

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

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Dan Herrmann:

Welcome to our presentation on the 2022 Quality Payment Program performance information published on the Medicare.gov compare tool. I'm Dan Herrmann. I'm on the Merit-based Incentive Payment System, or MIPS, Communication Team in the Quality Measurement and Value-Based Incentives Group, also known as QMVG, in the Center for Clinical Standards and Quality at the Centers for Medicare and Medicaid Services. QMVG is responsible for evaluating and supporting the implementation of quality measure programs. These programs aim to assess health care quality in a broad range of settings including hospitals, clinicians' offices, nursing homes, home health agencies, and dialysis facilities. Our group actively works with many interested parties to promote widespread participation in the quality measurement, development, and consensus process. 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 isn't a legal document. Next slide, please.

On this slide, we define acronyms that we use throughout this presentation. Next slide, please.

We'd like to take a few moments to discuss extreme and uncontrollable circumstances—or EUC—considerations, such as those that may arise from a public health emergency. First, we note that all 2022 MIPS performance information that's publicly reported does meet the established statistical public reporting standards. EUC exceptions were available to clinicians and groups who had challenges collecting or submitting 2022 performance information because of the public health emergency. Performance information under a MIPS performance category that was reweighted to zero through the EUC policy isn't being publicly reported. Next slide, please.

The purpose of this presentation is to share information about the public reporting of MIPS and Alternative Payment Models, or APMs. We'll also discuss the release of 2022 performance information for doctors and clinicians on the Medicare.gov compare tool, as well as in the Provider Data Catalog, or PDC. The public reporting of performance information on the Medicare.gov compare tool and in the PDC is consistent with the CMS eMedicare initiative that aims to deliver simple tools and information to current and future Medicare beneficiaries.

I am joined by 2 members of the Medicare.gov compare tool Doctors and Clinicians support team, Rosemary Ostmann and Lisa Trapani from RoseComm. Next slide, please.

I will now pass the presentation to Rosemary, who will provide some background information about public reporting for doctors and clinicians on the Medicare.gov compare tool. Rosemary?

Rosemary Ostmann:

Thank you, Dan. Next slide, please. There's a two-fold purpose of public reporting: It helps people with Medicare and their caregivers make informed decisions. It incentivizes doctors and clinicians to maximize performance. Next slide, please.

CMS began publicly reporting doctor and clinician performance information under the Affordable Care Act, beginning with Physician Quality Reporting System, or PQRS, measures. CMS used a phased approach to public reporting to expand the types and amount of publicly reported performance information. With the Medicare and CHIP Reauthorization Act, or MACRA, CMS continued the phased approach to public reporting with Quality Payment Program, or QPP, performance information. In addition to posting measure and attestation-level performance information, CMS is required to publicly report MIPS final scores and performance category scores, certain APM information, and aggregate performance information. Next slide, please.

CMS initially publicly reported performance information on 8 sites, with each site referencing a different care setting. For doctor and clinician performance information, this was Physician Compare. In December 2020, CMS retired the original tools and replaced them with the compare tool on Medicare.gov and the Provider Data Catalog, or PDC. The Doctors and Clinicians section of the compare tool on Medicare.gov replaced Physician Compare profile pages and the PDC replaced the Downloadable Database. The Medicare.gov compare tool's primary audience is people with Medicare and their caregivers; it provides a single source search and compare experience for people to find information about doctors, clinicians, and other health care providers and settings based on their needs. The PDC is primarily intended for researchers and other interested parties and allows them to directly access and download the official data used on the Medicare.gov compare tool. Next slide, please.

Not all performance information submitted through QPP is publicly reported. All doctor and clinician performance information included on Medicare.gov compare tool profile pages or in the PDC must meet established public reporting standards, unless otherwise required by statute. For the PDC, at a minimum, performance information must be statistically valid, reliable, accurate, comparable across collection types, and meet the minimum reliability threshold. For the compare tool on Medicare.gov, which, again, is intended for people with Medicare and their caregivers, information must meet all of the standards just listed, and must also resonate with website users as shown through user testing. Notably, quality and cost measures in their first 2 years of use in QPP aren't publicly reported to allow doctors and

clinicians to become familiar with the measure before performance is made public. Next slide, please.

Before we dive into the specific 2022 QPP information that CMS is publicly reporting, let's review the information that was considered for public reporting. Beginning with MIPS, the following MIPS performance information was available for public reporting: quality measures, Promoting Interoperability measures and attestations, improvement activities, cost measures, final scores and performance category scores (quality, Promoting Interoperability, improvement activities, cost). Additionally, beginning with the 2018 performance year, aggregate MIPS information is periodically publicly reported. We publish this MIPS performance information for MIPS eligible clinicians and groups. Performance information for voluntary reporters is also published, unless the voluntary reporters opted out of public reporting for that year's performance information during the Preview Period. Next slide, please.

For APMs, the following 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 Accountable Care Organization—or ACO—pop-up modals, and ACO performance information for Shared Savings Program ACOs. Next slide, please.

Section 104(e) of MACRA requires publicly reporting utilization data on services and procedures provided by doctors and clinicians. We previously met this requirement by publishing a subset of the Public Use File, or PUF, in the PDC. However, in January 2024, CMS began adding data on procedures to the Medicare.gov compare tool's doctors and clinicians profile pages. The 12 different procedures initially added to profile pages were performed by doctors and clinicians for Original Medicare and Medicare Advantage patients in the last 12 months. This information is also available in the PDC. More information is available on the Care Compare: Doctors and Clinicians Initiative page. Next slide, please.

Now, I'll pass the presentation to my colleague, Lisa Trapani, to discuss the specific 2022 performance information that was recently added to the compare tool on Medicare.gov and the PDC. Lisa?

Lisa Trapani:

Thanks, Rosemary. Next slide, please. The following types of 2022 MIPS performance information are publicly reported on Medicare.gov compare tool profile pages: quality measures, improvement activities, and Promoting Interoperability measures and attestations. These same types of information are included in the PDC, as are MIPS final scores and performance category scores for all 4 categories (quality, improvement activities, Promoting Interoperability, and cost). Next slide, please.

CMS publicly reports several indicators on profile pages for doctors and clinicians. The first indicator is a green checkmark displayed on profile pages for clinicians who provided some

services via telehealth, with accompanying plain language noting that **not** all services are available via telehealth. The second indicator is shown for clinicians or groups who attested negatively to one or more of the 2022 prevention of information blocking attestations. This indicator is the yellow caution symbol displayed on the slide. The icon is accompanied by a plain language description to explain the indicator to website users. The next 2 indicators are publicly reported on applicable profile pages using green checkmarks and plain language descriptions. One indicator displays for clinicians and groups who successfully reported the Promoting Interoperability performance category by achieving a 2022 Promoting Interoperability performance category score above zero. Note that a clinician or group can't have both the green checkmark and the information blocking indicator. The final indicator displays if a clinician or group participated in selected APMs in 2022, and we'll talk more about this later in the presentation. Next slide, please.

Moving on to the specific 2022 MIPS performance information that's publicly reported, we'll start with the MIPS quality category. A subset of 2022 MIPS quality measures is publicly reported on clinician and group profile pages as star ratings. Note that quality measures, and any other performance information, only appear on profile pages if a clinician or group submitted 2022 performance information for measures that were selected for public reporting. Also, if a clinician received a facility-based score, they'll have the indicator mentioned on the previous slide in place of quality information. So, not all clinicians and groups have performance information on their profile pages.

On this slide, you can see an example of what a MIPS quality measure looks like on a clinician or group profile page. Clinicians or groups receive a star rating, ranging from 1 to 5 stars. Note that for all measures, including inverse measures, the star ratings are always reported (note—more stars are better). This rating is shown with a plain language measure title and description. It's important that information on profile pages is understandable to people with Medicare and their caregivers, which is why we use the plain language title rather than the technical measure title. A mapping of technical titles to plain language titles is available on the [Care Compare: Doctors and Clinicians Initiative page](#), as is a full list of all of the publicly reported quality measures and more information about star ratings. Next slide, please.

The next type of measure under the quality category is QCDR measures, which are also publicly reported on clinician and group profile pages as star ratings. As shown on the slide, the format is the same as MIPS quality measures—a plain language title, description, and star ratings. More information is also available on the [Care Compare: Doctors and Clinicians Initiative page](#). Next slide, please.

The final type of publicly reported 2022 performance information is CAHPS for MIPS Summary Survey scores. These measures are only collected for groups, and are therefore only reported on group profile pages. CMS reports doctor and clinician performance information at the level for which it was publicly reported. So, information collected at the group-level only appears on group pages, and information collected at the clinician-level only appears on clinician profile pages.

CAHPS for MIPS Survey measures are displayed similarly to MIPS quality and QCDR measures; the only difference is that these measures are reported with top-box scores rather than star ratings. Top-box scores are a percent performance score. While star ratings are well understood for other types of measures, user testing has shown that top-box scores are well understood for CAHPS for MIPS Survey measures. Top-box scores represent the percentage of patients who reported the most positive responses on the survey question. For example, if the survey question asked how often a provider explained things in a way that was easy to understand, and the answer choices were “never, sometimes, usually, always,” the top-box score would be the percentage of patients who responded with the most positive response, “always.” Next slide, please.

This slide gives a sense of the number of quality measures reported under each quality subcategory for 2022 and 2021. The major driver of this variation is the statistical public reporting standards, which require performance information to be valid, reliable, and comparable. It’s expected that there are slight changes between each performance year. Next slide, please.

Clinicians and groups who successfully submitted 2022 Promoting Interoperability information have an indicator on their profile pages. As a reminder, we’re also reporting an indicator for clinicians and groups who attested negatively to one or more of the prevention of information blocking attestations for 2022. The icon for this indicator was shown on slide 16. The overall performance indicator is shown on this slide with the green checkmark and associated plain language description. Here, we use “electronic health record technology participation” in place of “Promoting Interoperability” based on findings from testing with people with Medicare and their caregivers. Next slide, please.

For Promoting Interoperability, CMS is also reporting a subset of 2022 Promoting Interoperability measures and attestations on clinician and group profile pages. Measures are reported in the same manner as MIPS quality and QCDR measures, using star ratings and plain language titles and descriptions. Attestations are shown with green checkmarks and a plain language description. A full list of publicly reported Promoting Interoperability measures and attestations is available on the [Care Compare: Doctors and Clinicians Initiative page](#). Next slide, please.

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, which means upwards of 100 activities could be reported on a given profile page. Based on user testing findings, we know that more information isn’t always better and that too much information can be overwhelming. Because of this, a maximum of 10 attestations are reported on any profile page. For reporters with more than 10 attestations, the 10 most highly reported attestations by entity are reported on profile pages. So, if a clinician reported more than 10 attestations, the 10 attestations most frequently reported by clinicians would be shown on their page. 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](#). Next slide, please.

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. Next slide, please.

We've been discussing which MIPS performance information is available on profile pages; this could also be impacted by participation in an APM. Doctors and clinicians who participated in an APM in 2022 may or may not have performance information on their profile pages and in the PDC, depending on which type of APM they participated in and which measures were selected for public reporting. 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 APM Performance Pathway, or [APP](#). Clinicians who are Qualifying Participants in Advanced APMs, or QPs, 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. Next slide, please.

Clinicians who participated in the APMs listed on the slide have a participation indicator on their profile page. The indicator is a green checkmark and plain language description noting that, "yes," the clinician participated in an innovative model, and also links to a page with more information about the specific model. Next slide, please.

Groups that participated in Shared Savings Program ACOs have a participation indicator on their profile page. Similar to clinicians, the indicator is a green checkmark and plain language description noting that, "yes," the group participated in an innovative model. For groups, this is followed by a link to more information about the Shared Savings Program models, as well as a link to a pop-up modal for a specific ACO. Next slide, please.

2022 Shared Savings Program ACO 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, and 5 CAHPS for MIPS Summary Survey measures, or SSMs, publicly reported on the ACO pop-up modals. Note that the 5 SSMs are components of the CAHPS measure, since the score for MIPS is a roll-up of 9 CAHPS SSMs with benchmarks. Visit the [Care Compare: Doctors and Clinicians Initiative page](#) for a full list of publicly reported ACO quality measures, including CAHPS for MIPS SSMs. Next slide, please.

So far, we've primarily focused on profile pages. 2022 performance information is also reported in a downloadable format in the PDC. The PDC includes all performance information from clinician and group profile pages on the Medicare.gov compare tool. Additional information in the PDC includes: 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, and cost), and aggregate MIPS performance information. Next slide, please.

Finally, the table on this slide shows a breakdown of the 2022 PDC performance information compared to 2021. Similar to what we saw with the quality breakdown, there's variation in the number of reported measures and attestations per year. Again, this is attributable to the public reporting standards, which require measures that are statistically valid, reliable, and accurate; comparable across collection types; and meet the minimum reliability threshold. Next slide, please.

Now, let's finish our presentation by going over some general information about the Medicare.gov compare tool and addressing some frequently asked questions. Next slide, please.

We frequently get questions about which clinicians and groups are included on the Medicare.gov compare tool and in the PDC. For both clinicians and groups, they must be in approved status in the Provider Enrollment, Chain, and Ownership System—abbreviated to PECOS—have a practice location, and have submitted a Medicare claim or be newly enrolled in PECOS within the last 6 months. Clinicians must also have at least one specialty listed in PECOS. Groups need to have a legal business name and at least 2 Medicare health care professionals reassigning their benefits to the group's TIN. Next slide, please.

CMS also includes general information about doctors, clinicians, and groups on the Medicare.gov compare tool. For clinicians and groups, this includes names, addresses, phone numbers, medical specialties, and Medicare assignment (that is, whether the Medicare-approved amount is the total the doctor can be paid). For clinicians, there's also information about board certification, education, gender, telehealth services, utilization or procedure volume data, and group, facility, and APM affiliations. For groups, profile pages also include information about affiliated clinicians, or clinicians who practice with that group, and Shared Savings Program ACO affiliation.

If you're a clinician, and/or you work with a group, and notice that your information on the Medicare.gov compare tool needs updates, your first step should be to ensure that all of your information in PECOS is correct, as this is one of the primary information sources. Note that any changes you make in PECOS will take several weeks to be reflected on the site. You can also reach out to the QPP Service Center to request changes to information that isn't listed in PECOS, or if you have any questions about updating your information.

Now that we've reviewed the background of public reporting for doctors and clinicians, the specific 2022 performance information that was recently added to the compare tool on Medicare.gov and in the PDC, and addressed some frequently asked questions, I'll pass the presentation back to Dan to wrap things up.

Dan Herrmann:

Thank you, Lisa. Next slide please. We encourage you to be sure your information is up to date in PECOS. Just a reminder that it may take 2-4 months for changes made in PECOS to be reflected in the compare tool on Medicare.gov. Please access the Initiative page to learn more. If you have any questions about updating your information, you can also email us at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov). Next slide, please.

On this slide, we provide helpful resources you can access, including links to the compare tool on Medicare.gov, the PDC, the Care Compare: Doctors and Clinicians Initiative page, and the Quality Payment Program website. We also encourage you to subscribe to the Care Compare: Doctors and Clinicians listserv and/or the QPP listserv so you can receive periodic updates. If you have any questions about public reporting for doctors and clinicians, please check the Initiative page or reach out to us using the email address on this slide. You can also contact the Quality Payment Program directly using the same email address or via the phone number here.

This concludes our presentation. Thank you for taking the time to learn more about public reporting and the 2022 performance information release for doctors and clinicians on the Medicare.gov compare tool. As always, we value your feedback and look forward to collaborating with you in the future.