

Physician Compare Fact Sheet

2013 Redesign

What is Physician Compare?

Physician Compare is a website where you can learn more about physicians and other healthcare professionals who treat Medicare patients.

- The Centers for Medicare and Medicaid Services (CMS) created Physician Compare to help consumers make informed choices about the healthcare they receive through Medicare.
- Physician Compare meets requirements of the Affordable Care Act of 2010.

CMS redesigned Physician Compare in 2013. The new version includes an improved, more accurate database; improved search features; and additional information to help you make informed healthcare decisions. It also provides a solid foundation for the future inclusion of quality measures.

What can you find on Physician Compare?

Physician Compare has information about 860,000 physicians and other healthcare professionals who serve Medicare patients. You can learn:

- Their names, addresses, phone numbers, primary and secondary specialties, training, and gender
- What languages they speak
- What hospitals they are affiliated with
- Whether they accept the Medicare-approved payment amount (this means that the patient won't be billed for any more than the Medicare deductible and coinsurance)
- Group practice information including addresses, phone numbers, and specialties, as well as a list of physicians and other healthcare professionals in the practice

Physician Compare also has information about physicians and other healthcare professionals who participate in the following programs:

- **[The Physician Quality Reporting System \(PQRS\)](#)**. PQRS is a pay-for-reporting program that gives eligible professionals incentives and payment adjustments if they report quality measures satisfactorily. Although PQRS is a standalone program, it touches on other CMS programs that require quality reporting, such as the Electronic Prescribing Incentive Program, the Electronic Health Records Incentive Program, the Medicare Shared Savings Program, and the Value-based Payment Modifier.
- **[The Electronic Prescribing \(eRx\) Incentive Program](#)**. eRx is a pay-for-reporting program that encourages physicians and other healthcare professionals to use electronic prescribing to improve communication, increase accuracy, and reduce errors.
- **[The Electronic Health Records \(EHR\) Incentive Program](#)**. This program provides incentives and payment adjustments to eligible professionals who use certified EHR technology in ways that may improve healthcare.

CMS decides what improvements to make to the website and what types of information to include using:

- Feedback from the public and stakeholders through various forums
- E-mail received at PhysicianCompare@Westat.com
- The rulemaking process
 - Through rulemaking, CMS proposes new policies related to Physician Compare.
 - The public can comment on these proposals and give CMS their opinions.

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What's next for Physician Compare?

CMS is now implementing a plan to add quality data to Physician Compare, which meets the Affordable Care Act requirement. These data will help consumers make better healthcare decisions.

- The 2012 Physician Fee Schedule Final Rule outlined the first step in this plan. It began a phased approach to public reporting quality information.
- The next step, as outlined in the 2013 Physician Fee Schedule Final Rule, lays out a plan to add quality data and other public reporting information to Physician Compare.

With the 2013 redesign, CMS has added:

- PQRS Group Practice Reporting Option participation and Electronic Health Records Incentive Program participation information.
 - For all quality programs, 2011 participation information was included with the redesign
 - 2012 participation information will be posted when it becomes available
- American Board of Medical Specialties Board Certification information.

CMS is working to add general [Accountable Care Organization \(ACO\)](#) information to the site, as well as ACO quality measure data. ACOs are groups of doctors, hospitals, and other healthcare providers who come together voluntarily to give coordinated high-quality care to Medicare patients.

In 2014, CMS will update all quality program participation information as new information becomes available. In 2014, CMS will also add

- [PQRS Maintenance of Certification Incentive Program](#) information
- [Million Hearts Initiative](#) participation information

In early 2014, CMS will publish the first quality measure data on the site, including:

- Group Practice Reporting Option measures for group practices and ACOs from program year 2012, and
- [Clinician and Group Consumer Assessment of Healthcare Providers and Systems \(CG CAHPS\)](#) data for group practices that include 100 or more professionals and ACOs that participate in the Group Practice Reporting Option.

In 2015,

- CMS will update the quality program participation information and quality measure data described above with the most current information available.
- CMS will work to publish individual quality measures if technically feasible.
- CMS will also work to include specialty society measures on Physician Compare. Although no specific timeline for these measures has been set, CMS is targeting to include these measures in 2015.

Future plans for Physician Compare will be finalized through the Physician Fee Schedule rulemaking process.

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How can you get more information?

- Visit the Physician Compare website: www.medicare.gov/physiciancompare
- E-mail feedback and questions to PhysicianCompare@Westat.com
- If you're a physician or other healthcare professional, visit the [CMS Physician Compare Initiative Page](#) for more information about how to:
 - Keep your Physician Compare data current
 - Troubleshoot problems with your listing
 - Learn more about public reporting on Physician Compare