



What is the QRUR?

Understanding Your Annual Quality and Resource Use Report





★ What is the Quality and Resource Use Report?

- The Quality and Resource Use Report (QRUR) is a mid-year and annual “report card” released by the Centers for Medicare and Medicaid Services (CMS)
- Provides an analysis on quality of care and resources used by physicians and group practices
- Analyzes the practice’s performance based on the Medicare-Enrolled Tax Identification Number (TIN)
- The 2015 Annual QRURs reports on data submitted between January 1, 2015 and December 31, 2015
 - Cost data is based on all services attributed to your TIN
 - Quality data is based on the Physician Quality Reporting System (PQRS) quality data that your practice's TIN submitted

★ *2015 is the first time CMS released these reports to all physicians* ★



★ Who is affected by the 2015 QRUR?

- Solo physicians and physician groups that have billed Medicare Part B Fee-For-Service (FFS) under their TIN between January 1, 2015 and December 31, 2015
- Waived for a practice's TIN if at least one eligible professional who billed for Medicare Physician Fee Schedule (PFS) items and services under the TIN during 2015 participated in:
 - the Pioneer Accountable Care Organization (ACO) Model in 2015; or
 - the Comprehensive Primary Care (CPC) initiative in 2015



★ Who qualifies as an eligible professional?

Physician

Doctor of Medicine
Doctor of Osteopathy
Doctor of Podiatric Medicine

Doctor of Optometry
Doctor of Oral Surgery
Doctor of Dental Medicine
Doctor of Chiropractic

Practitioner

Physician Assistant
Nurse Practitioner
Clinical Nurse Specialist
Certified Registered Nurse
Anesthetist (and Anesthesiologist
Assistant)
Certified Nurse Midwife

Clinical Social Worker
Clinical Psychologist
Registered Dietician
Nutrition Professional
Audiologist

Therapist

Physical Therapist
Occupational Therapist

Qualified Speech- Language
Therapist



★ Why is your QRUR important?

- Used to calculate your Value-Based Payment Modifier (VM), an adjustment made to your Medicare payments for items and services under the Medicare Physician Fee Schedule (PFS)
- Assists in identifying opportunities to maximize your Medicare payments under the new Medicare Access and CHIP Reauthorization Act (MACRA)
- Outlines the quality care your practice delivers to Medicare beneficiaries and helps identify opportunities to improve that care
- Provides information that can help your practice maximize payments now and in the future





★ What is in the report?

- Summarizes information about your practice's TIN, including:
 - Performance highlights
 - Benchmarking and risk adjustments that compare your practice's quality and cost measures to peer practices
 - A quality composite score
 - A cost composite score
 - The application of the Value-Based Payment Modifier (VM)



Annual Report Section	Exhibit	Purpose
Cover Page		<ul style="list-style-type: none">Indicates whether your TIN is subject to the 2017 VMIf eligible, shows the 2017 VM payment adjustmentExplains how a TIN subject to the 2017 VM can file an informal review request
Your TIN's 2017 Value Modifier (VM)	1	<ul style="list-style-type: none">Clarifies how the VM applies to your TIN in 2017Details whether the high-risk bonus adjustment applies to your TIN
Your TIN's Quality Composite Score	2-3	<ul style="list-style-type: none">Includes your TIN's Quality Composite ScoreReveals how your TIN performed on quality measures
Your TIN's Cost Composite Score	4-5	<ul style="list-style-type: none">Features your TIN's Cost Composite ScoreHighlights how your TIN performed on cost measures



★ Next Steps

[Read ASPS's How do I access my QRUR?](#)

- Click [here](#) to access your practice's 2015 Annual QRUR
- Visit [CMS.gov](#) for FAQs, fact sheets and more on the 2015 QRUR and 2017 Value Modifier



Technical Assistance



For QRUR and VM questions or to provide feedback on the content and format of the QRUR, contact the **Physician Value Help Desk:**

Phone: 1-888-734-6433 (select option 3)

Monday – Friday: 8:00 am – 8:00 pm EST

Email: pvhelpdesk@cms.hhs.gov

For PQRS and EIDM questions, contact the **QualityNet Help Desk:**

Phone: 1-866-288-8912

Monday – Friday: 8:00 am – 8:00 pm EST

Email: gnetssupport@hcqis.org



Glossary





★ Value-Based Payment Modifier (VM)

- Provides payment adjustments to a physician or group based on the quality of care provided compared to the cost of that care
- Compares your results to that of your peers
- Provides a positive, neutral or negative payment adjustment
 - Positive Adjustment: your VM is above the benchmark
 - Neutral: your VM is at the benchmark and you will not receive a payment adjustment
 - Negative Adjustment: your VM is below the benchmark



★ Quality Composite Score

- CMS calculates this score based on:
 - Effective clinical care
 - Person- and caregiver-centered experience and outcomes
 - Community/population health
 - Patient safety
 - Communication and care coordination
 - Efficiency and cost reduction



★ Cost Composite Score

- CMS calculates this score based on:
 - Per capita costs for all attributed beneficiaries
 - Per capita costs for beneficiaries with
 - diabetes
 - COPD
 - coronary artery disease
 - heart failure
 - Medicare spending per beneficiary



Supplemental Documents





★ Understanding Your QRUR

[How to understand your 2015 Annual QRUR](#)

Provides tips on how solo practitioners and groups can use the 2015 Annual QRUR. Includes accompanying tables to understand performance and to improve quality of care, streamline resource use, and identify care coordination opportunities for beneficiaries.

[Questions and Answers about the 2015 QRUR and the 2017 Value Modifier \(VM\)](#)

Presents frequently asked questions (FAQs) and answers that groups and solo practitioners may have about the 2015 Mid-Year and Annual QRURs, as well as the 2017 Value Modifier.

[Sample 2015 Annual QRUR \(Medical Practice A\)](#)

Represents a sample 2015 Annual QRUR for a group with 10 or more EPs subject to the 2017 Value Modifier and for which CMS was able to calculate quality and cost composite scores. This group received a neutral payment adjustment under quality-tiering and did not participate in the Shared Savings Program in 2015.

[Sample 2015 Annual QRUR \(Medical Practice B\)](#)

Represents a sample 2015 Annual QRUR for a group with 10 or more EPs subject to the 2017 Value Modifier and for which CMS was able to calculate quality and cost composite scores. This group received an upward payment adjustment under quality-tiering and participated in the Shared Savings Program in 2015.



★ Value Modifier (VM)

[Computation of the 2017 Value Modifier \(VM\)](#)

Provides an overview of how the 2017 Value Modifier is calculated.

[FAQs: Medicare Shared Savings Program interaction with the 2017 Value Modifier \(VM\)](#)

Describes the interactions between the Medicare Shared Savings Program and the 2017 Value Modifier.

[Fact Sheet for Attribution in the 2017 Value Modifier](#)

Provides an overview of the two-step attribution methodology for the claims-based quality outcome measures and per capita cost measures included in the 2017 Value Modifier.

[Fact Sheet for Specialty Adjustment in the 2017 Value Modifier](#)

Provides an overview of the specialty adjustment methodology used in the 2017 Value Modifier.

[Fact Sheet for Risk Adjustment in the 2017 Value Modifier](#)

Provides an overview of the risk adjustment methodology used in the 2017 Value Modifier.

[Measure Information Form: Ambulatory Care-Sensitive Condition \(ACSC\) Composite Measures used in the 2017 Value Modifier](#)

Details an overview of the Hospital Admissions for Acute and Chronic ACSC Composite measures, calculated for the 2017 Value Modifier.

[Measure Information Form: Overall Total Per Capita Cost Measure used in the 2017 Value Modifier](#)

Highlights the Per Capita Costs for All Attributed Beneficiaries measure, calculated for the 2017 Value Modifier.



★ Understanding Your EIDM User ID

EIDM represents your Enterprise Identity Management (EIDM) user ID

Click [here](#) for step-by-step instructions on setting up an EIDM

To sign up for a new EIDM account, modify an existing EIDM account to add the correct role, or reset an EIDM account password (every 60 days), visit the CMS Enterprise portal at <https://portal.cms.gov>.

If you would like to know whether an individual has been granted access your TIN's QRUR, contact the QualityNet Help Desk and provide the name and number of the TIN.

phone: 1-866-288-8912

email: qnetsupport@hcqis.org