

Physician Compare Preview Period User Guide

2017 Quality Payment Program Performance Information

Updated - March 2019*

Overview

Under regulations, the Centers for Medicare & Medicaid Services (CMS) provides a 30-day preview period for eligible clinicians and groups to preview their 2017 Quality Payment Program performance information before the data are publicly reported on Physician Compare (§414.1395(d)). Physician Compare 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 data 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. As of December 20, if you already had an **Enterprise Identity Data Management (EIDM) account** you will be automatically transitioned to a HARP account. To learn more about obtaining a HARP account, go to [How do I preview my performance information](#) in this document or view the [QPP Access User Guide \(zip 7MB\)](#).

To learn more about public reporting on Physician Compare and how measures are selected, please visit the [Physician Compare Initiative page](#).

*This guide was updated in March 2019 for the Supplemental 30-day Preview Period. For more information please visit the [Physician Compare Initiative page](#).

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Who should use this guide?

- Eligible clinicians or groups that submitted Merit-based Incentive Payment System (MIPS) Quality Payment Program, including Qualified Clinical Data Registry (QCDR), performance information for performance year (PY) 2017.
- Clinicians participating in an Alternative Payment Model (APM) that submitted MIPS data for PY 2017.
- Groups that submitted Consumer Assessment of Healthcare Providers & Systems (CAHPS) for MIPS survey data for PY 2017.

What is the Physician Compare Preview Period?

The Physician Compare preview period is a 30-day period set by CMS that allows [eligible clinicians and groups](#) to preview their performance information before it is publicly reported on Physician Compare. Physician Compare is targeting to publicly report the 2017 Quality Payment Program performance information in early 2019.

The secured 30-day preview period is available through the [Quality Payment Program](#) website. Physician Compare Preview displays performance information as it will appear on Physician Compare. This means that you will preview your data as star ratings, percentages, and/or plain language.

We encourage you to preview your data as early in the preview period as possible. To learn more about Physician Compare, and public reporting 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 2017 is targeted for public reporting on Physician Compare profile pages versus the [Downloadable Database](#).

Will I have performance information available for preview?

If you are an [eligible clinician or group](#) participating in MIPS and did not participate in any type of APM, you **may have** performance information available for preview through the Physician Compare preview period.

In addition, clinicians who participated in a MIPS APM or non-MIPS APM in 2017 **may have** individual-level MIPS performance information available on their profile pages, if the individual clinician is:

- An eligible clinician in a MIPS APM and submitted MIPS performance information as an individual through a TIN that is not in a MIPS APM; or
- An eligible clinician in a non-MIPS APM.

Clinicians who participated in a MIPS APM or Advanced APM in 2017 **will not** have individual-level performance information available on their profile pages, if the individual clinician is:

- A Qualified Participant in an Advanced APM and submitted MIPS performance information as an individual; or
- An eligible clinician in a MIPS APM and submitted MIPS performance information as an individual through a TIN that is in a MIPS APM.

You can check if you or your group have performance information available for preview without having to log into the Quality Payment Program by emailing the Physician Compare Support team (PhysicianCompare@Westat.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.

Check your preview status

To find out what 2017 performance information are targeted for public reporting on Physician Compare starting in early 2019, check out these crosswalks on the [Physician Compare Initiative page](#):

- › Clinician Performance Information on Physician Compare: Performance Year 2017 Preview Period
- › Group Performance Information on Physician Compare: Performance Year 2017 Preview Period

How do I access the Physician Compare Preview?

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

Note: If you had an EIDM account with a role for QPP prior to December 20, 2018, you will be automatically transitioned to HARP. You do not need to register for a HARP account. You will use your existing EIDM user ID and password to sign in to the QPP website, and you will have access to the same organization(s).

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 go to 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.

For More Information 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.

The screenshot shows the 'QPP Account' sign-in interface. At the top, there are 'SIGN IN' and 'REGISTER' buttons. The main heading is 'Sign in to QPP'. Below this, there are input fields for 'USER ID' and 'PASSWORD'. A 'Show password' checkbox is present. A link for 'Forgot your user id or password?' is provided. A 'STATEMENT OF TRUTH' section contains a disclaimer and a 'Yes, I agree.' checkbox. At the bottom, there is a 'Sign in >' button and a 'Don't have an account? Register' link.

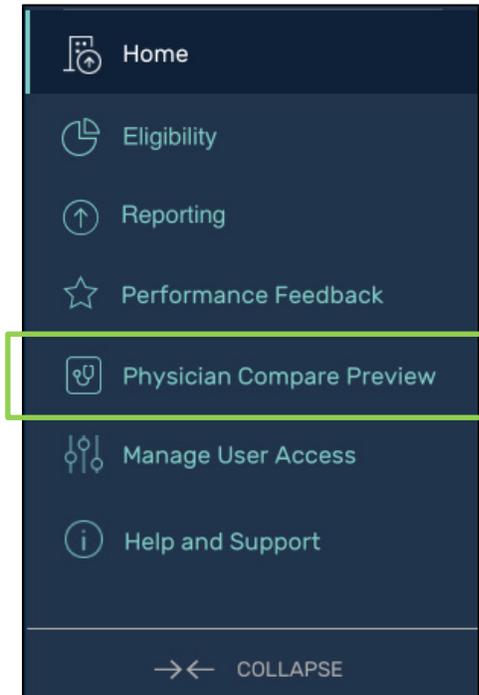
- c. Depending on the Multi-Factor Authentication (MFA) method you chose when setting up your HARP account, complete the second step in the verification process.

Example screen of text message MFA method:

The screenshot shows the 'Verify Code' screen. It prompts the user to 'Enter the code sent via text message to ***-***-█'. Below this is a 'ONE-TIME CODE' input field with a placeholder 'p.x. 123456'. At the bottom, there is a 'Submit Code >' button.

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).

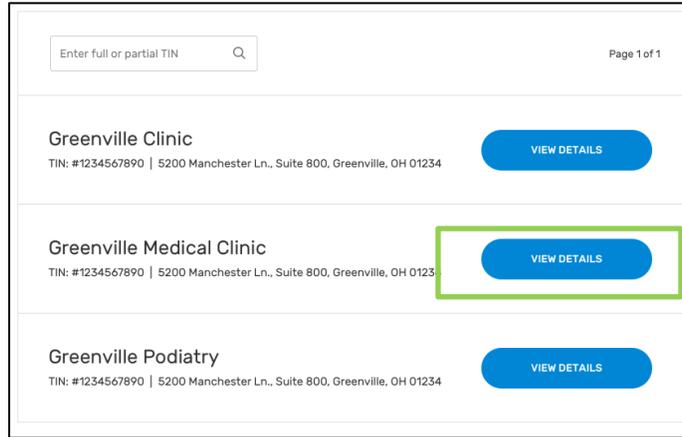


Navigating Physician Compare Preview

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

1. Once you are in the Physician Compare Preview, select the “View Details” button for the group you are interested in.

Note: If your group does not have Physician Compare performance information available for public reporting and therefore nothing to preview, the “View Details” button will not display.



Enter full or partial TIN

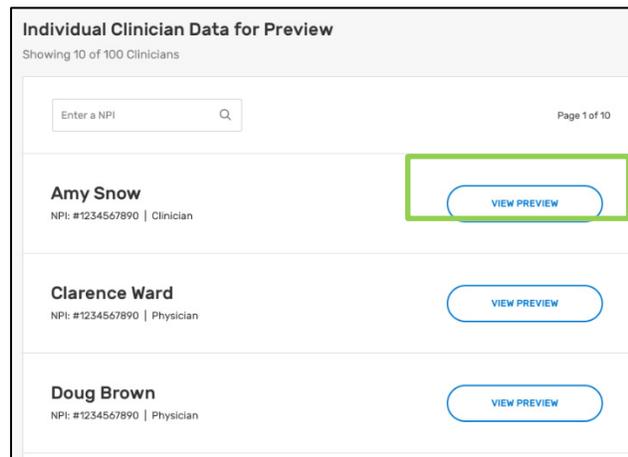
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Greenville Clinic TIN: #1234567890 5200 Manchester Ln., Suite 800, Greenville, OH 01234	<input type="button" value="VIEW DETAILS"/>
Greenville Medical Clinic TIN: #1234567890 5200 Manchester Ln., Suite 800, Greenville, OH 01234	<input type="button" value="VIEW DETAILS"/>
Greenville Podiatry TIN: #1234567890 5200 Manchester Ln., Suite 800, Greenville, OH 01234	<input type="button" value="VIEW DETAILS"/>

2. If you are an eligible clinician and want to preview individual data, from the group preview landing page, select the “View Preview” button for the individual clinician of interest.

Note: If you do not have Physician Compare performance information available for public reporting and therefore nothing to preview, the “View Preview” button will not display.

If you are an individual clinician reporting as part of a group, please proceed to step 3.



Individual Clinician Data for Preview
Showing 10 of 100 Clinicians

Enter a NPI

Page 1 of 10

Amy Snow NPI: #1234567890 Clinician	<input type="button" value="VIEW PREVIEW"/>
Clarence Ward NPI: #1234567890 Physician	<input type="button" value="VIEW PREVIEW"/>
Doug Brown NPI: #1234567890 Physician	<input type="button" value="VIEW PREVIEW"/>

Depending on the measures that you or your group reported, you may see 1 to 3 different pages while accessing the Physician Compare Preview.

3. Overview page.

The Overview page appears for all users that have 2017 Quality Payment Program performance information available for preview.

Below is an example of what this page could look like in the Quality Payment Program.

The screenshot shows a web interface for the Physician Compare Overview page. On the left is a dark sidebar with navigation options: 'Group Physician Compare Data', 'JESSICA LARSON' (NPI# 122234564), 'Switch Clinician', 'Individual Physician Compare Data' (with a sub-menu for 'Overview', 'Quality', and 'Downloadable Database'), and a 'COLLAPSE' button. The main content area has a blue header with the title '2017 Physician Compare Preview Overview' and the clinician's name and address. Below this is a section titled 'Physician Compare Data' with explanatory text and a link to the 'Physician Compare Initiative page'. To the right is a section titled 'About the Performance Categories' with detailed information about quality measures, advancing care information (ACI), and performance category scores. A 'LEARN MORE ABOUT PUBLIC REPORTING' link is at the bottom right.

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 2016 and are still providing services, the Overview page is where you can get more information on how to preview your 2016 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 2017 QCDR performance information available for public reporting on your Physician Compare profile page; and/or
- › Your group has 2017 MIPS quality performance information available for public reporting on your Physician Compare profile page; and/or
- › Your group has 2017 CAHPS for MIPS performance information available for public reporting on your Physician Compare profile page.

Below is an example of what this page could look like in the Quality Payment Program.

The screenshot shows a web interface for the Physician Compare Quality page. On the left is a dark sidebar with navigation options: 'Physician Compare Preview', 'Greenville Medical Clinic' (with TIN# 123456789 and a 'Switch Practice' button), 'Group Physician Compare Data' (with sub-options for 'Overview', 'Quality', and 'Downloadable Database'), and a 'COLLAPSE' button at the bottom. The main content area has a blue header with the title 'Quality' and the clinic's name and address. Below the header are two tabs: 'Performance' (selected) and 'Patient Survey Scores'. The 'Performance' tab displays 'MIPS Quality Performance' with an explanatory paragraph and a note that the data will display on the Physician Compare page. A specific measure is highlighted: 'Preventive Care: General Health', with a brief description of the measure.

On the Quality page, you or your group may see up to 2 different tabs depending on the 2017 measures you or your group submitted: 1) **Performance** and 2) **Patient Survey Scores**.

- › **Performance:** This tab shows 2017 MIPS quality performance scores as star ratings and plain language for groups only, and QCDR quality performance scores as percentages and plain language for clinicians and groups.
- › **Patient Survey Scores:** This tab shows 2017 CAHPS for MIPS performance scores as top-box percentages¹ and plain language for groups only.

¹ 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. Downloadable Database page.²

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 [public reporting standards](#), except for the requirement that it resonates with patients will also be included in the Physician Compare Downloadable Database.

Note: The download function within Physician Compare Preview is not available 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 performance information
 - b) Quality performance category score (individual clinicians only)
 - c) Advancing care information (ACI) performance information
 - d) ACI performance category score (individual clinicians only)
 - e) Improvement activities performance category score
 - f) Final Score (individual clinicians only)
- › Applicable group scores (final score and performance category scores [quality, improvement activities, and ACI]) are available for preview in Performance Feedback.

Below is an example of what this page could look like in the Quality Payment Program.

The screenshot shows a web interface for the Physician Compare Downloadable Database. On the left is a dark sidebar with navigation options: 'Group Physician Compare Data', 'Greenville Medical Clinic' (with TIN# 123456789 and a 'Switch Practice' button), and 'Group Physician Compare Preview' (with sub-options for 'Overview', 'Quality', and 'Downloadable Database'). The main content area has a blue header with the title 'Downloadable Database' and the clinic's name and address. Below the header, there is a section titled 'Downloadable Database' with a detailed explanatory paragraph and a note about the preview nature of the data.

² Any 2017 information publicly reported on Physician Compare must be designated as available for public reporting in the CY 2017 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 both of the following tables, depending on the 2017 performance information you or your group submitted:

- (1) **Quality Database:** This table includes quality measures and advancing care information measures and attestations as they will appear in the Downloadable Database.
- (2) **Final Score Database:** This table includes final score, quality, improvement activities, and ACI performance category scores as they will appear for clinicians in the Downloadable Database. Data for the cost performance category are not available for public reporting because they do not meet the Physician Compare established public reporting standards (§414.1395(b)). Applicable group scores (final score and performance category scores [quality, improvement activities, and ACI]) are available for preview in Performance Feedback.

Quality Activity Participation

If you participated as part of an Alternative Payment Model (APM) and/or successfully reported the ACI performance category, you will see an indicator on your Physician Compare profile. This indicator will not be included in the Physician Compare Preview. However, the ACI performance category score that the indicator is based on will be included in preview of the Downloadable Database.³ Below are examples of how these indicators will display on Physician Compare when the 2017 Quality Payment Program performance information is published on the Physician Compare website profile pages in early 2019.

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

Innovative model participation

Alternative Payment Models (APMs) aim to improve the quality and cost-efficiency of care for patients and populations. APMs can apply to aspects of care such as a specific condition, a care episode, or a population.

Name of Alternative Payment Model (APM):  [COMPREHENSIVE PRIMARY CARE PLUS \(CPC+\)](#)

Participates through [HEALTH PARTNERS ACCOUNTABLE NETWORK](#)

 This clinician participates in an [Alternative Payment Model \(APM\)](#) that aims to improve care delivery for patients.
This does **not** directly affect the way that you pay the group.

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. 

[Get more information](#)

 This clinician is a successful performer in [Electronic Health Record Technology \(EHR\) performance category](#)

***Note:** The most current performance information available as of the beginning of the supplemental preview period is displayed on the preview website.

If your performance information has been updated, please check your latest Performance Feedback. Any updates to performance information that occur after the start of the supplemental preview period will be reflected on Physician Compare when the 2017 performance information is publicly reported.

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, gpp@cms.hhs.gov.

You can get more information about Physician Compare Preview at any time by selecting any of the support links in the bottom footer for each page within the Quality Payment Program.

Physician Compare Support

Visit the Physician Compare Initiative page for more information. Learn more about keeping your Physician Compare demographic information current, troubleshooting problems with your listing, and getting information about public reporting. If you have any questions, contact us with the links below.

 INITIATIVE PAGE
[View Physician Compare Initiative Page](#)

 EMAIL
PhysicianCompare@Westat.com

Questions about Physician Compare Preview?

If you have questions about the performance information previewed during the Physician Compare 30-day preview period, you can contact the support team and we'll help troubleshoot the issue.

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Quality Payment
PROGRAM

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Questions about Physician Compare

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