

## I. Introduction

In **December 2012**, fifty-four large medical group practices participating in the fee-for-service (FFS) Medicare Physician Quality Reporting System (PQRS) via the Group Practice Reporting Option (GPRO) web-based interface received the 2011 Quality Resource Use Reports (QRURs) for medical practice groups (the “Group QRURs”). In mid-2013, CMS made available to the same groups the 2011 Supplemental QRURs. The 2011 Supplemental QRURs used the first version of the CMS Episode Grouper to construct episodes of care and attribute them to medical group practices.

The aim of the **2012 Supplemental QRURs** is to provide information that can support medical group practices in efforts to improve the efficiency of medical care provided to the Medicare FFS patients they treat. The reports provide an overall assessment of a medical group practice’s costs for several important episodes of care and provide detailed information that can help identify sources of substantial variation from national averages. The **2012 Supplemental QRURs** will be available for medical group practices with 100 or more Eligible Professionals (EPs). More information on 2012 Supplemental QRURs can be found at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Episode-Costs-and-Medicare-Episode-Grouper.html>.

The 2012 Supplemental QRURs and the **Drill Down Tables** can be downloaded and exported to PDF and Excel format respectively. This Quick Reference Guide illustrates how to access and download 2012 Supplemental QRURs and Drill Down Tables from the CMS Enterprise Portal.<sup>1</sup>

## II. Getting Started

Authorized representatives of medical group practices with 100 or more EPs can access the 2012 Supplemental QRURs Reports and Drill Down Tables at <https://portal.cms.gov> using an Individuals Authorized Access to the CMS Computer Services (IACS) account with one of the following group-specific Physician Value (PV)-PQRS System roles:

- PV-PQRS Group Security Official (primary or back-up)
- PV-PQRS Group Representative

Authorized representatives of groups must sign up for a new IACS account or modify an existing account at <https://applications.cms.hhs.gov>. Quick reference guides that provide step-by-step instructions for requesting each PV-PQRS System role for new or existing IACS account are available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>.

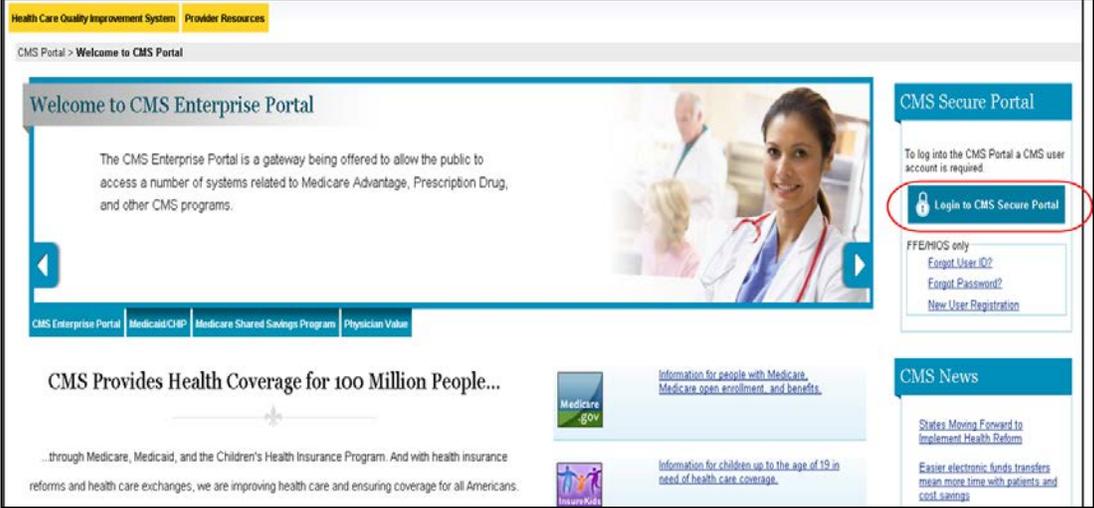
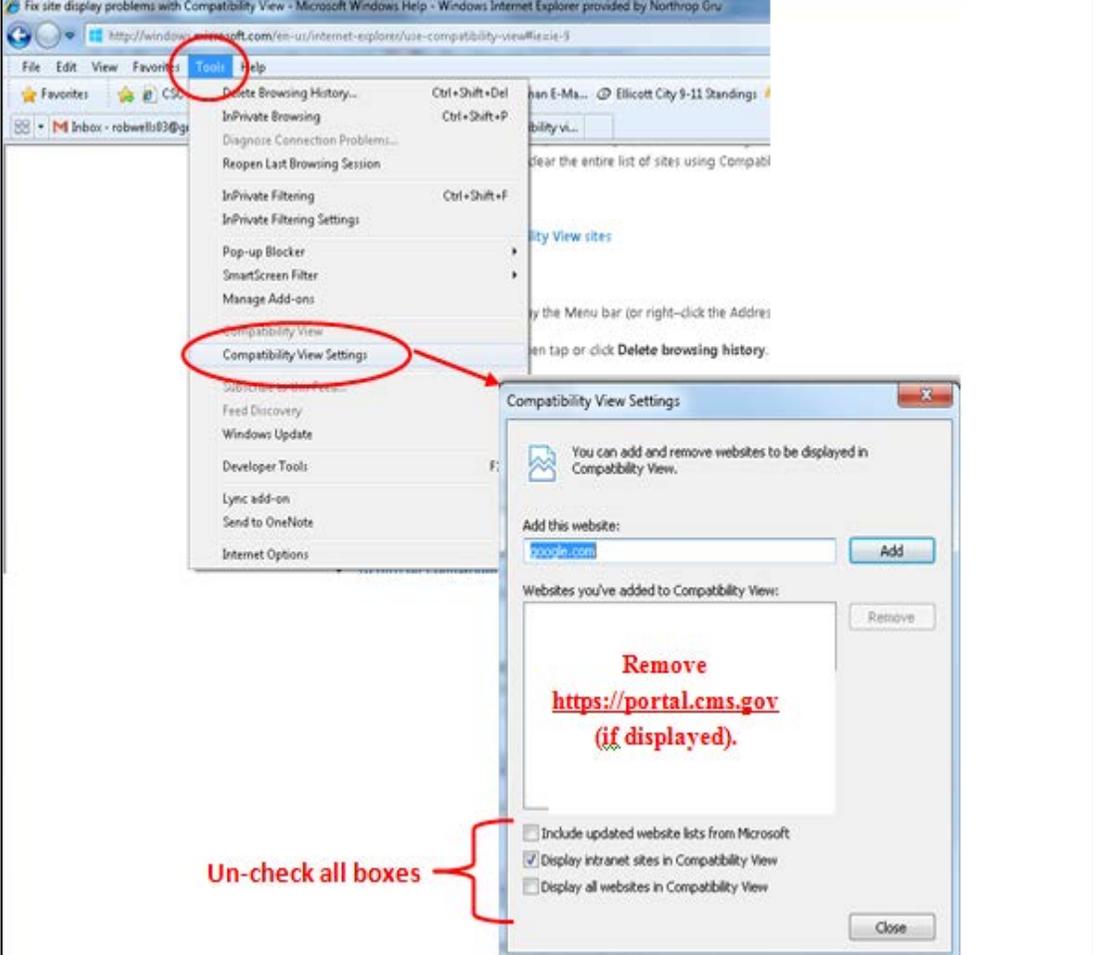
- If a group has already registered and selected its 2013 PQRS group reporting mechanism in the PV-PQRS System, then that same person who registered the group can access the group’s 2012 Supplemental QRUR using their IACS User ID and password.
- If a group does not yet have an authorized representative with an IACS account, then one person representing the group must sign up for an IACS account with the primary Group Security Official role.
- If a group has a representative with an existing IACS account, but not one of the three group-specific PV-PQRS System roles listed above, then ensure that the account is still active and then add a group-specific PV-PQRS System role to that person’s existing IACS account. To ensure the IACS account is still active, contact Quality Net at:
  - Phone: (866) 288-8912 (TTY 1-877-715-6222)
  - Fax: (888) 329-7377
  - Email: [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org)

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<sup>1</sup> The source of the information herein: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Episode-Costs-and-Medicare-Episode-Grouper.html>

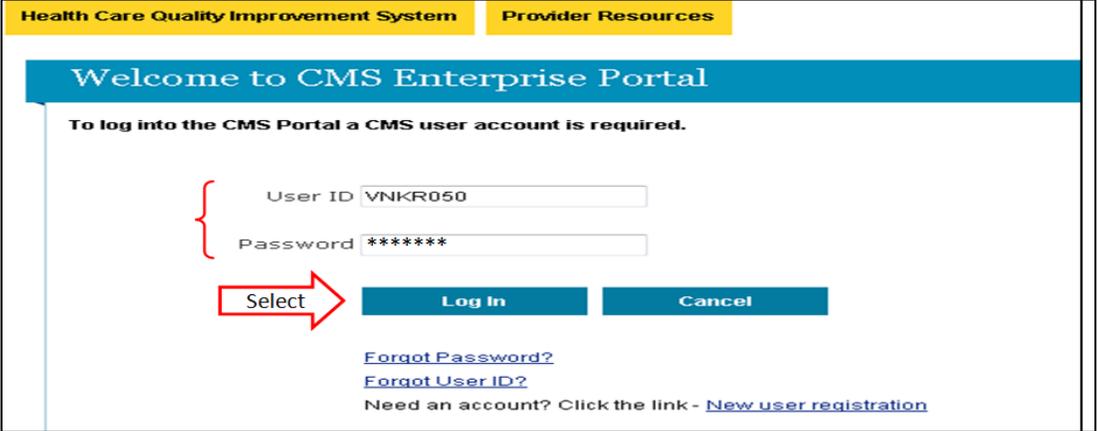
If you have questions about the 2012 Supplemental QRUR, or need assistance accessing the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

### III. Access a Group Practice's 2012 Supplemental QRUR

Steps	Screenshots
<p>1. Go to <a href="https://portal.cms.gov">https://portal.cms.gov</a> and select <b>Login to CMS Secure Portal</b>.</p> <p><b>Note:</b> The CMS Enterprise Portal supports the following internet browsers:</p> <ul style="list-style-type: none"> <li>• Internet Explorer 8</li> <li>• Internet Explorer 9</li> <li>• Mozilla-Firefox</li> <li>• Chrome</li> <li>• Safari</li> </ul> <p>Enable Javascript and adjust any zoom features to ensure you are not seeing the screen in too wide of a view.</p>	
<p><b>Troubleshooting</b></p> <p>If you are not using one of the supported browsers or having trouble viewing the CMS Enterprise Portal using Internet Explorer 9:</p> <ul style="list-style-type: none"> <li>• Ensure the browser is open.</li> <li>• Press the <b>Alt</b> key to display the <b>Menu bar</b> (or right-click the <b>Address bar</b> and then select <b>Menu bar</b>).</li> <li>• Select <b>Tools</b> on the <b>Menu bar</b>.</li> <li>• Select <b>Compatibility View Settings</b>.</li> <li>• Remove the CMS Portal web address if it appears in the “Websites you’ve added to Compatibility View” box.</li> <li>• Un-check all of the boxes below “Websites you’ve added to Compatibility View”.</li> <li>• Close the <b>Compatibility View Settings</b> box.</li> <li>• Close the current browser session.</li> <li>• Open a new browser session.</li> </ul>	

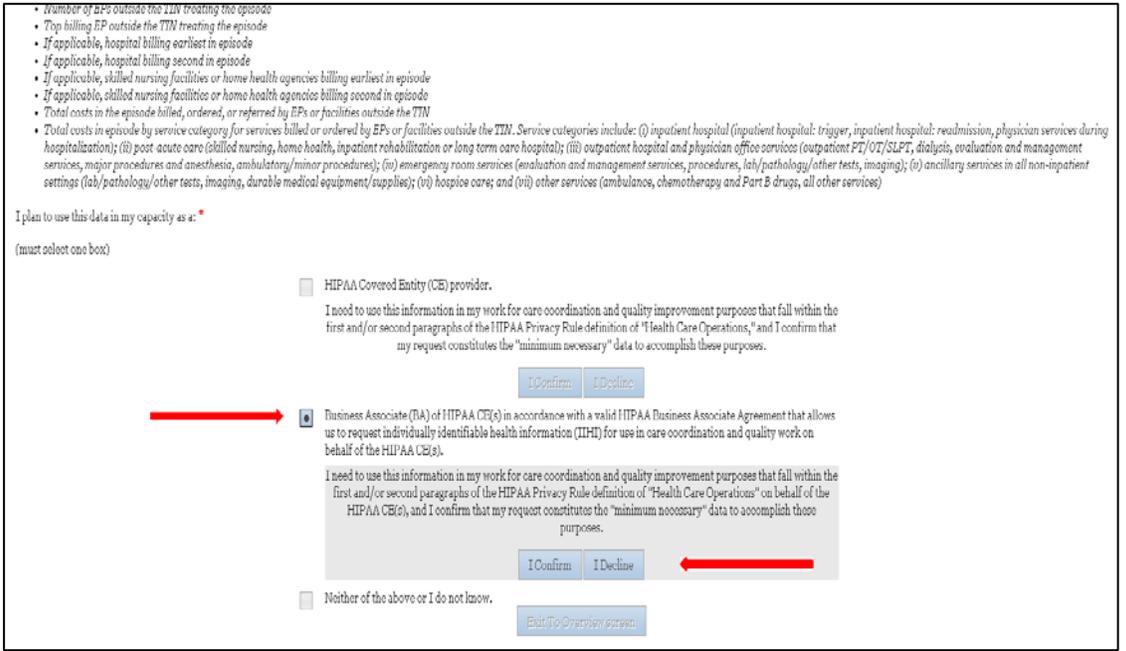
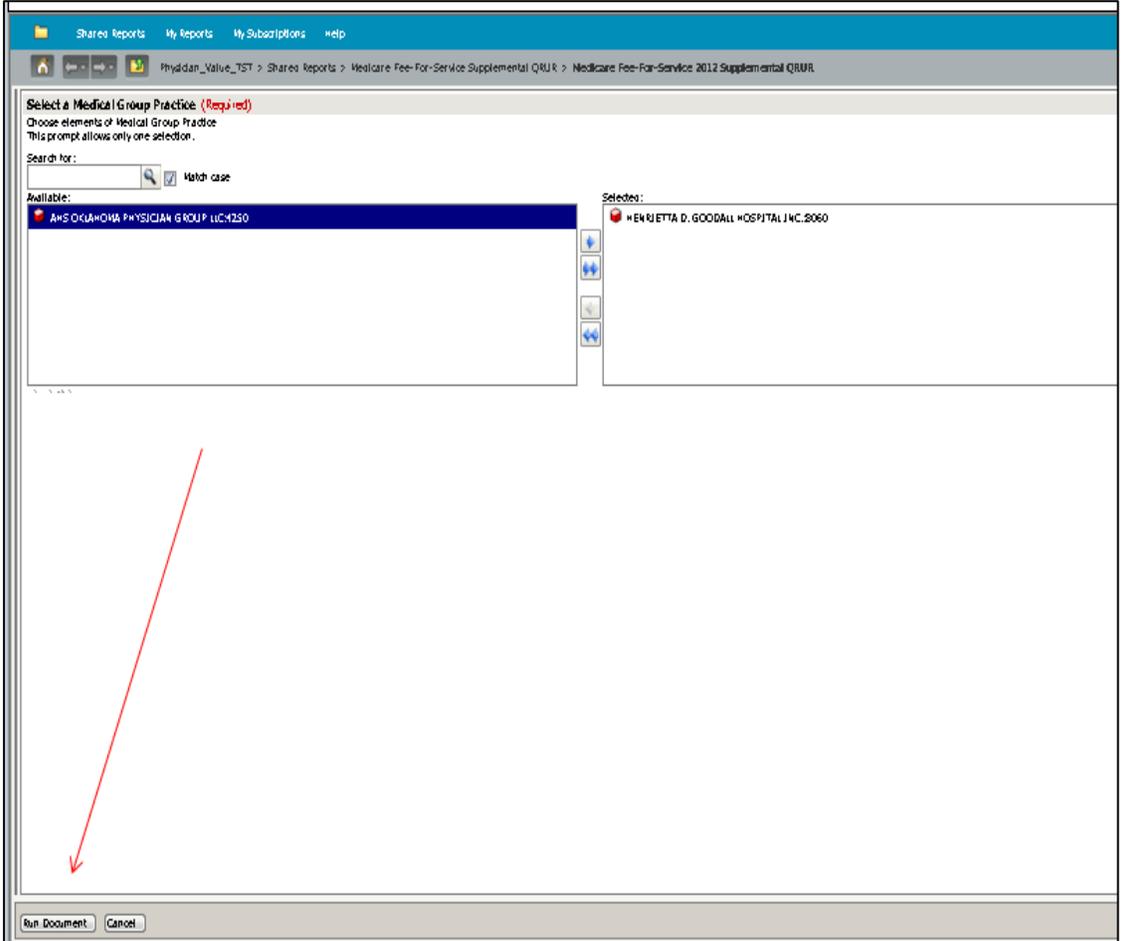
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Accessing the 2012 Supplemental QRURs and Drill Down Tables

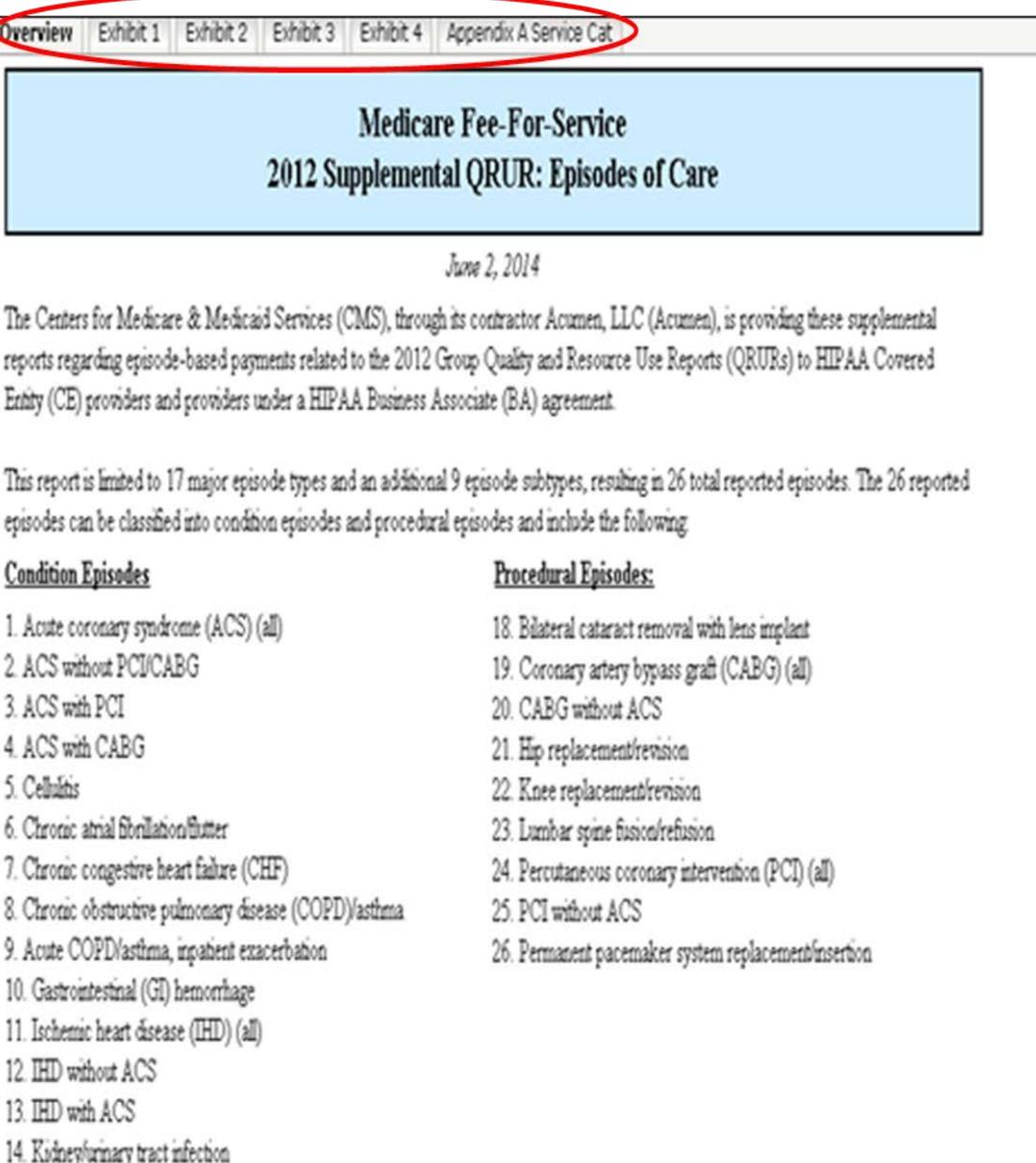
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<ul style="list-style-type: none"> <li>Go to <a href="https://portal.cms.gov">https://portal.cms.gov</a> and select <b>Login to the CMS Enterprise Portal</b>.</li> </ul>	
<p>2. After accepting the <b>Terms and Conditions</b>, enter your IACS User ID and Password in the <b>Welcome to CMS Enterprise Portal</b> screen.</p> <p>Select <b>Login</b> to continue.</p>	
<p>3. Click the <b>PV-PQRS</b> tab at the top of the screen, and then select the <b>QRUR-Reports</b> option from the dropdown menu.</p>	
<p>4. Select year (<b>2012</b>) from the 'Select a Year' drop down menu, and then select report (<b>2012 Supplemental QRURs</b>) from the 'Select a Report' dropdown menu.</p> <p><b>Note:</b> If you don't see the <b>2012 Supplemental QRUR</b> in the dropdown menu:</p> <ul style="list-style-type: none"> <li>Verify that you are logged in with the appropriate role.</li> <li>Verify that you have selected the Year 2012.</li> </ul>	

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## Accessing the 2012 Supplemental QRURs and Drill Down Tables

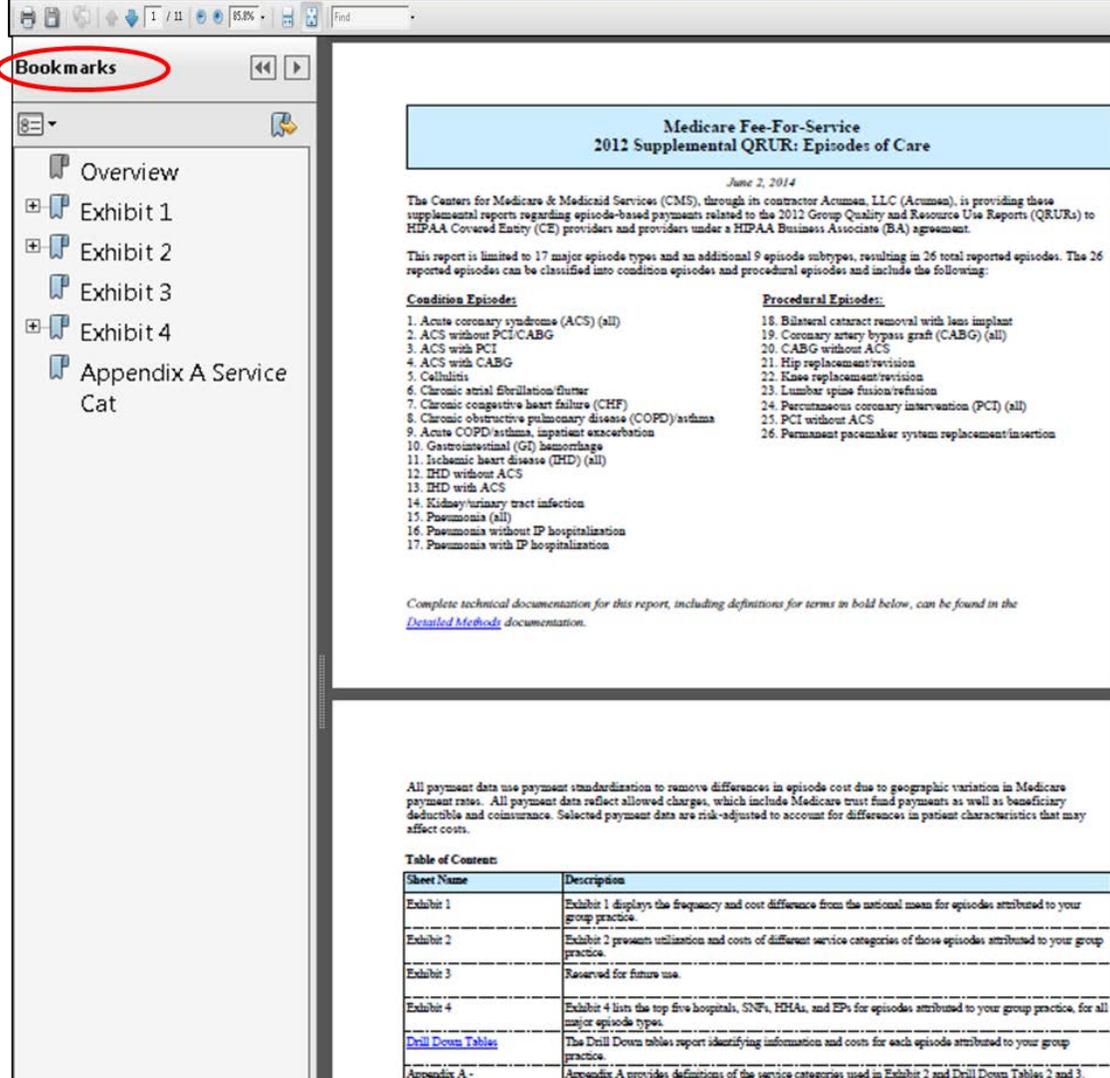
Steps	Screenshots
<p>5. Read the <b>Attestation Message</b> and make the appropriate attestation selection.</p> <ul style="list-style-type: none"> <li>• Select <b>one</b> of the options under <b>“I plan to use this data in my capacity as a:”</b></li> <li>• Then, click <b>I Confirm</b> to continue.</li> </ul> <p><b>Note:</b> 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>• number of EPs outside the TIN treating the episode          • Top billing EP outside the TIN treating the episode          • If applicable, hospital billing earliest in episode          • If applicable, hospital billing second in episode          • If applicable, skilled nursing facilities or home health agencies billing earliest in episode          • If applicable, skilled nursing facilities or home health agencies billing second in episode          • Total costs in the episode billed, ordered, or referred by EPs or facilities outside the TIN          • Total costs in episode by service category for services billed or ordered by EPs or facilities outside the TIN. Service categories include: (i) inpatient hospital (inpatient hospital: trigger, inpatient hospital: readmission, physician services during hospitalization); (ii) post acute care (skilled nursing, home health, inpatient rehabilitation or long term care hospital); (iii) outpatient hospital and physician office services (outpatient PT/OT/SLPT, dialysis, evaluation and management services, major procedures and anesthesia, ambulatory/minor procedures); (iv) emergency room services (evaluation and management services, procedures, lab/pathology/other tests, imaging); (v) ancillary services in all non-inpatient settings (lab/pathology/other tests, imaging, durable medical equipment/supplies); (vi) hospice care; and (vii) other services (ambulance, chemotherapy and Part B drugs, all other services)</p> <p>I plan to use this data in my capacity as a: *</p> <p>(must select one box)</p> <p><input type="checkbox"/> HIPAA Covered Entity (CE) provider.          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 checked="" type="checkbox"/> 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).          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="checkbox"/> Neither of the above or I do not know.</p> <p><input type="button" value="I Confirm"/> <input type="button" value="I Decline"/></p> <p><input type="button" value="I Confirm"/> <input type="button" value="I Decline"/></p> <p><input type="button" value="Exit To Overview screen"/></p>
<p>6. You are now in the <b>MicroStrategy Web Platform</b>. The screen shows the group practice(s) associated with your IACS account.</p> <p>Choose one <b>Medical Group Practice</b> from the <b>Available</b> group practice section:</p> <ul style="list-style-type: none"> <li>• Select a group name and either double click the mouse or click the arrow button to move the practice from <b>‘Available’</b> to <b>‘Selected’</b>.</li> <li>• You can also filter the list of <b>Available</b> Medical Group Practices by entering the name or last 4 digits of a TIN in the <b>Search for</b> field.</li> <li>• Click <b>Run Document</b>. You will need to wait several seconds while the system generates your Supplemental QRUR Report.</li> </ul> <p><b>Note:</b> Select only one Medical Group Practice each time you attempt to retrieve a <b>2012 Supplemental QRUR</b>.</p>	 <p>Shared Reports My Reports My Subscriptions Help</p> <p>PhyValdn_Valve_TST &gt; Shared Reports &gt; Medicare Fee-For-Service Supplemental QRUR &gt; Medicare Fee-For-Service 2012 Supplemental QRUR</p> <p>Select a Medical Group Practice (Required)</p> <p>Choose elements of Medical Group Practice          This prompt allows only one selection.</p> <p>Search for: <input type="text"/> Match case</p> <p>Available:</p> <ul style="list-style-type: none"> <li>AMS OKLAHOMA PHYSICIAN GROUP LLC4230</li> </ul> <p>Selected:</p> <ul style="list-style-type: none"> <li>HEKIJETTA D. GOODALL HOSPITAL INC.2060</li> </ul> <p><input type="button" value="Run Document"/> <input type="button" value="Cancel"/></p>

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Steps	Screenshots
<p>7. The 2012 Supplemental QRURs Report is displayed within the MicroStrategy Web Platform. The section that appears first is <b>Overview</b>.</p> <ul style="list-style-type: none"> <li>Click on any of the section tabs at the top of the screen to navigate to different sections/exhibits of the report.</li> </ul> <p><b>Note:</b> After you click on a section tab, you will need to wait several seconds for the section to appear on the screen.</p> <ul style="list-style-type: none"> <li>The Supplemental QRUR Report contains the following sections under the Table of Content: <ul style="list-style-type: none"> <li>- Exhibit 1</li> <li>- Exhibit 2</li> <li>- Exhibit 3</li> <li>- Exhibit 4</li> <li>- <a href="#">Drill Down Tables</a></li> <li>- Appendix A</li> </ul> </li> </ul> <p>The following are the <a href="#">hyperlinks</a> on the Overview Page:</p> <ul style="list-style-type: none"> <li>Selecting <a href="#">Detailed Methods</a> will navigate the user to the 'Episode Costs and the CMS Episode Grouper for Medicare' in a new webpage.</li> <li>Selecting <a href="#">Drill Down Tables</a> will allow a user to generate Drill Down Tables.</li> </ul>	 <p>The screenshot shows a web interface with a navigation bar at the top containing tabs for 'Overview', 'Exhibit 1', 'Exhibit 2', 'Exhibit 3', 'Exhibit 4', and 'Appendix A Service Cat'. The 'Overview' tab is selected and highlighted with a red oval. Below the navigation bar is a large blue header box with the text 'Medicare Fee-For-Service 2012 Supplemental QRUR: Episodes of Care'. Underneath the header, the date 'June 2, 2014' is displayed. The main content area contains introductory text and a list of 26 episode types, divided into two columns: 'Condition Episodes' and 'Procedural Episodes'.</p> <p><b>Condition Episodes</b></p> <ol style="list-style-type: none"> <li>1. Acute coronary syndrome (ACS) (all)</li> <li>2. ACS without PCI/CABG</li> <li>3. ACS with PCI</li> <li>4. ACS with CABG</li> <li>5. Cellulitis</li> <li>6. Chronic atrial fibrillation/flutter</li> <li>7. Chronic congestive heart failure (CHF)</li> <li>8. Chronic obstructive pulmonary disease (COPD)/asthma</li> <li>9. Acute COPD/asthma, inpatient exacerbation</li> <li>10. Gastrointestinal (GI) hemorrhage</li> <li>11. Ischemic heart disease (IHD) (all)</li> <li>12. IHD without ACS</li> <li>13. IHD with ACS</li> <li>14. Kidney/urinary tract infection</li> </ol> <p><b>Procedural Episodes:</b></p> <ol style="list-style-type: none"> <li>18. Bilateral cataract removal with lens implant</li> <li>19. Coronary artery bypass graft (CABG) (all)</li> <li>20. CABG without ACS</li> <li>21. Hip replacement/revision</li> <li>22. Knee replacement/revision</li> <li>23. Lumbar spine fusion/refusion</li> <li>24. Percutaneous coronary intervention (PCI) (all)</li> <li>25. PCI without ACS</li> <li>26. Permanent pacemaker system replacement/insertion</li> </ol>

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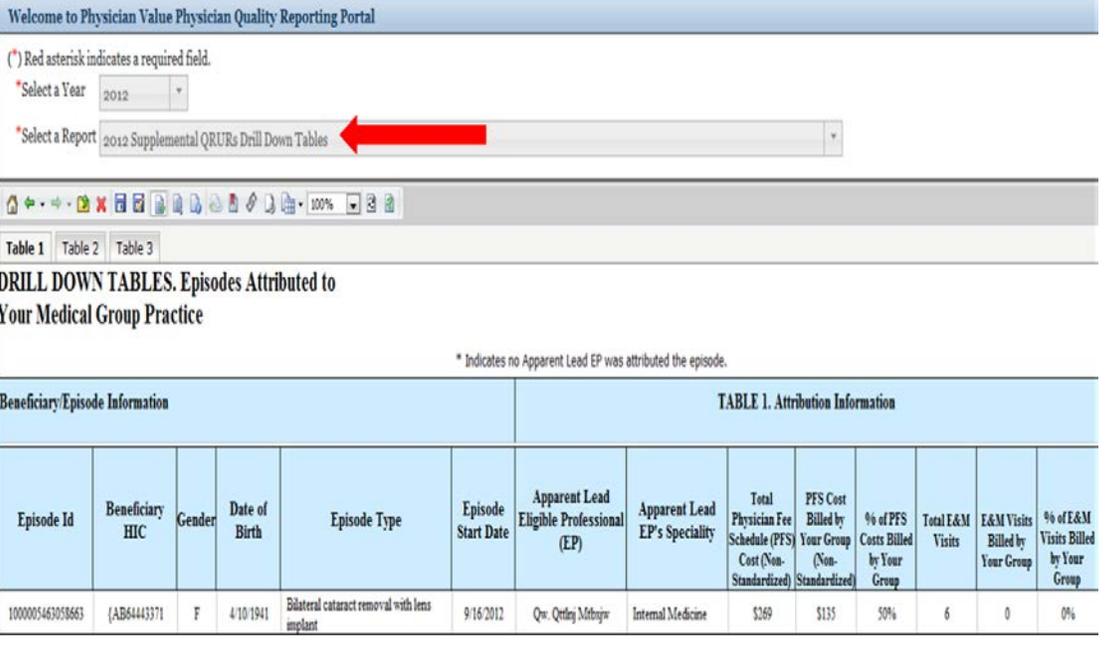
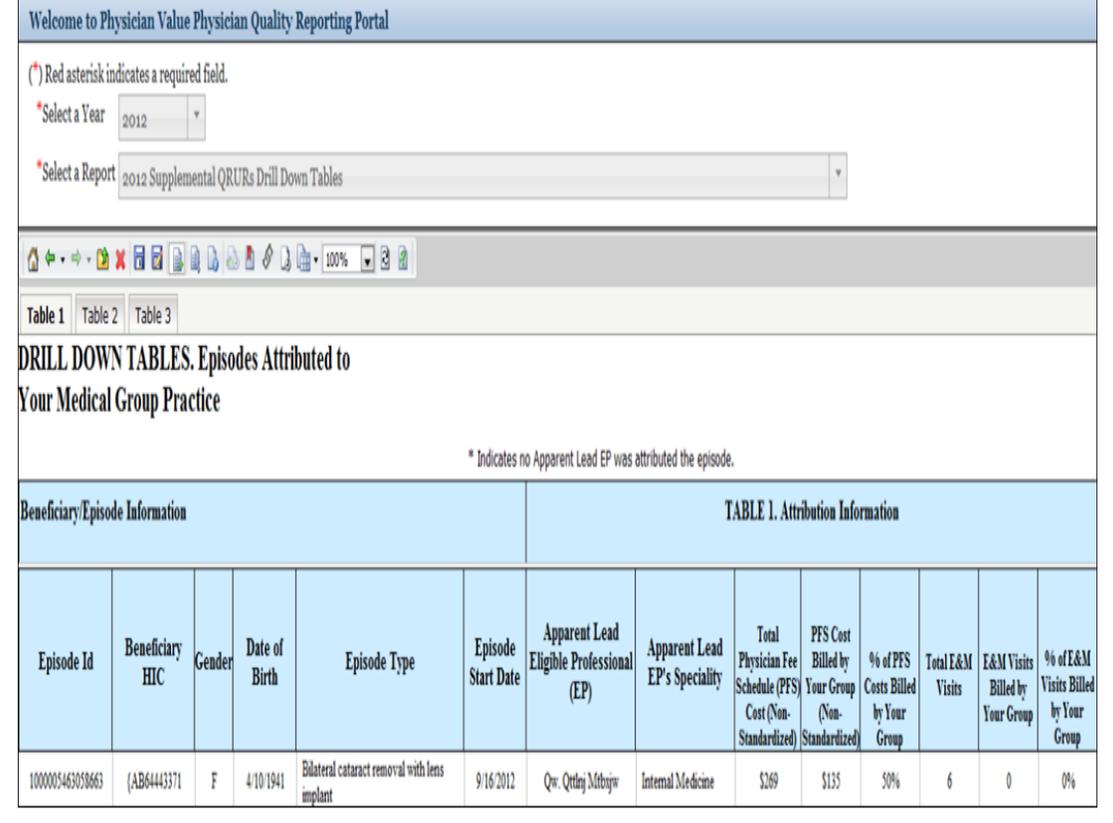
**IV. View and Print the 2012 Supplemental QRUR as a PDF Document**

Steps	Screenshots																																																		
<p>1. Click the <b>Export</b> button on the MicroStrategy Toolbar and select <b>PDF</b>.</p> <p>Click <b>OK</b> in the <b>Export Options</b> window.</p>	 <p><b>EXHIBIT 1. Percent Cost Difference from National Average for Your Group's Attributed Episodes</b></p> <p>* Results should be interpreted with caution for episode types with fewer than ten episodes attributed to your group.</p> <table border="1" data-bbox="760 527 1503 638"> <thead> <tr> <th colspan="3">EPISODE FREQUENCY</th> <th colspan="2">EPISODE COST</th> <th rowspan="2">Percent Cost Difference from National Average for Your Group's Episodes</th> </tr> <tr> <th>Your Group's Number of Episodes</th> <th>Your Group's Subtype Frequency</th> <th>National Subtype Frequency</th> <th>Your Group's Average Risk-Adjusted Cost</th> <th>National Average Risk-Adjusted Cost</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>← Better than National Average</td> </tr> </tbody> </table>	EPISODE FREQUENCY			EPISODE COST		Percent Cost Difference from National Average for Your Group's Episodes	Your Group's Number of Episodes	Your Group's Subtype Frequency	National Subtype Frequency	Your Group's Average Risk-Adjusted Cost	National Average Risk-Adjusted Cost						← Better than National Average																																	
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<p>2. The 2012 Supplemental QRUR is exported to <b>PDF</b> format.</p> <ul style="list-style-type: none"> <li>• Select any of the <b>Bookmarks</b> to navigate to a different section of the 2012 Supplemental QRUR.</li> <li>• Select the <b>Print</b> button on the Toolbar to print the 2012 Supplemental QRUR.</li> </ul>	 <p><b>Medicare Fee-For-Service</b> 2012 Supplemental QRUR: Episodes of Care</p> <p>June 2, 2014</p> <p>The Centers for Medicare &amp; Medicaid Services (CMS), through its contractor Acumen, LLC (Acumen), is providing these supplemental reports regarding episode-based payments related to the 2012 Group Quality and Resource Use Report (QRURs) to HPAIA Covered Entity (CE) providers and providers under a HPAIA Business Associate (BA) agreement.</p> <p>This report is limited to 17 major episode types and an additional 9 episode subtypes, resulting in 26 total reported episodes. The 26 reported episodes can be classified into condition episodes and procedural episodes and include the following:</p> <table border="0" data-bbox="841 999 1495 1262"> <tr> <td><b>Condition Episodes:</b></td> <td><b>Procedural Episodes:</b></td> </tr> <tr> <td>1. Acute coronary syndrome (ACS) (all)</td> <td>18. Bilateral cataract removal with lens implant</td> </tr> <tr> <td>2. ACS without PCI/CABG</td> <td>19. Coronary artery bypass graft (CABG) (all)</td> </tr> <tr> <td>3. ACS with PCI</td> <td>20. CABG without ACS</td> </tr> <tr> <td>4. ACS with CABG</td> <td>21. Hip replacement/revision</td> </tr> <tr> <td>5. Cellulitis</td> <td>22. Knee replacement/revision</td> </tr> <tr> <td>6. Chronic atrial fibrillation/flutter</td> <td>23. Lumbar spine fusion/refusion</td> </tr> <tr> <td>7. Chronic congestive heart failure (CHF)</td> <td>24. Percutaneous coronary intervention (PCI) (all)</td> </tr> <tr> <td>8. Chronic obstructive pulmonary disease (COPD)/asthma</td> <td>25. 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All payment data reflect allowed charges, which include Medicare trust fund payments as well as beneficiary deductible and coinsurance. Selected payment data are risk-adjusted to account for differences in patient characteristics that may affect costs.</p> <p><b>Table of Contents:</b></p> <table border="1" data-bbox="841 1577 1544 1801"> <thead> <tr> <th>Sheet Name</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Exhibit 1</td> <td>Exhibit 1 displays the frequency and cost difference from the national mean for episodes attributed to your group practice.</td> </tr> <tr> <td>Exhibit 2</td> <td>Exhibit 2 presents utilization and costs of different service categories of those episodes attributed to your group practice.</td> </tr> <tr> <td>Exhibit 3</td> <td>Reserved for future use.</td> </tr> <tr> <td>Exhibit 4</td> <td>Exhibit 4 lists the top five hospitals, SNFs, RHAs, and EPs for episodes attributed to your group practice, for all major episode types.</td> </tr> <tr> <td><a href="#">Drill Down Tables</a></td> <td>The Drill Down tables report identifying information and costs for each episode attributed to your group practice.</td> </tr> <tr> <td>Appendix A - Service Categories</td> <td>Appendix A provides definitions of the service categories used in Exhibit 2 and Drill Down Tables 2 and 3.</td> </tr> </tbody> </table>	<b>Condition Episodes:</b>	<b>Procedural Episodes:</b>	1. 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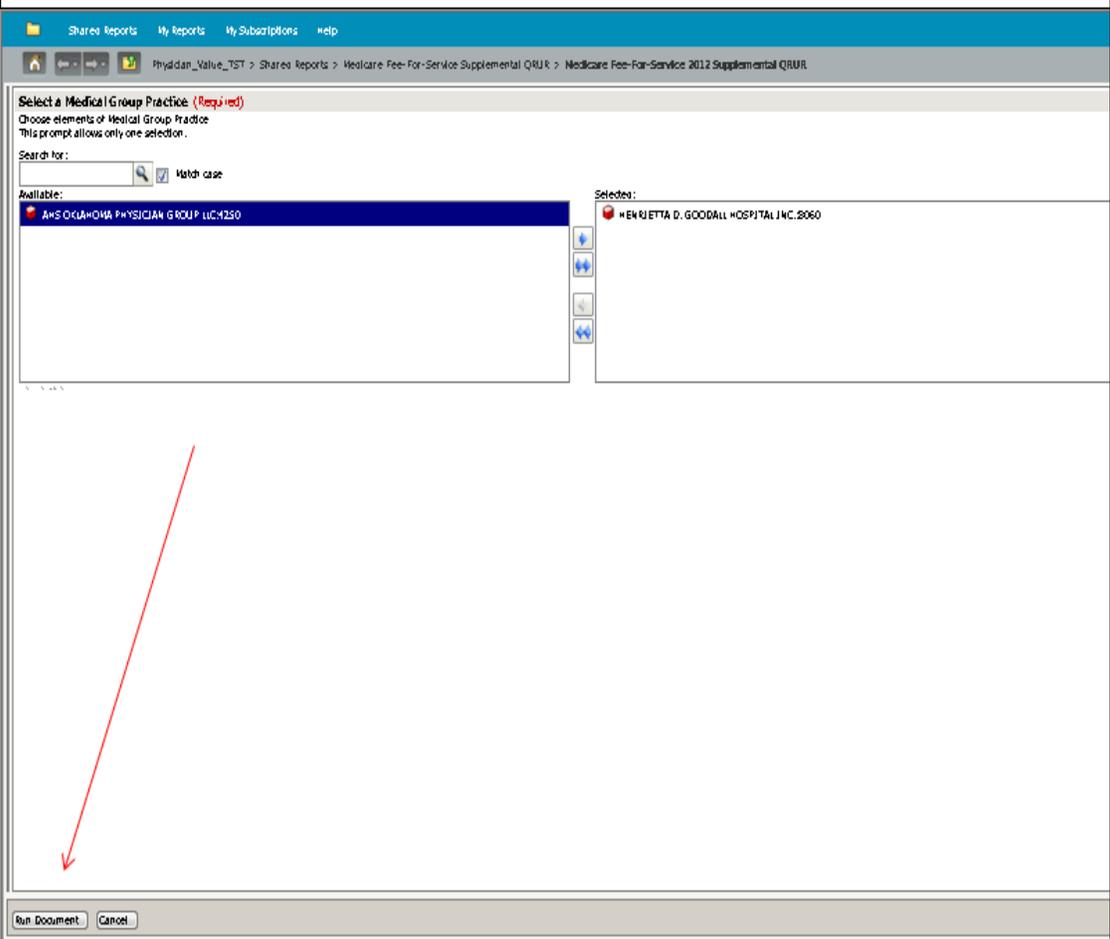
**V. Access Drill Down Tables**

**A. Access Drill Down Tables from the QRUR Reports Tab.**

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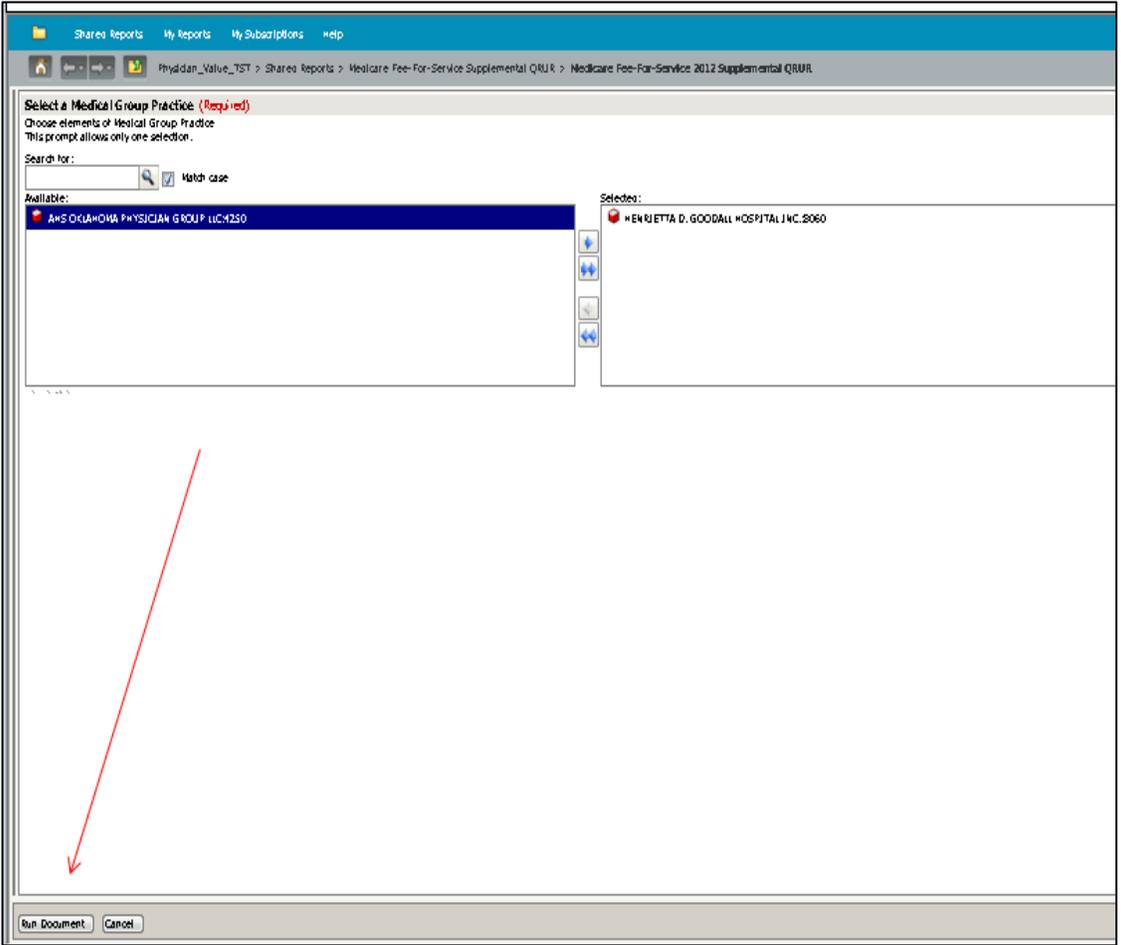
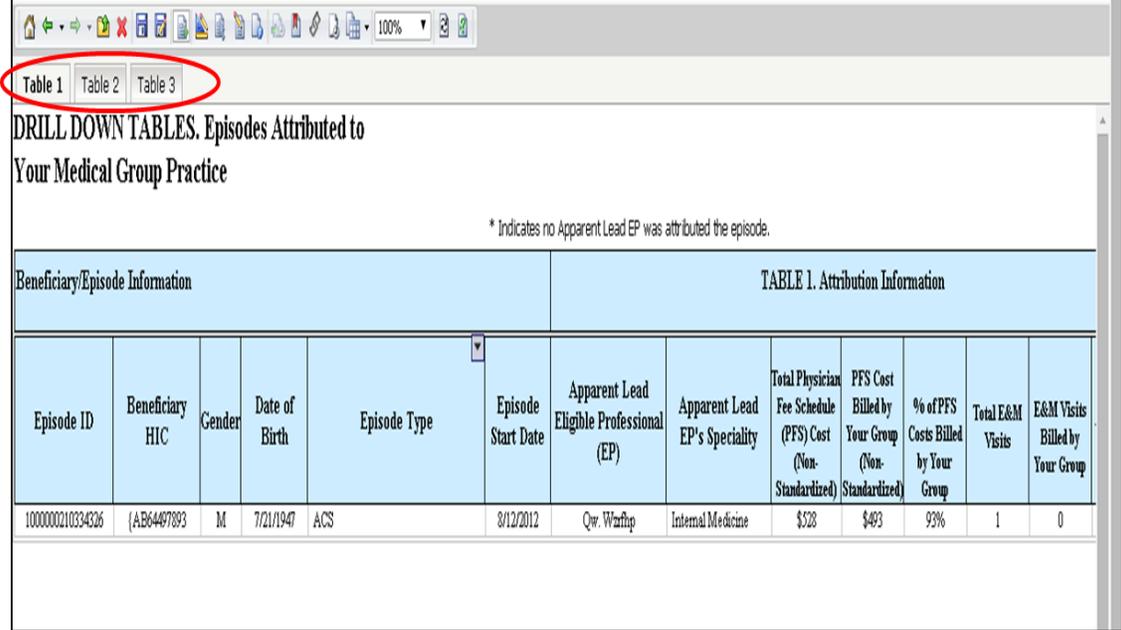
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**B. Access Drill Down Tables from the 2012 Supplemental QRUR.**

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<p>1. Follow <b>Steps 1-6</b> as described in <b>Section III</b> of this quick reference guide.</p>	 <p>The screenshot shows a web application interface for selecting a Medical Group Practice. The interface includes a search bar, a list of available practices, and a list of selected practices. A red arrow points to the 'Run Document' button at the bottom left.</p>																
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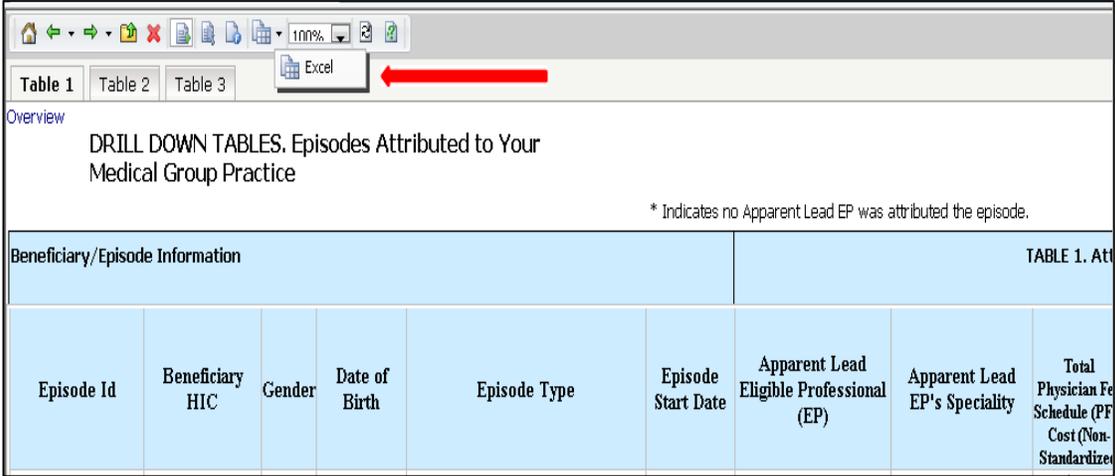
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Accessing the 2012 Supplemental QRURs and Drill Down Tables

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<u>Steps</u>	<u>Screenshots</u>
Medical Group Practice	
<p>5. Click the <b>Export</b> button on the MicroStrategy Toolbar and select <b>Excel</b>.</p> <p>Click <b>OK</b> in the <b>Export Options</b> window.</p>	 <p>The screenshot shows a web browser window with a toolbar at the top. The 'Excel' button is highlighted with a red arrow. Below the toolbar, there are tabs for 'Table 1', 'Table 2', and 'Table 3'. The main content area displays the title 'DRILL DOWN TABLES, Episodes Attributed to Your Medical Group Practice' and a table with the following columns: Episode Id, Beneficiary HIC, Gender, Date of Birth, Episode Type, Episode Start Date, Apparent Lead Eligible Professional (EP), Apparent Lead EP's Speciality, and Total Physician Fee Schedule (PF Cost (Non-Standardized)). A note at the top right of the table area states: '* Indicates no Apparent Lead EP was attributed the episode.'</p>

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