

# 2022 Doctors and Clinicians Performance Information: Guide to the Preview Period November 2023

## Overview

The Centers for Medicare & Medicaid Services (CMS) provides the Doctors and Clinicians Preview Period for clinicians and groups to preview their Quality Payment Program (QPP) performance information before the data are publicly reported on the Medicare.gov [compare tool](#) and in the [Provider Data Catalog \(PDC\)](#) ([§414.1395\(d\)](#)). The compare tool on Medicare.gov and the PDC allow Medicare patients and caregivers to find doctors and other clinicians, as well as incentivize clinicians and groups to improve patient care. Generally, all performance information selected for public reporting must meet our established public reporting standards under [§414.1395\(b\)](#).

This guide describes how to access the Doctors and Clinicians Preview Period via the [QPP website](#). Users will need a Health Care Quality Improvement Systems (HCQIS) Access Roles and Profile – or HARP – account to access the QPP website. To learn more about obtaining a HARP account, go to “[How do I access the Doctors and Clinicians Preview Period?](#)” in this document or download the [QPP Access User Guide \(ZIP, 4.1 MB\)](#).

To learn more about public reporting for doctors and clinicians, please visit the [Care Compare: Doctors and Clinicians Initiative page](#).

# Doctors and Clinicians Preview Period User Guide

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### ***Who should use this guide?***

- Eligible clinicians or groups that submitted [Merit-based Incentive Payment System \(MIPS\)](#) performance information for 2022.
- Clinicians or groups who aren't [MIPS eligible](#) but voluntarily submitted 2022 MIPS performance information.
- Groups that submitted the [Consumer Assessment of Healthcare Providers and Systems \(CAHPS\) for MIPS Survey](#) data for 2022.

# Doctors and Clinicians Preview Period User Guide

## What is the Doctors and Clinicians Preview Period?

The Doctors and Clinicians Preview Period is set by CMS to allow clinicians and groups, both MIPS and non-MIPS eligible, to preview their performance information before it's publicly reported on the Medicare.gov compare tool and in the PDC.

The secure Preview Period is available through the [QPP website](#). The Doctors and Clinicians Preview Period displays performance information as it will appear on Medicare.gov compare tool profile pages and in the PDC. Performance information planned for public reporting on profile pages will be previewed and publicly reported in plain language so that it's easily understood by website users. Performance will be displayed as star ratings, percent performance scores, and other indicators, such as checkmarks.

The Doctors and Clinicians Preview Period begins on November 13, 2023, and ends on December 12, 2023, at 8 p.m. ET (5 p.m. PT).

We encourage you to preview your data as early in the Preview Period as possible. To learn more about public reporting for doctors and clinicians, please visit the [Care Compare: Doctors and Clinicians Initiative page](#).

### **Why preview?**

- The Doctors and Clinicians Preview Period is the first opportunity for clinicians and groups to see what patients will see before their performance information is published on the Medicare.gov compare tool and in the PDC.
- Clinicians and groups will be able to see which of the performance information they submitted for 2022 is planned for public reporting on Medicare.gov compare tool profile pages and in the PDC.
- Clinicians and groups who aren't MIPS eligible and who voluntarily submitted 2022 MIPS performance information will have the opportunity to opt out of having their 2022 performance information publicly reported on the Medicare.gov compare tool and in the PDC.

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## Will I have 2022 performance information available for preview?

### MIPS eligible clinicians and groups

If you submitted 2022 MIPS performance information as a MIPS eligible clinician, group, or virtual group, you may have performance information available for preview, unless you received an Extreme and Uncontrollable Circumstances (EUC) exception.

### Non-MIPS eligible clinicians and groups

If you're a clinician, group, or virtual group who submitted MIPS performance information but weren't MIPS eligible during 2022, you're considered a voluntary reporter and may have performance information available for preview. The 2022 MIPS performance information submitted by voluntary reporters is available for public reporting unless they opt out of public reporting.<sup>1</sup> Voluntary reporters may opt out of having their performance information publicly reported during the Doctors and Clinicians Preview Period ([82 FR 53830](#)).

### APM participants

MIPS eligible clinicians who participated in a [MIPS Alternative Payment Model \(APM\)](#) in 2022 may not opt out of having measure- and attestation-level performance information publicly reported.

MIPS final scores and performance category scores earned by clinicians who participated in MIPS APMs will be publicly reported in the PDC.

MIPS performance information submitted by MIPS eligible clinicians in APMs that are neither an Advanced APM nor a MIPS APM may be publicly reported on their clinician profile pages, unless they received an EUC exception.

MIPS eligible clinicians who are participants in Shared Savings Program Accountable Care Organizations (ACOs) won't have performance information to preview on the QPP website and should review their 2022 Quality Performance Reports or 2022 MIPS Performance Feedback for preview purposes.

## What 2022 performance information will be available for preview?

A subset of 2022 performance information is planned for public reporting and available for preview. To find out what 2022 performance information will be available for preview and is planned for public reporting on the Medicare.gov compare tool and in the PDC, download these documents from the [Care Compare: Doctors and Clinicians Initiative page](#):

- › 2022 Clinician Performance Information
- › 2022 Group Performance Information

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<sup>1</sup> Clinicians or groups who opt in to the MIPS payment adjustment can't opt out of public reporting.

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MIPS eligible clinicians who are participants in Shared Savings Program ACOs won't have performance information to preview on the QPP website and should review their 2022 MIPS Performance Feedback or 2022 Medicare Shared Savings Program Quality Performance Reports to preview their data. A list of ACO performance information planned for public reporting is available on the [Care Compare: Doctors and Clinicians Initiative page](#) in the downloadable 2022 ACO Performance Information document. ACO-level data isn't available for viewing during the Preview Period.

## How can I check if I have 2022 performance information available for preview?

You can check if you have 2022 performance information available for preview by logging in to the [QPP website](#) and accessing the Doctors and Clinicians Preview. Detailed instructions on how to log in to the website are included in the section titled, "[How do I access the Doctors and Clinicians Preview?](#)" For more information about how to preview your performance information once you're logged in, go to the section titled, "[How do I navigate the Doctors and Clinicians Preview?](#)"

You also can check if you or your group have performance information available for preview by following the steps below:

1. Click on the "Check your preview status" button below to send an email to the [QPP Service Center](#).
2. In the body of your email, include the National Provider Identifier (NPI) and name of the clinician (or Legal Business Name of the group) you're asking about.
3. The Doctors and Clinicians Support Team will respond to your email within 24-48 hours.

[Check your preview status](#)

## How do I access the Doctors and Clinicians Preview?

To log in to the QPP website and access the Doctors and Clinicians Preview, please follow the steps below:

### 1. Establish a HARP account.

Go to the QPP 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 DON'T need to register.

If you've never signed in to [QPP.cms.gov](#), you'll need to **register** with HARP to obtain appropriate credentials to sign in.

**Step 1.** Go to [QPP.cms.gov/login](#).

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**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'll be redirected to the HARP site to complete your registration.

For full directions and screen shots, please download the [QPP Access User Guide \(ZIP, 4.1 MB\)](#).

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

In addition to an active HARP account, you'll also need to be connected to the right organization and have the appropriate HARP user role to log in to the QPP website to access the Doctors and Clinicians Preview. There are 3 roles in HARP:

- Security Official
- Staff User
- Clinician

Each organization will need a Security Official before any Staff User roles can be requested. The Clinician role is a view-only role, and a user with this role can't submit data.

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

**For more information,** please download the [QPP Access User Guide \(ZIP, 4.1 MB\)](#). This zip file contains 6 documents:

- › QPP Access at a Glance
- › STEP 1. Register for a HARP Account
- › STEP 2a. Connect to an Organization
- › STEP 2b. Connect as a Clinician
- › STEP 3. Security Official Manage Access
- › Shared Savings Program ACOs ACO-MS User Access

### Questions?

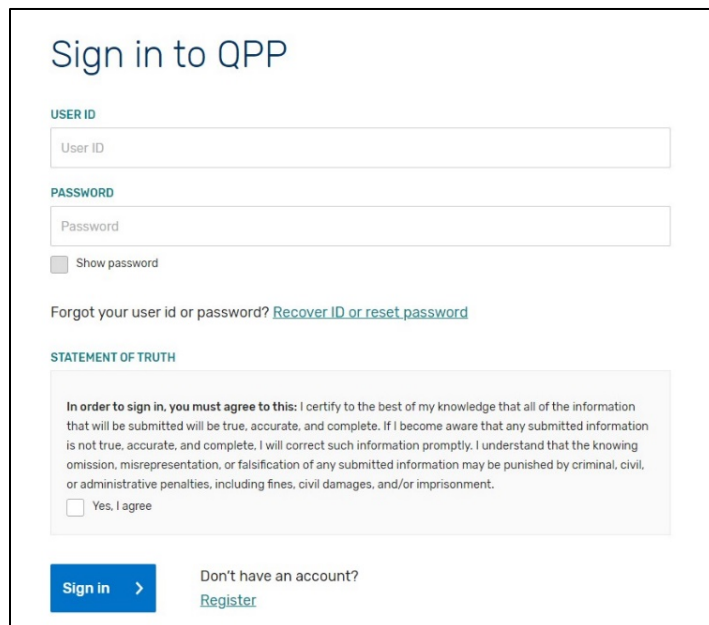
- › Contact the QPP Service Center by email at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov), by creating a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday-Friday, 8 a.m. - 8 p.m. ET).
- › People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant.

## 3. Log in to the QPP website.

- Go to [QPP.cms.gov](https://qpp.cms.gov) and click **Sign In** on the upper right-hand corner.
- To log in to the QPP website, 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.

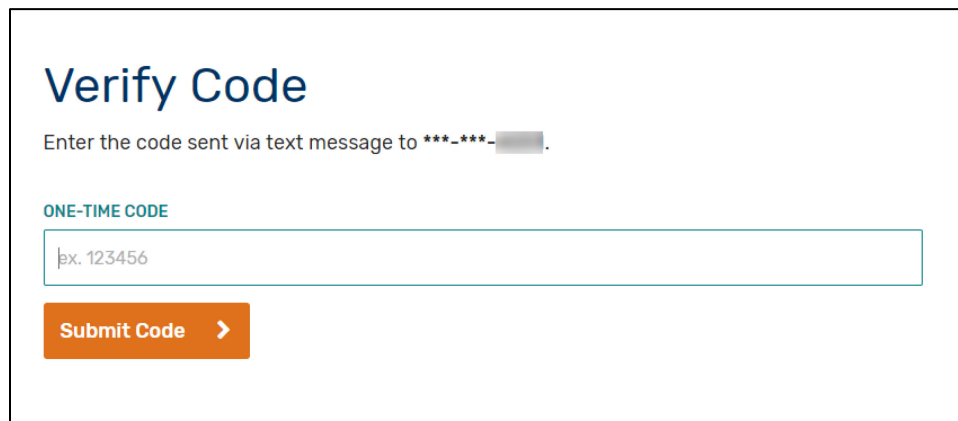
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The screenshot shows the 'Sign in to QPP' login page. It features a 'USER ID' field with a placeholder 'User ID', a 'PASSWORD' field with a placeholder 'Password', and a 'Show password' checkbox. Below these fields is a link for 'Forgot your user id or password? Recover ID or reset password'. A 'STATEMENT OF TRUTH' section contains a paragraph of legal disclaimer text and a 'Yes, I agree' checkbox. At the bottom, there is a blue 'Sign in' button with a right arrow, a link for 'Don't have an account? Register', and a '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:

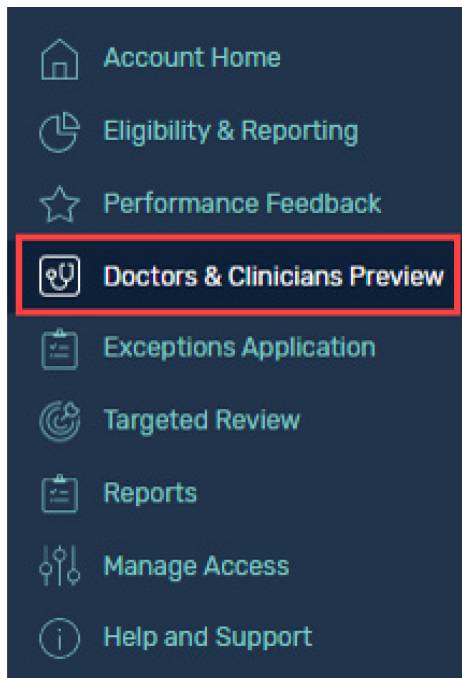


The screenshot shows the 'Verify Code' MFA screen. It has a title 'Verify Code' and a prompt 'Enter the code sent via text message to \*\*\*-\*\*\*-\*\*\*\*'. Below this is a 'ONE-TIME CODE' label and a text input field with a placeholder 'ex. 123456'. At the bottom is an orange 'Submit Code' button with a right arrow.

## 4. Access the Doctors and Clinicians Preview.

Once you've successfully logged in to the QPP website, select the "Doctors and Clinicians Preview" link in the left-hand navigation panel (next to the stethoscope icon). Please make sure you're logged in with a Security Official or Staff User role. You won't be able to preview your information using a Clinician role.

# Doctors and Clinicians Preview Period User Guide



## How do I navigate the Doctors and Clinicians Preview?

To navigate the Doctors and Clinicians Preview, please follow the steps below:

1. **After selecting “Doctors and Clinicians Preview,” select the “View Practice Details” button for the group<sup>2</sup> in which you’re interested.**

If you’re an individual clinician who submitted performance information as part of a group, please proceed to **Step 2**.

To preview group information, please proceed to **Step 3**.

**Note:** If neither your group nor any clinicians connected to your group have performance information selected for public reporting and, therefore, have nothing to preview, the “View Practice Details” button won’t display. Groups that don’t have performance information to preview but 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 they’ll still be able to preview clinician performance information.

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<sup>2</sup> If your HARP account is connected to a virtual group, you can preview available virtual group performance information by selecting “View Virtual Group Details” on the “Virtual Groups” tab. To preview group performance information, you must first navigate to the “Practices” tab and then select “View Practice Details” to preview group performance information.



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**Medical Imaging Northwest - Good Samaritan Hospital Imaging Alliance**  
TIN: 000270585

[View practice details](#)

## Connected Clinicians

Below are the clinicians connected to the group above. Select an individual clinician to view their individual 2022 performance information available for preview. If clinicians in your group submitted performance information through more than one group, they may have additional performance information available for preview. Clinicians should preview information under each group through which they submitted data.

SEARCH

Enter full NPI



Showing 1 - 1 of 1 clinician

**Sitalakshmi Iyer at Garcia, Barrera and Johnson**  
NPI: 0000168639

[View individual preview](#)

## 2. If you're a clinician who wants 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, don't have performance information available for public reporting and, therefore, have nothing to preview, your name won't appear under the list of connected clinicians.

## 3. Overview page

The Overview page appears for all users who have 2022 QPP performance information available for preview. Depending on the measures that you or your group reported, you may see 1 to 4 different pages.

## Overview

2022 Doctors and Clinicians Preview  
Sitalakshmi Iyer at Garcia, Barrera and Johnson  
NPI: 0000168639 | TIN: 000444646

Preview your individual clinician 2022 performance information by clicking on one of the performance categories below. If you submitted performance information through more than one group, you may have additional performance information available for preview. Clinicians should preview information under each group through which they submitted data.

**Sitalakshmi Iyer**  
TIN: 000444646 | NPI: 0000168639 | [Click here to opt out of having your 2022 MIPS performance information publicly reported.](#)

**Quality Measures**  
[PREVIEW DATA](#)

**Promoting Interoperability**  
[PREVIEW DATA](#)

**Improvement Activities**  
[PREVIEW DATA](#)

**Provider Data Catalog**  
[PREVIEW DATA](#)

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## 4. Quality page

The Quality page appears only if:

- › You or your group have 2022 MIPS and Qualified Clinical Data Registry (QCDR) quality performance information available for public reporting on your Medicare.gov compare tool profile page; and/or
- › Your group has 2022 CAHPS for MIPS performance information available for public reporting on your Medicare.gov compare tool profile page.

The screenshot shows the Medicare.gov Quality page. At the top, there are two tabs: "Performance" and "Patient Survey Scores", both highlighted with red boxes. Below the tabs, the "MIPS Quality Performance" section is visible, followed by a "Quality Performance" section with a star rating. The "Preventive care: General health" section is also shown. At the bottom, there is a table with two columns: "Measure Name" and "Star Rating". The table contains one row with the measure "Making sure older adults have gotten a pneumonia vaccine." and a star rating of 4 stars (represented by four yellow stars and one empty star). A dropdown arrow is visible next to the star rating.

On the Quality page, you or your group may see up to 2 different tabs (**Performance and/or Patient Survey Scores**), depending on the 2022 measures you or your group submitted:

- › **Performance:** This tab shows the 2022 MIPS and QCDR quality performance scores as star ratings and in plain language.
- › **Patient Survey Scores:** For groups only, this tab shows the 2022 CAHPS for MIPS Survey performance scores as top-box percentages<sup>3</sup> and in plain language.

<sup>3</sup> Top-box scores represent the percentage of patients who reported the most positive responses. More information about top-box scores is provided by the Agency for Healthcare Research and Quality (AHRQ) in the following guide: [How to Report Results of the CAHPS Clinician & Group Survey \(PDF, 970 KB\)](#).

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## 5. Promoting Interoperability page

The Promoting Interoperability page appears only if:

- › You or your group achieved a “successful performer” checkmark in the 2022 Promoting Interoperability category;
- › You or you group attested negatively to one or more of the 2022 prevention of information blocking attestations; and/or
- › You or your group has 2022 MIPS Promoting Interoperability performance information available for public reporting on your Medicare.gov compare tool profile page.

On the Promoting Interoperability page, you or your group may see up to 2 different tabs (**General Information and/or Performance**), depending on the 2022 information you or your group submitted:

- › **General Information:** This tab shows the 2022 MIPS Promoting Interoperability “successful performer” checkmark,<sup>4</sup> Promoting Interoperability information blocking indicator<sup>5</sup>, and Promoting Interoperability attestations, if applicable. All are displayed using plain language descriptions.
- › **Performance:** This tab shows the 2022 MIPS Promoting Interoperability performance scores as star ratings and in plain language.

## 6. Improvement Activities page.

The Improvement Activities page appears only if:

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<sup>4</sup> Promoting Interoperability performance category scores above zero will be used to indicate on the Medicare.gov compare tool profile pages that the clinician or group successfully reported the Promoting Interoperability performance category. A score of 50 or above indicates that the clinician achieved the base score for the Promoting Interoperability performance category ([83 FR 59913](#)).

<sup>5</sup> CMS will publicly report an indicator on the Medicare.gov compare tool profile pages if a clinician or group attested negatively to one or more of the 2022 prevention of information blocking attestations ([85 FR 25577 – 85 FR 25578](#)).

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- › You or your group have the 2022 MIPS improvement activities available for public reporting on your Medicare.gov compare tool profile page.

Improvement Activities (IA)

This is how your group's 2022 MIPS Improvement Activities will display on your group's [Medicare.gov compare tool](#) profile page. Only performance information that meets the public reporting standards will be publicly reported. Additional information about public reporting is available on the [Care Compare: Doctors and Clinicians Initiative page](#).

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Improvement Activities

A group can choose from many activities to demonstrate commitment to improving patient care. In 2022, this group participated in the Improvement Activities listed below.

- ✓ Collecting and following-up on patient experience and satisfaction information related to patient engagement.
- ✓ Sharing patient information between clinicians and patients through a program or process, such as a health information exchange, that allows patients to read notes written by their healthcare providers.
- ✓ Creating and carrying out programs aimed at improving clinician well-being.

- › On the Improvement Activities page, you or your group will see a list of the 2022 improvement activities planned for public reporting on your profile page. Activities will be listed using checkmarks and plain language.

## 7. Provider Data Catalog page<sup>6</sup>

The [PDC](#) is an online collection of datasets that provides researchers and other interested parties direct access to view and download the official data used on the Medicare.gov compare tool. All data included on the compare tool's profile pages will be included in the PDC. Additionally, data that meet all of the statistical public reporting standards but weren't selected for public reporting on the profile pages will also be included in the PDC.

**Note: The download function isn't available during the Doctors and Clinicians Preview Period because this is only a preview of what your data may look like in the PDC.**

The PDC page appears only if:

- › You or your group have performance information available for public reporting in the PDC. This may include:
  - a) Quality measures
  - b) Promoting Interoperability measures and attestations
  - c) Improvement activities attestations
  - d) Clinician final scores and performance category scores

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<sup>6</sup> Any 2022 information publicly reported on the Medicare.gov compare tool must be designated as available for public reporting in the [Calendar Year \(CY\) 2022 Medicare Physician Fee Schedule \(PFS\) Final Rule](#). Measures publicly reported in the PDC 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 PDC to support CMS' goal of increased transparency.

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## Provider Data Catalog

This is how your group's 2022 MIPS performance information will be publicly reported in the Provider Data Catalog. Only performance information that meets the public reporting standards will be publicly reported. Additional information about public reporting is available on the [Care Compare: Doctors and Clinicians Initiative page](#).

**Note:** The download function is not available because this is only a preview of what your data will look like in the Provider Data Catalog.

### 2022 Provider Data Catalog

PY 2022 Group Performance Database



PY 2022 Patient Experience Database



On the PDC page, you or your group may see one or more of the following tables, depending on the 2022 performance information you or your group submitted:

- (1) **2022 [Clinician/Group] Performance Database:** This table includes performance information from the quality, Promoting Interoperability, and improvement activities performance categories as they'll appear in the PDC.
- (2) **2022 Patient Experience Database:** This table includes group CAHPS for MIPS Survey scores reported as they'll appear in the PDC.
- (3) **2022 Clinician Final Score and Performance Category Scores Database:** This table includes clinician final scores and quality, Promoting Interoperability, improvement activities, and cost performance category scores as they'll appear in the PDC.

## How do I opt out of having my 2022 performance information publicly reported?

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

If you or your group have information planned for public reporting and are eligible to opt out of having your 2022 performance information publicly reported on the Medicare.gov compare tool or in the PDC, you'll see the option to opt out on the Doctors and Clinicians Overview page.

#### Rumford Community Family Health Center Inc.

TIN: 000186508

[Click here to opt out of having your 2022 MIPS performance information publicly reported.](#)

Quality Measures

[PREVIEW DATA](#)

Promoting Interoperability

[PREVIEW DATA](#)

Provider Data Catalog

[PREVIEW DATA](#)

[LEARN MORE ABOUT PUBLIC REPORTING](#)

**Note:** Opting out only applies to the specific reporting entity that the user is actively viewing. For example, if a group opts out, group-level performance information won't be publicly reported; however, clinician-level performance information submitted under that group may

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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're actively viewing.

## 2. Verify that you're 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 blue "Opt out" button to continue and confirm your selection.

### Opt out of Publicly Reporting Performance Information ×

Rumford Community Family Health Center Inc.  
TIN: 000186508

#### Opt out of Publicly Reporting Performance Information

By selecting to opt out of public reporting, the 2022 performance information your group voluntarily submitted to MIPS will not be publicly reported. Once selected, your group will not be able to opt back in.

Opt out

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

This option is permanent and can't be changed later. Once you confirm your decision, you won't be able to opt back in to public reporting for 2022 performance information. Please be aware, this decision only applies to 2022 performance information and doesn't affect public reporting in future years.

### Are you sure? ×

Rumford Community Family Health Center Inc.  
TIN: 000186508

#### Opt out of Publicly Reporting Performance Information

By selecting to opt out of public reporting, the 2022 performance information your group voluntarily submitted to MIPS will not be publicly reported. Once selected, your group will not be able to opt back in.

**i** This action is permanent and cannot be changed later.

Please type "CONFIRM"

CONFIRM

Cancel

Confirm

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## 4. Verify that the opt-out was successful.

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

Rumford Community Family Health Center Inc.

TIN: 000186508

**i** This group did not meet the MIPS group eligibility requirements and has elected to opt out of having their PY 2022 MIPS performance information publicly reported.

Quality Measures PREVIEW DATA	Promoting Interoperability PREVIEW DATA	Provider Data Catalog PREVIEW DATA
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**Note:** The Doctors and Clinicians Preview Period is the only time you may opt out of having your 2022 performance information publicly reported. Once you confirm your decision to opt out of public reporting, you won't be able to opt back in.

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

If you have an open targeted review request, you'll still be able to preview your 2022 performance information through the Doctors and Clinicians 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 QPP website (look for the "Performance Feedback" link in the QPP dashboard). This is important to ensure your targeted review is complete and to preview your updated performance information before it goes live on the Medicare.gov compare tool or in the PDC. Please note that updated performance information won't be released on the compare tool or in the PDC until all targeted reviews have been completed.

## Questions and Additional Information

### Questions about HARP and user roles

For [HARP and user roles assistance](#), contact the QPP Service Center by email at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov), by creating a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday-Friday, 8 a.m. - 8 p.m. ET).

People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant.

### Questions about Doctors and Clinicians public reporting

For questions about public reporting for clinicians, the Preview Period, or performance information, visit the [Care Compare: Doctors and Clinicians Initiative page](#) or contact the QPP Service Center using the information outlined above.