

Quality Payment Program Performance Information Published on Physician Compare

Webinar and Q&A Session

Presenters:

Angela Foster, Center for Medicare & Medicaid Services

Lisa Lentz, Westat

Allison Newsom, Westat

Dates: July 30th, 2019 & August 1st, 2019



Disclaimers

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services. The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide. This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

Agenda

- Background and Overview
- QPP Year 1
- 2017 Performance Information Measures Release
- Question and Answer
- Resources

Background and Overview

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 health care professionals reassign their benefits to the group's TIN

General Information

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		✓	
APM affiliation*	✓	✓	
Website URL			✓

* ACO affiliations will be at the group level only.

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 PECOS changes to reflect on Physician Compare.
- Visit the [Physician Compare Initiative page](#) to learn more about which information can be updated via PECOS.

Home | About CMS | Newsroom | Archive | Share Help Print

CMS.gov
Centers for Medicare & Medicaid Services

type search term here Search

Medicare Medicaid/CHIP Medicare-Medicaid Coordination Private Insurance Innovation Center Regulations & Guidance Research, Statistics, Data & Systems Outreach & Education

Home > Medicare > Physician Compare Initiative > How to Update Your Information on Physician Compare

Physician Compare Initiative

- [About Physician Compare: An Overview](#)
- [Physician Compare Development: Goals and Milestones](#)
- [Informational Materials](#)
- [Physician Compare Data FAQ](#)
- [How to Update Your Information on Physician Compare](#)**
- [Quality Data and Physician Compare](#)
- [QCDRs and Physician Compare](#)
- [Contact the Physician Compare Team](#)

How to Update Your Information on Physician Compare

This section answers frequently asked questions about updating information on Physician Compare. Select the question below to view the corresponding answer.

You are welcome to send feedback and questions to the Physician Compare support team at PhysicianCompare@Westat.com.

General Questions about Updating Information on Physician Compare

- [How can a clinician or group be added to Physician Compare?](#)
- [How often is Physician Compare updated?](#)
- [How do I remove personal contact information from Physician Compare?](#)

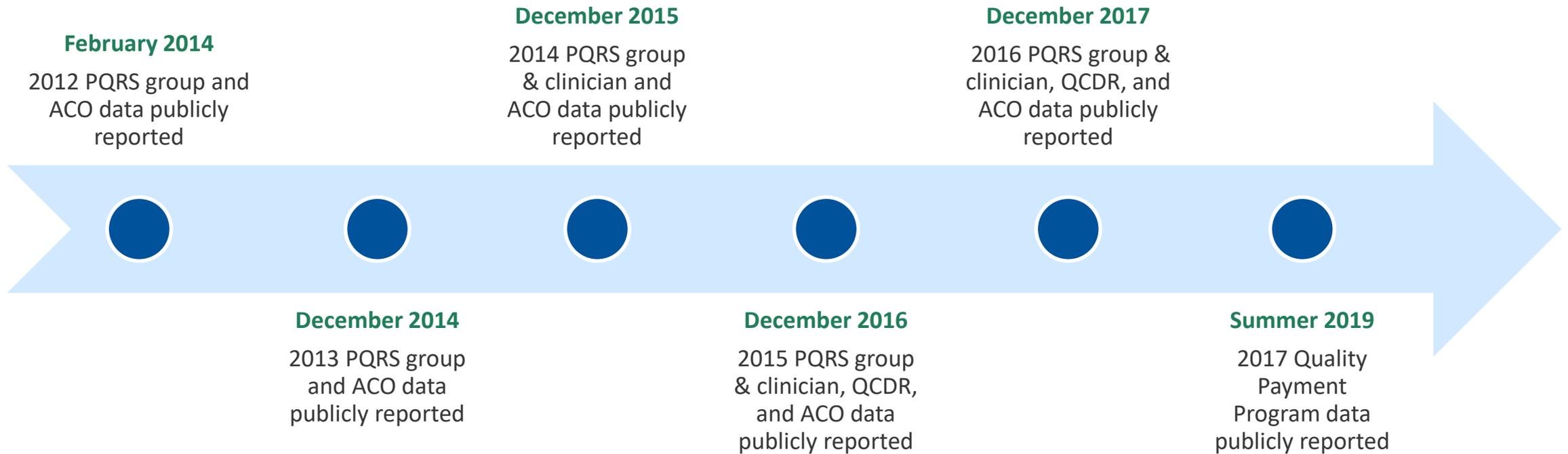
I am an individual clinician. How do I update my....

- [Name, education, phone number, or gender?](#)
- [Address?](#)
- [Group affiliation?](#)
- [Residency, board certification, or hospital affiliation?](#)
- [Specialty?](#)
- [Medicare Participation Status?](#)

I represent a group. How do I...

- [Update our address?](#)
- [Add or remove affiliated clinicians?](#)
- [Display our "Doing Business As" \(DBA\) name?](#)

Performance Information



Quality Payment Program Year 1 (2017)

Quality Payment Program

Two Tracks of Participation for Eligible Clinicians



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

QPP Public Reporting Mandate

- Physician Compare draws operating authority from Section 10331(a)(1) of the Affordable Care Act
 - Under this authority, CMS developed Physician Compare and initiated a phased approach to public reporting.
- Section 1848(q)(9)(A) and (D) of MACRA facilitate the continuation of this phased approach.
- Required to report:
 - MIPS eligible clinician's final score;
 - MIPS eligible clinician's performance under each MIPS performance category;
 - Names of eligible clinicians in Advanced APMs and, to the extent feasible, the names and performance of such Advanced APMs; and
 - Aggregate information on the MIPS, including the range of final and performance category scores for all MIPS eligible clinicians, periodically.

MIPS Performance Categories

- The following 2017 MIPS data were designated as available for public reporting¹ in the Quality Payment Program Year 1 final rule:
 - Quality
 - ACI²
 - Improvement Activities
 - Cost
- Aggregate MIPS information will be periodically publicly reported.

¹ Although data are designated as available for public reporting, not all data is publicly reported.

² Known as Promoting Interoperability for Year 2

Alternative Payment Models (APM) on Physician Compare

- Physician Compare publicly reports information about 2017 APM participation, as technically feasible.
 - Clinician and group profile pages have an indicator that they participated in an Alternative Payment Model.
 - Physician Compare links groups to selected Medicare Shared Savings Program and Next Generation ACO profile pages.

2017 Information Available for Public Reporting

- Year 1 Quality Payment Program data (2017 performance year data) are available for public reporting on Physician Compare.
- 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 are **not** publicly reported on Physician Compare at this time.

QPP Year 1 Public Reporting Eligibility

Quality Payment Program

Merit-Based Incentive Payment System (MIPS)



2017 Performance Information Measures Release

Where 2017 MIPS Performance Information is Publicly Reported

Performance Information	Profile Pages	Downloadable Database
2017 MIPS Performance Information		
Quality measures	✓	✓
Quality performance category score	--	✓
Improvement activities ¹	n/a	n/a
Improvement activities performance category score	--	✓
Advancing care information measures & attestations	--	✓
Advancing care information performance category score	--	✓
Cost (measures and performance category score) ²	n/a	n/a
Final score	--	✓
2016 Utilization Data	--	✓

¹ All 2017 performance year improvement activities are considered to be first year activities and are not available for public reporting.

² Physician Compare is not publicly report 2017 cost data as it is not being used for scoring in the first year of the Quality Payment Program.

How 2017 MIPS Performance Information is Publicly Reported

Live-Site Profile Pages

MIPS Quality

- 12 group-level MIPS measures (★)
- 6 group-level QCDR measures (%)
- 11 individual-level QCDR measures (%)
- 8 group-level CAHPS for MIPS measures (%)
- 8 ACO-level MIPS measures (%)
- 5 ACO-level CAHPS for MIPS measures (%)

MIPS Advancing Care Information

- Successful participation checkmark (✓)

Downloadable Database

MIPS Quality

- 12 group-level MIPS measures (★)
- 95 group-level MIPS measures (%)
- 7 group-level QCDR measures (%)
- 108 individual-level MIPS measures (%)
- 13 individual-level QCDR measures (%)
- 8 group-level CAHPS for MIPS measures (%)

MIPS Advancing Care Information

- 7 group-level ACI measures (%)
- 4 group-level ACI attestations (y/blank)
- 7 individual-level ACI measures (%)
- 4 individual-level ACI attestations (y/blank)

MIPS Final and Performance Category Scores

- MIPS Quality, ACI, and IA Category Scores
- MIPS Final Score

Quality- MIPS

- A subset of 2017 MIPS quality measures is publicly reported on group profile pages as star ratings.

Older patients who have an advanced care plan or someone to help make medical decisions for them when they can't. ★★★★★ Hide

More stars are better because it means more of this group's older patients have an advanced care plan or someone to help make medical decisions for them when they can't.

It is important that patients tell a clinician their wishes regarding medical treatment as soon as possible. Having an advanced care plan or someone to help make medical decisions if the patient is unable to means that a clinician can follow a patient's wishes.

To give this group a star rating, Medicare looked at the percentage of this group's patients who have a care plan or someone to help make medical decisions for them when they can't.

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

Physician Compare Star Ratings

- The 5-star rating cut-off is determined using the Achievable Benchmark of Care™ (ABC) methodology. 1- to 4-star ratings are attributed using the equal ranges method. The resulting star ratings:
 - Represent an achievable standard of quality and reflect actual performance on the measure.
 - Work well with the data available for public reporting on Physician Compare.
 - Provide a point of comparison to help patients and caregivers interpret the performance information published on Physician Compare.

Achievable Benchmark of Care™

1

Rank groups from highest to lowest performance score for a specific measure and reporting mechanism.

2

Select the subset of top groups representing at least 10 percent of the eligible patient population for that measure.

3

Calculate the number of patients receiving the intervention or desired level of care, or achieving the desired outcome, for that measure.

4

Divide the number of patients from Step 3 by the total patient population for the top performing groups.

**ABC™
BENCHMARK**

Quality – Qualified Clinical Data Registry (QCDR)

- Physician Compare publicly reports QCDR measures on clinician and group profile pages as percent performance scores.
- A full list of QCDR measures targeted for public reporting will be available on the [Physician Compare Initiative](#) page.

Checking for sleep apnea before giving anesthesia.	98%	Hide 
<p>A higher score is better because it means this clinician checked more patients for sleep apnea before giving anesthesia.</p> <p>Obstructive sleep apnea (airway blockage during sleep) can cause complications after a patient receives anesthesia. Identifying patients who are at risk for sleep apnea allows clinicians to take appropriate precautions to avoid complications.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's patients who were evaluated for sleep apnea before receiving anesthesia.</p>		

Quality – CAHPS for MIPS

- 2017 CAHPS for MIPS summary survey scores are publicly reported on group profile pages as top-box scores³.

Patients' rating of clinicians.	92%	Show 
Courteous and helpful office staff.	90%	Hide 

A higher score is better because it means that more patients thought the office staff in the group were polite and helpful.

Office staff are the clerks and receptionists you talk with when you want to schedule appointments or have questions. To have a high quality patient experience, it is important that office staff help you when you need it.

To give this group a score, Medicare looked at the percentage of patients that said office staff were always helpful, polite, and respectful.

³These performance 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](#).

Quality – CAHPS for MIPS

2017 CAHPS for MIPS Measures for Public Reporting on Group Profile Pages

Measure #	Measure Title ¹
1	Getting timely care, appointments, and information
2	How well providers communicate
3	Patient's rating of provider
5	Health promotion and education
8	Courteous and helpful staff
9	Care coordination
10	Between visit communication
12	Stewardship of patient resources

¹This table includes the technical measure titles. Measures will be shown on profile pages using plain language titles. A crosswalk between the technical titles and plain language titles is available on the Physician Compare Initiative page.

Advancing Care Information (ACI)⁴

ACI Measures

- 2017 ACI transition measures (2014 CEHRT) that meet public reporting standards are publicly reported in the Downloadable Database when it is made available.
- 2017 ACI measures (2015 CEHRT) are not publicly reported as they are considered to be first year measures.

ACI Overall Performance

- Clinicians and groups who successfully submitted 2017 ACI information will have a plain language indicator on their profile pages.

✔ This clinician is a successful performer in the [Electronic Health Record Technology performance category](#).

⁴ Known as Promoting Interoperability for Year 2

Improvement Activities

- All 2017 performance year improvement activities are considered to be first year activities and are not available for public reporting.
- The 2017 Improvement Activities performance category score is publicly reported in the Physician Compare Downloadable Database.
- In future years, all improvement activities are available for public reporting.

Cost

- Physician Compare will not publicly report 2017 cost data as they do not meet the established public reporting standards.
- The Physician Compare support team will continue to evaluate ways to publicly report performance information in this performance category in future years.



Final and Performance Category Scores & Aggregate Data

- Quality, ACI, and Improvement Activities performance category scores are publicly reported in the downloadable database.
- Final score information is also publicly reported in the downloadable database.
- Aggregate data is not publicly reported at this time.

Groups in Alternative Payment Models

- Groups who participated in Next Generation or Medicare Shared Savings Program ACOs have an indicator on their profile page.
 - Physician Compare links groups to APM profile pages for selected Medicare Shared Savings Program and Next Generation ACO profile pages.

Innovative model participation

Alternative Payment Models (APMs) aim to improve the quality and cost-efficiency of care for patients and populations. APMs can apply to aspects of care such as a specific condition, a care episode, or a population.

Name of Alternative Payment Model (APM): ⓘ
[NEXT GENERATION ACO MODEL](#)

Participates through [MERIDIAN ACCOUNTABLE CARE ORGANIZATION, LLC](#)

✔ This group participates in an [Alternative Payment Model \(APM\)](#) with Medicare that aims to improve care delivery for patients.

This does **not** directly affect the way that you pay the group.

* Individual clinicians will not have an indicator for ACO participation. This participation is only at the TIN level.

ACO Performance Information

- 2017 Medicare Shared Savings Program and Next Generation ACO performance information is publicly reported on Physician Compare ACO profile pages.
- Visit the [Physician Compare Initiative page](#) for a full list of ACO quality measures, including CAHPS for ACO, that are publicly reported.

Clinicians in Alternative Payment Models

- Clinicians who participated in the following APMs have an indicator on their profile page.
 - Bundled Payments for Care Improvement
 - Comprehensive Joint Replacement
 - Comprehensive ESRD Care
 - Comprehensive Primary Care Plus
 - Frontier Community Health Integration Project demonstration
 - Independence at Home Demonstration
 - Initiative to Reduce Avoidable Hospitalization
 - Million Hearts: Cardiovascular Disease Risk Reduction
 - Oncology Care Model
 - Transforming Clinical Practice Initiative

Innovative model participation

Alternative Payment Models (APMs) aim to improve the quality and cost-efficiency of care for patients and populations. APMs can apply to aspects of care such as a specific condition, a care episode, or a population.

Name of Alternative Payment Model (APM): ⓘ

[TRANSFORMING CLINICAL PRACTICE INITIATIVE](#)

✔ This clinician participates in an [Alternative Payment Model \(APM\)](#) with Medicare that aims to improve care delivery for patients.

This does **not** directly affect the way that you pay the clinician.

Performance Information for Clinicians in APMs

- Clinicians who participated in a MIPS or Advanced APMs in 2017 may not have individual performance information available on their profile pages.

Qualified Participants in Advanced APMs

MIPS performance information submitted by a Qualified Participant in an Advanced APM as an individual will NOT be publicly reported on the clinician's profile page.

Clinicians in MIPS APMs

MIPS performance information submitted by an eligible clinician in a MIPS APM:

- may be publicly reported on their clinician profile page if they reported individual measures through a TIN that is not in a MIPS APM
- will NOT be publicly reported if they reported individual measures through a TIN that is in a MIPS APM

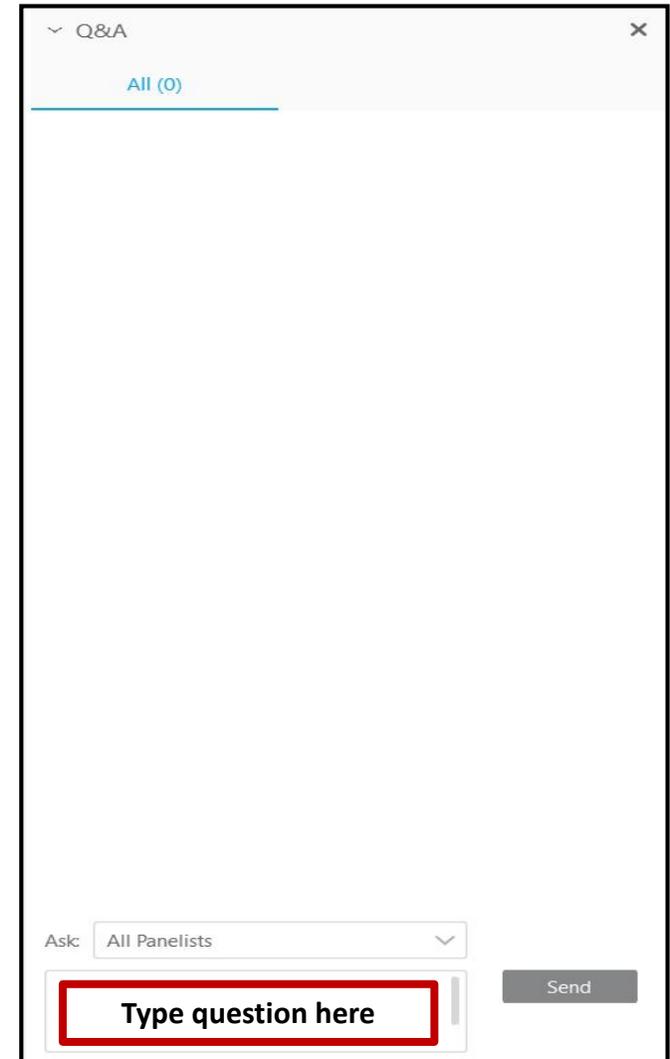
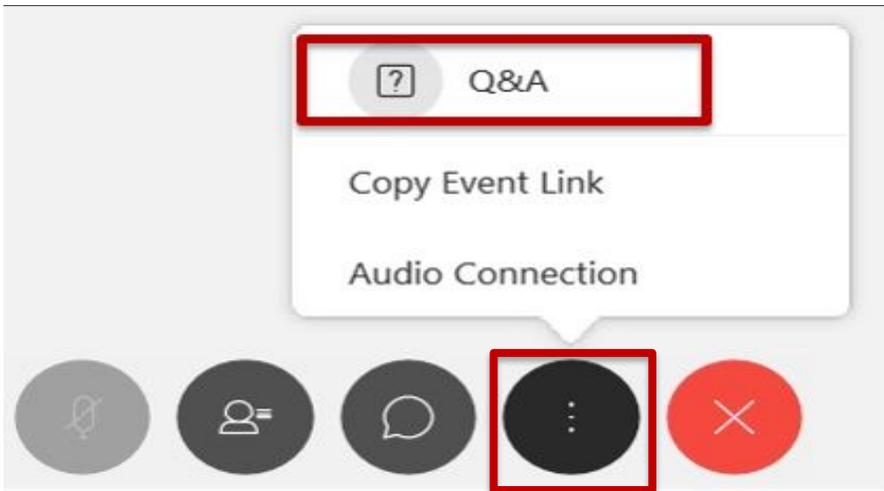
Clinicians in non-MIPS APMs

MIPS performance information submitted by an eligible clinician in a non-MIPS APM may be publicly reported on their clinician profile page.

Question and Answer

Q&A Session

- To ask a question:
 - Enter a question in the chat box.
 - Address your question to “All Panelists”



For More Information

Resources:

- [Physician Compare website](#)
- [Physician Compare Initiative page](#)
 - [About Physician Compare: An Overview](#)
 - [Performance Information and Physician Compare](#)
- Questions?
 - Contact Physician Compare at PhysicianCompare@Westat.com
 - Contact the Quality Payment Program Service Center at 1-866-288-8292 (TTY:1-877-715-6222) or QPP@cms.hhs.gov

Acronyms in this Presentation

- **ABC™** – Achievable Benchmark of Care
- **ACO** – Accountable Care Organization
- **APM** – Alternative Payment Model
- **CAHPS** – Consumer Assessment of Healthcare Providers and Systems
- **MIPS** – Merit-based Incentive Payment System
- **PECOS** – Provider Enrollment, Chain, and Ownership System
- **QCDR** – Qualified Clinical Data Registry
- **QPP** – Quality Payment Program
- **TIN** – Taxpayer Identification Number