

2017 Quality Payment Program Performance Information on Physician Compare Fact Sheet

Overview

The Centers for Medicare & Medicaid Services (CMS) has added new performance information to the [Physician Compare website](#).

The Physician Compare website was created in December 2010 as required by the Affordable Care Act (ACA) of 2010. The Medicare and CHIP Reauthorization Act of 2015 (MACRA) specified additional requirements for the Physician Compare website.

Medicare patients and caregivers are able to use the Physician Compare website to search for and compare clinicians and groups who are enrolled in Medicare, as shown in this [patient story video](#). The overarching goals of Physician Compare are, 1) to help people with Medicare make informed health care decisions and, 2) to incentivize clinicians and groups to maximize their performance. Publicly reporting 2017 Quality Payment Program performance information will help further those goals.

2017 Quality Payment Program Performance Information Newly Added to Physician Compare

As part of CMS's continued phased approach to public reporting on Physician Compare, CMS is publicly reporting a subset of the 2017 Quality Payment Program (Year 1) information submitted under the [Merit-based Incentive Payment System \(MIPS\)](#) and [Alternative Payment Models \(APMs\)](#).

Information on the Physician Compare website is publicly reported on clinician and group profile pages and in the [Physician Compare Downloadable Database](#) on [Data.Medicare.gov](#). All performance information on Physician Compare must meet the established public reporting standards (§414.1395(b)). To be included in the Physician Compare Downloadable Database, which is intended for clinicians, groups, and third-party data users, performance data must be statistically valid, reliable, and accurate; be comparable across collection types; and meet the minimum reliability threshold, as determined by statistical testing.

The primary audience for Physician Compare profile pages is Medicare patients and their caregivers. To be included on Physician Compare public-facing profile pages, performance information must meet the public reporting standards and also resonate with Medicare patients and caregivers, as determined by user testing.

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What's on Physician Compare profile pages?

The Physician Compare website has profile pages for clinicians and groups who are enrolled in Medicare. Profile pages include general information useful to Medicare patients and caregivers, such as clinician specialties, practice locations, and phone numbers. We recently added certain 2017 Quality Payment Program performance information to clinician and group profile pages to help Medicare patients and caregivers make informed decisions about the clinicians and groups they visit. Only performance information that met our established Physician Compare public reporting standards (§414.1395(b)) and resonated with Medicare patients and caregivers, as determined by user testing, was selected for public reporting on Physician Compare profile pages.

The information on profile pages for MIPS eligible clinicians and groups includes:

- 12 MIPS quality measures reported by groups and displayed as measure-level star ratings on group profile pages;
- 8 Consumer Assessment for Healthcare Provider and Systems (CAHPS) for MIPS summary survey measures displayed as top-box percent performance scores on group profile pages;
- 6 Qualified Clinical Data Registry (QCDR) quality measures reported by groups and displayed as percent performance scores on group profile pages;
- 11 QCDR quality measures reported by individual clinicians and displayed as percent performance scores on individual clinician profile pages.

What is available in the Physician Compare Downloadable Database?

The [Physician Compare Downloadable Database](#) is an online collection of datasets on [Data.Medicare.gov](#). The primary audience of the Physician Compare Downloadable Database is clinicians, groups, and third-party data users (e.g. third party intermediaries, researchers).

The Downloadable Database will be updated with 2017 Quality Payment Program performance information midyear 2019. The Downloadable Database will include all performance information from profile pages, additional MIPS measures that were not selected for public reporting on profile pages, and final scores and performance category scores (quality, advancing care information, improvement activities) under the Merit-Based Incentive Payment System. A subset of the 2017 advancing care information transition measures that meet public reporting standards will also be included in the Downloadable Database.

The Physician Compare Downloadable Database will include [utilization data](#), which provides information on services and procedures provided to Medicare beneficiaries by clinicians. A subset of the 2016 utilization data will be included in the Downloadable Database when it is updated.

How is Alternative Payment Model (APM) performance information included on Physician Compare?

Physician Compare is publicly reporting information about 2017 APM participation in the following ways:

- [Next Generation](#) or [Medicare Shared Savings Program \(Shared Savings Program\)](#) ACOs will continue having profile pages with measure level performance scores for a subset of their quality measures on Physician Compare;

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- Groups that participated in Shared Savings Program ACOs will have an indicator of APM participation on their group profile page. Physician Compare will also link groups to their affiliated ACO profile pages;
- If clinicians and groups participated in the APMs listed below, they will have an indicator of APM participation on their profile pages.
 - Bundled Payments for Care Improvement (BPCI) [Model 2](#), [Model 3](#), and [Model 4](#)
 - [Comprehensive Joint Replacement \(CJR\)](#)
 - [Comprehensive End-Stage Renal Disease Care \(CEC\)](#)
 - [Comprehensive Primary Care Plus \(CPC+\)](#)
 - [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](#)

Learn More

Visit the [Physician Compare Initiative page](#) to find more resources about Physician Compare and public reporting.

Learn more about how Quality Payment Program performance information is selected for public reporting on Physician Compare in the [Quality Payment Program and Physician Compare Factsheet: What You Need to Know for Performance Year 2017](#).

For more information about the specific performance information selected for public reporting, download the following documents:

- [Group Performance Information on Physician Compare: Performance Year 2017](#)
- [Clinician Performance Information on Physician Compare: Performance Year 2017](#)
- [Accountable Care Organization \(ACO\) Performance Information on Physician Compare: Performance Year 2017](#)

Additional information about Physician Compare star ratings can be found in the [Physician Compare Benchmark and Star Ratings Fact Sheet](#) and the [2017 Physician Compare Group Star Rating Cutoffs](#) document.

Get in Touch

For questions or comments about Physician Compare and public reporting, contact the Physician Compare support team at PhysicianCompare@Westat.com.

For questions or comments about the Quality Payment program, contact the Quality Payment Program Help Desk at QPP@cms.hhs.gov.

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