

Fact Sheet: MIPS Data Archive on Care Compare

Doctors and Clinicians

Overview

In October 2022, the Centers for Medicare & Medicaid Services (CMS) expanded the archive for Doctors and Clinicians (DAC) on the Provider Data Catalog (PDC) to provide access to all years of historic Merit-based Incentive Payment System (MIPS) program performance data that were publicly reported on Care Compare and the PDC. The expanded archive supports CMS's goals related to data transparency, aligning the types of information reported for all provider settings, and enabling data users access to past years' MIPS performance information.

CMS has publicly reported MIPS performance information since the program's 2017 inception. However, prior to this archive expansion, CMS only publicly reported one year of MIPS performance data at a time.

With the addition of previous years' performance data and demographic information to the archive, users have access to all publicly reported MIPS measure and attestation performance, along with category and final scores, from the start of the MIPS program (i.e., performance year 2017) to the most recent performance year. In expanding the archive, CMS has responded to clinicians, researchers, and other interested parties who want access to all historic MIPS performance data previously publicly reported. Users can access the archive files [here](#).

Disclaimer

CMS strongly cautions users about using the historical data to draw year-to-year comparisons. The following aspects of the MIPS program and public reporting standards make it inappropriate to make such comparisons – especially of measure-level performance over time:

- **Phased approach to eligibility:** Given the phased approach for clinician and group eligibility for the MIPS program, the types of clinicians eligible for MIPS increased over time, and eligibility exclusions due to low volumes of Medicare billing changed.
- **MIPS exemptions:** Individual clinicians' MIPS eligibility status can change from year to year, depending on whether they're MIPS-exempt based on achieving Qualifying APM Participant (QP) status.
- **Measure choice:** Clinicians and groups have options regarding the measures for which they choose to report their performance to the MIPS program. They can also change their selections from year to year.
- **Reporter type:** Clinicians can meet their MIPS obligation by submitting their individual MIPS performance, being included in a group's reporting of their aggregate performance, or being included in an Alternative Payment Model's (APM's) reporting of its aggregate performance.

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From year to year, clinicians may change between individual, group, or APM-based MIPS performance submission.

- **Measure availability:** Each year the DAC team assesses the reliability of each measure prior to public reporting, as required by regulation. Reliability is assessed at the measure stratum-reporter-collection type level. As a result of reliability testing, measures (or measures for a given collection or reporter type) may be available one year, but not another.
- **Reporting exemptions:** Clinicians and groups significantly impacted by circumstances out of their control during a performance year can submit an extreme and uncontrollable circumstances (EUC) MIPS exception application, which may result in the reweighting of one or more MIPS performance categories. When a MIPS category is weighted to 0% of the MIPS score, performance on any measures or attestations in that category is excluded from public reporting. CMS has implemented broad EUC policies for performance years 2020 and 2021 to hold clinicians and groups who have experienced significant hardships during the COVID-19 public health emergency harmless, resulting in less performance data available from those years.

Need Help?

If you have any questions about public reporting for doctors and clinicians on Care Compare, contact the QPP Service Center at 1-866-288-8292 (Monday-Friday, 8 a.m. - 8 p.m. ET) or by e-mail at QPP@cms.hhs.gov.

To receive assistance more quickly, consider calling during non-peak hours (before 10 a.m. and after 2 p.m. ET).

- Customers who are hard of hearing can dial 711 to be connected to a TRS Communications Assistant.