

# 2018 Quality Payment Program: Doctors & Clinicians Performance Information Published on Medicare Care Compare December 2020

Tamyra Garcia:

Good morning everyone and welcome to our webinar on the 2018 Quality Payment Program performance information published on Medicare Care Compare. I am Tamyra Garcia, Deputy Director for the Quality Measurement and Value-Based Incentives Group, also known as QMVG, which is in the Center for Clinical Standards and Quality at the Centers for Medicare and Medicaid Services. QMVG is responsible for evaluating and supporting the implementation of 19 quality measure programs. These programs aim to assess health care quality in a broad range of settings including 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. We have worked diligently this year to launch an improved compare tool to meet the needs of patients and consumers alike. These efforts resulted in our rolling out Care Compare on September 3, 2020. The new compare tool provides a uniform compare experience across multiple provider settings, further aligning the eight independently functioning Compare sites that we had previously. The redesigned compare tool offers beneficiaries, patients and consumers a more streamlined user experience, making it easier to navigate between provider and care settings on Medicare.gov.

In addition, it includes improved features and functionality that appear to users to support their decision-making processes in order to really truly meet their individual health care needs. On Care Compare, patients can find the information they truly need to help them make important health care decisions, and the content on the new tool builds on past eMedicare efforts that served to deliver meaningful information that beneficiaries and patients prefer.

In addition to the Care Compare tool, we also launched an improved companion portal for data-driven users. This was also released on September 3, 2020. And this portal is housed on CMS.gov, and it's referred to as the Provider Data Catalog, or PDC. It better serves industry stakeholders who are interested in CMS data and prefer to use interactive or downloadable datasets. PDC also serves as a repository for all publicly reported data, which lives on Data.CMS.gov. We encourage all of you to use Care Compare and the PDC, whichever you prefer. And as always, we welcome your feedback. I will now turn today's presentation over to Jennifer Harris. Jennifer?

Jennifer Harris:

Thank you, Tamyra. I'm Jennifer Harris, Nurse Consultant in QMVG. Please note that the slides from today's presentation will be available on the Physician Compare Initiative page, and will also be distributed via email in the coming days. Next slide please.

Please take a moment to review the disclaimers outlined here. The information in today's presentation is current at this time. This publication is a general summary that explains certain aspects of the Medicare program, but is not a legal document. Next slide please.

Here we define acronyms that we use throughout this presentation. Next slide.

So, the purpose of this presentation is to share information about the public reporting of the Merit-based Incentive Payment System, or MIPS, and Alternative Payment Models, or APMs, and discuss the measures release of 2018 performance information for doctors and clinicians on Care Compare. As Tamyra mentioned, Care Compare is a streamlined redesign of the eight CMS health care Compare tools. The Doctors and Clinicians section of Care Compare, as well as the Provider Data Catalog, or PDC, replace Physician Compare as the sole source of information for doctors, clinicians, group practices, and Accountable Care Organizations or ACOs. The public reporting of performance information on Care Compare and PDC is consistent with the CMS eMedicare initiative that aims to deliver simple tools and information to current and future Medicare beneficiaries.

As previously stated, this presentation is being recorded. During the last half of the presentation, you will have a chance to ask questions, and at the conclusion of the webinar, we will provide a list of helpful resources. Please note that when you close out of this webinar, you will have an opportunity to complete a survey and recommend future topics. I am joined by two members of the Doctors and Clinicians Care Compare support team, Lisa Lentz and Allison Newsom from Westat. Next slide.

I'm going to pass the presentation over to Lisa to begin by providing some background information about Doctors and Clinicians on Care Compare.

Lisa Lentz:

Great. Thank you, Jennifer, and good morning everyone. First, I'd like to start with an overview of publicly reporting Quality Payment Program, or QPP, performance information. Next slide please.

Publicly reporting performance information supports two overarching goals: one, helping people with Medicare make informed health care decisions, and two, incentivizing clinicians and groups to maximize their quality performance. In a moment, I will discuss CMS' new health care compare tools, and then specifically review the doctors and clinicians information available. But first, let's start with the legislation that authorizes us to do that. Next slide, please.

CMS draws its operating authority from two laws: first, Section 10331(a)(1) of the Affordable Care Act, or ACA, and two, Section 1848(q)(9)(A) and (D) of the Medicare Access and CHIP Reauthorization Act, or MACRA. Under the ACA, CMS developed the, now legacy, Physician Compare website, and also established a phased approach to public reporting. Then MACRA provided further authority that now requires CMS to publicly report information from the Quality Payment Program, including from the Merit-based Incentive Payment System, eligible clinicians, final scores, performance under each performance category, names of eligible clinicians and Advanced Alternative Payment Models, or APMs, and to the extent feasible, performance of such Advanced APMs.

Aggregate information on MIPS, including the range of final and performance category scores for all eligible clinicians, will also be publicly reported. Finally, MACRA allowed for all of this to be publicly reported on Physician Compare or on a successor website. Next slide, please.

As Tamyra had mentioned, eight original health care compare tools for various care settings, including Physician Compare, were retired and replaced by Medicare Care Compare and the Provider Data Catalog, or PDC. The focus of today's presentation, again, is the Doctors and Clinician section of these new websites, which replaced both the Physician Compare profile pages that Medicare patients and their caregivers have historically used, and the Downloadable Database, which historically was mainly used by researchers.

That said, what Care Compare does is provide a single source search and compare experience for people with Medicare so that they can find information about doctors, clinicians and other health

care providers and settings based on their needs. And, this also allows for them to have one single experience so they do not have to navigate to separate websites, such as one to find a doctor, another one to look at hospitals, et cetera. Then the PDC provides researchers and other interested stakeholders direct access to view and download the official data used that powers Care Compare, plus additional information, and we'll describe those specific differences a bit later on. But first, let's now go into the phased approach to publicly reporting doctors' and clinicians' performance information. Next slide please.

So, although it is not shown on this particular slide, I just want to make a note that CMS had started publicly reporting performance information for doctors and clinicians back in 2015, primarily under the legacy program Physician Quality Reporting System, PQRS. And there are details on this history on the Physician Compare Initiative page, which we'll provide a link for later in the presentation, but today's webinar, again, focuses on the Quality Payment Program information, which we started publicly reporting beginning with the 2017 year, which is when QPP started.

So, when we first started publicly reporting the QPP performance information, both Physician Compare and the Medicare Care Compare and PDC were available, so the 2017 performance information was published in two places until the sunset of the Physician Compare website. So, on this slide, you can see a bigger picture of what is publicly reported in both locations, Care Compare and the PDC, and then in a bit we'll dive into the details of what is in each location. So, as you can see here in the first bullet of each of these different rows in the chart, both 2017 and 2018 QPP group, clinician and ACO performance information, including the various performance categories, scores, as well as the final scores were both publicly reported.

However, you'll note in the second bullet of each row that for 2018, a larger subset of the Quality, Qualified Clinical Data Registry (or QCDR), and MIPS Promoting Interoperability measures published grew quite a bit since the previous year. And these are published – a number of these are published as star ratings, and we'll go into the differences of which measures are star ratings versus presented in other forms a bit later. You may have noticed, too, that we say here that only a subset of the performance information is publicly reported. And that's because not all information that clinicians report into MIPS is selected for public reporting. So, let's go into a bit of the differences of what is selected for public reporting on Care Compare and in the PDC. Next slide, please.

So, as we just mentioned, not all QPP performance information is publicly reported. In order to be selected for public reporting on Care Compare or in the PDC, all clinician performance information must meet the established public reporting standards we have finalized in regulation, except as otherwise required by statute. So, think of the PDC as the universe of what we have selected for public reporting out of all of the Quality Payment Program performance information that clinicians submitted. Excuse me...to be included in the PDC, performance information must be statistically valid, reliable, and accurate. It must also be comparable across the various collection types, and it must also meet a minimum reliability threshold.

Then, to be included on the Care Compare profile pages, we start with the information that was selected for public reporting on the PDC and we subset it to the performance information that resonates most with Medicare patients and their caregivers, as determined by our user testing. Recall that the PDC is primarily used by researchers, and Care Compare is used mainly by Medicare patients and caregivers, so that's why we only want to show Medicare beneficiaries or patients or caregivers the information that is most meaningful to them when they make their selection of which doctors and other types of clinicians to see. Next slide, please.

One other thing I just want to note real quickly is that any quality and cost measures in their first ... excuse me, in their first two years of use, are not publicly reported, and this is because we want to

allow doctors and clinicians to first gain experience with new measures in their quality reporting efforts before we consider publicly reporting them. So, now getting into the content on this slide, we're kind of starting to dive into the different performance categories. So, you'll see that in the 2018 final rule, we publicly ... excuse me, in the 2018 final rule, we finalized reporting the information from all four MIPS performance categories: Quality, Promoting Interoperability, Improvement Activities and Cost.

Now, being designated for public reporting, again, does not mean that they will be publicly reporting because we have to meet those established public reporting standards I just mentioned on the previous slide. And then additionally to meet one of MACRA's requirements, we established in the 2020 QPP final rule that the aggregate MIPS performance information will be periodically publicly reported, beginning with the 2018 performance year. And I'll just mention one more time because it's such an important point that not all performance information submitted to CMS or used for MIPS scoring is selected for public reporting. It is only those measures and activities that meet our public reporting standards. Next slide, please.

So, folks familiar with the Quality Payment Program know that QPP has two paths: MIPS and the Alternative Payment Models, or APMs. We've just talked quite a bit about the MIPS performance information that is publicly reported, so let's now shift over to APMs for a moment. Care Compare publicly reports information about APM participation as technically feasible, and so, for the 2018 performance year, what you'll see published is an indicator on clinician profile pages, as well as group profile pages if they participated in an APM, and we will list which APM that is and link over to that APM's informational page on the CMS website. And then, Care Compare also links groups to selected Medicare Shared Savings Program and Next Generation Accountable Care Organizations, or ACO, profile pages. Next slide, please.

In addition to performance information, I'd like to note that the Care Compare profile pages for clinicians and groups also include quite a bit of demographic information. In addition to names, addresses and phone numbers, we also include medical specialties, again, the APM affiliation, and then the Medicare assignment status – that is, whether or not a clinician accepts the Medicare approved payment amounts. Additionally, for clinicians, their profile pages include board certification, education and residency, gender, and group and hospital affiliation information. For groups, we also have information about affiliated clinicians, or those clinicians that practice as a part of that group, and the affiliated clinicians are what determine the group's specialties listed on their page. As applicable, ACO affiliation is also noted for groups. And then on the ACO profile pages, we link directly to the ACO's websites. Next slide please.

One question we frequently get asked is, “Which doctors and clinicians get listed on the CMS health care comparison tools?” And so, to be listed on Care Compare, both clinicians and groups must be approved in the Provider Enrollment Chain and Ownership System, or PECOS, which is the sole verified source of Medicare provider information. They must have at least one practice location address, and have submitted a Medicare fee-for-service claim, or be newly enrolled in PECOS within the last six months. Clinicians must have at least one specialty noted in PECOS, and groups must have a legal business name, as well as at least two active Medicare clinicians that have reassigned their benefits to the group's Tax ID Number, or TIN. Next slide.

I'll now pass the presentation to my colleague at Westat, Allison Newsom, to dive into more detail about the 2018 performance information selected for public reporting. Allison?

Allison Newsom:

Thanks, Lisa. If we could go to the next slide please? As Lisa mentioned, I'll walk through the 2018 performance information that was recently released. The chart on this slide provides a snapshot of

the 2018 MIPS performance information currently reported on Care Compare's Doctors and Clinicians profile pages, as well as in the PDC, which replaced the Physician Compare profile pages and Downloadable Database respectively. Profile pages currently include Quality measures, Improvement Activities and Promoting Interoperability measures and attestations.

The PDC contains all of those types of information, plus final scores and performance category scores for Quality, Improvement Activities, Promoting Interoperability and Cost. Two things to highlight on this slide: first, this is the first year that Promoting Interoperability measures and attestations are included on profile pages, and that Improvement Activities are in profile pages and the PDC. Second, while the Cost performance category score is included in the PDC, no Cost measure level information is on profile pages or in the PDC. This is because 2018 Cost measures did not meet the public reporting standards. Next slide.

The first MIPS performance category I'll review is Quality. A subset of 2018 MIPS Quality measures are currently available on clinician and group profile pages. MIPS Quality measures are displayed as measure-level star ratings. An example of this display is shown on this slide. The measure is shown using a plain language measure title and description, which helps to ensure that the information is easily understood by our primary audience for profile pages, that is, Medicare beneficiaries and caregivers.

If you're interested in seeing a crosswalk between the technical titles used under MIPS and the plain language titles used for public reporting, please visit the Initiative page. The Initiative page includes a wealth of other information, such as a list of all of the MIPS Quality measures that are publicly reported, and a document providing more information about how star ratings are calculated. Again, the Initiative page is a great resource, so you'll hear me refer to it several more times throughout the presentation. Next slide.

Also under Quality are Qualified Clinical Data Registry, or QCDR, measures. These measures are recorded similarly to MIPS Quality measures, using star ratings and plain language measure titles and descriptions. Again, a crosswalk of the plain language titles, a full list of QCDR measures currently reported and information about star ratings is available on the Initiative page. Next slide please.

The final sub-category under Quality is CAHPS for MIPS. CAHPS for MIPS summary survey scores provide information about patients' experiences of care. These measures are reported slightly differently than MIPS and QCDR Quality measures. The measures are still presented in plain language to ensure they're easily understandable, but rather than being reported as star ratings, these measures are reported as top box scores. I'll explain this concept more in a moment. Additionally, I want to point out that CAHPS for MIPS measures are only available at the group level, so they're only reported on group profile pages. Next slide.

The chart on this slide lists all of the CAHPS for MIPS measures that are currently reported on group profile pages. Let's use the first one, CAHPS 1, Getting Timely Care Appointments and Information, as an example for top box scores. Top box scores are created by calculating the percentage of people responding to the CAHPS for MIPS survey, which shows the most positive score for a given item response scale. For example, for CAHPS 1, this would be the percent of respondents who said they always got timely care, appointments and information. We present CAHPS information this way because user testing has shown that top box scores are well-understood by website users. Next slide.

This slide highlights the expansion in Quality performance information that's reported for 2018 compared to 2017, which is consistent with our phased approach to public reporting. One key difference is that no clinician MIPS Quality measures were reported for 2017, and now there are 77 publicly reported clinician MIPS Quality measures. The number of publicly reported group measures has also

grown. The reason I'm differentiating between group and clinician measures is because performance information is publicly reported at the level it was submitted. So, information submitted at the clinician level is available on clinician profile pages, and information submitted at the group level is available on group profile pages.

While there are a significant number of Quality measures reported at this time, it's important to remember that this does represent a subset of the information, and clinicians and groups don't submit performance information for all measures. So, the number of measures available on profile pages or in the PDC for a given clinician or group is based on which information they submitted, and which information was selected for public reporting. Next slide.

Let's now talk about how Promoting Interoperability performance is reported. In line with how we handled it for 2017, clinicians and groups who successfully submitted 2018 Promoting Interoperability information have an indicator on their profile page denoting this. This slide shows what the indicator looks like, and it's a good example of how plain language is used on Care Compare profile pages. Through user testing, we found that Medicare beneficiaries and their caregivers best understood the term Electronic Health Record participation, so this is the language we use for Promoting Interoperability. Let's move on to the next slide and continue talking about this category.

Promoting Interoperability measures and attestations are also available on profile pages. As part of our continued phased approach to public reporting, this is the first time that Promoting Interoperability measure performance information is available on profile pages. 2018 Promoting Interoperability measures are reported as star ratings, similarly to MIPS and QCDR Quality measures. Also, for the first time, a subset of 2018 Promoting Interoperability attestations are publicly reported as checkmarks on profile pages. Examples of both are shown on this slide. To find the list of the specific measures and attestations that are currently reported, please ... excuse me, please visit the Initiative page. Next slide.

The Improvement Activities category represents another expansion in public reporting. For the first time, Improvement Activity attestations are displayed on clinician and group profile pages, and they're displayed using checkmarks. In 2018, clinicians and groups could choose from 113 Improvement Activities. All 113 activities were selected for public reporting and are available in the PDC along with the Improvement Activities Final Scores ... excuse me, performance category scores.

However, we do recognize that sometimes too much information can be overwhelming to website visitors. Based on user testing findings, we're limiting the number of Improvement Activities listed on each profile page to 10. In the event that a clinician or a group submitted more than 10 Improvement Activities, the 10 most highly reported attestations by entity are reported on their profile page. On this slide, you can see an example of how Improvement Activity attestations are displayed on profile pages. Each attestation is listed in plain language with a green checkmark, and users have the option to expand the display to see up to 10 attestations on a profile page. Next slide.

The final MIPS performance category is Cost. As we mentioned earlier, 2018 Cost measure performance information is not being publicly reported at this time, as it does not meet public reporting standards. However, 2018 MIPS Cost performance category scores are publicly reported in the PDC and, continuing into the future, CMS will evaluate ways to publicly report Cost measures. Next slide.

Now switching gears slightly, I'll talk about how participation in Alternative Payment Models, or APMs, affects public reporting. Depending on how clinicians participated in APMs, they may or may not have performance information available on their profile page and in the PDC. Let's break this down. If a clinician was a qualifying APM participant, or QP, in an Advanced APM, their 2018 performance

information is not publicly reported. However, if a clinician participated in a MIPS APM or other APM type, they can still have performance information available on profile pages and in the PDC.

I do want to remind people, not all submitted MIPS information is selected for public reporting. Clinicians only have performance information available if they submitted performance information that was selected for public reporting. Additionally, clinicians in MIPS APMs have the option to opt out of public reporting for 2018. If they opted out during the Preview Period, they won't have measure and attestation performance information reported on profile pages or in the PDC. So, to summarize all of that, QPs who participated in an Advanced APM in 2018 do not have publicly reported performance information. Clinicians who participated in a MIPS APM or other APM type in 2018 do have publicly reported performance information, assuming all other public reporting requirements are met. Next slide.

Continuing with our discussion on APMs, if clinicians participated in one of the MIPS APMs listed on this slide during 2018, their participation is shown on their profile page using a green checkmark under the plain language title Innovative Model Participation. Beneath that, the type of APM is listed, with a link to more information about the model. Next slide.

Focusing now on groups, APM performance information is also included on their profile pages, but it's a bit different from clinicians. For groups, we're reporting information about their participation in Accountable Care Organizations, or ACOs – specifically, the Next Generation and Medicare Shared Savings Program ACOs. If applicable, their profile contains a checkmark for innovative model participation, as well as a link to more information about Next Generation or Medicare Shared Savings Program ACOs. Additionally, the specific ACO name is included, which links to the ACO profile page. Next slide.

The ACO profile pages are for 2018 Medicare Shared Savings Program and Next Generation ACOs. The profile pages contain a link to the ACO's website, along with 2018 performance information. There are 12 MIPS Quality measures and five CAHPS for ACOs summary survey score measures available on the Care Compare ACO profile pages and in the PDC. You can visit the Initiative page for a full list of ACO Quality measures. Next slide, please.

Now that we've walked through the information available on profile pages for clinicians, groups and ACOs, let's review what's available in the PDC. The PDC includes all performance information from clinician groups and ACO profile pages. Because the PDC is intended for researchers and other stakeholders who are interested in being able to really dive into the data, the PDC also includes additional information not available on profile pages. The additional information includes performance information that met statistical public reporting standards but were not selected for public reporting on profile pages, information about denominators and benchmarks as applicable, and final scores and performance category scores.

Starting with the 2018 MIPS performance information, the PDC also contains aggregate performance information in a downloadable format, and this information will be updated periodically. Finally, as required by MACRA, the PDC includes utilization data. This data provides information on services and procedures provided to Medicare patients by doctors and clinicians. A subset of the 2017 utilization data is published in the PDC, and more information about this is available on the Initiative page. Next slide, please.

Here you can view a comparison of the amount of information available in the PDC for 2018, compared to 2017. I'll summarize a few key points. First, there is a significantly greater number of MIPS Quality measures available in the PDC for 2018. Second, as noted earlier, Improvement Activities are available in the PDC for the first time this year for clinicians and groups. Finally, if you were to sum up

the total number of publicly reported measures and attestations in 2018 and compare that to the total number for 2017, more than double the number of measures and attestations are now reported.

With that, we've covered a lot of ground today in terms of public reporting for doctors and clinicians on Care Compare and in the PDC. Without further ado, let's move to the next slide as I pass the presentation back to Heather for the question and answer portion of today's presentation.

Heather Litvinoff:

Thank you, Allison. We'll take your questions now. We ask that questions stay on topic and pertain to the 2018 QPP measures release and other topics discussed during the presentation today. This slide shows how to ask a question during the GoToWebinar ... using the GoToWebinar interface. Please take a moment to review the information, and we will begin question and answer in a moment.

An attendee is asking, "What was the process used to identify which clinical quality measures would be publicly reported? Will the measures change for the 2019 public reporting period?" Allison, would you like to take this one?

Allison Newsom:

Sure, happy to do so. Great question. So, to start with, the process that we used is to first look at which measures are designated as available for public reporting in the relevant final rule. Once we've done that, then we start to review the performance information based on the established public reporting standards. In other words, is the measure valid, reliable and comparable across reporting mechanisms? From there, we then do user testing to determine if measures will be publicly reported in both the PDC and on profile pages, or only in the profiles, excuse me, only in the PDC.

This is the same process that we will be using for 2019. However, I do want to note that as we review what meets public reporting standards, we do expect there to be some differences in which measures and attestations are selected for public reporting. There are also a few additional public reporting changes planned for 2019, and we will share more information about that as we get closer to that period.

Heather Litvinoff:

An attendee would like to know if we could share the star rating methodology for the clinical quality measures. That's a great question. Allison, I'll pass this off to you.

Allison Newsom:

Thanks. It looks like I had a little hiccup with the muting there. Hopefully you all can hear me now. And, to answer your question about the star rating methodology, you can find that on the Physician Compare Initiative page. We've shared a link in the chat box, and it's also available in the slides once those are distributed. Once you're on the Initiative page, we've got a document that walks through the methodology used for assigning star ratings for the 2018 performance year, as well as documents listing the star rating cut-offs for each individual measure.

Heather Litvinoff:

An attendee is asking, "If an eligible clinician belongs to multiple group TINs and reported MIPS under all of them, will multiple scores or ratings be listed for that eligible clinician?" Noy, can you take that question?

Noy Birger:

Absolutely. Thank you, Heather. Let me unpack the question since this can be a little tricky. We've got a clinician who's part of multiple groups, multiple group practices, and I'm going to assume for the sake of this answer that this clinician reported as an individual under those multiple TINs and achieved MIPS scores under them all. So, what we do is two things. For the purposes of the profile information, we do sort of de-duplicate information at the clinician level. So, if the clinician reported the same measure as an individual under multiple TINs, we would display on the profile page the highest scoring, or the highest star-rated version of that particular submission.

And, this is to avoid confusing our consumer population, so beneficiaries and caregivers who might not be quite aware of how a clinician could participate through multiple groups, so we essentially de-duplicate to the clinician level. And then, separately for our downloadable dataset where we list to the category and final scores, we would list, actually, each of the sets of category and final scores that the clinician achieved, and we use a group-level identifier to differentiate those scores. Thank you for the question.

Heather Litvinoff:

Another attendee would like to know if Cost scores will be listed for future years. Allison, can you take that question?

Allison Newsom:

Certainly. So for future years, we will consider Cost measures as available for public reporting, and we will evaluate them against the established public reporting standards. However, I want to mention that, one, Cost measures in their first two years of use will not be publicly reported. And two, there is the possibility that Cost measures will not meet the strict established public reporting standards. But again, to answer the question, those will be considered, and we hope to be able to report them in future years.

Heather Litvinoff:

An attendee would like to know if 2017 MIPS performance scores will still be available to view since Physician Compare, our legacy site, is no longer available. Noy, could you comment?

Noy Birger:

Sure, absolutely. At this point, in terms of the data published to Doctors and Clinicians on Care Compare and Doctors and Clinicians in the Provider Data Catalog, it is only the 2018 performance information that is available. The 2017 data are no longer available and have been retired. Thank you.

Heather Litvinoff:

Another question we have: "Where does the CAHPS data come from? What if our group does not submit CAHPS data as one of our quality measures?" Allison, would you like to take this one?

Allison Newsom:

Yes, another great question. So, for the first part of the question, "where does CAHPS information come from?" For Doctors and Clinicians public reporting, we're specifically referring to the CAHPS for MIPS measures. If your group does not submit CAHPS for MIPS measures as one of your quality measures, that is completely understandable and what will display on your profile pages is

simply nothing for CAHPS measures. Instead, any other performance information that you submitted and selected for public reporting will be shown, or is shown on your profile page.

Heather Litvinoff:

An attendee is wondering, “How can a beneficiary know if they should look up their physician as a clinician or a group?” Lisa, can I pass this off to you?

Lisa Lentz:

Sure, thanks for the question. So, if a Medicare patient or caregiver is looking for information about their clinician but is unsure whether to look up the person individually versus as a group, what I recommend is that you navigate to the clinician page, because that's really the path to search, is through a clinician page. And then, if they are affiliated with a group or more than one group practice, you can link through from that clinician page to the group page. You will see on the clinician's page any pertinent information for them, all their different demographic information. And then if they did individually submit quality data, you will see their performance information there if it was selected for public reporting. And then again, you can link through to the group practice if you want to see more information about the groups that they are affiliated with as well as any corresponding performance information the group may have submitted for the practice as a whole.

Heather Litvinoff:

Another question: “Is there a specific designation on individual measures that denotes the measure is either MIPS or QCDR, as the QCDR measures are slightly different from the MIPS measures?” Allison, can you take the question?

Allison Newsom:

Of course. So, for the display on Doctors and Clinicians profile pages, and actually in the PDC as well, there are slight differences in how MIPS and QCDR quality measures are displayed for 2018. QCDR measures on profile pages will show as performance scores from partner organizations, which is the plain language term that we use for QCDR, again, on the profile pages. And in the PDC, you'll be able to see the specific measure numbers which will indicate whether or not it is a MIPS or a QCDR measure. You can also reference the documents on the Physician Compare Initiative page that break out the measures available into the different types of QCDR, MIPS, CAHPS for MIPS, et cetera. Thank you.

Heather Litvinoff:

We have another question. The 2018 performance year group scores are not available in the PDC. Our attendee is wondering whether there will be a downloadable spreadsheet showing 2018 performance year overall group MIPS scores. Lisa, can I pass this to you?

Lisa Lentz:

Sure. Just to clarify, and I want to make sure I'm answering the question – so, for the person asking, if I don't answer exactly what you're asking, please just restate your question in the Q&A box. But on the profile pages, we do not publicly report the performance category scores. We're just publicly reporting down to the measure and activity level. However, in the Provider Data Catalog, you will find the 2018 performance category scores as well as the final scores listed there. So again, if that does not answer the question, please just restate it in the Q&A box. Thank you.

Noy Birger:

Lisa, this is Noy. If I may add to that, I just wanted to clarify the MIPS program assigns category and final scores at the individual NPI practice TIN level. So, that's the level at which we reflect that information. So, you'll see individual clinicians listed with their NPI and an identifier for their group, and an indicator that that score was achieved through a group, but there is no assignment at the group level of scores, so that's what we reflect in our downloadable dataset. Thanks.

Heather Litvinoff:

Next question, we have: "How can we as a QCDR and measure steward ensure that our quality measures are publicly reported?" Allison, would you like to take this one?

Allison Newsom:

Yes. So, a question about how to ensure that QCDR Measures are selected for public reporting. To answer that, I want to first start by saying that QCDR Measures are evaluated using the same criteria as any other MIPS performance information. So, they will go through that same process of making sure that they have been in use for two years, that they need any other established public reporting requirements. And with that being said, if you are a QCDR and you have specific questions about your measures, please don't hesitate to reach out to us and we'd be happy to have a more in-depth conversation about those measures with you. You can either reach out to us at any email addresses you have contacted us at previously, or if you'd like, you can use the email address that's listed at the end of the slides.

Heather Litvinoff:

Another question we have from an attendee: "When a customer is part of an ACO, is the individual clinician responsible for reporting their own Promoting Interoperability, or is the ACO responsible for all the reporting?" Allison, would you like to comment on this question?

Allison Newsom:

Yes, I'll start. So, if the question is about submitting performance information to the Quality Payment Program, I'm actually going to recommend that you reach out directly to the Quality Payment Program. They'll be able to best answer your question. And if I'm not quite grasping the question and you are asking about something for doctors and clinicians, again, please feel free to type that in and I will do my best to get you an answer.

Heather Litvinoff:

Our next question: "When reviewing the Care Compare data, if there is incorrect data, how do we go about getting it corrected or updated?" Noy, can you comment on this?

Noy Birger:

Sure. I'll answer this question in a couple of different phases. So, the information on Care Compare comes from several different places. So, if you have concerns about your practice location address information, the first thing you'll want to do is confirm that all of your practice locations are approved in the Medicare enrollment system PECOS, and available. That's just what we have to start with. And you can...once you've reviewed that and you've reviewed some other details in PECOS – so for example, med school – if the clinician, you yourself as a clinician or the clinician you work with – if the

med school information doesn't look quite right, you'll want to review that in PECOS, too. Same thing with the group affiliations, you'll want to make sure that all those details are correct in PECOS.

Once you've done that, you can reach out to us about any other descriptive information or practice details at our help desk, which is Help Desk ... sorry, [PhysicianCompare-helpdesk@AcumenLLC.com](mailto:PhysicianCompare-helpdesk@AcumenLLC.com), and we will help you troubleshoot and correct details.

If you have concerns about any of your performance score information, we can also assist with that on the help desk. But ultimately, we are publishing data as it was received by the MIPS program, so we may advise you, depending on the situation, to also check with your electronic health record or your registry vendor. And we may need to refer your question to the QPP help desk for program specific information having to do with, perhaps, the score you achieved or the information that was submitted for you as a practice or for you as a clinician. That was a bit long-winded, and the answer kind of depends on what piece of data. We can always help set you in the right direction if you want to reach out to our help desk. Thanks for the question.

Heather Litvinoff:

Sticking on that same theme a little bit, there's another question around how the information gets onto the Care Compare website. Will that information about the practice and clinicians automatically populate from the PECOS account? Noy, can you take that one as well?

Noy Birger:

Sure thing. Thanks, Heather. Yes, information does flow through from PECOS. We have in excess of a million different clinicians represented on Care Compare. So, we have a very automated process to take information from PECOS and then corroborate it based on Medicare claims data, and then pass it through for display. If there's any more specific questions, please add them to the chat, but that's the broad description.

Heather Litvinoff:

Great, thank you. So, our next question is regarding the 2017 scores. I know we took this question, but again, perhaps Noy, can you comment on whether the 2017 scores will be reported?

Noy Birger:

Thanks, Heather. So, as we mentioned earlier, 2017 performance information has been retired from the Provider Data Catalog and Care Compare on the Doctors and Clinicians component.

Heather Litvinoff:

Great. The next question we have is regarding hospital affiliations. Under the individual providers on Care Compare, where does the hospital affiliation data come from? Noy, can you take this question?

Noy Birger:

Absolutely. I think the hospital affiliation is a field we're very pleased and proud to make available. It's a data element that we find patients are very interested in. This data element is built from claims data, so it's based on observing the clinician rendering services at least three times to three different patients in the preceding six months. So, we sometimes get questions to our help desk asking if it is equivalent to a clinician having admitting privileges from the hospital. We don't have a data source

of admitting privileges for all hospitals in the U.S. I would say that it's akin to a clinician having practice privileges at a hospital. Thanks for the question.

Heather Litvinoff:

The next question relates to CAHPS. Can you please clarify that the CAHPS scores are not available at the clinician level and only at the group level? Allison, can you comment on this?

Allison Newsom:

Of course. Yes, you are correct that CAHPS for MIPS scores are only publicly reported at the group level, and not at the clinician level. This goes back to the fact that we publicly report information at the level that it is submitted, and CAHPS for MIPS measures are only submitted through groups. So, in other words, there is not clinician-level CAHPS or MIPS information to report for clinicians.

Heather Litvinoff:

We have time for one more question. Can doctors, clinicians and groups preview their performance information before it's publicly reported on their Care Compare profile pages and the PDC? Lisa, can you take this question?

Lisa Lentz:

Sure, thank you. Yes, we do have a Preview Period. We just had one several months ago for the 2018 performance information. It was a 60-day Preview Period. Then, similarly, in the future before the 2019 performance information is published, we will also announce a Preview Period. So, please subscribe to our Physician Compare listserv so that you can be alerted when that next Preview Period opens. And, during that time, you will be able to view the information at your level, whether it's clinician or group. You can view both what will appear on profile pages as well as what will appear in the downloadable dataset on PDC.

Heather Litvinoff:

Thank you for all of your questions, and to the panelists for their informative answers. This concludes the question and answer session. If there are any questions we weren't able to get to today, please reach out to [PhysicianCompare-helpdesk@AcumenLLC.com](mailto:PhysicianCompare-helpdesk@AcumenLLC.com) and we'll follow up. As a reminder, we will post the slides, today's recording and the transcript to the Physician Compare Initiative page. Now I'll turn the presentation back over to Jennifer Harris to conclude our presentation for today. Jennifer?

Jennifer Harris:

Thank you for attending today's webinar. As a reminder, the slides will be available on the Physician Compare Initiative page and will be distributed via email. If you have questions that we did not answer about public reporting for doctors and clinicians, please email the support team at the email address listed on this slide. You can also find additional information on the Physician Compare Initiative page on CMS.gov. And as a reminder, when you exit this webinar, please take a few minutes to complete the survey and give us your feedback on topics you would like us to cover in the future. As always, we appreciate your input and look forward to continuing our collaboration.