

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

Table Of Contents

I. Introduction.....	2
II. Getting Started	2
III. Questions	3
IV. Accessing the 2015 Supplemental QRURs.....	4
V. Navigating the 2015 Supplemental QRURs	10
VI. Downloading the 2015 Supplemental QRURs in PDF Format.....	27
VII. Accessing the 2015 Drill Down Tables	31
VIII. Downloading the 2015 Drill Down Tables in Excel Format.....	35
IX. Using the Re-prompt Function to Select a Different TIN	41
X. Troubleshooting Browser Settings.....	43

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

I. Introduction

In **October 2016**, the Centers for Medicare & Medicaid Services (CMS) made available the 2015 Supplemental Quality and Resource Use Reports (QRURs) to every physician group practice and physician solo practitioner nationwide, as identified by their Medicare-enrolled Tax Identification Number (TIN), with information on the management of their Medicare Fee-for-Service (FFS) beneficiaries based on episodes of care (episodes).

The performance period for the 2015 Supplemental QRURs is January 1, 2015 through December 31, 2015. The Supplemental QRURs are confidential feedback reports provided to medical physician group practices and physician solo practices to show payment-standardized, risk-adjusted cost information on the management of their Medicare Fee-for-Service (FFS) beneficiaries based on episodes of care. The Supplemental QRURs are currently for informational purposes only and complement the Per Capita Cost and quality information provided in the QRURs. More information about the 2015 Supplemental QRURs is available at

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Episode-Costs-and-Medicare-Episode-Group.html>.

This guide illustrates how to access and download a 2015 Supplemental QRUR, along with the Drill Down Tables from the CMS Enterprise Portal. The 2015 Supplemental QRURs and Drill Down Tables can be downloaded and exported to PDF and Excel format, respectively.

II. Getting Started

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

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

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

Instructions for obtaining an EIDM account to access the 2015 Supplemental QRURs are available at: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html>.

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

III. Questions

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

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

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

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


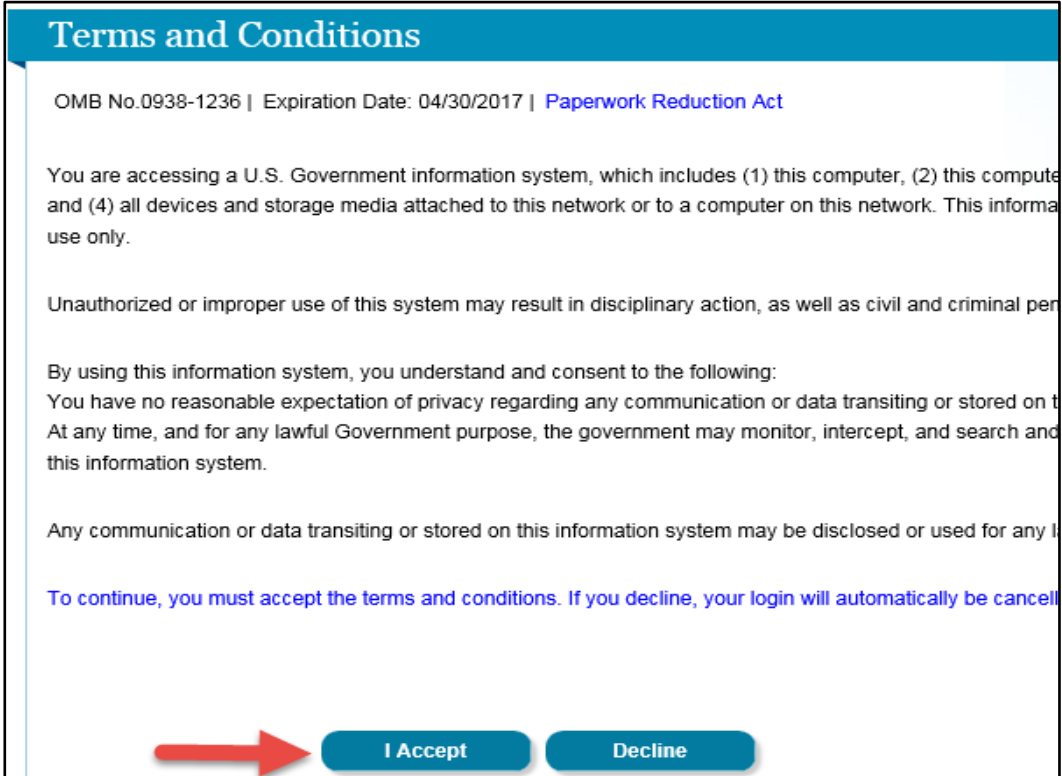
To find out if there is already someone who can access your TIN's Supplemental QRUR, please contact the QualityNet Help Desk and provide your TIN and the name of your physician group (or your name, if you are a physician solo practitioner).

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

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


Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

IV. Accessing the 2015 Supplemental QRURs

Steps	Screenshots
<p>1. Go to https://portal.cms.gov and select Login to CMS Secure Portal.</p> <p>Note: The CMS Enterprise Portal supports the following internet browsers:</p> <ul style="list-style-type: none"> • Internet Explorer 8 • Internet Explorer 9 • Internet Explorer 10 • Internet Explorer 11 • Mozilla-Firefox • Chrome • Safari <p>Enable JavaScript and adjust any zoom features to ensure you are seeing the screen in the proper width.</p>	
<p>2. Read the Terms and Conditions and Select I Accept to continue.</p> <p>Note: Selecting Decline will send you back to the CMS Enterprise Portal Landing Screen.</p>	

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

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

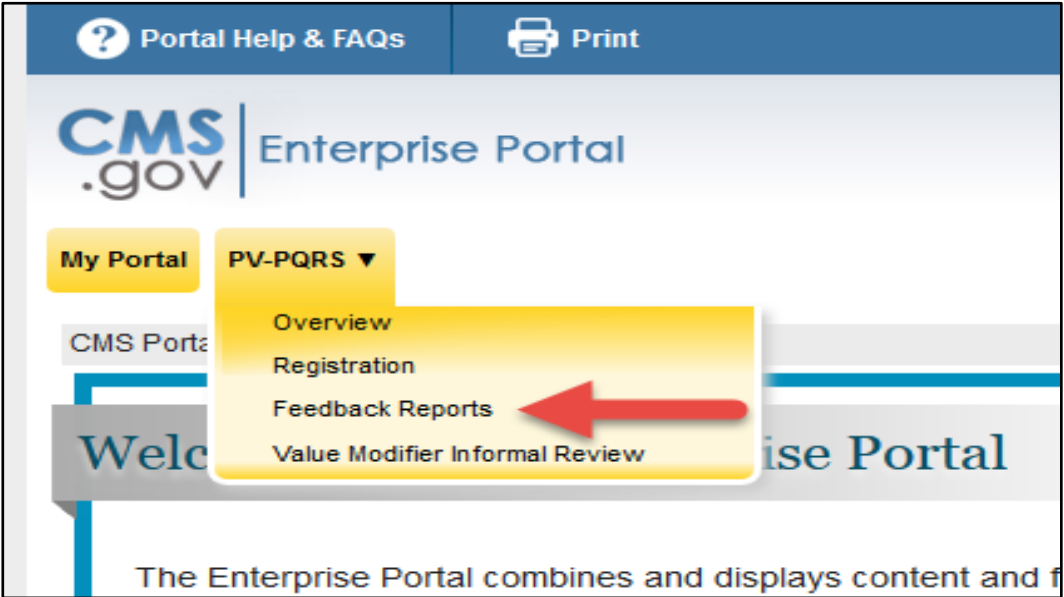
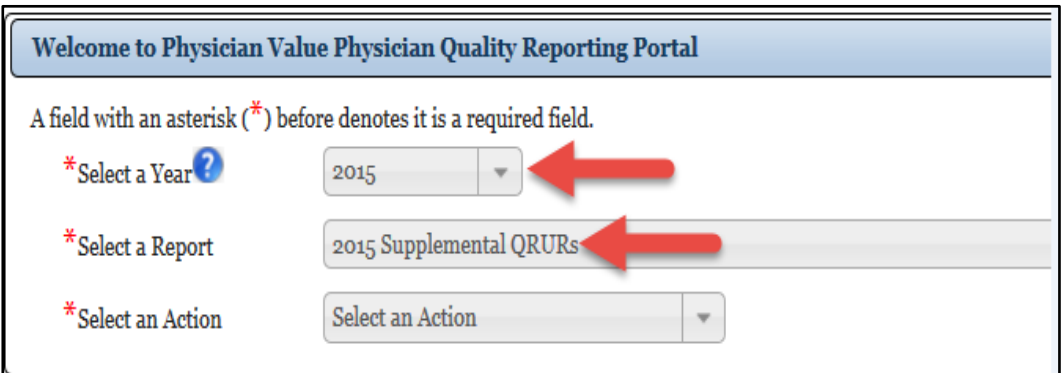
If you have questions about the 2015 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

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

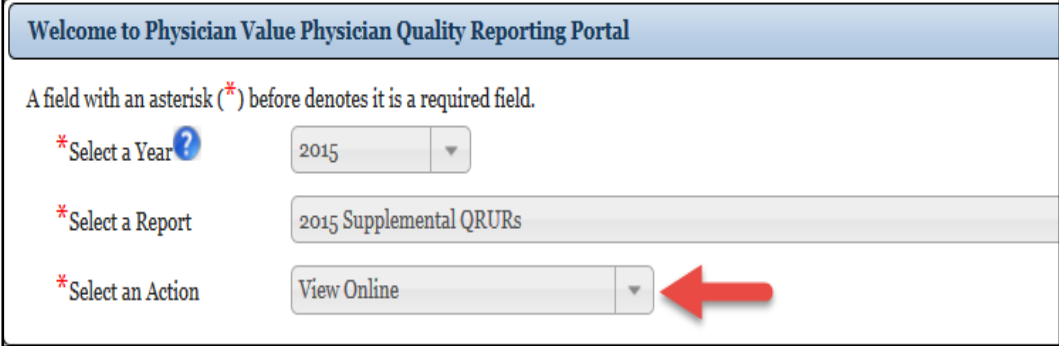


If you have questions about the 2015 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

Steps	Screenshots
<p>5. Select the PV-PQRS tab at the top of the screen, and then select Feedback Reports from the dropdown menu.</p>	 <p>The screenshot shows the top navigation bar of the CMS Enterprise Portal. On the left, there is a 'Portal Help & FAQs' link with a question mark icon, and on the right, a 'Print' button with a printer icon. Below this is the 'CMS.gov Enterprise Portal' header. A 'My Portal' button is visible on the left. The 'PV-PQRS' dropdown menu is open, showing options: 'Overview', 'Registration', 'Feedback Reports' (highlighted with a red arrow), and 'Value Modifier Informal Review'. A 'Welcome' banner is partially visible at the bottom.</p>
<p>6. Select 2015 from the Select a Year dropdown menu, and then Select a Report 2015 Supplemental QRURs or any of the Supplemental Drill Down Tables from the Select a Report dropdown menu.</p> <p>Note: If you do not see the 2015 Supplemental QRURs in the dropdown menu:</p> <ul style="list-style-type: none"> • Verify that you have selected 2015 from the Select a Year dropdown menu. • Call the QualityNet Help Desk to ensure that you have logged in with an EIDM account with a correct role. 	 <p>The screenshot shows the 'Welcome to Physician Value Physician Quality Reporting Portal' page. A note states: 'A field with an asterisk (*) before denotes it is a required field.' Below this are three required fields: <ul style="list-style-type: none"> *Select a Year (dropdown menu showing '2015', highlighted with a red arrow) *Select a Report (dropdown menu showing '2015 Supplemental QRURs', highlighted with a red arrow) *Select an Action (dropdown menu showing 'Select an Action') </p>

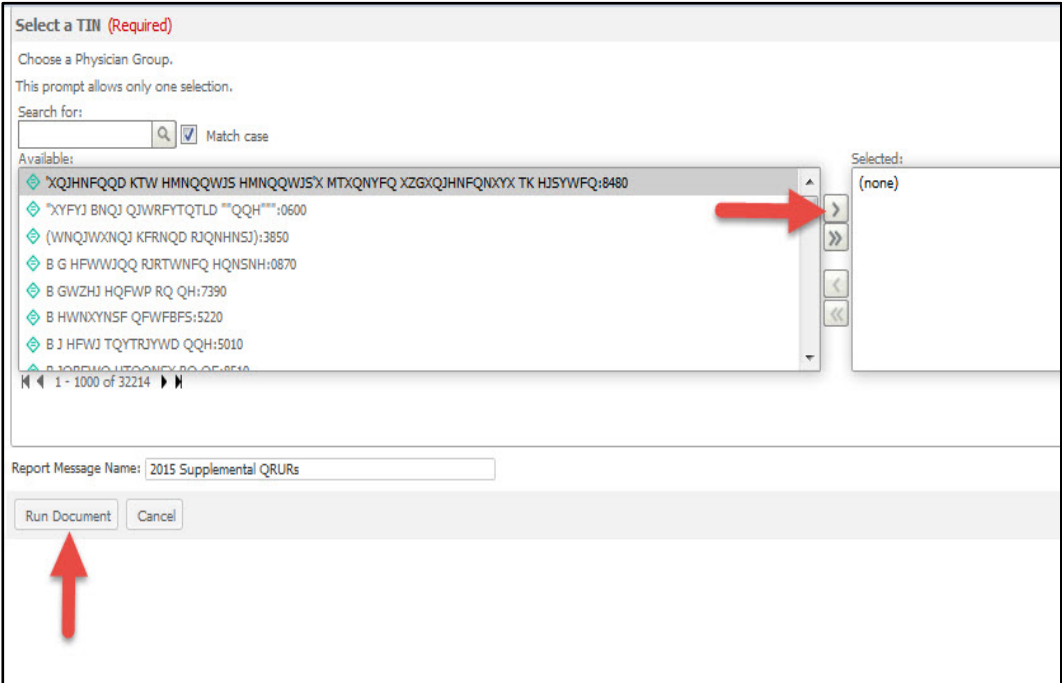
If you have questions about the 2015 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

Steps	Screenshots
<p>7. To view the 2015 Supplemental QRURs online.</p> <p>Select View Online from the Select an Action dropdown menu.</p> <p>To download the 2015 Supplemental QRURs in PDF format: Proceed to Section VI.</p> <p>To access the 2015 Supplemental QRURs Drill Down Tables: Proceed to Section VII.</p>	 <p>Welcome to Physician Value Physician Quality Reporting Portal</p> <p>A field with an asterisk (*) before denotes it is a required field.</p> <p>*Select a Year  2015</p> <p>*Select a Report 2015 Supplemental QRURs</p> <p>*Select an Action View Online </p>
<p>8. Read the Attestation Message and make the appropriate attestation selection.</p> <ul style="list-style-type: none"> Select <u>one</u> of the options under “I plan to use this data in my capacity as a:” <p>Then, select I Confirm to continue.</p> <p>Note: If you select Neither of the above or I do not know, the option to Exit to the Overview screen will be enabled.</p>	<p><small>based on carrier claims (also known as Physician Supplier Part D claims (P/D)). Costs are shown for the following categories: (i) Physician Services During Hospitalization; (ii) Exam Services; (iii) Major Procedures; (iv) Ambulatory/Minor Procedures; (v) Lab/Pathology/Other Tests; (vi) Imaging; (vii) Emergency Room Services; (viii) Anesthesia Services (ix) Part B-covered Drugs; (x) All Other Services</small></p> <p><small>• Actual allowed amounts (non-payment standardized and non-risk adjusted) non-physician costs to Medicare billed by your TIN and other TINs during the episode attributed to your TIN. Costs are shown for the following categories: (i) outpatient hospital services (E&M services, major procedures, ambulatory/minor procedures, outpatient PT/OT/SLP); (ii) hospital inpatient services (trigger, non-trigger); (iii) Emergency Room Services (E&M services, procedures, lab/pathology/other tests, imaging); (iv) post-acute care (home health, skilled nursing, inpatient rehabilitation or long term care hospital); (vii) hospice care; and (viii) other services (Anesthesia Services, durable medical equipment/supplies, all other services not otherwise classified)</small></p> <p>*I plan to use this data in my capacity as a:</p> <p>(must select one box)</p> <p><input checked="" type="radio"/> HIPAA Covered Entity (CE) provider.</p> <p>I need to use this information in my work for care coordination and quality improvement purposes that fall within the first and/or second paragraphs of the HIPAA Privacy Rule definition of "Health Care Operations," and I confirm that my request constitutes the "minimum necessary" data to accomplish these purposes.</p> <p><input type="button" value="I Confirm"/> <input type="button" value="I Decline"/></p> <p><input type="radio"/> Business Associate (BA) of HIPAA CE(s) in accordance with a valid HIPAA Business Associate Agreement that allows us to request individually identifiable health information (IIHI) for use in care coordination and quality work on behalf of the HIPAA CE(s).</p> <p>I need to use this information in my work for care coordination and quality improvement purposes that fall within the first and/or second paragraphs of the HIPAA Privacy Rule definition of "Health Care Operations" on behalf of the HIPAA CE(s), and I confirm that my request constitutes the "minimum necessary" data to accomplish these purposes.</p> <p><input type="button" value="I Confirm"/> <input type="button" value="I Decline"/></p> <p><input type="radio"/> Neither of the above or I do not know.</p> <p>Please contact the Physician Value Help Desk at 1-888-734-6433 if you need further assistance.</p> <p><input type="button" value="Exit to Overview screen"/></p>

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

Steps	Screenshots
<p>You are now in the MicroStrategy Web Platform. The screen shows the TIN(s) associated with your EIDM account.</p> <p>9. Select one TIN from the Available TINs:</p> <ul style="list-style-type: none"> Select a TIN and either double-click the mouse or click on the Arrow button to move the TIN from Available to Selected. You can also filter the list of Available TINs by entering the name or last 4 digits of a TIN in the Search for field. <p>Note: Select only one TIN name each time you attempt to retrieve a 2015 Supplemental QRURs.</p> <p>Note: For better search results, it is recommended to search by the last 4 digits of the TIN.</p> <p>Select Run Document</p> <p>Note: You will need to wait several seconds for the system to generate your 2015 Supplemental QRURs.</p>	 <p>The screenshot shows a window titled "Select a TIN (Required)". It contains a search field with a magnifying glass icon and a "Match case" checkbox. Below the search field is a list of "Available" TINs, each with a diamond icon and a right-pointing arrow. The first TIN is highlighted. A red arrow points to the right-pointing arrow button next to this TIN. To the right of the "Available" list is a "Selected:" list, which currently contains "(none)". Below the lists is a "Report Message Name:" field containing "2015 Supplemental QRURs". At the bottom of the window are "Run Document" and "Cancel" buttons. A red arrow points to the "Run Document" button.</p>

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

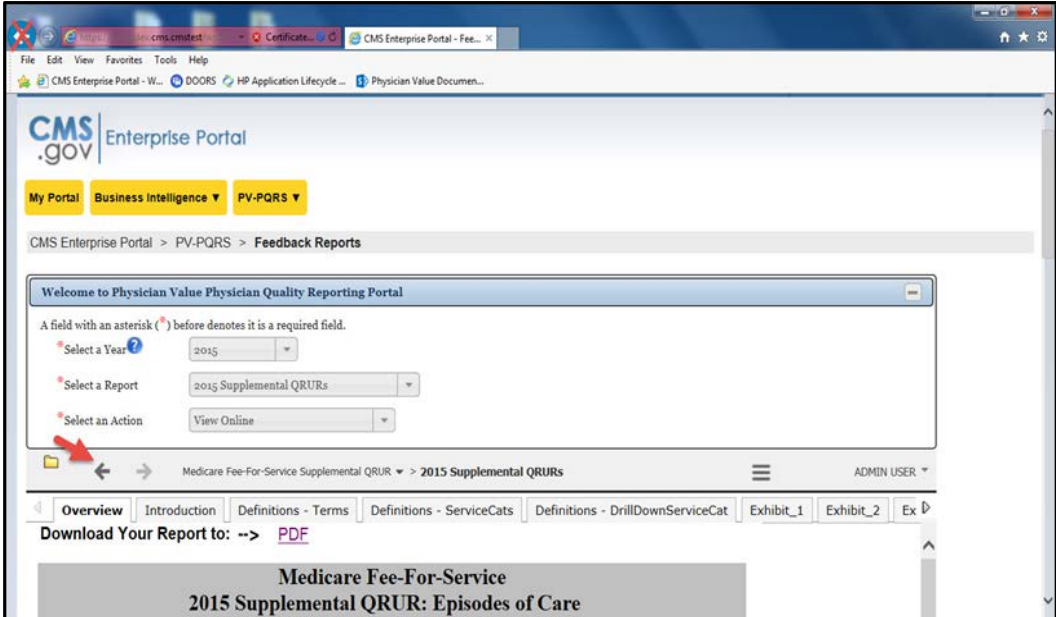
V. Navigating the 2015 Supplemental QRURs

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

- A. Overview
- B. Introduction
- C. Definitions-Terms
- D. Definitions-ServiceCats
- E. Definitions-DrillDownServiceCat
- F. Exhibit_1
- G. Exhibit_2
- H. Exhibit_3
- I. Exhibit_4A
- J. Exhibit_4B
- K. Exhibit_4C

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

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

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

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

A. Overview

Steps	Screenshots				
<p>1. Follow steps 1-9 of Section IV. Accessing the 2015 Supplemental QRURs of this guide on how to access the Supplemental QRURs within MicroStrategy.</p>					
<p>2015 Supplemental QRURs Report is displayed in the MicroStrategy Web Platform, by default the Overview Section is displayed</p> <p><i>Note: If you are not receiving a full report, you will only see the information on the Overview tab. The remaining tabs will not display information.</i></p> <p><i>Note: Due to spacing limitations, only a sub-section of the screen is shown. Please use the scroll down feature in the report to view the full Condition and Procedural Episode Type lists.</i></p>	<p>Overview Introduction Definitions - Terms Definitions - ServiceCats Definitions - DrillDownServiceCat Exhibit_1 Exhibit_2</p> <p>Download Your Report to: --> PDF</p> <p style="text-align: center;">Medicare Fee-For-Service 2015 Supplemental QRUR: Episodes of Care QMDXNHNFSX FQQNFSHJ QYQ. - 4944</p> <p style="text-align: center;">Measurement Period: 01/01/2015 - 12/31/2015</p> <p>The 2015 Supplemental Quality and Resource Use Reports (QRURs) provide information to medical group practices and solo practices on their resource utilization for the management of episodes of care (“episodes”) for their Medicare fee-for-service (FFS) patients. The 2015 Supplemental QRURs are for informational purposes only and provide actionable and transparent information on resource use to assist medical group practices and solo practices, as identified by their Medicare-enrolled tax identification number (TIN), in improving their practice efficiency. This report is limited to 23 major episode types and an additional 44 episode subtypes, resulting in 67 total reported episode types. The 67 reported episode types can be classified into condition episode types and procedural episode types and include the following:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><u>Condition Episode Types</u></td> <td style="width: 50%;"><u>Procedural Episode Types</u></td> </tr> <tr> <td>1. Acute Myocardial Infarction (AMI) (All)</td> <td>24. Aortic Aneurysm Procedure (All)</td> </tr> </table>	<u>Condition Episode Types</u>	<u>Procedural Episode Types</u>	1. Acute Myocardial Infarction (AMI) (All)	24. Aortic Aneurysm Procedure (All)
<u>Condition Episode Types</u>	<u>Procedural Episode Types</u>				
1. Acute Myocardial Infarction (AMI) (All)	24. Aortic Aneurysm Procedure (All)				

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

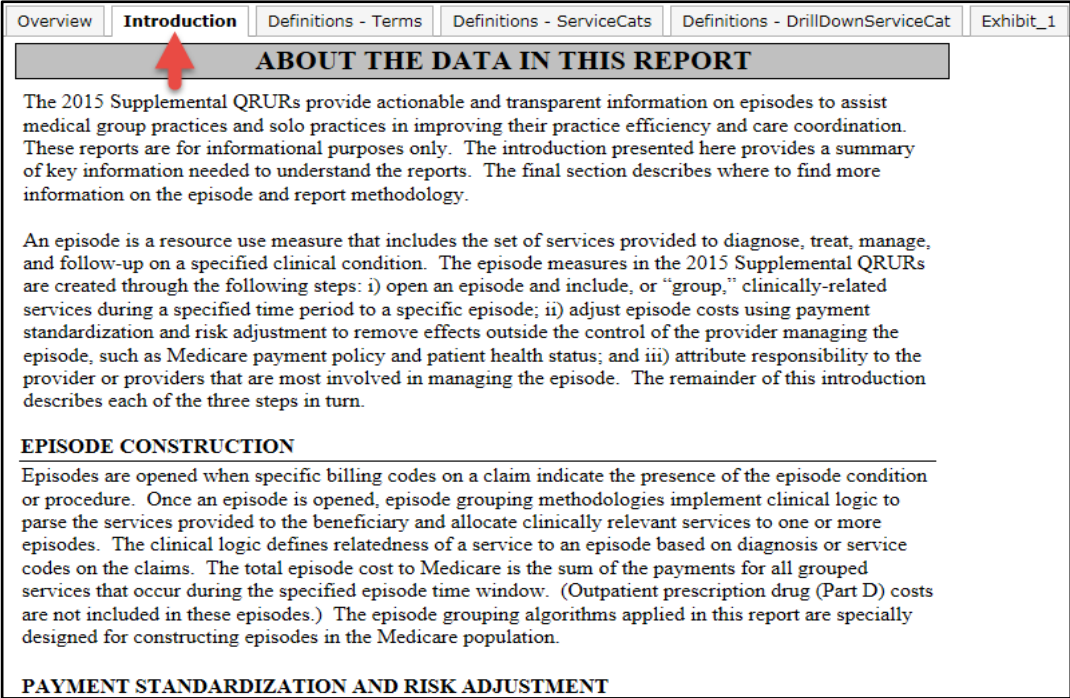
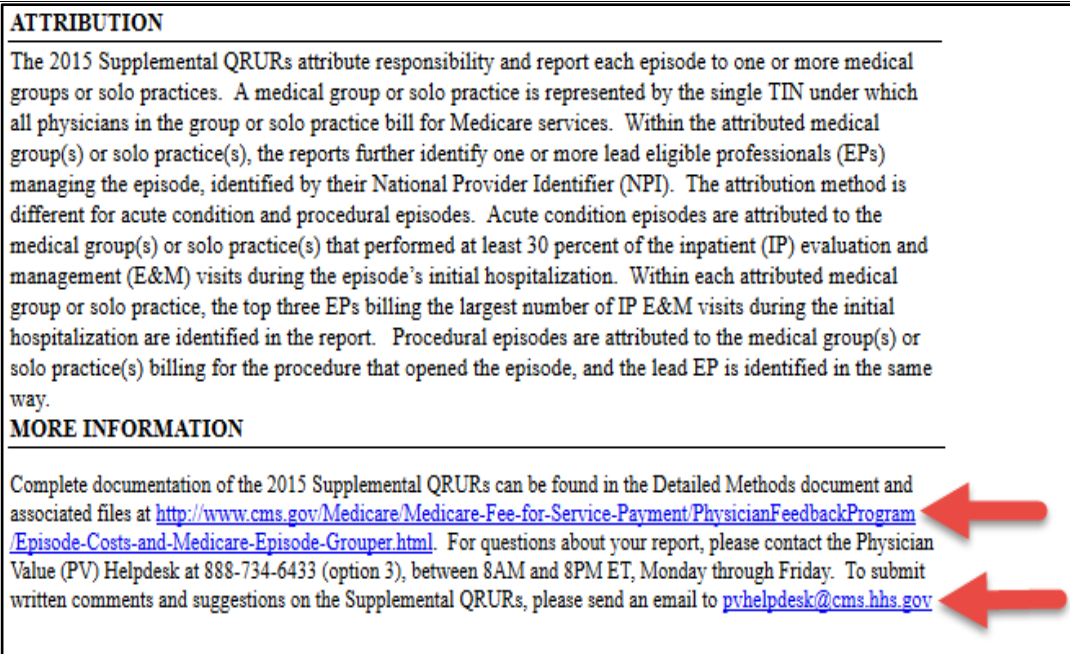
Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

Steps	Screenshots																										
<p>The Table of Contents is displayed at the bottom of the Overview page with the following information:</p> <ul style="list-style-type: none"> • Introduction • Appendix 1 • Appendix 2 • Appendix 3 • Exhibit 1 • Exhibit 2 • Exhibit 3 • Exhibit 4 • Drill Down Table 1 • Drill Down Table 2 • Drill Down Table 3 <p>Note: From the Table of Contents, you can navigate to each Drill Down table report by selecting a Drill Down table link.</p>	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="483 363 1528 401">Table of Contents</th> </tr> <tr> <th data-bbox="483 401 721 438">Report Selection</th> <th data-bbox="721 401 1528 438">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="483 438 721 506">Introduction</td> <td data-bbox="721 438 1528 506">This page provides an overview of the methodology used to report episode costs, such as episode grouping, payment standardization, risk adjustment, and attribution.</td> </tr> <tr> <td data-bbox="483 506 721 573">Appendix 1</td> <td data-bbox="721 506 1528 573">Appendix 1 defines terms used in each exhibit in the report.</td> </tr> <tr> <td data-bbox="483 573 721 640">Appendix 2</td> <td data-bbox="721 573 1528 640">Appendix 2 defines the service categories used in Exhibit 3 and Exhibit 4.</td> </tr> <tr> <td data-bbox="483 640 721 707">Appendix 3</td> <td data-bbox="721 640 1528 707">Appendix 3 defines the service categories used in Drill Down Tables 1, 2, and 3.</td> </tr> <tr> <td data-bbox="483 707 721 774">Exhibit 1</td> <td data-bbox="721 707 1528 774">Exhibit 1 displays the difference in cost to Medicare from the national mean for episodes attributed to your TIN.</td> </tr> <tr> <td data-bbox="483 774 721 842">Exhibit 2</td> <td data-bbox="721 774 1528 842">Exhibit 2 presents the frequency, cost to Medicare, and difference in cost to Medicare from the national mean for the episodes attributed to your TIN.</td> </tr> <tr> <td data-bbox="483 842 721 909">Exhibit 3</td> <td data-bbox="721 842 1528 909">Exhibit 3 summarizes the cost to Medicare of episodes of a specific type attributed to your TIN and top average-billing providers treating those episodes.</td> </tr> <tr> <td data-bbox="483 909 721 976">Exhibit 4</td> <td data-bbox="721 909 1528 976">Exhibit 4 presents cost to Medicare and utilization of different service categories of episodes of a specific type attributed to your TIN.</td> </tr> <tr> <td data-bbox="483 976 721 1043">Drill Down Table 1</td> <td data-bbox="721 976 1528 1043">Drill Down Table 1 provides episode-level information for episodes of each episode type that were attributed to your TIN.</td> </tr> <tr> <td data-bbox="483 1043 721 1110">Drill Down Table 2</td> <td data-bbox="721 1043 1528 1110">Drill Down Table 2 provides detailed information on physician costs to Medicare billed by your TIN and other TINs for episodes of this type that were attributed to your TIN.</td> </tr> <tr> <td data-bbox="483 1110 721 1178">Drill Down Table 3</td> <td data-bbox="721 1110 1528 1178">Drill Down Table 3 provides detailed information on non-physician costs to Medicare for episodes of this type that were attributed to your TIN.</td> </tr> </tbody> </table> <p><i>All results should be interpreted with caution for episode types with fewer than ten episodes attributed to your TIN.</i></p>	Table of Contents		Report Selection	Description	Introduction	This page provides an overview of the methodology used to report episode costs, such as episode grouping, payment standardization, risk adjustment, and attribution.	Appendix 1	Appendix 1 defines terms used in each exhibit in the report.	Appendix 2	Appendix 2 defines the service categories used in Exhibit 3 and Exhibit 4.	Appendix 3	Appendix 3 defines the service categories used in Drill Down Tables 1, 2, and 3.	Exhibit 1	Exhibit 1 displays the difference in cost to Medicare from the national mean for episodes attributed to your TIN.	Exhibit 2	Exhibit 2 presents the frequency, cost to Medicare, and difference in cost to Medicare from the national mean for the episodes attributed to your TIN.	Exhibit 3	Exhibit 3 summarizes the cost to Medicare of episodes of a specific type attributed to your TIN and top average-billing providers treating those episodes.	Exhibit 4	Exhibit 4 presents cost to Medicare and utilization of different service categories of episodes of a specific type attributed to your TIN.	Drill Down Table 1	Drill Down Table 1 provides episode-level information for episodes of each episode type that were attributed to your TIN.	Drill Down Table 2	Drill Down Table 2 provides detailed information on physician costs to Medicare billed by your TIN and other TINs for episodes of this type that were attributed to your TIN.	Drill Down Table 3	Drill Down Table 3 provides detailed information on non-physician costs to Medicare for episodes of this type that were attributed to your TIN.
Table of Contents																											
Report Selection	Description																										
Introduction	This page provides an overview of the methodology used to report episode costs, such as episode grouping, payment standardization, risk adjustment, and attribution.																										
Appendix 1	Appendix 1 defines terms used in each exhibit in the report.																										
Appendix 2	Appendix 2 defines the service categories used in Exhibit 3 and Exhibit 4.																										
Appendix 3	Appendix 3 defines the service categories used in Drill Down Tables 1, 2, and 3.																										
Exhibit 1	Exhibit 1 displays the difference in cost to Medicare from the national mean for episodes attributed to your TIN.																										
Exhibit 2	Exhibit 2 presents the frequency, cost to Medicare, and difference in cost to Medicare from the national mean for the episodes attributed to your TIN.																										
Exhibit 3	Exhibit 3 summarizes the cost to Medicare of episodes of a specific type attributed to your TIN and top average-billing providers treating those episodes.																										
Exhibit 4	Exhibit 4 presents cost to Medicare and utilization of different service categories of episodes of a specific type attributed to your TIN.																										
Drill Down Table 1	Drill Down Table 1 provides episode-level information for episodes of each episode type that were attributed to your TIN.																										
Drill Down Table 2	Drill Down Table 2 provides detailed information on physician costs to Medicare billed by your TIN and other TINs for episodes of this type that were attributed to your TIN.																										
Drill Down Table 3	Drill Down Table 3 provides detailed information on non-physician costs to Medicare for episodes of this type that were attributed to your TIN.																										

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

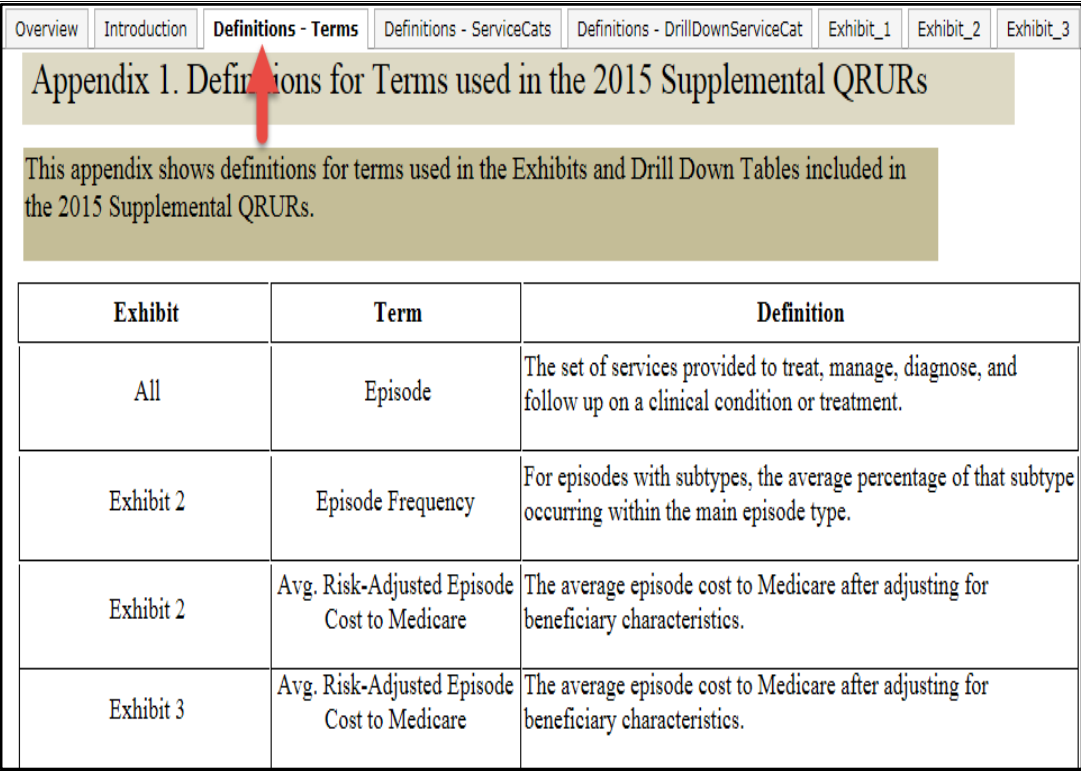
B. Introduction

Steps	Screenshots
<p>1. a. Select the Introduction tab to view the following information:</p> <ul style="list-style-type: none"> • About the Data in this Report • Episode Construction • Payment Standardization and Risk Adjustment • Attribution • More Information 	 <p>Overview Introduction Definitions - Terms Definitions - ServiceCats Definitions - DrillDownServiceCat Exhibit_1</p> <p style="text-align: center;">ABOUT THE DATA IN THIS REPORT</p> <p>The 2015 Supplemental QRURs provide actionable and transparent information on episodes to assist medical group practices and solo practices in improving their practice efficiency and care coordination. These reports are for informational purposes only. The introduction presented here provides a summary of key information needed to understand the reports. The final section describes where to find more information on the episode and report methodology.</p> <p>An episode is a resource use measure that includes the set of services provided to diagnose, treat, manage, and follow-up on a specified clinical condition. The episode measures in the 2015 Supplemental QRURs are created through the following steps: i) open an episode and include, or "group," clinically-related services during a specified time period to a specific episode; ii) adjust episode costs using payment standardization and risk adjustment to remove effects outside the control of the provider managing the episode, such as Medicare payment policy and patient health status; and iii) attribute responsibility to the provider or providers that are most involved in managing the episode. The remainder of this introduction describes each of the three steps in turn.</p> <p>EPISODE CONSTRUCTION</p> <p>Episodes are opened when specific billing codes on a claim indicate the presence of the episode condition or procedure. Once an episode is opened, episode grouping methodologies implement clinical logic to parse the services provided to the beneficiary and allocate clinically relevant services to one or more episodes. The clinical logic defines relatedness of a service to an episode based on diagnosis or service codes on the claims. The total episode cost to Medicare is the sum of the payments for all grouped services that occur during the specified episode time window. (Outpatient prescription drug (Part D) costs are not included in these episodes.) The episode grouping algorithms applied in this report are specially designed for constructing episodes in the Medicare population.</p> <p>PAYMENT STANDARDIZATION AND RISK ADJUSTMENT</p>
<p>b. Select the hyperlinks provided in the More Information section in the Supplemental QRURs to navigate to the designated information or to access external websites.</p> <p>c. Select pvheldesk email link to submit written comments and suggestions about the Supplemental QRURs.</p> <p>Note: The screenshot illustrates an example of links to external websites. The links that appear in the report are only active when viewing the report in the MicroStrategy Web Platform</p>	 <p>ATTRIBUTION</p> <p>The 2015 Supplemental QRURs attribute responsibility and report each episode to one or more medical groups or solo practices. A medical group or solo practice is represented by the single TIN under which all physicians in the group or solo practice bill for Medicare services. Within the attributed medical group(s) or solo practice(s), the reports further identify one or more lead eligible professionals (EPs) managing the episode, identified by their National Provider Identifier (NPI). The attribution method is different for acute condition and procedural episodes. Acute condition episodes are attributed to the medical group(s) or solo practice(s) that performed at least 30 percent of the inpatient (IP) evaluation and management (E&M) visits during the episode's initial hospitalization. Within each attributed medical group or solo practice, the top three EPs billing the largest number of IP E&M visits during the initial hospitalization are identified in the report. Procedural episodes are attributed to the medical group(s) or solo practice(s) billing for the procedure that opened the episode, and the lead EP is identified in the same way.</p> <p>MORE INFORMATION</p> <p>Complete documentation of the 2015 Supplemental QRURs can be found in the Detailed Methods document and associated files at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Episode-Costs-and-Medicare-Episode-Grouping.html. For questions about your report, please contact the Physician Value (PV) Helpdesk at 888-734-6433 (option 3), between 8AM and 8PM ET, Monday through Friday. To submit written comments and suggestions on the Supplemental QRURs, please send an email to pvhelphdesk@cms.hhs.gov</p>

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

C. Definitions-Terms

Steps	Screenshots															
<p>Definitions for Terms used in the 2015 Supplemental QRURs</p> <p>1. Appendix 1. Shows definitions for terms used in the Exhibits and Drill Down Tables included in the 2015 Supplemental QRURs.</p>	 <table border="1" data-bbox="483 688 1539 1171"> <thead> <tr> <th>Exhibit</th> <th>Term</th> <th>Definition</th> </tr> </thead> <tbody> <tr> <td>All</td> <td>Episode</td> <td>The set of services provided to treat, manage, diagnose, and follow up on a clinical condition or treatment.</td> </tr> <tr> <td>Exhibit 2</td> <td>Episode Frequency</td> <td>For episodes with subtypes, the average percentage of that subtype occurring within the main episode type.</td> </tr> <tr> <td>Exhibit 2</td> <td>Avg. Risk-Adjusted Episode Cost to Medicare</td> <td>The average episode cost to Medicare after adjusting for beneficiary characteristics.</td> </tr> <tr> <td>Exhibit 3</td> <td>Avg. Risk-Adjusted Episode Cost to Medicare</td> <td>The average episode cost to Medicare after adjusting for beneficiary characteristics.</td> </tr> </tbody> </table>	Exhibit	Term	Definition	All	Episode	The set of services provided to treat, manage, diagnose, and follow up on a clinical condition or treatment.	Exhibit 2	Episode Frequency	For episodes with subtypes, the average percentage of that subtype occurring within the main episode type.	Exhibit 2	Avg. Risk-Adjusted Episode Cost to Medicare	The average episode cost to Medicare after adjusting for beneficiary characteristics.	Exhibit 3	Avg. Risk-Adjusted Episode Cost to Medicare	The average episode cost to Medicare after adjusting for beneficiary characteristics.
Exhibit	Term	Definition														
All	Episode	The set of services provided to treat, manage, diagnose, and follow up on a clinical condition or treatment.														
Exhibit 2	Episode Frequency	For episodes with subtypes, the average percentage of that subtype occurring within the main episode type.														
Exhibit 2	Avg. Risk-Adjusted Episode Cost to Medicare	The average episode cost to Medicare after adjusting for beneficiary characteristics.														
Exhibit 3	Avg. Risk-Adjusted Episode Cost to Medicare	The average episode cost to Medicare after adjusting for beneficiary characteristics.														

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

D. Definitions-ServiceCats

Steps	Screenshots																										
<p>Service Category Definitions for Exhibits 3 and 4 of the 2015 Supplemental QRURs</p> <p>1. Appendix 2. Shows the service category definitions for the categories listed in Exhibit 3 and Exhibit 4 of this report.</p>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Overview Introduction Definition - Terms Definition - ServiceCats Definition - DrillDownServiceCat Exhibit_1 Exhibit_2 Exhibit_3 </div> <div style="background-color: #e0e0e0; padding: 5px; margin-bottom: 5px;"> Appendix 2. Service Category Definitions for Exhibits 3 and 4 of the 2015 Supplemental QRURs </div> <p>This appendix shows the service category definitions for the categories listed in Exhibit 3 and Exhibit 4 of this report. For each service category, claim type shows which of the seven Medicare claim types is considered, the BETOS column shows the Berenson-Eggers Type of Service value that needs to appear on the claim, the Place of Service/Provider Number Criterion shows any place of service requirement, and Additional Criterion lists any other requirement for a claim to be included.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 30%;">Service Category</th> <th rowspan="2" style="width: 15%;">Claim Type</th> <th colspan="3" style="width: 55%;">Criteria for Including Claim (Line Item) in Category</th> </tr> <tr> <th style="width: 10%;">BETOS</th> <th style="width: 20%;">Place of Service/Provider Number Criterion</th> <th style="width: 25%;">Additional Criterion</th> </tr> </thead> <tbody> <tr> <td style="font-size: small;">Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)</td> <td style="font-size: small;">Evaluation & Management Services</td> <td style="font-size: small;">OP,PB</td> <td style="font-size: small;">All M Codes</td> <td style="font-size: small;">Place of Service not equal to 23 (emergency department), and not concurrent to IP Stay (not under service category '02').</td> <td style="font-size: small;">No GN, GO, or GP modifier (outpatient therapy). Revenue Center line code is NOT 0450-0459 or 0981 (emergency department). OP cannot have Bill type 22, 23, 33, 34, or 72 (SNF, HH and dialysis). Eligible professional or facility for PB claims.</td> </tr> <tr> <td style="font-size: small;">Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)</td> <td style="font-size: small;">Major Procedures</td> <td style="font-size: small;">OP,PB</td> <td style="font-size: small;">P1, P2, P3, P7</td> <td style="font-size: small;">Place of Service not equal to 23 (emergency department), and not concurrent to IP Stay (not under service category '02').</td> <td style="font-size: small;">No GN, GO, or GP modifier (outpatient therapy). Revenue Center line code is NOT 0450-0459 or 0981 (emergency department). OP cannot have Bill type 22, 23, 33, 34, or 72 (SNF, HH and dialysis). Eligible professional or facility for PB claims.</td> </tr> <tr> <td style="font-size: small;">Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)</td> <td style="font-size: small;">Ambulatory/ Minor Procedures</td> <td style="font-size: small;">OP,PB</td> <td style="font-size: small;">P4, P5, P6, P8</td> <td style="font-size: small;">Place of Service not equal to 23 (emergency department), and not concurrent to IP Stay (not under</td> <td style="font-size: small;">No GN, GO, or GP modifier (outpatient therapy). Revenue Center line code is NOT 0450-0459 or 0981 (emergency department). OP cannot have Bill</td> </tr> </tbody> </table> </div>	Service Category	Claim Type	Criteria for Including Claim (Line Item) in Category			BETOS	Place of Service/Provider Number Criterion	Additional Criterion	Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	Evaluation & Management Services	OP,PB	All M Codes	Place of Service not equal to 23 (emergency department), and not concurrent to IP Stay (not under service category '02').	No GN, GO, or GP modifier (outpatient therapy). Revenue Center line code is NOT 0450-0459 or 0981 (emergency department). OP cannot have Bill type 22, 23, 33, 34, or 72 (SNF, HH and dialysis). Eligible professional or facility for PB claims.	Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	Major Procedures	OP,PB	P1, P2, P3, P7	Place of Service not equal to 23 (emergency department), and not concurrent to IP Stay (not under service category '02').	No GN, GO, or GP modifier (outpatient therapy). Revenue Center line code is NOT 0450-0459 or 0981 (emergency department). OP cannot have Bill type 22, 23, 33, 34, or 72 (SNF, HH and dialysis). Eligible professional or facility for PB claims.	Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	Ambulatory/ Minor Procedures	OP,PB	P4, P5, P6, P8	Place of Service not equal to 23 (emergency department), and not concurrent to IP Stay (not under	No GN, GO, or GP modifier (outpatient therapy). Revenue Center line code is NOT 0450-0459 or 0981 (emergency department). OP cannot have Bill
Service Category	Claim Type			Criteria for Including Claim (Line Item) in Category																							
		BETOS	Place of Service/Provider Number Criterion	Additional Criterion																							
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	Evaluation & Management Services	OP,PB	All M Codes	Place of Service not equal to 23 (emergency department), and not concurrent to IP Stay (not under service category '02').	No GN, GO, or GP modifier (outpatient therapy). Revenue Center line code is NOT 0450-0459 or 0981 (emergency department). OP cannot have Bill type 22, 23, 33, 34, or 72 (SNF, HH and dialysis). Eligible professional or facility for PB claims.																						
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	Major Procedures	OP,PB	P1, P2, P3, P7	Place of Service not equal to 23 (emergency department), and not concurrent to IP Stay (not under service category '02').	No GN, GO, or GP modifier (outpatient therapy). Revenue Center line code is NOT 0450-0459 or 0981 (emergency department). OP cannot have Bill type 22, 23, 33, 34, or 72 (SNF, HH and dialysis). Eligible professional or facility for PB claims.																						
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	Ambulatory/ Minor Procedures	OP,PB	P4, P5, P6, P8	Place of Service not equal to 23 (emergency department), and not concurrent to IP Stay (not under	No GN, GO, or GP modifier (outpatient therapy). Revenue Center line code is NOT 0450-0459 or 0981 (emergency department). OP cannot have Bill																						

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

E. Definitions-DrillDownServiceCat

Steps	Screenshots																							
<p>Service Category Definitions for the Drill Down Tables of the 2015 Supplemental QRURs</p> <p>1. Appendix 3. Shows the service category definitions for the categories listed in the Drill Down Tables of this report.</p>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Overview Introduction Definition - Terms Definition - ServiceCats Definition - DrillDownServiceCat Exhibit_1 Exhibit_2 Exhibit_3 </div> <div style="background-color: #e0e0e0; padding: 5px; margin-bottom: 5px;"> Appendix 3. Service Category Definitions for the Drill Down Tables of the 2015 Supplemental QRURs </div> <p style="font-size: small;">This appendix shows the service category definitions for the categories listed in Exhibit 3 and Exhibit 4 of this report. For each service category, claim type shows which of the seven Medicare claim types is considered, the BETOS column shows the Berenson-Eggers Type of Service value that needs to appear on the claim, the Place of Service/Provider Number Criterion shows any place of service requirement, and Additional Criterion lists any other requirement for a claim to be included.</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th rowspan="2">Service Category</th> <th rowspan="2">Claim Type</th> <th colspan="3">Criteria for Including Claim (Line Item) in Category</th> </tr> <tr> <th>BETOS</th> <th>Place of Service/Provider Number Criterion</th> <th>Additional Criterion</th> </tr> </thead> <tbody> <tr> <td>E&M Services</td> <td>Outpatient Hospital Services - E&M Services OP,PB</td> <td>All M Codes</td> <td>Place of Service not equal to 23 (emergency department), and not concurrent to IP Stay (not under service category '02').</td> <td>No GN, GO, or GP modifier (outpatient therapy). Revenue Center line code is NOT 0450-0459 or 0981 (emergency department). OP cannot have Bill type 22, 23, 33, 34, or 72 (SNF, HH and dialysis). Eligible professional or facility for PB claims.</td> </tr> <tr> <td>Major Procedures</td> <td>Outpatient Hospital Services - Major Procedures OP,PB</td> <td>P1, P2, P3, P7</td> <td>Place of Service not equal to 23 (emergency department), and not concurrent to IP Stay (not under service category '02').</td> <td>No GN, GO, or GP modifier (outpatient therapy). Revenue Center line code is NOT 0450-0459 or 0981 (emergency department). OP cannot have Bill type 22, 23, 33, 34, or 72 (SNF, HH and dialysis). Eligible professional or facility for PB claims.</td> </tr> <tr> <td>Ambulatory/Minor Procedures</td> <td>Outpatient Hospital Services - OP,PB</td> <td>P4 P5 P6 P8</td> <td>Place of Service not equal to 23 (emergency department), and not</td> <td>No GN, GO, or GP modifier (outpatient therapy). Revenue Center line code is NOT 0450-0459 or</td> </tr> </tbody> </table> </div>	Service Category	Claim Type	Criteria for Including Claim (Line Item) in Category			BETOS	Place of Service/Provider Number Criterion	Additional Criterion	E&M Services	Outpatient Hospital Services - E&M Services OP,PB	All M Codes	Place of Service not equal to 23 (emergency department), and not concurrent to IP Stay (not under service category '02').	No GN, GO, or GP modifier (outpatient therapy). Revenue Center line code is NOT 0450-0459 or 0981 (emergency department). OP cannot have Bill type 22, 23, 33, 34, or 72 (SNF, HH and dialysis). Eligible professional or facility for PB claims.	Major Procedures	Outpatient Hospital Services - Major Procedures OP,PB	P1, P2, P3, P7	Place of Service not equal to 23 (emergency department), and not concurrent to IP Stay (not under service category '02').	No GN, GO, or GP modifier (outpatient therapy). Revenue Center line code is NOT 0450-0459 or 0981 (emergency department). OP cannot have Bill type 22, 23, 33, 34, or 72 (SNF, HH and dialysis). Eligible professional or facility for PB claims.	Ambulatory/Minor Procedures	Outpatient Hospital Services - OP,PB	P4 P5 P6 P8	Place of Service not equal to 23 (emergency department), and not	No GN, GO, or GP modifier (outpatient therapy). Revenue Center line code is NOT 0450-0459 or
Service Category	Claim Type			Criteria for Including Claim (Line Item) in Category																				
		BETOS	Place of Service/Provider Number Criterion	Additional Criterion																				
E&M Services	Outpatient Hospital Services - E&M Services OP,PB	All M Codes	Place of Service not equal to 23 (emergency department), and not concurrent to IP Stay (not under service category '02').	No GN, GO, or GP modifier (outpatient therapy). Revenue Center line code is NOT 0450-0459 or 0981 (emergency department). OP cannot have Bill type 22, 23, 33, 34, or 72 (SNF, HH and dialysis). Eligible professional or facility for PB claims.																				
Major Procedures	Outpatient Hospital Services - Major Procedures OP,PB	P1, P2, P3, P7	Place of Service not equal to 23 (emergency department), and not concurrent to IP Stay (not under service category '02').	No GN, GO, or GP modifier (outpatient therapy). Revenue Center line code is NOT 0450-0459 or 0981 (emergency department). OP cannot have Bill type 22, 23, 33, 34, or 72 (SNF, HH and dialysis). Eligible professional or facility for PB claims.																				
Ambulatory/Minor Procedures	Outpatient Hospital Services - OP,PB	P4 P5 P6 P8	Place of Service not equal to 23 (emergency department), and not	No GN, GO, or GP modifier (outpatient therapy). Revenue Center line code is NOT 0450-0459 or																				

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

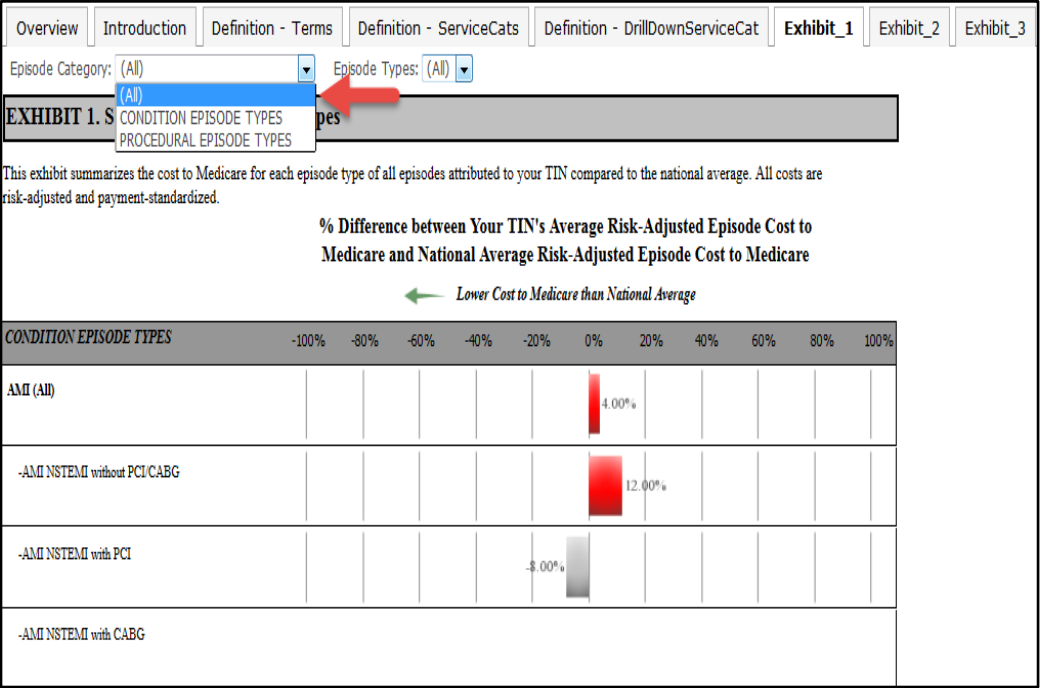
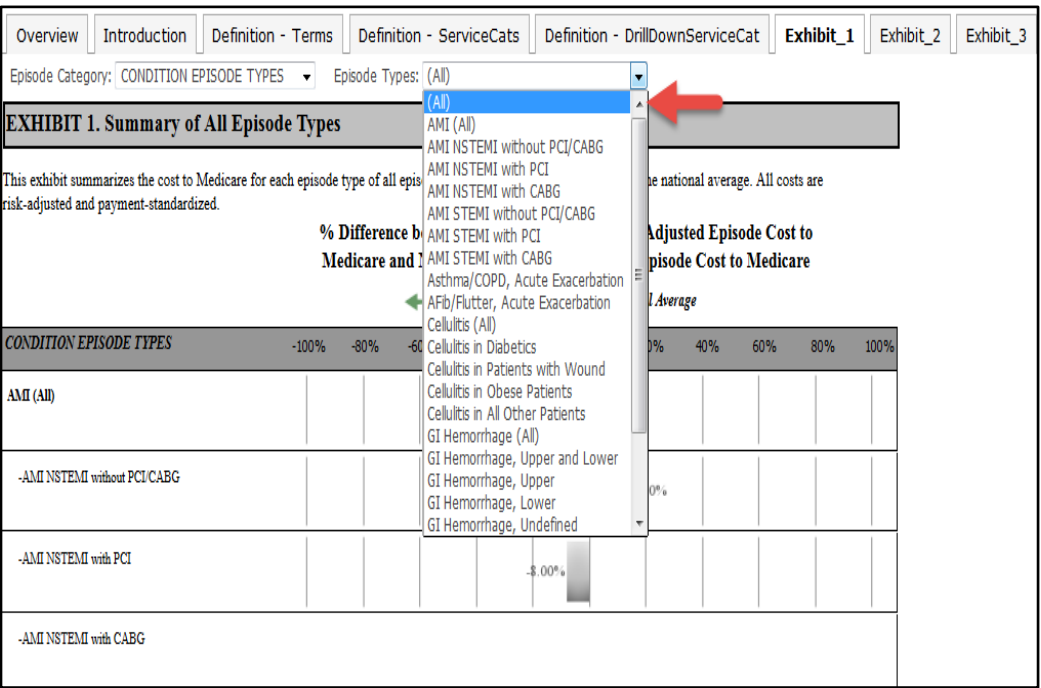
Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

F. Exhibit_1

Steps	Screenshots								
<p>1. a. Select the Exhibit 1 tab. The tab summarizes the cost to Medicare of all episodes attributed to your TIN compared to the national average. The information is presented graphically for:</p> <ul style="list-style-type: none"> • Condition Episode Types • Procedural Episode Types <p>Note: The report content will be displayed based on your TIN and the Grouping option menu selection.</p> <p>Note: Due to spacing limitations, only a sub-section of the screen is shown. Please use the scroll down feature in the report to view the Condition and Procedural Episode Types.</p>	<p>The screenshot displays the 'Exhibit_1' tab in a report interface. The navigation bar includes tabs for Overview, Introduction, Definition - Terms, Definition - ServiceCats, Definition - DrillDownServiceCat, Exhibit_1 (selected), and Exhibit_2. Below the navigation bar, there are dropdown menus for 'Episode Category: (All)' and 'Episode Types: (All)'. The main content area is titled 'EXHIBIT 1. Summary of All Episode Types' and contains a bar chart. The chart title is '% Difference between Your TIN's Average Risk-Adjusted Episode Cost to Medicare and National Average Risk-Adjusted Episode Cost to Medicare'. A green arrow points to the left, labeled 'Lower Cost to Medicare than National Average'. The chart shows three bars: AMI (All) at 4.00%, -AMI NSTEMI without PCI/CABG at 12.00%, and -AMI NSTEMI with PCI at -8.00%.</p> <table border="1"> <thead> <tr> <th>CONDITION EPISODE TYPES</th> <th>% Difference</th> </tr> </thead> <tbody> <tr> <td>AMI (All)</td> <td>4.00%</td> </tr> <tr> <td>-AMI NSTEMI without PCI/CABG</td> <td>12.00%</td> </tr> <tr> <td>-AMI NSTEMI with PCI</td> <td>-8.00%</td> </tr> </tbody> </table>	CONDITION EPISODE TYPES	% Difference	AMI (All)	4.00%	-AMI NSTEMI without PCI/CABG	12.00%	-AMI NSTEMI with PCI	-8.00%
CONDITION EPISODE TYPES	% Difference								
AMI (All)	4.00%								
-AMI NSTEMI without PCI/CABG	12.00%								
-AMI NSTEMI with PCI	-8.00%								

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

Steps	Screenshots																																																																													
<p>b. Choose the Episode Category and Episode Types from the associated Grouping option/field:</p> <ul style="list-style-type: none"> • Episode Category <ul style="list-style-type: none"> ○ All ○ Condition Episode Types ○ Procedural Episode Types • Episode Types <ul style="list-style-type: none"> ○ All ○ List of Condition and Procedural Episodes <p>Note: The report content will be displayed based on the TIN and the Grouping option menu selection.</p> <p>Note: By default the Episode Category and Condition Type is set to (All).</p>	 <p>The screenshot shows the report interface with the following data:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="11" style="text-align: center;">% Difference between Your TIN's Average Risk-Adjusted Episode Cost to Medicare and National Average Risk-Adjusted Episode Cost to Medicare</th> </tr> <tr> <th colspan="11" style="text-align: center;">← Lower Cost to Medicare than National Average</th> </tr> <tr> <th style="text-align: left;">CONDITION EPISODE TYPES</th> <th>-100%</th> <th>-80%</th> <th>-60%</th> <th>-40%</th> <th>-20%</th> <th>0%</th> <th>20%</th> <th>40%</th> <th>60%</th> <th>100%</th> </tr> </thead> <tbody> <tr> <td>AMI (All)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">4.00%</td> <td></td> </tr> <tr> <td>-AMI NSTEMI without PCI/CABG</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">12.00%</td> <td></td> </tr> <tr> <td>-AMI NSTEMI with PCI</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">-8.00%</td> <td></td> </tr> <tr> <td>-AMI NSTEMI with CABG</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	% Difference between Your TIN's Average Risk-Adjusted Episode Cost to Medicare and National Average Risk-Adjusted Episode Cost to Medicare											← Lower Cost to Medicare than National Average											CONDITION EPISODE TYPES	-100%	-80%	-60%	-40%	-20%	0%	20%	40%	60%	100%	AMI (All)									4.00%		-AMI NSTEMI without PCI/CABG									12.00%		-AMI NSTEMI with PCI									-8.00%		-AMI NSTEMI with CABG										
% Difference between Your TIN's Average Risk-Adjusted Episode Cost to Medicare and National Average Risk-Adjusted Episode Cost to Medicare																																																																														
← Lower Cost to Medicare than National Average																																																																														
CONDITION EPISODE TYPES	-100%	-80%	-60%	-40%	-20%	0%	20%	40%	60%	100%																																																																				
AMI (All)									4.00%																																																																					
-AMI NSTEMI without PCI/CABG									12.00%																																																																					
-AMI NSTEMI with PCI									-8.00%																																																																					
-AMI NSTEMI with CABG																																																																														
<p>c. Select the Condition Episode Types as Episode Category, then select from the Option menu.</p> <p>Note: Due to spacing limitations, only a subsection of the screen is shown. Please use the scroll down feature in the report to view the Condition and Procedural Episode Types.</p> <p>Note: Both Condition and Procedural Episode Types lists are displayed in the grouping menu based on your TIN.</p>	 <p>The screenshot shows the report interface with the following data:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="11" style="text-align: center;">% Difference between Your TIN's Average Risk-Adjusted Episode Cost to Medicare and National Average Risk-Adjusted Episode Cost to Medicare</th> </tr> <tr> <th colspan="11" style="text-align: center;">← Lower Cost to Medicare than National Average</th> </tr> <tr> <th style="text-align: left;">CONDITION EPISODE TYPES</th> <th>-100%</th> <th>-80%</th> <th>-60%</th> <th>-40%</th> <th>-20%</th> <th>0%</th> <th>20%</th> <th>40%</th> <th>60%</th> <th>100%</th> </tr> </thead> <tbody> <tr> <td>AMI (All)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>-AMI NSTEMI without PCI/CABG</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>-AMI NSTEMI with PCI</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">-8.00%</td> <td></td> </tr> <tr> <td>-AMI NSTEMI with CABG</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	% Difference between Your TIN's Average Risk-Adjusted Episode Cost to Medicare and National Average Risk-Adjusted Episode Cost to Medicare											← Lower Cost to Medicare than National Average											CONDITION EPISODE TYPES	-100%	-80%	-60%	-40%	-20%	0%	20%	40%	60%	100%	AMI (All)											-AMI NSTEMI without PCI/CABG											-AMI NSTEMI with PCI									-8.00%		-AMI NSTEMI with CABG										
% Difference between Your TIN's Average Risk-Adjusted Episode Cost to Medicare and National Average Risk-Adjusted Episode Cost to Medicare																																																																														
← Lower Cost to Medicare than National Average																																																																														
CONDITION EPISODE TYPES	-100%	-80%	-60%	-40%	-20%	0%	20%	40%	60%	100%																																																																				
AMI (All)																																																																														
-AMI NSTEMI without PCI/CABG																																																																														
-AMI NSTEMI with PCI									-8.00%																																																																					
-AMI NSTEMI with CABG																																																																														

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

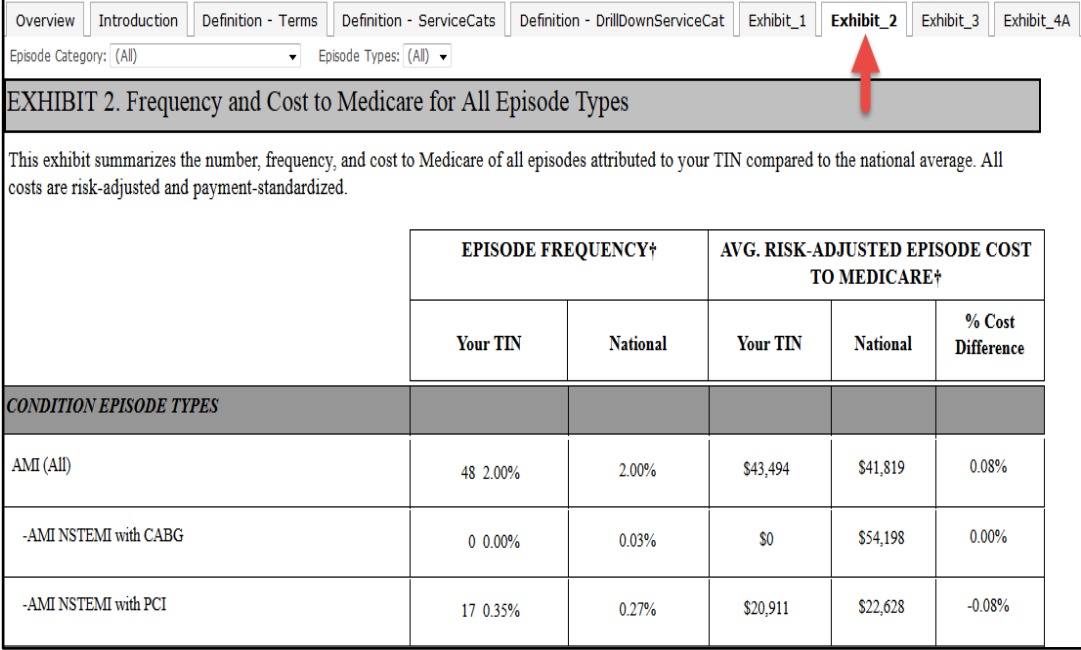
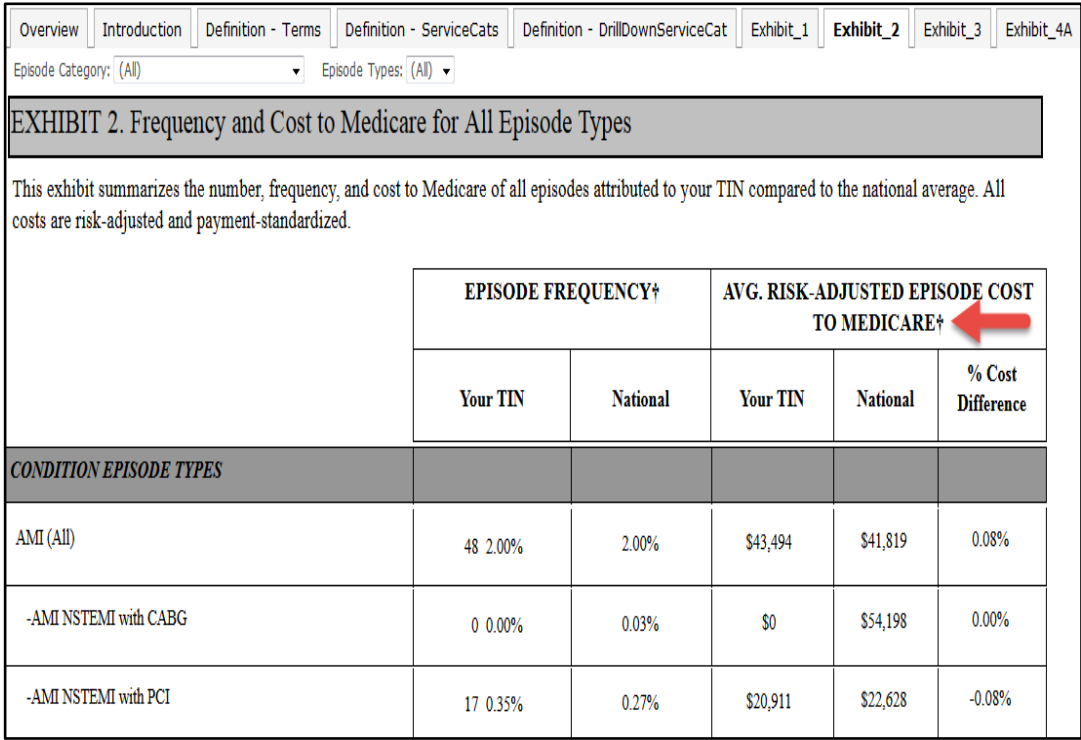
Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

Steps	Screenshots																																																												
<p>d. Associated data values are displayed at the graph line of each Condition Episode Types and Procedural Episode Types.</p>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Overview Introduction Definition - Terms Definition - ServiceCats Definition - DrillDownServiceCat Exhibit_1 Exhibit_2 Exhibit_3 </div> <div style="margin-bottom: 5px;"> Episode Category: CONDITION EPISODE TYPES Episode Types: (All) </div> <div style="background-color: #cccccc; padding: 2px 5px; margin-bottom: 5px;"> EXHIBIT 1. Summary of All Episode Types </div> <p style="font-size: small; margin-bottom: 5px;">This exhibit summarizes the cost to Medicare for each episode type of all episodes attributed to your TIN compared to the national average. All costs are risk-adjusted and payment-standardized.</p> <p style="text-align: center; margin-bottom: 5px;">% Difference between Your TIN's Average Risk-Adjusted Episode Cost to Medicare and National Average Risk-Adjusted Episode Cost to Medicare</p> <p style="text-align: center; margin-bottom: 5px;">← Lower Cost to Medicare than National Average</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="font-size: small;">CONDITION EPISODE TYPES</th> <th style="font-size: small;">-100%</th> <th style="font-size: small;">-80%</th> <th style="font-size: small;">-60%</th> <th style="font-size: small;">-40%</th> <th style="font-size: small;">-20%</th> <th style="font-size: small;">0%</th> <th style="font-size: small;">20%</th> <th style="font-size: small;">40%</th> <th style="font-size: small;">60%</th> <th style="font-size: small;">80%</th> <th style="font-size: small;">100%</th> </tr> </thead> <tbody> <tr> <td style="font-size: small;">AMI (All)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td style="color: red;">4.00%</td><td style="color: red;">←</td><td></td><td></td><td></td> </tr> <tr> <td style="font-size: small;">-AMI NSTEMI without PCI/CABG</td> <td></td><td></td><td></td><td></td><td></td><td></td><td style="color: red;">12.00%</td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="font-size: small;">-AMI NSTEMI with PCI</td> <td></td><td></td><td></td><td></td><td></td><td></td><td style="color: red;">-8.00%</td><td style="color: red;">→</td><td></td><td></td><td></td> </tr> <tr> <td style="font-size: small;">-AMI NSTEMI with CABG</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table> </div>	CONDITION EPISODE TYPES	-100%	-80%	-60%	-40%	-20%	0%	20%	40%	60%	80%	100%	AMI (All)							4.00%	←				-AMI NSTEMI without PCI/CABG							12.00%					-AMI NSTEMI with PCI							-8.00%	→				-AMI NSTEMI with CABG											
CONDITION EPISODE TYPES	-100%	-80%	-60%	-40%	-20%	0%	20%	40%	60%	80%	100%																																																		
AMI (All)							4.00%	←																																																					
-AMI NSTEMI without PCI/CABG							12.00%																																																						
-AMI NSTEMI with PCI							-8.00%	→																																																					
-AMI NSTEMI with CABG																																																													

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

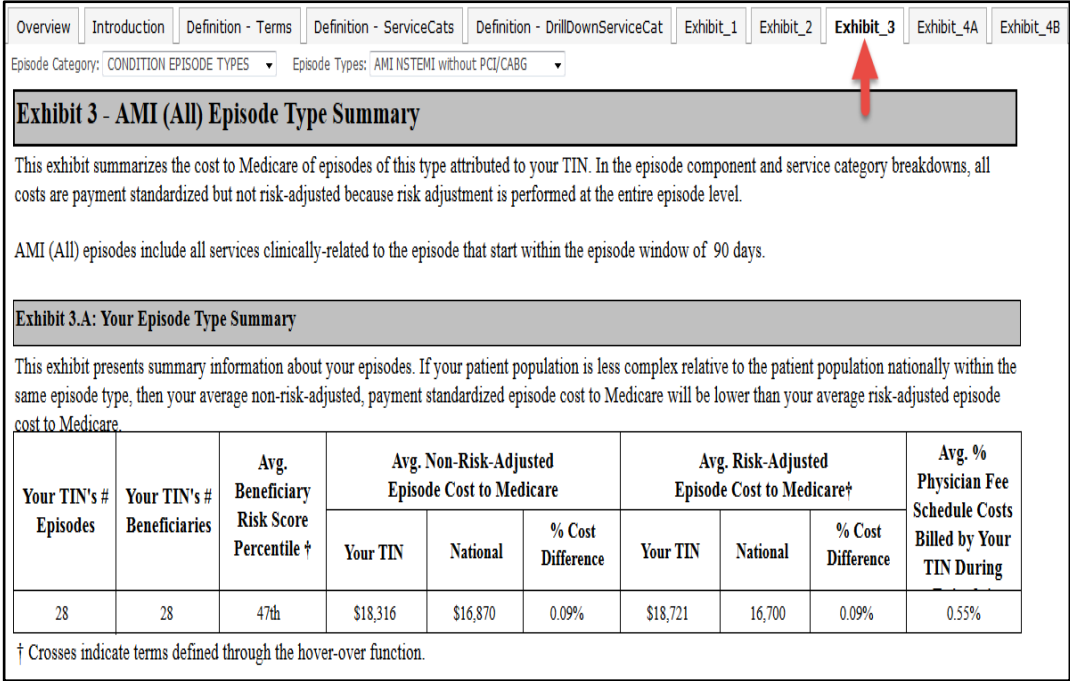
G. Exhibit_2

Steps	Screenshots																																			
<p>1. a. Select the Exhibit 2 tab to view the Frequency and Cost to Medicare for All Episode Types information attributed to your TIN compared to the national average for all:</p> <ul style="list-style-type: none"> • Condition Episode Types • Procedural Episode Types <p>Note: <i>The Grouping functionality will be the same as mentioned in Steps 1 (b) and 1 (c) of Section V Exhibit_1.</i></p> <p>Note: <i>Due to spacing limitations, only a sub-section of the screen is shown. Please use the scroll down feature in the report to view the Procedural Episode Types.</i></p>	 <p>Overview Introduction Definition - Terms Definition - ServiceCats Definition - DrillDownServiceCat Exhibit_1 Exhibit_2 Exhibit_3 Exhibit_4A</p> <p>Episode Category: (All) Episode Types: (All)</p> <p>EXHIBIT 2. Frequency and Cost to Medicare for All Episode Types</p> <p>This exhibit summarizes the number, frequency, and cost to Medicare of all episodes attributed to your TIN compared to the national average. All costs are risk-adjusted and payment-standardized.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">EPISODE FREQUENCY†</th> <th colspan="3">AVG. RISK-ADJUSTED EPISODE COST TO MEDICARE†</th> </tr> <tr> <th>Your TIN</th> <th>National</th> <th>Your TIN</th> <th>National</th> <th>% Cost Difference</th> </tr> </thead> <tbody> <tr style="background-color: #cccccc;"> <td colspan="6">CONDITION EPISODE TYPES</td> </tr> <tr> <td>AMI (All)</td> <td>48 2.00%</td> <td>2.00%</td> <td>\$43,494</td> <td>\$41,819</td> <td>0.08%</td> </tr> <tr> <td>-AMI NSTEMI with CABG</td> <td>0 0.00%</td> <td>0.03%</td> <td>\$0</td> <td>\$54,198</td> <td>0.00%</td> </tr> <tr> <td>-AMI NSTEMI with PCI</td> <td>17 0.35%</td> <td>0.27%</td> <td>\$20,911</td> <td>\$22,628</td> <td>-0.08%</td> </tr> </tbody> </table>		EPISODE FREQUENCY†		AVG. RISK-ADJUSTED EPISODE COST TO MEDICARE†			Your TIN	National	Your TIN	National	% Cost Difference	CONDITION EPISODE TYPES						AMI (All)	48 2.00%	2.00%	\$43,494	\$41,819	0.08%	-AMI NSTEMI with CABG	0 0.00%	0.03%	\$0	\$54,198	0.00%	-AMI NSTEMI with PCI	17 0.35%	0.27%	\$20,911	\$22,628	-0.08%
	EPISODE FREQUENCY†		AVG. RISK-ADJUSTED EPISODE COST TO MEDICARE†																																	
	Your TIN	National	Your TIN	National	% Cost Difference																															
CONDITION EPISODE TYPES																																				
AMI (All)	48 2.00%	2.00%	\$43,494	\$41,819	0.08%																															
-AMI NSTEMI with CABG	0 0.00%	0.03%	\$0	\$54,198	0.00%																															
-AMI NSTEMI with PCI	17 0.35%	0.27%	\$20,911	\$22,628	-0.08%																															
<p>b. Select the cross (†) symbol in the table to view the associated definition for that term.</p> <p>Note: <i>The screenshot illustrates an example of information displayed for the term. Use your mouse to hover over any of the cross symbols displayed on the table to view a definition for that term.</i></p>	 <p>Overview Introduction Definition - Terms Definition - ServiceCats Definition - DrillDownServiceCat Exhibit_1 Exhibit_2 Exhibit_3 Exhibit_4A</p> <p>Episode Category: (All) Episode Types: (All)</p> <p>EXHIBIT 2. Frequency and Cost to Medicare for All Episode Types</p> <p>This exhibit summarizes the number, frequency, and cost to Medicare of all episodes attributed to your TIN compared to the national average. All costs are risk-adjusted and payment-standardized.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">EPISODE FREQUENCY†</th> <th colspan="3">AVG. RISK-ADJUSTED EPISODE COST TO MEDICARE†</th> </tr> <tr> <th>Your TIN</th> <th>National</th> <th>Your TIN</th> <th>National</th> <th>% Cost Difference</th> </tr> </thead> <tbody> <tr style="background-color: #cccccc;"> <td colspan="6">CONDITION EPISODE TYPES</td> </tr> <tr> <td>AMI (All)</td> <td>48 2.00%</td> <td>2.00%</td> <td>\$43,494</td> <td>\$41,819</td> <td>0.08%</td> </tr> <tr> <td>-AMI NSTEMI with CABG</td> <td>0 0.00%</td> <td>0.03%</td> <td>\$0</td> <td>\$54,198</td> <td>0.00%</td> </tr> <tr> <td>-AMI NSTEMI with PCI</td> <td>17 0.35%</td> <td>0.27%</td> <td>\$20,911</td> <td>\$22,628</td> <td>-0.08%</td> </tr> </tbody> </table>		EPISODE FREQUENCY†		AVG. RISK-ADJUSTED EPISODE COST TO MEDICARE†			Your TIN	National	Your TIN	National	% Cost Difference	CONDITION EPISODE TYPES						AMI (All)	48 2.00%	2.00%	\$43,494	\$41,819	0.08%	-AMI NSTEMI with CABG	0 0.00%	0.03%	\$0	\$54,198	0.00%	-AMI NSTEMI with PCI	17 0.35%	0.27%	\$20,911	\$22,628	-0.08%
	EPISODE FREQUENCY†		AVG. RISK-ADJUSTED EPISODE COST TO MEDICARE†																																	
	Your TIN	National	Your TIN	National	% Cost Difference																															
CONDITION EPISODE TYPES																																				
AMI (All)	48 2.00%	2.00%	\$43,494	\$41,819	0.08%																															
-AMI NSTEMI with CABG	0 0.00%	0.03%	\$0	\$54,198	0.00%																															
-AMI NSTEMI with PCI	17 0.35%	0.27%	\$20,911	\$22,628	-0.08%																															

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

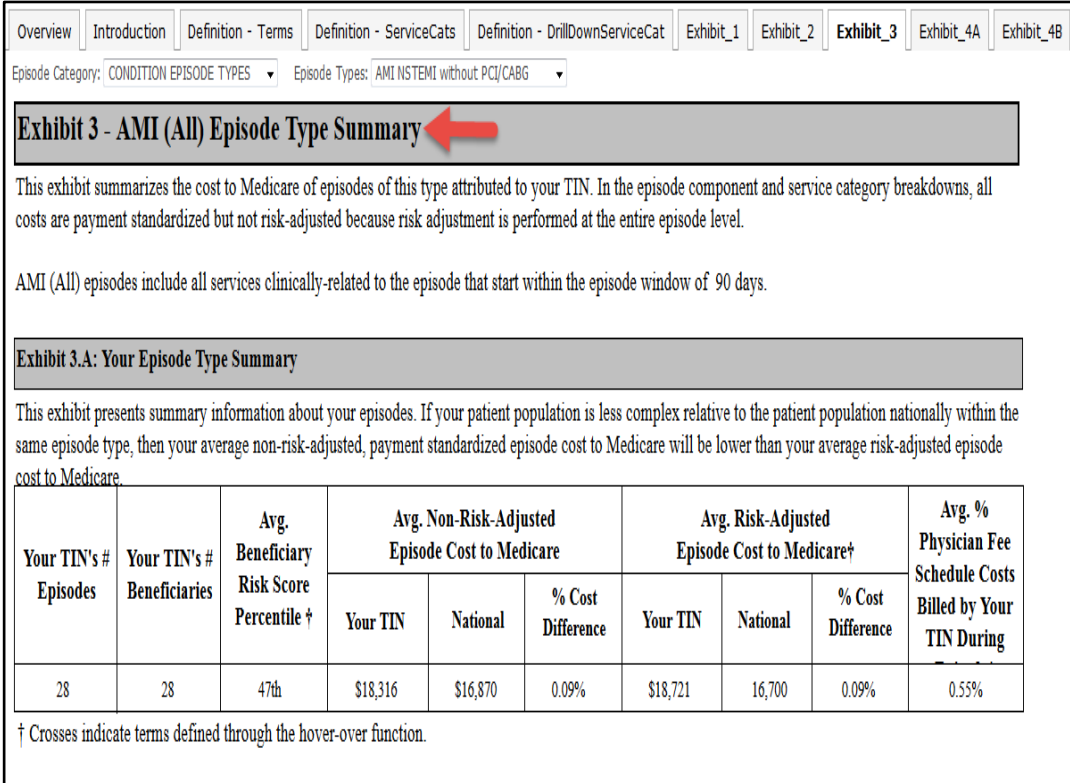
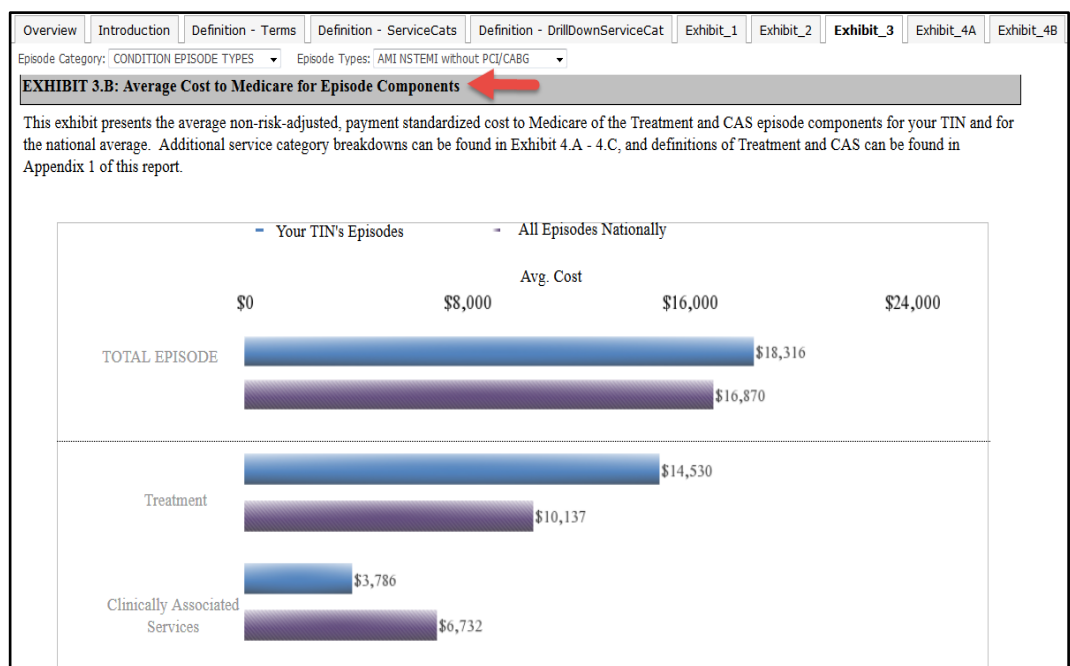
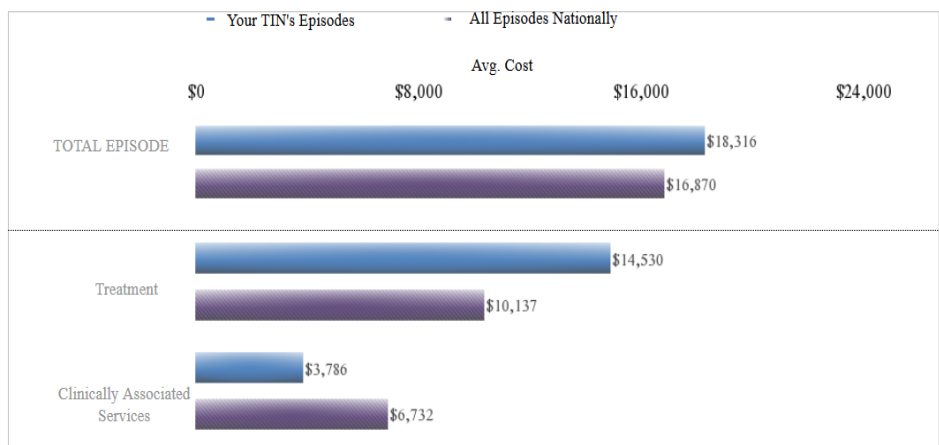
Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

H. Exhibit_3

Steps	Screenshots																										
<p>1. a. Select the Exhibit 3 tab to view the following information:</p> <ul style="list-style-type: none"> Exhibit 3.A: Your Episode Type Summary Exhibit 3.B: Average Cost to Medicare for Episode Components Exhibit 3.C: Average Cost to Medicare for Select Service Categories in Episode Exhibit 3.D: Top Five Highest Average-Billing Providers Treating Episode <p>Note: Due to spacing limitations, only a sub-section of the screen is shown. Please use the scroll down feature in the report to view all the information.</p>	 <p>Exhibit 3 - AMI (All) Episode Type Summary</p> <p>This exhibit summarizes the cost to Medicare of episodes of this type attributed to your TIN. In the episode component and service category breakdowns, all costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level.</p> <p>AMI (All) episodes include all services clinically-related to the episode that start within the episode window of 90 days.</p> <p>Exhibit 3.A: Your Episode Type Summary</p> <p>This exhibit presents summary information about your episodes. If your patient population is less complex relative to the patient population nationally within the same episode type, then your average non-risk-adjusted, payment standardized episode cost to Medicare will be lower than your average risk-adjusted episode cost to Medicare.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Your TIN's # Episodes</th> <th rowspan="2">Your TIN's # Beneficiaries</th> <th rowspan="2">Avg. Beneficiary Risk Score Percentile †</th> <th colspan="3">Avg. Non-Risk-Adjusted Episode Cost to Medicare</th> <th colspan="3">Avg. Risk-Adjusted Episode Cost to Medicare†</th> <th rowspan="2">Avg. % Physician Fee Schedule Costs Billed by Your TIN During</th> </tr> <tr> <th>Your TIN</th> <th>National</th> <th>% Cost Difference</th> <th>Your TIN</th> <th>National</th> <th>% Cost Difference</th> </tr> </thead> <tbody> <tr> <td>28</td> <td>28</td> <td>47th</td> <td>\$18,316</td> <td>\$16,870</td> <td>0.09%</td> <td>\$18,721</td> <td>16,700</td> <td>0.09%</td> <td>0.55%</td> </tr> </tbody> </table> <p>† Crosses indicate terms defined through the hover-over function.</p>	Your TIN's # Episodes	Your TIN's # Beneficiaries	Avg. Beneficiary Risk Score Percentile †	Avg. Non-Risk-Adjusted Episode Cost to Medicare			Avg. Risk-Adjusted Episode Cost to Medicare†			Avg. % Physician Fee Schedule Costs Billed by Your TIN During	Your TIN	National	% Cost Difference	Your TIN	National	% Cost Difference	28	28	47th	\$18,316	\$16,870	0.09%	\$18,721	16,700	0.09%	0.55%
Your TIN's # Episodes	Your TIN's # Beneficiaries				Avg. Beneficiary Risk Score Percentile †	Avg. Non-Risk-Adjusted Episode Cost to Medicare			Avg. Risk-Adjusted Episode Cost to Medicare†			Avg. % Physician Fee Schedule Costs Billed by Your TIN During															
		Your TIN	National	% Cost Difference		Your TIN	National	% Cost Difference																			
28	28	47th	\$18,316	\$16,870	0.09%	\$18,721	16,700	0.09%	0.55%																		

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

Steps	Screenshots																										
<p>b. The screenshot shows the Exhibit 3 tab and the Grouping functionality.</p> <p>Note: The Episode Types displayed on the report will be based on your TIN and the Episode Types selected from the grouping menu.</p> <p>Note: The Grouping menu for Episode Category is set by default to Condition Episode Types. Episode Types is displayed in alphabetical order based on your TIN.</p> <p>Note: Only the Condition Episode Types will be displayed in the grouping option menu when Condition Episode Types is selected as the Episode Category. The same will apply for the Procedural Episode Types.</p> <p>Note: Select the cross (†) symbol in the table to view the definition for that term.</p>	 <p>Exhibit 3 - AMI (All) Episode Type Summary</p> <p>This exhibit summarizes the cost to Medicare of episodes of this type attributed to your TIN. In the episode component and service category breakdowns, all costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level.</p> <p>AMI (All) episodes include all services clinically-related to the episode that start within the episode window of 90 days.</p> <p>Exhibit 3.A: Your Episode Type Summary</p> <p>This exhibit presents summary information about your episodes. If your patient population is less complex relative to the patient population nationally within the same episode type, then your average non-risk-adjusted, payment standardized episode cost to Medicare will be lower than your average risk-adjusted episode cost to Medicare.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Your TIN's # Episodes</th> <th rowspan="2">Your TIN's # Beneficiaries</th> <th rowspan="2">Avg. Beneficiary Risk Score Percentile †</th> <th colspan="3">Avg. Non-Risk-Adjusted Episode Cost to Medicare</th> <th colspan="3">Avg. Risk-Adjusted Episode Cost to Medicare†</th> <th rowspan="2">Avg. % Physician Fee Schedule Costs Billed by Your TIN During</th> </tr> <tr> <th>Your TIN</th> <th>National</th> <th>% Cost Difference</th> <th>Your TIN</th> <th>National</th> <th>% Cost Difference</th> </tr> </thead> <tbody> <tr> <td>28</td> <td>28</td> <td>47th</td> <td>\$18,316</td> <td>\$16,870</td> <td>0.09%</td> <td>\$18,721</td> <td>16,700</td> <td>0.09%</td> <td>0.55%</td> </tr> </tbody> </table> <p>† Crosses indicate terms defined through the hover-over function.</p>	Your TIN's # Episodes	Your TIN's # Beneficiaries	Avg. Beneficiary Risk Score Percentile †	Avg. Non-Risk-Adjusted Episode Cost to Medicare			Avg. Risk-Adjusted Episode Cost to Medicare†			Avg. % Physician Fee Schedule Costs Billed by Your TIN During	Your TIN	National	% Cost Difference	Your TIN	National	% Cost Difference	28	28	47th	\$18,316	\$16,870	0.09%	\$18,721	16,700	0.09%	0.55%
Your TIN's # Episodes	Your TIN's # Beneficiaries				Avg. Beneficiary Risk Score Percentile †	Avg. Non-Risk-Adjusted Episode Cost to Medicare			Avg. Risk-Adjusted Episode Cost to Medicare†			Avg. % Physician Fee Schedule Costs Billed by Your TIN During															
		Your TIN	National	% Cost Difference		Your TIN	National	% Cost Difference																			
28	28	47th	\$18,316	\$16,870	0.09%	\$18,721	16,700	0.09%	0.55%																		
<p>c. The screen shows the Exhibit 3.B: Average Cost to Medicare for Episode Components, and the graph displaying the associated data value for Your TIN's Episodes and All Episodes Nationally.</p>	 <p>EXHIBIT 3.B: Average Cost to Medicare for Episode Components</p> <p>This exhibit presents the average non-risk-adjusted, payment standardized cost to Medicare of the Treatment and CAS episode components for your TIN and for the national average. Additional service category breakdowns can be found in Exhibit 4.A - 4.C, and definitions of Treatment and CAS can be found in Appendix 1 of this report.</p> <div style="text-align: center;">  <table border="1" style="margin: 0 auto; border-collapse: collapse; text-align: center;"> <caption>Average Cost to Medicare for Episode Components</caption> <thead> <tr> <th>Component</th> <th>Your TIN's Episodes</th> <th>All Episodes Nationally</th> </tr> </thead> <tbody> <tr> <td>TOTAL EPISODE</td> <td>\$18,316</td> <td>\$16,870</td> </tr> <tr> <td>Treatment</td> <td>\$14,530</td> <td>\$10,137</td> </tr> <tr> <td>Clinically Associated Services</td> <td>\$3,786</td> <td>\$6,732</td> </tr> </tbody> </table> </div>	Component	Your TIN's Episodes	All Episodes Nationally	TOTAL EPISODE	\$18,316	\$16,870	Treatment	\$14,530	\$10,137	Clinically Associated Services	\$3,786	\$6,732														
Component	Your TIN's Episodes	All Episodes Nationally																									
TOTAL EPISODE	\$18,316	\$16,870																									
Treatment	\$14,530	\$10,137																									
Clinically Associated Services	\$3,786	\$6,732																									

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

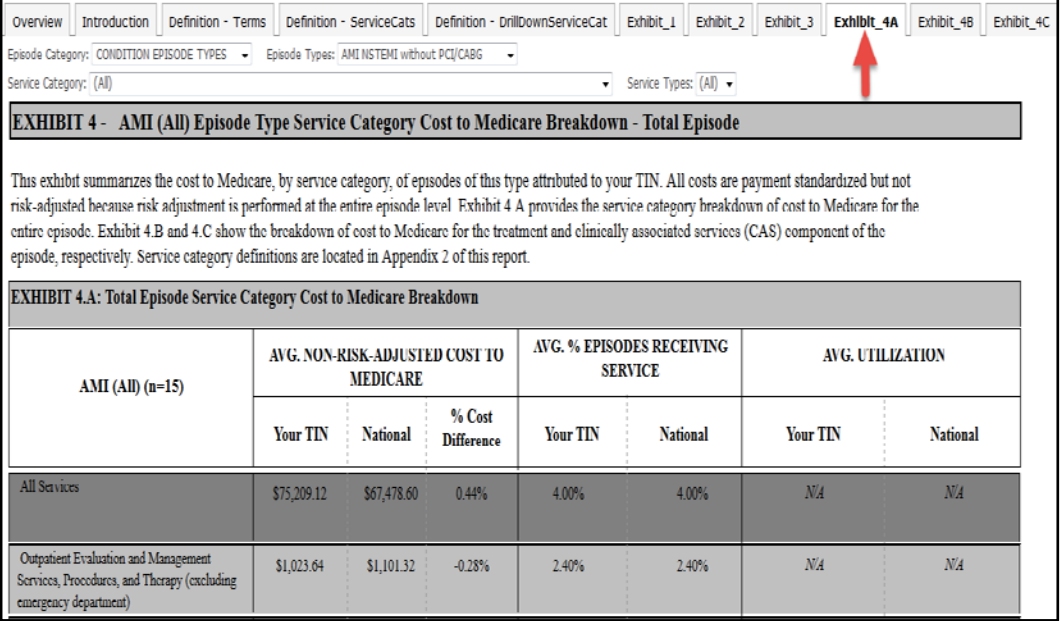
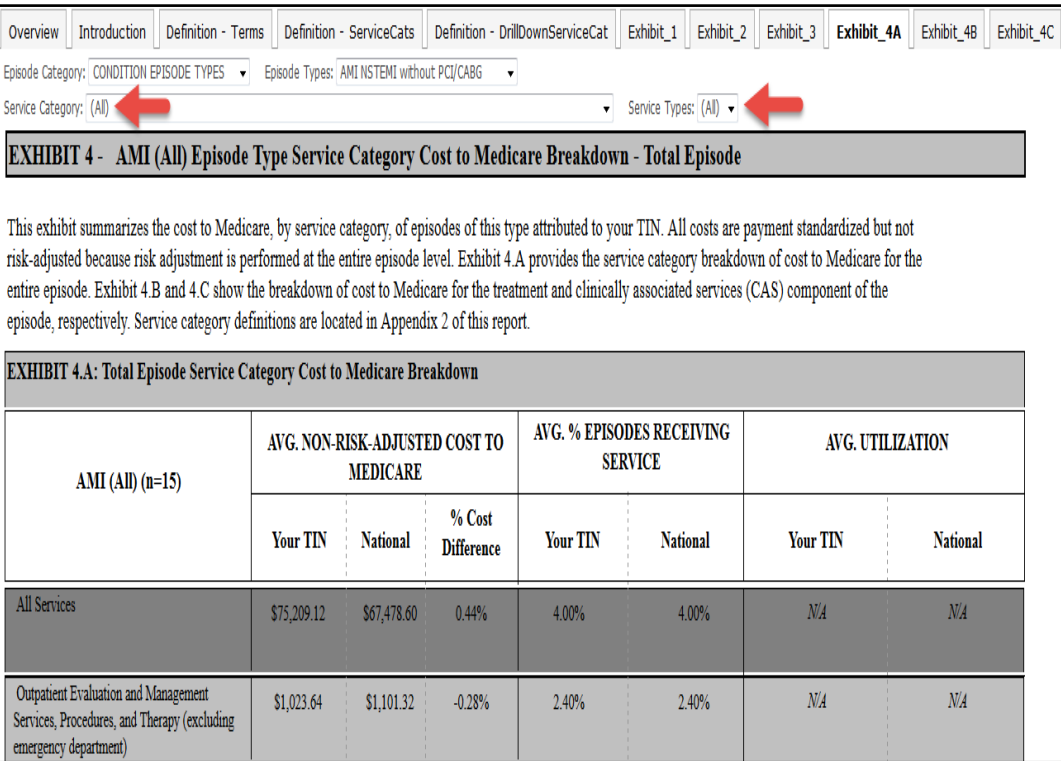
Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

Steps	Screenshots																					
<p>d. The screenshot shows the Exhibit 3.C: Average Cost to Medicare for Select Service Categories in Episode, and the graph displaying the associated data value for Your TIN's Episodes and All Episodes Nationally.</p>	<p>The screenshot shows a web-based report interface. At the top, there are navigation tabs: Overview, Introduction, Definition - Terms, Definition - ServiceCats, Definition - DrillDownServiceCat, Exhibit_1, Exhibit_2, Exhibit_3, Exhibit_4A, and Exhibit_4B. Below the tabs, there are filters: 'Episode Category: CONDITION EPISODE TYPES' and 'Episode Types: AMI NSTEMI without PCI/CABG'. The main heading is 'EEXHIBIT 3.C: Average Cost to Medicare for Select Service Categories in Episode', with a red arrow pointing to it. Below the heading is a descriptive paragraph: 'This exhibit presents the average non-risk-adjusted, payment standardized cost to Medicare of select service categories for your TIN and for the national average. Additional details can be found in Exhibit 4.A - 4.C. Service categories are defined in Appendix 2 of this report.' The chart is a horizontal bar chart with two series: 'Your TIN's Episodes' (blue bars) and 'All Episodes Nationally' (purple bars). The x-axis is labeled 'Avg. Cost' and ranges from \$0 to \$40,000. The y-axis lists service categories. The data points are as follows:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Service Category</th> <th>Your TIN's Episodes (Avg. Cost)</th> <th>All Episodes Nationally (Avg. Cost)</th> </tr> </thead> <tbody> <tr> <td>TOTAL EPISODE</td> <td>\$36,631</td> <td>\$33,739</td> </tr> <tr> <td>Inpatient Hospital: Trigger</td> <td>\$22,423</td> <td>\$16,023</td> </tr> <tr> <td>Inpatient Hospital: Non-Trigger</td> <td>\$1,359</td> <td>\$2,797</td> </tr> <tr> <td>Physician Services During Hospitalization</td> <td>\$3,377</td> <td>\$2,845</td> </tr> <tr> <td>Outpatient Evaluation & Management Services</td> <td>\$257</td> <td>\$375</td> </tr> <tr> <td>Major Procedures</td> <td>\$0</td> <td>\$142</td> </tr> </tbody> </table>	Service Category	Your TIN's Episodes (Avg. Cost)	All Episodes Nationally (Avg. Cost)	TOTAL EPISODE	\$36,631	\$33,739	Inpatient Hospital: Trigger	\$22,423	\$16,023	Inpatient Hospital: Non-Trigger	\$1,359	\$2,797	Physician Services During Hospitalization	\$3,377	\$2,845	Outpatient Evaluation & Management Services	\$257	\$375	Major Procedures	\$0	\$142
Service Category	Your TIN's Episodes (Avg. Cost)	All Episodes Nationally (Avg. Cost)																				
TOTAL EPISODE	\$36,631	\$33,739																				
Inpatient Hospital: Trigger	\$22,423	\$16,023																				
Inpatient Hospital: Non-Trigger	\$1,359	\$2,797																				
Physician Services During Hospitalization	\$3,377	\$2,845																				
Outpatient Evaluation & Management Services	\$257	\$375																				
Major Procedures	\$0	\$142																				

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

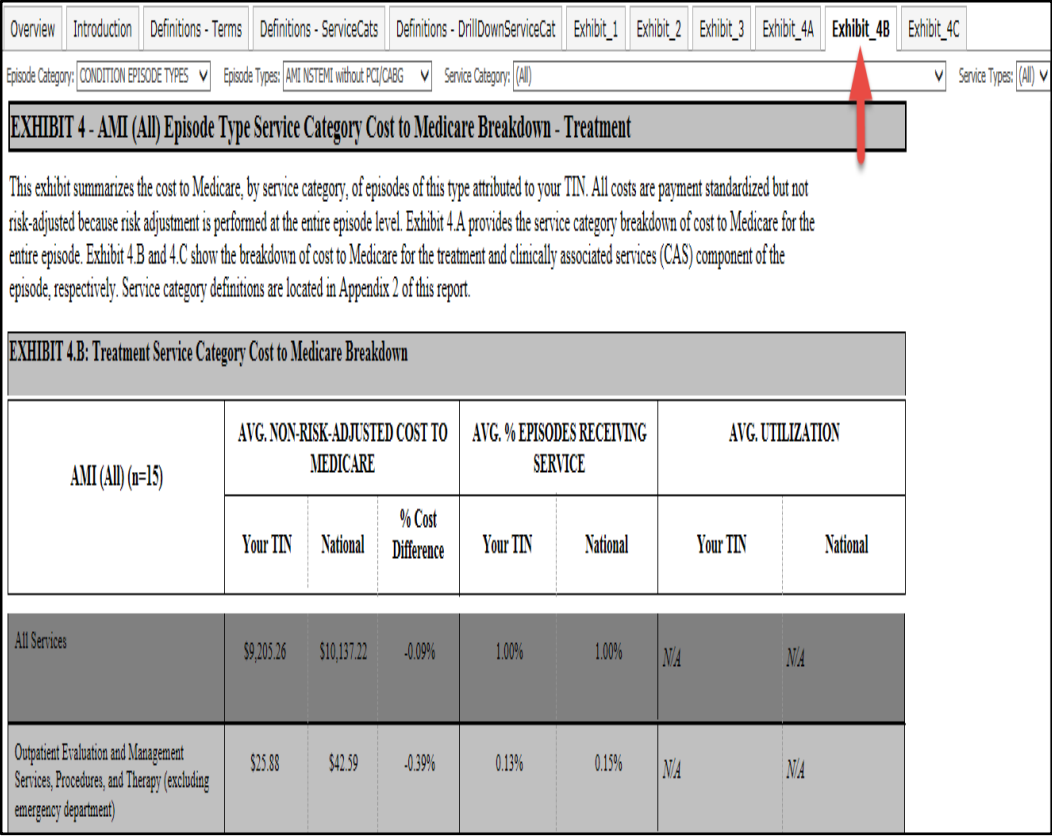
I. Exhibit_4A

Steps	Screenshots																															
<p>1. a. Select the Exhibit_4A tab to view the summary of the following information:</p> <ul style="list-style-type: none"> Exhibit 4.A: Total Episode Service Category Cost to Medicare Breakdown <p><i>Note: The Episode Types and Service Types displayed on the report will be based on your TIN and the report selected from the Grouping menu.</i></p>	 <p>This exhibit summarizes the cost to Medicare, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4 A provides the service category breakdown of cost to Medicare for the entire episode. Exhibit 4.B and 4.C show the breakdown of cost to Medicare for the treatment and clinically associated services (CAS) component of the episode, respectively. Service category definitions are located in Appendix 2 of this report.</p> <table border="1"> <thead> <tr> <th rowspan="2">AMI (All) (n=15)</th> <th colspan="3">AVG. NON-RISK-ADJUSTED COST TO MEDICARE</th> <th colspan="2">AVG. % EPISODES RECEIVING SERVICE</th> <th colspan="2">AVG. UTILIZATION</th> </tr> <tr> <th>Your TIN</th> <th>National</th> <th>% Cost Difference</th> <th>Your TIN</th> <th>National</th> <th>Your TIN</th> <th>National</th> </tr> </thead> <tbody> <tr> <td>All Services</td> <td>\$75,209.12</td> <td>\$67,478.60</td> <td>0.44%</td> <td>4.00%</td> <td>4.00%</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)</td> <td>\$1,023.64</td> <td>\$1,101.32</td> <td>-0.28%</td> <td>2.40%</td> <td>2.40%</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table>	AMI (All) (n=15)	AVG. NON-RISK-ADJUSTED COST TO MEDICARE			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION		Your TIN	National	% Cost Difference	Your TIN	National	Your TIN	National	All Services	\$75,209.12	\$67,478.60	0.44%	4.00%	4.00%	N/A	N/A	Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$1,023.64	\$1,101.32	-0.28%	2.40%	2.40%	N/A	N/A
AMI (All) (n=15)	AVG. NON-RISK-ADJUSTED COST TO MEDICARE			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION																										
	Your TIN	National	% Cost Difference	Your TIN	National	Your TIN	National																									
All Services	\$75,209.12	\$67,478.60	0.44%	4.00%	4.00%	N/A	N/A																									
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$1,023.64	\$1,101.32	-0.28%	2.40%	2.40%	N/A	N/A																									
<p>b. Four (4) grouping option menus will be displayed in Exhibit 4A for the report selection:</p> <ul style="list-style-type: none"> Episode Category Episode Types Service Category Service Types <p><i>Note: By default Service Category and Service types options will be set to (All) in Exhibit 4.</i></p> <p><i>Note: Episode Category and Episode Types functions the same as mentioned in Step 1(b).Section V, Exhibit_3</i></p> <p><i>Note: Service Category and Service Types can be selected after selecting Episode Category and Episode Types.</i></p>	 <p>This exhibit summarizes the cost to Medicare, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4A provides the service category breakdown of cost to Medicare for the entire episode. Exhibit 4.B and 4.C show the breakdown of cost to Medicare for the treatment and clinically associated services (CAS) component of the episode, respectively. Service category definitions are located in Appendix 2 of this report.</p> <table border="1"> <thead> <tr> <th rowspan="2">AMI (All) (n=15)</th> <th colspan="3">AVG. NON-RISK-ADJUSTED COST TO MEDICARE</th> <th colspan="2">AVG. % EPISODES RECEIVING SERVICE</th> <th colspan="2">AVG. UTILIZATION</th> </tr> <tr> <th>Your TIN</th> <th>National</th> <th>% Cost Difference</th> <th>Your TIN</th> <th>National</th> <th>Your TIN</th> <th>National</th> </tr> </thead> <tbody> <tr> <td>All Services</td> <td>\$75,209.12</td> <td>\$67,478.60</td> <td>0.44%</td> <td>4.00%</td> <td>4.00%</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)</td> <td>\$1,023.64</td> <td>\$1,101.32</td> <td>-0.28%</td> <td>2.40%</td> <td>2.40%</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table>	AMI (All) (n=15)	AVG. NON-RISK-ADJUSTED COST TO MEDICARE			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION		Your TIN	National	% Cost Difference	Your TIN	National	Your TIN	National	All Services	\$75,209.12	\$67,478.60	0.44%	4.00%	4.00%	N/A	N/A	Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$1,023.64	\$1,101.32	-0.28%	2.40%	2.40%	N/A	N/A
AMI (All) (n=15)	AVG. NON-RISK-ADJUSTED COST TO MEDICARE			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION																										
	Your TIN	National	% Cost Difference	Your TIN	National	Your TIN	National																									
All Services	\$75,209.12	\$67,478.60	0.44%	4.00%	4.00%	N/A	N/A																									
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$1,023.64	\$1,101.32	-0.28%	2.40%	2.40%	N/A	N/A																									

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

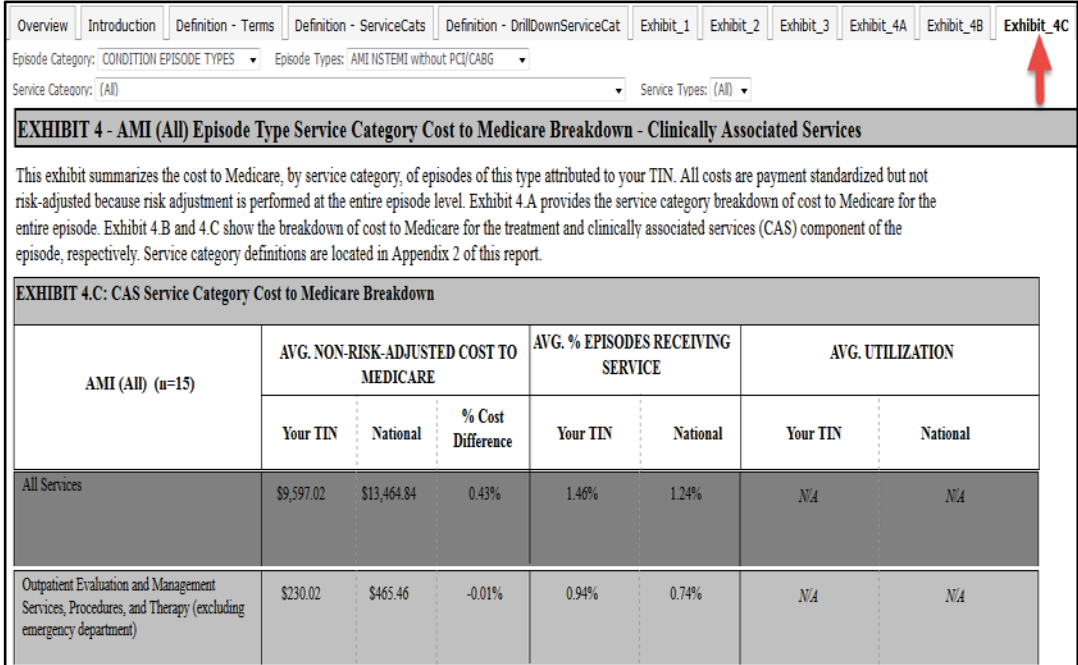

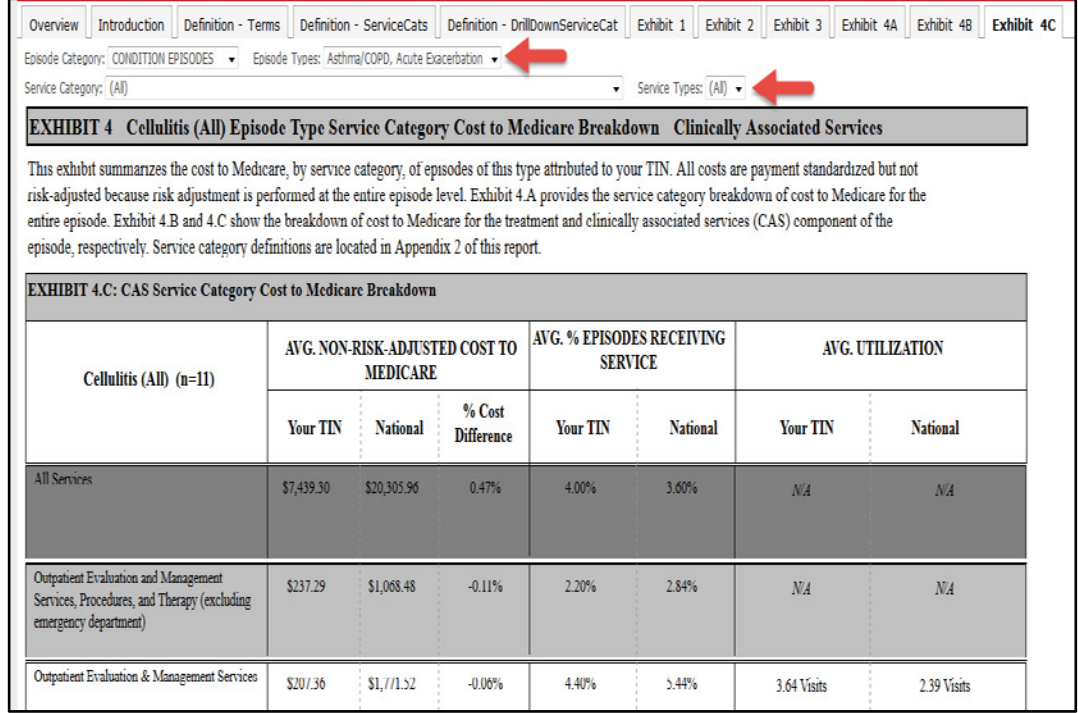
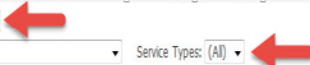
J. Exhibit_4B

Steps	Screenshots																																							
<p>1. Select the Exhibit_4B tab to view the summary of cost to Medicare performance by Service Category of Episodes Type attributed to your TIN. The following information is displayed:</p> <ul style="list-style-type: none"> • Exhibit 4.B: Treatment Service Category Cost to Medicare Breakdown <p>Note: The Grouping menu functions the same as mentioned in Step 1b. Section V, Exhibit_3</p> <p>Note: The Episode Types displayed on the report will be based on your TIN and the report selected from the Grouping menu option.</p>	 <p>EXHIBIT 4 - AMI (All) Episode Type Service Category Cost to Medicare Breakdown - Treatment</p> <p>This exhibit summarizes the cost to Medicare, by service category, of episodes of this type attributed to your TIN. All costs are payment standardized but not risk-adjusted because risk adjustment is performed at the entire episode level. Exhibit 4.A provides the service category breakdown of cost to Medicare for the entire episode. Exhibit 4.B and 4.C show the breakdown of cost to Medicare for the treatment and clinically associated services (CAS) component of the episode, respectively. Service category definitions are located in Appendix 2 of this report.</p> <p>EXHIBIT 4.B: Treatment Service Category Cost to Medicare Breakdown</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">AVG. NON-RISK-ADJUSTED COST TO MEDICARE</th> <th colspan="2">AVG. % EPISODES RECEIVING SERVICE</th> <th colspan="2">AVG. UTILIZATION</th> </tr> <tr> <th>Your TIN</th> <th>National</th> <th>% Cost Difference</th> <th>Your TIN</th> <th>National</th> <th>Your TIN</th> <th>National</th> </tr> </thead> <tbody> <tr> <td>AMI (All) (n=15)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>All Services</td> <td>\$9,205.26</td> <td>\$10,137.22</td> <td>-0.09%</td> <td>1.00%</td> <td>1.00%</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)</td> <td>\$25.88</td> <td>\$42.59</td> <td>-0.39%</td> <td>0.13%</td> <td>0.15%</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table>		AVG. NON-RISK-ADJUSTED COST TO MEDICARE			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION		Your TIN	National	% Cost Difference	Your TIN	National	Your TIN	National	AMI (All) (n=15)								All Services	\$9,205.26	\$10,137.22	-0.09%	1.00%	1.00%	N/A	N/A	Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$25.88	\$42.59	-0.39%	0.13%	0.15%	N/A	N/A
	AVG. NON-RISK-ADJUSTED COST TO MEDICARE			AVG. % EPISODES RECEIVING SERVICE		AVG. UTILIZATION																																		
	Your TIN	National	% Cost Difference	Your TIN	National	Your TIN	National																																	
AMI (All) (n=15)																																								
All Services	\$9,205.26	\$10,137.22	-0.09%	1.00%	1.00%	N/A	N/A																																	
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	\$25.88	\$42.59	-0.39%	0.13%	0.15%	N/A	N/A																																	

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

K. Exhibit_4C

Steps	Screenshots
<p>1. a. Select the Exhibit_4C tab to view a summary of the cost to Medicare performance by Service Category of Episode Type attributed to your TIN. The following information is displayed:</p> <ul style="list-style-type: none"> • Exhibit 4.C: CAS Service Category Cost to Medicare Breakdown <p><i>Note: The Grouping menu functions the same as mentioned in Step 1(b) Section V, Exhibit_3</i></p>	 <p style="text-align: right; margin-right: 20px;"></p>
<p>b. The report displayed is based on the selection made from the Grouping option menu.</p> <p><i>Note: Episode Types in the report are dynamic based on the episodes attributed to your TIN.</i></p>	 <p style="text-align: right; margin-right: 20px;"></p>

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

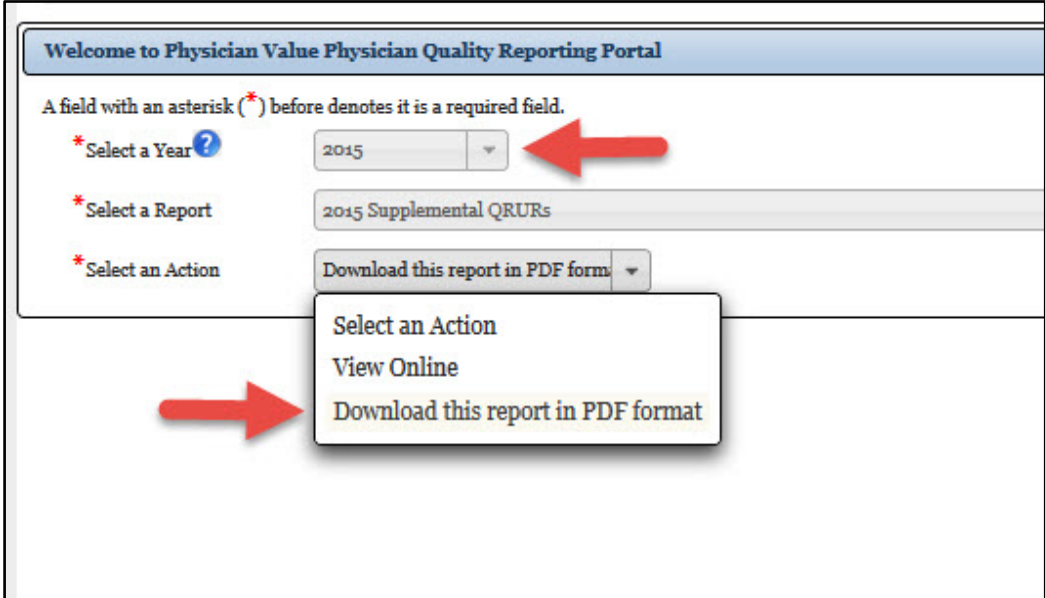
VI. Downloading the 2015 Supplemental QRURs in PDF Format

There are two ways to download and save the 2015 Supplemental QRURs on your desktop:

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

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

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

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

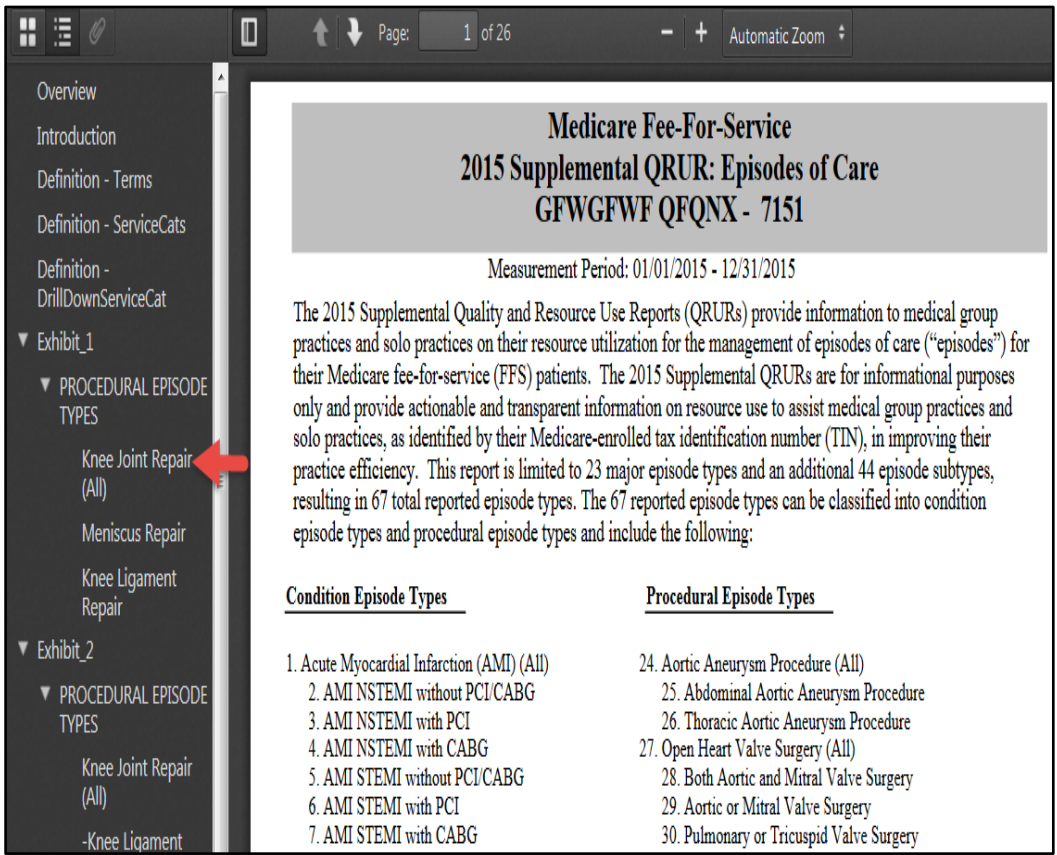
If you have questions about the 2015 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

Steps	Screenshots
<p>3. Read the Attestation Message and make the appropriate attestation selection.</p> <ul style="list-style-type: none"> Select one of the options under “I plan to use this data in my capacity as a:” Then, select I Confirm to continue. <p>Note: If you select Neither of the above or I do not know, the option to Exit to the Overview screen will be enabled.</p>	
<p>4. Select one TIN from the Available TINs.</p> <ul style="list-style-type: none"> Select Export. 	

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

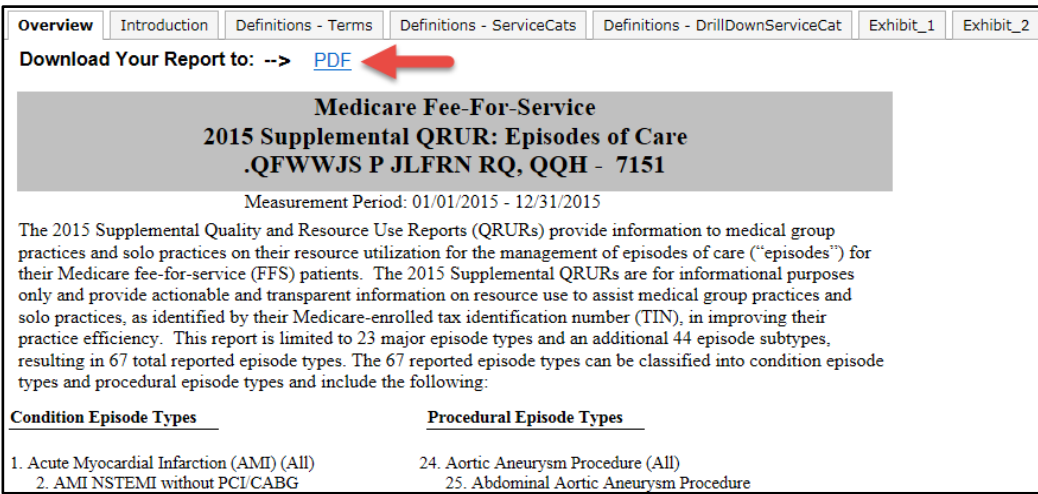
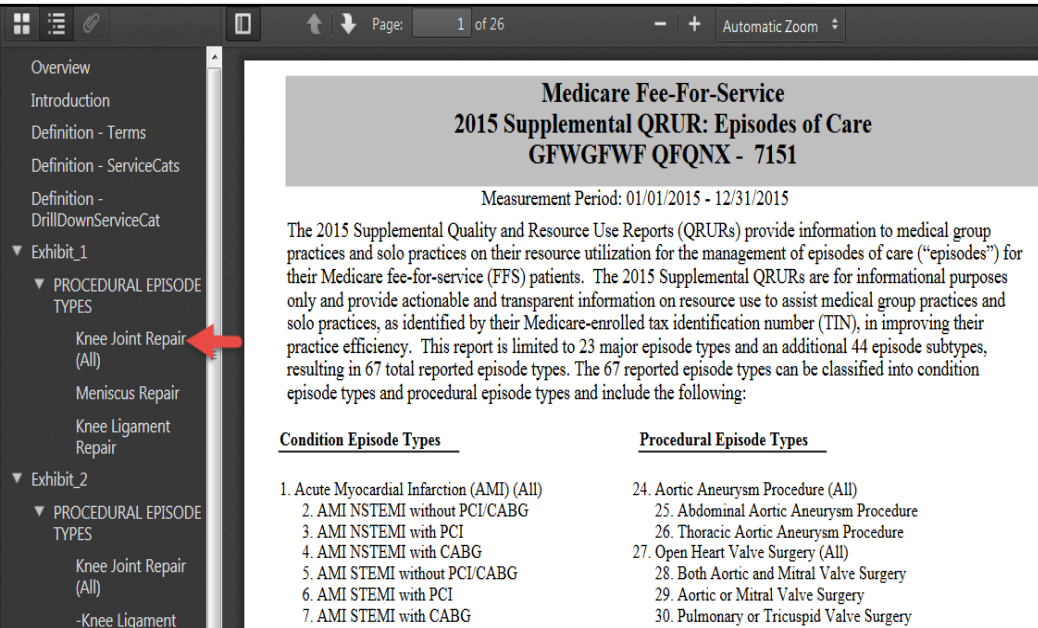
Steps	Screenshots																
<p>The 2015 Supplemental QRURs is downloaded to PDF format.</p> <p>Note: <i>Only the Supplemental QRURs is downloaded. The Drill Down Tables must be downloaded separately.</i></p> <p>5. Select any of the Bookmarks to navigate to a different section of the 2015 Supplemental QRURs.</p> <p>Note: <i>Use the standard Adobe features to Save, Open, and Print content of the PDF file.</i></p>	 <p style="text-align: center;">Medicare Fee-For-Service 2015 Supplemental QRUR: Episodes of Care GFWGFWF QFQNX - 7151</p> <p style="text-align: center;">Measurement Period: 01/01/2015 - 12/31/2015</p> <p>The 2015 Supplemental Quality and Resource Use Reports (QRURs) provide information to medical group practices and solo practices on their resource utilization for the management of episodes of care (“episodes”) for their Medicare fee-for-service (FFS) patients. The 2015 Supplemental QRURs are for informational purposes only and provide actionable and transparent information on resource use to assist medical group practices and solo practices, as identified by their Medicare-enrolled tax identification number (TIN), in improving their practice efficiency. This report is limited to 23 major episode types and an additional 44 episode subtypes, resulting in 67 total reported episode types. The 67 reported episode types can be classified into condition episode types and procedural episode types and include the following:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Condition Episode Types</u></th> <th style="text-align: left;"><u>Procedural Episode Types</u></th> </tr> </thead> <tbody> <tr> <td>1. Acute Myocardial Infarction (AMI) (All)</td> <td>24. Aortic Aneurysm Procedure (All)</td> </tr> <tr> <td>2. AMI NSTEMI without PCI/CABG</td> <td>25. Abdominal Aortic Aneurysm Procedure</td> </tr> <tr> <td>3. AMI NSTEMI with PCI</td> <td>26. Thoracic Aortic Aneurysm Procedure</td> </tr> <tr> <td>4. AMI NSTEMI with CABG</td> <td>27. Open Heart Valve Surgery (All)</td> </tr> <tr> <td>5. AMI STEMI without PCI/CABG</td> <td>28. Both Aortic and Mitral Valve Surgery</td> </tr> <tr> <td>6. AMI STEMI with PCI</td> <td>29. Aortic or Mitral Valve Surgery</td> </tr> <tr> <td>7. AMI STEMI with CABG</td> <td>30. Pulmonary or Tricuspid Valve Surgery</td> </tr> </tbody> </table>	<u>Condition Episode Types</u>	<u>Procedural Episode Types</u>	1. Acute Myocardial Infarction (AMI) (All)	24. Aortic Aneurysm Procedure (All)	2. AMI NSTEMI without PCI/CABG	25. Abdominal Aortic Aneurysm Procedure	3. AMI NSTEMI with PCI	26. Thoracic Aortic Aneurysm Procedure	4. AMI NSTEMI with CABG	27. Open Heart Valve Surgery (All)	5. AMI STEMI without PCI/CABG	28. Both Aortic and Mitral Valve Surgery	6. AMI STEMI with PCI	29. Aortic or Mitral Valve Surgery	7. AMI STEMI with CABG	30. Pulmonary or Tricuspid Valve Surgery
<u>Condition Episode Types</u>	<u>Procedural Episode Types</u>																
1. Acute Myocardial Infarction (AMI) (All)	24. Aortic Aneurysm Procedure (All)																
2. AMI NSTEMI without PCI/CABG	25. Abdominal Aortic Aneurysm Procedure																
3. AMI NSTEMI with PCI	26. Thoracic Aortic Aneurysm Procedure																
4. AMI NSTEMI with CABG	27. Open Heart Valve Surgery (All)																
5. AMI STEMI without PCI/CABG	28. Both Aortic and Mitral Valve Surgery																
6. AMI STEMI with PCI	29. Aortic or Mitral Valve Surgery																
7. AMI STEMI with CABG	30. Pulmonary or Tricuspid Valve Surgery																

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

B. From the Overview Section

This option will allow users to download the 2015 Supplemental QRURs into PDF through the **Overview** page

Steps	Screenshots
<p>1. Follow Section IV: (Steps 1-9) Accessing the 2015 Supplemental QRURs of this guide on how to access the Supplemental QRURs.</p>	
<p>The Supplemental QRUR is displayed with the following download option available on the 'Overview' tab.</p> <p>Download Your Report to:</p> <ul style="list-style-type: none"> PDF <p>2. Select the PDF link from the Download Your Report to option to view this report in PDF format.</p>	 <p>The screenshot shows a web interface with a navigation bar at the top containing tabs: Overview, Introduction, Definitions - Terms, Definitions - ServiceCats, Definitions - DrillDownServiceCat, Exhibit_1, and Exhibit_2. Below the navigation bar, there is a dropdown menu labeled 'Download Your Report to: -->' with 'PDF' selected and a red arrow pointing to it. The main content area displays the title 'Medicare Fee-For-Service 2015 Supplemental QRUR: Episodes of Care .QFWWJS P JLFRN RQ, QQH - 7151' and the measurement period '01/01/2015 - 12/31/2015'. Below this, there is a paragraph of text explaining the report's purpose and a list of episode types categorized into 'Condition Episode Types' and 'Procedural Episode Types'.</p>
<p>The 2015 Supplemental QRURs is downloaded to PDF format.</p> <p>Note: Only the Supplemental QRURs is downloaded. The Drill Down Tables must be downloaded separately.</p> <p>3. Select any of the Bookmarks to navigate to a different section of the 2015 Supplemental QRURs.</p> <p>Note: Use the standard Adobe features to Save, Open, and Print content of the PDF file.</p>	 <p>The screenshot shows a PDF viewer interface. On the left is a sidebar with a list of bookmarks: Overview, Introduction, Definition - Terms, Definition - ServiceCats, Definition - DrillDownServiceCat, Exhibit_1 (expanded to show 'PROCEDURAL EPISODE TYPES' with 'Knee Joint Repair (All)', 'Meniscus Repair', and 'Knee Ligament Repair'), and Exhibit_2 (expanded to show 'PROCEDURAL EPISODE TYPES' with 'Knee Joint Repair (All)' and '-Knee Ligament'). A red arrow points to 'Knee Joint Repair (All)'. The main content area displays the title 'Medicare Fee-For-Service 2015 Supplemental QRUR: Episodes of Care GFWGFWF QFQNX - 7151' and the measurement period '01/01/2015 - 12/31/2015'. Below this, there is a paragraph of text explaining the report's purpose and a list of episode types categorized into 'Condition Episode Types' and 'Procedural Episode Types'.</p>

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

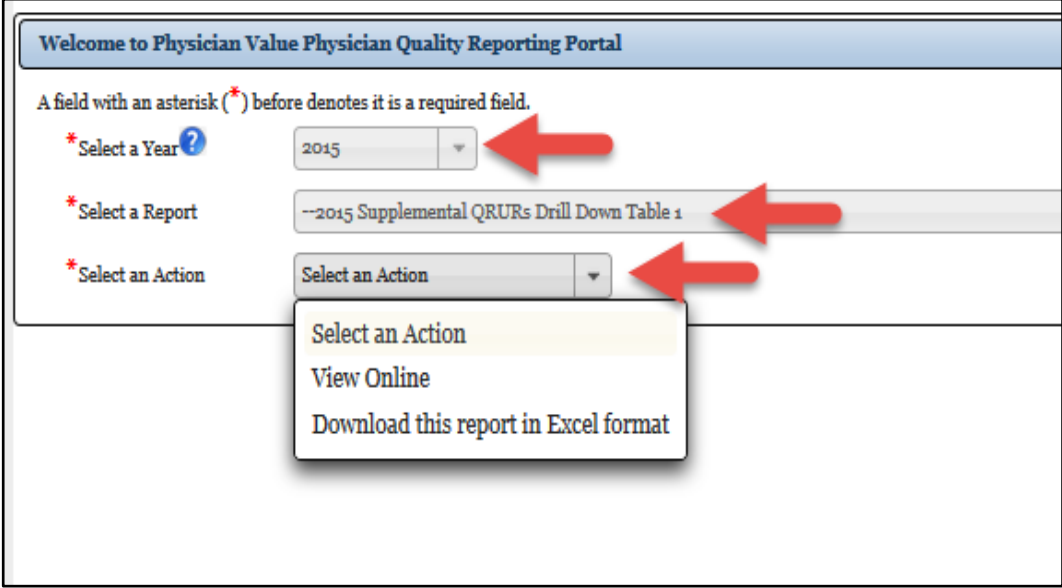
Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

VII. Accessing the 2015 Drill Down Tables

The following 2015 Supplemental QRUR Drill Down Tables are available:

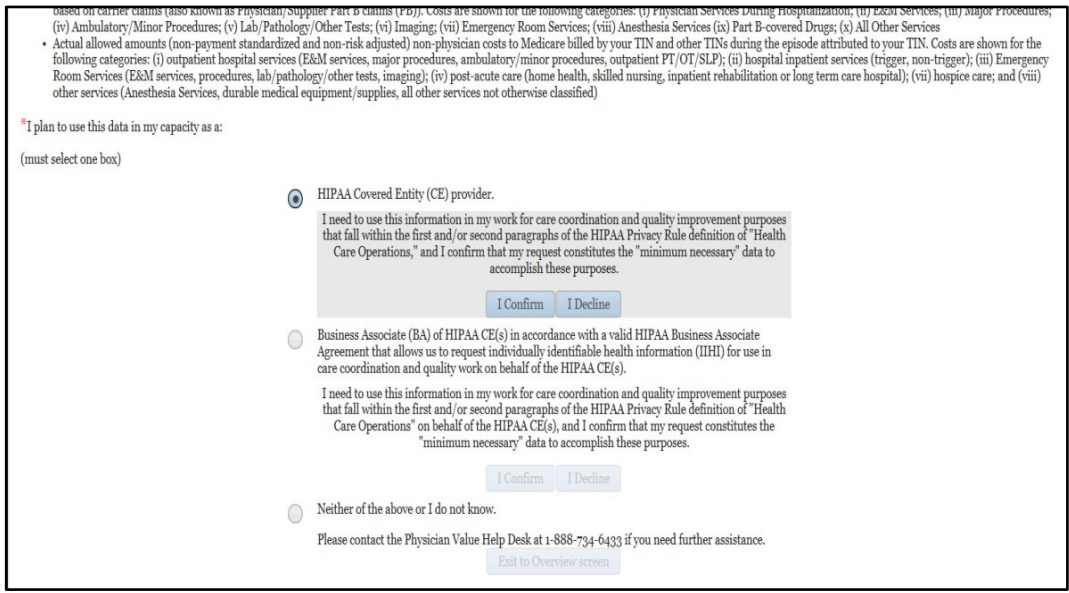
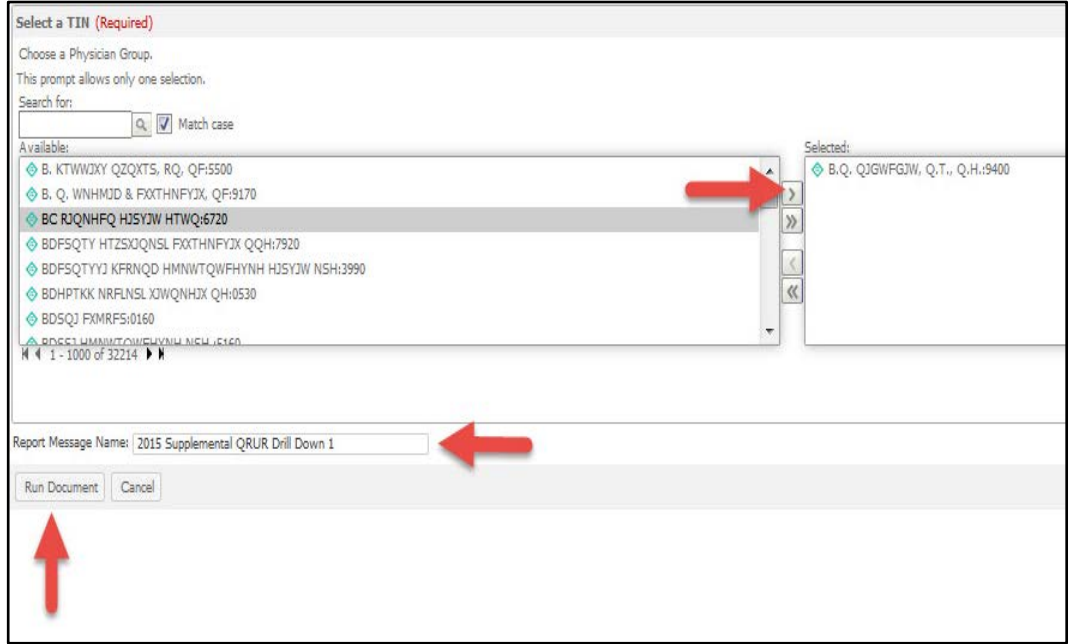
- 2015 Supplemental QRURs Drill Down Table 1
- 2015 Supplemental QRURs Drill Down Table 2
- 2015 Supplemental QRURs Drill Down Table 3

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 Supplemental QRUR online in MicroStrategy.

Steps	Screenshots
<p>1. Follow Section IV (Steps 1-5) Accessing the 2015 Supplemental QRURs of this guide on how to access the 2015 Supplemental QRURs.</p>	
<p>2. Select 2015 from the Select a Year dropdown menu, and then select one of the Supplemental QRURs Drill Down Tables (e.g., Drill Down Table 2.) from the Select a Report dropdown menu.</p> <ul style="list-style-type: none"> • Select View Online from the Select an Action dropdown menu. 	

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

Steps	Screenshots
<p>3. Read the Attestation Message and make the appropriate attestation selection.</p> <ul style="list-style-type: none"> Select one of the options for “I plan to use this data in my capacity as a:” Then, select I Confirm to continue. <p>Note: If you select Neither of the above or I do not know the option to Exit to the Overview screen will be enabled.</p>	
<p>You are now in the MicroStrategy Web Platform. The screenshot shows the TIN(s) associated with your EIDM account.</p> <p>4. Select one TIN from the Available TINs:</p> <ul style="list-style-type: none"> Select a TIN and either double click the mouse or select the arrow button to move the TIN from Available to Selected. You can also filter the list of Available TINs by entering the name or last 4 digits of a TIN in the Search for field. <p>Note: Select only one TIN when you attempt to retrieve a 2015 Supplemental QRURs Drill Down.</p> <p>Select Run Document.</p> <p>Note: You will need to wait several seconds for the system to generate your 2015 Supplemental QRURs Drill Down.</p>	

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

Steps	Screenshots																																																																		
<p>5. The selected 2015 Supplemental QRURs Drill Down Table 1 report is displayed for the selected Episode Types with the following information:</p> <ul style="list-style-type: none"> • Episode Information • Basic Cost to Medicare and Risk Percentile Information (<i>Payment Standardized</i>) • Beneficiary Information • Lead Eligible Professional(s) (EP) (Physician/Non-Physician Practitioner(s) Managing Episode) • Evaluation and Management (E&M) Visits Performed During Episode • Physician Fee Schedule (PFS) Costs to Medicare Billed During Episode • Providers, Hospitals, SNFs, and HH Agencies Treating Episode <p>Note: Due to spacing limitations, only a sub-section of the screen is shown. Please use the scroll feature in the report to view all of the information.</p> <p>Note: The Episode Types displayed on the report will be based on Your TIN and the Episode Types selected from the grouping menu.</p> <p>Note: The Grouping menu for Episode Category is set by default to Condition Episode Types. Episode Types is displayed in alphabetical order based on your TIN.</p> <p>Note: Only the Condition Episode Types will be displayed in the grouping option menu when</p>	<div style="border: 1px solid black; padding: 10px;"> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Episode Category: PROCEDURAL EPISODES Episode Types: TURP </div> <div style="background-color: #cccccc; padding: 5px; margin-bottom: 5px;"> DRILL DOWN TABLE 1- TURP. Episode-Level Summary Information </div> <p style="font-size: small; margin-bottom: 5px;">This drill down table provides episode-level information for episodes of this type that were attributed to your TIN. Unless otherwise noted, all costs are actual Medicare payment amounts (non-payment standardized and non-risk adjusted) to allow TINs to compare this data to their own records. † Crosses indicate terms</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2">Episode Information</th> <th colspan="4">Basic Cost to Medicare and Risk Percentile Information <i>(Payment Standardized)</i></th> <th colspan="5">Beneficiary Information</th> </tr> <tr> <th>Episode ID</th> <th>Episode Type <i>(If Applicable)</i></th> <th>Non-Risk-Adjusted Cost to Medicare</th> <th>Risk-Adjusted Cost to Medicare†</th> <th>Risk-Adjusted Cost to Medicare Percentile†</th> <th>Risk Score Percentile†</th> <th>Beneficiary HIC</th> <th>Sex</th> <th>Date of Birth</th> <th>Episode Start Date</th> <th>Death Date, if During Episode</th> </tr> </thead> <tbody> <tr> <td>3028049130808001</td> <td>TURP</td> <td>\$4,315.68</td> <td>\$5,303.83</td> <td>53rd</td> <td>4th</td> <td>██████████</td> <td>M</td> <td>8-Feb-48</td> <td>30-Oct-13</td> <td></td> </tr> <tr> <td>3077731050808001</td> <td>TURP</td> <td>\$6,088.39</td> <td>\$6,914.03</td> <td>77th</td> <td>30th</td> <td>██████████</td> <td>M</td> <td>27-Jan-38</td> <td>5-Mar-14</td> <td></td> </tr> <tr> <td>3120882540808001</td> <td>TURP</td> <td>\$4,481.50</td> <td>\$4,873.50</td> <td>41st</td> <td>44th</td> <td>██████████</td> <td>M</td> <td>28-May-32</td> <td>30-Oct-13</td> <td></td> </tr> <tr> <td>3138081230808001</td> <td>TURP</td> <td>\$3,998.13</td> <td>\$3,993.98</td> <td>23rd</td> <td>61st</td> <td>██████████</td> <td>M</td> <td>17-Jun-30</td> <td>2-Oct-13</td> <td></td> </tr> </tbody> </table> </div>	Episode Information		Basic Cost to Medicare and Risk Percentile Information <i>(Payment Standardized)</i>				Beneficiary Information					Episode ID	Episode Type <i>(If Applicable)</i>	Non-Risk-Adjusted Cost to Medicare	Risk-Adjusted Cost to Medicare†	Risk-Adjusted Cost to Medicare Percentile†	Risk Score Percentile†	Beneficiary HIC	Sex	Date of Birth	Episode Start Date	Death Date, if During Episode	3028049130808001	TURP	\$4,315.68	\$5,303.83	53rd	4th	██████████	M	8-Feb-48	30-Oct-13		3077731050808001	TURP	\$6,088.39	\$6,914.03	77th	30th	██████████	M	27-Jan-38	5-Mar-14		3120882540808001	TURP	\$4,481.50	\$4,873.50	41st	44th	██████████	M	28-May-32	30-Oct-13		3138081230808001	TURP	\$3,998.13	\$3,993.98	23rd	61st	██████████	M	17-Jun-30	2-Oct-13	
Episode Information		Basic Cost to Medicare and Risk Percentile Information <i>(Payment Standardized)</i>				Beneficiary Information																																																													
Episode ID	Episode Type <i>(If Applicable)</i>	Non-Risk-Adjusted Cost to Medicare	Risk-Adjusted Cost to Medicare†	Risk-Adjusted Cost to Medicare Percentile†	Risk Score Percentile†	Beneficiary HIC	Sex	Date of Birth	Episode Start Date	Death Date, if During Episode																																																									
3028049130808001	TURP	\$4,315.68	\$5,303.83	53rd	4th	██████████	M	8-Feb-48	30-Oct-13																																																										
3077731050808001	TURP	\$6,088.39	\$6,914.03	77th	30th	██████████	M	27-Jan-38	5-Mar-14																																																										
3120882540808001	TURP	\$4,481.50	\$4,873.50	41st	44th	██████████	M	28-May-32	30-Oct-13																																																										
3138081230808001	TURP	\$3,998.13	\$3,993.98	23rd	61st	██████████	M	17-Jun-30	2-Oct-13																																																										

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

Steps	Screenshots
<p>Condition Episode Types is selected as the Episode Category, and the same will apply for the Procedural Episode Types.</p> <p>Note: Select the cross (†) symbol in the table to view the definition for that term</p> <p>Note: For security purposes, the Beneficiary Information column is grayed-out.</p>	
<p>6. Follow Steps 2 and 4 of Section VII Accessing 2015 Drill Down Tables to access other 2015 Supplemental QRURs Drill Down table reports.</p>	

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

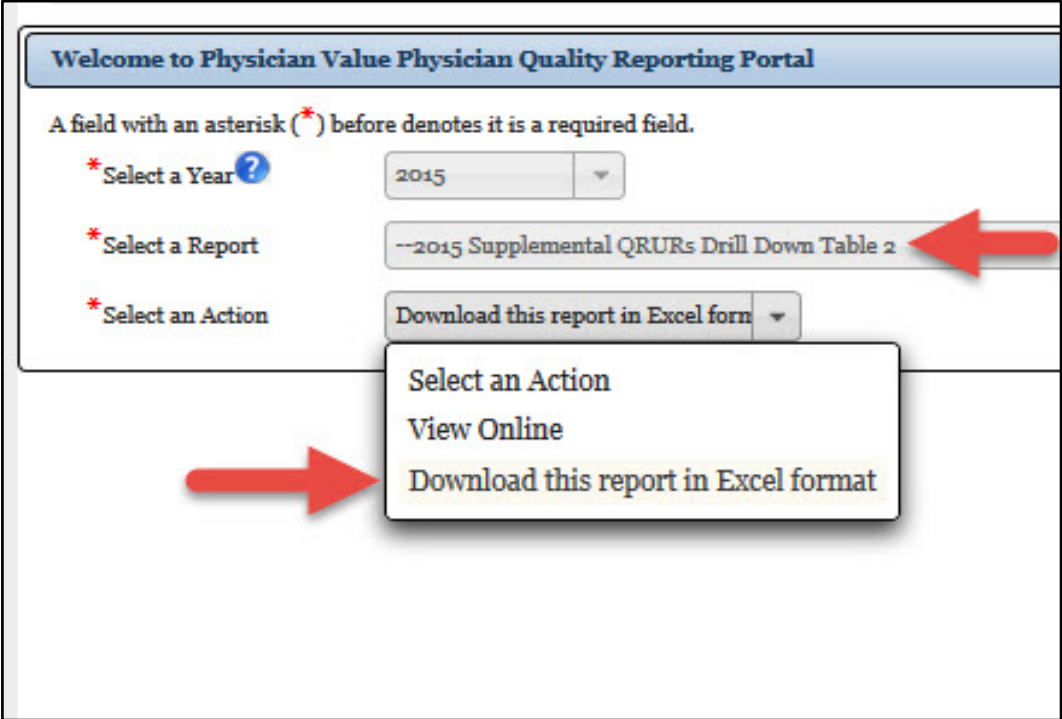
Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

VIII. Downloading the 2015 Drill Down Tables in Excel Format

There are two ways to download the Drill Down Tables in Excel format:

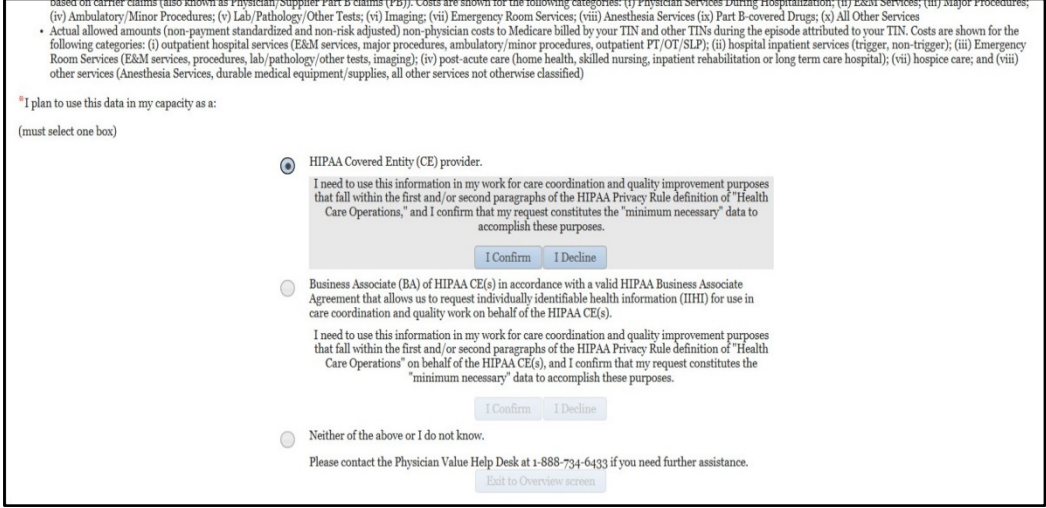
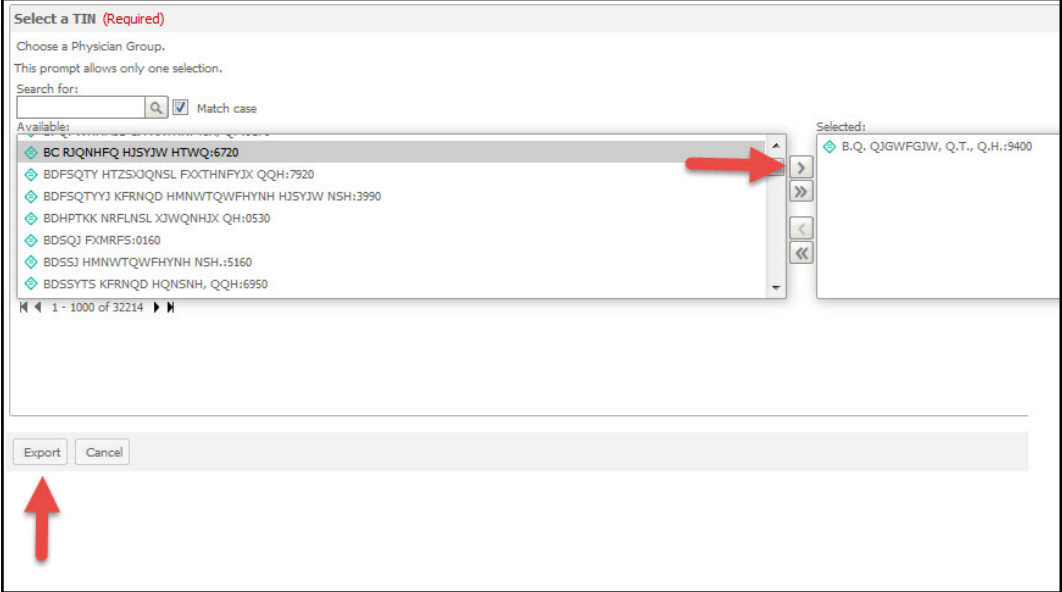
- A. Downloading from the Physician Value Physician Quality Reporting Portal using the 'Select an Action' dropdown.
- B. Downloading within the MicroStrategy Platform.

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

Steps	Screenshots
<p>1. Follow Section IV: (Steps 1-5) Accessing the 2015 Supplemental QRURs of this guide on how to access the Supplemental QRURs.</p>	
<p>2. Select a year 2015 from the Select a Year drop-down menu, and then select report 2015 Supplemental QRURs Drill Down Table 2 from the Select a Report dropdown menu.</p> <ul style="list-style-type: none"> • Select Download this report in Excel format from the Select an Action dropdown menu. <p><i>Note: Select an Action field will populate only when the year 2015 is selected</i></p>	

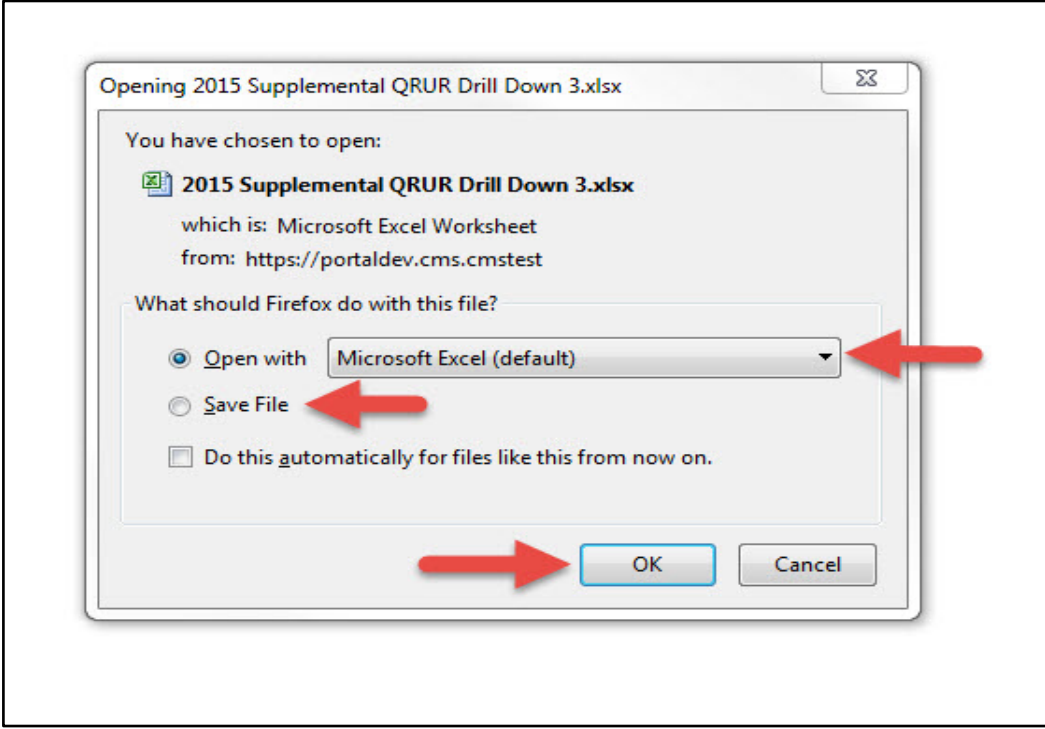
If you have questions about the 2015 Supplemental QRURs and Drill Down Tables, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

Steps	Screenshots
<p>3. Read the Attestation Message and make the appropriate attestation selection.</p> <ul style="list-style-type: none"> Select one of the options for “I plan to use this data in my capacity as a:” Then, select I Confirm to continue. <p>Note: If you select Neither of the above or I do not know the option to Exit to the Overview screen will be enabled.</p>	
<p>You are now in the MicroStrategy Web Platform. The screenshot shows the TIN(s) associated with your EIDM account.</p> <p>4. Select one TIN from the Available TINs.</p> <ul style="list-style-type: none"> Select a TIN and double click the mouse or select the Arrow button to move the TIN from Available to Selected. You can also filter the list of Available TINs by entering the name or last 4 digits of a TIN in the Search for field. <p>Note: Select only one TIN name each time you attempt to retrieve a 2015 Supplemental QRURs Drill Down.</p> <p>Note: For better search results, it is recommended to search by the last 4 digits of the TIN.</p> <p>Select Export.</p>	

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

Steps	Screenshots
<p>5. Select one of the following options:</p> <p style="margin-left: 20px;">a. Open with. To open the report in Excel. By default the file will open in Excel and will not be automatically saved. OR</p> <p style="margin-left: 20px;">b. Save File. The file will be saved in Excel format in the Downloads folder on your computer.</p> <p>Note: Check the Do this automatically check box to automatically save files like this in the future.</p> <p>Select OK to proceed.</p> <p>Note: If you use Internet Explorer (IE) as your web browser, please make sure the CMS Enterprise Portal (https://portal.cms.gov) is added to the browser's trusted sites to prevent problems exporting your feedback report(s) to Excel. On the browser tool bar, go to Tools, select Internet Options, select the Security tab and then select Trusted Sites. On the Trusted Sites screen, click on the Sites button. If you don't see the portal address in the list of trusted Websites, click the Add button to add the portal address. Select Close and then OK to save and return to IE. Alternatively, you may use Chrome or Firefox as your browser, to view and export your report(s).</p>	<div style="border: 1px solid black; padding: 10px; text-align: center;">  </div>

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

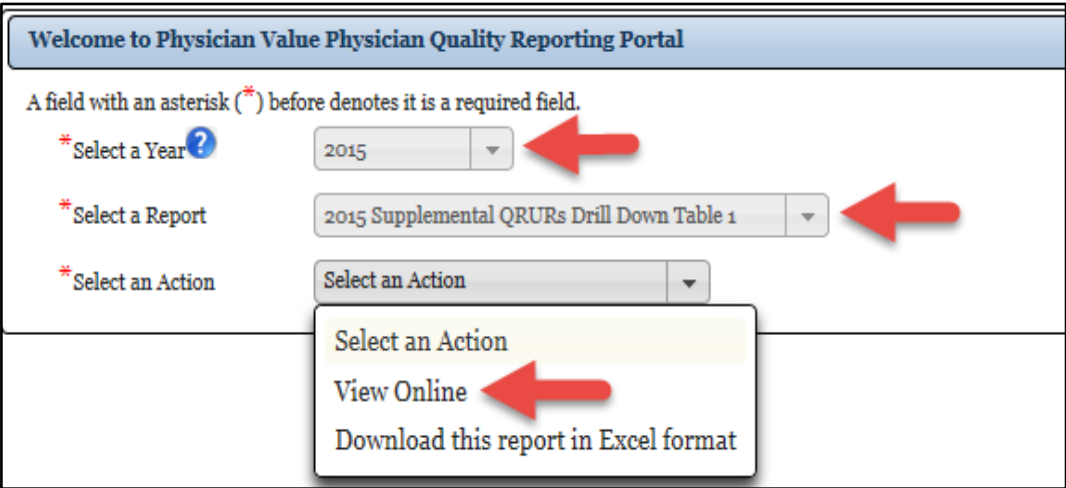
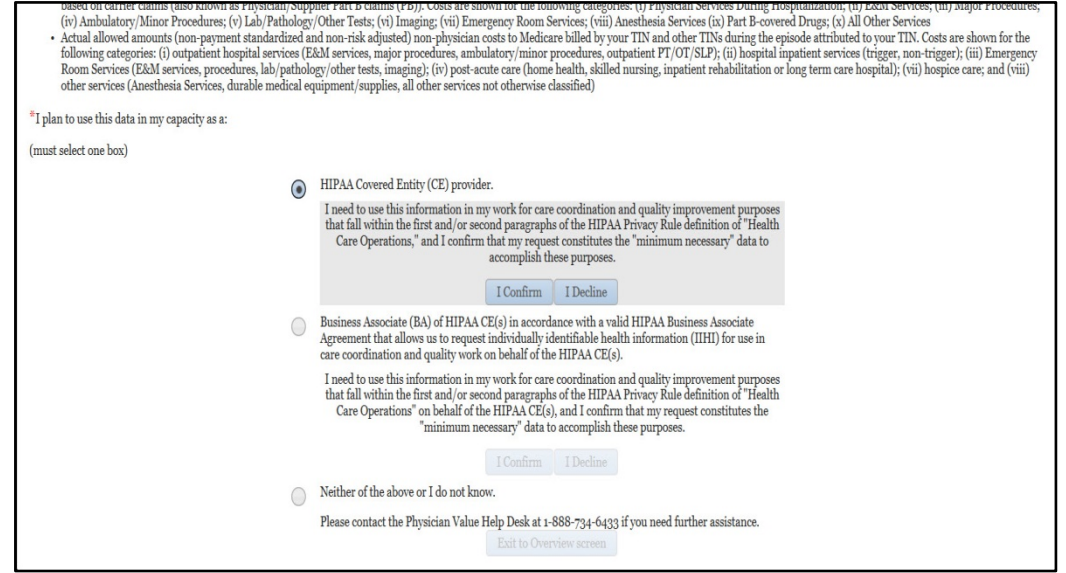
Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

Steps	Screenshots																																								
<p>6. The 2015 Supplemental Drill Down Table Report is downloaded to Excel format.</p> <p>Note: The Episode Types reports are available in different tabs and these episodes are dynamic, based on the episodes attributed to your TIN.</p> <p>Note: For security purposes, the Beneficiary Information column is grayed-out.</p> <p>Note: Exported cells may look truncated. Please expand the cells to view the whole content.</p>	<div style="border: 1px solid black; padding: 5px;"> <p style="background-color: #cccccc; margin: -5px -5px 5px -5px; padding: 2px;">DRILL DOWN TABLE 3 - Colonoscopy without Invasive Procedure. Breakdown of Non-Physician Costs to Medicare</p> <p style="font-size: small; margin: 5px -5px 5px -5px;">This drill down table provides detailed information on non-physician costs to Medicare for episodes of this type that were attributed to your TIN. All costs to Medicare are actual Medicare payment amounts (non-payment standardized and non-risk adjusted). Service categories are defined in Appendix 2 of this report.</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="3">Episode Information</th> <th>Beneficiary Information</th> <th colspan="3">Breakdown of Episode Cost to Medicare</th> <th colspan="3">Outpatient Hospital Serv</th> </tr> <tr> <th>Episode ID</th> <th>Episode Type <i>(If Applicable)</i></th> <th>Risk Score Percentile†</th> <th>HIC</th> <th>Physician Costs to Medicare Billed By Your TIN</th> <th>Physician Costs to Medicare Billed By Other TINs</th> <th>All Other Costs to Medicare During Episode</th> <th>E&M Services</th> <th>Major Procedures</th> <th>Ambulato Minor Procedur</th> </tr> </thead> <tbody> <tr> <td>3158056530803001</td> <td>Colonoscopy without Invasive Procedure</td> <td>72nd</td> <td style="background-color: #cccccc;"></td> <td style="text-align: right;">\$284.79</td> <td style="text-align: right;">\$36.23</td> <td style="text-align: right;">\$1,733.95</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$1,059</td> </tr> <tr> <td>3300669990803001</td> <td>Colonoscopy without Invasive Procedure</td> <td>52nd</td> <td style="background-color: #cccccc;"></td> <td style="text-align: right;">\$190.51</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$1,314.18</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$1,019</td> </tr> </tbody> </table> <div style="margin-top: 10px; border: 1px solid black; padding: 2px; font-size: x-small;"> PROCEDURAL EPISODES, Colonoscop PROCEDURAL EPISODES, Colonos_#2 : 4 </div> </div>	Episode Information			Beneficiary Information	Breakdown of Episode Cost to Medicare			Outpatient Hospital Serv			Episode ID	Episode Type <i>(If Applicable)</i>	Risk Score Percentile†	HIC	Physician Costs to Medicare Billed By Your TIN	Physician Costs to Medicare Billed By Other TINs	All Other Costs to Medicare During Episode	E&M Services	Major Procedures	Ambulato Minor Procedur	3158056530803001	Colonoscopy without Invasive Procedure	72nd		\$284.79	\$36.23	\$1,733.95	\$0.00	\$0.00	\$1,059	3300669990803001	Colonoscopy without Invasive Procedure	52nd		\$190.51	\$0.00	\$1,314.18	\$0.00	\$0.00	\$1,019
Episode Information			Beneficiary Information	Breakdown of Episode Cost to Medicare			Outpatient Hospital Serv																																		
Episode ID	Episode Type <i>(If Applicable)</i>	Risk Score Percentile†	HIC	Physician Costs to Medicare Billed By Your TIN	Physician Costs to Medicare Billed By Other TINs	All Other Costs to Medicare During Episode	E&M Services	Major Procedures	Ambulato Minor Procedur																																
3158056530803001	Colonoscopy without Invasive Procedure	72nd		\$284.79	\$36.23	\$1,733.95	\$0.00	\$0.00	\$1,059																																
3300669990803001	Colonoscopy without Invasive Procedure	52nd		\$190.51	\$0.00	\$1,314.18	\$0.00	\$0.00	\$1,019																																

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

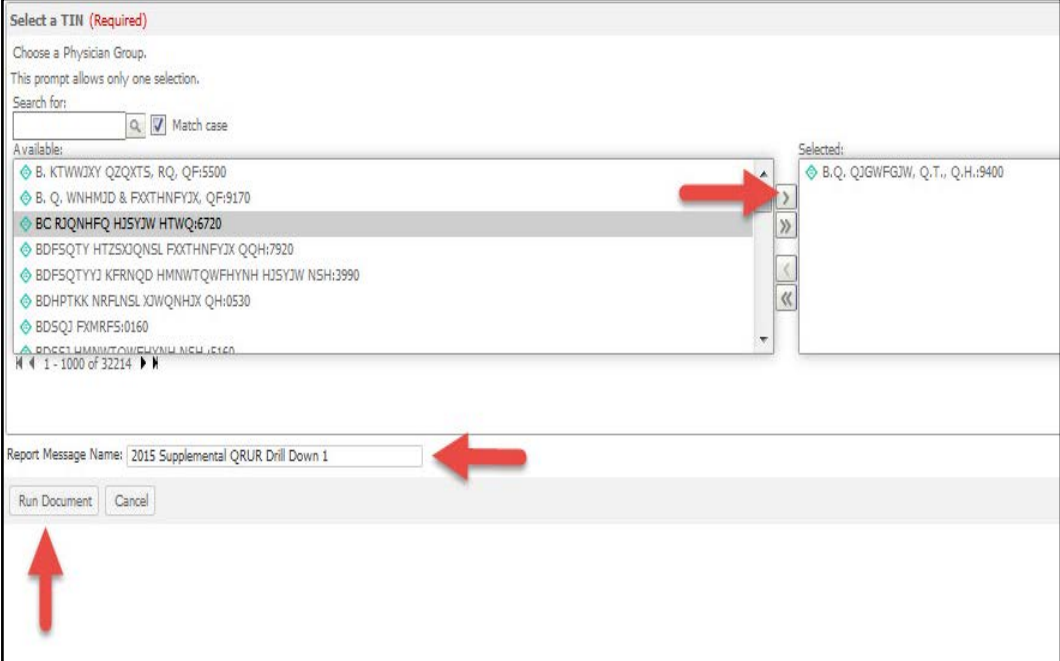
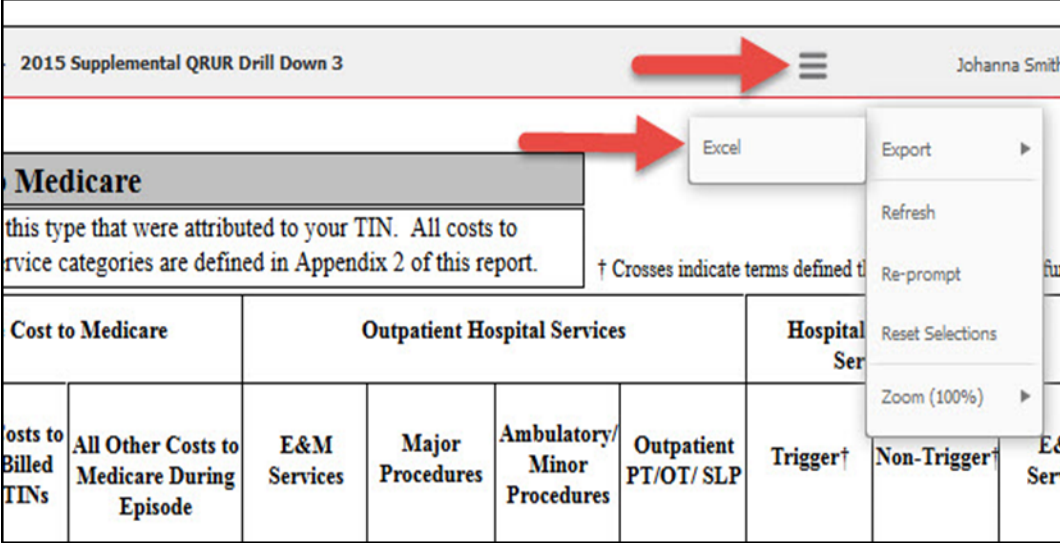
Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

B. Downloading within the MicroStrategy Platform.

Steps	Screenshots
<p>1. Follow Section IV: (Steps 1-5) Accessing the 2015 Supplemental QRURs of this guide on how to access the Supplemental QRURs.</p>	
<p>2. Select a year 2015 from the Select a Year drop-down menu, and then select report 2015 Supplemental QRURs Drill Down Table 1 from the Select a Report drop-down menu.</p> <p>Now, select the following option from Select an Action field:</p> <ul style="list-style-type: none"> • View Online <p>Note: When the year 2015 is selected, only Select an Action field will generate.</p>	
<p>3. Read the Attestation Message and make the appropriate attestation selection.</p> <ul style="list-style-type: none"> • Select one of the options for “I plan to use this data in my capacity as a:” • Then, select I Confirm to continue. <p>Note: If you select Neither of the above or I do not know the option to Exit to the Overview screen will be enabled.</p>	

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

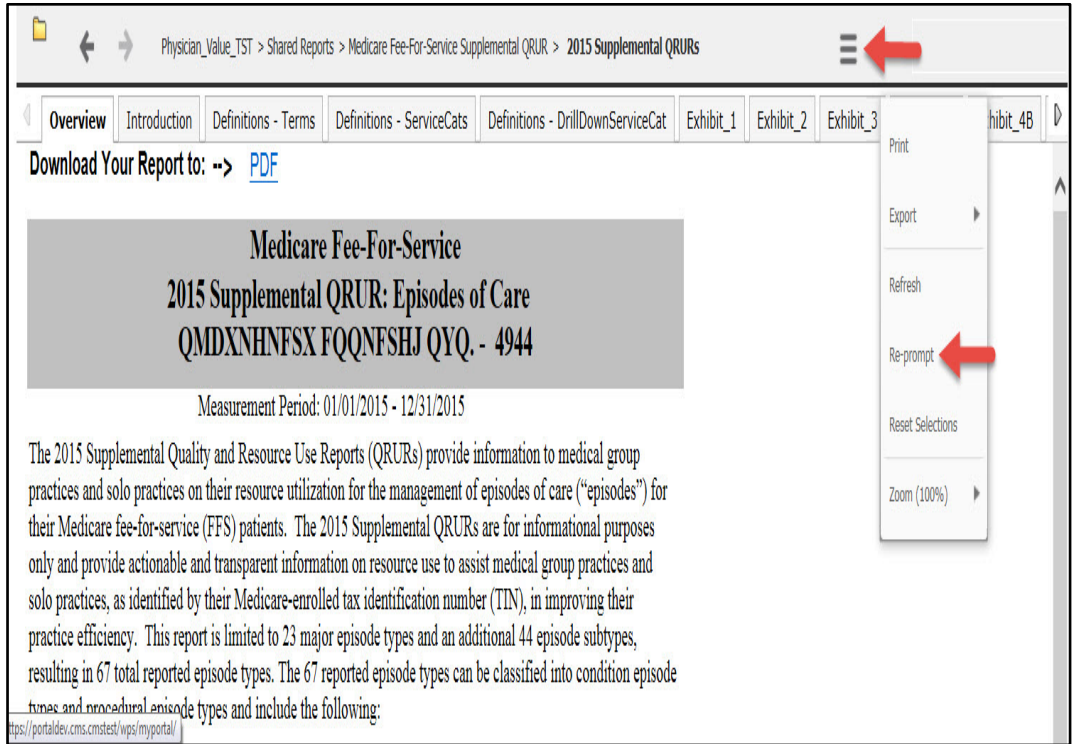
Steps	Screenshots																					
<p>You are now in the MicroStrategy Web Platform. The screenshot shows the TIN(s) associated with your EIDM account.</p> <p>4. Select one TIN from the Available TINs:</p> <ul style="list-style-type: none"> Select a TIN and either double click the mouse or select the arrow button to move the TIN from Available to Selected. You can also filter the list of Available TINs by entering the name or last 4 digits of a TIN in the Search for field. <p>Note: Select only one TIN when you attempt to retrieve a 2015 Supplemental QRURs Drill Down.</p> <p>Select Run Document.</p>																						
<p>5. Select the menu button at the top of the report then select Export, and then the Excel option.</p> <p>Note: A Notification window will pop up with the message “the document has been changed. If you do not save it before exporting, your changes will be lost if you refresh it using MicroStrategy Office.</p> <p>Select Ok to continue or select cancel to discontinue.</p> <p>Note: Export MicroStrategy tab will open in new window.</p>	 <table border="1" data-bbox="480 1430 1534 1675"> <thead> <tr> <th colspan="2">Cost to Medicare</th> <th colspan="4">Outpatient Hospital Services</th> <th>Hospital Services</th> </tr> <tr> <th>Costs to Billed TINs</th> <th>All Other Costs to Medicare During Episode</th> <th>E&M Services</th> <th>Major Procedures</th> <th>Ambulatory/ Minor Procedures</th> <th>Outpatient PT/OT/ SLP</th> <th>Trigger†</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Non-Trigger†</td> </tr> </tbody> </table>	Cost to Medicare		Outpatient Hospital Services				Hospital Services	Costs to Billed TINs	All Other Costs to Medicare During Episode	E&M Services	Major Procedures	Ambulatory/ Minor Procedures	Outpatient PT/OT/ SLP	Trigger†							Non-Trigger†
Cost to Medicare		Outpatient Hospital Services				Hospital Services																
Costs to Billed TINs	All Other Costs to Medicare During Episode	E&M Services	Major Procedures	Ambulatory/ Minor Procedures	Outpatient PT/OT/ SLP	Trigger†																
						Non-Trigger†																

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

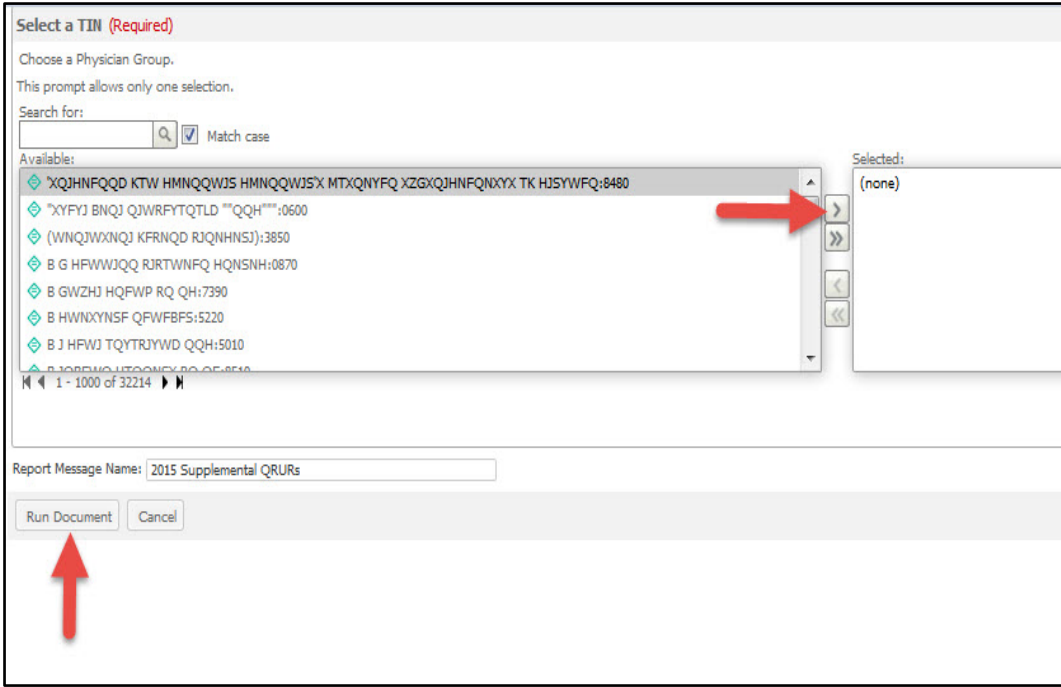
IX. Using the Re-prompt Function to Select a Different TIN

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

Steps	Screenshots
<p>1. Follow Section IV. Accessing the 2015 Supplemental QRUR of this guide on how to access the Supplemental QRUR and view it online.</p>	
<p>2. Select the MicroStrategy Platform Toolbar.</p> <p>Select Re-prompt from the MicroStrategy Platform Toolbar to refresh the portal to select a new TIN screen.</p>	 <p>The screenshot shows a web browser window displaying a MicroStrategy report. The breadcrumb trail at the top reads: 'Physician_Value_TST > Shared Reports > Medicare Fee-For-Service Supplemental QRUR > 2015 Supplemental QRURs'. A red arrow points to the hamburger menu icon in the top right corner. Below the breadcrumb trail is a navigation bar with tabs: 'Overview', 'Introduction', 'Definitions - Terms', 'Definitions - ServiceCats', 'Definitions - DrillDownServiceCat', 'Exhibit_1', 'Exhibit_2', 'Exhibit_3', and 'Exhibit_4B'. Below the navigation bar is a 'Download Your Report to: --> PDF' link. The main content area features a grey header with the text: 'Medicare Fee-For-Service', '2015 Supplemental QRUR: Episodes of Care QMDXNHNFSX FQQNFSHJ QYQ, - 4944', and 'Measurement Period: 01/01/2015 - 12/31/2015'. Below this is a paragraph of text explaining the purpose of the report. A red arrow points to the 'Re-prompt' option in the dropdown menu that appears when the hamburger menu is clicked. Other options in the menu include 'Print', 'Export', 'Refresh', 'Reset Selections', and 'Zoom (100%)'. The URL at the bottom of the browser is 'https://portaldev.cms.cmstest/wps/myportal/'.</p>

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

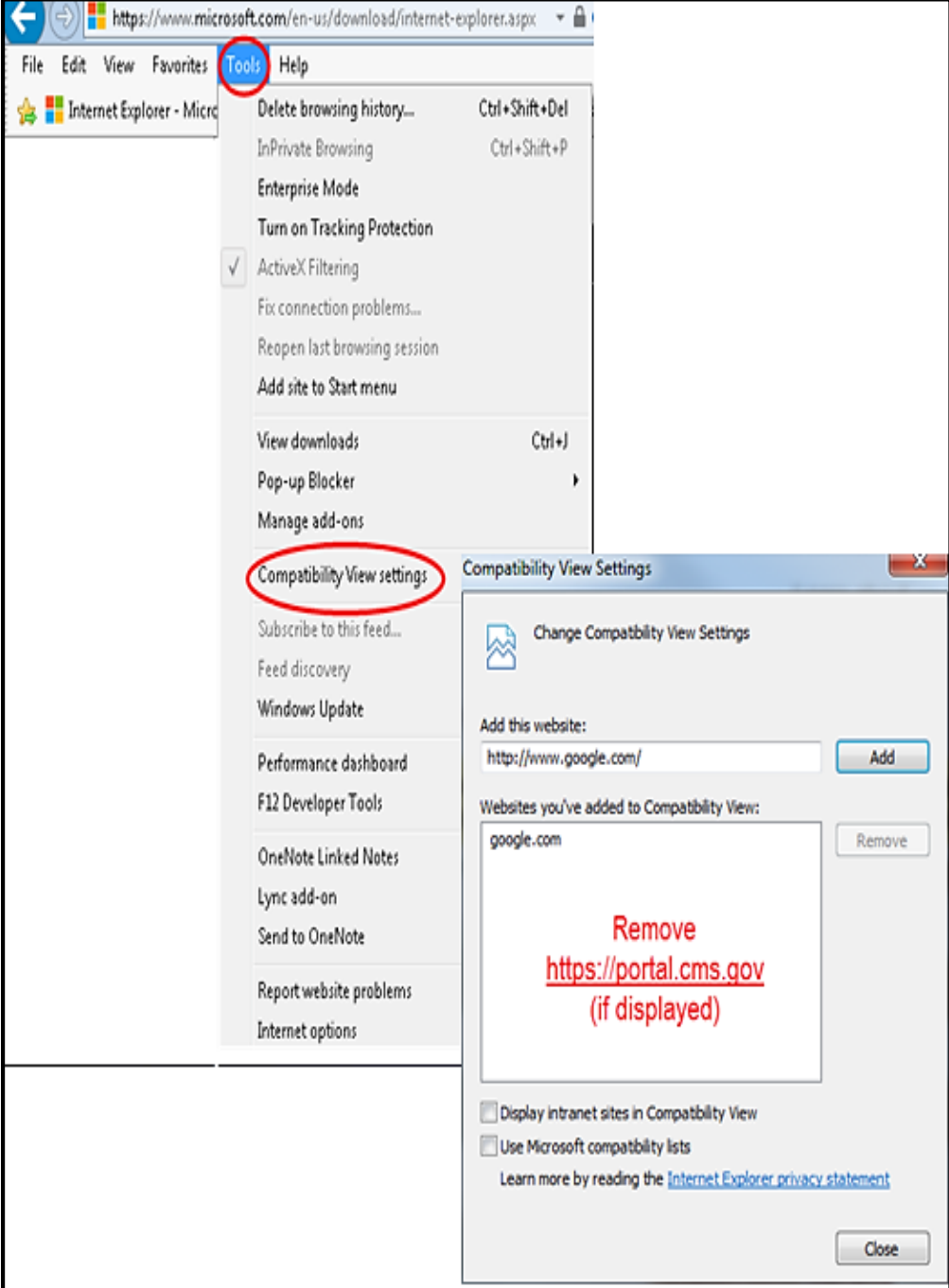
Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

Steps	Screenshots
<p>3. Select one TIN from the Available TINs:</p> <ul style="list-style-type: none"> Select a TIN and either double-click the mouse or click on the Arrow button to move the TIN from Available to Selected. You can also filter the list of Available TINs by entering the name or last 4 digits of a TIN in the Search for field. <p>Select Run Document.</p> <p>Note: Select only one TIN each time you attempt to retrieve a 2015 Supplemental QRUR.</p> <p>Note: For better search results, it is recommended to search by the last 4 digits of the TIN.</p> <p>Note: You will need to wait several seconds while the system generates your 2015 Supplemental QRUR.</p> <p>Note: Repeat Steps 1-3 each time you want to generate a 2015 Supplemental QRUR for a different TIN.</p>	 <p>The screenshot shows a window titled "Select a TIN (Required)". It contains a search field with a magnifying glass icon and a "Match case" checkbox. Below the search field is a list of "Available" TINs, each preceded by a diamond icon. The first TIN is highlighted. To the right of the list is a "Selected:" field which currently contains "(none)". Between the list and the selected field are navigation buttons: a right arrow, a double right arrow, a left arrow, and a double left arrow. A red arrow points to the right arrow button. At the bottom of the window, there is a "Report Message Name:" field containing "2015 Supplemental QRURs" and two buttons: "Run Document" and "Cancel". A red arrow points to the "Run Document" button.</p>

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

X. Troubleshooting Browser Settings

Steps	Screenshots
<p>Troubleshooting</p> <p>If you are not using one of the supported browsers, or are having trouble viewing the CMS Enterprise Portal using Internet Explorer 9:</p> <ul style="list-style-type: none"> • Ensure the browser is open • Press the Alt key to display the Menu bar (or right-click the Address bar and then select Menu bar). • Select Tools on the Menu bar. • Select Compatibility View Settings. • Remove the CMS Enterprise Portal web address if it appears in the Websites you've added to Compatibility View box. • Un-check all of the boxes below Websites you've added to Compatibility View. • Close the Compatibility View Settings box. • Close the current browser session. • Open a new browser session. • Go to https://portal.cms.gov and select Login to the CMS Enterprise Portal. <p>Note: The CMS Enterprise Portal supports the following internet browsers:</p> <ul style="list-style-type: none"> • <i>Internet Explorer 8</i> 	 <p>The screenshot shows an Internet Explorer 9 browser window with the address bar displaying https://www.microsoft.com/en-us/download/internet-explorer.aspx. The menu bar is visible, and the 'Tools' menu is open. The 'Tools' menu item is circled in red. The 'Compatibility View settings' option in the Tools menu is also circled in red. In the foreground, the 'Compatibility View Settings' dialog box is open. The 'Remove' button is highlighted in red, and the URL 'https://portal.cms.gov' is listed under 'Websites you've added to Compatibility View' with a red 'Remove' button next to it.</p>

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

Instructions for Medical Group Practices and Solo Practitioners to Access the 2015 Supplemental QRURs

Steps	Screenshots
<p><i>(without compatibility mode)</i></p> <ul style="list-style-type: none">• <i>Internet Explorer 9 (without compatibility mode)</i>• <i>Internet Explorer 10 (without compatibility mode)</i>• <i>Internet Explorer 11 (without compatibility mode)</i>• <i>Mozilla-Firefox</i>• <i>Chrome</i>• <i>Safari</i>	

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