Utilization (Procedure Volume) Data Published on the Compare Tool on Medicare.gov

Doctors and Clinicians Public Reporting Fact Sheet July 2024

Overview

In January 2024, the Centers for Medicare & Medicaid Services (CMS) began publishing utilization data, specifically procedure volume, for the first time on the Medicare.gov compare tool's profile pages for doctors and clinicians. The new data expands the information available to Medicare patients and caregivers when choosing doctors or clinicians (87 FR 70109 – 70111 and 88 FR 79395 - 79400). In July 2024, as part of CMS' ongoing effort to inform patients and caregivers about clinicians' experiences, CMS added new procedures to the utilization data on doctors' and clinicians' profile pages.

Section 104(a) of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) mandates that information on items and services provided to Medicare patients by clinicians and other eligible professionals must be made publicly available on an annual basis and in an easily understandable format. Section 104(e) of MACRA requires that CMS integrate this data into the compare tool on Medicare.gov.

Utilization data was first published only in downloadable format in late 2017. This information is a subset of the "Medicare Physician & Other Practitioners – by Provider and Service" dataset and is currently published in the <u>Provider Data Catalog (PDC)</u>. While the source of this data is useful to health care researchers and other interested parties who have the expertise to accurately interpret it, the technical nature of the information isn't easily accessible or usable by patients.

A procedure volume data file is now available and includes the procedure volume and category information currently publicly reported on the compare tool on Medicare.gov profile pages for doctors and clinicians. The procedures added to profile pages were performed by some doctors and clinicians for Original Medicare and Medicare Advantage patients in the last 12 months. Additional procedures will be added periodically, as feasible.

Procedure volume data on doctor and clinician profile pages

Why report procedure volume data on doctor and clinician profile pages?

Reporting procedure volume data on patient-facing doctor and clinician profile pages provides 2 main benefits. First, Medicare patients and their caregivers can identify doctors and clinicians who have performed specific types of procedures for Original Medicare and Medicare Advantage patients. The second benefit is providing categories of procedure volume data in a plain language display that's more usable to patients and their caregivers.

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What procedure volume data is included on doctor and clinician profile pages?

CMS will prioritize publishing a subset of procedures based on established criteria. Priority procedures must meet one or more of the following:

- Have evidence of a positive relationship between volume and quality in published peerreviewed clinical research;
- Be affiliated with existing Merit-based Incentive Payment System (MIPS) measures indicating importance to CMS;
- Represent care that a patient might shop for a doctor or clinician to provide; and/or
- Are a U.S. Department of Health and Human Services (HHS) priority (87 FR 70109 70111).

To publicly report procedure volume data in a meaningful way to Medicare patients and caregivers, Healthcare Common Procedure Coding System (HCPCS) codes billed to Part B non-institutional claims or Medicare Advantage (MA) encounter data have been collapsed into procedure categories using the Restructured Berenson-Eggers Type of Service (R-BETOS) Codes Classification System 2.0. Restructured BETOS is a taxonomy, updated on an annual basis, that allows for the grouping of procedure codes into clinically meaningful categories and subcategories. For procedures in which no Restructured BETOS categories are available, procedure code categories used in MIPS (such as those defined for MIPS cost or quality measures) may be used instead. In addition to Restructured BETOS and code sources used in MIPS, we may use alternate sources to create clinically meaningful and appropriate procedural categories, particularly when no relevant grouping exists, as finalized in the CY 2024 PFS final rule. We will engage subject matter experts and interested parties through periodic requests for feedback using methods outside of rulemaking, including but not limited to listserv emails, listening sessions, or focus groups to solicit feedback on additional procedure categories planned for future releases of utilization data, as appropriate and technically feasible.

In January 2024, CMS added the first <u>procedure volume data</u> file with information for 12 procedures publicly reported on Medicare.gov compare tool profile pages for doctors and clinicians:

- 1. Hip replacement
- 2. Knee replacement
- 3. Spinal fusion
- 4. Cataract surgery
- Colonoscopy
- 6. Hernia repair groin (open)
- 7. Hernia repair (minimally invasive)
- 8. Mastectomy
- 9. Coronary artery bypass graft (CABG)
- 10. Pacemaker insertion or repair
- 11. Coronary angioplasty and stenting
- 12. Prostate resection

The July 2024 release expands the list of procedures to include:

- 1. Upper endoscopy
- 2. Arthroscopy upper extremity
- 3. Arthroscopy lower extremity
- 4. Varicose vein ablation



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- 5. Laminectomy/laminotomy (lumbar)
- 6. Lower limb revascularization

The current procedure volume data file is available as part of the <u>doctors and clinicians datasets</u> in the PDC. Learn more <u>about the data</u> on the <u>Care Compare: Doctors and Clinicians Initiative page</u>.

The procedure volume data shown on doctor and clinician profile pages only reflect Original Medicare and Medicare Advantage claims data. This means that the listed procedures represent care delivered to Original Medicare and Medicare Advantage patients and don't include procedures performed for patients who have other health care cost coverage.

The procedures added to profile pages were performed by doctors and clinicians for Original Medicare and Medicare Advantage patients in the last 12 months, after allowing a three-month claim processing period (for example, claims for dates of service occurring between January 1, 2023 and December 31, 2023 that were processed by April 1, 2024). CMS will refresh the data on a periodic basis, as technically feasible. For example, procedure volume data will only appear on doctor and clinician profile pages, not on group profile pages, as doctors and clinicians are the ones to whom experience is attributable.

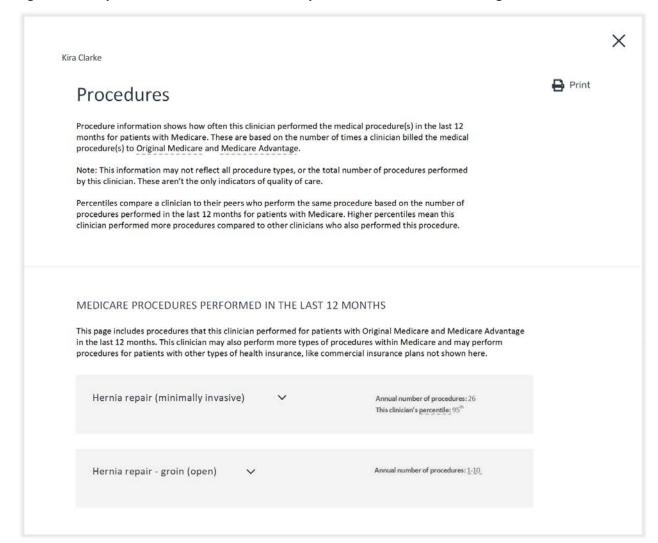
How is the procedure volume data displayed on doctor and clinician profile pages?

Procedure volume data is included in the new "Services" section on doctor and clinician profile pages. Within this section, the information shown in the "Procedures" category provides a count of the number of times the doctor or clinician performed the listed medical procedure(s) in the last 12 months for Original Medicare and Medicare Advantage patients. Each procedure is accompanied by a plain language description and an indication of where the doctor or clinician falls in the volume distribution (e.g., 78th percentile for performing a given procedure), as applicable. The distribution position compares a doctor or clinician to their peers who perform the same procedure, based on the number of procedures performed in the last 12 months for Original Medicare and Medicare Advantage patients. Higher percentiles mean the doctor or clinician performed more procedures compared to other doctors or clinicians who also performed the same procedure. If the doctor or clinician's annual number of procedures is between 1-10, the percentile won't be reported¹.

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¹ In accordance with the <u>CMS small cell size suppression policy</u>, counts less than 11 can't be publicly reported to protect patient privacy.

Figure 1. Example of Procedure Volume Data Reported on a Clinician Profile Page



Get in Touch

If you have any questions about public reporting for doctors and clinicians on the Medicare.gov compare tool, contact the Quality Payment Program (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).

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.



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