

# CMS Web Interface User Guide

Last updated: 12/28/2020

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# Introduction

The CMS Web Interface is a user-friendly, secure, internet-based data submission mechanism for Accountable Care Organizations (ACOs), and groups and virtual groups of 25 or more clinicians to report quality data to the Quality Payment Program. This user guide will use the term “organization” when referring to information that applies to 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. This guide does not 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 above or in 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 are 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 will:

- 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 4, 2021 through March 31, 2021 via:
  - Excel upload;
  - Manual entry;
  - Application Programming Interface (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](#)

## How the CMS Web Interface Works

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

### Measures

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

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

[2020 CMS Web Interface Measure Specifications and Supporting Documents](#)

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 the measure.

### Patient Sample Considerations

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

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

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

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

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

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

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

## CMS Web Interface Updates for 2020

CMS continues to update the system by adding enhancements identified by CMS Web Interface users that provide the greatest value. This section outlines policy changes that will affect your 2020 CMS Web Interface reporting.

### Discontinuation of High Priority Bonus for ACOs

ACOs are no longer eligible to receive bonus points for the high-priority measures required by the CMS Web Interface. These bonus points were discontinued for groups and virtual groups starting with the 2019 performance period.

### Measure Specification Changes

You will need to review the updated 2020 measure specifications as a majority of the measures received substantive changes. The table below outlines changes that can found in the Submission Release Notes within the [2020 CMS Web Interface Measure Specifications and Supporting Documentation](#).

CMS Web Interface Measure	Release Notes Information
CARE-2: Falls: Screening for Future Fall Risk	Updated Clinical Recommendation Statements
DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Added Denominator Exclusions Updated Rationale
HTN-2: Controlling High Blood Pressure	Added Denominator Exclusions Updated Description, Initial Population, Denominator Exclusion, Numerator, Guidance, Guidance Numerator Notes, Rationale, and Clinical Recommendation Statements
MH-1: Depression Remission at Twelve Months	Updated Initial Population, Definitions, Guidance Denominator Notes, Numerator Submission, Rationale, and Clinical Recommendation Statements
PREV-5: Breast Cancer Screening	Added Denominator Exclusions Updated Description, Denominator Exclusion, Numerator, Definitions, Numerator Submission, and Rationale
PREV-6: Colorectal Cancer Screening	Added Denominator Exclusions Updated Denominator Exclusion, Rationale, and Clinical Recommendation Statements
PREV-7: Preventive Care and Screening: Influenza Immunization	Updated Guidance and Clinical Recommendation Statements
PREV-10: Preventive Care and Screening: Tobacco Use: Screening and Cessation	Updated Description, Definitions, Guidance, Guidance Numerator Notes, and Guidance Denominator Notes

Intervention	
PREV-12: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Updated Description, Denominator Exception, Numerator, Guidance, Guidance Numerator Notes, and Rationale
PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Updated Denominator Exception, Numerator Note, Guidance, Guidance Denominator Note, and Rationale

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# Accessing the CMS Web Interface

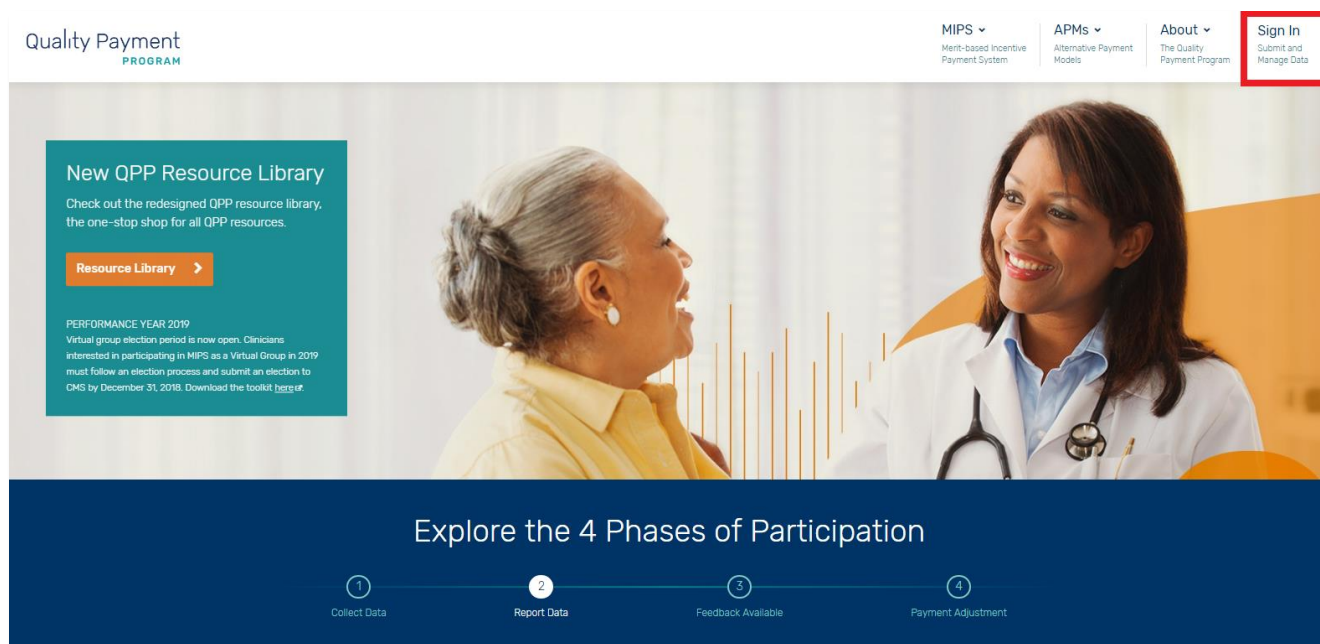
Your path to accessing the CMS Web Interface will differ slightly based on whether you are an ACO participating in the Shared Savings Program or Next Generation ACO Model) or a group or virtual group participating in MIPS.

## DISCLAIMER:

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

## Signing into the CMS Web Interface (All Users)

- 1) Go to [qpp.cms.gov](http://qpp.cms.gov) and click on **Sign In** at the top right corner.



Contact the Quality Payment Program, Monday through Friday, 8:00 a.m. - 8:00 p.m. ET  
By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant)  
By Email: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)

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

**Don't have an account?**

You'll need a HCQIS Access Roles and Profile (HARP) Account.

Review the **Register for a HARP Account and Connect to an Organization** documents in the [QPP Access User Guide](#) or click the Register tab.

- 3) If you have already provided your mobile phone number for two-factor authentication, you will get a verification code sent to your mobile phone once you click **Sign In**.

Enter your **one-time code** (received at your mobile device set up for two-factor authentication) and click **Submit Code**.

- If you have not yet set up a device for two-factor authentication, you will be prompted to do so before you can continue.
- For more information on setting up two-factor authentication, review the Register for a HARP Account document in the [QPP Access User Guide](#).

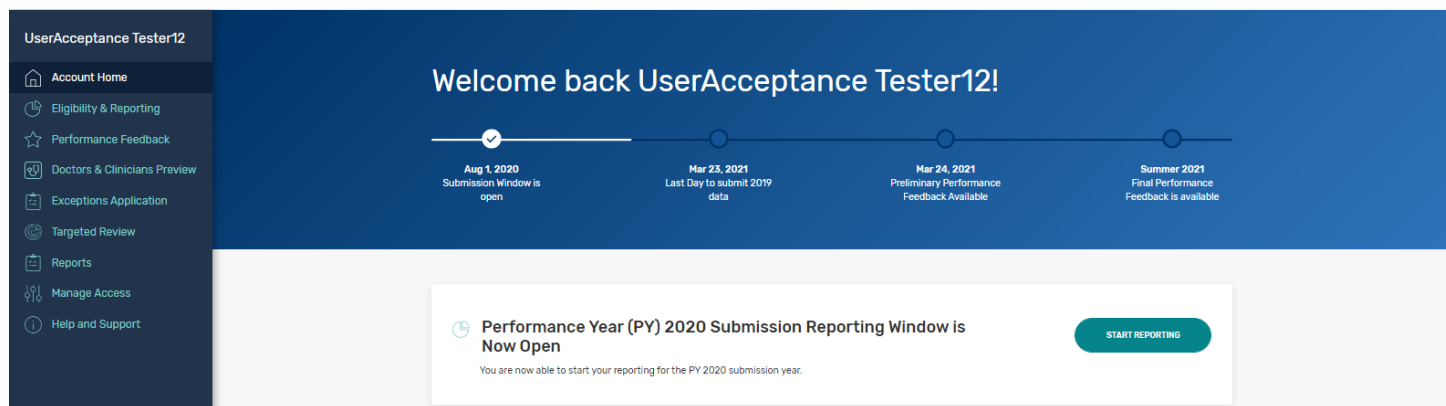
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By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant)  
By Email: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)

## For Groups and Virtual Groups

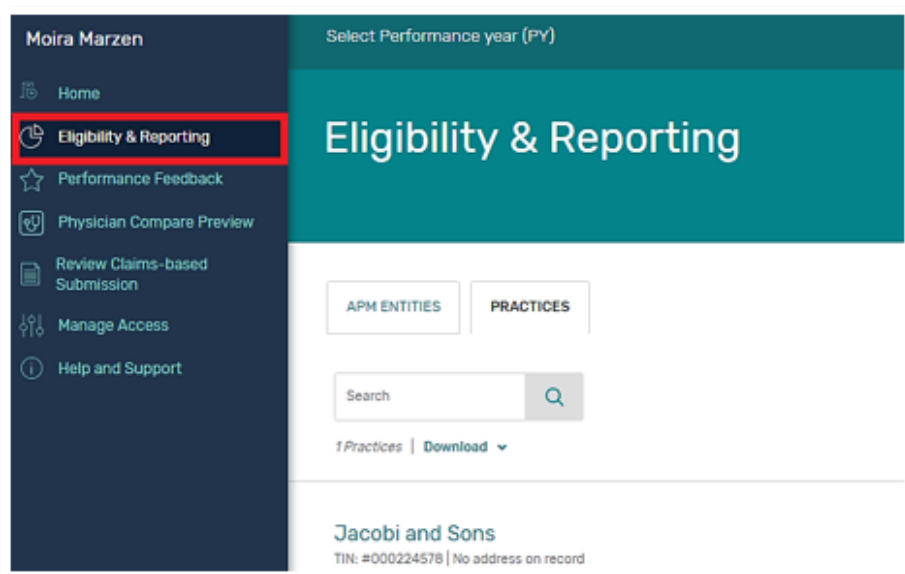
Once logged in, if you are part of a **Group** or **Virtual Group**, you will land on the **Home** page.

Are you reporting for an Accountable Care Organization (ACO)?

[Skip ahead](#)



- 1) Click the **Eligibility & Reporting** link in the left-hand navigation to access a list of all the organizations for which you can report data.
  - This is based on permissions/roles associated with your HARP account.



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

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

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

### Greenville Medical Clinic

TIN: #1234567890 | 5200 Manchester Ln., Greenville, OH 01234

✓ **MIPS Eligible Practice**

Exceeds low volume threshold: **Yes**

Total Medicare Patients at This Practice: **100,000**

Total Allowed Charges at This Practice: **\$500,234**

Special Statuses at the practice level: **Small practice, Rural**

APM Participation: **2 APMs**

[+ View APM details](#)

**REPORT AS GROUP**

**REPORT AS INDIVIDUALS**

[View clinician eligibility](#)

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

Practice Details and Clinicians

• Group Reporting Overview

Quality

Promoting Interoperability

Improvement Activities

☆ Performance Feedback

→← COLLAPSE

## Reporting Overview

TIN: 000224578

**Start reporting**

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

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

**Quality Measures**

Details

**START REPORTING**

**GO TO CMS WEB INTERFACE**

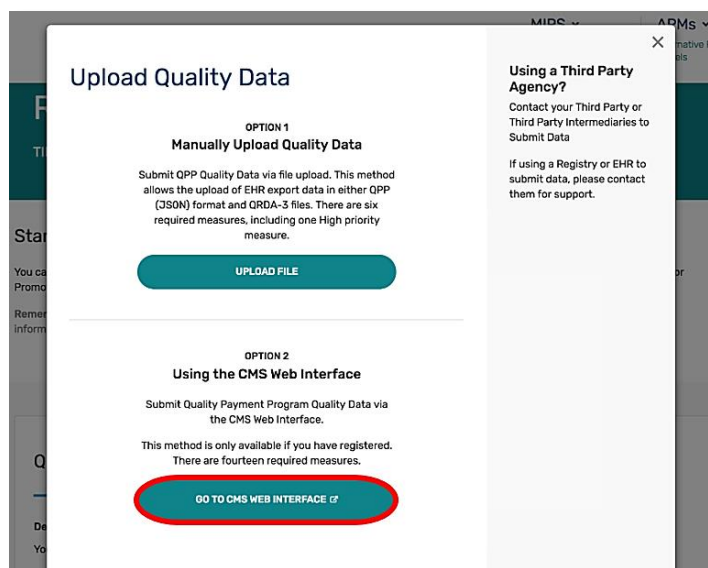
**UPLOAD A FILE**

Last File Uploaded: 11-30-2018

**PRINT**

Contact the Quality Payment Program, Monday through Friday, 8:00 a.m. - 8:00 p.m. ET  
By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant)  
By Email: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)

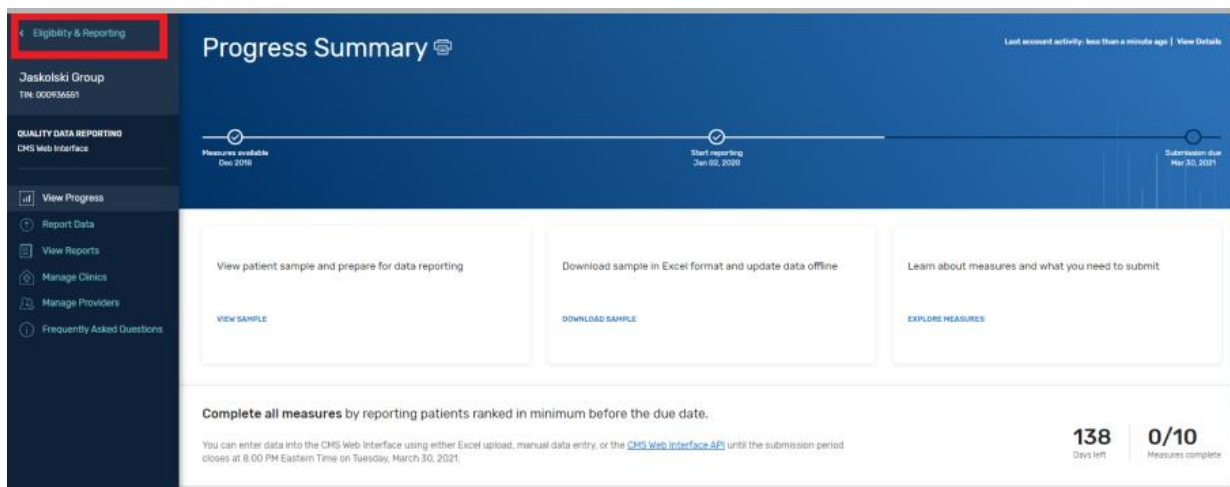
- 4) If you click **Start Reporting**, you'll need to click **Go to CMS Web Interface** to open the CMS Web Interface.



If you don't see **Go to CMS Web Interface** on either of these screens, it may mean you did not register the Virtual Group or Taxpayer Identification Number (TIN) in time for the CMS Web Interface, or the Virtual Group or TIN is not eligible for CMS Web Interface reporting.

Please contact the Quality Payment Program with questions  
1-866-288-8292 (TRS: 711), Monday – Friday, 8:00 a.m. – 8:00 p.m. ET.

- 5) You can go back to your list of practices at any time by clicking **Eligibility & Reporting** at the top of the left-hand navigation.

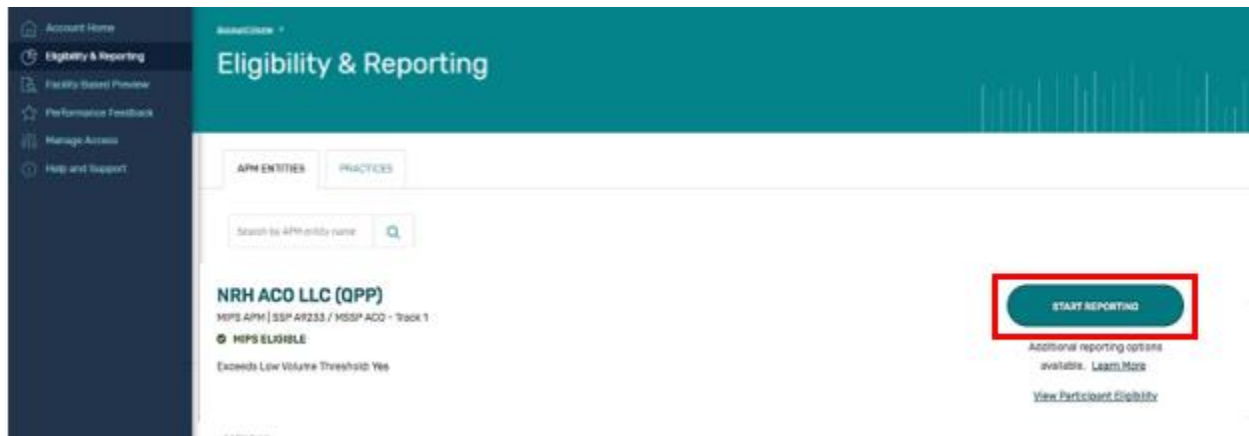


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By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant)  
By Email: QPP@cms.hhs.gov

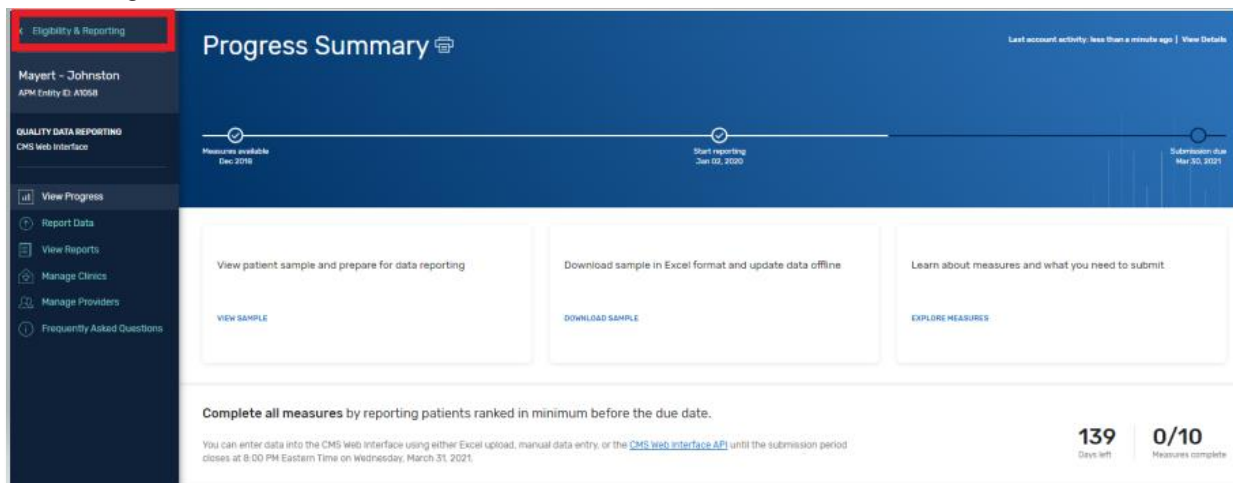
## For Accountable Care Organizations (ACOs)

Once logged in, if you are part of an APM Entity, specifically a Medicare Shared Savings Program or Next Generation ACO, you will see the **Account Dashboard**, which will list all the ACOs for which you can report data. This is based on the permissions/roles associated with your account.

- 1) Select **Start Reporting** next to the APM Entity for which you'd like to report quality data to be taken directly to the CMS Web Interface.



You can go back to your list of connected APM Entities at any time by clicking **Eligibility & Reporting** at the top of the left-hand navigation.



Contact the Quality Payment Program, Monday through Friday, 8:00 a.m. - 8:00 p.m. ET  
By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant)  
By Email: QPP@cms.hhs.gov

# What You Can Do in the CMS Web Interface

## Review the CMS Web Interface Timeline

You will be able to 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 2020 performance period at the Start Reporting milestone.**



### Measures Available Milestone

Measure specifications for the CMS Web Interface were made available following publication of the CY 2020 Quality Payment Program Final Rule in November 2019. 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 4, 2021** when the 2020 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, 2021 at 8:00 p.m. Eastern Time**, the CMS Web Interface will **close**, and you **won't be able to input or change any information**.

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

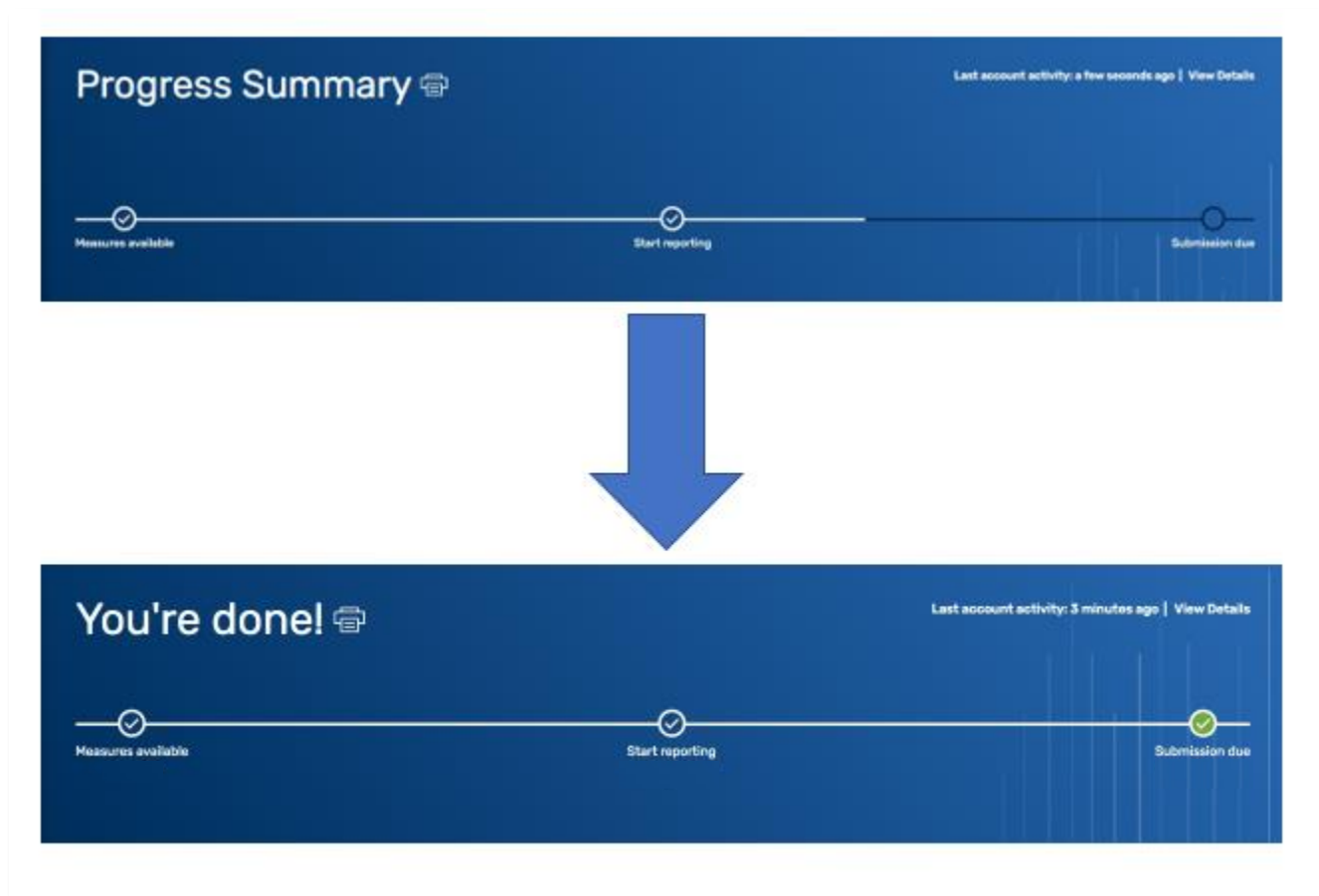
You will still be able to access the CMS Web Interface after the close of the submission period to run final reports from the current and previous performance periods.



## 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.



Contact the Quality Payment Program, Monday through Friday, 8:00 a.m. - 8:00 p.m. ET  
By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant)  
By Email: QPP@cms.hhs.gov

## View Sample

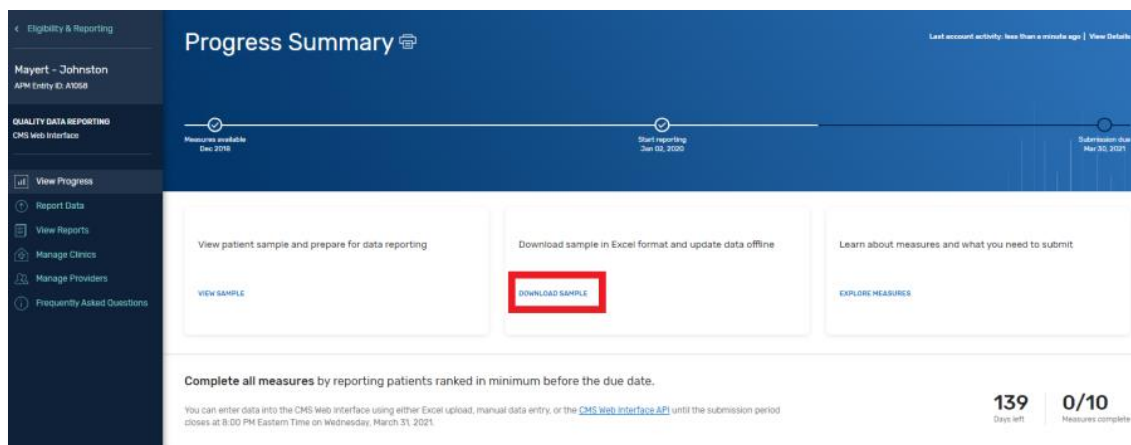
Once the Submission Period opens, you can view your sample in 2 ways:

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

## Download Sample

To download your sample using the Excel template:

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



OR

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



Contact the Quality Payment Program, Monday through Friday, 8:00 a.m. - 8:00 p.m. ET  
By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant)  
By Email: QPP@cms.hhs.gov

- 3) Select your **sample list** (or download preference). You have 2 options:
- **Patient Sample without Data** – Your template will only contain CMS pre-filled data. It will be your original sample before your team inputs any data into the CMS Web Interface.
  - **Patient Sample with Data** – Your template will be populated with any data you and your team have already entered in the CMS Web Interface—either manually or via a previous Excel upload.

The screenshot shows a web interface titled "Download Sample". Below the title, there is a text prompt: "Select a sample list to download in Excel format." Below this is a dropdown menu with the placeholder text "Select a sample list". The dropdown is open, showing two options: "Patient Sample Without Data" (highlighted in blue) and "Patient Sample With Data". Below the dropdown, there is a "CANCEL" button. On the right side of the interface, there are two expandable sections: "What versions of Excel are supported by the Web Interface?" and "How do I use the Excel file I am downloading?".

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

## 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

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>Clinic</div>445629757<div>Provider</div>1. Alize Gutmann</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>Clinic</div>445629757<div>Providers</div>1. Alize Gutmann 2. Maya Senger 3. Laisha Boyle</div>	<div>Ranked in minimum: 0 measures</div> <div>0/0 complete</div> <div>In oversample: 1 measure</div> <div>0/1 complete</div>

For each patient, you can see:

### 1. Patient completion status

Each patient will have one of the following 3 statuses:


 **Incomplete** – If you have **not 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 do not start in the minimum may become part of the minimum if those ranked before them are skipped.

**NOTE:** You do NOT need to report on beneficiaries in a measure's oversample to have a successful submission. You need only to answer questions for measures in which the beneficiary is ranked in the minimum.

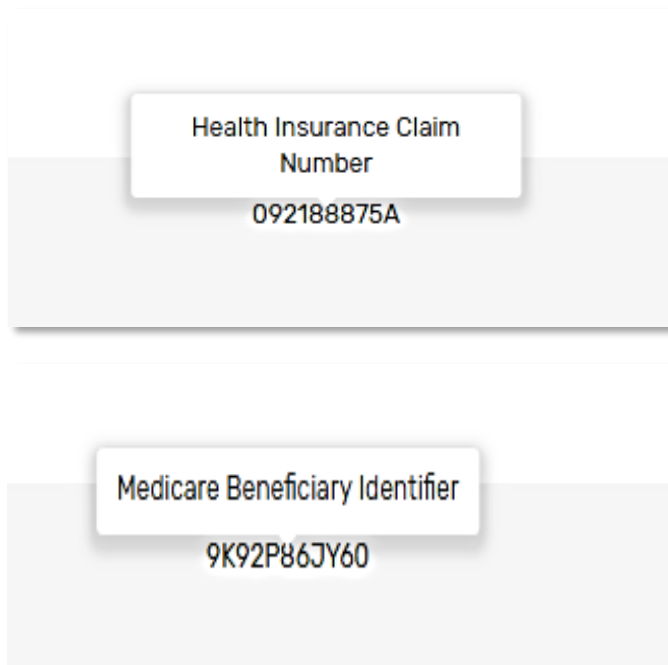
A complete submission is one for which the minimum reporting requirement for each measure is met, even if there are beneficiaries still identified as Incomplete.

 **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 do not qualify for the specific measure or for the sample and are removed from the denominator.

## 2. Patient ID

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



CMS is transitioning every Medicare beneficiary 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 beneficiary using their MBI.

## 3. Patient Info

Contains the patient's demographic information including:

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

## 4. Rank Summary

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

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By Email: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)

## Filter by Patient Status

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

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

VIEW SAMPLES AND ENTER DATA

SELECT A MEASURE

Filter By

Sort By

All Measures

Patient Name

Q. Type or select

Patient ID

All Measures

TOTAL  
2428 patients

COMPLETE

1 patient

INCOMPLETE

2426 patients

SKIPPED

1 patient

PATIENT ID

PATIENT INFO

RANK SUMMARY

012104879E

Jose Leffler  
Female, 08/01/1941

Ranked in minimum: 0 measures  
0/0 complete

Edit Data

Medical Record #  
--

Clinic  
445629757

Provider  
1. Alize Gutmann

In oversample: 1 measure  
1/1 complete

046016913C

Jacey Prosacco  
Male, 01/24/1957

Skipped from all ranked measures

Edit Data

Medical Record #  
--

Clinic  
445629757

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

Reason  
Not Qualified for Sample

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

Contact the Quality Payment Program, Monday through Friday, 8:00 a.m. - 8:00 p.m. ET  
 By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant)  
 By Email: QPP@cms.hhs.gov

## Filter Sample by Measure

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

VIEW SAMPLES AND ENTER DATA

SELECT A MEASURE: All Measures (dropdown)

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

SORT BY: Patient ID (dropdown)

ALL MEASURES

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

COMPLETE: 1 patient

INCOMPLETE: 2426 patients

SKIPPED: 1 patient

RANK SUMMARY

Ranked in minimum: 0 measures  
0/0 complete

In oversample: 1 measure  
1/1 complete

Star: 5/01/1941

Med # Clinic Provider  
445629757 1. Alize Gutmann

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

## Filter Sample by Other Criteria

You can further filter down the list by:

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

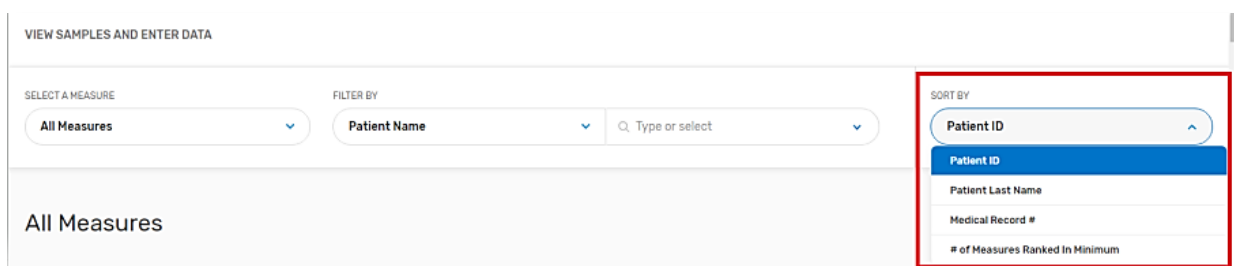
Once you have selected a specific **filter type**, enter the **specific query** into the adjoining field to further filter the list.



## Sort Sample

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

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



VIEW SAMPLES AND ENTER DATA

SELECT A MEASURE: All Measures

FILTER BY: Patient Name

Q. Type or select

SORT BY: Patient ID

Sort options: 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 by volume of primary care services provided. A patient can have more than one provider.
- **Clinic ID** – Also known as clinic's Tax Identification Number (TIN).
- **General Comment** – Any additional information you want to note with a patient can go underneath general comment.

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

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

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** in the right-hand side of the page

< View patient list

058103794D Bernard McCullough Male, 12/02/1953

**PATIENT'S RANKED MEASURES (7)**

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

**Patient ID 058103794D | All ranked measures**

**Bernard McCullough**  
Patient demographics

**Edit info**

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

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

Contact the Quality Payment Program, Monday through Friday, 8:00 a.m. - 8:00 p.m. ET  
 By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant)  
 By Email: QPP@cms.hhs.gov

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

The screenshot shows a web form for editing patient demographic information. At the top, the patient's name "Bernard McCullough" is displayed. Below the name, there is a "Patient ID" field with the value "058103794D". A "\* Required" label is positioned to the right of the Patient ID field. The form includes several input fields: "First Name \*" with the value "Bernard", "Last Name \*" with the value "McCullough", a gender dropdown menu currently set to "Male", a "Date of Birth \*" field with the value "12/02/1953", and a "Medical Record #" field. Below these fields is a "Providers" section with the instruction "Select up to 3 providers". It contains three input fields for "Provider 1 Name / NPI", "Provider 2 Name / NPI", and "Provider 3 Name / NPI". The first provider field is populated with "Sabina Pacocha / 32447493...". Below the providers section is a "Clinic Name / ID" field with the value "Mante - Torphy / 445629757". At the bottom of the form is a "Comments" text area. A blue "SAVE" button is located at the bottom center, and a "CANCEL" link is below it. On the right side of the form, there are three expandable sections: "What is a Medical Record Number?", "What are Top Providers?", and "How can I add or edit clinics?", each with a downward arrow icon.

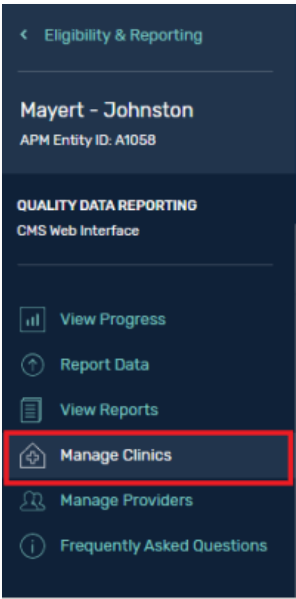
The **Provider** and **Clinic** information fields are input fields that turn into dropdown fields when you begin typing. You can only associate clinics and providers that are already in your system. To add, change or delete the clinics and providers in these lists, see the [Manage Clinics and Providers](#)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

# Manage Clinics and Providers

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

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

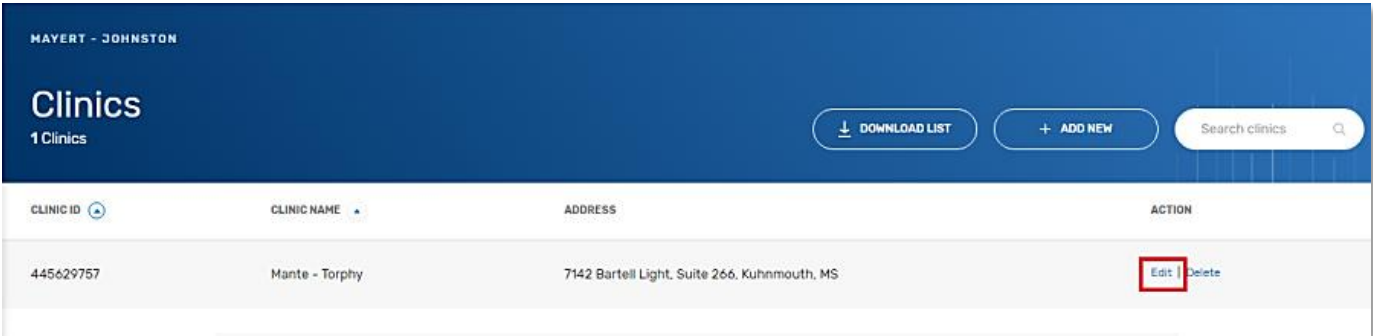
## Manage Clinics



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

## Edit Clinic

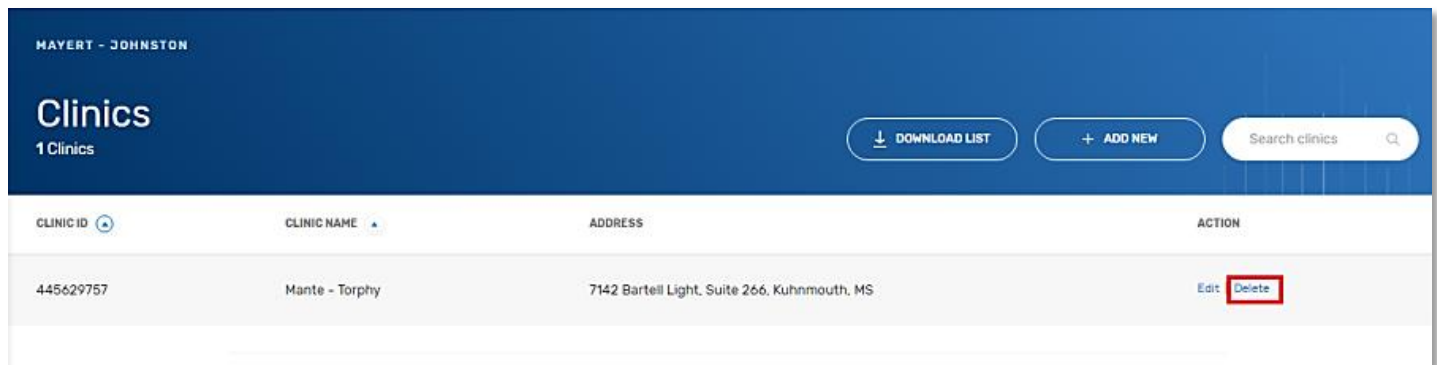
Each row represents a clinic. You can edit the information displayed for a clinic by clicking **Edit** on the right.



Contact the Quality Payment Program, Monday through Friday, 8:00 a.m. - 8:00 p.m. ET  
By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant)  
By Email: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)

## Delete Clinic

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



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### Clinics

1 Clinics

DOWNLOAD LIST + ADD NEW Search clinics

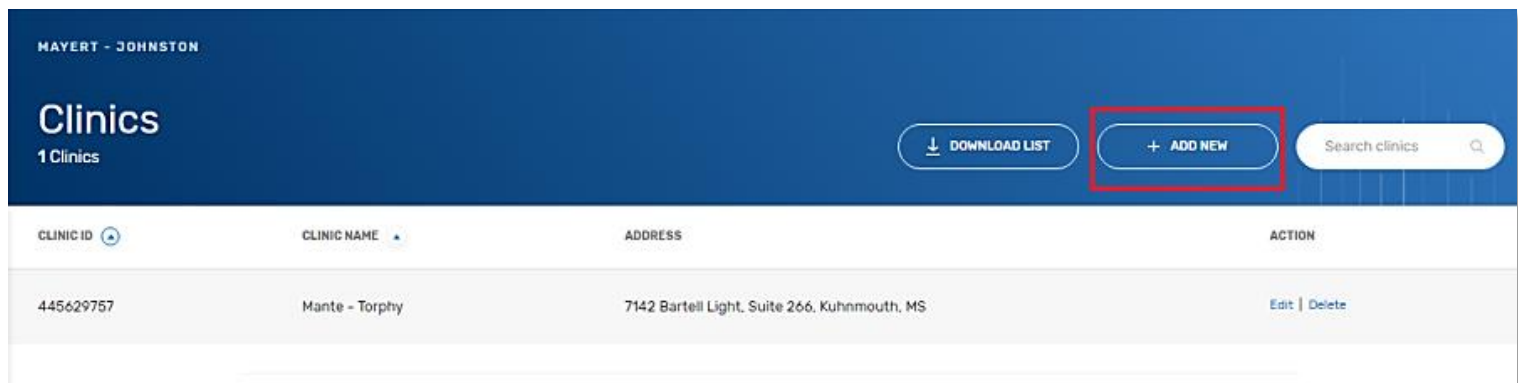
CLINIC ID	CLINIC NAME	ADDRESS	ACTION
445629757	Mante - Torphy	7142 Bartell Light, Suite 266, Kuhnmouth, MS	Edit <b>Delete</b>

To do so, you can:

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

## Add New Clinic

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



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### Clinics

1 Clinics

DOWNLOAD LIST **+ ADD NEW** Search clinics

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

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.

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**Clinics**

1 Clinics

DOWNLOAD LIST + ADD NEW Search clinics

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

## Clinic Sort and Search

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

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**Clinics**



1 Clinics

DOWNLOAD LIST + ADD NEW Search clinics

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

Contact the Quality Payment Program, Monday through Friday, 8:00 a.m. - 8:00 p.m. ET  
By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant)  
By Email: QPP@cms.hhs.gov

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


Clinics	
19 Clinics	
CLINIC ID 	CLINIC NAME 
024055722	Gusikowski, Von and Kemmer
030467178	Durgan, Kilback and Rice


Manage Providers


< Eligibility & Reporting


Mayert - Johnston  
APM Entity ID: A1058


QUALITY DATA REPORTING  
CMS Web Interface


 View Progress

 Report Data

 View Reports

 Manage Clinics










 **Manage Providers**

 Frequently Asked Questions

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

Edit Provider

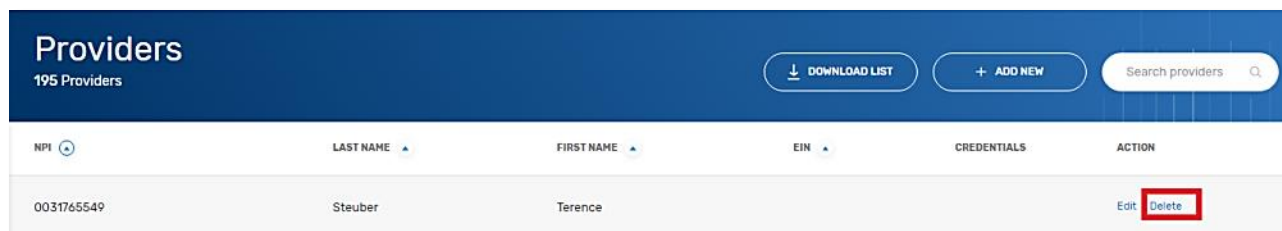
Each row represents a provider. You can edit the information displayed for a provider by clicking **Edit** on the right.

Providers						
195 Providers						
 DOWNLOAD LIST		 ADD NEW		Search providers 		
NPI 	LAST NAME 	FIRST NAME 	EIN 	CREDENTIALS	ACTION	
0031765549	Steuber	Terence			 	

Contact the Quality Payment Program, Monday through Friday, 8:00 a.m. - 8:00 p.m. ET  
By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant)  
By Email: QPP@cms.hhs.gov

## 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.



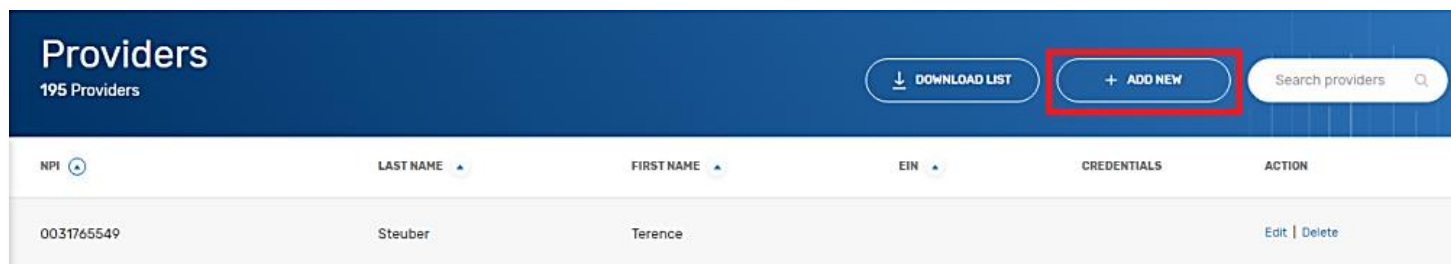
NPI	LAST NAME	FIRST NAME	EIN	CREDENTIALS	ACTION
0031765549	Steuber	Terence			Edit <b>Delete</b>

To do so, you can:

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

## Add New Provider

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



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



## Download Provider List

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

Providers					
195 Providers					
<div><div>↓ DOWNLOAD LIST</div><div>+ ADD NEW</div><div>Search providers <input type="text"/></div></div>					
NPI	LAST NAME	FIRST NAME	EIN	CREDENTIALS	ACTION
0031765549	Steuber	Terence			<a href="#">Edit</a>   <a href="#">Delete</a>

## Provider Sort and Search

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

Providers					
195 Providers					
<div><div>↓ DOWNLOAD LIST</div><div>+ ADD NEW</div><div>Search providers <input type="text"/></div></div>					
NPI	LAST NAME	FIRST NAME	EIN	CREDENTIALS	ACTION
0031765549	Steuber	Terence			<a href="#">Edit</a>   <a href="#">Delete</a>

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

Providers					
195 Providers					
<div><div>↓ DOWNLOAD LIST</div><div>+ ADD NEW</div><div>Search providers <input type="text"/></div></div>					
NPI	LAST NAME	FIRST NAME	EIN	CREDENTIALS	ACTION
0031765549	Steuber	Terence			<a href="#">Edit</a>   <a href="#">Delete</a>

# Report Data

## Report Data via Excel

### Understand the Excel Patient Sample Template

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

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

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

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

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

**Note:** You can manually edit a beneficiary'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? <a href="#">Learn More</a>
2P05V99FV60		
4F86X93XY77	145	
8L93W53GG30	182	

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

- If a beneficiary 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.
- Beneficiaries may not be ranked in all measures.
- If a beneficiary is NOT ranked in a measure OR hasn't been confirmed for the sample, the question input fields will be dark gray and are not required.

## 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

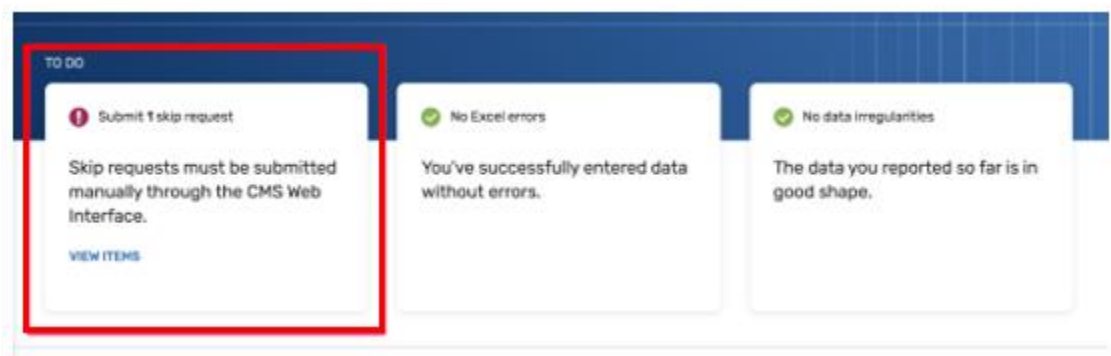
CARE-2 Rank	Is the patient qualified for this measure? <a href="#">Learn More</a>	Skip Request Status	Skip Request Reason
4	No - Other CMS Approved Reason	Pending	

Submit the skip request manually through the Web Interface.

Within the template, you can indicate that a patient is not 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 is not qualified for Other CMS Approved Reason, you will be prompted to action the View Progress page:



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

TOTAL 616 patients	COMPLETE 3 patients	INCOMPLETE 490 patients	SKIPPED 3 patients
RANK	REPORT STATUS	PATIENT ID	PATIENT INFO
<b>2</b> IN MINIMUM <a href="#">Edit Data</a>	<b>Incomplete</b> Request Other CMS Approved Reason through M1	9072W65LCB9	Daniella Hartmann Female, 06/02/1942 Medical Record # --- Class 408190360 Providers 1. Leora Berge 2. Marcelino Schoen 3. Elias Vorruden
<b>7</b> IN MINIMUM <a href="#">Edit Data</a>	<b>Incomplete</b>	1W5BA34FY34	Celestine Fay Female, 10/16/1940 Medical Record # --- Class 463782518 Providers 1. Oscar Bartsletti 2. Oda Christensen 3. Macie Kunze

Is the patient qualified for this measure?

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

**i** 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.

Contact the Quality Payment Program, Monday through Friday, 8:00 a.m. - 8:00 p.m. ET  
By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant)  
By Email: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)

## Upload Excel Data

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

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

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

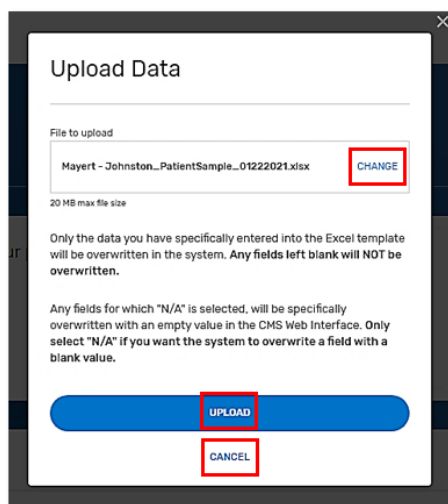
### Note

There is a 20 MB size limit for file uploads



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

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



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

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

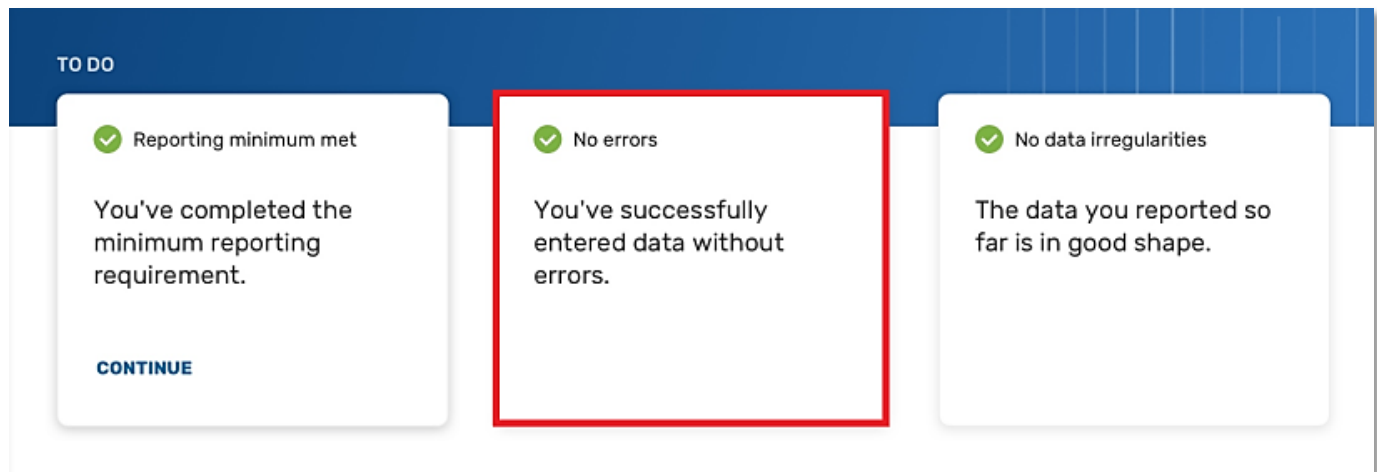
You can upload Excel files as many times and as frequently as you'd like. You can upload partially complete Excel files. You can upload data one measure at a time, or one patient at a time.

Contact the Quality Payment Program, Monday through Friday, 8:00 a.m. - 8:00 p.m. ET  
By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant)  
By Email: QPP@cms.hhs.gov

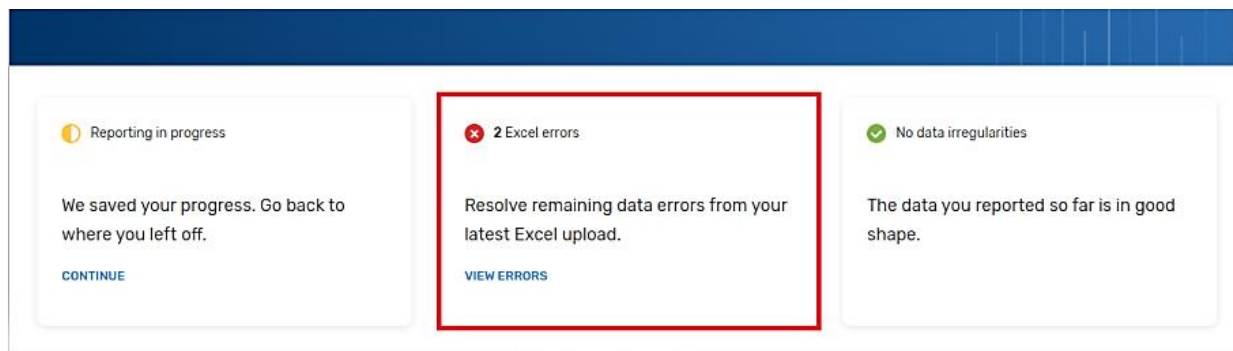
## Resolve Errors

Once your Excel file is uploaded into the system, you may find errors in some of your patient data. The system will not 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.



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.

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

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

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

The list of errors provides information including:

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

### 3. **Correct** your errors

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

All Excel Errors				File uploaded: 11/20/2020 04:16 PM ET
Mayert - Johnston_PatientSample_01222021.xlsx				<a href="#">↓ DOWNLOAD ERRORS IN EXCEL</a>
✖ 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	<a href="#">Patient Demographics</a>	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	<a href="#">Patient Demographics</a>	Provider 1 NPI	The NPI 0101010101 is not found for your organization. Please go to Manage Providers using the navigation in the left window pane for your organization.	

### **Auto-generate your own Excel file**

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

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

- Column header text (casesensitive)
- 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.



## 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 do NOT need to complete the oversample to have a successful submission. You only need to report on the patients ranked in the minimum for each measure. A complete submission is considered one for which the minimum requirement for each measure is met.

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

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

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

### Helpful Hints

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

## 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 <a href="#">Edit Data</a>	Bernard McCullough Male, 12/02/1953  Medical Record #   Clinic   Provider --   445629757   1. Sabina Pacocha		Ranked in minimum: 7 measures 0/7 complete	
0A09L49WY85 <a href="#">Edit Data</a>	Katharina Turner Female, 12/10/1952  Medical Record #   Clinic   Providers --   445629757   1. Sabina Pacocha 2. Arch Beatty 3. Grant Turner		Ranked in minimum: 0 measures 0/0 complete  In oversample: 1 measure 0/1 complete	

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.

[View patient list](#)

**058103794D**  
**Bernard McCullough**  
 Male, 12/02/1953

**PATIENT'S RANKED MEASURES (7)**

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

**Patient ID 058103794D** | All ranked measures

**Bernard McCullough**  
 Patient demographics [Edit info](#)

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

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

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.

[View patient list](#)

**058103794D**  
**Bernard McCullough**  
 Male, 12/02/1953

**PATIENT'S RANKED MEASURES (7)**

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

**Patient ID 058103794D** | All ranked measures

**Bernard McCullough**  
 Patient demographics [Edit info](#)

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

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

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

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

☒ Yes  
☐ No - Medical Record Not Found  
☐ Not Qualified for Sample

Disqualification reason - select if applicable:  
 Select reason ▼

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

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

☐ Yes  
☐ No - Medical Record Not Found  
☒ Not Qualified for Sample

Disqualification reason - select if applicable:  
 Select reason ▼

Please select a valid disqualification reason.

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

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

[< View patient list](#)

**0581037940**  
**Bernard McCullough**  
 Male, 12/02/1953

**PATIENT'S RANKED MEASURES (7)**

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

**Patient ID 0581037940 | All ranked measures**

**Bernard McCullough**  
 Patient demographics [Edit info](#)

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

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

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

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

**Patient List:** A list of patient cards. The first card is highlighted with a red border and contains the following information:

- Asiyah Jacobs** (ID: 7149H27CR41)
- Aaron Dickinson** (ID: 0170F97RX55)
- Abbigail Jacobson** (ID: 3Y8ED85VW98)
- Male, 12/02/1953**

The second card in the list is also highlighted with a red border and contains the following information:

- 0A09L49WY85**
- Katharina Turner**
- Female, 12/10/1952**

The third card in the list contains the following information:

- 0A13P52PM29**
- Herminia Zulauf**
- Male, 06/06/1948**

**Patient ID 058103794D | All ranked measures**

**Bernard McCullough**  
Patient demographics

PATIENT NAME / ID	GENDER	PROVIDER 1 NAME / NPI
<b>Bernard McCullough</b> 058103794D	<b>Male</b>	<b>Sabina Pacocha</b> 3244749310

DATE OF BIRTH	MEDICAL RECORD #
<b>12/02/1953</b>	--

COMMENTS	CLINIC NAME / ID
	<b>Mante - Torphy</b> 445629757

## Manually Enter Data by Measure

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

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

**Measure Progress** SORT BY: Completion Status

**CARE-2**  
Screening for Future Fall Risk

**MINIMUM NOT MET** 0 Consecutively completed | 0 Skipped

1 248 Minimum 615

**PERFORMANCE RATE**  
**0.00%**  
0 Numerator | 0 Denominator

**BENCHMARK**  
How did CMS get the benchmark?  
Lowest benchmark 30.00% 40.00% 50.00% 60.00% 70.00% 80.00% 90.00% Highest benchmark

**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** Incomplete  
IN MINIMUM

**3K05V84JM43**  
**Lea Beier**  
Female, 04/23/1946

**1 ranked patient in CARE-2** IN MINIMUM

**Lea Beier**  
Patient demographics Edit info

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

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

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

**GO TO NEXT**

Alternatively, you can:

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

VIEW SAMPLES AND ENTER DATA

SELECT A MEASURE: CARE-2

FILTER BY: Patient Name

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%

TOTAL: 616 patients

COMPLETE: 1 patient

INCOMPLETE: 615 patients

SKIPPED: 0 patients

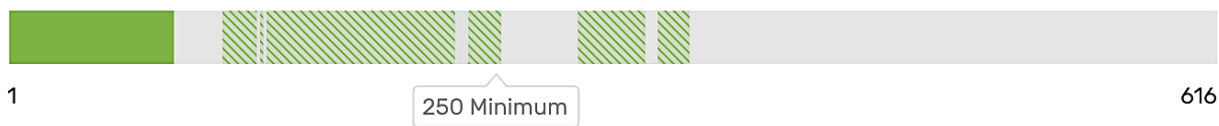
RANK	REPORT STATUS	PATIENT ID	PATIENT INFO
1 IN MINIMUM	Complete	SK05VB43M43	Lea Beier Female, 04/23/1946 Medical Record # 445629757 Clinic: 1, Terence Kutch 2, Paxton Wintheiser

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 on the left-hand side a small panel that summarizes the patient's rank in the selected measure and basic demographic information. If the rank is within the bounds of the minimum reporting requirement, it will have an **In Minimum** label.

[View patient list](#)

**0581037940**  
**Bernard McCullough**  
 Male, 12/02/1953

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 0581037940** | All ranked measures

**Bernard McCullough**  
 Patient demographics [Edit info](#)

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

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

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

[View patient list](#)

**0581037940**  
**Bernard McCullough**  
 Male, 12/02/1953

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 0581037940** | All ranked measures

**Bernard McCullough**  
 Patient demographics [Edit info](#)

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

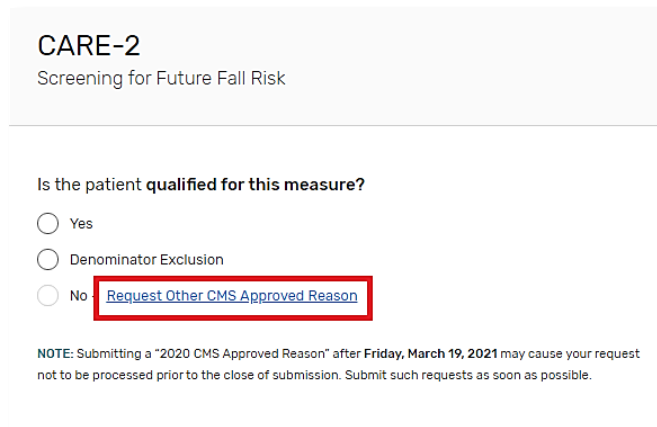
**Patient confirmation for sample**  
 Confirm that this patient is qualified for the sample.



## Other CMS Approved Reason

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

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



**CARE-2**  
Screening for Future Fall Risk

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

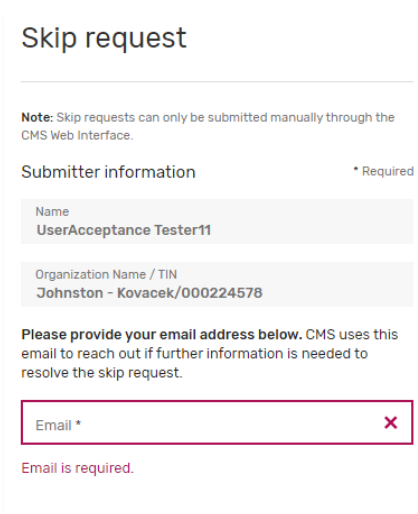
☐ Yes

☐ Denominator Exclusion

☒ No Request Other CMS Approved Reason

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

5. Enter your email address.



**Skip request**

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

**Submitter information** \* Required

Name  
UserAcceptance Tester11

Organization Name / TIN  
Johnston - Kovacek/000224578

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

Email \*

Email is required.

Contact the Quality Payment Program, Monday through Friday, 8:00 a.m. - 8:00 p.m. ET  
By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant)  
By Email: QPP@cms.hhs.gov

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

Case Details

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

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

Provide your description here

REQUEST CMS APPROVAL

CANCEL

#### What information should I provide?

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

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

You will see a modal window confirming 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 #420** has been submitted to CMS on 11/23/2020 10:27 AM ET.

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

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

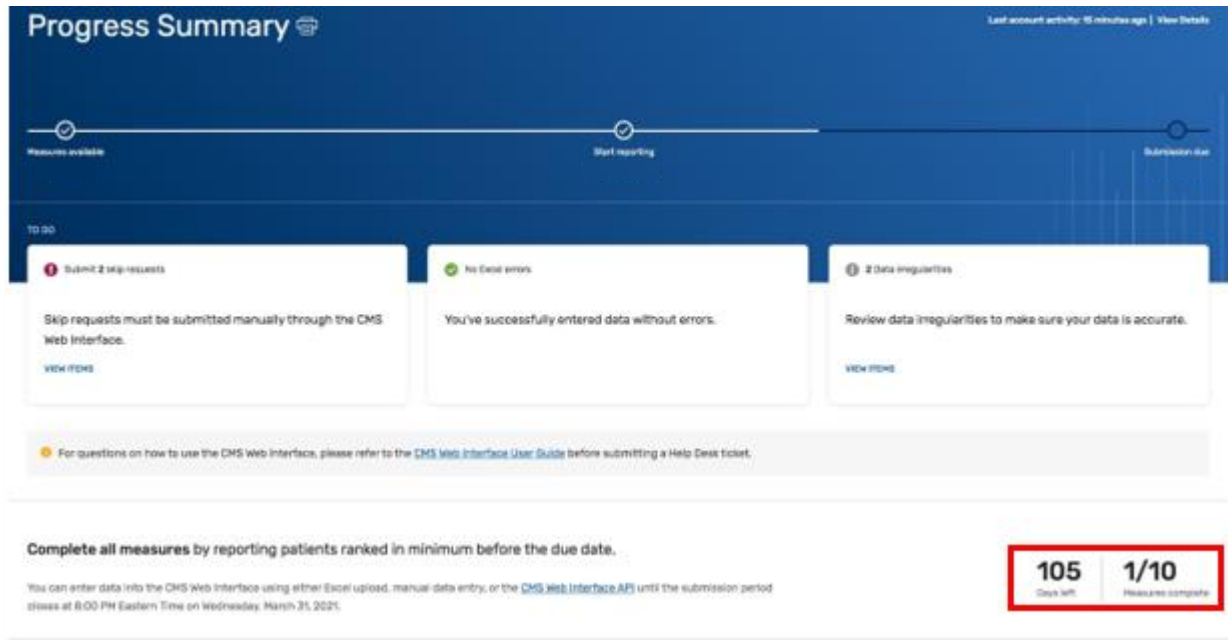
[DISMISS](#)

NOTE: Submitting a "2020 CMS Approved Reason" after Friday, March 19, 2021

## 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.



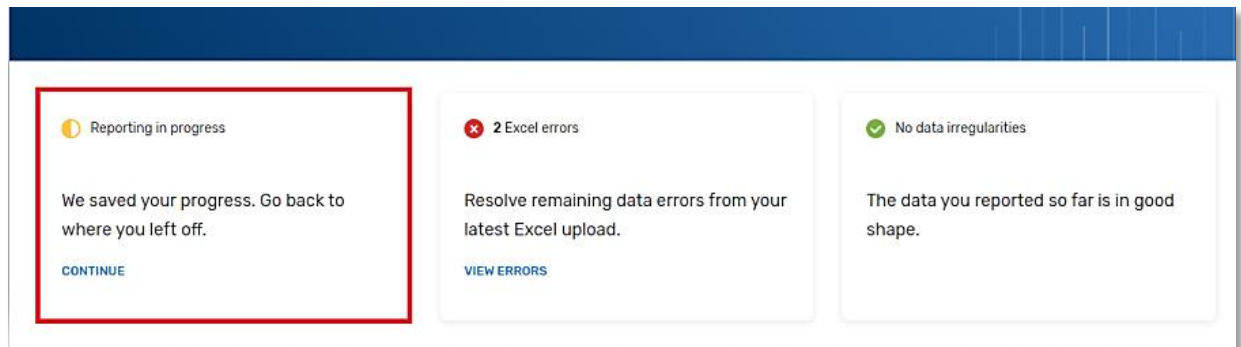
Contact the Quality Payment Program, Monday through Friday, 8:00 a.m. - 8:00 p.m. ET  
By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant)  
By Email: QPP@cms.hhs.gov

## To Do Cards

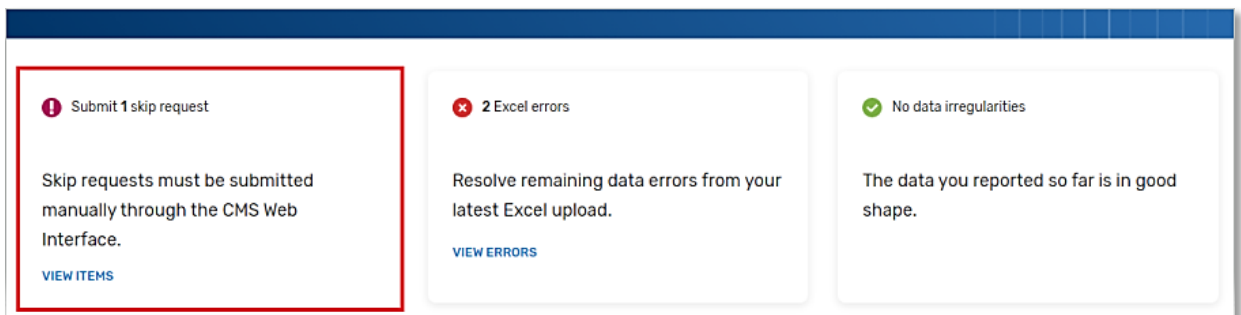
At the top of the View Progress page during the submission period, you will see 3 **To Do Cards** that will update throughout the submission period.

### Reporting in Progress

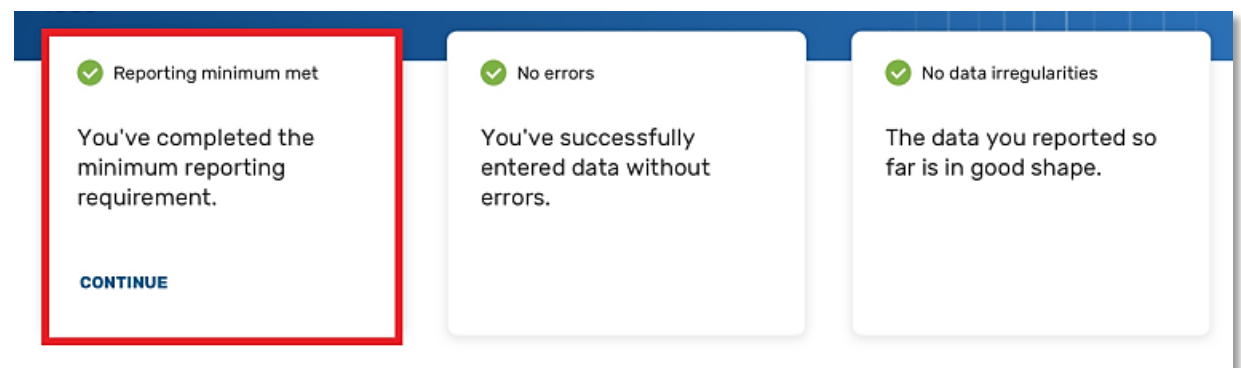
The first To Do card is titled **Reporting in progress**. It contains a link that takes you back to where you left off reporting. If the CMS Web Interface times out for security purposes, the **Continue** link in this card will take you back to the last action you performed in the interface—whether you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



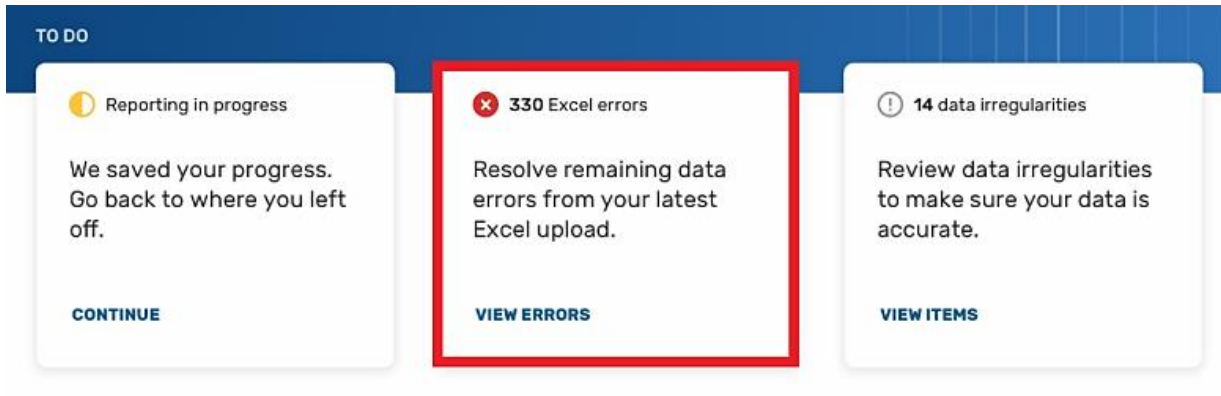
Once you've reached the minimum reporting requirement for all the CMS Web Interface measures, the **Reporting in progress** card will show a green checkmark, though you will still be able to use the **Continue** link throughout the submission period.



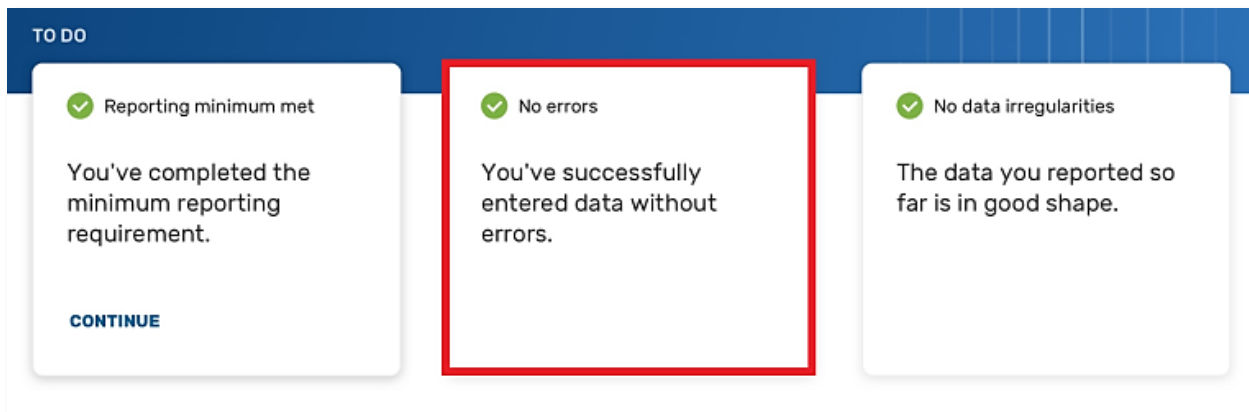
## Excel Errors

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](#) or the [Resolve Errors](#) section of this guide for more information on how to resolve Excel errors.

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



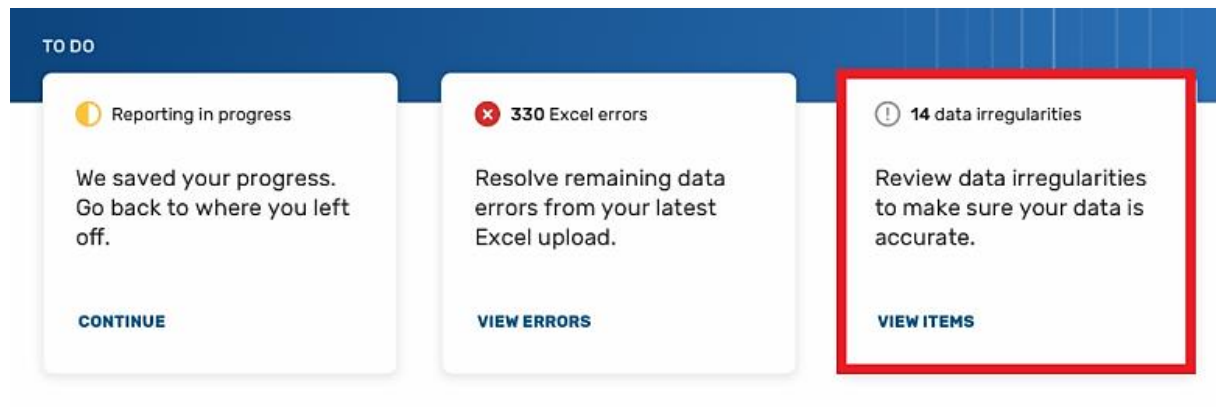
If your team currently has no Excel errors, the card will have a green checkmark and there will not be a link to the Errors tab.



## Data Irregularities

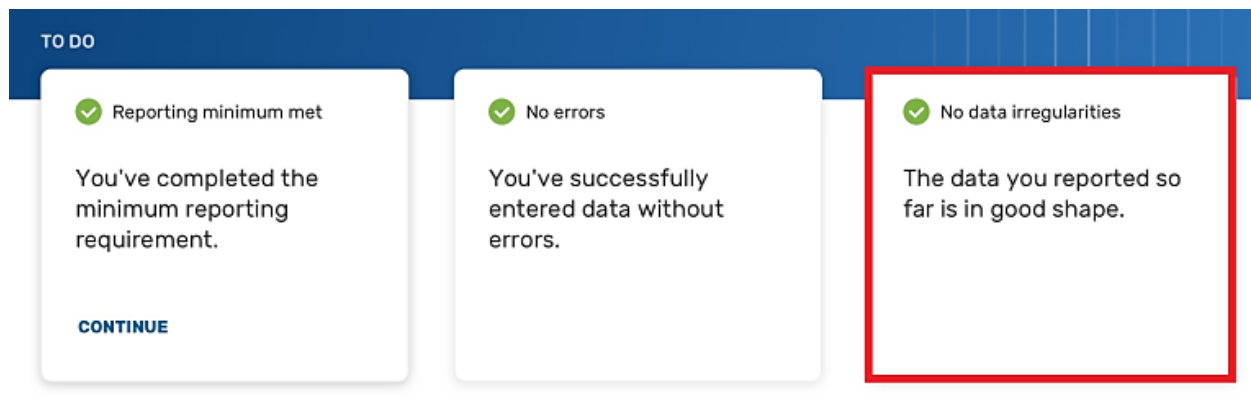
The third card in the To Do items area is the **Data Irregularities** card. This identifies any inconsistencies or irregularities in the data you've submitted so far, either at the patient level or measure level. It is recommended that you review the data irregularities and remove any data that is no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

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



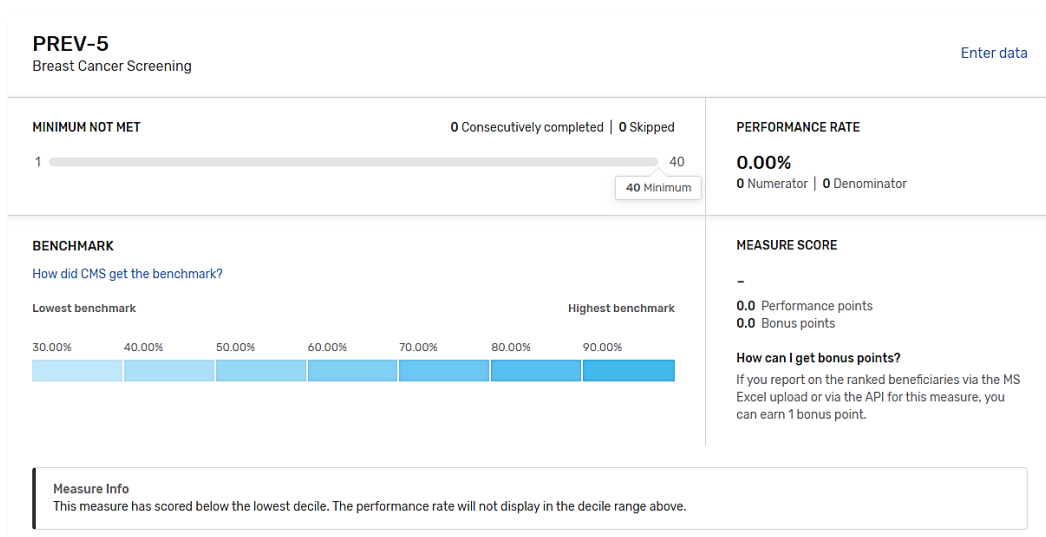
**NOTE:** Data Irregularities are also identified in the measure progress card and patient record.

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



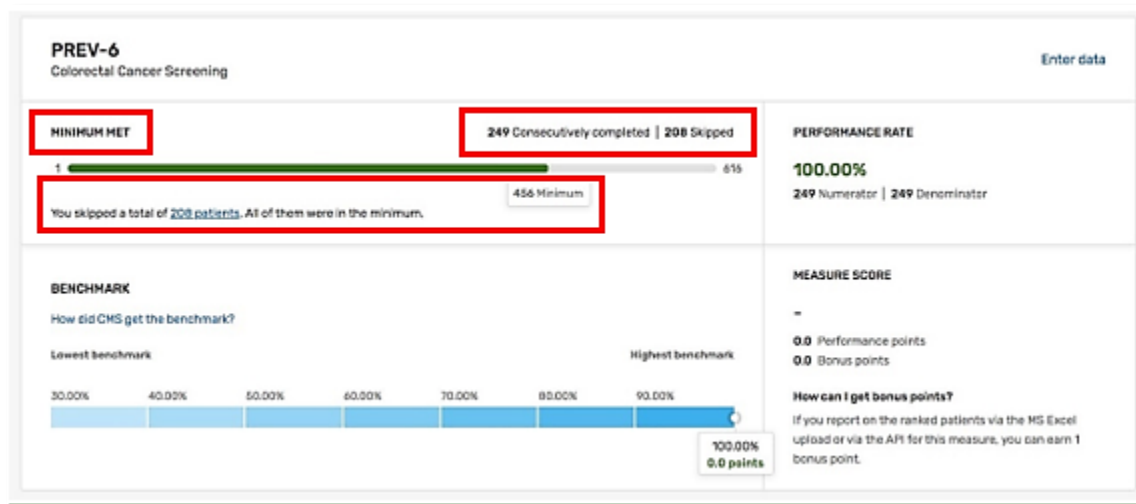
## Measure Progress Cards

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



## Measure Reporting Information

- An indicator of whether the reporting **Minimum** was met
- **Lowest and highest rank** in the sample for the measure.
- **Consecutively complete** – The number of patients for whom your team has answered all relevant questions for the measure in consecutive order.
- **Skipped** – Patients reported on who either do not 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

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 MIPS groups) compares against the established benchmarks if benchmarks are available.
- **MIPS measure score** – Once you've met the reporting minimum for all measures, MIPS groups will see a measure score which reflected their performance in comparison to the benchmark.
- **Bonus points** – If you have earned any bonus points for the measure, these will appear on the right side of the card.

### NOTE:

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

### Helpful Hints about Measure Scores:

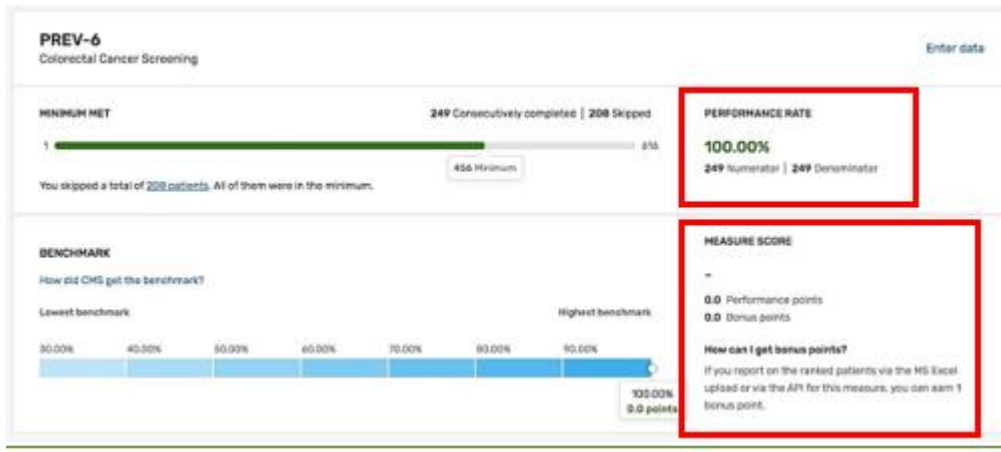
#### For ACOs

- You will not see MIPS measure score information on the **View Progress** page. You can access MIPS measure score information in their [Measure Rates Report](#) to understand MIPS performance for clinicians who will be scored under the APM scoring standard.

#### For MIPS Groups/Virtual Groups

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





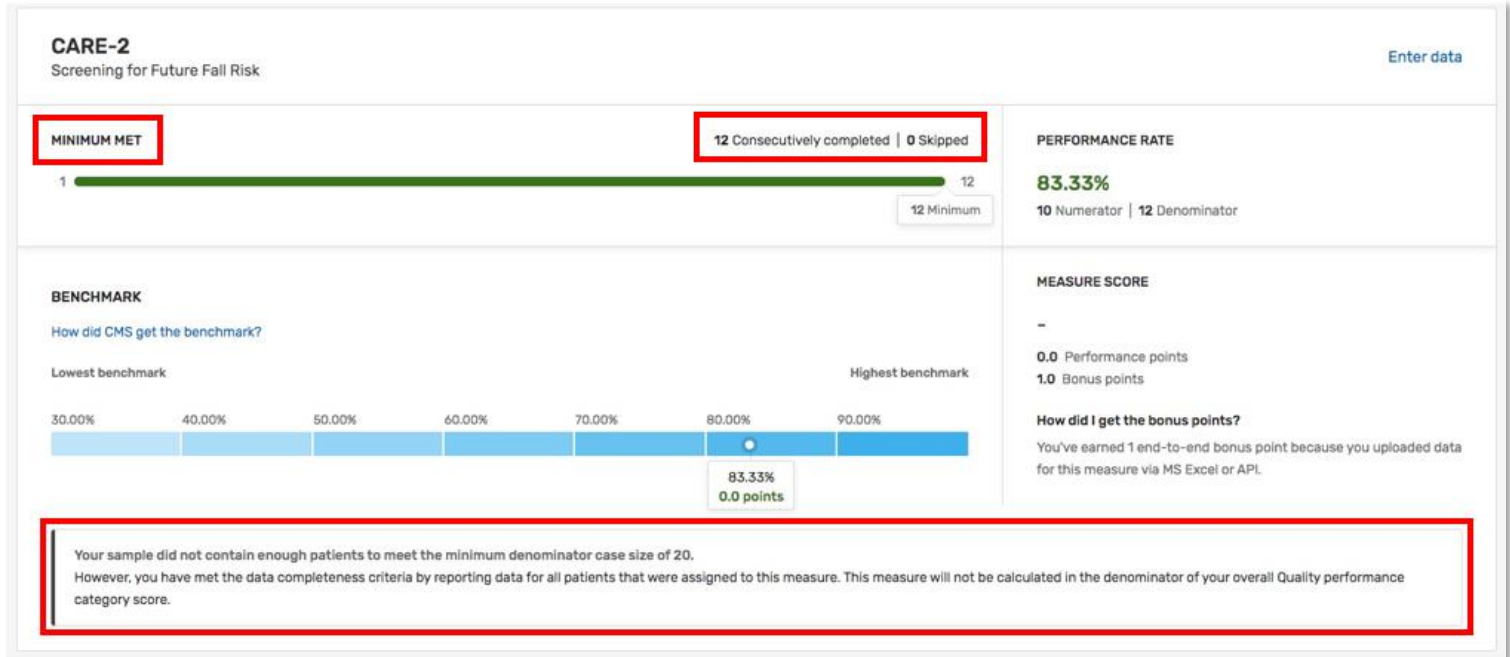
In this example, no measure score is displayed because the organization hasn't met data completeness for all measures.

## Other Measure Information

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

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

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

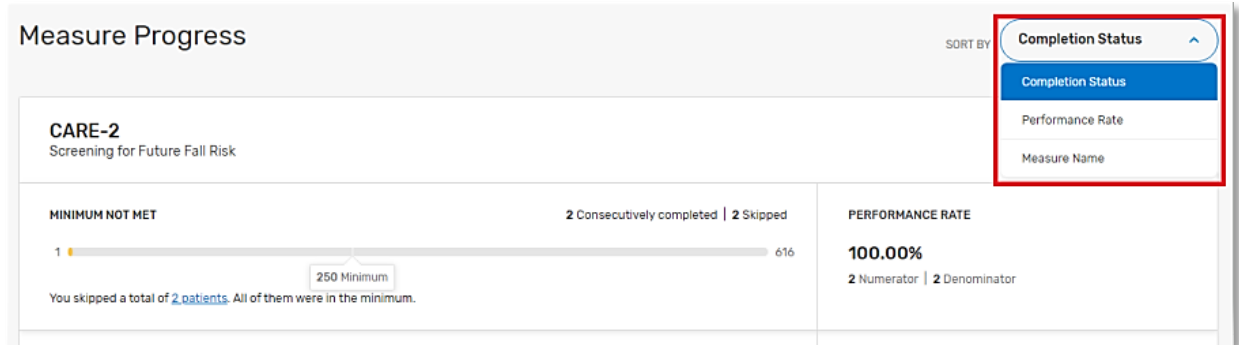


To enter data manually for the measure, see the [Manually Enter Data by Measure](#) section of this guide.

Contact the Quality Payment Program, Monday through Friday, 8:00 a.m. - 8:00 p.m. ET  
By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant)  
By Email: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)

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
- **PerformanceRate** – from low to high
- **Measure Name** – from A to Z



## 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: 11/23/2020 12:20 PM ET

FILTER BY

Activity Type

Type or select

SELECT DATE RANGE

Last 7 Days 11/16/2020 - 11/23/2020

2 Results

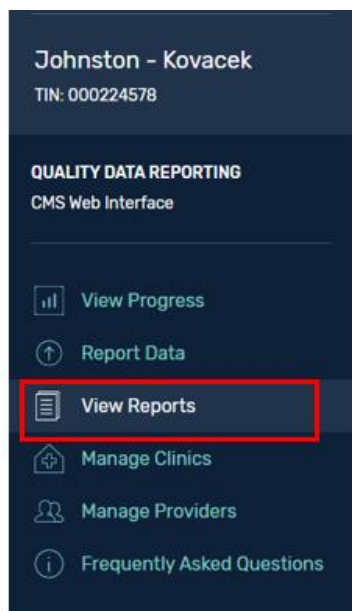
DATE	USER	ACTIVITY TYPE	DESCRIPTION
11/23/2020 12:03 PM ET	UserAcceptance Tester12	Updated patient data via Web Interface	<a href="#">47 updates</a> made in patient data
11/20/2020 04:01 PM ET	UserAcceptance Tester12	Updated patient data via Web Interface	<a href="#">3 updates</a> made in patient data

## View Reports

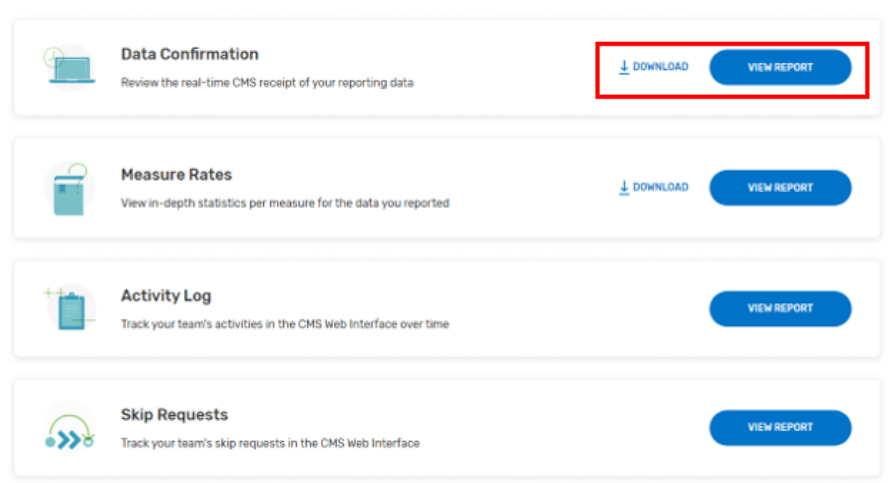
The CMS Web Interface contains reports for you to track your measure progress, review any data irregularities, view your team's activity, and understand the data CMS has received to date.

### Access Reports

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



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



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

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

## 2020 Performance Period Reports: MIPS Groups, Virtual Groups, and ACOs

View Reports contains 5 different reports for the 2020 Performance Period that you can access during the submission period:

- [Skip Requests](#)
- [Data Irregularities](#)
- [Activity Log](#)
- [Data Confirmation](#)
- Measure Rates:
  - [Measures Rates \(ACOs\)](#)
  - [Measure Rates with MIPS Scoring \(ACOs\)](#)
  - [Measure Rates \(MIPS Groups and Virtual Groups\)](#)



### Skip Requests

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

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

For each Skip Request, the report identifies the:

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

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

## 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.

[Learn more about data irregularities](#)

Page visited: 12/16/2020 05:13 PM ET

### You may want to review:

1 irregularity at the measure level

MEASURE	DESCRIPTION	DATA DETAIL
DM-2	<b>Zero denominator:</b> 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 Denominator exception: 0 <a href="#">Review reported data for this measure</a>

## 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
<b>6U02U17EC54</b> <a href="#">Edit Data</a>	<b>Bud Eichmann</b> 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.	<b>Data used:</b> PREV-6   is the patient qualified for this measure?: ++ Denominator Exclusion  <b>Data NOT used:</b> PREV-6   is the patient's colorectal cancer screening current?: -- Yes
<b>2F36K94AT09</b> <a href="#">Edit Data</a>	<b>Gilbert Gerlach</b> MALE, 06/12/1960	You reported measure data for a patient who is not qualified for that measure. The measure data will be stored but not used.	<b>Data used:</b> PREV-6   is the patient qualified for this measure?: ++ Denominator Exclusion  <b>Data NOT used:</b> PREV-6   is the patient's colorectal cancer screening current?: -- Yes
<b>9U41351UN13</b> <a href="#">Edit Data</a>	<b>Angel Mante</b> 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.	<b>Data used:</b> Can you locate the patient's medical record and is the patient qualified for the sample?: ++ No -- Medical Record Not Found  <b>Data NOT used:</b> PREV-6   is the patient qualified for this measure?: -- Yes PREV-6   is the patient's colorectal cancer screening current?: -- Yes

## 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
11/23/2020 12:03 PM ET	UserAcceptance Tester12	Updated patient data via Web Interface	<a href="#">47 updates</a> made in patient data
11/20/2020 04:01 PM ET	UserAcceptance Tester12	Updated patient data via Web Interface	<a href="#">3 updates</a> made in patient data

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

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



## Activity Detail

56 updates made in the beneficiaries information

Updated by UserAcceptance Tester12 on 11/23/2020

Page visited: 11/23/2020 12:47 PM ET

PATIENT ID	PATIENT NAME	DETAIL
031585903B	Maude Schaefer	Updated: 11/23/2020 12:33 PM ET Beneficiary Confirmation   Medical record found: ++ YES
031585903B	Maude Schaefer	Updated: 11/23/2020 12:33 PM ET PREV-5   Is the patient qualified for this measure? ++ No - Other CMS Approved Reason
031585903B	Maude Schaefer	Updated: 11/23/2020 12:33 PM ET PREV-6   Is the patient qualified for this measure? ++ Yes
031585903B	Maude Schaefer	Updated: 11/23/2020 12:34 PM ET PREV-6   Is the patient qualified for this measure? -- Yes ++ No - Other CMS Approved Reason

Click the **caret** on the right side of each record to return to the patient's record.

## Activity Detail

56 updates made in the beneficiaries information

Updated by UserAcceptance Tester12 on 11/23/2020

Page visited: 11/23/2020 12:47 PM ET

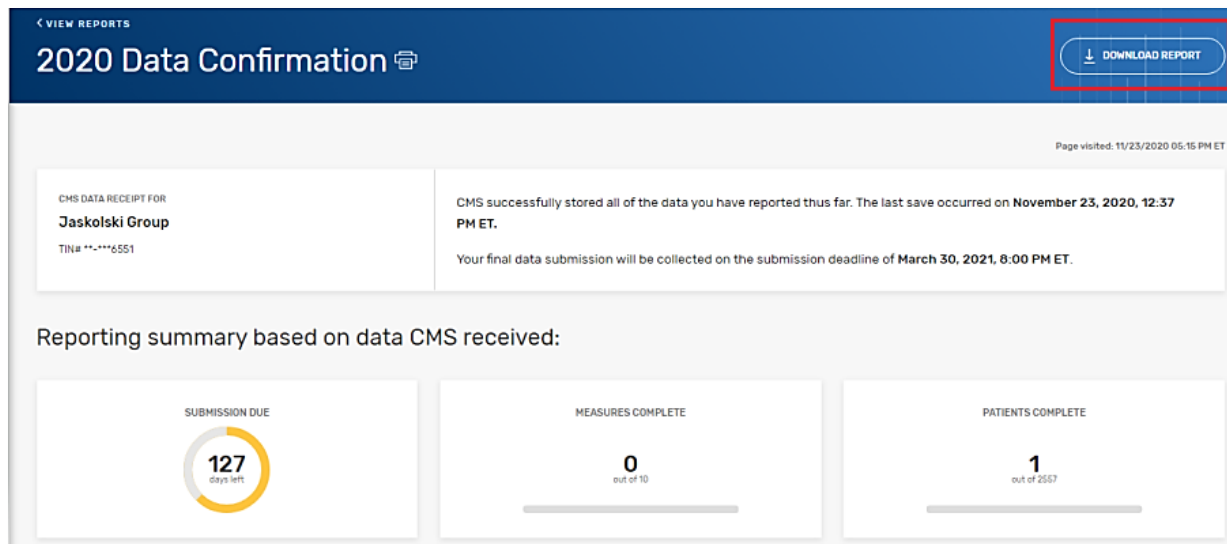
PATIENT ID	PATIENT NAME	DETAIL
031585903B	Maude Schaefer	Updated: 11/23/2020 12:33 PM ET Beneficiary Confirmation   Medical record found: ++ YES
031585903B	Maude Schaefer	Updated: 11/23/2020 12:33 PM ET PREV-5   Is the patient qualified for this measure? ++ No - Other CMS Approved Reason
031585903B	Maude Schaefer	Updated: 11/23/2020 12:33 PM ET PREV-6   Is the patient qualified for this measure? ++ Yes
031585903B	Maude Schaefer	Updated: 11/23/2020 12:34 PM ET PREV-6   Is the patient qualified for this measure? -- Yes ++ No - Other CMS Approved Reason

Contact the Quality Payment Program, Monday through Friday, 8:00 a.m. - 8:00 p.m. ET  
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By Email: QPP@cms.hhs.gov

## Data Confirmation (During the Submission Period)

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

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



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

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

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

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

**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 MIPS Groups and Virtual Groups will see the Measure Score section of the measure card in the Data Confirmation Report.

ACOs can 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

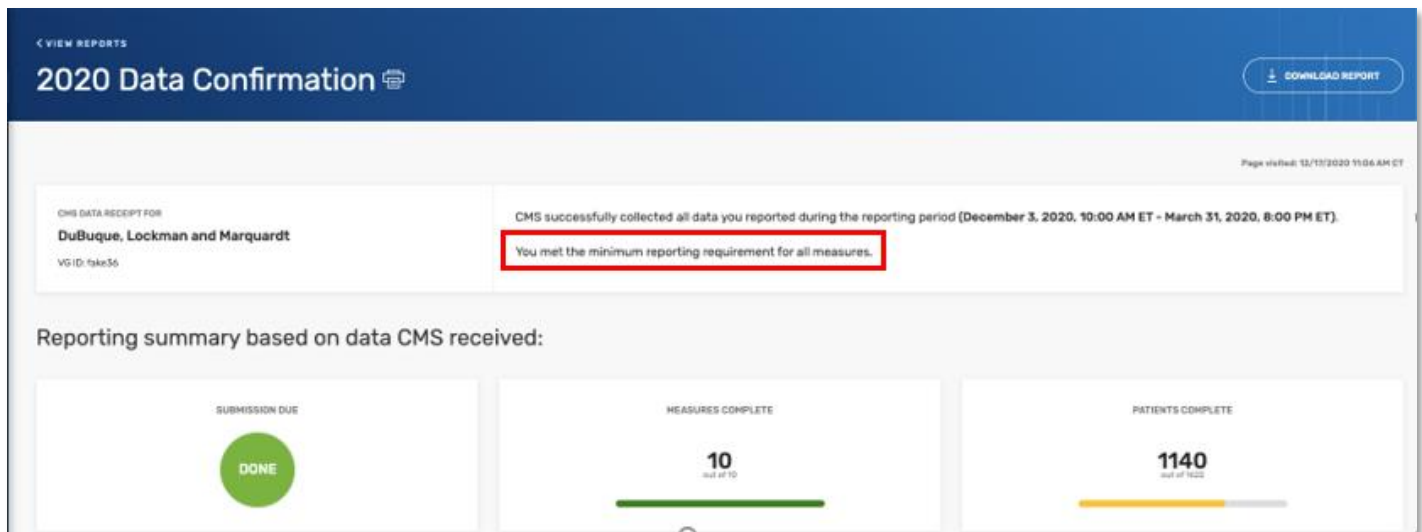
**Performance Rate:** **-**

**Measure Score:** **-**

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

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

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



Contact the Quality Payment Program, Monday through Friday, 8:00 a.m. - 8:00 p.m. ET  
By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant)  
By Email: QPP@cms.hhs.gov

## Measure Rates (ACOs)

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

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

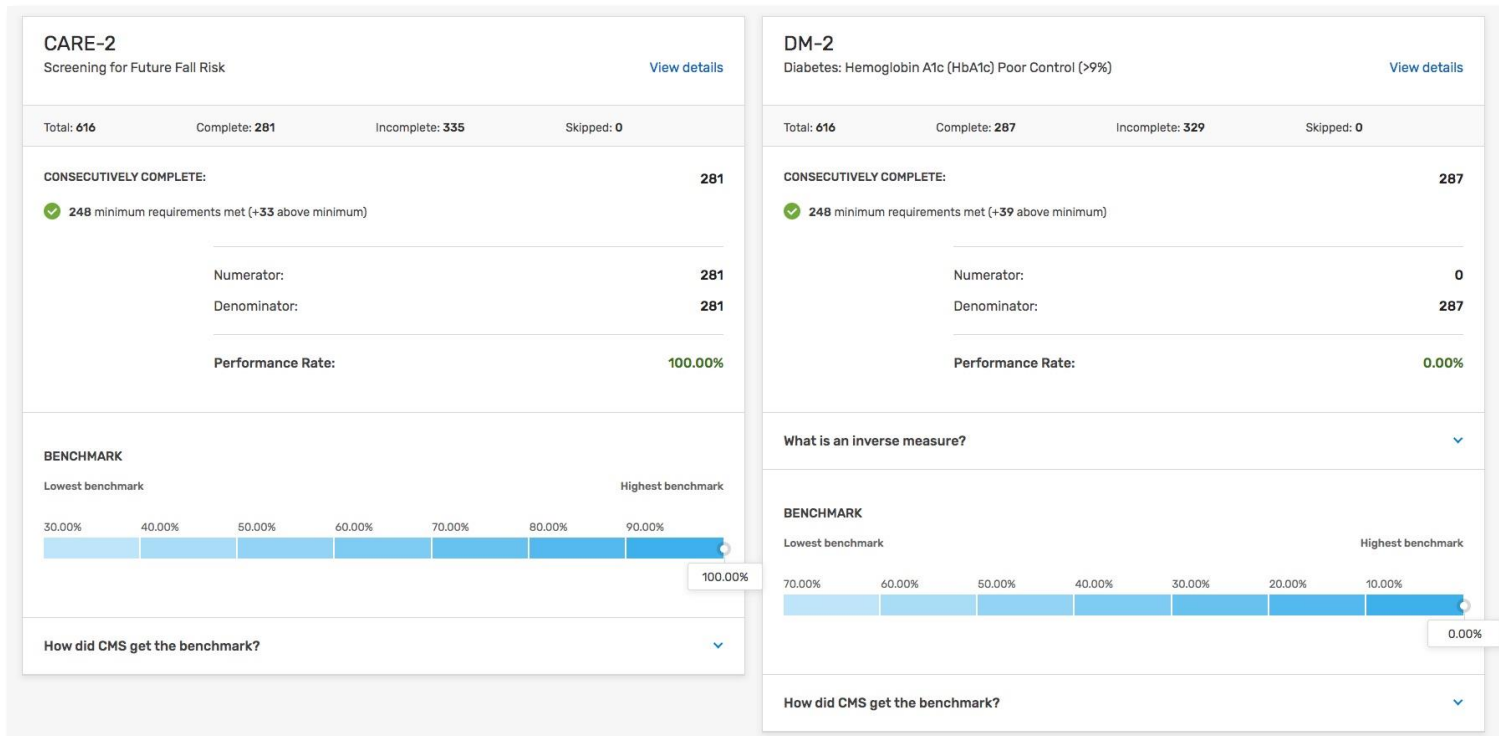
This version of the Measure Rates report (for ACOs) doesn't show measure scores – to access this information, you must click View Measures Rates with MIPS Scoring.

The screenshot shows the 'Measure Rates' report interface. At the top, there is a blue header with the title 'Measure Rates' and a printer icon. To the right of the header is a 'DOWNLOAD REPORT' button. Below the header, there is a section for 'View details about your CMS Web Interface reporting progress.' and a link to 'View Measure Rates with MIPS Scoring'. A dropdown menu labeled 'SELECT A MEASURE:' is set to 'All Measures'. Below this, there are two columns of data for 'CARE-2' and 'DM-2' measures. Each column shows a table with 'Total', 'Complete', 'Incomplete', and 'Skipped' counts, as well as a 'CONSECUTIVELY COMPLETE' status.

Measure	Total	Complete	Incomplete	Skipped	Consecutively Complete
CARE-2	616	281	335	0	281
DM-2	616	287	329	0	287

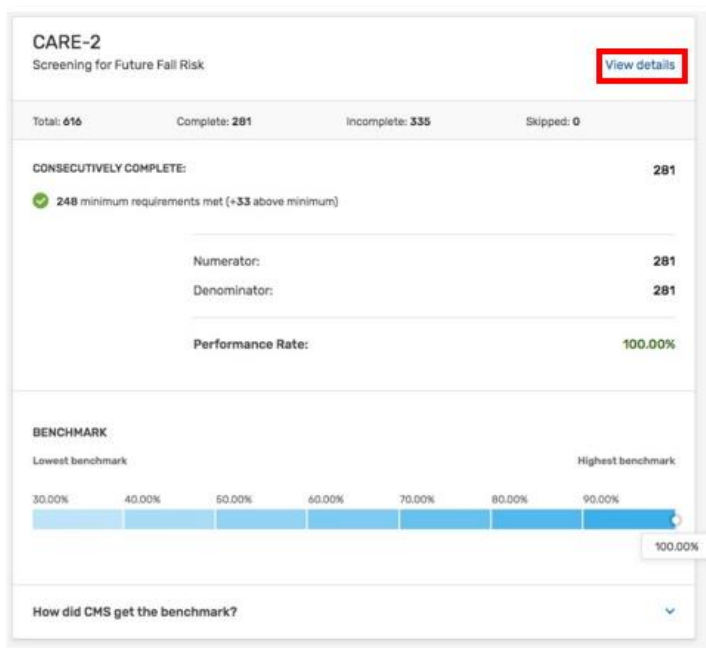
Each measure card breaks down your progress per measure. You can see the total count of patients sampled for the measure, as well as those that are:

- **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.



The measure card further breaks down patient counts by:

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



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

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

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

MEASURE RATES

CARE-2

Screening for Future Fall Risk

Learn more about this measure

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

DOWNLOAD REPORT

TOTAL

ELIGIBLE FOR SCORING

Performance rate: 100.00%

COMPLETE

INCOMPLETE

SKIPPED

CONSECUTIVELY COMPLETE

DENOMINATOR

NUMERATOR

281

335

0

281

281

281

Complete in total (281)

RANK

PATIENT ID

PATIENT NAME

DETAILS

1

5C94X80VV92

Velma Parker

Ranked in minimum

Included in denominator | Included in numerator

2

2A82D52PG82

Sheridan Thompson

Ranked in minimum

Included in denominator | Included in numerator

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By Email: QPP@cms.hhs.gov

72

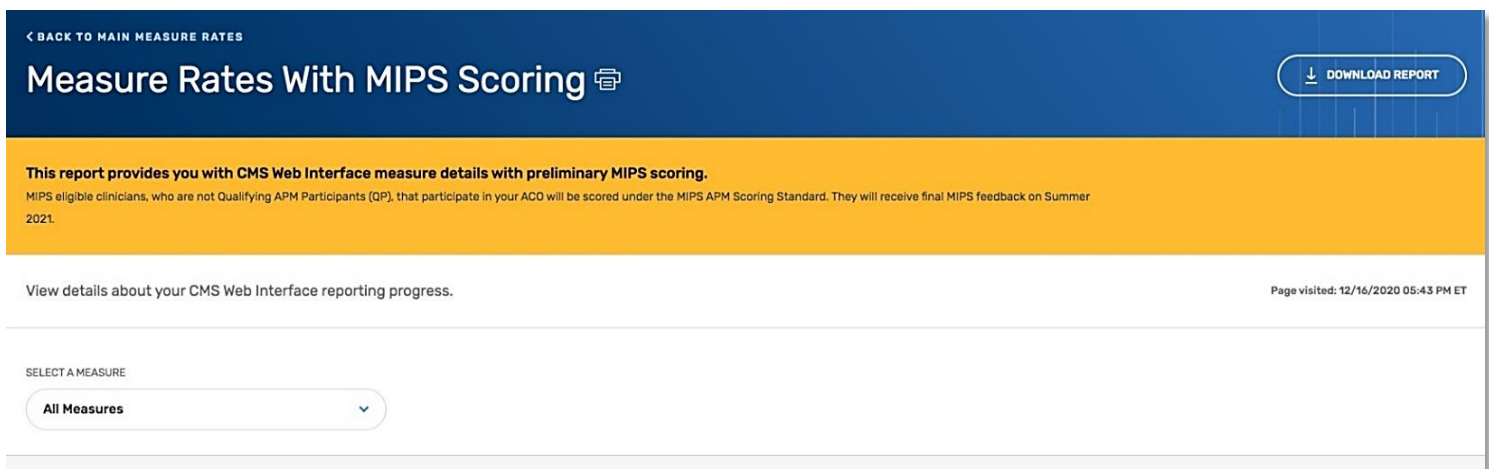


## Measure Rates with MIPS Scoring (ACOs)

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



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



## Measure Rates (MIPS Groups and Virtual Groups)

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

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

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

VIEW REPORTS

## Measure Rates

View details about your CMS Web Interface reporting progress.

Page visited: 12/16/2020 05:35 PM ET

SELECT A MEASURE

All Measures

**CARE-2**  
Screening for Future Fall Risk

View details

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%)

View details

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

CONSECUTIVELY COMPLETE: 0

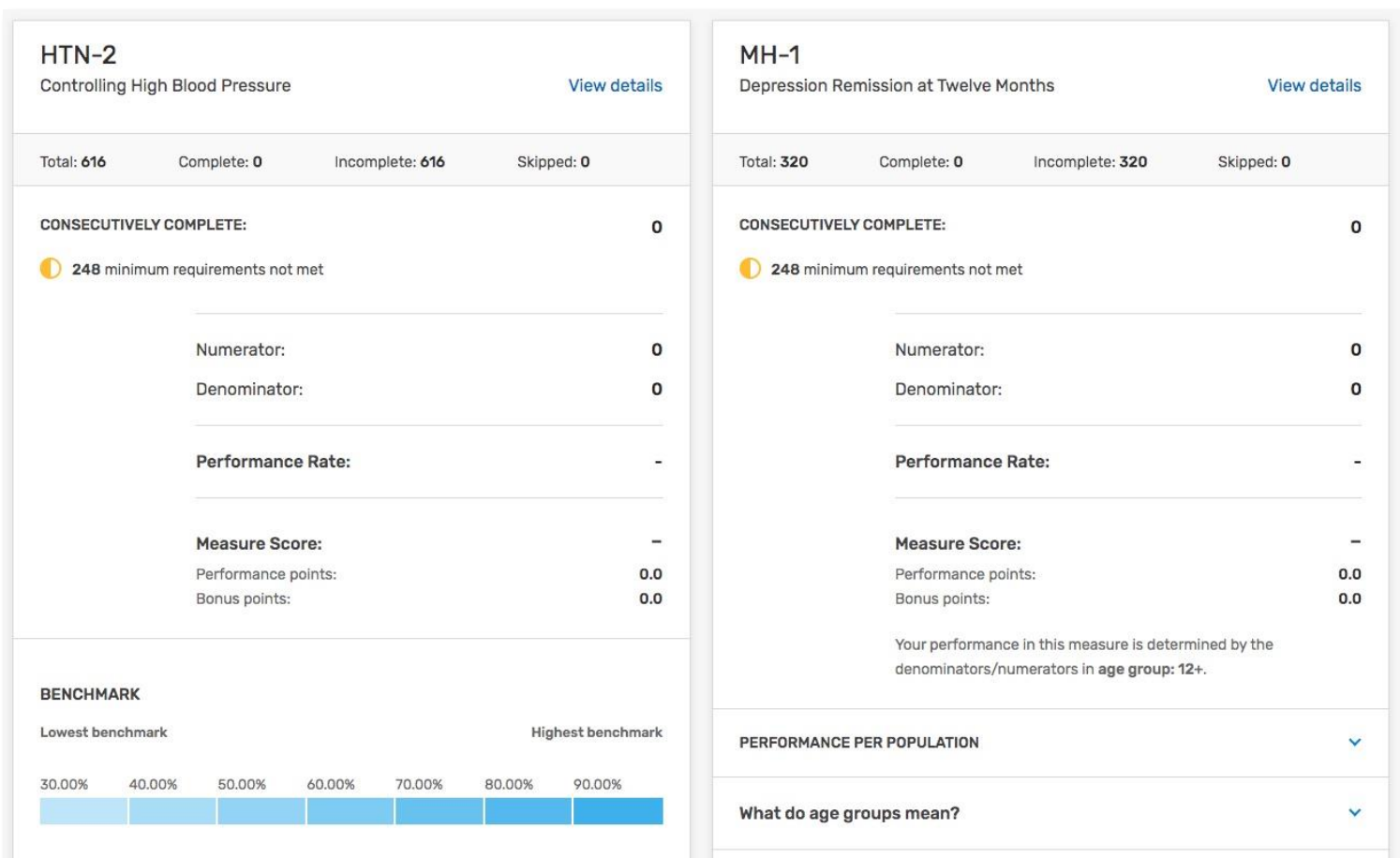
199 minimum requirements not met

Numerator: 0

Denominator: 0

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.

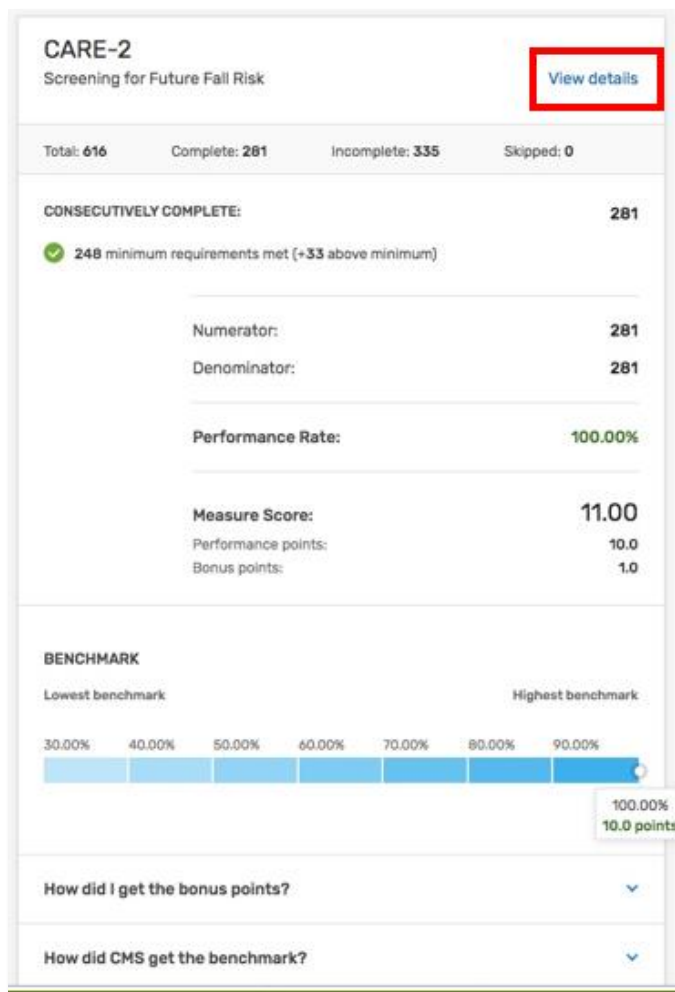


The measure card further breaks down patient numbers by:

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



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

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

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

[< MEASURE RATES](#)

CARE-2

Screening for Future Fall Risk

Learn more about this measure

Page visited: 12/16/2020 05:48 PM ET

DOWNLOAD REPORT

TOTAL	ELIGIBLE FOR SCORING			Performance rate: 100.00%
<div> <div>COMPLETE</div> <div>INCOMPLETE</div> <div>SKIPPED</div> </div> <div> <div>281</div> <div>335</div> <div>0</div> </div>	CONSECUTIVELY COMPLETE	DENOMINATOR	NUMERATOR	
	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	>


## Previous Performance Period Reports: MIPS Groups, Virtual Groups, and ACOs

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

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

### Previous Performance Years

Download your reports from the previous performance years.

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

PERFORMANCE YEAR (PY)


PY 2018

**Data Confirmation**

 [DOWNLOAD](#)

**Measure Rates**

 [DOWNLOAD](#)


 **Account Home**

 **Eligibility & Reporting**

 **Performance Feedback**

 **Doctors & Clinicians Preview**

 **Exceptions Application**

 **Targeted Review**

 **Reports**

 **Manage Access**

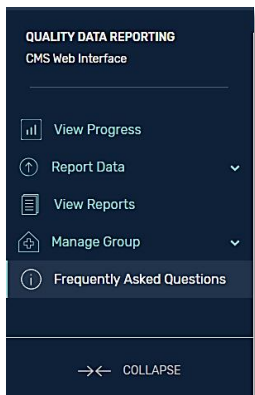
 **Help and Support**

#### Did you know?

You can also access CMS Web Interface reports from previous performance periods through the **Reports** tabs on the left-hand navigation once you sign in to [qpp.cms.gov](http://qpp.cms.gov)

# Getting Help and Support

## Frequently Asked Questions



For CMS Web Interface reporting and measure-related questions, access the Frequently Asked Questions (FAQs) on the left-hand navigation bar. The FAQs are updated throughout the submission period based on user inquiries. In previous years, the FAQs were displayed within the system and sorted by topic. For this submission period, the FAQs can be downloaded by clicking on the Frequently Asked Questions on the left-hand navigation bar.

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

## Contact the Quality Payment Program

If you don't find what you are looking for in the Frequently Asked Questions, please contact the Quality Payment Program at 1-866-288-8292 (TRS: 711), available Monday through Friday, 8:00 a.m. - 8:00 p.m. ET or by email at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).

## 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).



