

CMS Web Interface User Guide

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Contact the Quality Payment Program, Monday through Friday, 8 a.m. - 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

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Introduction

The CMS Web Interface is a user-friendly, secure, internet-based data submission mechanism for APM Entities, specifically Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) that report quality data under the [Alternative Payment Model \(APM\) Performance Pathway \(APP\)](#), and registered APM Entities, groups and virtual groups of 25 or more clinicians that report quality data under [traditional Merit-based Incentive Payment System \(MIPS\)](#). This user guide will use the term “organization” when referring to information that applies to APM Entities, (including Shared Savings Program ACOs), groups, and virtual groups.

This user guide shows you how to access the CMS Web Interface, report data, view data reporting progress, and access other CMS Web Interface resources (e.g. videos). This guide doesn't contain any real data and only shows fictional information for demonstration purposes.

Note: This guide focuses on Excel template and manual entry reporting. Application Programming Interface (API) users should refer to the CMS Web Interface API documentation links below or review the [Getting Help and Support](#) section at the end of the document.

Getting Started with the CMS Web Interface

When you report through the CMS Web Interface, you're providing data on a sample of your Medicare Part B patients for each CMS Web Interface measure in order to meet the reporting requirements for the quality performance category. For each CMS Web Interface measure, sampled patients are potentially denominator eligible for each measure.

Once your patient sample is available, you'll:

- Download your patient sample (Excel file format) from the CMS Web Interface (if you haven't received it already).
- Gather and review medical records for these patients.
- Submit data to the CMS Web Interface beginning January 3, 2022 through March 31, 2022 via:
 - Excel upload;
 - Manual entry;
 - API; or
 - Any combination of the above.
- View and track your progress during the submission period.

Did you know?

We've included information about [entering data through the Excel template](#) in this guide. We no longer have a stand-alone Excel template guide.

Additional Resources

[CMS Web Interface Video Series](#)
[API Swagger Guide](#)
[API Narrative Documentation](#)

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How the CMS Web Interface Works

CMS generates a sample of patients for each CMS Web Interface measure that's pre-populated in the CMS Web Interface. To assess which patients to include in each sample, CMS reviews the Medicare claims submitted by your organization during the performance period and creates a sample of patients for each measure based on the measure criteria. Your organization is then asked to report on that sample of patients.

Measures

Organizations are required to report on all 10 CMS Web Interface measures:

- **CARE-2:** Falls: Screening for Future Fall Risk
- **DM-2:** Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
- **HTN-2:** Controlling High Blood Pressure
- **MH-1:** Depression Remission at Twelve Months
- **PREV-5:** Breast Cancer Screening
- **PREV-6:** Colorectal Cancer Screening
- **PREV-7:** Preventive Care and Screening: Influenza Immunization
- **PREV-10:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- **PREV-12:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- **PREV-13:** Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

[2021 CMS Web Interface Measure Specifications and Supporting Documents \(ZIP\)](#)

For each measure, you'll be asked to provide the required data for the first 248 consecutive patients ranked in that measure, or all patients in the sample if you have fewer than 248 patients ranked in that measure.

Patient Sample Considerations

Some patients may be **skipped** because they don't qualify for a given measure, or for the sample. Each measure displays a list of the specific reason(s) why a patient may not qualify for the measure.

In order to account for these skipped patients, CMS creates an oversample when available, resulting in more than the required 248 patients ranked in each measure. Any patient above the 248 mark is considered part of the oversample.

Patients must be reported in **consecutive** order until you have submitted data on a minimum number of 248 patients. However, if you skip any patients within the first 248 consecutively ranked minimum number of required patients, patients ranked above 248 will move into the minimum required range of consecutively ranked patients that will need to be completed.

- For example, if you need to skip 1 patient within the first 248 consecutively ranked minimum number of required patients to report for a measure, your minimum number of consecutively ranked patients required for reporting will increase to 249 in order to report on the required data for a total of 248 patients.

When there are less than 248 consecutively ranked patients for a measure, you must report the required data for all patients in the measure's sample.

Other CMS Approved Reason is reserved for cases that are unique, unusual, and not covered by any of the skip reasons specified within the measure. Prior CMS approval is required.

[Requests are submitted through the CMS Web Interface.](#)

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CMS Web Interface Updates for 2021

CMS continues to update the system by adding enhancements identified by CMS Web Interface users in order to provide the greatest value. This section outlines changes that will affect your 2021 CMS Web Interface reporting.

Measure Specification Changes

There are no substantive changes to the 2021 CMS Web Interface measure specifications; however, the 2021 CMS Web Interface supporting documents reflect annual coding updates. Please ensure that your organization reviews the 2021 CMS Web Interface Measure Specifications and Supporting Documentation to become familiar with the coding changes and be prepared to meet the reporting requirements in accordance to the 2021 CMS Web Interface specifications.

For the MIPS clinical quality measures (MIPS CQMs) and electronic clinical quality measures (eCQMs) that are equivalent to the CMS Web Interface measures, there are substantive changes to their 2021 measure specifications; however, such substantive changes weren't applied to the CMS Web Interface measure specifications and aren't applicable to CMS Web Interface reporting for the 2021 performance period.PY

Shared Savings Program ACOs: New Process for QPP Credentials

As of November 4, 2021, Shared Savings Program ACOs have a different process for creating a Health Care Quality Information System (HCQIS) Access Roles and Profile system (HARP) account and requesting a Quality Payment Program (QPP) role. ACOs will no longer create accounts or request QPP roles through the QPP website.

If you need to set up an account and QPP role to access the CMS Web Interface, please refer to the **Shared Savings Program ACOs: ACO-MS User Access** document (PDF) in the [Quality Payment Program Account Access Guide \(ZIP\)](#) for information on how to obtain a HARP account with a QPP Security Official or Staff User role and manage your role in the ACO Management System (ACO-MS).

If you're an ACO's QPP Security Official or Staff User in ACO-MS, then you can [sign in to the QPP website](#) and access the CMS Web Interface using your ACO-MS Username and Password.

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Accessing the CMS Web Interface

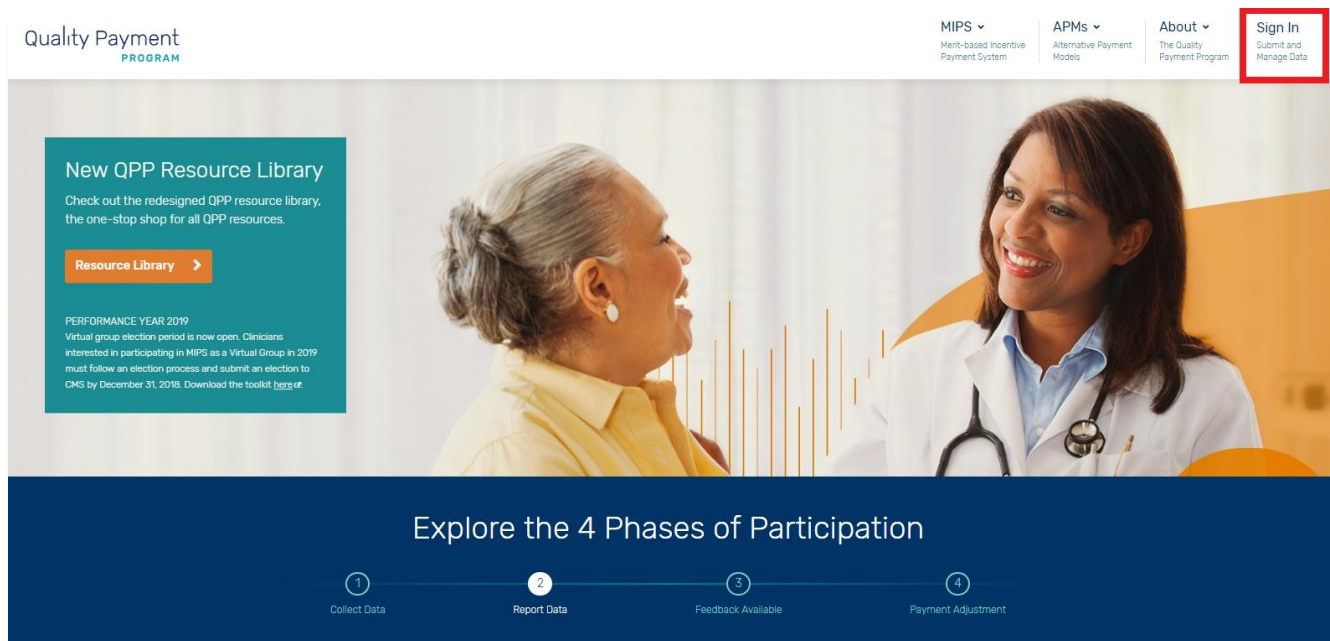
Your path to accessing the CMS Web Interface will differ slightly based on whether you're a group/virtual group or an APM Entity, such as a Shared Savings Program ACO

DISCLAIMER:

All screenshots include fictitious patients and organizations. Screenshots were captured from a test environment, so there may be slight variations between the screenshots included in this guide and the user interface in the production system.

Signing into the CMS Web Interface (All Users)

- 1) Go to the [QPP website](#) and click on **Sign In** at the top right corner.



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- 2) Enter your **username** and **password**, click **Yes, I Agree** to the Statement of Truth, and click **Sign In**.

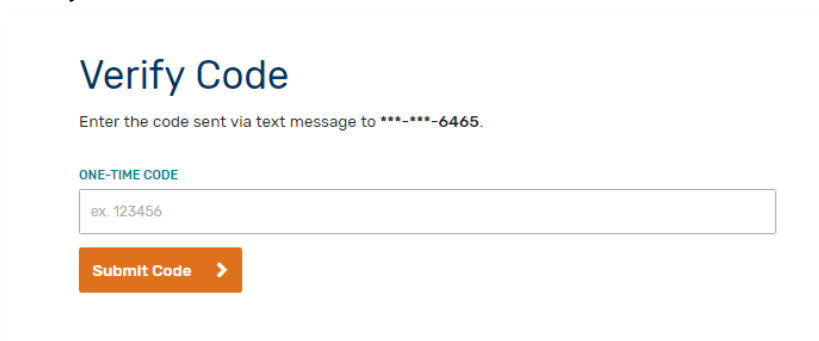
The screenshot shows the QPP Sign In page. At the top, there are two buttons: "Sign in" (highlighted with a red box) and "Register". Below these is the heading "Sign in to QPP". Underneath, there are two input fields: "USER ID" (with a placeholder "User ID") and "PASSWORD" (with a placeholder "Password"). Below the password field is a checkbox labeled "Show password". A link "Forgot your user id or password? Recover ID or reset password" is provided. A paragraph explains that users of the ACO Management System (ACO-MS) can use the same credentials. Below this is the "STATEMENT OF TRUTH" section, which contains a paragraph of text and a checkbox labeled "Yes, I agree" (highlighted with a red box). At the bottom, there is a blue "Sign in" button with a right arrow, a link "Don't have an account? Register", and a warning banner about privacy and security notices.

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- 3) If you have already provided your mobile phone number as part of establishing two-factor authentication for your account, a verification code will be sent to your mobile device once you click **Sign In**.

Enter your **one-time code** and click **Submit Code**.

A screenshot of a web interface titled "Verify Code". Below the title, it says "Enter the code sent via text message to ***-***-6465." There is a label "ONE-TIME CODE" above a text input field. Inside the input field, there is a placeholder text "ex. 123456". Below the input field is an orange button with the text "Submit Code" and a right-pointing arrow.

- If you haven't yet set up your account for two-factor authentication by identifying a mobile device, you'll be prompted to do so before you can continue.
- For more information on setting up two-factor authentication, please review the Register for a HARP Account document in the [QPP Access User Guide \(ZIP\)](#).

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For Groups and Virtual Groups

Once you're logged in, if you're part of a **Group** or **Virtual Group**, you'll land on the **homepage**.

Are you reporting for an APM Entity such as a Shared Savings Program ACO?

[Skip ahead](#)

- 1) Click the **Eligibility & Reporting** link in the left-hand navigation to access a list of all the organizations for which you can report data.

- This is based on permissions/roles associated with your HARP account.

If you have access to multiple organization types (for example, a Practice and an APM Entity), you'll see them differentiated by tab.

Choose "Practices" when reporting as a group.

Choose "Virtual Groups" (not shown) when reporting as a virtual group.

If you only have access to one organization type, you won't see the tab features that appear in this screenshot.

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- 2) Click **Report as Group/ Report as Virtual Group** next to the Group/Virtual Group you'd like to report quality data for through the CMS Web Interface.

Greenville Medical Clinic
TIN: #1234567890 | 5200 Manchester Ln., Greenville, OH 01234
✔ **MIPS Eligible Practice**

Exceeds low volume threshold: **Yes**
Total Medicare Patients at This Practice: **100,000**
Total Allowed Charges at This Practice: **\$500,234**
Special Statuses at the practice level: **Small practice, Rural**
APM Participation: **2 APMs**
[+ View APM details](#)

REPORT AS GROUP

REPORT AS INDIVIDUALS

[View clinician eligibility](#)

If your group includes clinicians in a MIPS APM:

You'll be directed to a Reporting Options page, where you'll see the option to report Traditional MIPS or the APM Performance Pathway.

Select **Start Reporting** next to **Traditional MIPS**.

- 3) Select **Go to CMS Web Interface** or **Start Reporting** next to the Quality Measures title.

Practice Details and Clinicians
• Group Reporting Overview
Quality
Promoting Interoperability
Improvement Activities

☆ Performance Feedback

→← COLLAPSE

Reporting Overview

TIN: 000224578

Start reporting

You can start reporting by uploading properly formatted QPP JSON, QPP XML, and ORCA-3 files that can contain Quality measures, and/or Promoting Interoperability measures, and/or Improvement Activities. You can also scroll down and report for each category separately.

Remember: These files will be calculated immediately and the page below will update with your preliminary scoring information. Your information will be automatically saved in our system.

Quality Measures

START REPORTING

GO TO CMS WEB INTERFACE

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- 4) If you click **Start Reporting**, you'll need to click **Go to CMS Web Interface** to open the CMS Web Interface.

The screenshot shows a modal titled "Upload Quality Data". It contains two options for uploading data. Option 1 is "Manually Upload Quality Data", which involves submitting QPP Quality Data via file upload. Option 2 is "Using the CMS Web Interface", which involves submitting QPP Quality Data via the CMS Web Interface. The "GO TO CMS WEB INTERFACE" button is highlighted with a red circle.

Upload Quality Data

OPTION 1
Manually Upload Quality Data

Submit QPP Quality Data via file upload. This method allows the upload of EHR export data in either QPP (JSON) format and QRDA-3 files. There are six required measures, including one High priority measure.

UPLOAD FILE

OPTION 2
Using the CMS Web Interface

Submit Quality Payment Program Quality Data via the CMS Web Interface.

This method is only available if you have registered. There are fourteen required measures.

GO TO CMS WEB INTERFACE

Using a Third Party Agency?
Contact your Third Party or Third Party Intermediaries to Submit Data
If using a Registry or EHR to submit data, please contact them for support.

If you don't see **Go to CMS Web Interface** on the Reporting Overview page or Upload Quality Data modal, it may mean you didn't register the Virtual Group or Taxpayer Identification Number (TIN) in time for the CMS Web Interface, **or** the Virtual Group or TIN isn't eligible for CMS Web Interface reporting.

Please contact the Quality Payment Program with questions

By Phone: 1-866-288-8292 (TRS: 711), Monday – Friday, 8 a.m. – 8 p.m. ET.

By Email: gpp@cms.hhs.gov

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- 5) You can go back to a list of your connected organizations (practices, virtual groups, or APM Entities) at any time by clicking **Eligibility & Reporting** at the top of the left-hand navigation.

Progress Summary

Last account activity: 7 minutes ago | [View Details](#)

Quitzon, Wyman and Ebert
TIN: 000224578

QUALITY DATA REPORTING
CMS Web Interface

View Progress

Report Data

View Reports

Manage Clinics

Manage Providers

Frequently Asked Questions

→← COLLAPSE

TO DO

- View patient sample and prepare for data reporting
[VIEW SAMPLE](#)
- Download sample in Excel format and update data offline
[DOWNLOAD SAMPLE](#)
- Learn about measures and what you need to submit
[EXPLORE MEASURES](#)

For APM Entities, Including Shared Savings Program ACOs

Once logged in, you will see the **Account Dashboard**, which will list all the APM Entities for which you can report data. This is based on the permissions/roles associated with your account.

- 1) Within the **Eligibility & Reporting** tab, select **Start Reporting** next to the APM Entity for which you'd like to report quality data.

UserAcceptance Tester11

Account Home

Eligibility & Reporting

Performance Feedback

Doctors & Clinicians Preview

Exceptions Application

Targeted Review

Reports

Manage Access

Help and Support

APM Entities Practices

Search by APM entity name

1 APM Entity

Higgins-Torres
Advanced MIPS APM | SSP A1052 / MSSP ACO - BASIC LEVEL E
Special Statuses, Exceptions and other factors: None

START REPORTING

[View Participant Eligibility](#)

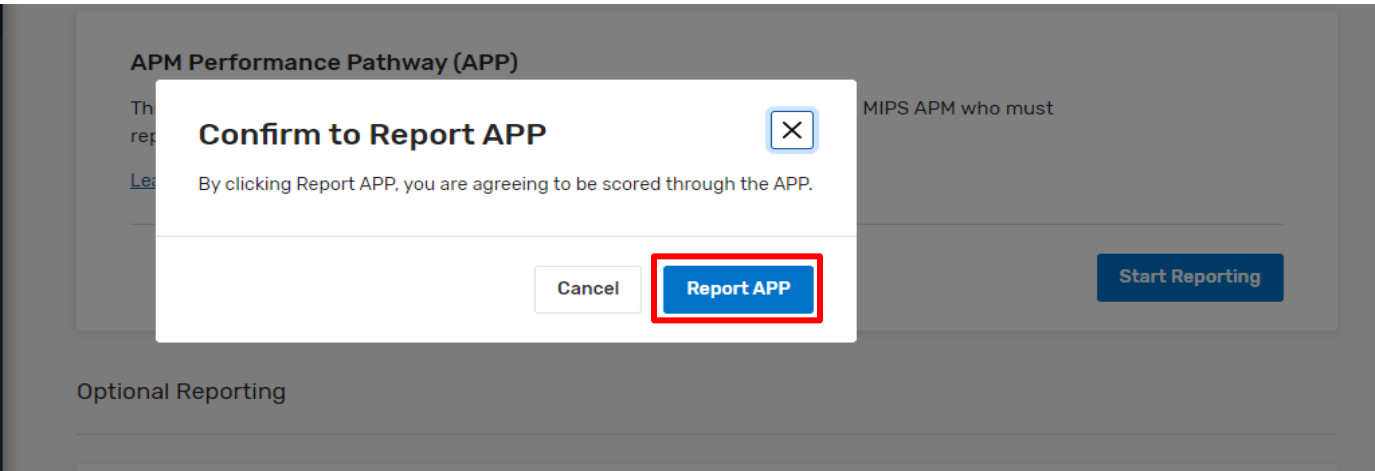
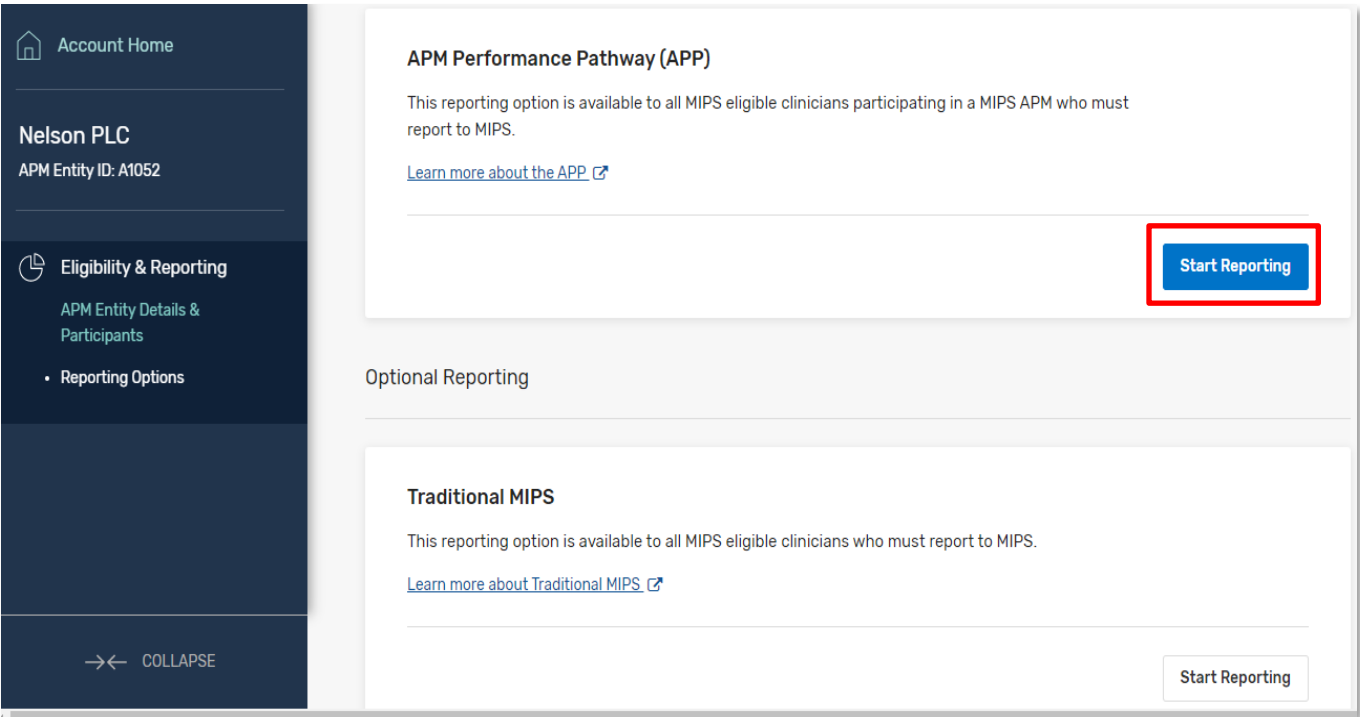
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You'll see 2 reporting options available: "APM Performance Pathway (APP)" and "Traditional MIPS."

Shared Savings Program ACOs:

- 2) Shared Savings Program ACOs are **required** to submit quality data to the meet the reporting requirements for the APP as part of the Shared Savings Program. From the Reporting Options page, you'll select **Start Reporting** underneath the **APM Performance Pathway (APP)** option, and then you'll click **Report APP** on the subsequent pop-up modal.



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You'll land on the Reporting Overview page, where you can click **CMS Web Interface**.

Account Home

Nelson PLC
APM Entity ID: A1052

Eligibility & Reporting
APM Entity Details & Participants
Reporting Options

APM Performance Pathway
• APM Reporting Overview
Quality

→← COLLAPSE

All changes are saved automatically.

Last Update: false Submission ID: 091b9b1c-d4e7-473a-9b2e-d81b316db402 ?

Preliminary Total Score

-- / 100

Your Final Score won't be available until Summer 2022.

• Quality -- / 50

• Promoting Interoperability -- / 30

• Improvement Activities -- / 20

• Cost N/A

You are registered for the CMS Web Interface

You may submit Quality data via the Web Interface in addition to uploading Quality data.

CMS WEB INTERFACE

APM Entities Other Than Shared Savings Program ACOs:

You can only use the CMS Web Interface to meet the reporting requirements for traditional MIPS. From the Reporting Options page, you'll select **Start Reporting** underneath the Traditional MIPS option.

Account Home

Nelson PLC
APM Entity ID: A1052

Eligibility & Reporting
APM Entity Details & Participants
• Reporting Options

→← COLLAPSE

APM Performance Pathway (APP)

This reporting option is available to all MIPS eligible clinicians participating in a MIPS APM who must report to MIPS.
[Learn more about the APP](#)

Start Reporting

Optional Reporting

Traditional MIPS

This reporting option is available to all MIPS eligible clinicians who must report to MIPS.
[Learn more about Traditional MIPS](#)

Start Reporting

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You'll land on the Reporting Overview page, where can click **CMS Web Interface**.

Account Home

Nelson PLC
APM Entity ID: A1052

Eligibility & Reporting

APM Entity Details & Participants

Reporting Options

APM Performance Pathway

- APM Reporting Overview
- Quality

→← COLLAPSE

All changes are saved automatically.

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- Improvement Activities -- / 20
- Cost N/A

You are registered for the CMS Web Interface

You may submit Quality data via the Web Interface in addition to uploading Quality data.

CMS WEB INTERFACE

- 3) You can go back to your list of connected organizations (groups, virtual groups, APM Entities) at any time by clicking **Account Home** at the top of the left-hand navigation, and then click on **Eligibility & Reporting**.

Account Home

Nelson PLC
APM Entity ID: A1052

Eligibility & Reporting

APM Entity Details & Participants

Reporting Options

APM Performance Pathway

- APM Reporting Overview
- Quality

→← COLLAPSE

All changes are saved automatically.

Last Update: false Submission ID: 091b9b1c-d4e7-473a-9b2e-d81b316db402

Preliminary Total Score

-- / 100

Your Final Score won't be available until Summer 2022.

- Quality -- / 50
- Promoting Interoperability -- / 30
- Improvement Activities -- / 20
- Cost N/A

You have measures submitted through CMS Web Interface

View additional details on your CMS Web Interface measures

CMS WEB INTERFACE

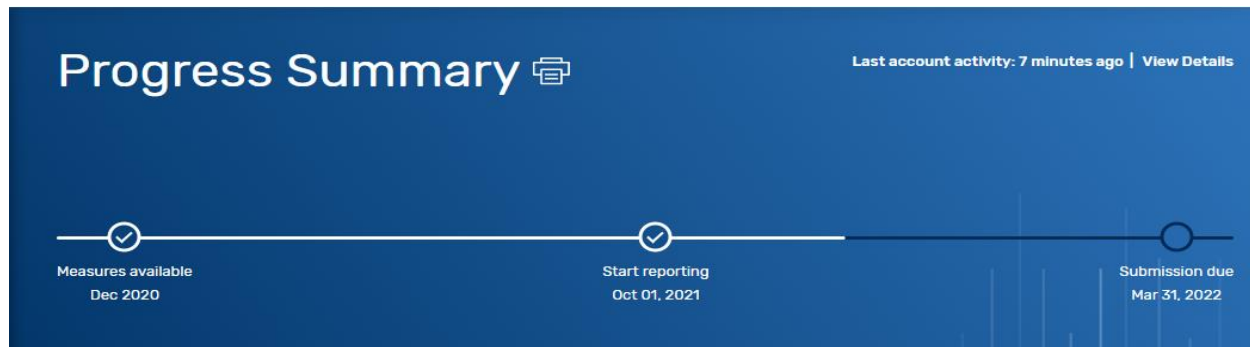
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What You Can Do in the CMS Web Interface

Review the CMS Web Interface Timeline

You can perform different tasks in the CMS Web Interface based on the time of year you're logging in. Below is a depiction of the timeline of events planned for this year. **Note that the CMS Web Interface will open for the 2021 performance period at the Start Reporting milestone.**



Measures Available Milestone

Measure specifications for the CMS Web Interface were made available following publication of the CY 2021 Quality Payment Program Final Rule in December 2020. This is the first milestone you will see on the timeline.

Start Reporting Milestone

Your Medicare patient sample will be **available** for download through the CMS Web Interface on **January 3rd, 2022** when the 2021 performance period submission period opens.

During the submission period, you'll be able to:

- Log into the CMS Web Interface
 - See the [Accessing the CMS Web Interface](#) section of the guide
- Review your sample
 - See the [View Sample](#) section of the guide
- Download your sample
 - See the [Download Sample](#) section of this guide
- Work on filling in your data in the Excel template
 - See the [Report Data via Excel](#) section of this guide
- Upload your data to the CMS Web Interface
 - See the [Upload Excel Data](#) section of the guide
- Manually enter test data by patient or by measure into the CMS Web Interface
 - See the [Report Data via Manual Data Entry](#) section of the guide
- Review the available reports
 - See the [View Reports](#) section of the guide

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When you begin to upload or manually enter your data, **your progress will be automatically saved with each step**. You can access the Data Confirmation Report throughout the submission period to understand the data that has been received by CMS to date. All features of the CMS Web Interface are available to you during the submission period and more information about each feature is detailed below in this guide.

Submission Due Milestone

On **March 31, 2021 at 8:00 p.m. Eastern Time**, the CMS Web Interface will **close**, and you **won't be able to input or change any information**.

Any data in the CMS Web Interface as of this date and time will be considered your **final submission**.

You will still be able to access the CMS Web Interface after the close of the submission period to run final reports from the current and previous performance periods.

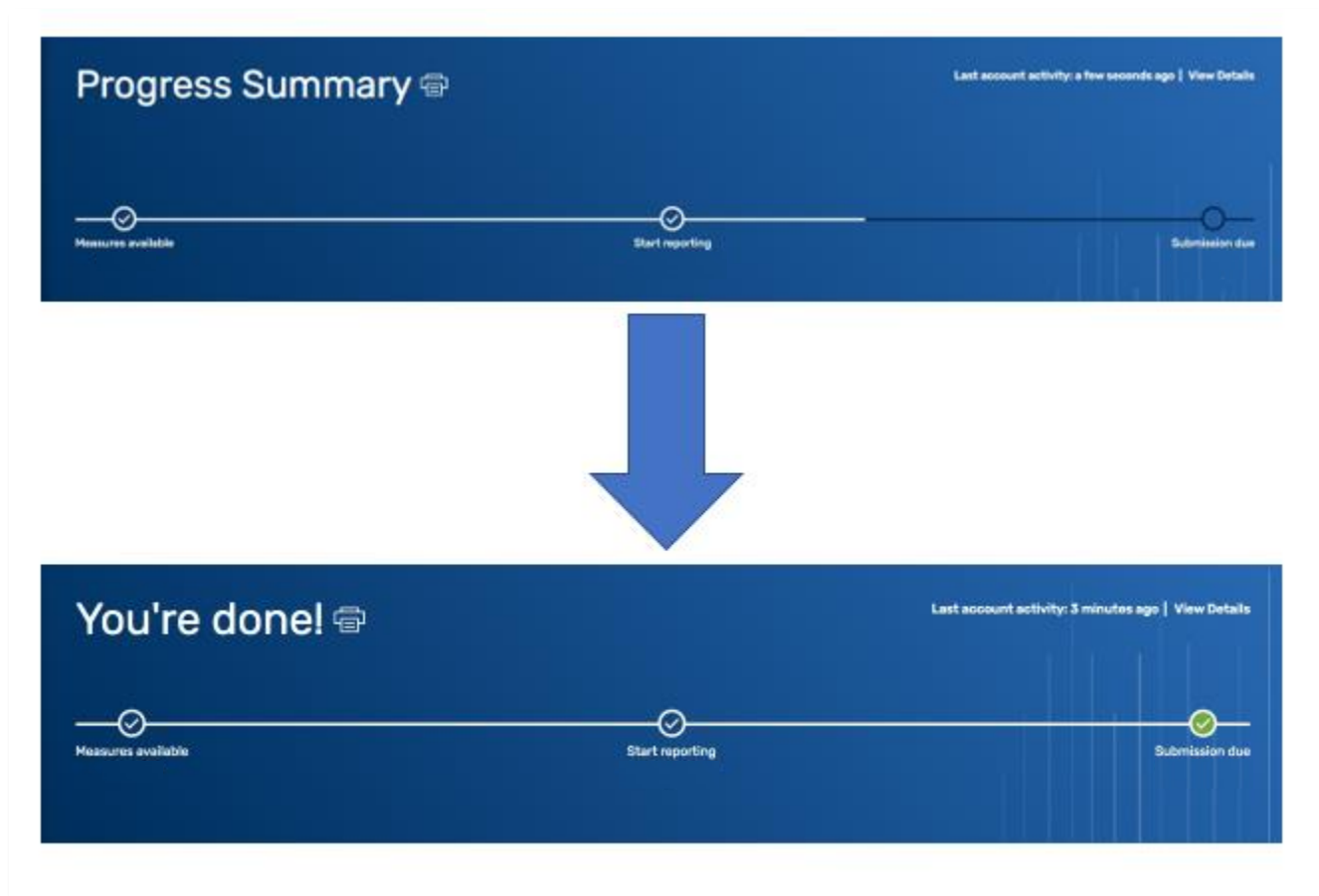
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View Progress

When you access the CMS Web Interface, you will land on the **View Progress** page where you can see which milestone is currently in progress, as well as view your organization's progress and team activity in the CMS Web Interface.

Depending on the time of year you access the system, you may see a different version of the functionality available. For more information, see the **Review Program Milestones** section above.



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View Sample

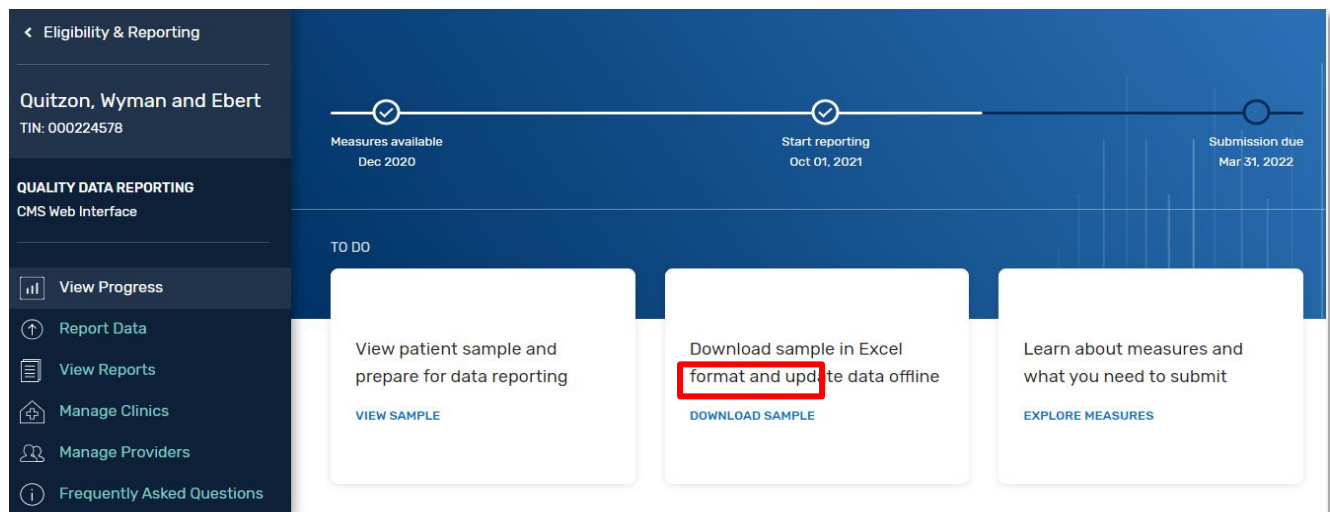
Once the Submission Period opens, you can view your sample in 2 ways:

- 1) **Download in Excel template:** You can download your patient sample in the provided Excel template by clicking the **Download button** at the top of the **Report Data** page.
- 2) **Within the CMS Web Interface:** Click on **Report Data** to view your patient sample list within the CMS Web Interface.
 - Upon landing here, you can review, sort, and filter the list directly in the CMS Web Interface.
 - Note in addition to being able to download your patient samples within the CMS Web Interface, the **Patient Sample Files** will also be transferred to ACOs outside of the CMS Web Interface.

Download Sample

To download your sample using the Excel template:

- 1) Sign in to the **CMS Web Interface**
- 2) Click **Download Sample** if you're signing in for the first time



OR

Navigate to the **Report Data** page, and click **Download**

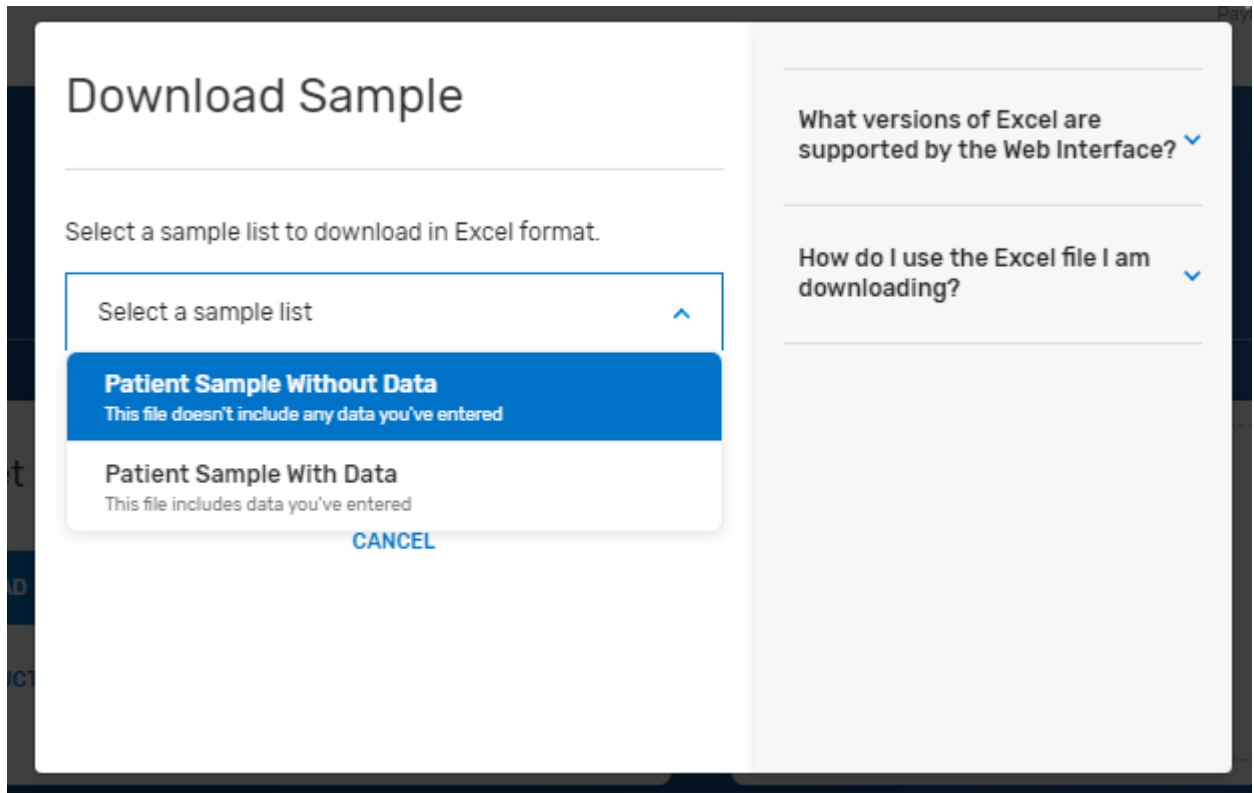


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3) Select your **sample list** (or download preference). You have 2 options:

- **Patient Sample without Data** – Your template will only contain CMS pre-filled data. It will be your original sample before your team inputs any data into the CMS Web Interface.
- **Patient Sample with Data** – Your template will be populated with any data you and your team have already entered in the CMS Web Interface—either manually or via a previous Excel upload.



If you're downloading your sample for the first time before entering any data, select the **Patient Sample Without Data** option. For instructions on how to fill in the Excel template, see the [Report Data via Excel](#) section of this guide.

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View Sample in the CMS Web Interface

From the **Report Data** page, scroll down.

Patient Details

Each row under the sample list represents a patient. The default view of your patient sample list is filtered on **All Measures** to show every patient in your sample and how many measures in which each is ranked.

VIEW SAMPLES AND ENTER DATA

SELECT A MEASURE

FILTER BY

SORT BY

All Measures

Patient Name

Q Type or select

Patient ID

All Measures

TOTAL
2428 patients

COMPLETE
0 patients

INCOMPLETE
2428 patients

SKIPPED
0 patients

PATIENT ID

PATIENT INFO

RANK SUMMARY

012104879E

Edit Data

Jose Leffler

Female, 08/01/1941

Medical Record #
--

Clinic
445629757

Provider
1. Alize Gutmann

Ranked in minimum: 0 measures
0/0 complete

In oversample: 1 measure
0/1 complete

046016913C

Edit Data

Jacey Prosacco

Male, 01/24/1957

Medical Record #
--

Clinic
445629757

Providers
1. Alize Gutmann 2. Maya Senger 3. Laisha Boyle

Ranked in minimum: 0 measures
0/0 complete

In oversample: 1 measure
0/1 complete


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For each patient, you can see:

1. Patient completion status

Each patient will have one of the following 3 statuses:


 **Incomplete** – If you **haven't entered appropriate data for all measures** in which the patient is ranked (both those for which the patient is ranked in the minimum and those that they are ranked in the oversample), the patient will show as incomplete.


To change the patient's status to Complete, report data for each measure that the patient is ranked in via manual data entry through the CMS Web Interface, API or an Excel upload. A patient may show as Incomplete even if all measures for which that patient is ranked in the minimum have been reported completely because the oversample has not been completely reported.

The minimum rank is a floating number through the submission process, so patients who don't start in the minimum may become part of the minimum if those ranked before them are skipped.

NOTE: You DON'T need to report on patients in a measure's oversample to have a successful submission. You only need to answer questions for measures in which the patient is ranked in the minimum.

A complete submission is one for which the minimum reporting requirement for each measure is met, even if there are patients still identified as Incomplete.

 **Complete** – Patients in the Complete tab are patients for whom you have **reported in all their ranked measures**, regardless whether the patient is ranked in the minimum or in the oversample for the measure.

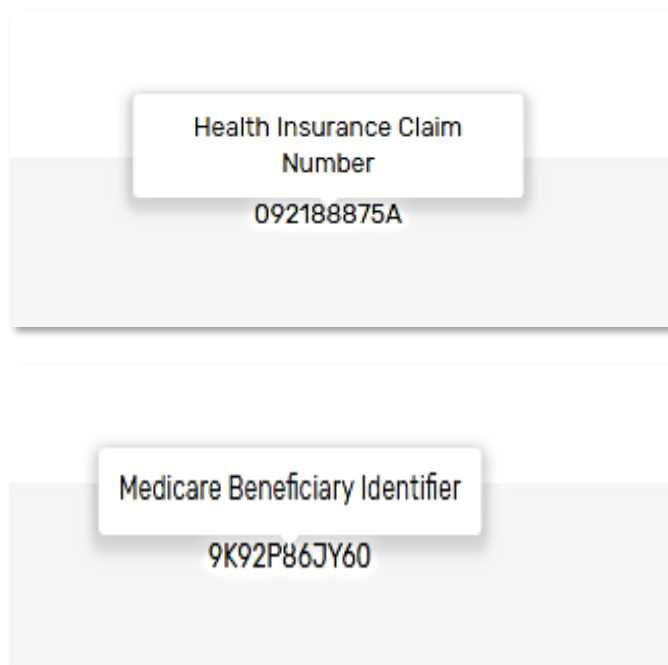
 **Skipped** – Patients reported on who either don't qualify for the specific measure or for the sample and are removed from the denominator.

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2. Patient ID

The Medicare patient's Health Insurance Claim Number or Medicare Beneficiary ID. The patient sample Excel file indicates which identifier is used, or you can hover over the patient ID in the CMS Web Interface. This field will be pre-filled by CMS.



CMS is still transitioning every Medicare patient from the current Health Insurance Claim Number (HICN) to the new Medicare Beneficiary Identifier (MBI).

We're taking this step to protect people with Medicare from fraudulent use of SSNs, which can lead to identity theft and illegal use of Medicare benefits.

We will include the MBI in the sample (instead of the HICN) when you have billed at least one claim for the patient using their MBI.

3. Patient Info

Contains the patient's demographic information including:

- **First and last name**
- **Gender**
- **Date of Birth**
- **Medical Record #** – This is an optional field you can fill in if you would like to associate the patient with a number that your organization uses internally to track patients. It will not have a pre-filled value. See the [Edit Patient Demographic Data](#) section of the guide for instructions on how to do this.
- **Clinics** – The patient can be associated with up to one Clinic ID so you can more easily track down their medical record. See the [Manage Clinics](#) and [Edit Patient Demographic Data](#) sections on how to do this.
- **Providers** – The patient can be associated with up to 3 providers (this information may be pre-filled), so you can more easily locate his or her medical record. See the [Manage Providers](#) and [Edit Patient Demographic Data](#) sections on how to add or change an association.

4. Rank Summary

Under rank summary, you can see the number of measures in which the patient is ranked in the minimum as well as the number of measures where the patient is part of the oversample. The number of measures in which the patient is ranked in the minimum or in the oversample will be updated automatically in the CMS Web Interface if a patient moves into the minimum due to a skip.

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Filter by Patient Status

You can use the tabs at the top of the list to filter the list by patient status.

- Under the **Total** tab, you can see your complete patient sample list.
- The **Complete** tab will filter the list of patients to show only those for whom you have **completed all measures** in which they are ranked.
- The **Incomplete** tab filters the list to show only patients for whom **all measures have NOT been reported**.
- In the **Skipped** tab, you will see only patients who you have reported on who do not qualify for the specific measure are removed from the denominator. When looking at **All Measures**, skipped patients are patients reported on who do not qualify for the sample and are removed from the denominator.

VIEW SAMPLES AND ENTER DATA

SELECT A MEASURE

ALL MEASURES

FILTER BY

Patient Name

Q. Type or select

SORT BY

Patient ID

All Measures

TOTAL
2428 patients

COMPLETE
1 patient

INCOMPLETE
2426 patients

SKIPPED
1 patient

| PATIENT ID | PATIENT INFO | RANK SUMMARY |
|--|---|--|
| <div>012104879E</div> <div>Edit Data</div> | <div>Jose Leffler</div> <div>Female, 08/01/1941</div> <div>Medical Record # -- Clinic 445629757 Provider 1. Alize Gutmann</div> | <div>Ranked in minimum: 0 measures</div> <div>0/0 complete</div> <div>In oversample: 1 measure</div> <div>1/1 complete</div> |
| <div>046016913C</div> <div>Edit Data</div> | <div>Jacey Prosacco</div> <div>Male, 01/24/1957</div> <div>Medical Record # -- Clinic 445629757 Providers 1. Laisha Boyle 2. Maya Senger 3. Alize Gutmann</div> | <div>Skipped from all ranked measures</div> <div>Reason</div> <div>Not Qualified for Sample</div> |
| <div>058103794D</div> <div>Edit Data</div> | <div>Bernard McCullough</div> <div>Male, 12/02/1953</div> <div>Medical Record # -- Clinic 445629757 Provider 1. Sabina Pacocha</div> | <div>Ranked in minimum: 7 measures</div> <div>0/7 complete</div> |

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Filter Sample by Measure

Under **Select a Measure**, click the dropdown to view the list of measures. Upon clicking on a **measure**, you'll see a filtered list of only the patients who are ranked in that measure, sorted in rank order.

VIEW SAMPLES AND ENTER DATA

SELECT A MEASURE: All Measures (dropdown)

FILTER BY: Patient Name (dropdown) | Q. Type or select (input)

SORT BY: Patient ID (dropdown)

ALL MEASURES

- CARE-2: Screening for Future Fall Risk
- DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
- HTN-2: Controlling High Blood Pressure
- MH-1: Depression Remission at Twelve Months
- PREV-5: Breast Cancer Screening
- PREV-6: Colorectal Cancer Screening
- PREV-7: Influenza Immunization

COMPLETE: 1 patient

INCOMPLETE: 2426 patients

SKIPPED: 1 patient

RANK SUMMARY

Ranked in minimum: 0 measures
0/0 complete

In oversample: 1 measure
1/1 complete

Star: 5.0/1941

Med # Clinic Provider
445629757 1. Alize Gutmann

To **manually enter data** in the CMS Web Interface one measure at a time, you can filter the list by that measure and click **Edit Data** on a patient row to begin entering data for only that measure (see the [Enter data by measure](#) section of this guide for more information).

Filter Sample by Other Criteria

You can further filter down the list by:

- **Patient Name** – If you'd like to filter out a single patient, you can filter either by their first or last name or both.
- **Patient ID** – This is the Medicare patient's Health Insurance Claim Number or Medicare Beneficiary Identifier.
 - This field will be pre-filled by CMS. When you filter by Patient ID, the type of ID will display next to the number.
- **Medical Record #** – This is an optional field where you can track any internal patient identifiers within your organization.
 - If you've entered this information for your patients, you can also filter on this field.
- **Clinic Name** – This is an optional field that may be pre-filled by CMS and which you can update
- **Clinic ID** – This is an optional field that may be pre-filled by CMS and which you can update
- **Provider Name** – This is an optional field that may be pre-filled by CMS and which you can update
- **NPI** – You can search by the NPI associated with any provider identified for your patient sample.

Once you have selected a specific **filter type**, enter the **specific query** into the adjoining field to further filter the list.

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Sort Sample

You can sort your patient sample list by the following criteria to help you prioritize your work:

- **Patient ID** – This is the Medicare patient's Health Insurance Claim Number or Medicare Beneficiary Identifier. This field will be pre-filled by CMS. You can sort the list in ascending numerical order on this number.
- **Patient Last Name** – You can sort the list in ascending alphabetical order of the patients' last names.
- **Medical Record #** – If you track patients by an internal numbering system, you can enter that number in the Medical Record Number field (see [Edit Patient Demographic Information](#) in this guide) and sort the list in ascending order by that criteria.
- **# of Measures Ranked in Minimum** – You can sort the patient sample list from highest to lowest to see the patients who are ranked in the most measures first to help you prioritize your work.

VIEW SAMPLES AND ENTER DATA

SELECT A MEASURE: All Measures

FILTER BY: Patient Name

Q. Type or select

SORT BY: Patient ID (selected), Patient Last Name, Medical Record #, # of Measures Ranked In Minimum

Edit Patient Demographic Information

Some patient demographic information can be updated via an **Excel upload**, while other pieces of demographic information can **only be edited manually** through the CMS Web Interface. We do this to prevent you from accidentally editing demographic information in bulk that would prevent you from locating the patient later to fix the issue.

You can edit the following fields via an Excel upload:

- **Medical Record Number** – If you track patients by an internal numbering system, you can enter that number in the Medical Record Number field **Provider Name 1, 2 & 3** - Providers that provide the plurality of care to a patient ranked by volume of primary care services provided. A patient can have more than one provider.
- **Clinic ID** – Also known as clinic's Tax Identification Number (TIN).
- **General Comment** – Any additional information you want to note with a patient can go underneath general comment.

Some patient demographic information can only be edited manually in the CMS Web Interface. These fields include:

- **First Name**
- **Last Name**
- **Date of Birth**
- **Gender**

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To edit a patient's demographic information through the CMS Web Interface:

- 1) Navigate to the **Report Data** page
- 2) Select **Edit Data** next to the patient for whom you'd like to change information

058103794D Bernard McCullough Male, 12/02/1953 Ranked in minimum: 7 measures 0/7 complete

Medical Record # -- Clinic 445629757 Provider 1. Sabina Pacocha

Edit Data

- 3) Click **Edit Info** in the right-hand side of the page

< View patient list

058103794D Bernard McCullough Male, 12/02/1953

PATIENT'S RANKED MEASURES (7)

| MEASURES | RANK |
|----------|---------------|
| PREV-13 | 42 IN MINIMUM |
| HTN-2 | 56 IN MINIMUM |
| PREV-6 | 58 IN MINIMUM |
| PREV-12 | 71 IN MINIMUM |
| CARE-2 | 79 IN MINIMUM |
| PREV-7 | 85 IN MINIMUM |
| PREV-10 | 89 IN MINIMUM |

Patient ID 058103794D | All ranked measures

Bernard McCullough
Patient demographics

Edit info

| | | |
|--|--|--|
| PATIENT NAME / ID Bernard McCullough 058103794D | GENDER Male | PROVIDER 1 NAME / NPI Sabina Pacocha 3244749310 |
| DATE OF BIRTH 12/02/1953 | MEDICAL RECORD # -- | |
| COMMENTS | CLINIC NAME / ID Mante - Torphy 445629757 | |

Patient confirmation for sample
Confirm that this patient is qualified for the sample.

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- 4) A window will populate where you can **edit** the patient's **demographic information**

The screenshot shows a web form for editing patient information. At the top, the patient's name "Bernard McCullough" is displayed. Below it, a "Patient ID" field shows "058103794D". A "* Required" label is positioned above the "First Name" field, which contains "Bernard". The "Last Name" field contains "McCullough". A gender dropdown menu is set to "Male". The "Date of Birth" field shows "12/02/1953". There is an empty "Medical Record #" field. Under the "Providers" section, which says "Select up to 3 providers", there are three input fields. The first is populated with "Sabina Pacocha / 32447493...". Below these are empty fields for "Provider 2 Name / NPI" and "Provider 3 Name / NPI". A "Clinic Name / ID" field is populated with "Mante - Torphy / 445629757". There is a large "Comments" text area at the bottom. At the very bottom are "SAVE" and "CANCEL" buttons. On the right side of the form, there are three expandable sections: "What is a Medical Record Number?", "What are Top Providers?", and "How can I add or edit clinics?", each with a downward arrow icon.

The **Provider** and **Clinic** information fields are input fields that turn into dropdown fields when you begin typing. You can only associate clinics and providers that are already in your system. To add, change or delete the clinics and providers in these lists, see the [Manage Clinics and Providers](#) section of this guide.

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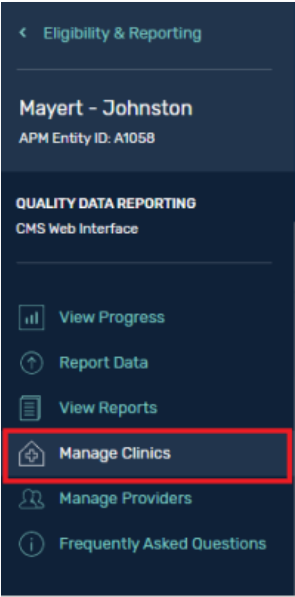
(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)

Manage Clinics and Providers

It can be time-consuming for large groups and ACOs to track down medical records across providers and clinics (practice locations) for each of their patients. To assist with this, the patient sample includes the clinic ID and top 3 providers who provided the plurality of care for each patient based on claims data. This section outlines the ways you can manage the information about these clinics and providers.

Don't need to change this information?
Skip ahead to learn how to [Report Data](#)

Manage Clinics



To manage your list of clinics, click **Manage Clinics** in the left-hand navigation panel.

Edit Clinic

Each row represents a clinic. You can edit the information displayed for a clinic by clicking **Edit** on the right.

MAYERT - JOHNSTON

Clinics

1 Clinics

DOWNLOAD LIST

+ ADD NEW

Search clinics

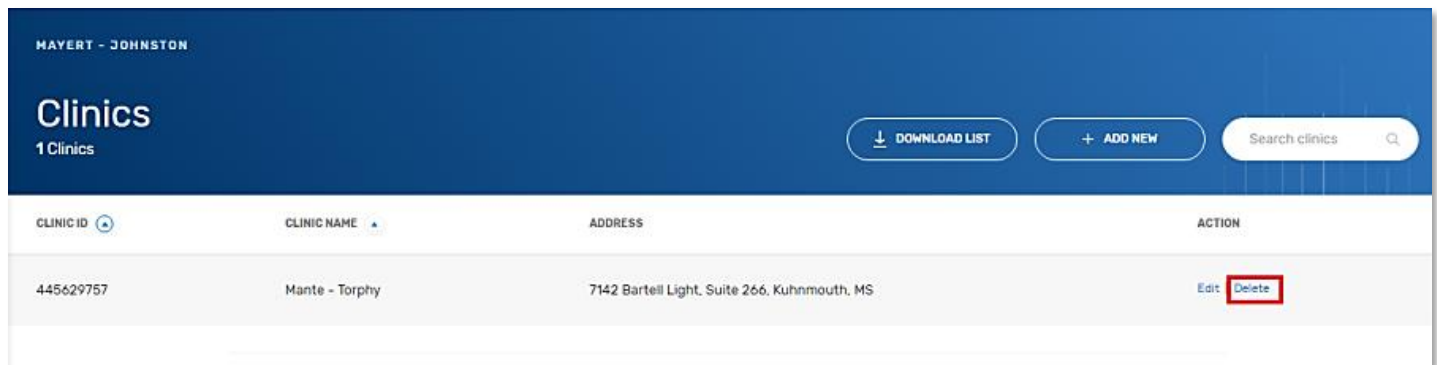
| CLINIC ID | CLINIC NAME | ADDRESS | ACTION |
|-----------|----------------|--|-----------------------|
| 445629757 | Mante - Torphy | 7142 Bartell Light, Suite 266, Kuhnmouth, MS | <div>EditDelete</div> |

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Delete Clinic

To delete a clinic, click **Delete** on the right. However, to delete a clinic, you must first **disassociate** it from every patient it may be connected to in the CMS Web Interface.



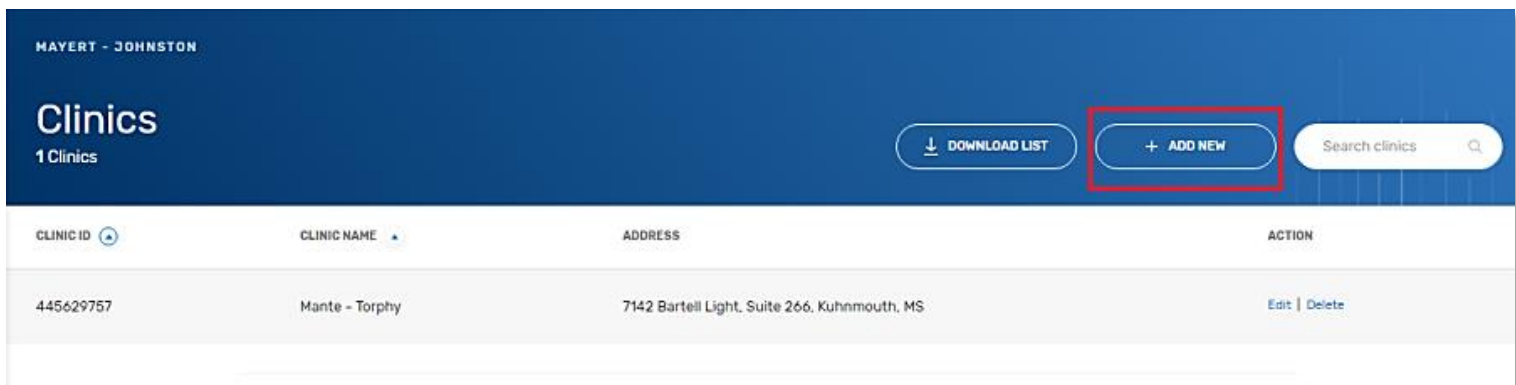
| CLINIC ID | CLINIC NAME | ADDRESS | ACTION |
|-----------|----------------|--|--------------------|
| 445629757 | Mante - Torphy | 7142 Bartell Light, Suite 266, Kuhnmouth, MS | Edit Delete |

To do so, you can:

1. Select **Report Data** in the navigation
2. **Download** your patient sample in Excel format
3. Use Excel filter controls to filter the sample by the clinic you'd like to delete
4. In the Excel template, replace the Clinic ID with **N/A** (which will overwrite the provider name with a blank value once you upload the file)
5. **Upload** the updated Excel file
6. From the Manage Clinics page, click **Delete** in the clinic row
7. Repeat steps 3-6 for all clinics you wish to delete

Add New Clinic

To create a new clinic, click **Add New** at the top of the page.



| CLINIC ID | CLINIC NAME | ADDRESS | ACTION |
|-----------|----------------|--|---------------|
| 445629757 | Mante - Torphy | 7142 Bartell Light, Suite 266, Kuhnmouth, MS | Edit Delete |

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A window will open, where you will enter the new clinic's information (example: Clinic ID, name, and address).

New Clinic

* Required

Clinic ID *

Clinic Name *

Address

Address 2

City State Zip

SAVE

CANCEL

What is a Clinic Id?

The Clinic ID is a unique number assigned to each clinic. It can either be the Tax Identification Number (TIN) or Centers for Medicare & Medicaid Services Certification Number (CCN). TINs are assigned by the Internal Revenue Service (IRS) while CCNs are assigned by the Centers for Medicare & Medicaid Services. This field is not editable. If there is a mistake, please call the CMS help desk.

Download Clinic List

You can also download the list of clinics in Excel format by clicking **Download List** at the top of the page.

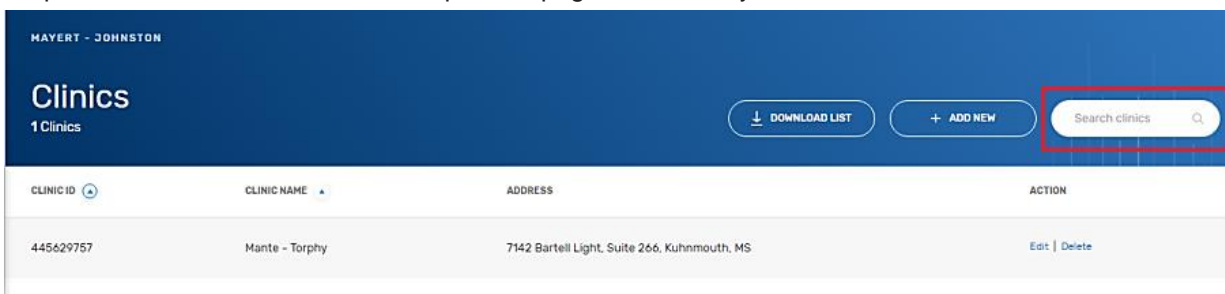
| CLINIC ID | CLINIC NAME | ADDRESS | ACTION |
|-----------|----------------|--|---------------|
| 445629757 | Mante - Torphy | 7142 Bartell Light, Suite 266, Kuhnmouth, MS | Edit Delete |

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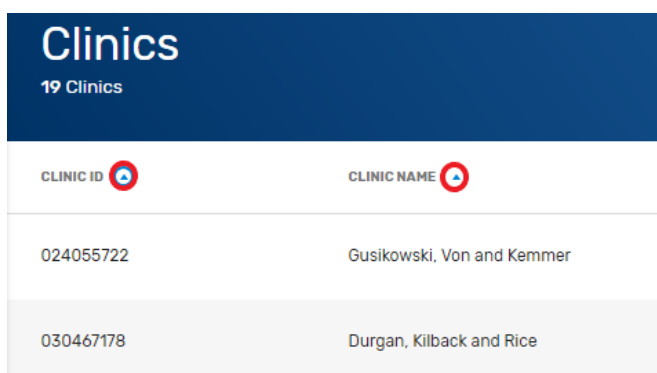
(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)

Clinic Sort and Search

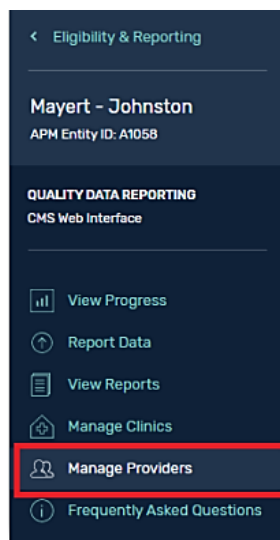
To locate a specific clinic, use **Search** at the top of the page to search by name or clinic ID.



For your convenience, you can **sort** the clinic list by either Clinic ID or Clinic Name by clicking the **caret**s at the top of each column.



Manage Providers



To manage the list of your providers, click **Manage Providers** from the left-hand navigation panel

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Edit Provider

Each row represents a provider. You can edit the information displayed for a provider by clicking **Edit** on the right.

| Providers | | | | | |
|---|-----------|------------|-----|-------------|---|
| 195 Providers | | | | | |
| DOWNLOAD LIST + ADD NEW <input type="text" value="Search providers"/> | | | | | |
| NPI | LAST NAME | FIRST NAME | EIN | CREDENTIALS | ACTION |
| 0031765549 | Steuber | Terence | | | Edit Delete |

Delete Provider

To delete a provider, you can click **Delete** on the right. However, to delete a provider, you must first **disassociate** it from every patient it may be connected to in the CMS Web Interface.

| Providers | | | | | |
|---|-----------|------------|-----|-------------|---|
| 195 Providers | | | | | |
| DOWNLOAD LIST + ADD NEW <input type="text" value="Search providers"/> | | | | | |
| NPI | LAST NAME | FIRST NAME | EIN | CREDENTIALS | ACTION |
| 0031765549 | Steuber | Terence | | | Edit Delete |

To do so, you can:

1. Select **Report Data** in the navigation
2. **Download** your patient sample in Excel format
3. Use Excel filter controls to filter the sample by the Provider you'd like to delete (**TIP:** Make sure to check all 3 provider columns)
4. In the Excel template, replace the Provider Name/NPI field with **N/A** (which will overwrite the provider name with a blank value once you upload the file)
5. Upload the updated Excel file
6. From the Manage Providers page, click **Delete** in the provider's row
7. Repeat steps 3 – 6 for all providers you'd like to delete

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(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)

Add New Provider

To create a new provider, click **Add New** at the top of the page.

Providers
195 Providers

DOWNLOAD LIST

+ ADD NEW

Search providers

| NPI | LAST NAME | FIRST NAME | EIN | CREDENTIALS | ACTION |
|------------|-----------|------------|-----|-------------|---------------|
| 0031765549 | Steuber | Terence | | | Edit Delete |

Download Provider List

You can also download the list of providers in Excel format by clicking **Download** at the top of the page.

Providers
195 Providers

DOWNLOAD LIST

+ ADD NEW

Search providers

| NPI | LAST NAME | FIRST NAME | EIN | CREDENTIALS | ACTION |
|------------|-----------|------------|-----|-------------|---------------|
| 0031765549 | Steuber | Terence | | | Edit Delete |

Provider Sort and Search

To locate a specific provider, use **Search** at the top of the page to search by **provider’s first or last name, NPI or EIN**.

Providers
195 Providers

DOWNLOAD LIST

+ ADD NEW

Search providers

| NPI | LAST NAME | FIRST NAME | EIN | CREDENTIALS | ACTION |
|------------|-----------|------------|-----|-------------|---------------|
| 0031765549 | Steuber | Terence | | | Edit Delete |

For your convenience, you can **sort** the provider list by provider NPI, last name, first name, and EIN by clicking the **caret** at the top of the column.

Providers
195 Providers

DOWNLOAD LIST

+ ADD NEW

Search providers

| NPI | LAST NAME | FIRST NAME | EIN | CREDENTIALS | ACTION |
|------------|-----------|------------|-----|-------------|---------------|
| 0031765549 | Steuber | Terence | | | Edit Delete |

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Report Data

Report Data via Excel

Understand the Excel Patient Sample Template

Each row in the template represents a patient in your sample, while the blue top-most column headers delineate patient demographic input fields, as well as each of the CMS Web Interface measures.

| Patient Demographics | | | | | |
|----------------------|-----------------|------------|-----------|--------|----------------------------|
| Patient ID | Patient ID Type | First Name | Last Name | Gender | Date of Birth (MM/DD/YYYY) |
| 552259546C | HICN | Jaime | Senger | MALE | 11/25/1945 |
| 530237929C | HICN | Gisselle | Gleason | FEMALE | 08/21/1929 |
| 5E05T63VG40 | MBI | Emanuel | Sanford | FEMALE | 12/20/1952 |
| 3M78G71VQ35 | MBI | Kenneth | Cummerata | MALE | 06/05/1952 |
| 7M64N10TL91 | MBI | Crystal | Howe | FEMALE | 06/05/1943 |

Did you know?
You can filter and sort columns to organize your data

Light gray cells represent information that is pre-filled by CMS and is not editable by you:

- Patient ID
- Patient ID Type
- First Name
- Last Name
- Gender
- Date of Birth
- Patient rank in each measure

Note: You can manually edit a patient's name, gender and date of birth within the CMS Web Interface.

[Click here](#) to review these steps.

Enter Patient Data

NOTE: You must confirm that the patient is eligible for the sample before you can begin to answer any measure questions.

| Patient Demographics | | CARE-2: Screening for Future Fall Risk |
|----------------------|-------------|--|
| Patient ID | CARE-2 Rank | Is the patient qualified for this measure? Learn More |
| 2P05V99FV60 | | |
| 4F86X93XY77 | 145 | |
| 8L93W53GG30 | 182 | |

Each measure identifies the **patient's rank** within that measure and the **measure questions**.

- If a patient is ranked in a measure, they will have a number in the Rank column and the question input fields will be white or light blue.
- Patients may not be ranked in all measures.
- If a patient **isn't ranked** in a measure OR **hasn't been confirmed for the sample**, the question input fields will be dark gray and are not required.

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Drop-Down vs. Free Text Answers

Most measures questions have a pre-defined set of possible answers which are displayed in a drop-down selection. You can only choose from the pre-defined answers listed in the drop-down.

Patient Confirmation

Can you locate the patient's medical record and is the patient qualified for the sample?
[Learn More](#)

Yes
 No - Medical Record Not Found
 Not Qualified for Sample
 N/A

Not sure how to answer the question?

Click **Learn More** beneath a measure question to see more information on the Help tab of the document.

Enter Intentionally Blank Data

If you leave any fields blank in the Excel template, those blank values will not overwrite any data that was previously entered when you upload the template.

If you want to delete any previously submitted data, select “N/A” for that field from the drop down. Choosing “N/A” will intentionally delete any data that was previously entered for that field.

Other CMS Approved Reason

In rare cases, you may believe a patient does not qualify for the measure for a reason not specified in the measure's specification. In this circumstance, you can submit a request for the patient to be skipped for an “Other CMS Approved Reason”.

These requests cannot be submitted through the Excel template, but information about pending and processed requests is included in the template when you download your sample with data.

| CARE-2 Rank | Is the patient qualified for this measure? Learn More | Skip Request Status | Skip Request |
|-------------|--|---------------------|--------------|
| 4 | No - Other CMS Approved Reason | | |

Submit the skip request manually through the Web Interface.

Within the template, you can indicate that a patient isn't qualified for the measure for Other CMS Approved Reason, **but you will have to go into the CMS Web Interface to complete and submit the request.**

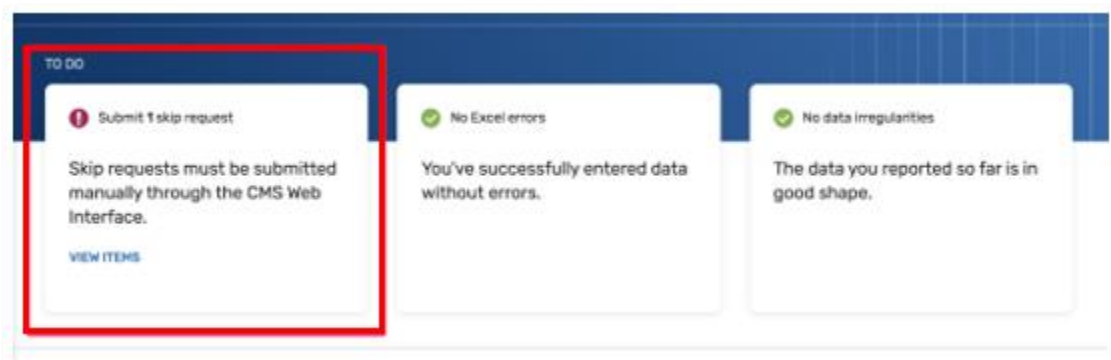
[Skip ahead](#) to see how you can submit a request.

If you've used the Excel template to indicate a patient isn't qualified for Other CMS

Contact the Quality Payment Program, Monday through Friday, 8 a.m. - 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

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Approved Reason, you will be prompted to action the View Progress page:




You will also see this information on the Incomplete patient list, below their status.

| TOTAL 616 patients | COMPLETE 3 patients | INCOMPLETE 480 patients | SKIPPED 3 patients |
|--|--|----------------------------|---|
| RANK | REPORT STATUS | PATIENT ID | PATIENT INFO |
| 2 IN MINIMUM Edit Data | Incomplete Request Other CMS Approved Reason through M1 | 9072W65LCB9 | Daniella Hartmann Female, 06/02/1942 Medical Record # 408190360 Class -- Providers 1. Leora Berge 2. Marcelino Schoen 3. Elias Vorruden |
| 7 IN MINIMUM Edit Data | Incomplete | 1w5BA34FY34 | Celestine Fay Female, 10/16/1940 Medical Record # 463762518 Class -- Providers 1. Oscar Bartsletti 2. Oda Christensen 3. Macie Kunze |

Is the patient **qualified for this measure?**

☐ Yes
☐ Denominator Exclusion
☐ No - [Request Other CMS Approved Reason](#)

 Click the link above to "Request Other CMS Approved Reason".

NOTE: Submitting a "2020 CMS Approved Reason" after **Friday, March 19, 2021** may cause your request not to be processed prior to the close of submission. Submit such requests as soon as possible.

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Upload Excel Data

Once you've **downloaded** your organization's patient sample in the **.xlsx format**, you can report your patient data directly in the **Excel template**. Once your Excel reporting is complete, upload the template without any conversion.

To upload your Excel data to the CMS Web Interface, you can either:

- **Simply drag and drop** your completed Excel template in .xlsx format into the Upload field in the CMS Web Interface.
- **OR**
- Use the **Browse** functionality within the Upload field in the CMS Web Interface to locate the appropriate Excel file from your computer's file system.

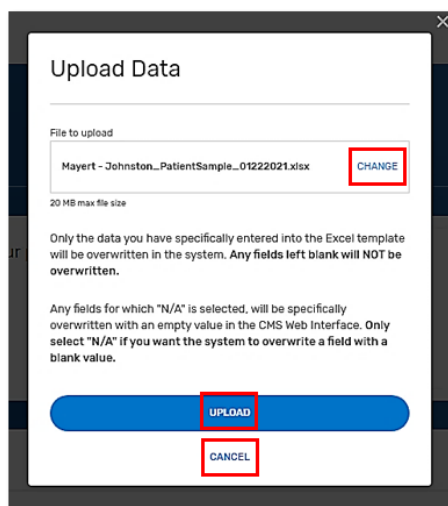
Note

There is a 20 MB size limit for file uploads



Once you input your data into the system, you'll get a confirmation message, warning you that your data will be overwritten on approval.

- Click **Change** if you selected the wrong file for upload
- Click **Cancel** if you don't want to upload the file
- Click **Upload** to proceed



Only the data you have specifically entered into the Excel template will be overwritten in the system.
Any fields left blank will NOT be overwritten.

Any fields for which "N/A" is selected in the Excel template will be specifically overwritten with an empty value in the CMS Web Interface.

You can upload Excel files as many times and as frequently as you'd like. You can upload partially complete Excel files. You can upload data one measure at a time, or one patient at a time.

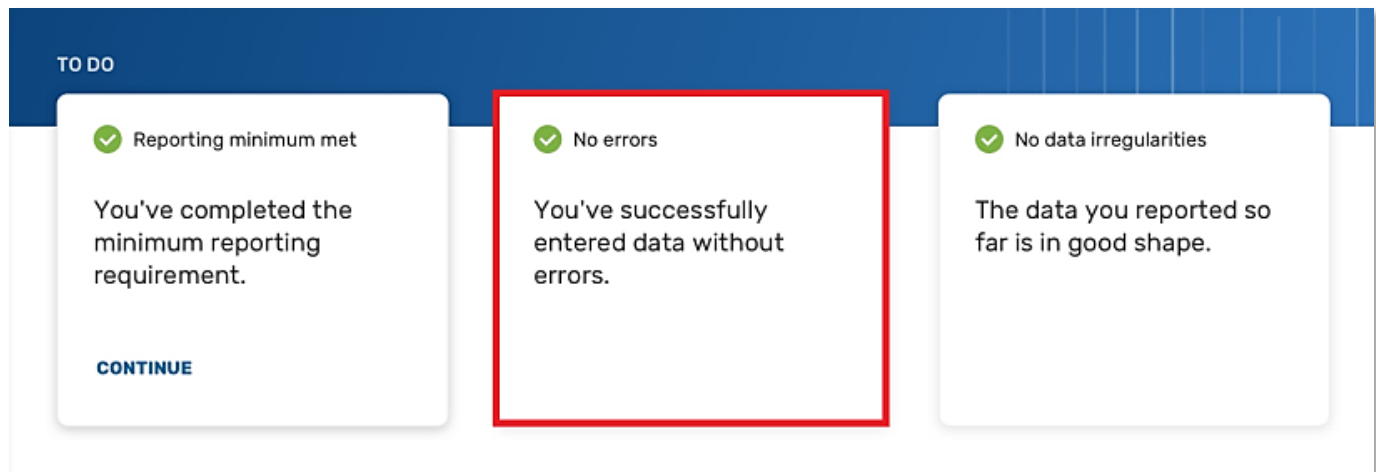
Contact the Quality Payment Program, Monday through Friday, 8 a.m. - 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

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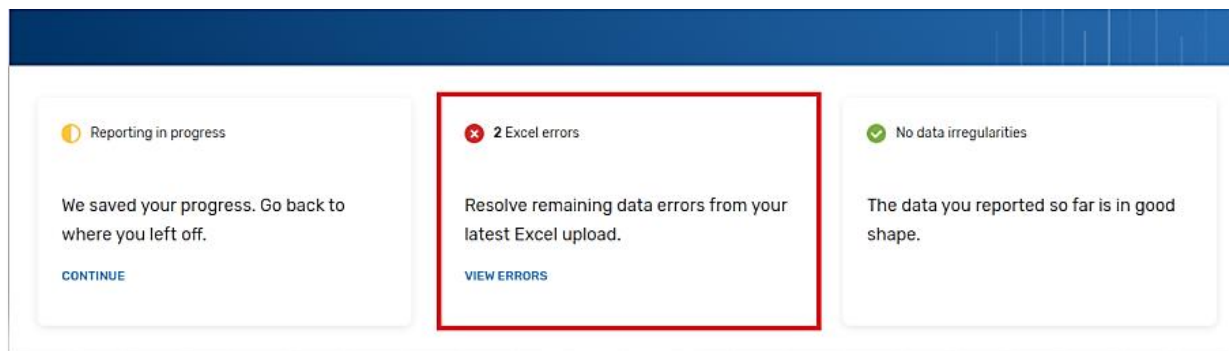
Resolve Errors

Once your Excel file is uploaded into the system, you may find errors in some of your patient data. The system won't update the measure data for which errors are found – you'll need to re-upload your Excel file after resolving errors or manually enter the data to fix the error.

If you don't have any errors to resolve, you will see **No errors** and a green check will display on the middle To Do card on the View Progress page.



If you have any errors to resolve, the View Progress page will display a To Do card at the top of the page titled **Excel errors** which will show the number of errors from the latest Excel upload.



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1. Click the **View Errors** at the bottom of the **Excel Error To Do** card
2. Identify **Excel Errors** using 1 of 2 options:

Option 1: Download Errors in Excel to correct your errors using the Excel template.

Once downloaded, the first column will identify the number of errors in the row, and the cells that contain errors will be highlighted in red.

| <div> All Excel Errors Mayert - Johnston_PatientSample_01222021.xlsx <div> File uploaded: 11/20/2020 04:16 PM ET Download Errors in Excel </div> </div> | | | | |
|---|------------------------|---------------------------------------|--|-------------------------------------|
| <div> EXCEL ERRORS 2 errors </div> | TOTAL 2428 patients | <div> COMPLETE 2 patients </div> | <div> INCOMPLETE 2425 patients </div> | <div> SKIPPED 1 patient </div> |
| PATIENT ID | SECTION HEADER | COLUMN HEADER | ERROR DESCRIPTION | |
| 0L94024TF84 | Patient Demographics | Clinic ID | The Clinic with ID 123456789 is not found for your organization. Please go to Manage Clinics from the left navigation for your organization. | |
| 5N03L600094 | Patient Demographics | Provider 1 NPI | The NPI 0101010101 is not found for your organization. Please go to Manage Providers using the navigation in the left window pane for your organization. | |

Option 2: Review measure errors in the Excel Errors tab.

| <div> All Excel Errors Mayert - Johnston_PatientSample_01222021.xlsx <div> File uploaded: 11/20/2020 04:16 PM ET Download Errors in Excel </div> </div> | | | | |
|---|------------------------|---------------------------------------|--|-------------------------------------|
| <div> EXCEL ERRORS 2 errors </div> | TOTAL 2428 patients | <div> COMPLETE 2 patients </div> | <div> INCOMPLETE 2425 patients </div> | <div> SKIPPED 1 patient </div> |
| PATIENT ID | SECTION HEADER | COLUMN HEADER | ERROR DESCRIPTION | |
| 0L94024TF84 | Patient Demographics | Clinic ID | The Clinic with ID 123456789 is not found for your organization. Please go to Manage Clinics from the left navigation for your organization. | |
| 5N03L600094 | Patient Demographics | Provider 1 NPI | The NPI 0101010101 is not found for your organization. Please go to Manage Providers using the navigation in the left window pane for your organization. | |

The list of errors provides information including:

- Patient ID of the patient whose data has the specific error
- The section and column headers where the error was found
- A description of the error

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1. **Correct** your errors

You can resolve errors by adjusting your data in the Excel file and uploading again, or by manually entering data directly in the CMS Web Interface to complete the patient's measure data. To resolve an error manually, simply click the blue link in the section header column.

| | | | | |
|--|---|--|--|--|
| All Excel Errors | | | | File uploaded: 11/20/2020 04:16 PM ET |
| Mayert - Johnston_PatientSample_01222021.xlsx | | | | Download Errors in Excel |
| <div><div></div><div>EXCEL ERRORS</div><div>2 errors</div></div> | <div>TOTAL</div> <div>2428 patients</div> | <div><div></div><div>COMPLETE</div><div>2 patients</div></div> | <div><div></div><div>INCOMPLETE</div><div>2425 patients</div></div> | <div><div></div><div>SKIPPED</div><div>1 patient</div></div> |
| PATIENT ID | SECTION HEADER ⓘ | COLUMN HEADER ⓘ | ERROR DESCRIPTION | |
| <div><div></div><div>0L94G24TF84</div></div> | Patient Demographics | Clinic ID | The Clinic with ID 123456789 is not found for your organization. Please go to Manage Clinics from the left navigation for your organization. | |
| <div><div></div><div>5N03L60GQ94</div></div> | Patient Demographics | Provider 1 NPI | The NPI 0101010101 is not found for your organization. Please go to Manage Providers using the navigation in the left window pane for your organization. | |

Auto-generate your own Excel file

The provided Excel sample template is self-documenting--each question shows either an input field with descriptive text on the expected answer format or a drop-down with the possible answers. You can use the template to understand the rules for answer options.

If you'd prefer to auto-generate your own version of the Excel file, please make sure that the following items are the same as the provided Excel template in your auto-generated file:

- Column header text (case sensitive)
- Pre-filled CMS data
- Answer choices follow the options and format provided in the template

If these factors are the same in your custom auto-generated Excel file, you can upload it to the CMS Web Interface just like the template itself.

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Report Data via Manual Data Entry

If you would like to manually enter data, you can choose between 2 paths:

1. [Enter data one patient at a time](#). You will be prompted to enter data for all measures in which that patient is ranked first before moving to the next patient. See **Enter data by patient** below.

NOTE: You DON'T need to complete the oversample to have a successful submission. You only need to report on the patients ranked in the minimum for each measure. A complete submission is considered one for which the minimum requirement for each measure is met.

2. [Enter data one measure at a time](#). You will be prompted to enter data only for that measure for one ranked patient at a time, from lowest to highest rank. See **Enter data by measure** below.

The screenshot shows a progress bar at the top. Below it are three cards:

- Reporting in progress** (yellow circle icon): "We saved your progress. Go back to where you left off." with a red-outlined **CONTINUE** button.
- 2 Excel errors** (red X icon): "Resolve remaining data errors from your latest Excel upload." with a **VIEW ERRORS** button.
- No data irregularities** (green checkmark icon): "The data you reported so far is in good shape."

Helpful Hints

- ✓ Your progress will be automatically saved after each data entry so that you can always go back to where you left off. The saved indicator in the top left corner of the data entry screens will show you the last time your progress was saved.
- ✓ Click on Continue on the top left card in your View Progress page at any time to go back to the last question you answered to pick up where you left off.

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Manually Enter Data by Patient

If you choose to report data one patient at a time, you can do so by following these steps:

Prefer to enter data one measure at a time?

Skip ahead to [Manually Enter Data by Measure](#)

1. Navigate to the **Report Data** page.
2. Scroll down to the patient sample list.
3. Make sure the list is filtered to show **All Measures**.
4. Click **Edit Data** next to the name of the patient you would like to enter data for.

| All Measures | | | | |
|--|---|--|--|--|
| <div><div></div><div>EXCEL ERRORS</div><div>2 errors</div></div> | <div>TOTAL</div> <div>2428 patients</div> | <div><div></div><div>COMPLETE</div><div>2 patients</div></div> | <div><div></div><div>INCOMPLETE</div><div>2425 patients</div></div> | <div><div></div><div>SKIPPED</div><div>1 patient</div></div> |
| PATIENT ID | PATIENT INFO | | RANK SUMMARY | |
| <div><div></div><div>058103794D</div><div>Edit Data</div></div> | <div><div>Bernard McCullough</div><div>Male, 12/02/1953</div><div><div>Medical Record #</div><div>---</div></div><div><div>Clinic</div><div>445629757</div></div><div><div>Provider</div><div>1. Sabina Pacocha</div></div></div> | | <div><div>Ranked in minimum: 7 measures</div><div>0/7 complete</div></div> | |
| <div><div></div><div>0A09L49WY85</div><div>Edit Data</div></div> | <div><div>Katharina Turner</div><div>Female, 12/10/1952</div><div><div>Medical Record #</div><div>---</div></div><div><div>Clinic</div><div>445629757</div></div><div><div>Providers</div><div>1. Sabina Pacocha 2. Arch Beatty 3. Grant Turner</div></div></div> | | <div><div>Ranked in minimum: 0 measures</div><div>0/0 complete</div><div>In oversample: 1 measure</div><div>0/1 complete</div></div> | |

5. View the patient’s basic demographic information and identify the measures in which that patient is ranked. If a patient is ranked in the minimum for any of their measures, those measures will have an **In Minimum** label next to the patient’s rank.

Reminder: The “In minimum” label is fluid and will change in real-time in the interface if a patient in the minimum is skipped. If a patient becomes required for the minimum reporting requirement, their rank will be marked with **In minimum** immediately after the lower-ranked patient is skipped.

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Patient ID 058103794D | All ranked measures

Bernard McCullough
Patient demographics [Edit info](#)

| PATIENT NAME / ID | GENDER | PROVIDER 1 NAME / NPI |
|---|-------------|-------------------------------------|
| Bernard McCullough 058103794D | Male | Sabina Pacocha 3244749310 |

| DATE OF BIRTH | MEDICAL RECORD # |
|-------------------|------------------|
| 12/02/1953 | -- |

| COMMENTS | CLINIC NAME / ID |
|----------|------------------------------------|
| | Mante - Torphy 445629757 |

Patient confirmation for sample
Confirm that this patient is qualified for the sample.

PATIENT'S RANKED MEASURES (7)

| MEASURES | RANK |
|----------|------------------|
| PREV-13 | 42 IN MINIMUM |
| HTN-2 | 56 IN MINIMUM |
| PREV-6 | 58 IN MINIMUM |
| PREV-12 | 71 IN MINIMUM |
| CARE-2 | 79 IN MINIMUM |
| PREV-7 | 85 IN MINIMUM |
| PREV-10 | 89 IN MINIMUM |

6. Scroll down the patient record to answer questions for each measure. The measures appear in order of rank from low to high. The ranked measures list on the left will highlight the measure you're currently reporting.

Patient ID 058103794D | All ranked measures

Bernard McCullough
Patient demographics [Edit info](#)

| PATIENT NAME / ID | GENDER | PROVIDER 1 NAME / NPI |
|---|-------------|-------------------------------------|
| Bernard McCullough 058103794D | Male | Sabina Pacocha 3244749310 |

| DATE OF BIRTH | MEDICAL RECORD # |
|-------------------|------------------|
| 12/02/1953 | -- |

| COMMENTS | CLINIC NAME / ID |
|----------|------------------------------------|
| | Mante - Torphy 445629757 |

Patient confirmation for sample
Confirm that this patient is qualified for the sample.

PATIENT'S RANKED MEASURES (7)

| MEASURES | RANK |
|----------|------------------|
| PREV-13 | 42 IN MINIMUM |
| HTN-2 | 56 IN MINIMUM |
| PREV-6 | 58 IN MINIMUM |
| PREV-12 | 71 IN MINIMUM |
| CARE-2 | 79 IN MINIMUM |
| PREV-7 | 85 IN MINIMUM |
| PREV-10 | 89 IN MINIMUM |

As you enter data, you'll notice that some answers affect subsequent questions in reporting.

Required questions will be active while some fields appear grey, indicating they are inactive. Some questions are dependent on each other. If you answer the first question in a certain way, the following question may become required and active. In some cases, those questions will not be required and will remain inactive.

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In the example below, **Disqualification Reason** is not required when you answer **Yes**, that the patient is qualified for this measure. It only becomes required when you answer **Not Qualified for Sample**.

Patient confirmation for sample

Confirm that this patient is qualified for the sample.

Can you locate the patient's medical record and is the patient qualified for the sample?

☒ Yes

☐ No - Medical Record Not Found

☐ Not Qualified for Sample

Disqualification reason - select if applicable:

Select reason

Patient confirmation for sample

Confirm that this patient is qualified for the sample.

Can you locate the patient's medical record and is the patient qualified for the sample?

☐ Yes

☐ No - Medical Record Not Found

☒ Not Qualified for Sample

Disqualification reason - select if applicable:

Select reason

Please select a valid disqualification reason.

You can move to a different patient by navigating to the Report Data and choosing another patient, OR

- 1. Click **Back to List** above the current patient's ID

< View patient list

0581037940

Bernard McCullough

Male, 12/02/1953

PATIENT'S RANKED MEASURES (7)

| MEASURES | RANK |
|----------|------------------|
| PREV-13 | 42 IN MINIMUM |
| HTN-2 | 56 IN MINIMUM |
| PREV-6 | 58 IN MINIMUM |
| PREV-12 | 71 IN MINIMUM |

Patient ID 0581037940 | All ranked measures

Bernard McCullough

Patient demographics

Edit info

| | | |
|----------------------------------|-----------------------------|------------------------------|
| PATIENT NAME / ID | GENDER | PROVIDER 1 NAME / NPI |
| Bernard McCullough 0581037940 | Male | Sabina Pacocha 3244749310 |
| DATE OF BIRTH | MEDICAL RECORD # | |
| 12/02/1953 | -- | |
| COMMENTS | CLINIC NAME / ID | |
| | Mante - Torphy 445629757 | |

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2. Select another patient by clicking the card with their name in the panel or use the **search** feature to find a patient by name or ID.

The interface is divided into two main sections. The left section contains a search bar and a list of patient cards. The right section displays the details for the selected patient, Bernard McCullough.

Search Bar: A search bar with the placeholder text "Search for a patient".

Patient List: A list of patient cards. The first card, **Asiyah Jacobs** (ID: 7149H427CR41), is highlighted. Below it are cards for **Aaron Dickinson** (ID: 0170F978X55), **Abbigail Jacobson** (ID: 3Y8ED85VW98), and **Katharina Turner** (ID: OA09L49WY85). The **Katharina Turner** card is highlighted with a red box. Below it is a card for **Herminia Zulauf** (ID: OA13P52PM29).

Patient Details Panel: The panel shows the details for **Bernard McCullough** (Patient ID: 058103794D). The details are organized into a table-like structure.

| Patient ID 058103794D All ranked measures | | |
|--|--|--|
| Bernard McCullough Patient demographics | | |
| PATIENT NAME / ID Bernard McCullough 058103794D | GENDER Male | PROVIDER 1 NAME / NPI Sabina Pacocha 3244749310 |
| DATE OF BIRTH 12/02/1953 | MEDICAL RECORD # -- | |
| COMMENTS | CLINIC NAME / ID Mante - Torphy 445629757 | |

Contact the Quality Payment Program, Monday through Friday, 8 a.m. - 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)

Manually Enter Data by Measure

To report data one measure at a time, follow these steps:

1. Navigate to the **View Progress** page
2. Scroll down to the measure progress cards
3. Click **Enter Data** next the measure you'd like to enter data for

Measure Progress SORT BY: Completion Status

CARE-2
Screening for Future Fall Risk

MINIMUM NOT MET 0 Consecutively completed | 0 Skipped
1 / 616
248 Minimum

PERFORMANCE RATE
0.00%
0 Numerator | 0 Denominator

BENCHMARK
How did CMS get the benchmark?
Lowest benchmark: 30.00% Highest benchmark: 90.00%

Measure Info
This measure has scored below the lowest decile. The performance rate will not display in the decile range above.

4. View the patient's basic demographic information and the patient's rank in the measure.

< View CARE-2 patient list

RANK
1 IN MINIMUM Incomplete

3K05V84JM43
Lea Beier
Female, 04/23/1946

1 ranked patient in CARE-2 IN MINIMUM

Lea Beier
Patient demographics Edit info

| | | |
|---|---|--|
| PATIENT NAME / ID Lea Beier 3K05V84JM43 | GENDER Female | PROVIDER 1 NAME / NPI Paxton Wintheiser 2101139983 |
| DATE OF BIRTH 04/23/1946 | MEDICAL RECORD # -- | PROVIDER 2 NAME / NPI Terence Kutch 2866633651 |
| COMMENTS | CLINIC NAME / ID Mante - Torphy 445629757 | |

5. Scroll down to answer all measure questions for the patient
6. Click **Go to Next** to answer questions for the patient in the next rank order

Continue data entry for the next patient in [CARE-2](#)

GO TO NEXT

Contact the Quality Payment Program, Monday through Friday, 8 a.m. - 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

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Alternatively, you can:

1. Navigate to the **Report Data** page
2. Scroll down to the patient sample list
3. Filter the list by the **measure** you'd like to enter data for
4. Click **Edit Data** next to the ranked patient for which you'd like to enter data

VIEW SAMPLES AND ENTER DATA

SELECT A MEASURE: **CARE-2** FILTER BY: Patient Name Q. Type or select SORT BY: Rank

CARE-2
Screening for Future Fall Risk

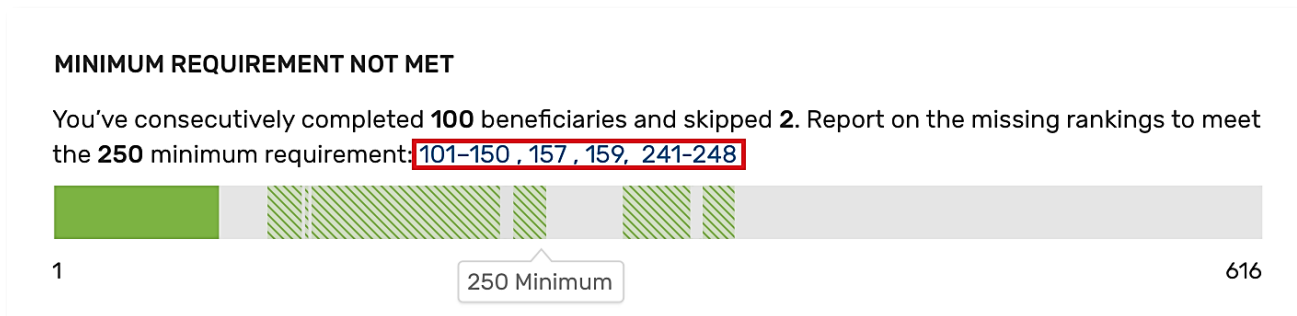
MINIMUM REQUIREMENT NOT MET
You've consecutively completed 1 patient. Report on the missing rankings to meet the 248 minimum requirement: 2-248

PERFORMANCE RATE
1 Numerator | 1 Denominator
100.00%
[Learn more about this measure](#)

TOTAL: 616 patients COMPLETE: 1 patient INCOMPLETE: 615 patients SKIPPED: 0 patients

| RANK | REPORT STATUS | PATIENT ID | PATIENT INFO |
|--|---------------|-------------|--|
| 1 IN MINIMUM Edit Data | Complete | SK05VB43M43 | Lea Beier Female, 04/23/1946 Medical Record # 445629757 Clinic 1, Terence Kutch 2, Paxton Wintheiser |

When you filter the patient sample by a single measure, a helpful graphic appears at the top of the list that indicates the gaps in reporting you need to fill to meet the consecutive minimum reporting requirement. You can use the hyperlinks in the message above the graphic to jump directly to the gaps to fulfill the minimum reporting requirement.



REMINDER: The **In minimum** label is fluid and will change in real-time in the interface if a patient in the minimum is skipped.

If a patient becomes required for the minimum reporting requirement, their rank will be marked with **In minimum** immediately after the lower-ranked patient is skipped.

Contact the Quality Payment Program, Monday through Friday, 8 a.m. - 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

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Once you begin entering data in the CMS Web Interface, you'll first notice on the left-hand side a small panel that summarizes the patient's rank in the selected measure and basic demographic information. If the rank is within the bounds of the minimum reporting requirement, it will have an **In Minimum** label.

PATIENT'S RANKED MEASURES (7)

| MEASURES | RANK |
|----------|------------------|
| PREV-13 | 42 IN MINIMUM |
| HTN-2 | 56 IN MINIMUM |
| PREV-6 | 58 IN MINIMUM |
| PREV-12 | 71 IN MINIMUM |
| CARE-2 | 79 IN MINIMUM |
| PREV-7 | 85 IN MINIMUM |
| PREV-10 | 89 IN MINIMUM |

Patient ID 058103794D | All ranked measures

Bernard McCullough
Patient demographics [Edit info](#)

PATIENT NAME / ID: **Bernard McCullough** 058103794D
GENDER: **Male**
PROVIDER 1 NAME / NPI: **Sabina Pacocha** 3244749310
DATE OF BIRTH: **12/02/1953**
MEDICAL RECORD #: --
COMMENTS: --
CLINIC NAME / ID: **Mante - Torphy** 445629757

Patient confirmation for sample
Confirm that this patient is qualified for the sample.

If you click **View patient list**, the panel will close and reveal the ranked list of patients in the selected measure, so you can move quickly between ranks.

< View patient list

PATIENT'S RANKED MEASURES (7)

| MEASURES | RANK |
|----------|------------------|
| PREV-13 | 42 IN MINIMUM |
| HTN-2 | 56 IN MINIMUM |
| PREV-6 | 58 IN MINIMUM |
| PREV-12 | 71 IN MINIMUM |
| CARE-2 | 79 IN MINIMUM |
| PREV-7 | 85 IN MINIMUM |
| PREV-10 | 89 IN MINIMUM |

Patient ID 058103794D | All ranked measures

Bernard McCullough
Patient demographics [Edit info](#)

PATIENT NAME / ID: **Bernard McCullough** 058103794D
GENDER: **Male**
PROVIDER 1 NAME / NPI: **Sabina Pacocha** 3244749310
DATE OF BIRTH: **12/02/1953**
MEDICAL RECORD #: --
COMMENTS: --
CLINIC NAME / ID: **Mante - Torphy** 445629757

Patient confirmation for sample
Confirm that this patient is qualified for the sample.

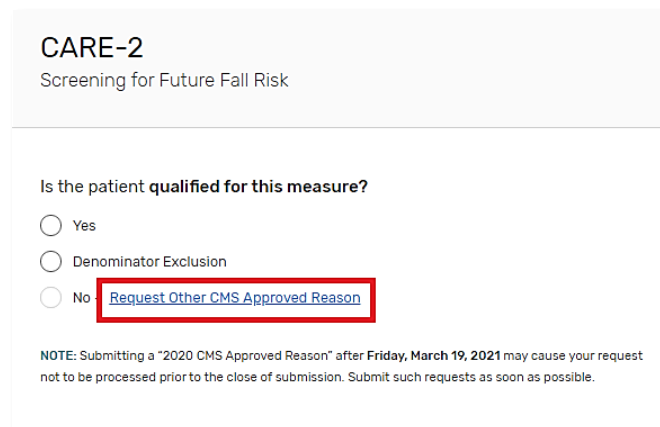
Contact the Quality Payment Program, Monday through Friday, 8 a.m. - 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

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Other CMS Approved Reason

In rare cases, you may believe that a patient does not qualify for the measure for a reason not specified in the measure's specification. In this circumstance, you can submit a request for the patient to be skipped for an "Other CMS Approved Reason."

1. Select **Edit Data** next to the patient record.
2. Confirm the patient qualifies for the sample.
3. Scroll down to the affected measure(s) to the question asking if the patient is qualified for the measure.
4. Click the underlined line in the answer "No – Request Other CMS Approved Reason".



CARE-2
Screening for Future Fall Risk

Is the patient **qualified for this measure?**

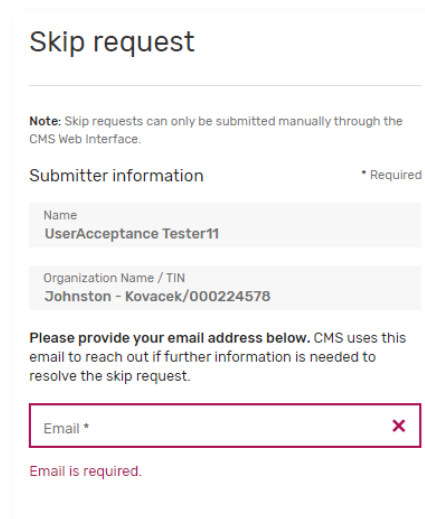
☐ Yes

☐ Denominator Exclusion

☒ No Request Other CMS Approved Reason

NOTE: Submitting a "2020 CMS Approved Reason" after Friday, March 19, 2021 may cause your request not to be processed prior to the close of submission. Submit such requests as soon as possible.

5. Enter your email address.



Skip request

Note: Skip requests can only be submitted manually through the CMS Web Interface.

Submitter information * Required

Name
UserAcceptance Tester11

Organization Name / TIN
Johnston - Kovacek/000224578

Please provide your email address below. CMS uses this email to reach out if further information is needed to resolve the skip request.

Email *

Email is required.

6. Provide a description why the patient is not qualified for the measure and click Request CMS Approval.

Contact the Quality Payment Program, Monday through Friday, 8 a.m. - 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)

Case Details

| | |
|-------------------------------|--------------------------|
| Measure Name CARE-2 | Patient Rank 2 |
|-------------------------------|--------------------------|

Describe why the patient is not qualified for this measure:*

Provide your description here

REQUEST CMS APPROVAL

[CANCEL](#)

What information should I provide?

- Provide specific information about the beneficiary's condition and why it disqualifies the beneficiary from this measure.
- Never include Personally Identifiable Information (PII) or Protected Health Information (PHI) in the request.

Take note of the disclaimer and the reminder **that you should never provide Personally Identifiable Information (PII) or Protected Health Information (PHI)**

You will see a modal window confirming the date and time that your request was submitted, along with a case number that will be available in the [Skip Requests report](#).

Skip request submitted

Your skip request with **case number #455** has been submitted to CMS on 11/24/2021 12:53 PM CT.

After CMS resolves the case, the CMS Web Interface will automatically update the case status.

Until CMS resolves the skip request, patients will remain incomplete.

[DISMISS](#)

NOTE: Submitting a "2021 CMS Approved Reason" after Friday,

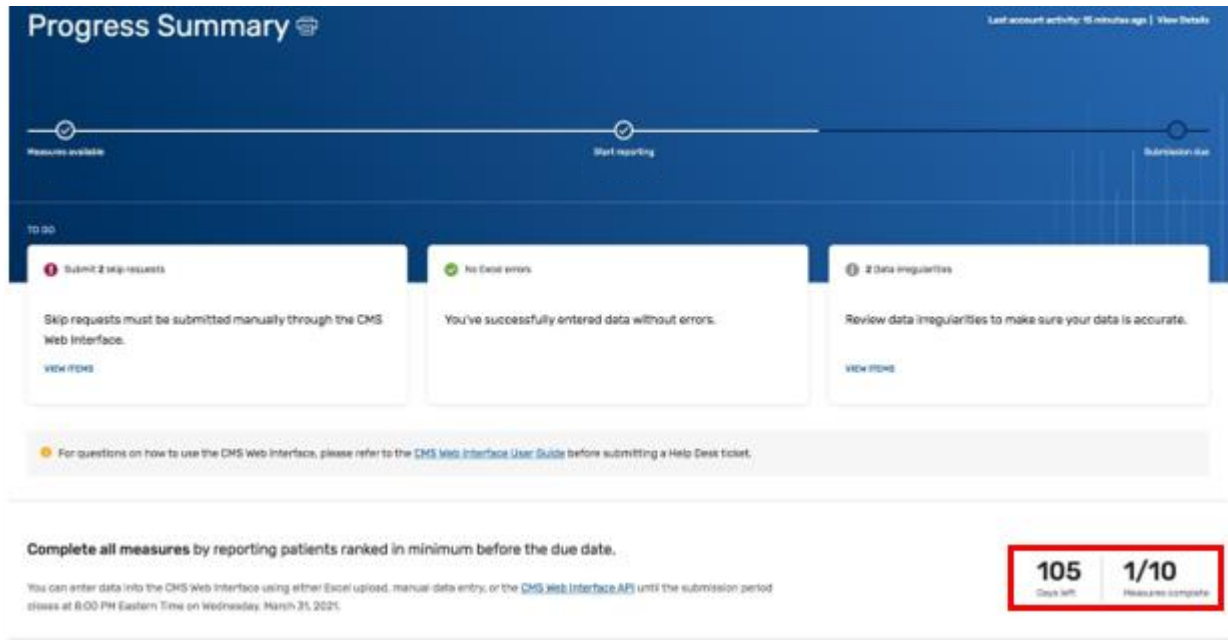
Contact the Quality Payment Program, Monday through Friday, 8 a.m. - 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)

View Progress

Progress Indicators

Throughout the CMS Web Interface, you will see an indicator showing the number of days remaining until the submission is due—and the number of measures that have met the minimum reporting requirement. These will help you stay on track with reporting.



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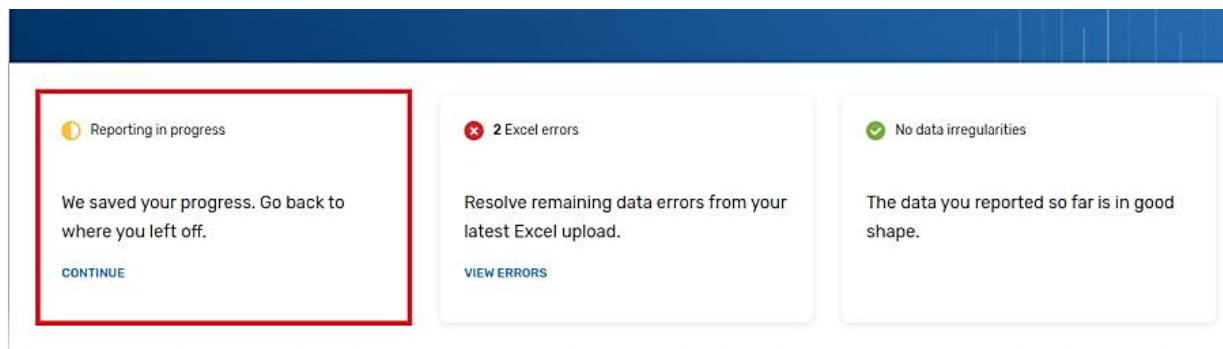
(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)

To Do Cards

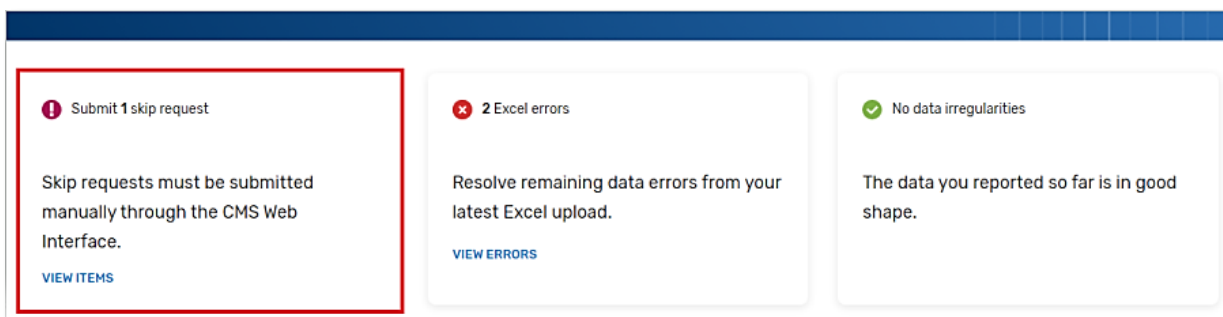
At the top of the View Progress page during the submission period, you will see 3 **To Do Cards** that will update throughout the submission period.

Reporting in Progress

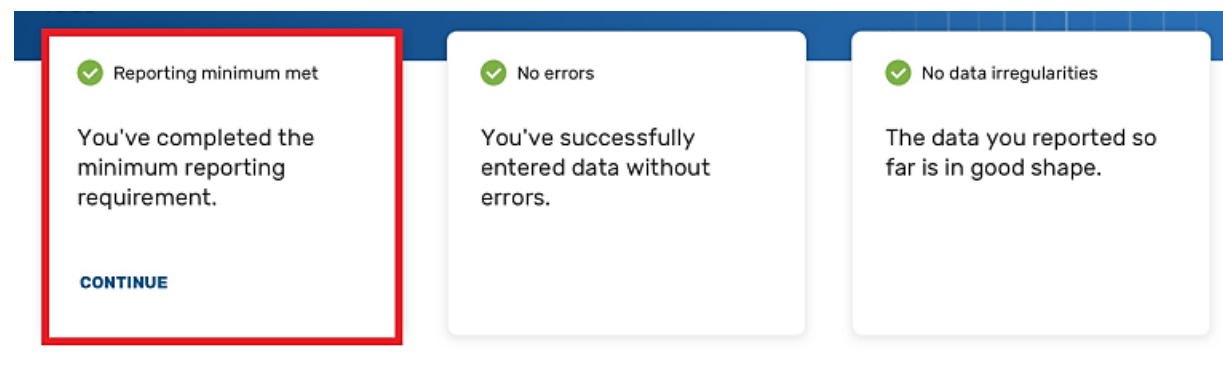
The first To Do card is titled **Reporting in progress**. It contains a link that takes you back to where you left off reporting. If the CMS Web Interface times out for security purposes, the **Continue** link in this card will take you back to the last action you performed in the interface—whether you were entering data manually or uploading an Excel file.



If you have any [incomplete skip requests](#), you will also see them identified on the To Do Cards.



Once you've reached the minimum reporting requirement for all the CMS Web Interface measures, the **Reporting in progress** card will show a green checkmark, though you will still be able to use the **Continue** link throughout the submission period.



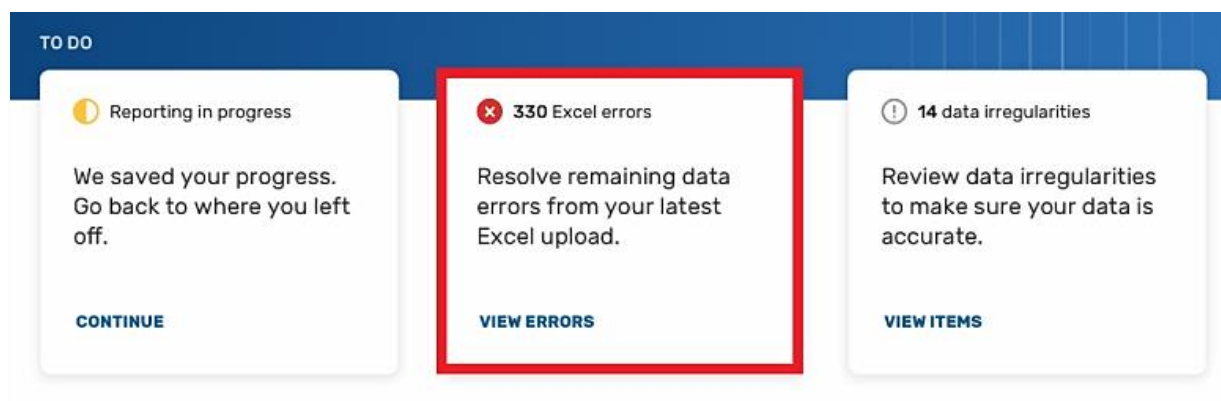
Contact the Quality Payment Program, Monday through Friday, 8 a.m. - 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

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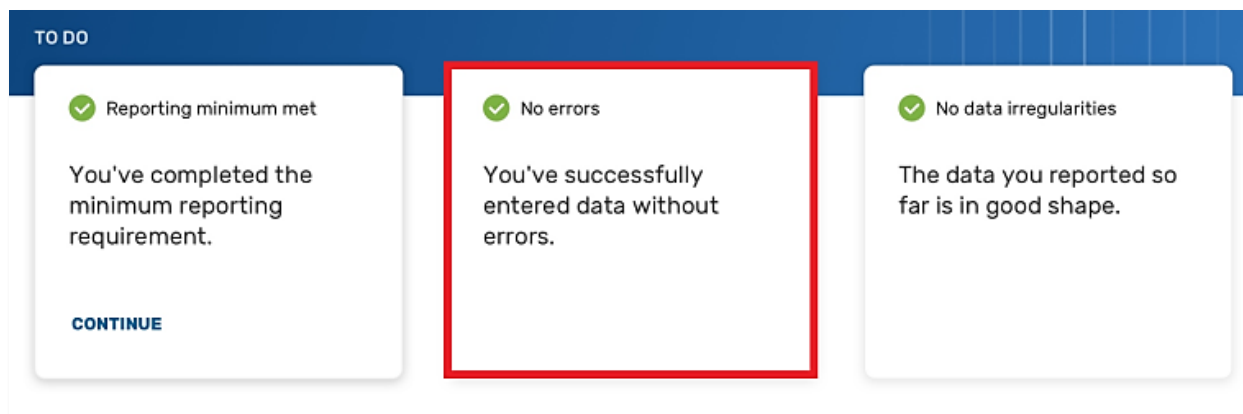
Excel Errors

The second card in the To Do item area is titled **Excel Errors**. This shows you the number of Excel errors your team has remaining from the latest Excel upload. Click on the **View Errors** link view a list of Excel errors in the Report Data page. See the [Excel Template User Guide \(PDF\)](#) or the [Resolve Errors](#) section of this guide for more information on how to resolve Excel errors.

NOTE: Excel errors will always show the errors from the latest Excel upload from your team (you will see errors from the latest file uploaded by anyone who is reporting for the same organization). Any errors from previous uploads will always be erased when a new file is uploaded.



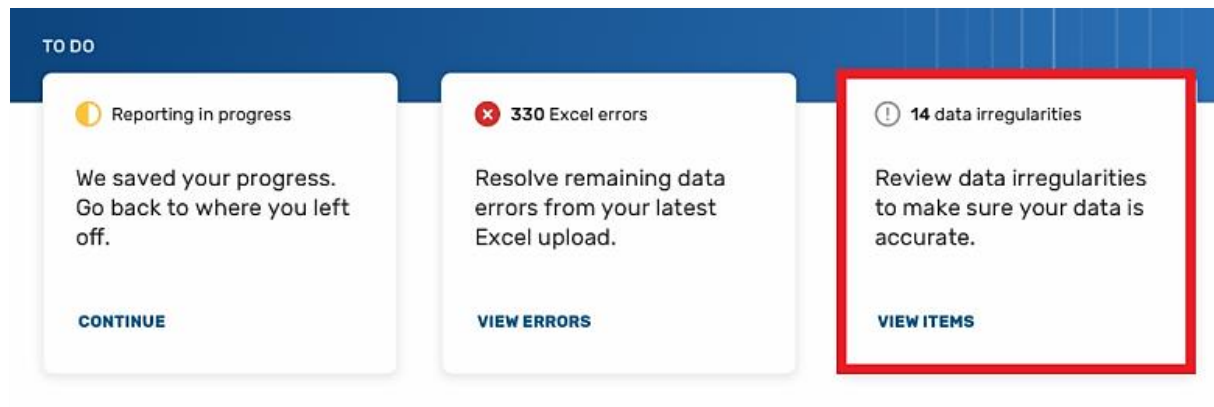
If your team currently has no Excel errors, the card will have a green checkmark and there will not be a link to the Errors tab.



Data Irregularities

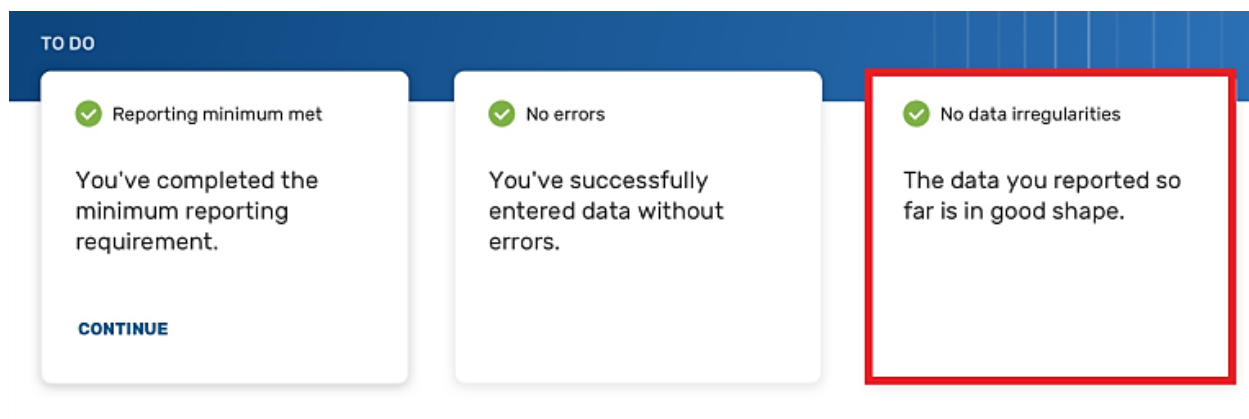
The third card in the To Do items area is the **Data Irregularities** card. This identifies any inconsistencies or irregularities in the data you've submitted so far, either at the patient level or measure level. It is recommended that you review the data irregularities and remove any data that is no longer applicable. However, you are not required to resolve data irregularities before submission and can have a successful submission without resolving them.

Click **View Items** to go directly to the [Data Irregularities Report](#).



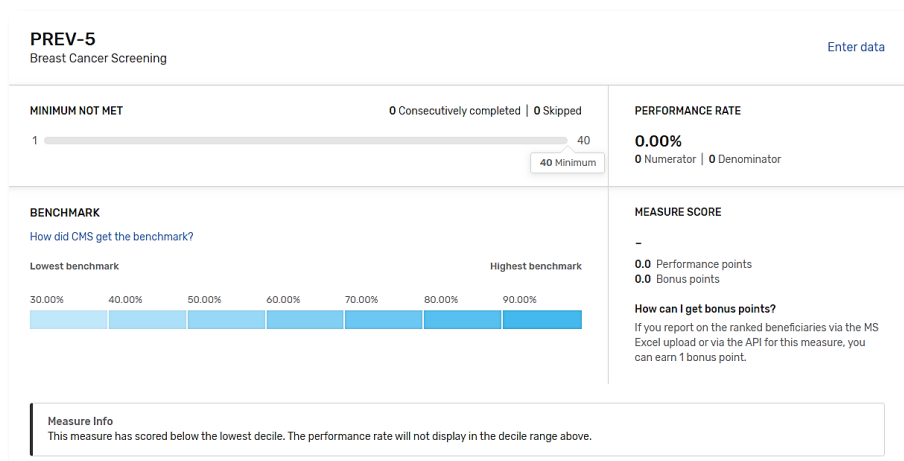
NOTE: Data Irregularities are also identified in the measure progress card and patient record.

If you have no data irregularities, you will see a green checkmark without a link.



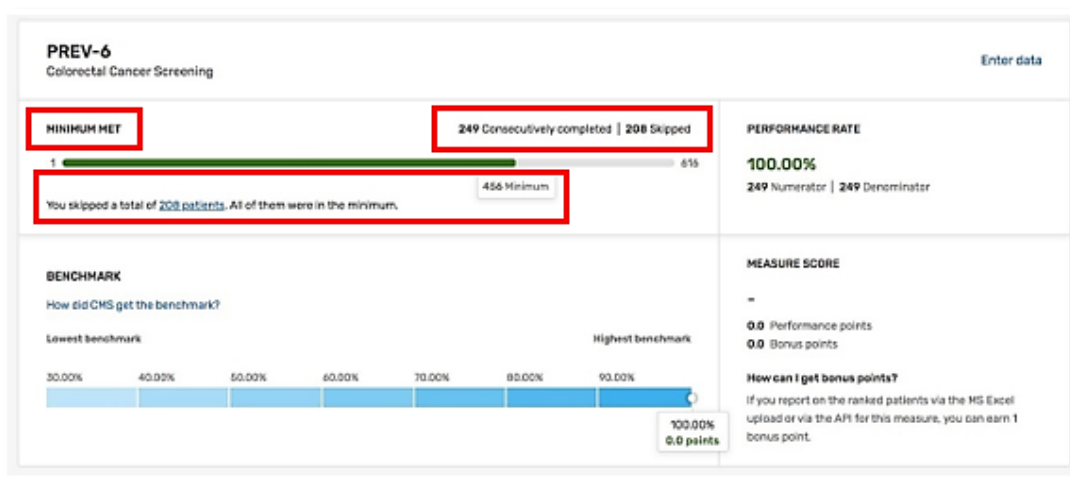
Measure Progress Cards

Further down on the **View Progress** page, you will see cards that detail your team's progress for each of the CMS Web Interface measures.



Measure Reporting Information

- An indicator of whether the reporting **Minimum** was met
- **Lowest and highest rank** in the sample for the measure.
- **Consecutively complete** – The number of patients for whom your team has answered all relevant questions for that measure in consecutive order.
- **Skipped** – Patients reported on who either don't qualify for the specific measure or for the sample and are removed from the denominator.
- **Minimum required rank** – The progress bar within each measure card shows the minimum number of patients for which your team needs to consecutively report to receive a score for the measure. If you skip patients within the minimum, the minimum required increases automatically on this page to show you the new minimum required.



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(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)

Measure Performance Information

You will also see the following performance information on the right side of each measure card:

- **Denominator** – Patients that qualify to be evaluated for each measure are part of the denominator.
- **Numerator** – Once a patient is confirmed for that measure (included in the denominator), there are certain answers to measure questions that will include that patient in the numerator. The numerator and denominator will be used to calculate your performance rate for that measure.
- **Performance rate** – Which is the numerator divided by the denominator.
- **Benchmarks** – How your performance (and score for groups and virtual groups) compares against the established benchmarks if benchmarks are available.
- **MIPS measure score** – Once you've met the reporting minimum for all measures, groups and virtual groups will see a measure score which reflected their performance in comparison to the benchmark.
- **Bonus points** – If you have earned any bonus points for the measure, these will appear on the right side of the card.

NOTE:

You can always report on more than the minimum patients required.

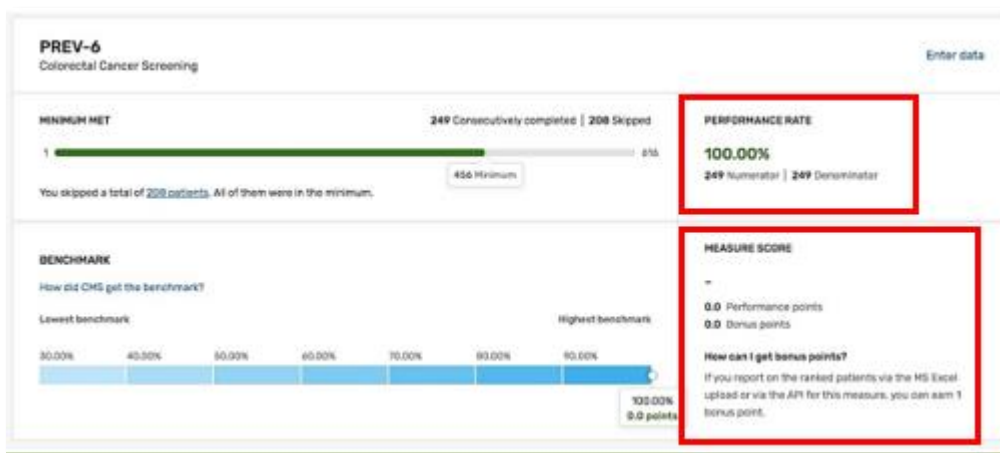
Helpful Hints about Measure Scores:

For APM Entities, including ACOs

- ✓ You won't see MIPS measure score information on the **View Progress** page, but you will see your performance rate in progress as soon as you begin reporting.
- ✓ Once you've met the minimum reporting requirement for ALL CMS Web Interface measures, you can access MIPS measure score information in the [Measure Rates with MIPS Scoring Report](#) to understand MIPS performance for clinicians who will be scored in MIPS.

For Groups and Virtual Groups

- ✓ You will only see measure score information after you have met the reporting minimum requirement for ALL CMS Web Interface measures, but you will see your performance rate in progress as soon as you begin reporting.



In this example, no measure score is displayed because the organization hasn't met data completeness for **all** measures.

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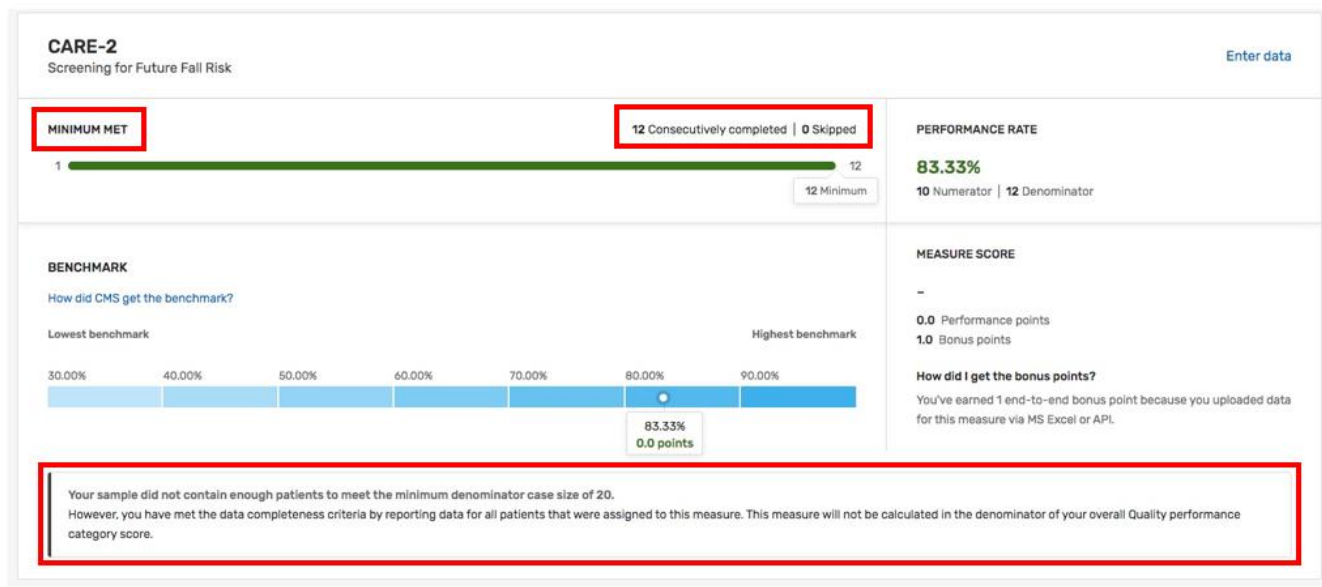
(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)

Other Measure Information

There are some measures which don't have a benchmark, or for which your group or virtual group doesn't meet the case minimum of 20 patients for MIPS scoring. These measures will be counted as complete but excluded from scoring as long as you satisfy the minimum reporting/data completeness requirement:

- Report on the first 248 consecutively ranked patients;
OR
- Report on all patients in the sample when less than 248

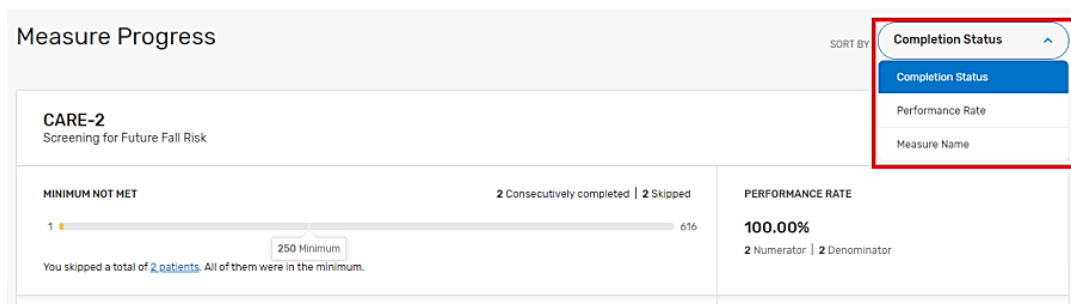
The screenshot below shows the message that's displayed when a measure meets data completeness but has less than 20 patients in the sample.



To enter data manually for the measure, see the [Manually Enter Data by Measure](#) section of this guide.

You can sort the Measure Progress cards on this page in the order you prefer to see them. By default, the cards are ranked in Completion Status Order, from complete to incomplete, but you can also sort by:

- **Completion Status** – from complete to incomplete to not started
- **Performance Rate** – from low to high
- **Measure Name** – from A to Z



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Activity Cards

The end of the View Progress page contains the latest activities your team performed in the CMS Web Interface. You can see your team's last 3 activities as well as your own last 3 activities, so you can track the progress of your submission. You can click the **View Activity Log report** link at the bottom to see a more comprehensive report on your team's activity.

< VIEW REPORTS

Activity Log

Track your team's activities in the CMS Web Interface over time.

Page visited: 11/24/2021 12:58 PM CT

FILTER BY

Activity Type

▼

🔍 Type or select

▼

SELECT DATE RANGE

Last 7 Days 11/17/2021 - 11/24/2021

▼

1 Results

| DATE | USER | ACTIVITY TYPE | DESCRIPTION |
|------------------------|-------------------------|--|--|
| 11/24/2021 12:54 PM CT | UserAcceptance Tester11 | Updated patient data via Web Interface | 2 updates made in patient data |

Contact the Quality Payment Program, Monday through Friday, 8 a.m. - 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

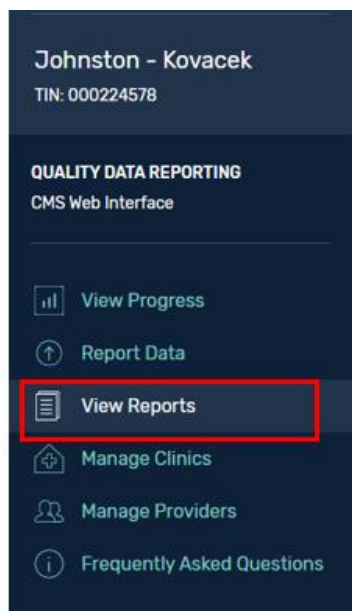
(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)

View Reports

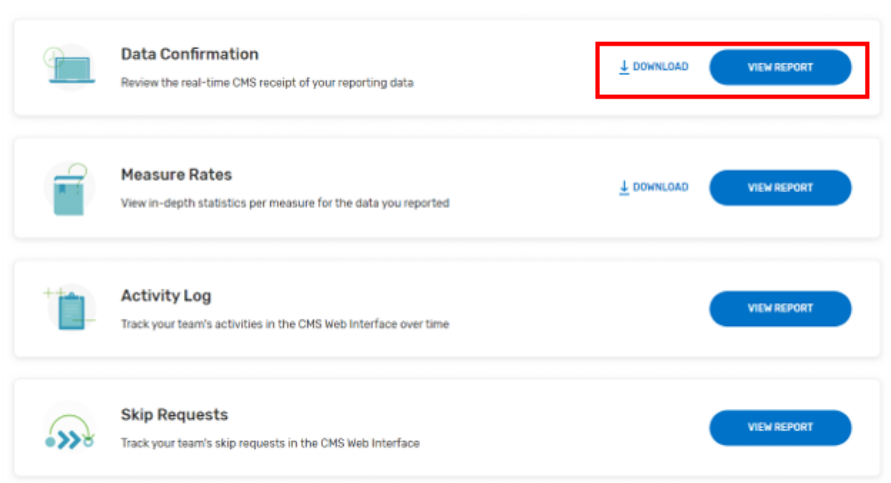
The CMS Web Interface contains reports for you to track your measure progress, review any data irregularities, view your team's activity, and understand the data CMS has received to date.

Access Reports

1. In the navigation, select **View Reports**.



2. Click **View Report** (or **Download** if available) next the report you wish to access.



Everyone will see the Data Confirmation, Measure Rates and Activity Log reports.

You will only see the Skip Request or Data Irregularity reports if you have submitted a skip request for Other CMS Approved Reason or have submitted data that seems inconsistent.

Contact the Quality Payment Program, Monday through Friday, 8 a.m. - 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

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2021 Performance Period Reports: Groups, Virtual Groups, and APM Entities

View Reports contains 5 (or 6) different reports for the 2021 Performance Period that you can access during the submission period:

- [Skip Requests](#)
- [Data Irregularities](#)
- [Activity Log](#)
- [Data Confirmation](#)
- Measure Rates:
 - APM Entities, including ACOs:
 - [Measures Rates](#)
 - [Measure Rates with MIPS Scoring](#)
 - Groups and virtual groups:
 - [Measure Rates](#)



Skip Requests

The Skip Request report lets you track the progress and outcomes of any requests from your organization to skip a patient from a measure for a reason not specified in the measure's specifications (i.e., "Other CMS Approved Reason".)

This report only appears when you have submitted a Skip Request through the CMS Web Interface.

For each Skip Request, the report identifies the:

- Case Number (for tracking);
- Case Status (In Progress, Approved or Denied);
- Last Activity (will be updated as it is reviewed by CMS);
- Patient ID and Rank in the Measure; and
- Reporting Status of the patient (will be Incomplete when Case Status is In Progress or Denied).

| SKIP REQUEST STATUS | | | PATIENT INFO | | | |
|----------------------------------|-------------|------------------------|--------------|---------|------|--|
| Case Number | Case Status | Last Activity | Patient ID | Measure | Rank | Report Status |
| 423 | In Progress | 11/23/2020 12:34 PM ET | 031585903B | PREV-6 | 248 |  Incomplete |
| Go to data entry | | | | | | |
| Case Number | Case Status | Last Activity | Patient ID | Measure | Rank | Report Status |
| 422 | In Progress | 11/23/2020 12:33 PM ET | 031585903B | PREV-5 | 136 |  Incomplete |
| Go to data entry | | | | | | |

Contact the Quality Payment Program, Monday through Friday, 8 a.m. - 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

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Data Irregularities

The Data Irregularities report identifies irregularities at:

- The **Measure level** when a measure has been reported with a zero (0) denominator due to skips and/or denominator exceptions.
- The **Patient level** when inconsistent data is reported within the measure, or measure data is reported for a patient who isn't qualified for the sample or measure.

Measure Level

For each measure reported with a zero denominator, the report will identify:

- The **Description** of the irregularity; and
- The **Data Details** specific to the measure, including the **Total** number of patients sampled for the measure, the number of patients who were **Skipped** (broken out by reason) and the number of patients who were identified as a **Denominator Exception**.

You have the option to click **Review reported data for this measure** in the **Data Details**, but no action is required. These measures will still count as reported provided that you met the data completeness and case minimum reporting requirements.

< VIEW REPORTS

Data Irregularities

Review data irregularities to make sure your data is accurate. Please note, these are not required actions but suggestions for your consideration. Page visited: 12/16/2020 05:13 PM ET

[Learn more about data irregularities](#)

You may want to review:

1 irregularity at the measure level

| MEASURE | DESCRIPTION | DATA DETAIL |
|---------|---|--|
| DM-2 | Zero denominator: Each measure has specific denominator requirements. Please be sure to review and confirm each requirement when assessing denominator eligibility. | Total: 199 patients Skipped: 199 patients - Medical record not found: 199 patients - Not qualified for sample: 0 patients - Denominator exclusion: 0 patients Review reported data for this measure |

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Patient Level

Patients are included in the report when:

- You reported measure data for a patient who is not qualified for that measure;
- You reported inconsistent measure data (answers to measure questions conflict); and
- You reported measure data for a patient who is not qualified for the sample.

For each patient reported with inconsistent data, the report will identify:

- The Patient ID;
- The Patient Info (Name, Gender, Date of Birth);
- The **Description** of the irregularity; and
- The **Data Details** specific to the patient, including the **Data Used** and **Data NOT Used**.

While no action is required, users are encouraged to correct any inconsistent or inapplicable data when possible. To do so, click **Edit Info** under the **Patient ID** to remove patient data from your output data that is no longer applicable. The inconsistent data will be not be used to calculate performance.

| 139 irregularities at the patient level | | | |
|--|-------------------------------------|--|--|
| PATIENT ID | PATIENT INFO | DESCRIPTION | DATA DETAIL |
| 6U02U17EC54 Edit Data | Bud Eichmann FEMALE, 12/04/1959 | You reported measure data for a patient who is not qualified for that measure . The measure data will be stored but not used. | Data used: PREV-6 is the patient qualified for this measure? : ++ Denominator Exclusion Data NOT used: PREV-6 is the patient's colorectal cancer screening current?: -- Yes |
| 2F36K94AT09 Edit Data | Gilbert Gerlach MALE, 08/12/1990 | You reported measure data for a patient who is not qualified for that measure . The measure data will be stored but not used. | Data used: PREV-6 is the patient qualified for this measure? : ++ Denominator Exclusion Data NOT used: PREV-6 is the patient's colorectal cancer screening current?: -- Yes |
| 9U41351UN13 Edit Data | Angel Mante FEMALE, 03/25/1948 | You reported measure data for a patient who is not qualified for the sample . The measure data will be stored but not used. | Data used: Can you locate the patient's medical record and is the patient qualified for the sample?: ++ No - Medical Record Not Found Data NOT used: PREV-6 is the patient qualified for this measure? : -- Yes PREV-6 is the patient's colorectal cancer screening current?: -- Yes |

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(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)

Activity Log

The Activity Log report records the different type of activities your team has performed in the CMS Web Interface. By default, the activities are sorted by the latest activity.

You can filter the Activity Log by:

- Activity Type;
- User; or
- Data Range.

You can also click the hyperlinked updates in the **Description** column for a detailed view of the changes made during the activity.

| Activity Log | | | |
|--|-------------------------|--|--|
| Track your team's activities in the CMS Web Interface over time. | | | |
| Page visited: 11/24/2021 12:58 PM CT | | | |
| 1 Results | | | |
| DATE | USER | ACTIVITY TYPE | DESCRIPTION |
| 11/24/2021 12:54 PM CT | UserAcceptance Tester11 | Updated patient data via Web Interface | 2 updates made in patient data |

To review updates made to patient data, you can see the exact changes that have been made per patient in the **Detail** column (screenshot on next page).

- After the green plus signs (“++”), you will see the additions to the patient information.
- After the red minus signs (“--”), you will see the existing information that was removed or changed.

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(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)

| Activity Detail | | |
|--|-----------------|--|
| 2 updates made in the beneficiaries information | | |
| Updated by UserAcceptance Tester11 on 11/24/2021 | | |
| Page visited: 11/24/2021 01:00 PM CT | | |
| PATIENT ID | PATIENT NAME | DETAIL |
| 519529600 | Jamal Langworth | Updated: 11/24/2021 12:53 PM CT Beneficiary Confirmation Medical record found: ++ YES |
| 519529600 | Jamal Langworth | Updated: 11/24/2021 12:54 PM CT CARE-2 Is the patient qualified for this measure? ++ No - Other CMS Approved Reason |

Click the **caret** (“>”) on the right side of each record to return to the patient’s record.

| Activity Detail | | |
|--|-----------------|--|
| 2 updates made in the beneficiaries information | | |
| Updated by UserAcceptance Tester11 on 11/24/2021 | | |
| Page visited: 11/24/2021 01:00 PM CT | | |
| PATIENT ID | PATIENT NAME | DETAIL |
| 519529600 | Jamal Langworth | Updated: 11/24/2021 12:53 PM CT Beneficiary Confirmation Medical record found: ++ YES |
| 519529600 | Jamal Langworth | Updated: 11/24/2021 12:54 PM CT CARE-2 Is the patient qualified for this measure? ++ No - Other CMS Approved Reason |

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Data Confirmation (During the Submission Period)

You can access your **Data Confirmation** report during and after the submission period. During the submission period, this report serves as the real-time receipt of the data CMS has received to date.

To download the report, select **Download Report** in the upper right-hand corner.

< VIEW REPORTS

2021 Data Confirmation

Page visited: 11/24/2021 01:02 PM CT

CMS DATA RECEIPT FOR

Quitzon, Wyman and Ebert

TIN# **-***4578

CMS successfully stored all of the data you have reported thus far. The last save occurred on **November 24, 2021, 1:54 PM ET.**

Your final data submission will be collected on the submission deadline of **March 31, 2022, 8:00 PM ET.**

Reporting summary based on data CMS received:

In addition to the time-stamp and summary, the **Data Confirmation** report provides a snapshot of performance at the measure level including:

- Patient information (# skipped, # included in numerator, # included in denominator);
- Performance rate (includes comparison to other organizations when a benchmark is available); and
- **Groups and virtual groups only:** Measures score (for measures that have met data completeness/minimum reporting requirements).

Measures are separated into 2 categories (screenshots on next page):

- Measures that meet the minimum requirements.
- Measures that do not meet the minimum requirements.

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1 measures that have met the requirements:

PREV-6

Colorectal Cancer Screening

 **456** minimum requirements met (+1 above minimum)

| | |
|--------------------------|--------------|
| Consecutively complete: | 249 patients |
| Included in denominator: | 249 patients |
| Included in numerator: | 249 patients |
| Skipped: | 208 patients |

Performance Rate: **100.00%**

| | |
|-----------------------|-----|
| Measure Score: | - |
| Performance points: | 0.0 |
| Bonus points: | 0.0 |

Only Groups and virtual groups will see the Measure Score section of the measure card in the Data Confirmation Report.

APM Entities, including ACOs, can only access information about measure scores through the [Measure Rates with MIPS Scoring](#) report.

PREV-5

Breast Cancer Screening

 **248** minimum requirements not met

| | |
|--------------------------|--------------|
| Consecutively complete: | 116 patients |
| Included in denominator: | 116 patients |
| Included in numerator: | 58 patients |
| Skipped: | 0 patients |

Performance Rate: **50.00%**

Measure Score: -

PREV-7

Influenza Immunization

 **248** minimum requirements not met

| | |
|--------------------------|------------|
| Consecutively complete: | 0 patients |
| Included in denominator: | 0 patients |
| Included in numerator: | 0 patients |
| Skipped: | 0 patients |

Performance Rate: -

Measure Score: -

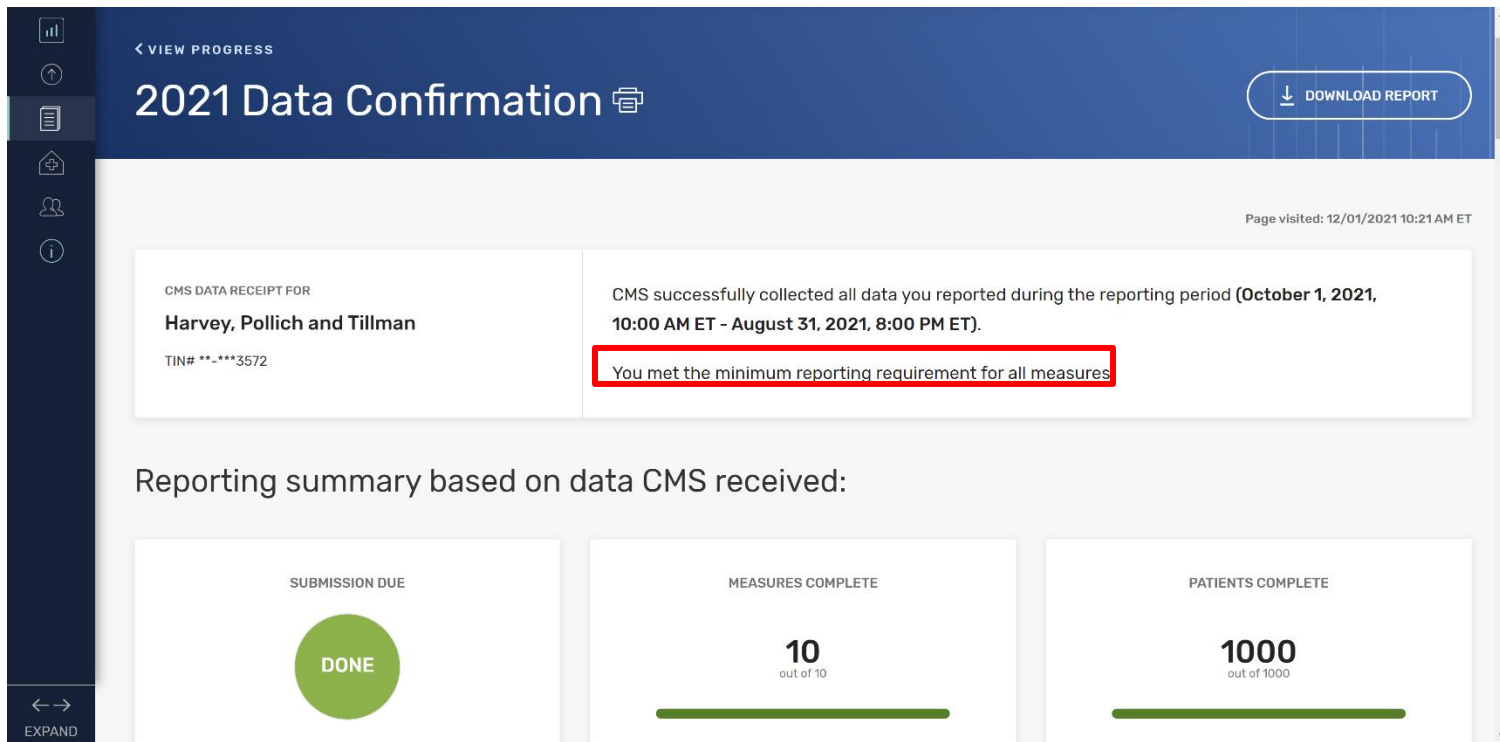
Contact the Quality Payment Program, Monday through Friday, 8 a.m. - 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

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Data Confirmation (Accessible After the Close of the Submission Period)

You can continue to access your **Data Confirmation** report after the submission period has ended. Once the submission period has closed, this report serves as the final confirmation to indicate that CMS received your data submission for the performance period.

The introductory information will state whether you met the minimum reporting requirements and show the same measure-level information that was available during the submission period.



Contact the Quality Payment Program, Monday through Friday, 8 a.m. - 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

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Measure Rates (APM Entities)

Using the **Measure Rates** report, you can see an in-depth breakdown of your progress on each of the measures for the performance period. You can:

- **Download** the report in Excel format by clicking the **Download report** button at the top of the page.
- **Print** the report by clicking the printer icon next to the page title.
- [View Measure Rates with MIPS Scoring.](#)
- **View** the report by scrolling down on the page to see details about each measure.
- **Filter** the report by one measure to see only details for that measure.

This version of the Measure Rates report for APM Entities doesn't show measure scores – to access this information, you must click View Measures Rates with MIPS Scoring.

VIEW REPORTS

Measure Rates

Download Report

View details about your CMS Web Interface reporting progress.
How to improve your performance on MIPS APM Scoring of the CMS Web Interface measures.

View Measure Rates with MIPS Scoring

SELECT A MEASURE:
All Measures

CARE-2

Screening for Future Fall Risk

Total: 616 Complete: 281 Incomplete: 335 Skipped: 0

CONSECUTIVELY COMPLETE: 281

DM-2

Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

Total: 616 Complete: 287 Incomplete: 329 Skipped: 0

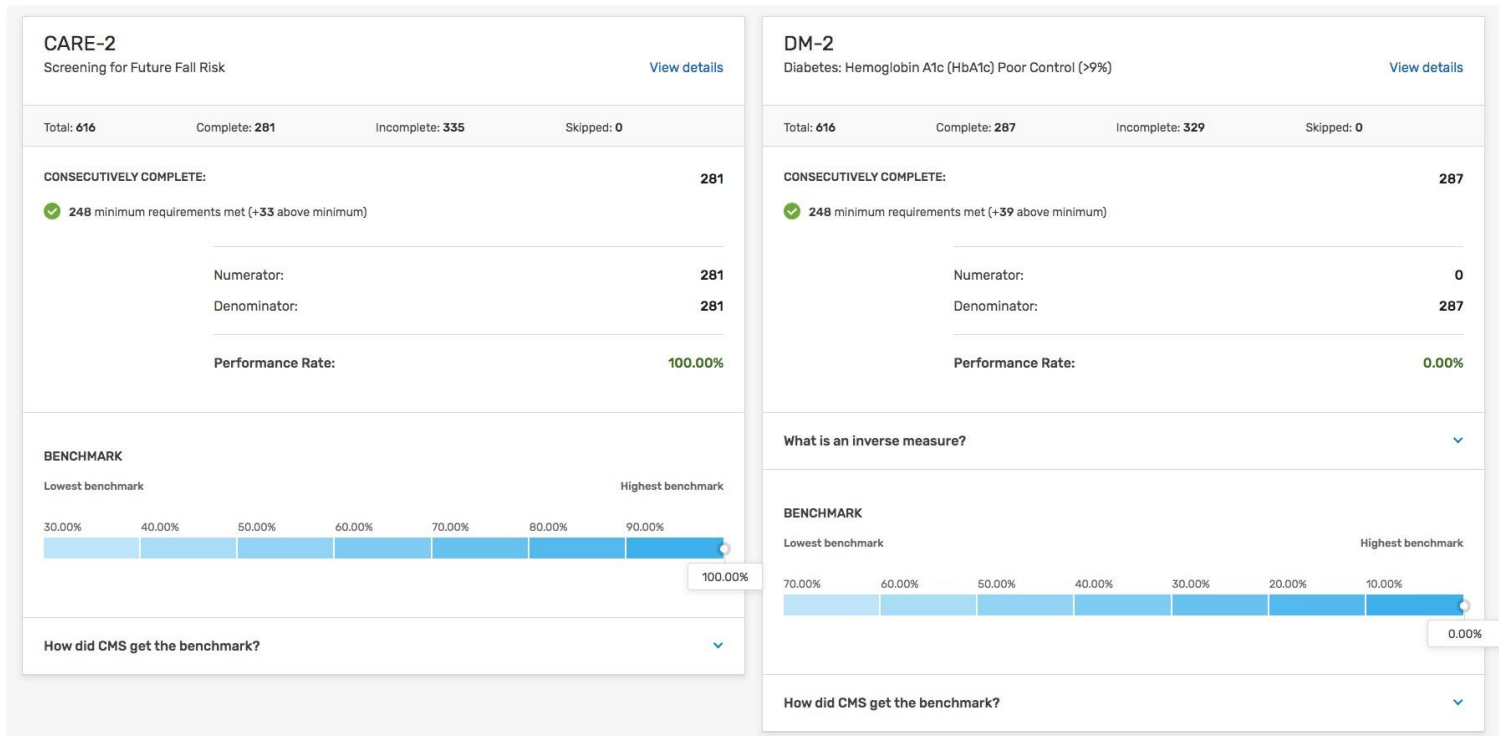
CONSECUTIVELY COMPLETE: 287

Contact the Quality Payment Program, Monday through Friday, 8 a.m. - 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)

Each measure card breaks down your progress per measure. You can see the total count of patients sampled for the measure, as well as those that are:

- **Complete** – Patients both in the minimum and in the oversample for whom you have answered all the questions for that measure.
- **Incomplete** – Patients both in the minimum and in the oversample for whom you have not yet answered all the questions for that measure.
- **Skipped** – Patients reported on who either do not qualify for the specific measure or for the sample and are removed from the denominator.

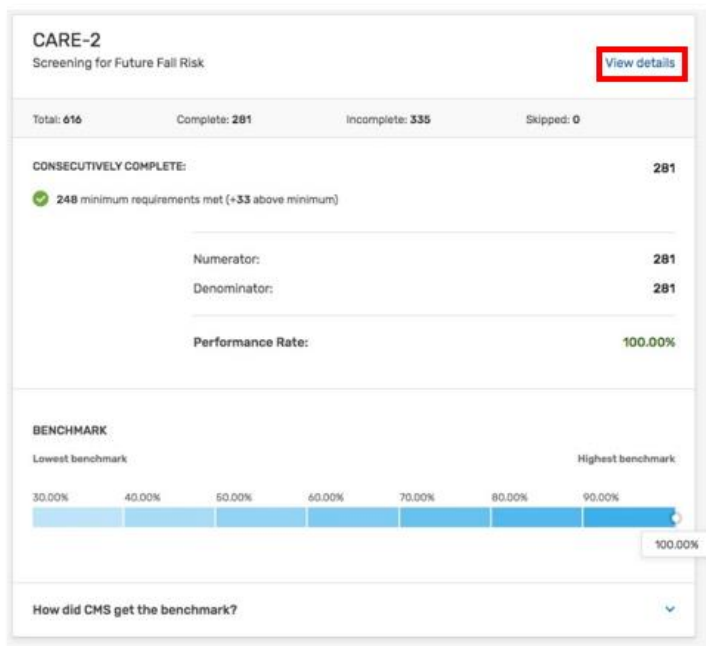


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(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)

The measure card further breaks down patient counts by:

- **Consecutively Complete** –
 - Patients that have had their data completed in a consecutively ranked order within the measure.
 - Each measure requires a minimum of 248 consecutively ranked completed patients or all of the patients if there are less than 248 patients in the sample provided.
- **Denominator** –
 - Patients that have been confirmed and met denominator criteria for a specific measure will be included in the denominator.
 - If patients are excluded during reporting, the denominator will be adjusted to reflect the exclusions.
 - The denominator will later be used to calculate your performance rate for that measure.
- **Numerator** –
 - Once a patient is confirmed for that measure (in the denominator), there are certain answers to measure questions that will make that patient eligible for the numerator.
 - The numerator and denominator will be used to calculate your performance rate for that measure.
- **Denominator Exception (if one exists for the measure)** –
 - If a patient cannot be confirmed for that measure as a result of a measure exception, the patient will be removed from the performance calculations for that measure.
 - However, the minimum reporting requirement will not be adjusted as a result of exceptions.
- **Performance Rate** –
 - The numerator divided by the denominator.
- **Benchmarks** show where your performance falls within the established benchmarks
 - **NOTE:** Some measures won't have associated benchmarks.



Click **View Details** to explore the patient details.

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Once you click View Details, you can access tabs for each of the counts (complete, incomplete, etc.) you saw on the Measure Rates cards with details about each patient.

Click the **caret** (“>”) on the right of each patient record to go to the patient’s data entry page so you can make any needed changes.

MEASURE RATES

CARE-2

Screening for Future Fall Risk

Learn more about this measure

Page visited: 12/16/2020 05:42 PM ET

DOWNLOAD REPORT

TOTAL

ELIGIBLE FOR SCORING

Performance rate: 100.00%

COMPLETE

INCOMPLETE

SKIPPED

CONSECUTIVELY COMPLETE

DENOMINATOR

NUMERATOR

281

335

0

281

281

281

Complete in total (281)

RANK

PATIENT ID

PATIENT NAME

DETAILS

1

5C94X80VV92

Velma Parker

Ranked in minimum

Included in denominator | Included in numerator

>

2

2A82D52PG82

Sheridan Thompson

Ranked in minimum

Included in denominator | Included in numerator

>

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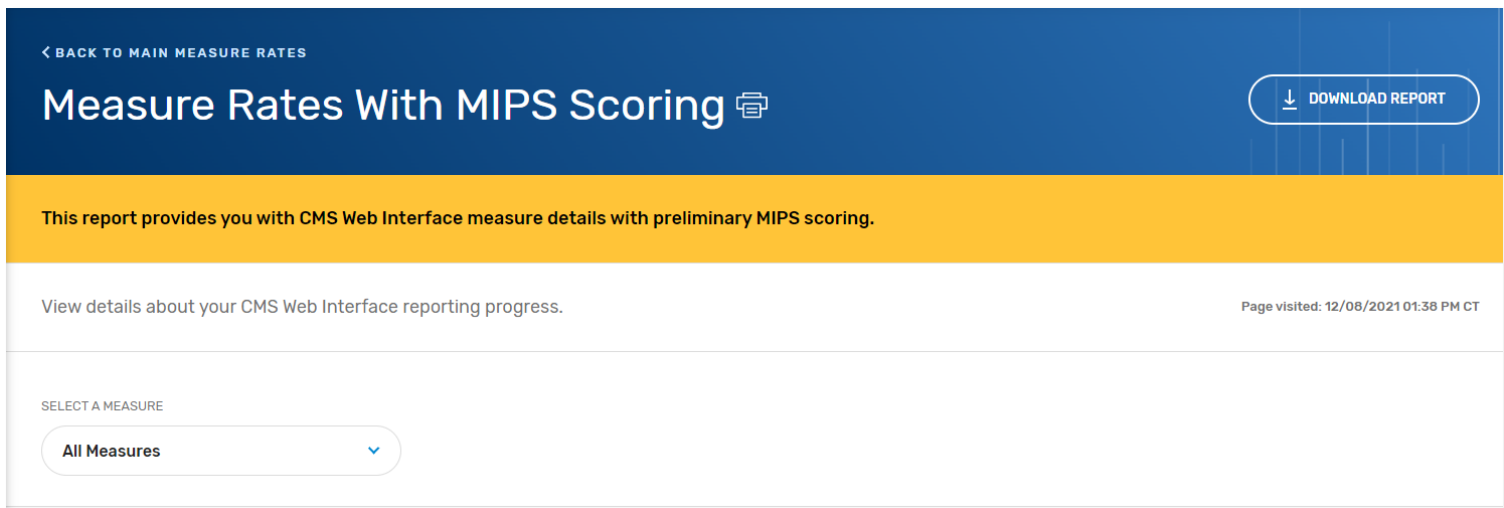
(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)

Measure Rates with MIPS Scoring (APM Entities)

The Measures Rates with MIPS Scoring report for ACOs duplicates the ACO Measure Rates report with the addition of MIPS measure scoring information for clinicians scored in MIPS under the APP. From the Measure Rates report page, click **View Measure Rates with MIPS Scoring**.



With the exception of the yellow banner, the Measure Rates with MIPS Scoring report is identical to the [Measure Rates report for groups and virtual groups](#).



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Measure Rates (Groups and Virtual Groups)

Using the Measures Rates report, representatives of groups and virtual groups can see an in-depth breakdown of your progress on each of the measures for the performance period. You can:

- **Download** the report in Excel format by clicking the **Download report** button at the top of the page.
- **Print** this report by clicking the printer icon next to the page title.
- **View** the report by scrolling down on the page to see details about each measure.
- **Filter** the report by one measure to see only details for that measure.

The screenshot shows the 'Measure Rates' report interface. At the top, there is a blue header with the title 'Measure Rates' and a printer icon. To the right of the header is a 'DOWNLOAD REPORT' button. Below the header, there is a section for 'SELECT A MEASURE' with a dropdown menu currently set to 'All Measures'. The main content area displays two measure cards: 'CARE-2' and 'DM-2'. The 'CARE-2' card shows a total of 616, with 288 complete, 325 incomplete, and 3 skipped. It also indicates that 251 minimum requirements were not met. The 'DM-2' card shows a total of 199, with 0 complete, 199 incomplete, and 0 skipped. It also indicates that 199 minimum requirements were not met. Both cards have a 'View details' link. Red boxes highlight the printer icon, the 'DOWNLOAD REPORT' button, the 'SELECT A MEASURE' dropdown, and the 'View details' link for the CARE-2 measure.

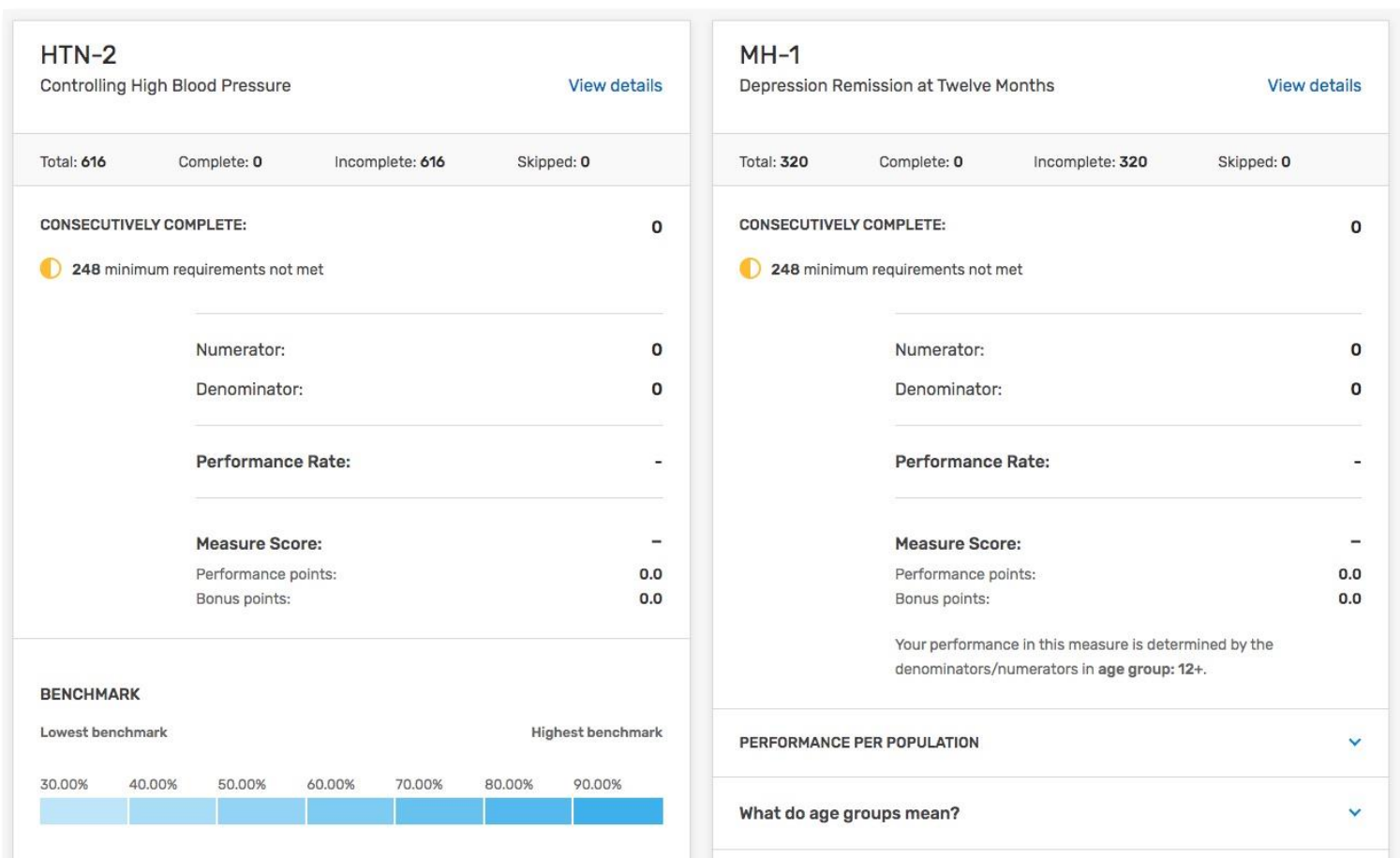
| Measure | Total | Complete | Incomplete | Skipped | Consecutively Complete | Minimum Requirements Met |
|---------|-------|----------|------------|---------|------------------------|----------------------------------|
| CARE-2 | 616 | 288 | 325 | 3 | 0 | 251 minimum requirements not met |
| DM-2 | 199 | 0 | 199 | 0 | 0 | 199 minimum requirements not met |

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Each measure card breaks down your progress per measure. You can see the total count of patients sampled for the measure, as well as those that are:

- **Complete** – Patients both in the minimum and in the oversample for whom you have answered all the questions for that measure.
- **Incomplete** – Patients both in the minimum and in the oversample for whom you have not yet answered all the questions for that measure.
- **Skipped** – Patients reported on who either do not qualify for the specific measure or for the sample and are removed from the denominator.



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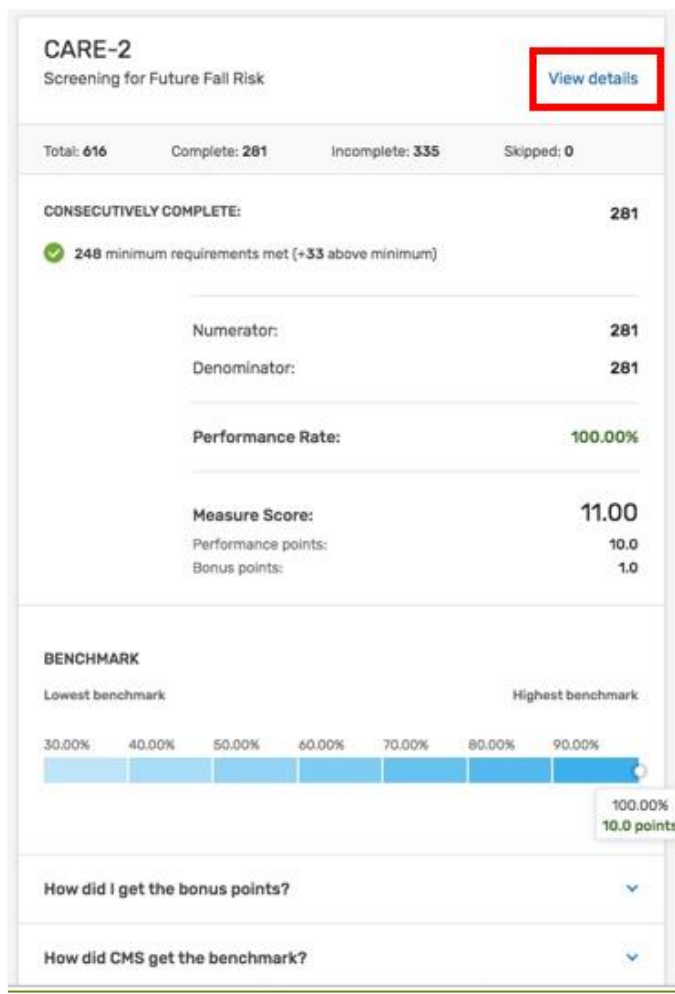
(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)

The measure card further breaks down patient numbers by:

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 - Patients that have had their data completed in a consecutively ranked order within the measure.
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- **Denominator** –
 - Patients that have been confirmed and met denominator criteria for a specific measure will be included in the denominator.
 - If patients are excluded during reporting, the denominator will be adjusted to reflect the exclusions.
 - The denominator will later be used to calculate your performance rate for that measure.
- **Numerator** –
 - Once a patient is confirmed for that measure (in the denominator), there are certain answers to measure questions that will make that patient eligible for the numerator.
 - The numerator and denominator will be used to calculate your performance rate for that measure.
- **Denominator Exception (if one exists for the measure)** –
 - If a patient cannot be confirmed for that measure as a result of a measure exception, the patient will be removed from the performance calculations for that measure.
 - However, the minimum reporting requirement will not be adjusted as a result of exceptions.

Lastly, the measure card shows your performance on the measure by showing you:

- **Performance Rate** –
 - The numerator divided by the denominator.
- **MIPS Measure Score** –
 - A combination of your performance and bonus points.
 - **NOTE:** Measure scores display as “—” until you have met the minimum reporting requirement.
- **Benchmarks** for the measure score show where your performance falls within the established benchmarks
 - **NOTE:** Some measures will not have associated benchmarks.



Click **View Details** to explore the patient details.

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When you click View Details, you can access tabs for each of the counts you saw on the **Measure Rates** cards with details about each patient.

Click the **caret** on the right of each patient record to go to the patient's data entry page in order to make any needed changes.

MEASURE RATES

CARE-2

Screening for Future Fall Risk

Learn more about this measure

Download Report

TOTAL

COMPLETE

281

INCOMPLETE

335

SKIPPED

0

ELIGIBLE FOR SCORING

CONSECUTIVELY COMPLETE

281

DENOMINATOR

281

NUMERATOR

281

Performance rate: 100.00%

Complete in total (281)

| RANK | PATIENT ID | PATIENT NAME | DETAILS |
|------|-------------|-------------------|--|
| 1 | 5C94X80VV92 | Velma Parker | <div> <div>Ranked in minimum</div> <div>included in denominator included in numerator</div> </div> |
| 2 | 2A82D52P082 | Sheridan Thompson | <div> <div>Ranked in minimum</div> <div>included in denominator included in numerator</div> </div> |

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Previous Performance Period Reports: Groups, Virtual Groups, and APM Entities

You can also download the data completion report and final measure rates report from the 2018, 2019, and 2020 performance periods.

From the **View Reports** page, scroll down to the bottom of the page, choose your performance year, and **Download** the report you would like to access.

Previous Performance Years

Download your reports from the previous performance years.

 Starting on January 4th, 2021, you can download your Data Confirmation and Measure Rates reports from previous years on the [Reports](#) page. The Reports page is located in the main left navigation after you log in to the QPP portal.

PERFORMANCE YEAR (PY)


PY 2018

Data Confirmation

 [DOWNLOAD](#)

Measure Rates

 [DOWNLOAD](#)


 Account Home

 Eligibility & Reporting

 Performance Feedback

 Doctors & Clinicians Preview

 Exceptions Application

 Targeted Review

 Reports

 Manage Access

 Help and Support

Did you know?

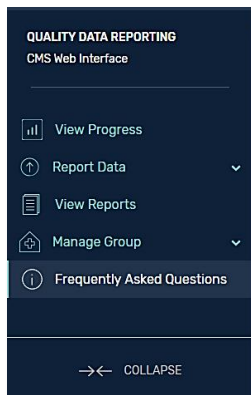
You can also access CMS Web Interface reports from previous performance periods through the **Reports** tabs on the left-hand navigation once you sign in to gpp.cms.gov

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Getting Help and Support

Frequently Asked Questions



For CMS Web Interface reporting and measure-related questions, access the Frequently Asked Questions (FAQs) on the left-hand navigation bar. The FAQs are updated throughout the submission period based on user inquiries. The FAQs can be downloaded by clicking on the Frequently Asked Questions on the left-hand navigation bar.

The 2021 CMS Web Interface FAQs (PDF) are also posted on the [Resource Library](#).

Contact the Quality Payment Program

Contact the Quality Payment Program Service Center at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov (Monday-Friday 8 a.m.- 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET. Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Useful Resources

The following are other helpful resources to assist you as you complete the reporting requirements for each measure within the CMS Web Interface.

CMS Web Interface Demonstration Video Series

There is a [series of videos](#) that accompany this guide to demonstrate how to use the CMS Web Interface and Excel template for a successful submission.

CMS Web Interface API Documentation

There are [narrative documentation](#) and [swagger documentation](#) for users reporting the CMS Web Interface measures via an Application Programming Interface (API).

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