Preview Period: 2022 Performance Information for Doctors and Clinicians

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Rosemary Ostmann:

Hello and welcome to this presentation. My name is Rosemary Ostmann and I'm joined by my colleague Stephanie Kartelias. This presentation focuses on how doctors and clinicians can preview their Quality Payment Program—or QPP—performance information planned for public reporting on the Medicare.gov compare tool and in the Provider Data Catalog, or PDC. Performance information available for preview and planned 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. The publication is a general summary that explains certain aspects of the Medicare program, but it isn't 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 all of the MIPS 2022 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. However, no performance information will be publicly reported for MIPS performance categories that were reweighted to 0% through the Extreme and Uncontrollable Circumstances—EUC—policy and performance information wasn't submitted to CMS. If your reweighting or targeted review request is still in progress, you'll still be able to preview your 2022 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's planned for public reporting. As we go through the presentation, we'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 isn't only for MIPS eligible clinicians and groups. Voluntary reporters, meaning those who weren't MIPS eligible but still submitted performance information, can also preview their performance information. During the Preview Period,

voluntary reporters who submitted performance information are able to opt out of having their performance information publicly reported. MIPS eligible clinicians and groups can't do this. Please note, if a voluntary reporter has opted in to MIPS for the purposes of a payment adjustment, they won't 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. We'll 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 aren't MIPS eligible but voluntarily submitted MIPS performance information; and groups that submitted Consumer Assessment of Healthcare Providers & Systems, or CAHPS, for MIPS Survey data. ACOs can view their 2022 MIPS Performance Feedback or 2022 Medicare Shared Savings Program Quality Performance Reports to preview their data. ACO data isn't included in the Preview Period. Next slide, please.

I'll now walk through how to log into the website and preview your performance information. The first step to preview your performance information is to log into 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 aren't able to preview your information using a Clinician role. Again, to log in and preview your performance information, be sure you're using a Security Official or Staff User role. A Clinician User role doesn't 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 what level of information you want to preview. Next slide, please.

To preview group performance information, simply find the group you're 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's 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'll now be on the clinician overview page. I'd like to reiterate that even if you're a clinician and want to preview individual data, or if you're previewing information on behalf of a clinician, you must log into the QPP website using a Security Official or Staff User role. Once you're 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 planned for public reporting, or because you didn't 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, Stephanie Kartelias, to explain what information is available to preview. Stephanie?

Stephanie Kartelias:

Thanks, Rosemary. 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's planned 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 don't 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'll review your quality performance information planned 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 data to preview. The "Patient Survey Score" tab only displays for groups that have CAHPS for MIPS Survey 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 is 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 1 or 2 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. The 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 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 planned 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 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're often asked if the PDC information can be downloaded during the Preview Period. Because the information isn't yet publicly reported and this is intended only to be a preview, you can't download the dataset. We've heard this question in the past, so to emphasize, the performance information previewed on the PDC page isn't downloadable.

While reviewing the PDC section, be sure to expand each collapsible bar on the page. You may have up to 2 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 planned for public reporting on profile pages, as well as additional performance information that's planned for public reporting, but wasn't selected for profile pages. The "Final Score and Performance Category Scores Database" contains MIPS Final Scores and performance category scores.

Groups may have up to 2 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 planned for public reporting on profile pages, as well as additional performance information that's planned for public reporting, but wasn't selected for profile pages. CAHPS for MIPS Survey 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. This year, there's only one scenario in which you or your group may be eligible to opt out: if you're a voluntary reporter. This means that you're a clinician or group that submitted MIPS performance information but weren't MIPS eligible during the performance year. That is the only scenario in which you can opt out of having performance information publicly reported.

Please be aware that clinicians and groups who aren't MIPS eligible but opt in to the MIPS payment adjustment can't opt out of public reporting. Again, clinicians and groups who aren't MIPS eligible, but who opt in to the MIPS payment adjustment, won't be able to opt out of public reporting. Please also note that voluntary reporting doesn't 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 2022 performance information and doesn't affect public reporting in future years. If you don't 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 can't be changed later. Next slide, please.

Once you confirm your decision, you won't 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're 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 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 QPP 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. There's 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. We look forward to continuing to work together.