Understanding Your QRUR

Meghan Donohue & Mary Franzen
Qualis Health

Dec. 5, 2016

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

QUALIS HEALTH

Save the Date

HHQI: Roadmap to Quality Improvement

Dec.8, 2016
11 am – 12 pm PST / 12 – 1 pm MST
Register here

Speakers to include:

Carol Higgins, OTR (Ret.), CPHQ
Quality Improvement Consultant
Care Transitions Lead
Qualis Health

Cindy Sun, MSN, RN
Home Health Quality Improvement
(HHQI)
Lead Cardiovascular Project
Coordinator

Topics will include:

- Free, evidence-based resources to assist with improving patient outcomes

- How to input and access information in the Home Health Cardiovascular Data Registry

- How to use the registry to improve health for cardiac and non-cardiac clients

Qualis Health
- A leading national population health management organization
- The Medicare Quality Innovation Network - Quality Improvement Organization (QIN-QIO) for Idaho and Washington

The QIO Program
- One of the largest federal programs dedicated to improving health quality at the local level

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Housekeeping Items

- Please chat questions to "All Participants." We will be answering questions as we go and at the end of the presentation.

- If you have downloaded your QRUR, you might want to refer to it during the presentation.

Today's Speakers

Meghan Donohue
Health Data Analyst - Principal
Qualis Health
meghand@qualishealth.org

Mary Franzen, MPH
Quality Improvement Consultant
Qualis Health
maryf@qualishealth.org

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Objectives

By the end of today's presentation, you will be able to:

- Better understand the Value Modifier program
- Interpret data in your QRUR
- Identify opportunities for quality improvement

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QRUR Resources

CMS Overview of 2015 QRUR and 2017 Value Modifier

Sample QRUR (Practice A)

Sample QRUR (Practice B) (ACO)

The informal review period has been extended until Dec. 7.

- 2017 Value Modifier Informal Review Request Quick Reference Guide

- PQRS informal review fact sheet

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QRUR: A Cascade of Information

What can you find in your QRUR?

- Performance comparison to others nationwide

- Assigned beneficiaries and the basis for attribution

- Information to help identify beneficiaries in need of greater care coordination

- Provider-specific quality reporting to pinpoint improvement opportunities

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Overall Performance

YOUR QUALITY TIERING PERFORMANCE: AVERAGE QUALITY, AVERAGE COST
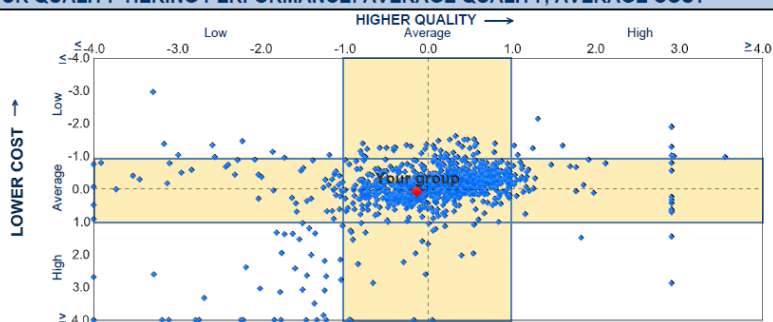
Impact of Performance on Reimbursement

The Value Modifier calculated for your TIN is shown in the highlighted cell in Exhibit 1. The Value Modifier applied to payments for items and services under the Medicare Physician Fee Schedule for physicians billing under your TIN in 2017 will result in a neutral adjustment, meaning no adjustment (0.0%).

Exhibit 1. 2017 Value Modifier Payment Adjustments under Quality-Tiering
(TINs with 10 or More Eligible Professionals)

	Low Quality	Average Quality	High Quality
Low Cost	0.0%	+2.0 x AF	+4.0 x AF
Average Cost	-2.0%	**0.0%**	+2.0 x AF
High Cost	-4.0%	-2.0%	0.0%

AF represents an adjustment factor to ensure the program remains budget-neutral.

High-Risk
Bonus Adjustment

How does the high-risk bonus adjustment apply to your TIN?

TINs that qualify for an upward adjustment under quality-tiering will receive an additional upward adjustment to their 2017 Value Modifier equal to one (1.0) times the adjustment factor, if they served a disproportionate share of high-risk beneficiaries in 2015. The average risk for all beneficiaries attributed to your TIN is at the ##th percentile of beneficiaries nationwide.

Medicare determined your TIN's eligibility for the high-risk bonus adjustment based on whether your TIN met (✓) or did not meet (✗) both of the following criteria in 2015:

   ✗   Had strong quality and cost performance

   ✗   Average beneficiary's risk is at or above the 75th percentile of beneficiaries nationwide

Your TIN will not receive the high-risk bonus adjustment to the 2017 Value Modifier because your TIN did not meet these criteria.
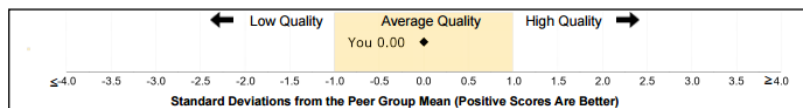
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Performance on Quality Measures

PERFORMANCE ON QUALITY MEASURES

Your TIN's Quality Tier: Average

Exhibit 2. Your TIN's Quality Composite Score

← Low Quality   Average Quality   High Quality →

You 0.00 ◆

≤-4.0   -3.5   -3.0   -2.5   -2.0   -1.5   -1.0   -0.5   0.0   0.5   1.0   1.5   2.0   2.5   3.0   3.5   ≥4.0

Standard Deviations from the Peer Group Mean (Positive Scores Are Better)
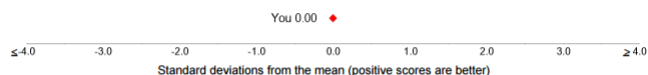
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Performance on Quality Measures

- Based on your TIN's submitted PQRS data for 2015 performance year

- Scores are broken down by domain

- For each measure, QRUR contains data about your TIN and TINs in your peer group

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Sample QRUR: Performance

Exhibit 3-ECC. Effective Clinical Care Domain Quality Indicator Performance
Domain Score

You 0.00 ◆

≤-4.0   -3.0   -2.0   -1.0   0.0   1.0   2.0   3.0   ≥4.0

Standard deviations from the mean (positive scores are better)

Measure Identification Number(s)	Measure Name	Your TIN				All TINs in Peer Group	
		Number of Eligible Cases	Performance Rate	Standardized Performance Score	Included in Domain Score?	Benchmark (National Mean)	Standard Deviation
1* (GPRO DM-2, CMS122v3)	Diabetes: Hemoglobin A1c Poor Control	0	0.00%	0.00	No	0.00%	0.00
8 (GPRO HF-6, CMS144v3)	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0	0.00%	0.00	No	0.00%	0.00
112 (GPRO Prev-5, CMS125v3)	Breast Cancer Screening	0	0.00%	0.00	No	0.00%	0.00
113 (GPRO Prev-6, CMS130v3)	Colorectal Cancer Screening	0	0.00%	0.00	No	0.00%	0.00
117 (GPRO DM-7, CMS131v3)	Diabetes: Eye Exam	0	0.00%	0.00	No	0.00%	0.00

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SAMPLE:
Effective Clinical Care Domain

Measure Identification Number(s)	Measure Name	YOUR TIN				All TINs in Peer Group	
		Number of Eligible Cases	Performance Rate	Standardized Performance Score	Included in Domain Score?	Benchmark (National Mean)	Standard Deviation
204 (GPRO IVD-2, CMS164v3)	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic					79.60%	25.03
112 (GPRO Prev-5, CMS125v3)	Breast Cancer Screening					54.61%	29.31

Aggregate CMS data

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SAMPLE:
Effective Clinical Care Domain

Measure Identification Number(s)	Measure Name	YOUR TIN				All TINs in Peer Group	
		Number of Eligible Cases	Performance Rate	Standardized Performance Score	Included in Domain Score?	Benchmark (National Mean)	Standard Deviation
204 (GPRO IVD-2, CMS164v3)	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	144	64.60%	- 0.6	Yes	79.60%	25.03
112 (GPRO Prev-5, CMS125v3)	Breast Cancer Screening	576	89.80%	+ 1.2	Yes	54.61%	29.31

Fictitious data   Aggregate CMS data

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SAMPLE:
Effective Clinical Care Domain

Measure Identification Number(s)	Measure Name	Number of Eligible Cases	Performance Rate	Standardized Performance Score	Included in Domain Score?	Benchmark (National Mean)	Standard Deviation
		YOUR TIN				All TINs in Peer Group	
204 (GPRO IVD-2, CMS164v3)	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	144	64.60%	- 0.6	Yes	79.60%	25.03
112 (GPRO Prev-5, CMS125v3)	Breast Cancer Screening	576	89.80%	+ 1.2	Yes	54.61%	29.31

Fictitious data   Aggregate CMS data

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SAMPLE:
Community Population Health domain

Measure Identification Number(s)	Measure Name	Number of Eligible Cases	Performance Rate	Standardized Performance Score	Included in Domain Score?	Benchmark (National Mean)	Standard Deviation
		YOUR TIN				All TINs in Peer Group	
110 (GPRO Prev-7, CMS147v4)	Preventive Care and Screening: Influenza Immunization					47.76%	31.11
111 (GPRO Prev-8, 127v3)	Pneumonia Vaccination Status for Older Adults					50.20%	30.32

Aggregate CMS data

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SAMPLE:
Community Population Health domain

Measure Identification Number(s)	Measure Name	YOUR TIN				All TINs in Peer Group	
		Number of Eligible Cases	Performance Rate	Standardized Performance Score	Included in Domain Score?	Benchmark (National Mean)	Standard Deviation
110 (GPRO Prev-7, CMS147v4)	Preventive Care and Screening: Influenza Immunization	256	19.76%	- 0.9	Yes	47.76%	31.11
111 (GPRO Prev-8, 127v3)	Pneumonia Vaccination Status for Older Adults	512	75.76%	+ 0.81	Yes	50.20%	30.32

Fictitious data	Aggregate CMS data

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Sample QRUR: Communication and Care Coordination

B. Communication and Care Coordination Domain CMS-Calculated Quality Outcome Measures

Exhibit 3-CCC-B provides information on the three quality outcome measures calculated from Medicare Part A and Part B claims data.

Performance Category	Measure Identification Number(s)	Measure Name	Your TIN				All TINs in Peer Group	
			Number of Eligible Cases	Performance Rate	Standardized Performance Score	Included in Domain Score?	Benchmark (National Mean)	Standard Deviation
Hospitalization Rate per 1,000 Beneficiaries for Ambulatory Care-Sensitive Conditions	CMS-1	Acute Conditions Composite	0	—	—	No	0.00	0.00
	-	Bacterial Pneumonia	0	—	—	—	0.00	0.00
		Urinary Tract Infection	0	—	—	—	0.00	0.00
		Dehydration	0	—	—	—	0.00	0.00
	CMS-2	Chronic Conditions Composite	0	—	—	No	0.00	0.00
	-	Diabetes (composite of 4 indicators)	0	—	—	—	0.00	0.00
		Chronic Obstructive Pulmonary Disease (COPD) or Asthma	0		—	—	0.00	0.00
		Heart Failure	0	—	—	—	0.00	0.00
Hospital Readmission	CMS-3	All-Cause Hospital Readmission	0	—	—	No	0.00%	0.00

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Sample QRUR: Communication and Care Coordination

- Based on Part A and Part B claims data, not your PQRS data submission

- Rate of hospitalization

- Focus on chronic conditions identified as priorities by CMS

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Communication and Care Coordination

Performance Category	Measure Reference	Measure Name	# of Eligible Cases	Performance Rate	Standardized Score	Included in Domain Score?	Benchmark (National Mean)	Standard Deviation
Hospitalization Rate per 1,000 Beneficiaries for Ambulatory Care-Sensitive Conditions	CMS-1	Acute Conditions Composite	8,076	7.00	0.09	Yes	7.53	5.71
	-	Bacterial Pneumonia	8,076	1.02	---	No	11.20	9.44
		Urinary Tract Infection	8,076	9.37	---	No	7.25	7.83
		Dehydration	8,076	10.62	---	No	4.10	4.48
	CMS-2	Chronic Conditions Composite						
	-	Diabetes (composite of 4 indicators)						
		Chronic Obstructive Pulmonary Disease (COPD) or Asthma						
		Heart Failure						
Hospital Readmissions	CMS-3	All-Cause Hospital Readmissions						

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Communication and Care Coordination

Performance Category	Measure Reference	Measure Name	# of Eligible Cases	Performance Rate	Standardized Score	Included in Domain Score?	Benchmark (National Mean)	Standard Deviation
	CMS-1	Acute Conditions Composite	**8,076**	7.00	0.09	Yes	7.53	5.71
		Bacterial Pneumonia	8,076	1.02	---	No	11.20	9.44
	-	Urinary Tract Infection	8,076	9.37	---	No	7.25	7.83
		Dehydration	8,076	10.62	---	No	4.10	4.48
Hospitalization Rate per 1,000 Beneficiaries for Ambulatory Care-Sensitive Conditions	CMS-2	Chronic Conditions Composite						
		Diabetes (composite of 4 indicators)						
	-	Chronic Obstructive Pulmonary Disease (COPD) or Asthma						
		Heart Failure						
Hospital Readmissions	CMS-3	All-Cause Hospital Readmissions						

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Communication and Care Coordination

Performance Category	Measure Reference	Measure Name	# of Eligible Cases	Performance Rate	Standardized Score	Included in Domain Score?	Benchmark (National Mean)	Standard Deviation
	CMS-1	Acute Conditions Composite	8,076	7.00	0.09	Yes	7.53	5.71
		Bacterial Pneumonia	8,076	1.02	---	No	11.20	9.44

Figure 1. Two-step attribution methodology

Did the beneficiary receive any primary care services from a Step 1 Professional?

No.   Yes. → Beneficiary attributed to TIN with Step 1 Professionals accounting for more allowed charges for primary care services than any other TIN.

Did the beneficiary receive any primary care services from a Step 2 Professional?

Yes.   No. → Beneficiary not attributed to any TIN.

Beneficiary attributed to TIN with Step 2 Professionals accounting for more allowed charges for primary care services than any other TIN.

Fact Sheet: Two-Step Attribution for Claims-Based Quality Outcome Measures

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Why is my number so low?

Performance Category	Measure Reference	Measure Name	# of Eligible Cases	Performance Rate	Standardized Score	Included in Domain Score?	Benchmark (National Mean)	Standard Deviation
Hospitalization Rate per 1,000 Beneficiaries for Ambulatory Care-Sensitive Conditions	CMS-1	Acute Conditions Composite	8,076					
		Bacterial Pneumonia	8,076					
	-	Urinary Tract Infection	8,076					
		Dehydration	8,076					
	CMS-2	Chronic Conditions Composite						
		Diabetes (composite of 4 indicators)						
	-	Chronic Obstructive Pulmonary Disease (COPD) or Asthma						
		Heart Failure						
Hospital Readmissions	CMS-3	All-Cause Hospital Readmissions						

Beneficiaries may be attributed elsewhere if:
- Another practice provided plurality of primary care
- CMS does not have accurate provider/specialty information for TIN
- Primary care services are not accurately coded and billed

Beneficiaries are not attributed to any medical group if:
- They were enrolled in only Part A or only Part B for any portion of the year
- **They were enrolled in Part C for any portion of the year**
- They resided outside the United States for any portion of the year
- They had no allowable Medicare charges for primary care services for the year

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Communication and Care Coordination

Performance Category	Measure Reference	Measure Name	# of Eligible Cases	Performance Rate	Standardized Score	Included in Domain Score?	Benchmark (National Mean)	Standard Deviation
Hospitalization Rate per 1,000 Beneficiaries for Ambulatory Care-Sensitive Conditions	CMS-1	Acute Conditions Composite	8,076	7.00	0.09	Yes	7.53	5.71
		Bacterial Pneumonia	8,076	1.02	---	No	11.20	9.44
	-	Urinary Tract Infection	8,076	9.37	---	No	7.25	7.83
		Dehydration	8,076	10.62	---	No	4.10	4.48
	CMS-2	Chronic Conditions Composite	3,495	40.73	0.40	Yes	50.43	24.23
		Diabetes (composite of 4 indicators)	2,465	2.48	---	No	18.07	20
	-	Chronic Obstructive Pulmonary Disease (COPD) or Asthma	947	36.87	---	No	70.23	44.8
		Heart Failure	1,206	136.94	---	No	99.75	51.02
Hospital Readmissions	CMS-3	All-Cause Hospital Readmissions						

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Communication and Care Coordination

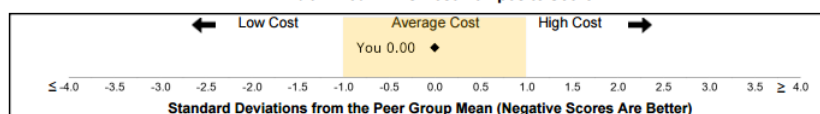| Performance Category	Measure Reference	Measure Name	# of Eligible Cases	Performance Rate	Standardized Score	Included in Domain Score?	Benchmark (National Mean)	Standard Deviation
Hospitalization Rate per 1,000 Beneficiaries for Ambulatory Care-Sensitive Conditions	CMS-1	Acute Conditions Composite	8,076	7.00	0.09	Yes	7.53	5.71
	-	Bacterial Pneumonia	8,076	1.02	---	No	11.20	9.44
		Urinary Tract Infection	8,076	9.37	---	No	7.25	7.83
		Dehydration	8,076	10.62	---	No	4.10	4.48
	CMS-2	Chronic Conditions Composite	3,495	40.73	0.40	Yes	50.43	24.23
	-	Diabetes (composite of 4 indicators)	2,465	2.48	---	No	18.07	20
		Chronic Obstructive Pulmonary Disease (COPD) or Asthma	947	36.87	---	No	70.23	44.8
		Heart Failure	1,206	136.94	---	No	99.75	51.02
Hospital Readmissions	CMS-3	All-Cause Hospital Readmissions	1,597	16.45%	-0.37	Yes	15.94%	1.39

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Performance on Cost Measures

PERFORMANCE ON COST MEASURES

Your TIN's Cost Tier: Average

Exhibit 4. Your TIN's Cost Composite Score

	Low Cost	Average Cost	High Cost	
←		You 0.00 ◆	→	

| ≤ -4.0 | -3.5 | -3.0 | -2.5 | -2.0 | -1.5 | -1.0 | -0.5 | 0.0 | 0.5 | 1.0 | 1.5 | 2.0 | 2.5 | 3.0 | 3.5 | ≥ 4.0 |

Standard Deviations from the Peer Group Mean (Negative Scores Are Better)

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Performance on Cost Measures

What cost measures are used to calculate the Cost Composite Score?

Six cost measures are used to calculate your TIN's Cost Composite Score based on performance in 2015:
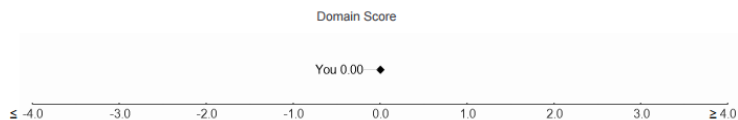
1. Per Capita Costs for All Attributed Beneficiaries
2. Per Capita Costs for Beneficiaries with Diabetes
3. Per Capita Costs for Beneficiaries with Chronic Obstructive Pulmonary Disease (COPD)
4. Per Capita Costs for Beneficiaries with Coronary Artery Disease (CAD)
5. Per Capita Costs for Beneficiaries with Heart Failure
6. Medicare Spending per Beneficiary

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Costs for All Attributed Beneficiaries

Exhibit 5-AAB. Costs for All Attributed Beneficiaries Domain

Domain Score

You 0.00 ◆

| ≤ -4.0 | -3.0 | -2.0 | -1.0 | 0.0 | 1.0 | 2.0 | 3.0 | ≥ 4.0 |

Standard deviations from the mean domain score (negative scores are better)

	Your TIN				All TINs in Peer Group	
Cost Measure	Number of Eligible Cases or Episodes	**Per Capita or Per Episode Costs**	Standardized Cost Score	Included in Domain Score?	**Benchmark (National Mean)**	Standard Deviation
Per Capita Costs for All Attributed Beneficiaries	0	—	—	No	**$0.00**	$0.00
Medicare Spending per Beneficiary	0	—	—	No	**$0.00**	$0.00

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SAMPLE:
Costs for All Attributed Beneficiaries

Cost Measure
Per Capita Costs for All Attributed Beneficiaries
Medicare Spending per Beneficiary

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SAMPLE:
Costs for All Attributed Beneficiaries

Per Capita Costs for All Attributed Beneficiaries

- All Part A and Part B Costs
- Attribution:
  - Primary care practices providing the most primary care services
  - Non-primary care physicians providing the most primary care services

Cost Measure

Per Capita Costs for All Attributed Beneficiaries

Medicare Spending per Beneficiary

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SAMPLE:
Costs for All Attributed Beneficiaries

Per Capita Costs for All Attributed Beneficiaries

- All Part A and Part B Costs
- Attribution:
  - Primary care practices providing the most primary care services
  - Non-primary care physicians providing the most primary care services

Cost Measure

Per Capita Costs for All Attributed Beneficiaries

Medicare Spending per Beneficiary

Medicare Spending per Beneficiary

- Total Part A and Part B Costs for 3 days before, during, and 30 days after inpatient episode

- Attributable to the TINs providing the most Part B inpatient services

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SAMPLE:
Costs for All Attributed Beneficiaries

Cost Measure	YOUR TIN				All TINs in Peer Group	
	Number of Eligible Cases or Episodes	Per Capita or Per Episode Costs	Standardized Cost Score	Included in Domain Score?	Benchmark (National Mean)	Standard Deviation
Per Capita Costs for All Attributed Beneficiaries	8,076	$9,998	-0.32	Yes	$10,907	$ 2,841
Medicare Spending per Beneficiary	1,597	$23,606	1.40	Yes	$20,475	$ 2,237

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SAMPLE:
Costs for All Attributed Beneficiaries

Cost Measure	YOUR TIN				All TINs in Peer Group	
	Number of Eligible Cases or Episodes	Per Capita or Per Episode Costs	Standardized Cost Score	Included in Domain Score?	Benchmark (National Mean)	Standard Deviation
Per Capita Costs for All Attributed Beneficiaries	8,076	$9,998	-0.32	Yes	$10,907	$ 2,841
Medicare Spending per Beneficiary	0	--	--	No	$20,475	$ 2,237

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SAMPLE:
Costs for All Attributed Beneficiaries

Cost Measure	YOUR TIN				All TINs in Peer Group	
	Number of Eligible Cases or Episodes	Per Capita or Per Episode Costs	Standardized Cost Score	Included in Domain Score?	Benchmark (National Mean)	Standard Deviation
Per Capita Costs for All Attributed Beneficiaries	8,076	$9				
Medicare Spending per Beneficiary	0					

Medicare Spending per Beneficiary

- Total Part A and Part B Costs for 3 days before, during, and 30 days after inpatient episode

- Attributable to the TINs providing the most Part B inpatient services

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Costs for Beneficiaries with Specific Conditions

Exhibit 5-BSC. Costs for Beneficiaries with Specific Conditions Domain

Domain Score

You 0.00 ◆

| ≤ -4.0 | -3.0 | -2.0 | -1.0 | 0.0 | 1.0 | 2.0 | 3.0 | ≥ 4.0 |

Standard deviations from the mean domain score (negative scores are better)

Cost Measure	Your TIN				All TINs in Peer Group	
	Number of Eligible Cases	Per Capita Costs	Standardized Cost Score	Included in Domain Score?	Benchmark (National Mean)	Standard Deviation
Per Capita Costs for Beneficiaries with Diabetes	0	—	—	No	$0.00	$0.00
Per Capita Costs for Beneficiaries with Chronic Obstructive Pulmonary Disease	0	—	—	No	$0.00	$0.00
Per Capita Costs for Beneficiaries with Coronary Artery Disease	0	—	—	No	$0.00	$0.00
Per Capita Costs for Beneficiaries with Heart Failure	0	—	—	No	$0.00	$0.00

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SAMPLE:
Costs for Beneficiaries with Specific Conditions

Cost Measure	Number of Eligible Cases	YOUR TIN Per Capita Costs	Standardized Cost Score	Included in Domain Score?	All TINs in Peer Group Benchmark (National Mean)	Standard Deviation
Per Capita Costs for Beneficiaries with Diabetes	2,465	$ 9,329	-1.49	Yes	$15,826	$ 4,359
Per Capita Costs for Beneficiaries with Chronic Obstructive Pulmonary Disease (COPD)	947	$ 23,387	- 0.2	Yes	$24,854	$ 7,331
Per Capita Costs for Beneficiaries with Coronary Artery Disease (CAD)	932	$15,020	-0.63	Yes	$18,234	$ 5,102
Per Capita Costs for Beneficiaries with Heart Failure	1,206	$32,836	0.57	Yes	$28,033	$ 8,427

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SAMPLE:
Costs for Beneficiaries with Specific Conditions

Cost Measure	Number of Eligible Cases	YOUR TIN Per Capita Costs	Standardized Cost Score	Included in Domain Score?	All TINs in Peer Group Benchmark (National Mean)	Standard Deviation
Per Capita Costs for Beneficiaries with Diabetes	2,465	$ 9,329	-1.49	Yes	$15,826	$ 4,359
Per Capita Costs for Beneficiaries with Chronic Obstructive Pulmonary Disease (COPD)	947	$ 23,387	- 0.2	Yes	$24,854	$ 7,331
Per Capita Costs for Beneficiaries with Coronary Artery Disease (CAD)	932	$15,020	-0.63	Yes	$18,234	$ 5,102
Per Capita Costs for Beneficiaries with Heart Failure	1,206	$32,836	0.57	Yes	$28,033	$ 8,427

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Wrap Up

- If you question the information in your QRUR, you have until Dec. 7 to file an informal review.
- Use the information in your 2015 QRUR to guide your 2016 PQRS submission.
- Look for areas of past success
  - Identify best practices
  - Adapt and apply best practices to other areas of care

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Q & A

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Contact

Meghan Donohue
Health Data Analyst – Principal
meghand@qualishealth.org
206.288.2440

Mary Franzen
Quality Improvement Consultant
maryf@qualishealth.org
206.288.2554

For survey:

https://www.surveymonkey.com/r/7VBFKZK

For more information:
www.Medicare.QualisHealth.org

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