2019 Doctors and Clinicians Performance Information: Guide to the Preview Period
January 2021

Overview

The Centers for Medicare & Medicaid Services (CMS) provides the **Doctors and Clinicians Preview Period** for clinicians and groups to preview their Quality Payment Program (QPP) performance information before the data are publicly reported on Medicare Care Compare and the Provider Data Catalog (PDC) (§414.1395(d)). The Doctors and Clinicians sections of Care Compare and the PDC are tools that allow Medicare patients and caregivers to find physicians and other clinicians, and incentivizes clinicians and groups to improve patient care. Generally, all performance information selected for public reporting must meet our established public reporting standards under §414.1395(b).

This guide describes how to access the **Doctors and Clinicians Preview Period** via the QPP website. Users will need a HCQIS Access Roles and Profile System (HARP) account to access the QPP website. To learn more about obtaining a HARP account, go to "How do I preview my performance information?" in this document or download the **QPP Access User Guide (zip 7MB)** (zip 7MB).

To learn more about public reporting for doctors and clinicians, please visit the Care Compare: Doctors and Clinicians Initiative page.

Contents

Who should use this guide?

- Eligible clinicians or groups that submitted Merit-based Incentive Payment System (MIPS) performance information for 2019.

- Clinicians or groups who are not MIPS eligible but voluntarily submitted 2019 MIPS performance information.

- Clinicians participating in an Alternative Payment Model (APM) that submitted 2019 MIPS performance information.

- Groups that submitted Consumer Assessment of Healthcare Providers & Systems (CAHPS) for MIPS survey data for 2019.

What is the Doctors and Clinicians Preview Period?

The Doctors and Clinicians Preview Period is set by CMS to allow clinicians and groups, both MIPS- and non-MIPS eligible, to preview their performance information before it is publicly reported on Care Compare and in the PDC.

The secured Preview Period is available through the QPP website. The Doctors and Clinicians Preview Period displays performance information as it will appear on Care Compare profile pages and in the PDC. Performance information targeted for public reporting on profile pages will be previewed and publicly reported in plain language so that it is easily understood by website users. Performance will be displayed as star ratings, percent performance scores, and other indicators such as checkmarks.

The Doctors and Clinicians Preview Period begins on January 25, 2021 at 10:00 a.m. Eastern Time (or 7:00 a.m. Pacific Time) and ends on March 25, 2021 at 8:00 p.m. Eastern Time (or 5:00 p.m. Pacific Time).

We encourage you to preview your data as early in the Preview Period as possible. To learn more about public reporting for doctors and clinicians, visit the Care Compare: Doctors and Clinicians Initiative page.

Why preview?

- The Doctors and Clinicians Preview Period is the first opportunity for clinicians and groups to see what patients will see before their performance information is published on the Care Compare and in the PDC.

- Clinicians and groups will be able to see which of the performance information they submitted for 2019 is targeted for public reporting on Care Compare profile pages and in the PDC.

- Clinicians and groups who are not MIPS eligible and MIPS APM participants who voluntarily submitted 2019 MIPS performance information will have the opportunity to opt out of having their 2019 performance information publicly reported on Care Compare and in the PDC.

Will I have 2019 performance information available for preview?

MIPS Eligible Clinicians and Groups

If you submitted 2019 MIPS performance information as a MIPS eligible clinician, group, or virtual group you may have performance information available for preview.

Non-MIPS Eligible Clinicians and Groups

If you are a clinician, group, or virtual group who submitted MIPS performance information but were not MIPS eligible during 2019, you are considered a voluntary reporter and may have performance information available for preview. The 2019 MIPS performance information submitted by voluntary reporters is available for public reporting unless they opt out of public reporting.[1] Voluntary reporters may opt out of having their performance information publicly reported during the Doctors and Clinicians Preview Period (82 FR 53830).

APM Participants

Clinicians with a TIN/NPI who participated in a MIPS APM in 2019 may opt out of having measure- and attestation-level performance information publicly reported. MIPS final scores and performance category scores earned by clinicians who participated in MIPS APMs will be publicly reported in the PDC.

MIPS performance information submitted by a Qualifying APM Participant (QP) in an Advanced APM as an individual will not be publicly reported on the clinician's profile page. Voluntary reporting does not apply to clinicians who participated in an Advanced APM and were considered QPs during 2019.

MIPS performance information submitted by eligible clinicians in APMs that are neither an Advanced APM nor a MIPS APM may be publicly reported on their clinician profile pages.

What 2019 performance information will be available for preview?

A subset of 2019 performance information is targeted for public reporting and available for preview. To find out what 2019 performance information will be available for preview and are targeted for public reporting on Care Compare and in the PDC, download these documents from the Care Compare: Doctors and Clinicians Initiative page:

〉 Clinician Performance Information on Medicare Care Compare: 2019 Doctors and Clinicians Public Reporting

〉 Group Performance Information on Medicare Care Compare: 2019 Doctors and Clinicians Public Reporting

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[1] Clinicians or groups who opt in to the MIPS payment adjustment cannot opt out of public reporting.

Doctors and Clinicians Preview Period User Guide

Accountable Care Organizations (ACOs) can preview their performance information via their 2019 MIPS Performance Feedback Reports. A list of ACO performance information targeted for public reporting is available on the Care Compare: Doctors and Clinicians Initiative page.

How can I check if I have 2019 performance information available for preview?

You can check if you have 2019 performance information available for preview by logging in to the QPP website and accessing the Doctors and Clinicians Preview Period. Detailed instructions on how to log-in to the website are included in the section titled "How do I access the Doctors and Clinicians Preview Period?". For more information about how to preview your performance information, once you are logged in, go to the section titled "How do I navigate the Doctors and Clinicians Preview Period?".

You also can check if you or your group have performance information available for preview by emailing the Doctors and Clinicians Support team (QPP@cms.hhs.gov). We will check your preview status for you.

To check your Doctors and Clinicians Preview status via email, follow the steps below.

1. Click on the 'Check your preview status' button below.
2. In the body of the email, include the NPI and name of the clinician (or Legal Business Name of the group) you are inquiring about.
3. The Doctors and Clinicians support team will respond to your email within 24-48 hours.

Check your preview status

How do I access the Doctors and Clinicians Preview Period?

To log in to QPP website and access the Doctors and Clinicians Preview Period, follow the steps below.

1. Establish a HCQIS Access Roles and Profile System (HARP) account.

Go to the QPP website qpp.cms.gov, and click **Sign In** on the upper right-hand corner. If you have credentials that let you sign in to qpp.cms.gov, enter your **User ID** and **Password** in the requested fields to sign in and **stop** here. You do NOT need to register.

If you have never signed in to qpp.cms.gov, you will need to **register** with HARP to obtain appropriate credentials in order to sign in.

> **Step 1.** Go to https://qpp.cms.gov/login
>
> **Step 2.** Click the **Register** tab at the top of the page, or the **Register** link next to Sign In (see next page).
>
> **Step 3.** Click **Register** with HARP at the bottom of the page, at which point you will be redirected to the HARP site to complete your registration.

For full directions and screen shots, please download the **QPP Access User Guide** (zip 7MB).

2. Connect to an organization and choose a role.

In addition to an active HARP account, you will also need to be connected to the right organization and have the appropriate HARP user role to log in to the QPP website to access the Doctors and Clinicians Preview Period. There are two roles in HARP: Security Official and Staff User. Each organization will need a Security Official before any Staff User roles can be requested.

Note: You must log in using a Security Official or Staff User role. You will not be able to preview your information using a Clinician role.

For more information, please download the **QPP Access User Guide (zip 7MB).** This zip file contains four documents:
〉 Before You Begin
〉 Register for a HARP Account
〉 Connect to an Organization
〉 Security Officials: Manage Access

Questions?
〉 Contact the Quality Payment Program at QPP@cms.hhs.gov or 1-866-288-8292 (TTY: 1-877-715-6222).

3. Log in to the QPP website.

a. Go to https://qpp.cms.gov/login.

b. To log in to the QPP website, you need to use your HARP credentials, and have an appropriate user role associated with your organization (steps 1 and 2).

Use your HARP user ID and password to log in.

Sign in to QPP

USER ID

[User ID]

PASSWORD

[Password]

☐ Show password

Forgot your user id or password? Recover ID or reset password

STATEMENT OF TRUTH

In order to sign in, you must agree to this: I certify to the best of my knowledge that all of the information that will be submitted will be true, accurate, and complete. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.
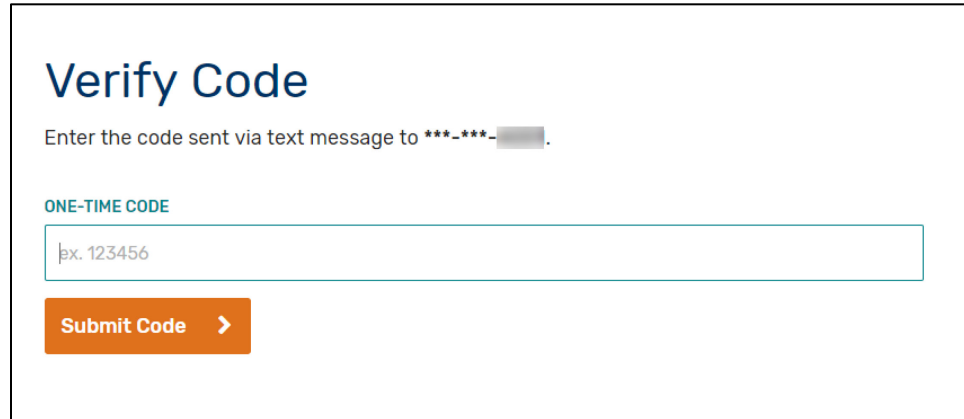
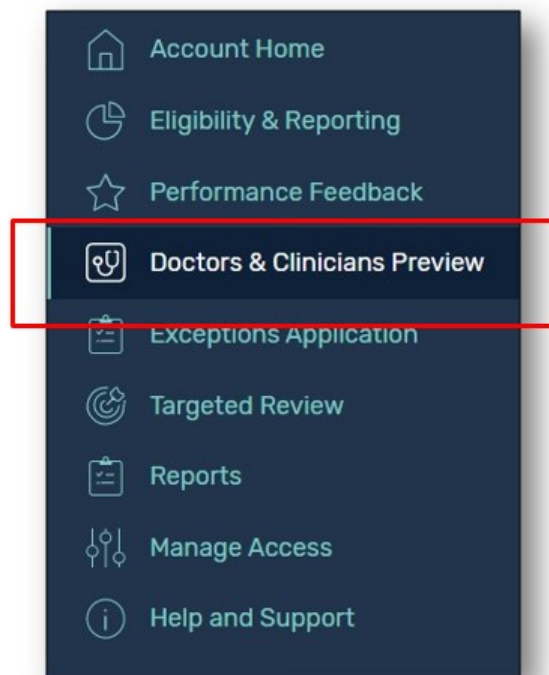☐ Yes, I agree

Sign in 〉   Don't have an account?
Register

c. Depending on the Multi-Factor Authentication (MFA) method you chose when setting up your HARP account, complete the second step in the verification process.

Example screen of text message MFA method:

Verify Code

Enter the code sent via text message to ***-***-[_____].

ONE-TIME CODE

> ex. 123456

Submit Code ➤

4. **Access the Doctors and Clinicians Preview Period.**

Once you have successfully logged in to the QPP website, select the "Doctors and Clinicians Preview" link in the left-hand navigation panel (next to the stethoscope icon). Please make sure that you are logged in with a Security Official or Staff User role. You will not be able to preview your information using a Clinician role.

- Account Home
- Eligibility & Reporting
- Performance Feedback
- **Doctors & Clinicians Preview**
- Exceptions Application
- Targeted Review
- Reports
- Manage Access
- Help and Support
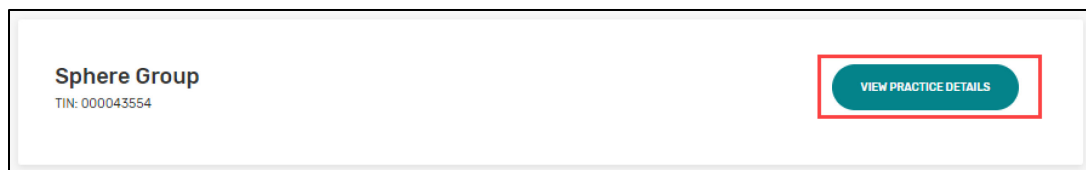
How do I navigate the Doctors and Clinicians Preview Period?

To navigate the Doctors and Clinicians Preview Period, follow the steps below.
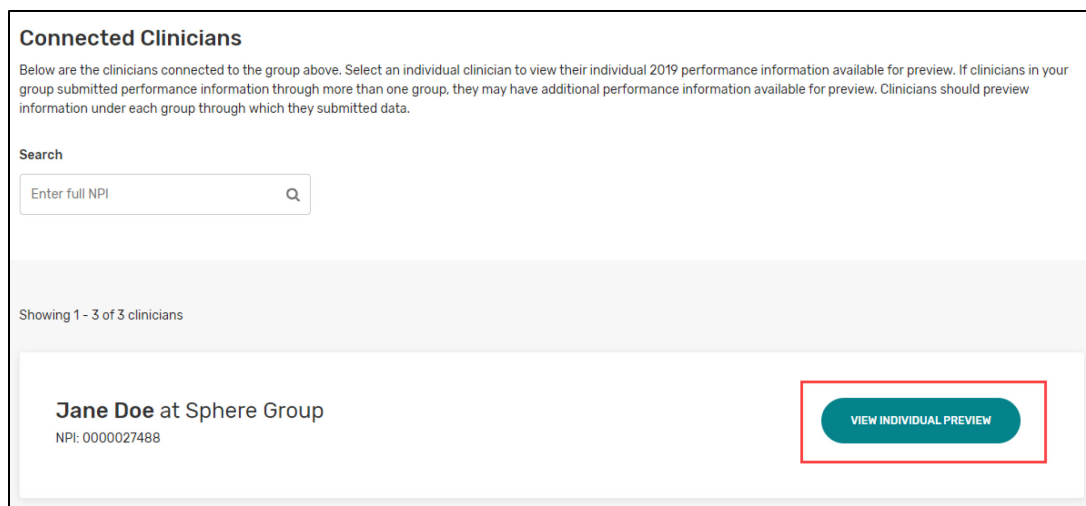
1. **After selecting "Doctors and Clinicians Preview", select the "View Practice Details" button for the group[2] you are interested in.**

    If you are an individual clinician who submitted performance information as part of a group, please proceed to **Step 2**. To preview group information, proceed to **Step 3**.

    Note: If neither your group nor any clinicians connected to your group have performance information selected for public reporting and therefore nothing to preview, the "View Practice Details" button will not display. Groups who do not have performance information to preview, but who are connected to clinicians who do have performance information to preview, will have a button to "View Practice Details". If selected, groups will see a message informing them that the group has no performance information to preview, but will still be able to preview clinician performance information.

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[2] If your HARP account is connected to a Virtual Group, you can preview available Virtual Group performance information by selecting "View Virtual Group Details" on the "Virtual Groups" tab. To preview group performance information, you must first navigate to the "Practices" tab and then select "View Practice Details" to preview group performance information.

2. **If you are a clinician and want to preview individual data, from the group preview landing page, scroll down to the "Connected Clinicians" section and select the "View Individual Preview" button for the individual clinician of interest.**

   Note: If you, as an individual clinician, do not have performance information available for public reporting and therefore nothing to preview, your name will not appear under the list of connected clinicians.

3. **Overview page.**
   The Overview page appears for all users that have 2019 QPP performance information available for preview. Depending on the measures that you or your group reported, you may see 1 to 4 different pages.

Utilization Data: As required by MACRA, the PDC includes utilization data, which provides information on services and procedures provided to Medicare beneficiaries by clinicians. A subset of the 2018 utilization data will be available in the PDC. Visit the Care Compare: Doctors and Clinicians Initiative page for a list of the 2018 utilization data selected for public reporting in the PDC. To preview your 2018 utilization data before it is displayed in the PDC, view the publicly available 2018 utilization file.

4. **Quality page.**

   The Quality page only appears if:

   〉 You or your group have 2019 MIPS and QCDR quality performance information available for public reporting on your Care Compare profile page; and/or

   〉 Your group has 2019 CAHPS for MIPS performance information available for public reporting on your Care Compare profile page.
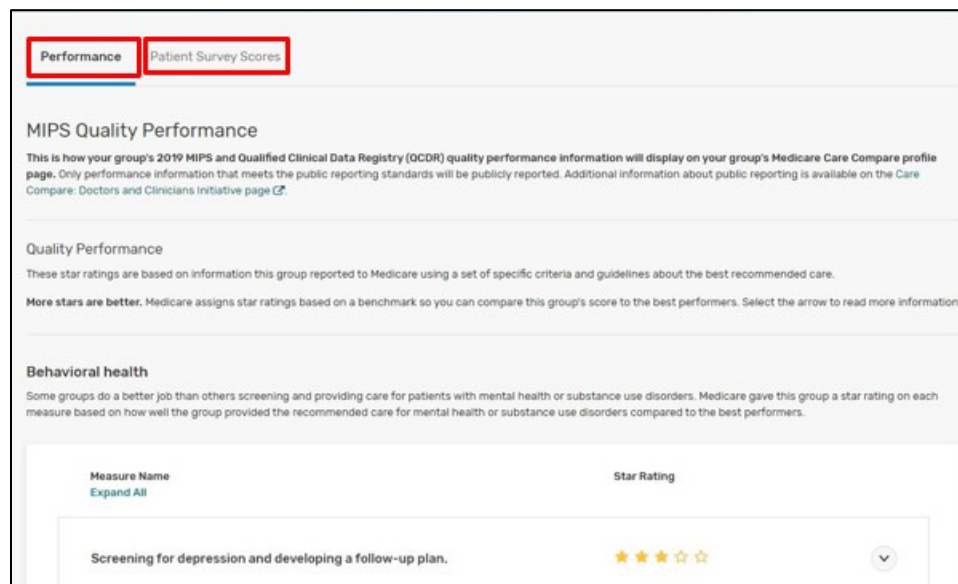
On the Quality page, you or your group may see up to 2 different tabs depending on the 2019 measures you or your group submitted: 1) **Performance** and 2) **Patient Survey Scores**.

 〉 **Performance**: This tab shows 2019 MIPS and QCDR Quality performance scores as star ratings and in plain language.

 〉 **Patient Survey Scores**: For groups only, this tab shows 2019 CAHPS for MIPS performance scores as top-box percentages[3] and in plain language.
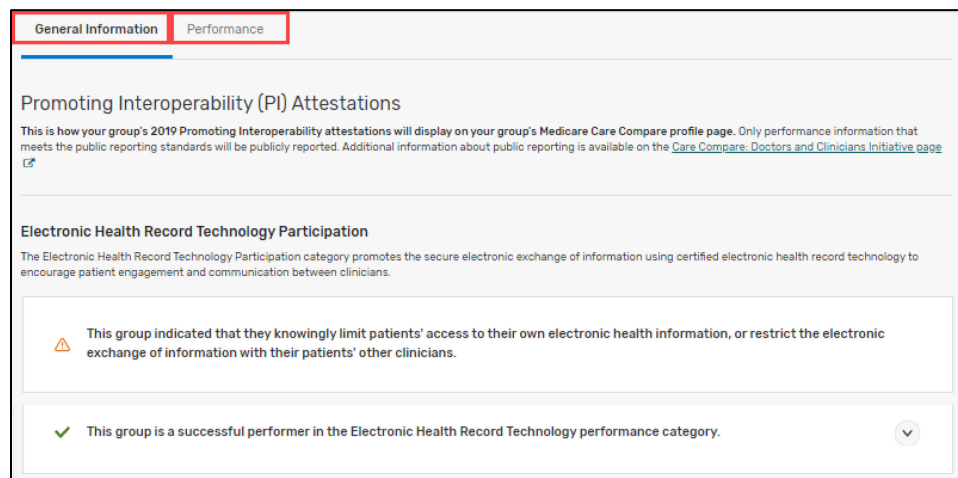
5. **Promoting Interoperability page.**

The Promoting Interoperability page only appears if:

 〉 You or your group achieved a successful performer checkmark in the 2019 Promoting Interoperability category;

 〉 You or you group attested negatively to one or more of the 2019 prevention of information blocking attestations; and/or

 〉 You or your group has 2019 MIPS Promoting Interoperability performance information available for public reporting on your Physician Compare profile page.

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[3] Top-box 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.

On the Promoting Interoperability page, you or your group may see up to two different tabs depending on the 2018 information you or your group submitted: 1) **General Information** and 2) **Performance**.

> **General Information**: This tab shows the 2018 MIPS Promoting Interoperability successful performer checkmark,[4] PI information blocking indicator[5], and PI attestations, if applicable. All are displayed using plain language descriptions.

> **Performance**: This tab shows 2019 MIPS Promoting Interoperability performance scores as star ratings and in plain language.
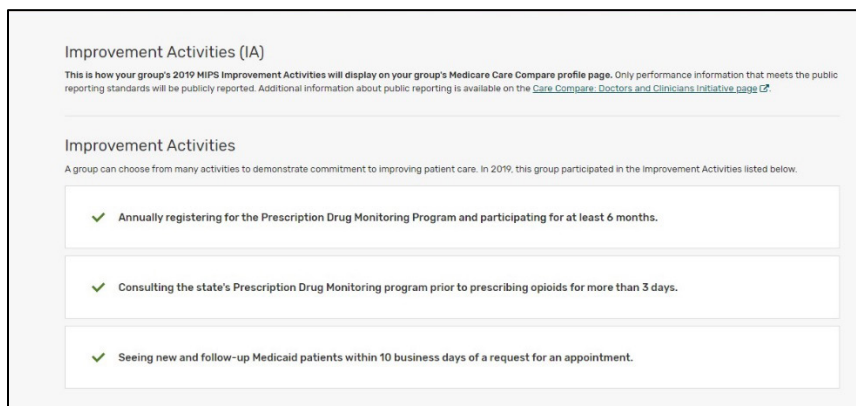
6. Improvement Activities page.

The Improvement Activities page only appears if:

> You or your group have 2019 MIPS Improvement Activities available for public reporting on your Care Compare profile page.

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[4] Promoting Interoperability (PI) performance category scores above 0 will be used to indicate on the Physician Compare profile pages that the clinician or group successfully reported the PI performance category. A score of 50 or above indicates that the clinician achieved the base score for the PI performance category (83 FR 59913).
[5] CMS will publicly report an indicator on Care Compare profile pages if a clinician or group attested negatively to one or more of the 2019 prevention of information blocking attestations (85 FR 25577 – 85 FR 25578).

On the Improvement Activities page, you or your group will see a list of the 2019 Improvement Activities targeted for public reporting on your profile page. Activities will be listed using checkmarks and plain language.

7. Provider Data Catalog page.[6]

The PDC is an online collection of datasets that provide researchers and other interested stakeholders direct access to view and download the official data used on Care Compare. All data included on Care Compare profile pages will be included in the PDC. Additionally, data that meet all of the statistical public reporting standards but were not selected for public reporting on profile pages will also be included in the PDC.

Note: The download function is not available during the Doctors and Clinicians Preview Period because this is only a preview of what your data may look like in the PDC.

The PDC page only appears if:

⟩ You or your group have performance information available for public reporting in the PDC. This may include:

    a) Quality measures
    b) Promoting Interoperability (PI) measures and attestations
    c) Improvement Activities (IA) attestations
    d) Clinician Final Scores and performance category scores

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[6] Any 2019 information publicly reported on Care Compare must be designated as available for public reporting in the CY 2019 Quality Payment Program final rule. Measures publicly reported in the PDC must have a sufficient number of reporters and meet our statistical reporting criteria. This means measures must be deemed statistically valid, reliable, accurate, and comparable. Performance scores for all measures that meet these statistical criteria are available for inclusion in the PDC to support CMS's goal of increased transparency.
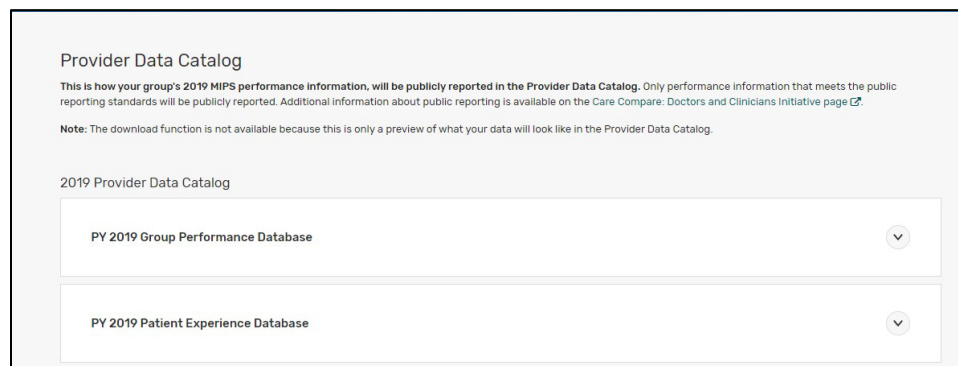
On the PDC page, you or your group may see one or more of the following tables, depending on the 2018 performance information you or your group submitted:

(1) **2019 [Clinician/Group] Performance Database:** This table includes performance information from the Quality, Promoting Interoperability, and Improvement Activities categories as they will appear in the PDC.

(2) **2019 Patient Experience Database:** This table includes group CAHPS for MIPS scores reported as they will appear in the PDC.

(3) **2019 Clinician Final Score and Performance Category Scores Database:** This table includes clinician Final Scores and Quality, Promoting Interoperability, Improvement Activities, and Cost performance category scores as they will appear in the PDC.

How do I opt out of having my 2019 performance information publicly reported?

1. **Navigate to the "Overview" page and select the opt-out link.**

   If you or your group have information targeted for public reporting and are eligible to opt out of having your 2019 performance information publicly reported on Care Compare or in the PDC, you will see the option to opt-out on the Doctors and Clinicians Overview page.
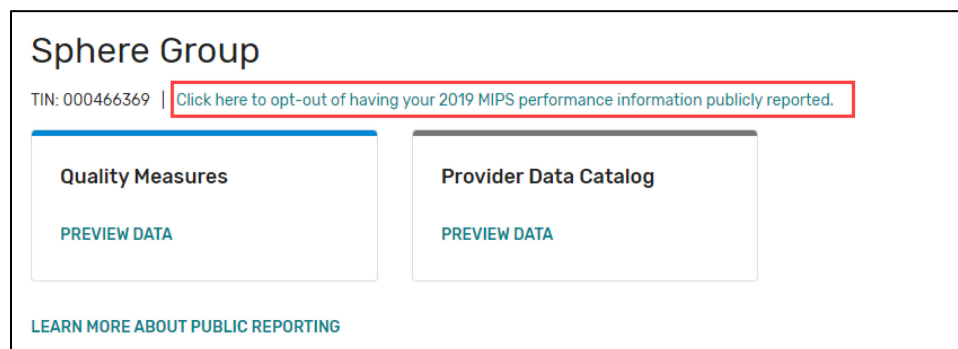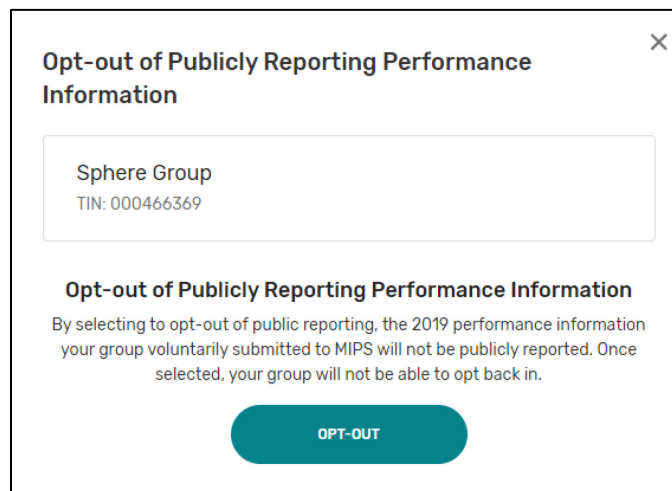

Note: Opting out only applies to the specific reporting entity that the user is actively viewing. For example, if a group opts out, group-level performance information will not be publicly

reported, however, clinician-level performance information submitted under that group may still be publicly reported. Similarly, if a clinician submits individual performance information under more than one group, the decision to opt out only applies to their performance information under the group that they are actively viewing.

2. **Verify that you are opting out for the correct group or clinician.**

Once you click on the link in the previous step, a pop-up will appear with your or your group's name and NPI. Review this information and verify that this is you or your group. After reviewing, select the green "Opt Out" button to continue and confirm your selection.

3. **Confirm your decision by typing "CONFIRM" and selecting the "CONFIRM" button.**

This option is permanent and cannot be changed later. Once you confirm your decision, you will not be able to opt back in to public reporting for 2019 performance information. Please be aware, this decision only applies to 2019 performance information and does not affect public reporting in future years.

4. Verify that the opt-out was successful.

Once you have confirmed your decision, the "Overview" page will now display a message indicating that you have opted out of public reporting.

Note: The Doctors and Clinicians Preview Period is the only time you may opt out of having your 2019 performance information publicly reported. Once you confirm your decision to opt out of public reporting, you will not be able to opt back in.

How will Targeted Review affect which performance information is available for preview and public reporting?

If you have an open Targeted Review request, you will still be able to preview your 2019 performance information through the Doctors and Clinicians Preview Period. However, if your performance information (including Final Score), changes as a result of the Targeted Review, please check your updated Performance Feedback. Updated Performance Feedback is also available through the QPP website. Just look for the "Performance Feedback" link in the QPP dashboard. This is important to ensure your Targeted Review is complete and to preview your updated performance information before

it goes live on Care Compare or in the PDC. Please note that updated performance information will not be released on Care Compare or in the PDC until all Targeted Reviews have been completed.

More ways to learn

Questions about HARP and user roles

For [HARP and user roles assistance](#), contact the Quality Payment Program: 1-866-288-8292, TTY: 877-715-6222, QPP@cms.hhs.gov.

Questions about Doctors and Clinicians public reporting

For questions about public reporting for doctors and clinicians, the Preview Period, or performance information, visit the [Care Compare: Doctors and Clinicians Initiative page](#) or contact us at QPP@cms.hhs.gov.