

# Physician Compare Virtual Office Hour

## Questions and Answers

---

The Physician Compare Virtual Office Hour session was held on January 22, 2015 via WebEx. The purpose of the session was to allow the Centers for Medicare & Medicaid Services (CMS) the opportunity to directly address questions stakeholders have about Physician Compare and public reporting. Since Physician Compare's inception in 2010, stakeholders have shown tremendous interest in the website and CMS has always been dedicated to providing opportunities for stakeholders to play a role in the evolution of the Physician Compare website. The feedback obtained through past Town Hall meetings, webinars, one-on-one outreach, consumer testing, and the rulemaking process helped CMS define the scope and direction of the website up to this point.

Moving forward, CMS wants to continue to seek out the advice and suggestions of stakeholders, including health care professionals, specialty societies, advocacy groups, and consumers.

To address the many questions received through the Virtual Office Hour session registration process, we grouped the questions by topic and addressed them in a broader discussion. This document provides written responses to the topics covered during the Virtual Office Hour session and additional questions submitted via the WebEx chat during the session. The following topics are included in this document:

- [Overview of Physician Compare](#)
- [Physician Compare Data](#)
- [Updating Physician Compare Data](#)
- [Downloadable Database](#)
- [Quality Measure Data](#)
- [Public Reporting by Year](#)

The presentation slides are also available on the [Physician Compare Initiative page](#). If there are additional questions, please email the Physician Compare Support Team at [PhysicianCompare@Westat.com](mailto:PhysicianCompare@Westat.com).

## Overview of Physician Compare

### What is the purpose of the Physician Compare website?

CMS was required by Section 10331 of the Patient Protection and Affordable Care Act (ACA) to establish the Physician Compare website. To meet this mandate, the Medicare.gov Healthcare Provider Directory was repurposed into Physician Compare and the site was officially launched on December 30, 2010. The purpose of the website is two-fold:

- First, to provide more information for consumers to encourage informed health care decisions; and
- Second, to create explicit incentives for physicians to maximize performance.

## **Who is Physician Compare's intended audience?**

Physician Compare's primary audience is Medicare consumers, but the professionals who are represented on and use the site, often to help facilitate making referrals, are also a very important audience.

## **How was Physician Compare established?**

Physician Compare was established by using the Medicare Provider Enrollment, Chain, and Ownership System, or PECOS, as the underlying data source to provide users the ability to search for Medicare physicians and other health care professionals by location – specifically by city and state or zip code – and by specialty. This first iteration of the site provided basic contact and demographic information about the included health care professionals.

## **Who is included on Physician Compare?**

At this time, all physicians and other health care professionals who are actively participating in fee-for-service Medicare are included on the site. Newly enrolled Medicare practitioners are also included. Health care professionals must also be in approved status in PECOS. However, not all individuals and group practices in PECOS are included on Physician Compare. In order to be included on the site, individual health care professionals must also:

- Have at least one practice location address in PECOS
- Have at least one specialty in PECOS
- Have submitted a Medicare claim within the last 12 months or be newly enrolled in PECOS within the last 6 months

For group practices to appear on Physician Compare, at least two active Medicare Eligible Professionals (EPs) must reassign their benefits to the group's TIN.

## **How are CMS' quality programs related to Physician Compare?**

Physician Compare includes information about physicians and other health care professionals who satisfactorily participate in CMS quality programs.

The Physician Quality Reporting System (PQRS) is a pay-for-reporting program that gives EPs 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 eRx Incentive Program, the EHR Incentive Program, the Medicare Shared Savings Program, and the Value-based Payment Modifier. PQRS encourages physicians and other health care professionals to report information about the quality of the care they provide to people with Medicare who have certain medical conditions. Physicians and other health care professionals can choose whether to report quality information through PQRS. Profile pages show whether physicians and other health care professionals have taken part in PQRS.

The PQRS Maintenance of Certification Program Incentive gives an additional incentive to physicians who satisfactorily report PQRS measures and more frequently than is required

participate in a Maintenance of Certification Program and successfully complete a Maintenance of Certification Program practice assessment. Profile pages will show if physicians and other health care professionals are participating in this program.

The Electronic Prescribing (eRx) Incentive Program is a pay-for-reporting program that encourages physicians and other health care professionals to use electronic prescribing to improve communication, increase accuracy, and reduce errors. To participate in this Medicare program, physicians and other health care professionals must report on their use of a qualified eRx system. Profile pages show if physicians and other healthcare professionals are participating in the eRx Incentive Program.

The Electronic Health Record (EHR) Incentive Program is a Medicare program that provides incentives and payment adjustments to EPs who use certified EHR technology in ways that may improve health care. Profile pages will show if physicians and other health care professionals are participating in the EHR Incentive Program.

Million Hearts® is a national initiative that focuses action by communities, health systems, nonprofit organizations, federal agencies, and private-sector partners to prevent a million heart attacks and strokes by 2017. Million Hearts encourages physicians and other health care professionals to report -- and excel in -- the Cardiovascular Prevention measures group in the PQRS program. High performance in these measures dramatically reduces the likelihood of a heart attack or stroke. Profile pages will show if physicians and other health care professionals are participating in Million Hearts®.

### **How does Physician Compare relate to the CMS Value-based Payment Modifier?**

There is no direct link between the Value-based Payment Modifier and Physician Compare.

### **What enhancements have been made to Physician Compare?**

Since the first release of Physician Compare in 2010, significant enhancements to improve the accuracy, usability, and functionality of the site have been made. More information on data accuracy improvements is listed in the next section.

To improve usability and functionality, the intelligent search functionality was added, which ensures that all specialties are easily locatable and that users have the tools to navigate the site in the way that makes the most sense to them. This search function allows users to search for individual physicians and other health care professionals by specialty name; the last name of a physician or other health care professional; and a condition, body part, organ system, or other keyword in order to receive a list of specialty suggestions from which to choose. Users can also search for group practices by name or by specialty to make finding a relevant group practice in their area easier.

The location search was also improved. In addition to being able to search by zip code or city and state combination, users can now also search by an exact street address or a landmark. Other enhancements made to Physician Compare include linking hospital affiliation to CMS' Hospital Compare; adding the specialties included in each group practice; adding secondary

specialties for professionals; improving residency and gender information; as well as adding ABMS Board Certification data.

Users can also find indicators designating the EPs and group practices who satisfactorily reported in the PQRS Group Practice Reporting Option (GPRO), the eRx and EHR Incentive Programs, and the Maintenance of Certification Program Incentive. Indicators of individual EPs who successfully reported the PQRS Cardiovascular Prevention measures group in support of Million Hearts® are also included. Currently, the site has 2013 program participation information. The information will be updated to 2014 participation later this year as the data become available.

A major recent enhancement was made in December 2014 when 2013 GPRO Web Interface and Accountable Care Organization (ACO) measures were added. This is the second set of quality measures to be publicly reported on Physician Compare. Consumer Assessment of Healthcare Providers and Systems (CAHPS) for ACO survey measures were also added. This is the first set of survey of patient experience measures to be included on Physician Compare.

## Physician Compare Data

### What is Physician Compare's primary data source?

PECOS is the sole verified source of Medicare data and is Physician Compare's underlying data source.

### How has Physician Compare improved data accuracy?

As noted, significant enhancements have been made to Physician Compare, including a complete overhaul of the underlying database to improve the accuracy and currency of the information available on the website. Since PECOS is the primary source of information about verified Medicare professionals, it provides the necessary foundation for the Physician Compare database. However, the primary purpose of PECOS is not to provide up-to-the-minute information for a consumer website such as Physician Compare. The primary purpose of PECOS is to facilitate enrollment in the Medicare program. Therefore, in mid-2013, we began using Medicare claims data to verify the information in PECOS. We primarily use claims to verify group practice affiliations and practice locations.

To improve the accuracy of group practice affiliations, we only include group practice or solo practice affiliations with active billing. We often see new billing relationships added in PECOS without terminating the outdated billing relationships. So, group practice affiliations in PECOS without claims billed under the Tax Identification Number (TIN) in the last 12 months are no longer displayed on Physician Compare.

Using claims also limits the number of addresses associated with a professional by only including PECOS practice location addresses that match the service location on the professional's fee-for-service claims. Previously, if an EP reassigned their benefits to a group practice, all of the valid practice locations for the group practice in PECOS would display for the EP. By looking at practice location on the claims, only addresses where EPs are actively providing services are

listed on Physician Compare. Therefore, it is important that the practice location information included on claims and in PECOS is properly entered.

Improving group practice affiliation information and paring down the number of addresses associated with each individual clinician reduced the overall size of the Physician Compare database by approximately 90 percent. This has significantly improved data accuracy and database performance.

### **When did Physician Compare start using Medicare claims data to verify PECOS?**

As noted above, Physician Compare began using Medicare claims data to verify PECOS information in mid-2013.

### **How often is Physician Compare data updated?**

Since information on Physician Compare comes from PECOS, it is important that health care professionals and group practices keep their information current in the PECOS system. Accurate PECOS information helps ensure health care professionals and group practices are correctly listed on the website.

At this time, Physician Compare pulls an updated set of data from PECOS and claims on a monthly basis. We are actively working to shorten this timeframe to every two weeks. However, once an edit is made in PECOS, it can take up to two to four months for that change to be reflected in the data pulled for Physician Compare due to the time necessary for data verification and processing. We understand the importance of timely and accurate data, and therefore this is something we are closely evaluating for process improvement.

### **How is an individual health care professional or group practice address determined?**

An individual health care professional's practice location is determined by the individual's PECOS enrollment. Physician Compare will cross-reference all available PECOS practice locations against Medicare claims submitted in the previous 12 months. Physician Compare only displays practice locations from PECOS that match the location of service at a 9- or 5- digit zip code level, as indicated on the fee-for-service claim. If no practice locations match the 9- or 5- digit zip codes, then Physician Compare will display the practice locations that match the carrier number on at least one claim filed under the individual EP's NPI in the last 12 months.

In addition, PECOS and Medicare claims data are reconciled to ensure that EPs who work in multiple locations are appropriately included on Physician Compare. If an individual EP has an enrollment in PECOS and also reassigned their benefits to a group practice TIN in PECOS, then individual information, such as name, is pulled from the individual's enrollment. However, group level information, such as practice location addresses, is pulled from the group enrollment to which the EP reassigned benefits. For instance, if an individual EP reassigns their benefits to a group practice TIN, practice location addresses included under the group practice PECOS enrollment will appear for that individual EP. Therefore, edits to those locations need to be made at the group practice level. The changes made at the group practice level will then apply to all individuals who have reassigned their benefits to that group practice TIN.

## **How is hospital affiliation determined on Physician Compare?**

Hospital affiliation is identified through self-report as well as inpatient hospital, outpatient hospital, and physician and ancillary service claims. With inpatient and outpatient hospital claims, a link between a health care professional and a hospital is made if the professional's NPI appears on a claim for the hospital. In the case of physician and ancillary service claims, services rendered in a hospital are identified based on the place of service code on the claim. For these services, the specific hospital is identified through a link to the patient, by evaluating where the patient was hospitalized at the time. In all cases, services to at least three patients on at least three different dates of service in the last 12 months are required to establish a hospital affiliation.

## **How is Medicare Assignment status determined for Physician Compare?**

All physicians and other health care professionals on Physician Compare accept people with Medicare. However, they don't all bill Medicare the same way. If a professional accepts Medicare Assignment, they agree to be paid directly by Medicare, to accept the Medicare approved payment amount, and not to bill patients more than the Medicare deductible and coinsurance.

Both group practices and individual health care professionals identify their Medicare Assignment status when they enroll in Medicare. Medicare Assignment Status can only be updated during the open enrollment period, which is generally from mid-October through December each year. To determine the exact dates when you can update this status, please contact your MAC or carrier.

Medicare Assignment is indicated on Physician Compare with either an "Accepts Medicare Assignment" icon or a "May Accept Medicare Assignment" icon. It is important to note that for all groups and professionals with a "May Accept Medicare Assignment" icon, the website encourages beneficiaries to call and confirm this status before seeking any services.

The Medicare Assignment icon that displays on individuals' profile page varies depending on their PECOS enrollment. If the individual is a solo practitioner, Medicare Assignment status is determined by what he/she selected in PECOS or indicated on the Medicare Participating Physician Agreement form.

However, if the individual is a member of a group practice, then the following rules apply:

- If the individual and the group practice have the same assignment status, then that status will be displayed on the individual's profile page as well as the group's profile page.
- If the individual does not indicate an assignment status but reassigns their benefits to a group that does accept Medicare Assignment, then an "Accepts Medicare Assignment" icon is placed on the individual and group practice profile page.
- If the individual indicates he/she accepts Medicare Assignment and reassigns their benefits to a group that does not accept assignment, then a "May Accept Medicare Assignment" icon is displayed on the individual profile page.
- If an individual is both a solo and group practitioner with conflicting assignment statuses, then "May Accept Medicare Assignment" is displayed on the individual's profile page.

## **How are health care professionals' specialties determined?**

When enrolling in Medicare, EPs must select a specialty on the 855i Medicare Enrollment Form. These include physician specialties such as Family Practice or Cardiovascular Disease (Cardiology) and other health care professional categories such as Nurse Practitioner and Clinical Psychologist. Primary and secondary specialties are listed on Physician Compare as they are selected during enrollment or updated in PECOS.

## **Can additional medical specialties be included on the website?**

Specialty designations and sub-specialty designations beyond what is captured on the 855i is not available for inclusion on Physician Compare.

## **How is residency and board certification information determined on Physician Compare?**

Residency and board certification information is obtained from a database compiled by Elsevier in cooperation with the American Board of Medical Specialties (ABMS). At this time, only certification information from approved Member Boards of the ABMS is displayed on Physician Compare.

## **Updating Physician Compare Data**

### **Where can individual health care professionals update their name, education, group practice affiliation, or gender?**

Individual health care professionals can update their first and last name, gender, education, and group practice affiliation via [internet-based PECOS](#).

### **Can a group practice add or remove an affiliated health care professional?**

To be listed as an affiliated health care professional under a group profile page on Physician Compare, a health care professional must reassign his/her benefits to a group practice TIN and actively bill under that TIN. To remove the affiliation, a group practice representative or health care professional can terminate this reassignment relationship in PECOS.

### **How can residency and board certification information be updated on Physician Compare?**

For questions about board certification, and to update residency information, please email the Physician Compare team at [PhysicianCompare@Westat.com](mailto:PhysicianCompare@Westat.com).

### **How can an individual health care professional or group practice edit or update their address?**

Since information on Physician Compare comes from PECOS, it is important that health care professionals and group practices keep their information current in the PECOS system. If a health care professional or group practice address is not displaying correctly, please check PECOS to make sure all available practice location addresses are correctly listed. And, make sure

that the health care professionals are billing to the correct location and accurately including the service location on their Medicare claims. Once corrected, the practice address information will automatically be updated on the Physician Compare website within 2 to 4 months.

### **How can individual health care professionals update their hospital affiliation on Physician Compare?**

If an individual finds that their hospital affiliation is incorrect on the website, they can email the Physician Compare support team at [PhysicianCompare@Westat.com](mailto:PhysicianCompare@Westat.com) to update this information. We do ask that you include your full name and NPI number when you contact the team.

### **How do group practices ensure their “Doing Business As” (DBA) name display on Physician Compare?**

A group is required to have a legal business name entered in PECOS to be included on Physician Compare. But, if a group practice also has a DBA name listed in PECOS, Physician Compare will display the DBA, as this is more likely to be recognized by the average Medicare consumer. However, if a group practice has multiple PECOS enrollments, the Legal Business Name will display for the group practice as a whole, with each individual location displaying the DBA name along with the address for that location. For a group practice with multiple enrollments to display the DBA name for the entire practice, all individual enrollments must have the same DBA name in PECOS. We strongly recommend that group practices update their PECOS information to ensure the “Doing Business As” name included in PECOS is the name the group would like to display on Physician Compare.

## **Downloadable Database**

### **Is there a downloadable database of all the information currently available on Physician Compare?**

Downloadable databases are currently available on [data.medicare.gov](http://data.medicare.gov). These datasets include general information, such as demographic information and Medicare quality program participation, for individual EPs.

### **What is included in the downloadable file?**

The downloadable file is organized at the individual EP level, with unique lines for the professional, enrollment, Group Practice, or address level. Professionals affiliated with multiple group practices are listed on multiple lines for each group PAC ID. Additional datasets are included for the 2013 PQRS GPRO performance rates for the three Diabetes Mellitus measures and one Coronary Artery Disease measure now publicly reported on Physician Compare. ACO quality data are available in downloadable files available via [data.cms.gov](http://data.cms.gov) for Shared Savings Program ACOs and via [cms.gov](http://cms.gov) for Pioneer ACOs.

### **Why are PAC IDs used in the downloadable file?**

We cannot include the TIN as this is protected information. PAC ID is the identifier used on the website and can be found in the profile page URL.

### **Can organization level NPI numbers (Type 2 NPI) be included in the downloadable file?**

At this time we do not use organization level NPI numbers (Type 2 NPI) for Physician Compare. We have found that not all group practices have an NPI number available in PECOS. Group practices can also have multiple NPIs under the same TIN which makes one-to-one matching more difficult. As we received a couple questions about including organization level NPI numbers in the downloadable file, we will evaluate if including this information is feasible in the future.

## **Quality Measure Data**

### **How does CMS decide what measures to post on Physician Compare?**

Section 10331(a) of the ACA required by January 1, 2013, that CMS develop a plan for making information on physician performance that provides comparable quality and patient experience measures publicly available through Physician Compare. Consistent with Section 10331 of the ACA, Physician Compare is phasing in quality measures over the next several years.

All measures available for public reporting on Physician Compare are decided via rulemaking. However, not all measures available are publicly reported on the website. The specific measures included on the website are chosen based on their reliability, validity, accuracy, and consumer relevance. A Technical Expert Panel (TEP) is consulted, as well as CMS measure experts, and consumer testing is also conducted.

### **When will individual EP measures be publicly reported on Physician Compare?**

Per the 2014 PFS Final Rule, individual EP data collected for the 2014 PQRS via claims, EHR, or registry will be publicly reported on Physician Compare in late 2015, if technically feasible. The rule provides a list of 20 possible measures available for public reporting.

### **Will CAHPS measures for individual health care professionals be publicly reported on Physician Compare?**

CAHPS measures for individual health care professionals are not under consideration for public reporting on Physician Compare at this time as such data are currently not being collected.

### **Are ACO quality data available on Physician Compare?**

Users can access these data from the [Physician Compare home page](#) by clicking on the “Accountable Care Organization (ACO) Quality Data” link in the Additional Information section. This will take you to a section of the [website](#) dedicated solely to Shared Savings Program and Pioneer ACO public reporting. At the top of the page there is some general information

about the ACO program and the 2013 quality data available. Users can search for an ACO in two ways. The first tab allows users to search for an ACO by name or browse through all ACOs with the “Search A-Z Index” option.

As per the 2013 Medicare Shared Savings Program Final Rule, Physician Compare is reporting the 2013 measures that mirror those measures being reported for group practices as well as CAHPS for ACO measures.

### **Can users compare individual health care professionals or group practices on Physician Compare?**

Users can compare group practices on Physician Compare. You can select up to 3 group practices to compare. You can compare each practice side by side. Information to compare includes contact information, distance, specialties available at the practice, Medicare Assignment status – also known as PAR status, and a link to all professionals affiliated with the group practice. This feature is only available for group practices at this time. CMS is currently considering options for including the same functionality for individual health care professionals.

### **How are 2013 quality measures data currently displayed on Physician Compare?**

Each measure title is on its own expand/collapse bar with an associated graphical representation of the percent in a series of five stars and the actual percent listed to the right. All the measures will be collapsed when a user first sees the page. A user can then expand each measure to see additional information.

At this time, the stars are simply graphical representations of the percent. Each star represents 20% and so 100% is 5 stars, 80% is 4 stars, etc.

### **How will the 2014 quality measure data be displayed on profile pages?**

We anticipate that measures will display similarly for 2014 data as they are currently displayed for 2013 data. CAHPS for PQRS measures will be added. These will have the summary survey scores displayed, and we anticipate this will be shown as both stars indicating a graphical representation of the percent and the percent performance score. The details of the measure display will be finalized after additional consumer testing is completed.

### **If an individual health care professional participates under a GPRO, will the individual professional have measure data on his/her profile page?**

Group level measures are only displayed on the group practice profile page. If we were to go to the profile of an individual EP affiliated with a group with measure data, you will see an indication that he/she participated in PQRS, but you will not see measure data. Group level data will always only be displayed at the group level. And, individual EP data will only be displayed at the individual level.

**If an individual health care professional participates under PQRS, will the individual professional have measure data publicly reported on Physician Compare?**

Starting with 2014 data, there are 20 individual EP PQRS measures available for public reporting. If a health care professional satisfactorily reports any of these 20 measures as an individual EP, the performance rate for that measure can be published on Physician Compare.

**Does physician compare include quality metrics from Medicare Advantage plans?**

At this time, only EPs participating in fee-for-service Medicare are represented on Physician Compare.

**Will individual health care professional profiles on Physician Compare link to other data, such as the Medicare claims data or Open Payments data?**

At this time, CMS is evaluating how utilization data from Medicare claims and/or Open Payments data could be best leveraged for Physician Compare. These evaluations are ongoing and include consumer testing to evaluate the best data to include on Physician Compare.

**How do individual health care professionals and group practices preview their measure data before it is posted on Physician Compare?**

As finalized in rulemaking, all group practices and individual health care professionals with measure data will be allowed a 30-day preview period prior to publication of their data. This will allow groups and individuals to see their data as it will appear on Physician Compare before it is reported.

The specifications of each 30-day preview period may vary every year. However, everyone can expect to be contacted directly by the Physician Compare support team prior to the start of the preview period. The contact information for each group practice and individual health care professional comes from the information provided at the time of PQRS registration. Therefore, it is important that everyone keep an eye out for information that preview has started. The preview period will also be announced via the Physician Compare listserv and other CMS outreach avenues such as the MLN Provider eNews. If you have any questions about measure preview or public reporting generally, you can always direct those questions to the Physician Compare support team at [PhysicianCompare@Westat.com](mailto:PhysicianCompare@Westat.com).

**How do ACOs preview their measure data before it is posted on Physician Compare?**

The ACO preview period is facilitated via the ACO Quality Reports.

**Does Physician Compare plan to include a benchmark?**

Options for a publicly reported benchmark for the Physician Compare website are currently under evaluation. As noted in the [2015 Physician Fee Schedule \(PFS\) Final Rule](#), CMS wants to discuss more thoroughly potential benchmarking methodologies with stakeholders prior to finalizing a future proposal. CMS also wants to evaluate other programs' methodologies,

including the Shared Savings Program and Value Modifier, to work toward better alignment across programs. The Physician Compare support team is actively working to engage stakeholders in this process at this time. The team will be hosting a series of Webinars in mid-February to further discuss benchmarking. CMS is also interested in hearing from stakeholders regarding these potential benchmarking approaches, as well as suggestions on alternative benchmarking methodologies.

All suggestions and considerations may be sent to [PhysicianCompare@Westat.com](mailto:PhysicianCompare@Westat.com). You will receive a response confirming that your message has been received. Please feel free to share the mailbox address with any other interested parties. This mailbox is public and will be maintained to receive on-going suggestions. However, all suggestions on benchmarking received by Tuesday, March 3, 2015 may be considered in development of the 2016 Physician Fee Schedule Proposed Rule.

### **Will all individual and group practice measures designated as “available for public reporting” be included on Physician Compare?**

If a group practice or individual health care professional reports any of the measures designated in the PFS Rule as “available for public reporting,” then the measure may be included on the Physician Compare website. As stated in the rule, only those measures deemed statistically comparable, valid, and reliable and that meet public reporting standards, including the minimum twenty patient threshold, will be considered for inclusion on the website. If the minimum threshold is not met for a particular measure, or the measure is otherwise deemed not to be suitable for public reporting, the group or individual’s performance rate on that measure will not be publicly reported. We will continue to work to ensure that measures are labeled accurately and accompanied by explanations that are both true to the measure specifications and accurately understood by health care consumers, while adhering to HHS plain language guidelines. In the interest of transparency, all measures found to be statistically valid and reliable will be made available to all via a downloadable database on [data.medicare.gov](http://data.medicare.gov), even if they are not all listed on the Physician Compare profile pages.

### **How are measures determined to be “suitable for public reporting”?**

The Physician Compare support team has been and will continue to conduct consumer testing to evaluate the best measures to include on the public facing profile pages. This testing includes having consumers evaluate the plain language measure descriptions to ensure that they are being accurately interpreted and discussing with consumers how and if the measures they are evaluating would help them make a decision about choosing a health care professional or group practice. CMS also keeps open lines of communication with stakeholders to ensure that measures considered for public reporting are clinically relevant and consistent with current practice standards. And, a measure must meet the public reporting requirements set out in rulemaking and noted above.

### **How are measures calculated?**

For specific details on how measures are calculated, you can consult the PQRS specifications or contact the [QualityNet Help Desk](#) with questions.

## Public Reporting by Year

### What were the first measures publicly reported on Physician Compare?

The first phase of the public reporting plan was outlined in the [2012 PFS Final Rule](#), which indicated that the first measures available for public reporting on Physician Compare would be the 2012 PQRS GPRO measures collected via the Web Interface for groups of 25 or more EPs. The 2012 Medicare Shared Savings Program (SSP) Final Rule indicated the same for ACOs.

In February 2014, this first phase was successfully completed with the publication of the 2012 PQRS GPRO Diabetes Mellitus and Coronary Artery Disease (CAD) measures for the 66 group practices and 141 ACOs that successfully reported.

### What measures are currently publicly reported on Physician Compare?

In December 2014, the next phase of public reporting was accomplished with the posting of the 2013 PQRS GPRO Diabetes and CAD measures collected via the Web Interface for 139 group practices and 214 Shared Savings Program and 23 Pioneer ACOs that successfully reported. CAHPS for ACO survey measures were also added. This is the first set of patient experience of care measures to be included on Physician Compare.

### What group practice measures are available for public reporting in late 2015?

The [2014 PFS Final Rule](#), published in November 2013, continues to expand upon our phased approach to public reporting on Physician Compare. The following group-level measures are available for public reporting on Physician Compare in late 2015, if technically feasible:

- All 2014 PQRS GPRO Web Interface measures for group practices of 25 or more EPs.
- A sub-set of 2014 PQRS GPRO Registry and EHR measures for group practices of 2 or more EPs.
  - 16 possible Registry measures.
  - 13 possible EHR measures.
- 2014 CAHPS for PQRS measures, which are required for group practices of 100 or more EPs and optional for group practices of 25-99 EPs reporting via a certified CAHPS vendor.
  - The twelve available summary survey measures are:
    - Getting timely care, appointments, and information
    - How well providers Communicate
    - Patient's Rating of Provider
    - Access to Specialist
    - Health Promotion & Education
    - Shared Decision Making
    - Health Status/Functional Status
    - Courteous and Helpful Office Staff
    - Care Coordination
    - Between Visit Communication
    - Helping Your to Take Medication as Directed
    - Stewardship of Patient Resources

## What individual level measures are available for public reporting in late 2015?

Per the [2014 PFS Final Rule](#), the following individual EP data are available for public reporting on Physician Compare in late 2015, if technically feasible.

- 2014 PQRS individual EP measures collected via Registry, EHR, or claims.
  - A [sub-set of 20 measures](#) will be available for public reporting.
- Individual EP measures from the 2014 PQRS Cardiovascular Prevention measures group in support of Million Hearts®.

## What group practice measures are available for public reporting in late 2016?

The [2015 PFS Final Rule](#) continues to expand upon our phased approach to public reporting on Physician Compare. The following group-level measures are available for public reporting on Physician Compare in late 2016, if technically feasible:

- All 2015 PQRS GPRO quality measure data via all reporting mechanisms for group practices of 2 or more EPs.
- 2015 CAHPS for PQRS measures, which are required for group practices of 100 or more EPs and optional for group practices of 2-99 EPs reporting via a certified CAHPS vendor.
  - There are twelve available summary survey measures (same as 2014) available for public reporting.

## What individual level measures are available for public reporting in late 2016?

The following individual-level measures are available for public reporting on Physician Compare in late 2016, if technically feasible:

- All 2015 PQRS individual EP measures collected via Registry, EHR, or claims.
- Four individual EP 2015 PQRS measures in support of Million Hearts®.
  - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
  - Preventive Care and Screening: Tobacco Use
  - Controlling High Blood Pressure
  - Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

In addition, Qualified Clinical Data Registry (QCDR) measures, which include PQRS and non-PQRS data, will be available for public reporting on Physician Compare in 2016. We believe that making QCDR data available on Physician Compare further supports the expansion of quality measure data available for EPs regardless of specialty, therefore providing more quality data to consumers to help them make informed decisions. As with the all data, only comparable, valid, reliable, and accurate data would be publicly reported. In addition, we will not publish any measures that are in their first year to allow health care professionals the opportunity to learn from first year data, and these data will not be publicly reported until the measure can be vetted for accuracy. After a measure's first year in the program, CMS will evaluate the measure to see if and when the measure is suitable for public reporting.