

# Quality Payment Program (QPP) Performance Information Published on the Medicare.gov Compare Tool

## 2022 Doctors and Clinicians Public Reporting

### Overview

The Centers for Medicare & Medicaid Services (CMS) is publicly reporting 2022 Quality Payment Program (QPP) performance information on the [Medicare.gov compare tool](#) and in the [Provider Data Catalog \(PDC\)](#).

Established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), QPP is a quality payment incentive program that recognizes physicians and other eligible clinicians based on value and outcomes in 2 tracks: the Merit-based Incentive Payment System (MIPS) or [Advanced Alternative Payment Models \(APMs\)](#). Publicly reporting 2022 QPP performance information helps people with Medicare make informed health care decisions and incentivizes clinicians and groups to maximize their performance.





### Publicly Reported 2022 QPP Performance Information

#### What information is displayed on profile pages?

Both clinicians and groups who are enrolled in Medicare have profile pages on the Medicare.gov compare tool. Profile pages include general information (e.g., clinician specialties, practice locations, and phone numbers) useful to Medicare patients and caregivers.

Several indicators are publicly reported on clinician and group profile pages, as applicable (**Table 1**).







**Table 1: 2022 indicators on Medicare.gov compare tool profile pages for doctors and clinicians**

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 one or more of the 2022 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 2022 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 2022 ( <a href="#">learn more about APM public reporting</a> ).

# 2022 Quality Payment Program Public Reporting Fact Sheet

We also publicly report certain 2022 measure- and attestation-level QPP performance information on clinician and group profile pages to help Medicare patients and caregivers make informed decisions about the clinicians and groups they visit (**Table 2**).

**Table 2: 2022 measure- and attestation-level performance information on Medicare.gov compare tool profile pages for doctors and clinicians**

Performance Information Type	Public Reporting Display	Icon Displayed	# Reported on Clinician Profile Pages	# Reported on Group Profile Pages
MIPS Quality Measures	Measure-level star rating		60	72
Qualified Clinical Data Registry (QCDR) Measures	Measure-level star rating		6	21
Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Summary Survey Measures	Top-box percent performance scores		NA	5
Promoting Interoperability Measures	Measure-level star rating		4	4
Promoting Interoperability Attestations	Checkmark attestation		10	10
Improvement Activities	Checkmark attestation		105	105

We also publicly report utilization data, specifically procedure volume, on the profile pages for doctors and clinicians. Please see the [Care Compare: Doctors and Clinicians Initiative page](#) for more information.

## How does CMS decide which performance information to publicly report?

Only performance information that meets the established public reporting standards is selected for public reporting on profile pages and in the PDC. Quality and cost measures in their first 2 years of use aren't publicly reported ([§414.1395\(c\)](#)).

### ***What are the established public reporting standards?***

All doctor and clinician performance information on the Medicare.gov compare tool and in the PDC must meet the established public reporting standards ([§414.1395\(b\)](#)), except as otherwise required by statute. 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, as determined by statistical testing.

To be included on Medicare.gov compare tool profile pages, doctor and clinician performance information must also resonate with Medicare patients and caregivers, as determined by user testing.

## What information is available in the PDC?

The primary audiences for the [PDC](#) are clinicians, groups, and third-party data users (e.g., third-party intermediaries and researchers).

The PDC includes all 2022 QPP performance information from Medicare.gov compare tool profile pages, additional MIPS performance information that wasn't selected for public reporting on profile pages, and MIPS final scores and performance category scores (quality, Promoting Interoperability, improvement activities, and cost).

The PDC also includes utilization data. A procedure volume data file is available and includes the procedure volume and category information currently publicly reported on the Medicare.gov compare tool profile pages for doctors and clinicians.

## How is Alternative Payment Model (APM) performance information publicly reported?

Information about 2022 APM participation is publicly reported on the Medicare.gov compare tool in the following ways:

- Measure-level performance scores for groups participating in [Medicare Shared Savings Program Accountable Care Organizations \(ACOs\)](#) are displayed on the group profile page through a pop-up modal for a subset of their quality measures submitted via the [APM Performance Pathway \(APP\)](#).
- Groups that participated in the Shared Savings Program have an indicator of APM participation on their group profile page.
- Clinicians who participated in selected APMs listed below have an indicator on their profile pages:

# 2022 Quality Payment Program Public Reporting Fact Sheet

- ACO Realizing Equity Access and Community Health (REACH)
- Bundled Payment for Care Improvement (BPCI) Advanced Model
- Comprehensive Care for Joint Replacement Payment Model (CJR)
- Direct Contracting (DC) Model
- Independence at Home Demonstration (IAH)
- Kidney Care Choices Model
- Maryland Total Cost of Care Model
- Shared Savings Program ACOs
- Oncology Care Model (OCM)
- Primary Care First (PCF)
- Value in Opioid Use Disorder Treatment (ViT) Demonstration Program
- Vermont Medicare ACO Initiative

Clinicians who are Qualifying Participants in Advanced APMs don't have clinician-level performance information publicly reported on their Medicare.gov compare tool 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 Medicare.gov compare tool profile page or in the PDC, unless they received an EUC exception.

## Learn More

Visit the [Care Compare: Doctors and Clinicians Initiative page](#) to find more resources about the performance information selected for public reporting, such as the following:

- 2022 Group Performance Information
- 2022 Clinician Performance Information
- 2022 ACO Performance Information
- 2022 Measures and Activities Plain Language Crosswalk

You can find additional information about publicly reported star ratings in the 2022 Doctors and Clinicians Star Ratings Fact Sheet and 2022 Clinician and Group Star Rating Cut-offs documents, which are also located on the [Care Compare: Doctors and Clinicians Initiative page](#).

## Get in Touch

To learn more about public reporting and star ratings for doctors and clinicians on the Medicare.gov compare tool, visit the [Care Compare: Doctors and Clinicians Initiative page](#). If you have questions, contact the QPP Service Center by email at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov), by creating a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday-Friday, 8 a.m. - 8 p.m. ET). To receive assistance more quickly, especially during busier periods such as the submission window, please consider calling during non-peak hours — before 10 a.m. and after 2 p.m. ET.

People who are deaf or hard of hearing can dial 711 to be connected to a Telecommunications Relay Services (TRS) Communications Assistant.

To receive updates, [subscribe](#) to the QPP and Care Compare: Doctors and Clinicians listservs.