# Physician Compare Preview Period User Guide

## 2018 Quality Payment Program Performance Information

June 2020

## Overview

Under regulations, the Centers for Medicare & Medicaid Services (CMS) provides a **Preview Period** for clinicians and groups to preview their 2018 Quality Payment Program performance information before the data are publicly reported on Physician Compare (§414.1395(d)). Physician Compare[1] is a website that allows Medicare patients and caregivers to find physicians and other clinicians, and incentivizes clinicians and groups to improve patient care. Generally, all performance information available for public reporting on Physician Compare must meet our established public reporting standards under §414.1395(b).

This guide describes how to access the **Physician Compare Preview** via the Quality Payment Program website. Users will need a HCQIS Access Roles and Profile System (HARP) account to access the Quality Payment Program. To learn more about obtaining a HARP account, go to How do I preview my performance information in this document or download the **QPP Access User Guide (zip 7MB)**.

To learn more about Physician Compare and how performance information is selected for preview and public reporting, please visit the Physician Compare Initiative page.

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[1] The term "Physician Compare" is defined as "Physician Compare and/or successor website".

# Contents

## Who should use this guide?

- Eligible clinicians or groups that submitted Merit-based Incentive Payment System (MIPS) performance information for performance year (PY) 2018.

- Clinicians or groups who are not MIPS eligible but voluntarily submitted PY 2018 MIPS performance information.

- Clinicians participating in an Alternative Payment Model (APM) that submitted PY 2018 MIPS performance information.

- Groups that submitted Consumer Assessment of Healthcare Providers & Systems (CAHPS) for MIPS survey data for PY 2018.

# What is the Physician Compare Preview Period?

The Physician Compare Preview Period is a 60-day period set by CMS that allows clinicians and groups, both eligible and non-eligible, to preview their performance information before it is publicly reported on Physician Compare. Physician Compare is targeting to publicly report the 2018 Quality Payment Program performance information in 2020.

The secured 60-day Preview Period is available through the Quality Payment Program website. Physician Compare Preview displays performance information as it will appear on Physician Compare profile pages and in the Physician Compare Downloadable Database. Performance information targeted for public reporting on profile pages will be previewed and publicly reported in plain language. Performance will be displayed as star ratings, percent performance scores, and checkmarks.

The Preview Period begins on June 22, 2020 at 10:00 a.m. Eastern Time (or 7:00 a.m. Pacific Time) and ends on August 20, 2020 at 8:00 p.m. Eastern Time (or 5:00 p.m. Pacific Time).

We encourage you to preview your data as early in the Preview Period as possible. To learn more about Physician Compare, public reporting, and the 60-day Preview Period, visit the Physician Compare Initiative page.

*Why preview?*

- Physician Compare Preview is the first opportunity for clinicians and groups to see what patients will see before their performance information is published on the Physician Compare website.

- Clinicians and groups will be able to see which of the performance information they submitted for 2018 is targeted for public reporting on Physician Compare profile pages and the Physician Compare Downloadable Database.

- Clinicians and groups who are not MIPS eligible and MIPS APM participants who voluntarily submitted PY 2018 MIPS performance information will have the opportunity to opt-out of having their PY 2018 performance information publicly reported on Physician Compare.

# Will I have PY 2018 performance information available for preview?

## MIPS Eligible Clinicians and Groups

If you submitted PY 2018 MIPS performance information as a MIPS eligible clinician or group, you may have performance information available for preview.

## Non-MIPS Eligible Clinicians and Groups

If you are a clinician or group who submitted MIPS performance information but were not MIPS eligible during performance year 2018, you are considered a voluntary reporter and may have performance information available for preview. 2018 MIPS performance information submitted by voluntary reporters is available for public reporting on Physician Compare unless they opt-out of public reporting. Voluntary reporters may opt-out of having their performance information publicly reported on Physician Compare during the 60-day Preview Period (82 FR 53830).

## APM Participants

Clinicians with a TIN/NPI who participated in a MIPS APM in performance year 2018 may opt-out of having measure- and attestation-level performance information publicly reported on Physician Compare during the 60-day Preview Period. MIPS final scores and performance category scores earned by clinicians who participated in MIPS APMs will be publicly reported in the Physician Compare Downloadable Database.

MIPS performance information submitted by a Qualifying APM Participant (QP) in an Advanced APM as an individual will not be publicly reported on the clinician's profile page. Voluntary reporting does not apply to clinicians who participated in an Advanced APM and were considered QPs during performance year 2018.

MIPS performance information submitted by an eligible clinician in APMs that are neither an Advanced APM nor a MIPS APM may be publicly reported on their clinician profile pages.

# What PY 2018 performance information will be available for preview?

A subset of PY 2018 performance information is targeted for public reporting on Physician Compare and available for preview. To find out what 2018 performance information will be available for preview and are targeted for public reporting on Physician Compare in 2020, check out these crosswalks on the Physician Compare Initiative page:

〉 Individual Clinician Performance Information on Physician Compare: Performance Year 2018 Preview Period

〉 Group Performance Information on Physician Compare: Performance Year 2018 Preview Period

# How can I check if I have PY 2018 performance information available for preview?

You can check if you have PY 2018 performance information available for preview by logging in to the Quality Payment Program website and accessing the Physician Compare preview. Detailed instructions for how to log-in to the website are included in the section titled "How do I access the Physician Compare Preview Period". For more information about how to preview your performance information, go to the section titled "How do I navigate Physician Compare Preview?".

You also can check if you or your group have performance information available for preview by emailing the Physician Compare Support team (PhysicianCompare-Helpdesk@AcumenLLC.com). We will check your preview status for you.

To check your Physician Compare Preview status via email, follow the steps below.

1. Click on the 'Check your preview status' button below.

2. In the body of the email, include the NPI and name of the clinician (or Legal Business Name of the group) you are inquiring about.

3. The Physician Compare support team will respond to your email within 24-48 hours about the status of your Physician Compare Preview.

<div align="center">

**Check your preview status**

</div>

# How do I access the Physician Compare Preview Period?

To log in to Quality Payment Program website and access the Physician Compare Preview Period, follow the steps below.

1. **Establish a HCQIS Access Roles and Profile System (HARP) account.**

   Go to the Quality Payment Program website qpp.cms.gov, and click **Sign In** on the upper right-hand corner. If you have credentials that let you sign in to qpp.cms.gov, enter your **User ID** and **Password** in the requested fields to sign in and **stop** here. You do NOT need to register.

   If you have never signed in to qpp.cms.gov, you will need to **register** with HARP to obtain appropriate credentials in order to sign in.

   > **Step 1.** Go to https://qpp.cms.gov/login

   > **Step 2.** Click the **Register** tab at the top of the page, or the **Register** link next to Sign In (see next page).

   > **Step 3.** Click **Register** with HARP at the bottom of the page, at which point you will be redirected to the HARP site to complete your registration.

   For full directions and screen shots, please download the **QPP Access User Guide (zip 7MB).**

2.  **Connect to an organization and choose a role.**

    In addition to an active HARP account, you will also need to be connected to the right organization and have the appropriate HARP user role to log in to the Quality Payment Program to access the Physician Compare Preview.  There are two roles in HARP: Security Official and Staff User. Each organization will need a Security Official before any Staff User roles can be requested.

    **Note:** You must log in using a Security Official or Staff User role. You will not be able to preview your information using a Clinician role.

    **For more information, please** download the **QPP Access User Guide** **(zip 7MB).** This zip file contains four documents:
    - Before You Begin
    - Register for a HARP Account
    - Connect to an Organization
    - Security Officials: Manage Access

    **Questions?**
    - Contact the Quality Payment Program at QPP@cms.hhs.gov or 1-866-288-8292 (TTY: 1-877-715-6222).

3.  **Log in to the Quality Payment Program.**

    a.  Go to https://qpp.cms.gov/login.

    b.  To log in to the Quality Payment Program, you need to use your HARP credentials, and have an appropriate user role associated with your organization (steps 1 and 2).

    Use your HARP user ID and password to log in.

## Sign in to QPP

**USER ID**

[ User ID ]

**PASSWORD**

[ Password ]

☐ Show password

Forgot your user id or password?  Recover ID or reset password

**STATEMENT OF TRUTH**

In order to sign in, you must agree to this: I certify to the best of my knowledge that all of the information that will be submitted will be true, accurate, and complete. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.

☐ Yes, I agree.

[ **Sign in**  ❯ ]    Don't have an account?
Register

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

*Example screen of text message MFA method:*

## Verify Code

Enter the code sent via text message to ***-***-[████].

**ONE-TIME CODE**

[ ex. 123456 ]

[ **Submit Code**  ❯ ]

## 4. Access the Physician Compare Preview.

Once you have successfully logged in to the Quality Payment Program, access the Physician Compare Preview by selecting the 'Physician Compare Preview' link in the left-hand navigation panel (next to the stethoscope icon). Please make sure that you are logged in with a Security Official or Staff User role. You will not be able to preview your information using a Clinician role.

# How do I navigate Physician Compare Preview?

To navigate the Physician Compare Preview, follow the steps below.

1. **Once you are in the Physician Compare Preview, select the "View Practice Details" button for the group you are interested in.**

   **Note:** If neither your group nor any clinicians connected to your group have Physician Compare performance information selected for public reporting and therefore nothing to preview, the "View Practice Details" button will not display. Groups who do not have performance information to preview, but who are connected to clinicians who do have performance information to preview, will have a button to "View Practice Details". If selected, groups will see a message informing them that the group has no performance information to preview, but will still be able to preview clinician performance information.



2. **If you are a clinician and want 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, do not have Physician Compare performance information available for public reporting and therefore nothing to preview, your name will not appear under the list of connected clinicians.

   If you are an individual clinician who submitted performance information as part of a group, please proceed to **Step 3**.

Depending on the measures that you or your group reported, you may see 1 to 4 different pages while accessing the Physician Compare Preview.

### 3. Overview page.

The Overview page appears for all users that have 2018 Quality Payment Program performance information available for preview.



**Utilization Data:** As required by MACRA, the Physician Compare Downloadable Database includes utilization data, which provides information on services and procedures provided to Medicare beneficiaries by clinicians. For individuals who provided services in 2017 and are still providing services, the Overview page is where you can get more information on how to preview your 2017 utilization data before they are publicly reported in the Physician Compare Downloadable Database. Individuals will be prompted to the crosswalk of the Clinician Performance Information targeted for public reporting available on the Physician Compare Initiative Page in order to preview that information.

4. **Quality page.**

The Quality page only appears if:

⟩ You or your group have 2018 MIPS quality performance information available for public reporting on your Physician Compare profile page; and/or

⟩ You or your group have 2018 QCDR performance information available for public reporting on your Physician Compare profile page; and/or

⟩ Your group has 2018 CAHPS for MIPS performance information available for public reporting on your Physician Compare profile page.



On the Quality page, you or your group may see up to 2 different tabs depending on the 2018 measures you or your group submitted: 1) **Performance** and 2) **Patient Survey Scores**.

⟩ **Performance**: This tab shows 2018 MIPS Quality performance scores and QCDR quality performance scores as star ratings and in plain language.

⟩ **Patient Survey Scores**: This tab shows 2018 CAHPS for MIPS performance scores as top-box percentages[2] and in plain language for groups only.

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[2] Top-box scores represent the percentage of patients who reported the most positive responses. More information about top box scores is provided by AHRQ in the following guide: How to Report Results of the CAHPS Clinician & Group Survey.

5. **Promoting Interoperability page.**

The Promoting Interoperability page only appears if:

  〉 You or your group achieved a successful performer checkmark in the Promoting Interoperability category; and/or

  〉 You or your group has 2018 MIPS Promoting Interoperability performance information available for public reporting on your Physician Compare profile page.



On the Promoting Interoperability page, you or your group may see up to two different tabs depending on the 2018 information you or your group submitted: 1) **General Information** and 2) **Performance**.

  〉 **General Information**: This tab shows the 2018 MIPS Promoting Interoperability successful performer checkmark[3] and plain language description. Also shown are Promoting Interoperability performance category attestations, if applicable.

  〉 **Performance**: This tab shows 2018 MIPS Promoting Interoperability performance scores as star ratings and in plain language.

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[3] Promoting Interoperability (PI) performance category scores above 0 will be used to indicate on the Physician Compare profile pages that the clinician or group successfully reported the PI performance category. A score of 50 or above indicates that the clinician or group achieved the base score for the PI performance category (83 FR 59913).

6. **Improvement Activities page.**

The Improvement Activities page only appears if:

〉 You or your group have 2018 MIPS Improvement Activities available for public reporting on your Physician Compare profile page.
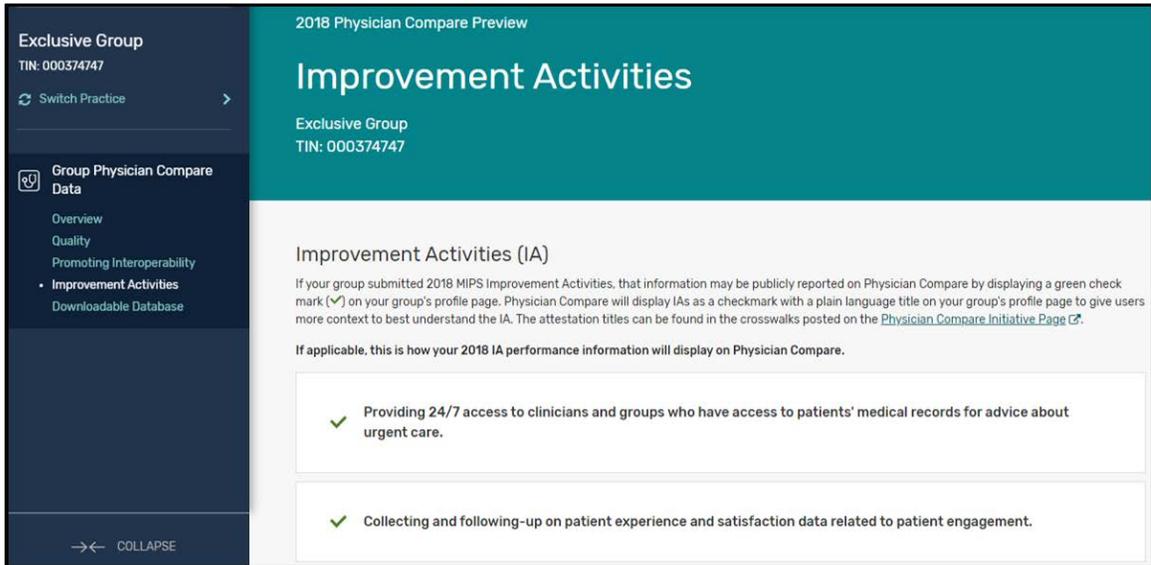


On the Improvement Activities page, you or your group will see a list of the 2018 Improvement Activities targeted for public reporting on your profile page. Activities will be listed using checkmarks and plain language.

7. **Downloadable Database page.**[4]

The Physician Compare Downloadable Database is an online collection of datasets on Data.Medicare.gov. All data included on Physician Compare profile pages will be included in the Downloadable Database. Additionally, data that meet all of the statistical public reporting standards but were not selected for public reporting on profile pages will also be included in the Physician Compare Downloadable Database.

**Note: The download function is not available during the Physician Compare Preview Period because this is only a preview of what your data may look like in the Physician Compare Downloadable Database.**

The Downloadable Database page only appears if:

〉 You or your group have performance information available for public reporting in the Physician Compare Downloadable Database. This may include:

    a) Quality measures
    b) Quality performance category score
    c) Promoting Interoperability (PI) measures and attestations
    d) PI performance category score
    e) Improvement Activities (IA) attestations
    f) IA performance category score
    g) Cost performance category score
    h) Final score



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[4] Any 2018 information publicly reported on Physician Compare must be designated as available for public reporting in the CY 2018 Quality Payment Program final rule. Measures publicly reported in the Physician Compare Downloadable Database 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 Downloadable Database to support CMS's goal of increased transparency.

On the Downloadable Database page, you or your group may see one or more of the following tables, depending on the 2018 performance information you or your group submitted:

(1) **PY 2018 [Clinician/Group] Performance Database:** This table includes performance information from the Quality, Promoting Interoperability, and Improvement Activities categories as they will appear in the Downloadable Database.

(2) **PY 2018 Patient Experience Database:** This table includes group CAHPS for MIPS scores reported as they will appear in the Downloadable Database.

(3) **PY 2018 Final Score and Performance Category Scores Database:** This table includes final scores, Quality, Promoting Interoperability, Improvement Activities, and Cost performance category scores as they will appear in the Downloadable Database.

## How do I opt-out of having my PY 2018 performance information publicly reported on Physician Compare?

1.  **Navigate to the "Overview" page and select the opt-out link.**

    If you or your group have information targeted for public reporting and are eligible to opt-out of having your PY 2018 performance information publicly reported on Physician Compare, you will see the option to opt-out on the Physician Compare Preview Overview page.
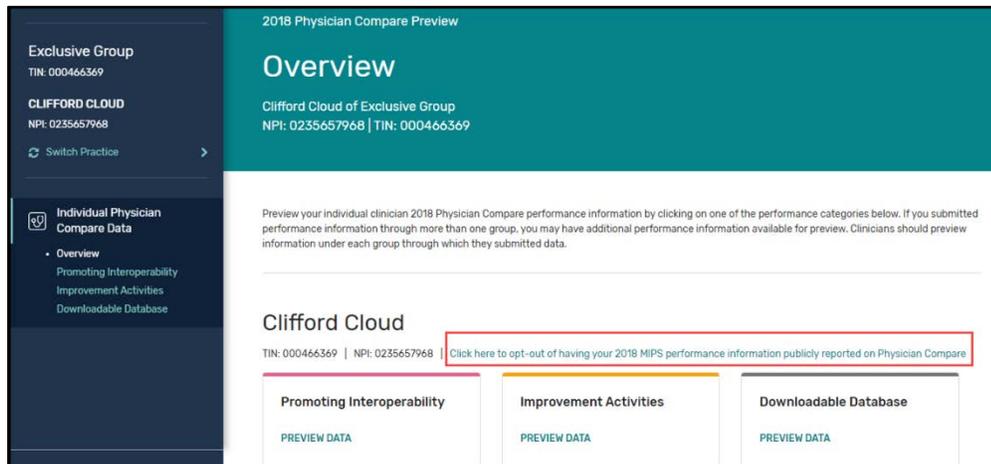


**Note:** Opting-out only applies to the specific reporting entity that the user is actively viewing in the Physician Compare Preview. For example, if a group opts-out, group-level performance information will not be publicly reported, however, clinician-level performance information submitted under 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 only applies to their performance information under the group that they are actively viewing.

2.  **Verify that you are opting-out for the correct group or clinician.**

Once you click on the link in the previous step, a pop-up will appear with your or your group's name and NPI. Review this information and verify that this is you or your group. After reviewing, select the green "Opt-Out" button to continue and confirm your selection.
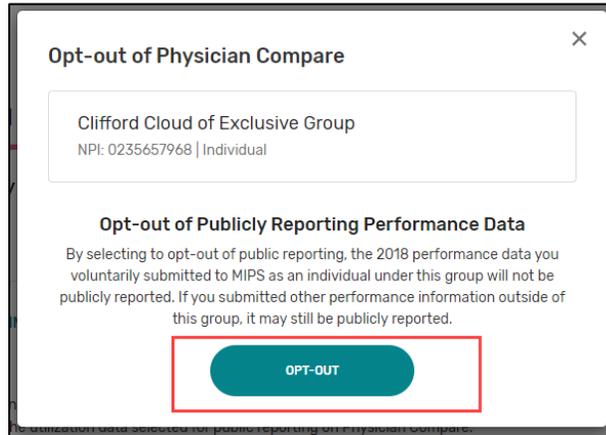


3.  **Confirm your decision by typing "CONFIRM" and selecting the "CONFIRM" button.**

This option is permanent and cannot be changed later. Once you confirm your decision, you will not be able to opt back-in.
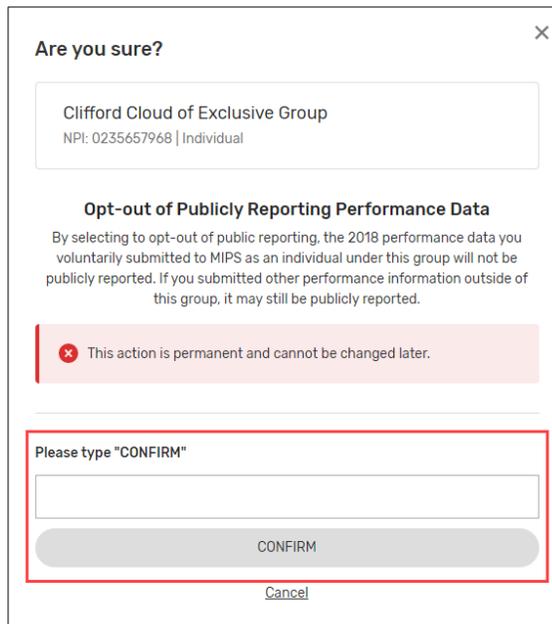
4. **Verify that the opt-out was successful.**

Once you have confirmed your decision, the "Overview" page will now display a message indicating that you have opted-out of public reporting.
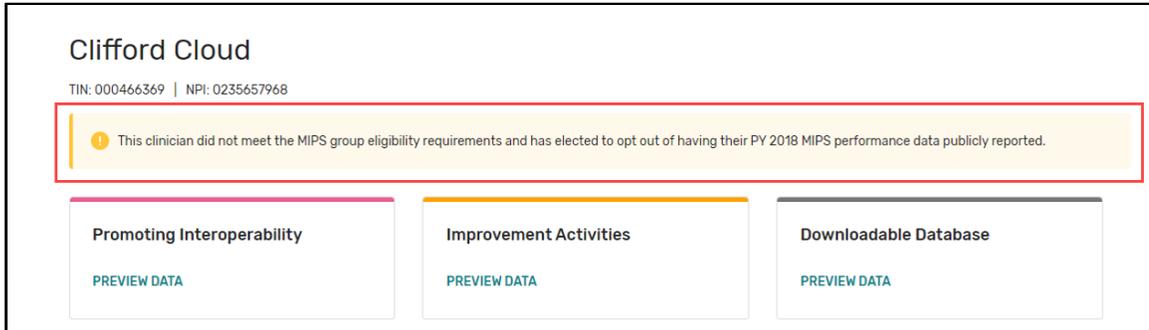


**Note:** The **60-day Preview Period** is the only time you may opt-out of having your PY 2018 performance information publicly reported on Physician Compare. Once you confirm your decision to opt-out of public reporting, you will not be able to opt-back in.

## How will Targeted Review affect which performance information is available for preview and targeted for public reporting?

If you have an open Targeted Review request, you will still be able to preview your 2018 Quality Payment Program performance information through the Physician Compare Preview Period. However, if your performance information (including Final Score), changes as a result of the Targeted Review, please check your updated Performance Feedback. Updated Performance Feedback is also available through the Quality Payment Program. Just look for the "Performance Feedback" link in the Quality Payment Program dashboard. This is important to ensure your Targeted Review is complete and to preview your updated performance information before it goes live on Physician Compare. Please note that updated performance information will not be released on Physician Compare or in the Downloadable Database until all Targeted Reviews have been completed.

## More ways to learn

### Questions about HARP and user roles

For HARP and user roles assistance, contact the Quality Payment Program: 1-866-288-8292, TTY: 877-715-6222, qpp@cms.hhs.gov.

### Questions about Physician Compare

For questions about public reporting on Physician Compare, the 60-day Preview Period, or performance information, visit the Physician Compare Initiative page or contact us at PhysicianCompare-Helpdesk@AcumenLLC.com.