

2018 Quality Payment Program: Doctors & Clinicians Performance Information on Medicare Care Compare Webinar and Q&A Session

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Acronyms in this Presentation

- **ABC™** – Achievable Benchmark of Care
- **ACO** – Accountable Care Organization
- **APM** – Alternative Payment Model
- **CAHPS** – Consumer Assessment of Healthcare Providers and Systems
- **IA** – Improvement Activities
- **MACRA** – Medicare Access and CHIP Reauthorization Act of 2015
- **MIPS** – Merit-based Incentive Payment System
- **PDC** – Provider Data Catalog
- **PECOS** – Provider Enrollment, Chain, and Ownership System
- **PI** – Promoting Interoperability
- **QCDR** – Qualified Clinical Data Registry
- **QPP** – Quality Payment Program
- **TIN** – Taxpayer Identification Number

Agenda

- Doctors & Clinicians Public Reporting: Background and 101
- 2018 Performance Information Release
- Questions and Answers
- Resources

Doctors & Clinicians Public Reporting: Background and 101

Purpose of Public Reporting: Doctors & Clinicians

Helps people with Medicare
make informed decisions



Incentivizes clinicians to
maximize performance



Doctors & Clinicians: Legislative History

- QPP draws its operating authority for public reporting from Section 10331(a)(1) of the Affordable Care Act.
 - Under this authority, CMS developed the Physician Compare website along with the downloadable database¹ and initiated a phased approach to public reporting. Section 1848(q)(9)(A) and (D) of MACRA facilitates the continuation of this phased approach for publicly reporting doctor and clinician performance information.
- Section 1848(q)(9)(A) and (D) of the Social Security Act requires CMS to publicly report:
 - MIPS eligible clinicians' final score;
 - MIPS eligible clinicians' performance under each MIPS performance category;
 - Names of eligible clinicians in Advanced APMs and, to the extent feasible, the names and performance of such Advanced APMs; and
 - Aggregate information on the MIPS, including the range of final and performance category scores for all MIPS eligible clinicians, periodically.

Care Compare and the Provider Data Catalog (PDC)

- **Care Compare** and the **PDC** replaced CMS's eight original health care compare tools retired on December 1, 2020.
 - The Doctors & Clinicians section of Care Compare replaced Physician Compare profile pages and the PDC replaced the Downloadable Database.
- **Care Compare** provides a single source search and compare experience for people with Medicare and their caregivers to find information about doctors, clinicians, and other healthcare providers and settings based on their needs.
- The **PDC** provides researchers and other interested stakeholders direct access to view and download the official data used on Care Compare.

Doctors & Clinicians Public Reporting Timeline

Performance Year	Public Reporting Year	Publicly Reported Performance Information
2017	2019	<ul style="list-style-type: none"> • 2017 QPP group, clinician, and ACO performance information, including MIPS Quality, QCDR, MIPS ACI, and MIPS Final and Performance Category Scores • Small subset of group MIPS Quality measures published as star ratings
2018	2020	<ul style="list-style-type: none"> • 2018 QPP group, clinician, and ACO performance information, including MIPS Quality, QCDR, MIPS PI, MIPS IA, and MIPS Final and Performance Category Scores • Larger subset of MIPS Quality, QCDR, and MIPS PI measures published as star ratings for groups and clinicians



Note: Not all performance information is selected for public reporting. Only measures and activities that meet the established public reporting criteria will be publicly reported.

Doctors & Clinicians Public Reporting Standards

- All doctor and clinician performance information on Care Compare and in the PDC must meet the established public reporting standards, except as otherwise required by statute (§414.1395(b)).
 - To be included in the **PDC**, performance information must be statistically valid, reliable, and accurate; be comparable across collection types; and meet the minimum reliability threshold.
 - To be included on **Care Compare profile pages**, performance information must also resonate with Medicare patients and caregivers, as determined by user testing.
- Additionally, quality and cost measures in their first 2 years of use are not publicly reported (§414.1395(c)).

MIPS Performance Information

- The following MIPS performance information is available for public reporting:¹
 - Quality measures
 - Promoting Interoperability (PI) measures and attestations
 - Improvement Activities (IA)
 - Cost measures
 - Final Scores and performance category score (Quality, PI, IA, cost)
- The 2020 QPP final rule determined that aggregate MIPS information will be periodically publicly reported beginning with the 2018 performance year.

¹ Not all performance information is selected for public reporting. Only measures and activities that meet the established public reporting criteria will be publicly reported.

Alternative Payment Models (APMs) Performance Information

- The following APM performance information is available for public reporting, as technically feasible:
 - An indicator that clinicians and groups participated in Alternative Payment Models
 - Links from group profile pages to Medicare Shared Savings Program and Next Generation ACO profile pages
 - ACO performance information for Medicare Shared Savings Program and Next Generation ACOs¹

¹ Not all performance information is selected for public reporting. Only measures and activities that meet the established public reporting criteria will be publicly reported.

Doctors & Clinicians General Information

Information	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		✓	
APM affiliation	✓		
ACO affiliation		✓	
Website URL			✓

Criteria: Doctors & Clinicians on Care 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 health care professionals reassign their benefits to the group's TIN

2018 QPP Performance Information

Publicly Reported 2018 MIPS Performance Information for Doctors and Clinicians

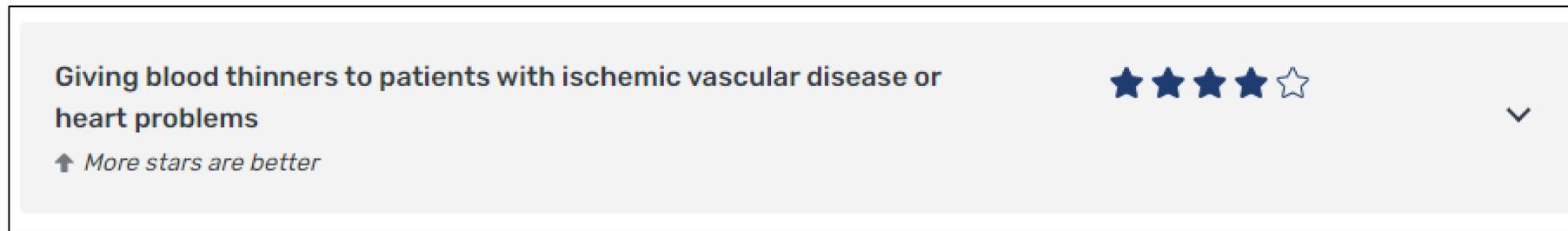
Performance Information	Care Compare Profile Pages	Provider Data Catalog
2018 MIPS Performance Information		
Quality measures	✓	✓
Quality performance category score	--	✓
Improvement Activities ¹	✓	✓
Improvement Activities performance category score	--	✓
Promoting Interoperability measures & attestations	✓ ¹	✓
Promoting Interoperability performance category score	--	✓
Cost measures ²	n/a	n/a
Cost performance category score ²	--	✓
Final score	--	✓

¹ This information has been publicly reported for the first time this year, and was not published under performance year 2017 of the QPP.

² 2018 cost measures are not publicly reported as they do not meet public reporting standards.

Quality Performance Category: MIPS Quality Measures

- A subset of 2018 MIPS Quality measures are available on clinician and group profile pages, as star ratings¹.

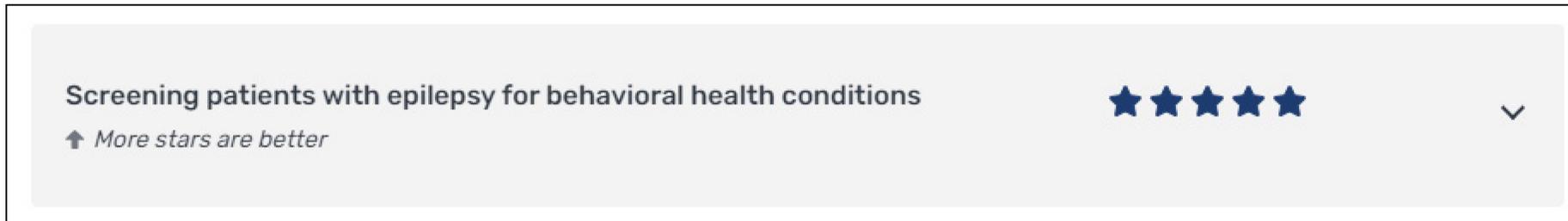


- PY 2018 MIPS Quality performance category scores are publicly reported in the PDC.
- A full list of publicly reported MIPS Quality measures are available on the [Physician Compare Initiative](#) page.
- Download the 2018 Doctors & Clinicians Star Ratings Fact Sheet on the [Physician Compare Initiative](#) page to learn more about star ratings.

¹The picture above is an example of what 2018 performance information may look like on Care Compare profile pages and is subject to change.

Quality Performance Category: QCDR Quality Measures

- QCDR measures are publicly reported on clinician and group profile pages as star ratings¹.



- A full list of publicly reported QCDR measures are available on the [Physician Compare Initiative](#) page.

¹The picture above is an example of what 2018 performance information may look like on Care Compare profile pages and is subject to change.

Quality Performance Category: CAHPS for MIPS Summary Survey Measures

- 2018 CAHPS for MIPS summary survey scores are publicly reported on group profile pages as top box scores^{1,2}.



¹ 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](#).

² The picture above is an example of what 2018 performance information may look like on Care Compare profile pages and is subject to change.

Quality Performance Category: CAHPS for MIPS Summary Survey Measures

- Publicly available 2018 CAHPS for MIPS summary survey score measures

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

¹This 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 is available on the [Physician Compare Initiative](#) page.

Quality Performance Category: 2017 vs. 2018

- The subset of 2018 quality measures that are publicly reported on clinician and group profile pages is an expansion of what was publicly reported for 2017.

Quality Measure Type	Clinicians		Groups	
	2017	2018	2017	2018
MIPS Quality	0	77	12	84
QCDR Measures	11	9	6	9
CAHPS for MIPS	n/a	n/a	8	7
Total	11	86	26	100

Promoting Interoperability (PI)

Performance Category: Overall Indicator

- In alignment with 2017 public reporting, clinicians and groups who successfully submitted 2018 PI information have an indicator¹ on their profile pages.
- 2018 MIPS PI performance category scores are publicly reported in the PDC.

Electronic Health Record
technology participation

✓ Yes

This group is a successful performer in the Electronic Health Record Technology performance category.

¹The picture above is an example of what the indicator may look like on Care Compare profile pages and is subject to change.

PI Performance Category: Measures and Attestations

- For the first time, a subset of 2018 PI measures are publicly reported as star ratings¹ on clinician and group profile pages.
- For the first time, a subset of 2018 PI attestations are publicly reported as checkmarks¹ on clinician and group profile pages.
- A full list of publicly reported PI measures and attestations are available on the [Physician Compare Initiative](#) page.

Electronic Health Record Technology performance

The Electronic Health Record Technology (EHR) star ratings are based on performance information this group reported to Medicare based on a s... [Read more](#)

Electronic prescribing of medicines	★★★★☆	▼
↑ More stars are better		

Electronic Health Record activities

- ✓ Analyzes security risk and implements electronic security updates.
- ✓ Submits or is working to securely submit data to a public health agency to help detect outbreaks.

[Show more](#)

¹ The pictures above are an example of what 2018 performance information may look like on Care Compare profile pages and are subject to change.

Improvement Activities (IA) Performance Category

- For the first time, MIPS IA attestations are displayed on clinician and group profile pages as checkmarks.
- All 2018 MIPS IA attestations meet the established public reporting standards.
 - Maximum of 10 attestations per profile page are reported, according to consumer preference.
 - For reporters with more than 10 attestations, the 10 most highly reported attestations by entity are reported on profile pages.
 - All MIPS Improvement Activities that meet the public reporting standards are publicly available in the PDC.
- A full list of publicly reported IA attestations are available on the [Physician Compare Initiative](#) page.
- 2018 MIPS IA performance category scores are publicly reported in the PDC.

Improvement activities

- ✓ Participating in a Federally Qualified Health Center, Rural Health Clinic, or Indian Health Service quality improvement activity.
- ✓ Participating in a Medicare Partnership for Patients Hospital Improvement Innovation Network.

[Show more](#)

Cost Performance Category

- Care Compare is not publicly reporting 2018 MIPS cost measure performance information for doctors and clinicians as it does not meet public reporting standards.
- 2018 MIPS Cost performance category scores are publicly reported in the PDC.
- CMS will continue to evaluate ways to publicly report cost measures in future years.

MIPS Performance Information: Doctors & Clinicians in APMs

- Doctors and clinicians who participated in an APM in 2018 may or may not have performance information available on their profile pages and in the PDC.

Qualifying APM Participants in Advanced APMs

Performance information is **NOT** publicly reported on the clinician's profile page or in the PDC.

Clinicians in MIPS APMs¹

Performance information **IS** publicly reported on the clinician's profile page and in the PDC.²

Clinicians in All Other APM Types

Performance information **IS** publicly reported on the clinician's profile page and in the PDC.²

¹Clinicians in MIPS APMs may have opted out of public reporting during the Care Compare Preview Period.

²Clinicians only have performance information on their profile pages and in the PDC if they submitted performance information that was selected for public reporting.

Clinicians in Alternative Payment Models

- Clinicians who participated in the following APMs will have an indicator on their profile page¹.
 - Medicare Shared Savings Program Accountable Care Organizations
 - Comprehensive ESRD Care Model
 - Next Generation ACO Model
 - Comprehensive Primary Care Plus Model
 - Million Hearts: Cardiovascular Disease Risk Reduction Model
 - Comprehensive Care for Joint Replacement Payment Model
 - Frontier Community Health Integration Project Demonstration
 - Oncology Care Model
 - Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents: Phase 2
 - Transforming Clinical Practice Initiative
 - Bundled Payment for Care Improvement Model 2
 - Bundled Payment for Care Improvement Model 3
 - Bundled Payment for Care Improvement Model 4
 - Accountable Health Communities Model
 - Bundled Payment for Care Improvement Advanced Model
 - Maryland All Payer Hospital Model



Groups in Alternative Payment Models

- Groups that participated in Next Generation or Medicare Shared Savings Program ACOs have an indicator on their profile page.
- Care Compare links groups to APM profile pages for selected Medicare Shared Savings Program and Next Generation ACO profile pages¹.

Innovative model participation

✓ Yes

Next Generation ACO Model – Participates through [Iowa Health Accountable Care](#)

¹The picture above is an example of what APM information may look like on Care Compare profile pages and is subject to change.

ACO Performance Information

- 2018 Medicare Shared Savings Program and Next Generation ACO performance information is publicly reported on Care Compare ACO profile pages¹ and in the PDC.
- Currently, there are 12 MIPS Quality measures and 5 CAHPS for ACOs summary survey score measures available on ACO profile pages.
- Visit the [Physician Compare Initiative](#) page for a full list of publicly reported ACO quality measures, including CAHPS for ACOs.

Accountable Care Organization performance and patient survey scores

[Iowa Health Accountable Care](#)

Performance scores

These performance scores are based on information this ACO reported to Medicare using a set of specific criteria and guidelines about the be... [Read more](#)

Preventive care: General health

Some ACOs do a better job than others providing care that keeps patients healthy. Medicare gave this ACO a score based on how well the ACO d... [Read more](#)

Screening for an unhealthy body weight and developing a follow-up plan ↑ A higher score is better	76.45%	▼
Getting a flu shot during flu season ↑ A higher score is better	80.08%	▼
Making sure older adults have gotten a pneumonia vaccine ↑ A higher score is better	85.12%	▼

Provider Data Catalog

- The PDC includes all performance information from clinician, group, and ACO Care Compare profile pages, as well as:
 - Measures that met statistical public reporting standards but were not selected for public reporting on profile pages
 - Measure denominators
 - Measure benchmarks (if applicable)
 - Final score and performance category scores (MIPS Quality, PI, IA, and Cost)
- Aggregate performance information is publicly available in the PDC in downloadable format and will be updated periodically.
- As required by MACRA, the PDC includes utilization data, which provides information on services and procedures provided to Medicare patients by doctors and clinicians. A subset of 2017 utilization data is published in the PDC.

Provider Data Catalog: 2017 vs. 2018

Performance Information Type	Clinicians		Groups	
	2017	2018	2017	2018
MIPS Quality	108	139	107	148
QCDR Measures	13	12	7	11
CAHPS for MIPS	n/a	n/a	8	7
MIPS PI Measures	7	16	7	16
MIPS PI Attestations	4	26	4	26
MIPS IA Attestations	n/a	113	n/a	113

Questions and Answers

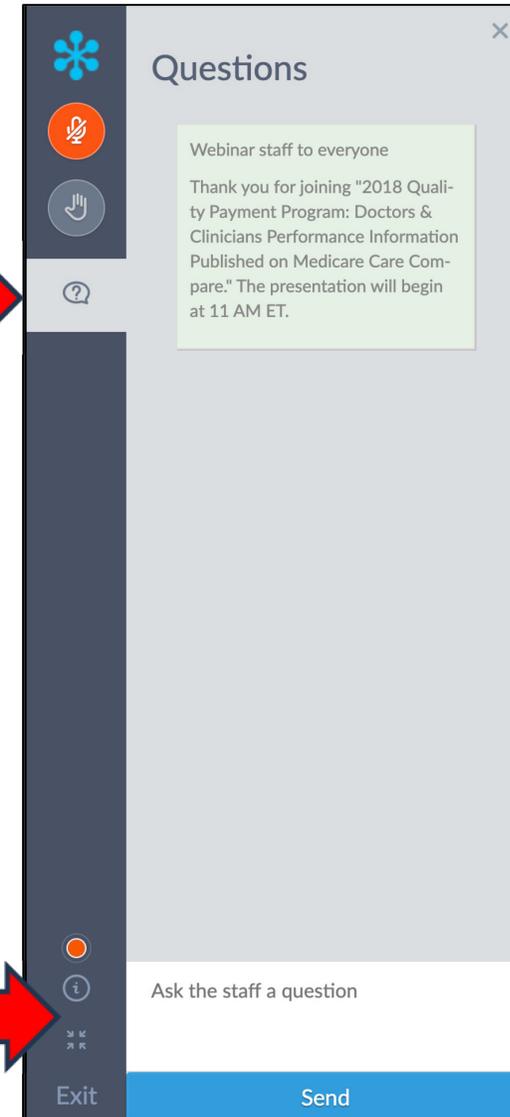
Q&A Session

To ask a question...

Click on the question mark.



Enter your question in the box and send.



For More Information

- Resources:
 - [Care Compare](#)
 - [Provider Data Catalog](#)
 - [Physician Compare Initiative page](#)
 - [Quality Payment Program](#)
- Questions?
 - For questions about public reporting for doctors and clinicians, visit the [Physician Compare Initiative page](#) or contact us at PhysicianCompare-Helpdesk@AcumenLLC.com.
 - Contact the Quality Payment Program at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10:00 a.m. and after 2:00 p.m. ET.
 - Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

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 PECOS changes to reflect in the Doctors & Clinicians section of Care Compare.
- Visit the [Physician Compare Initiative page](#) to learn more about which information can be updated via PECOS.
- Email us at PhysicianCompare-Helpdesk@AcumenLLC.com if you have additional questions about updating information on your Doctors & Clinicians Care Compare profile page.