CHANGES TO THE QUALITY AND RESOURCE USE REPORTS FROM PERFORMANCE YEAR 2012 TO PERFORMANCE YEAR 2013

In response to stakeholder feedback, and as part of a continuing effort to enhance the usefulness and expand the comprehensiveness of the QRURs, CMS incorporated the following changes in this year's reports:

1. **Expand the number of physicians and groups of physicians receiving reports.** CMS provided 2012 QRURs to Taxpayer Identification Numbers (TINs) that (a) had at least 25 eligible professionals billing under the TIN and that (b) had at least 20 eligible cases for at least one of the quality or cost measures included in the QRUR. CMS expanded the number of physicians and groups of physicians eligible to receive a QRUR to all TINs nationwide meeting two criteria: (a) at least one physician billed under the TIN in 2013, and (b) the TIN had at least one eligible case for at least one of the quality or cost measures included in the QRUR. CMS did not disseminate 2013 QRURs to TINs that participated in the Medicare Shared Savings Program, the Pioneer ACO Model, or the Comprehensive Primary Care Initiative in 2013.
2. **Provide information on the 2015 value-based payment modifier (VM).** The 2013 QRUR contains data regarding a physician's or group of physicians' quality and cost of care for calendar year 2013. For groups of 100 or more eligible professionals that elected to have their VM calculated based on their performance on quality and cost measures, the 2013 QRUR shows how Medicare Physician Fee Schedule payments to physicians in the group will be affected by the VM in 2015, including any upward, neutral, or downward payment adjustment. Groups of 100 or more eligible professionals that did not elect to have their VM calculated based on their quality and cost performance will have a neutral (or no) payment adjustment under the VM, provided that they registered for a PQRS Group Practice Reporting Option and successfully reported quality measures under the PQRS in 2013. For group practices with fewer than 100 eligible professionals and for solo practitioners, the QRUR is for informational purposes only, and payments will not be affected by the VM in 2015.
3. **Include a preview of new cost measures that will be included in the 2016 VM.** The Spending per Hospital Patient with Medicare (or Medicare Spending per Beneficiary (MSPB)) measure is a new cost measure, finalized in the 2014 Physician Fee Schedule Final Rule, that will be included in the cost composite score calculation for the 2016 VM. Moreover, all cost measures included in the 2016 VM will be adjusted to reflect the mix of physician specialties within a TIN. The 2013 QRUR previews performance on these measures (QRUR Exhibit 13) based on the methodology for the 2016 VM.
4. **Provide information on the effect of risk adjustment on quality and cost measures.** All claims-based quality outcome measures and cost measures are risk adjusted to account for differences in patient characteristics that may affect outcomes and costs. The 2013 QRUR provides performance information for these measures before and after risk adjustment (QRUR Exhibits 11 and 12).
5. **Provide additional detailed data on each TIN's attributed beneficiaries and their hospitalizations, and the TIN's associated eligible professionals.** Complementing the

2013 QRURs are supplementary exhibits that provide information on each beneficiary attributed to the TIN and each eligible professional billing under the TIN. Additional information in the 2013 supplementary exhibits include:

a. Beneficiaries (Supplementary Exhibit 2): CMS added additional information to the exhibit, including the beneficiary risk percentile ranking and basis for the beneficiary's attribution to the physician or group of physicians; names and specialties of providers inside and outside of the TIN who billed the most primary care and non-primary care professional services for the beneficiary; and an index variable for linking beneficiary information across supplementary exhibits.

b. Spending per Hospital Patient with Medicare Episodes (Supplementary Exhibit 4): This new supplementary exhibit provides beneficiary information corresponding to the Spending per Hospital Patient with Medicare (or Medicare Spending per Beneficiary) measure, including identifying beneficiary information, identifying eligible professional information, total payment-standardized episode costs, hospital admission date, admitting hospital, principal diagnosis, discharge date, discharge status, and spending by categories of service furnished by all providers.

6. **Modify attribution of beneficiaries to physicians and groups of physicians.** In 2013, beneficiaries receiving the plurality of their primary care services from a Federally Qualified Health Center, Rural Health Clinic, Critical Access Hospitals Billing Under Method II or Electing Teaching Amendment Hospitals will be attributed to the relevant institutional entity and, thus, are not eligible for attribution to a TIN-identified physician or physician group.