

Public Reporting on Physician Compare: What You Need to Know  
Webinar Transcript  
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All links referred to in the recording are available in the presentation.

Alesia: Hello and welcome to the public reporting on Physician Compare webinar. I'm Alesia Hovatter, Health Policy Analyst in the Division of Electronic and Clinician Quality in the Quality Measurement and Value-Based Incentives Group, otherwise known as QMVG. That's in the Center for Clinical Standards and Quality at the Centers for Medicare and Medicaid Services, also known as CMS. QMVG is responsible for evaluating and supporting the implementation of quality measure programs.

These programs aim to assess health care quality in a broad range of settings, such as hospitals, clinicians' offices, nursing homes, home health agencies and dialysis facilities. Our group actively works with many stakeholders to promote widespread participation in the quality measurement, development and consensus process. I'll be joined today by two members of the Physician Compare support team, Lisa Lentz and Allison Newsom.

Next slide, please. This is our disclaimer slide. I'll let you read over it at your convenience. Now, we're on slide three, which is acronyms in this presentation. This is just a helpful guide for acronyms that we'll be using today. Next slide, please. We're on slide number four now. The purpose of today's session is to provide a brief overview of Physician Compare, share information about public reporting of the Merit-based Incentive Payment System, known as MIPS, and the Alternative Payment Models, known as APMs, and discuss some next steps for Physician Compare and public reporting.

During the last half-hour of the webinar, we will open the lines and members of our team will answer questions. Next slide, please. We're on slide number five now. This is our housekeeping slide. Before we begin, we have a few housekeeping items. The presentation portion of today's webinar is being recorded. We will e-mail registrants a link to the slides and recording when it becomes available. Currently, all lines are muted to ensure everyone can hear the presenters.

During the Q and A session, you can either raise your hand using the icon you see circled here on the screen or type a question into the Q and A box. Depending on the browser that you are using, your Webex screen may look slightly different than the slide on this screen. Just look for the hand or Q and A icon. We will be stopping the recording for the Q and A portion of the presentation. I'll pass things over to Lisa Lentz now for the next section of the presentation. Lisa.

Lisa Lentz: Great, thank you Alesia and good afternoon everyone. I'll now provide an overview of Physician Compare. Before I do, though, I want to acknowledge that we have a diverse audience on the line today in terms of their familiarity with Physician Compare. For that reason

I will do my best to cover this in such a way that works for everyone, whether you're joining us for the first time and are new to Physician Compare or whether you're very familiar with the site already.

If you do have questions, you will have a chance to ask them at the end of the presentation. CMS established Physician Compare as required by Section 10331 of the Patient Protection and Affordable Care Act or ACA. As a result of ACA, the site launched on December 30th, 2010. The Medicare and CHIP Reauthorization Act, or MACRA, passed in 2015 and provided additional direction for the website.

Physician Compare is a website that lists information about clinicians, groups and Accountable Care Organizations or ACOs. As you'll see here on the slides, Physician Compare has a dual purpose. It helps people with Medicare make informed healthcare decisions. It also incentivizes clinicians and groups to maximize their performance.

One of the frequently asked questions we get about Physician Compare is what are the criteria to be listed on the website? To be listed on Physician Compare, both clinicians and groups must be approved in the Provider Enrollment, Chain, and Ownership System, PECOS, which is the sole verified source of Medicare provider information. They also need to have at least one practice location, and in the last six months, have submitted a Medicare fee-for-service claim or be newly-enrolled in PECOS.

Additionally, clinicians must have at least one specialty listed in PECOS, and groups must have a legal business name and at least two active Medicare clinicians reassign their benefits to the group's tax ID number or TIN. We did also want to note that for ACOs to be included on the site, they must have performance information from 2016. On this slide, here is the general information that is on Physician Compare for clinicians and groups.

For both clinicians and groups, we list name, address, phone numbers, medical specialties, Medicare assignment status, that is, whether or not a clinician accepts the Medicare-approved payment amount. Then, for clinicians, we also include board certification, education, residency, gender, group, and hospital affiliation. For groups, we also have information about affiliated clinicians or clinicians that practice as a part of that group. The affiliated clinicians determine the groups' specialties and ACO affiliation.

For ACOs, we have a little bit more basic information than we do for clinicians and groups, as we are able to link directly to the ACO web pages. Much of the general information we post on Physician Compare comes from PECOS, names, locations, phone numbers, group affiliation, specialties, Medicare assignment status, education, and gender.

We also use claims data to verify information, such as practice location and group affiliation, that we received from PECOS as well as using claims data for hospital affiliation. We also currently have information available from four boards listed on the website. Those boards include the American Board of Medical Specialties, the American

Osteopathic Association, American Board of Optometry, and the American Board of Wound Medicine and Surgery. Because we use a lot of information from PECOS to populate Physician Compare, it's very important to keep that information in PECOS up to date.

It could take up to two to four months for changes to appear on Physician Compare after they are updated in PECOS. We invite you to visit the Physician Compare Initiative page to learn more about which fields on the website are PECOS-driven. If you want more information or any specific questions about updating your information, please don't hesitate to contact us at [PhysicianCompare@Westat.com](mailto:PhysicianCompare@Westat.com).

Also, just to give more context about the public reporting of performance information on Physician Compare, we wanted to show this roadmap. Beginning in February 2014, we publicly reported a subset of 2012 group PQRS, or Physician Quality Reporting System measures, as well as some ACO measures. Since then, every December, we publicly report the previous year's data as part of our continued, phased approach to public reporting.

For example, in December 2015, we publicly reported 2014 data for groups and ACOs. In addition, this is also the first time we reported clinician level data. In 2016, we reported program information submitted through Qualified Clinical Data Registries, or QCDRs, for the first time as well. This past December, we added 2016 performance information and this was also our first time reporting measure level, star ratings, for a subset of the 2016 group PQRS measures. Looking ahead in late 2018, we are targeting to add 2017 Quality Payment Program information to the site. We'll discuss this in more detail as we go through the rest of the presentation. At this time, I'd like to pass the presentation over to Allison Newsom who will walk through the public reporting with the Quality Payment Program.

Allison Newsom: Thanks so much, Lisa. The Medicare and CHIP Reauthorization Act, or MACRA, and the creation of the Quality Payment Program provided some additional direction for public reporting on Physician Compare. In this next section, I'll discuss information on how the Quality Payment Program may be publicly reported on Physician Compare. First, some background about the Quality Payment Program.

Under the Quality Payment Program, there are two tracks in which clinicians may participate. The first is the Merit-based Incentive Payment System or MIPS. The second is called Advanced Alternative Payment Models or Advanced APMs. Certain clinician types are eligible to participate in the Quality Payment Program. There are also some additional requirements that clinicians must meet in order to be able to participate.

There's a link on this slide to learn more about clinicians that were eligible to participate in 2017. If you have any questions about this, we recommend that you reach out to the Quality Payment Program directly. Their contact information is included at the end of this presentation. Year one of the Quality Payment Program data are the

2017 performance period data. Those data are available for public reporting on Physician Compare starting in late 2018.

All data that goes on Physician Compare must meet the established public reporting requirements to be included on the site unless otherwise required by statute. Data must be statistically valid, reliable, and accurate, and it must be comparable across submission mechanisms and meet the minimum reliability threshold. Additionally, to be included on the public-facing profile pages, data must prove to resonate with patients and caregivers as shown through user testing.

I just want to point out that first-year measures will not be publicly reported on Physician Compare in 2018. Additionally, voluntary data reported in 2017 will not be posted on the site for 2018. When I say voluntary data I'm referring to data reported by clinicians who were not considered to be eligible clinicians for 2017.

This slide shows the 2017 MIPS information that are technically available for public reporting for groups and clinicians later this year. The four categories are quality, cost, improvement activities, and advancing care information, which for year two is now known as Promoting Interoperability. In the next few slides, we'll share more information about how these categories may be publicly reported. I also wanted to call out that, although these data are considered available for public reporting, not all data will be publicly reported on the site this year. In addition to the four categories, we'll also have information about clinicians' performance category scores and their final scores, as well as we will be publicly reporting aggregate MIPS information, which will include the range of final scores for all MIPS eligible clinicians and the range of performance for all MIPS eligible clinicians within each performance category.

For the quality category, we're tracking to all collection types being available for public reporting. Only one collection type per measure will be made public at this time. This is to meet our public reporting standard that data must be comparable. We want to be sure that variations in score are due to actual variations in performance, not due to the collection types or maybe there are some variations in the specifications for those.

The following measure types will not be publicly reported in 2018. Again, we will not be publicly reporting first-year measures nor will we be publicly reporting non-proportional measures, so continuous or ratio measures, or non-risk-adjusted outcome measures. For MIPS quality measures, we expect to publicly report a subset of the 2017 data in late 2018. We're tracking to publicly reporting these measures as star ratings. Measures that are reported as star ratings must meet the established public reporting standards, and then additionally they must meet an additional level of reliability testing. The star rating cutoff and the star ratings must prove to be reliable.

The image on this slide is an example of how we are currently publicly reporting the quality measures. You can see here that we've got plain language measure title and a plain language measure description,

either written in a way that is meant to be understandable and meaningful to our main website users, which is Medicare beneficiaries and caregivers. You also see an example of a star rating for quality measure. This is just an example of what the data may look like when it goes up on Physician Compare later this year. We're using the 2016 measures as an example.

If you are interested in learning more about the star ratings for MIPS quality measures, we have a benchmark and star ratings fact sheet that's available on the Physician Compare Initiative page. If you click this link on the slides when you get them, it will take you right there. I highly recommend that you look at that.

In addition to the MIPS quality measures, we're also tracking to publicly reporting QCDR and CAHPS for MIPS measures. We won't be publicly reporting those as star ratings at this time. For QCDR measures, we're reporting them as a percent performance score. For the CAHPS for MIPS measures, we'll be reporting them as a top-box score. This is the Agency for Healthcare Research and Quality, or AHRQ's, suggested method for publicly reporting CAHPS scores. We've also seen, from previous user testing, that this way of publicly reporting the measures is well understood by consumers.

Again, on this slide, you're seeing an example of what the scores would look like on Physician Compare using the 2016 data. We expect the 2017 data going up later this year to look similar to this. The next category under MIPS is improvement activities. At this time, we are not tracking to publicly reporting any improvement activities later this year because all of the 2017 performance year improvement activities are considered to be first-year activities, and therefore, not available for public reporting. In future years, all improvement activities are available for public reporting, and we're evaluating how those will be publicly reported on the site.

Next up is advancing care information, which I mentioned is known as Promoting Interoperability for year two. Advancing care information may be publicly reported on the site in up to three different ways, the first of which is that clinician and group profile pages will have an indicator for satisfactory and high ACI performance as technically feasible. ACI attestations may be reported on clinician and group profile pages using check marks and plain language descriptions. ACI measures are available for public reporting if they meet the established public reporting standards. Similar to the other categories, first-year ACI measures and attestations are not available for public reporting.

We're not targeting to publicly report cost data in 2018 as it's not being used for scoring in the first year. The Physician Compare support team is continuing to evaluate ways to publicly report this performance category in future years and will be sure to share more information with you as it's available.

In addition to publicly reporting information and profile pages, we're also tracking to reporting performance information in the downloadable

database. Performance information that meets all statistical public reporting standards but does not resonate with website users will be added to the Physician Compare downloadable database. Our reasoning behind this is that the profile pages are intended for use by Medicare beneficiaries and their caregivers. Meanwhile, the downloadable database has a primary audience of people like researchers clinicians or others who are interested in digging more into the data, and so we have some additional information available in that downloadable database.

Also, MACRA requires that we publicly report utilization data, so currently we're publicly reporting a subset of the 2015 utilization data in the Physician Compare downloadable database. When we update the downloadable database to include the 2017 performance data, we'll also be updating it to include a subset of the 2016 utilization data, which is what's most recently available at that time.

Moving on from the four MIPS categories, we're now shifting gears to talk about Alternative Payment Models or APMs. Beginning in late 2018, Physician Compare is targeting to publicly report information about 2017 APM participation, as technically feasible. Clinician and group profile pages will have an indicator that they participated in the Quality Payment Program. We'll also link clinicians and groups to APM profile pages for selected advanced APMs and Shared Savings Program or SSP Track One ACOs. At this time, we're still assessing which APM performance information meets our public reporting criteria and will be publicly reported later this year.

That was a quick overview of how we will be publicly reporting the 2017 Quality Payment Program performance information on Physician Compare. Now, I'd like to talk about what you can expect in the coming months. In fall of 2018, we'll be previewing the 2017 performance information during our Physician Compare preview period. The preview period is intended to give clinicians and groups a chance to see what their performance data will look like before it's publicly reported on Physician Compare profile pages later this year and in the downloadable database when it's made publicly available.

During this fall, we'll be hosting a National Provider Call. At this time, we'll share more information about the specific 2017 measures targeted for preview and public reporting in late 2018. We'll share an official date for the NPC as it is available. Again, during this National Provider Call, this is when we'll be sharing materials about how to access the preview period as well as detailed documentation about the specific measures and attestations that will be available for preview and then for public reporting later this year.

The 2019 Medicare Quality Payment Program Proposed Rule is currently out for public comment. Because we're in active rule making, we're unable to discuss the proposals at this time. However, we do want to encourage you to review the Proposed Rule and submit public comment by September 10, 2018. You can use the link on this slide to access the Proposed Rule.

As I've mentioned multiple times throughout the presentation, there's a lot more coming for Physician Compare in the next few months. We want to make sure that we are staying engaged with you and are able to share this information. One way to keep in touch with us is to sign up to receive the Physician Compare e-news. You can use the link on this slide to do that. Another way is to continue to engage with us about the future of Physician Compare.

Questions? Contact Physician Compare at [PhysicianCompare@Westat.com](mailto:PhysicianCompare@Westat.com); Contact the Quality Payment Program at 1-866-288-8292 (TTY: 1-877-715-6222) or [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).

If you're an interested clinician or a group representative and you want to talk to us about the future of Physician Compare in one-on-one or small group discussions, please contact us at [PhysicianCompare@Westat.com](mailto:PhysicianCompare@Westat.com). We would love to hear from you. That concludes today's presentation portion of the webinar. I'm now going to pass things over to my colleague Laura to facilitate the Question and Answer session.

Laura: Thanks, Allison. We are now going to stop the recording of today's presentation and begin our Question and Answer session.