloaded separately. ▼ Your TIN's 2018 LAST FOUR DIGITS OF YOUR MEDICARE-ENROLLED TAXPAYER IDENTIFICATION NUMBER Value Modifier (TIN): 8437 PERFORMANCE PERIOD: 01/01/2016 - 12/31/2016 ñ Select any of the Bookmarks to P Quality Performance ABOUT THIS REPORT FROM MEDICARE navigate to a different section of the Cost Performance The 2016 Annual Quality and Resource Use Report (QRUR) shows how your group or solo practice, as identified by its Medicare-enrolled Taxpayer identification Number (TIN), performed in calendar year 2016 on the quality and cost measures used to calculate the Value-Based Poyment Modifier (Value Modifier) for 2018. Accompanying 2016 Annual QRUR. Tables In 2018, the Value Modifier will apply to all physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists (clinicians subject to the Value Modifier) who bill under the Medicare Physician Note: Use the standard Adobe features to About the 2018 Fee Schedule The information contained in this report is believed to be accurate at the time of production. The information may be subject to change at the discretion of the Centers for Medicare & Medicaid Services (CMS), including, but not limited to, circumstances in which an error is discovered. Value Modifier Save, Open, and Print content of the PDF □ Glossary Please note that payment adjustments under the 2018 Value Modifier are based on a proposal that was included in the 2018 Medicare Physician Fee Schedule Proposed Rule (82 FR 34124) and is subject to change. Information on the Proposed Rule can be found at https://decinguister.org/u0071-44039. file. YOUR TIN'S 2018 VALUE MODIFIER Average Quality, Average Cost = Neutral Adjustment (0.0%) Your TIN's overall performance was determined to be average 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 Schedule for clinicians subject to the Value Modifier billing under your TIN in 2018 will result in a neutral adju-meaning no adjustment (0.0%). The scatter plot below shows how a representative sample of TINs performed on the Quality and Cost Composite Scores used to calculate the 2018 Value Modifier.

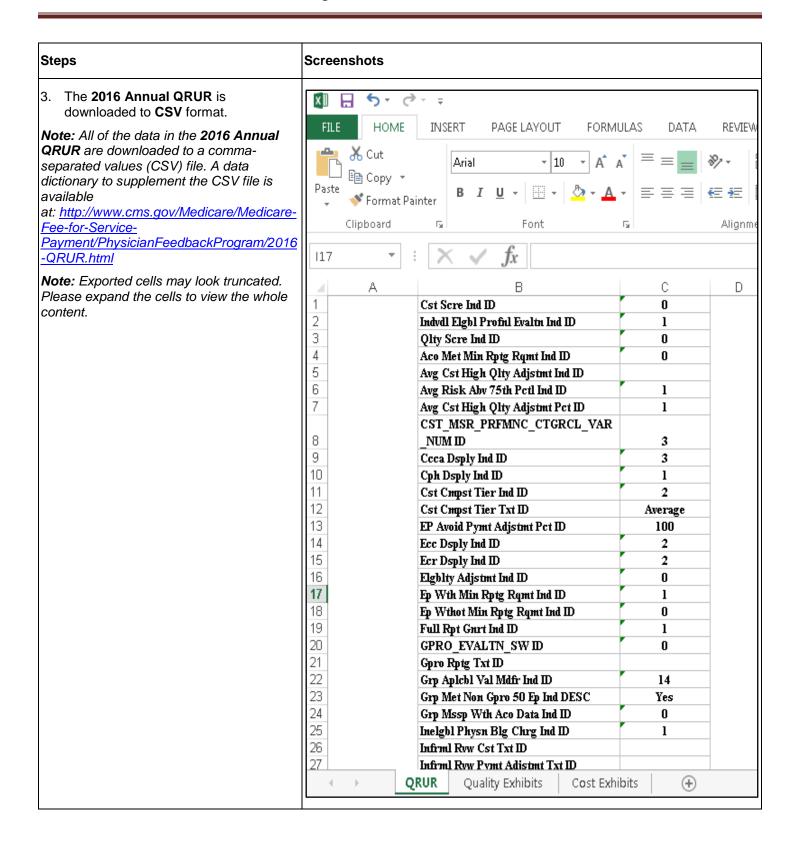
B-2 Excel Format

Steps	Screenshots
Follow Section IV: (Steps 1 – 9) Accessing the 2016 Annual QRUR of this guide on how to access the Annual QRUR.	
The Annual QRUR is displayed with the following download options available on the 'About this Report' tab. Download Your Report to: • PDF	Physician_Value_TST > [] > [] > PY 2016 Annual Quality and Resource Use Report (QRUR) About this Report Your TIN's 2018 Value Modifier Quality Performance Accompanying Tables About the 2018 Value Modifier Glossary Download Your Report to:> PDF Excel CSV
ExcelCSV	2016 ANNUAL QUALITY AND RESOURCE USE REPORT AND THE 2018 VALUE-BASED PAYMENT MODIFIER
Select the Excel link from the Download Your Report to option to view this report in Excel format.	STWJJS HTRJFZ LAST FOUR DIGITS OF YOUR MEDICARE-ENROLLED TAXPAYER IDENTIFICATION NUMBER (TIN): 8437
Note: If you use Internet Explorer (IE) as your web browser, please make sure the CMS Enterprise Portal (https://portal.cms.gov) is added to the browser's trusted sites to prevent problems exporting your feedback report(s) to Excel. On the browser tool bar, go to Tools, select Internet Options, select the Security tab and then select Trusted Sites. On the Trusted Sites screen, click on the Sites button. If you don't see the portal address in the list of trusted Websites, click the Add button to add the portal address. Select Close and then OK to save and return to IE. Alternatively, you may use Chrome or Firefox as your browser, to view and export your report(s).	PERFORMANCE PERIOD: 01/01/2016 – 12/31/2016 ABOUT THIS REPORT FROM MEDICARE The 2016 Annual Quality and Resource Use Report (QRUR) shows how your group or solo practice, as identified by its Medicare-enrolled Taxpayer Identification Number (TIN), performed in calendar year 2016 on the quality and cost measures used to calculate the Value-Based Payment Modifier (Value Modifier) for 2018. In 2018, the Value Modifier will apply to all physicians, physician assistants, nurse practitioners, clinical nurse specialists,
	YOUR TIN'S 2018 VALUE MODIFIER Average Quality, Average Cost = Neutral Adjustment (0.0%) Your TIN's overall performance was determined to be average 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 clinicians subject to the Value Modifier billing under your TIN in 2018 will result in a neutral adjustment, meaning no adjustment (1,00%).



B-3 Comma Separated Value (CSV) Format

Steps	Screenshots
Follow Section IV (Steps 1 – 9) Accessing the 2016 Annual QRUR of this guide on how to access the Annual QRUR.	
The Annual QRUR is displayed with the following download options available on the 'About this Report' tab. Download Your Report to: PDF Excel CSV Select the CSV link from the Download this Report to option to download the report in CSV format.	About this Report Your TIN's 2018 Value Modifier Quality Performance Cost Performance Accompanying Tables About the 2018 Value Modifier Quality Performance Cost Performance Accompanying Tables About the 2018 Value Modifier Glossar Download Your Report to: -> PDF Excel CSV 2016 ANNUAL QUALITY AND RESOURCE USE REPORT AND THE 2018 VALUE-BASED PAYMENT MODIFIER STWJJS HTRJFZ LAST FOUR DIGITS OF YOUR MEDICARE-ENFOLLED TAXPAYER IDENTIFICATION NUMBER (TIN): 8437 PERFORMANCE PERIOD: 01/01/2016 - 12/31/2016 ABOUT THIS REPORT FROM MEDICARE The 2016 Annual Quality and Resource Use Report (QRUR) shows how your group or solo practice, as identified by its Medicare-enrolled Taxpayer Identification Number (TIN), performed in calendar year 2016 on the quality and cost measures used to calculate the Value-Based Payment Modifier (Value Modifier) for 2018. In 2018, the Value Modifier will apply to all physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists (clinicians subject to the Value Modifier) who bill under the Medicare Physician Fee Schedule. The information contained in this report is believed to be accurate at the time of production. The information may be subject to change at the discretion of the Centers for Medicare & Medicare & Medicare (CMS), including, but not limited to, circumstances in which an error is discovered. Please note that payment adjustments under the 2018 Value Modifier are be subject to change. Information on the Proposed Rule (82 FR 34124) and is subject to change. Information on the Proposed Rule (82 FR 34124) and is subject to change information on the Proposed Rule (82 FR 34124) and is subject to change information on the Proposed Rule (82 FR 34124) and is subject to change information on the Proposed Rule (82 FR 34124) and is subject to change information on the Proposed Rule (82 FR 34124) and is subject to change information on the Proposed Rule (82 FR 34124) and is subject to chan



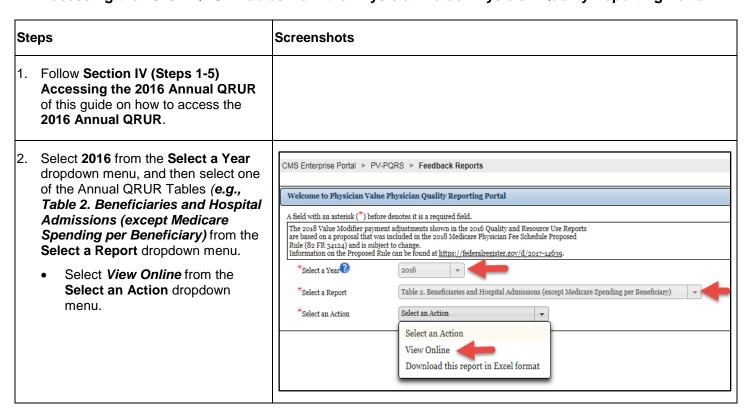
VII. Accessing the 2016 Annual QRUR Tables

The following 2016 Annual QRUR Tables are available:

- Table 1. Physicians and Non-physician Eligible Professionals Identified in Your Medicare-Enrolled Taxpayer Identification Number (TIN), Selected Characteristics
- Table 2. Beneficiaries and Hospital Admissions (except Medicare Spending per Beneficiary)
- Table 3. Per Capita Costs for All Attributed Beneficiaries
- Table 4. Per Capita Costs for Beneficiaries with Specific Conditions
- Table 5. Medicare Spending per Beneficiary (MSPB)
- Table 6. Shared Savings Program
- Table 7. Individual Eligible Professional Performance on the 2016 PQRS Measures

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

A. Accessing the 2016 AQRUR Tables from the Physician Value Physician Quality Reporting Portal

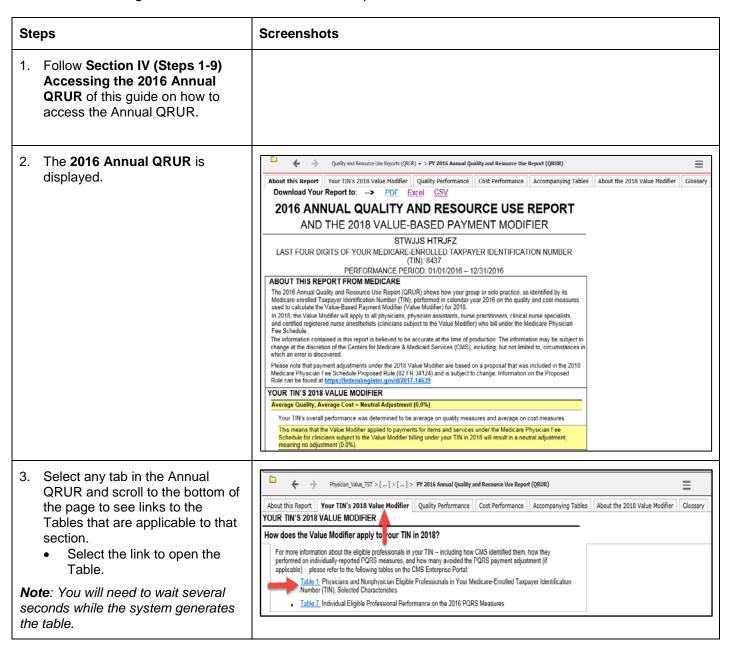


Steps Screenshots Read the **Attestation Message** and *I plan to use this data in my capacity as a: make the appropriate attestation (Must select one box) selection. A Contractor tasked with working on the Value-Based Payment Modifier Program, QRUR Select one of the options under "I Program Data Usage Agreements #24056 and/or #21382. plan to use this data in my I intend to use this information to carry out assigned work tasks related to providing administrative support to the Value-Based Payment Modifier Program and QRUR Program. capacity as a:' Then, select I Confirm to continue. A CMS Employee Note: If you select Neither of the above I intend to use this information to carry out assigned work tasks related to providing administrative support to the Value-Based Payment Modifier Program, QRUR Program, or I do not know, the option to Exit to Episodes Program, and/or to carry out assigned work tasks related to providing program Resources screen will be enabled. oversight to these programs. Neither of the above or I do not know. Please contact the Physician Value Help Desk at 1-888-734-6433 if you need further assistance. You are now in the MicroStrategy Web TIN (Required) **Platform.** The screen shows the TIN(s) Select a TIN associated with your EIDM account. This prompt allows only one selection. Search for: Select one **TIN** from the **Available** 8437 Q Match case TINs: Available: STWJJS HTRJFZ:8437 OTMS R SJQJQTB TQ:8437 Select a TIN and either double-RNQ BJXY FSJXYMJXNF QQH:8437 click or click the arrow button to SFLBF FOJW:8437 move the TIN from Available to STWJJS HTRJFZ:8437 Selected. ♠ TXHFW OFOJ HTOTS:8437 You can also filter the list of WTGPJ JSYJWQWNXJX NSH:8437 **Available** TINs by entering the STREWNYFS HTZSXJQNSL HJSYJW:8437 name or last 4 digits of a TIN in 1 - 34 of 34 the Search for field. Report Message Name: PY 2016 Annual Quality and Resource Use Report (QRUR) Note: Select only one TIN each time you Run Document Cancel attempt to retrieve a 2016 Annual Table. Note: For better search results, it is recommended to search by the last 4 digits of the TIN. Select Run Document. Note: You will need to wait several seconds while the system generates your 2016 Annual QRUR Table.

Steps Screenshots The selected 2016 Annual QRUR Table is Table 2A Table 2B Table 2C Hover-Over Terms displayed. 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 Note: The example shown is Table 2A. Note: For the Per Capita Costs for All Attributed Beneficiaries measure, the four Per Capita Costs for Beneficiaries with Specific Conditions measures, and any claims-based quality outcome measures, Medicare attributes each beneficiary to the single TIN that provided more Beneficiaries Attributed to Your TIN for primary care services to that beneficiary (as measured by Medicare-allowed charges during calendar year 2016) than did any other TIN. the Cost Measures (except Medicare through a two-step attribution process. (Step 1) A beneficiary is assigned to a TIN in the first step if the beneficiary received more primary care services from primary care physicians, nurse practitioners, physician assistants, and clinical nurse specialists in that TIN than in any other TIN. (Step 2) If a beneficiary did not receive a primary care service from any primary care physician, nurse practitioner, physician Spending per Beneficiary) and Claims-Based Quality Outcome Measures, and assistant, or clinical nurse specialist during calendar year 2016, the beneficiary is assigned to a TIN in the second step if the beneficiary received more primary care services from specialist physicians within the TIN than in any other TIN the Care that Your TIN and Other TINs Provided. Summary: Basis for Attribution Number Percentage **Note:** Some tables will display multiple All attributed beneficiaries 74 tabs when the report opens in Beneficiaries attributed because your TIN's primary care Step 1 physicians, nurse practitioners, physician assistants, or clinica MicroStrategy. nurse specialists provided most primary care services 100.00% Beneficiaries attributed because your TIN's specialist physicians provided most primary care services 0.00% When the Annual QRUR Tables are Table 2A Table 2B Table 2C Hover-Over Terms generated, the report will include an HOVER OVER TERMS: Beneficiaries and Hospital Admissions (except Medicare Spending per Beneficiary) additional tab labeled, 'Hover Over Table 2A. Beneficiaries Attributed to Your TIN for the Cost Measures (Except Medicare Spending per Beneficiary) Terms'. This tab will contain a list of and Claims-Based Quality Outcome Measures, and the Care that Your TIN and Other TINs Provided definitions for terms used in the specific table, when applicable. A unique beneficiary identification number that can be used in place of personally identifiable information (health insurance claim number, date of birth, gender) to analyze beneficiary-level data 6. Select the tabs at the top of the report to navigate between the applicable HCC Percentile Ranking. Table(s) within the report or the A beneficiary's hierarchical condition category (HCC), ranked in comparison with all other Medicare beneficiaries. Higher percentile rankings indicate higher clinical complexity, which predicts higher costs. HCCs reflect differences in patient characteristics that can affect their medical costs or utilization, including medical history, age, gender, disability, and Hover-Over Terms. Medicaid entitlement, as well as diagnoses submitted on Medicare claims Basis for Attribution. Reneficiaries are attributed to a Medicare-enrolled Taxpayer Identification Number (TIN) through a two-step process. Step 1 assigns beneficiaries to a TIN if they received more primary care services (PCSs) from primary care physicians, nurse practitioners, physician assistants, or clinical nurse specialists in that TIN than in any other TIN. If not attributed via Step 1, beneficiaries are assigned to a TIN in Step 2 if they received more PCSs from specialist physicians in that TIN than in any other TIN Primary Care Services. Medicare Part B services for this beneficiary billed by physicians, clinical nurse specialists, nurse practitioners, and physician assistants under one of the specified Healthcare Common Procedure Coding System (HCPCS) codes used to attribute a Medicare beneficiary to a Medicare-enrolled Taxpayer Identification Number (TIN) based on primary care. See also Glossary entry for Primary Care Services Follow Steps 1-5 of this section to access any of the other 2016 Annual **QRUR Tables.**

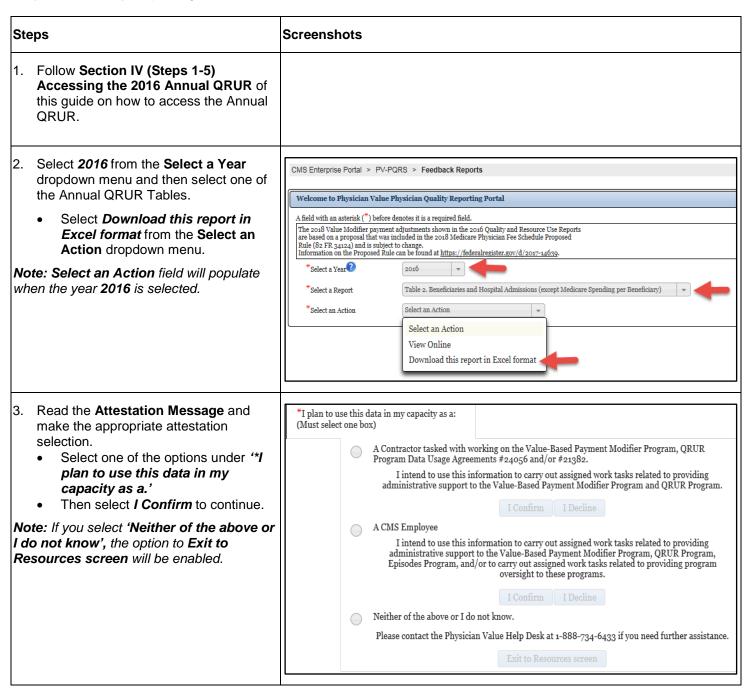
B. Accessing the 2016 Annual QRUR Tables within the 2016 Annual QRUR

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



VIII. Downloading the 2016 Annual QRUR Tables in Excel Format

This option will allow users to download the 2016 Annual QRUR Tables in Excel through the Physician Value Physician Quality Reporting Portal from the 'Select an Action' dropdown menu.



Steps

You are now in the **MicroStrategy Web Platform.** The screen shows the TIN(s)
associated with your EIDM account.

- 4. Select one TIN from the Available TINs:
 - Select a TIN and either double-click or click the arrow button to move the TIN from Available to Selected.
 - You can also filter the list of Available TINs by entering the name or last 4 digits of a TIN in the Search for field.

Note: Select only one TIN each time you attempt to retrieve a **2016 Annual QRUR Table**.

Note: For better search results, it is recommended to search by the last 4 digits of the TIN.

Select **Export**.

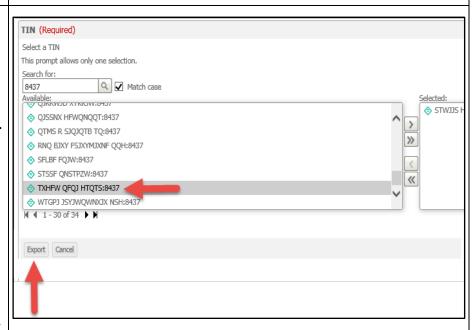
Note: You will need to wait several seconds while the system generates your **2016 Annual QRUR Table.**

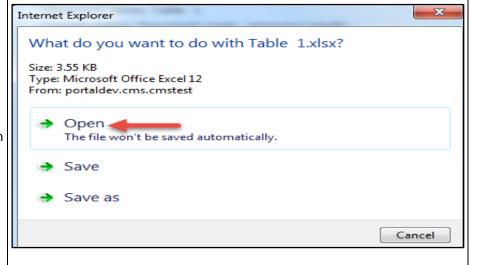
- 5. Select one of the following options:
 - Open to open the table in Excel.
 The file will open in Excel and will not be automatically saved.
 - Save. The file will be saved in Excel format in the **Downloads** folder on your computer.
 - Save As. You will be prompted with a Save As window on which you can choose the location where you can save the file.

Note: If you use Internet Explorer (IE) as your web browser, please make sure the **CMS Enterprise Portal**

(https://portal.cms.gov) is added to the browser's trusted sites to prevent problems exporting your feedback report(s) to Excel. On the browser tool bar, go to **Tools**, select **Internet Options**, select the **Security** tab and then select **Trusted Sites**. On the **Trusted Sites** screen, click on the **Sites** button. If you don't see the portal address in the list of trusted Websites, click the **Add** button to add the portal address. Select **Close** and then **OK** to save and return to IE.

Screenshots

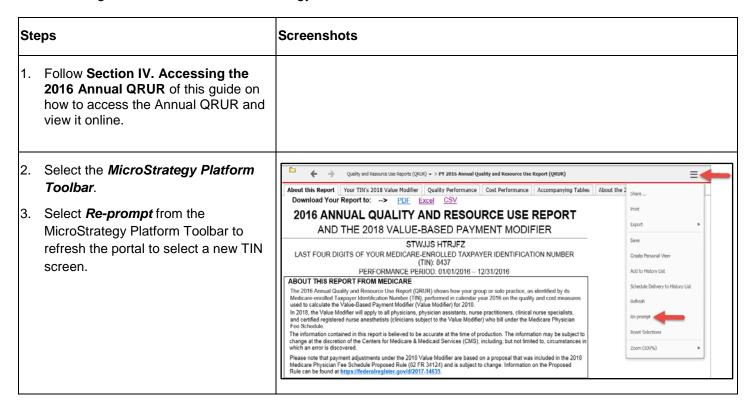




Steps Screenshots Alternatively, you may use Chrome or Firefox as your browser, to view and export your report(s). 6. The 2016 Annual QRUR table is Table 2.xlsx - Excel FILE HOME INSERT PAGE LAYOUT FORMULAS DATA REVIEW VIEW HP ALM Upload Add-in SecureZIP downloaded to **Excel** format. A Cuc ☐ Copy ▼ Note: Use the Microsoft Excel features to w Format Painter B I U · □ · △ · ▲ · ■ ■ ■ 電電 ■ Merge & Center · \$ · % , 6.0 0 Conditional Format as Cell Formatting · Table · Styles · Paste Save and/or Print the 2016 Annual QRUR Font 5 Alignment Number Number Fai Table file. 🔻 🗄 📉 🎷 🏂 🛘 Table 2A. Beneficiaries Attributed to Your TIN for the Cost Measures (except Medicare Spending per Beneficiary) and G Note: The print options can be applied to the entire workbook by selecting CTRL on your that Your TIN and Other TINs Provided TIN and Other TINS Provided Note. For the Per Capita Costs for All Attributed Beneficiaries measure, the four Per Capita Costs for Beneficiaries with Specific Conditions measures, and any claims-based quality outcome measures, Medicare attributes each beneficiary to the single TIN that provided more primary care services to that beneficiary (as measured by Medicare-allowed charges during calendar year 2016) that did any other TIN, through a five-Service patitiousing process. (Sept 1) A beneficiary is assigned to a TIN in the first step if the beneficiary received more primary care services from primary care physicians, nurse practitioners, physician assistants, and clinical nurse specialists in that TIN than in any other TIN. (Step 2) if a beneficiary did not receive a primary care service from any primary care physician, nurse practitioner, physician assistant, or clinical nurse specialist during calendar year 2016, the beneficiary is assigned to a TIN in the second step if the beneficiary received more primary care services from specialist physicians within the TIN than in any other TIN. keyboard and selecting all tabs. **Note:** Exported cells may look truncated. Please expand the cells to view the whole content. Summary: Basis for Attribution All attributed beneficiaries 100% physicians, nurse practitioners, physician assistants, or 100.00% Beneficiaries attributed because your TIN's specialist 0.00% physicians provided most primary care services † Indicates terms defined through the hover-over function Your TIN's Medicare FFS Claims Eligible Professional in Beneficiaries Attributed to Your TIN

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

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



Steps **Screenshots** Select one TIN from the Available TIN (Required) TINs: Select a TIN Select a TIN and either double-This prompt allows only one selection. click the mouse or click on the Search for: Q Match case 8437 Arrow button to move the TIN Available: from Available to Selected. ♦ STWJJS QJSSNX HFWQNQQT:8437 You can also filter the list of ♦ QTMS R SJQJQTB TQ:8437 Available TINs by entering the RNQ BJXY FSJXYMJXNF QQH:8437 name or last 4 digits of a TIN in SFLBF FQJW:8437 STSSF QNSTPZW:8437 the Search for field. TXHFW QFQJ HTQTS:8437 Select Run Document. ♦ WTGPJ JSYJWQWNXJX NSH:8437 (1 - 30 of 34 ▶) Note: Select only one TIN each time you attempt to retrieve a 2016 Annual QRUR. Report Message Name: PY 2016 Annual Quality and Resource Use Report (QRUR) Note: For better search results, it is Run Document Cancel recommended to search by the last 4 digits of the TIN. Note: You will need to wait several seconds while the system generates your 2016 Annual QRUR. Note: Repeat Steps 1-3 each time you want to generate a 2016 Annual QRUR for a different TIN.

X. Troubleshoot Browser Settings

