

Public Reporting on Physician Compare: What You Need to Know

Webinar and Q&A session

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Acronyms in this Presentation

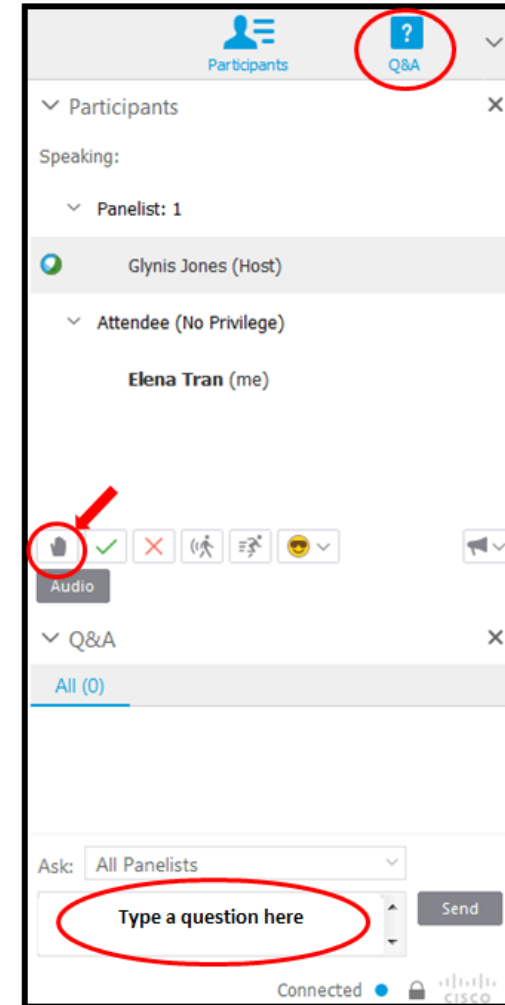
- ACI – Advancing Care Information
- ACO – Accountable Care Organization
- APM – Alternative Payment Model
- CAHPS – Consumer Assessment of Healthcare Providers and Systems
- MACRA - Medicare Access and CHIP Reauthorization Act
- MIPS – Merit-based Incentive Payment System
- PECOS – Provider Enrollment, Chain, and Ownership System
- PQRS – Physician Quality Reporting System
- QCDR – Qualified Clinical Data Registry
- QPP – Quality Payment Program
- SSP – Shared Savings Program
- TIN – Taxpayer Identification Number

Agenda

- Overview of public reporting on Physician Compare
- Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs) on Physician Compare
- Next Steps
- Q&A

Housekeeping

- Question & answer
 - Raise your hand
 - Type a question
- Questions? Contact us at PhysicianCompare@Westat.com.



Physician Compare Overview

Background

Helps people with Medicare
make informed decisions



Incentivizes clinicians to
maximize performance



Criteria to Be Listed on Physician 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 6 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 6 months
- ✓ Have a legal business name
- ✓ Have at least two active Medicare clinicians reassign their benefits to the group's TIN

General Information

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

General Information Sources

PECOS

- Name
- Practice location(s) and phone number(s)
- Group affiliation
- Primary and secondary specialties
- Medicare assignment status
- Education
- Gender

Claims Data¹

- Practice location(s)
- Group affiliation(s)
- Hospital affiliation(s)

Board Certifications

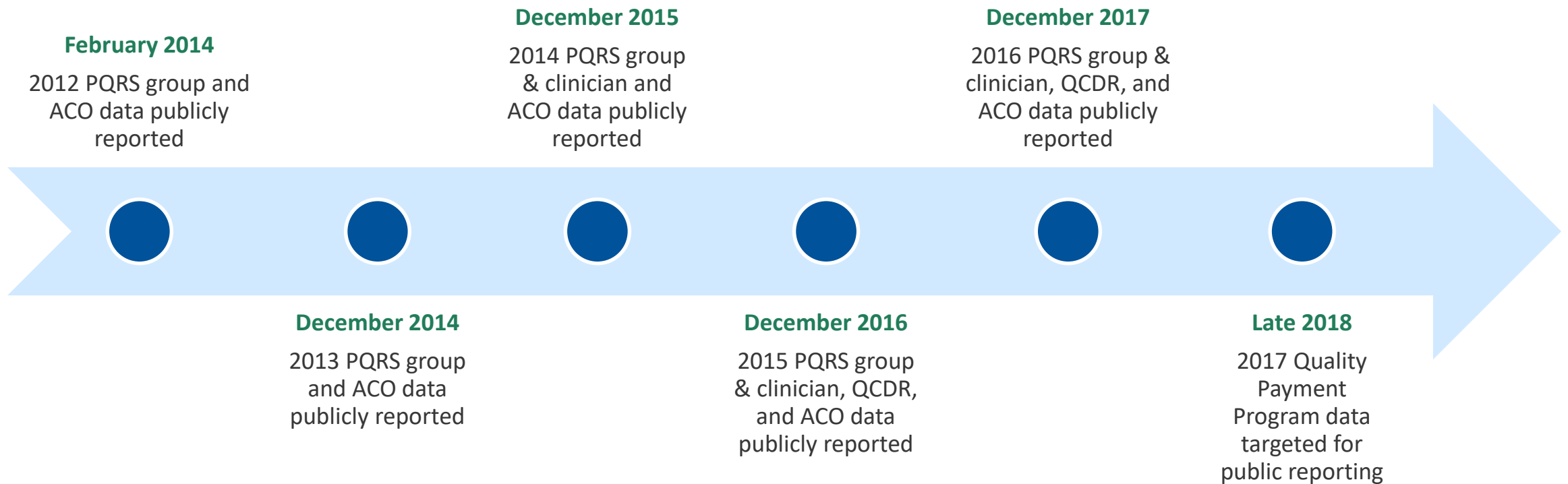
- American Board of Medical Specialties
- American Osteopathic Association
- American Board of Optometry
- American Board of Wound Medicine and Surgery

¹Claims data is used to verify PECOS information for practice locations and group affiliations.

Keep Your Information Updated

- Make sure your information is up-to-date in [Internet-based PECOS](#).
 - It can take up to 2 to 4 months for changes in PECOS to be reflected on Physician Compare.
- Visit the [Physician Compare Initiative page](#) to learn more about which information can be updated via PECOS, and which data can be updated by contacting the Physician Compare support team.
- If you have additional questions about updating your listing on Physician Compare, contact us at PhysicianCompare@Westat.com.

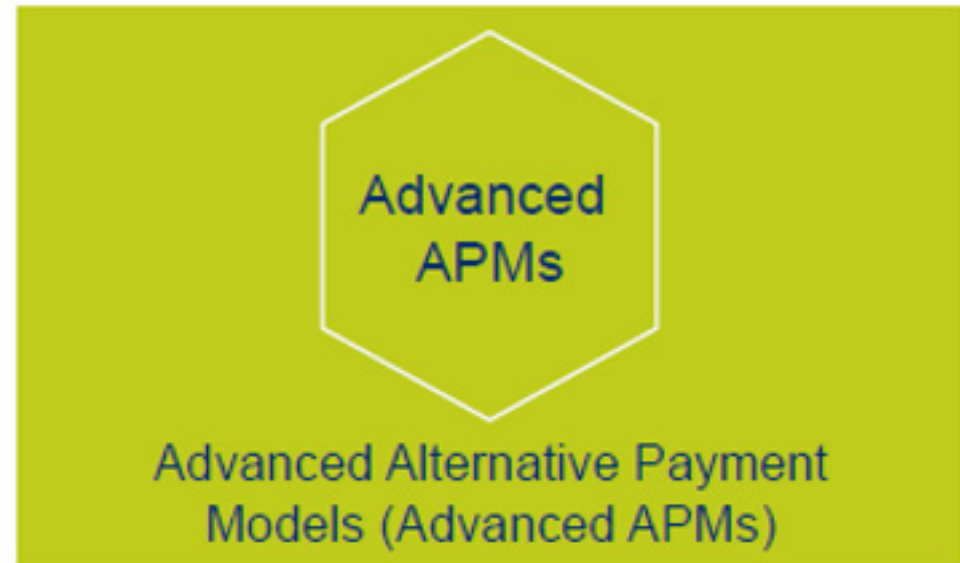
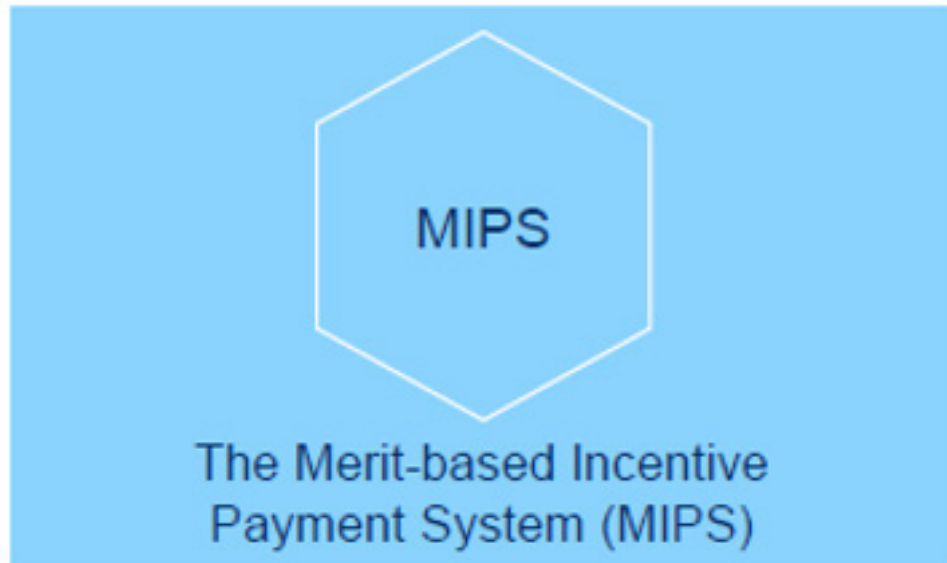
Public Reporting Timeline



Quality Payment Program (QPP) on Physician Compare

Quality Payment Program

Two Tracks of Participation for Eligible Clinicians



[Learn more](#) about 2017 Eligible Clinicians.

Quality Payment Program on Physician Compare

- Year 1 Quality Payment Program data (2017 performance year data) are available for public reporting on Physician Compare starting in late 2018.
- Data must meet the established public reporting requirements to be included on Physician Compare.
 - Data must be statistically valid, reliable, and accurate; be comparable across submission mechanisms; and meet the minimum reliability threshold.
 - To be included on the public-facing profile pages, data must also resonate with patients and caregivers, as shown through user testing.
- First year measures will **not** be publicly reported on Physician Compare in 2018.

Merit-based Incentive Payment System (MIPS) on Physician Compare

- The following 2017 MIPS data are available for public reporting¹ for clinicians and groups in late 2018:
 - Quality
 - Advancing Care Information²
 - Improvement Activities
 - Cost
 - Performance category scores
 - Final Score
- Aggregate MIPS information will be periodically publicly reported.

¹ Although data are considered available for public reporting, not all data will be publicly reported. The Physician Compare support team will share more information about what will be publicly reported as it is finalized.

² Known as Promoting Interoperability for Year 2

Quality

- We are tracking to all collection types being available for public reporting.
- The following measure types will **not** be publicly reported in 2018:
 - First year measures
 - Non-proportional measures (continuous and ratio)
 - Outcome measures that are not risk-adjusted



Quality

- A subset of 2017 MIPS quality measures¹ will be reported as measure-level star ratings in 2018.
 - Measures reported as star ratings must meet the established public reporting standards. Star ratings and star rating cut-offs must prove to be reliable.

Screening for tobacco use and providing help quitting when needed.



Hide 

More stars are better because it means clinicians in this group provided counseling to more patients who used tobacco and encouraged them to quit.

Quitting tobacco lowers a patient's chance of getting heart and lung diseases.

To give this group a star rating, Medicare looked at the percentage of this group's patients who were asked if they used tobacco at least once in the last two years. If patients were using tobacco, the clinician spoke with them about ways to help them quit using tobacco.

- Download the [Benchmark and Star Ratings Fact Sheet](#) to learn more about star ratings.

¹ The picture above is a potential example as we do not yet have data for the measures that will be publicly reported later this year.

Quality

- QCDR measures will be reported as percent performance scores.
- CAHPS for MIPS measures¹ will be reported as top box scores.

A higher score is better. Select "Show +" to read more information.

Getting timely care, appointments, and information.	76.68%	Show +
How well clinicians communicate.	91.69%	Hide -

A higher score is better because it means that more patients found it easier to communicate with their clinicians.

An important part of high quality health care is having a clinician listen to you and talk to you about your health in a way that is easy for you to understand.

To give this ACO a score, Medicare looked at the percentage of patients that said clinicians communicated well including:

- Explaining things in a way that was easy to understand.
- Listening carefully.
- Showing respect for what patients had to say.
- Spending enough time with patients.

¹ The picture above is a potential example as we do not yet have data for the measures that will be publicly reported later this year.

Improvement Activities

- All 2017 performance year improvement activities are considered to be first year activities and are not available for public reporting.
- In future years, all improvement activities are available for public reporting.



Advancing Care Information¹

- Advancing care information (ACI) will be publicly reported in up to three ways:
 - 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 checkmarks and plain language descriptions.
 - ACI measures are available for public reporting if they meet the established public reporting standards.
- First year ACI measures and attestations are not available for public reporting.

¹ Known as Promoting Interoperability for Year 2



Cost

- We are not targeting to publicly report cost data in 2018 as it is not being used for scoring in the first year.
- The Physician Compare support team will continue to evaluate ways to publicly report this performance category in future years.



Reporting 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.
- As required by MACRA, a subset of the 2016 utilization data will be included in the Downloadable Database. A subset of 2015 utilization data was recently published in the Physician Compare Downloadable Database.

Alternative Payment Models (APM) on Physician Compare

- 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.
 - Physician Compare will link clinicians and groups to APM profile pages for selected Advanced APMs and Shared Savings Program (SSP) Track 1 ACOs.
 - We are still assessing which APM performance information meets our public reporting criteria and will be publicly reported later this year.

Next Steps

Next Steps

- The Physician Compare preview period will give clinicians and groups the opportunity to preview their 2017 performance year data as it will be publicly reported on Physician Compare profile pages later this year and in the Downloadable Database when it is made publicly available.
 - During fall 2018, we will host a National Provider Call and share more information about the specific 2017 measures targeted for preview and public reporting starting in late 2018.
 - We will share an official date when available.

Next Steps

- The Year 3 proposed rule is currently out for public comment. Because we are in active rulemaking, we are unable to discuss the proposals. We encourage you to review the [proposed rule](#) and submit public comment by September 10, 2018.

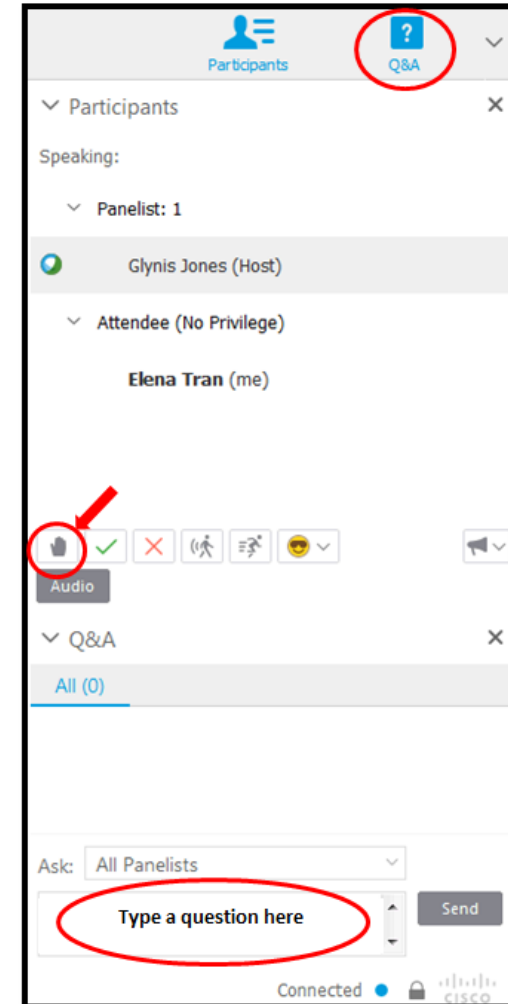


Next Steps

- The Physician Compare support team will share more information about what will be publicly reported as it becomes available.
- Physician Compare will continue to engage with clinicians about the future of Physician Compare. If you are interested in participating in one-on-one or small group discussions about Physician Compare, please email us at PhysicianCompare@Westat.com.
- [Sign up](#) to receive the Physician Compare eNews.

Q&A Session

- To ask a question
 - Raise your hand
 - Enter a question in the chat box
- Questions?
 - Contact Physician Compare at PhysicianCompare@Westat.com
 - Contact the Quality Payment Program at 1-866-288-8292 (TTY:1-877-715-6222) or QPP@cms.hhs.gov



Resources

- [Physician Compare website](#)
- [Physician Compare Initiative page](#)
- [Downloadable Database](#)
- [Quality Payment Program](#)
- Physician Compare support team – PhysicianCompare@Westat.com