2022 Quality Payment Program: Doctors and Clinicians Performance Information on the Medicare.gov Compare Tool

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Acronyms

- ACO – Accountable Care Organization
- APM – Alternative Payment Model
- APP – APM Performance Pathway
- AHRQ – Agency for Healthcare Research and Quality
- 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

EUC Considerations

- All publicly reported 2022 MIPS performance information meets the established statistical public reporting standards.

- EUC exceptions were available to clinicians and groups who experienced challenges collecting or submitting 2022 performance information, such as those due to the PHE.

  - Performance information under a MIPS performance category that was reweighted to zero through the EUC policy isn't being publicly reported.

  - 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

- 2022 Performance Information Release

- Resources

Doctors and Clinicians Public Reporting: Background

Purpose of Public Reporting: Doctors and Clinicians

Helps people with Medicare make informed decisions

Incentivizes clinicians to maximize performance

Doctors and Clinicians: Legislative History

- 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.

- [MACRA](#) facilitated the continuation of this phased approach by amending Section 1848(q)(9)(A) and (D) of the [Social Security Act](#), which 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 MIPS, including the range of final scores and performance category scores for all MIPS eligible clinicians, periodically.

The Medicare.gov Compare Tool and the PDC

- **The compare tool on Medicare.gov** provides a single source search and compare experience for people with Medicare and their caregivers to find information about doctors, clinicians, and other health care providers and settings based on their needs.

- The **PDC** provides researchers and other interested parties direct access to view and download the official data used on the Medicare.gov compare tool.

Doctors and Clinicians Public Reporting Standards

- All performance information for doctors and clinicians on the Medicare.gov compare tool 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 the Medicare.gov **compare tool 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:[1]
    - Quality measures
    - Promoting Interoperability measures and attestations
    - Improvement activities
    - Cost measures
    - Final scores and performance category scores (quality, Promoting Interoperability, improvement activities, cost)

- Aggregate MIPS performance information has been publicly reported since the 2018 performance year.

[1] Not all performance information is available for public reporting. Only measures and activities that meet the established public reporting criteria are publicly reported.

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 pop-up modals
  - ACO performance information for Shared Savings Program ACOs[1]

[1] Not all performance information is available for public reporting. Only measures and activities that meet the established public reporting criteria are publicly reported.

Utilization (Procedure Volume) Data

- Section 104(e) of MACRA requires publicly reporting utilization data on services and procedures provided by doctors and clinicians.

- To meet this requirement, CMS publicly reports the volume for procedures performed by doctors and clinicians on patients with Original Medicare and Medicare Advantage, on profile pages and in the PDC.[1]

MEDICARE PROCEDURES PERFORMED IN THE LAST 12 MONTHS

This page includes procedures that this clinician performed for patients with Original Medicare and Medicare Advantage in the last 12 months. This clinician may also perform more types of procedures within Medicare and may perform procedures for patients with other types of health insurance, like commercial insurance plans not shown here.

| Hernia repair (minimally invasive) ⌄ | Annual number of procedures: 26 |
| | This clinician's percentile: 95th |

| Hernia repair - groin (open) ⌄ | Annual number of procedures: 1-10 |

[1]The initial release of procedure volume data on doctor and clinician profile pages includes 12 procedures (additional procedures will be added periodically, as feasible). Visit the Care Compare: Doctors and Clinicians Initiative page for information about available procedures.

2022 QPP Performance Information

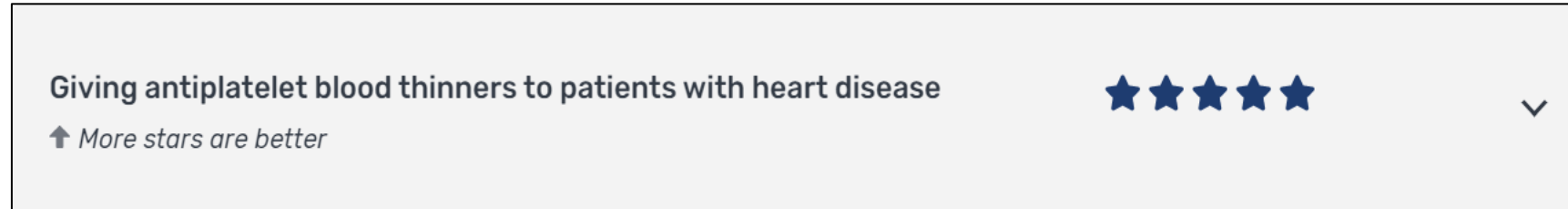# Publicly Reported 2022 MIPS Performance Information for Doctors and Clinicians

Performance Information	Medicare.gov Compare Tool Profile Pages	PDC
2022 MIPS Performance Information		
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[1]	n/a	n/a
Cost performance category score	--	✔
Final score	--	✔

[1] 2022 cost measures aren't publicly reported. CMS will continue to evaluate ways to publicly report cost measures in future years.

2022 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 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.

Quality Performance Category: MIPS Quality Measures

- A subset of 2022 MIPS quality measures is publicly reported on clinician and group profile pages as star ratings.

Giving antiplatelet blood thinners to patients with heart disease
⬆ More stars are better   ★★★★★

- 2022 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 2022 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

- 2022 CAHPS for MIPS Summary Survey scores are publicly reported on group profile pages as top-box scores.[1]

| How well clinicians communicate | 83% | |
| ↑ A higher score is better | | |

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[1] 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 (PDF, 994 KB)

Quality Performance Category: 2022 vs. 2021

- Subset of 2022 quality measures that are publicly reported on clinician and group profile pages:

Quality Measure Type	Clinicians		Groups	
	2022	**2021**	**2022**	**2021**
MIPS Quality	60	66	72	79
QCDR Measures	6	8	21	16
CAHPS for MIPS	n/a	n/a	5	6
Total	**66**	**74**	**98**	**101**

Promoting Interoperability Performance Category: Overall Indicator

- Clinicians and groups who successfully submitted 2022 Promoting Interoperability information have an indicator on their profile pages.

- 2022 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 2022 Promoting Interoperability measures is publicly reported as star ratings on clinician and group profile pages.
- A subset of 2022 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 activities

✓ Analyzes security risk and implements electronic security updates.

✓ Checking prescription drug history using an opioid monitoring program before electronically prescribing opioids.

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

Improvement Activities Performance Category

- MIPS improvement activities attestations are displayed on clinician and group profile pages as checkmarks.
- All 2022 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.
- 2022 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.

Show more

Cost Performance Category

- 2022 MIPS cost performance category scores are publicly reported in the PDC.
- 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 2022 APM participation differs depending on APM type:
  - Measure-level performance scores for groups participating in Medicare Shared Savings Program ACOs are displayed on a pop-up modal on the group profile page for a subset of their quality measures submitted via the APP.
  - 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.

Clinicians in APMs

- Clinicians who participated in the following APMs have an indicator on their profile page.

  - 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

Innovative model participation

✔ Yes

Oncology Care Model

Groups in APMs

- Groups that participated in Shared Savings Program ACOs have an indicator on their profile page.

- The compare tool on Medicare.gov links groups that participate in ACOs to the applicable Shared Savings Program ACO pop-up modals.

Innovative model participation

✔ Yes

Medicare Shared Savings Program – Participates through Commonwealth Primary Care ACO

ACO Performance Information

- 2022 Shared Savings Program performance information is publicly reported on Medicare.gov compare tool profile pages for participating groups via a pop-up modal.

- There are 8 MIPS quality measures available on the ACO pop-up modals.

- There are 5 CAHPS for MIPS Summary Survey measures publicly reported on the ACO pop-up modals.

- Visit the Care Compare: Doctors and Clinicians Initiative page for a full list of publicly reported ACO quality measures, including CAHPS for MIPS Summary Survey measures.

Innovative Primary Care LLC

Accountable Care Organization performance & patient survey scores

Print

Commonwealth Primary Care ACO

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 PDC

- 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.

PDC: 2022 vs. 2021

Performance Information Type	Clinicians		Groups	
	2022	2021	2022	2021
MIPS Quality	127	128	135	151
QCDR Measures	23	15	56	37
CAHPS for MIPS	n/a	n/a	6	7
MIPS Promoting Interoperability Measures	4	4	4	4
MIPS Promoting Interoperability Attestations	22	34	22	34
MIPS Improvement Activities Attestations	105	105	105	105

Frequently Asked Questions

What are the criteria for doctors and clinicians to have Medicare.gov compare tool profile pages?

Clinicians must:

- ✓ Be in approved status in PECOS
- ✓ Provide at least one practice location address
- ✓ Have at least one 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 health care 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	✔		
Facility affiliation(s)	✔		
Telehealth services	✔		
Utilization (procedure volume) data	✔		
Affiliated clinicians		✔	
APM affiliation	✔		
ACO affiliation		✔	
ACO/APM website URL			✔

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 on the Medicare.gov compare tool.
- 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 if you have additional questions about updating information on your Medicare.gov compare tool profile page.

For more information

- Resources:
  - [Compare tool on Medicare.gov](#)
  - [Provider Data Catalog](#)
  - [Care Compare: Doctors and Clinicians Initiative page](#)
  - [QPP website](#)
- To receive updates, [subscribe](#) to the QPP and Care Compare: Doctors and Clinicians listservs.
- Questions?
  - If you have any questions about public reporting for doctors and clinicians on the Medicare.gov compare tool, contact the QPP Service Center by email at 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.