

Quick Reference Guide for Accessing the 2012 QRURs and IEP PQRS Performance Reports

I. Introduction

On **September 16, 2013**, CMS made available the 2012 Quality and Resource Use Reports (QRURs) for group practices with 25 or more eligible professionals (EPs). QRURs show comparative performance on both quality and cost measures. CMS even produced QRURs for participants of the Medicare Shared Savings Program, Pioneer ACO model, and the Comprehensive Primary Care Initiative with 25 or more EPs. The QRUR previews each group's performance on quality and cost measures that could be used to calculate the group's Value-Based Payment Modifier in 2015. More information about the Value-Based Payment Modifier and quality-tiering is available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>.

On **December 23, 2013**, CMS made available Individual Eligible Professional (IEP) PQRS Performance Reports for all group practices with 25 or more EPs for which at least one EP reported PQRS measures as an individual in 2012 and was found to be PQRS incentive eligible. Group practices that did not receive a full QRUR in September may be able to obtain an IEP PQRS Performance Report. These IEP reports show each EP's performance as well as a rolled-up group performance on the measures reported by the group's EPs.

QRURs and IEP PQRS Performance Reports can be downloaded and exported to PDF Format. This Quick Reference Guide illustrates how to access and download a QRUR along with the supplemental QRUR Drill-Down Reports and IEP PQRS Performance Reports from the CMS Enterprise Portal. More information about the QRURs and IEP PQRS Performance Reports is available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2012-QRUR.html>.

II. Getting Started

Authorized representatives of groups can access the QRURs and IEP PQRS Performance Reports 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

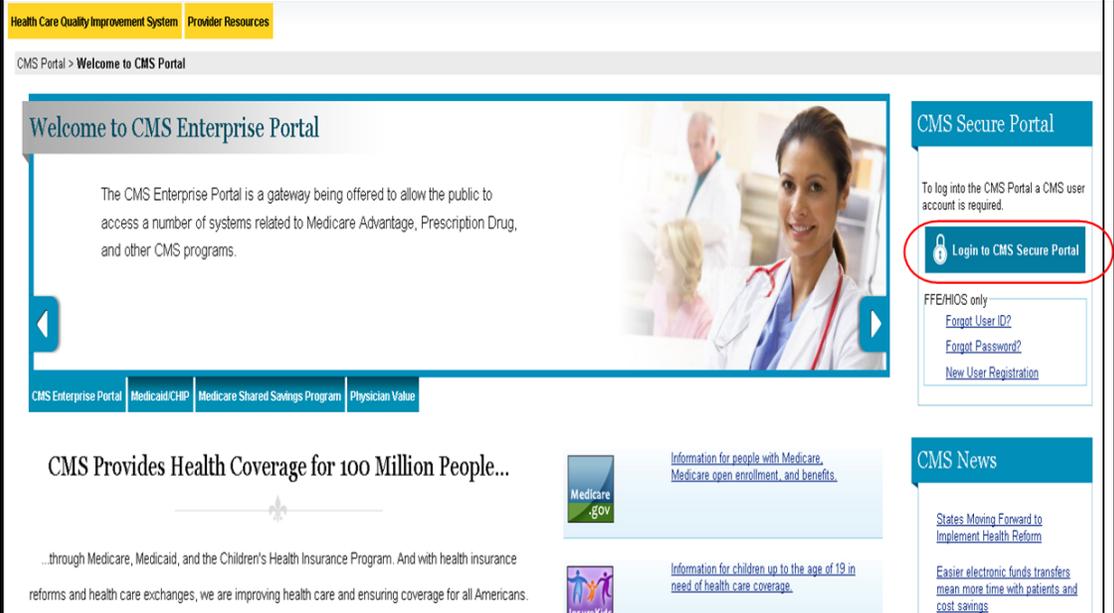
Authorized representatives of groups must sign up for a new IACS account or modify an existing account at <https://applications.cms.hhs.gov>. Quick reference guides that provide step-by-step instructions for requesting each PV-PQRS System role for new or existing IACS account are available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Physicia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

If you have questions about the QRUR or a IEP PQRS Performance Report, 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.

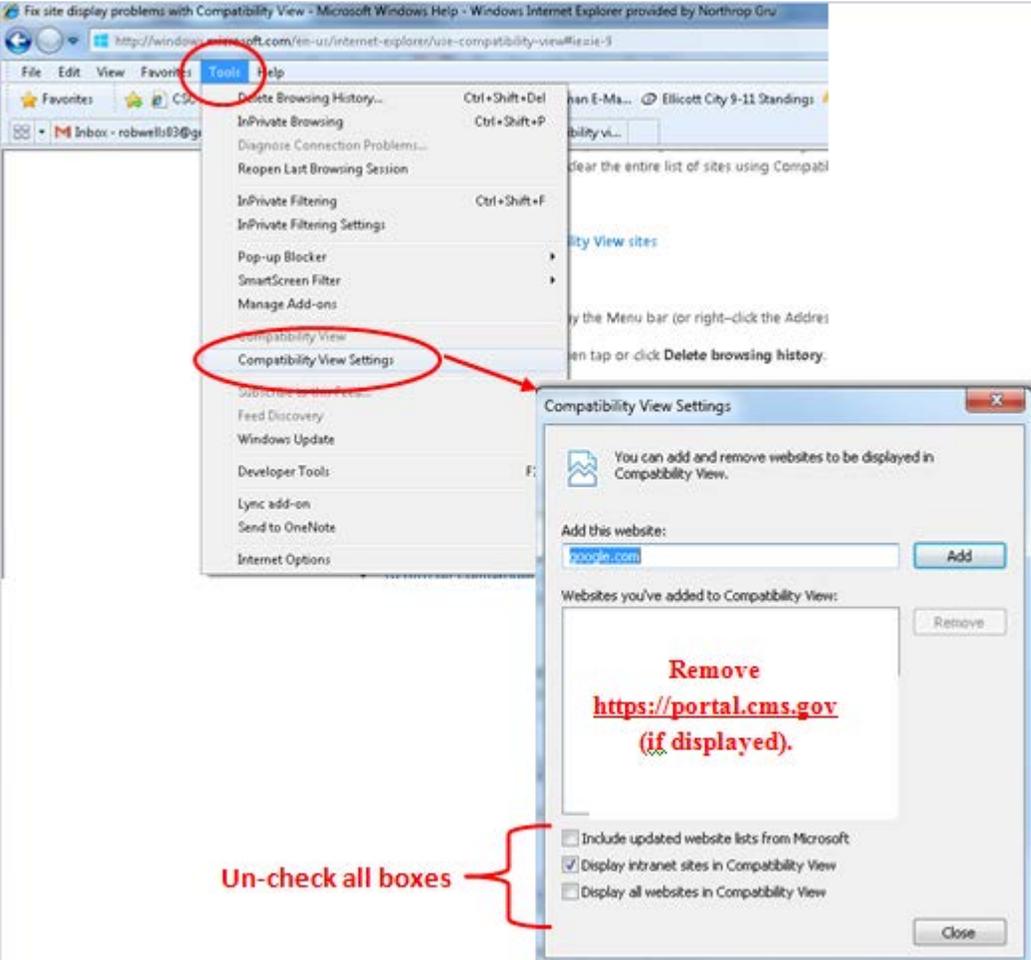
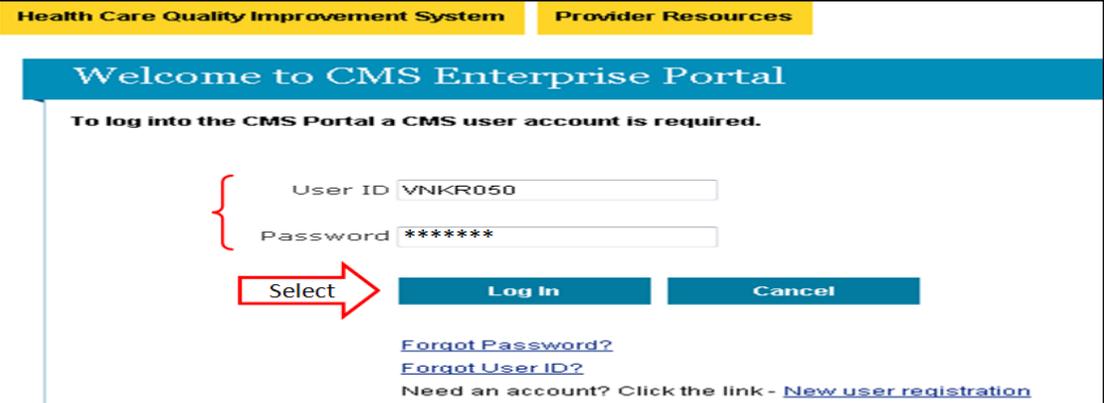
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III. Access a Group Practice's QRUR

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 • Mozilla-Firefox • Chrome • Safari <p>Enable Javascript and adjust any zoom features to ensure you are not seeing the screen in too wide of a view.</p>	

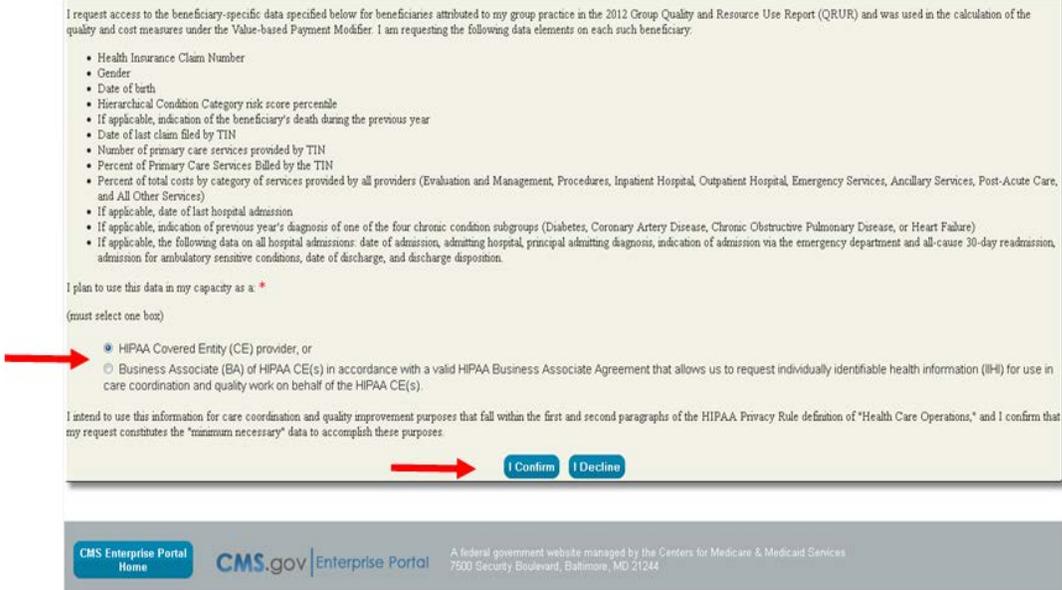
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Steps	Screenshots
<p style="text-align: center;"><u>Troubleshooting</u></p> <p>If you are not using one of the supported browsers or having trouble viewing the CMS Enterprise Portal using Internet Explorer 9:</p> <ul style="list-style-type: none"> • 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 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 style="text-align: center; color: red;">Un-check all boxes</p>
<p>2. After accepting the Terms and Conditions, enter your IACS User ID and Password in the Welcome to CMS Enterprise Portal screen.</p> <p>Select Login to continue.</p>	

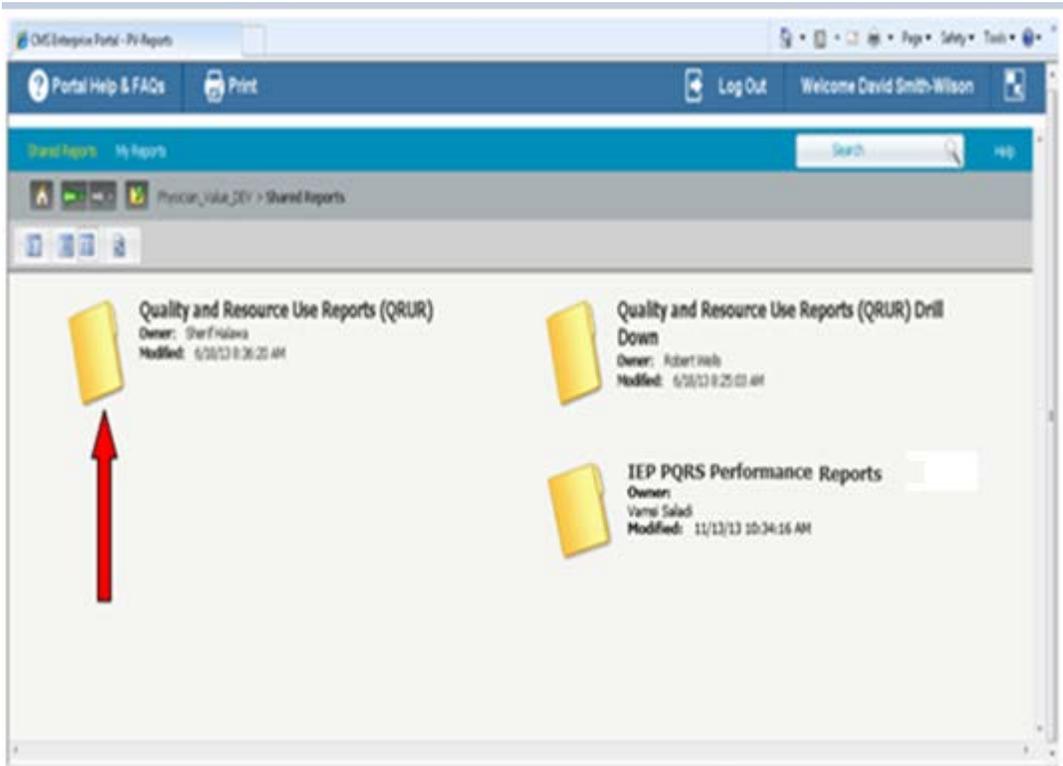
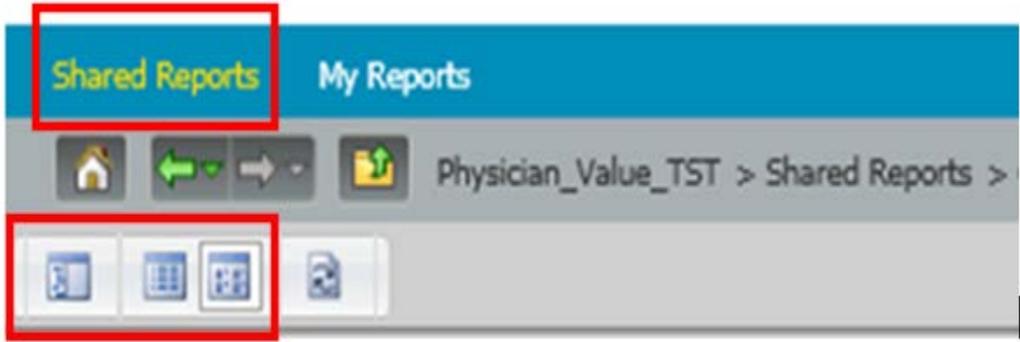
If you have questions about the QRUR or a IEP PQRS Performance Report, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

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Steps	Screenshots
<p>3. Click the PV-PQRS tab at the top of the screen, and then select the QRUR-Reports option from the dropdown menu.</p>	
<p>4. 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, click I Confirm to continue. 	 <p>I request access to the beneficiary-specific data specified below for beneficiaries attributed to my group practice in the 2012 Group Quality and Resource Use Report (QRUR) and was used in the calculation of the quality and cost measures under the Value-based Payment Modifier. I am requesting the following data elements on each such beneficiary.</p> <ul style="list-style-type: none"> • Health Insurance Claim Number • Gender • Date of birth • Hierarchical Condition Category risk score percentile • If applicable, indication of the beneficiary's death during the previous year • Date of last claim filed by TIN • Number of primary care services provided by TIN • Percent of Primary Care Services Billed by the TIN • Percent of total costs by category of services provided by all providers (Evaluation and Management, Procedures, Inpatient Hospital, Outpatient Hospital, Emergency Services, Ancillary Services, Post-Acute Care, and All Other Services) • If applicable, date of last hospital admission • If applicable, indication of previous year's diagnosis of one of the four chronic condition subgroups (Diabetes, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, or Heart Failure) • If applicable, the following data on all hospital admissions: date of admission, admitting hospital, principal admitting diagnosis, indication of admission via the emergency department and all-cause 30-day readmission, admission for ambulatory sensitive conditions, date of discharge, and discharge disposition. <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, or</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 (IIH) for use in care coordination and quality work on behalf of the HIPAA CE(s).</p> <p>I intend to use this information for care coordination and quality improvement purposes that fall within the first and 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 style="text-align: right;"> <input type="button" value="I Confirm"/> <input type="button" value="I Decline"/> </p>

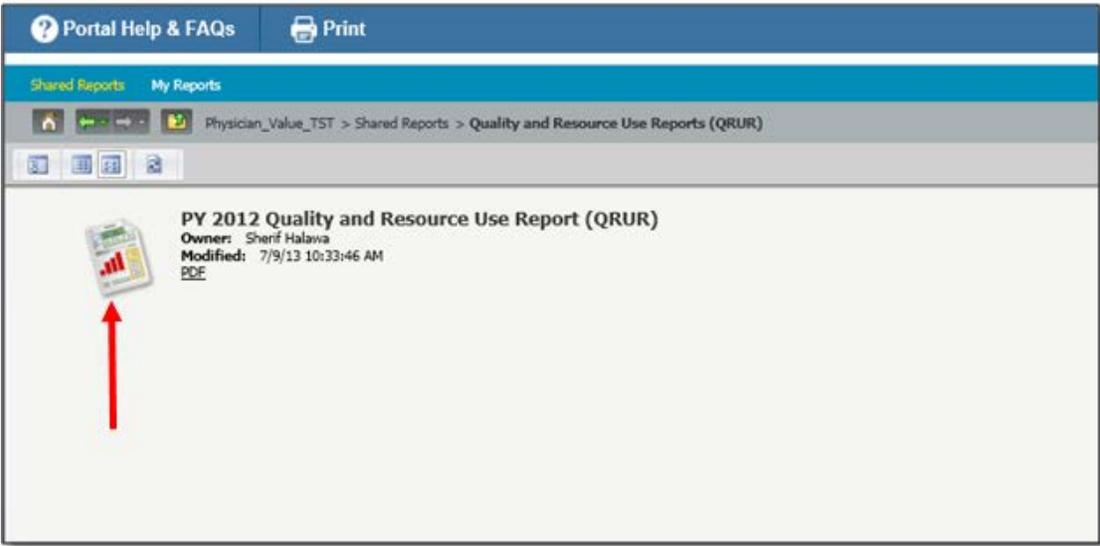
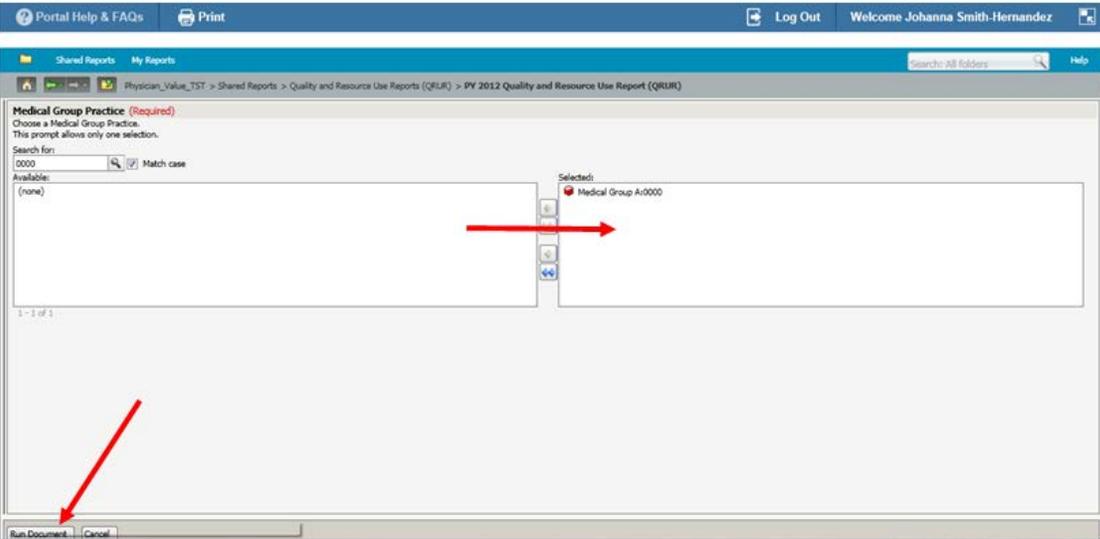
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Steps	Screenshots
<p>5. In the Shared Reports screen, three folders are available:</p> <ul style="list-style-type: none"> • Quality and Resource Use Reports (QRUR) • Quality and Resource Use Reports (QRUR) Drill-Down • IEP PQRS Performance Reports <p>To access the group's QRUR, click the Quality and Resource Use Reports (QRUR) folder and proceed to Step 6.</p> <p>To access the group's QRUR Drill-Down Reports or IEP PQRS Performance Reports, proceed to Section V of this guide.</p>	 <p>The screenshot shows a web application interface for 'Shared Reports'. At the top, there is a navigation bar with 'Portal Help & FAQs', 'Print', 'Log Out', and 'Welcome David Smith-Wilson'. Below this is a search bar and a breadcrumb trail: 'Physician_Value_TST > Shared Reports'. The main content area displays three folders as yellow icons with text labels: <ul style="list-style-type: none"> Quality and Resource Use Reports (QRUR): Owner: Sherif Halawa, Modified: 6/20/13 9:26:22 AM. A red arrow points to this folder. Quality and Resource Use Reports (QRUR) Drill Down: Owner: Robert Webb, Modified: 6/20/13 9:25:03 AM. IEP PQRS Performance Reports: Owner: Vamsi Saladi, Modified: 11/13/13 10:34:16 AM. </p>
<p>Note: If you don't see the Shared Reports folders:</p> <ul style="list-style-type: none"> • Verify you are in the "Shared Reports" folders and not the "My Reports" folders. • Verify you have 1 of the following view options selected: <ul style="list-style-type: none"> ○ Hide Navigation Tree ○ View: List ○ View: Icon 	 <p>This close-up screenshot shows the navigation and view options. The 'Shared Reports' tab is highlighted with a red box. Below the tabs is a breadcrumb trail: 'Physician_Value_TST > Shared Reports >'. At the bottom, a view options menu is shown with three icons: a folder icon (selected), a list icon, and a grid icon. These icons are also highlighted with a red box.</p>

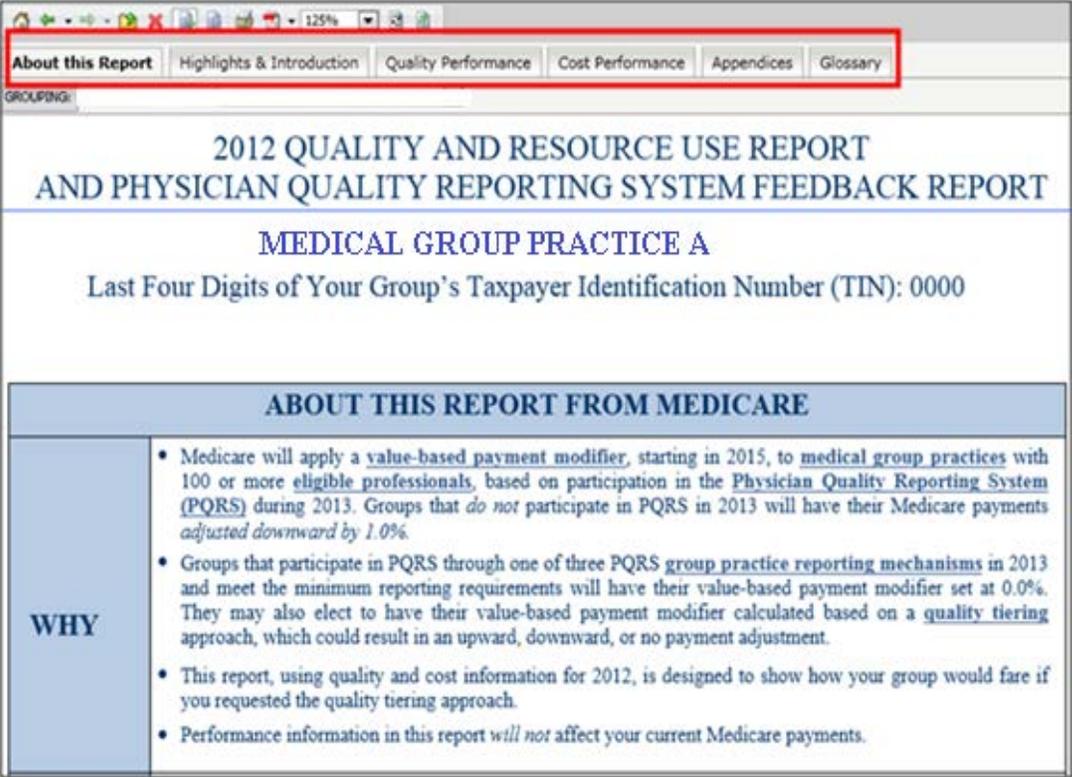
If you have questions about the QRUR or a IEP PQRS Performance Report, or need assistance accessing any of the reports, please contact the Physician Value Help Desk by phone at 1-888-734-6433 (press option 3). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

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Steps	Screenshots
<p>6. Click the PY 2012 Quality and Resource Use Report (QRUR) icon to view the QRUR in the MicroStrategy Web Platform.</p> <p>Note: If you want to view the QRUR as a PDF document, click PDF.</p> <p>Section IV of this guide describes another way of viewing the QRUR as a PDF document.</p>	 <p>The screenshot shows a web interface with a blue header containing 'Portal Help & FAQs' and a 'Print' button. Below the header, there are tabs for 'Shared Reports' and 'My Reports'. The breadcrumb trail reads 'Physician_Value_TST > Shared Reports > Quality and Resource Use Reports (QRUR)'. The main content area displays a report icon with a red bar chart, titled 'PY 2012 Quality and Resource Use Report (QRUR)'. Below the title, it lists 'Owner: Sherif Halawa' and 'Modified: 7/9/13 10:33:46 AM'. A red arrow points to the report icon.</p>
<p>7. This screen shows the group practice(s) associated with your IACS account.</p> <p>Choose one Medical Group Practice from the Available group practice section:</p> <ul style="list-style-type: none"> • Select a group name and either double click the mouse or click the arrow button to move the practice from 'Available' to 'Selected'. • You can also filter the list of Available Medical Group Practices by entering the name or Last 4 digits of a TIN in the Search for field. • Click Run Document. You will need to wait several seconds while the system generates your QRUR. <p>Note: Select only one Medical Group Practice each time you attempt to retrieve a QRUR.</p>	 <p>The screenshot shows a 'Medical Group Practice (Required)' selection screen. It prompts the user to 'Choose a Medical Group Practice' and states 'This prompt allows only one selection.' There is a 'Search for:' field with '0000' entered and a 'Match case' checkbox. Below this are two columns: 'Available:' (containing '(none)') and 'Selected:' (containing 'Medical Group A-0000'). A red arrow points from the 'Available' column to the 'Selected' column. At the bottom, there are 'Run Document' and 'Cancel' buttons. A red arrow points to the 'Run Document' button.</p>

If you have questions about the QRUR or a IEP PQRS Performance Report, 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.

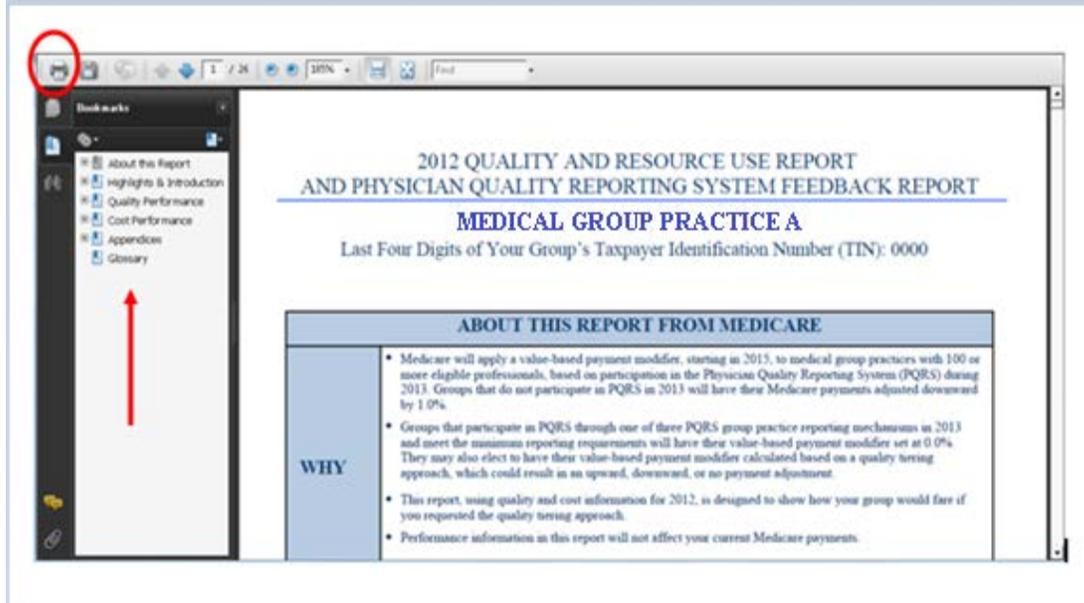
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Steps	Screenshots
<p>8. The QRUR is displayed within the MicroStrategy Web Platform. The section that appears first is About This Report From Medicare.</p> <ul style="list-style-type: none"> Click on any of the section tabs at the top of the screen to navigate to different sections of the QRUR. <p>Note: 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"> The QRUR contains the following sections: <ul style="list-style-type: none"> About This Report Highlights & Introduction Quality Performance Cost Performance Appendices Glossary 	 <p>The screenshot shows a web browser window with a navigation bar at the top containing tabs: "About this Report", "Highlights & Introduction", "Quality Performance", "Cost Performance", "Appendices", and "Glossary". The "About this Report" tab is highlighted with a red border. Below the navigation bar, the main content area displays the report title: "2012 QUALITY AND RESOURCE USE REPORT AND PHYSICIAN QUALITY REPORTING SYSTEM FEEDBACK REPORT" for "MEDICAL GROUP PRACTICE A". Below the title, it states "Last Four Digits of Your Group's Taxpayer Identification Number (TIN): 0000". The "ABOUT THIS REPORT FROM MEDICARE" section is expanded, showing a "WHY" column and a list of bullet points explaining Medicare's value-based payment modifier starting in 2015.</p>

If you have questions about the QRUR or a IEP PQRS Performance Report, 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.

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IV. View and Print the QRUR as a PDF Document

Steps	Screenshots
<p>1. Click the Export button on the MicroStrategy Toolbar and select PDF.</p> <p>Click OK in the Export Options window.</p>	 <p>The screenshot shows a web browser window displaying the report titled "2012 QUALITY AND RESOURCE USE REPORT AND PHYSICIAN QUALITY REPORTING SYSTEM FEEDBACK REPORT MEDICAL GROUP PRACTICE A". The browser's toolbar includes a PDF icon, which is highlighted by a red arrow. The report content includes the group name and TIN, and a section titled "ABOUT THIS REPORT FROM MEDICARE" with a bullet point about value-based payment modifiers.</p>
<p>2. The QRUR is exported to .PDF format.</p> <ul style="list-style-type: none"> • Select any of the Bookmarks to navigate to a different section of the QRUR. • Select the Print button on the Toolbar to print the QRUR. 	 <p>The screenshot shows the same report as above, but with a bookmarks sidebar on the left. The sidebar lists sections: "About this Report", "Highlights & Introduction", "Quality Performance", "Cost Performance", "Appendices", and "Glossary". A red arrow points to the "Print" button in the browser's toolbar, which is circled in red. The report content is partially visible, showing the "ABOUT THIS REPORT FROM MEDICARE" section and a "WHY" section.</p>

If you have questions about the QRUR or a IEP PQRS Performance Report, 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.

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V. Access a QRUR Drill-Down Report or an IEP PQRS Performance Report

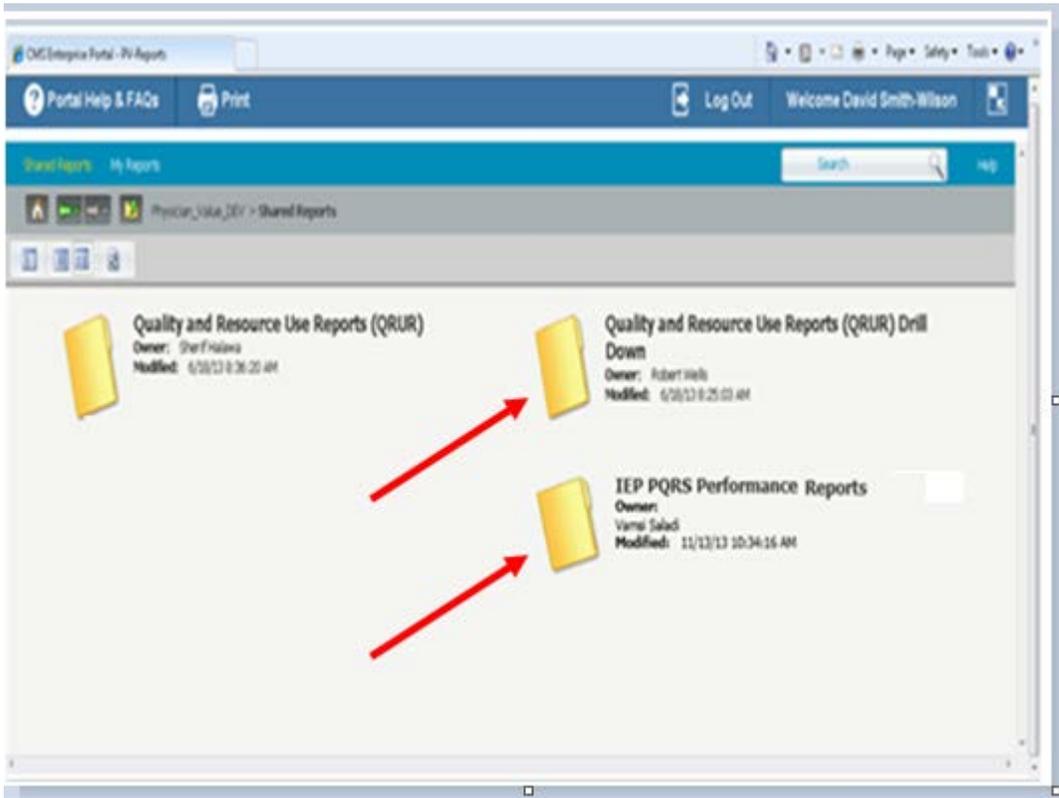
The following QRUR Drill-Down Reports are available:

- Medicare FFS Beneficiaries Attributed to the Medical Group Practice, Selected Characteristics, 2012
- Physicians and Non-Physician Eligible Professionals Billing Under Medical Group Practice TIN, Selected Characteristics, 2012
- Attributed Beneficiaries' Hospital Admissions for Any Cause, 2012

The following IEP PQRS Performance Reports are available:

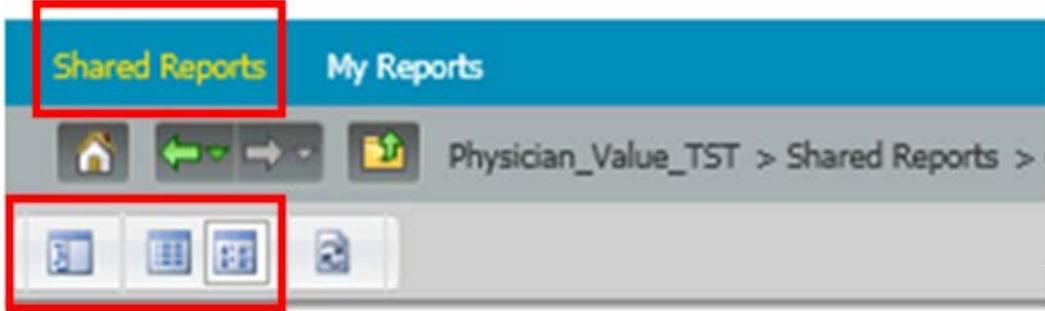
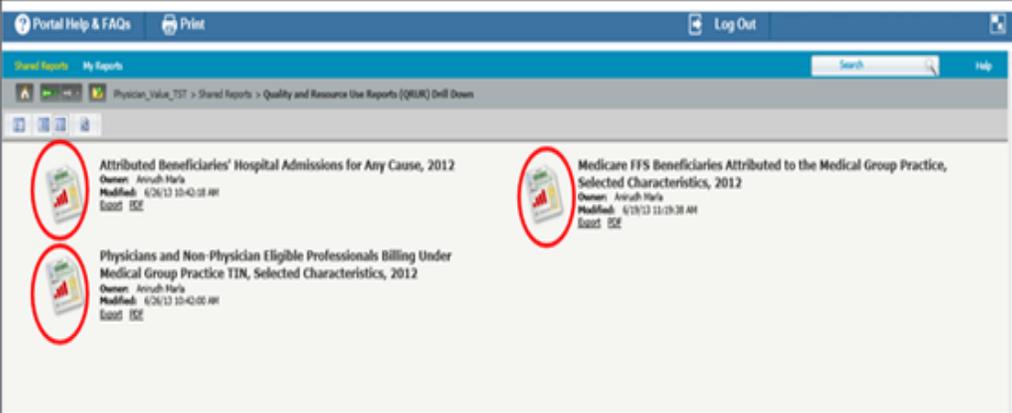
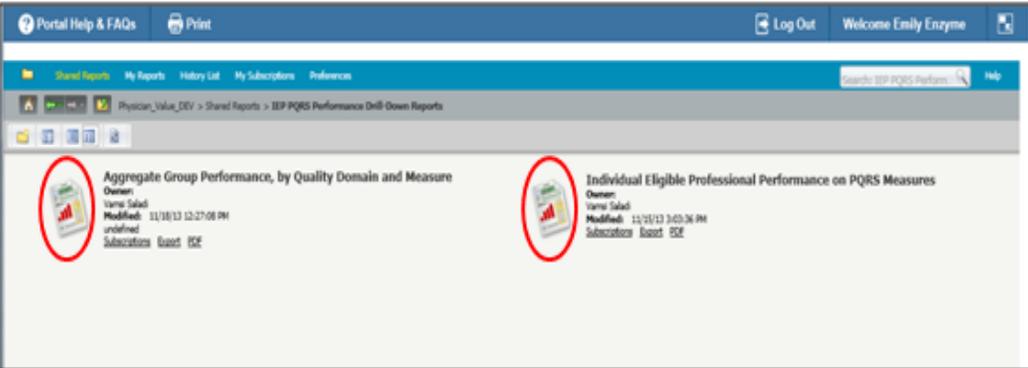
- Aggregate Group Performance, by Quality Domain and Measure
- Individual Eligible Professional Performance on PQRS Measures

A. Access QRUR Drill-Down Reports or IEP PQRS Performance Reports from the applicable Shared Reports Folder.

Steps	Screenshots
<p>1. Follow Steps 1-4 as described in Section III of this guide.</p> <p>Note: In the Shared Reports screen, click one of the following folders to select a report:</p> <p><u>Quality and Resource Use Reports (QRUR) Drill-Down:</u></p> <ul style="list-style-type: none"> • Table 1. Medicare FFS Beneficiaries Attributed to the Medical Group Practice, Selected Characteristics, 2012 • Table 2. Physicians and Non-Physician Eligible Professionals Billing Under Medical Group Practice TIN, Selected Characteristics, 2012 • Table 3. Attributed Beneficiaries' Hospital Admissions for Any Cause, 2012 <p><u>IEP PQRS Performance Reports:</u></p> <ul style="list-style-type: none"> • Table A.1. Aggregate Group Performance, by Quality Domain and Measure • Table A.2. Individual Eligible Professional 	 <p>The screenshot shows a web interface for 'OIG Enterprise Portal - My Reports'. The user is logged in as 'David Smith-Wilson'. The main content area displays a 'Shared Reports' folder with three sub-folders: <ul style="list-style-type: none"> 'Quality and Resource Use Reports (QRUR)' (Owner: Sher Friskins, Modified: 6/20/13 9:36:25 AM) 'Quality and Resource Use Reports (QRUR) Drill Down' (Owner: Robert Webb, Modified: 6/20/13 9:25:03 AM) 'IEP PQRS Performance Reports' (Owner: Vamsi Saladi, Modified: 11/13/13 10:34:16 AM) Two red arrows point from the left towards the 'QRUR Drill Down' and 'IEP PQRS Performance Reports' folders. </p>

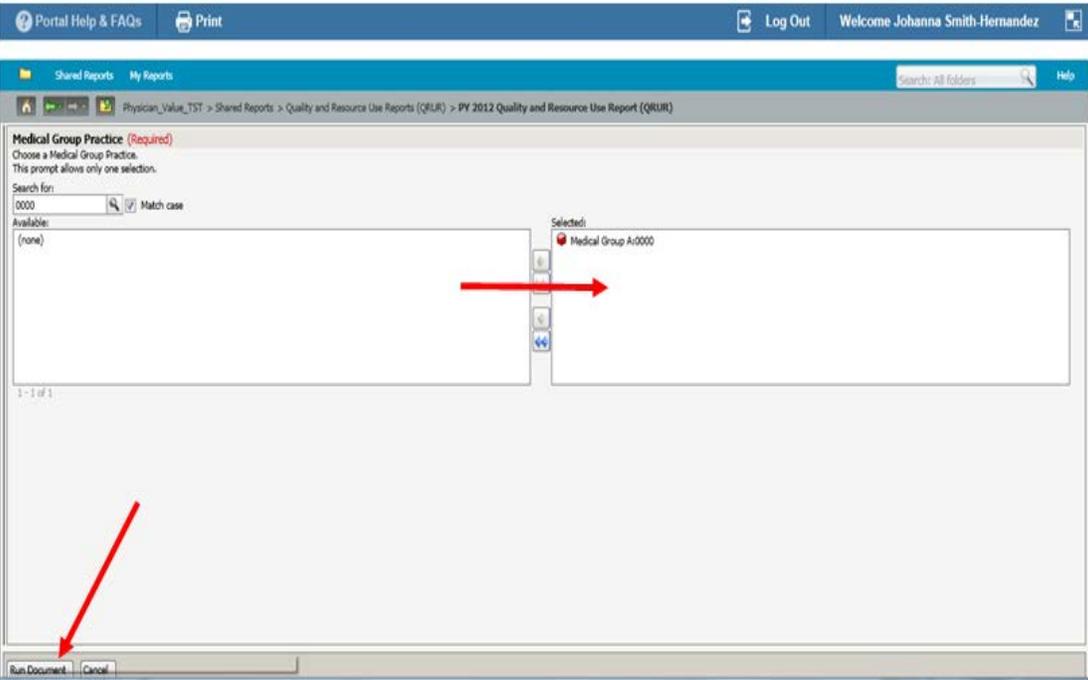
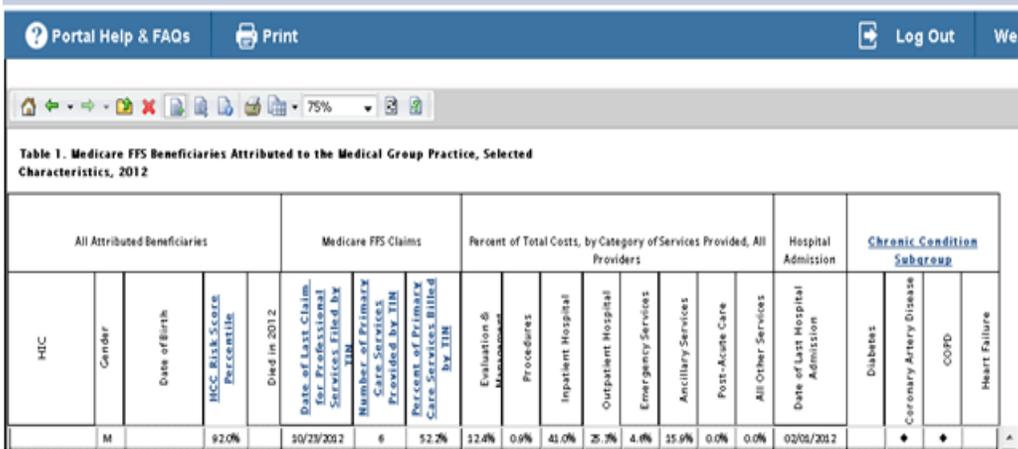
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Steps	Screenshots
<p>Performance on PQRS Measures</p>	
<p>Note: If you don't see the Shared Reports folders:</p> <ul style="list-style-type: none"> • Verify you are in the “Shared Reports” folders and not the “My Reports” folders. • Verify you have 1 of the following view options selected: <ul style="list-style-type: none"> ○ Hide Navigation Tree ○ View: List ○ View: Icon 	
<p>2. Click on the icon next to one of the reports to display the report in the MicroStrategy Web Platform.</p> <p>Note: If you want to view the report as an Excel spreadsheet or a PDF document, click EXPORT or PDF, respectively.</p> <p>Section VII of this guide describes another way of viewing the reports as an Excel spreadsheet or a PDF document.</p>	<p>QRUR Drill-Down Report Folder</p>  <p>IEP PQRS Drill-Down Report Folder</p> 

If you have questions about the QRUR or a IEP PQRS Performance Report, 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.

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<p>4. The selected report will be displayed in MicroStrategy.</p> <p>Note: The example shown is Table 1. Medicare FFS Beneficiaries Attributed to the Medical Group Practice, Selected Characteristics, 2012.</p> <p>Repeat steps 1-3 of this section to access any of the other reports.</p>	 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <caption>Table 1. Medicare FFS Beneficiaries Attributed to the Medical Group Practice, Selected Characteristics, 2012</caption> <thead> <tr> <th colspan="4">All Attributed Beneficiaries</th> <th colspan="3">Medicare FFS Claims</th> <th colspan="7">Percent of Total Costs, by Category of Services Provided, All Providers</th> <th>Hospital Admission</th> <th colspan="3">Chronic Condition Subgroup</th> </tr> <tr> <th>HIC</th> <th>Gender</th> <th>Date of Birth</th> <th>HCC Risk Score Percentile</th> <th>Died in 2012</th> <th>Date of Last Claim for Professional Services Filed by TIN</th> <th>Number of Primary Care Services Provided by TIN</th> <th>Percent of Primary Care Services Billed by TIN</th> <th>Evaluation & Management</th> <th>Procedures</th> <th>Inpatient Hospital</th> <th>Outpatient Hospital</th> <th>Emergency Services</th> <th>Ancillary Services</th> <th>Post-Acute Care</th> <th>All Other Services</th> <th>Date of Last Hospital Admission</th> <th>Diabetes</th> <th>Coronary Artery Disease</th> <th>COPD</th> <th>Heart Failure</th> </tr> </thead> <tbody> <tr> <td></td> <td>M</td> <td></td> <td>92.0%</td> <td></td> <td>10/23/2012</td> <td>6</td> <td>52.2%</td> <td>32.4%</td> <td>0.0%</td> <td>41.0%</td> <td>25.3%</td> <td>4.4%</td> <td>15.0%</td> <td>0.0%</td> <td>0.0%</td> <td>02/03/2012</td> <td></td> <td>♦</td> <td>♦</td> <td></td> </tr> </tbody> </table>	All Attributed Beneficiaries				Medicare FFS Claims			Percent of Total Costs, by Category of Services Provided, All Providers							Hospital Admission	Chronic Condition Subgroup			HIC	Gender	Date of Birth	HCC Risk Score Percentile	Died in 2012	Date of Last Claim for Professional Services Filed by TIN	Number of Primary Care Services Provided by TIN	Percent of Primary Care Services Billed by TIN	Evaluation & Management	Procedures	Inpatient Hospital	Outpatient Hospital	Emergency Services	Ancillary Services	Post-Acute Care	All Other Services	Date of Last Hospital Admission	Diabetes	Coronary Artery Disease	COPD	Heart Failure		M		92.0%		10/23/2012	6	52.2%	32.4%	0.0%	41.0%	25.3%	4.4%	15.0%	0.0%	0.0%	02/03/2012		♦	♦	
All Attributed Beneficiaries				Medicare FFS Claims			Percent of Total Costs, by Category of Services Provided, All Providers							Hospital Admission	Chronic Condition Subgroup																																														
HIC	Gender	Date of Birth	HCC Risk Score Percentile	Died in 2012	Date of Last Claim for Professional Services Filed by TIN	Number of Primary Care Services Provided by TIN	Percent of Primary Care Services Billed by TIN	Evaluation & Management	Procedures	Inpatient Hospital	Outpatient Hospital	Emergency Services	Ancillary Services	Post-Acute Care	All Other Services	Date of Last Hospital Admission	Diabetes	Coronary Artery Disease	COPD	Heart Failure																																									
	M		92.0%		10/23/2012	6	52.2%	32.4%	0.0%	41.0%	25.3%	4.4%	15.0%	0.0%	0.0%	02/03/2012		♦	♦																																										

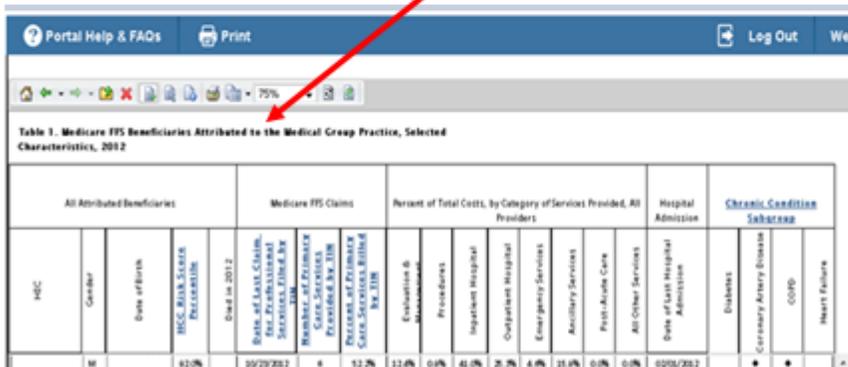
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Quick Reference Guide for Accessing the 2012 QRURs and IEP PQRS Performance Reports

B. Access QRUR Drill-Down Reports from within the QRUR.

This section only applies for viewing the QRUR Drill-Down Reports:

- Table 1. Medicare FFS Beneficiaries Attributed to the Medical Group Practice, Selected Characteristics, 2012
- Table 2. Physicians and Non-Physician Eligible Professionals Billing Under Medical Group Practice TIN, Selected Characteristics, 2012
- Table 3. Attributed Beneficiaries' Hospital Admissions for Any Cause, 2012

<u>Steps</u>	<u>Screenshots</u>																																																																			
<p>1. Click the <u>underlined red boldface</u> number to open the related QRUR Drill-Down Report. You will need to wait several seconds while the system generates the Drill-Down Report.</p>	<p style="text-align: center;">Exhibit 1. Number of Medicare Beneficiaries Attributed to Your Medical Group Practice and Basis for Attribution</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #e1f5fe;"> <th></th> <th>Total</th> <th>Plurality of Primary Care Services Provided by Primary Care Physicians</th> <th>Plurality Of Primary Care Services Provided By Non-Primary Care Specialists</th> </tr> </thead> <tbody> <tr> <td>Number of Medicare patients attributed to your medical group practice</td> <td style="text-align: center; border: 2px solid red; border-radius: 50%;">147,854</td> <td style="text-align: center;">56,842</td> <td style="text-align: center;">91,012</td> </tr> <tr> <td>Average percentage of primary care services provided by your group, per attributed beneficiary</td> <td style="text-align: center;">0.2%</td> <td style="text-align: center;">%</td> <td style="text-align: center;">0.24587 %</td> </tr> </tbody> </table>		Total	Plurality of Primary Care Services Provided by Primary Care Physicians	Plurality Of Primary Care Services Provided By Non-Primary Care Specialists	Number of Medicare patients attributed to your medical group practice	147,854	56,842	91,012	Average percentage of primary care services provided by your group, per attributed beneficiary	0.2%	%	0.24587 %																																																							
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<p>2. The associated Drill-Down Report is displayed within MicroStrategy.</p> <p>Note: The hyperlinked fields are active only when viewing the primary QRUR within the MicroStrategy Web Platform. The hyperlinks are not active after a QRUR is exported to PDF format.</p>	<p style="text-align: center;">Exhibit 1. Number of Medicare Beneficiaries Attributed to Your Medical Group Practice and Basis for Attribution</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #e1f5fe;"> <th></th> <th>Total</th> <th>Plurality of Primary Care Services Provided by Primary Care Physicians</th> <th>Plurality Of Primary Care Services Provided By Non-Primary Care Specialists</th> </tr> </thead> <tbody> <tr> <td>Number of Medicare patients attributed to your medical group practice</td> <td style="text-align: center; border: 2px solid red; border-radius: 50%;">147,854</td> <td style="text-align: center;">56,842</td> <td style="text-align: center;">91,012</td> </tr> <tr> <td>Average percentage of primary care services provided by your group, per attributed beneficiary</td> <td style="text-align: center;">0.2%</td> <td style="text-align: center;">%</td> <td style="text-align: center;">0.24587 %</td> </tr> </tbody> </table> <div style="margin-top: 10px;">  <p style="font-size: small; margin-top: 5px;">Table 1. Medicare FFS Beneficiaries Attributed to the Medical Group Practice, Selected Characteristics, 2012</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">All Attributed Beneficiaries</th> <th colspan="2">Medicare FFS Claims</th> <th colspan="10">Percent of Total Costs, by Category of Services Provided, All Providers</th> <th>Hospital Admission</th> <th colspan="2">Chronic Condition Subgroup</th> </tr> <tr> <th>HSC</th> <th>Gender</th> <th>Date of Birth</th> <th>HSC_RISK_SCORE</th> <th>DEAD in 2012</th> <th>PERCENT OF PRIMARY CARE SERVICES PROVIDED BY THIS GROUP</th> <th>Evaluation & Management</th> <th>Preventive</th> <th>Inpatient Hospital</th> <th>Outpatient Hospital</th> <th>Emergency Services</th> <th>Auxiliary Services</th> <th>Post-Acute Care</th> <th>All Other Services</th> <th>Date of Last Hospital Admission</th> <th>Diabetes</th> <th>Coronary Artery Disease</th> <th>COOP</th> <th>Heart Failure</th> </tr> </thead> <tbody> <tr> <td>10</td> <td></td> <td>90.0%</td> <td>20/20/2012</td> <td>0</td> <td>52.2%</td> <td>12.4%</td> <td>0.0%</td> <td>40.0%</td> <td>3.3%</td> <td>4.4%</td> <td>21.0%</td> <td>0.0%</td> <td>0.0%</td> <td>02/01/2012</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div>		Total	Plurality of Primary Care Services Provided by Primary Care Physicians	Plurality Of Primary Care Services Provided By Non-Primary Care Specialists	Number of Medicare patients attributed to your medical group practice	147,854	56,842	91,012	Average percentage of primary care services provided by your group, per attributed beneficiary	0.2%	%	0.24587 %	All Attributed Beneficiaries		Medicare FFS Claims		Percent of Total Costs, by Category of Services Provided, All Providers										Hospital Admission	Chronic Condition Subgroup		HSC	Gender	Date of Birth	HSC_RISK_SCORE	DEAD in 2012	PERCENT OF PRIMARY CARE SERVICES PROVIDED BY THIS GROUP	Evaluation & Management	Preventive	Inpatient Hospital	Outpatient Hospital	Emergency Services	Auxiliary Services	Post-Acute Care	All Other Services	Date of Last Hospital Admission	Diabetes	Coronary Artery Disease	COOP	Heart Failure	10		90.0%	20/20/2012	0	52.2%	12.4%	0.0%	40.0%	3.3%	4.4%	21.0%	0.0%	0.0%	02/01/2012				
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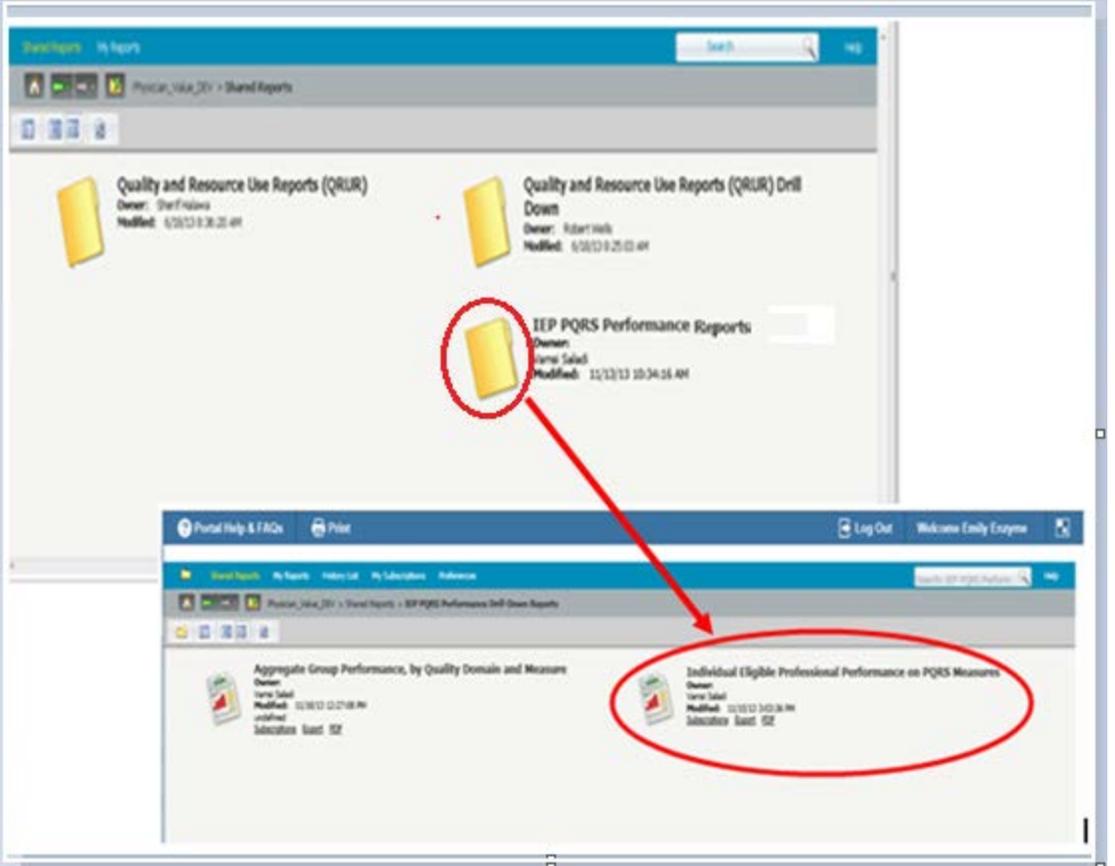
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VI. Filter IEP PQRS Performance Report Results Using the 'Grouping' Feature

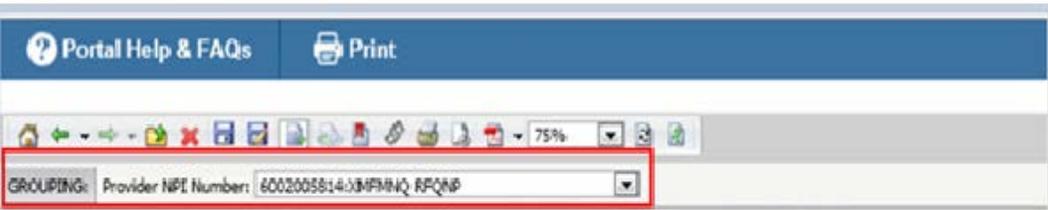
This section only applies to the IEP PQRS Performance Report:

- Table A.2. Individual Eligible Professional Performance on PQRS Measures

Steps	Screenshots
<p>1. Follow Steps 1-4 as described in Section V.A of this guide.</p> <p>Note: In the Shared Reports screen, click on IEP PQRS Performance Drill-Down Reports. Then, select the Individual Eligible Professional Performance on PQRS Measures report.</p>	

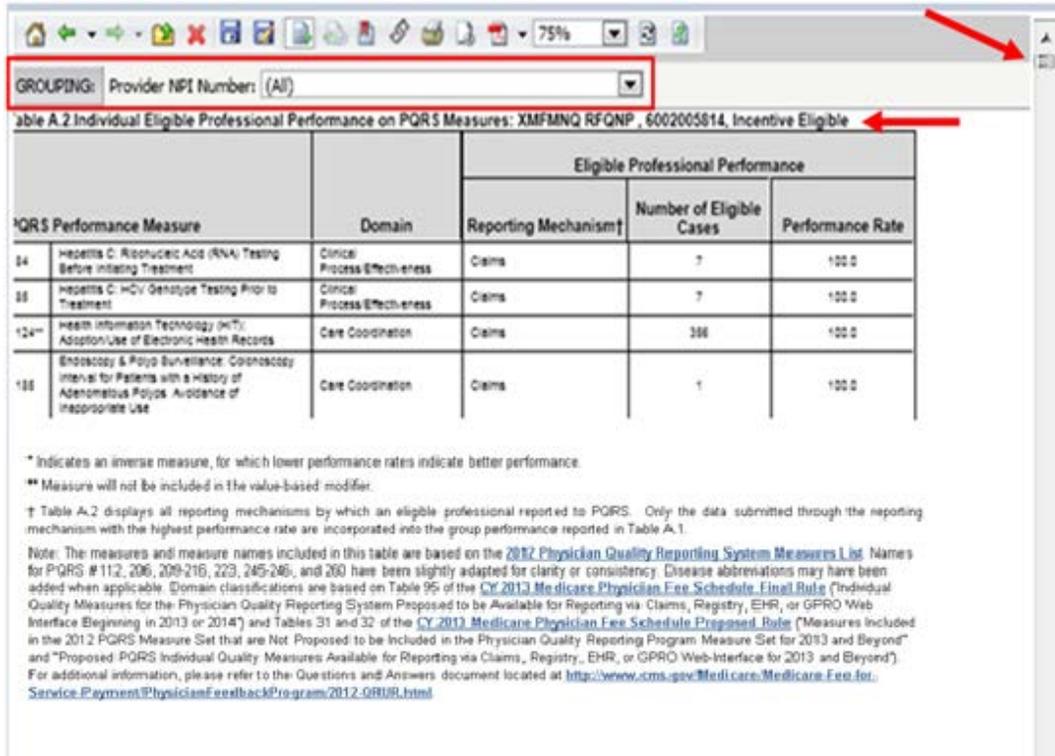
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<p>2. The Individual Eligible Professional Performance on PQRS Measures report may contain more than one Eligible Professional. The default report results are displayed based on a single Provider NPI. Use the GROUPING function to filter the results as desired.</p>	 <p>Table A.2 Individual Eligible Professional Performance on PQRS Measures: XMFMNQ RFGNP, 6002005814, Incentive Eligible</p> <table border="1" data-bbox="446 525 1356 808"> <thead> <tr> <th rowspan="2">PQRS Performance Measure</th> <th rowspan="2">Domain</th> <th colspan="3">Eligible Professional Performance</th> </tr> <tr> <th>Reporting Mechanism†</th> <th>Number of Eligible Cases</th> <th>Performance Rate</th> </tr> </thead> <tbody> <tr> <td>84 Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment</td> <td>Clinical Process/Effectiveness</td> <td>Claims</td> <td>7</td> <td>100.0</td> </tr> <tr> <td>85 Hepatitis C: HCV Genotype Testing Prior to Treatment</td> <td>Clinical Process/Effectiveness</td> <td>Claims</td> <td>7</td> <td>100.0</td> </tr> <tr> <td>124** Health Information Technology (HIT): Adoption/Use of Electronic Health Records</td> <td>Care Coordination</td> <td>Claims</td> <td>296</td> <td>100.0</td> </tr> <tr> <td>185 Endoscopy & Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps: Avoidance of Inappropriate Use</td> <td>Care Coordination</td> <td>Claims</td> <td>1</td> <td>100.0</td> </tr> </tbody> </table> <p>* Indicates an inverse measure, for which lower performance rates indicate better performance. ** Measure will not be included in the value-based modifier. † Table A.2 displays all reporting mechanisms by which an eligible professional reported to PQRS. Only the data submitted through the reporting mechanism with the highest performance rate are incorporated into the group performance reported in Table A.1. Note: The measures and measure names included in this table are based on the 2012 Physician Quality Reporting System Measures List. Names for PQRS # 112, 206, 209-216, 223, 245-246, and 260 have been slightly adapted for clarity or consistency. Disease abbreviations may have been added when applicable. Domain classifications are based on Table 95 of the CY 2013 Medicare Physician Fee Schedule Final Rule (Individual Quality Measures for the Physician Quality Reporting System Proposed to be Available for Reporting via Claims, Registry, EHR, or GPRO Web Interface Beginning in 2013 or 2014) and Tables 31 and 32 of the CY 2013 Medicare Physician Fee Schedule Proposed Rule (Measures included in the 2012 PQRS Measure Set that are Not Proposed to be Included in the Physician Quality Reporting Program Measure Set for 2013 and Beyond) and "Proposed PQRS Individual Quality Measures Available for Reporting via Claims, Registry, EHR, or GPRO Web-Interface for 2013 and Beyond". For additional information, please refer to the Questions and Answers document located at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2012-QRUR.html.</p>	PQRS Performance Measure	Domain	Eligible Professional Performance			Reporting Mechanism†	Number of Eligible Cases	Performance Rate	84 Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment	Clinical Process/Effectiveness	Claims	7	100.0	85 Hepatitis C: HCV Genotype Testing Prior to Treatment	Clinical Process/Effectiveness	Claims	7	100.0	124** Health Information Technology (HIT): Adoption/Use of Electronic Health Records	Care Coordination	Claims	296	100.0	185 Endoscopy & Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps: Avoidance of Inappropriate Use	Care Coordination	Claims	1	100.0
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<p>3. Select any single NPI in the Provider NPI Number list to filter the report by a specific NPI, or select the 'All' option to view all providers at the same time.</p>	 <p>GROUPING: Provider NPI Number: (All)</p> <p>Table A.2 Individual Eligible Professional Performance on PQRS Measures: XMFMNQ RFGNP, 6002005814, Incentive Eligible</p> <table border="1" data-bbox="446 1165 1234 1795"> <thead> <tr> <th>PQRS Performance Measure</th> <th>Domain</th> <th>Reporting Mechanism†</th> <th>Number of Eligible Cases</th> <th>Performance Rate</th> </tr> </thead> <tbody> <tr> <td>84 Hepatitis C: Ribonucleic Acid Before Initiating Treatment</td> <td>Clinical Process/Effectiveness</td> <td>Claims</td> <td>7</td> <td>100.0</td> </tr> <tr> <td>85 Hepatitis C: HCV Genotype Treatment</td> <td>Clinical Process/Effectiveness</td> <td>Claims</td> <td>7</td> <td>100.0</td> </tr> <tr> <td>124** Health Information Technol Adoption/Use of Electronic</td> <td>Care Coordination</td> <td>Claims</td> <td>296</td> <td>100.0</td> </tr> <tr> <td>185 Endoscopy & Polyp Surveill Interval for Patients with a Adenomatous Polyps Avoid Inappropriate Use</td> <td>Care Coordination</td> <td>Claims</td> <td>1</td> <td>100.0</td> </tr> </tbody> </table> <p>* Indicates an inverse measure * Measure will not be include † Table A.2 displays all report mechanism with the highest pe Note: The measures and measure names included in this table are based on the 2012 Physician Quality Reporting System Measures List. Names for PQRS # 112, 206, 209-216, 223, 245-246, and 260 have been slightly adapted for clarity or consistency. Disease abbreviations may have been added when applicable. Domain classifications are based on Table 95 of the CY 2013 Medicare Physician Fee Schedule Final Rule (Individual Quality Measures for the Physician Quality Reporting System Proposed to be Available for Reporting via Claims, Registry, EHR, or GPRO Web Interface Beginning in 2013 or 2014) and Tables 31 and 32 of the CY 2013 Medicare Physician Fee Schedule Proposed Rule (Measures included in the 2012 PQRS Measure Set that are Not Proposed to be Included in the Physician Quality Reporting Program Measure Set for 2013 and Beyond) and "Proposed PQRS Individual Quality Measures Available for Reporting via Claims, Registry, EHR, or GPRO Web-Interface for 2013 and Beyond". For additional information, please refer to the Questions and Answers document located at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2012-QRUR.html.</p>	PQRS Performance Measure	Domain	Reporting Mechanism†	Number of Eligible Cases	Performance Rate	84 Hepatitis C: Ribonucleic Acid Before Initiating Treatment	Clinical Process/Effectiveness	Claims	7	100.0	85 Hepatitis C: HCV Genotype Treatment	Clinical Process/Effectiveness	Claims	7	100.0	124** Health Information Technol Adoption/Use of Electronic	Care Coordination	Claims	296	100.0	185 Endoscopy & Polyp Surveill Interval for Patients with a Adenomatous Polyps Avoid Inappropriate Use	Care Coordination	Claims	1	100.0			
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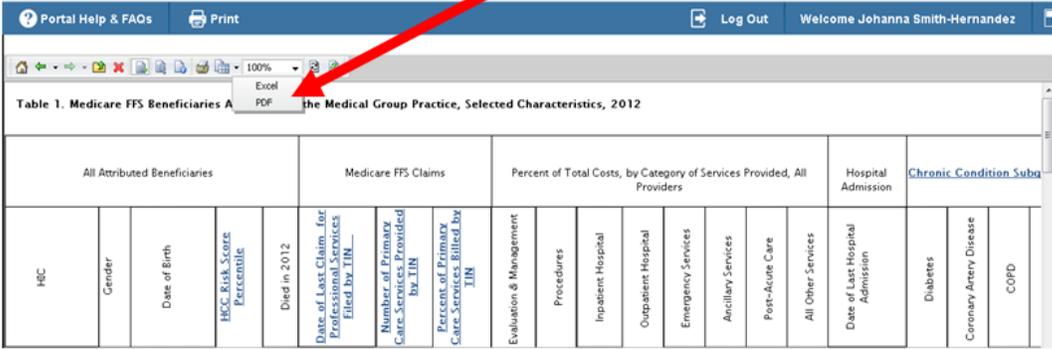
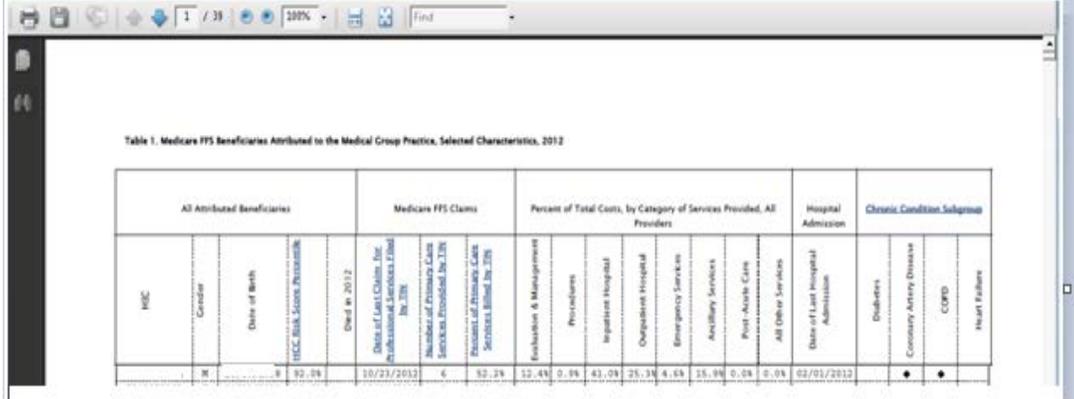
Steps	Screenshots																																																			
<p>4. Use the Scroll bar on the right side of the report window to scroll through the list of NPIs when the “All” Grouping option is selected.</p> <p>Note: Make sure to select the “All” Grouping option if you plan to export the Individual Eligible Professional Performance on PQRS Measures report to PDF and want to include all NPIs associated with the group.</p> <p>Section VII of this guide describes how to view and export the reports as an Excel spreadsheet or a PDF document.</p>	 <p>GROUPING: Provider NPI Number: (All)</p> <p>Table A.2 Individual Eligible Professional Performance on PQRS Measures: XFMFNQ RFQNP, 6002005814, Incentive Eligible</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">PQRS Performance Measure</th> <th rowspan="2">Domain</th> <th colspan="3">Eligible Professional Performance</th> </tr> <tr> <th>Reporting Mechanism†</th> <th>Number of Eligible Cases</th> <th>Performance Rate</th> </tr> </thead> <tbody> <tr> <td>24 Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment</td> <td>Clinical Process/Effectiveness</td> <td>Claims</td> <td>7</td> <td>100.0</td> </tr> <tr> <td>25 Hepatitis C: HCV Genotype Testing Prior to Treatment</td> <td>Clinical Process/Effectiveness</td> <td>Claims</td> <td>7</td> <td>100.0</td> </tr> <tr> <td>124** Health Information Technology (HIT): Adoption/Use of Electronic Health Records</td> <td>Care Coordination</td> <td>Claims</td> <td>388</td> <td>100.0</td> </tr> <tr> <td>185 Endoscopy & Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps: Avoidance of Inappropriate Use</td> <td>Care Coordination</td> <td>Claims</td> <td>1</td> <td>100.0</td> </tr> </tbody> </table> <p>* Indicates an inverse measure, for which lower performance rates indicate better performance. ** Measure will not be included in the value-based modifier. † Table A.2 displays all reporting mechanisms by which an eligible professional reported to PQRS. 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VII. View a QRUR Drill-Down Report or an IEP PQRS Performance Report in PDF or Excel Format

A. View and Print a Report as a PDF Document After Opening the Report in MicroStrategy.

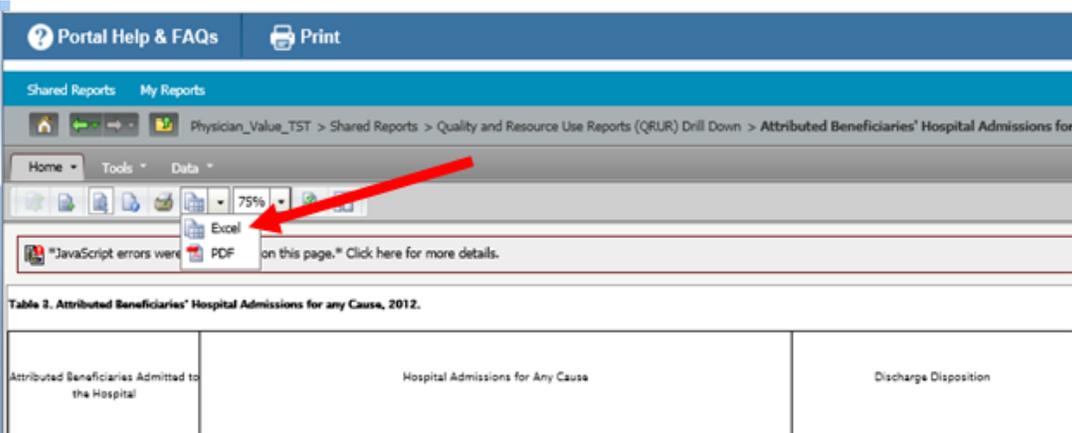
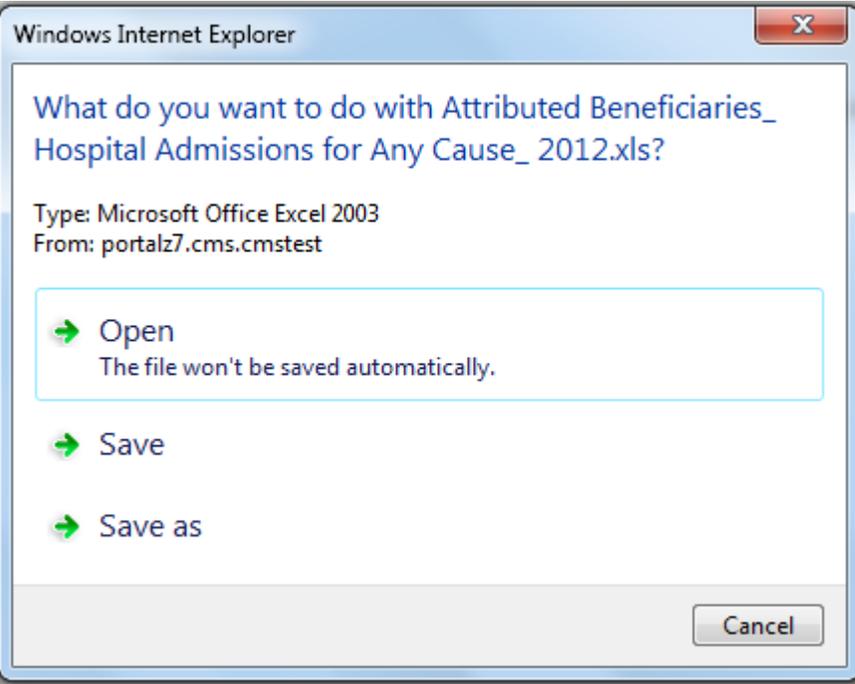
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<p>1. Click the Export button on the MicroStrategy Toolbar and select the PDF option.</p>	 <p>The screenshot shows a web browser window displaying a MicroStrategy report. The report title is "Table 1. Medicare FFS Beneficiaries Attributed to the Medical Group Practice, Selected Characteristics, 2012". A red arrow points to the "Export" button in the toolbar, which has a dropdown menu open showing "Excel" and "PDF" options. The "PDF" option is selected.</p> <table border="1" data-bbox="459 680 1511 890"> <thead> <tr> <th colspan="4">All Attributed Beneficiaries</th> <th colspan="3">Medicare FFS Claims</th> <th colspan="7">Percent of Total Costs, by Category of Services Provided, All Providers</th> <th>Hospital Admission</th> <th colspan="2">Chronic Condition Subgroups</th> </tr> <tr> <th>HCC</th> <th>Gender</th> <th>Date of Birth</th> <th>HCC Risk Score Percentile</th> <th>Died in 2012</th> <th>Date of Last Claim for Professional Services Filed by TIN</th> <th>Number of Primary Care Services Provided by TIN</th> <th>Percent of Primary Care Services Billed by TIN</th> <th>Evaluation & Management</th> <th>Procedures</th> <th>Inpatient Hospital</th> <th>Outpatient Hospital</th> <th>Emergency Services</th> <th>Ancillary Services</th> <th>Post-Acute Care</th> <th>All Other Services</th> <th>Date of Last Hospital Admission</th> <th>Diabetes</th> <th>Coronary Artery Disease</th> <th>COPD</th> </tr> </thead> <tbody> <tr> <td>M</td> <td></td> <td></td> <td>92.0%</td> <td></td> <td>10/27/2012</td> <td>6</td> <td>52.2%</td> <td>22.4%</td> <td>0.9%</td> <td>43.0%</td> <td>25.3%</td> <td>4.6%</td> <td>15.9%</td> <td>0.0%</td> <td>0.0%</td> <td>02/01/2012</td> <td>•</td> <td>•</td> <td></td> </tr> </tbody> </table>	All Attributed Beneficiaries				Medicare FFS Claims			Percent of Total Costs, by Category of Services Provided, All Providers							Hospital Admission	Chronic Condition Subgroups		HCC	Gender	Date of Birth	HCC Risk Score Percentile	Died in 2012	Date of Last Claim for Professional Services Filed by TIN	Number of Primary Care Services Provided by TIN	Percent of Primary Care Services Billed by TIN	Evaluation & Management	Procedures	Inpatient Hospital	Outpatient Hospital	Emergency Services	Ancillary Services	Post-Acute Care	All Other Services	Date of Last Hospital Admission	Diabetes	Coronary Artery Disease	COPD	M			92.0%		10/27/2012	6	52.2%	22.4%	0.9%	43.0%	25.3%	4.6%	15.9%	0.0%	0.0%	02/01/2012	•	•			
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<p>2. The report is exported to .PDF format.</p> <p>Select the Print button on the Toolbar to print the report.</p> <p>Note: if you are exporting the Individual Eligible Professional Performance on PQRS Measures report and want to include all NPIs associated with the group make sure to select the “All” Grouping option explained in Section VI of this guide.</p>	 <p>The screenshot shows the same report as a PDF document. The table content is identical to the one in the previous screenshot.</p> <table border="1" data-bbox="459 1087 1533 1318"> <thead> <tr> <th colspan="4">All Attributed Beneficiaries</th> <th colspan="3">Medicare FFS Claims</th> <th colspan="7">Percent of Total Costs, by Category of Services Provided, All Providers</th> <th>Hospital Admission</th> <th colspan="2">Chronic Condition Subgroups</th> </tr> <tr> <th>HCC</th> <th>Gender</th> <th>Date of Birth</th> <th>HCC Risk Score Percentile</th> <th>Died in 2012</th> <th>Date of Last Claim for Professional Services Filed by TIN</th> <th>Number of Primary Care Services Provided by TIN</th> <th>Percent of Primary Care Services Billed by TIN</th> <th>Evaluation & Management</th> <th>Procedures</th> <th>Inpatient Hospital</th> <th>Outpatient Hospital</th> <th>Emergency Services</th> <th>Ancillary Services</th> <th>Post-Acute Care</th> <th>All Other Services</th> <th>Date of Last Hospital Admission</th> <th>Diabetes</th> <th>Coronary Artery Disease</th> <th>COPD</th> <th>Heart Failure</th> </tr> </thead> <tbody> <tr> <td>M</td> <td></td> <td></td> <td>92.0%</td> <td></td> <td>10/27/2012</td> <td>6</td> <td>52.2%</td> <td>22.4%</td> <td>0.9%</td> <td>43.0%</td> <td>25.3%</td> <td>4.6%</td> <td>15.9%</td> <td>0.0%</td> <td>0.0%</td> <td>02/01/2012</td> <td>•</td> <td>•</td> <td></td> <td></td> </tr> </tbody> </table>	All Attributed Beneficiaries				Medicare FFS Claims			Percent of Total Costs, by Category of Services Provided, All Providers							Hospital Admission	Chronic Condition Subgroups		HCC	Gender	Date of Birth	HCC Risk Score Percentile	Died in 2012	Date of Last Claim for Professional Services Filed by TIN	Number of Primary Care Services Provided by TIN	Percent of Primary Care Services Billed by TIN	Evaluation & Management	Procedures	Inpatient Hospital	Outpatient Hospital	Emergency Services	Ancillary Services	Post-Acute Care	All Other Services	Date of Last Hospital Admission	Diabetes	Coronary Artery Disease	COPD	Heart Failure	M			92.0%		10/27/2012	6	52.2%	22.4%	0.9%	43.0%	25.3%	4.6%	15.9%	0.0%	0.0%	02/01/2012	•	•		
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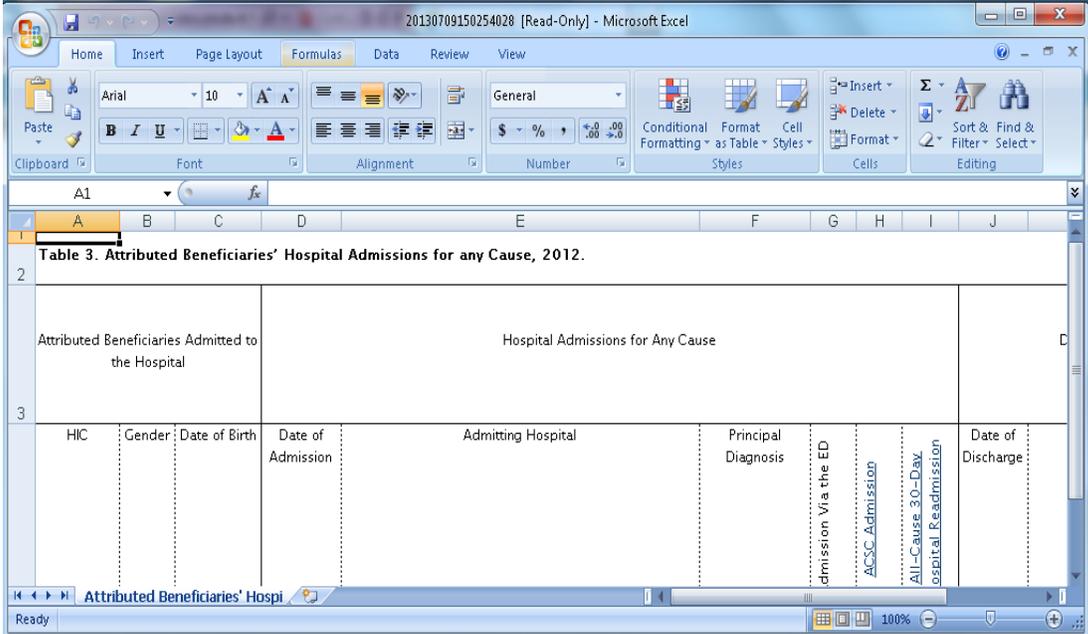
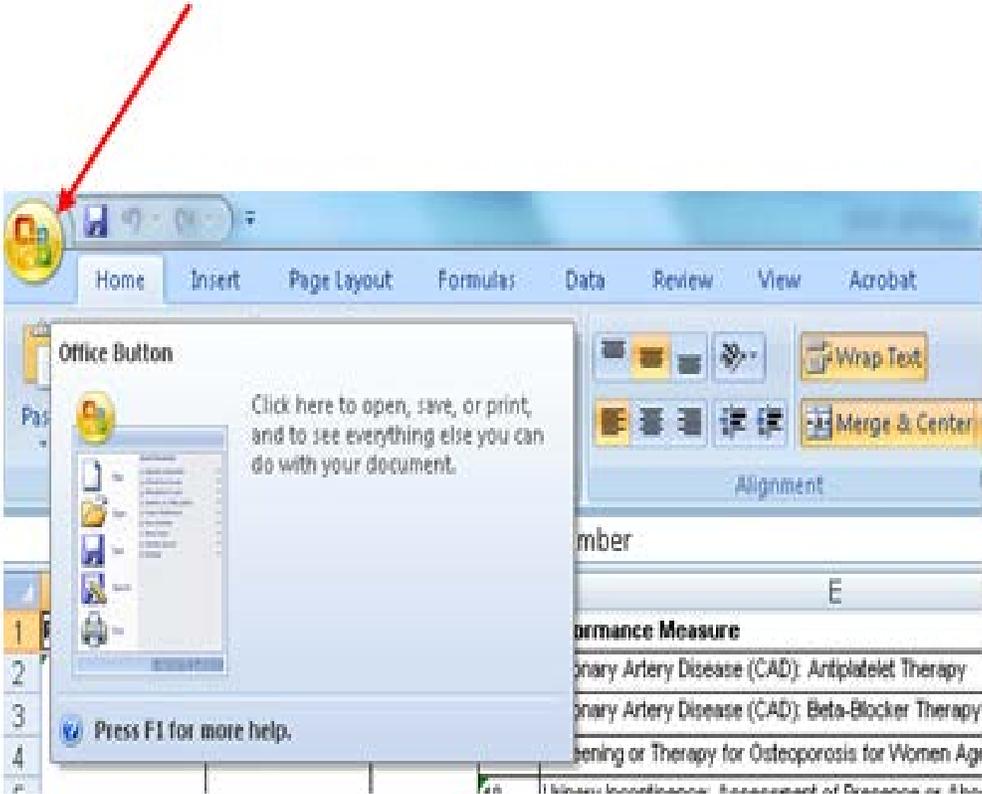
B. View a Report as an Excel Spreadsheet After Opening the Report in MicroStrategy.

- If you want to export **Table A.2. Individual Eligible Professional Performance on PQRS Measures** to Excel, then please use the instructions provided in **Section C** below.

Steps	Screenshots
<p>1. Click the Export button on the MicroStrategy Toolbar and select the Excel option.</p>	 <p>The screenshot shows the MicroStrategy interface. At the top, there are navigation links for 'Portal Help & FAQs' and 'Print'. Below that, there are tabs for 'Shared Reports' and 'My Reports'. The main content area shows a breadcrumb trail: 'Physician_Value_TST > Shared Reports > Quality and Resource Use Reports (QRUR) Drill Down > Attributed Beneficiaries' Hospital Admissions for...'. The toolbar includes 'Home', 'Tools', and 'Data' menus. The 'Tools' menu is open, showing options like 'Print', 'Excel', and 'PDF'. A red arrow points to the 'Excel' option. Below the toolbar, there is a table titled 'Table 3. Attributed Beneficiaries' Hospital Admissions for any Cause, 2012.' with columns for 'Attributed Beneficiaries Admitted to the Hospital', 'Hospital Admissions for Any Cause', and 'Discharge Disposition'.</p>
<p>2. Select one of the following options:</p> <ul style="list-style-type: none"> Click Open to open the report in Excel. The file will open in Excel and will not be automatically saved. Click Save. The file will be saved in Excel format in the Downloads folder on your computer. Click Save As. You will be prompted with a Save As window on which you can choose the location to save the file. 	 <p>The screenshot shows a Windows Internet Explorer dialog box. The title bar reads 'Windows Internet Explorer'. The main text asks: 'What do you want to do with Attributed Beneficiaries_Hospital Admissions for Any Cause_2012.xls?'. Below this, it specifies 'Type: Microsoft Office Excel 2003' and 'From: portalz7.cms.cmstest'. There are three options with green arrows: 'Open' (with a note 'The file won't be saved automatically.'), 'Save', and 'Save as'. A 'Cancel' button is at the bottom right.</p>

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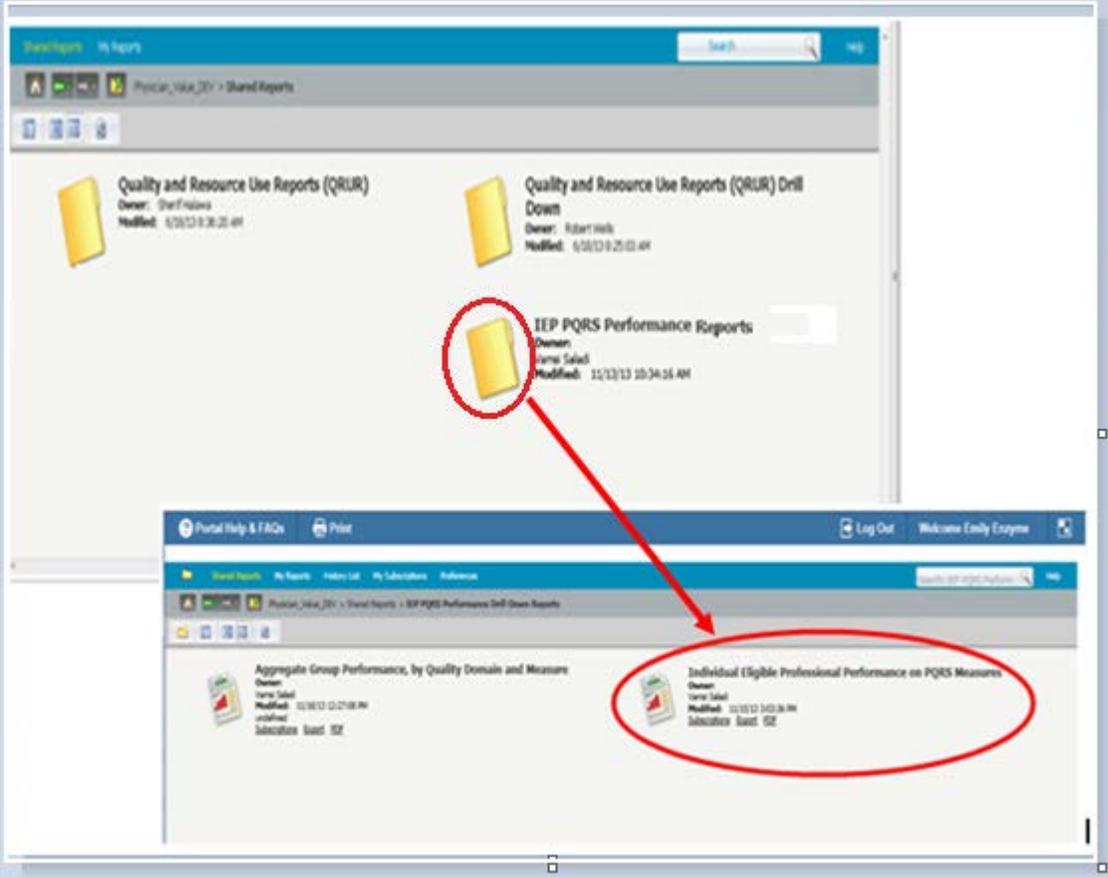
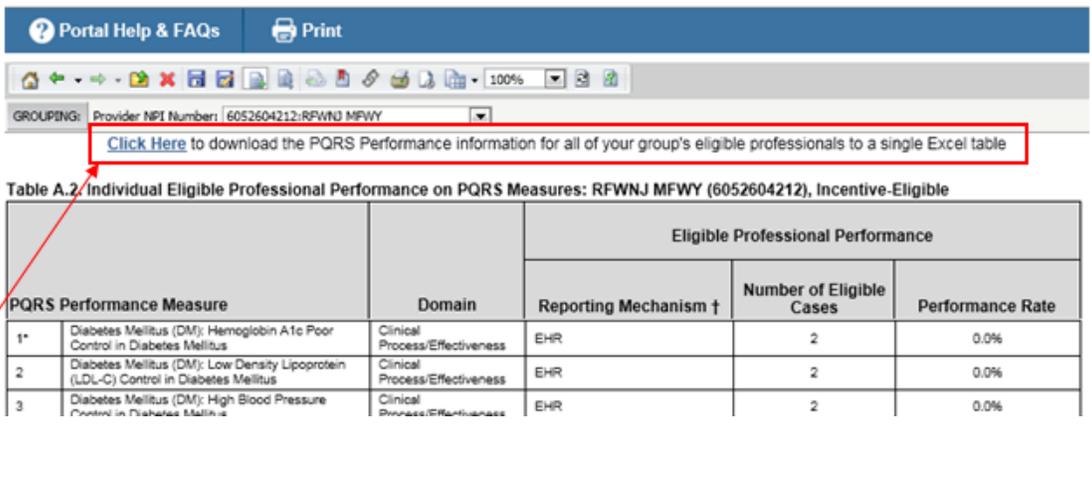
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Steps	Screenshots
<p>3. The report is exported to Excel format.</p>	
<p>4. Use the standard 'Office Button' in Excel to Save or Print the report after exporting to Excel.</p>	

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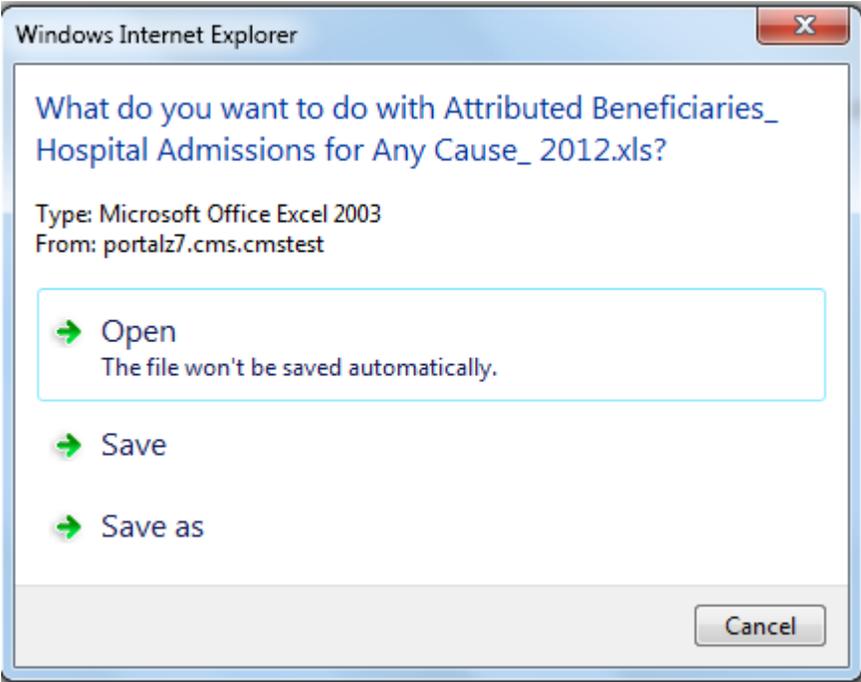
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C. Export Table A.2. Individual Eligible Professional Performance on PQRS Measures to Excel.

Steps	Screenshots																							
<p>1. Select the Individual Eligible Professional Performance on PQRS Measures report from the IEP PQRS Performance Drill-Down Reports folder. Then, select the Medical Group Practice whose report you want to retrieve.</p>																								
<p>2. Ensure you have scrolled to the top of the report and the following text is visible:</p> <p>“Click Here to download the PQRS Performance information for all of your group’s eligible professionals to a single Excel table.”</p> <p>3. Select the “Click Here” link.</p> <p>Note: All available PQRS data for your group’s EPs will be downloaded regardless of the ‘Provider NPI Number’ filter selection.</p>	 <p>GROUPING: Provider NPI Number: 6052604212:RFWNJ MFWY</p> <p>Click Here to download the PQRS Performance information for all of your group's eligible professionals to a single Excel table</p> <p>Table A.2. Individual Eligible Professional Performance on PQRS Measures: RFWNJ MFWY (6052604212), Incentive-Eligible</p> <table border="1"> <thead> <tr> <th rowspan="2">PQRS Performance Measure</th> <th rowspan="2">Domain</th> <th colspan="3">Eligible Professional Performance</th> </tr> <tr> <th>Reporting Mechanism †</th> <th>Number of Eligible Cases</th> <th>Performance Rate</th> </tr> </thead> <tbody> <tr> <td>1* Diabetes Mellitus (DM); Hemoglobin A1c Poor Control in Diabetes Mellitus</td> <td>Clinical Process/Effectiveness</td> <td>EHR</td> <td>2</td> <td>0.0%</td> </tr> <tr> <td>2 Diabetes Mellitus (DM); Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus</td> <td>Clinical Process/Effectiveness</td> <td>EHR</td> <td>2</td> <td>0.0%</td> </tr> <tr> <td>3 Diabetes Mellitus (DM); High Blood Pressure Control in Diabetes Mellitus</td> <td>Clinical Process/Effectiveness</td> <td>EHR</td> <td>2</td> <td>0.0%</td> </tr> </tbody> </table>	PQRS Performance Measure	Domain	Eligible Professional Performance			Reporting Mechanism †	Number of Eligible Cases	Performance Rate	1* Diabetes Mellitus (DM); Hemoglobin A1c Poor Control in Diabetes Mellitus	Clinical Process/Effectiveness	EHR	2	0.0%	2 Diabetes Mellitus (DM); Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus	Clinical Process/Effectiveness	EHR	2	0.0%	3 Diabetes Mellitus (DM); High Blood Pressure Control in Diabetes Mellitus	Clinical Process/Effectiveness	EHR	2	0.0%
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