

# 2021 Quality Payment Program: Doctors and Clinicians Performance Information on Medicare Care Compare

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# Acronyms

- ACO – Accountable Care Organization
- APM – Alternative Payment Model
- APP – APM Performance Pathway
- CAHPS – Consumer Assessment of Healthcare Providers and Systems
- CMS – Centers for Medicare & Medicaid Services
- EUC – Extreme and Uncontrollable Circumstances
- 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
- PHE – Public Health Emergency
- QCDR – Qualified Clinical Data Registry
- QPP – Quality Payment Program
- TIN – Taxpayer Identification Number

# Public Health Emergency Considerations

- All publicly reported 2021 MIPS performance information meets the established statistical public reporting standards.
- EUC exceptions were automatically applied to MIPS eligible clinicians and available to groups that experienced challenges collecting or submitting 2021 performance information due to the PHE.
  - No performance information is publicly reported for MIPS performance categories that were reweighted to 0% through the EUC policy and for which information wasn't submitted to CMS.
  - If you submitted a reweighting or targeted review request that CMS approved, your performance information (including final score) may have changed from what was displayed during the Preview Period.

# Agenda

- Doctors and Clinicians Public Reporting: Background
- 2021 Performance Information Release
- Resources

# Doctors and Clinicians Public Reporting: Background

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# Purpose of Public Reporting: Doctors and Clinicians

Helps people with Medicare  
make informed decisions



Incentivizes clinicians to  
maximize performance



# Doctors and Clinicians: Legislative History

- The 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 Database and initiated a phased approach to public reporting. Section 1848(q)(9)(A) and (D) 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 scores;
  - 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 scores and performance category scores for all MIPS eligible clinicians, periodically.

# Care Compare and the Provider Data Catalog

- **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 and Clinicians Public Reporting Timeline

- **Performance Year 2017**
  - Publicly reported in 2019
  - QPP group, clinician, and ACO performance information, including MIPS quality, QCDR, MIPS Advancing Care information, and MIPS final scores and performance category scores
  - Included a small subset of group MIPS quality measures published as star ratings
- **Performance Years 2018-2020**
  - Publicly reported in 2020-2022
  - Continued to report MIPS final scores and performance category scores
  - Included updated QPP group, clinician, and ACO performance information, with “Advancing Care information” category name changed to “Promoting Interoperability”
  - Increased subset of MIPS quality, QCDR, and MIPS Promoting Interoperability measures published as star ratings for groups and clinicians year-over-year
- **Performance Year 2021**
  - Publicly reported in 2023

# Doctors and Clinicians Public Reporting Standards

- All performance information for doctors and clinicians 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 aren't publicly reported (§414.1395(c)).

# MIPS Performance Information

- The following MIPS performance information is available for public reporting:<sup>1</sup>
  - Quality measures
  - Promoting Interoperability measures and attestations
  - Improvement activities
  - Cost measures
  - Final scores and performance category scores (quality, Promoting Interoperability, improvement activities, cost)<sup>2</sup>
- Aggregate MIPS performance information has been publicly reported since the 2018 performance year.

# APM Performance Information

- The following APM performance information is available for public reporting, as technically feasible:
  - An indicator that clinicians and groups participated in APMs
  - Links from group profile pages to Medicare Shared Savings Program ACO profile pages
  - ACO performance information for Shared Savings Program ACOs<sup>1</sup>

<sup>1</sup> Not all performance information is available for public reporting. Only measures and activities that meet the established public reporting criteria are publicly reported.

# 2021 QPP Performance Information

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# Publicly Reported 2021 MIPS Performance Information for Doctors and Clinicians

Performance Information	Care Compare Profile Pages	PDC
<b>2021 MIPS Performance Information</b>		
Quality measures	✓	✓
Quality performance category score	--	✓
Improvement activities	✓	✓
Improvement activities performance category score	--	✓
Promoting Interoperability measures and attestations	✓	✓
Promoting Interoperability performance category score	--	✓
Cost measures <sup>1</sup>	n/a	n/a
Cost performance category score <sup>1</sup>	--	n/a
Final score	--	✓

<sup>1</sup> 2021 cost measures aren't publicly reported as CMS reweighted the cost performance category to zero due to the PHE.

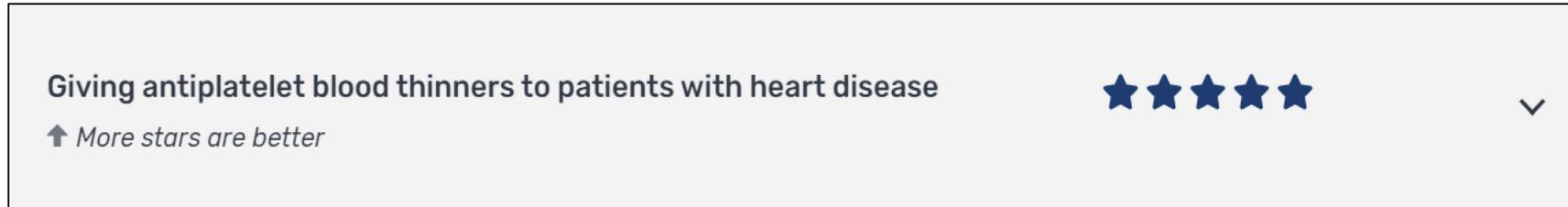
# 2021 Indicators on Doctors and Clinicians

## Profile Pages

Icon	Indicator Description
	A green checkmark and plain language description if a clinician provided some services via telehealth.
	A yellow caution symbol and plain language description if a clinician or group attested negatively to 1 or more of the 2021 prevention of information blocking attestations.
	A green checkmark and plain language description if a clinician or group successfully reported the Promoting Interoperability performance category by achieving a 2021 Promoting Interoperability performance category score above zero.
	A green checkmark and plain language APM description if a clinician or group participated in selected APMs in 2021.

# Quality Performance Category: MIPS Quality Measures

- A subset of 2021 MIPS quality measures is publicly reported on clinician and group profile pages as star ratings.



- 2021 MIPS quality performance category scores are publicly reported in the PDC.
- A full list of publicly reported MIPS quality measures is available on the [Care Compare: Doctors and Clinicians Initiative page](#).
- Download the 2021 Doctors and Clinicians Star Ratings Fact Sheet on the [Care Compare: Doctors and Clinicians Initiative page](#) to learn more about star ratings.

# Quality Performance Category: QCDR Quality Measures

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

Screening for tobacco use in emergency department patients with asthma and COPD and providing help quitting when needed.

★ ★ ★ ★ ☆

↑ *More stars are better*

- A full list of publicly reported QCDR measures is available on the [Care Compare: Doctors and Clinicians Initiative page](#).

# Quality Performance Category: CAHPS for MIPS Summary Survey Measures

- 2021 CAHPS for MIPS Summary Survey scores are publicly reported on group profile pages as top-box scores.<sup>1</sup>



<sup>1</sup> 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](#).

# Quality Performance Category: 2020 vs. 2021

- Subset of 2021 quality measures that are publicly reported on clinician and group profile pages:

Quality Measure Type	Clinicians		Groups	
	2020	2021	2020	2021
MIPS Quality	65	66	81	79
QCDR Measures	11	8	12	15
CAHPS for MIPS	n/a	n/a	7	6
<b>Total</b>	<b>71</b>	<b>74</b>	<b>100</b>	<b>100</b>

# Promoting Interoperability

## Performance Category: Overall Indicator

- In alignment with 2020 public reporting, clinicians and groups who successfully submitted 2021 Promoting Interoperability information have an indicator on their profile pages.
- 2021 MIPS Promoting Interoperability performance category scores are publicly reported in the PDC.

### Electronic Health Record technology participation

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

# Promoting Interoperability Performance Category: Measures and Attestations

- A subset of 2021 Promoting Interoperability measures is publicly reported as star ratings on clinician and group profile pages.
- A subset of 2021 Promoting Interoperability attestations is publicly reported as checkmarks on clinician and group profile pages.
- A full list of publicly reported Promoting Interoperability measures and attestations is available on the [Care Compare: Doctors and Clinicians 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 Technology activities

- ✓ Analyzes security risk and implements electronic security updates.
- ✓ Checking prescription drug history using an opioid monitoring program before electronically prescribing opioids.

# Improvement Activities Performance Category

- MIPS improvement activities attestations are displayed on clinician and group profile pages as checkmarks.
- All 2021 MIPS improvement activities attestations meet the established public reporting standards.
  - Maximum of 10 attestations per profile page is 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 improvement activities attestations is available on the [Care Compare: Doctors and Clinicians Initiative page](#).
- 2021 MIPS improvement activities performance category scores are publicly reported in the PDC.

## Improvement activities

- ✓ Collecting and following-up on patient experience and satisfaction data related to patient engagement.
- ✓ Establishing standard operations to ensure smooth transitions of care.

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# Cost Performance Category

- 2021 MIPS cost performance category scores are publicly reported in the PDC.
- Due to the ongoing PHE, the cost performance category was reweighted to zero.
- CMS will continue to evaluate ways to publicly report cost measures in future years.

# MIPS Performance Information: Doctors and Clinicians in APMs

- Publicly reported information about 2021 APM participation differs depending on APM type:
  - [Medicare Shared Savings Program](#) ACOs have profile pages with measure-level performance scores for a subset of their quality measures submitted via the [APP](#).
  - Clinicians who are Qualifying Participants in Advanced APMs do not have clinician-level performance information publicly reported on their Care Compare profile page or in the PDC.
  - MIPS performance information submitted by MIPS eligible clinicians in APMs that are neither an Advanced APM nor a MIPS APM may have clinician-level performance information publicly reported on their Care Compare profile page or in the PDC, unless they received an EUC exception due to the PHE.

# Clinicians in APMs

- Clinicians who participated in the following APMs have an indicator on their profile page.
  - Bundled Payment for Care Improvement (BPCI) Advanced Model
  - Comprehensive Care for Joint Replacement Payment Model (CJR)
  - Comprehensive ESRD Care (CEC) Model
  - Comprehensive Primary Care Plus (CPC+) Model
  - Direct Contracting (DC) Model
  - Independence at Home Demonstration
  - Kidney Care Choices Model
  - Maryland Total Cost of Care Model
  - Shared Savings Program ACOs
  - Next Generation ACOs
  - Oncology Care Model (OCM)
  - Primary Care First (PCF)
  - Value in Opioid Use Disorder Treatment (ViT) Demonstration Program
  - Vermont Medicare ACO Initiative



# Groups in APMs

- Groups that participated in Shared Savings Program ACOs have an indicator on their profile page.
- Care Compare links groups that participate in ACOs to the applicable Shared Savings Program ACO profile pages.

Innovative model participation

✓ Yes

Medicare Shared Savings Program – Participates through Commonwealth Primary Care ACO

# ACO Performance Information

- 2021 Shared Savings Program performance information is publicly reported on Care Compare ACO profile pages.
- There are 7 MIPS quality measures available on ACO profile pages.
- There are 6 CAHPS for MIPS Survey measures publicly reported on ACO profile pages.
- Visit the [Care Compare: Doctors and Clinicians Initiative page](#) for a full list of publicly reported ACO quality measures, including CAHPS for ACOs.

Innovative Primary Care LLC

## Accountable Care Organization performance & patient survey scores

[Commonwealth Primary Care ACO](#)

Print

### 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: Cancer screening

Some ACOs do a better job than others screening patients for cancer. Medicare gave this ACO a score on each measure based on how well the AC... [Read more](#)

Screening for breast cancer ↑ A higher score is better	82.11%	▼
Screening for colorectal (colon or rectum) cancer ↑ A higher score is better	81.57%	▼

# The Provider Data Catalog

- The PDC includes all performance information from clinician and group profile pages, as well as:
  - Measures that met statistical public reporting standards but weren't selected for public reporting on profile pages
  - Measure denominators
  - Measure benchmarks (if applicable)
  - Final scores and performance category scores (MIPS quality, Promoting Interoperability, improvement activities, cost)
- Aggregate MIPS 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 2020 utilization data is published in the PDC.

# PDC: 2020 vs. 2021

Performance Information Type	Clinicians		Groups	
	2020	2021	2020	2021
<b>MIPS Quality</b>	133	128	152	151
<b>QCDR Measures</b>	20	15	31	37
<b>CAHPS for MIPS</b>	n/a	n/a	7	7
<b>MIPS Promoting Interoperability Measures</b>	4	4	4	4
<b>MIPS Promoting Interoperability Attestations</b>	33	34	32	34
<b>MIPS Improvement Activities Attestations</b>	106	105	106	105

# Frequently Asked Questions

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# What are the criteria for doctors and clinicians to have Care Compare profile pages?

## Clinicians must:

- ✓ Be in approved status in PECOS
- ✓ Provide at least 1 practice location address
- ✓ Have at least 1 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 2 active Medicare healthcare professionals reassign their benefits to the group's TIN

# What general information is on profile pages?

Information	Clinicians	Groups	ACOs
Name	✓	✓	✓
Addresses and phone numbers	✓	✓	
Medical specialties	✓	✓	
Medicare assignment status	✓	✓	
Board certifications	✓		
Education	✓		
Gender	✓		
Group affiliation	✓		
Hospital affiliation	✓		
Telehealth services	✓		
Affiliated clinicians		✓	
APM affiliation	✓		
ACO affiliation		✓	
Website URL			✓

# How did the PHE affect MIPS?

- Effect of the PHE on MIPS
  - EUC policy applied to all individual MIPS eligible clinicians for the 2021 performance period.
  - MIPS eligible groups, virtual groups, and APM Entities were able to submit an application to reweight any or all MIPS performance categories if they've been affected by EUCs.
  - Cost performance category will always be weighted at 0%, even if clinicians submitted data for the other performance categories, for the 2021 performance period.
  - For MIPS performance categories that were reweighted to 0% through the EUC policy, if no information was submitted to CMS, no performance information will be publicly reported.
  - The final reweighting and targeted review decisions were applied prior to the 2021 performance information release on Care Compare.

# Keep Your Information Updated

- Make sure your information is up to date in [PECOS](#).
  - It can take 2 to 4 months for PECOS changes to reflect in Care Compare: Doctors and Clinicians.
- Visit the [Care Compare: Doctors and Clinicians Initiative page](#) to learn more about which information can be updated via PECOS.
- Email us at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) if you have additional questions about updating information on your Care Compare: Doctors and Clinicians profile page.

# For More Information

- Resources:
  - [Care Compare](#)
  - [Provider Data Catalog](#)
  - [Care Compare: Doctors and Clinicians Initiative page](#)
  - [QPP website](#)
- [Subscribe](#) to the Care Compare: Doctors and Clinicians listserv to receive the latest information and updates.
- Questions?
  - For questions about public reporting for doctors and clinicians, visit the [Care Compare: Doctors and Clinicians Initiative page](#) or contact us via [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).
  - Contact the QPP Service Center at 1-866-288-8292 or by e-mail at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov). To receive assistance more quickly, please consider calling during non-peak hours – before 10 a.m. and after 2 p.m. ET.
  - Customers who are hard of hearing can dial 711 to be connected to a TRS Communications Assistant.