

Preview Period: Performance Information for Doctors and Clinicians January 2021

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Hello, and welcome to this presentation. My name is Allison Newsom and this presentation focuses on how doctors and clinicians can preview their Quality Payment Program, or QPP, performance information that's targeted for public reporting on Medicare Care Compare and in the Provider Data Catalog, or PDC. Performance information available for preview and targeted for public reporting comes from the Merit-based Incentive Payment System, MIPS, and Alternative Payment Models, APMs.

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

On this slide, we provide a list of the acronyms used throughout the presentation.

Before we continue, we do want to note that we understand doctors and clinicians have been greatly affected by the COVID-19 pandemic. To address this public health emergency and its effects, we want to point out a few things. All of the 2019 MIPS performance information that will be previewed and eventually publicly reported has met the established statistical public reporting standards.

The standards require that measures are statistically valid, reliable, accurate, and comparable across submission mechanisms, and meet the minimum reliability threshold. The Extreme and Uncontrollable Circumstances, EUC, exceptions were available to those MIPS eligible clinicians who experienced challenges collecting or submitting 2019 performance information due to the public health emergency. Information under a MIPS performance category that was reweighted to zero through the EUC policy will not be publicly reported. Lastly, the 2019 Preview Period has been extended from 30 to 60 days to allow more time for doctors and clinicians to preview their performance information.

The Preview Period is the first chance for clinicians and groups to view their performance information that's targeted for public reporting. As we go through the presentation, I'll share more details on how to know if you or your group has information available for public reporting, and how to preview that information.

Please be aware, the Preview Period is not only for MIPS eligible clinicians and groups. Voluntary reporters, meaning those who were not MIPS eligible but still submitted performance information, can also preview their performance information. During the Preview Period, voluntary reporters and MIPS APM participants who voluntarily submitted performance information are able to opt-out of having their performance information publicly reported. MIPS eligible clinicians and groups cannot do this.

Note, if a voluntary reporter has opted in to the MIPS program for the purposes of a payment adjustment, they will not be eligible to opt-out of public reporting. These reporters' performance information will be publicly reported. Clinicians and groups will be able to preview their performance information by accessing the "Doctors and Clinicians Preview" section of the QPP website. I will go over how to preview your or your group's information later in this presentation.

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This slide shows the types of clinicians and groups who should preview their performance information on the QPP website. This includes eligible clinicians, groups, and Virtual Groups that submitted MIPS performance information; clinicians, groups, and Virtual Groups who are not MIPS eligible but voluntarily submitted MIPS performance information; and groups that submitted Consumer Assessment of Healthcare Providers & Systems, or CAHPS, for MIPS survey data.

Doctors and clinicians who participated in an APM may or may not have performance information available to preview. Performance information from qualifying APM participants in Advanced APMs will not be publicly reported. However, performance information from clinicians in MIPS APMs and all other types of APMs will be publicly reported if the information was selected for public reporting.

I'll now spend some time walking through how to log in to the website and preview your performance information. The first step to preview your performance information is to log in to the QPP website using your HARP credentials. A few housekeeping items regarding your HARP account: If you've forgotten your credentials, you can go to the HARP website to recover your user ID or password. If you don't yet have a HARP account, please visit the HARP registration page.

Please do note that to preview your performance information, you must log in using either a Security Official or Staff User role. You are not able to preview your information using a Clinician role. Again, to log in and preview your performance information, be sure you are using a Security Official or Staff User role. A Clinician user role does not allow you to preview your performance information.

Once you've logged in to the QPP website, you'll want to navigate to the "Doctors and Clinicians Preview" section. You can do this by selecting "Doctors and Clinicians Preview" from the left-hand navigation. You'll then be taken to the "Doctors and Clinicians Preview" landing page. Up until now, the steps have been the same regardless of whether you want to preview individual clinician or group performance information.

The next steps are slightly different depending on which level of information you want to preview. To preview group performance information, simply find the group you were interested in and select the "View Practice Details" button to be taken to the group's "Overview" page. If your HARP account is connected to a Virtual Group, you can preview available performance information by selecting "View Virtual Group Details" on the "Virtual Groups" tab. To preview group performance information, you must first navigate to the "Practices" tab and then select "View Practice Details" to preview group performance information.

There is an additional step needed to preview clinician level data. From the group "Overview" page, scroll down to the "Connected Clinician" section and select "View Individual Preview". You will now be on the clinician "Overview" page. I'd like to reiterate that even if you are a clinician and want to preview individual data, or if you are previewing information on behalf of a clinician, you must log in to the QPP website using a Security Official or Staff User role. Once you are on the desired individual or group "Overview" page, you can start to review the performance information.

Be aware that some clinicians and groups may not have any performance information to preview. This could be because none of the information you submitted was selected for public reporting, or because you did not submit performance information. And again, if your HARP account is

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connected to a Virtual Group, you'll need to follow an additional step to preview individual performance information. You must first navigate to the "Practices" tab and then select "View Practice Details". From there, follow the steps shown at the top of this slide to view clinician performance information.

Now I'll walk through each of the categories of information to preview, starting with Quality. To view your or your group's Quality performance information that is targeted for public reporting on profile pages, select "Quality" from the left-hand navigation. As a reminder, if you don't see this link, it's because you do not have any information to preview for that category.

On the "Quality" page, there will be one or both of the tabs shown on this slide: "Performance" and "Patient Survey Scores". This is where you will review your Quality performance information targeted for public reporting on profile pages. On the "Performance" tab, you can review MIPS and QCDR Quality measures. Both MIPS and QCDR Quality measures are reported as star ratings. The "Performance" tab only appears for clinicians and groups with MIPS or QCDR Quality performance information to preview. The "Patient Survey Scores" tab only displays for groups that have CAHPS for MIPS measures available to preview. The CAHPS for MIPS measures are reported as top box percent performance scores. To preview these scores, be sure to click on the "Patient Survey Scores" tab. More information about star ratings and top box scores are available on the [Care Compare: Doctors and Clinicians Initiative page](#).

Promoting Interoperability performance information may also be available for you to preview. The steps for Promoting Interoperability are similar to those for Quality performance. Let's start by selecting "Promoting Interoperability" from the left-hand navigation. If this tab doesn't display, it's because you don't have any Promoting Interoperability information to preview.

The "Promoting Interoperability" page may have one or two turn ups depending on which information is available for you to preview: "General Information" and "Performance". On the "General Information" tab, clinicians and groups may see an indicator that they were a successful performer in the Electronic Health Record Technology Performance category, as well as other Promoting Interoperability attestations displayed as green checkmarks. There will also be an indicator if you or your group attested negatively to one or more of the prevention of information blocking attestations. The information blocking indicator displays as an orange caution symbol. Promoting Interoperability measures are listed under "Performance", and the measures are displayed using star ratings. The information on these tabs is what will be publicly reported on a clinician or a group's profile page.

Clinicians and groups can also preview how Improvement Activities will be reported on their profile pages. Start by selecting "Improvement Activities" from the left-hand navigation. On this page, you can preview a list of Improvement Activities that are targeted for public reporting on your profile page. The Improvement Activities display as green checkmarks.

All of the performance information shown so far, as well as some additional performance and general information that was not selected for reporting on profile pages, will be publicly reported in a downloadable format. Select "Provider Data Catalog" from the left-hand navigation to see what information will be published for you or your group. On the PDC page, you'll see all of your performance information that would be publicly reported in the PDC. Only your or your group's information is displayed.

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We're often asked if the PDC information can be downloaded within the preview website. Because the data are not yet publicly reported, and this is intended only to be a preview of the data, you cannot download the dataset. We've heard this question in the past, so to emphasize, the performance information previewed on the PDC page is not downloadable.

While reviewing the PDC section, be sure to expand each collapsible bar on the page. You may have up to two bars shown depending on which information was selected for public reporting. For clinicians, the possible files are the "Clinician Performance Database", and the "Final Score and Performance Category Scores Database". The "Clinician Performance Database" contains performance information targeted for public reporting on profile pages, as well as additional performance information that's targeted for public reporting, but was not selected for profile pages. The "Final Score and Performance Category Scores Database" contains MIPS final scores and performance category scores for clinicians.

Groups may also have up to two files, the "Group Performance Database" and the "Patient Experience Database". Similar to clinicians, the "Group Performance Database" contains MIPS and QCDR Quality, Promoting Interoperability, and Improvement Activities performance information targeted for public reporting on profile pages, as well as additional performance information that is targeted for public reporting but were not selected for profile pages. CAHPS for MIPS scores are in the "Patient Experience Database."

Certain clinicians and groups are able to opt out of having their performance information publicly reported. Only those clinicians and groups who are eligible to opt out of public reporting are given that option during the Preview Period. Many clinicians and groups ask how they know if they're eligible to opt out of public reporting. There are two scenarios in which you or your group may be eligible to opt out.

First, if you are a clinician or group that submitted MIPS performance information, but were not MIPS eligible during the performance year, you can opt out of having performance information publicly reported. And, second, if you are a clinician who participated in a MIPS APM during the performance year, you can opt out of having measure-level and attestation-level performance information reported during the Preview Period. However, your MIPS Final Scores and performance category scores will be publicly reported in the Provider Data Catalog.

Please be aware that clinicians and groups who are not MIPS eligible, but opt in to the MIPS payment adjustment cannot opt out of public reporting. Again, clinicians and groups who are not MIPS eligible, but who opt in to the MIPS payment adjustment will not be able to opt out of public reporting. Please also note that voluntary reporting does not apply to clinicians who participated in an Advanced APM and were considered Qualifying APM Participants, or QPs, during the performance year.

I want to emphasize that the decision to opt out of public reporting of performance information is final for that year of performance. If you do not opt out of public reporting, your performance information will still be considered available for public reporting.

For those that the opt out policy applies to, I'll now walk through the steps to opt out. The first thing you'll want to do is navigate to the "Overview" page. This is the page you get to after selecting "View Practice Details" or "View Individual Preview". If you or your group are eligible to opt out, you'll

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see a link that says, "Click here to opt-out of having your MIPS performance information publicly reported." Select this link.

Once you've selected the link, you'll see a screen showing the clinician or group name. Please review this information carefully and verify that it is you or your group. Then, select the "Opt Out" button to continue and confirm. Please remember, this decision is final and cannot be changed later. Once you confirm your decision, you will not be able to opt back in to having your performance information publicly reported for the given performance year. So, please consider this decision carefully. If you are sure you want to opt out of public reporting, confirm your decision by typing "CONFIRM" and selecting the "CONFIRM" button.

After selecting "CONFIRM", please verify that the opt out was successful. At this point, you will no longer see a link to opt out of public reporting. Instead, you'll see a message indicating that you have chosen to opt out of having your performance information publicly reported.

And that concludes our presentation. If you have a question about the Preview Period that we didn't answer, or if you have feedback about what we presented here, we encourage you to reach out to the support team at QPP@cms.hhs.gov. Please know you can always find more information, as well as the resources mentioned in this presentation, on the [Care Compare: Doctors and Clinicians Initiative page](#) on [CMS.gov](https://www.cms.gov). There is a link to this Initiative page in the slides and in the video description. Thank you for taking the time to access this Preview Period presentation. We appreciate your participation and interest. We look forward to continuing this work together.