



Physician Compare: Preview Period and Public Reporting Webcast

Moderated by: Aryeh Langer
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Operator: Hello and welcome to today's Medicare Learning Network® event. My name is Jen and I'll be your web event specialist today All lines have been placed on mute to prevent any background noise. Please note that today's event is being recorded.

During the presentation, we'll have a question and answer session. You can ask text questions at any time. Click the green Q&A icon on the lower left-hand corner of your screen, type your question in the open area and click "Submit". We will also be taking questions via the phone lines and instructions on how to do so will be given at the appropriate time.

If you would like to view the presentation in a full-screen view, click the full-screen button in the lower right-hand corner of your screen. Press the escape key on your keyboard to return to the original view.

For optimal viewing and participation, please disable your pop-up blockers. And finally, should you need technical assistance, as a best practice we suggest you first refresh your browser.

If that does not resolve the issue, please click on the support option in the upper right-hand corner of your screen for online troubleshooting. It is now my pleasure to turn today's program over to Aryeh Langer. Aryeh, the floor is yours.

Announcements & Introduction

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

Before we get started, there are a few items that I'd like to quickly cover. Today's event uses webcast technology. We recommend streaming the audio live through your computer speakers. Those of you participating via webcast may download a copy of today's slide presentation by clicking the blue "Files" button at the bottom left side of your screen.

And please note that this event is being recorded and transcribed. Today's event is not intended for the press and the remarks are not considered on the record.

If you are a member of the press, you may listen in, but please refrain from asking questions during the question and answer session. If you have any inquiries, please contact press@cms.hhs.gov. At this time, I would like to turn the call over to Dan Riner from CMS.

Daniel Riner: Hello and welcome to the Public Reporting on Physician Compare webinar. I'm Dan Riner, Social Science Research Analyst in the Division of Electronic and Clinician Quality in the Quality Measurement and Value-Based Incentives Group or QMVIC here at CMS.

QMVIC 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, clinicians' 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.

I will also be joined today by two members of the Physician Compare support team, Lisa Lentz and Allison Newsom. Slide 2.

Here we have listed the various acronyms that will be used throughout the presentation, so that you can refer back to those if needed. You can move to slide 3.

Okay. The purpose of today's presentation is to give a brief overview of Physician Compare, share information about public reporting of the Merit-based Incentive Payment System and Alternative Payment Models and discuss the upcoming Physician Compare preview period. During the last half of the presentation you will have a chance to ask questions. And now, I will pass the presentation over to Lisa Lentz.

Presentation

Lisa Lentz: Thanks, Daniel. We can go to slide 4, please.

I'll now provide an overview of what is currently on the Physician Compare website before we dive into what is going to be new.

As always, before I get started, I do want to acknowledge that we have a diverse audience on the phone today and on the webcast, so I'll do my best to cover this in a way that works for everyone. And please remember that if you have any questions, you will have a chance to ask them at the end of today's presentation. Slide 5, please.

First, let's talk about Physician Compare's background and purpose. CMS established Physician Compare as required by Section 10331 of the Patient Protection and Affordable Care Act or ACA. As a result of ACA, the website launched on December 30, 2010.

The Medicare and CHIP Reauthorization Act or MACRA passed in 2015 and provided additional direction for the website. So, the Affordable Care Act mandated the creation of Physician Compare and the public reporting of clinician performance information and MACRA provided additional authority and requirements.

Some of you, in particular, who are joining us for the first time today may be asking what is Physician Compare. Physician Compare is a website that lists information about clinicians, groups and Accountable Care Organizations or ACOs. And again, just to reiterate, this is the information on the website today.

The dual purpose of Physician Compare is, number 1, to help people with Medicare make informed health care decisions and, number 2, it incentivizes clinicians and groups to maximize their performance. Slide 6.

We frequently get questions about who is currently on Physician Compare or what are the criteria to be listed on the website, so let's talk a bit about that.

To be listed on Physician Compare, both clinicians and groups must be approved in the Provider Enrollment, Chain, and Ownership System, PECOS, which is the sole verified source of Medicare provider information.



They must have at least one practice with location address and, in the least six months, they must have submitted a Medicare Fee-For-Service claim or be newly enrolled in PECOS.

Additionally, clinicians must have at least one specialty noted in PECOS. And groups must have a legal business name and at least two active Medicare clinicians reassign their benefits to the group's tax ID number for TIN.

It's not listed on this particular slide, but we did want to note as well that for ACOs to be included on the website at this time, they must have performance information from 2016. Slide 7, please.

For both clinicians and groups, we list names, address, phone numbers, medical specialties, Medicare assignment status which means whether or not a clinician accepts the Medicare-approved payment amount.

And additionally, for a clinician, we show board certification, education and residency, gender, group and hospital affiliation. For groups, we also have information about their affiliated clinicians or, in other words, the clinicians that practice as a part of that group.

The affiliated clinicians determine the group's specialties and also will show ACO affiliation as applicable. For ACOs, we have more basic clinician and group information as we are able to link directly to the ACO webpages. Slide 8.

So, I mentioned that a lot of information comes from PECOS – name, location and phone numbers, group affiliation, specialties, Medicare assignment status, education and gender.

And because we receive a lot of our information from PECOS, it's very important to keep this information as up to date as possible. I want to note we also use claims data to verify information such as practice location, group affiliation and hospital affiliation.

We currently have data available from four specialty boards – the American Board of Medical Specialties, American Osteopathic Association, American Board of Optometry and the American Board of Wound Medicine and Surgery. Slide 9, please.

So, I'd like to reiterate since we showed that, again, a number of pieces of information are derived from PECOS and it is the primary source of much of our information, it is very important to keep that up to date. Just a note too that it could take between two to four months for changes to appear on Physician Compare after they are updated in PECOS.

If you go to the Physician Compare initiative webpage, there is more information about which fields are PECOS driven, as well as when you should contact the Physician Compare support team at physiciancompare@westat.com if you have any questions or need additional information. Slide 10.

So, the bulk of today's presentation is going to focus on where we're headed with publicly reporting 2017 Quality Payment Program information, but first just wanted to take a step back to show where we started in terms of publicly reporting information.



I mentioned that Physician Compare was launched December 30, 2010. And then, in February of 2014, that was the first time we began to phase in publicly-reported performance information. We started with a subset of 2012 Physician Quality Reporting System or PQRS group and ACO data.

Since then, each winter, we have publicly reported the previous year's data as part of our continued phased approach to public reporting. And in a few slides, we'll talk about how those – how those measures are selected each year.

And then, each year, we continued our phased approach. So, for example, in winter 2015, we not only publicly reported data for groups and ACOs, but we also added in clinician-level data for the first time.

Then, in 2016, we also added information submitted through Qualified Clinical Data Registry or QCDRs for the first time. Last winter, we added 2016 performance information which was our first-time reporting star ratings for a subset of the 2016 group's PQRS measures.

Looking ahead, we are planning to add 2017 Quality Payment Program information to the website and I will now pass the ball to Allison Newsom to dive a bit into that.

Publicly Reporting 2017 Quality Payment Program Information

Allison Newsom: Thanks so much. As Lisa just said, I'm now going to talk about the 2017 performance information targeted for public reporting, so if we could go to slide 11 and then right on to slide 12.

The data available for public reporting are the 2017 Quality Payment Program data, which are the data from the first year of the Quality Payment Program. Similar to how data were reported under the legacy programs, all data must meet the established public reporting standards to be publicly reported on Physician Compare.

So, this means that data must be statistically valid, reliable and accurate, be comparable across submission mechanisms and meet the minimum reliability threshold. In order to be included on the public-facing profile pages, data must also resonate with patients and caregivers as shown through user testing.

I want to highlight that certain measure types will not be publicly reported on Physician Compare at this time. These include first-year measures, non-proportional or continuous ratio measures and outcome measures that are not risk adjusted. Next slide, please.

In order to be publicly reported, data must first be considered available for public reporting on the relevant final rule. For the 2017 data, this included performance information from all four MIPS, categories – Quality, Advancing Care Information, Improvement Activities and Cost, as well as final score and performance category scores.

Although these data are designated as available for public reporting, not all data will be publicly reported. I'll soon walk through which exact data will be publicly reported. Additionally, aggregate MIPS information will be periodically publicly reported. Slide 14.



This slide gives a high-level overview of which information is targeted for public reporting. Again, we'll go into this in a bit more detail as we move through the rest of the presentation.

But, at a high level, when planning to report quality measures, Quality performance category score, the Improvement Activity performance category score, Advancing Care Information measures and attestations, the Advancing Care information performance category score and the final score in the Downloadable Database. Additionally, the 2016 utilization data will be publicly reported in the Physician Compare Downloadable Database. And then, the quality measures will be publicly reported on profile pages in addition to in the Downloadable Database.

For the individual Improvement Activities, these are all considered to be first-year measures or activities, so they're not available for public reporting.

And then, for the Cost category, both the measures and the performance category score are not going to be publicly reported as they're not being used for scoring in the first year of the Quality Payment Program. Next slide.

For MIPS quality measures, a subset of group quality measures will be publicly reported as star ratings on profile pages. This is a part of our phased approach to public reporting. We're publicly reporting a similar set of group quality measures as star ratings as we did under the legacy program.

On the screen you can see an example of the current quality measure display on the Physician Compare profile pages. We expect this slide to be similar for the 2017 group quality measures.

To talk a little bit more about what you're seeing on this screen, for this measure you can see a plain language measure title, so screening for tobacco use and providing help quitting when —needing— needed.

And this plain language title is to help the users of our website best understand the performance information that's on the site. To the right of that, you can see the star rating and underneath is a plain language description that gives the website users a bit more information about what this measure means and why it's important to them.

If you're interested in learning more about the Physician Compare star ratings, I encourage you to take a look at our benchmark and star ratings fact sheet which is available on the Physician Compare initiative page and linked, too, directly on this slide. Slide 16.

Groups may also have CAHPS for MIPS summary survey measures available for public reporting on their profile pages. These measures will be publicly reported as top-box percent scores. These performance scores represent the percentage of patients who reported the most positive responses.

More information on top-box scores is provided by the Agency for Healthcare Research and Quality and the guide linked to at the bottom of this slide. This is also consistent with how the CAHPS measures were reported in previous years.



Again, this slide shows an example of what a CAHPS measure might look like on a Physician Compare profile page for group. Again, we've got a plain language measure title and plain language description. And then, instead of the star ratings, we've got the top-box percentage score on the bar with the title. Moving on to slide 17.

Slide 17 lists the 8 CAHPS for MIPS summary survey measures that are targeted for public reporting. Here in this slide, we're listing the technical title for the measure.

If you're interested in knowing the technical titles and how they compare to the plain language titles that are going up on Physician Compare, we'll be making available a document that links these plain language titles to the technical titles available on the Physician Compare initiative page. Next slide.

This next category is again quality measures, but this time, specific to the Qualified Clinical Data Registry or QCDR measures. Both clinicians and groups may have QCDR measures publicly reported on their profile pages.

These measures will be reported as percent performance scores, which is how QCDR measures were reported in previous years. Again, this is consistent with our phased approach to public reporting. A full list of the QCDR measures targeted for public reporting will be available on the Physician Compare initiative page.

On the bottom of slide 18, you can see an example of what the QCDR measures may look like on Physician Compare. You can see that the system launches to the display for the CAHPS for MIPS measures with a percent performance score and then the plain language title and description. Moving on to slide 19.

The next MIPS category I want to talk about is Advancing Care Information which is now known as Promoting Interoperability for Year 2. For the 2017 Advancing Care Information, or ACI measures, those are available for public reporting in the Physician Compare Downloadable Database.

The transition measures or measures that use the 2014 Certified Electronic Health Record Technology will be publicly reported in the Downloadable Database if they meet public reporting standards.

For the 2017 measures that use the 2015 Certified Electronic Health Record Technology, those are considered to be first year measures and will not be publicly reported.

In addition to the measures, there will also be an indicator or, in other words, a green checkmark and some accompanying text for clinicians and groups who successfully reported the 2017 Advancing Care Information.

On this slide, there is an example of what this may look like on Physician Compare. Again, you'll see a green checkmark, as well as some text indicating that this clinician reported the Electronic Health Record Technology performance category. That is a plain language description of the Advancing Care Information.

Slide 20. Thank you.

This slide is about the Improvement Activities category. All 2017 performance year Improvement Activities are considered to be first-year activities and are not available for public reporting.



The 2017 Improvement Activities category score will be publicly reported in the Downloadable Database. So, to say that again, the individual Improvement Activities are considered to be first-year activities and those will not be publicly reported.

However, the performance category score for Improvement Activities will be reported in the Physician Compare Downloadable Database. In future years, all Improvement Activities are considered available for public reporting. Slide 21.

We are not targeting to publicly report 2017 cost data as it's not being used for scoring in the first year. The Physician Compare support team is continuing to evaluate ways to publicly report this performance information and the performance category in future years. Slide 22.

2017 performance information is going to 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 match statistical public reporting standards, but were not selected for reporting on profile pages, measure denominators, measure benchmark for those measures that have star ratings and the final and performance – final score and performance category scores for Quality, ACI, and Improvement Activities.

So again, the Downloadable Database is going to have all of the different performance information that is publicly reported on profile pages. And then, there will be additional measures and information about those measures added to the Downloadable Database as well.

Physician Compare is required by MACRA to publicly report utilization data. This utilization data provides information on the services and procedures provided to Medicare beneficiaries by clinicians. Right now, we currently have a subset of 2015 utilization data in the Downloadable Database.

When we update the Downloadable Database to include the 2017 Quality Payment Program performance information, we'll also be updating the utilization data to be the 2016 utilization data.

Again, this is going to be a subset of the utilization data and if you're interested in knowing more about which specific utilization data will be publicly reported in the Downloadable Database, we are going to make a list of the specific codes that are selected for reporting available on the Physician Compare initiative page.

And, with that, that is a summary of the 2017 performance information that's going to be added to the Physician Compare profile pages and Downloadable Database for clinicians and groups. I'm now going to pass the presentation back to Lisa Lentz to discuss some additional information on the site.

Lisa Lentz: Great. Thank you, Allison. So, Allison spent a bit of time talking about the MIPS information and how that will be publicly reported on Physician Compare. I'd like to sift gears a little bit and discuss Alternative Payment Models as those APMs relate to Physician Compare.



So, on this slide, we show some information about ACOs and we're starting here because we have publicly reported on ACOs in the past since the beginning of publicly reporting performance information as you may recall from the public reporting timeline we showed.

So, groups who participated in Next Generation or Medicare Shared Savings Program ACOs will have an indicator on their profile page indicating their participation. Again, since we are sharing this information on those who participate, you'll see this type of indicator on a group profile page.

So specifically, we have a screenshot here that shows an example of what this might look like. And we use plain language here to show innovative model participation and then a definition underneath: Alternative Payment Models 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, care episode or a population.

There is a checkmark here that shows they participated in the APM. And if you were to click on the APM hyperlink, it would take you to a CMS webpage that explains APMs a bit further. And then, there is a note here that the participation in the APM does not directly affect the way in which patients pay the group.

We then, a little bit further down, show that the name of the APM is the Medicare Shared Savings Program and then we show the specific ACO in this instance that they participated through. And clicking that link will take the user to that specific ACO's webpage. Next slide, please.

So, we will be reporting on 2017 Medicare Shared Savings Program and Next Generation ACO performance information as they have data available. So, if they will not have data available for 2017, that would affect whether or not we'll have information to share on them.

If you'd like to view a list of the ACO quality measures including CAHPS for ACO today, you can view the Physician Compare initiative page. And then, we'll urge you to check back in the near future so that you can see the additional measures that will be going up for 2017. Next slide.

Okay. Before we dive into this a little bit, I did just want to mention the statutory authority around publicly reporting APM information. So, in the MACRA, specifically Section 1848(q)(9)(A)(iii), that discusses public reporting on Physician Compare and APMs and, to the extent feasible, we're to indicate participation in such models.

So, for 2017, we will be posting an indicator for clinicians who participated in the following and I will read them for those who are tuning in for – tuning in via phone only.

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 and Transforming Clinical Practice Initiative.

So again, there will be indicators for participation in these APMs at the clinician level, and then, the ACO indicators for participation will be at the group level.



The screenshot here is similar to what we've just showed on the last slide regarding what the APM indicator would look like in an ACO example. This example shows what it may look like for clinicians who participate in Comprehensive Primary Care Plus.

So, we have the same innovative model participation definition and then the explanation about, you know, what the APM is and the link to click through for more APM information. So, footnote about this not directly relating to how the patient pays the clinician.

And then, we have a link with the name of the – of the model, so here again it's Comprehensive Primary Care Plus. And this will take the user to a CMS webpage about this particular model.

We do not have webpages specific to each organization that participates in a model or separate pages for clinicians that are participating in them, so this link does take them just to the general model website. Slide 26, please.

Now, I would like to talk about performance information you might expect to see if you participate in an APM. And I realize there is a lot of information on this one slide, so I'm going to walk through it slowly and will likely repeat things a few times because I do realize there is a lot of information compressed here.

So, there are a number of types of Alternative Payment Models and different types and scenarios of individual clinician participation and this can be confusing. So again, I will take a few minutes to really – really walk through this.

So here you will see that we have three buckets of APMs noted, so one is Advanced APM and there is the scenario for those clinicians who are Qualified Participants. We also have clinicians who participate in MIPS APMs. And then, there are clinicians who participate in non-MIPS APMs.

And, depending on the specific scenario for that clinician; how many tax IDs they have and perhaps different organizations with which they're affiliated, there may be a number of different scenarios at hand here. So, let's just take these one by one.

For Qualified Participants in an Advanced APM, if they have submitted any MIPS performance information outside of their Advanced APM, we will not see any publicly-reported information on the clinician profile page.

For clinicians who are in MIPS APMs, there is a couple different scenarios here. So, number one, if somebody is in a MIPS APM and they reported individual measures through a tax ID that is not in a MIPS APM, so, in other words, they are part of a MIPS APM and they are a part of a tax ID number that is also a non-MIPS APM, in that scenario, the measure information that clinician reported may be publicly reported.

However, if an individual clinician is only part of a MIPS APM and they still separately reported individual MIPS data outside of the MIPS APM, then we will not show that information on Physician Compare.

And then, we have this scenario in which clinicians in non-MIPS APMs may submit MIPS performance information and that information will be – will be available for public reporting on their clinician profile page.



So, let me just walk through that one more time to recap. Again, I know it's a lot of information here and we're happy to take questions at the end. But for Qualified Participants in Advanced APMs, no MIPS information will be publicly reported on the clinician profile page.

For clinicians who are in MIPS APMs, if they are only part of a tax ID number that is a MIPS APM, no information will be publicly reported on their profile page.

However, if they are in a couple of different organizations, one of which may be a MIPS APM, another which may not. When they have MIPS data outside of the MIPS APM, then their information may be publicly reported.

And then, for those who are in non-MIPS APM, any information they have submitted could be available for public reporting. Let's pause there a moment, let everybody take that in, and then we can go to the next slide, slide 27.

Physician Compare Preview Period

Okay. So, we have talked so far about the information that is on public – or, I'm sorry – that is publicly reported on Physician Compare to date. We have talked about the 2017 MIPS information coming, as well as the APM information available. Now, let's talk about the preview period. Next slide, please.

So first, we'll give an overview of the preview period. Clinicians and groups will 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 a first chance for clinicians and groups to review what their 2017 performance information is targeted to look like on the Physician Compare website. The preview period is targeted to begin later this year and we urge you to subscribe to the Physician Compare listserv so that you are notified when the preview period opens.

Please note too that the preview period is not an opportunity to contest your performance information per se, but rather to preview what will be publicly reported. The targeted review process is the process to go through for any review of scoring-related concerns that you may have had.

That said, if you have an open targeted review request at the time the preview period starts, you will still be able to preview that information through the Physician Compare preview period.

However, if your performance information including final score changes as a result of your targeted review, we'll urge you to please check your updated performance feedback, which will be available through the Quality Payment Program.

You will just look for the performance feedback link in the Quality Payment Program dashboard. And this will be important to ensure that your targeted review is not only complete, but so you can preview your updated performance information.

Clinicians and groups will be able to preview their performance information targeted for public reporting by accessing the Quality Payment Program and we'll walk through right now how to preview your data and then we'll also point you to some useful resources. Slide 29



In this example, I'll walk through how you would preview group data, and this is using a hypothetical group, so any information that you see here is made up and is not reflective of any real groups or clinicians.

We want to note too that there will be instructions to preview clinician data in a user guide that will be posted on the Physician Compare initiative page. So, you'll have these slides available too, but again, we'll have a very comprehensive user guide available to you shortly.

So as a first step for both a clinician or a group would be to log in to the Quality Payment Program using an EIDM account. And you may already have an EIDM account if you have gone in to preview your – I'm sorry – to review your performance feedback, you would use your same log-in for purposes of the Physician Compare preview period.

If you don't have an EIDM account, we encourage you to get one as soon as possible so that you'll be ready to go once the preview period opens. We have included the link to create an account on this slide and there is also some information on what to do and who to contact if you have forgotten your log-in information. Slide 30, please.

Once you have logged in to the portal, you will want to select Physician Compare Preview from the left-hand navigation panel. If the preview period is open and you don't see this on the navigation panel, then you do not have any data to preview for this year. Next slide, please.

Okay. So, you've clicked Physician Compare Preview and then, from there, you will be taken to an overview page. From the overview, you will select "View Details" for the group you're interested in previewing data for.

Depending how you reported and how many groups may be applicable, you'll either see just one group listed here or you may see several. So, you'll pick the one that you're interested in. Slide 32.

Next, you'll select the Quality link in the left-hand navigation and this will take you to a page where you can review the quality performance information that would be on the profile page. Next slide.

For groups, you may see MIPS Quality Star Ratings at the measure level and QCDR performance scores in the performance section. You'll notice that there are two tabs at the top. If you are interested in seeing the CAHPS for MIPS top-box scores, you'll select "Patient Survey Score" from the header on the top right. Slide 34. Thank you.

So, after reviewing the Quality information that's targeted for Public Reporting on the group profile page, Allie had mentioned we also have a downloaded database that will contain some performance data.

So, you can view – or preview – the information that will be in the Downloadable Database as well. You'll just go back to the left-hand navigation and select "Downloadable Database". Next slide, please.

To recap, the Downloadable Database will include Quality performance information, ACI, Advancing Care Information, performance information, performance category scores for Quality, and Improvement Activities; and your group's final score.



So again, in the downloadable page, it will be a mix of measure level, performance information, performance category level with the exception of cost since that is not being used for scoring in 2017 and then final score information this year as well.

And then, let's just do a quick recap before we slide into some closing remarks and the question and answer session. So, just to recap, you'll log-in to the Quality Payment Program using your EIDM and we have information in this presentation to help you get started or troubleshoot your EIDM if necessary.

From the Quality Payment Program, you'll navigate to the Physician Compare preview, select a group, select Quality to view the Profile Page information or select Downloadable Database if you'd like to preview that. And then, there is a separate tab to review your CAHPS information within the Quality section. So, with that, we'll go to the next slide.

Here are some resources that are available if you have questions about the Physician Compare preview period both before it opens as well as during the preview period, in particular.

So here is the information you can click to if you need to reset your user ID or password. You can also visit the CMS Enterprise Portal or call the number shown on the screen if you need to create one.

You can contact the physiciancompare@westat.com team if you have scores that you feel do not match your performance feedback report or you have any questions at all about preview. And then, we urge you to check back the Physician Compare initiative page with this hyperlink here.

We'll have a guide to the Physician Compare preview period, providing a lot of comprehensive detail and step-by-step instructions. And we'll also have several documents about clinician groups and ACO performance information available preview – for preview.

And this set of documents will also include the crosswalks that will show the technical measure title to the plain language title. Next slide

Okay. So, this brings us to the point in the presentation where we hope we have given you a lot of information that is helpful, and we'd like to take your questions.

Question & Answer Session

Aryeh Langer: Thank you so much, Lisa. Our subject matter experts will now take your questions about Physician Compare.

Throughout the Q&A session we will use webcast participants – we will ask webcast participants – excuse me – to provide feedback about their experience with the technology used today. Remember to disable your pop-up blockers for best results.

We will begin our session by answering a few questions that we received from webcast participants, and then, we'll take questions from the phone.



Operator, please prompt the telephone users and begin to compile the Q&A roster.

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. 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.

Aryeh Langer: And while you compile the Q&A roster, we'll start with some questions from the webcast. The first question we see is what is a Physician Compare preview period?

Lisa Lentz: So, I can take this one. This is Lisa Lentz. So, part of Quality Payment Program, year one final rule, clinicians and groups will have a 30-day preview period.

This is where they can review their performance information before it is publicly reported and released on the Physician Compare website. So, you'll have received performance feedback and then separately you will see what this data will look like once it is publicly reported.

Aryeh Langer: Thank you. Our next question, can you please elaborate and define on what is considered not risk adjusted for purposes of outcome measures? What must be included in the risk adjustment methodology?

Allison Newsom: I think we have our colleagues on the line from Acumen, if you could take the question please.

Noy Birger: Absolutely. Thank you for the question. So, the (inaudible) measure (inaudible) to date have not had any risk adjustment or case mix applied to them in their (methodology). We would be looking for measures to have (inaudible) age and gender (inaudible) patient (submittal), as well as accounts...

Aryeh Langer: Acumen, can I cut you off for one second, Acumen? We're having a little trouble hearing you.

Noy Birger: I can – I can speak louder and a little bit closer to the microphone if that helps.

Aryeh Langer: Go ahead, please. If you could start over, I'd appreciate it.

Noy Birger: Okay. So, I was saying that the intermediate outcome and outcome measures that we've evaluated to date have had not case mix or risk adjustment built into their methodologies.

And that's what we would be looking for is included in the methodology some kind of risk adjustment, not just risk stratification or case mix adjustment on some basic demographic criteria such as gender and age as opposed to some of the age stratification we've seen so far, and as well as adjustments for some basic comorbidity. Thank you for the question.



Aryeh Langer: Thank you very much. Our next question is, how do you plan to market this data to patients?

Lisa Lentz: This is Lisa Lentz again. I'll take this one. So, this website does have some different tools that we have utilized to make sure that we're using the website to educate the Physician Compare community.

So, I think, first and foremost, the Medicare call center is probably the biggest director of traffic to the Physician Compare website. Many patients who are looking for a clinician, particularly, for instance, right now, we're in the Medicare open enrollment period, so we get a lot of traffic that way.

And then, we do, do a number of promotional items such as videos and engaging also with different stakeholder organizations to ensure that we are responsive to their constituents and making sure that we're providing value to the patient and caregiver audience.

We also do quite a bit of user testing. So, since our audience is, first and foremost, patients and caregivers, we want to make sure that information we are publicly reporting is meaningful for them and does actually help them when selecting their clinicians.

Aryeh Langer: Thank you very much. Our next question – will slides be available after the presentation? The answer is yes. The slides are actually available now. I'm assuming that question is coming from somebody only on the phone and not via the webcast, but the slides are available at go.cms.gov/npc. Again, go.cms.gov/npc.

Our next question, if a patient views someone with a lower score for whatever reason and wants to know why, is there an area that educates them?

Allison Newsom: This is Allison Newsom with the Physician Compare support team. So, there are a few different ways that people who are looking at the Physician Compare website can get more information about what these quality measures mean.

The first of which is just the measure description that is underneath the measure itself. This gives some context about what the measure is and how it's calculated which might help someone understand where the score is coming from.

We do also have some context on the profile page itself about the fact that these quality measures are just a snapshot of the care that providers are giving to their patients. So, this is not an all-encompassing picture of what type of care a patient may receive from that specific clinician or group.

And then, if someone is interested in learning more information than that, which we know some people may be although most probably do not want more information, we have some pages available on the Physician Compare website that explain a bit more about the quality data on Physician Compare, where this data are coming from and what – kind of what it means to the patients and caregivers who are our main audience for those site – for the site.

And this would be on the Physician Compare website. There is an app about the quality data tab and some more information there. So definitely some additional context available in addition to the score.



Aryeh Langer: Thank you very much. We can go ahead and take a question from one of our callers, please.

Operator: Your first question comes from the line of Jason Shropshire.

Jason Shropshire: Hi. Can you hear me?

Aryeh Langer: Yes. Please go ahead.

Jason Shropshire: Yes. I have a question about how the data will look from the clinician level when reporting as a group.

So, I represent a large group that has members that are participating in an NG ACO, but they also are participating in a regular MIPS tax ID group participation because some of the NG supervisors are participating, others were preferred. So how does that work in terms of what is available from the individual clinician point of view when you have the sort of dual reporting under the same tax ID?

Lisa Lentz: Yes. Thank you for the question. This is Lisa Lentz. So, in this situation, so it sounds like there's an Accountable Care Organization with multiple groups and clinicians who may have different levels of participation, perhaps I'm thinking due to different tax ID numbers that are used by the – by the group.

So, some of those tax ID numbers are considered a part of the ACO, then we do show information at the level which is reported. So, on the ACO profile page we would show any performance data that's relevant there.

And then, from the group page, there would be an indicator of participation in the ACO so you could link from the group to the ACO information.

And then, at the clinician level, we do show affiliation to groups, so you would see that link it's there. But there was not in that scenario the performance information on the group page or the clinician page.

The only exception I would say – and I think this gets at your particular scenario – if an individual clinician is not a Qualified Participant and they have separately reported MIPS information through a tax ID number that will have either the MIPS APM or the non-MIPS APM, rules apply or perhaps they have another tax ID number that is not a group at all.

So, in that scenario, I would – I would suggest, you know, looking at what category that tax ID that's not part of the APM – I'm sorry – that's not part of the ACO falls under to see which scenario applies.

And if there are more detailed nuances that perhaps we're not getting at today, I definitely urge you to contact us at the physiciancompare@westat.com so we can just review in more detail this particular scenario.

Aryeh Langer: Thank you very much. Our next question submitted through the webcast. How will Quality be reported if you use EHR direct or CMS web interface?

Allison Newsom: Great question. So, for the Quality category, we are publicly reporting one collection type per measure. So, for each measure that will be publicly reported, we'll select one of the collection types to make that



data available. So, for example, if we were reporting measure A, we would only report that for either EHR direct registry or CMS web interface.

So, there's not really a difference in how the data are reported based on what collection type is used. The difference is really that we will only be selecting one of the collection types to publicly report.

Aryeh Langer: Thank you very much. Our next question, can you elaborate on what type of contextualization will be provided for published ACI and quality measures – national average, specialty average, standard deviation?

Allison Newsom: If we could pass this over to our colleagues at Acumen to talk a bit more about our benchmarking, that would be great.

Kimi Ponting: Hi, Alli. This is Kimi from Acumen. Can you reiterate the question about the benchmarking? Sorry, we're having a little feedback on our line.

Allison Newsom: Sure. So just to summarize the question, they're asking about how we are allowing for quality measures to be contextualized, so, in other words, I think it might be helpful to give a bit of an overview of how we benchmark the quality measures and then also was asking about ACI which will not be benchmarked, so if you want to talk to that a little bit as well.

Noy Birger : So, for the measures that are going to be reported on group practice profile pages in star ratings, we're using the ABC methodology which is the Achievable Benchmark of Care, which allows you to establish the five-star rating.

Aryeh Langer: Noy, we're going to take the question back in here because we're getting some feedback from your line.

Allison Newsom: I will – this is Allison again from the Physician Compare support team and I will give a quick high-level overview of what is – what's going on with the benchmarking.

So, as Noy was saying, for a subset of the MIPS quality measures, we will be publicly reporting star ratings on Physician Compare profile pages. The way those star ratings are derived is first by using the Achievable Benchmark of Care or ABC method and then by using the equal range of methodology.

And it can be a bit complex, so I'm not going to walk through all of the steps right now. But in these slides, there is a link – there is a link to the benchmark and star ratings fact sheet which gives a lot more information about that benchmarking.

And then, to answer the second part of the question, for ACI, that information will be going in the Downloadable Database as a percent performance score or an attestation and those will not be benchmarked.

Aryeh Langer: Thank you very much. Our next question, are the quality measures and CAHPS results only available at the group level, not individual clinician level?



Allison Newsom: This is Allison again. I will start with the CAHPS summary survey measures. Those are only available at the group level on Physician Compare because they are only collected at the group level.

For the quality measures, we'll be publicly reporting a subset of group quality measures – group MIPS quality measures on the profile pages as star rating.

There are also the QCDR quality measures which will be available on profile pages potentially for both clinicians and groups depending on which measures they reported. And then, additionally, in the Downloadable Database, there will be additional MIPS quality measures available as percent performance scores for both clinicians and groups.

Aryeh Langer: Thank you. Our next question, how are measures captured for physicians who change practices in mid-year? Are measures accumulated by a physician or is only part of the year used? Example, a physician leaves group that did group reporting like a large multi-specialty group and joined single specialty group that reports by individual physician.

Allison Newsom: I believe our colleagues at Acumen are dialed back in and hopefully we've got some better audio quality here. So, if our colleagues from Acumen could talk about what happens if people switch their reporting mid-year.

Noy Birger: Yes. Absolutely. I'm hoping that we sound better now. So, this is a complex and multi-layered question even though it seems simple. I'll give a couple of broad statements and I certainly invite the question – the person who asked this question to follow up further with the Physician Compare helpdesk with that and any specific scenarios.

So, measure data are reported at the level at which they were collected. So, clinician data reporting will always be reported – will always be reflected at the clinician level and group practice reporting will be reflected at the group practice level.

In cases where clinicians reported as individuals under multiple TINs or multiple groups, we do aggregate that data and give the clinician the best score achieved on a particular measure or the clinician could have measures that were reported under different TINs.

So that is available so long as the public reporting criteria minimums were met, so, for example, they reported on a sufficient number of patients.

So that is – all to say that the data will be reported at the level which is selected and, yes, there is the possibility of aggregating to the clinician level reporting under multiple entities.

The additional thing that I will say is that on profile pages we do provide – while we don't ever list the group performance of a group that a clinician is associated with on that clinician's profile page, we do have hyperlinks to a group's reporting page, so if I'm a doctor and I'm with – participating in a group and I'm associated with the group's reporting, there would be a hyperlink on my profile page to go to the group's reporting.



However, we do – for those, we do ensure that the clinician is still actively a member of the group. Our group participation information is close to real-time use, the Provider Enrollment and Chain Ownership System, PECOS, which is Medicare’s enrollment system to confirm that clinicians or group practices associations are active, as well as use claims to further confirm that associations remain active.

So, we need to observe the clinician’s NPI with the group’s TIN in claims to confirm that there – that the relationships are active and those are close to real-time associations, whereas, right now, we’re talking about publishing the program year 2017 data.

So, there’s a little bit of a misalignment in timeline. So, we do confirm that clinicians are, to the best of our knowledge, active within the group before hyperlinking to that group’s measure performance. Thank you for the question.

Aryeh Langer: Thank you very much. And we’ll take our next question over the phone line, please.

Operator: Your next question comes from the line of Jennifer Gasperini. Jennifer, your line is open.

Jennifer Gasperini: Hi. Jennifer Gasperini with the National Association of ACOs. You mentioned that you’ll be displaying aggregate MIPS performance data and that will be released periodically. Do you know when that will be released and posted?

Lisa Lentz: Yes. Hi. This is Lisa Lentz. Thanks for that question. So MACRA does require us to periodically post aggregate performance information. At this time, we have not specified how or when we will do that, but we will specify that in future rulemaking.

Aryeh Langer: And let’s go ahead and take one more question from the phone line, please.

Operator: Your next question comes from the line of Jean Acervado.

Jean Acervado: Thank you. So, 2 questions actually, one as a consultant to the industry, one as a Medicare beneficiary. I fill both roles. So, the first one, slide 25 and 26, can you give us, or at least me, a definition of the three types of APMs that you’ve listed?

You speak to the performance information that’s going to be reported, but I’m not clear as to what Advanced APM versus a MIPS APM versus a non-MIPS APM. And in line with that, where were the APMs listed in slide 25 above up here?

Lisa Lentz: Sure. This is Lisa Lentz. Thank you for that question. I know that was – that was a pretty dense slide of information. So, just to recap a bit because I know we don’t have that particular slide up, but we have three categories – Advanced APMs, MIPS APMs and non-MIPS APMs.

So Advanced APMs are those APMs that are not subject to the specific MIPS reporting requirements that the requirements they have to do for Alternative Payment Model essentially meet the Quality Payment Program requirement. So, in short, these are the APMs that are essentially exempt from MIPS.



The MIPS APMs are the ones that CMS recognizes and put under the MIPS scoring methodologies. There are certain MIPS APMs that are subject to a certain – a certain scoring and certain rules under MIPS.

Lastly, the non-MIPS APMs, so there are certain Alternative Payment Models that CMS recognizes as innovative, but they don't necessarily fall into one of the other categories.

They are not the MIPS APM under the MIPS – you know, the MIPS APM scoring standard and they are not one of the Advanced APMs that are exempt. So essentially, they're in an innovative model, but they are still treated as eligible clinicians and still follow the other MIPS reporting rules.

Aryeh Langer: Thank you very much. Our next question submitted through the webcast is, will the preview period allow seeing the Downloadable Database?

Allison Newsom: This is Allison again with the Physician Compare support team. Yes, you will be able to see the Downloadable Database in the preview portal if you have information available for preview. It'll be in the portal and it will be view only.

So even though this is the Downloadable Database, since this is just a preview of your information that will be going up, you won't be able to download it at this time. As you know, sometimes that is a little confusing, so want to just point that out. Again, however, you will be able to see the Downloadable Database information.

Aryeh Langer: Thank you. Our next question, if you have a targeted review and there are changes that occurred during the Physician Compare preview period, will you be able to see updated Physician Compare public data?

Lisa Lentz: Hi. This is Lisa Lentz. So, a couple of things here. So, number one, if you have a targeted review, so you'll see your original performance data and preview.

But then, if there are changes, so, for instance, the target review is open at the time preview opens and then during that timeframe a determination is made, you would see that updated performance information in the performance feedback section of the Quality Payment Program.

And then, to clarify the last part, it sounds like the question is also about which measures would specifically be reported. So, you know, the new universe of what could be publicly reported would be based on anything that is related to the final performance feedback.

Aryeh Langer: Our next question, you mentioned a subset of the 2017 MIPS quality measures will be publicly reported as star ratings. Can you provide which measures specifically will be reported?

Allison Newsom: Great question. This is Allison again. Yes, we will be providing information about which specific quality measures are targeted for public reporting and star ratings.

Those will be in "Documents" on the Physician Compare initiative page which, in addition to having information about the group quality measures for star ratings, will also have information about all of the other performance information we've walked through today.



So again, we're tracking to getting those posted on the Physician Compare initiative page. And we will be sending around a Physician Compare listserv with links to those documents once they're ready.

So, I just want to take a moment to encourage people to sign up for the Physician Compare listserv if they haven't already so that you can stay up to date on what is going on with Physician Compare.

Aryeh Langer: Thank you. Our next question, the presentation today focused on the physician's experience of Physician Compare. What information is available for public display for patients to use as they are choosing their Primary Care Physician?

Allison Newsom: This is Allison again. So, we did cover some information today that is only available for clinicians and groups to see and that is the information that's in the preview portal. So, the preview portal, again, it's just for clinicians and groups to take a look at their own information.

Everything else that we discussed today, including the information on Physician Compare profile pages and the information in the Downloadable Database, is publicly available and is intended for the website users to see. So, at this time, if a Medicare beneficiary or their caregiver went on the website, they would see the 2016 performance information that Lisa highlighted.

And then, the 2017 Quality Payment Program performance information is going to be the data that we put up on the website the next time we update the performance information. So, just to summarize, yes, this data is available for Medicare beneficiaries and caregivers to look at. And it is just the preview portal that is limited to clinicians and groups.

Aryeh Langer: Thank you. Our next question, the consumer will not have the ability to compare the Quality and CAHPS performance of individual clinicians if they are in the same physician group, correct?

Lisa Lentz: This is Lisa Lentz. I think I understand the question, so I'll try my best to answer it and if I – if I miss the mark, please ask again.

But if – the clinicians, they are in the same group and they both assigned their – you know, their billing to that tax ID, reported as a group, then the quality information will be at the group level. And, in that case, they would have the same performance information.

Aryeh Langer: Thank you. Our next question, what if our group has changed greatly since 2017? Will clinicians listed on PC, who are no longer with us – I guess that means will clinicians be listed on Physician Compare if no longer with us?

Allison Newsom: Acumen team, could you talk a little bit about how we handle changes in clinicians and clinicians who have left their practice?

Noy Birger: Yes. I think this just goes back to what I – what I was saying previously, and this is Noy. So, we align using the Medicare enrollment information in terms of who is currently a member of the group.



So, clinicians who have left a particular practice, if they are still practicing in Medicare, they'll have individual clinician profile pages and they'll associate to the group practices that they're actively a part of.

But they wouldn't be listed on a particular group practice's affiliate and clinician page if they've left that group and have either terminated their association with that group in the Medicare enrollment system, PECOS, or if we haven't observed them billing with the group's TIN in the – in the preceding six months.

So, there would not be associations between clinicians who have left the group and we know that they've left the group to that group's measure reporting. Thank you for the question.

Aryeh Langer: Thank you very much. Let's go ahead and take a question from the phone lines, please.

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

Amandy Clark: Yes. Hi. Thank you for taking my question, actually. I'm calling from Sun City, Central Florida. I have a provider who is actually participating in MIPS, but also participating with an APM where it's TCPI, Transforming Clinical Practice Initiative. So, I was wondering since we do not do under their tax ID or anything, will her quality measures show up or not? So, I'm confused a little bit on that?

Lisa Lentz: This is Lisa. I'm trying to understand the exact scenario here. But let me – let me maybe give it at a high level just in case there are other folks with similar questions that maybe have it regarding some of the other models as well.

But essentially, if somebody is part of – they are part of an APM and we know that they participate in APM other than ACO at their individual clinician level versus, you know, the ACO participation is more at the tax ID level, so depending on that individual clinician's participation status and different ACOs – I'm sorry – different APMs and depending on whether or not they are – they are considered a qualified participant or not and then whether they are billing under TINs that are associated with APMs and those that are not, there could be a few different implications there.

So, this situation is going to differ for – you know, for each clinician depending on their scenario. So, if there are, you know, any questions once the preview period opens as to, you know, what data that clinician is seeing or not seeing, definitely contact us at the Westat email address and we'll be able to look into it for you.

Aryeh Langer: Thank you very much. Our next question from the webcast is, will a clinician participating in a MIPS APM as part of a group have anything displayed on Physician Compare if searched as an individual?

Lisa Lentz: So, we will have indicators for certain APMs. If you have the slide deck, we'll just refer back to slide 25, so that lists the APMs.

So, you would see an indicator for an individual clinician if they participate in any of those plus the different ACOs described on the previous slide as well. There's not any performance information from the APM itself listed on the clinician page if that is what you're asking.



Noy Birger: And Lisa just to chime in here, Physician Compare does also serve as the sort of doc finder site for fee-for-service Medicare. So, we do have profile pages for all clinicians who are actively participating in fee-for-service Medicare.

So even if a clinician had no participation in MIPS in any way, they would still have a profile page with their name and the specialty listed and any other information about where they practice, where they went to med school etcetera.

Aryeh Langer: Okay. Thank you. Our next question, will quality measured data in the Downloadable Database include performance test – rates? Excuse me.

Allison Newsom: Yes. So, the quality measure data that is going in the Downloadable Database will have performance rates even for those measures that are reported as star ratings. The performance rate will be in the Downloadable Database.

So, for any type of quality measure whether that's the quality star ratings, the quality one going up as performance rates in the Downloadable Database or the CAHPS for MIPS or QCDR measures, you'll be able to see the performance rates as well as some additional information about each specific measure depending on how they were reported.

Aryeh Langer: Our next question, you mentioned that there is a two to three-month data lag for PECOS data to update on Physician Compare. How often is PECOS data updated generally?

Allison Newsom: Acumen, can you please speak to the timeframe between PECOS updates and the display of Physician Compare?

Noy Birger: Absolutely. So, we received updates to the PECOS dataset twice monthly and we update the data on Physician Compare correspondingly twice monthly in terms of the descriptive data on clinician and group practice profile pages, so names, associations, practice locations and so forth.

We are – each time we do this, we are completely rebuilding the dataset for about a million clinicians. So, it's a pretty complicated creation process, I will say. In terms of the data delay, it's – each of the jurisdictional MAC, the Medicare Administrator Contractors, is responsible for updating PECOS.

So just to make sense, let's say if you edited your practice location information, it would be at the discretion of the MAC how long they take to approve that. And different types of edits are sort of more automatic than others in terms of approval.

For example, if you corrected your medical school graduation date, that might – that might get approved pretty quickly in an – in an automated fashion. However, with adding new practice location addresses, they generally have a validation process where they confirm that that address is acceptable.

So, we are – as the – updates are somewhat at the discretion of the particular geographic MAC that your – that your practice falls under. However, we do strive to incorporate new data as quickly as it becomes available to us.



Aryeh Langer: Thank you very much. Can we take another question from a caller, please?

Operator: Your next question comes from the line of Scott Mash.

Scott Mash: Yes. Hi. My question is about the quality measures that will be shared Physician Compare.

Aryeh Langer: I'm sorry, could you speak up? We're having a hard time hearing you.

Scott Mass: Yes. My question is about the quality measures that will be displayed on Physician Compare, you know, if they're MIPS you are required to report at least six quality measures with one being high priority but you can receive additional bonus report – bonus points towards your MIPS final score if you report additional high priority or outcome measures.

Will those measures that are displayed on Physician Compare just be your top six measures or all quality measures that are submitted?

Allison Newsom: Yes. So, it sounds like the – this is Allison again. It sounds like the question is if a clinician reported more than the six measures that are required for MIPS – for the MIPS program, would those measures still be reported on Physician Compare?

Lisa Lentz: Yes. So, yes. So those measures could technically be available for public reporting. Just keep in mind that they have – any measure has to meet our public reporting standard. So, it's possible to report some quality measures and they don't meet public reporting standards and, therefore, are not on Physician Compare. But, yes, it is possible.

Noy Birger: Additionally, we are only selecting one collection type per measure for public reporting.

Aryeh Langer: Okay. Thank you very much. Our next question submitted to the webcast, on slide 17, how is this information gathered? Do patients have a site they go to and answer these questions?

Lisa Lentz: Yes. I'll take this one. This is Lisa. So, slide 17 is the one that went over the CAHPS for MIPS summary survey measures.

And there are actually certified survey vendors that are sending these experience surveys directly to patients and caregivers. So that is how we are gathering this information through those vendors sending out the survey and then the patient and caregiver responses back to the vendors.

Aryeh Langer: Thank you. Our next question, if a provider or group reported only on Quality category, would there be any statement of not reporting those other categories like did not report ACI and IA?

Lisa Lentz: Thanks. This is Lisa. So, the short answer to this is no. There will not be any indicator on Physician Compare that says somebody did not report on something.



Aryeh Langer: Our next question, please clarify for the first year on quality measures, are these reported in the Downloadable Database though not reported on group profile pages?

Lisa Lentz: This is Lisa again. No, if they – if the measure is in its first year, it is not being considered for public reporting on either the profile pages or in the Downloadable Database.

Aryeh Langer: Our next question, how often are the ratings updated for the public? In essence, how long will 2017 ratings be represented via the website?

Allison Newsom: So essentially, the 2017 ratings will be on the website for about a year. We release new performance information on a yearly basis. So approximately a year would be the answer.

Noy Birger: And these – the measures that we're currently working with are collected on an annual basis.

Aryeh Langer: Thank you. Can we take another question from a caller, please?

Operator: Your next question comes from the line of Kelly Kritz.

Kelly Kritz: Hello. My name is Kelly Kritz and I work for the Orthopedic Institute Wisconsin. My question is more to do with an inability to report certain things as how that will be reflected on the site.

I know that CMS recognize that, as a result of some electronic health record limitations, for example, EMV did not provide reporting availability, we had to report on the minimum in order to achieve a neutral.

And when I went and looked at some of the information out there, it looks like we have really poor ratings even though we achieved what CMS had agreed would be, you know, the minimum for those of us who couldn't accomplish MIPS '2016 – '17, pardon me, '16. So how will that be reflected?

Lisa Lentz: This is Lisa. Just to clarify, so it sounds like – it sounds like you did have ACI scores, but there's some circumstances that they are concerned with that may have impacted the scores that you received in your performance feedback?

Kelly Kritz: Well, more that we have always achieved everything and then when it moves to MIPS, our EHR vendor no longer provided us or updated our reporting measures.

So, we had to use or chose to use rather a group reporting that just achieved a neutral, the bare minimum that we could literally do by hand even with 32 providers which was a real treat, by the way.

And I'm just wondering, is there going to be some way for that to be reflected in the site for those of us who chose to report and to continue to report with the new MIPS, but didn't have the ability to meet the measures?

Similarly, this year, we're having to use the same thing by using your quality survey – provider quality survey. How – I mean, how are you going to reflect those of us who are still making the effort and could achieve it but can't report it?



Lisa Lentz: Thank you for the clarification. So, in this particular instance, I am going to ask if you could write to us at PhysicianCompare@Westat.com because we do want to look into this specific issue and make sure we're giving to you the right information.

Additional Information

Aryeh Langer: Thank you very much. Okay. Unfortunately, that's all the time we have for questions today. If we did not get to your question, please refer to slide 36 for more information including the Physician Compare resource email address that was just mentioned.

On slide 39, you'll find information on how to evaluate your experience with today's event. We'll also push out the link to the evaluation to our webcast participants right now.

Evaluations are anonymous, confidential and voluntary. But we hope you'll take a few moments to evaluate your experience with today's event. As a reminder, disable your pop-up blockers for best results.

An audio recording and transcript will be available in about two weeks at go.cms.gov/npc, again at go – the address is go.cms.gov/npc. I'd like to thank our subject matter experts and all participants who've joined us for today's Medicare Learning Network event on Physician Compare. Have a great day, everyone.

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