

Quality Payment Program Performance (QPP) Information Published on Medicare Care Compare 2019 Doctors and Clinicians Public Reporting

Overview

The Centers for Medicare & Medicaid Services (CMS) is publicly reporting 2019 Quality Payment Program performance information on [Medicare Care Compare](#) and in the [Provider Data Catalog \(PDC\)](#).

The [Quality Payment Program](#), established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), is a quality payment incentive program that recognizes physicians and other eligible clinicians based on value and outcomes in two tracks: the Merit-based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (APMs). Publicly reporting 2019 Quality Payment Program performance information will help people with Medicare make informed health care decisions and incentivize clinicians and groups to maximize their performance.





Publicly Reported 2019 Quality Payment Program Performance Information

What information is displayed on profile pages?

Both clinicians and groups who are enrolled in Medicare have profile pages on Care Compare. Profile pages include general information useful to Medicare patients and caregivers, such as clinician specialties, practice locations, and phone numbers.

Several indicators are publicly reported on clinician and group profile pages, as applicable (**Table 1**).







Table 1: 2019 indicators on Care Compare: Doctors and Clinicians profile pages

Icon	Indicator Description
	A yellow caution symbol and plain language description if a clinician or group attested negatively to one or more of the 2019 prevention of information blocking attestations
	A green checkmark and plain language description if a clinician or group successfully reported the Promoting Interoperability performance category by achieving a 2019 Promoting Interoperability performance category score above zero
	A hospital icon and plain language description if a clinician or group received a facility-based score for quality and cost for the 2019 MIPS performance period
	A green checkmark and plain language APM description if a clinician or group participated in selected APMs in 2019 (learn more about APM public reporting)

2019 Quality Payment Program Public Reporting Fact Sheet

We also publicly report certain 2019 measure- and attestation-level Quality Payment Program performance information on clinician and group profile pages to help Medicare patients and caregivers make informed decisions about the clinicians and groups they visit (**Table 2**).

Table 2: 2019 measure- and attestation-level performance information on Care Compare: Doctors and Clinicians profile pages

Performance Information Type	Public Reporting Display	Icon Displayed	# Reported on Clinician Profile Pages	# Reported on Group Profile Pages
MIPS Quality Measures	Measure-level star rating		64	79
Qualified Clinical Data Registry (QCDR) Measures	Measure-level star rating		7	14
Consumer Assessment for Healthcare Provider and Systems (CAHPS) for MIPS Summary Survey Measures	Top-box percent performance scores		NA	7
Promoting Interoperability Measures	Measure-level star rating		4	4
Promoting Interoperability Attestations	Checkmark attestation		7	7
Improvement Activities	Checkmark attestation		118	118

How does CMS decide which performance information to publicly report?

Only performance information that meets the established public reporting standards is selected for public reporting on profile pages and in the PDC. Quality and cost measures in their first two years of use are not publicly reported (§414.1395(c)).

What are the established public reporting standards?

All doctor and clinician performance information on Care Compare and in the PDC must meet the established public reporting standards (§414.1395(b)), except as otherwise required by statute. To be included in the PDC, performance information must:

- Be statistically valid, reliable, and accurate;
- Be comparable across collection types; and
- Meet the minimum reliability threshold, as determined by statistical testing.

To be included on Care Compare profile pages, doctor and clinician performance information must also resonate with Medicare patients and caregivers, as determined by user testing.

What information is available in the Provider Data Catalog?

The primary audiences for the [PDC](#) are clinicians, groups, and third-party data users (e.g. third-party intermediaries and researchers).

The PDC includes all 2019 Quality Payment Program performance information from Care Compare profile pages, additional MIPS performance information that was not selected for public reporting on profile pages, and MIPS Final Scores and performance category scores (Quality, Promoting Interoperability, Improvement Activities, and Cost).

The PDC also includes utilization data, which provides information on services and procedures provided to Medicare beneficiaries by clinicians, a subset of the 2018 clinician utilization data, and a link to the 2019 Quality Payment Program aggregate data.

How is Alternative Payment Model (APM) performance information publicly reported?

Information about 2019 APM participation is publicly reported on Care Compare in the following ways:

- [Next Generation](#) and [Medicare Shared Savings Program](#) ACOs have profile pages with measure-level performance scores for a subset of their quality measures;
- Groups that participated in the Shared Savings Program have an indicator of APM participation on their group profile page and are also linked to their affiliated ACO profile pages;
- Clinicians that participated in the APMs listed below have an indicator on their profile pages:
 - Accountable Health Communities Model
 - Bundled Payment for Care Improvement (BPCI) Advanced Model
 - Comprehensive Care for Joint Replacement Payment Model
 - Comprehensive ESRD Care (CEC) Model
 - Comprehensive Primary Care Plus (CPC+) Model

2019 Quality Payment Program Public Reporting Fact Sheet

- Frontier Community Health Integration Project Demonstration
- Independence at Home
- Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents: Phase 2
- Maryland Total Cost of Care Model
- Shared Savings Program ACOs
- Million Hearts: Cardiovascular Disease Risk Reduction Model
- Next Generation ACO Model
- Oncology Care Model (OCM)
- Transforming Clinical Practice Initiative
- Vermont Medicare ACO Initiative

Clinicians who are Qualifying Participants in Advanced APMs do not have clinician-level performance information publicly reported on their Care Compare profile page or in the PDC. All other APM participants may have clinician-level performance information publicly reported on their Care Compare profile page or in the PDC.

Learn More

Visit the [Care Compare: Doctors and Clinicians Initiative page](#) to find more resources about the performance information selected for public reporting such as the following:

- 2019 Group Performance Information
- 2019 Clinician Performance Information
- 2019 ACO Performance Information
- 2019 Measures Activities Plain Language Crosswalk

Additional information about publicly reported star ratings can be found in the 2019 Doctors and Clinicians Star Ratings Fact Sheet and 2019 Clinician and Group Star Rating Cut-offs documents, which are also located on the [Care Compare: Doctors and Clinicians Initiative page](#).

Get in Touch

For questions or comments about the Quality Payment Program or public reporting for doctors and clinicians, contact the Quality Payment Program Service Center at QPP@cms.hhs.gov. To receive updates, [subscribe](#) to the Quality Payment Program and Care Compare: Doctors and Clinicians listservs.