

2023 Doctors and Clinicians Performance Information: Guide to the Preview Period May 2025

Overview

The Centers for Medicare & Medicaid Services (CMS) provides the Doctors and Clinicians Preview Period for clinicians and groups to preview their Quality Payment Program (QPP) performance information before the data are publicly reported on the [Medicare.gov compare tool](#) and in the [Provider Data Catalog \(PDC\)](#) ([§414.1395\(d\)](#)). The compare tool on Medicare.gov and in the PDC allow Medicare patients and caregivers to find clinicians, as well as incentivize clinicians and groups to improve patient care. In general, all performance information selected for public reporting must meet our established public reporting standards under [§414.1395\(b\)](#).

This guide describes how to access the Doctors and Clinicians Preview Period through the [QPP website](#). Users will need a Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) user ID and password to access the QPP website. To learn more about getting a HARP account, go to the [How do I access the Doctors and Clinicians Preview Period?](#) section or download the [QPP Access User Guide \(ZIP, 4.1MB\)](#).

To learn more about public reporting for clinicians, visit the [Care Compare: Doctors and Clinicians Initiative webpage](#).

Doctors and Clinicians Preview Period User Guide

Contents

Overview	1
Contents	2
What's the Doctors and Clinicians Preview Period?	3
Will I have 2023 performance information available for preview?	3
MIPS eligible clinicians and groups	4
Non-MIPS eligible clinicians and groups	4
APM participants	4
What 2023 performance information will be available for preview?	5
How can I check whether I have 2023 performance information available for preview?	5
How do I access the Doctors and Clinicians Preview?	6
How do I navigate the Doctors and Clinicians Preview?	9
How do I opt out of having my 2023 performance information publicly reported?	15
How will targeted review affect which performance information is available for preview and public reporting?	17
Questions and Additional Information	17
Questions about HARP and user roles	17
Questions about Doctors and Clinicians public reporting	17

Who should use this guide?

- Eligible clinicians or groups that submitted [Merit-based Incentive Payment System \(MIPS\)](#) performance information for 2023.
- Clinicians or groups who aren't [MIPS eligible](#) but voluntarily submitted 2023 MIPS performance information.
- Groups that submitted the [Consumer Assessment of Healthcare Providers and Systems \(CAHPS\) for MIPS Survey](#) data for 2023.

Doctors and Clinicians Preview Period User Guide

What's the Doctors and Clinicians Preview Period?

CMS sets the Doctors and Clinicians Preview Period to allow clinicians and groups—both Merit-based Incentive Payment System (MIPS) and non-MIPS eligible—to preview their performance information before it's publicly reported on the compare tool on Medicare.gov and in the PDC.

The secure Preview Period is available on the [QPP website](#). The Preview Period displays performance information as it appears on profile pages of clinicians on the Medicare.gov compare tool and in the PDC. CMS previews and publicly reports performance information planned for public reporting on profile pages in plain language so website users can easily understand it.

CMS displays performance as star ratings, percent performance scores, and other indicators, such as check marks.

The Doctors and Clinicians Preview Period is open May 27–June 25, 2025, at 8 p.m. ET.

CMS encourages you to preview your data as early as possible in the Preview Period. To learn more about public reporting for clinicians, visit the [Care Compare: Doctors and Clinicians Initiative webpage](#).

Why preview?

The Doctors and Clinicians Preview Period is the first opportunity for clinicians and groups to see what patients will see before their performance information is published on the Medicare.gov compare tool and in the PDC.

Clinicians and groups will be able to see which of the performance information they submitted for 2023 is planned for public reporting on profile pages on the Medicare.gov compare tool and in the PDC.

Clinicians and groups that aren't MIPS eligible and who voluntarily submitted 2023 MIPS performance information will have the opportunity to opt out of having their 2023 performance information publicly reported on the Medicare.gov compare tool and in the PDC.

Doctors and Clinicians Preview Period User Guide

Will I have 2023 performance information available for preview?

MIPS eligible clinicians and groups

If you submitted 2022 MIPS performance information as a MIPS eligible clinician, group, or virtual group, you may have performance information available for preview, unless you received an Extreme and Uncontrollable Circumstances (EUC) exception.

Non-MIPS eligible clinicians and groups

If you're a clinician, group, or virtual group that submitted MIPS performance information but weren't MIPS eligible during 2023, you're considered a voluntary reporter and may have performance information available for preview. The 2023 MIPS performance information submitted by voluntary reporters is available for public reporting unless they opt out of public reporting.¹¹ Voluntary reporters may opt out of having their performance information publicly reported during the Doctors and Clinicians Preview Period ([82 FR 53830](#)).

APM participants

MIPS eligible clinicians who took part in a [MIPS Alternative Payment Model \(APM\)](#) in 2023 may **not** opt out of having measure- and attestation-level performance information publicly reported.

MIPS final scores and performance category scores earned by clinicians who took part in MIPS APMs will be publicly reported in the PDC.

MIPS performance information submitted by MIPS eligible clinicians in APMs that are neither an Advanced APM nor a MIPS APM may be publicly reported on their profile pages unless they received an EUC exception.

MIPS eligible clinicians who take part in Medicare Shared Savings Program Accountable Care Organizations (ACOs) won't have performance information to preview on the QPP website and should review their 2023 Quality Performance Reports or 2023 MIPS Performance Feedback for preview purposes.

¹ Clinicians or groups that opt in to the MIPS payment adjustment can't opt out of public reporting.

Doctors and Clinicians Preview Period User Guide

What 2023 performance information will be available for preview?

A subset of 2023 performance information is planned for public reporting and available for preview. To find out what 2023 performance information will be available for preview and is planned for public reporting on the compare tool on Medicare.gov and in the PDC, download these documents from the Care Compare: Doctors and Clinicians Initiative webpage:

- Clinician Performance Information on the Medicare.gov Compare Tool: 2023 Doctors and Clinicians Public Reporting
- Group Performance Information on the Medicare.gov Compare Tool: 2023 Doctors and Clinicians Public Reporting

MIPS eligible clinicians who take part in Shared Savings Program ACOs won't have performance information to preview on the QPP website and should review their 2023 MIPS Performance Feedback or 2023 Medicare Shared Savings Program Quality Performance Reports to preview their data. A list of ACO performance information planned for public reporting is available on the [Care Compare: Doctors and Clinicians Initiative webpage](#) in the downloadable Accountable Care Organization Performance Information on the Medicare.gov Compare Tool: 2023 Doctors and Clinicians Public Reporting document. ACO- level data isn't available to view during the Preview Period.

How can I check whether I have 2023 performance information available for preview?

You can check whether you have 2023 performance information available for preview by logging in to the [QPP website](#) and accessing the Doctors and Clinicians Preview. Detailed instructions on how to log in to the website are included in the [How do I access the Doctors and Clinicians Preview?](#) section. For more information about how to preview your performance information once you're logged in, go to the [How do I navigate the Doctors and Clinicians Preview?](#) section.

You also can check whether you or your group have performance information available for preview by following these steps:

1. Select the **“Check your preview status”** button to email the [QPP Service Center](#).

Check your preview status

2. In the body of your email, include the National Provider Identifier (NPI) and name of the clinician—or group's legal business name—you're asking about.
3. The Doctors and Clinicians Support Team will respond to your email in 24 to 48 hours.

Doctors and Clinicians Preview Period User Guide

How do I access the Doctors and Clinicians Preview?

To log in to the QPP website and access the Doctors and Clinicians Preview, follow these steps.

1. Create a HARP account.

Go to the [QPP website](#) and select **Sign In** from the top navigation menu to go to the login page.

If you already have a HARP account, enter your user ID and password into their appropriate fields and select the **Sign in** button.

If you don't have a HARP account, you'll need to register for one.

- a. Go to the [QPP login page](#).
- b. Select the **Register for QPP** button at the bottom to open the Register for QPP with HARP window.
- c. Select the **Register with HARP** at the bottom, button, which will take you to HARP's Create an Account webpage.
- d. Follow the instructions on screen to complete your HARP registration.

For full directions and screenshots, download the [QPP Access User Guide \(ZIP, 4.1MB\)](#).

2. Connect with an organization and choose a role.

In addition to having an active HARP account, you'll also need to connect with the right organization and have the appropriate HARP user role to log in to the QPP website and access the Doctors and Clinicians Preview. There are 3 HARP roles:

- Security official
- Staff user
- Clinician

Each organization will need to assign a security official before anyone can request the staff user role. The clinician role is view only, so a user with this role can't submit data.

Note: To log in to the QPP website, you must have either a security official or staff user role. You won't be able to preview your information with a clinician role.

For more information, download the [QPP Access User Guide \(ZIP, 4.1MB\)](#). This zip file contains 6 documents:

- QPP Access At a Glance
- Register for a HCQIS Access Roles and Profile (HARP) Account
- Connect to an Organization and Select a Role
- Connect as a Clinician
- Security Official: Manage Access (Approve or Deny Requests)
- Medicare Shared Savings Program ACOs: Creating and Managing a HARP Account with a QPP Role in ACO-MS

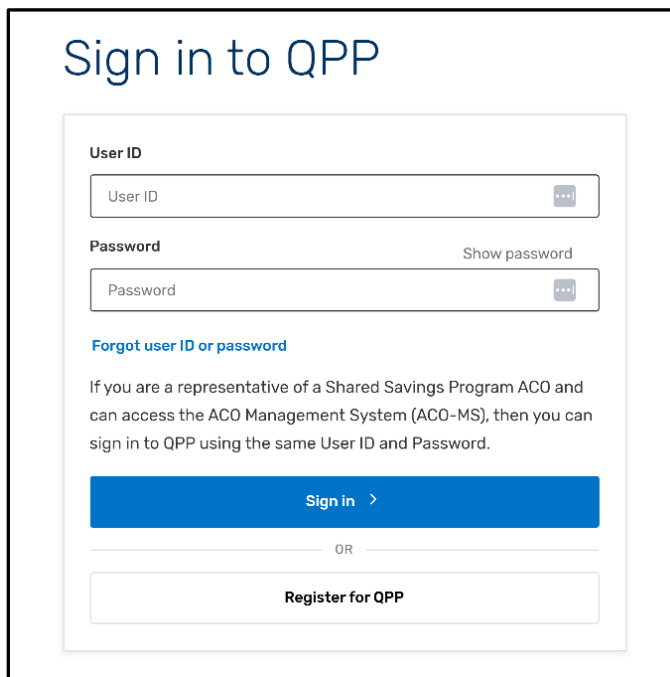
Doctors and Clinicians Preview Period User Guide

Questions?

- Contact the QPP Service Center by emailing QPP@cms.hhs.gov, submitting a [QPP Service Center ticket](#), or calling 1-866-288-8292 (Monday–Friday, 8 a.m.–8 p.m. ET).
- People who are deaf or hard of hearing can call 711 to connect with a Telecommunications Relay Services (TRS) Communications Assistant.

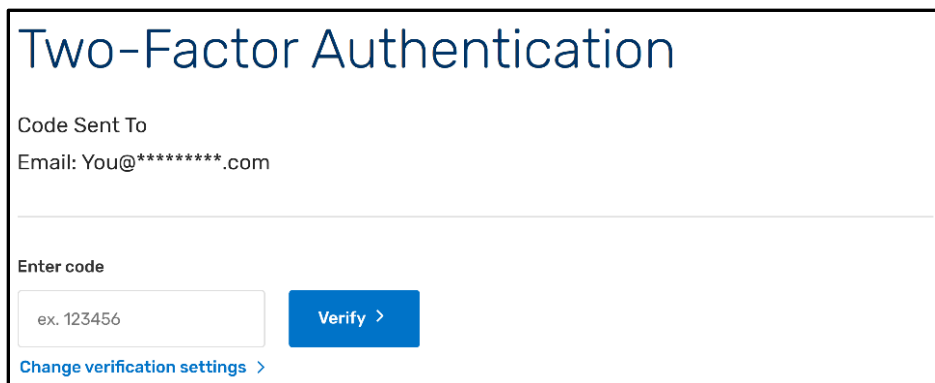
3. Log in to the QPP website.

- a. Go to the [QPP login page](#).
- b. Log in to the QPP website with your HARP user ID and password and make sure you have an appropriate user role associated with your organization (steps 1 and 2).

A screenshot of the "Sign in to QPP" web page. The page has a white background with a blue header. The main content area is a light gray box. At the top, it says "Sign in to QPP" in blue. Below that, there are two input fields: "User ID" and "Password". The "User ID" field has a placeholder "User ID" and a small icon. The "Password" field has a placeholder "Password" and a "Show password" link. Below the password field is a link "Forgot user ID or password". Underneath is a paragraph: "If you are a representative of a Shared Savings Program ACO and can access the ACO Management System (ACO-MS), then you can sign in to QPP using the same User ID and Password." Below this is a blue "Sign in >" button. Underneath the button is an "OR" separator. At the bottom is a "Register for QPP" button.

Depending on the Multi-Factor Authentication (MFA) method you chose when you registered for your HARP account, complete the second step in the verification process.

Example screenshot of email message MFA method:

A screenshot of the "Two-Factor Authentication" page. The page has a white background with a blue header. The main content area is a light gray box. At the top, it says "Two-Factor Authentication" in blue. Below that, it says "Code Sent To" and "Email: You@*****.com". Below this is a horizontal line. Underneath the line is the text "Enter code". Below "Enter code" is a text input field with a placeholder "ex. 123456". To the right of the input field is a blue "Verify >" button. At the bottom is a link "Change verification settings >" in blue.

Doctors and Clinicians Preview Period User Guide

4. Access the Doctors and Clinicians Preview.

Once you're logged in to the QPP website, select Doctors & Clinicians Preview in the side navigation menu. Make sure you have a security official or staff user role as you won't be able to preview your information with a clinician role.



Doctors and Clinicians Preview Period User Guide

How do I navigate the Doctors and Clinicians Preview?

To navigate the Doctors and Clinicians Preview, follow these steps.

1. After selecting Doctors and Clinicians Preview, select the “View practice details” button for the group you’re interested in.²

If you’re a clinician who submitted performance information as part of a group, go to Step 2.

To preview group information, go to Step 3.

Note: If neither your group nor any clinicians connected to your group have performance information selected for public reporting and, therefore, have nothing to preview, the “View practice details” button won’t appear. Groups that don’t have performance information to preview but are connected to clinicians who have performance information to preview will see “View practice details.” If selected, groups will see a message informing them that the group has no performance information to preview, but they’ll still be able to preview clinician performance information.

The screenshot displays two main sections. The top section, titled "General Medicine Associates", shows the group's TIN: 012345678 and a blue button labeled "View practice details" which is highlighted with a red rectangle. The bottom section, titled "Connected Clinicians", contains a search bar with the placeholder "Enter full NPI" and a magnifying glass icon. Below the search bar, it says "Showing 1 - 1 of 1 clinician". A list of clinicians is shown, with the first entry being "Alex Doe at General Medicine Associates" with NPI: 0123456789. A blue button labeled "View individual preview" next to this entry is also highlighted with a red rectangle.

² If your HARP account is connected to a virtual group, you can preview available virtual group performance information by selecting View Virtual Group Details from the Virtual Groups tab. To preview group performance information, you must first select View Practice Details from under the Practices tab.

Doctors and Clinicians Preview Period User Guide

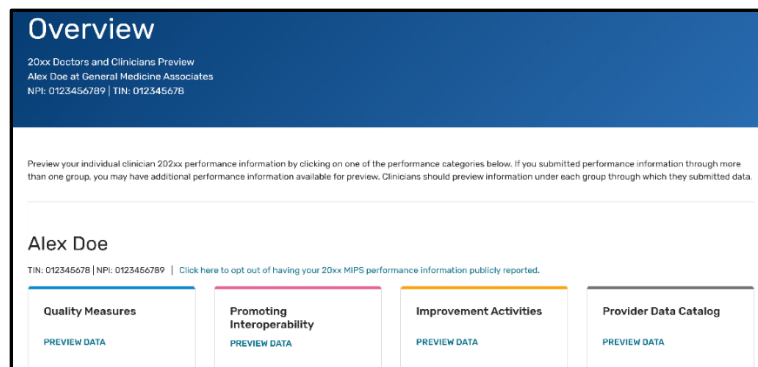
2. Preview individual data.

If you're a clinician who wants to preview individual data, from the group preview landing page, scroll down to the Connected Clinicians section and select the **"View individual preview"** button for the individual clinician of interest.

Note: If you, as an individual clinician, don't have performance information available for public reporting and, therefore, have nothing to preview, your name won't appear under the list of connected clinicians.

3. Go to the Overview page.

The Overview page appears for all users who have 2023 QPP performance information available for preview. Depending on the measures that you or your group reported, you may see 1 to 4 different pages.



4. Quality page appears.

The Quality page appears only if:

- You or your group have 2023 MIPS and Qualified Clinical Data Registry (QCDR) quality performance information available for public reporting on your profile page on the Medicare.gov compare tool.
- OR
- Your group has 2023 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey performance information available for public reporting on your profile page on the Medicare.gov compare tool.

On the Quality page, you or your group may see up to 2 different tabs, Performance and Patient Survey Scores, depending on the 2023 measures you or your group submitted.

- **Performance:** This tab shows the 2023 MIPS and QCDR quality performance scores as star ratings and in plain language.
- **Patient Survey Scores:** For groups only, this tab shows the 2023 CAHPS for MIPS Survey performance scores as top-box percentages and in plain language.³

³ Top-box 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 in the [How to Report Results of the CAHPS Clinician & Group Survey \(PDF, 970KB\)](#) guide.

Doctors and Clinicians Preview Period User Guide

Performance Patient Survey Scores

MIPS Quality Performance

This is how your group's 20xx MIPS and Qualified Clinical Data Registry (QCDR) quality performance information will display on your group's [Medicare.gov compare tool](#) [profile page](#). Only performance information that meets the public reporting standards will be publicly reported. Additional information about public reporting is available on the [Care Compare: Doctors and Clinicians Initiative page](#).

Quality Performance

These star ratings are based on information this group submitted to Medicare using a set of specific criteria and guidelines about the best recommended care.

More stars are better. Medicare assigns star ratings based on a benchmark so you can compare this group's score to the best performers. Select the arrow to read more information.

Heart disease

Some groups do a better job than others giving care to patients with heart disease. Medicare gave this group a star rating on each measure based on how well the group gave the recommended care to patients with heart disease compared to the best performers.

Measure Name	Star Rating
Expand All	
Giving statin therapy to patients at risk for heart problems.	★★★★☆

5. Promoting Interoperability page appears.

The Promoting Interoperability page appears only if:

- You or your group achieved a “successful performer” check mark in the 2023 Promoting Interoperability category
- OR
- You or your group attested negatively to one or more of the 2023 prevention of information-blocking attestations
- OR
- You or your group has 2023 MIPS Promoting Interoperability performance information available for public reporting on your profile page on the Medicare.gov compare tool

On the Promoting Interoperability page, you or your group may see up to 2 different tabs, General Information and Performance, depending on the 2023 information you or your group submitted.

- General Information:** This tab shows the 2023 MIPS Promoting Interoperability “successful performer” check mark, Promoting Interoperability information-blocking

Doctors and Clinicians Preview Period User Guide

indicator, and Promoting Interoperability attestations if applicable.^{4,5} All are displayed using plain language descriptions.

- **Performance:** This tab shows the 2023 MIPS Promoting Interoperability performance scores as star ratings and in plain language.

The screenshot shows the 'Performance' tab selected in the Medicare.gov compare tool. The tab is highlighted with a red box. Below the tab, the section 'Promoting Interoperability (PI) Attestations' is visible. It contains a paragraph explaining that the group's 2023x Promoting Interoperability attestations will display on their Medicare.gov compare tool profile page. Below this, the section 'Electronic Health Record Technology participation' is shown, explaining that this category promotes the secure electronic exchange of information. At the bottom, a green checkmark indicates that the group is a successful performer in this category.

General Information Performance

Promoting Interoperability (PI) Attestations

This is how your group's 2023x Promoting Interoperability attestations will display on your group's [Medicare.gov compare tool](#) profile page. Only performance information that meets the public reporting standards will be publicly reported. Additional information about public reporting is available on the [Care Compare: Doctors and Clinicians Initiative page](#).

Electronic Health Record Technology participation

The Electronic Health Record Technology performance category promotes the secure electronic exchange of information using certified electronic health record technology to encourage patient engagement and communication between clinicians.

✓ This group is a successful performer in the Electronic Health Record Technology performance category.

6. Improvement Activities page appears.

The Improvement Activities page appears only if:

- You or your group have the 2023 MIPS improvement activities available for public reporting on your profile page on the Medicare.gov compare tool.

The screenshot shows the 'Improvement Activities (IA)' section of the Medicare.gov compare tool profile page. It contains a paragraph explaining that the group's 2023x MIPS Improvement Activities will display on their Medicare.gov compare tool profile page. Below this, the section 'Improvement Activities' is shown, explaining that a group can choose from many activities to demonstrate commitment to improving patient care. Three activities are listed, each with a green checkmark indicating participation: 'Using decision support tools and standardized treatment protocols in care teams.', 'Reviewing patients' medicines when they switch doctors, including pharmacists on care teams, or conducting medicine reviews.', and 'Using a patient portal that displays up-to-date relevant health information and has interactive features allowing patients to enter health information.'

Improvement Activities (IA)

This is how your group's 2023x MIPS Improvement Activities will display on your group's [Medicare.gov compare tool](#) profile page. Only performance information that meets the public reporting standards will be publicly reported. Additional information about public reporting is available on the [Care Compare: Doctors and Clinicians Initiative page](#).

Improvement Activities

A group can choose from many activities to demonstrate commitment to improving patient care. In 2023x, this group participated in the Improvement Activities listed below.

- ✓ Using decision support tools and standardized treatment protocols in care teams.
- ✓ Reviewing patients' medicines when they switch doctors, including pharmacists on care teams, or conducting medicine reviews.
- ✓ Using a patient portal that displays up-to-date relevant health information and has interactive features allowing patients to enter health information.

⁴ Promoting Interoperability performance category scores above zero will be used to indicate on the profile pages on the Medicare.gov compare tool that the clinician or group successfully reported the Promoting Interoperability performance category. A score of 50 or above indicates that the clinician achieved the base score for the Promoting Interoperability performance category ([83 FR 59913](#)).

⁵ CMS will publicly report an indicator on the profile pages of the Medicare.gov compare tool if a clinician or group attested negatively to one or more of the 2022 prevention of information blocking attestations ([85 FR 25577 – 85 FR 25578](#)).

Doctors and Clinicians Preview Period User Guide

- On the Improvement Activities page, you or your group will see a list of the 2023 improvement activities planned for public reporting on your profile page. Activities will be listed using check marks and plain language.

7. Provider Data Catalog page appears.⁶

The [PDC](#) is an online collection of datasets that provides researchers and other interested parties direct access to view and download the official data used on the compare tool on Medicare.gov. All data included on the profile pages on the compare tool will be included in the PDC. Additionally, data that meet all the statistical public reporting standards but weren't selected for public reporting on the profile pages will also be included in the PDC.

Note: The download function isn't available during the Doctors and Clinicians Preview Period because this is only a preview of what your data **may** look like in the PDC.

The PDC page appears only if:

- You or your group have performance information available for public reporting in the PDC. This may include—
 - a. Quality measures
 - b. Promoting Interoperability measures and attestations
 - c. Improvement activities attestations
 - d. Clinician final scores and performance category scores

The screenshot shows a web interface titled "Provider Data Catalog". Below the title, there is a paragraph explaining that the group's 20xx MIPS performance information will be publicly reported in the PDC, with a link to the "Care Compare: Doctors and Clinicians Initiative page". A note states that the download function is not available because this is only a preview. Below this, the "20xx Provider Data Catalog" section contains two dropdown menus: "PY 20xx Group Performance Database" and "PY 20xx Patient Experience Database".

- On the PDC page, you or your group may see one or more of the following tables, depending on the 2022 performance information you or your group submitted.
 - a. **2023 [Clinician/Group] Performance Database:** This table includes performance information from the quality, Promoting Interoperability, and improvement activities performance categories as they appear in the PDC.
 - b. **2023 Patient Experience Database:** This table includes group CAHPS for MIPS Survey scores reported as they appear in the PDC.
 - c. **2023 Clinician Final Score and Performance Category Scores Database:**

⁶ Any 2023 information publicly reported on the Medicare.gov compare tool must be designated as available for public reporting in the [Calendar Year \(CY\) 2023 Medicare Physician Fee Schedule Final Rule](#). Measures publicly reported in the PDC must have a sufficient number of reporters and meet our statistical reporting criteria. This means measures must be deemed statistically valid, reliable, accurate, and comparable. Performance scores for all measures that meet these statistical criteria are available for inclusion in the PDC to support CMS' goal of increased transparency.

Doctors and Clinicians Preview Period User Guide

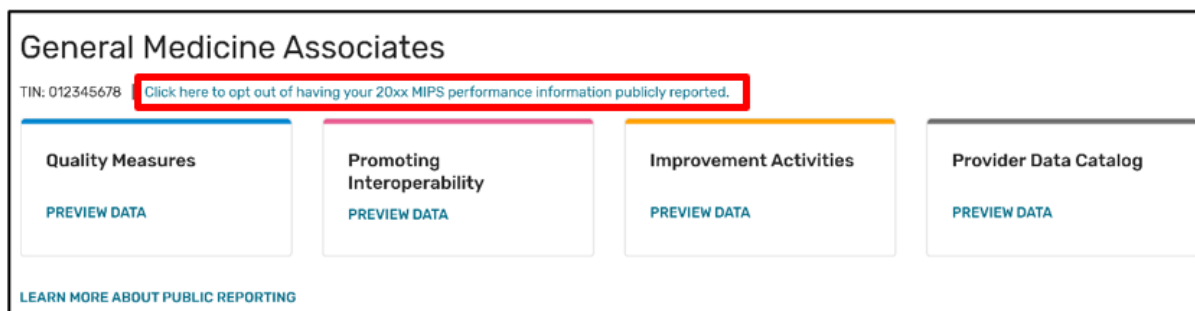
This table includes clinician final scores and quality, Promoting Interoperability, improvement activities, and cost performance category scores as they appear in the PDC.

Doctors and Clinicians Preview Period User Guide

How do I opt out of having my 2023 performance information publicly reported?

1. Go to the Overview page and select the opt-out link.

If you or your group have information planned for public reporting and are eligible to opt out of having your 2023 performance information publicly reported on the compare tool on Medicare.gov or in the PDC, you'll see the option to opt out on the Doctors and Clinicians Overview page.

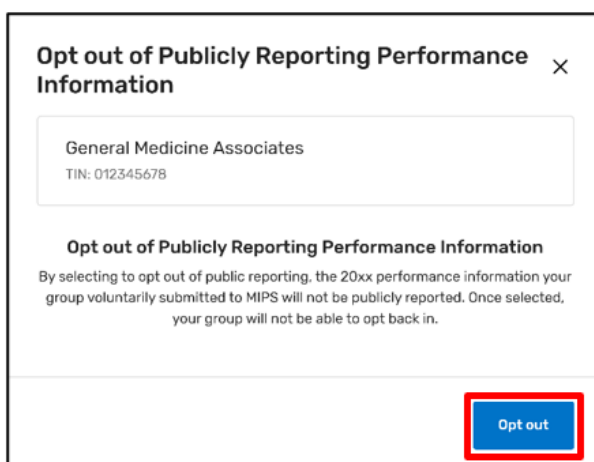


The screenshot shows the 'General Medicine Associates' overview page. At the top, the TIN is 012345678. A red box highlights the link 'Click here to opt out of having your 20xx MIPS performance information publicly reported.' Below this are four cards: 'Quality Measures', 'Promoting Interoperability', 'Improvement Activities', and 'Provider Data Catalog'. Each card has a 'PREVIEW DATA' link. At the bottom is a link 'LEARN MORE ABOUT PUBLIC REPORTING'.

Note: Opting out applies only to the specific reporting entity that the user is actively viewing. For example, if a group opts out, group-level performance information won't be publicly reported. However, clinician-level performance information submitted under that group may still be publicly reported. Similarly, if a clinician submits individual performance information under more than one group, the decision to opt out applies only to their performance information under the group they're actively viewing.

2. Verify that you're opting out for the correct clinician or group.

Once you select the opt-out link, a pop-up appears with your or your group's name and your NPI. Review this information and verify that this is you or your group. After reviewing, select the **"Opt out"** button to continue and confirm your selection.

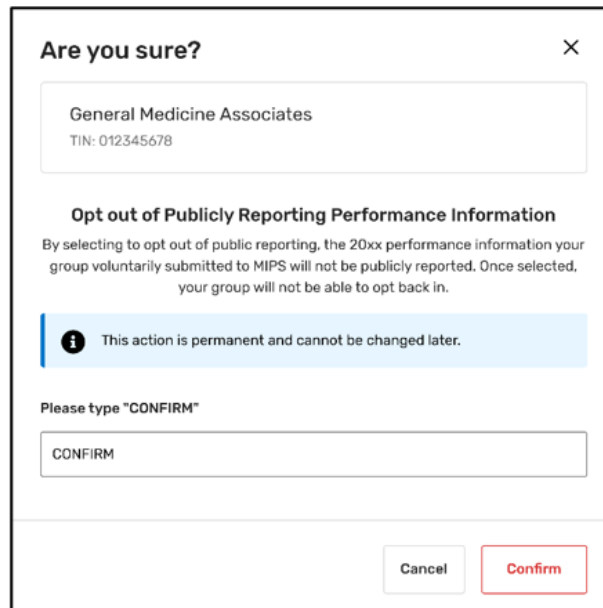


The screenshot shows a pop-up window titled 'Opt out of Publicly Reporting Performance Information'. It displays the group name 'General Medicine Associates' and TIN '012345678'. Below this is a section titled 'Opt out of Publicly Reporting Performance Information' with a warning: 'By selecting to opt out of public reporting, the 20xx performance information your group voluntarily submitted to MIPS will not be publicly reported. Once selected, your group will not be able to opt back in.' At the bottom right is a blue 'Opt out' button highlighted with a red box.

Doctors and Clinicians Preview Period User Guide

3. Confirm your decision by entering “CONFIRM” into the available field and selecting the Confirm button.

This option is permanent, and you can't change it later. Once you confirm your decision, you won't be able to opt back in to public reporting for 2023 performance information. Be aware that this decision applies to 2023 performance information only and doesn't affect future public reporting.

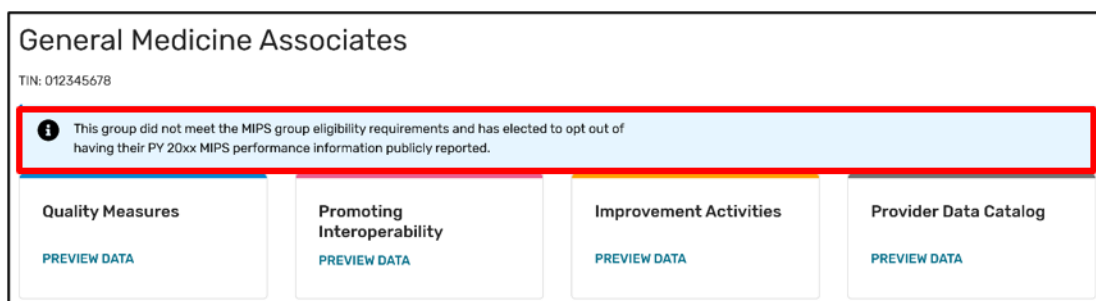


A confirmation dialog box titled "Are you sure?" with a close button (X) in the top right corner. The dialog contains the following information:

- Group Name: General Medicine Associates
- TIN: 012345678
- Opt out of Publicly Reporting Performance Information**
- Text: "By selecting to opt out of public reporting, the 20xx performance information your group voluntarily submitted to MIPS will not be publicly reported. Once selected, your group will not be able to opt back in."
- Warning: A blue box with an information icon (i) stating "This action is permanent and cannot be changed later."
- Text: "Please type 'CONFIRM'"
- Input field: A text box containing the word "CONFIRM".
- Buttons: "Cancel" and "Confirm" buttons at the bottom right.

4. Verify that you successfully opted out.

Once you've confirmed your decision, the Overview page will display a message saying you've opted out of public reporting.



The Overview page for "General Medicine Associates" (TIN: 012345678) displays a confirmation message in a blue box with a red border:

i This group did not meet the MIPS group eligibility requirements and has elected to opt out of having their PY 20xx MIPS performance information publicly reported.

Below the message are four tabs, each with a "PREVIEW DATA" link:

- Quality Measures
- Promoting Interoperability
- Improvement Activities
- Provider Data Catalog

Note: The Doctors and Clinicians Preview Period is the **only** time you may opt out of having your 2023 performance information publicly reported. Once you confirm your decision to opt out of public reporting, you won't be able to opt back in.

Doctors and Clinicians Preview Period User Guide

How will targeted review affect which performance information is available for preview and public reporting?

If you have an open targeted review request, you'll still be able to preview your 2023 performance information through the Doctors and Clinicians Preview Period. However, if your performance information, including final score, changes because of the targeted review, be sure to check your updated performance feedback. Updated performance feedback is also available through the QPP website. Look for the Performance Feedback link on the QPP dashboard. This is important to ensure that your targeted review is complete and to preview your updated performance information before it goes live on the compare tool on Medicare.gov or in the PDC. Note that updated performance information won't be released on the compare tool or in the PDC until all targeted reviews have been completed.

Questions and Additional Information

Questions about HARP and user roles

For [HARP and user roles assistance](#), contact the QPP Service Center by emailing QPP@cms.hhs.gov, creating a [QPP Service Center ticket](#), or calling 1-866-288-8292 (Monday–Friday, 8 a.m.–8 p.m. ET).

People who are deaf or hard of hearing can call 711 to connect with a Telecommunications Relay Services (TRS) Communications Assistant.

Questions about Doctors and Clinicians public reporting

For questions about public reporting for clinicians, the Preview Period, or performance information, visit the [Care Compare: Doctors and Clinicians Initiative webpage](#) or contact the [QPP Service Center](#).

Version History

Date	Change Description
May 27, 2025	Original version