

# Quality Payment Program and Physician Compare Fact Sheet

What you need to know for Performance Year 2017

## Overview

This fact sheet provides information about the Quality Payment Program and how it relates to [Physician Compare](#). Physician Compare is a website that provides information to help Medicare patients and caregivers make informed decisions about the clinicians and groups they visit. Physician Compare also incentivizes clinicians and groups to improve patient care.

This document is organized by the following sections:

- [What is the Quality Payment Program and how does it relate to Physician Compare?](#)
- [Merit-based Incentive Payment System \(MIPS\) on Physician Compare](#)
- [Alternative Payment Models \(APMs\) on Physician Compare](#)
- [Learn More](#)

## What is the Quality Payment Program, and how does it relate to Physician Compare?

The [Quality Payment Program](#), established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), is a quality payment incentive program that rewards physicians and other eligible clinicians based on value and outcomes in two tracks: the Merit-based Incentive Payment System (MIPS) or Alternative Payment Models (APMs). Visit the "[Learn More](#)" section of this fact sheet for a general overview of each track.

Per the Quality Payment Program regulations, 2017 Quality Payment Program performance data (year 1) are available for public reporting on [Physician Compare](#) §414.1395(a)). This means that performance data submitted under MIPS and APMs are available for public reporting, if technically feasible, and if the performance data meet our **established Physician Compare public reporting standards** (§414.1395(b)), which are summarized on the next page. In addition, section 1848(q)(9)(A)(i)(I) of the Social Security Act requires public reporting of eligible clinicians' MIPS final score and MIPS performance category scores on Physician Compare.

CMS will provide a 30-day preview period for clinicians and groups with Quality Payment Program performance data to review their data before it is publicly reported on Physician Compare (§414.1395(d)). Preview for the 2017 Quality Payment Program data will occur in late 2018 via the [Quality Payment Program](#) website. Performance data will be updated on an annual basis.

### **What are the established Physician Compare public reporting standards?**

All performance data on Physician Compare must meet the established public reporting standards (§414.1395(b)). To be included in the Physician Compare [Downloadable Database](#), 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.

To be included on Physician Compare public-facing profile pages, performance data must also resonate with Medicare patients and caregivers, as determined by user testing.

Additionally, the following measure types **will not** be publicly reported on Physician Compare at this time: first year quality measures (81 FR 77395), first year cost measures (81 FR 77396), first year improvement activities (81 FR 77396), and first year advancing care information objectives and measures (81 FR 77397). Non-proportional (continuous or ratio) measures and outcome measures that are not risk-adjusted **will not** be reported because they do not meet the established Physician Compare public reporting standards.

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

### **What MIPS performance data will be publicly reported on Physician Compare?**

Starting with the first year of MIPS (the 2017 performance data available for public reporting starting in early 2019), all performance data submitted under MIPS by eligible clinicians and groups via all collection types are available for public reporting on Physician Compare, if technically feasible and if the performance data meet our established Physician Compare public reporting standards.

Although these data are available for reporting, CMS has made a determination about the appropriate subset of data to report with respect to 2017 performance. Table 1 summarizes the types of performance data that are targeted for public reporting on Physician Compare in early 2019 and the types of data that will be excluded from public reporting.

## How will MIPS performance data display on Physician Compare?

Physician Compare will display publicly reported MIPS performance data similarly to how the Physician Quality Reporting System (PQRS) performance data displayed in prior years. That is, measures submitted as part of a group will appear only on the group's profile page. Measures submitted by an individual clinician will appear only on the clinician's profile page. MIPS performance data are also available for public reporting via the Physician Compare [Downloadable Database](#). Table 1 summarizes the types of information targeted for public reporting and their anticipated location on Physician Compare.

**Table 1. Information Targeted for Public Reporting**

Type of Information	Profile Pages	Downloadable Database
<b>2017 MIPS Performance data</b>		
Quality measures	✓	✓
Quality performance category score	--	✓ <sup>a</sup>
Improvement activities <sup>b</sup>	n/a	n/a
Improvement activities performance category score	--	✓ <sup>a</sup>
Advancing care information measures & attestations	--	✓
Advancing care information performance category score	--	✓ <sup>a</sup>
Cost (measures and performance category score) <sup>c</sup>	n/a	n/a
Final score	--	✓ <sup>a</sup>
<b>2016 Utilization Data</b>	--	✓

<sup>a</sup> During the 30-day Physician Compare preview period, applicable clinician scores will be available in the Physician Compare Preview on the Quality Payment Program website. Applicable group scores (final score and performance category scores [quality, improvement activities, and ACI]) are available for preview in performance feedback.

<sup>b</sup> All 2017 performance year improvement activities are considered to be first year measures and are not available for public reporting.

<sup>c</sup> Data for the cost performance category are not available for public reporting because they do not meet the Physician Compare established public reporting standards (§414.1395(b)).

Details about the display of MIPS quality, improvement activities, advancing care information, cost, and final score information are provided, below.

### Quality

The quality performance category rewards clinicians and groups based on their performance on quality measures. The 2017 quality performance data is similar to the display of quality data on Physician Compare profile pages under PQRS. This includes:

- Performance scores as measure-level star ratings for a limited number of measures (groups only)<sup>1</sup>
- Top-box scores as percentages for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS measures (groups only)
- Performance scores as percentages for Qualified Clinical Data Registry (QCDR) measures (individual clinicians and groups)

<sup>1</sup> Additional information about the Physician Compare star ratings and benchmarks is available on the [Physician Compare Initiative Page](#).

### Improvement activities

The improvement activities performance category rewards clinicians for focusing on activities that improve patient care. This performance category allows clinicians to choose from many activities to demonstrate their performance on improving patient care, which are available for public reporting. The improvement activities performance category score will be publicly reported in the downloadable database.<sup>2</sup> All 2017 improvement activities attestations are considered first-year activities and will not be reported on Physician Compare. We are continuing to evaluate options for publicly reporting improvement activities performance category data in future years. Statistical and user testing will determine how and where improvement activities performance data may be publicly reported.

### Advancing care information

The advancing care information (ACI) performance category rewards clinicians for promoting patient engagement and the electronic exchange of information using certified Electronic Health Record (EHR) technology, such as proactively sharing information with other clinicians or the patient. Clinicians and groups that successfully submitted 2017 ACI information will have an indicator on their profile pages. 2017 ACI transition measures (2014 CEHRT) that meet public reporting standards and the ACI performance category score will be publicly reported in the Downloadable Database when it is made available. 2017 ACI measures (2015 CEHRT) will not be publicly reported as they are considered to be first year measures.

### Cost

The cost performance category will be calculated based on clinicians' and groups' Medicare claims. Data for the cost performance category are not available for public reporting because they do not meet the Physician Compare established public reporting standards (§414.1395(b)). The cost performance category is weighted at 0% for the transition year of MIPS (year 1); therefore, cost performance data are not being used to determine the final score for 2017 performance data. We are continuing to evaluate options for publicly reporting cost performance data in future years. Statistical and user testing will determine how and where cost performance data may be publicly reported.

### Final score

The 2017 MIPS final score is available for public reporting starting in early 2019. We anticipate publicly reporting the 2017 MIPS final score in the Physician Compare Downloadable Database.

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<sup>2</sup> During the 30-day Physician Compare preview period, applicable clinician scores will be available in the Physician Compare Preview on the Quality Payment Program website. Applicable group scores (final score and performance category scores [quality, improvement activities, and ACI]) are available for preview in performance feedback.

### Utilization Data

As required by MACRA section 104(e), the Physician Compare Downloadable Database includes [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.

### Targeted Review

If your performance information (including final score) changes as a result of the Targeted Review, please check your updated Performance Feedback via the [Quality Payment Program](#) website. This is important to ensure your Targeted Review is complete and to preview your updated performance information before it goes live on Physician Compare. Updated performance information will not be released on Physician Compare or in the Downloadable Database until all Targeted Reviews have been completed.

### Which MIPS measures will display on Physician Compare?

Each year, in accordance with the established Physician Compare public reporting standards, the MIPS performance data are analyzed through statistical and user testing to determine which specific MIPS performance data will be included on public-facing profile pages or in the [Downloadable Database](#). We anticipate publicly reporting a sub-set of MIPS, CAHPS for MIPS, and QCDR performance data on Physician Compare public-facing profile pages starting in early 2019. The list of performance data targeted for public reporting will be available on the [Physician Compare Initiative Page](#) in the following documents:

- Clinician Performance Information on Physician Compare: Performance Year 2017 Preview Period
- Group Performance Information on Physician Compare: Performance Year 2017 Preview Period

### What collection types will Physician Compare publicly report?

As part of our phased approach to public reporting for the 2017 Quality Payment Program, we are continuing to publicly report the collection types that were reported under CMS legacy programs, which are claims, web interface, registry, QCDR, and CAHPS survey vendors. We will continue to evaluate the electronic health record (EHR) collection type for public reporting in future years. Information about the collection types for each measure targeted for public reporting will be available on the [Physician Compare Initiative Page](#) in the following documents:

- Clinician Performance Information on Physician Compare: Performance Year 2017 Preview Period
- Group Performance Information on Physician Compare: Performance Year 2017 Preview Period

### Will performance data from virtual groups be displayed on Physician Compare?

Not at this time. Reporting as a virtual group was not available as an option in the first year of MIPS. However, in future years, as virtual groups become more prevalent, we will evaluate how this information could potentially be included on Physician Compare.

### Can I preview my MIPS performance data before it is publicly reported on Physician Compare?

Yes. We established via rulemaking that for each performance year, clinicians and groups with Quality Payment Program performance data will have 30 days to preview their performance data before the data are publicly reported on Physician Compare (§414.1395(d)). The 30-day preview period is an opportunity for eligible clinicians and groups to preview their 2017 Quality Payment Program performance data as they will appear on Physician Compare. All performance data targeted for public reporting on Physician Compare (objectives, activities, measures, and scores) are available for review during the 30-day preview period. During fall 2018, we hosted a National Provider Call and shared more information about the preview period for 2017 Quality Payment Program performance data targeted for public reporting starting in early 2019.

## Alternative Payment Models (APMs) on Physician Compare

Starting in early 2019, Physician Compare is targeting to publicly report information about 2017 APM participation. We anticipate displaying this information in the following ways:

- [Next Generation](#) or [Medicare Shared Savings Program \(Shared Savings Program\)](#) ACOs will have ACO profile pages with performance scores on Physician Compare;
- Groups that participated in Next Generation or Medicare Shared Savings Program (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;
- Clinicians or groups will have an indicator of APM participation on their profile pages, if they participated in the following APMs:
  - Bundled Payments for Care Improvement (BPCI) [Model 2](#) and [Model 3](#)
  - [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](#)

A clinician’s participation in an APM will impact whether individual-level MIPS performance data will be available for them.

Qualified Participants in Advanced APMs	Clinicians in MIPS APMs	Clinicians in non-MIPS APMs
<p>MIPS performance information submitted by a Qualified Participant in an Advanced APM as an individual will NOT be publicly reported.</p>	<p>MIPS performance information submitted by an eligible clinician in a MIPS APM:</p> <ul style="list-style-type: none"> <li>• may be publicly reported if they reported individual measures through a TIN that is not in a MIPS APM</li> <li>• will NOT be publicly reported if they reported individual measures through a TIN that is in a MIPS APM.</li> </ul>	<p>MIPS performance information submitted by an eligible clinician in a non-MIPS APM may be publicly reported.</p>

## Learn More

**Public reporting and Physician Compare:** Visit the [Physician Compare Initiative page](#). Contact the Physician Compare support team at [PhysicianCompare@Westat.com](mailto:PhysicianCompare@Westat.com).

**The Quality Payment Program:** Visit the [Quality Payment Program website](#). Submit questions to the Quality Payment Program Help Desk at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).

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