

2019 Quality Payment Program: Doctors and Clinicians Performance Information on Medicare Care Compare June 2021

Jennifer Harris:

Hello and welcome to the 2019 Quality Payment Program: Performance Information Release on Medicare Care Compare. I'm Jennifer Harris, Nurse Consultant in the Quality Measurement and Value-Based Incentives Group, also known as QMVG, which is in the Center for Clinical Standards and Quality at the Centers for Medicare & 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, including 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. Next slide, please.

Please take a moment to review the disclaimers outlined here. The information in today's presentation is current at this time. This publication is a general summary that explains certain aspects of the Medicare program, but is not a legal document. Next slide.

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 the public health emergency considerations due to the COVID-19 pandemic. First, we note that all 2019 MIPS performance information that is publicly reported does meet the established statistical public reporting standards. Extreme and uncontrollable circumstances, or EUC, exception applications were available to clinicians and groups who had challenges collecting or submitting 2019 performance information because of the public health emergency. Automatic exceptions were applied to clinicians who did not report 2019 performance information.

When comparing 2019 to 2018, you may notice there is a reduction in the number of measures that passed public reporting standards, and also a reduction in the number of clinicians and groups that had performance information. These reductions are likely due in part to the EUC applications submitted by clinicians and groups during the pandemic. In addition, any performance information under a MIPS performance category that was reweighted to zero through the EUC policy is not being publicly reported. Finally, the 2019 Preview Period was expanded from 30 days to 60 days to allow doctors and clinicians more time to preview their information. Next slide.

The purpose of this presentation is to share information about the public reporting of the Merit-Based Incentive Payment System, or MIPS, and Alternative Payment Models, or APMs. We will also discuss the release of the 2019 performance information for Doctors and Clinicians on Care Compare, which is a streamlined redesign of the eight CMS healthcare Compare tools.

The Doctors and Clinicians section of Care Compare as well as the Provider Data Catalog, or PDC, replaced Physician Compare last year as the source of information for doctors, clinicians, group practices, and Accountable Care Organizations, or ACOs. The public reporting of performance information on Care Compare and PDC is consistent with the CMS eMedicare initiative that aims to deliver simple tools and information to current and future Medicare beneficiaries.

I'm joined by two members of the Doctors and Clinicians Care Compare support team, Allison Newsom and Belen Michael from Westat. Next slide, please.

I will now pass the presentation to Belen, who will provide some background information about Doctors and Clinicians on Care Compare.

Belen Michael:

Thank you, Jennifer. Next slide, please. So, the purpose of public reporting is twofold: one, to help people with Medicare make informed decisions, and two, it incentivizes clinicians to maximize performance. Next slide.

CMS began publicly reporting doctor and clinician performance information under the Affordable Care Act, beginning with the 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 the 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 and performance category scores, certain APM information, and aggregate performance information. Next slide.

CMS initially publicly reported performance information on eight 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 Care Compare and the Provider Data Catalog, or PDC. The Doctors and Clinicians section of Care Compare replaced Physician Compare profile pages, and the PDC replaced the Downloadable Database.

Care Compare's primary audience is people with Medicare and their caregivers. The tool provides a single source search and compare experience for people to find information about doctors, clinicians, and other healthcare providers and settings based on their needs. The PDC is primarily intended for researchers and other interested stakeholders and allows them to directly access and download the official data used on Care Compare. Next slide.

In alignment with our phased approach to public reporting, CMS began publicly reporting QPP performance information with a small set of 2017 measures from the quality and Advancing Care information performance categories on profile pages and in downloadable format. A smaller subset of group MIPS quality measures were reported as star ratings on profile pages. Additional information, including MIPS Final and performance category scores, were reported in downloadable format.

For the 2018 performance information, CMS expanded the types and amount of information with quality, Promoting Interoperability, and improvement activities performance information being publicly reported on profile pages and in downloadable format. Final Scores and performance category scores were also included in downloadable format. More measures were reported as star ratings as well, including clinician and group MIPS quality, QCDR, and Promoting Interoperability measures. Most recently added to the site is the 2019 performance information.

Similar to 2018, quality, Promoting Interoperability, and improvement activities performance information are reported on doctor and clinician profile pages, with much of this information being available as star ratings. Additional information is reported in the PDC. Later in this presentation, we'll review in more detail which 2019 performance information is currently publicly reported. Next slide.

Not all performance information submitted through QPP is publicly reported. All doctor and clinician performance information included on Care Compare and 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, and accurate, comparable across collection types, and meet the minimum reliability threshold.

For Care Compare, 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. I also want to note that quality and cost measures in their first two years of using QPP are not publicly reported to allow doctors and clinicians to become familiar with the measures before performance is made public. Next slide.

Before we dive into the specific 2019 QPP information that CMS is publicly reporting, let's review the information that was considered for public reporting. The following MIPS performance information was available for public reporting: quality measures, Promoting Interoperability measures and attestations, improvement activities, cost measures, and Final and performance category scores.

Additionally, beginning with the 2018 performance year, aggregate MIPS information will be periodically publicly reported. We published this MIPS performance information for MIPS eligible clinicians and groups. Performance information for voluntary reporters is also published, unless the voluntary reporters opt-out of public reporting for that particular performance year during the Preview Period. Next slide.

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 and Next Generation ACO profile pages, and ACO performance information for Shared Savings Program and Next Generation ACOs. Next slide.

CMS also includes general information about doctors, clinicians, groups, and ACOs on Care Compare. 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 is also information about board certification, education, gender, and group, hospital, and APM affiliation. For groups, profile pages also include information about affiliated clinicians – meaning clinicians who practice with that group – and ACO affiliation. For ACOs, they include the name of the ACO and a link to their website for more information. If you are a clinician or work with a group and notice that your information on Care Compare needs to be updated, 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 change 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 is not listed in PECOS, or if you have any questions about updating your information. Next slide.

We frequently get questions about which clinicians and groups are included on Care Compare and in the PDC. For both clinicians and groups, they must be in approved status in PECOS, have a practice location, and have submitted a Medicare claim or be newly enrolled in PECOS within the last six months. Clinicians must also have at least one specialty listed in PECOS. Groups must also have a legal business name and at least two Medicare healthcare professionals reassigning their benefits to the group's TIN. Next slide.

Now, I'll pass the presentation to Allison to discuss the specific 2019 information that was recently added to Care Compare and the PDC. Allison?

Allison Newsom:

Thanks, Belen. Next slide, please. I'll start by reviewing the table on this slide, which shows the types of performance information that are being publicly reported for 2019. The following types of 2019 MIPS performance information are publicly reported on Care Compare 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 four categories. Those four categories are Quality, Improvement Activities, Promoting Interoperability, and Cost. Next slide.

CMS is also publicly reporting several indicators on Doctors and Clinicians profile pages based on the 2019 performance information. Two of the indicators are newly added this year. The first new indicator is displayed on profile pages for clinicians or groups who attested negatively to one or more of the 2019 prevention of information blocking attestations. The indicator is displayed with the icon on this slide: a yellow caution symbol. The icon is accompanied by a plain language description to explain the indicator to website users.

The second new indicator is shown for clinicians and groups who received a MIPS facility-based score for quality and cost for the 2019 performance period. Again, this indicator is shown with an icon and plain language description. This description links to the relevant hospital profile page on Care Compare. For this indicator, the icon is a hospital symbol: a blue square with the letter H. The next two indicators have previously been publicly reported and continue to be 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 2019 Promoting Interoperability performance category score above zero. Note that a clinician or group will not have both a green checkmark for Promoting Interoperability and the information blocking indicator. The final indicator displays if a clinician or a group participated in selected APMs in 2019. And we'll talk more about this later in the presentation. Next slide, please.

Moving on to the specific 2019 MIPS performance information that's publicly reported. Let's start by talking about the MIPS quality category. A subset of 2019 MIPS quality measures are publicly reported on clinician and group profile pages as star ratings. Quality measures, and any other performance information, only appear on profile pages if a clinician or a group submitted 2019 performance information for measures that were selected for public reporting. Also, if a clinician received a facility-based score, they will 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 if they do have measures. Clinicians or groups receive a star rating ranging from one to five stars. For all measures, including inverse measures, the star ratings are always reported so that more stars are better. The 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. If you're interested, a mapping of the 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 publicly reported on clinician and group profile pages as star ratings as well. As shown on this slide, the format is

the same as MIPS quality measures: a plain language title, description, and star ratings. And again, more information is available on the Care Compare: Doctors and Clinicians Initiative page. Next slide.

The final type of publicly reported 2019 [quality] 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 at which it was submitted. So, information submitted at the group level only appears on group pages and information submitted at the clinician level only appears on clinician profile pages. You'll notice that CAHPS for MIPS 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 shown as 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 measures. Top-box scores represent the percentage of patients who reported the most positive response 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.

This slide gives a sense of the number of quality measures reported under each of the sub-categories for 2018 and 2019. As you'll see, there is variation across the years. The major driver of this variation is the statistical public reporting standards, which require that performance information be valid, reliable, and comparable in order to be publicly reported. It's expected that there are changes between each performance year, and this is particularly true for 2019 due to the number of EUC exceptions granted during the pandemic. A drop in the number of reporters for each measure likely resulted in fewer measures meeting the established public reporting standards. Next slide.

Now to talk about Promoting Interoperability. In alignment with 2018 public reporting, clinicians and groups who successfully submitted 2019 Promoting Interoperability performance information have an indicator of this on their profile page. 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 2019. This is the icon that was shown on slide 18. If a clinician or group has the overall performance indicator, it appears as is shown on this slide with a green checkmark and an 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.

Also for Promoting Interoperability, CMS is reporting a subset of 2019 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. For more information about which Promoting Interoperability measures and attestations are publicly reported, you can visit the Care Compare: Doctors and Clinicians Initiative page. Next slide.

The next category is improvement activities. MIPS improvement activities are displayed on clinician and group profile pages as checkmarks with plain language descriptions. All of the 2019 MIPS improvement activities met the established public reporting standards, which means that upward of 100 activities could have been reported on any given profile page. However, based on user testing findings, we know that more information is not always better and that too much information can be overwhelming. Because of this, CMS is publicly reporting a maximum of 10 attestations per profile page.

For reporters with more than 10 improvement activities, the 10 most highly reported improvement activities by entity are reported on profile pages. So, if a clinician reported more than 10 improvement activities attestations, the 10 most frequently reported by clinicians would be shown on their page. If a group had reported more than 10, the 10 improvement activities most frequently submitted by groups would be shown on the group's profile page. All of the MIPS improvement activities that met the public reporting standards are publicly available in the PDC. And again, you can visit the Care Compare: Doctors and Clinicians Initiative page for more information. Next slide.

Care Compare is not publicly reporting 2019 MIPS cost measure performance information for doctors and clinicians as it does not meet public reporting standards. Again, this is referring to the cost measure performance information. However, 2019 MIPS cost performance category scores are publicly reported in the PDC and CMS is continuing to evaluate ways to publicly report the cost measure performance information 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 a clinician's participation in an APM. Doctors and clinicians who participated in an APM in 2019 may or may not have performance information on their profile pages and in the PDC. Clinicians who are qualifying participants, or QPs, in an Advanced APM do not have clinician-level MIPS performance information publicly reported on their Care Compare profile page or in the PDC because they've already satisfied their obligation under the QPP by achieving QP status through an Advanced APM. Clinicians in a MIPS APM or other APM type could have performance information publicly reported on their profile page and in the PDC, assuming that they reported performance information that was then selected for public reporting.

There's one additional reason that clinicians in an APM might not have 2019 performance information on their profile page. This is that clinicians in MIPS APMs had the choice to opt-out of having that information publicly reported during the 2019 Doctors and Clinicians Preview Period. Next slide, please.

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

For groups, if they participated in the Next Generation or Shared Savings Program ACOs for 2019, that participation will be indicated on the group profile page. Similar to clinicians, the indicator is a green checkmark and plain language description noting yes, the group participated in an innovative model. For groups, this is followed by a link to more information about the Next Generation and the Shared Savings Program model, as well as links to performance information for the ACOs. Next slide please.

Continuing with ACOs, for Shared Savings Program and Next Generation ACOs, performance information is publicly reported on Care Compare ACO profile pages. For 2019, there are four MIPS quality measures and five CAHPS for ACOs Summary Survey score measures available on ACO profile pages. To find out more about which ACO measures are being publicly reported, visit the Care Compare: Doctors and Clinicians Initiative page. Next slide please.

So far we've primarily focused on what's reported on profile pages. 2019 performance information is also being reported in downloadable format in the PDC. The PDC includes all of the performance information from clinician and group Care Compare profile pages. Additional information is included in the PDC. This includes measures that met statistical public reporting standards but were not selected for public reporting on profile pages, measure denominators, measure benchmarks as

applicable, Final Scores and performance category scores for all four MIPS categories, and aggregate MIPS performance information.

As required by MACRA, the PDC also includes utilization data, which provides information on services and procedures provided to people with Medicare. A subset of the 2018 utilization data is published in the PDC. The utilization data are from 2018 because the PDC is a subset of that data. It contains data for clinicians who are listed on Care Compare. Next slide please.

Finally, the table on this slide shows a breakdown of the 2019 PDC information compared to 2018. Similar to what we saw with the quality breakdown, there is variation in the number of reported measures and attestations per year. Again, this may be attributable to the public reporting standards and reduced number of reporters as a result of the EUC exceptions.

Now that we've reviewed the background of public reporting for doctors and clinicians, as well as the specific 2019 performance information that was recently added to Care Compare and the PDC, I'll pass the presentation back to Jennifer to wrap things up.

Jennifer Harris:

Thank you, Allison. Next slide please.

On this slide, we provide helpful resources that you can access, including links to Care Compare, the Provider Data Catalog, the Doctors and Clinicians Initiative page, and the Quality Payment Program website. We also encourage you to sign up to subscribe to the Care Compare: Doctors and Clinicians listserv so you can receive periodic updates.

If you have 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 by using the phone number listed here. Next slide, please.

We also encourage you to be sure your information is up to date in PECOS. Just a reminder that it may take two to four months for changes made online in PECOS to be reflected in Care Compare: Doctors and Clinicians. Please access the Initiative page to learn more. If you have questions about updating your information, you can also email us QPP@cms.hhs.gov.

This concludes our presentation. Thank you for taking the time to learn more about public reporting and the 2019 performance information release for doctors and clinicians on Care Compare. As always, we value your feedback and look forward to collaborating with you in the future.