KENTUCKYREC

QRUR – Step 3:

Tips

- PQRS measures submitted in 2014 via the qualified clinical data registry or electronic health record attestation option are not included in the 2014 Annual QRUR and will not be used to calculate the 2016 VM because CMS is unable to determine the accuracy of these data.
- For EPs reporting as individuals, information about performance on these measures is available in the PQRS feedback report.

How to Read the QRUR

CMS is continuing to phase in a Value Modifier (VM) under the Medicare Physician Fee Schedule (MPFS). The Annual QRUR ranks providers competitively according to how a group or solo practice, as identified by its Medicare-enrolled TIN, performed on quality and cost measures to determine upward or downward payment adjustments to their Part B reimbursements. Any applicable Value Modifier payment adjustment is separate from payment adjustments made under the PQRS or other Medicare programs.

VM payment adjustments applied to Part B reimbursements paid in the 2nd calendar year after the performance year. So, for example, Calendar Year 2014 is the performance year for the VM that will be applied in 201. VM applies at the TIN level and is based on participation in PQRS. Beginning in 2017, VM will apply to all physicians with two or more eligible professionals (EPs), and to solo practitioners who bill under the MPFS.

The Performance Highlights section provides a snapshot view of TIN's scores, including:

- Quality Composite Score (**positive scores are better**)
- TIN's Cost Composite Score (**negative scores are better**)
- TIN's performance on Quality and Cost relative to the scores of peers
- High-Risk Bonus Adjustment: percentile for beneficiary risk compared with beneficiaries nationwide
- Evaluation of strength on quality and cost performance
- Determination of whether the TIN met the criteria to avoid the PQRS payment adjustment as a group or as individual EPs to avoid the PQRS payment adjustment as individuals
- TIN's Value Modifier: highlights payment adjustment to be applied to payments under the Medicare Physician Fee Schedule for physicians billing under the TIN

Note: Quality and Cost Composite Scores that could not be calculated due to insufficient data are categorized as "Average" for the purposes of determining the Value Modifier payment adjustment under quality tiering. The displayed payment adjustment includes the high-risk bonus adjustment, if applicable. The precise size of the reward for higher performing TINs will vary from year to year, based on an adjustment factor (AF) derived from actuarial estimates of projected billings. The AF for the 2016 Value Modifier was posted at http://www.cms.gov/Medicare/Medicare-Fee-for-ServicePayment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html

Attribution of Medicare Beneficiaries and Episodes to TIN for Claims-based Measures

- Two methods of attribution are used in the QRUR for measures calculated using administrative claims:
- Per Capita Costs for All Attributed Beneficiaries measure
- Medicare Spending per Beneficiary measure
- The method of attributing patients to TINs for the PQRS quality measures varies by measure type and reporting mechanism

Performance on Quality

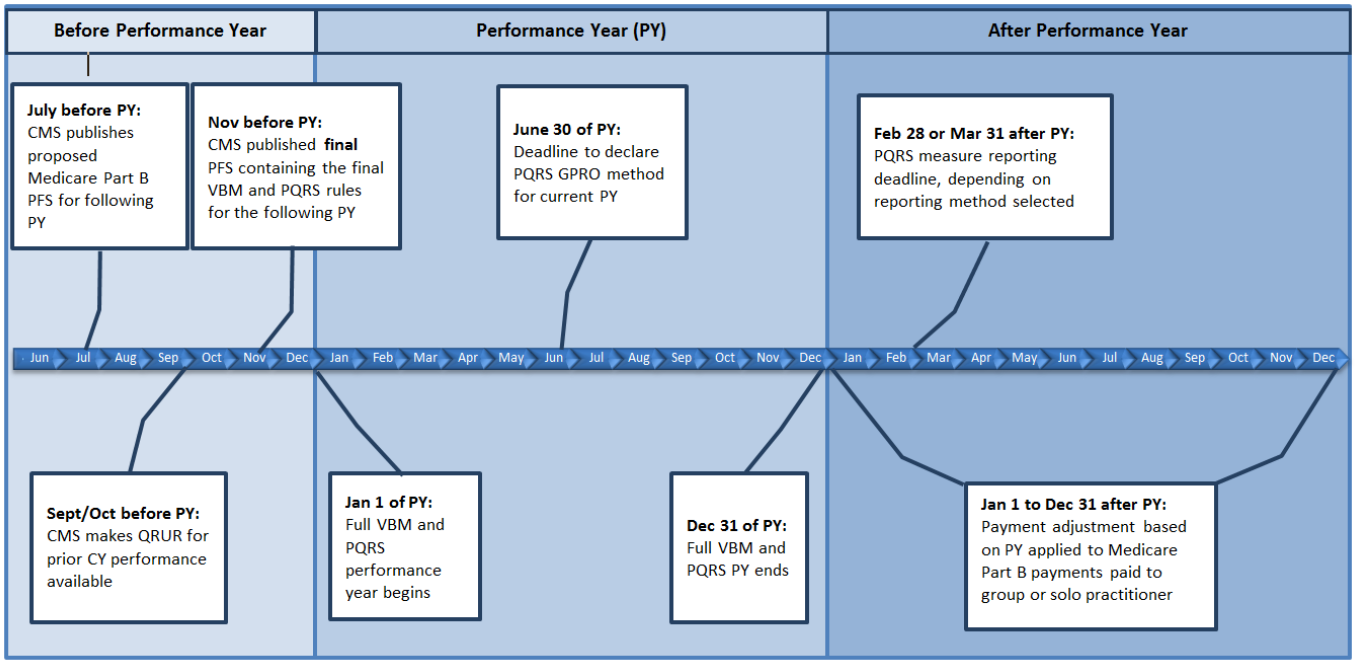
- Quality Domain Performance and Quality Composite display overall Quality Composite Score and performance in each of the six VM quality domains
- All claims-based quality measures are risk-adjusted based on the mix of patients attributed to the TIN; because patient populations and risk adjustment models vary, the effects of risk adjustment on a TIN's performance may not be the same for different measures

- Comparative quality benchmarks are case-weighted average performance rates within the TIN's peer group during the performance year

Performance on Costs

- Cost domain scores are equally-weighted averages of cost measures in the domain with at least 20 eligible cases
- Standardized cost score shows how much the TIN's average score differs from the national mean.
- All costs are risk-adjusted based on the TIN's mix of patients
- All comparative cost data re payment-standardized to account for differences in Medicare payments across geographic regions due to variations in local input prices
- Cost measures are also adjusted to reflect the mix of physician specialties within a TIN

VBM Timelines and Milestones



- Contact the QRUR Help Desk at 1-888-734-6433 (select option 3) or at pvhelpdesk@cms.hhs.gov with questions or feedback about the Annual QRURs and Supplementary Exhibits
- For more information about the Value Modifier, please visit http://www.cms.gov/Medicare/Medicare-Fee-for-ServicePayment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html . Contact the QRUR Help Desk at 1-888-734-6433 (select option 3) or at pvhelpdesk@cms.hhs.gov with questions or feedback about this report.
- If your TIN is subject to the Value Modifier in 2016 and you disagree with the Value Modifier calculation indicated in the Performance Highlights section of the QRUR, then an authorized representative of your TIN can submit a request for an informal Review through the CMS Enterprise Portal within 60 days after the release of the Annual QRURs. Please refer to the QRUR website for more information about how to submit an informal review request at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2014-QRUR.html