



Physician Compare Call

Moderated by: Aryeh Langer
September 28, 2017—1: 30 pm ET

Table of Contents

Announcements & Introduction.....	2
Presentation	2
Physician Compare Overview	3
Public Reporting in Late 2017	5
Preview Period.....	10
Question & Answer Session	14
Additional Information.....	28

This transcript 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 transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

CPT Disclaimer -- American Medical Association (AMA) Notice:
CPT codes, descriptions and other data only are copyright 2016 American Medical Association. All rights reserved.



Operator: At this time, I would like to welcome everyone to today's Medicare Learning Network® event. All lines will remain in a listen-only mode until the question-and-answer session.

This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time. I will now turn the call over to Aryeh Langer. Please go ahead.

Announcements & Introduction

Aryeh Langer: Thank you, Dorothy. And as you just heard, my name is Aryeh Langer from the Provider Communications Group here at CMS, and I'm your moderator for today's call. I would like to welcome you to this Medicare Learning Network call on the Physician Compare Program.

Today's call will give an overview of Physician Compare, discuss public reporting later this year, as well as the upcoming preview period. A question-and-answer session follows today's presentation.

Before we get started, you received a link to the presentation in your confirmation email. The presentation is available at the following URL – go.cms.gov/npc. Again, that URL is go.cms.gov/npc.

At this time, I would like to turn the call over to Alesia Hovatter from CMS for the formal part of today's presentation.

Presentation

Alesia Hovatter: Thanks, Aryeh. Hello, and welcome to the Physician Compare National Provider Call. I am Alesia Hovatter, Health Policy Analyst in the Division of Electronic and Clinician Quality in the Quality Measurement and Value-Based Incentives Group, also known as QMVG.

And that's in the Center for Clinical Standards and Quality at the Centers for Medicare and Medicaid Services, otherwise known as CMS.

QMVG is responsible for evaluating and supporting the implementation of quality measure programs. These programs aim to assess health care quality in a broad range of settings, such as hospitals, clinician's offices, nursing homes, home health agencies, and dialysis facilities.

Our group actively works with many stakeholders to promote widespread participation in the quality measurement, development, and consensus process.

On slide 2, you'll see a disclaimer.

Slide 3, you'll also have some helpful acronyms that we're going to be using throughout this presentation.

And then, I'm on slide 4 now. So on slide 4, you can see the agenda for this call.

Today, we'll be talking to you about what you need to know about Physician Compare, including a brief overview of the site and upcoming plans for public reporting. We'll talk about what information is going to be



publicly reported at the end of the year and provide information about the Physician Compare 30-day preview period, which is a chance for you to review your information before it's made public.

Then at the end of the presentation, you'll have a chance to ask questions.

To get us started, Denise St. Clair will provide an overview of Physician Compare.

Physician Compare Overview

Dr. Denise St. Clair: Thanks, Alesia. We are now on slide 6. Many of you may be familiar with Physician Compare. But for those of you who aren't, we'll start by giving you just a bit of background information.

First, what is Physician Compare? Physician Compare is a website that provides information to encourage and enable people with Medicare to make informed health care decisions. The site also creates explicit incentives for clinicians to maximize their performance.

The Physician Compare website allows patients and caregivers to search for physicians and other clinicians and groups who are actively participating in Fee-for-Service Medicare or who are newly enrolled in Medicare. There's also information about Accountable Care Organizations or ACOs.

The website provides information about clinicians and groups serving people with Medicare. The table on slide 7 shows the general information available on the website for clinicians and groups.

Currently, users can view information about approved Medicare clinicians such as name, primary and secondary specialties, practice locations and phone numbers, board certifications, education, residency, Medicare assignment status, group affiliations, and hospital affiliations. Hospital affiliations link to the hospital's profile page on Hospital Compare.

For groups, users can view group practice names, practice locations, Medicare assignment status and a list of the affiliated health care professionals. Those are the clinicians who participate as part of the group. The site also includes the specialties of those clinicians.

And starting in late 2017 with the release of the 2016 quality information, we're also going to be including information about group ACO affiliation.

So if a group is part of an accountable care organization, there will be a link to that ACO's Physician Compare profile page from the group profile page starting at the end of this year.

We are now on slide 8. Most of the general information on Physician Compare comes from the Medicare Provider Enrollment, Chain, and Ownership System, generally referred to as PECOS. PECOS is the system Medicare uses to enroll and revalidate clinicians.

Physician Compare uses PECOS because it's the only verified source of Medicare data. Clinician name, practice location, group affiliation, specialty, Medicare assignment status, education, and gender are all pulled from PECOS. Because of this, it is really important to keep the information in PECOS about you up-to-date so



it will be as accurate as possible on Physician Compare. Clinicians and groups can update this information themselves through Internet-based PECOS.

And you can find a link on the Resources slide at the end of this presentation. That's slide 36 for those of you flipping and looking for it, so you know.

Appreciating the primary goal of PECOS is not to update a website like Physician Compare. We also use Fee-for-Service claims data to verify practice location, hospital affiliation, and group practice affiliation. This helps us include the most current information we can on the site.

Information about board certification comes directly from the boards themselves. Right now, we have board certification information from the American Board of Medical Specialties, the American Osteopathic Association, and the American Board of Optometry.

If the general information on your or your group practice's profile page is not up-to-date, the first thing to do is confirm that your information is correct in PECOS. We do ask for a little bit of patience here. Changes to PECOS may take a moment to appear on the website.

So be patient. If your information is correct in PECOS but you're not seeing what you expect on Physician Compare, please reach out to us. The Physician Compare support team is always here to help out. And you can reach us at physiciancompare@westat.com. And again, you'll be able to find that email address throughout the presentation materials that you have. Working together, we really hope we can make Physician Compare as current and accurate as possible. But, we really need your help with this, and we really appreciate your help with this.

On to slide 9. When the Affordable Care Act established Physician Compare, a primary goal was to help people with Medicare make informed decisions when working to select quality health care. To do this, you need quality information.

This information is incredibly helpful for patients and caregivers as they really value seeing these data. And this is something that's been confirmed time and again with the user testing that we do with our user population.

The performance information you will find on Physician Compare is collected through CMS quality programs. We began our phased approach to public reporting in 2014 with the addition of just a small subset of 2012 Physician Quality Reporting System, or PQRS, group global measures. Later in 2014, we added another small set of group practice PQRS measures from the 2013 program year.

In December 2015, we added a slightly larger subset of 2014 PQRS group measures. And for the first time, we added a small subset of clinician-level PQRS measures.

Right now, if you go to Physician Compare today, you will see performance information available for the 2015 PQRS data. And that was added in December of last year.

This was our largest release of measures to date. And we'll be talking much more about this in just a minute. But just a quick mention that later this year, we'll be publically reporting the 2016 PQRS data on Physician



Compare. This will be the last time we publicly report PQRS quality data since 2016 was the final year of the PQRS program.

Looking ahead to next year, we'll be publicly reporting information collected under the Quality Payment Program.

Many of our stakeholders have been asking us how the information currently being reported under the Quality Payment Program and the Merit-Based Incentive Payment System, or MIPS, specifically, will be publicly reported on Physician Compare. And that's a great question. While it's not our focus today, we did want to just very quickly go over the MIPS transition year information that is available for public reporting in late 2018 next year.

So as you can see on slide 10, all four MIPS components are technically available for public reporting – Quality, Improvement Activities, Advancing Care Information, and Cost.

The Quality category essentially replaces PQRS. Improvement Activities is the new category. Advancing Care Information will take place of the Medicare EHR Incentive program or Meaningful Use. And the Cost category essentially will replace the Value-Based Modifier program. Although all four components are available for public reporting, that doesn't mean that all the data will be reported for the first year.

It's important to keep in mind that any data you submit will be available for public reporting. This is an important point. So just to reiterate that, technically, any data you submit will be available for public reporting. But that doesn't mean all data will be publicly reported in the first year of the Quality Payment Program.

We'll be sharing a lot more about the Quality Payment Program and public reporting soon. But, now, what we really, really want to talk to you about today is what will be publicly reported at the end of 2017, in just a few short months.

Public Reporting in Late 2017

So, as detailed on slide 12, starting in December we will be publicly reporting 2016 performance information on Physician Compare. The information available for public reporting was designated as available in the 2016 Physician Fee Schedule final rule.

For 2016 data, all measures reported through any mechanism under the PQRS program are designated as available for public reporting. Groups may have 2016 PQRS, CAHPS for PQRS, and non-PQRS Qualified Clinical Data Registry, or QCDR, measures.

And clinicians may have 2016 PQRS and non-PQRS QCDR measures as well as 2015 utilization data. Quality information can be publicly reported in our downloadable database and may also be reported on profile pages.

The downloadable database is available at data.medicare.gov. It is mainly intended as a resource for clinicians and group representatives, like many of you, as well as third-party data users.



The profile pages are intended for patients and caregivers. Because of the different primary audiences, we do publicly report information differently in the downloadable database than we do on the profile pages.

We're now on slide 13. Starting with the downloadable database, to select measures to publicly report in the downloadable database, we start by determining measure eligibility. Is the measure designated in rulemaking as available for public reporting? If not, it's removed from the pool of measures under consideration for public reporting.

If it is considered available for public reporting, we check if there is data for a sufficient number of patients. Was the measure reported by at least 20 patients by measure by reporter? Again, if it doesn't meet that criteria, the data is removed from consideration for public reporting.

We then determine if the measure meets our statistical public reporting standards. Is the measure statistically valid, reliable, and accurate? If not, the measure won't be reported. Performance scores for all measures that meet these statistical criteria are available to be included in the downloadable database.

CMS publicly reports data via the downloadable to support increased transparency, to provide useful data to third-party data users, and to allow clinicians and groups to see how your performance compares to your peers.

The 2016 performance scores will be added to the downloadable database at the conclusion of the informal review process. This is because, out of an abundance of caution, we do not publicly report any performance scores for clinicians or groups until their informal review is complete.

For the same reason, we also suppress affected performance scores from clinician and group profile pages if the clinician or group has applied for an informal review and a decision has not been made by the time measures are added to Physician Compare profile pages in December. Once all informal reviews have been evaluated, all cleared and relevant performance scores will be added to the website, and the downloadable database will be released.

In addition to the downloadable database, we also report performance information on clinician and group profile pages. This is the information that will be released in December of this year. The selection process for profile pages follows the same steps as the selection process for the downloadable database.

As explained on slide 14, all the measures included on profile pages must meet our existing statistical public reporting criteria and meet the minimum sample size. But to be included on profile pages, the measures also must prove to resonate with users.

For the first time this year as part of our phased approach to public reporting, we'll be publicly reporting a small subset of group-level PQRS measures as star ratings on profile pages. When we first began publicly reporting performance information back in 2014, we started with just a small subset of group measures.

As we begin using star ratings, we are restarting our phased approach and, again, starting with just a small subset of group-level measures. We are taking great care in our initial rollout of the star ratings.



In addition to evaluating each measure against our established public reporting criteria, we added two levels of reliability testing for measures that will be reported as star ratings.

Specifically, we conducted analysis to ensure that we can establish a statistically robust benchmark at the measure reporting mechanism level. If a benchmark could be established, additional testing was done to ensure robust and reliable star rating cutoff could also be established to reliably categorize reporters into each of the star rating categories.

Star ratings are only even considered for public reporting if the relevant measures meet all of these requirements, our established public reporting standards, and these additional levels of reliability testing.

For the CAHPS for PQRS or patient experience data and for the non-PQRS QCDR measures, we consider all measures that meet our statistical public reporting criteria for inclusion in the downloadable database. Measures that are also shown to resonate with website users will be added to profile pages.

For the 2016 data going up later this year, non-PQRS and CAHPS for PQRS scores will be reported as a percent. Non-PQRS QCDR measures will be reported as performance scores for both clinicians and groups, and CAHPS for PQRS measures will be reported as top-box performance scores for groups only.

Top-box scores represent the percentage of responses in the most positive response categories, which typically is the Always category for most CAHPS for PQRS measures.

We use top-box not only because the Agency for Healthcare Research and Quality strongly recommends using top-box reporting, but because when we do user testing, we have seen that patients and caregivers interpret these patient experience scores as top-box.

So to review. A small subset of 2016 PQRS group-level measures will be publicly reported on group profile pages as star rating. 2016 non-PQRS QCDR measures available for both groups and individual clinicians and 2016 CAHPS for PQRS measures only available for groups will be reported as a percent, not as star ratings, on the relevant profile pages in December.

Since star ratings are new to Physician Compare this year, we do want to take a few minutes to review how we got to this point and how the star rating is constructed. So we'll start on slide 15.

A few years ago, the Physician Compare support team began looking for an appropriate benchmark methodology to use as a foundation for the five-star rating.

CMS initially proposed a benchmark methodology consistent with what the Shared Savings Program was using in rulemaking in 2014 as part of the 2015 Physician Fee Schedule.

But this methodology was ultimately deemed to not really best meet Physician Compare public reporting or our stakeholders' needs.

So in 2014 and 2015, the Physician Compare support team conducted outreach with a wide array of stakeholders to evaluate the best approach for a benchmark given the measures available for public reporting



through PQRS and the goal of adding a star rating to Physician Compare. As part of this effort, the team spoke with specialty societies, professional organizations, clinicians, groups, quality measure experts, and patient advocates.

We hosted multiple informal webinars about establishing a benchmark for Physician Compare and gave stakeholders a chance to provide feedback throughout the process. We also encouraged – engaged with many CMS programs and experts involved in quality measurement, and we worked closely with our Technical Expert Panel or TEP.

After hearing what our stakeholders wanted to see in a benchmark and understanding the concerns and cautions raised, we proposed an item or a measure-level benchmark using the achievable benchmark of care, or ABC, methodology.

This benchmark was finalized in the 2016 Physician Fee Schedule final rule, and we reviewed that chosen benchmark methodology during a series of webinars in February and October of 2016 and on our National Provider Call last summer.

The process for choosing a star rating attribution method builds upon the work we did for choosing a benchmark methodology. Again, we conducted extensive statistical analysis, sought TEP's input, and reached out to our stakeholders, which includes many of you on the call today, all to help us choose the best possible method for assigning one to four stars.

Most recently, we conducted a series of webinars explaining possible options for assigning star ratings and provided an opportunity for informal feedback.

After reviewing that feedback, conducting extensive statistical analysis, and consulting with our Technical Expert Panel, we decided on the equal ranges method.

We've chosen the ABC method for the benchmark and the equal ranges method for assigning star ratings because, together, they will allow us to properly report a statistically sound and easy-to-interpret set of data.

As outlined on slide 16, one of the many strengths of the ABC method is that it represents an achievable standard of quality, encourages continuous quality improvement, and has also been shown to lead to improved quality of care.

Additionally, using a benchmark to develop a star rating gives a point of comparison to help patients and caregivers interpret the performance information they're seeing on Physician Compare.

The ABC method also works well with the types of performance information on Physician Compare. The benchmarks are based on the PQRS performance rates that are most recently available.

So the benchmark is achievable regardless of the unique circumstances of data collection or the measures available in a given reporting year.



This means what when we publicly report the 2016 data in late 2017, the benchmark will be derived from the 2016 PQRS performance rates for that small subset of group-level measures it will be applied to.

As discussed on slide 17, there are also many advantages to using the equal ranges method to assign star rating cutoff. During outreach, our stakeholders expressed the importance of assigning star ratings in a way that is understandable to website users. The equal ranges method is intuitive to interpret and has tested really well with the patients and caregivers we've worked with.

We also repeatedly heard from stakeholders that we should not – or, sorry – that we should, absolutely, choose a method of assigning stars that reflects true performance on the measure rather than one that forces a distribution. Our testing has shown this to be true for the equal ranges method.

Our analysis also show that the equal ranges method generates a more stable star rating cutoff than the other methods that we evaluated.

Additionally, we expect star rating assignments based on the equal ranges method to be more stable across years. That will allow you to better assess your performance year to year.

The equal ranges method also provides a more reliable and more meaningful classification. In this way, using equal ranges ensures that four-star performance is statistically better than and distinct from a three-star performance and so forth.

We've talked about why the benchmark and star rating attribution approaches were chosen. And now we're going to explain how the ABC and equal ranges methods work. We know we are throwing a lot of complex information at you right now. But we have included a link to a fact sheet that will be available very soon that explains the benchmark and star ratings in much more detail. And you'll be able to find that link later in this presentation in your slides.

So looking at slide 18. ABC starts with the average of the best performers on a measure for at least 10 percent of the patient population, not the population of groups to report the measures. This is the top 10 percent of all patients measured who got the best care on the specific measure we are looking at.

Step 1, to find this average, we rank-order groups from the highest to lowest performance score. Then, step 2, we create a subset of the groups by selecting the best performers until we have selected enough reporters to represent at least 10 percent of all patients eligible for the measure.

We calculate the benchmark by dividing this high-scoring subset of patients by the total number of patients that were measured by the top-performing subset, as shown on slide 18 in steps 3 and 4.

This produces the benchmarks that represent the best care provided to the top 10 percent of patients by measure by reporting mechanism.

Now on to slide 19. After we determine the benchmark using the ABC methodology for a given measure and determine that the benchmark meets our public reporting standards, we move on to assigning star ratings.



For star ratings on Physician Compare, we are using whole stars. So there will be five star options – one, two, three, four, and five stars. No partial stars will be assigned. Any group who meets or exceeds the benchmark will be assigned five star for that measure.

Next we use the equal ranges method to assign one to four stars. The equal ranges method is based on the difference between the benchmark and the lowest performance score for a given measure. And it uses that range to assign those one to four stars. As mentioned, groups who meet or exceed the established benchmark for a measure will be assigned five stars.

You can see on slide 19 that any group that scores between the highest performance score and the benchmark, which is shown with the green line in the graphic, is assigned five stars.

As you can see on slide 20, to determine the four-star cutoff using the equal ranges method, we subtract the lowest performance score from the benchmark to get to – the range of performance scores, and then divide by four to give us quarters.

The four-star cutoff is one-quarter of the distance between the ABC benchmark and the lowest performance score. Groups who score at or above the four-star cutoff but below the benchmark will be assigned four stars.

Slide 21 shows how we use the same approach to determine the three-star cutoff. The three-star cutoff is two-quarters of the distance between the benchmark and the lowest performance score. Groups who have scores at or above the three-star cutoff but below the four-star cutoff are assigned three stars.

And on slide 22, you can see we follow that same method to get to the two-star cutoff, which is three-quarters of the distance between the benchmark and the lowest performance score.

Finally, on slide 23, you see any scores that are greater than three-quarters of the distance between the benchmark and the lowest performance score are assigned one star.

The fact sheet we mentioned earlier also has additional information about the ABC methodology, the equal ranges method, and assigning star ratings for Physician Compare. Again, there is a link to that resource at the end of this presentation. And you can also link to it from slide 24.

If you have any questions about the star ratings, you will have a chance to, of course, ask questions at the end of the presentation today, and you can always email us at physiciancompare@westat.com. Again, this particular resource will be available shortly, again, from the Physician Compare Initiative page.

I am now going to pass things off to my colleague Allison Newsom to tell you more about the Physician Compare 30-day preview period, which will be our very first chance to see what your data for 2016 looks like when it is ready for public reporting on Physician Compare.

Preview Period

Allison Newsom: Thanks. We're on slide 25 now. As Denise just said, the Physician Compare preview period gives clinicians and group representatives a chance to review their 2016 performance information before it's



made publicly available either on profile pages at the end of this year or in a downloadable database at the conclusion of informal review. Even if you have an open informal review request, you'll still be able to preview your data.

And while preview is optional, we encourage everyone to take this opportunity to see what your patients will see when the data are publicly reported. And for those groups with the relevant measures, this is your first chance to see what your Physician Compare star ratings will look like.

This year, the 30-day preview period is scheduled to begin on October 18th and end on November 17th, 2017, at 8 pm eastern or 5 pm pacific. So please, mark your calendars. Again, that's October 18th through November 17th.

The information you'll have available for the preview period depends on the 2016 performance information you submitted to CMS. We're posting documents on the Physician Compare Initiative page that detail the available information.

And on slide 26, there's a link to the Initiative page and a list of the different documents that will be available prior to the start of preview period. Groups may have the following information on their profile pages or in the downloadable database: PQRS, non-PQRS QCDR, and CAHPS for PQRS performance information.

Clinicians may have non-PQRS QCDR performance information reported on their profile pages and both PQRS and non-PQRS QCDR measures reported in the downloadable database.

Clinicians may also have utilization data publicly reported in a separate utilization file as part of the Physician Compare downloadable database. This file will contain your name, NPI, date, primary specialty as indicated in PECOS, and data for a subset of HCPCS codes. That's Healthcare Common Procedure Coding System codes.

The subset of codes will be based on the top five codes reported by each available Medicare specialty and excludes evaluation and management codes, as we want to focus on codes that provide more descriptive and useful information for data users.

And the top five codes for each specialty make up the total list of all HCPCS codes that may be reported for any clinician in the downloadable file.

The information available for a clinician is not limited to their specific specialty. So, for example, it's possible you would have data for seven HCPCS codes if you reported the top five for your specialty as well as two of the top five codes from another specialty.

Again, the exact measures available for preview as well as a list of the HCPCS codes that will be publicly reported for clinicians will be listed in the documents on this slide, and those will be available on the Physician Compare Initiative page.

CPT only copyright 2016 American Medical Association. All rights reserved.



To give you a sense of the types of information that are reported, slide 27 lists the PQRS group measures that will be reported on profile pages as star ratings. Again, we are starting with a subset of group data consistent with our phased approach to public reporting.

When we report measures on profile pages, we use plain language instead of the technical measure titles and descriptions to make sure that the measures are understandable to website users. All of the plain language has been tested with patients and caregivers. The list on this slide includes the plain language measure title as well as the PQR measure number. And to see the plain language descriptions, you can check out the documents listed on the previous slide.

Now, on to slide 28. We really want to encourage clinicians and groups to preview their information to see what the performance information will look like on Physician Compare. This year, to help make previewing your information easier, we've developed a list of five tips to help you navigate the preview period.

The tips are intended for clinicians and groups who reported measures during 2016 and might have data available for preview and public reporting. ACOs should refer to their ACO quality reports to see the information that may be publicly reported this year on their Physician Compare profile pages.

If you're part of an ACO and have any questions about that, please contact the ACO team at aco@cms.hhs.gov. And like all the other email addresses we're mentioning today, that email is included in the resources at the end of this presentation.

If you did report as an individual clinician or on behalf of a group, you can find the five tips to preview period on the Physician Compare Initiative page, and I'll also review these tips now.

Our first tip is to download the preview toolkit from the Physician Compare Initiative page. This toolkit will include a document that lists the five tips, a Guide to Preview Period, the slides and materials from today's call, and the benchmark and star rating fact sheet.

Moving on to slide 29. The second tip is to use the Physician Compare Lookup Tool to find out if you have performance information available for preview. This lookup tool will become operational on the first day of preview period. To repeat, that's October 18th. And to use the Lookup Tool, you can use the link on slide 29. And once you're on that website, you'll enter your TIN if you're checking the status for a group or NPI if you're checking your status as an individual clinician.

Once you've done that, select the Lookup button, and you'll get a message indicating if you or your group have performance scores available for preview this year. And more information about how to use this tool is included in the Guide to Preview Period.

The third tip on slide 30 is to establish the correct EIDM account or Enterprise Identity Management account and appropriate user role to access the Provider Quality Information Portal or PQIP.

PQIP is the system you use to preview your Physician Compare measures. You'll need to have an active EIDM account and the right user role to be able to preview your measures.



To determine your user role, check out the Guide to Preview Period. And to set up a new EIDM account, go to portal.cms.gov. It's important to know the data is previewed and will be publicly available at the level it's reported. This means data submitted by an individual clinician must be previewed by that clinician, and data submitted by a group must be previewed by the appropriate group representative.

Now I'm going to give a really basic example to try to clarify this point a bit since, again, it's really important.

Let's say a hypothetical doctor, Dr. Smith, is part of a group, Cardiology Associates. If Dr. Smith participated in the 2016 program as an individual clinician, then Dr. Smith needs to have her own EIDM account and user role to preview her data. A representative from Cardiology Associates would not be able to preview Dr. Smith's data.

However, if Dr. Smith participated in the 2016 program as part of Cardiology Associates, the reverse would be true. Dr. Smith's data would be reported at the group level. So a representative from Cardiology Associates would be responsible for reviewing the group data, and Dr. Smith would not be able to preview the data individually.

So, again, the group representative would be the one who needs the EIDM account and appropriate user role if they reported as a group.

Slide 31 lists tip number 4, which is to preview your data early. As I mentioned, the preview period begins on October 18th and ends on November 17th. We encourage you to preview your data as early as possible so you get a chance to see what your performance information will look like before it's published on Physician Compare.

We do know from past years that the preview process isn't always as straightforward as we'd like. It can take time to set up an EIDM account and make sure you have the right user role. This is the reason to preview as soon as possible. It allows for the most time for troubleshooting if you do run into issues.

Should you have any problem with setting up an EIDM account or getting the right user role, you can always contact the QualityNet help desk at gnetsupport@hcqis.org. And again, that email is included in the resources.

Our fifth and final tip is to sign up for reminders and updates from the Physician Compare support team.

You can use the link on slide 32 to subscribe to our eNews, which gives you the latest news and updates about all things Physician Compare, including preview period. We'll also be sending out the documents mentioned throughout the presentation in our eNews. And that's actually – yes, slide 32 for the link.

And then, on slide 31 – 33, thank you – once you follow these five tips and know that you have data available for preview, you'll need to log in to PQIP to preview the performance information. There are multiple steps to do this. So we recommend that you take a look at the Guide to Preview Period if you have any questions.

After you launch PQIP, you can view your 2016 performance information as it will appear on Physician Compare later this year on your profile pages and in the downloadable database when it's published.



Depending on the information you have targeted for public reporting, you may see one to three different tabs once signed in to PQIP. Those tabs include the Performance Scores tab, the Patient Survey Score tab, and the Downloadable Data tab.

The Performance Scores tab only appears if you or your group have 2016 PQRS or non-PQRS QCDR performance scores available for public reporting on Physician Compare profile pages later this year.

The Patient Survey Score tab will appear if your group has 2016 CAHPS for PQRS performance scores available for public reporting on your profile page.

And the Downloadable Data tab only appears if you or your groups have performance scores targeted for public reporting in the Physician Compare downloadable database when it's released at the conclusion of informal review.

And again, that information is on slide 33. Please be aware that since utilization data is already available in a public use file, the preview process is a bit different for these data.

To preview these data, you will first need to download a list of the HCPCS codes available for public reporting from the Physician Compare Initiative page. This document will include a link to the Medicare provider utilization and payment data file.

All clinicians who provided services in 2015 and are still providing services should review this information before preview ends on November 17th at 8 pm eastern so you know what utilization data could be included for you on the Physician Compare downloadable database.

On to slide 32 now – 34 now. Sorry about that guys. On slide 34, the question-and-answer session. If you preview your performance information or utilization data and have any questions about the information displayed, please contact us at physiciancompare@westat.com. And don't forget to mark your calendars for this year's preview period, October 18th through November 17th.

That concludes today's presentation portion of this webinar. We hope you found this information helpful. And we invite you to check out all of the materials we've referenced today on the Physician Compare Initiative page. We'll now pass things back to Aryeh for the Q&A. Please keep your questions related to today's topics. So that's preview period and public reporting at the end of this year.

Question & Answer Session

Aryeh Langer: Thank you, Allison. We will now take your questions. As a reminder, this event is being recorded and transcribed. Dorothy, we are ready to take our first question, please.

Operator: To ask a question, press star followed by the number one on your touch-tone phone. To remove yourself from the queue, press the pound key. Remember to pick up your handset before asking your question to assure clarity.

CPT only copyright 2016 American Medical Association. All rights reserved.



Once your line is open, state your name and organization. Please note, your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard in the conference. If you have more than one question, press star, one to get back into the queue, and we will address additional questions as time permits. Please hold while we compile the Q&A roster. Please hold while we compile the Q&A roster. Your first question comes from the line of Matt Wheeler.

Matt Wheeler: Hello. This is Matt Wheeler, SSM Health. Just looking for some clarification on the CAHPS for PQRS information. I know you said there was a top-box information. Can you clarify for the overall rating provider or recommended provider whether that's top-box or it's the 9 and 10.

Dr. Denise St. Clair: Hi, Matt.

Aryeh Langer: Can you hold on a second, please?

Dr. Denise St. Clair: Oh, sorry.

Matt Wheeler: Hello, did you guys hear my question all right?

Aryeh Langer: Yes. Can you give us one moment, please?

Matt Wheeler: Yes. No problem.

Dr. Denise St. Clair: Hi, Matt. Thanks for the question. This is Denise St. Clair. So, it's top-box, which is the top reported options. And so, for the provider rating, which is a scale of 1 to 10, it's the score of 9 or 10. It's the highest top box, if that makes sense.

Operator: Your next...

Dr. Denise St. Clair: And I do believe actually on the Initiatives page – because that's one of the currently available CAHPS for PQRS measures – we have a breakdown of that in the plain language description of the measure.

Aryeh Langer: Thank you very much.

Operator: Your next question comes from the line of Karen Clark.

Karen Clark: Hi. This is Karen Clark from OrthoTennessee. I'm just wondering where we can get a copy of this presentation. I tried to take notes, but I couldn't quite keep up with you.

Aryeh Langer: Sure. Let me give you the web address. It's go.cms.gov/npc. That's go.cms.gov/npc.

Karen Clark: November, papa, Charlie?

Aryeh Langer: Correct.



Karen Clark: Okay. Wonderful. Thank you.

Operator: Your next question comes from the line of Koryn Rubin.

Koryn Rubin: Hi. This is Koryn Rubin from the American Medical Association. I've a clarifying question and then also another question.

On the presentation today, you just highlighted a group reporting measure. So the preview period – is that only related to if you reported as a group? What about if you reported as an individual and what will be posted is only group information on a group profile page? It's not clear from your presentation.

And then my second question is, in the 2018 Physician Fee Schedule, you know, CMS proposed to only assess PQRS penalties based on six measures. But Physician Compare has had a history of reporting all information as long as you are successful with PQRS. So will CMS post all nine measures the physicians report on or just the six that CMS utilized for determining whether someone avoided a PQRS penalty?

Dr. Denise St. Clair: Thanks so much, Koryn. It's Denise St. Clair again. So to answer your first question, preview is for all data available for public reporting at the end of this year. So all 2016 data available for public reporting on either the profile pages or in the downloadable database.

So, as we outlined as part of our restart of the phased approach with star ratings, we will only have 15 group-level PQRS measures star rated on profile pages. So those will be available for preview as star ratings. So people will get to see what their star ratings look like if they're a group that reported one of those chosen 15 measures.

But if you're an individual clinician, you may have non-PQRS Qualified Clinical Data Registry measures available. And those are being reported as a percent on individual clinician profiles. And groups may have CAHPS for PQRS measures, and those patient experience scores are being publicly reported on group profile pages as top-box scores as a percent.

So for profile pages, groups can have star ratings for one of the 15 measures and their CAHPS for PQRS measures, and clinicians' profile pages could have non-PQRS QCDR measures.

However, both groups and individuals may also have data in the downloadable database. And that is the data that met public reporting standards. And that includes a much larger set of data, which will not be star rated but reported in the downloadable as performance rates.

And so, we strongly encourage anyone – individual or clinician – who reported data for 2016 to use the Lookup Tool that is listed in the five tips for preview when preview opens on October 18th – we're going to quiz you, no – on October 18th and check and see if you have data available for preview. Because even if you don't have one of the measures being star rated, you will likely still have data in the downloadable database.

So preview is both for clinicians and groups. It's just that star ratings is limited to a small subset of group measures.



So hopefully, that helps clarify things some. And again, we strongly encourage everyone to visit CMS Initiatives page – the Physician Compare Initiative page on cms.gov because there will be lists of measures shortly available where you can really see exactly what’s going up where.

So as to your first question – your second question was related to the 2018 Physician Fee Schedule rule. We are currently in the rulemaking process, so we are not permitted to speak to anything on that topic at this point.

But we do thank you for your question. We hear your question, and we will be – once rules are finalized, we’ll be able to talk more about what those final decisions were and work with our stakeholders on that. So thank you for that question.

Operator: Your next question comes from the line of Brenna Gocalinova. Brenna, your line is open.

Zarrina Bobokalonova: Hi. This is actually Zarrina Bobokalonova, and I’m calling from Stanford. I had a clarifying question. So, in that – for the – those measures that will be on Physician Compare are only related to either QCDR or Web Interface or registry mechanism or reporting for groups.

How about the data that was submitted by groups through EHR reporting method, either direct EHR or through an EHR vendor? That’s my first question. And then, can you elaborate a little bit more on the utilization data that is being planned for release on Physician Compare? Thank you.

Dr. Denise St. Clair: Sure. We can address both of those questions. So your first question was, you noticed that the 15 measures available for public reporting as star ratings were either Web Interface or registry-reported. And as you may know, we have not yet publicly reported electronic health record or EHR quality measures on Physician Compare.

And the 2016 EHR quality measure data is not being publicly reported on Physician Compare this year. We will not be adding this additional reporting mechanism in the final year of the PQRS program as these data haven’t been previously published on the site.

So, beginning with the first year of the Quality Payment Program data, all of the data that meet our public reporting criteria will technically be available for public reporting, if feasible.

So, specifically, the data that prove to be, again, accurate, reliable, valid, and comparable across reporting mechanisms, meet our minimum reliability threshold – those will all be available for the downloadable.

So, again, although technically available per rulemaking, we are not going to add that new reporting mechanism, the EHR data, in this last year of PQRS.

So, in fact, in both – on both the profile pages and in the downloadable database, you will see group-level measures publicly reported via Web Interface or registry and for – or, of course, the CAHPS for PQRS surveys. And then for individual clinicians, you will see data that meet all the public reporting standards that are reported via claims or registry. So that is step one.



And I probably left out QCDR. We are getting used to this. So, PQRS – sorry – non-PQRS QCDR measures this year are first – it's the first year they're available for both individuals and groups. So you'll see both.

And then your question about utilization data. That is also a new add this year. So MACRA requests – Section 104 of MACRA – suggests that – or not suggests, tell us – not very suggestive, more directive – tell us that we need to report utilization data starting with the first year of the Quality Payment Program.

So CMS decided, well, we can get a jump on this because those data are already publicly available in the public use file that Allison spoke about earlier.

So what MACRA asks is that we add utilization data to the suite of available data for Physician Compare thinking about what can be most meaningful and useful to our users, and to supply those data in a way that they are searchable by name, unique identifier – and that, for us, will be NPI – location – that will be a state variable included in that file – and specialty – and that will be primary specialty as indicated for each NPI in PECOS.

So there will be a downloadable data file that includes name, NPI, state, and specialty, and then HCPCS codes that are in our universe of selected HCPCS codes.

So how did we sort of decided on a subset, because there are an astronomical number of HCPCS codes? And they're all already available. So we said, well, how can we make these meaningful in relation to the other Physician Compare data?

So the first thing we did was to look at the universe of everything that's out there and looked at what could give us more information about the scope of care that each of the clinicians on Physician Compare provides.

So the measurement and evaluation codes – first to go. Many of you know those codes are things like 15-minute visit, 30-minute visit. But it doesn't really tell us anything about what kind of care is happening in those 15 or 30 minutes. So those got taken off the list.

Then, because specialty was a critical component per MACRA, what the team did was analyze what the top-side HCPCS codes reported were for each of the PECOS specialties. And that defines our universe of available HCPCS codes. So for every specialty in PECOS, the top five HCPCS codes are available.

And as Allison pointed out, that doesn't mean that if you're a psychologist and the top five HCPCS codes relate directly to psychology, you might not – you might have also done one additional thing that turned out to land in the top five for internal medicine.

So, then, as that psychologist, you might have six codes with data. So, again, we're going to have a list of the universe of HCPCS codes available on the cms.gov Physician Compare Initiative page.

That's being finalized now and will be up on the site shortly. And we will be sending reminders through our eNews – so go ahead and sign up – when those documents are available.

CPT only copyright 2016 American Medical Association. All rights reserved.



And on that document, you'll be able to see the full list of HCPCS codes, but you'll also be able to see which were the top five by specialty. So hopefully, that will give you more information there.

Operator: Your next question comes from the line of Rachel Katz.

Rachel Katz: Hi. Thank you. Are you able to hear me?

Aryeh Langer: Yes. Go ahead, Rachel.

Rachel Katz: Okay. My name is Rachel Katz from Able Health. I was curious going forward whether – if a group is reporting group-level data, whether that group's score will also be displayed on the physician pages. It sounds like this year, there's only a subset of group measures that are being displayed with star ratings.

But I was wondering if next year under MIPS the physician pages will have a star rating if those physicians reported as a group and if that star rating will just be the group's rating.

Dr. Denise St. Clair: Hi, Rachel. It's Denise St. Clair. So, as we mentioned and as is true today and will remain consistent in this last year of public reporting in PQRS and moving into MIPS, we only publicly report the data at the level it was collected.

So if a clinician reported as part of a group – so, if Able Health has measures as a group practice, then on your group practice profile page, on Able Health's group practice profile page, you would see star ratings for this subset of 15 measures, if you reported one of them. Or if you have CAHPS for PQRS measures, you will see your top-box performance scores on your profile page.

If Dr. Smith is one of your affiliated clinicians, on your group profile page, you can link to Dr. Smith's profile page. And there, you'll just see an indication that Dr. Smith reported quality measures through Able Health. And a user could click between the profile page, but just as Dr. Smith is part of Able Health and there's performance information there – and then to go Able Health's page to see the actual data.

So, again, performance scores are only reported at the level which they were collected. So if they're collected at the group level, they will only be on the group profile page. And that will remain consistent through reporting years.

Operator: Your next question comes from the line of Laurie Brown.

Laurie Brown: Hi. I'm Laurie Brown with CSM Consulting and working with ophthalmology clients. More of them are reporting as a group. And I can see that – and by registry – specialty registry.

And I can see that the only eye measure on the group public reporting is eye exam for patients with diabetes. But it says, "Web Interface." So for these practices it looks like only the tobacco and maybe high-risk medicine are the only measures that will be reported for them. Do I have that correct?

CPT only copyright 2016 American Medical Association. All rights reserved.



Dr. Denise St. Clair: Hi, Laurie. This is, again, Denise St. Clair. That is correct in terms of the star ratings profile pages. So if the group practices that you're working with reported any of those 15 measures via registry that were called out on – if I was really good, I would get that slide for you right now – on the slide that lists the 15 measures for star ratings – we're looking for it now – waiting for it – waiting for it.

Allison Newsom: Slide 27.

Dr. Denise St. Clair: On slide 27. Thank you, Allison. So on slide 27, we have the group measures being publicly reported as star ratings. So if the groups you work with reported one of those measures available for registry, they would have a star rating on their profile page for the relevant measures. The other measures that they reported through PQRS are available for public reporting in the downloadable database as percents.

So the groups that you're representing could have some measures as star ratings on their profile pages, but also measures in the downloadable database reported as performance rates.

Operator: Your next question comes from the line of Janet Meives.

Janet Meives: This is Janet Meives with Missouri Cardiovascular Specialists. I have a question in regards to reviewing our information. I know you have to have an EDI – EIDM number and also have the correct access in the PQIP program. Our group reports as individuals through a registry. And – but we can still look up like our PQRS and our QRUR reports under a group EDIM – EIDM.

On this, to look these up, you talked about if they reported as an individual that you would have to have an individual EIDM number. Is there a way for us to look this up as a group even – because we did tie them to our group when we were doing the reporting. But I believe they were actually sent in as individuals.

Dr. Denise St. Clair: Hi, Janet. It's Denise St. Clair. Unfortunately, there isn't a way to – as Missouri Cardiology Specialists – to look at all of your individual clinicians' measures. We know that this is a difficulty and something that we're actively looking to address in future years. But in the PQIP portal, anyone who has data as an individual clinician, the individual clinician needs to have an EIDM account and needs to get an individual practitioner user role and look at their own data.

So, unfortunately, there isn't a way for you as the group representative to look at each individual clinicians' data. We do appreciate that there is that sort of surrogate role available for the PQRS feedback reports, but it's unfortunately not available for the PQIP portal for Physician Compare.

Alesia Hovatter: And hi, Janet. It's Alesia. And I would just encourage you and others on the line to go ahead and get your EIDM set up now. You want to try to make sure that's done in advance of preview, that's going to start on October 18th, because we know sometimes that it can be a little bit of a process.

So please call the QualityNet help desk – I know we've provided their email and phone number in the slides today – and get that done as soon as possible before preview begins. Thank you.

Operator: Your next question comes from the line of Sarah Woolsey.



Sarah Woolsey: Hi. Perfect segue from the last questioner. So that was my question. It is, how is the alignment for lookup in the E – what’s it called – the EIQDM, whatever – how much is the alignment with the QRUR? So it sounds like it’s case-dependent and that everyone should probably go look as individuals for that. Is that correct?

Alesia Hovatter: Yes. Thanks so much, Sarah. I’ll start. This is Alesia. Yes, you need your EIDM account to go in and preview for Physician Compare. You also need it to go ahead and download your PQRS feedback report as well as your QRUR, if applicable. Those reports went out on September 18th. So those are available now. So please go ahead and get your EIDM.

And then you can make sure that you’re getting everything that you need. Those two reports, the PQRS feedback reports and QRURs, are available at another portal. So they’re not available on the same portal as PQIP that we’re using for our Physician Compare.

Dr. Denise St. Clair: And this is Denise. If you look at – if you go to the Lookup Tool that we referenced in the presentation – and that’s part of the five tips for preview and available on slide 29 – you can see that there’s actually two lookup options there.

So you can see whether you’ve got your – you’re going to have your PQRS feedback report or you’re going to have your Physician Compare data. So it gives you that information. And you can enter your NPI if you’re looking for individual clinicians or your TIN if you’re looking for group.

We do ask that you triple check the numbers as you enter them because there isn’t an error reporting message if you type in the number wrong. It may just say, “You don’t have data.”

So make you’ve double checked your numbers when you’re entering them and enter just digits, no dashes. Also, remember that for the Lookup Tool for Physician Compare, it won’t be active until the first day of preview, until October 18th.

So you can keep that in mind. But, yes – so, there is a bit of difference there. You have to independently access your feedback reports, your QCDR or your QRTR – QRUR reports and do your preview.

Operator: Your next question comes from the line of Christy Cangelosi.

Christy Cangelosi: Hi. I have a question. One of them was answered earlier in regards to setting up sole – well, not sole practitioners but individual doctors, because that’s we have here. We are considered a group, but they report their MIPS as individuals.

And my question is – excuse me – what is the actual benchmark for like PQRS? I know that they’re getting points this year. But is there any – like before they would tell you you needed so many patients to quality for something.

Dr. Denise St. Clair: So, what we’re – okay. So, again, what we’re focusing on today – and this is Denise. What we’re focusing on today are the requirements for public reporting of the 2016 PQRS data.



So these were the data that were submitted last year and that will be reported at the end of this year. So these are the 2016 Physician Quality Reporting System, the last year of the PQRS data.

And for this final year of PQRS, we are starting to use a star rating system for that small, small subset of group-level measures that we showed you earlier that are included in the presentation. And the anchor of our star rating system is a benchmark.

And we are using the achievable benchmark of care, or ABC, methodology to establish that benchmark. And there is actually more information on this. It will be available in a fact sheet that we are getting out in the Initiatives page.

We've also got on the Initiatives page some past presentations that we've conducted on the ABC methodology.

So, you – we strongly encourage folks to look that up to get more information. There is also some explanation on that in the proposed rule that just was recently out for review.

Christy Cangelosi: Thanks.

Alesia Hovatter: Christy, this is Alesia – real quick. So your question about the payment adjustment in PQRS, there is actually a National Provider Call on Tuesday, the 26th of this week.

So Aryeh can give the location of that slide deck again so that you can pull those slides because I think that may be helpful in your other question.

Aryeh Langer: Yes. Sure. You can go to the same website I mentioned earlier. That's go.cms.gov/npc. Again, go.cms.gov/npc. And you can see the PQRS call that we had. They're listed by date there.

Dr. Denise St. Clair: Yes. And another just quick reminder on the ABC benchmark. It is by measure by mechanism. So it's based on the 2016 data, so that what we are looking at is the highest performance rates on that measure by that mechanism in this year. So you're really being compared to the best possible performance right now on the measure.

Operator: Your next question comes from the line of Lori Gritz. Lori, your line is open.

There is no response from that line.

Your next question comes from the line of Amy Snook.

Amy Snook: Hi. I went to Physician Compare Initiative page and I do not see a guide currently. When will that be available?

Aryeh Langer: One moment, please. We're just taking a look at the webpage.



Dr. Denise St. Clair: Hi, Amy. It's Denise St. Clair. Apparently, the publish hasn't gone through. So any moment now. There's a bit of a delay when they hit publish on the page. So at any moment, we hope. Definitely by the end of the day. But we will verify at the conclusion of the call.

You should be able to go to the Physician Compare Initiatives page, and right on the homepage under What's New, there will be literally a heading for the Preview Toolkit and it will be available. So apologies for that. We actually thought it was up.

Allison Newsom: And, also, if you subscribe to our Physician Compare e-newsletter, we will be sending these links directly to your inbox as well. So there are a couple of different ways to get that. And we'll send it to you shortly.

Dr. Denise St. Clair: Thanks, Allison.

Operator: Your next question comes from the line of Rachel Groman.

Rachel Groman: Hi. I actually have a question and a somewhat half question, half comment. I was wondering just if you could clarify one more time whether the only information that will be reported on profile pages are the star ratings.

It wasn't clear to me if any percentages outside of those measures you listed in the slides would be also – could potentially be on the profile pages or if they'll just be in the downloadable database.

And my second comment/question – I read this morning that CMS is postponing its decision to update the Hospital Compare star rating system and they're sort of reviewing their methodology.

And I was wondering if anyone could comment on that decision and whether that's – whether that impacts the use of stars on the Physician Compare website and why – if that decision will align with the methodology used under the Physician Compare website. Thank you.

Dr. Denise St. Clair: Thanks, Rachel. It's Denise again. So just to quickly address your Hospital Compare question, we're unable to speak to that decision as we focus solely on Physician Compare.

But they are completely independent methodologies. So apologies we can't give you more information about that. But we can give you more information about your first question.

So there are three things that can be publicly reported on a profile page at the end of this year. There are the very small subset of star ratings for those 15 group-level measures that are noted in the slide deck. And those will be the only things that are star rated.

And so that's group-level PQRS, that small subset of 15 measures. Those will be the only thing on profile pages with star ratings. Groups can also have the CAHPS for PQRS, the patient experience data, reported as percentages.



And, again, those are top-scores. And those can be found on profile pages as well for groups. Groups can also have non-PQRS Qualified Clinical Data Registry, QCDR, data on their profile pages as percentages.

So groups can see a small subset of possible PQRS measures star rated, CAHPS for PQRS patient experience scores as top-box percentages, or non-PQRS Qualified Clinical Data Registry scores as percentages on their profile pages.

Individual clinicians can potentially see non-PQRS Qualified Clinical Data Registry scores as percentages on their profile pages. Everything else goes in the downloadable database. So that is the breakdown there.

And, again, soon – coming soon, we’re going to build your anticipation – you’ll be able to download the specific measure crosswalk. So you’ll actually be able to get on the Initiatives page and we’ll send via our eNews. I can’t say enough how helpful it will be if you sign up for the eNews so you get those right to your inbox.

You will actually be able to get the documents that list the exact measures that will be in each place and exactly how it will be reported. So we hope that will be helpful, too.

Operator: Your next question comes from the line of Laura Cwiklinski. Laura, your line is open.

Laura Cwiklinski: Thank you. My question has already been answered. Thank you.

Operator: Your next question comes from the line of Margie Wellman.

Margie Wellman: Hi. Good afternoon. I’m calling from Urology Health Specialists. And I may be belaboring the point here again. But just for my own edification. We are a practice that has submitted all measures through PQRS as individual claims submissions. So for my providers, I will see nothing on the star rating page, but I can go to the downloadable and see their percentages. Do I have that correct?

Dr. Denise St. Clair: You have that correct. So individual clinicians who reported their data via claims will not have any measures available for star ratings. So there will not be any PQRS measures reported via claims at the individual clinician level on profile pages.

However, if they – if the measures submitted met all of our public reporting standards, they will be available for inclusion in the downloadable database. So you should absolutely preview to see those measures in the downloadable that are available for going public at the conclusion of informal review.

And, again – and we do apologize, but if the measures were submitted as individual clinician-level measures, they will need to be previewed by clinicians at that individual level.

Operator: As a reminder, to ask a question, press star followed by the number one on your touch-tone phone. To remove yourself from the queue, press the pound key. Your next question comes from the line of Monica Vanderwerf.



Monica Vanderwerf: Hi. Monica Vanderwerf, Genesis HealthCare in San Diego. I'm trying to determine if I have an EIDM account. Is that distinctly different than the CMS.gov Enterprise Portal where I can see my PQRS data?

Dr. Denise St. Clair: Hi, Monica. It – there should be a link there. But what we're going to say is we're going to tell everybody if you have even the slightest question that you have the right information, look at slide 35 of the presentation materials. And you will see the QualityNet help desk information. We've got a phone number, a TTY line, and an email address.

And the QualityNet help desk can help you verify that you not only have the right EIDM account but you have the right user role for PQIP for Physician Compare. Because even if your EIDM account is solid and good to go for this year to get your PQRS report, you will still need to get the right user role specifically for PQIP. So definitely reach out to the QualityNet help desk.

And if you have any additional questions or concerns, we can never stress enough, contact us at the Physician Compare support team at physiciancompare@westat.com and we're definitely also willing and able to help you troubleshoot.

Operator: Your next question comes from the line of Pamela Zajdel.

Pamela Zajdel: Hi. This is Pamela Zajdel from Allegheny Health Network in Pittsburgh, PA. I am somewhat confused as to the attribution of physician on Physician Compare – excuse me. I deal more with the inpatient side. Just now been asked to be involved in the Physician Compare side.

Dr. Denise St. Clair: So I think – and if I'm – this is Denise. If I'm not accurately interpreting your question, please do let me know. But, I think the question is, how do we assess which clinicians are part of your group practice?

And so, there's a couple of ways that – well, there's a primary way do we do that and then a way we verify that. So, as we mentioned, the primary source of data for Physician Compare is the Provider Enrollment, Chain, and Ownership System, or PECOS.

And in PECOS, if an individual clinician reassigns their benefits to a group practice, that establishes the link between the clinician and the group. So they're telling us in that reassignment of benefits that they are a clinician who is part of your group.

We then verify that via claims. So we look at the claims in the last 12 months and make sure that that NPI has billed to your TIN within the last – or through you TIN within the last 12 months.

That's the way for us to make sure we've got the more current data up there. Because something we've learned over time is people are great about adding their current billing relationship but maybe don't always remember to disable their no-longer-valid affiliations.



So we like to use claims as a way to say, “Okay, you might have forgotten that you’re no longer at – you know, to note in PECOS that you’re no longer at your previous group and you’re now working exclusively with Allegheny.”

And so, we look to make sure that there’s been a claim verifying that reassignment of benefits in the last 12 months. So that’s how we determine who the affiliated clinicians are with each group practice.

Operator: Your next question comes from the line of Thomas Schuelke.

Thomas Schuelke: Hi. I was just wondering as far as the CAHPS for PQRS scores go, I know you said there’ll be a percentage reporting for the group profile page. But how will those be compared against, you know, the mean of the nationwide survey? Are they going to be a star rating, as you mentioned that you’re going to do a star rating before? Or are they going to show the raw percentage comparison? Or, I guess, what’s that’s comparison going to be like?

Dr. Denise St. Clair: Hi, Tom. It’s Denise. Thanks for your question. So the CAHPS for PQRS measures – the way they’re reported on Physician Compare is at the summary survey level. And so, per rulemaking, there are 12 possible summary survey scores. And they essentially – I believe eight were deemed to meet public reporting standards this year.

So we can take an example, if I can pull one off the top of my head. So, timely care – I think I’m not making that up. So that is going to be reported as the top-box score for that group.

Oh, look. Allison pulled up the exact one so I can give you some good opportunity. So, getting timely care, appointments and information is one of the available summary survey scores. How well the providers communicate is another.

So at those summary score levels, there is a percentage that represents the top-box score for that group. Per rulemaking, there is not a benchmark of any kind for CAHPS included on the website at this time.

So when you get your CAHPS reports, there’s a lot more detailed information in there, and you do see a national average and you see what your score is against the national average.

That is not currently available for public reporting per rulemaking. So what you will see is just that top-box, the percentage, how well the group did on that particular summary survey score.

Alesia Hovatter: Right. And this is Alesia. I’ll let Denise add, but that’s what we found as most helpful to our users.

Dr. Denise St. Clair: Yes. The top-box scores per testing.

Operator: Your next question comes from the line of Jessica Williamson.



Jessica Williamson: Hi there. I have a question. The providers that I work for – we bill out under one TIN and we also belong to an MSSP Track One ACO. So my question is, some of the measures that are going to be publicly reported, to my knowledge weren't followed by our ACO. How will that reflect on our score overall?

Dr. Denise St. Clair: Hi, Jessica. It's Denise. So one thing to keep in mind is that we publicly report data at the measure level. So there is no overall score for an individual, for a group, for an ACO. So that's just one thing we always want to make sure we're clarifying.

The other piece here is that if you reported as a group practice, if your quality measurement was submitted as part of an Accountable Care Organization, in your case, a Track One Shared Savings Program ACO, then, again, the quality data are available at the level they were reported.

So on your group practice page, if those are the only quality data that you have are those you reported as part of an ACO, on your group profile page starting at the end of the year, there will be an ACO Affiliation section. And it will say that your group is affiliated with your ACO.

It will give the name of the ACO. And that will link to the ACO's profile page because Shared Savings Program pioneer and next-generation ACOs will have profile pages on Physician Compare that also includes a subset of their 2016 data.

So what you will see on your group practice page in that scenario is just that you participated via an ACO and there will be a link to your ACO. And then the measures that are being publicly reported for the ACOs will be on the ACOs' profile page as percents.

And the ACOs are mirroring the measures available for group practices this year. So those same sort of 15 measures will be available on the group's profile pages. But for ACOs, it's – everything is reported as a percent. So, hopefully, that helps answer the question there.

Alesia Hovatter: And hi, Jessica. This is Alesia. Just as a reminder to all on the call, today's presentation is about the quality – the Physician Quality Reporting System and PQRS. We are not talking about the Quality Payment Program. So I just want to make sure two aren't conflated.

Aryeh Langer: And we have time for one final question, please.

Operator: Your final question comes from the line of Peggy Frizzell.

Peggy Frizzell: Good afternoon. Thank you. As a followup to the question regarding – and the answer regarding updating the PECOS system – and it was explained that you look for the last 12 years. What happens to providers that switch mid-year and they may have bills under multiple hospitals? How is that determined – their affiliation?

Dr. Denise St. Clair: Hi, Peggy. Denise St. Clair again. Just to clarify, last 12 months versus years. So, I just want to make sure no one...

Peggy Frizzell: Well excuse me – that's what I meant. They changed mid-year?



Dr. Denise St. Clair: Mid-year. Okay.

Peggy Frizzell: Mid-year. And what happens if – when you do the 12-month lookback? Excuse me.

Dr. Denise St. Clair: Okay. No. It's an excellent question. And the number one way to address that is to sever the relationship in PECOS.

So if you are a clinician and you've changed your group affiliation mid-year and you want to make sure you're only showing up on Physician Compare under your current group affiliation, that will be most quickly operationalized if you actively go in to PECOS and sever all your old relationship.

Any relationship that's standing in PECOS – because what you can do is you can add. Right? You can say, "I was part of Group A and now I'm also part of Group B."

But what we see often is people were part of Group A, they've actually left Group A, they are now with Group B, but they didn't sever that relationship with Group A.

So the number one way to address that is to actively go in PECOS and sever the relationship so that you only have your NPI assigned to a single TIN. That will solve problems. And that will trump anything we see in a 12-month claims look back. So that's what's really important.

But if that relationship isn't severed, then we're going to trust what we see in claims. And, unfortunately, that means there can be that transition period where it gets a little muddy.

So we do strongly, strongly, strongly encourage folks to go into PECOS, have only their active establishment there, and, even better, also note your primary practice location. And then that will help us to even more accurately link you to the right place at the right time. So that's definitely the best way to address that.

And, again, any questions at all about your data as they're showing up on Physician Compare or the data for your clinicians under your group, do not hesitate to reach out to us at physiciancompare@westat.com.

And while we have the line open, we got one question via email. We just want to very quickly answer it because it's a great one. They asked, "Well, what if we submitted our PQRS data as part of a group under EHR but also have CAHPS for PQRS.

Your CAHPS for PQRS are available for public reporting because your CAHPS for PQRS are through the CAHPS survey. So your reporting mechanism for the group measures is irrelevant. So, great question. Thanks for sending it in.

Additional Information

Aryeh Langer: And, unfortunately, that's all the time we have for questions today. If we did not get to your question, as you just heard, you can submit your question to Physician Compare support team.



And that's physiciancompare@westat.com. That's on slides 35 and 36. For more information on evaluating today's event, please see slide 37.

Again, my name is Aryeh Langer. I'd like to thank our presenters, Alesia, Denise, and Allison, and thank you all for participating on the lines today on this Medicare Learning Network call. Have a great day, everyone.

Operator: Thank you for participating in today's conference call. You may now disconnect. Presenters, please hold.