

Physician Compare Preview Period

Part I: 2018 Quality Payment Program Performance Information

July 2020

Jennifer Harris:

Welcome to part one of our two-part presentation focusing on Physician Compare. I'm Jennifer Harris, nurse consultant 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 healthcare quality in a broad range of settings, such as hospitals, clinicians' offices, nursing homes, home health agencies, and dialysis facilities. Our group actively works with many stakeholders to promote widespread participation in the quality measurement, development, and consensus process.

On this slide, we provide a list of acronyms that we use throughout this presentation. The purpose of this presentation is to provide a brief overview of Physician Compare and the plans to publicly report performance information for individual clinicians and groups for the 2018 performance year. Throughout this presentation and at the end, we will answer frequently asked questions about public reporting. A second presentation that focuses on accessing and navigating the preview portal is also available. We encourage you to view that presentation once you are finished with this one. Included in both presentations are links to helpful resources.

If you have any other questions after either presentation, please email them to the Physician Compare support team. We'll provide that email address at the conclusion of this presentation. I am also joined by two members of the Physician Compare support team, Kimi Ponting and Allison Newsom. Kimi, I'm going to turn the presentation over to you.

Kimi Ponting:

Thank you, Jennifer. Before we cover the performance year 2018 Quality Payment Program performance information that is available for preview, I'd like to give a brief background and overview of the purpose of Physician Compare and a summary of the history of public reporting on Physician Compare. Physician Compare is a website that lists information about clinicians, groups, and accountable care organizations or ACOs. Physician Compare's overarching goals include helping people with Medicare make informed healthcare decisions and incentivizing clinicians and groups to maximize their performance across the spectrum of care they provide. Over time, CMS has expanded the performance information publicly reported on Physician Compare.

We began publicly reporting performance information with the subset of 2012 ACO measures and group level Physician Quality Reporting System or PQRS measures. Since that time, we have publicly reported a subset of performance information collected under the PQRS and the Merit-Based Incentive Payment System or MIPS program as part of CMS's continued phased approach to public reporting. In 2017, we rolled out star ratings for a small subset of the 2016 group level PQRS measures. In the most recent annual performance information release, we began reporting Quality Payment Program or QPP performance information, including performance from the MIPS Advancing Care Information or ACI performance category, and the MIPS final and performance category scores.

Throughout the remainder of this presentation, we will describe the performance year 2018 performance information available for preview and targeted for public reporting in 2020. In accordance

with our phased approach to public reporting, the upcoming performance information release will be characterized by an expansion of the types of performance information and the number of measures publicly reported on Physician Compare profile pages as star ratings. Now that we have established that the 2018 QPP performance information available for public reporting is an expansion of the 2017 performance information, we will discuss in more detail what is planned for public release in 2020 and currently available for preview.

The 2018 Quality Payment Program final rule establishes that performance information collected under the Quality Payment Program is available for public reporting. Although this information is available for public reporting, only the performance information that meets CMS's public reporting standards will ultimately be reported. One key point to mention is that for the first time, performance information submitted by voluntary reporters is available for public reporting as well. However, CMS established through rulemaking that voluntary reporters or clinicians and groups who voluntarily submitted 2018 performance information will have the opportunity to opt out of public reporting during the Preview Period.

If you would like to learn more about who is considered a voluntary reporter or how to opt out of public reporting, please also review the second part of this two-part presentation. For the remainder of this presentation, we will describe the 2018 Quality Payment Program performance information that is available for preview. All performance information on Physician Compare must meet the established public reporting standards. In order for performance information to be publicly reported in the Physician Compare Downloadable Database, the performance information must be statistically valid, reliable, accurate, and comparable. To be included on profile pages, performance information must also be deemed understandable and useful to Medicare patients and their caregivers, which is determined by user testing.

CMS has established through rulemaking that quality and cost measures in their first two years of use do not meet public reporting standards and are not available for public reporting on Physician Compare. This table outlines the 2018 performance information available for public reporting. Quality measures, improvement activities, and promoting interoperability measures and attestations will be publicly reported on profile pages. These measures and activities, along with the MIPS final score and all performance category scores will also be publicly available in the Physician Compare Downloadable Database.

For the first time ever, this year, some performance information, including MIPS improvement activities and MIPS promoting interoperability measures and attestations, will be publicly reported on Physician Compare profile pages. Also, for the first time ever, this year, the MIPS cost performance category score will be publicly reported in the Downloadable Database. As mentioned in the previous slide, because the performance year 2018 MIPS cost measures do not meet public reporting standards, they will not be publicly reported. We will spend the remainder of this presentation providing more detail on exactly what information is available for preview prior to public reporting.

CMS will publicly report a subset of the 2018 MIPS quality measures on profile pages using star ratings. As part of CMS's phased approach to public reporting, we are reporting quality measures as star ratings on individual clinician profile pages for the first time ever this year, and expanding the subset of quality measures that were available as star ratings on group profile pages under both performance year 2016 and 2017. On this slide, you can see an example of the way MIPS quality measures will be displayed on profile pages. We present quality performance using a plain language measure title and plain language description.

We use plain language instead of technical language because user testing shows that this is what resonates best with Medicare patients and their caregivers. The quality measure display on this

slide also provides an example of what the star ratings look like. There can be anywhere from one to five stars displayed to represent performance on this specific quality measure. If you're interested in knowing more about the star ratings, that information is available on the Physician Compare Initiative page in our benchmark and star rating fact sheet. If you are interested in knowing the star rating performance rate cut-offs for each measure, that information is also available on the Physician Compare Initiative page.

All MIPS quality performance that meets public reporting requirements will be publicly reported in the Physician Compare Downloadable Database. A full list of MIPS quality measures available for preview and targeted for public reporting is available on the Physician Compare Initiative page. CMS will also publicly report a subset of the 2018 Qualified Clinical Data Registry, or QCDR, quality measures on individual clinician and group profile pages as star ratings. On this slide is an example of the way that QCDR measure performance will be displayed. As part of the phased approach to public reporting, this marks the first year that QCDR performance will be displayed using star ratings, as opposed to percent performance scores.

Just like the display for MIPS quality measures, QCDR measures will be presented as plain language measure titles, plain language measure descriptions, and star ratings. Similarly, all QCDR performance information that meets public reporting requirements will be publicly in the Physician Compare Downloadable Database. A full list of QCDR quality measures available for preview and targeted for public reporting is available on the Physician Compare Initiative page.

Groups may also have Consumer Assessment of Healthcare Providers and Systems, or CAHPS for MIPS, summary survey measures available for public reporting. These measures are reported as top-box percent scores. These performance scores represent the percentage of patients who reported the most positive responses. More information about top-box scores is provided by the Agency for Healthcare Research and Quality, or AHRQ, which is linked at the bottom of this slide. On this slide, we've listed out the seven CAHPS for MIPS summary survey measures that are available for preview and targeted for public reporting in 2020. The Physician Compare Initiative page has a crosswalk between these technical titles and the plain language titles displayed on profile pages.

Now that we have walked through the quality performance information that is available for preview and targeted for public reporting in 2020, we want to contextualize the impact of the phased approach to public reporting on the expansion of measures that will be publicly reported on profile pages this year. As this table displays, the number of MIPS quality measures that will be publicly reported on individual clinician and group profile pages has dramatically increased. As part of CMS's phased approach to public reporting, we are expanding upon the small subset of 12 performance year 2017 group level MIPS quality measures that are currently publicly posted on Physician Compare to a broad array of 77 individual clinician level MIPS quality measures, and 84 group level MIPS quality measures. As a reminder, this will be the first year that QCDR measures for both individual clinicians and groups will be publicly reported on profile pages as star ratings.

Let's move on to discuss the performance information available for preview and planned for public reporting from the MIPS Promoting Interoperability or PI performance category. In accordance with the approach for publicly reporting 2017 performance information under this category, clinicians and groups who successfully submitted PI performance information in 2018 will have a plain language indicator on their profile pages. This slide presents an example of what this indicator looks like.

We use a plain language title and description, along with a green check mark to indicate successful performance and a link where Medicare patients and their caregivers can find more information about the category. Further, the performance year 2018 MIPS PI category scores achieved by MIPS eligible clinicians will be publicly reported in the Physician Compare Downloadable Database as

well. Clinicians and groups can report performance information under the MIPS PI category in two ways. First, they can report their performance scores across MIPS PI measures. Second, they can attest to particular activities captured under the performance category.

As part of our phased approach to public reporting, for the first time, a subset of these MIPS PI measures and attestations will be publicly reported on profile pages. MIPS PI measures will also be publicly reported on profile pages as a plain language measure title, plain language measure description, and a star rating. On this slide, you can see an example of the way that MIPS PI measure performance will be displayed. For the first time ever, this year, a subset of performance year 2018 MIPS PI attestations will be publicly reported on group and individual clinician profile pages as a green checkmark with a plain language attestation title. All MIPS PI performance information that meets public reporting requirements will be publicly reported in the Physician Compare Downloadable Database. A full list of PI measures and attestations targeted for public reporting are available on the Physician Compare Initiative page.

For the first time ever, this year, MIPS Improvement Activities, or IA attestations will be publicly reported on individual clinician and group profile pages as a checkmark accompanied by a plain language title. Based on user testing, the number of IA attestations displayed on any one profile page will be limited to ten. If a clinician or group attests to more than ten improvement activities, the ten that are most highly reported by the reporter's entity type will be displayed on their profile page, but all reported attestations will be made available in the Physician Compare Downloadable Database.

For example, if a group attested to 15 improvement activities in 2018, only the top ten activities most commonly reported by other groups will be displayed on the group's profile page. All 15 IA attestations would be available in the Physician Compare Downloadable Database. A full list of the IA attestations available for preview and targeted for public reporting are available on the Physician Compare Initiative page.

The fourth and final MIPS performance category is the MIPS cost category. As previously mentioned, cost measures within their first two years of use under the program do not meet public reporting standards, so the performance year 2018 MIPS cost measures are not available for preview and are not targeted for public reporting this year. However, for the first time ever, this year, clinicians' MIPS cost performance category scores will be made publicly available in the Physician Compare Downloadable Database. The Physician Compare support team will continue to evaluate ways to publicly report performance information from the cost performance category in future years.

To reiterate what is targeted for public reporting in the Physician Compare Downloadable Database, all measures and activities that meet public reporting standards, including those that were not selected for public reporting on profile pages, along with performance rates, measure denominators and measure benchmarks and MIPS final and performance category scores will be published in the Physician Compare Downloadable Database.

Also, beginning with this performance year, aggregate performance information will be made publicly available and updated periodically.

Finally, the Physician Compare Downloadable Database also includes utilization data, which provides information on services and procedures provided to Medicare patients by clinicians. Information about the subset of 2017 utilization data that will be publicly reported is available on the Physician Compare Initiative page.

The table displayed on this slide shows the quantity of the performance year 2017 measures and attestations, which are currently available on Physician Compare, and the quantity of performance year 2018 measures and attestations that are available for preview and targeted for public reporting

later this year. With the performance year 2018 performance information, the amount of performance information from the MIPS Quality, MIPS Promoting Interoperability, and MIPS Improvement Activity categories is expanding.

Now that we've covered the performance information that is available for preview, we also want to touch on how participation and performance of alternative payment models, or APMs, including ACOs, will be publicly reported. Groups that participated in the Next Generation or Medicare Shared Savings Program ACOs will have an indicator on their profile page. This is for groups only and will only appear on group profile pages.

To explain what is included in this indicator, there is a note about which ACO model they participated in as well as the organization through which they participated in that ACO. The ACO organization is hyperlinked so that users can navigate from profile pages to an ACO profile page. For ACOs, we plan to publicly report 2018 Medicare Shared Savings Program and Next Generation ACO performance information on ACO profile pages. However, the 2018 ACO performance information is not available in the Physician Compare Preview Portal. ACOs are able to review their annual performance information via their 2018 Quality Performance Reports. A full list of ACO quality measures are available in the Physician Compare Initiative page for review as well.

Clinicians will also have an indicator of APM participation on their profile page, but instead of linking to a specific Next Generation or Medicare Shared Savings Program ACO Physician Compare profile page, we provide a hyperlink to an informational page about the APM model the clinician participated in. We do not publicly report information submitted by these APMs. Clinicians who participated in an APM in 2018 may or may not have individual performance information available on their profile pages. As a reminder, performance information is publicly reported at the level at which it was submitted. For example, performance information submitted at the individual clinician level is only eligible for public reporting on individual clinician profile pages.

However, depending on whether an individual clinician participated in an Advanced APM, a MIPS APM or another type of APM, their information may or may not be available for public reporting. MIPS performance information submitted by a Qualifying APM Participant, or QP, in an Advanced APM as an individual clinician will not be publicly reported. On the other hand, MIPS performance information submitted by an eligible clinician with a TIN and NPI combination used to participate in a MIPS APM may be available for public reporting on clinician profile pages, but these reporters are also able to opt-out of having this information publicly reported during the Preview Period.

For more information about how to opt-out of public reporting in this circumstance, please review the second part of this prerecorded webinar series, or review the Preview User Guide on the Physician Compare Initiative page.

Finally, MIPS performance information submitted by an eligible clinician in APMs that are neither an Advanced APM or a MIPS APM may be publicly reported on their clinician profile page. If you are a clinician who participated in one of these APMs, or a MIPS APM, you may have performance information available for preview. Now we will engage in a question and answer session to cover some frequently asked questions. Joining me to review frequently asked questions we received on these topics is my colleague on the Physician Compare support team, Allison Newsom.

Allison Newsom:

Hi Kimi. We've received a few questions about the preview period. First, how is performance information selected for public reporting?

Kimi Ponting:

Great question. Performance information must meet all public reporting standards, which means it must be reliable, accurate, valid, and comparable in order to be selected for public reporting. Further, to be publicly reported on profile pages, performance information must be well-understood by and useful to Medicare patients and their caregivers. If you're interested in the details about the specific statistical and consumer testing used to select information for public reporting, I recommend you check out the information posted on the Physician Compare Initiative page.

Allison Newsom:

Thanks Kimi, the Initiative page is a great resource. Okay, you mentioned during this presentation that the MIPS Quality, QCDR and Promoting Interoperability measures will be publicly reported as star ratings on profile pages. Clinicians frequently ask how star ratings are calculated.

Kimi Ponting:

We use the Achievable Benchmark of Care or ABC method to determine five star performance for each measure. Then we use an equal range method to establish the performance rate cut-offs used to attribute the remaining star ratings for each measure. This approach ensures that the star ratings represent an achievable standard of quality and reflect actual performance on a measure. More details about the ABC method, the equal ranges method, and the benchmark and star rating cut-off values for each eligible performance year 2018 measure are available for your review on the Physician Compare Initiative page.

Allison Newsom:

Thank you. Another question we get is about MIPS data. Do you only report the measures and activities that are used for scoring under the MIPS program?

Kimi Ponting:

That's another good question, Allison. We do not limit the publicly reported performance information to the measures and activities used for scoring. All performance information submitted to CMS is available for public reporting, regardless of whether it was used to calculate an eligible clinician or group's MIPS final score.

Allison Newsom:

Thanks Kimi. Last question. If performance information changes as a result of targeted review, what will be publicly reported?

Kimi Ponting:

The performance information that is publicly reported will reflect changes of targeted review. We recommend you review your performance feedback to confirm any changes to performance information based on targeted review.

Allison Newsom:

Thank you for clarifying. That covers many of the frequently asked questions we received.

Kimi Ponting:

Thanks Allison. If anyone has any more questions, please feel free to reach out to the Physician Compare help desk. Now I will turn the presentation back over to Jennifer Harris to share some closing thoughts. Jennifer.

Jennifer Harris:

This concludes part one of our presentation. Before we close, I want to remind you to access part two of this two-part presentation, which provides guidance on the preview period that is currently underway. This year's 60-day preview period which ends on August 20th at 8:00 PM Eastern Time is the first chance for clinicians and groups to review their performance information for performance year 2018 targeted for public reporting on Physician Compare later in 2020. If you have a question about the performance information available for public reporting that we didn't answer, or if you have feedback about what we presented here, we encourage you to reach out to the Physician Compare support team at physiciancompare-helpdesk@acumenllc.com.

You can always find more information on the Physician Compare Initiative page on [cms.gov](https://www.cms.gov). To find that page, search [cms.gov](https://www.cms.gov) for Physician Compare. We will be posting information from this presentation on the Initiative page as well. You will also find the list of useful links we discussed on that page. Thank you for taking the time to access this presentation. We appreciate having so many stakeholders engaged and interested in Physician Compare. We look forward to our continued collaboration.