

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.

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

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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 (i.e., 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, 2023 through March 31, 2023 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.

[2022 CMS Web Interface Measure Specifications and Supporting Documents \(ZIP\)](#)

CMS Web Interface Measure ID	Measure Name	Quality ID	Measure Type
CARE-2	Falls: Screening for Future Fall Risk	318	Process
DM-2	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	001	Intermediate Outcome
HTN-2	Hypertension: Controlling High Blood Pressure	236	Intermediate Outcome
MH-1	Depression Remission at Twelve Months	370	Outcome
PREV-5	Breast Cancer Screening	112	Process
PREV-6	Colorectal Cancer Screening	113	Process
PREV-7	Preventive Care and Screening: Influenza Immunization	110	Process
PREV-10	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	226	Process
PREV-12	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	134	Process
PREV-13	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	438	Process

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.

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.](#)

Patients must be reported in consecutive order until you have submitted data on a minimum number of 248

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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.

CMS Web Interface Updates for 2022 Performance Period

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 2022 CMS Web Interface reporting.

Measure Specification Changes

There are no substantive changes to the 2022 CMS Web Interface measure specifications; however, the 2022 CMS Web Interface supporting documents reflect annual coding updates. Please ensure that your organization reviews the 2022 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 2022 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 2022 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 2022 performance period.

Display of Preliminary Measure Scores

You'll now be able to access your MIPS scores for each measure once the measure has met data completeness criteria. In previous years, you couldn't see your measure scores until all of the measures in the CMS Web Interface had met data completeness. This change will help organizations better understand their performance throughout the submission period.

- Groups and virtual groups can access preliminary measure scores through the Measure Rates report.
- APM Entities, including ACOs can access preliminary measure scores through the Measure Rates with MIPS Scoring report.

Bonus Points No Longer Available

Beginning with the 2022 performance period, there are no longer measure-level bonus points available for the MIPS quality performance category.

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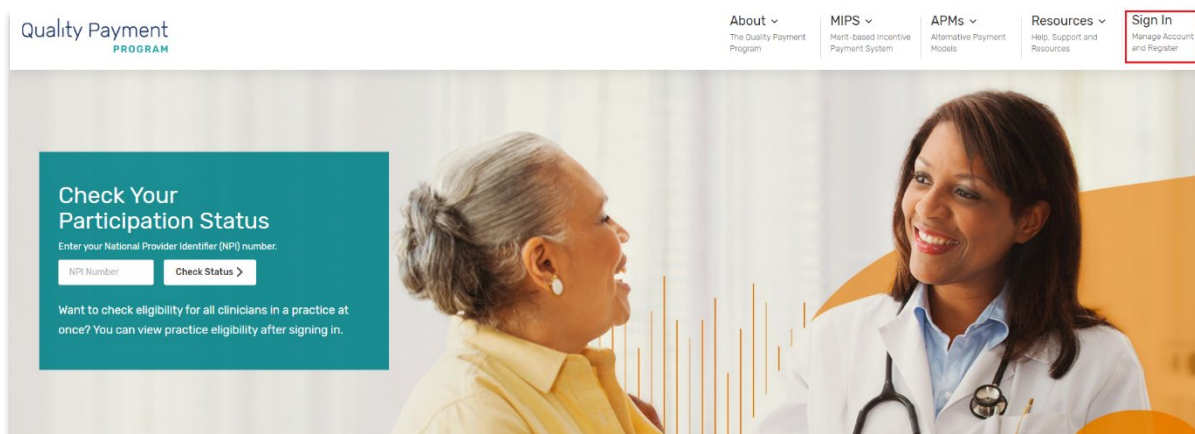
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Accessing the CMS Web Interface

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.

Signing into the CMS Web Interface (All Users)

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



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2) Enter your **user ID** and **password**, and click **Sign In**.

Sign in to QPP

User ID

User ID

Password Show password

Password

[Forgot user ID or password](#)

If you are a representative of a Shared Savings Program ACO and can access the ACO Management System (ACO-MS), then you can sign in to QPP using the same User ID and Password.

Sign in >

OR

Register for QPP

3) Click **Yes, I agree** to the Statement of Truth.

Agree to This Statement of Truth to Sign In X

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

Privacy and security statement:

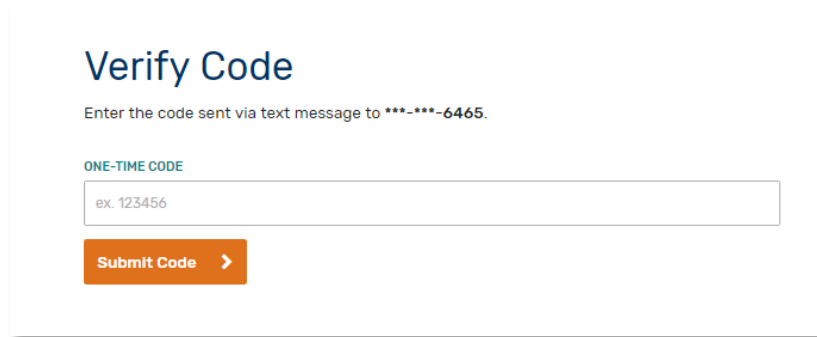
This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.

Cancel Yes, I agree

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- 4) 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**.



Verify Code

Enter the code sent via text message to ***-***-6465.

ONE-TIME CODE

ex. 123456

Submit Code >

- If you haven't 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 HCQIS Access Roles and Profile (HARP) Account document in the [QPP Access User Guide \(ZIP\)](#).

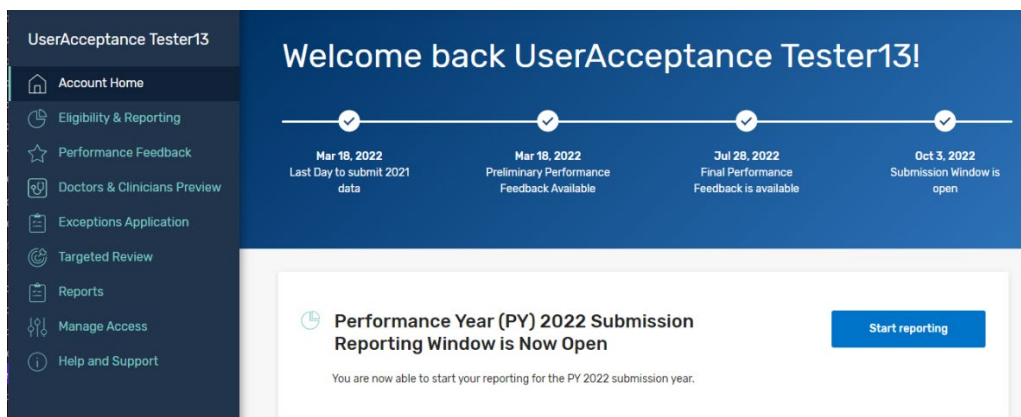
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For Groups and Virtual Groups

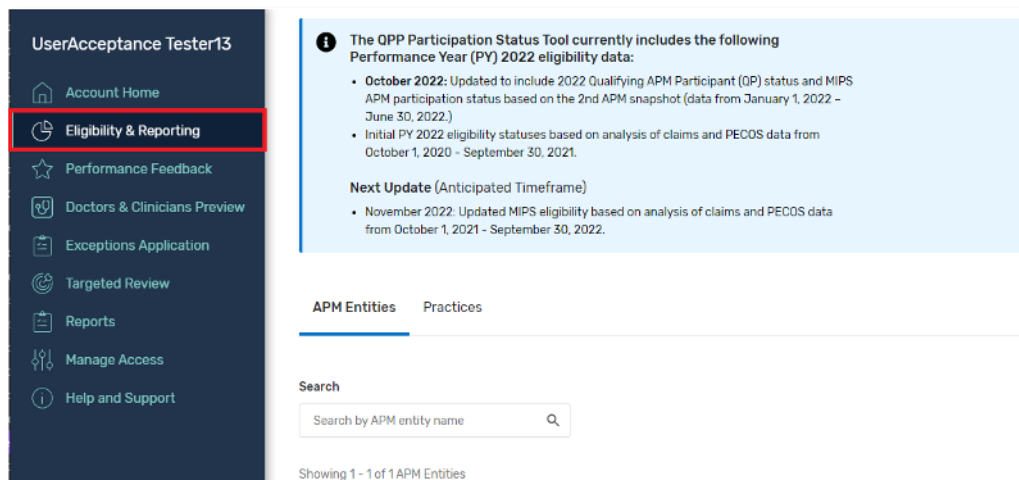
Once you're logged in, if you're part of a **Group or Virtual Group**, you'll land on the **homepage**.

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

[Skip ahead](#)



- 1) Click the **Eligibility & Reporting** link on the left side navigation bar 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.

ITScoring-53
TIN: #000043553 | 842 Marisa Terrace Suite 7960, Ricardochester, PA 216324809655845
MIPS ELIGIBLE
Exceeds Low Volume Threshold: Yes
Medicare Patients at this practice: 300,378
Allowed Charges at this practice: \$701,543.00
Covered Services at this practice: 259,262
Special Statuses, Exceptions and Other Reporting Factors: None

Report as Group

Report as Individuals

[View practice details & 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 **CMS Web Interface** or **Start Reporting** next to the Quality Measures title.

PERFORMANCE YEAR 2022

Print

Start reporting

Upload File

You can start reporting by uploading properly formatted QPP JSON and QRDA III 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.

All changes are saved automatically.

Preliminary Score
-- / 100

Quality

-- / 50

Promoting Interoperability

-- / 30

Improvement Activities

-- / 20

Cost

N/A

Your final score will be available for preview in Summer 2023.

You are registered for the CMS Web Interface
You may submit Quality data via the CMS Web Interface.

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.

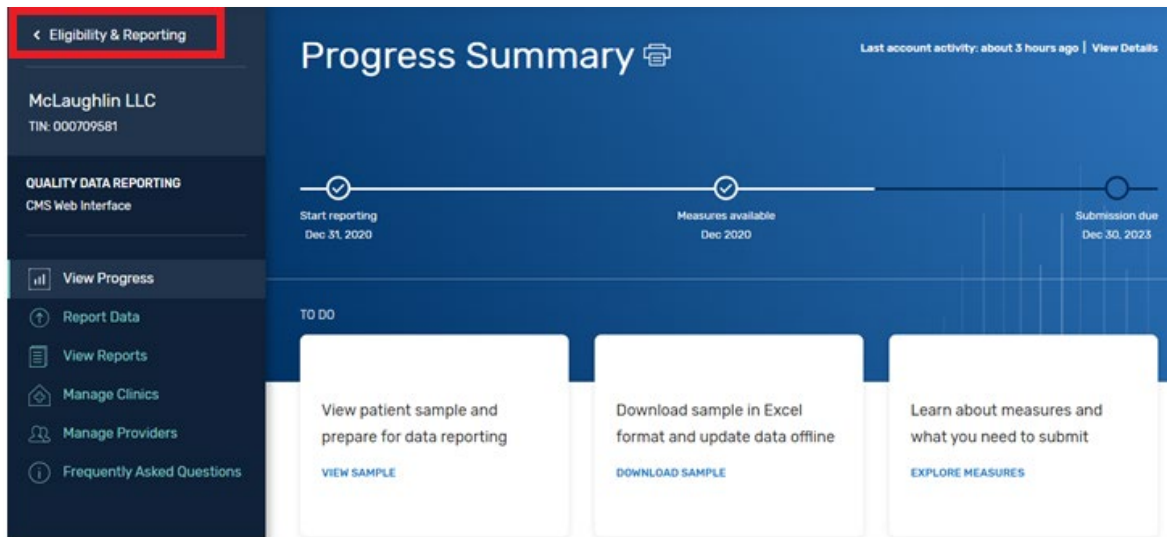
The screenshot shows a web interface with a header stating "No MIPS Quality measures have been submitted for this profile." and a sub-header "Please choose a submission option below to get started." Below this are two columns. The left column, titled "OPTION 1 Manually Upload Data", contains the text "Submit Quality Data via data upload. This method allows for the upload of QPP (JSON) format or QRDA-III files." and a button labeled "Upload File" with an upward arrow icon. The right column, titled "OPTION 2 Using the CMS Web Interface", contains the text "Submit Quality Payment Program Quality Data via the CMS Web Interface." and "This method is only available if you have registered. There are 10 required measures." At the bottom of the right column is a button labeled "Go to the CMS Web Interface" with a right-pointing arrow icon, which is highlighted with a red rectangular box.

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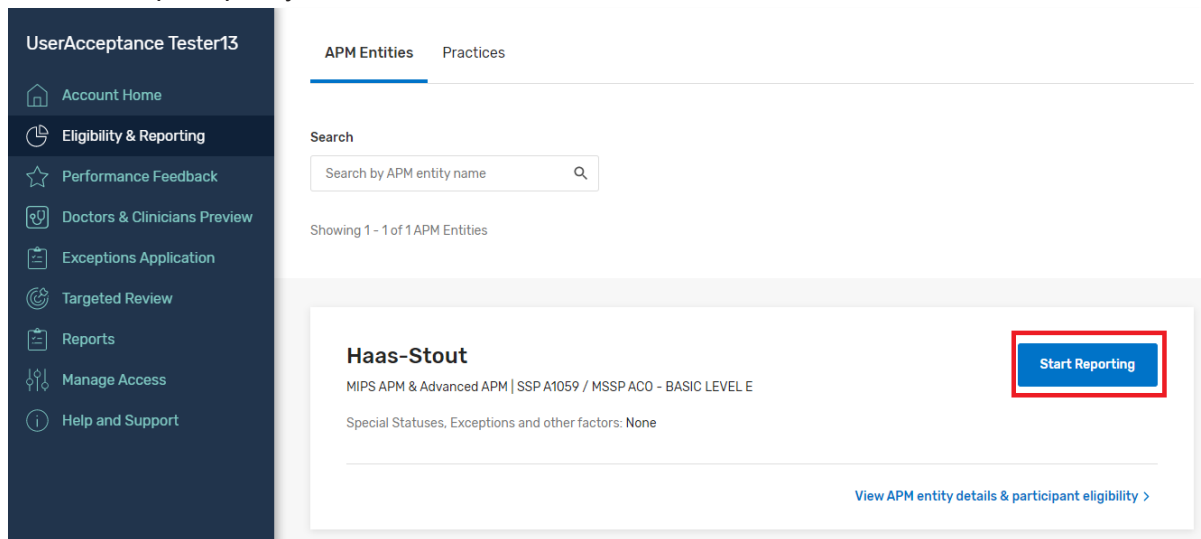
- 5) You can go back to a list of your connected organizations (practices, virtual groups, or APM Entities) at any time by clicking **Eligibility & Reporting** at the top of the left side navigation bar.



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.

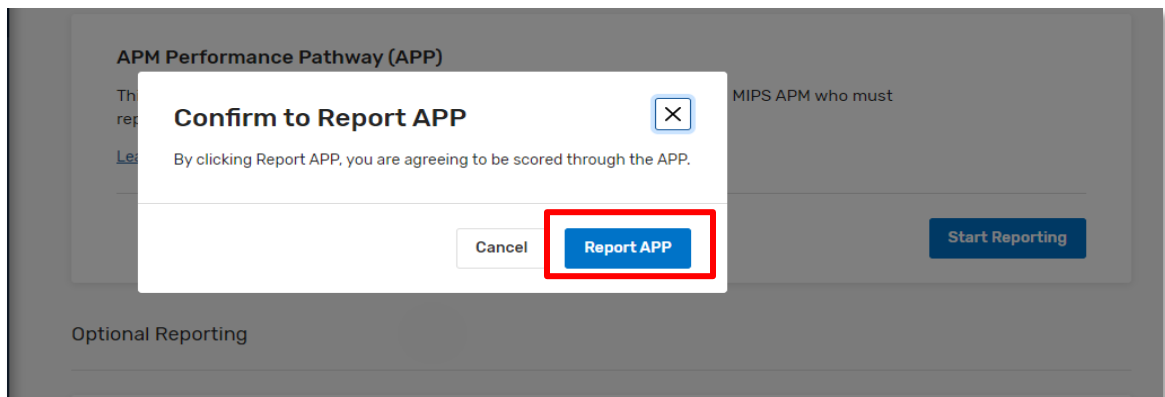
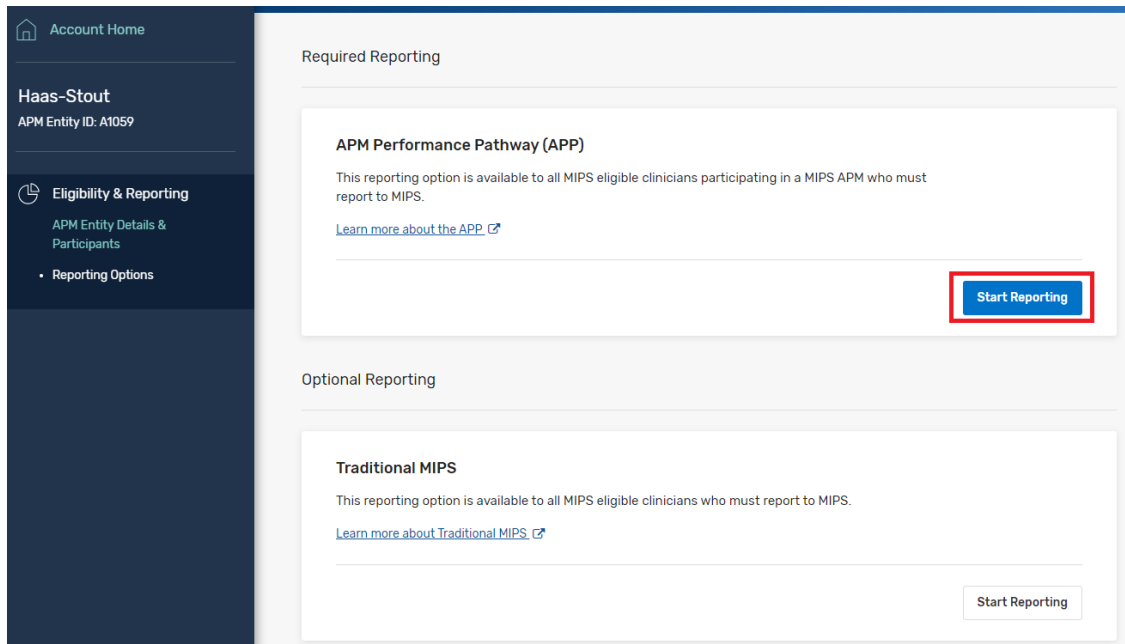


You'll see 2 reporting options available: "APM Performance Pathway (APP)" and "Traditional MIPS."

Shared Savings Program ACOs

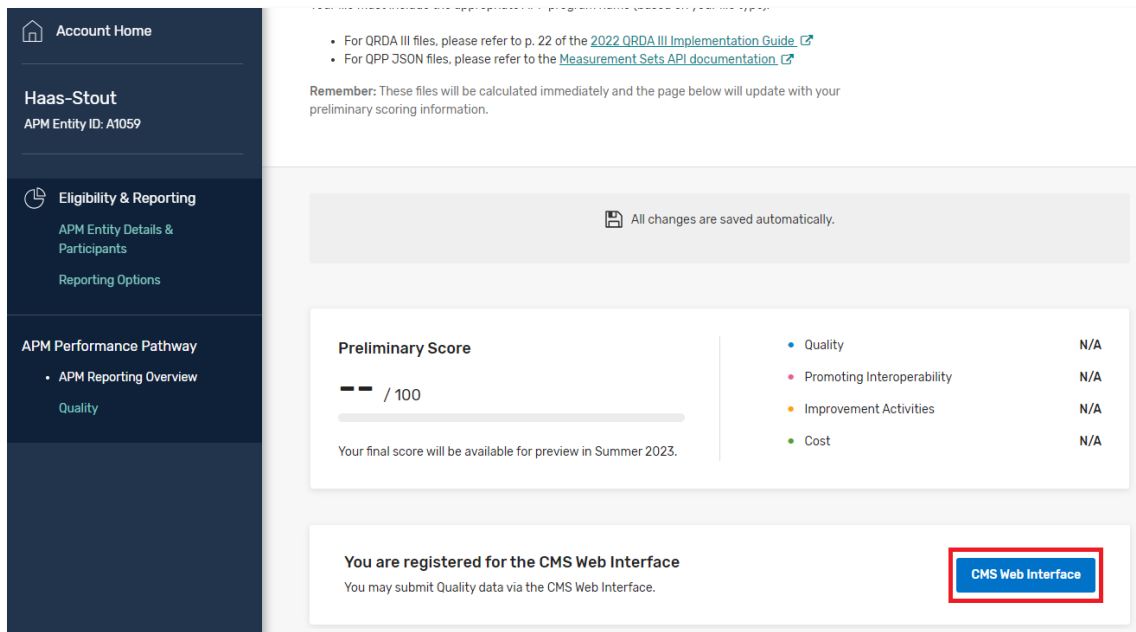
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- 1) Shared Savings Program ACOs are **required** to submit quality data to meet the reporting requirements for the APP as part of the Shared Savings Program. From the Reporting Options page, you'll select **Start Reporting** underneath the **APM Performance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



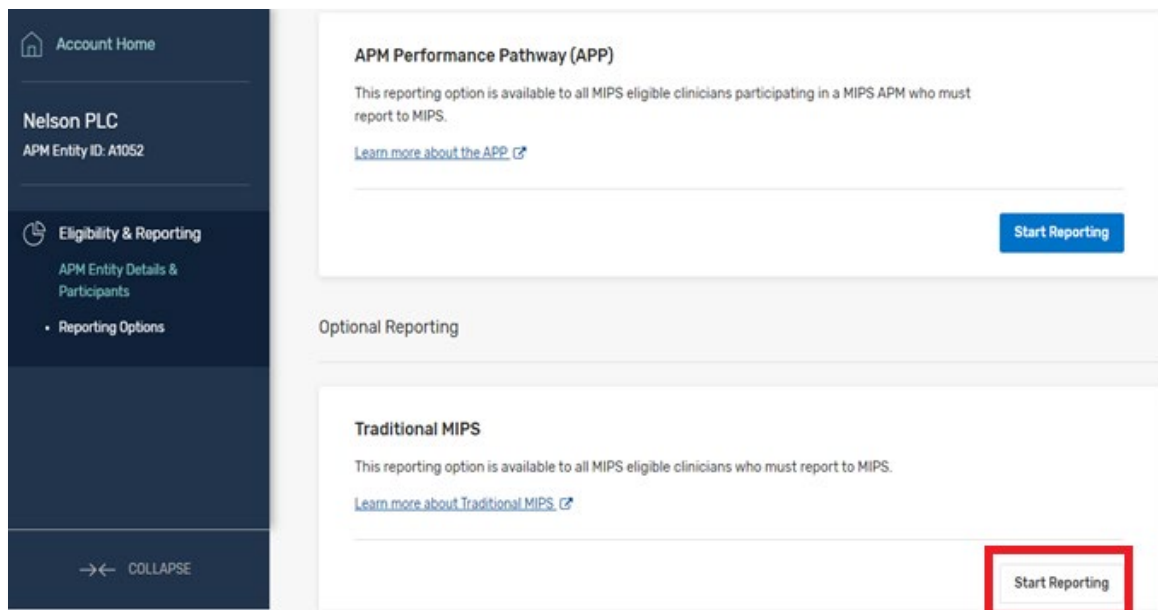
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You'll land on the Reporting Overview page, where you can click **CMS Web Interface**.



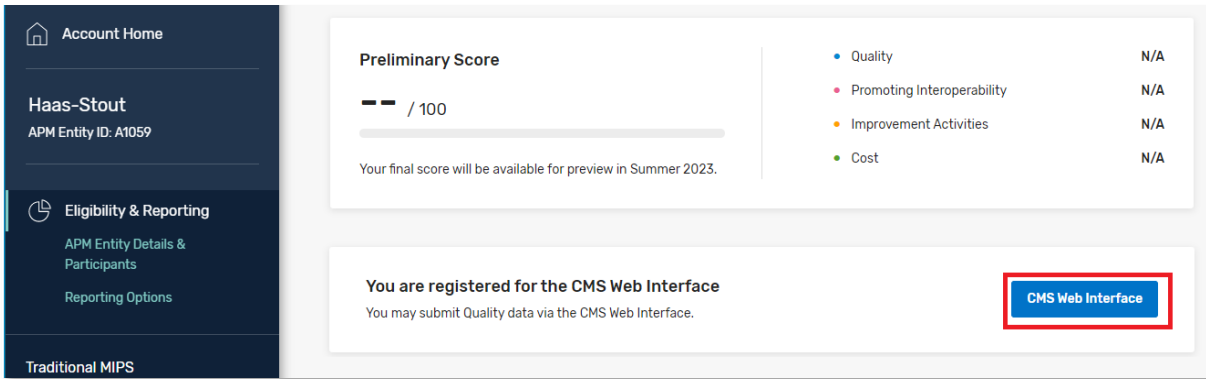
APM Entities Other Than Shared Savings Program ACOs

- 1) 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.

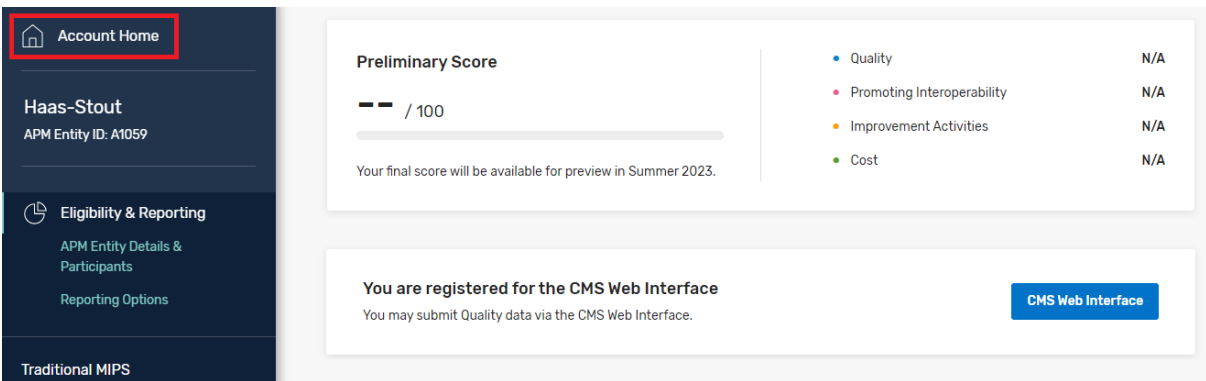


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You'll land on the Reporting Overview page, where can click **CMS Web Interface**.



- 2) 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 side navigation bar, and then click on **Eligibility & Reporting**.

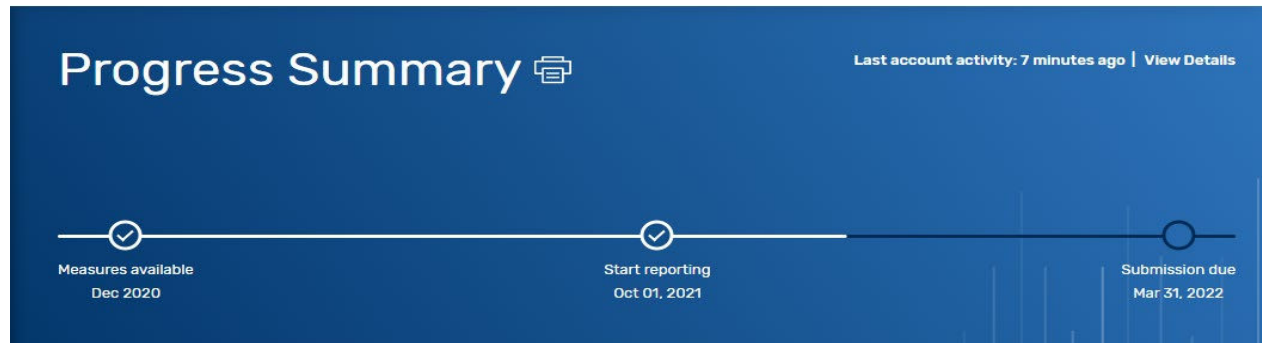


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What You Can Do in the CMS Web Interface

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 2022 performance period at the Start Reporting milestone.**



Measures Available Milestone

The 2022 measure specifications for the CMS Web Interface were made available following the publication of the CY 2022 Physician Fee Schedule (PFS) Final Rule in December of 2021. 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 3, 2023** when the 2022 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.

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, 2023** at 8 p.m. ET, 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.**

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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

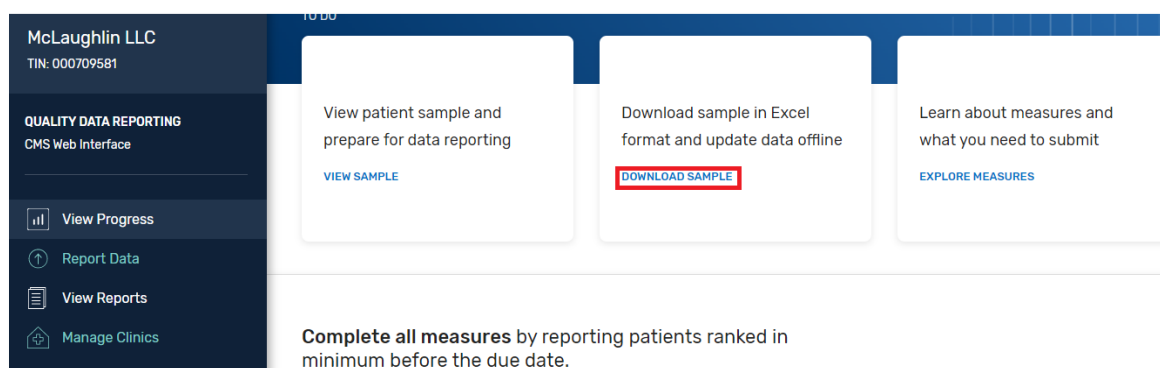
Once the Submission Period opens, you can view your sample in 2 ways:

- 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

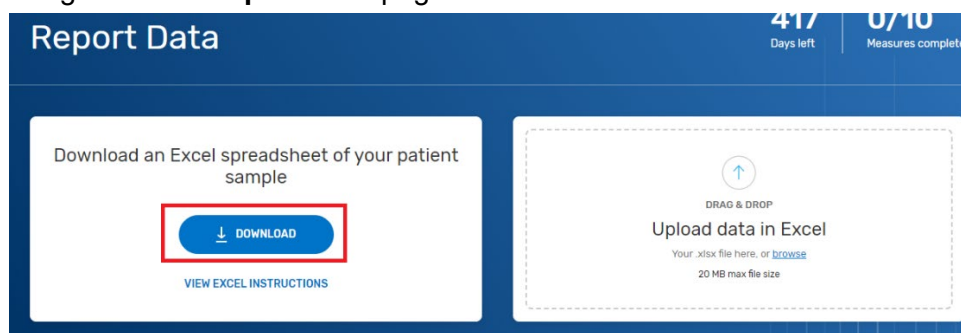
To download your sample using the Excel template:

- 1) Sign into 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**.

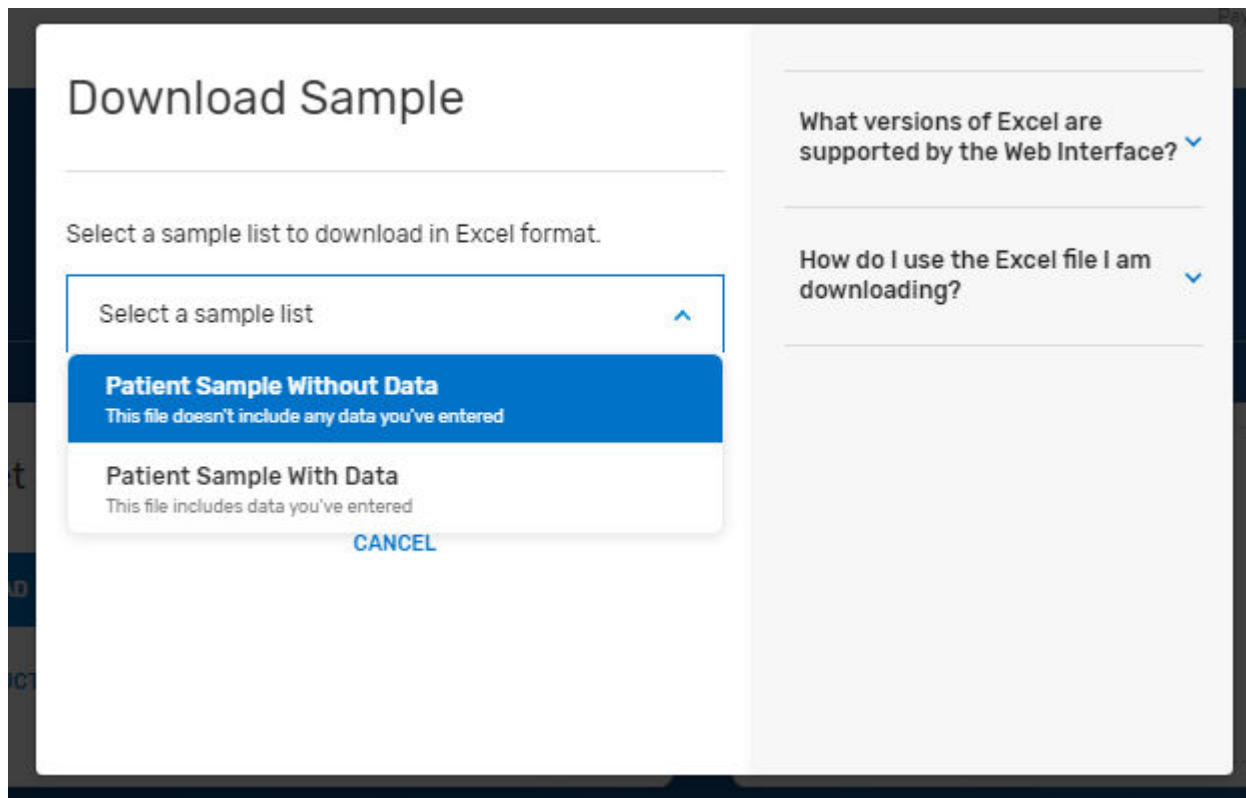


- 1) Select your sample list (or download preference). You have 2 options:
 - **Patient Sample without Data** – Your template will only contain CMS pre-filled data. It will be your original sample before your team inputs any data into the CMS Web Interface.
 - **Patient Sample with Data** – Your template 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**

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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

All Measures

FILTER BY

Patient Name

Q. Type or select

SORT BY

Patient ID

All Measures

TOTAL
2428 patients

COMPLETE

0 patients

INCOMPLETE

2428 patients

SKIPPED

0 patients


PATIENT ID	PATIENT INFO	RANK SUMMARY
<div>012104879E</div> <div>Edit Data</div>	<div>Jose Leffler</div> <div>Female, 08/01/1941</div> <div><div>Medical Record #</div><div>--</div></div> <div><div>Clinic</div><div>445629757</div></div> <div><div>Provider</div><div>1. Alize Gutmann</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>046016913C</div> <div>Edit Data</div>	<div>Jacey Prosacco</div> <div>Male, 01/24/1957</div> <div><div>Medical Record #</div><div>--</div></div> <div><div>Clinic</div><div>445629757</div></div> <div><div>Providers</div><div>1. Alize Gutmann 2. Maya Senger 3. Laisha Boyle</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>

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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.

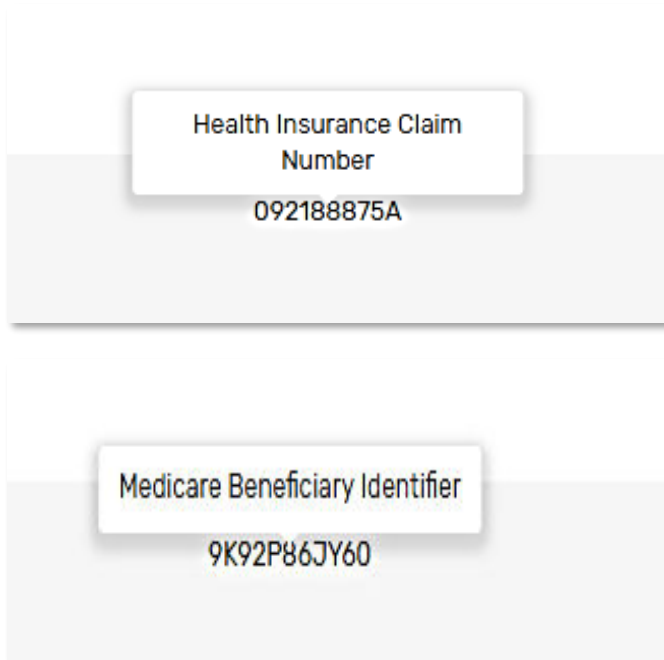
 **Complete** – Patients in the Complete tab are patients for whom you have **reported in all their ranked measures**, regardless whether the patient is ranked in the minimum or in the oversample for the measure.

 **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.



Health Insurance Claim Number
092188875A

Medicare Beneficiary Identifier
9K92P86JY60

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 [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.

Filter by Patient Status

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

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- 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

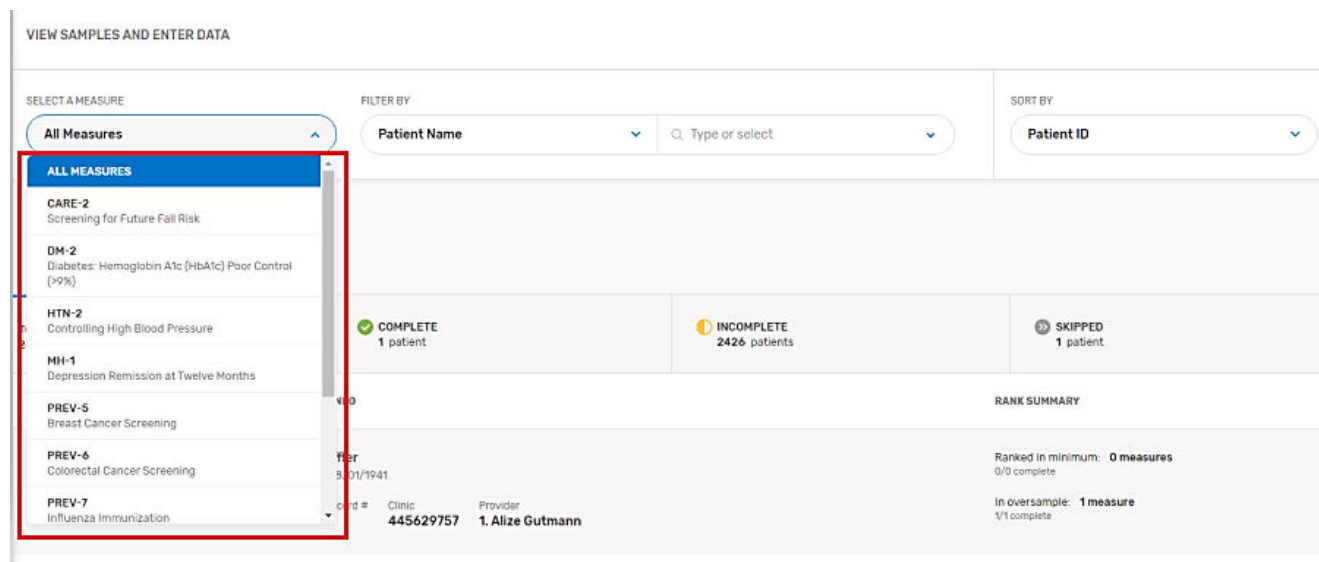
1 patient

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 Provider</div> <div>-- 445629757 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 Providers</div> <div>-- 445629757 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 Provider</div> <div>-- 445629757 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

FILTER BY: Patient Name

SORT BY: Patient ID

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

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 National Provider Identifier (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.

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.

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- **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
- Patient Last Name
- Medical Record #
- # of Measures Ranked In Minimum

All Measures

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
- **Clinic ID** – Also known as clinic's Taxpayer 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; and**
- **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

Edit Data


Medical Record #
--

Clinic
445629757

Provider
1. Sabina Pacocha








- 3) Click **Edit Info** on the upper right 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

PATIENT NAME / ID
Bernard McCullough
058103794D

GENDER
Male

DATE OF BIRTH
12/02/1953

COMMENTS

PROVIDER 1 NAME / NPI
Sabina Pacocha
3244749310

MEDICAL RECORD #
--

CLINIC NAME / ID
Mante - Torphy
445629757

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

Edit info

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5) A window will populate where you can edit the patient's demographic information.

The screenshot shows a web form for editing patient demographic information. The patient's name, "Bernard McCullough", is displayed at the top. Below the name, there are several input fields: "Patient ID" (058103794D), "First Name" (Bernard), "Last Name" (McCullough), "Gender" (Male), "Date of Birth" (12/02/1953), and "Medical Record #". A section titled "Providers" allows selecting up to 3 providers; one provider, "Sabina Pacocha / 32447493...", is already selected. Below this, there is a field for "Clinic Name / ID" (Mante - Torphy / 445629757) and a "Comments" text area. At the bottom, there 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?".

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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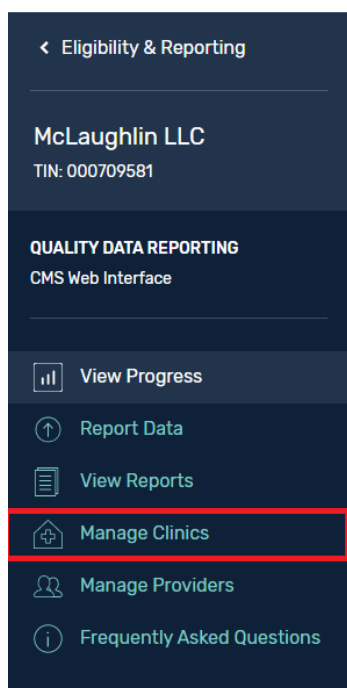
Manage Clinics and Providers

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](#)

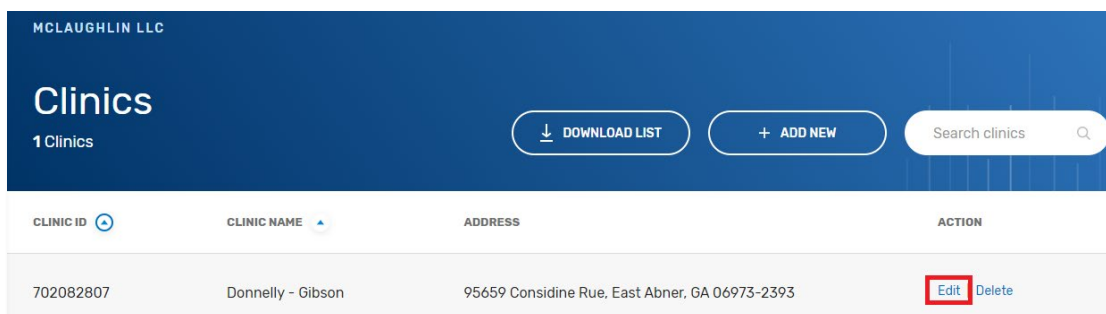
Manage Clinics



To manage your list of clinics, click **Manage Clinics** on the left side navigation bar.

Edit Clinic

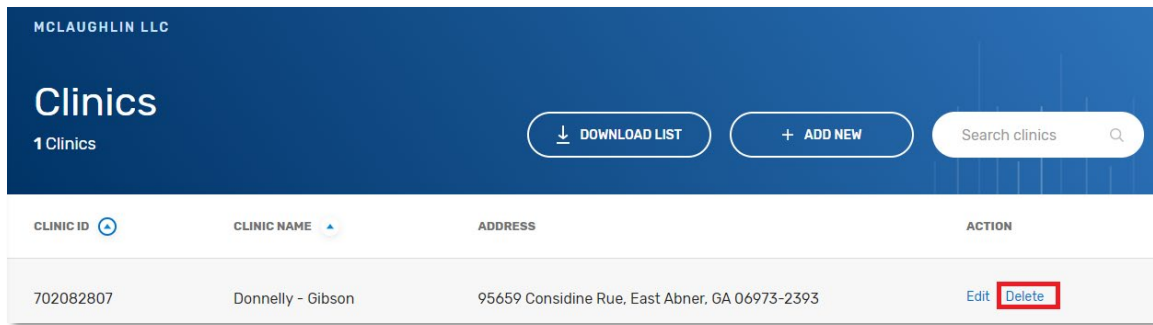
Each row represents a clinic. You can edit the information displayed for a clinic by clicking **Edit** on the right.



Delete Clinic

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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.

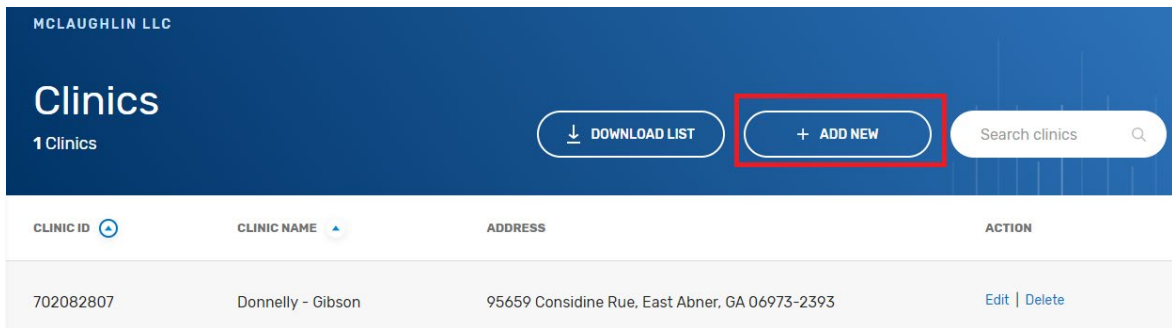


To do so, you can:

- 1) Select **Report Data** on the navigation bar.
- 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.



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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.

MCLAUGHLIN LLC

Clinics

1 Clinics

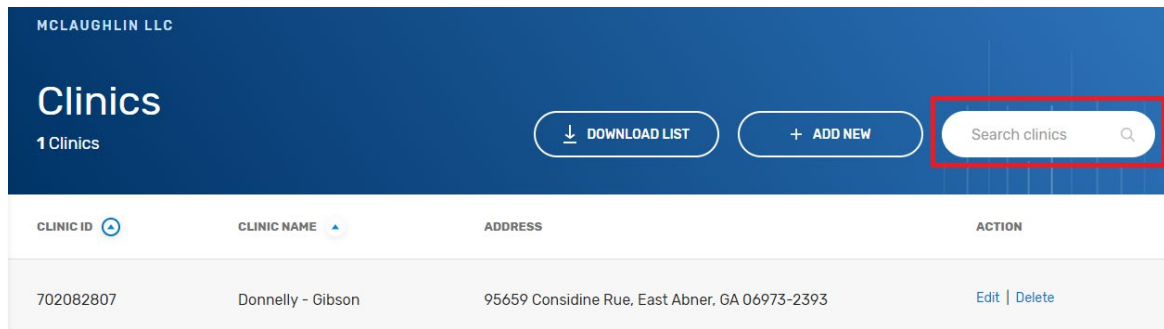
DOWNLOAD LIST + ADD NEW Search clinics

CLINIC ID	CLINIC NAME	ADDRESS	ACTION
702082807	Donnelly - Gibson	95659 Considine Rue, East Abner, GA 06973-2393	Edit Delete

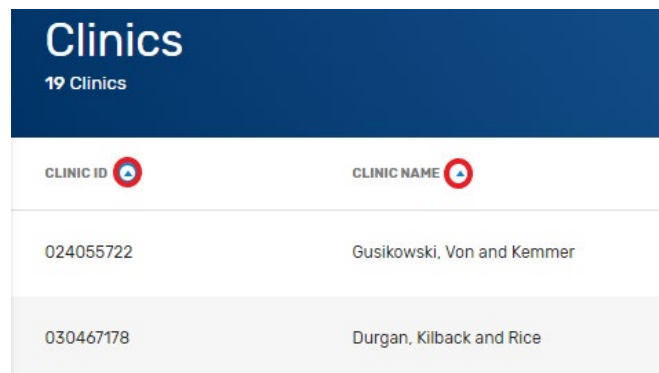
DISCLAIMER: All screenshots include fictitious patients and organizations. Screenshots were captured from a test environment, so there may be slight variations between the screenshots included in this guide (including dates) and the user interface in the production system.

Clinic Sort and Search

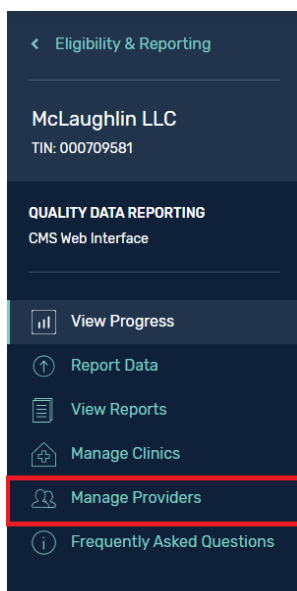
To locate a specific clinic, use **Search** at the top of the page to search by name or clinic ID.



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

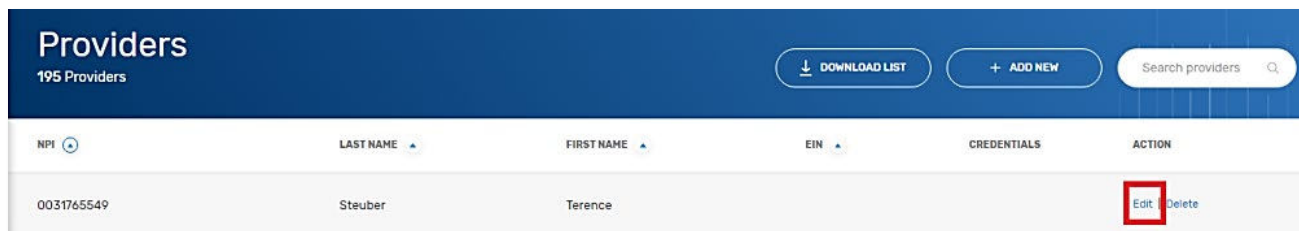


To manage the list of your providers, click **Manage Providers** on the left side navigation bar.

Edit Provider

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

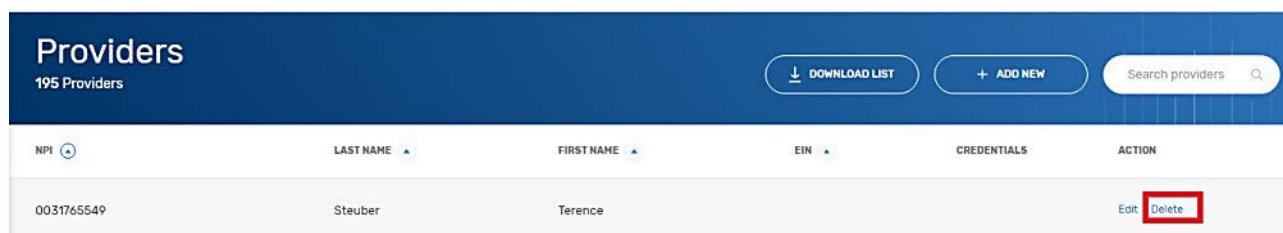


The screenshot shows a table titled "Providers" with 195 providers. The table has columns: NPI, LAST NAME, FIRST NAME, EIN, CREDENTIALS, and ACTION. The first row shows NPI 0031765549, LAST NAME Steuber, and FIRST NAME Terence. In the ACTION column, the "Edit" button is highlighted with a red box.

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.



The screenshot shows the same "Providers" table. In the ACTION column, the "Delete" button is highlighted with a red box.

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

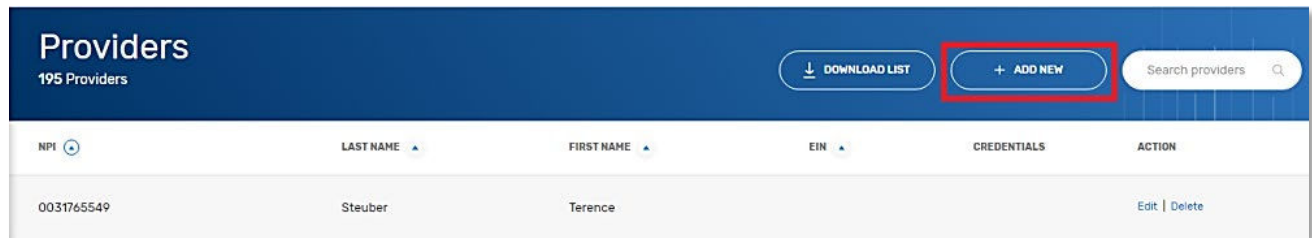
To do so, you can:

- 1) Select **Report Data** on the navigation bar.
- 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).
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).
- 4) Upload the updated Excel file.
- 5) From the Manage Providers page, click **Delete** in the provider's row.
- 6) Repeat steps 3 – 6 for all providers you'd like to delete.

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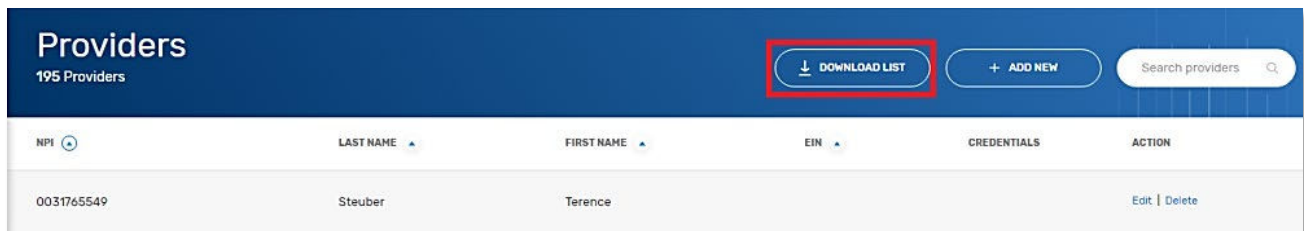
Add New Provider

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



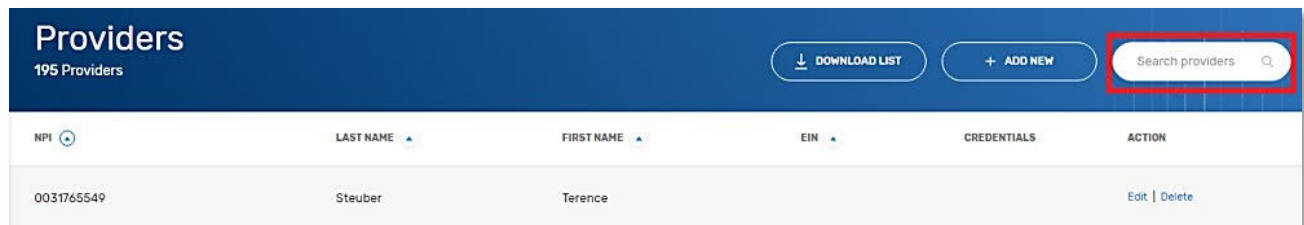
Download Provider List

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



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**.



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.



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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 that you can't edit in Excel:

- 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: Screening for Future Fall Risk

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

Submit the skip request manually through the Web Interface.

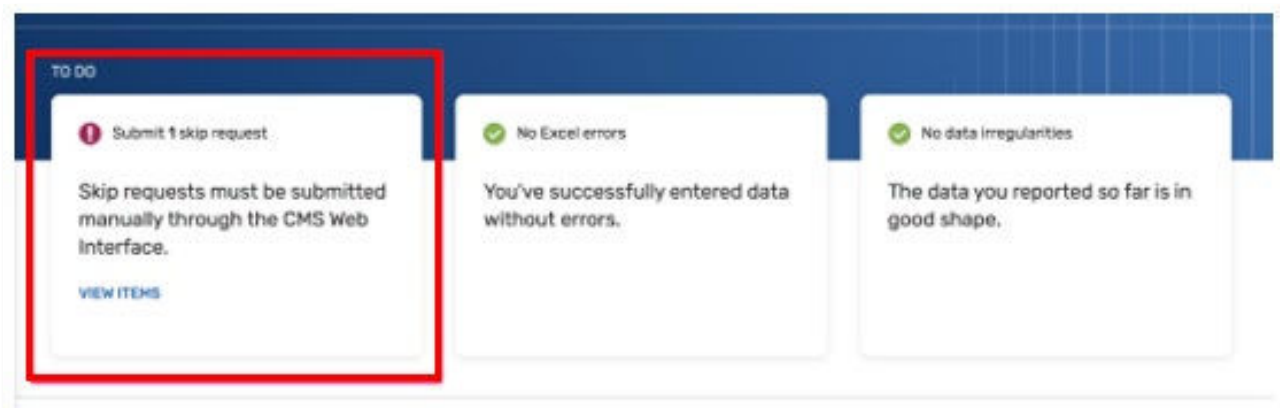
Within the template, you can indicate that a patient isn't qualified for the measure for Other CMS Approved Reason, **but you will have to go into the CMS Web Interface to complete and submit the request.**

[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 Approved Reason, you will be

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prompted to action the View Progress page.



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

TOTAL 678 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	9D72W65LCB9	Daniella Hartmann Female, 06/07/1942 Medical Record # 408190560 Cigna Providers 1. Leora Berge 2. Marcelino Schoen 3. Elias Vorruden
7 IN MINIMUM Edit Data	Incomplete	1W5BA34FY34	Celestina Fay Female, 10/06/1940 Medical Record # 463762518 Cigna Providers 1. Oscar Bartsch 2. Oda Christiansen 3. Nadia 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:

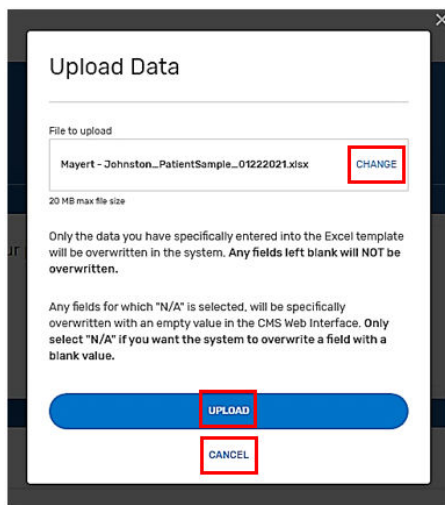
- Simply **drag and drop** your completed Excel template in .xlsx format into the Upload field in the CMS Web Interface; OR
- Use the **Browse** functionality within the **Upload** field in the CMS Web Interface to locate the appropriate Excel file from your computer's file system.

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.

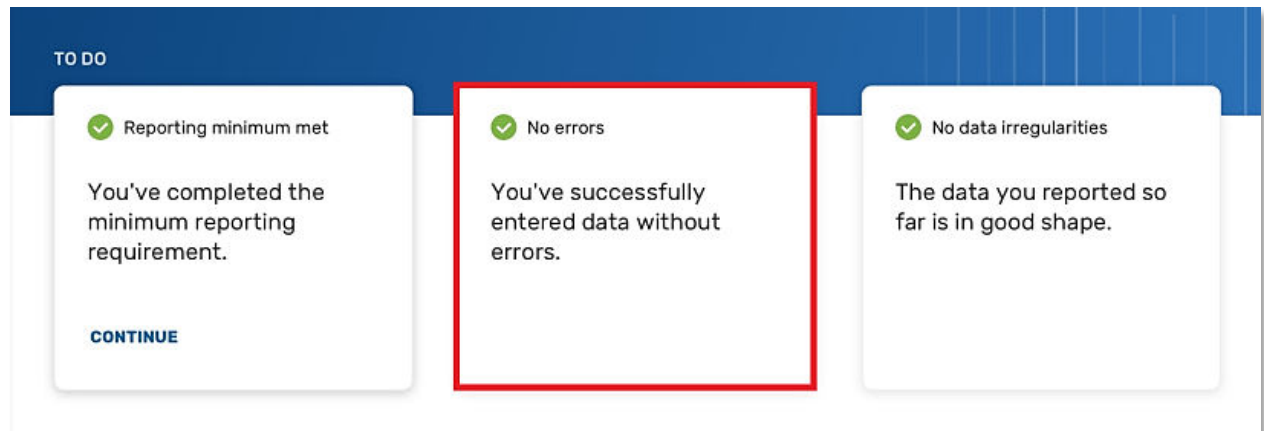
You can upload Excel files as many times and as frequently as you'd like. You can upload partially complete Excel files. You can upload data one measure at a time, or one patient at a time.

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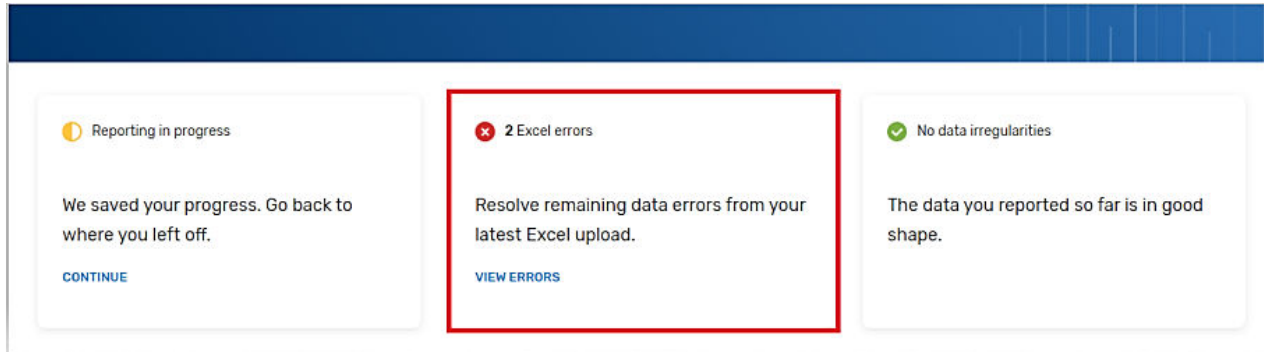
Resolve Errors

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.

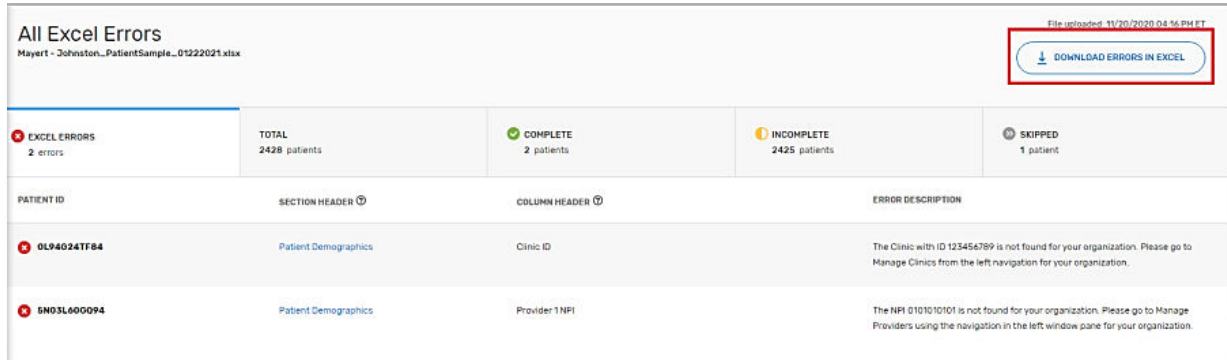


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- 1) Click the **View Errors** at the bottom of the Excel Error To Do card.
- 2) Identify **Excel Errors** using 1 of 2 options:

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

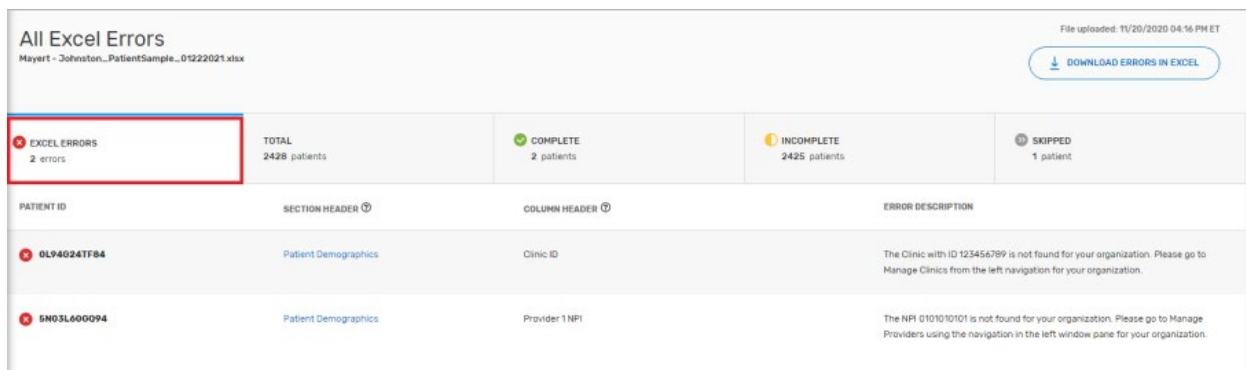
Once downloaded, the first column will identify the number of errors in the row, and the cells that contain errors will be highlighted in red.



The screenshot shows the 'All Excel Errors' page for a file named 'Mayert - Johnston_PatientSample_01222021.xlsx'. In the top right corner, a button labeled 'DOWNLOAD ERRORS IN EXCEL' is highlighted with a red rectangular box. Below the header, there is a summary table with five columns: 'EXCEL ERRORS' (2 errors), 'TOTAL' (2428 patients), 'COMPLETE' (2 patients), 'INCOMPLETE' (2425 patients), and 'SKIPPED' (1 patient). Below this is a detailed table of errors with columns: 'PATIENT ID', 'SECTION HEADER', 'COLUMN HEADER', and 'ERROR DESCRIPTION'. Two errors are listed: one for Patient ID 0L94024TF84 related to 'Clinic ID' and another for Patient ID 6N03L600094 related to 'Provider NPI'.

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.
6N03L600094	Patient Demographics	Provider 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.



This screenshot is identical to the one above, showing the 'All Excel Errors' page. In this view, the 'EXCEL ERRORS' tab in the summary section is highlighted with a red rectangular box. The rest of the interface, including the summary statistics and the detailed error table, remains the same.

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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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

Mayert - Johnston_PatientSample_01222021.xlsx

File uploaded: 11/20/2020 04:16 PM ET

DOWNLOAD ERRORS IN EXCEL

EXCEL ERRORS 2 errors	TOTAL 2428 patients	COMPLETE 2 patients	INCOMPLETE 2425 patients	SKIPPED 1 patient
PATIENT ID	SECTION HEADER ⓘ	COLUMN HEADER ⓘ	ERROR DESCRIPTION	
0L94G24TF84	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.	
5N03L60GQ94	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 in 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.

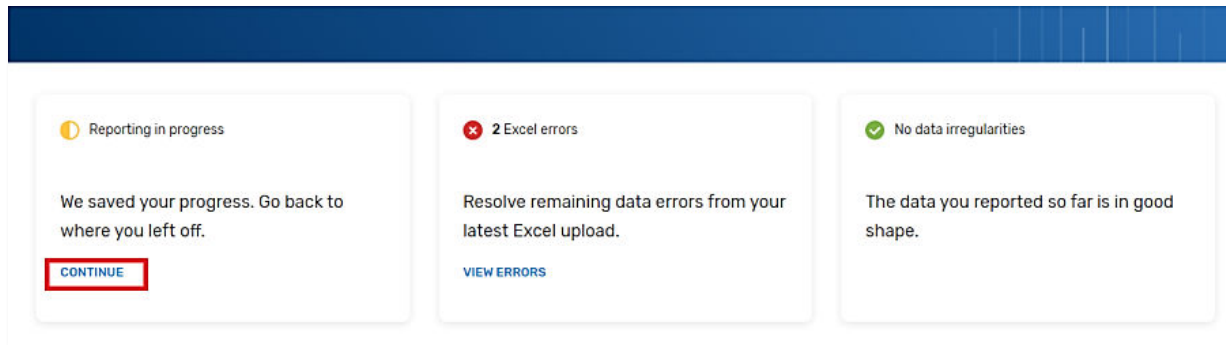
If these factors are the same in your custom auto-generated Excel file, you can upload it to the CMS Web Interface just like the template itself.

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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.



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 at the top left corner of the data entry screens will show you the last time your progress was saved.
- ✓ Click on **Continue** at the top left corner 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:

- 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.

Prefer to enter data one measure at a time?

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

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

- 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.

		Patient ID 058103794D All ranked measures	
058103794D Bernard McCullough Male, 12/02/1953		Bernard McCullough Patient demographics Edit info	
PATIENT'S RANKED MEASURES (7)		PATIENT NAME / ID Bernard McCullough 058103794D	
MEASURES	RANK	GENDER Male	PROVIDER NAME / NPI Sabina Pacocha 3244749310
PREV-13	42 IN MINIMUM	DATE OF BIRTH 12/02/1953	MEDICAL RECORD # --
HTN-2	56 IN MINIMUM	COMMENTS	CLINIC NAME / ID Mante - Torphy 445629757
PREV-6	58 IN MINIMUM	Patient confirmation for sample Confirm that this patient is qualified for the sample.	
PREV-12	71 IN MINIMUM		
CARE-2	79 IN MINIMUM		
PREV-7	85 IN MINIMUM		
PREV-10	89 IN MINIMUM		

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- 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.

The screenshot displays a patient record for Bernard McCullough (ID: 058103794D). On the left, a sidebar titled 'PATIENT'S RANKED MEASURES (7)' lists seven measures with their respective ranks and 'IN MINIMUM' status. The measures are: PREV-13 (Rank 42), HTN-2 (Rank 56), PREV-6 (Rank 58), PREV-12 (Rank 71), CARE-2 (Rank 79), PREV-7 (Rank 85), and PREV-10 (Rank 89). The main panel shows patient demographics, including name, gender (Male), date of birth (12/02/1953), and provider information (Sabina Pacocha). Below this, there is a section for 'Patient confirmation for sample' with a note to confirm the patient's qualification for the sample.

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.

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.

- 1) You can move to a different patient by navigating to the Report Data and choosing another patient. Click **View patient list** above the current patient's ID

< 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

Patient ID 058103794D | All ranked measures

Bernard McCullough

Patient demographics

Edit info

PATIENT NAME / ID	GENDER	PROVIDER 1 NAME / NPI
Bernard McCullough	Male	Sabina Pacocha
058103794D		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 screenshot displays a user interface for patient management. On the left, a search bar is at the top, followed by a list of patient cards. The first card, 'Aaliyah Jacobs', is highlighted in blue. Below it are cards for 'Aaron Dickinson' and 'Abbigail Jacobson'. A red box highlights the 'Katharina Turner' card, which includes an ID '0A09L49WY85' and a date '12/10/1952'. Below that is a card for 'Herminia Zulauf' with ID '0A13P52PM29'. On the right, the details for 'Bernard McCullough' (Patient ID 058103794D) are shown. The details include patient name, gender (Male), date of birth (12/02/1953), provider name (Sabina Pacocha), medical record number, and clinic name (Mante - Torphy).

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	

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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 to the measure for which you'd like to enter data.

Measure Progress SORT BY: Completion Status

CARE-2
Screening for Future Fall Risk

MINIMUM NOT MET 0 Consecutively completed | 0 Skipped

1 248 Minimum 616

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 445629/5/	

- 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

Alternatively, you can:

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- 1) Navigate to the **Report Data** page.
- 2) Scroll down to the patient sample list.
- 3) Filter the list by the **measure** for which you'd like to enter data.
- 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

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

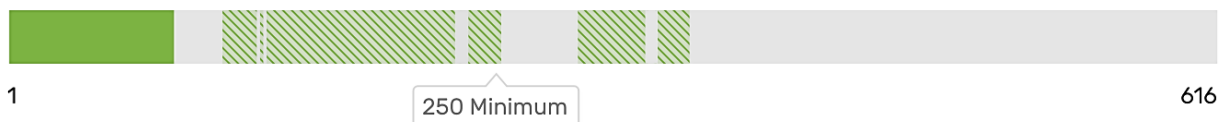
RANK	REPORT STATUS	PATIENT ID	PATIENT INFO
1 IN MINIMUM	Complete	SK05V842M43	Lea Beier Female, 04/23/1946 Medical Record #: 445629757 Clinic: 1, Terence Kutch 2, Paxton Wintheliser

Edit Data

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.

MINIMUM REQUIREMENT NOT MET

You've consecutively completed **100** beneficiaries and skipped **2**. Report on the missing rankings to meet the **250** minimum requirement: [101-150](#), [157](#), [159](#), [241-248](#)



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.

Once you begin entering data in the CMS Web Interface, you'll first notice a small panel on the left side of the page 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.

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Patient ID 0581037940 | All ranked measures

Bernard McCullough
Patient demographics [Edit info](#)

PATIENT NAME / ID Bernard McCullough 0581037940	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.

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

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.

Patient ID 0581037940 | All ranked measures

Bernard McCullough
Patient demographics [Edit info](#)

PATIENT NAME / ID Bernard McCullough 0581037940	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.

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

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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. Click the underlined line in the answer “No – Request Other CMS Approved Reason.”

- 4) Enter your email address.

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

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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.

Please note that **Personally Identifiable Information (PII) or Protected Health Information (PHI) should never be provided.**

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 03/01/2023 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.

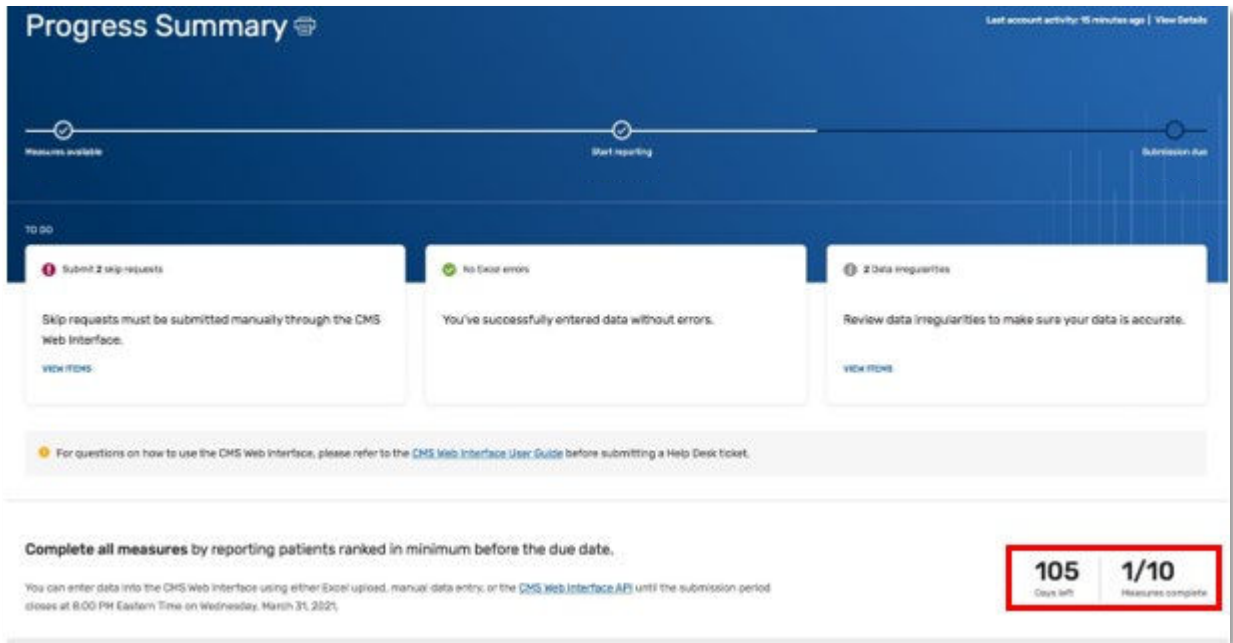
DISMISS

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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.



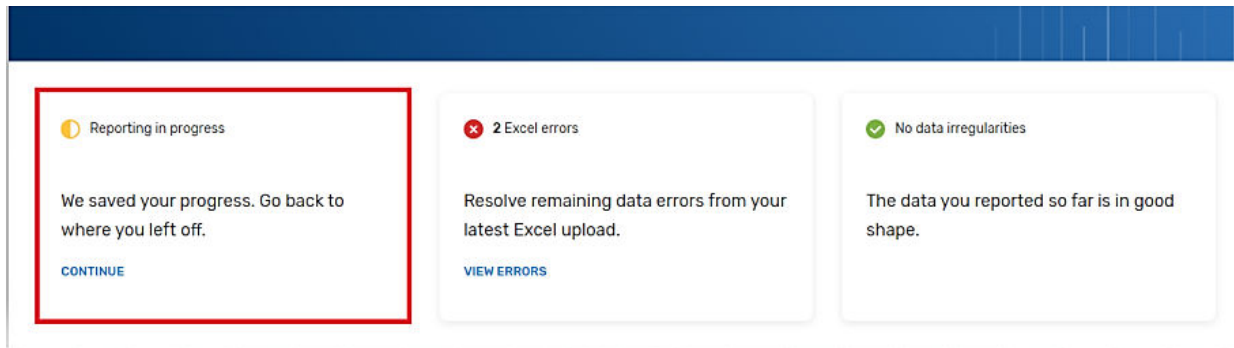
DISCLAIMER: All screenshots include fictitious patients and organizations. Screenshots were captured from a test environment, so there may be slight variations between the screenshots included in this guide (including dates) and the user interface in the production system.

To Do Cards

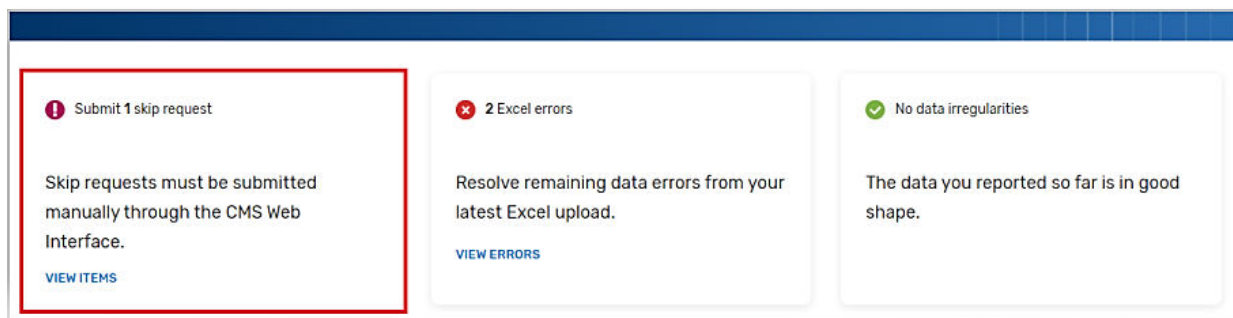
At the top of the **View Progress** page during the submission period, you will see 3 **To Do Cards** that will update throughout the submission period.

Reporting in Progress

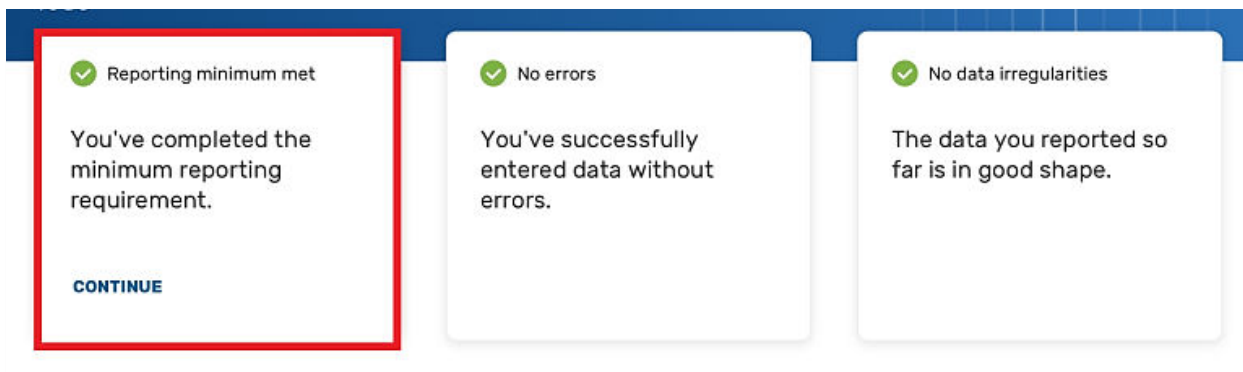
The first To Do card is titled Reporting in progress. It contains a link that takes you back to where you left off reporting. If the CMS Web Interface times out for security purposes, the **Continue** link in this card will take you back to the last action you performed in the interface—whether you were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

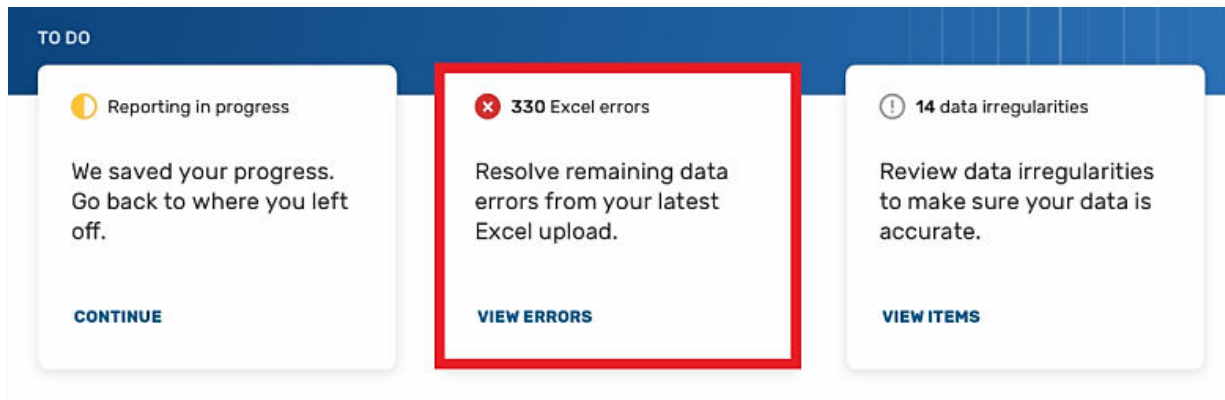


DISCLAIMER: All screenshots include fictitious patients and organizations. Screenshots were captured from a test environment, so there may be slight variations between the screenshots included in this guide (including dates) and the user interface in the production system.

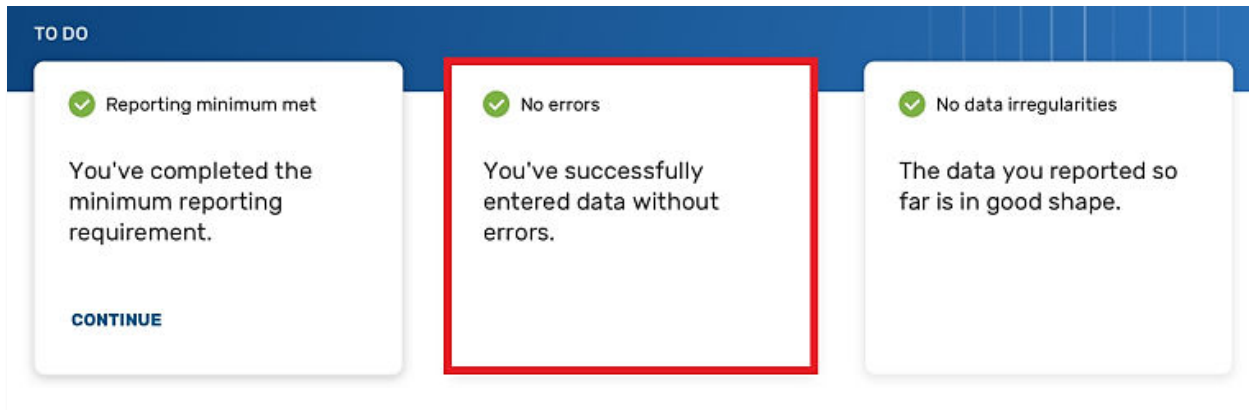
Excel Errors

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.

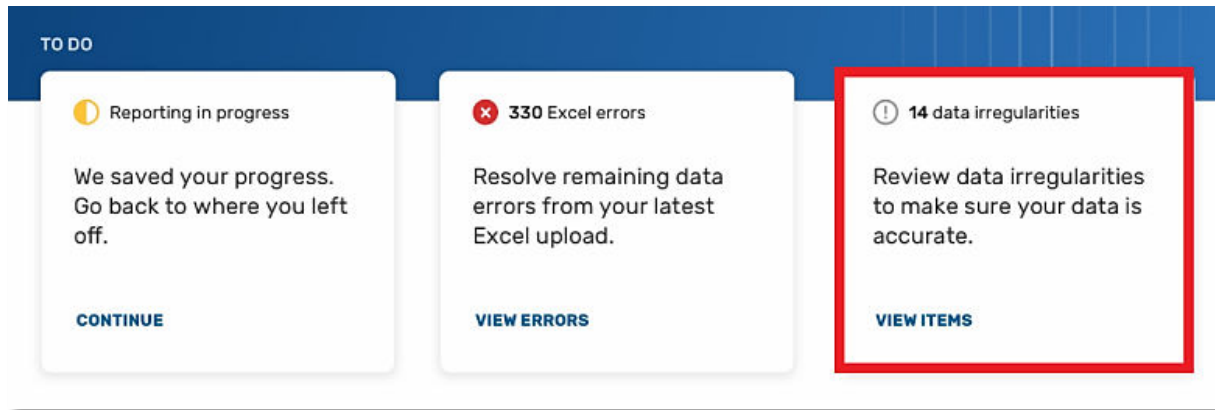


DISCLAIMER: All screenshots include fictitious patients and organizations. Screenshots were captured from a test environment, so there may be slight variations between the screenshots included in this guide (including dates) and the user interface in the production system.

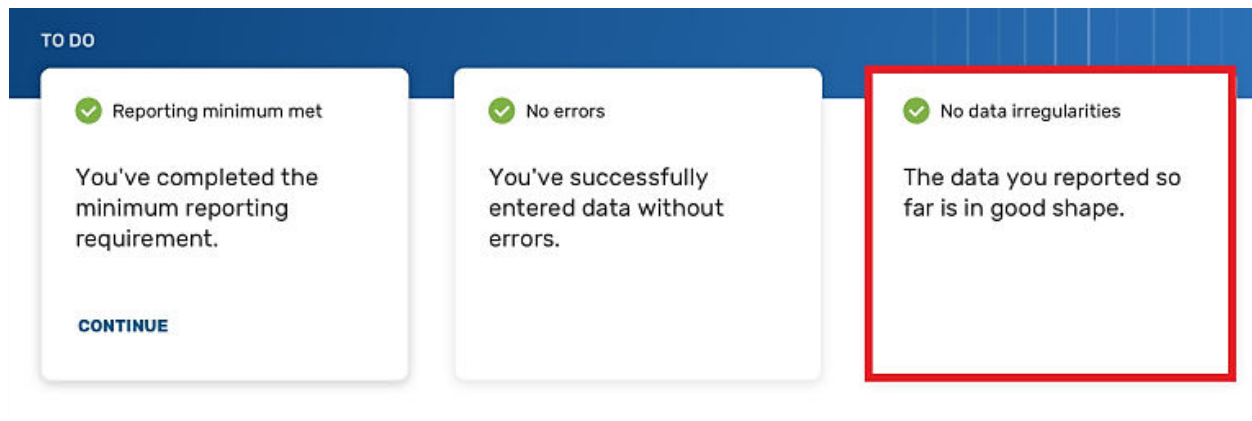
Data Irregularities

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](#).



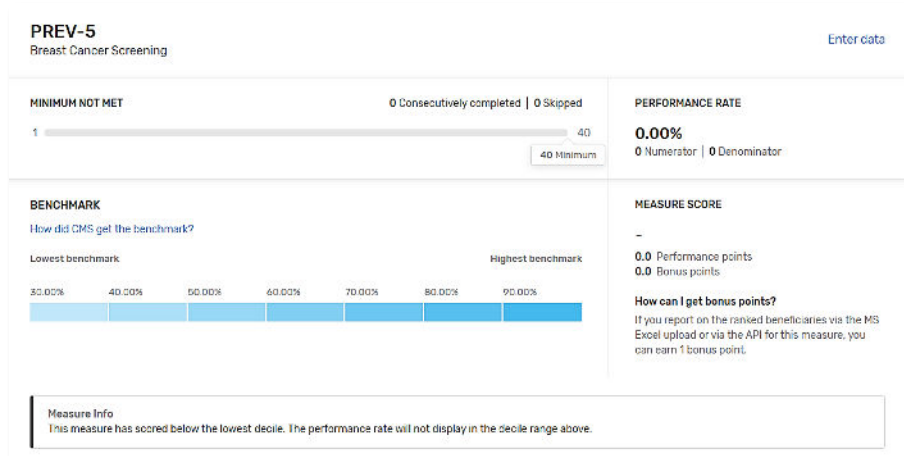
NOTE: Data Irregularities are also identified in the measure progress card and patient record. If you have no data irregularities, you will see a green checkmark without a link.



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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.



Measure Performance Information

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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 minimum reporting requirements for a given measure, you'll see a measure score that is reflective of your performance in comparison to the measure's benchmark.
- To access the individual measure scores for measures that meet the minimum reporting requirements (data completeness and case minimum of 20 patients), click on **View Reports** on the left side navigation bar, and then select Measure Rates.

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

Helpful Hints About Measure Scores

For APM Entities, including ACOs:

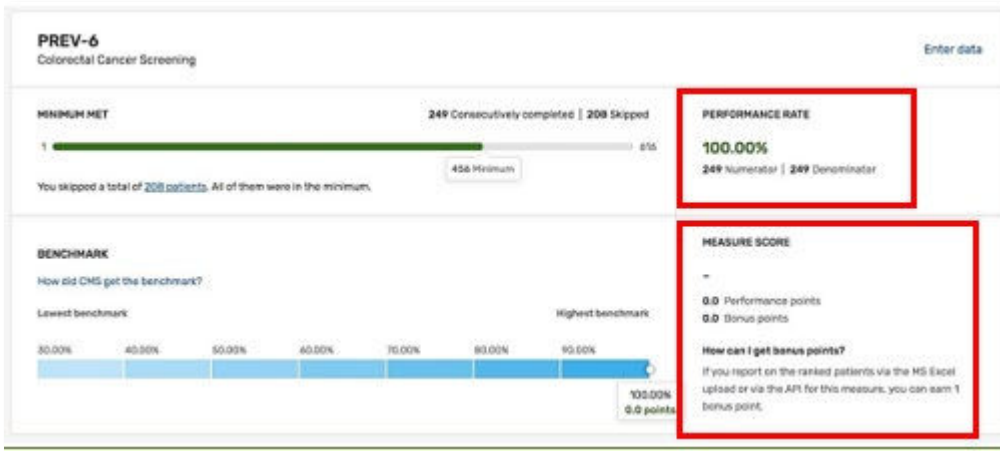
- ✓ You won't see MIPS measure score information on the **View Progress** page, but you will see your performance rate in progress as soon as you begin reporting.
- ✓ Once you've met the minimum reporting requirement for any CMS Web Interface measure, you can access preliminary MIPS measure score information 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 won't see MIPS measure score information on the **View Progress** page until you've met the minimum reporting requirement for all measures, but you will see your performance rate in progress as soon as you begin reporting.
- ✓ Once you've met the minimum reporting requirement for any CMS Web Interface measure, you can access preliminary MIPS measure score information in the [Measure Rates report](#).

- **Bonus Points** - There are no bonus points available for quality measures beginning in the 2022 performance period.

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Measure scores won't be displayed on the View Progress page until the organization meets data completeness for **all** measures (see screenshot to the left).

However, you can access preliminary measure scores for individual measures in the Measure Rates report as data completeness is met on a measure-by-measure basis (see screenshot below).

< Eligibility & Reporting

Casper - Reichert

APM Entity ID: A1061

QUALITY DATA REPORTING

CMS Web Interface

View Progress

Report Data

View Reports

Manage Clinics

Manage Providers

Frequently Asked Questions

CARE-2

Screening for Future Fall Risk

View details

Total: 165

Complete: 165

Incomplete: 0

Skipped: 0

CONSECUTIVELY COMPLETE:

165

165 minimum requirements met

Numerator:

165

Denominator:

165

Performance Rate:

100.00%

Measure Score:

10.00

Performance points:

10.0

Bonus points:

0.0

DM-2

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

View details

Total: 415

Complete: 415

Incomplete: 0

Skipped: 0

CONSECUTIVELY COMPLETE:

415

248 minimum requirements met (+167 above minimum)

Numerator:

268

Denominator:

415

Performance Rate:

64.58%

Measure Score:

4.54

Performance points:

4.5

Bonus points:

0.0

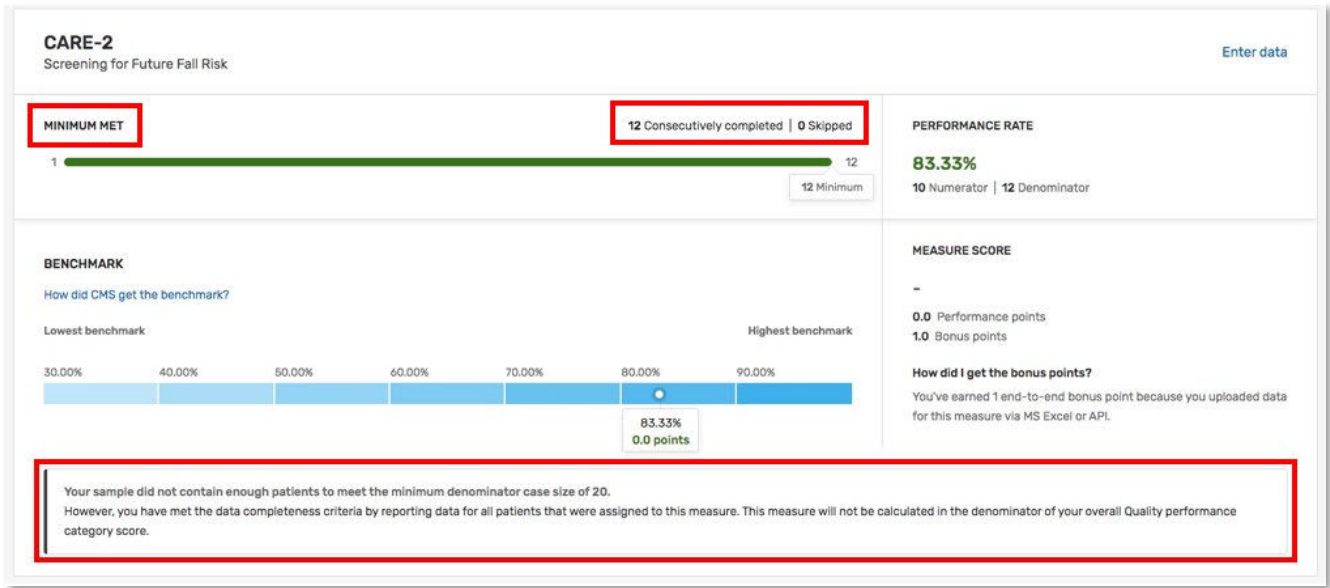
Other Measure Information

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There are some measures that don't have a benchmark, or your group or virtual group doesn't meet the case minimum of 20 patients for MIPS scoring. As a result, 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.

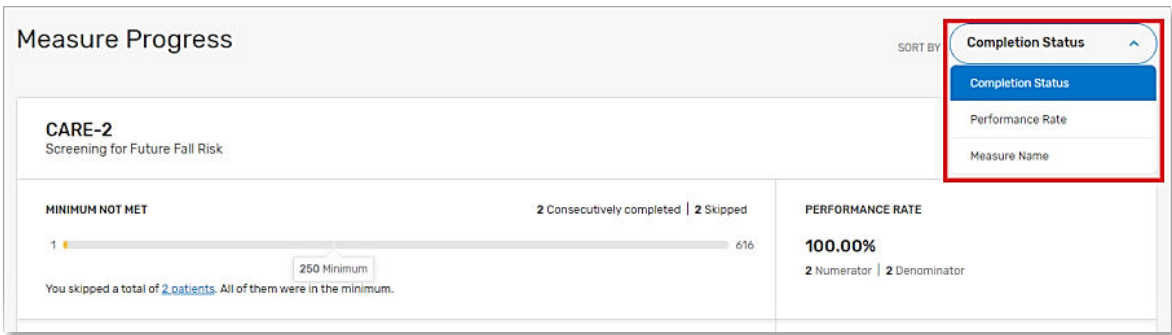
The screenshot below shows the message that's displayed when a measure meets data completeness but has less than 20 patients in the sample.



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: 11/08/2022 11:41 AM CT

FILTER BY

Activity Type

Q, Type or select

SELECT DATE RANGE

Last 7 Days 11/01/2022 - 11/08/2022

1 Results

DATE	USER	ACTIVITY TYPE	DESCRIPTION
11/08/2022 11:20 AM CT	UserAcceptance Tester13	Downloaded sample	1 file downloaded

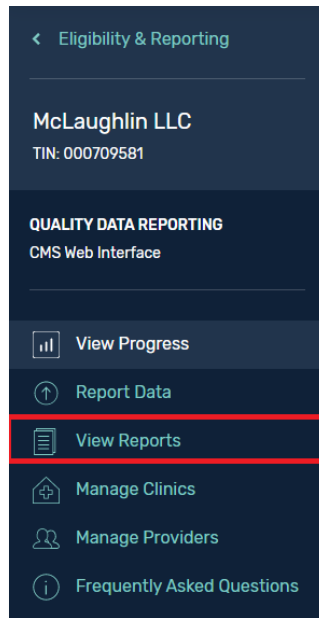
DISCLAIMER: All screenshots include fictitious patients and organizations. Screenshots were captured from a test environment, so there may be slight variations between the screenshots included in this guide (including dates) and the user interface in the production system.

View Reports

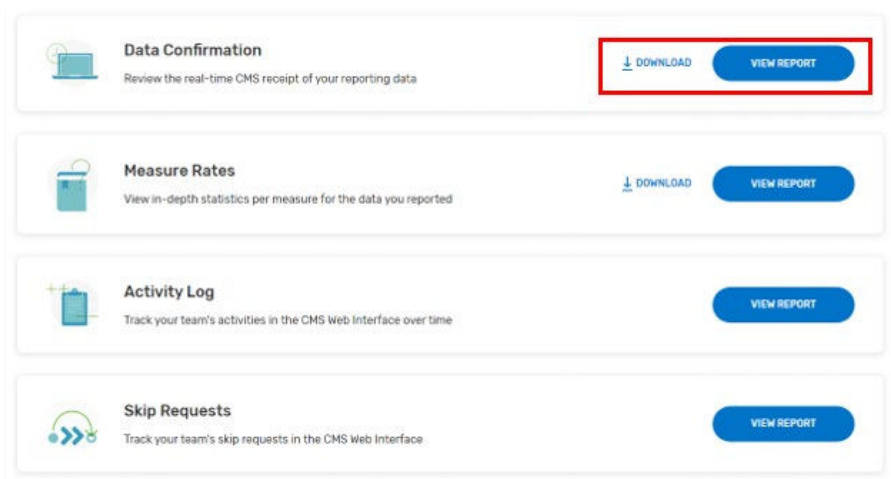
The CMS Web Interface contains reports for you to track your measure progress, review any data irregularities, view your team’s activity, and understand the data CMS has received to date.

Access Reports

- 1) On the navigation bar, 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.

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2022 Performance Period Reports: Groups, Virtual Groups, and APM Entities

View Reports contains 5 (or 6 if reporting for an APM Entity) different reports for the 2022 Performance Period that you can access during the submission period.



- [Skip Requests](#)
- [Data Irregularities](#)
- [Activity Log](#)
- [Data Confirmation](#)
- Measure Rates
 - APM Entities, including Shared Savings Program 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 423	Case Status In Progress	Last Activity 11/23/2020 12:34 PM ET	Patient ID 031585903B	Measure PREV-6	Rank 248	Report Status  Incomplete
Go to data entry						
Case Number 422	Case Status In Progress	Last Activity 11/23/2020 12:33 PM ET	Patient ID 031585903B	Measure PREV-5	Rank 136	Report Status  Incomplete
Go to data entry						

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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
6U02U17EC64 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, 08/12/1960	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
9U413B1UN13 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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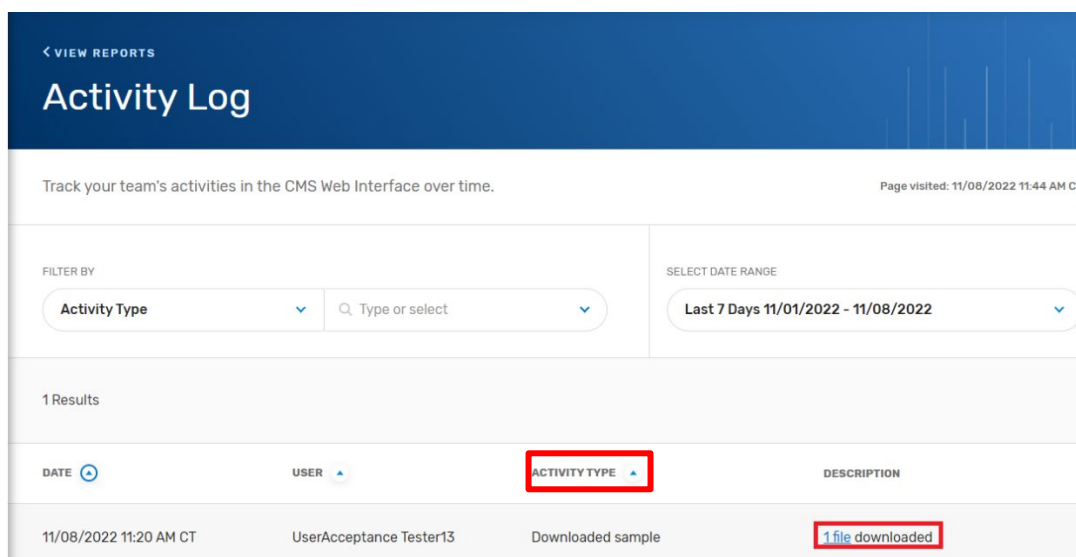
Activity Log

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.

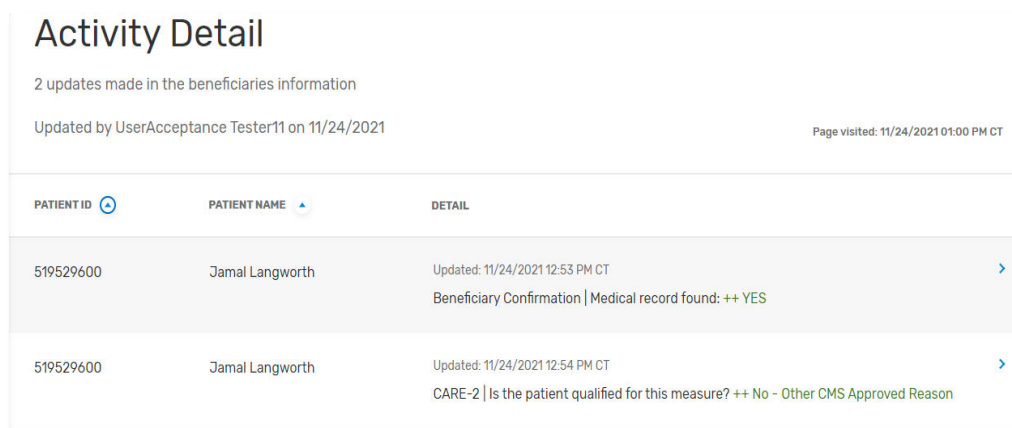
You can also click the hyperlinked updates in the **Description** column for a detailed view of the changes made during the activity.



DATE	USER	ACTIVITY TYPE	DESCRIPTION
11/08/2022 11:20 AM CT	UserAcceptance Tester13	Downloaded sample	1 file downloaded

To review updates made to patient data, you can see the exact changes that have been made per patient in the **Detail** column.

- 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.



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.

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< ACTIVITY LOG

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

Data Confirmation (During the Submission Period)

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

To download the report, select **Download Report** at the top right corner of the Data Confirmation page.

< VIEW REPORTS

2022 Data Confirmation

DOWNLOAD REPORT

Page visited: 11/08/2022 11:46 AM CT

<p>CMS DATA RECEIPT FOR</p> <p>McLaughlin LLC</p> <p>TIN# **-***9581</p>	<p>CMS successfully stored all of the data you have reported thus far.</p> <p>Your final data submission will be collected on the submission deadline of March 31, 2023, 8:00 PM ET.</p>
---	---

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

- 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: -

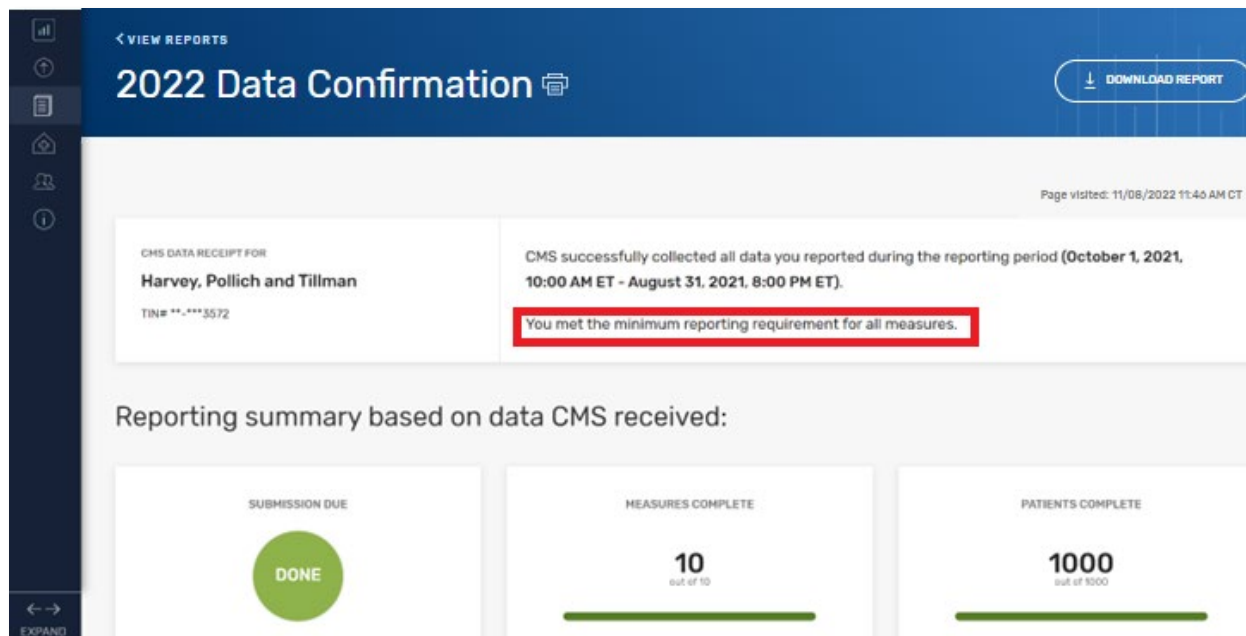
Measure Score: -

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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.



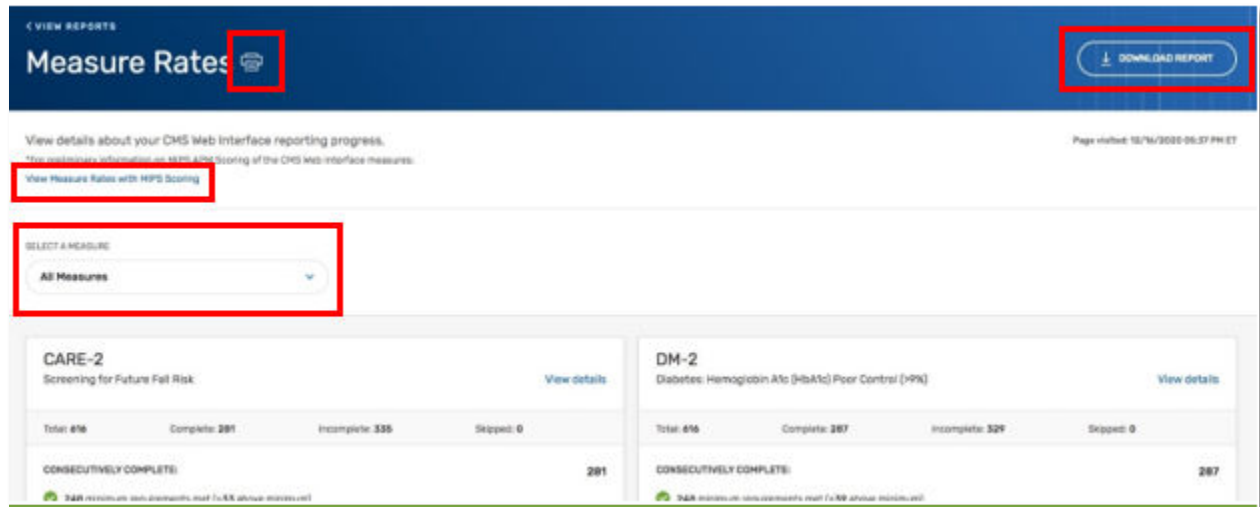
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Measure Rates (APM Entities)

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 right corner of the page.
- **Print** the report by clicking the printer icon next to the page title.
- Click [View Measure Rates with MIPS Scoring](#) on the upper left side of the page.
- **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.

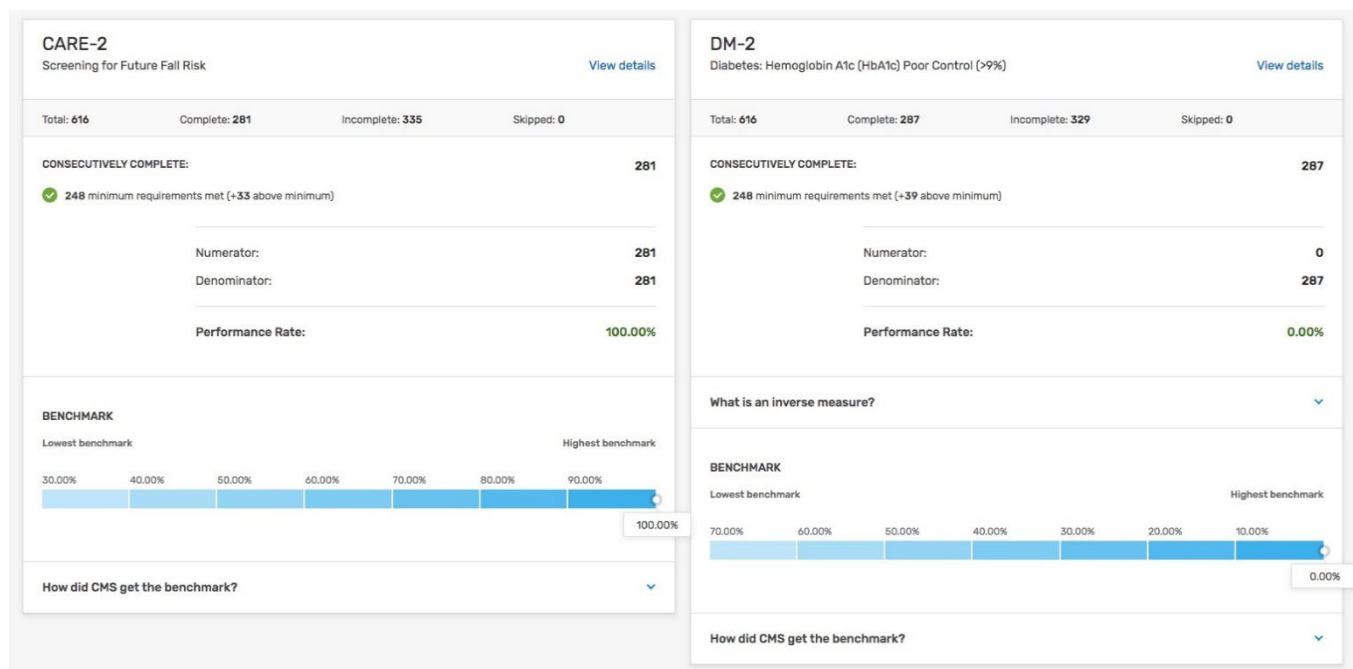
The version of the Measure Rates report for APM Entities doesn't show measure scores; to access measure score information, click **View Measures Rates with MIPS Scoring**.



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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.



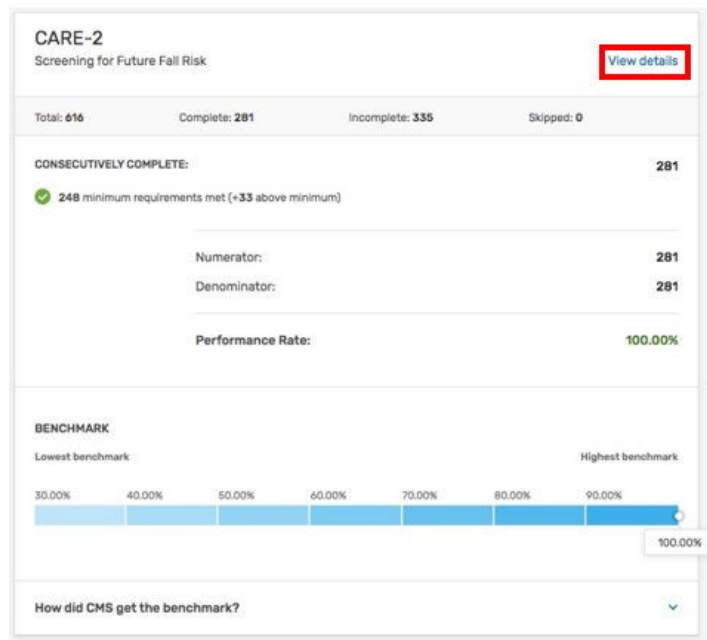
DISCLAIMER: All screenshots include fictitious patients and organizations. Screenshots were captured from a test environment, so there may be slight variations between the screenshots included in this guide (including dates) and the user interface in the production system.

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.

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

- **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.

When 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 in order to make any needed changes.

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[< 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%
<div>COMPLETE</div> <div>281</div>	<div>INCOMPLETE</div> <div>335</div>	<div>SKIPPED</div> <div>0</div>	<div>CONSECUTIVELY COMPLETE</div> <div>281</div>	<div>DENOMINATOR</div> <div>281</div>	<div>NUMERATOR</div> <div>281</div>	

Complete in total (281)

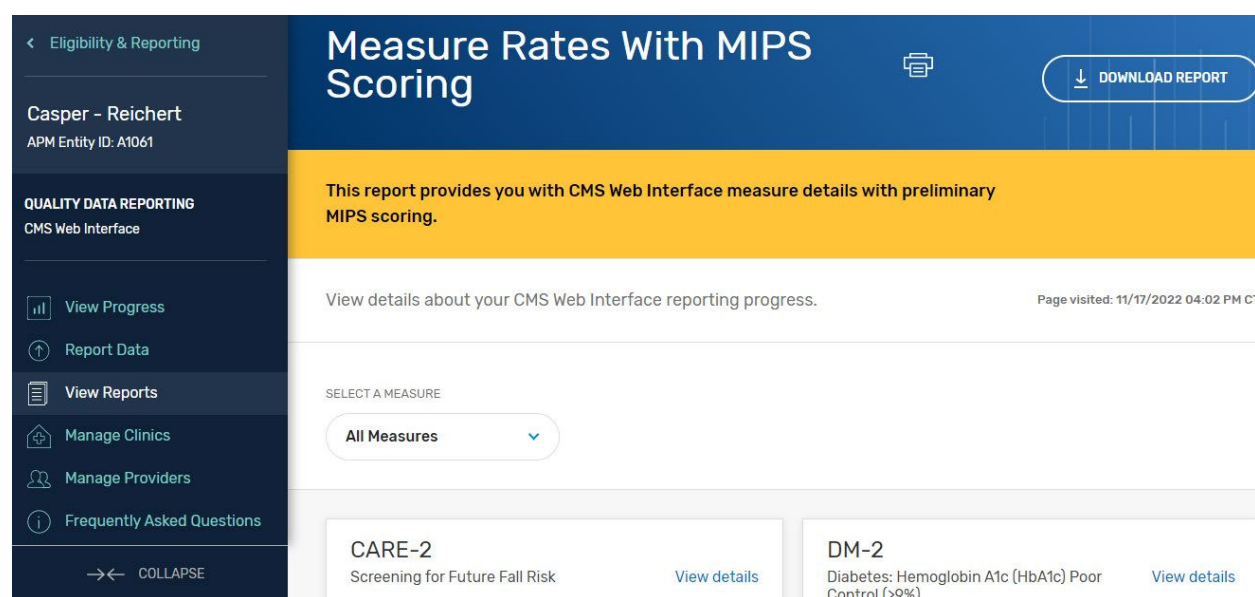
RANK	PATIENT ID	PATIENT NAME	DETAILS
1	5C94X80VV92	Velma Parker	<div>Ranked in minimum</div> <div>Included in denominator Included in numerator</div>
2	2A82D52PG82	Sheridan Thompson	<div>Ranked in minimum</div> <div>Included in denominator Included in numerator</div>

Measure Rates with MIPS Scoring (APM Entities)

The Measures Rates with MIPS Scoring report for Shared Savings Program ACOs includes the same information as the Measure Rates report for Shared Savings Program ACOs as well as information regarding MIPS measure scoring for clinicians scored in MIPS under the APP. From the Measure Rates page, click **View Measure Rates with MIPS Scoring**.



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



The report allows you to expand measures to view the scores and data completeness.

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Eligibility & Reporting

Casper - Reichert
APM Entity ID: A1061

QUALITY DATA REPORTING
CMS Web Interface

View Progress

Report Data

View Reports

Manage Clinics

Manage Providers

Frequently Asked Questions

COLLAPSE

CARE-2

Screening for Future Fall Risk

View details

Total: 165 Complete: 165 Incomplete: 0 Skipped: 0

CONSECUTIVELY COMPLETE:

165

165 minimum requirements met

Numerator:

165

Denominator:

165

Performance Rate:

100.00%

Measure Score:

10.00

Performance points:

10.0

Bonus points:

0.0

DM-2

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

View details

Total: 415 Complete: 415 Incomplete: 0 Skipped: 0

CONSECUTIVELY COMPLETE:

415

248 minimum requirements met (+167 above minimum)

Numerator:

268

Denominator:

415

Performance Rate:

64.58%

Measure Score:

4.54

Performance points:

4.5

Bonus points:

0.0

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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 right corner of the page.
- **Print** 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.

Measure Rates

View details about your CMS Web Interface reporting progress. Page visited: 12/16/2020 09:35 PM ET

SELECT A MEASURE

All Measures

CARE-2
Screening for Future Fall Risk

Total: 616 Complete: 288 Incomplete: 325 Skipped: 3

CONSECUTIVELY COMPLETE: 0

251 minimum requirements not met

You skipped a total of 3 patients. All of them were in the minimum.

Numerator: 0

DM-2
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

Total: 199 Complete: 0 Incomplete: 199 Skipped: 0

CONSECUTIVELY COMPLETE: 0

199 minimum requirements not met

Numerator: 0

Denominator: 0

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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.

<div><div>CARE-2</div><div>Screening for Future Fall Risk</div><div>View details</div></div> <div>Total: 165 Complete: 165 Incomplete: 0 Skipped: 0</div> <div><div>CONSECUTIVELY COMPLETE:</div><div>165</div><div>✓ 165 minimum requirements met</div><div><div>Numerator:</div><div>165</div><div>Denominator:</div><div>165</div><div>Performance Rate:</div><div>100.00%</div><div>Measure Score:</div><div>10.00</div><div>Performance points:</div><div>10.0</div><div>Bonus points:</div><div>0.0</div></div></div>	<div><div>DM-2</div><div>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)</div><div>View details</div></div> <div>Total: 415 Complete: 415 Incomplete: 0 Skipped: 0</div> <div><div>CONSECUTIVELY COMPLETE:</div><div>415</div><div>✓ 248 minimum requirements met (+167 above minimum)</div><div><div>Numerator:</div><div>268</div><div>Denominator:</div><div>415</div><div>Performance Rate:</div><div>64.58%</div><div>Measure Score:</div><div>4.54</div><div>Performance points:</div><div>4.5</div><div>Bonus points:</div><div>0.0</div></div></div>
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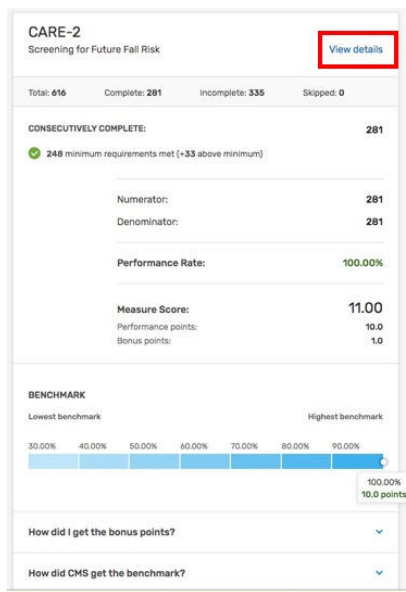
DISCLAIMER: All screenshots include fictitious patients and organizations. Screenshots were captured from a test environment, so there may be slight variations between the screenshots included in this guide (including dates) and the user interface in the production system.

The measure card further breaks down patient numbers 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.

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

- **Performance Rate** –
 - The numerator divided by the denominator.
- **MIPS Measure Score** –
 - The achievement points earned by comparing performance to a benchmark.
 - **NOTE:** The measure score will display as “—” until you have met the minimum reporting requirement for the measure
- **Benchmarks** for the measure score 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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When 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 in order to make any needed changes.

MEASURE RATES

CARE-2

Screening for Future Fall Risk

Learn more about this measure

Page visited: 12/16/2020 05:48 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

2A82D52P082

Sheridan Thompson

Ranked in minimum
included in denominator | included in numerator

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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



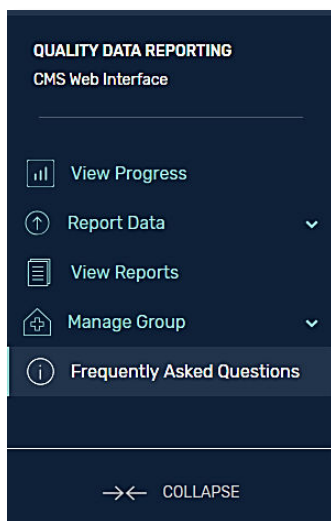
Did you know?

You can also access CMS Web Interface reports from previous performance periods through the **Reports** tab on the left side navigation bar once you sign in to qpp.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 side 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 side navigation bar.

The 2022 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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