2019 Quality Payment Program: Doctors and Clinicians Performance Information on Medicare Care Compare

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Acronyms in this Presentation

- **ACO** – Accountable Care Organization
- **APM** – Alternative Payment Model
- **CAHPS** – Consumer Assessment of Healthcare Providers and Systems
- **CMS** – Centers for Medicare & Medicaid Services
- **EUC** – Extreme and Uncontrollable Circumstances
- **MACRA** – Medicare Access and CHIP Reauthorization Act of 2015

- **MIPS** – Merit-based Incentive Payment System
- **PDC** – Provider Data Catalog
- **PECOS** – Provider Enrollment, Chain, and Ownership System
- **QCDR** – Qualified Clinical Data Registry
- **QPP** – Quality Payment Program
- **TIN** – Taxpayer Identification Number

Public Health Emergency Considerations

- All 2019 MIPS performance information that is publicly reported meets the established statistical public reporting standards.

- Extreme and Uncontrollable Circumstances (EUC) exceptions were available to clinicians and groups who experienced challenges collecting or submitting 2019 performance information due to the public health emergency. Automatic exceptions were applied to clinicians who did not report 2019 performance information. This policy reduced the number of clinicians and groups with performance information and reduced the number of measures passing public reporting standards.
  - Performance information under a MIPS performance category that was reweighted to zero through the EUC policy **is not** being publicly reported.

- The 2019 Preview Period was expanded from 30 days to 60 days to allow doctors and clinicians more time to preview their information.

Agenda

- Doctors and Clinicians Public Reporting: Background
- 2019 Performance Information Release
- Resources

Doctors and Clinicians Public Reporting: Background

Purpose of Public Reporting: Doctors and Clinicians

Helps people with Medicare
make informed decisions

Incentivizes clinicians to
maximize performance

Doctors and Clinicians: Legislative History

- QPP draws its operating authority for public reporting from Section 10331(a)(1) of the Affordable Care Act.
  - Under this authority, CMS developed the Physician Compare website along with the Downloadable Database[1] and initiated a phased approach to public reporting. Section 1848(q)(9)(A) and (D) of MACRA facilitates the continuation of this phased approach for publicly reporting doctor and clinician performance information.

- Section 1848(q)(9)(A) and (D) of the Social Security Act requires CMS to publicly report:
  - MIPS eligible clinicians' Final Score;
  - MIPS eligible clinicians' performance under each MIPS performance category;
  - Names of eligible clinicians in Advanced APMs and, to the extent feasible, the names and performance of such Advanced APMs; and
  - Aggregate information on the MIPS, including the range of Final Scores and performance category scores for all MIPS eligible clinicians, periodically.

[1]The Doctors and Clinicians section of Care Compare replaced Physician Compare profile pages and the PDC replaced the Downloadable Database in December 2020.

Care Compare and the Provider Data Catalog (PDC)

- **Care Compare** and the **PDC** replaced CMS's eight original health care compare tools retired on December 1, 2020.
  - The Doctors and Clinicians section of Care Compare replaced Physician Compare profile pages and the PDC replaced the Downloadable Database.
- **Care Compare** provides a single source search and compare experience for people with Medicare and their caregivers to find information about doctors, clinicians, and other healthcare providers and settings based on their needs.
- The **PDC** provides researchers and other interested stakeholders direct access to view and download the official data used on Care Compare.

Doctors and Clinicians Public Reporting Timeline

Performance Year	Public Reporting Year	Publicly Reported Performance Information
2017	2019	• 2017 QPP group, clinician, and ACO performance information, including MIPS quality, QCDR, MIPS Advancing Care information, and MIPS Final Scores and performance category scores • Small subset of group MIPS quality measures published as star ratings
2018	2020	• 2018 QPP group, clinician, and ACO performance information, including MIPS quality, QCDR, MIPS Promoting Interoperability, MIPS improvement activities, and MIPS Final Scores and performance category scores • Larger subset of MIPS quality, QCDR, and MIPS Promoting Interoperability measures published as star ratings for groups and clinicians
2019	2021	• 2019 QPP group, clinician, and ACO performance information, including MIPS quality, QCDR, MIPS Promoting Interoperability, MIPS improvement activities, and MIPS Final Scores and performance category scores • Larger subset of MIPS quality, QCDR, and MIPS Promoting Interoperability measures published as star ratings for groups and clinicians

Note: Not all performance information is publicly reported. Only measures and activities that meet the established public reporting criteria are publicly reported.

Doctors and Clinicians Public Reporting Standards

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

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

- Additionally, quality and cost measures in their first two years of use are not publicly reported (§414.1395(c)).

MIPS Performance Information

- The following MIPS performance information is available for public reporting:[1]
  - Quality measures
  - Promoting Interoperability measures and attestations
  - Improvement Activities
  - Cost measures
  - Final Scores and performance category scores (Quality, Promoting Interoperability, Improvement Activities, Cost)

- The 2020 QPP Final Rule determined that aggregate MIPS information will be periodically publicly reported beginning with the 2018 performance year.

[1] Not all performance information is available for public reporting. Only measures and activities that meet the established public reporting criteria are publicly reported.

Alternative Payment Models (APMs) Performance Information

- The following APM performance information is available for public reporting, as technically feasible:

  – An indicator that clinicians and groups participated in APMs

  – Links from group profile pages to Medicare Shared Savings Program and Next Generation ACO profile pages

  – ACO performance information for Shared Savings Program and Next Generation ACOs[1]

[1] Not all performance information is available for public reporting. Only measures and activities that meet the established public reporting criteria are publicly reported.

Doctors and Clinicians General Information

Information	Clinicians	Groups	ACOs
Name	✔	✔	✔
Addresses and phone numbers	✔	✔	
Medical specialties	✔	✔	
Medicare assignment status	✔	✔	
Board certifications	✔		
Education	✔		
Gender	✔		
Group affiliation	✔		
Hospital affiliation	✔		
Affiliated clinicians		✔	
APM affiliation	✔		
ACO affiliation		✔	
Website URL			✔

Criteria: Doctors and Clinicians on Care Compare

Clinicians must:

- ✓ Be in approved status in PECOS
- ✓ Provide at least one practice location address
- ✓ Have at least one specialty noted in PECOS
- ✓ Have submitted a Medicare fee-for-service claim or be newly enrolled in PECOS within the last six months

Groups must:

- ✓ Be in approved status in PECOS
- ✓ Have a valid practice location address
- ✓ Have submitted a Medicare fee-for-service claim or be newly enrolled in PECOS within the last six months
- ✓ Have a legal business name
- ✓ Have at least two active Medicare health care professionals reassign their benefits to the group's TIN

2019 QPP Performance Information

Publicly Reported 2019 MIPS Performance Information for Doctors and Clinicians

Performance Information	Care Compare Profile Pages	Provider Data Catalog
2019 MIPS Performance Information		
Quality measures	✔	✔
Quality performance category score	--	✔
Improvement Activities	✔	✔
Improvement Activities performance category score	--	✔
Promoting Interoperability measures & attestations	✔	✔
Promoting Interoperability performance category score	--	✔
Cost measures[1]	n/a	n/a
Cost performance category score[1]	--	✔
Final Score	--	✔

[1] 2019 cost measures are not publicly reported as they do not meet public reporting standards.

2019 Indicators on Doctors and Clinicians Profile Pages

Icon	Indicator Description
⚠️	**Newly added!** 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
🏥 H	**Newly added!** 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 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 green checkmark and plain language APM description if a clinician or group participated in selected APMs in 2019

Quality Performance Category: MIPS Quality Measures

- A subset of 2019 MIPS quality measures is publicly reported on clinician and group profile pages as star ratings.

Giving antiplatelet blood thinners to patients with heart disease ★★★★★

⬆ More stars are better

- 2019 MIPS quality performance category scores are publicly reported in the PDC.
- A full list of publicly reported MIPS quality measures is available on the Care Compare: Doctors and Clinicians Initiative page.
- Download the 2019 Doctors and Clinicians Star Ratings Fact Sheet on the Care Compare: Doctors and Clinicians Initiative page to learn more about star ratings.

Quality Performance Category: QCDR Quality Measures

- QCDR measures are publicly reported on clinician and group profile pages as star ratings.

Screening patients with psoriasis for arthritis.
⬆ More stars are better
★★★★☆

- A full list of publicly reported QCDR measures is available on the Care Compare: Doctors and Clinicians Initiative page.

Quality Performance Category: CAHPS for MIPS Summary Survey Measures

- 2019 CAHPS for MIPS Summary Survey scores are publicly reported on group profile pages as top-box scores.[1]

How well clinicians communicate ↑ *A higher score is better*	83%	⌄

[1] These performance scores represent the percentage of patients who reported the most positive responses. More information about top box scores is provided by AHRQ in the following guide: How to Report Results of the CAHPS Clinician & Group Survey.

Quality Performance Category:
2018 vs. 2019

- Subset of 2019 quality measures that are publicly reported on clinician and group profile pages:

Quality Measure Type	Clinicians		Groups	
	2018	2019	2018	2019
MIPS Quality	77	64	84	79
QCDR Measures	9	7	9	14
CAHPS for MIPS	n/a	n/a	7	7
Total	**86**	**71**	**100**	**100**

Promoting Interoperability Performance Category: Overall Indicator

- In alignment with 2018 public reporting, clinicians and groups who successfully submitted 2019 Promoting Interoperability information have an indicator on their profile pages.

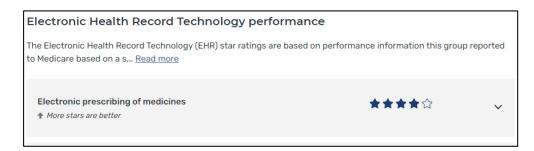- 2019 MIPS Promoting Interoperability performance category scores are publicly reported in the PDC.

Electronic Health Record technology participation

✓ This group is a successful performer in the Electronic Health Record Technology performance category.

Promoting Interoperability Performance Category: Measures and Attestations

- A subset of 2019 Promoting Interoperability measures is publicly reported as star ratings on clinician and group profile pages.
- A subset of 2019 Promoting Interoperability attestations is publicly reported as checkmarks on clinician and group profile pages.
- A full list of publicly reported Promoting Interoperability measures and attestations is available on the [Care Compare: Doctors and Clinicians Initiative page](#).

Electronic Health Record Technology performance

The Electronic Health Record Technology (EHR) star ratings are based on performance information this group reported to Medicare based on a s... Read more

Electronic prescribing of medicines
⬆ More stars are better
★★★★☆

Electronic Health Record activities

✔ Analyzes security risk and implements electronic security updates.

✔ Submits or is working to securely submit immunization data to a public health agency and securely receives immunization histories from the public health immunization registry.

Show more

Improvement Activities Performance Category

- MIPS improvement activities attestations are displayed on clinician and group profile pages as checkmarks.
- All 2019 MIPS improvement activities attestations meet the established public reporting standards.
  - Maximum of 10 attestations per profile page is reported, according to consumer preference.
  - For reporters with more than 10 attestations, the 10 most highly reported attestations by entity are reported on profile pages.
  - All MIPS improvement activities that meet the public reporting standards are publicly available in the PDC.
- A full list of publicly reported improvement activities attestations is available on the Care Compare: Doctors and Clinicians Initiative page.
- 2019 MIPS improvement activities performance category scores are publicly reported in the PDC.

Improvement activities

✓ Collecting and following-up on patient experience and satisfaction data related to patient engagement.

✓ Establishing standard operations to ensure smooth transitions of care.

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Cost Performance Category

- Care Compare is not publicly reporting 2019 MIPS cost measure performance information for doctors and clinicians as it does not meet public reporting standards.

- 2019 MIPS cost performance category scores are publicly reported in the PDC.

- CMS will continue to evaluate ways to publicly report cost measures in future years.

MIPS Performance Information: Doctors and Clinicians in APMs

- Doctors and clinicians who participated in an APM in 2019 may or may not have performance information on their profile pages and in the PDC.

Qualifying APM Participants in Advanced APMs	Clinicians in MIPS APMs[1]	Clinicians in All Other APM Types
Performance information is **NOT** publicly reported on the clinician's profile page or in the PDC.	Performance information **IS** publicly reported on the clinician's profile page and in the PDC.[2]	Performance information **IS** publicly reported on the clinician's profile page and in the PDC.[3]

[1]Clinicians in MIPS APMs may have opted out of public reporting during the 2019 Doctors and Clinicians Preview Period.
[2] Clinicians only have performance information on their profile pages and in the PDC if they submitted performance information that was selected for public reporting.
[3] Refer to Footnote 2.

Clinicians in Alternative Payment Models

- Clinicians who participated in the following APMs have an indicator on their profile page.

  - 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
  - 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

Innovative model participation

✔ Yes

Oncology Care Model

Groups in Alternative Payment Models

- Groups that participated in Next Generation or Shared Savings Program ACOs have an indicator on their profile page.

- Care Compare links groups to APM profile pages for selected Shared Savings Program and Next Generation ACO profile pages.

Innovative model participation

✔ Yes

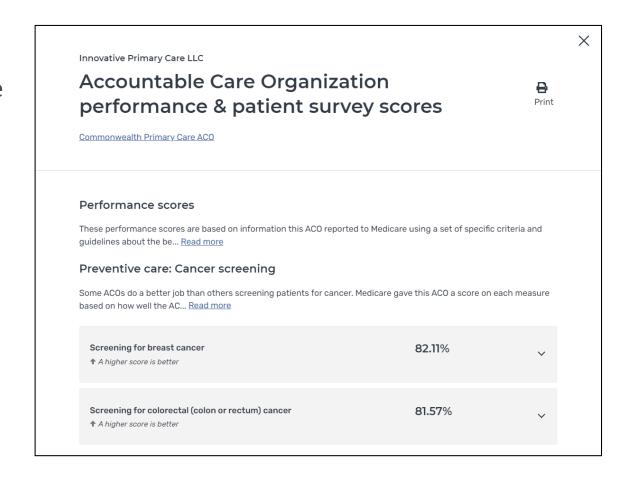Medicare Shared Savings Program – Participates through Commonwealth Primary Care ACO

ACO Performance Information

- 2019 Shared Savings Program and Next Generation ACO performance information is publicly reported on Care Compare ACO profile pages.

- Currently, there are four MIPS quality measures and five CAHPS for ACOs Summary Survey score measures available on ACO profile pages.

- Visit the Care Compare: Doctors and Clinicians Initiative page for a full list of publicly reported ACO quality measures, including CAHPS for ACOs.

Innovative Primary Care LLC

Accountable Care Organization performance & patient survey scores

🖶 Print

Commonwealth Primary Care ACO

Performance scores

These performance scores are based on information this ACO reported to Medicare using a set of specific criteria and guidelines about the be... Read more

Preventive care: Cancer screening

Some ACOs do a better job than others screening patients for cancer. Medicare gave this ACO a score on each measure based on how well the AC... Read more

Screening for breast cancer ⬆ A higher score is better	82.11% ⌄
Screening for colorectal (colon or rectum) cancer ⬆ A higher score is better	81.57% ⌄

Provider Data Catalog

- The PDC includes all performance information from clinician and group profile pages, as well as:
  - Measures that met statistical public reporting standards but were not selected for public reporting on profile pages
  - Measure denominators
  - Measure benchmarks (if applicable)
  - Final Scores and performance category scores (MIPS Quality, Promoting Interoperability, Improvement Activities, and Cost)
- Aggregate performance information is publicly available in the PDC in downloadable format and will be updated periodically.
- As required by MACRA, the PDC includes utilization data, which provides information on services and procedures provided to Medicare patients by doctors and clinicians. A subset of 2018 utilization data is published in the PDC.

Provider Data Catalog: 2018 vs. 2019

Performance Information Type	Clinicians		Groups	
	2018	**2019**	**2018**	**2019**
MIPS Quality	139	127	148	145
QCDR Measures	12	13	11	18
CAHPS for MIPS	n/a	n/a	7	7
MIPS Promoting Interoperability Measures	16	5	16	5
MIPS Promoting Interoperability Attestations	26	34	26	34
MIPS Improvement Activities Attestations	113	118	113	118

For More Information

- Resources:
  - [Care Compare](#)
  - [Provider Data Catalog](#)
  - [Care Compare: Doctors and Clinicians Initiative page](#)
  - [Quality Payment Program](#)
- [Sign up to subscribe](#) to the Care Compare: Doctors and Clinicians listserv to receive the latest information and updates.
- Questions?
  - For questions about public reporting for doctors and clinicians, visit the [Care Compare: Doctors and Clinicians Initiative page](#) or contact us via QPP@cms.hhs.gov.
  - Contact the Quality Payment Program Service Center at 1-866-288-8292 or by e-mail at QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours – before 10 a.m. and after 2 p.m. ET.
  - Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Keep Your Information Updated

- Make sure your information is up-to-date in [PECOS](#).

  – It can take up to two to four months for PECOS changes to reflect in Care Compare: Doctors and Clinicians.

- Visit the [Care Compare: Doctors and Clinicians Initiative page](#) to learn more about which information can be updated via PECOS.

- Email us at QPP@cms.hhs.gov if you have additional questions about updating information on your Care Compare: Doctors and Clinicians profile page.