



# mln webcast

A MEDICARE LEARNING NETWORK® (MLN) EVENT

## Physician Compare National Provider Call

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# Acronyms in this Presentation

- ACI – Advancing Care Information
- ACO – Accountable Care Organization
- AHRQ – Agency for Healthcare Research and Quality
- APM – Alternative Payment Model
- CAHPS – Consumer Assessment of Healthcare Providers and Systems
- CEHRT – Certified Electronic Health Record Technology
- CMS – Centers for Medicare & Medicaid Services
- EIDM – Enterprise Identity Management Account
- MACRA - Medicare Access and CHIP Reauthorization Act
- MIPS – Merit-based Incentive Payment System
- PECOS – Provider Enrollment, Chain, and Ownership System
- PQRS – Physician Quality Reporting System
- QCDR – Qualified Clinical Data Registry
- TIN – Taxpayer Identification Number



# Agenda

- Background and Overview
- Publicly Reporting 2017 Quality Payment Program Information
- Physician Compare Preview Period
- Question and Answer Session



# Background and Overview

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# Physician Compare Purpose

Helps people with Medicare  
make informed decisions



Incentivizes clinicians to  
maximize performance



# Criteria to Be Listed on Physician Compare

## Clinicians must:

- ✓ Be in approved status in PECOS
- ✓ Provide at least one practice location address
- ✓ Have at least one specialty noted in PECOS
- ✓ Have submitted a Medicare fee-for-service claim or be newly enrolled in PECOS within the last 6 months

## Groups must:

- ✓ Be in approved status in PECOS
- ✓ Have a valid practice location address
- ✓ Have submitted a Medicare fee-for-service claim or be newly enrolled in PECOS within the last 6 months
- ✓ Have a legal business name
- ✓ Have at least two active Medicare clinicians reassign their benefits to the group's TIN



# General Information Currently on Physician Compare

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



# General Information Sources

## PECOS

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

## Claims Data<sup>1</sup>

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

## Board Certifications

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

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

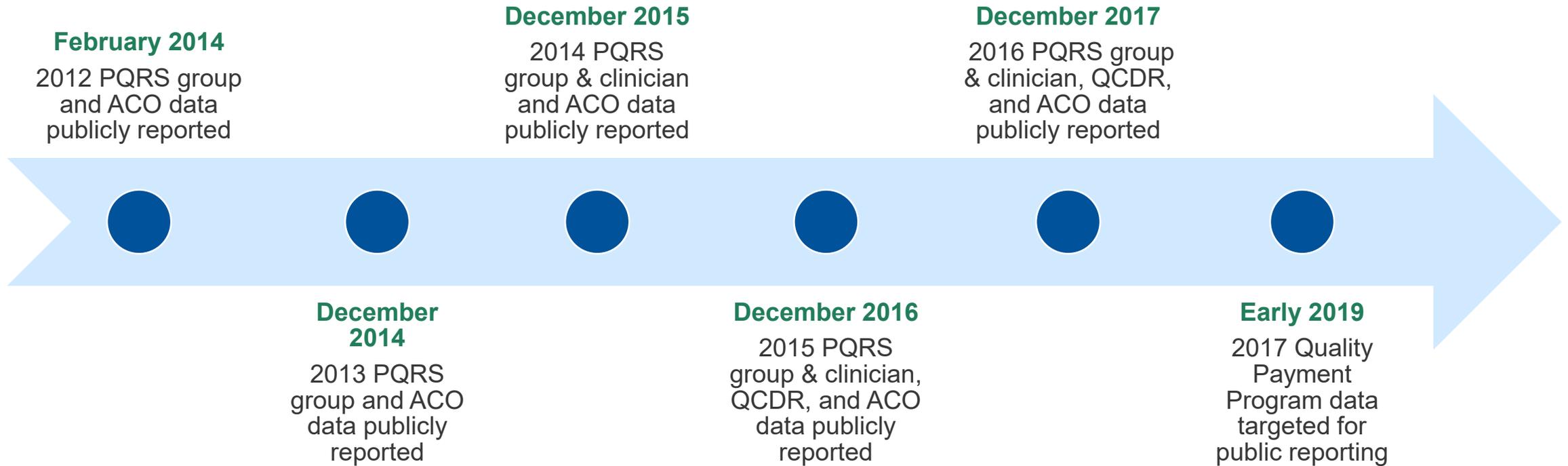


# Keep Your Information Updated

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



# Public Reporting Timeline



# Publicly Reporting 2017 Quality Payment Program Information

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# 2017 Information Available for Public Reporting

- Year 1 Quality Payment Program data (2017 performance year data) are available for public reporting on Physician Compare.
- Data must meet the established public reporting requirements to be included on Physician Compare.
  - Data must be statistically valid, reliable, and accurate; be comparable across submission mechanisms; and meet the minimum reliability threshold.
  - To be included on the public-facing profile pages, data must also resonate with patients and caregivers, as shown through user testing.
- The following measure types will **not** be publicly reported on Physician Compare at this time:
  - First year measures
  - Non-proportional (continuous or ratio) measures
  - Outcome measures that are not risk-adjusted



# 2017 Information Available for Public Reporting

- The following 2017 MIPS data were designated as available for public reporting<sup>1</sup> in the Quality Payment Program Year 1 final rule.



**Quality**



**Advancing Care Information<sup>2</sup>**



**Improvement Activities**



**Cost**

**Final Score  
and  
Performance  
Category  
Scores**

- Aggregate MIPS information will be periodically publicly reported.

<sup>1</sup> Although data are designated as available for public reporting, not all data will be publicly reported.

<sup>2</sup> Known as Promoting Interoperability for Year 2



# 2017 Information Targeted for Public Reporting

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

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

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



# Quality – MIPS



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

Screening for tobacco use and providing help quitting when needed. ★★★★★ [Hide](#)

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

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

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

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

Note: The picture above is an example of what 2017 performance information may look like on Physician Compare profile pages and is subject to change.



# Quality – CAHPS for MIPS



- 2017 CAHPS for MIPS summary survey scores will be publicly reported on group profile pages as top-box scores<sup>1</sup>.

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

Getting timely care, appointments, and information.	78%	Show +
How well clinicians communicate.	78%	Hide -

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

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

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

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

<sup>1</sup> These performance scores represent the percentage of patients who reported the most positive responses. More information about top box scores is provided by AHRQ in the following guide: [How to Report Results of the CAHPS Clinician & Group Survey](#).

Note: The picture above is an example of what 2017 performance information may look like on Physician Compare profile pages and is subject to change.



# Quality – CAHPS for MIPS



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

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

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



# Quality – Qualified Clinical Data Registry (QCDR)



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

Performing colonoscopies for appropriate reasons.

99%

Hide —

A higher score is better because it means this clinician performed more colonoscopies for appropriate reasons.

When a colonoscopy is done for appropriate reasons, clinicians can make better diagnoses.

To give this clinician a score, Medicare looked at the percentage of colonoscopies this clinician performed that were for clinically relevant reasons.

Note: The picture above is an example of what 2017 performance information may look like on Physician Compare profile pages and is subject to change.



# Advancing Care Information (ACI)



## ACI Measures

- 2017 ACI transition measures (2014 CEHRT) that meet public reporting standards 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.

## ACI Overall Performance

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

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

Note: The picture above is an example of what ACI information may look like on Physician Compare profile pages and is subject to change.



# Improvement Activities



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



# Cost



- Physician Compare will not publicly report 2017 cost data as it is not being used for scoring in the first year of the Quality Payment Program.
- The Physician Compare support team will continue to evaluate ways to publicly report performance information in this performance category in future years.



# Downloadable Database

- The 2017 performance information will be added to the Downloadable Database after all targeted reviews are completed.
- The Downloadable Database will include all performance information from profile pages, as well as:
  - Measures that met statistical public reporting standards but were not selected for public reporting on profile pages
  - Measures denominators
  - Measures benchmark (if applicable)
  - Final score and performance category scores (quality, ACI, improvement activities)
- As required by MACRA, the Physician Compare Downloadable Database includes [utilization data](#), which provides information on services and procedures provided to Medicare beneficiaries by clinicians.
  - A subset of 2015 utilization data was recently published in the Downloadable Database.
  - A subset of the 2016 utilization data will be included in the Downloadable Database when it is updated.



# Groups in Alternative Payment Models

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

## Innovative model participation

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

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

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

Name of Alternative Payment Model (APM) ⓘ [MEDICARE SHARED SAVINGS PROGRAM](#)

Participates through [HEALTH PARTNERS ACCOUNTABLE CARE NETWORK](#)

Note: The picture above is an example of what APM information may look like on Physician Compare profile pages and is subject to change.



# ACO Performance Information

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



# Clinicians in Alternative Payment Models

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

## Innovative model participation

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

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

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

Name of Alternative Payment Model (APM) ⓘ [COMPREHENSIVE PRIMARY CARE PLUS \(CPC+\)](#)

Note: The picture above is an example of what APM information may look like on Physician Compare profile pages and is subject to change.



# Performance information for clinicians in APMs

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

## Qualified Participants in Advanced APMs

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

## Clinicians in MIPS APMs

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

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

## Clinicians in non-MIPS APMs

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



# Physician Compare Preview Period

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# Preview Period Overview

- Per rulemaking, clinicians and groups have a 30-day preview period to review their performance information prior to it being publicly reported on Physician Compare. The preview period will be the first chance for clinicians and groups to review their 2017 performance information targeted for public reporting on Physician Compare.
- The preview period is targeted to begin later this year. [Subscribe](#) to the Physician Compare listserv to receive updates about when the preview period will open.
- Clinicians and groups will be able to preview their performance information by accessing the [Quality Payment Program](#).



# How to Preview Your Information

## Step 1 – Log in

- Log in to the [Quality Payment Program](#) using your EIDM user ID and password.
- Forgot your credentials? Go to the CMS Enterprise Portal to reset your [user ID](#) or [password](#).
- Don't have a user account yet? Visit the [CMS Enterprise Portal](#) to create one, or call 1-866-288-8292. For TTY: 1-877-715-6222.

Quality Payment  
PROGRAM

MIPS ▾

Merit-based Incentive  
Payment System

APMs ▾

Alternative Payment  
Models

About ▾

The Quality  
Payment Program

Sign In

Submit and  
Manage Data

## Sign in to QPP

To sign in to QPP, you need to use your Enterprise Identity Management (EIDM) credentials, and you must have an appropriate user role associated with your organization.

You may have used these credentials in the past to login to the [CMS Enterprise Portal](#) and/or to submit data to the Physician Quality Reporting System (PQRS).

ENTER EIDM USER ID

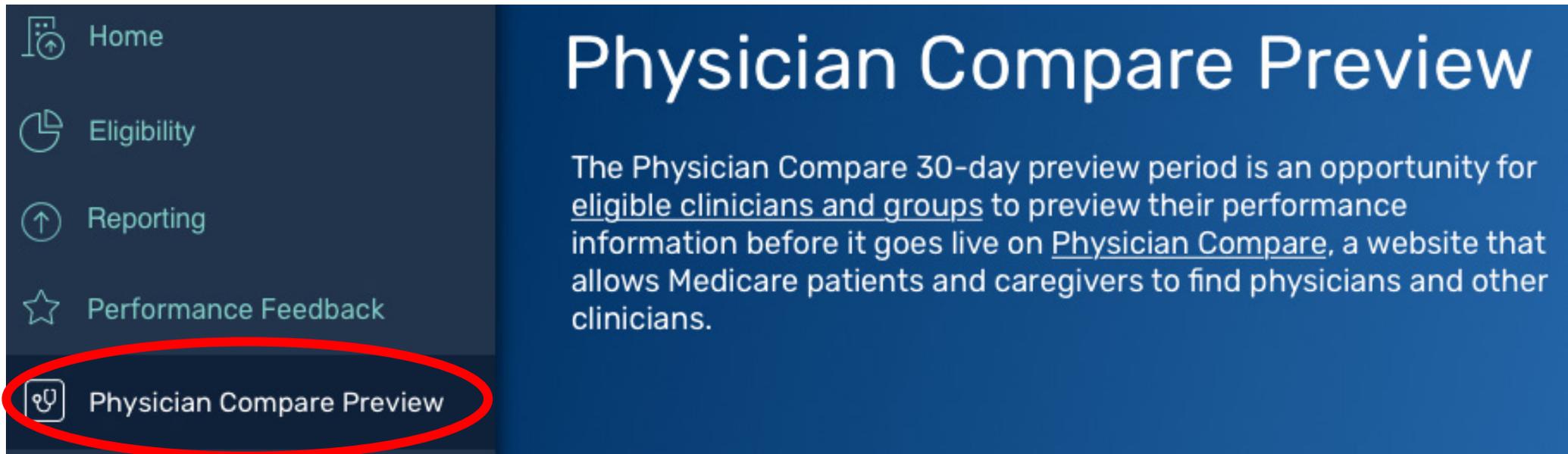
ENTER EIDM PASSWORD



# How to Preview Your Information

## Step 2 – Navigate to the Physician Compare preview

- Select “Physician Compare Preview” from the left-hand navigation bar.



Note: The picture above is an example of what the preview portal may look like and is subject to change. All data shown are test data.



# How to Preview Your Information

## Step 3 – Select a group

- Select “View Details” for the group you are interested in.

Enter full or partial TIN

Page 1 of 1

<b>Greenville Clinic</b> TIN: #1234567890   5200 Manchester Ln., Suite 800, Greenville, OH 01234	<a href="#">VIEW DETAILS</a>
<b>Greenville Medical Clinic</b> TIN: #1234567890   5200 Manchester Ln., Suite 800, Greenville, OH 01234	<a href="#">VIEW DETAILS</a>
<b>Greenville Podiatry</b> TIN: #1234567890   5200 Manchester Ln., Suite 800, Greenville, OH 01234	<a href="#">VIEW DETAILS</a>

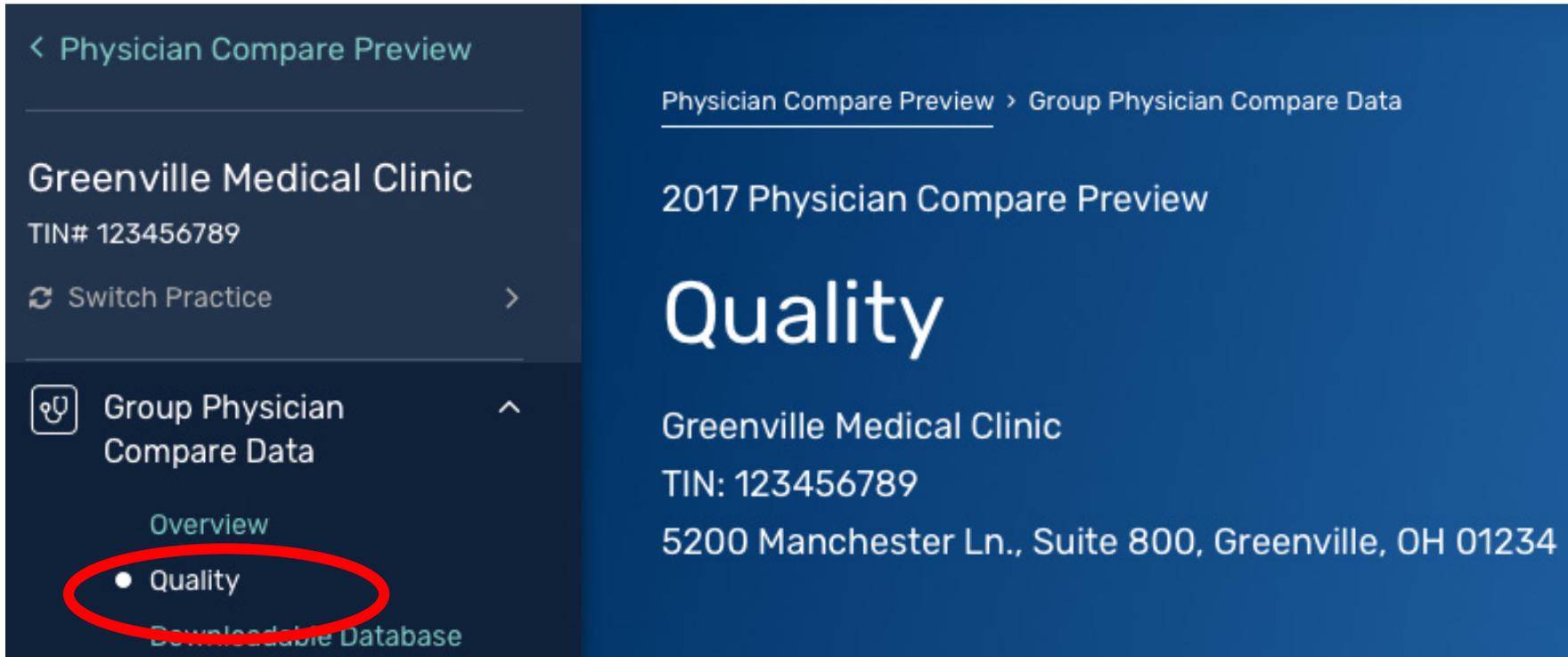
Note: The picture above is an example of what the preview portal may look like and is subject to change. All data shown are test data.



# How to Preview Your Information

## Step 4 – View group quality data

- Select “Quality” from the left-hand navigation.



Note: The picture above is an example of what the preview portal may look like and is subject to change. All data shown are test data.



# How to Preview Your Information

## Step 4 (cont'd) – View group quality data

- Review quality data on the performance and patient survey scores tabs (group only).

The screenshot displays a web interface with two tabs: "Performance" (selected) and "Patient Survey Scores". The main content area is titled "MIPS Quality Performance" and includes a paragraph explaining that groups submitting 2017 MIPS quality measures will have star ratings and plain language descriptions on their profile page. Below this, a note states: "This is how your 2017 group quality performance data will display on Physician Compare." A table follows, with a header row containing "Preventive Care: General Health", a descriptive paragraph, and a table with columns "Measure Name", "Star Rating", and "EXPAND ALL". The table body shows one row: "Getting a flu shot during flu season" with a star rating of 3 out of 5 stars and a dropdown arrow.

Measure Name	Star Rating	EXPAND ALL
Getting a flu shot during flu season	★ ★ ★ ☆ ☆	▼

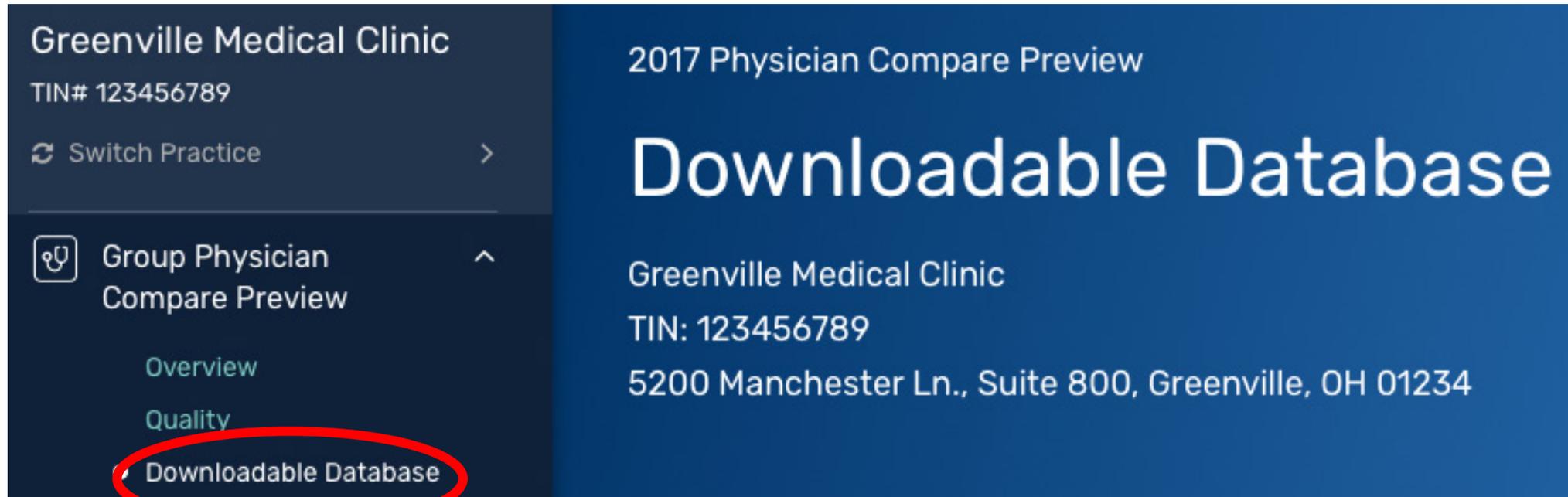
Note: The picture above is an example of what the preview portal may look like and is subject to change. All data shown are test data.



# How to Preview Your Information

## Step 5 – View downloadable database data

- Select “Downloadable Database” from the left-hand navigation.



Note: The picture above is an example of what the preview portal may look like and is subject to change. All data shown are test data.



# How to Preview Your Information

## Step 5 (cont'd) – View downloadable data

- Review sections for quality, advancing care information, and final score and performance category scores (including performance category scores for quality, ACI, and improvement activities).

**Downloadable Database**

The Physician Compare Downloadable Database is an online collection of datasets on [Data.Medicare.gov](#). All data included on Physician Compare profile pages will be included in the Downloadable Database. Additionally, data that meet all of the public reporting standards, except for the requirement that it resonates with patients, will also be included in the Physician Compare Downloadable Database. The measure titles can be found in the crosswalks posted on the [Physician Compare Initiative page](#). Performance information available for preview in the Downloadable Database may include quality measures, advancing care information measures and attestations, and Final Score and performance category scores (quality, improvement activities, and ACI)

This is how your 2017 Physician Compare data, including performance category scores, Final Score, denominators, and information about the benchmark and star rating values, will display in the Physician Compare Downloadable Database. Note: The download function is not available because this is only a preview of what your data will look like in the Physician Compare Downloadable Database.

**2017 Physician Compare Downloadable Database**

**Quality Database** ^

NPI	Ind_PAC_ID	Last Name
1234567891	1212121212	Black

Note: The picture above is an example of what the preview portal may look like and is subject to change. All data shown are test data.



# Questions about Physician Compare Preview Period

- Forgot your credentials? Go to the CMS Enterprise Portal to reset your [user ID](#) or [password](#).
- Don't have a user account yet? Visit the [CMS Enterprise Portal](#) to create one, or call 1-866-288-8292. For TTY: 1-877-715-6222.
- Contact [PhysicianCompare@Westat.com](mailto:PhysicianCompare@Westat.com) if you have the scores do not match your performance feedback report.
- Coming soon to [Physician Compare Initiative page](#):
  - Guide to Physician Compare Preview Period
  - 2017 Clinician Performance Information Available for Preview
  - 2017 Group Performance Information Available for Preview
  - 2017 ACO Performance Information Available for Preview



# Question & Answer Session

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# Resources

- [Physician Compare website](#)
- [Quality Payment Program Login](#)
- Coming soon to the [Physician Compare Initiative page](#):
  - Guide to Physician Compare Preview Period
  - 2017 Clinician Performance Information Available for Preview
  - 2017 Group Performance Information Available for Preview
  - 2017 ACO Performance Information Available for Preview



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