

Preview Period: 2020 Performance Information for Doctors and Clinicians November 2021

Anna Cupito:

Hello and welcome to this presentation. My name is Anna Cupito, and this presentation focuses on how doctors and clinicians can preview their Quality Payment Program – or QPP – performance information 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.

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

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

Next slide, please. 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 impact, we want to point out a few things. All of the MIPS 2020 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 automatically applied to MIPS eligible clinicians and available to groups who experienced challenges collecting or submitting 2020 performance information due to the public health emergency.

Information under a MIPS performance category that was re-weighted to zero through the EUC policy will not be publicly reported. If your re-weighting or targeted review request is still in progress, you will still be able to preview your 2020 performance information through the Preview Period. If your performance information (including final score) changes as a result of the targeted review, please view your updated performance feedback.

You can do this through the QPP website; just look for the “Performance Feedback” link in the QPP dashboard. Next slide, please.

The Preview Period is the first chance for clinicians and groups to view their performance information that is 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.

Please note, if a voluntary reporter has opted in to MIPS 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 during the designated period 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.

Next slide, please. 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 and Systems – or CAHPS – for MIPS Survey data.

Next slide, please. Doctors and clinicians who participated in an APM may or may not have performance information available to preview. Performance information from qualifying APM participants and 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 and did not have the EUC applied to them.

Next slide, please. I'll now spend some time walking through how to log into the website and preview your performance information. The first step to preview your information is to log in to the QPP website using your Health Care Quality Information Systems Access Roles and Profile – or 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 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.

Next slide, please. Once you've logged into 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.

Next slide, please. To preview group performance information, simply find the group you are interested in and select the "View Practice Details" button to be taken to the group's overview page.

Please note, 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. Next slide, please.

There is an additional step needed to preview clinician-level data. From the group overview page, scroll down to the "Connected Clinicians" section and select the "View Individual Preview" button for the individual clinician of interest. 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. Please 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.

Again, if your HARP account is 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". Then follow the steps shown at the top of this slide to view clinician performance information.

I'll now hand the presentation over to my colleague, Belen Michael, to explain what information is available to preview. Belen?

Belen Michael:

Thanks Anna. Next slide, please. I will now 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.

Next slide, please. On the quality page, there will be one or both of the tabs shown on the 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 in groups with MIPS or QCDR quality information to preview. The "Patient Survey Score" tab only displays for groups that have CAHPS for MIPS measures available to preview. The 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.

Next slide, please. Promoting Interoperability performance information may also be available for you to preview. The steps for Promoting Interoperability are similar to those for the quality performance information. 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.

Next slide, please. The Promoting Interoperability page may have one or two tabs 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. These attestations are shown 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. This information blocking indicator is a yellow 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. Next slide, please.

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.

Next slide, please. 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.

Next slide, please. All of the performance information shown so far, as well as some additional performance and general information 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. Next slide, please.

On the PDC page, you'll see all of your performance information that will be publicly reported in the PDC; only your or your group's information is displayed. We are often asked if the PDC information can be downloaded from the Preview pages. Because the information is not yet publicly reported and this is intended only to be a preview of the information, you cannot download the data set.

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 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 is targeted for public reporting but was not selected for profile pages. The Final Score and Performance Category Scores Database contains MIPS final score and performance category scores.

Groups may have up to two files: the "Group Performance Database" and the "Patient Experience Database". Similar to the Clinician Performance Database, 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 for public reporting but was not selected for profile pages. CAHPS for MIPS scores are in the Patient Experience Database.

Next slide, please. 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 a 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 score 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 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 this decision only applies to 2020 performance information and does not affect public reporting in future years. 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. Next slide, please.

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

Next slide, please. 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 this 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. Next slide, please.

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. Next slide, please.

After selecting "CONFIRM", please verify that the opt-out was successful. At this point, you'll 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.

Next slide, please. This concludes our presentation. If you have questions about the Preview Period that we didn't answer, or if you have feedback on what we

presented here, we encourage you to reach out to the Quality Payment Program Service Center 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 the 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, and we look forward to continuing to work together.