

2020 Quality Payment Program: Doctors and Clinicians Performance Information on Medicare Care Compare

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Julie Johnson:

Welcome to our presentation on the 2020 Quality Payment Program performance information published on Medicare Care Compare. I'm Julie Johnson, health insurance specialist 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 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, 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 it is not a legal document. Next slide, please.

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

We'd like to take a few moments to discuss the public health emergency considerations due to the COVID-19 pandemic. First, we note that all 2020 MIPS performance information that is publicly reported does meet the established statistical public reporting standards. Extreme and uncontrollable circumstances, or EUC, exceptions were available to clinicians and groups who had challenges collecting or submitting 2020 performance information because of the public health emergency.

Automatic exceptions were applied to clinicians who did not report 2020 performance information. Performance information under MIPS performance category that was reweighted to zero through the EUC policy is not being publicly reported. We'd like to note that there was a decrease in the number of reporters with performance information recommended for public reporting in 2020 compared to 2019. This is due in part to the EUC. However, there is a slight increase in the number of measures that passed public reporting standards in 2020 compared to 2019 due to an update to our measure analysis methodology. Next slide, please.

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 2020 performance information for doctors and clinicians on Care Compare, as well as the provider data catalog, or PDC. The public reporting of performance information on Care Compare and in the PDC is consistent with the CMS eMedicare initiative that aims to deliver simple tools and information to current and future Medicare beneficiaries.

I am joined by two members of the Care Compare: Doctors and Clinicians support team, Anna Cupito and Belen Michael from Westat. Next slide.

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

Belen Michael:

Thank you, Julie. Next slide, please. The purpose of public reporting is twofold: to help people with Medicare make informed decisions and to incentivize clinicians to maximize performance. Next slide, please.

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

CMS initially publicly reported performance information on 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 Clinician 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, please.

In alignment with our established 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 scores and performance category scores, were reported in downloadable format. For the 2018 to 2020 performance years information, CMS expanded the type and amount of information on profile pages and in the PDC 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 included in downloadable format in the PDC. More measures were reported as star ratings as well. Clinician and group MIPS quality, QCDR, and Promoting Interoperability measures were reported using star ratings. Later in the presentation, we'll review in more detail which 2020 performance information is currently publicly reported. For

performance year 2021, we are hoping to be able to publicly report an additional measure category on cost, and we'll share more detail on that in future presentations. Next slide, please.

Not all performance information submitted through QPP is publicly reported. All doctor and clinician performance information included on Care Compare profile pages or in the PDC must meet established public reporting standards unless otherwise required by statute. For the PDC, at a minimum, performance information must be statistically valid, reliable, accurate, and 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.

Please note, quality and cost measures in their first two years of use in QPP are not publicly reported to allow doctors and clinicians to become familiar with the measure before performance is made public. Next slide, please.

Before we dive into the specific 2020 QPP information that CMS is publicly reporting, let's review the information that was considered for public reporting.

Beginning with MIPS, the following MIPS performance information was available for public reporting: quality measures, Promoting Interoperability measures and attestations, improvement activities, cost measures, final scores and performance category scores for quality, Promoting Interoperability, improvement activities, and cost. Additionally, beginning with the 2018 performance year, aggregate MIPS information is periodically publicly reported. Please note, for the 2020 performance year under the automatic EUC policy, the cost performance category is weighted at 0%.

We published this MIPS performance information for MIPS eligible clinicians and groups. Performance information for voluntary reporters is also published unless the voluntary reporters opted out of public reporting for that year's performance information during the preview period. Next slide, please.

For APMs, the following information is available for public reporting as technically feasible: an indicator that clinicians and groups participated in APMs, links from group profile pages to Medicare Shared Savings Program, and Next Generation Model ACO profile pages, and ACO performance information for Shared Savings Program and Next Generation ACOs. Next slide, please.

Now I'll pass the presentation to Anna to discuss the specific 2020 performance information that was recently added to Care Compare and the PDC. Anna?

Anna Cupito:

Thanks, Belen. Next slide, please. The following types of 2020 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 our MIPS final scores and performance category scores for all four categories: quality,

improvement activities, Promoting Interoperability, and cost. However, due to the ongoing public health emergency cost measures have been reweighted to zero. Next slide, please.

Also, CMS is publicly reporting several indicators on doctors and clinicians profile pages based on the 2020 performance information. Two indicators are relatively new, added last year. The first indicator is displayed on profile pages for clinicians or groups who attested negatively to one or more of the 2020 prevention of information blocking attestations. The indicator is displayed with the icon on the slide: a yellow caution symbol. The icon is accompanied by a plain language description to explain the indicator to website users.

The second indicator is shown for clinicians and groups who received a MIPS facility-based score for quality for the 2020 performance period. Again, this indicator is shown with an icon and plain language description, which 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 continue to be publicly reported on applicable profile pages using green check marks and plain language descriptions. One indicator displays for clinicians and groups who successfully reported the promoting interoperability performance category by achieving a 2020 promoting interoperability performance category score above zero. Note that a clinician or group cannot have both the green check mark and the information blocking indicator.

The final indicator displays if a clinician or group participated in selected APMs in 2020. We'll talk more about this later in the presentation. Next slide, please.

Moving on to the specific 2020 MIPS performance information that is publicly reported, let's start with the MIPS quality category. A subset of the 2020 MIPS quality measures is publicly reported on clinician and group profile pages as star ratings. Note that quality measures and any other performance information only appear on profile pages if a clinician or group submitted 2020 performance information for measures that were selected for public reporting. Also, if the 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. Clinicians or groups receive a star rating ranging from one to five stars. Note that for all measures, including inverse measures, the star ratings are always reported so that more stars are better. This rating is shown with a plain language measure title and description.

It's important that information on profile pages is understandable to people with Medicare and their caregivers, which is why we use the plain language title rather than the technical measure title. A mapping of technical titles to plain language titles is available on the Care Compare: Doctors and Clinicians Initiative page, as is a full list of all of the publicly reported quality measures and more information about star ratings. Next slide, please.

The next type of measures under the quality category are QCDR measures, which are also publicly reported on clinician and group profile pages as star ratings. As shown on the slide, the format is the same as MIPS quality measures, a plain language title description, and star ratings. More

information is also available on the Care Compare: Doctors and Clinicians Initiative page. Next slide, please.

The final type of publicly reported 2020 performance information is CAHPS for MIPS summary survey scores. These measures are only collected for groups and are therefore only reported on group profile pages. CMS reports doctor and clinician performance information at the level for which it was publicly reported. So, information collected at the group level only appears on group pages and information collected at the clinician level only appears on clinician profile pages.

CAHPS for MIPS measures are displayed similarly to MIPS quality and QCDR measures. The only difference is that these measures are reported with top box scores rather than star ratings. Top box scores are a percent performance score. While star ratings are well understood for other types of measures, user testing has shown that top box scores are well understood for CAHPS for MIPS measures. Top box scores represent the percentage of patients who reported the most positive responses on the survey question. For example, if the survey question asks 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 percent of patients who responded with the most positive response, “always.” Next slide, please.

This slide gives a sense of the number of quality measures reported under each quality subcategory for 2019 and 2020. The major driver of this variation is the statistical public reporting standards, which require performance information to be valid, reliable, and comparable. It is expected that there are changes between each performance year, and this is particularly true for 2020, due to the EUC exceptions for the pandemic. Next slide, please.

In alignment with 2019 public reporting, clinicians and groups who successfully submitted 2020 Promoting Interoperability information have an indicator on their profile pages. As a reminder, we are also reporting an indicator for clinicians and groups who attested negatively to one or more of the prevention of information blocking attestations for 2020. The icon for this indicator was shown on slide 18. The overall performance indicator is shown on this slide with a green check mark and associated plain language description. Here we use electronic health record technology participation in place of promoting interoperability, based on findings from testing with people with Medicare and their caregivers. Next slide.

For Promoting Interoperability, CMS is also reporting a subset of the 2020 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 check marks and a plain language description. A full list of publicly reported promoting interoperability measures and attestations is available on the Care Compare: Doctors and Clinicians Initiative page. Next slide, please.

MIPS improvement activity attestations are displayed on clinician and group profile pages as check marks. All 2020 MIPS improvement activity attestations meet the established public reporting standards, which means upwards of 100 activities could be reported on a given profile page. Based on user testing findings, we know that more information is not always better and that too much information can be overwhelming. Because of this, a maximum of 10 attestations per profile page are reported on any given profile page. For reporters with more than 10 attestations, the 10 most highly reported attestations by entity are reported on the profile pages. So, if a clinician reported more than 10

attestations, the 10 attestations most frequently reported by clinicians would be shown on their page. All MIPS improvement activities that meet the public reporting standards are publicly available in the PDC. A full list of publicly reported improvement activity attestations is also available on the Care Compare: Doctors and Clinicians Initiative page. Next slide, please.

2020 MIPS cost performance category scores are publicly reported in the PDC. However, due to the ongoing public health emergency, the cost performance category was reweighted to zero. CMS will continue to evaluate ways to publicly report cost measures in future years. Next slide, please.

We've been discussing which MIPS performance information is available on profile pages. This could also be impacted by participation in an APM. Doctors and clinicians who participated in an APM in 2020 may or may not have performance information on their profile pages and in the PDC. Clinicians who are Qualifying Participants, or QPs, in Advanced APMs, do not have clinician level MIPS performance information publicly reported on their Care Compare profile pages or in the PDC because they have already satisfied their obligation under the QPP by achieving QP status under an Advanced APM.

Clinicians in MIPS APM or another 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 is one additional reason clinicians in an APM might not have 2020 performance information on their profile page: They had the choice to opt out of having that information publicly reported during the 2020 Doctors and Clinicians Preview Period. If they chose to opt out of public reporting, however, their MIPS final and performance category scores will still be publicly reported in the Provider Data Catalog. Next slide, please.

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

Groups that participated in Next Generation or Shared Savings Program ACOs have a participation indicator on their profile page. Similar to clinicians, the indicator is a green check mark and plain language description noting that yes, the group participated in an innovative model. For groups this is followed by a link to more information about the Next Generation and Shared Savings Program models, as well as links to specific ACO profile pages. Next slide, please.

Shared Savings Programs and Next Generation ACO performance information is publicly reported on Care Compare ACO profile pages. For 2020, there are five MIPS quality measures available on ACO profile pages. The CAHPS survey requirement was waived for performance year 2020, so CAHPS for ACOs Summary Survey score measures are not displayed on ACO profile pages. Visit the Care Compare: Doctors and Clinicians Initiative page for a full list of publicly reported ACO quality measures, including CAHPS for ACOs. Next slide, please.

So far, we've primarily focused on profile pages. 2020 performance information is also reported in a downloadable format in the PDC. The PDC includes all performance information from clinician and group Care Compare profile pages. Additional information in the PDC includes measures that met statistical reporting standards but were not selected for public reporting on profile pages, measure

denominators, measure benchmarks if applicable, final scores and performance category scores for MIPS quality, Promoting Interoperability, improvement activities and cost, and aggregate MIPS performance information.

As required by MACRA, the PDC includes utilization data, which provides information on services and procedures provided to Medicare patients by doctors and clinicians. A subset of 2019 utilization data is published in the PDC. The utilization data are from 2019 because the PDC represents a subset of the publicly available utilization file for clinicians who are listed on Care Compare. Next slide, please.

Finally, the table on this slide shows a breakdown of the 2020 PDC performance information compared to 2019. Similar to what we saw with the quality breakdown, there is variation in the number of reported measures and attestations per year. Again, this is attributable to the public reporting standards, which require measures that are statistically valid, reliable, and accurate, comparable across collection types, and meet the minimal reliability threshold. Next slide, please.

Now, let's finish our presentation by going over some general information about Care Compare: Doctors and Clinicians and addressing some frequently asked questions. 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 the Provider Enrollment Chain and Ownership System, abbreviated to PECOS, have a practice location, and have submitted a Medicare claim or be newly enrolled in PECOS within the last six months. Clinicians must also have at least one specialty listed in PECOS. Groups need to have a legal business name and at least two Medicare healthcare professionals reassigning their benefits to the group's TIN. Next slide, please.

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, group, hospital, and APM affiliation. For groups, profile pages also include information about affiliated clinicians or clinicians who practice with that group, and ACO affiliation. For ACOs, we include the name of the ACO and a link to their website for more information. If you are a clinician and/or you work with a group and notice that your information on Care Compare needs updates, your first step should be to ensure that all of your information in PECOS is correct, as this is one of the primary information sources. Note that any changes you make in PECOS will take several weeks to be reflected on the site. You can also reach out to the QPP Service Center to request changes to information that is not listed in PECOS or if you have any questions about updating your information. Next slide, please.

We have received some questions about how the continuing COVID 19 pandemic PHE, or public health emergency, affected measure scoring and reporting. CMS applied the MIPS automatic EUC policy to all individual MIPS eligible clinicians for the 2020 performance period. MIPS eligible groups, virtual groups, and APM entities were able to submit an application to reweight any or all MIPS performance categories if they've been affected by extreme and uncontrollable circumstances that impact these categories. To clarify questions about how the automatic EUC policy impacts the cost performance category, under this automatic EUC policy, the cost performance category will always be weighted at 0%, even if clinicians submitted data for other performance categories. For MIPS performance categories that were reweighted to 0% through the EUC policy, if no information was submitted to CMS,

no performance information will be publicly reported. The final reweighting and targeted review decisions were applied prior to the 2020 performance information release on Care Compare.

Now that we've reviewed the background of public reporting for doctors and clinicians, the specific 2020 performance information that was recently added to Care Compare and the PDC, and addressed some frequently asked questions, I'll pass the presentation back to Julie to wrap things up.

Julie Johnson:

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

On this slide, we provide helpful resources you can access including links to Care Compare, the Provider Data Catalog, the Care Compare: Doctors and Clinicians Initiative page, and the Quality Payment Program website. We also encourage you to subscribe to the Care Compare: Doctors and Clinicians listserv so you can receive periodic updates. If you have any questions about public reporting for doctors and clinicians, please check the Initiative page or reach out to us using the email address on this slide. You can also contact the Quality Payment Program directly using the same email address or via the phone number here. This concludes our presentation. Thank you for taking the time to learn more about public reporting and the 2020 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.