CMS Web Interface User Guide

Last updated: 1/22/18

QualityPayment
PROGRAM

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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 of 25 or more clinicians to report quality data to the Quality Payment Program beginning in 2017. It replaces the Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO) Web Interface.

This user guide shows you how to access the CMS Web Interface, report data, view quality data reporting progress, and how to get help using the CMS Web Interface. This guide does not contain any real data and only shows fictional information for demonstration purposes.

CMS Web Interface Enhancements in 2017

We reached out to groups and ACO users to understand their experience using the Group Practice Reporting Option (GPRO) Web Interface under the legacy Physician Quality Reporting System (PQRS). After hearing from users, we made significant changes to simplify and improve the reporting experience for the Quality Payment Program.

For returning users who reported for the legacy program via the GPRO Web Interface, ACOs and groups will notice a few significant differences in the CMS Web Interface.

Excel Template Simplification

To help simplify the process, we eliminated the need to convert to .xml. Instead, you can use the simple, intuitive Excel template to help reduce the possibility of upload errors. See the Excel Template User Guide for more information on how to download and upload your beneficiary sample using the Excel template.

Automatic Saving of Data

As you enter data into the CMS Web Interface using either Excel upload or manual data entry, your progress will automatically be saved with each step--no need to press a submit button. When the submission period closes on March 16, 2018 at 8:00pm Eastern Standard Time (EST), you will no longer be able to make changes to your data and your submission will be considered final.

One Beneficiary Sample File

This year, there is just one Excel file that contains your beneficiary sample list. The “CARE 3: Documentation of Current Medications in the Medical Record” measure from last year that required a second visit-level file has been retired, so you will only need to upload one file. Please note that in addition to being able to download your beneficiary samples within the CMS Web Interface beginning January 8, the Beneficiary Sample Files will also be transferred to Shared Savings Program and Next Generation Accountable Care Organizations on January 8; this transfer happens outside of the CMS Web Interface.

How it works

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

There are 15 quality measures required in the CMS Web Interface including one 2-part composite measure:

- **CARE-1:** Medication Reconciliation Post-Discharge
- **CARE-2:** Screening for Future Fall Risk
- **DM:** Diabetes Mellitus composite measure composed of:
  - DM-2: Hemoglobin A1c
  - DM-7: Eye Exam
- **HTN-2:** Controlling High Blood Pressure
- **IVD-2:** Ischemic Vascular Disease: Use of Aspirin or Another Antiplatelet
- **MH-1:** Depression Remission at Twelve Months
- **PREV-5:** Breast Cancer Screening
- **PREV-6:** Colorectal Cancer Screening
- **PREV-7:** Influenza Immunization
- **PREV-8:** Pneumococcal Vaccination Status for Older Adults
- **PREV-9:** Body Mass Index (BMI) Screening and Follow-Up Plan
- **PREV-10:** Tobacco Use: Screening and Cessation Intervention
- **PREV-12:** Screening for Depression and Follow-Up Plan
- **PREV-13:** Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

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

If you are participating in the Merit-based Incentive Payment System (MIPS), your CMS Web Interface reporting will contribute to your Quality performance category score, which in turn will count toward your final MIPS score. Groups and Advanced Alternative Payment Model (APM) Entities that do not complete the minimum reporting requirement for at least one measure in the CMS Web Interface will receive a MIPS Quality performance category score of 0.

See the 2017 Quality Payment Program Final Rule (beginning on p. 107) for more information on the quality reporting requirements through the CMS Web Interface.

Data submission considerations

Some beneficiaries may be skipped because they no longer qualify for a given measure. In order to account for these skipped beneficiaries CMS may create an oversample, resulting in more than the required 248 beneficiaries ranked in each measure. Any beneficiary above the 248 mark is considered part of the oversample and is not required to be completed to get a score for the measure. However, if you skip any beneficiary in the 248 total "minimum," beneficiaries ranked above 248 will move into the "minimum" range and will need to be completed.

- Beneficiaries must be reported in consecutive order until you have submitted data on a total "minimum" of 248 consecutively ranked beneficiaries
- If you need to skip a beneficiary in the 248 minimum for the measure, your minimum requirement will increase to 249 in order to report all required data for a total of 248 consecutively ranked beneficiaries
- The more beneficiaries you skip in the minimum, the higher the minimum rank will be for you to complete your reporting requirement for the measure

When there are fewer than 248 beneficiaries ranked for a measure, you must report all required data for all beneficiaries in the measure's sample to be scored on the measure.

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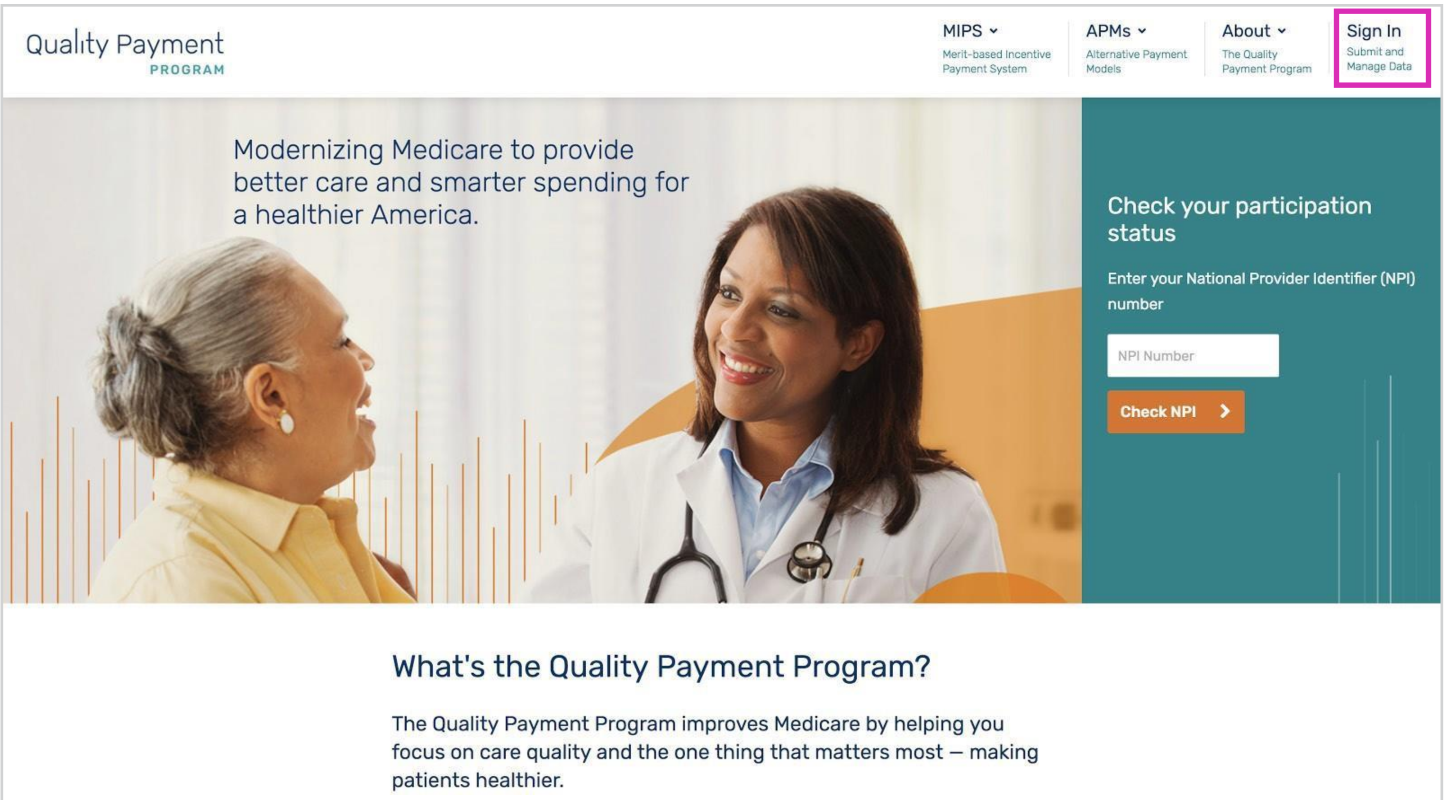
Accessing the CMS Web Interface

Your path to accessing the CMS Web Interface will differ slightly based on whether you are an Accountable Care Organization (Medicare Shared Savings Program or Next Generation) or participating in MIPS as a group.

Signing into the CMS Web Interface (all users):

- Go to qpp.cms.gov and click on "Sign In" at the top right corner (Figure 1).

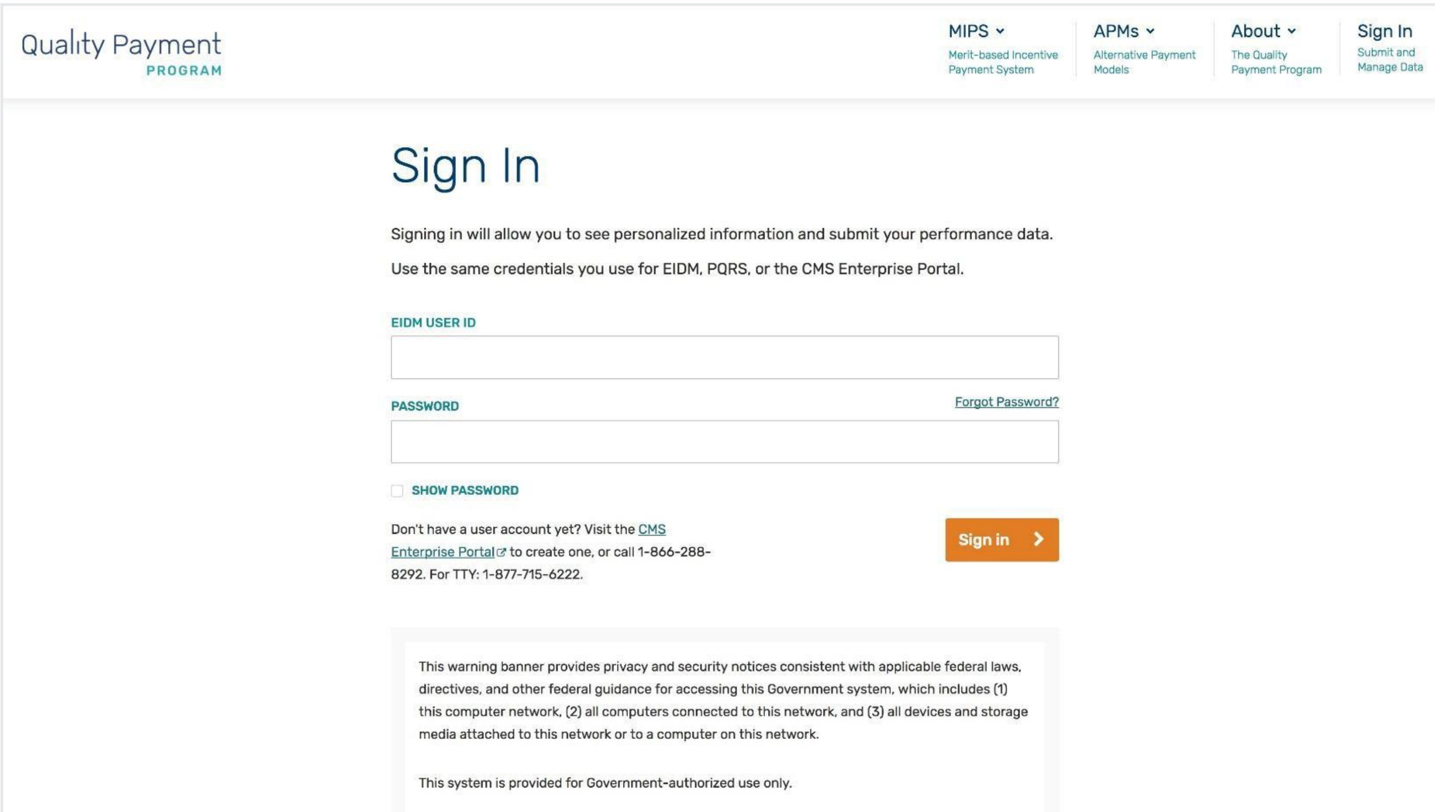
Figure 1. Quality Payment Program Website Landing Page



- Enter your EIDM username and password (Figure 2).

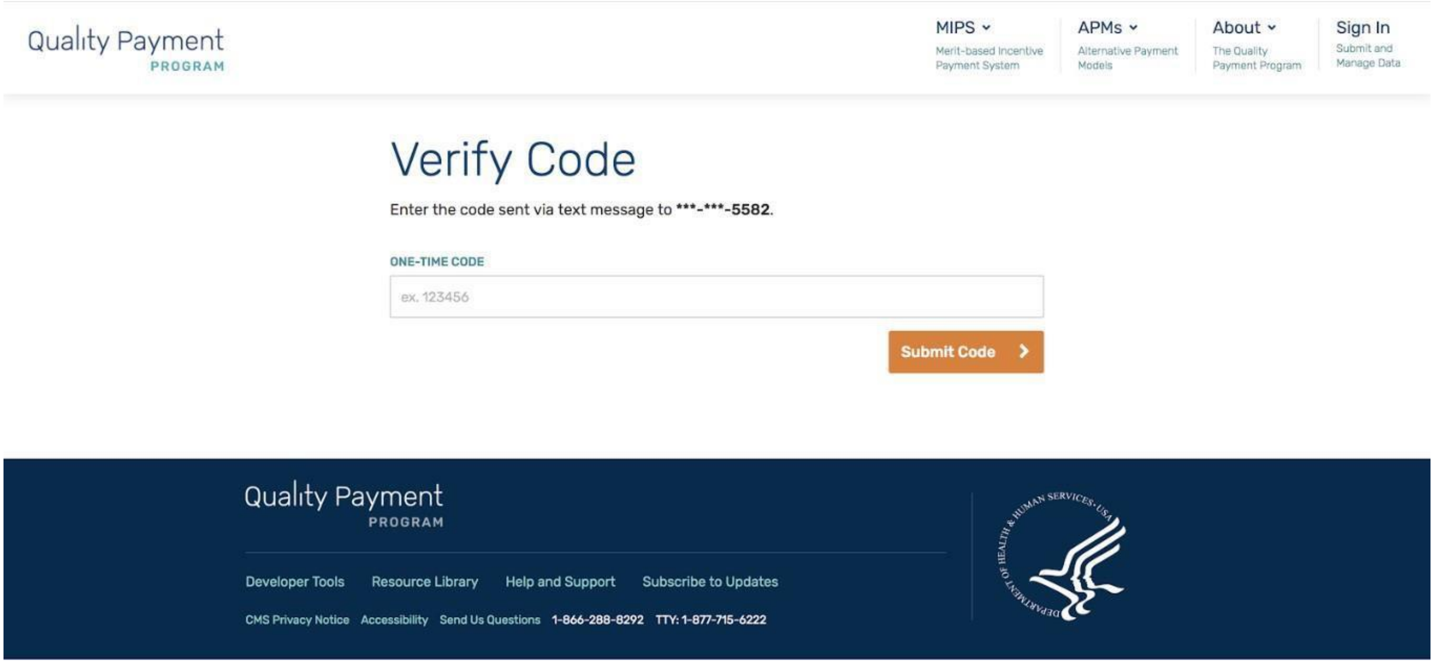
NOTE: Don't have an EIDM account? Review the Enterprise Identity Data Management (EIDM) User Guide (Groups) or Enterprise Identity Data Management (EIDM) ACO User Guide (ACOs).

Figure 2. Sign-in Screen



- If you have already provided your mobile phone number, you will get a verification code sent to your mobile phone. Once you receive the code, enter the number into the "One-Time Code" field and click on "Submit Code" (Figure 3). If you have not yet provided your phone number, you will be prompted to provide a phone number before you can receive and enter your verification code.

Figure 3. Log-In Verify Code Screen

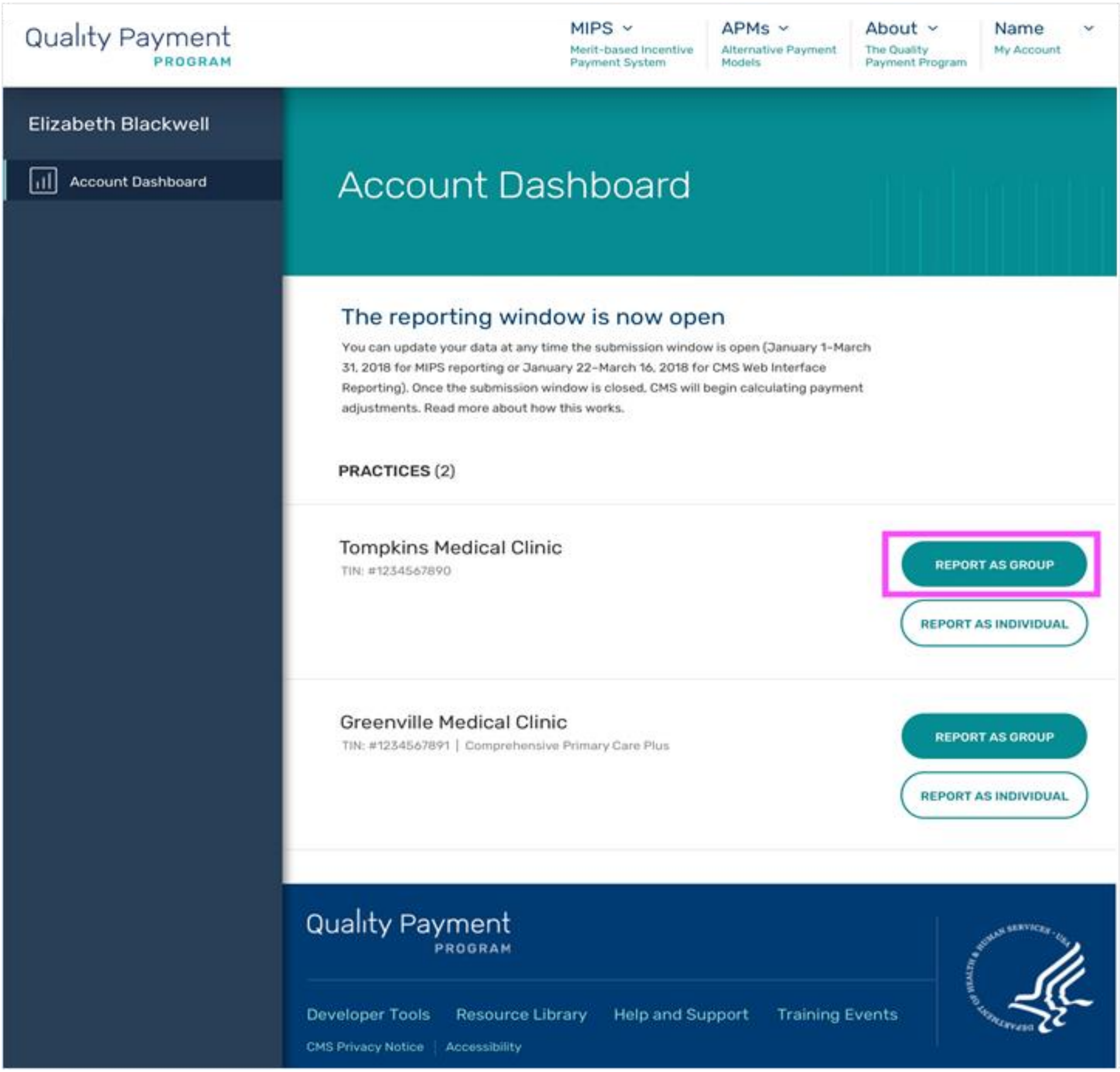


For Groups

Once logged in, if you are part of a Group, you will see the Account Dashboard which will list all the practices for which you can report data; this is based on permissions/roles associated with your EIDM account.

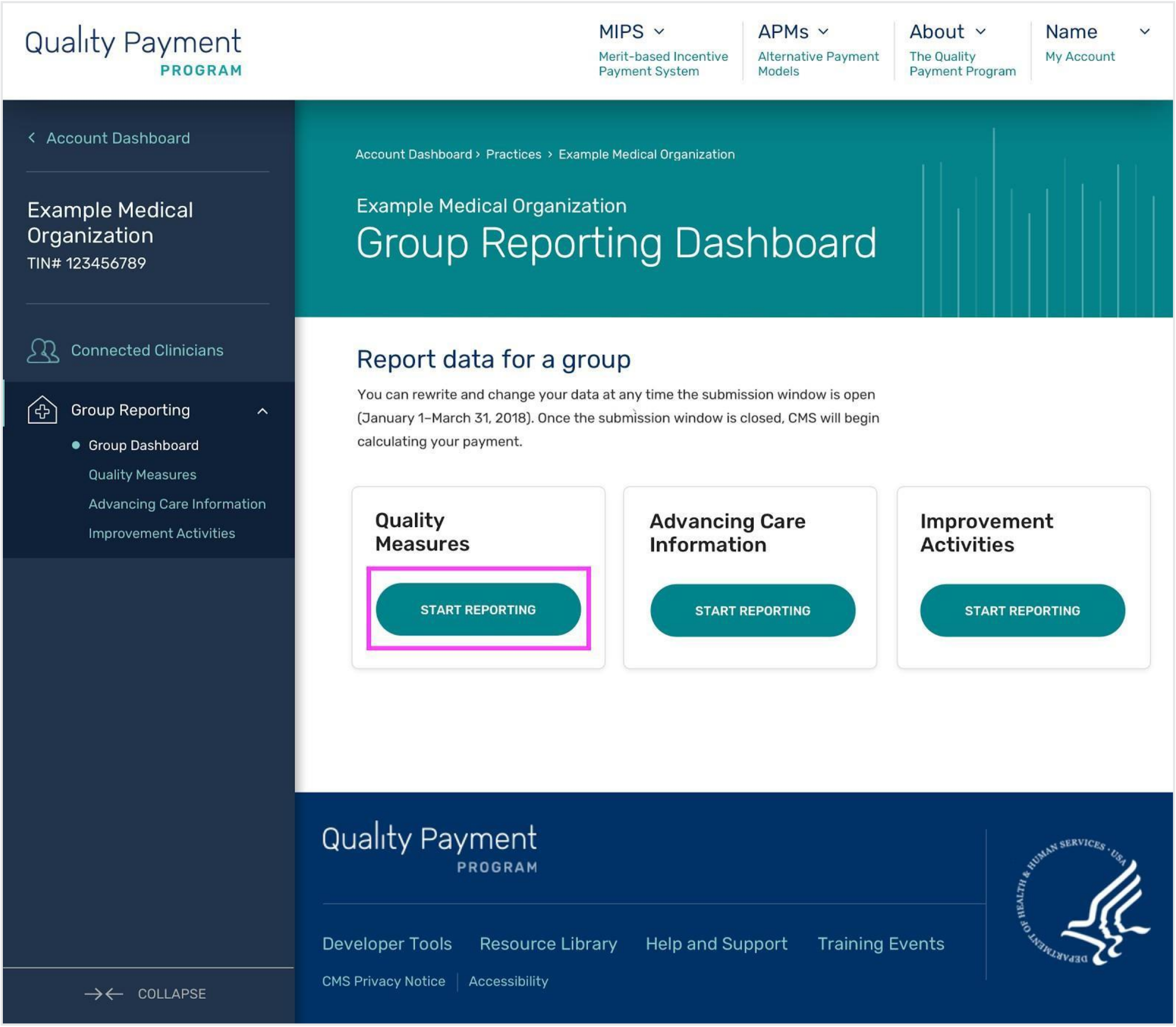
1. Select "Report as a group" next to the Group for which you'd like to report quality data through the CMS Web Interface (Figure 4).

Figure 4. QPP Account Dashboard



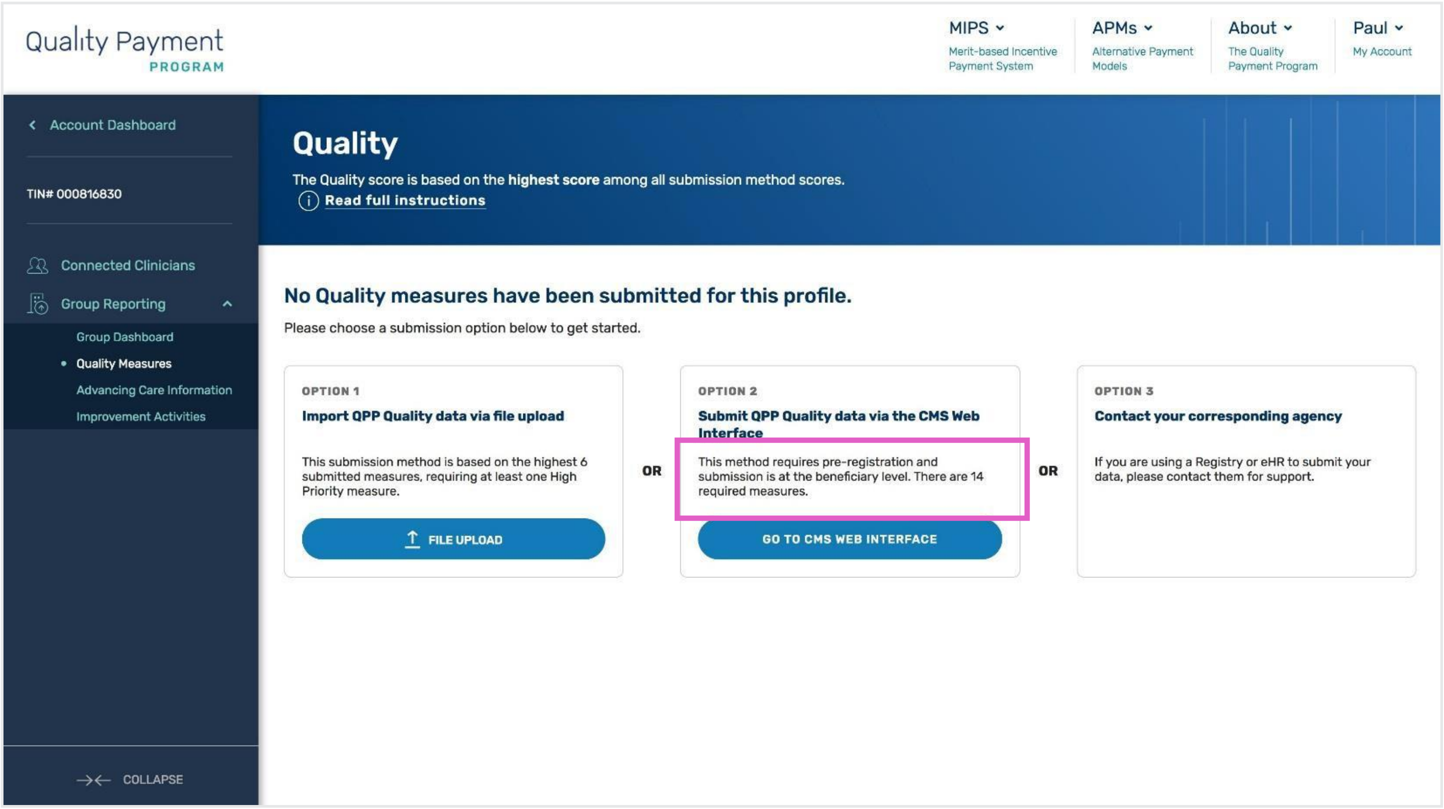
2. Next, select "Start Reporting" under the Quality Measures title (Figure 5).

Figure 5. Group Reporting Dashboard



3. Select “Go to CMS Web Interface” to start reporting (Figure 6).

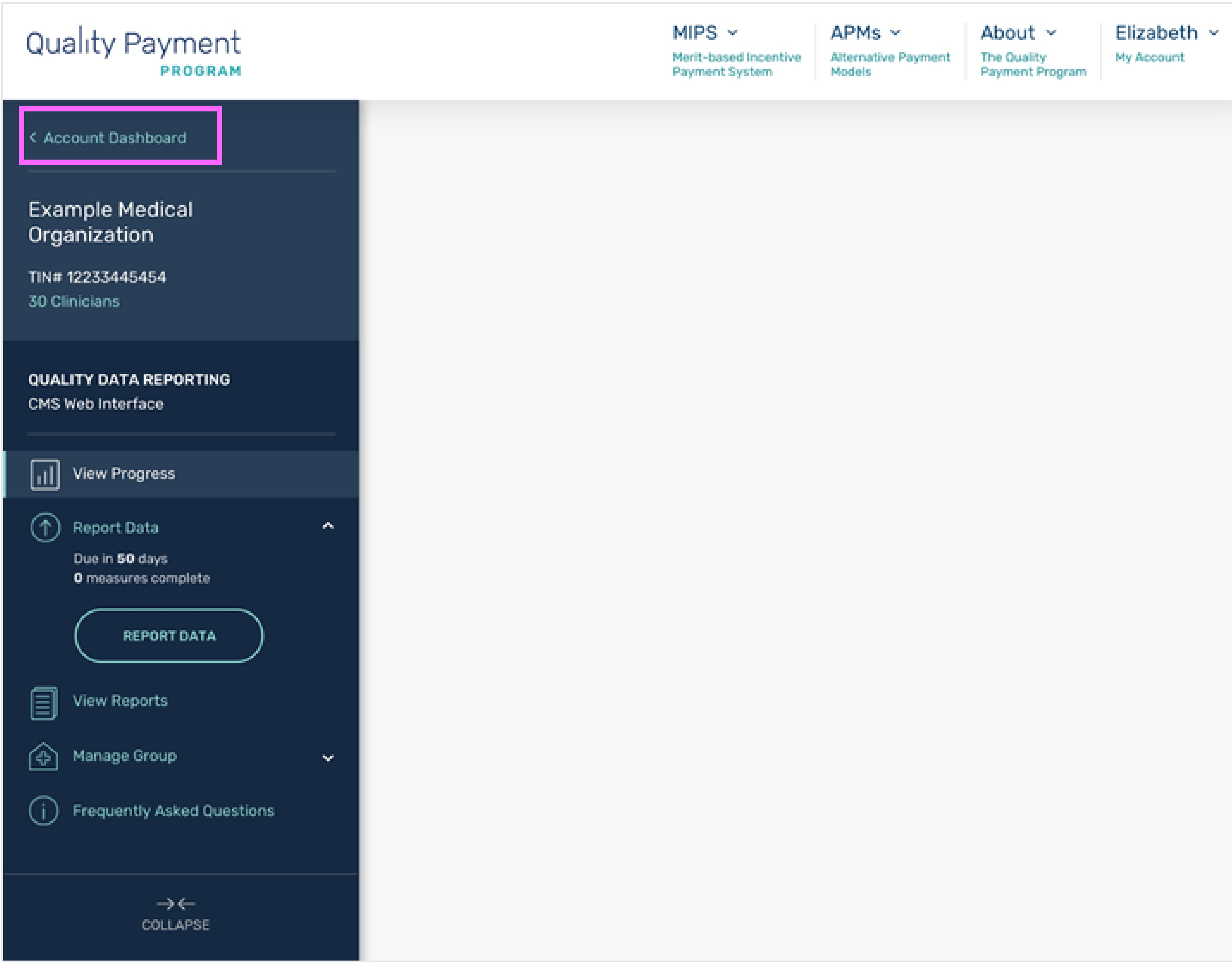
Figure 6. Group Quality Dashboard



NOTE: If you do not see the option for the CMS Web Interface on this page, it may mean you did not register the Taxpayer Identification Number (TIN) in time for the CMS Web Interface, or the TIN is not eligible for CMS Web Interface reporting. Please contact the Quality Payment Program with questions at 1-866-288-8292 (TTY: 1-877-715-6222), Monday – Friday, 8:00am – 8:00pm EST.

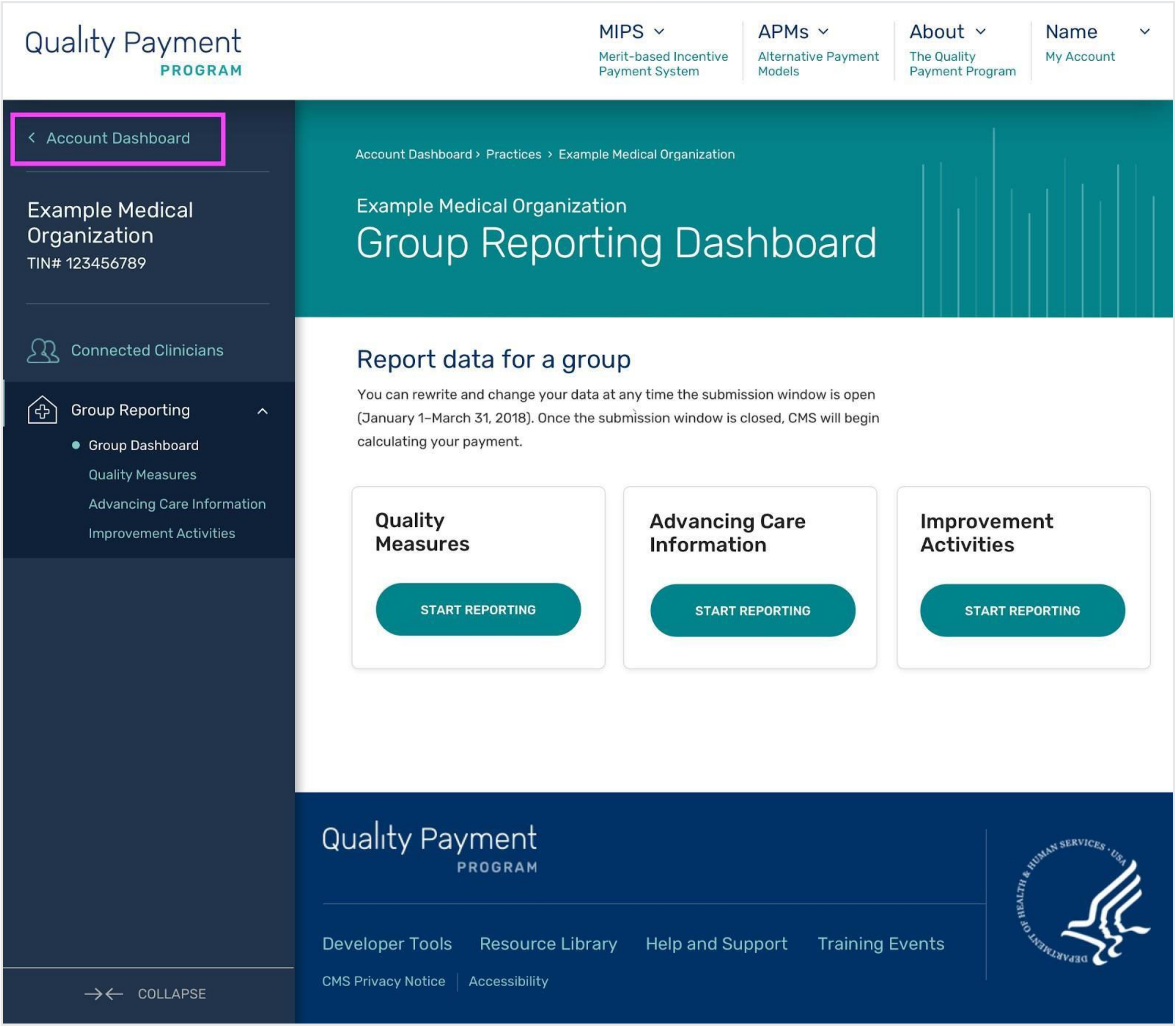
4. You can go back to the Account Dashboard at any time by clicking the “Account Dashboard” item at the top of the left-hand navigation (Figure 7).

Figure 7. “Go Back” to Account Dashboard



5. Click on “Account Dashboard” (Figure 8), to go back to the Account Dashboard to select another Group.

Figure 8. Group Reporting Account Dashboard

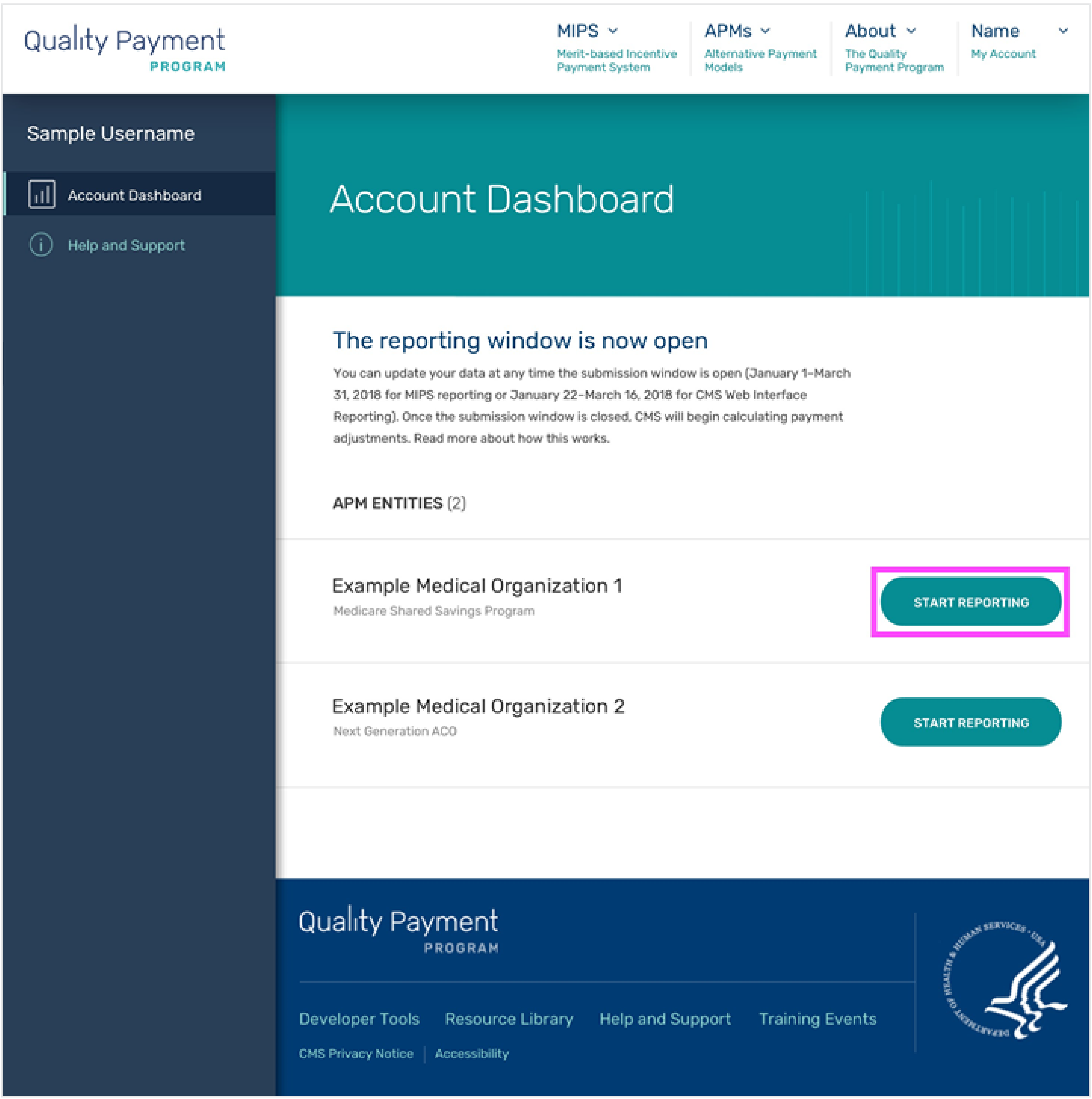


For APM Entities: Accountable Care Organizations (ACOs)

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 EIDM account.

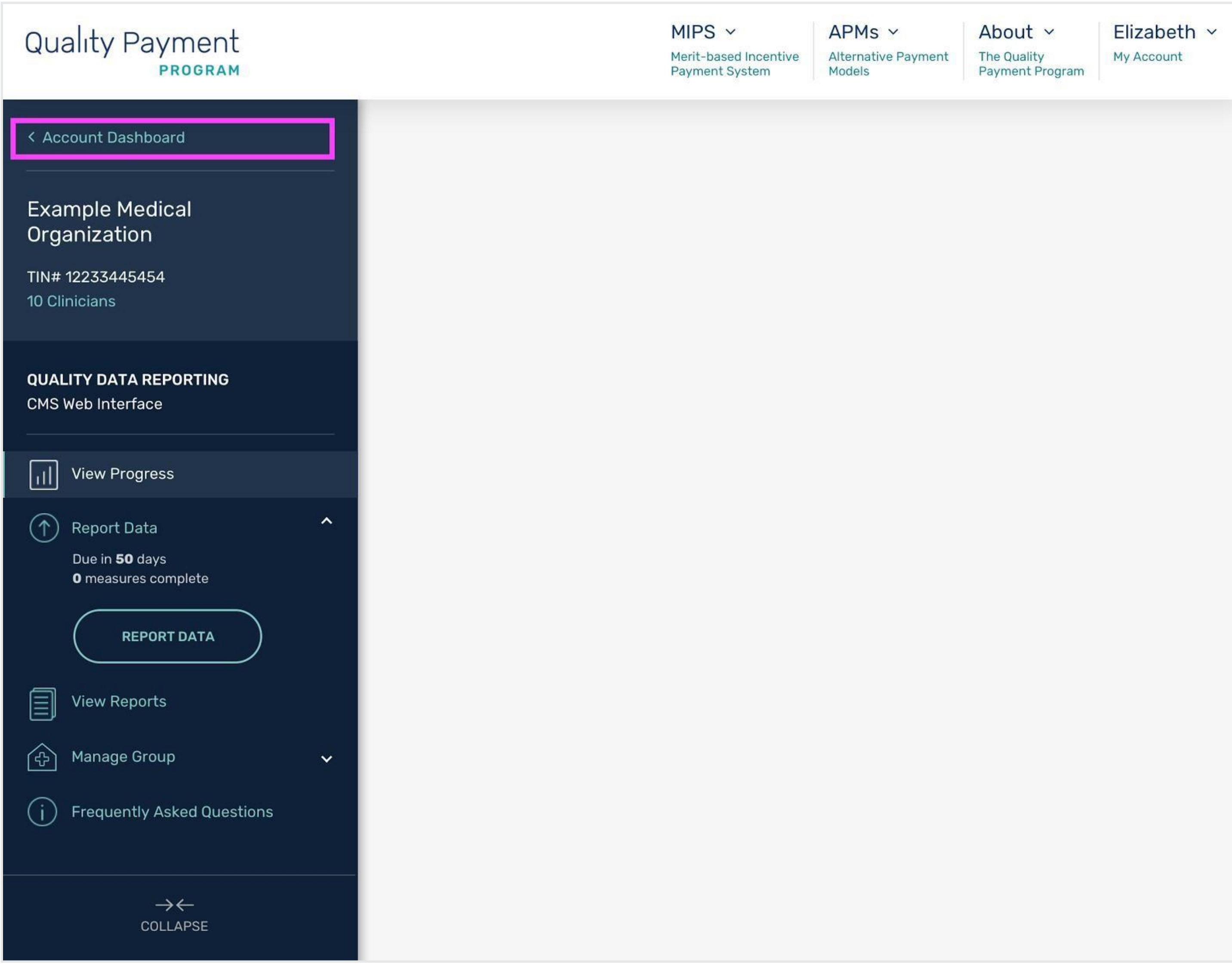
1. Select “Start Reporting” next to the APM Entity for which you’d like to report quality data to be taken directly to the CMS Web Interface (Figure 9).

Figure 9. QPP Account Dashboard



2. You can go back to the Account Dashboard at any time by clicking the "Account Dashboard" item at the top of the left-hand navigation (Figure 10).

Figure 10. "Go Back" to Account Dashboard

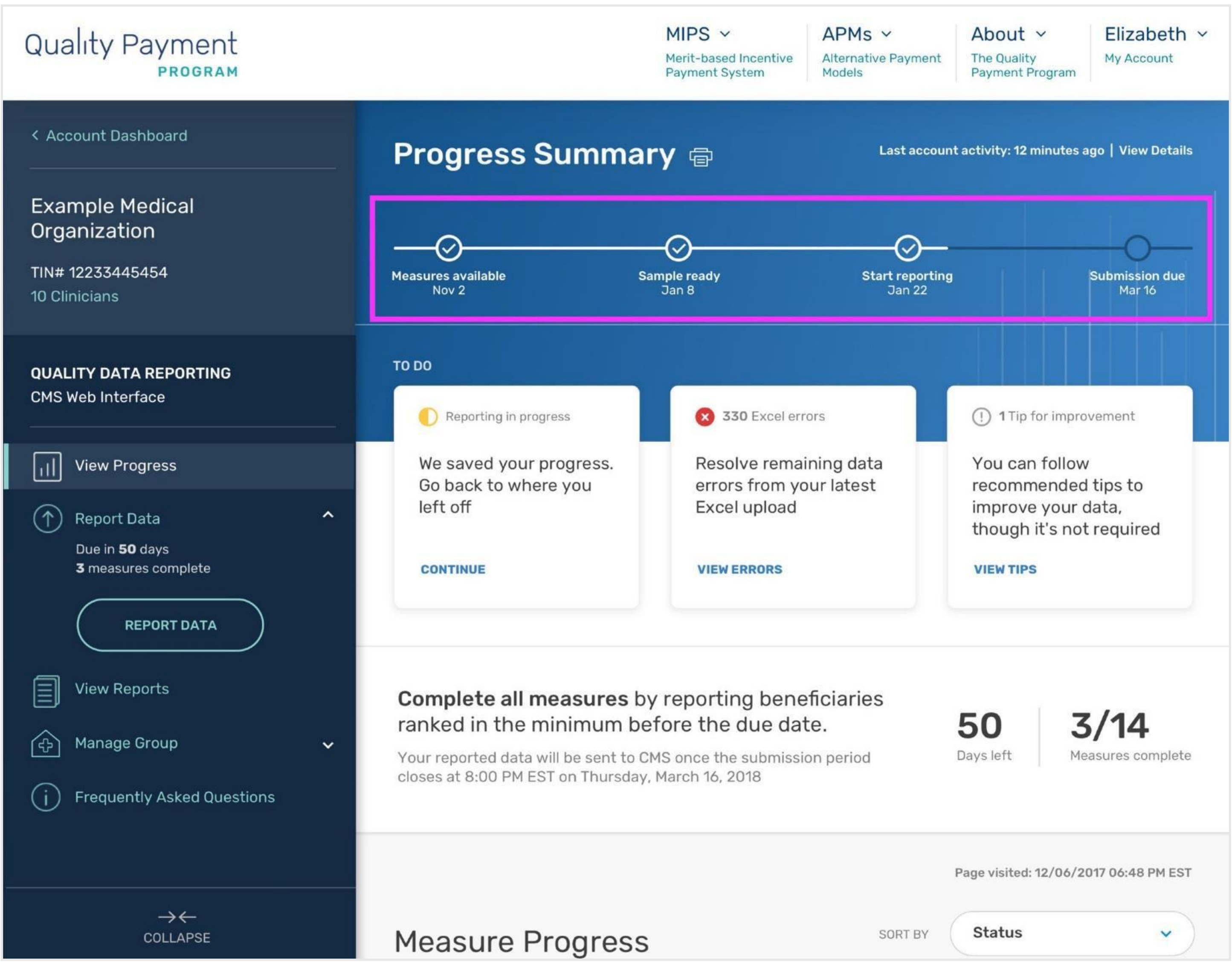


What You Can Do in the CMS Web Interface

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 (Figure 11). Please note that the CMS Web Interface will not open for the 2017 performance period until the Sample Ready milestone.

Figure 11. CMS Web Interface Milestone Timeline



Measure Specifications: “Measures Available” Milestone

Measure specifications for the CMS Web Interface were made available following publication of the Quality Payment Program 2017 Final Rule in October 2016, so this is the first milestone you will see on the timeline. The CMS Web Interface will not open for the 2017 performance period until the Sample Ready milestone.

Download Beneficiary Sample: “Sample Ready” Milestone

For the 2017 performance period, your Medicare beneficiary sample will be available for download on January 8, 2018. As soon as your sample is ready, the CMS Web Interface will go into “Test Mode” where 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 Excel Template User Guide.
- Work on filling in your data in the Excel template offline. See the Excel Template User Guide.
- Upload your data to test out the CMS Web Interface. See the Excel Template User Guide.
- Manually enter test data by beneficiary or by measure into the CMS Web Interface. See the “Enter data manually” section of the guide.
- Run the Measure Rates and Activity Log reports. See the “View Reports” section of the guide.

*NOTE: On January 19, 2018 at 8:00pm Eastern Standard Time (the end of the test period), ALL DATA YOU UPLOADED TO THE CMS Web Interface WILL BE ERASED FROM OUR SYSTEMS AND WILL NO LONGER SHOW in the **CMS Web Interface**.*

You may keep your data in the provided Excel template offline, but you will need to re-upload this data once the test period is over. To save any progress you’ve made during the test period, follow these steps:

1. Navigate to the Test Data page.
2. Click the Download button.
3. Select “Sample with data”.
4. Click OK.
5. Save your Excel template with the data you’ve entered offline until the Start Reporting milestone opens.

Submission Period Opens: “Start Reporting” Milestone

On January 22, 2018 at 12:01am Eastern Standard Time, the CMS Web Interface will open for reporting. Any previous test data you may have uploaded or entered during the test period will have been erased. Once the submission period opens and you begin to upload or manually enter your data, your progress will be saved with each step, so you do not need to worry about “submitting” or “saving” any data throughout the submission period. 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 Period Closes: “Submission Due” Milestone

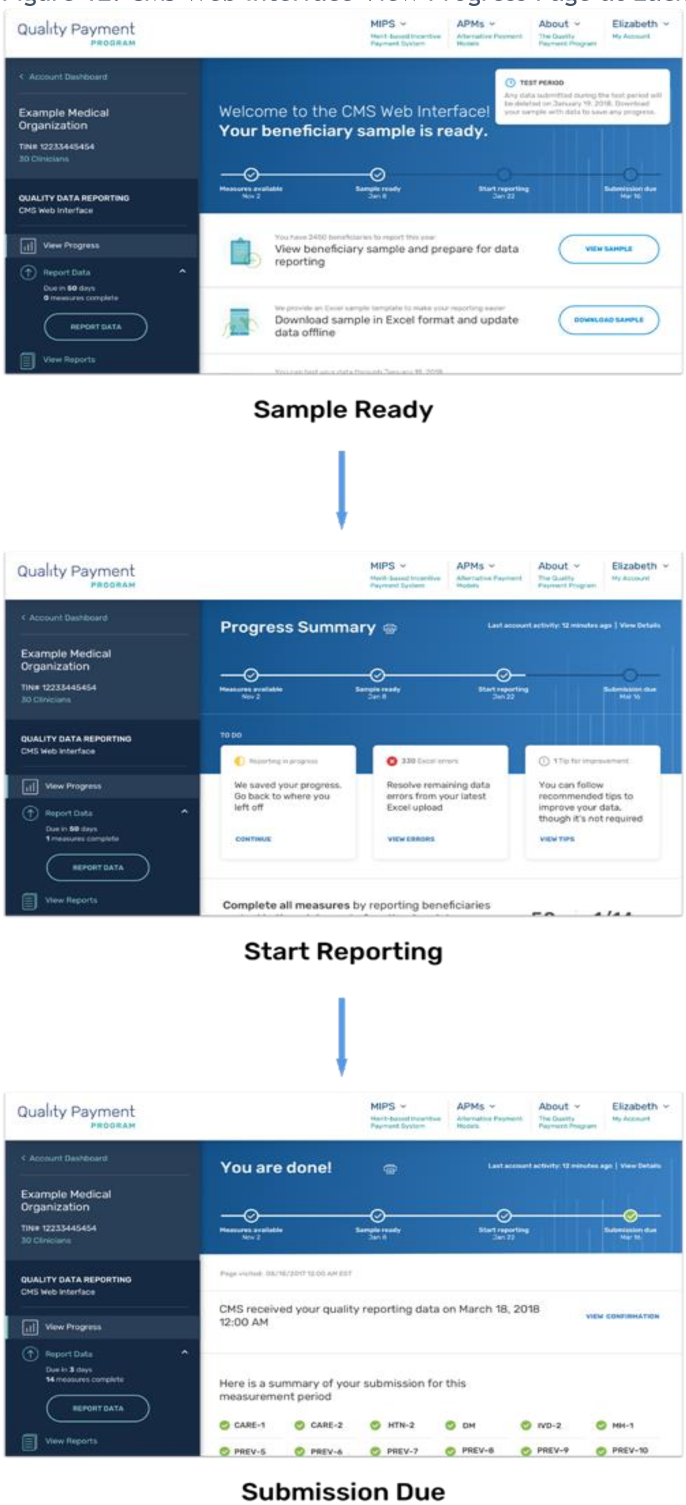
When the submission period closes on March 16, 2018 at 8:00pm Eastern Standard Time, the CMS Web Interface will not allow you to input or change any more information. Any data in the CMS Web Interface as of this date and time will be considered your final submission. At this time, the Data Confirmation report will be available, displaying a receipt of the data CMS received. Please note that you will still be able to access the CMS Web Interface after the close of the submission period to run reports; the 2017 performance reports will be available for three years following the 2017 submission period.

View Progress

When you access the CMS Web Interface, you will land on the View Progress page where you can see your organization's progress and team activity in the CMS Web Interface (Figure 12).

Depending on the time of year you access the system, you may see a different version of the functionality available at the time (see the "Review program milestones" section above for more information).

Figure 12. CMS Web Interface View Progress Page at Each Milestone

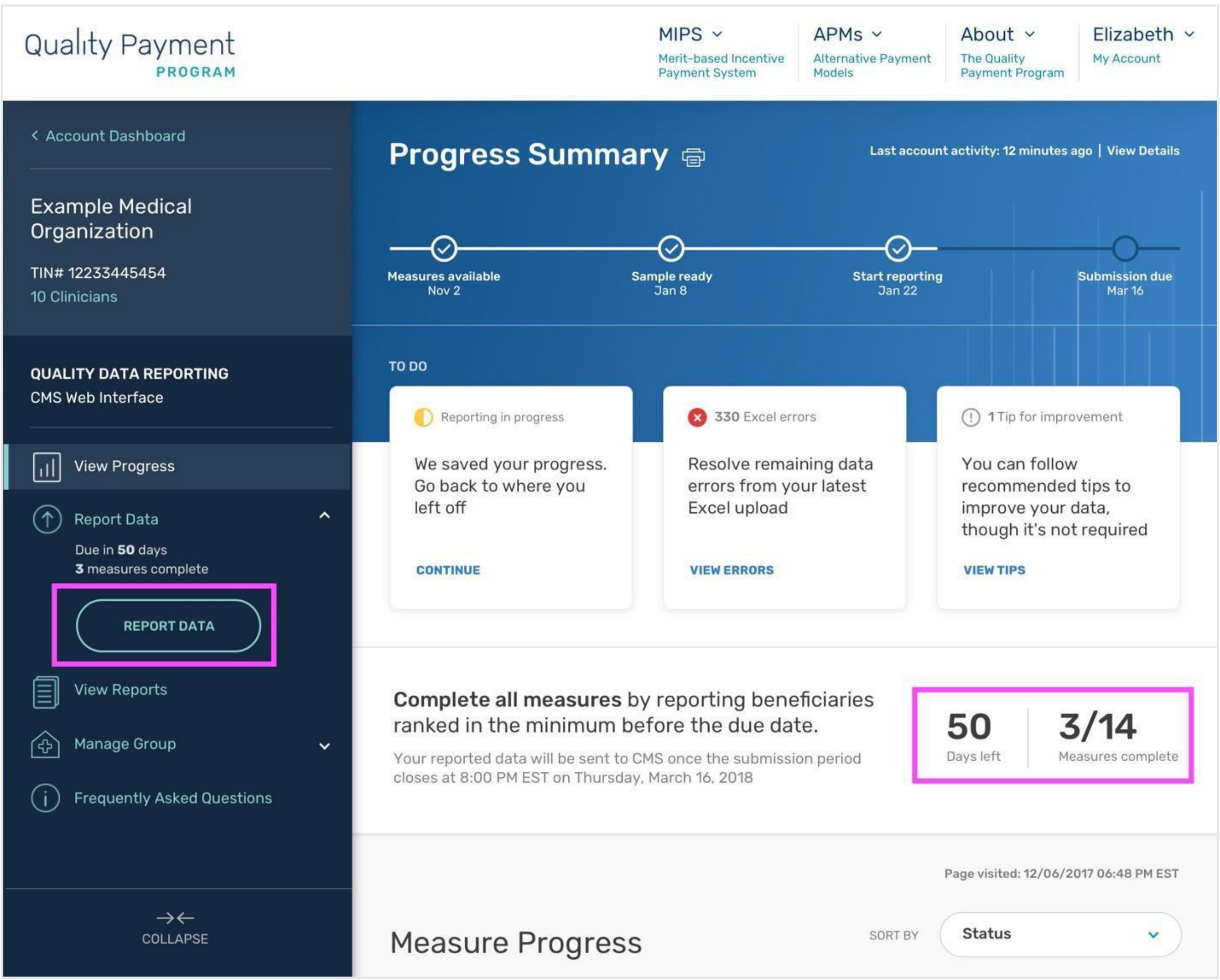


Progress indicators

Throughout the CMS Web Interface and in the left-side navigation, you will see an indicator that shows how many days are left until the submission is due—and for how many measures you have met the minimum reporting requirement. These will help you stay on track with reporting (Figure 13).

<u>NOTE</u>: The CMS Web Interface shows that there are 14 measures total as opposed to 15. This is because the DM measure is a composite measure that comprises 2 measures. In the CMS Web Interface, the DM measure counts as one measure, though you will need to report the minimum reporting requirement for both DM-2 and DM-7 to receive a score.

Figure 13. CMS Web Interface Progress Indicators

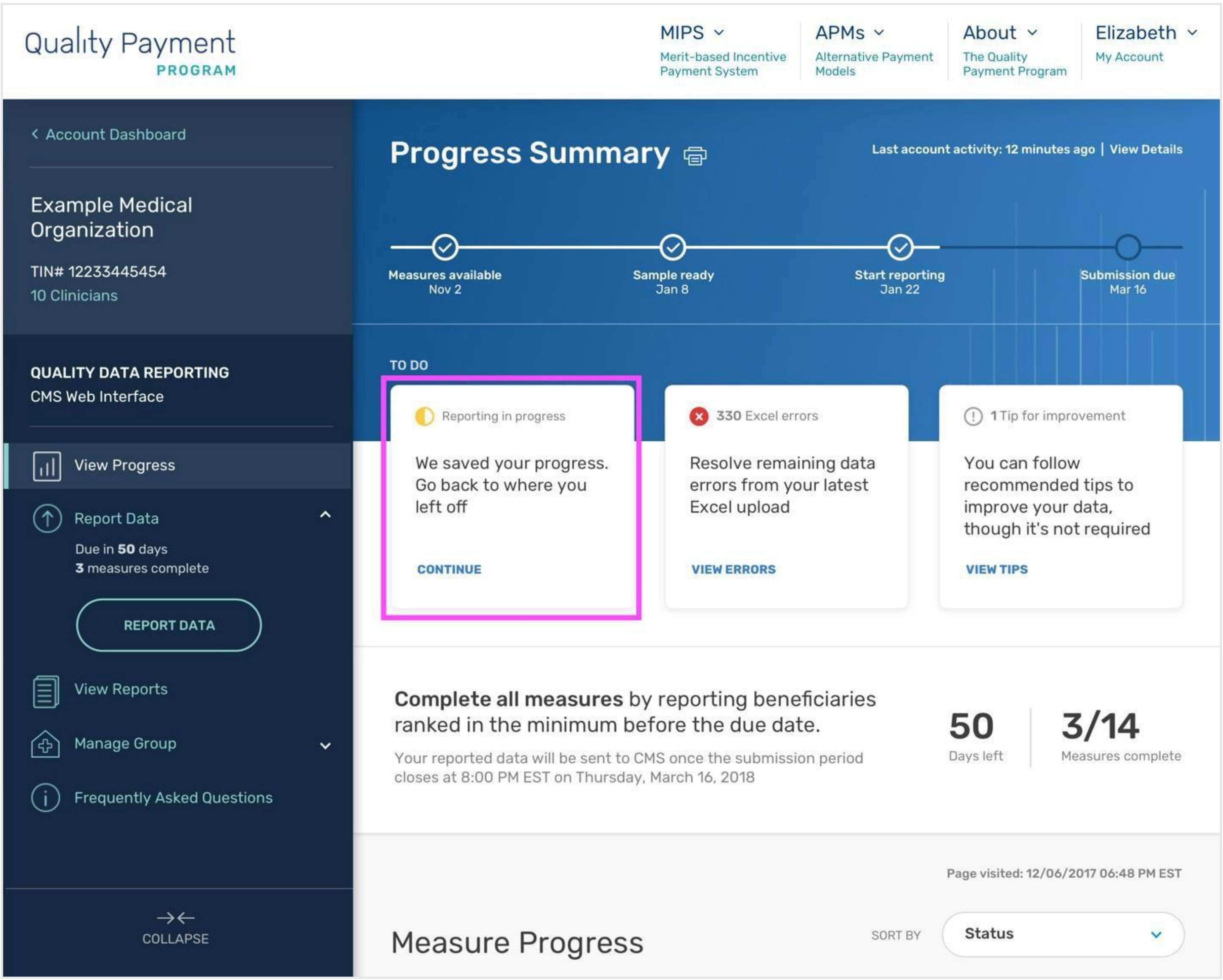


To Do Cards

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

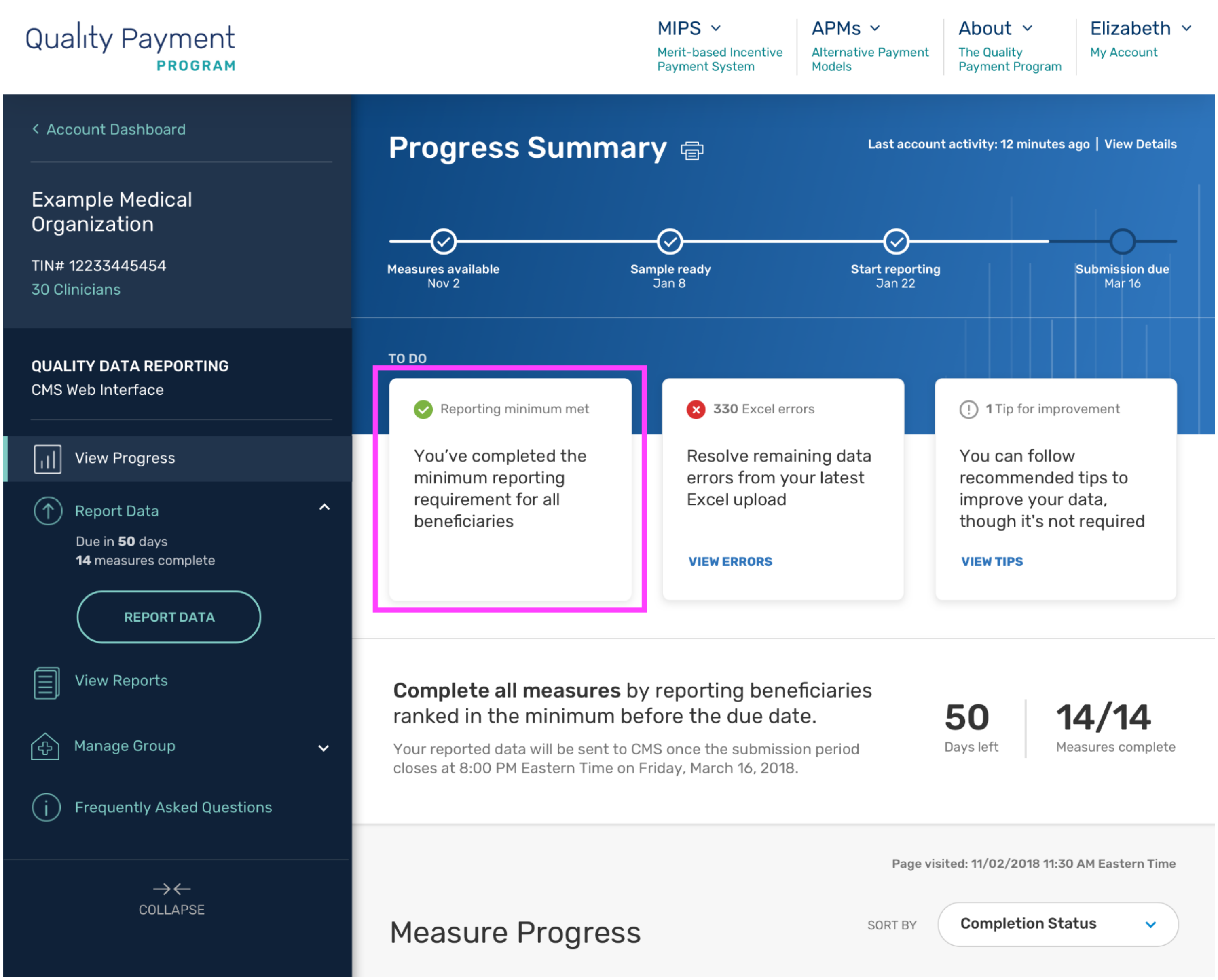
The first card is titled "Reporting in progress." It contains a link that takes you back to where you left off in a previous session. If the CMS Web Interface times out for security purposes, the "Continue" link in this card will take you back to the last action you performed in the interface—whether you were entering data manually or uploading an Excel file (Figure 14).

Figure 14 - Reporting in Progress: To Do Card When Minimum Not Met



Once you've reached the minimum reporting requirement for all the 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 (Figure 15).

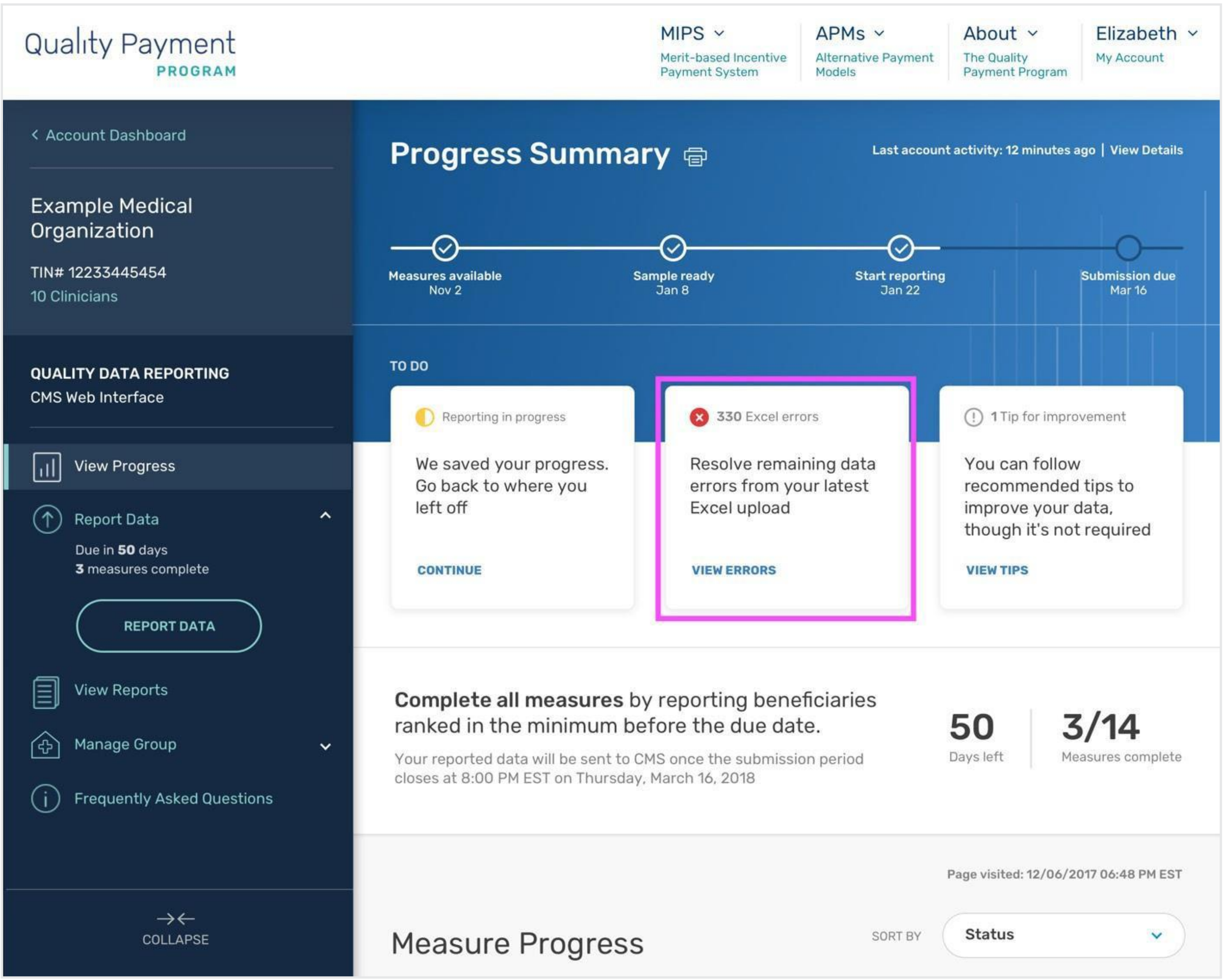
Figure 15. Reporting in Progress: To Do Card When Minimum is Met



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. Clicking on the “View Errors” link takes you to the Report Data page where you can see the list of Excel errors—and resolve them manually or via another upload (Figure 16a). See the Excel Template User Guide or the Resolving Errors section of this guide for more information on how to resolve Excel errors.

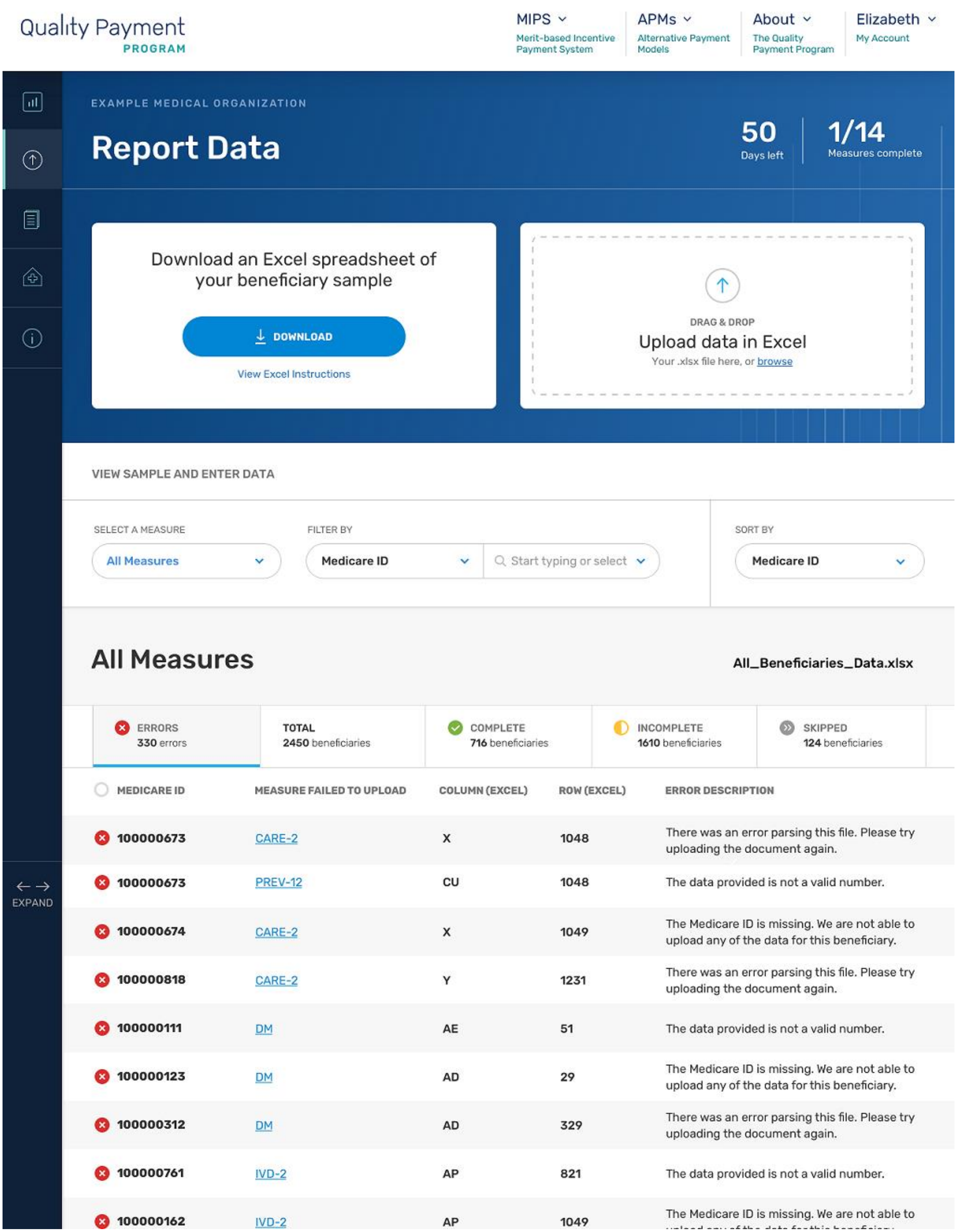
NOTE: Excel errors will always show the errors from the latest Excel upload from your team (you will see errors from the latest file uploaded by anyone who is reporting for the same organization). Any errors from previous uploads will always be erased when a new file is uploaded.

Figure 16a. Excel Errors: To Do Card with Errors Present



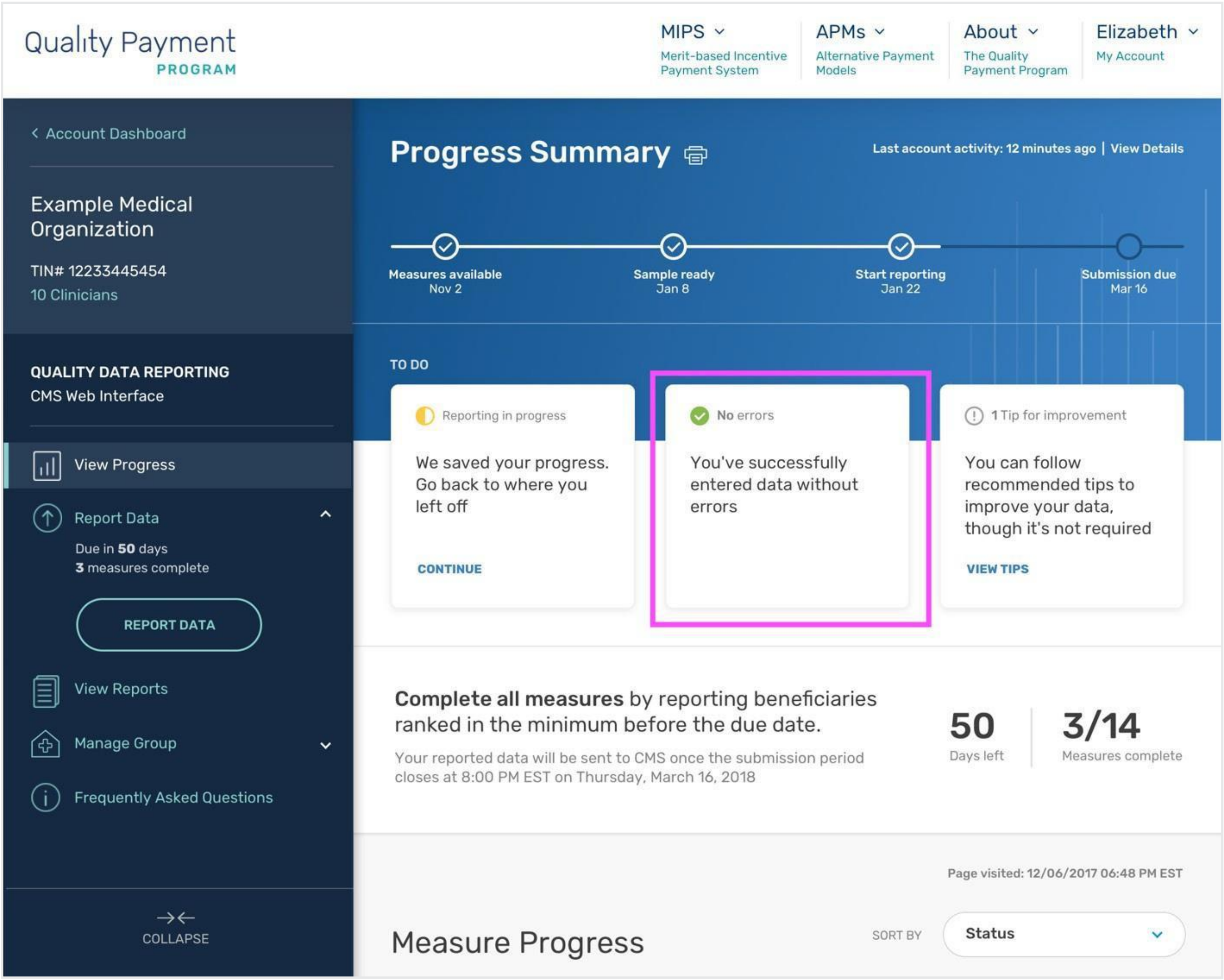
When the user clicks the “View Errors” link, they will see a list of errors (Figure 16b).

Figure 16b. Excel Errors: List of Errors



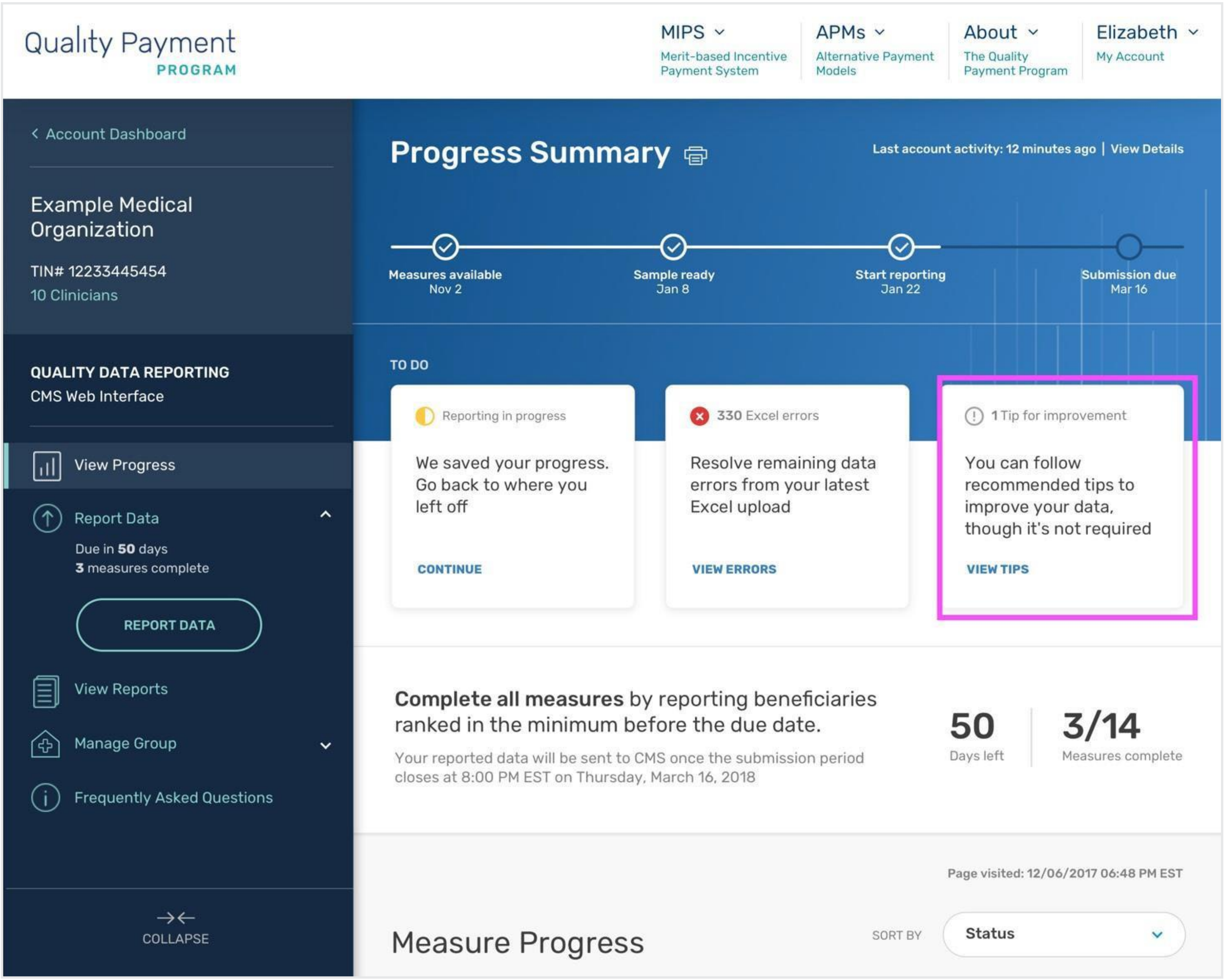
If your team currently has no Excel errors, the card will have a green checkmark and there will not be a link to the Errors tab (Figure 17).

Figure 17. Excel Errors: To Do Card with No Errors



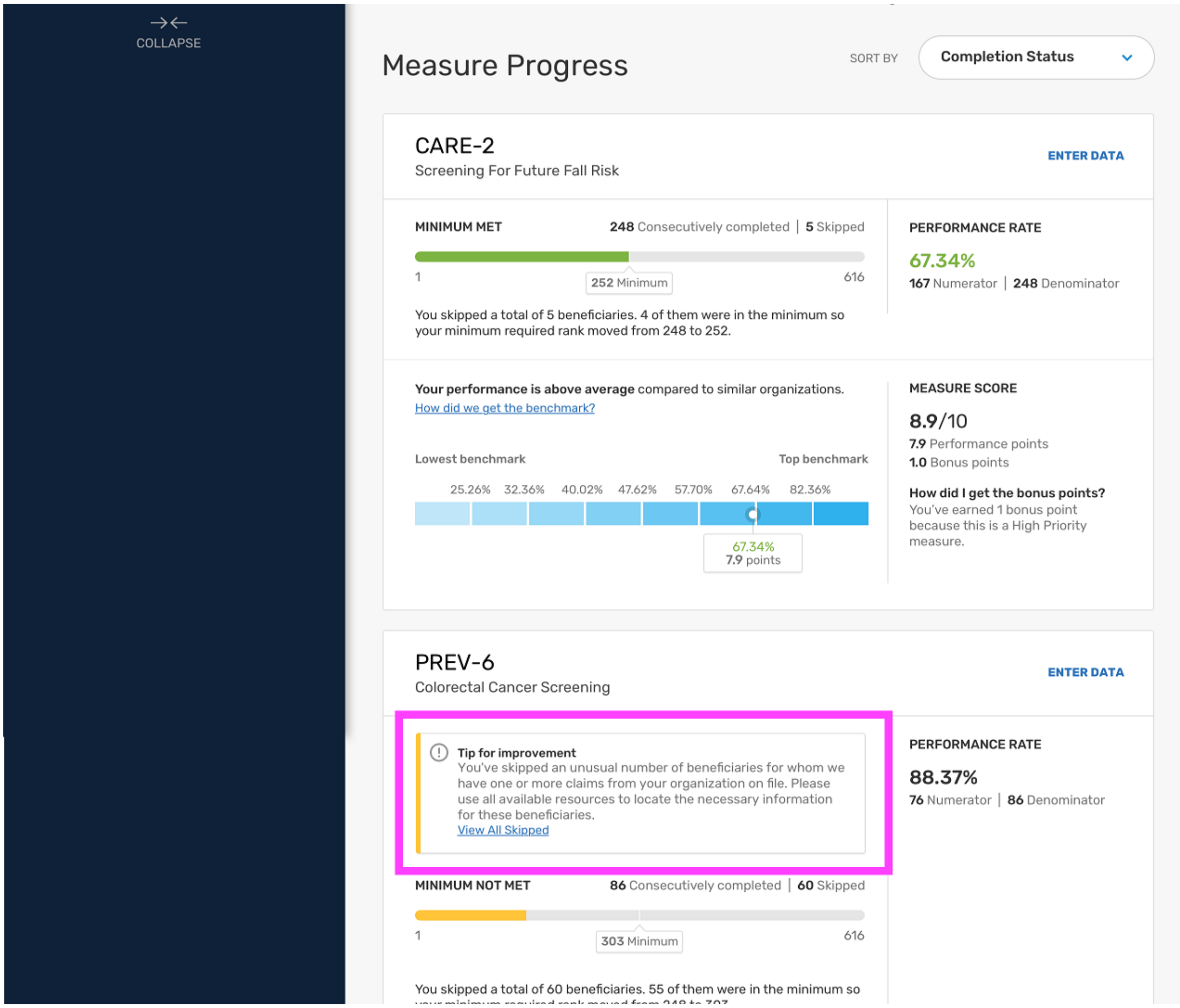
The last car in the 'To Do' items area is the "Tips for Improvement" card. If you have skipped an unusually high number of beneficiaries in your sample, the "Tips for Improvement" card will notify you that you may want to review your data entry before final submission. Tips for improvement are not required to be resolved before submission. You can have a successful submission without resolving the tips for improvement. Clicking on the "View Tips" link will show you the first improvement tip (Figure 18a).

Figure 18a. Tip for Improvement: To Do Card with Tips Present



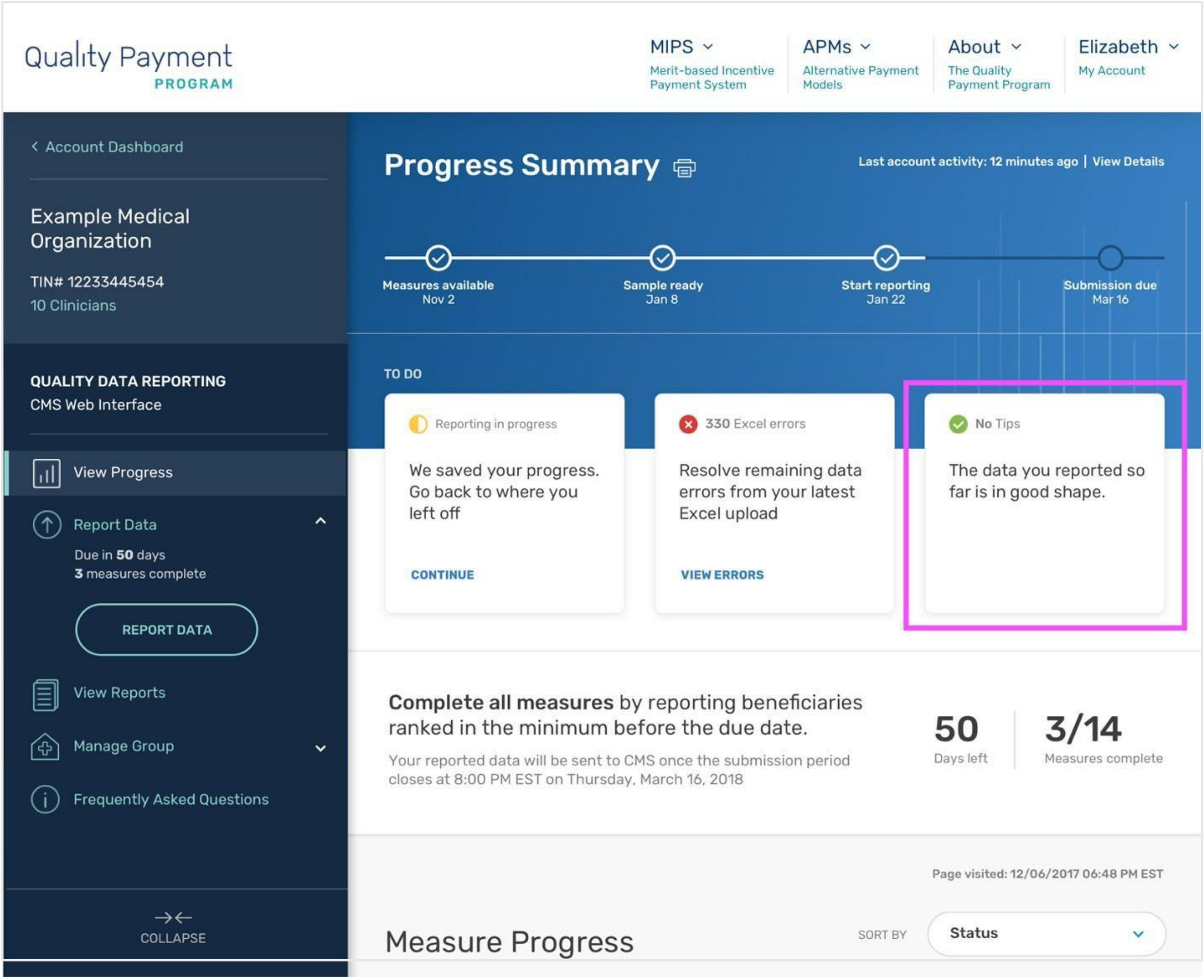
Tips for improvement are identified in the Measure Progress details (Figure 18b).

Figure 18b. Tips for Improvement



If your skip rate is within expected ranges, you will not have any tips for improvement and the card will have a green checkmark without a link (Figure 19).

Figure 19. Tips for Improvement: To Do Card with No Tips Available



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 (Figure 20).

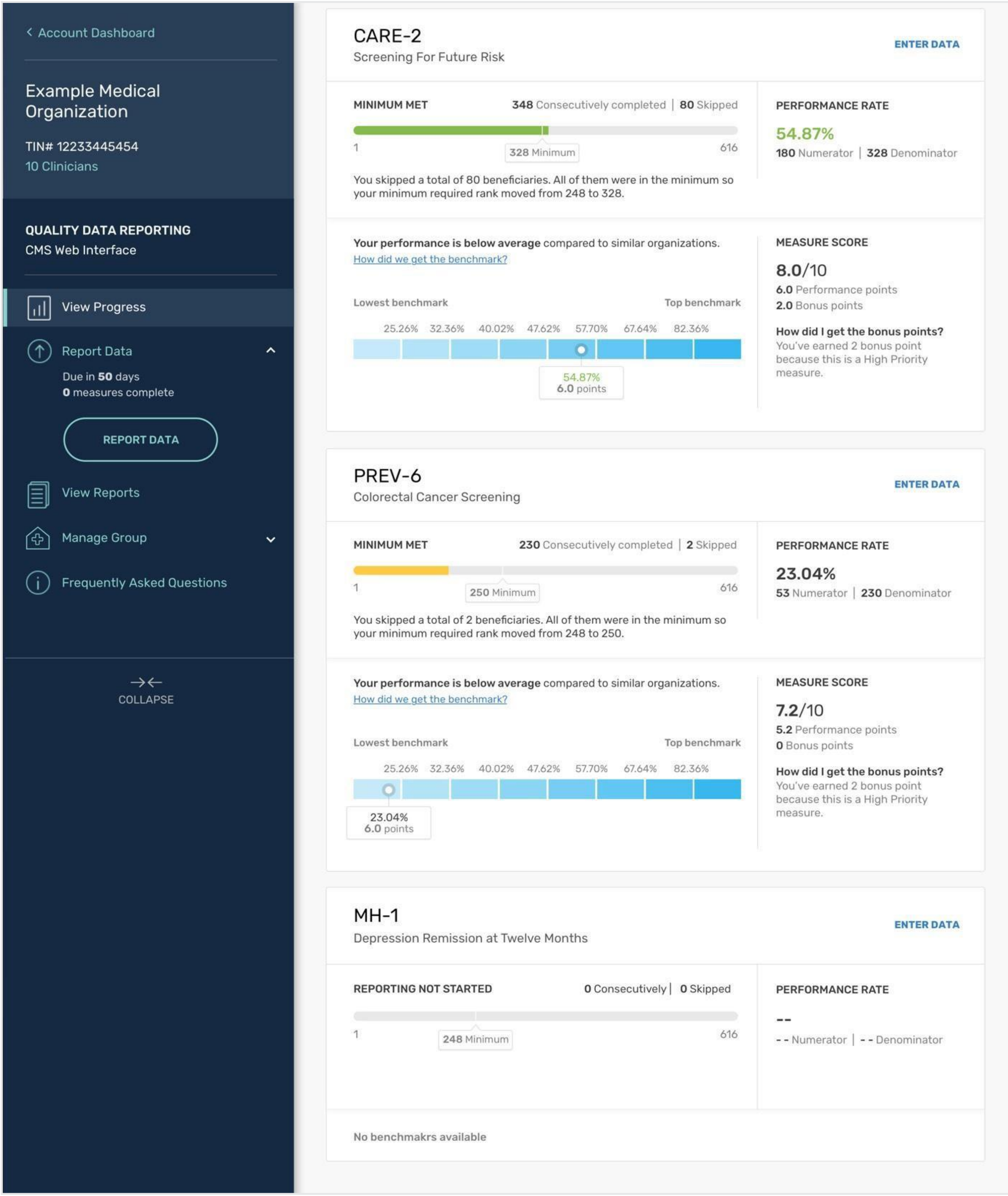
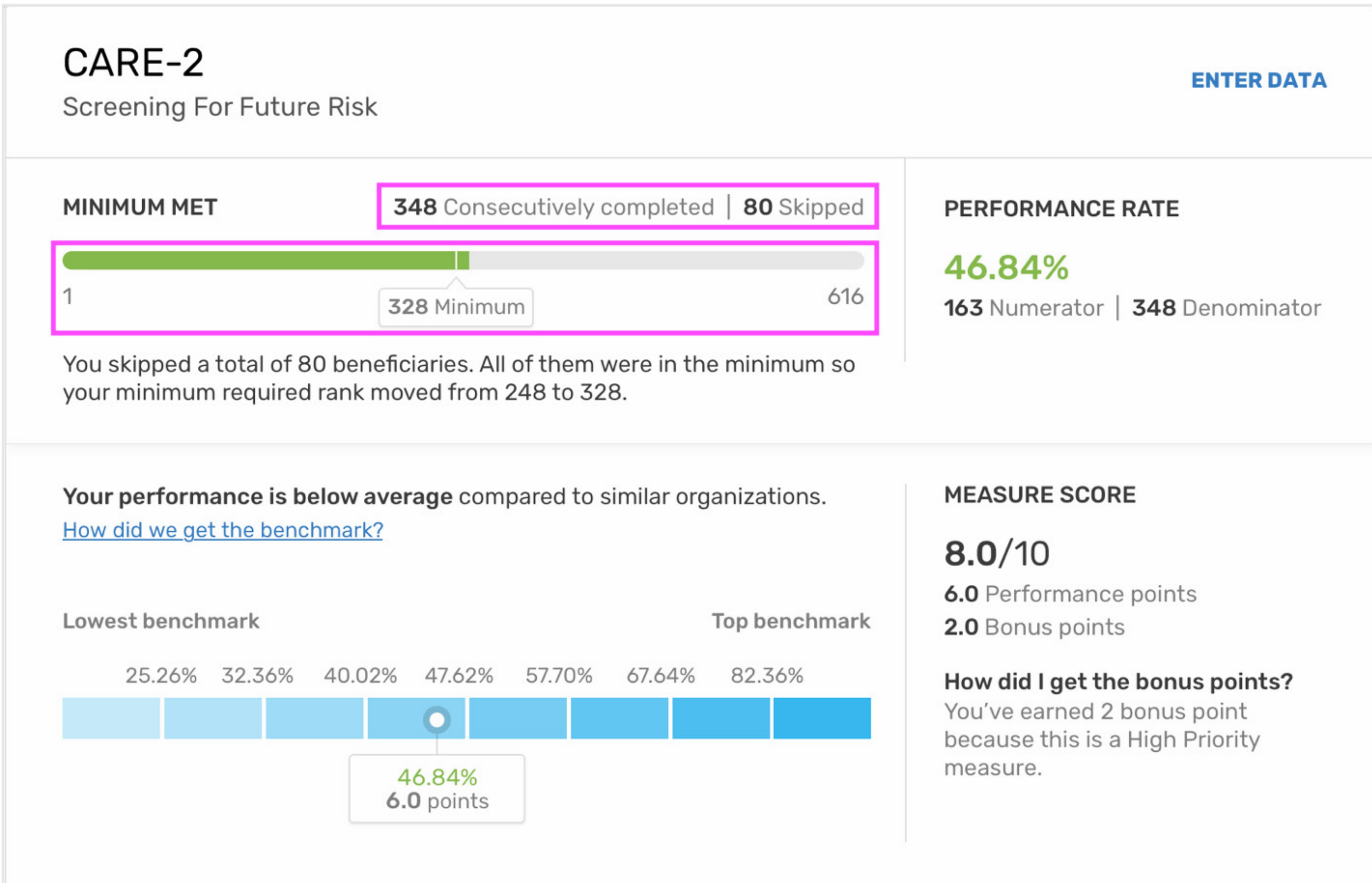


Figure 20 - Measure Progress Cards on View Progress Page

Each card contains the following information (Figure 21):

- **Lowest and highest rank** in the sample for the measure.
- **Consecutively complete** - The number of beneficiaries for whom your team has answered all relevant questions for that measure in consecutive order.
- **Skipped** - Beneficiaries who could not be confirmed for the measure or are excluded from the denominator based on the answers you provided to the required questions.

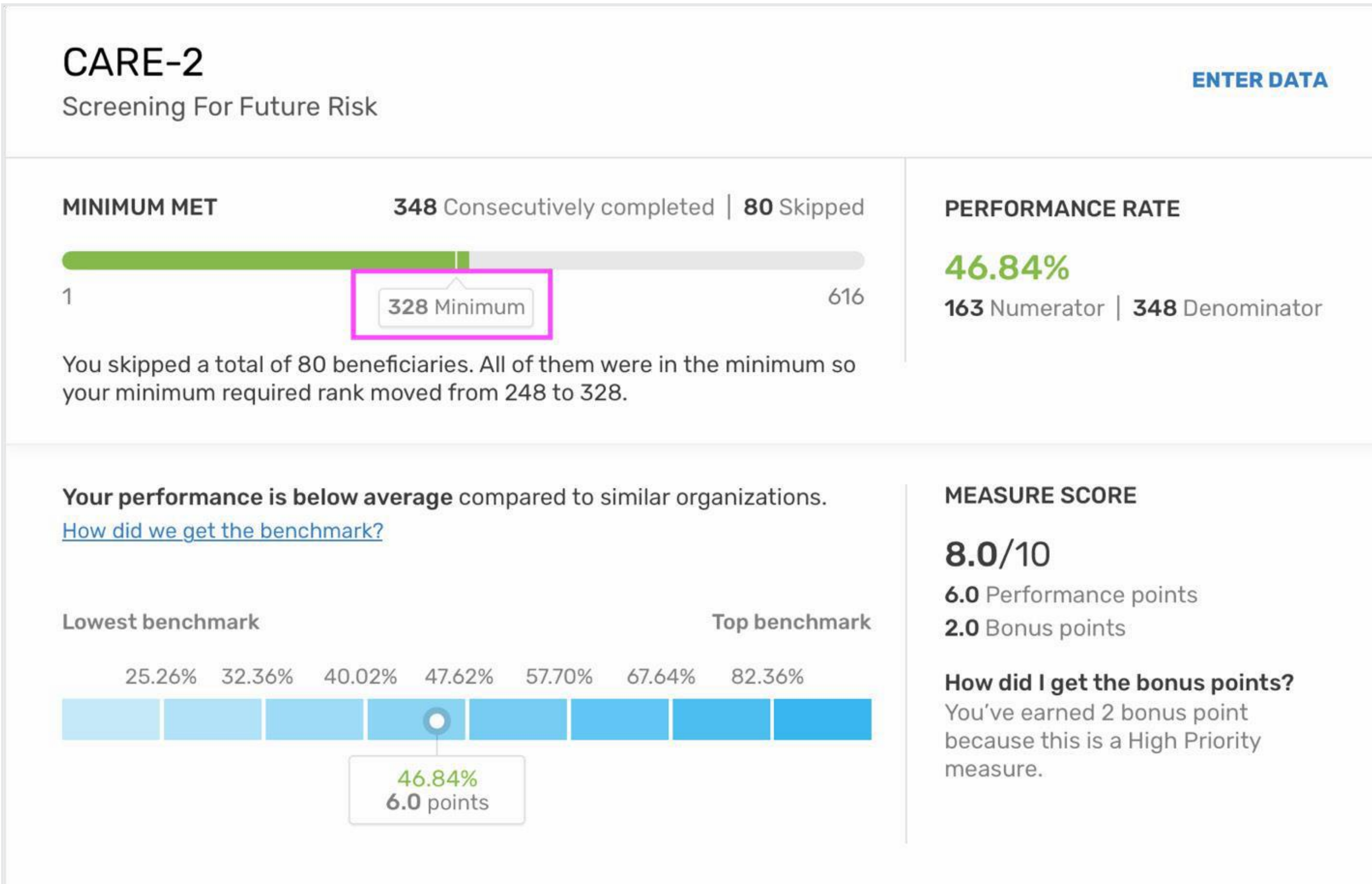
Figure 21. Measure Progress Card Details



- **Minimum required rank** - The progress bar within each measure card shows the minimum number of beneficiaries for which your team needs to consecutively report to receive a score for the measure. If you skip beneficiaries within the minimum, the minimum required increases automatically on this page to show you the new minimum required (Figure 22).

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

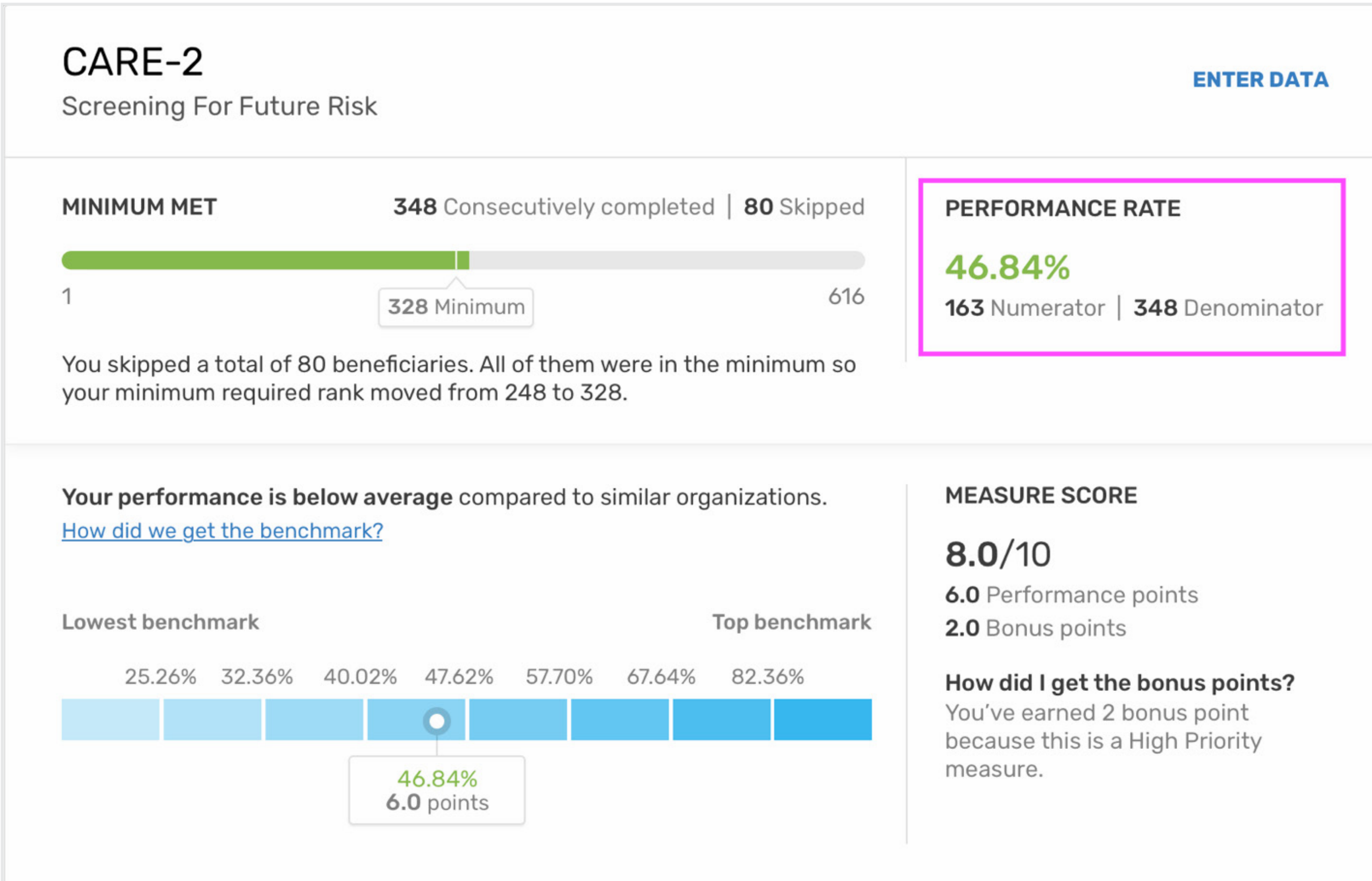
Figure 22. Minimum Required Rank Indicator



Once your team begins to report data for a measure, you will also see the following information on the right side of each measure card (Figure 23):

- **Denominator** - Beneficiaries that qualify to be evaluated for each measure are part of the denominator.
- **Numerator** - Once a beneficiary is confirmed for that measure (included in the denominator), there are certain answers to measure questions that will include that beneficiary in the numerator. The numerator and denominator will be used to calculate your performance rate for that measure.
- **Measure performance rate** - Which is the numerator divided by the denominator.

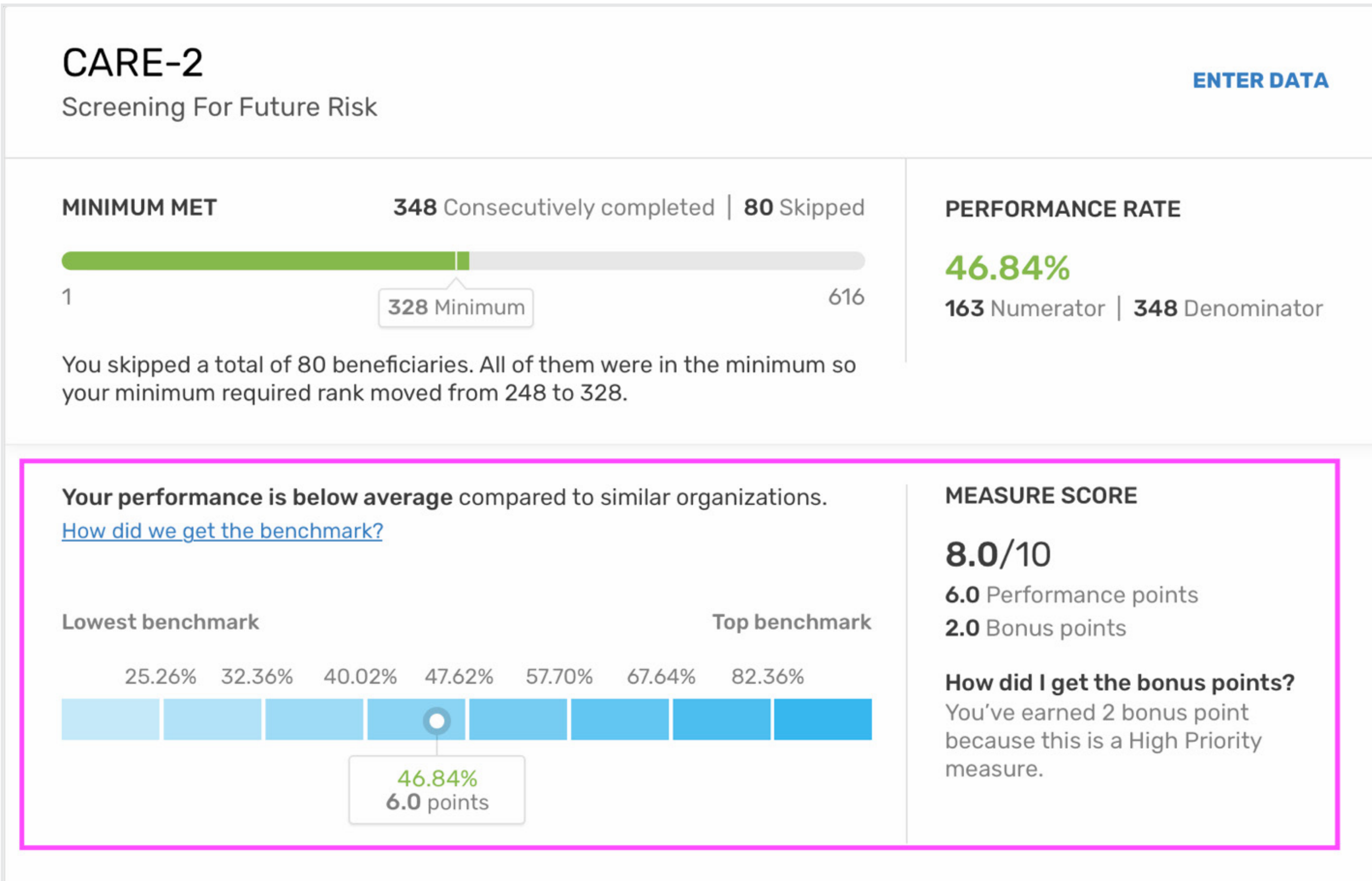
Figure 23. Measure Performance Rate on Measure Progress Card



Lastly the card shows your performance on the measure by showing you (Figure 24):

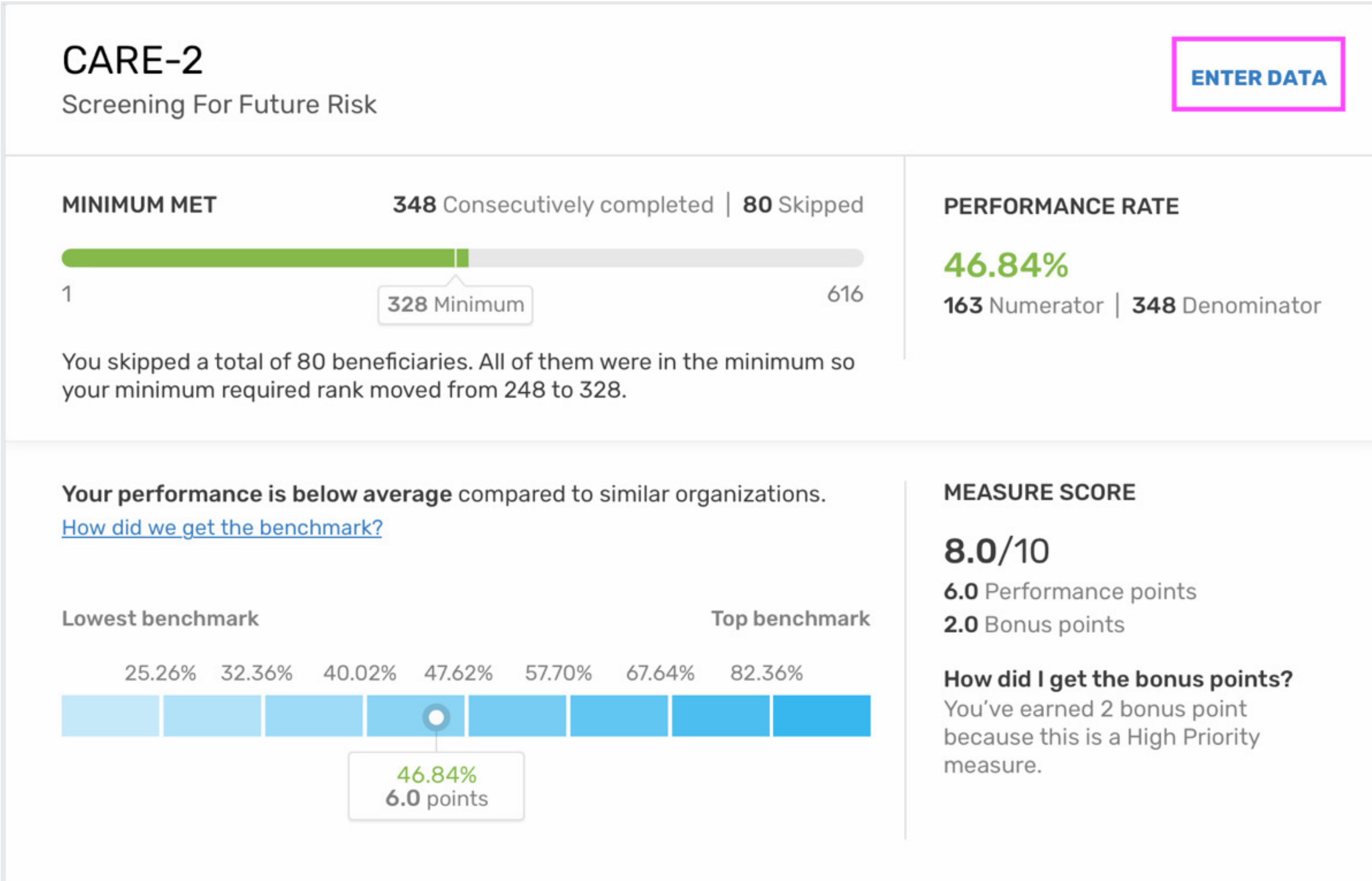
- **MIPS measure score** - This is a combination of your performance points and your bonus points. (NOTE: MIPS scores will only appear for group users who are participating in MIPS. ACOs will not see MIPS measure scores this year).
- **Benchmarks** - Your score and how your performance compares against the established benchmarks if benchmarks are available.
- **Bonus points** - If you have earned any end-to-end, high priority, or outcome bonus points for the measure, these will appear on the right side of the card. To earn end-to-end bonus points for the measure, use the provided Excel template to upload your data (see the Excel Template User Guide for more information).

Figure 24. MIPS Measure Score and Benchmarks on Measure Progress Card



To enter data manually for the measure, click on the “Enter Data” link in the top right corner of the card (Figure 25).

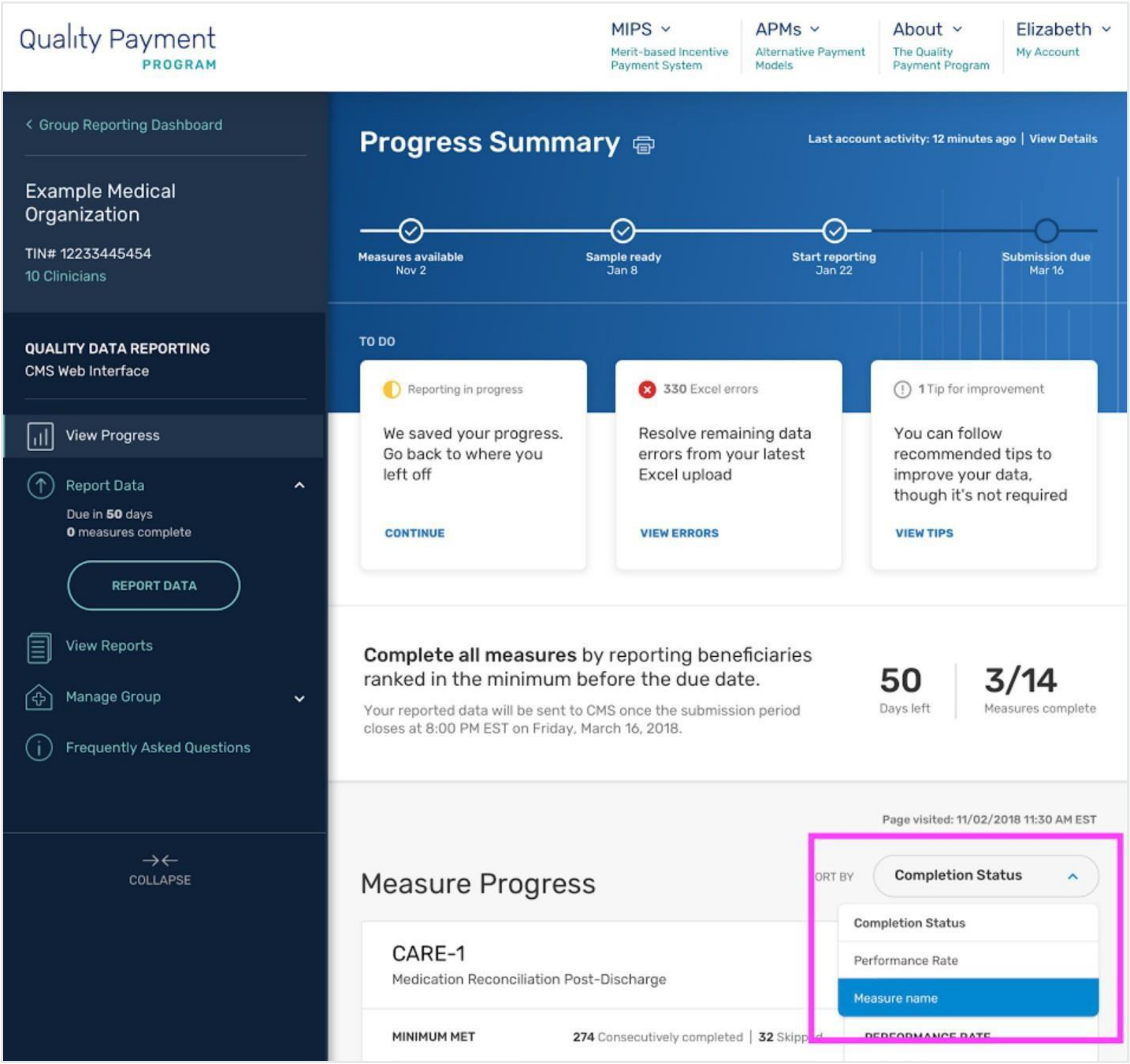
Figure 25 - Manually Enter Data for a Measure from the View Progress



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 (Figure 26). You can also sort by:

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

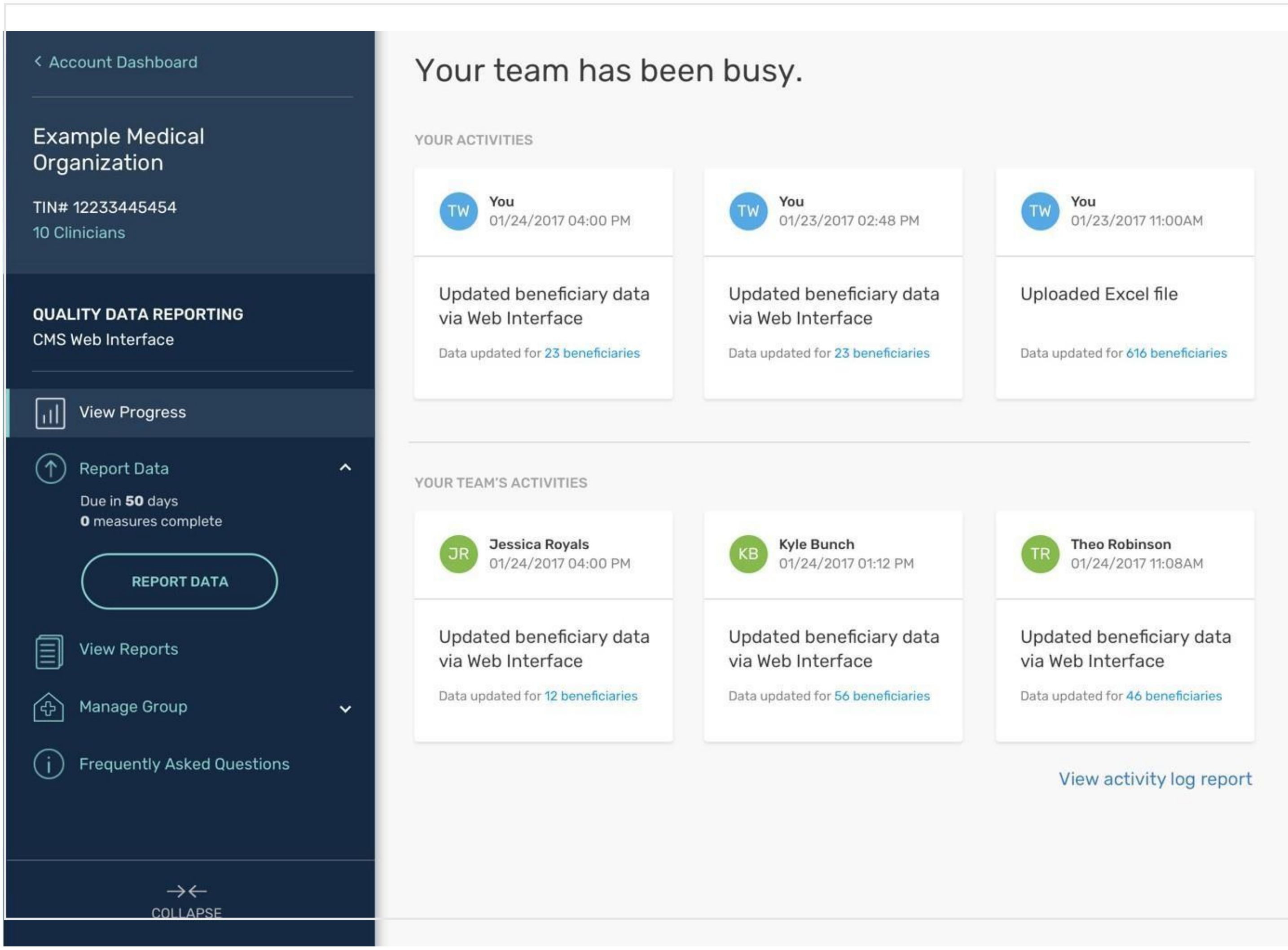
Figure 26 - Sort Measure Cards on View Progress Page



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 three activities as well as your own last three activities so you can track the progress of your submission. You can click on the "View Activity Log report" link at the bottom to see a more comprehensive report on your team's activity (Figure 27).

Figure 27 - Activity Cards on View Progress Page



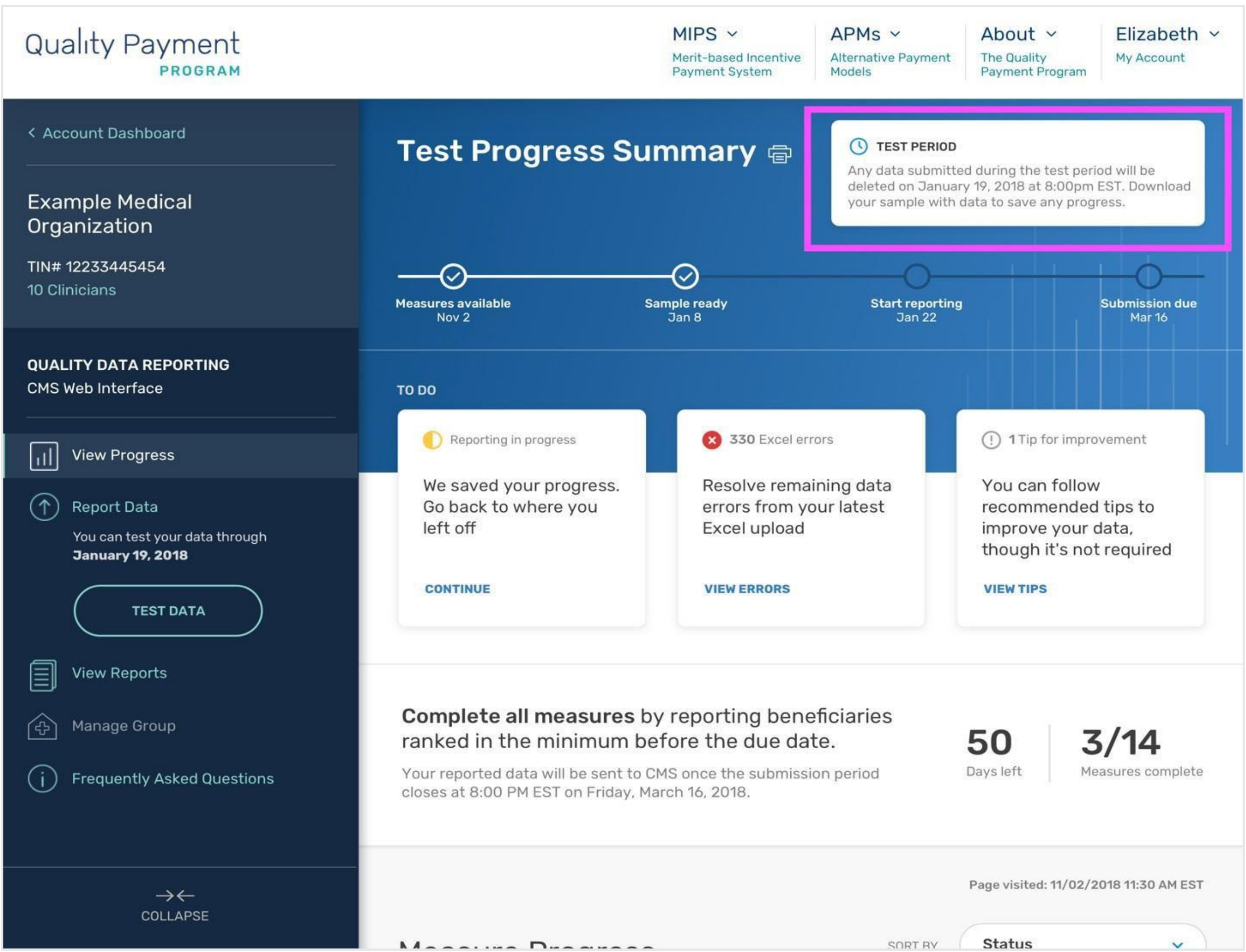
Test Data

Once your sample is ready, you can test out the CMS Web Interface using your data to learn and get familiarized with how to use the CMS Web Interface for reporting data.

During the test period (January 8-19, 2018), you can upload data in Excel format or enter data via manual data entry (Figure 28). Any data submitted during the test period will be deleted on January 19, 2018 at 8:00pm Eastern Standard Time. You can download any data you tested during the test period and save it offline until the "Start reporting" milestone opens. To do so:

1. Navigate to the Test Data page.
2. Click the Download button.
3. Select "Sample with data".
4. Click OK.
5. Save your Excel template with the data you've entered offline until the Start Reporting milestone opens.

Figure 28 - Test Period Indicator



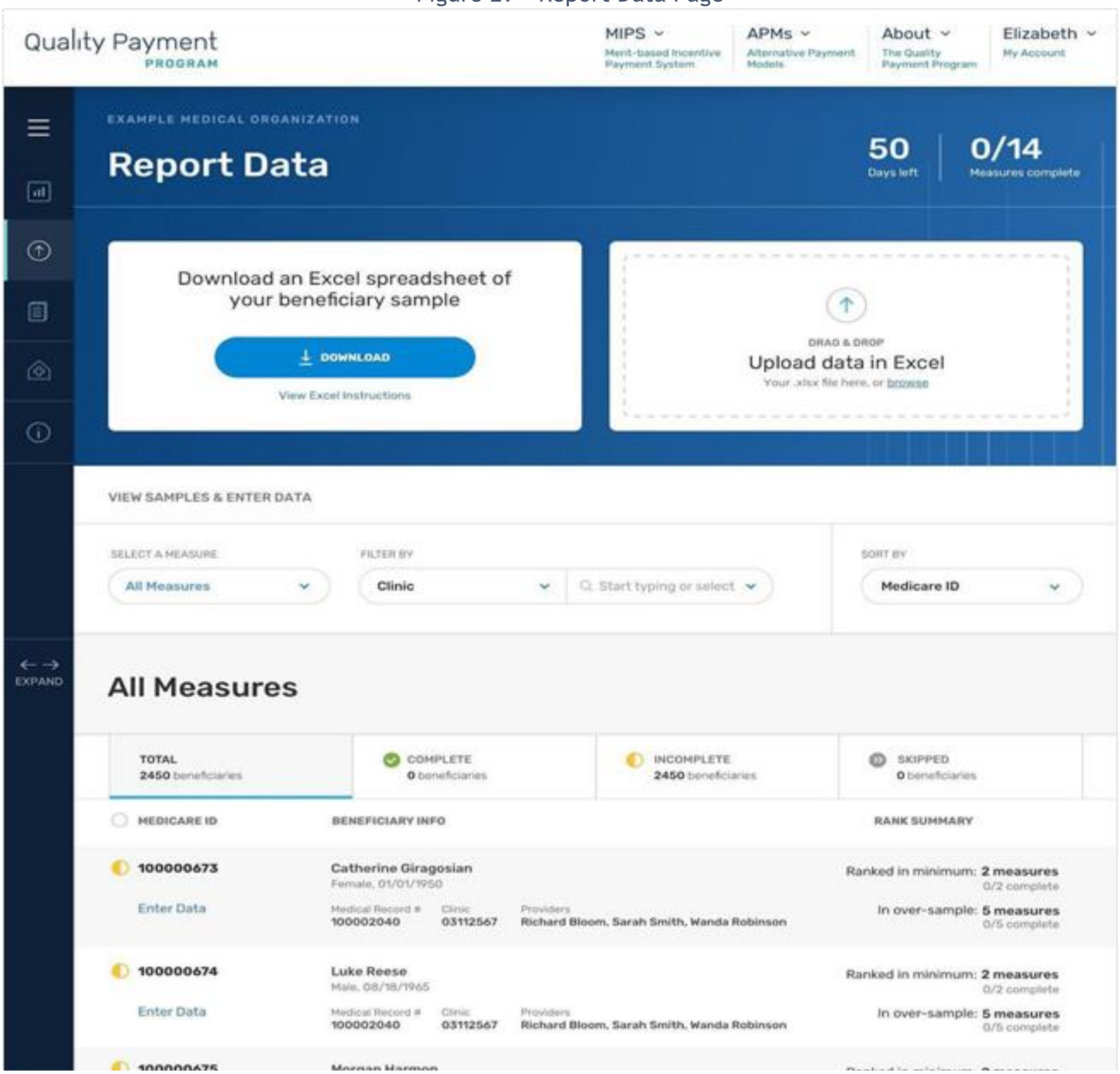
Report Data

View Sample

Once your sample is ready, you can view your sample in two ways (Figure 29):

- **Within the CMS Web Interface:** Click on “Report Data” to view your beneficiary sample list within the CMS Web Interface. Upon landing here, you can review, sort, and filter the list directly in the CMS Web Interface. Please note that in addition to being able to download your beneficiary samples within the CMS Web Interface beginning January 8, the Beneficiary Sample Files will also be transferred to ACOs on January 8; this transfer happens outside of the CMS Web Interface.
- **Download in Excel template:** Alternatively, you can download your beneficiary sample in the provided Excel template by clicking the Download button at the top of the Report Data page.

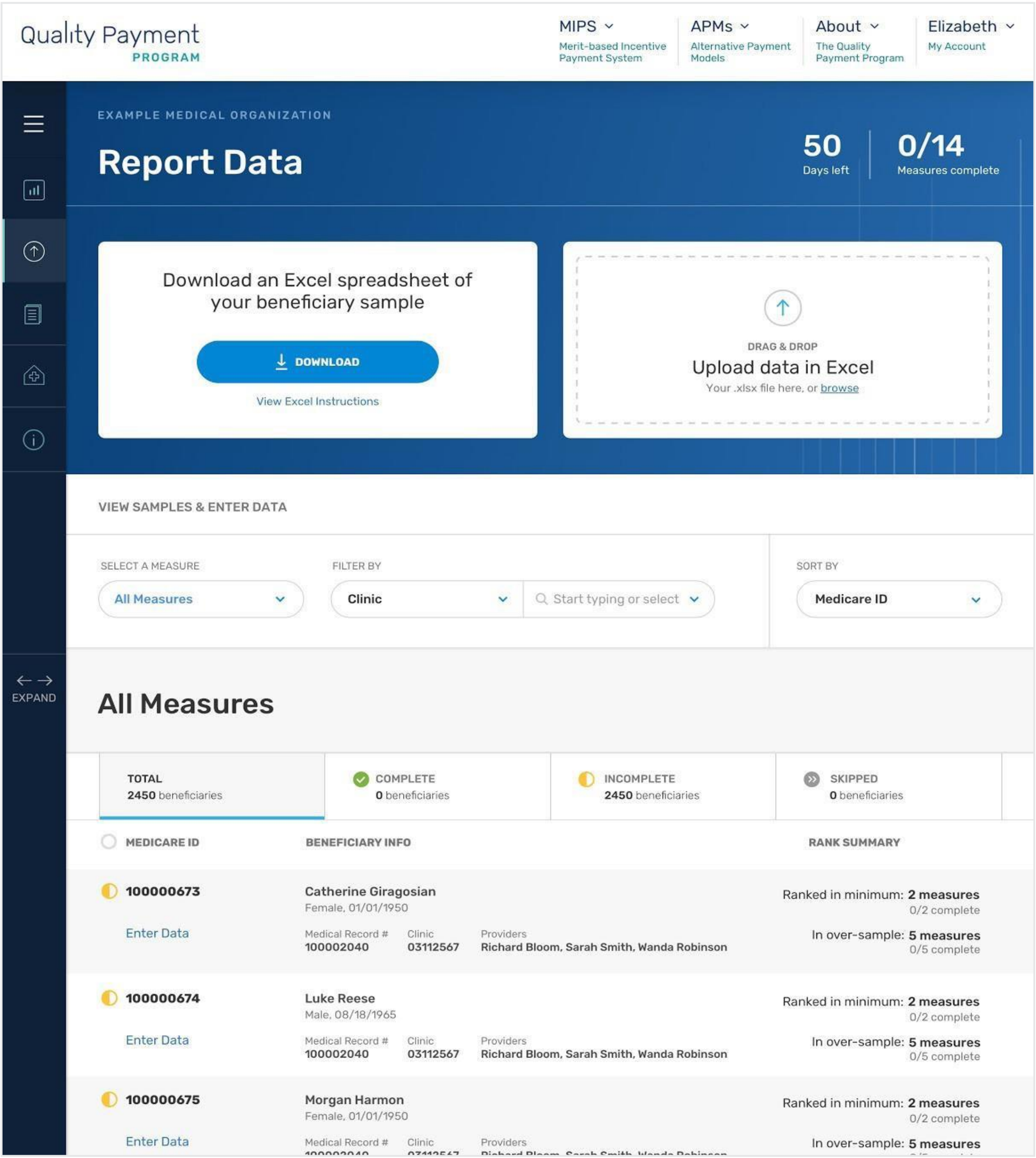
Figure 29 - Report Data Page



Beneficiary Details

Each row under the sample list represents a beneficiary. The default view of your beneficiary sample list is filtered on "All Measures" to show every beneficiary in your sample, and how many measures in which each is ranked (Figure 30).

Figure 30 - Beneficiary Sample List



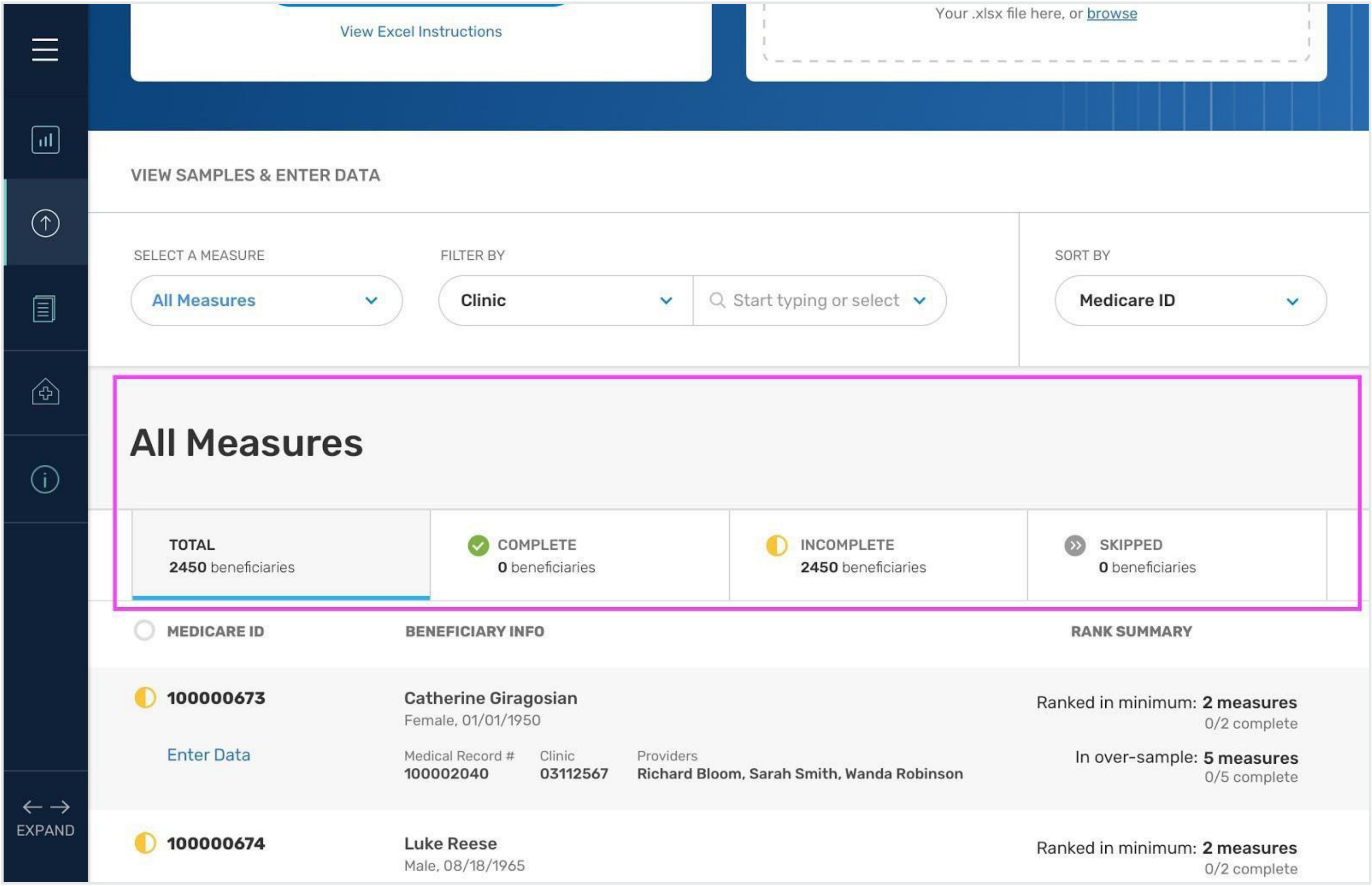
For each beneficiary, you can see:

- **Beneficiary completion status** - Each beneficiary will have one of the following three statuses:
  - **Incomplete** - If you have not entered appropriate data for all measures in which the beneficiary is ranked (both those for which the beneficiary is ranked in the minimum and those that they are ranked in the over-sample), the beneficiary will show as incomplete. To change the beneficiary's status to "Complete", report data for each measure that the beneficiary is ranked in either via manual data entry through the CMS Web Interface or an Excel upload. A beneficiary may show as incomplete even if all measures for which that beneficiary is ranked in the minimum have been filled out entirely. The minimum rank is a floating number through the submission process, so beneficiaries 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 complete the oversample measure data 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.
  - **Complete** - Beneficiaries in the complete tab are beneficiaries that have all their ranked measures com-pleted, regardless whether the measure is ranked in the minimum or in the oversample.
  - **Skipped** - Skipped beneficiaries are those that cannot be confirmed for the sample.
- **Medicare ID** - The Medicare beneficiary's Health Insurance Claim Number. This field will be pre-filled by CMS.
- **Beneficiary Info** - Contains the beneficiary's demographic information including:
  - **First and last name**
  - **Gender**
  - **Birthdate**
  - **Medical Record #** - This is an optional field you can fill in if you would like to associate the beneficiary with a number that your organization uses internally to track patients. It will not have a pre-filled value. See the "Edit Beneficiary 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 Beneficiary Demographic Data" sections on how to do this.
  - **Providers** - The patient can be associated with up to three providers, so you can more easily locate his or her medical record. See the "Manage Providers" and "Edit Beneficiary Demographic Data" sections on how to do this.
- **Rank Summary** - Under rank summary, you can see the number of measures in which the beneficiary is ranked in the minimum as well as the number of measures where the beneficiary is part of the oversample. These numbers are fluid and will change if lower ranked beneficiaries are skipped. The number of measures in which the beneficiary is ranked in the minimum or in the oversample will be updated automatically in the CMS Web Inter- face if a beneficiary moves into the minimum due to a skip.

You can use the tabs at the top of the list to filter the list by beneficiary status (Figure 31).

Figure 31 - Tab Options on Beneficiary Sample List



Under the **Total** tab, you can see your complete beneficiary sample list.

The **Complete** tab will filter the list of beneficiaries to show only those for whom you have completed all measures in which they are ranked.

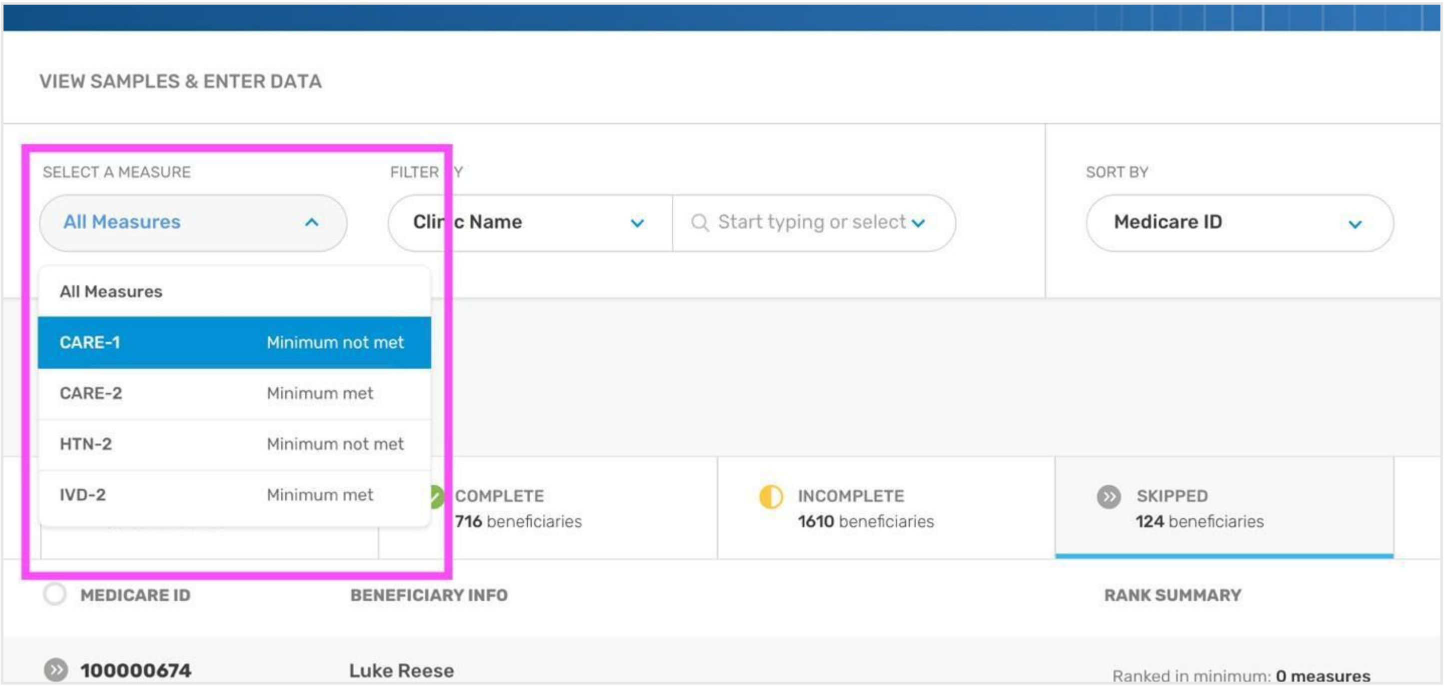
The **Incomplete** tab filters the list to show only beneficiaries for whom not all measures have been reported. NOTE: if a beneficiary is ranked in the oversample for some measures, they will still show as “Incomplete” even when you have reported all measures in which that beneficiary is ranked in the minimum. You do NOT need to report the oversample measures for the beneficiary to have a successful submission, but these beneficiaries will still show as Incomplete. You can check whether you have met the minimum for each measure using the View Progress page or the Measure Rates Report.

In the **Skipped** tab, you will see only beneficiaries who you have skipped from all measures.
When looking at All Measures, skipped beneficiaries are beneficiaries that could not be confirmed for the sample.

Filter Sample by Measure

Under "Select a Measure", click on the dropdown to view the list of measures. Upon clicking on a measure, you'll see a filtered list of only the beneficiaries who are ranked in that measure, sorted in rank order (Figure 32).

Figure 32 - Filter Beneficiary Sample List by a Measure



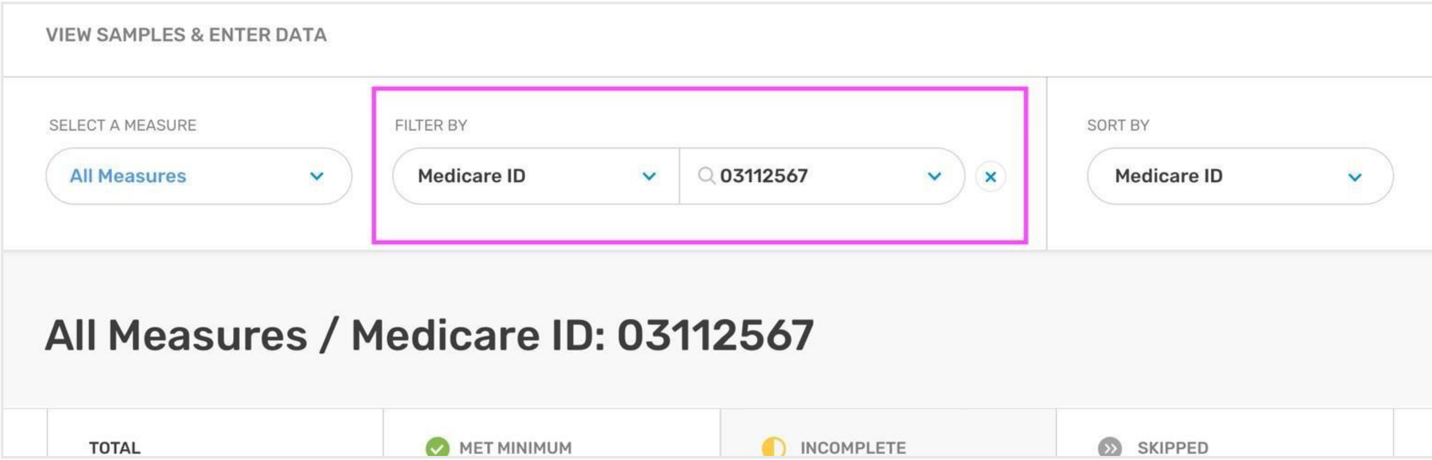
To manually enter data in the CMS Web Interface one measure at a time, you can filter the list by that measure and click "Enter Data" on a beneficiary row to begin entering data for only that measure (see the "Enter data by measure" section of this guide for more information).

Filter Sample by Other Criteria

You can further filter down the list by (Figure 33):

- **Medicare ID** - This is the Medicare beneficiary's Health Insurance Claim Number. This field will be pre-filled by CMS.
- **Beneficiary Name** - If you'd like to filter out a single beneficiary, you can filter either by their first or last name or both.
- **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 beneficiaries, you can also filter on this field.

Figure 33 - Filter Beneficiary Sample List by Another Criterion



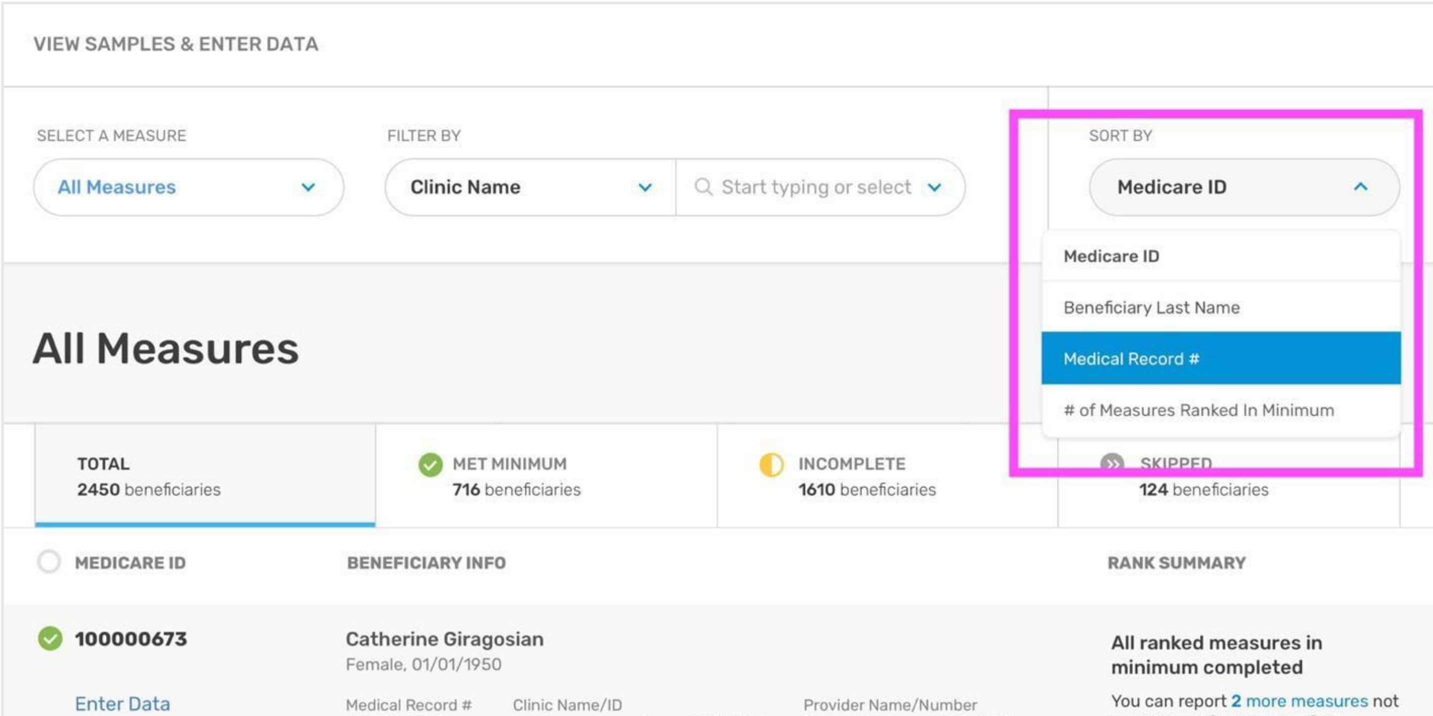
Once you have selected a specific filter type, enter the specific query into the adjoining field to further filter the list.

Sort Sample

You can sort your beneficiary sample list by the following criteria to help you prioritize your work (Figure 34):

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

Figure 34 - Sort Beneficiary Sample List



Edit Beneficiary Demographic Information

Some beneficiary 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 beneficiary later to fix the issue.

You can edit the following fields via an Excel upload safely:

- **Medical Record Number** - Or "Medical Record #" are internal numbering system that you can assign to beneficiaries.
- **Provider Name 1, 2 & 3** - Providers, or doctors that provide the bulk of care to a beneficiary ranked by volume of primary care services provided. A beneficiary can have more than one provider.
- **Clinic ID** - Are also known as clinic's Tax Identification Number (TIN).
- **General Comment** - Any additional information you want to note down with a beneficiary can go underneath general comment.

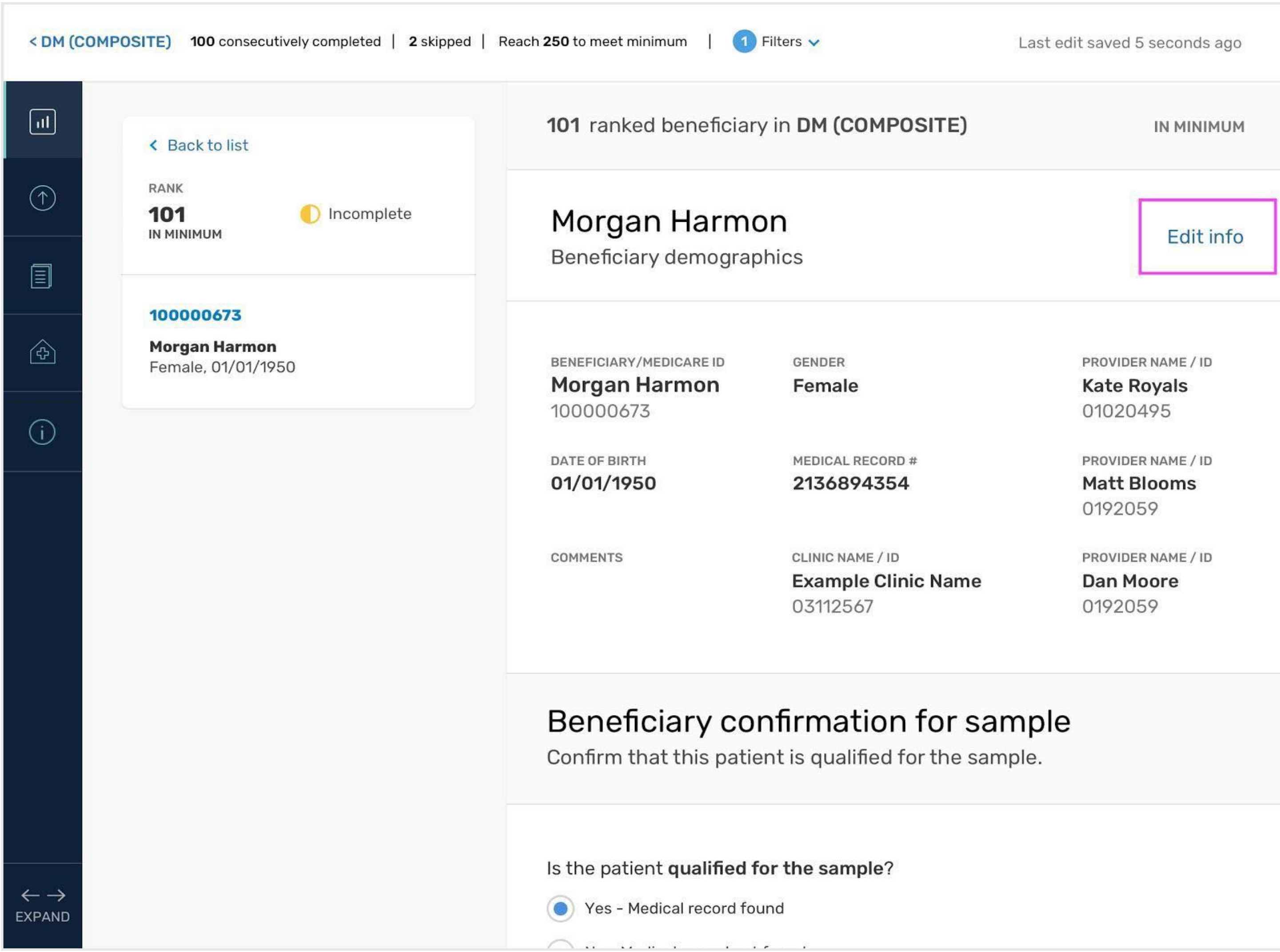
Some beneficiary demographic information can only be edited manually in the CMS Web Interface. These fields include:

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

To edit a beneficiary's demographic information through the CMS Web Interface (Figure 35):

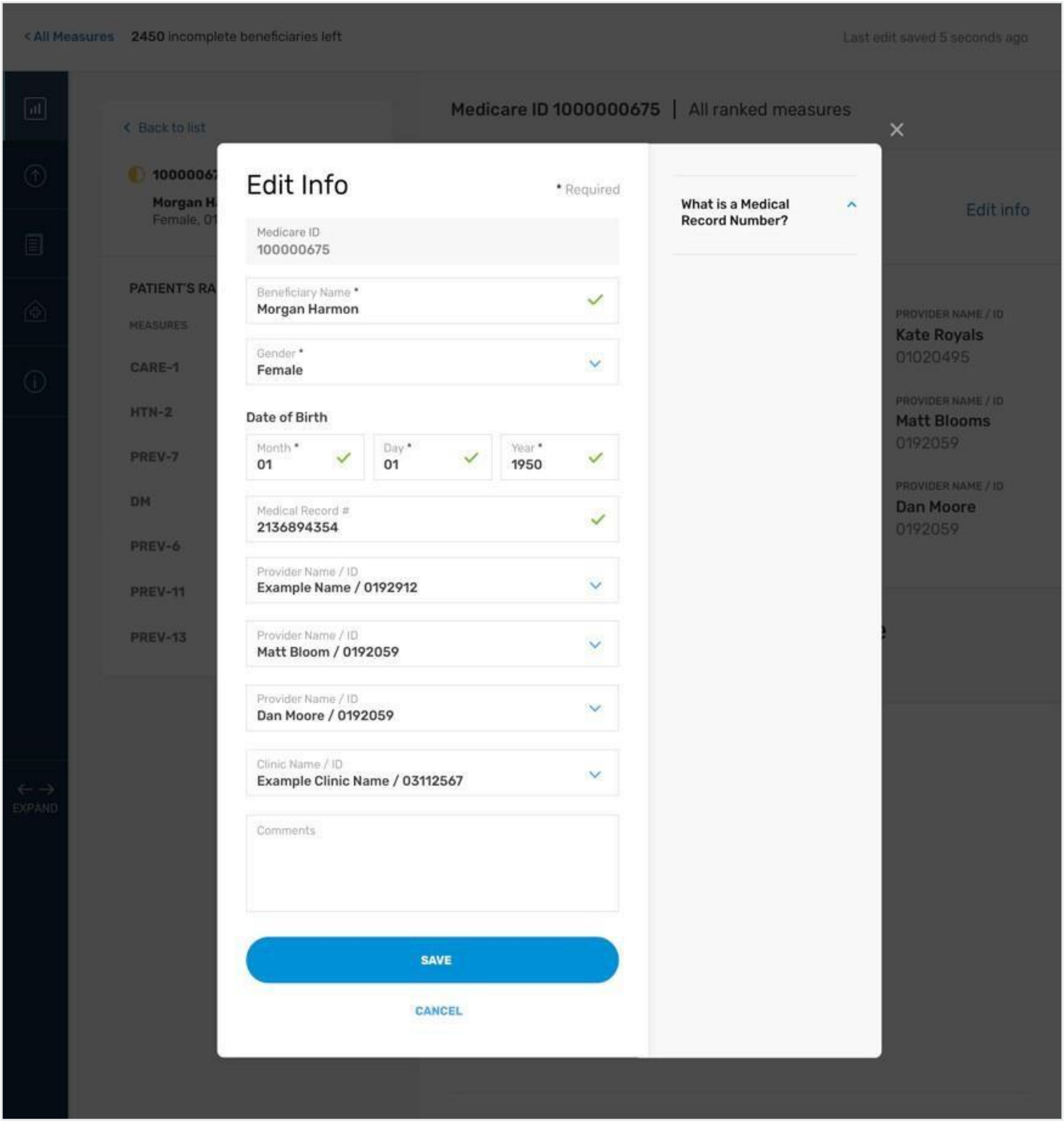
1. Navigate to the Report Data page.
2. Select "Enter Data" next to the beneficiary for whom you'd like to change information.
3. Click on "Edit Info" in the right-hand column of the page.

Figure 35 - Edit Beneficiary Demographic Information



4. A window will appear where you can edit the beneficiary's demographic information (Figure 36).

Figure 36 - Beneficiary Demographic Information Edit Screen



The Provider Name and Clinic Name information fields are input fields that turn into dropdowns 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/Providers" section of this guide.

Report Data Via Excel

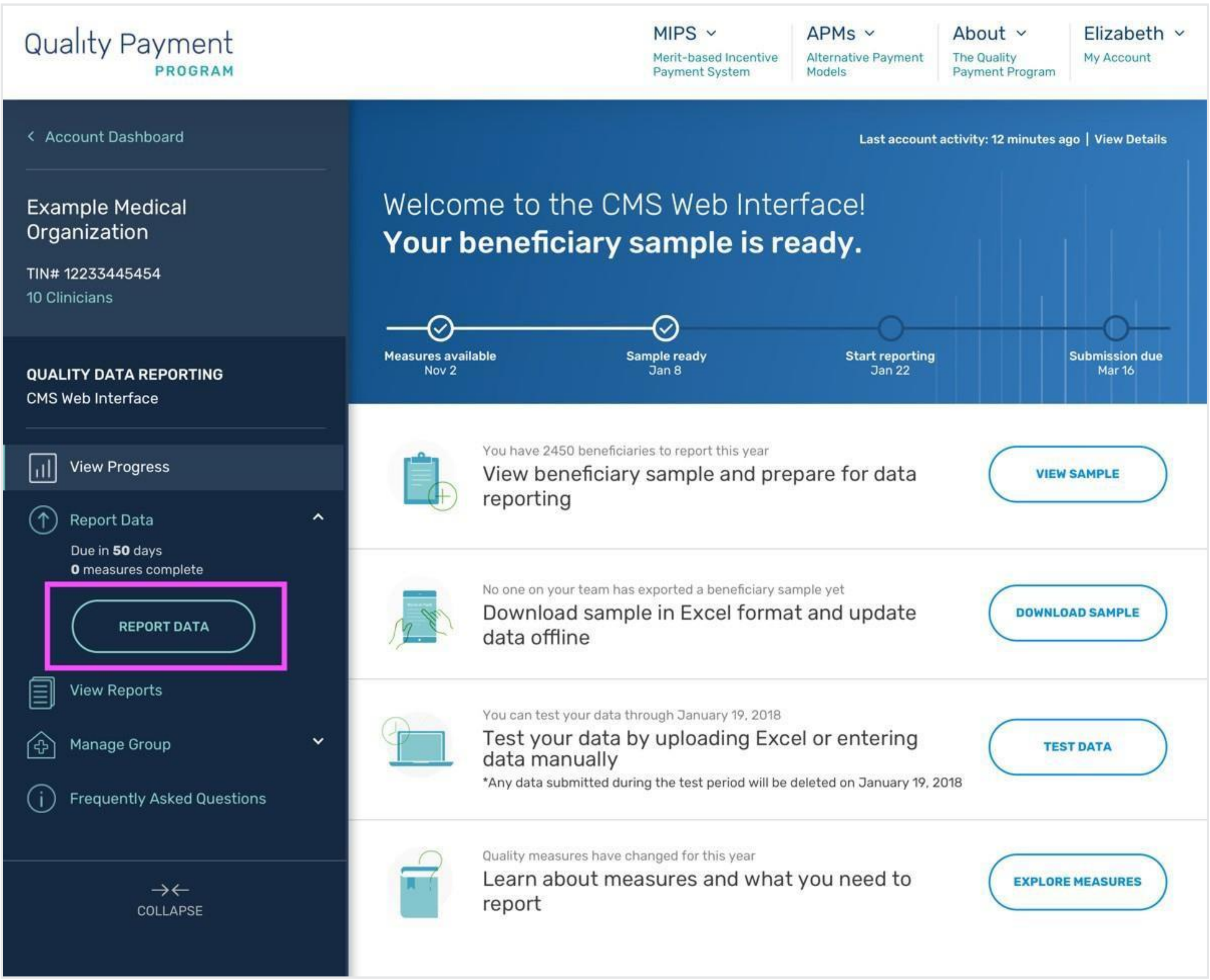
In 2017, .xml file conversion is no longer necessary or available for reporting and uploading your sample data. You can download your organization's beneficiary sample in the .xlsx format with an intuitive Excel template for easy reporting. Once your Excel reporting is complete, upload the template without any conversion.

Download Sample

To download your sample using the Excel template (Figure 37):

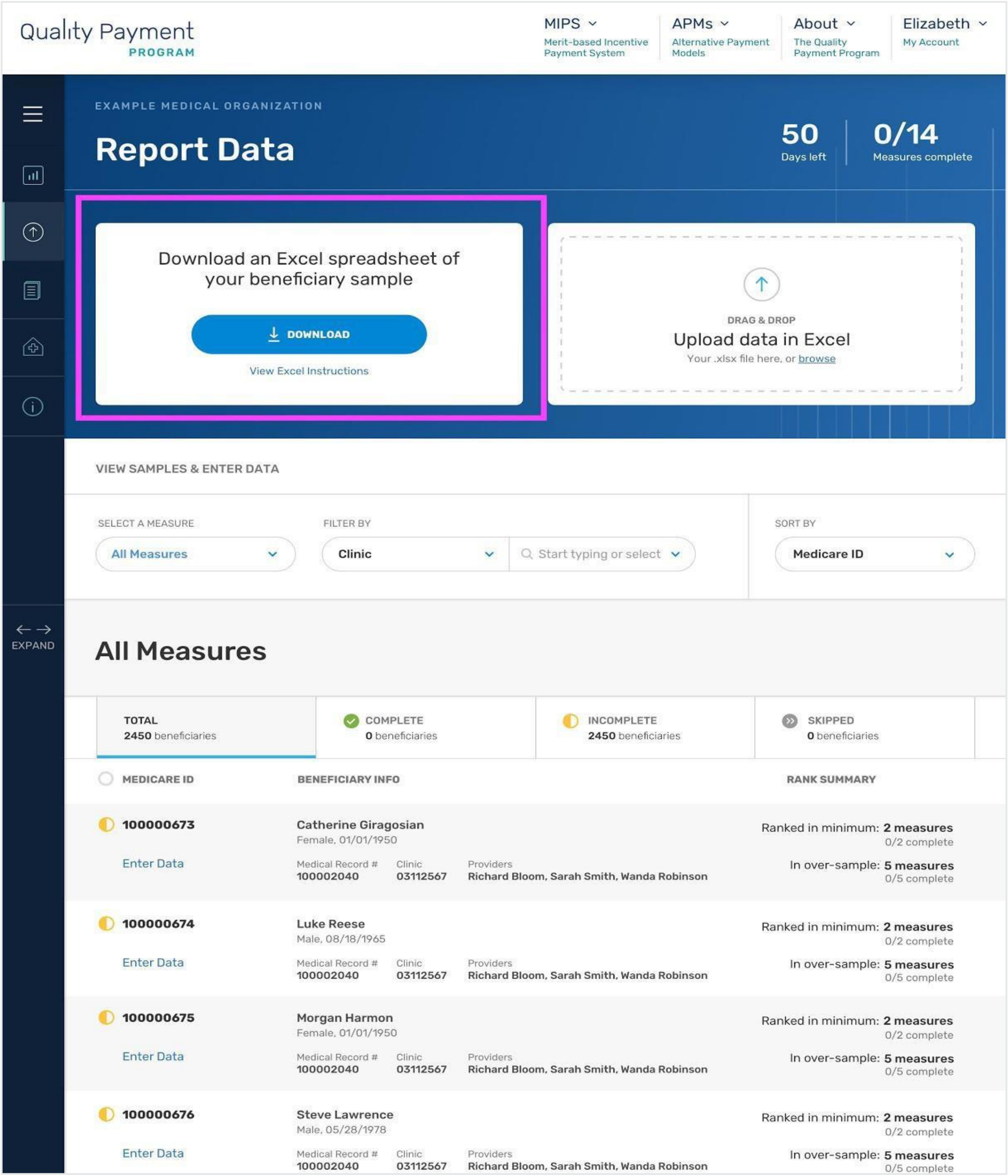
1. Log into the CMS Web Interface
2. Navigate to the Report Data page

Figure 37 - Navigate to Report Data Page



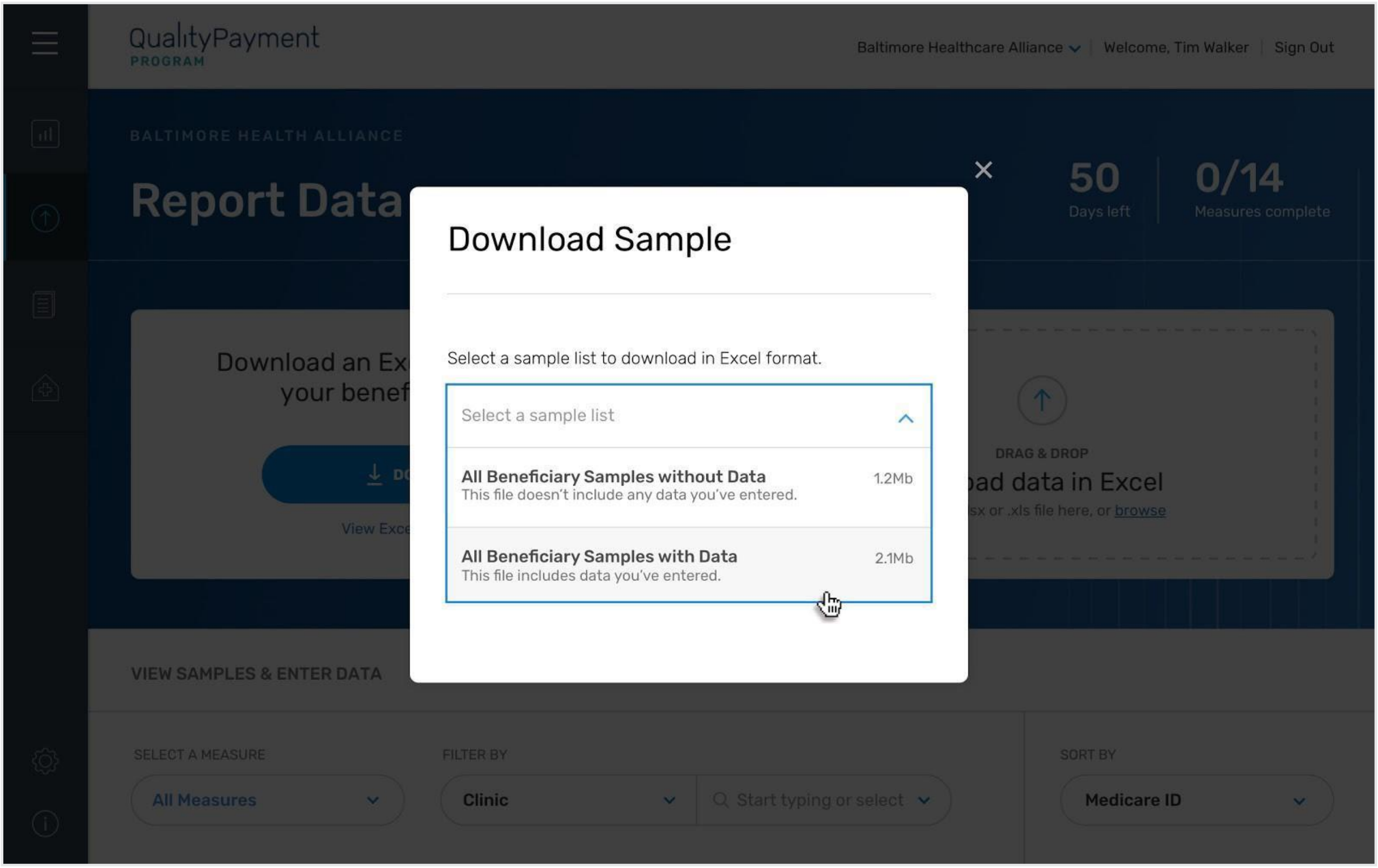
3. Click the Download link at the top of the page (Figure 38a):

Figure 38a - Download Beneficiary Sample in Excel Format



4. Select your download preference (Figure 38b):

Figure 38b - Select Download Option



- **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.

- **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.

If you're downloading your sample for the first time before entering any data, select the Sample without Data option.

For instructions on how to fill in the Excel template, see the Excel Template User Guide.

Upload Data

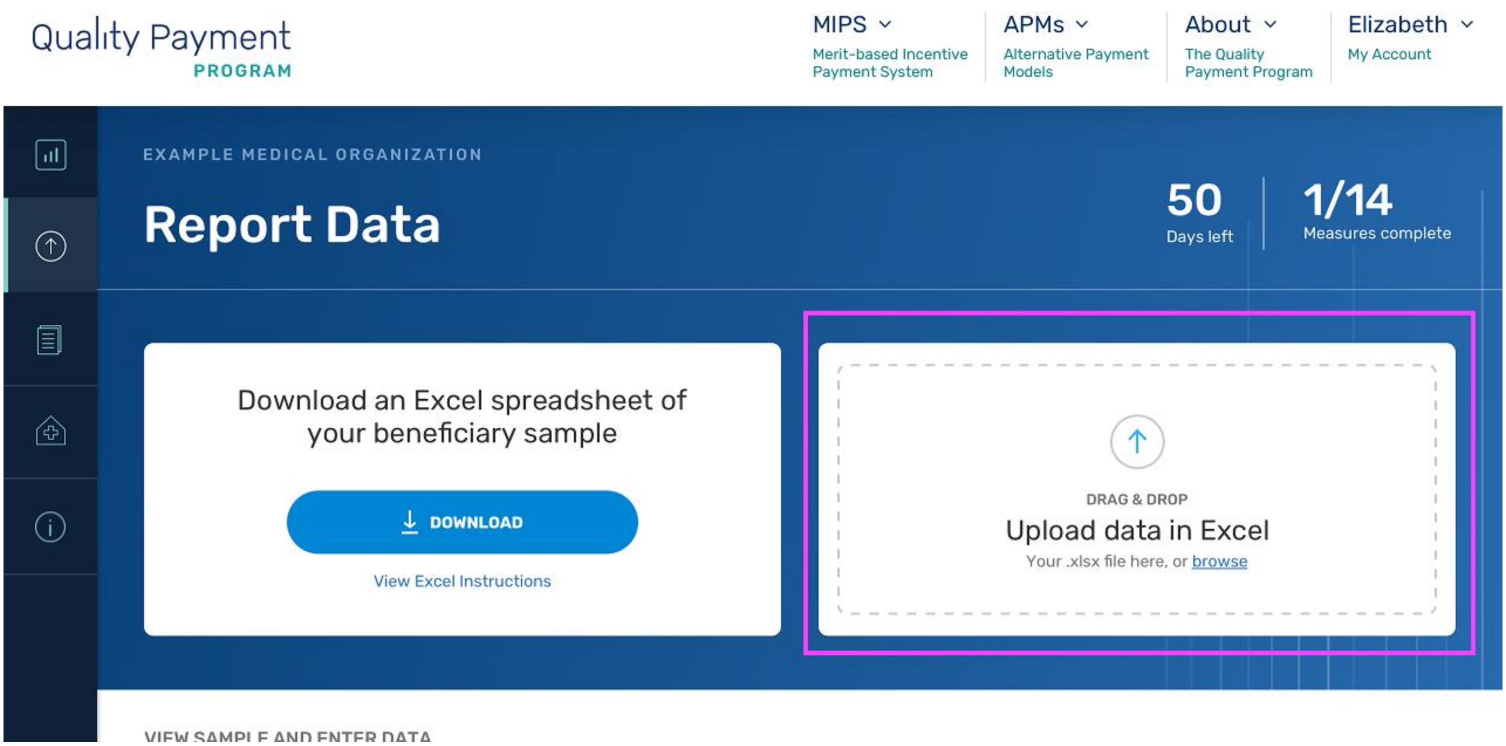
To upload data to the CMS Web Interface, you can either:

- Simply drag and drop your completed Excel template in .xlsx format into the Upload field in the CMS Web Interface (Figure 39).

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 (Figure 39).

Figure 39 – Upload Beneficiary Sample



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

When you're ready to proceed, click "Ok."

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 beneficiary at a time.

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, will be specifically overwritten with an empty value in the CMS Web Interface.

Resolve Errors

Once your Excel file is uploaded into the system, you may find errors that occur from some of your beneficiary data. The system will not update the measure data for which errors are found—you'll need to re-upload or manually enter the data to fix the error. You can find the list of errors in this way (Figure 40):

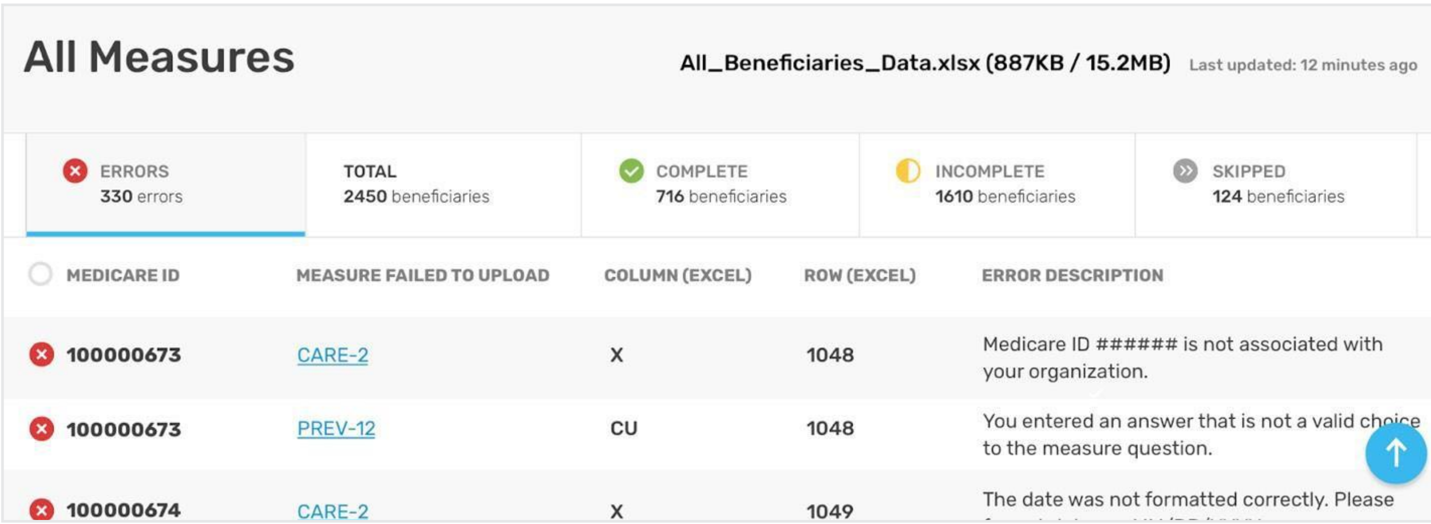
1. Navigate to the Report Data page
2. Click on the "Errors" tab at the top of the sample list

To easily locate the problematic data in your Excel file, the list of errors provides information including:

- Medicare ID of the beneficiary whose data has the specific error

- Measure where the specific error was found
- Column and row number in the Excel sheet of the data that caused the error
- A description of the error

Figure 40 - Excel Errors Tab on Report Data Page



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 beneficiary's measure data. To resolve an error manually, simply click the linked measure in the error tab to enter data manually for that beneficiary.

Auto-generate your own Excel file

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

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

- Column header text (case sensitive)
- Column header order
- Column header cell number
- 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

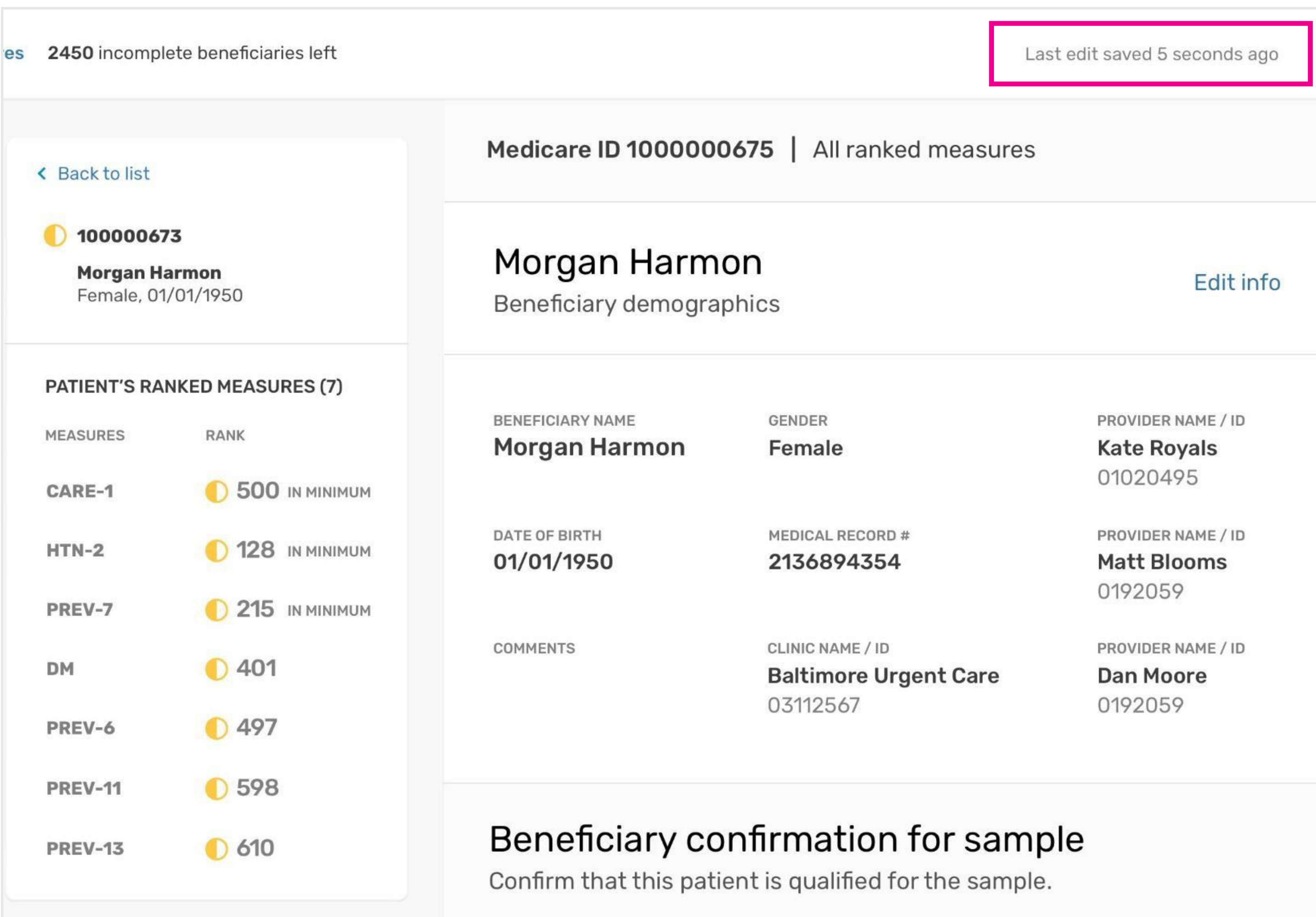
If you would like to manually enter data, you can choose between two paths:

1. **Enter data one beneficiary at a time.** You will be prompted to enter data for all measures in which that beneficiary is ranked first before moving to the next beneficiary. See "Enter data by beneficiary" below. NOTE: you do NOT need to complete the oversample to have a successful submission. You only need to report on the beneficiaries 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 beneficiary at a time, from lowest to highest rank until you are satisfied with your measure performance rate results. See "Enter data by measure" below.

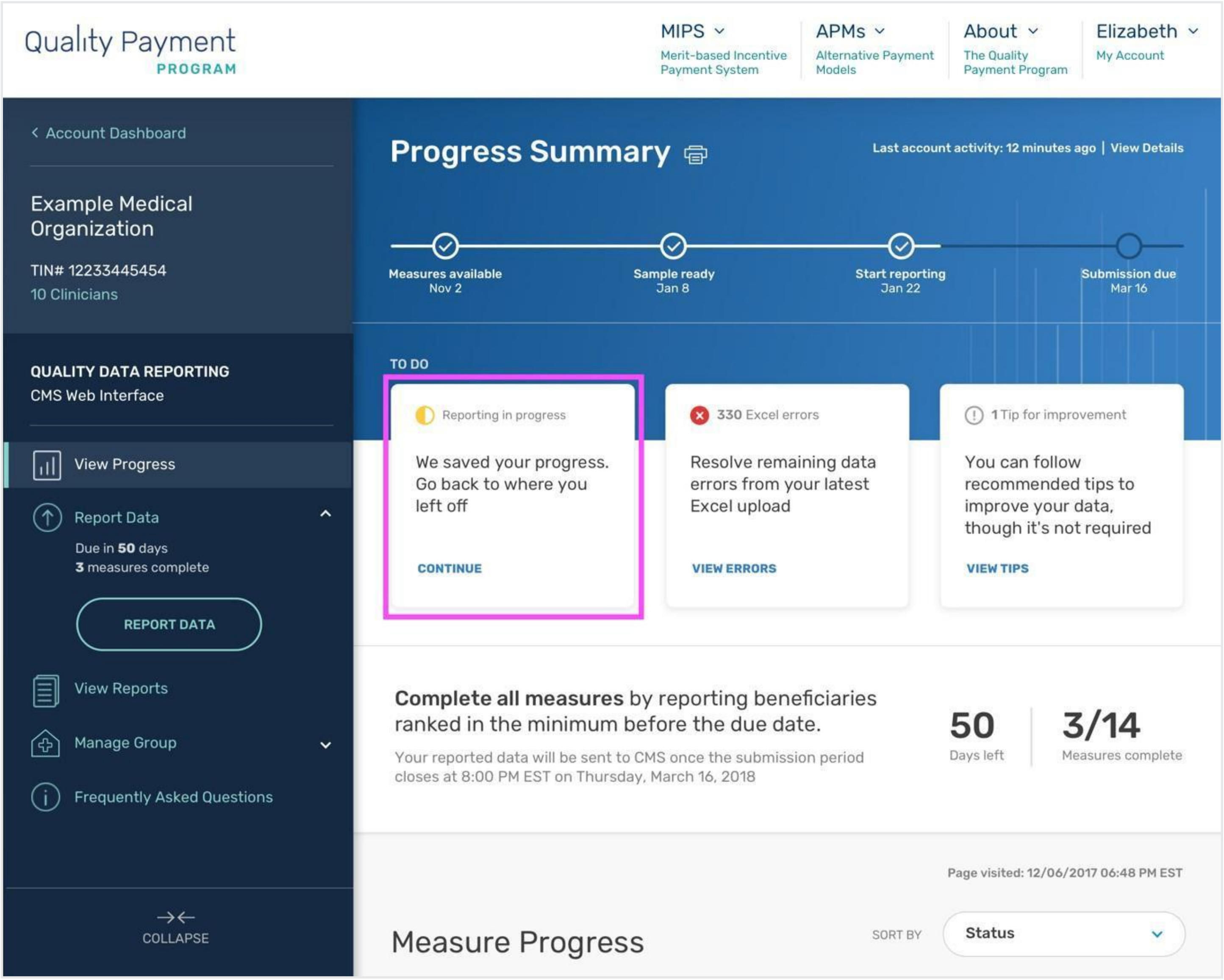
As you enter data manually in the CMS Web Interface, your progress will be automatically saved after each data entry so that you can always go back to where you left off. The saved indicator in the top left corner of the data entry screens will show you the last time your progress was saved (Figure 41).

Figure 41 - Auto-save Indicator During Manual Data Entry



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 (Figure 42).

Figure 42 - Continue Where You Left Off



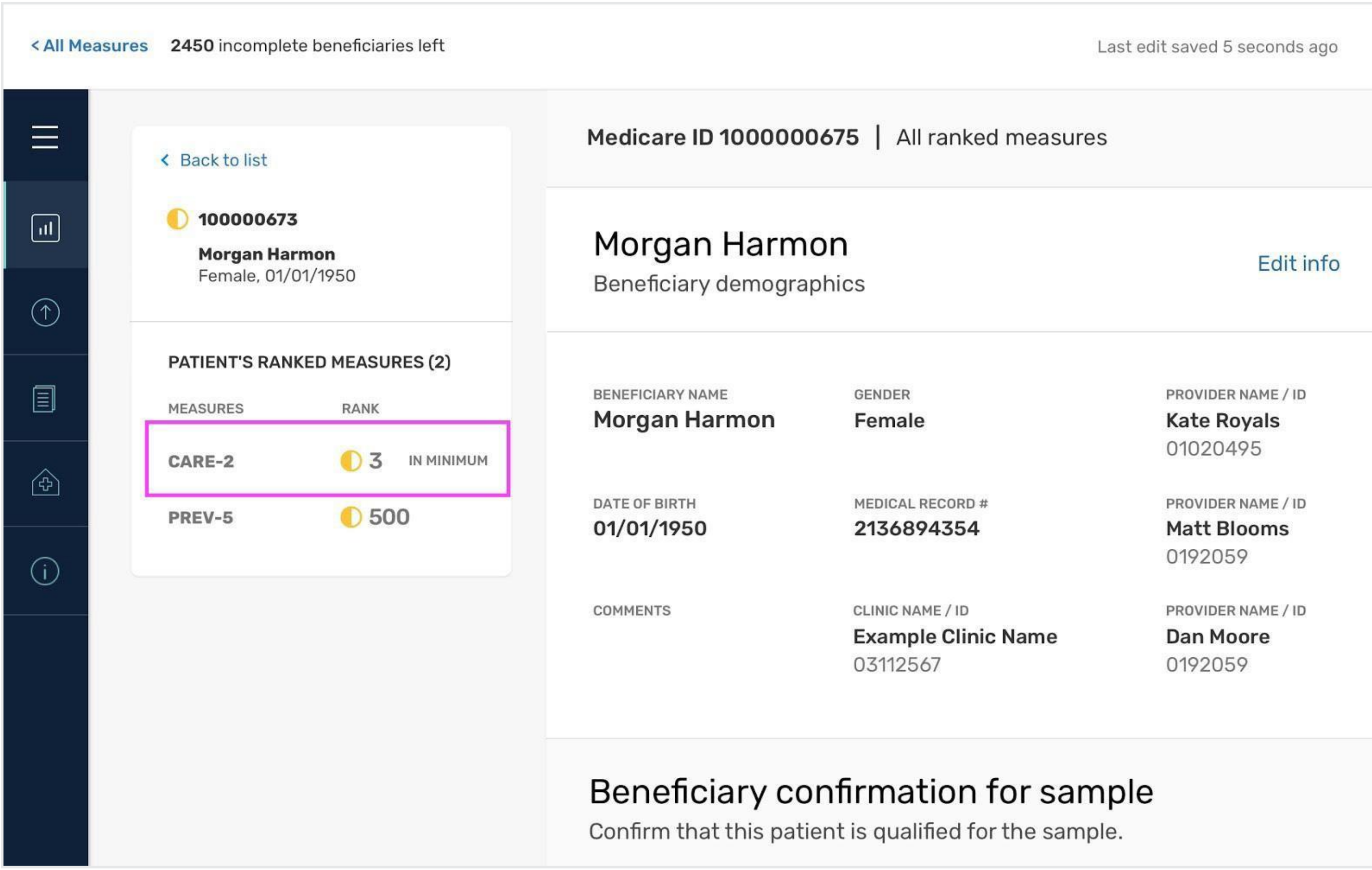
Manually Enter Data by Beneficiary

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

1. Navigate to the Report Data page.
2. Scroll down to the beneficiary sample list.
3. Make sure the list is filtered on “All Measures”.
4. Select “Enter Data” link next to the name of the beneficiary you would like to enter data for.

Once you’re in the manual data entry, you’ll first notice a small panel on the left that summarizes the beneficiary’s basic demographic information—as well as the measures in which that beneficiary is ranked. If a beneficiary is ranked in the minimum for any of their measures, those measures will have an “In Minimum” label next to the beneficiary’s rank (Figure 43).

Figure 43 - View for Which Measures a Beneficiary is Ranked in the Minimum



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

Make sure to enter data for each measure in which the beneficiary is marked in the minimum, to complete the minimum reporting requirement for each measure.

NOTE: The beneficiary will only show as "complete" when you have reported on all measures in which that beneficiary is ranked. However, you do NOT need to answer all measure questions to have a successful submission. You only need to answer the questions for measures in which the beneficiary is ranked in the minimum to receive a score. It is ok if the beneficiary is still shown as "incomplete" if you have completed data entry for the measures with the label "in minimum" for that beneficiary without reporting on measures in which the beneficiary is in the oversample.

If you click on "Back to List", the panel will close and reveal the full list of all beneficiaries in your sample (Figure 44a). If you want to jump among different beneficiaries to fill in their data, you can use this feature (Figure 44b).

Figure 44a - Back to List

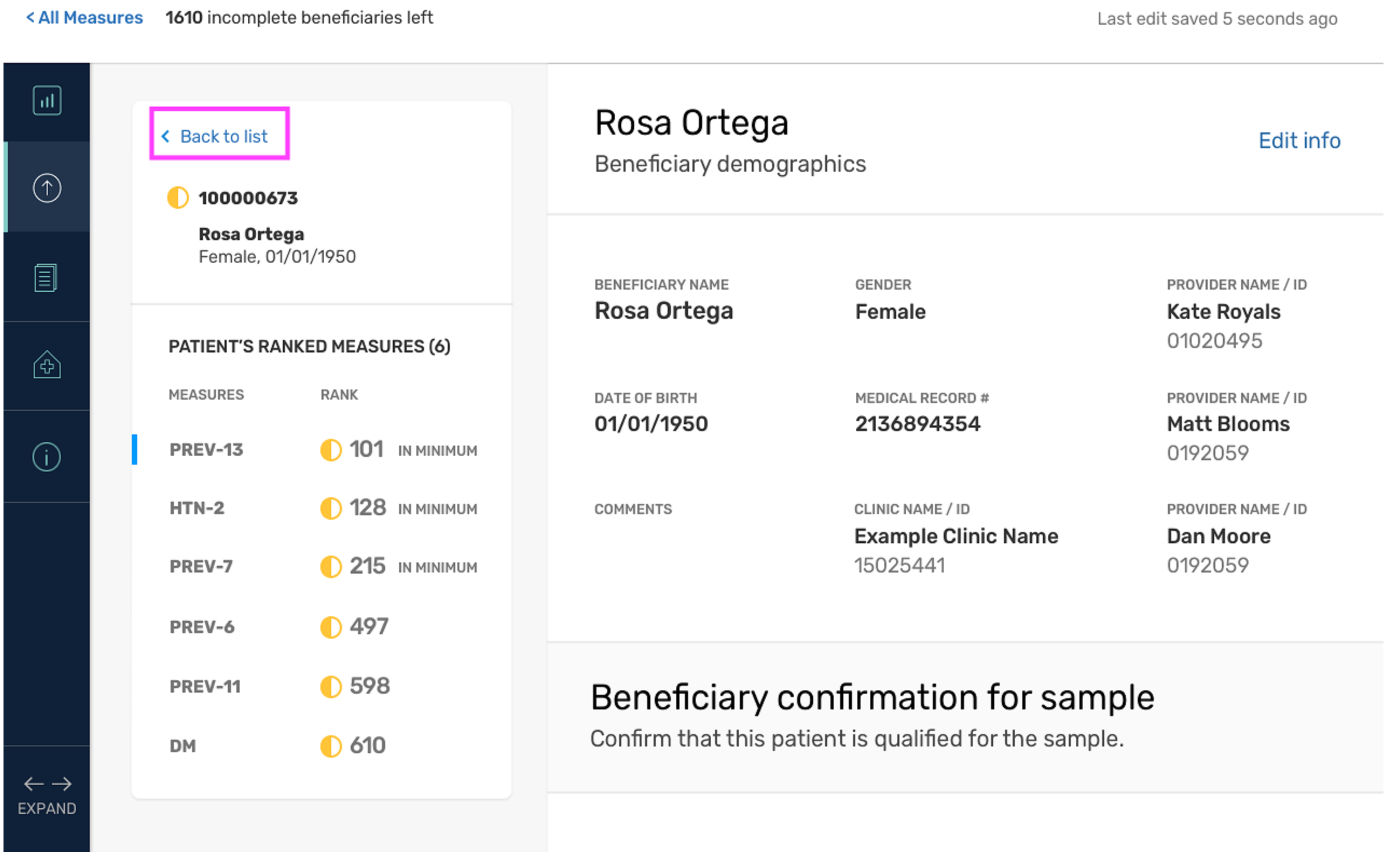
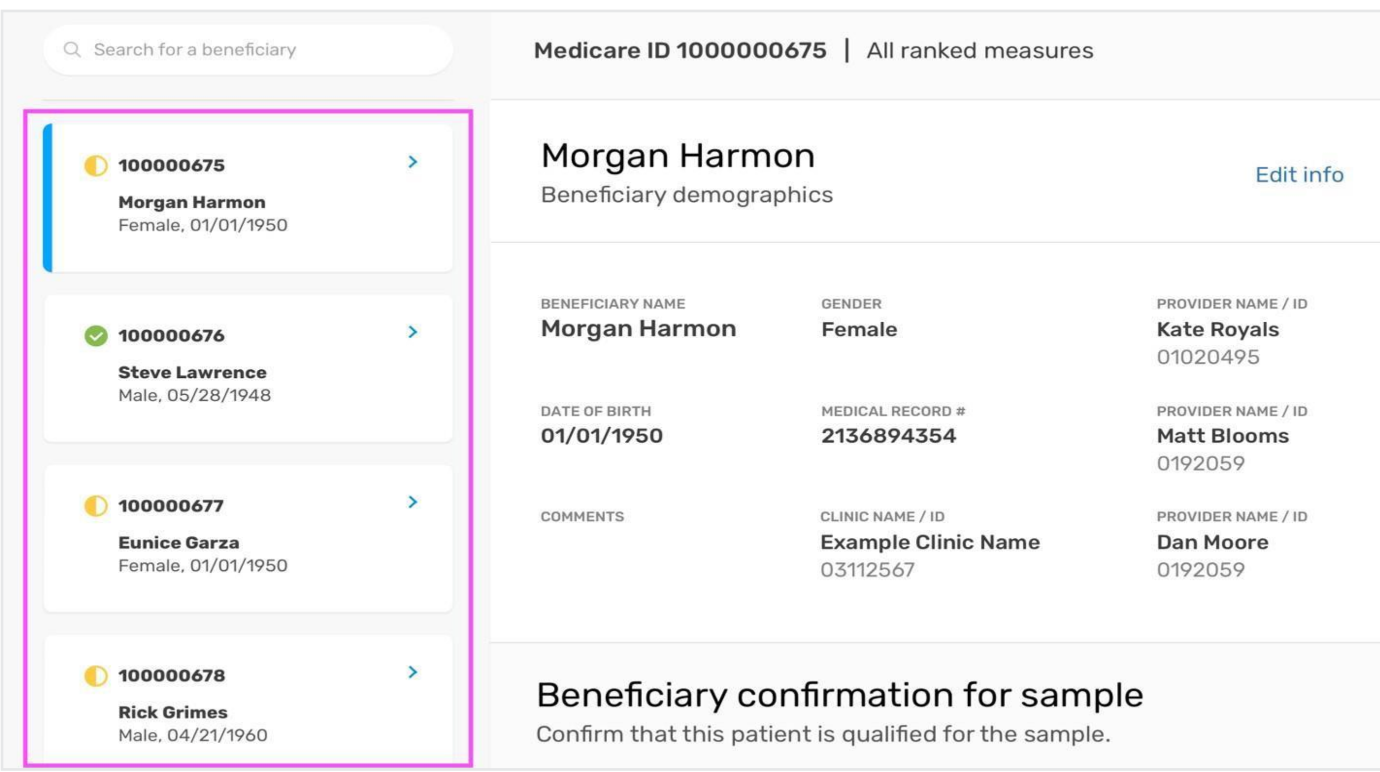
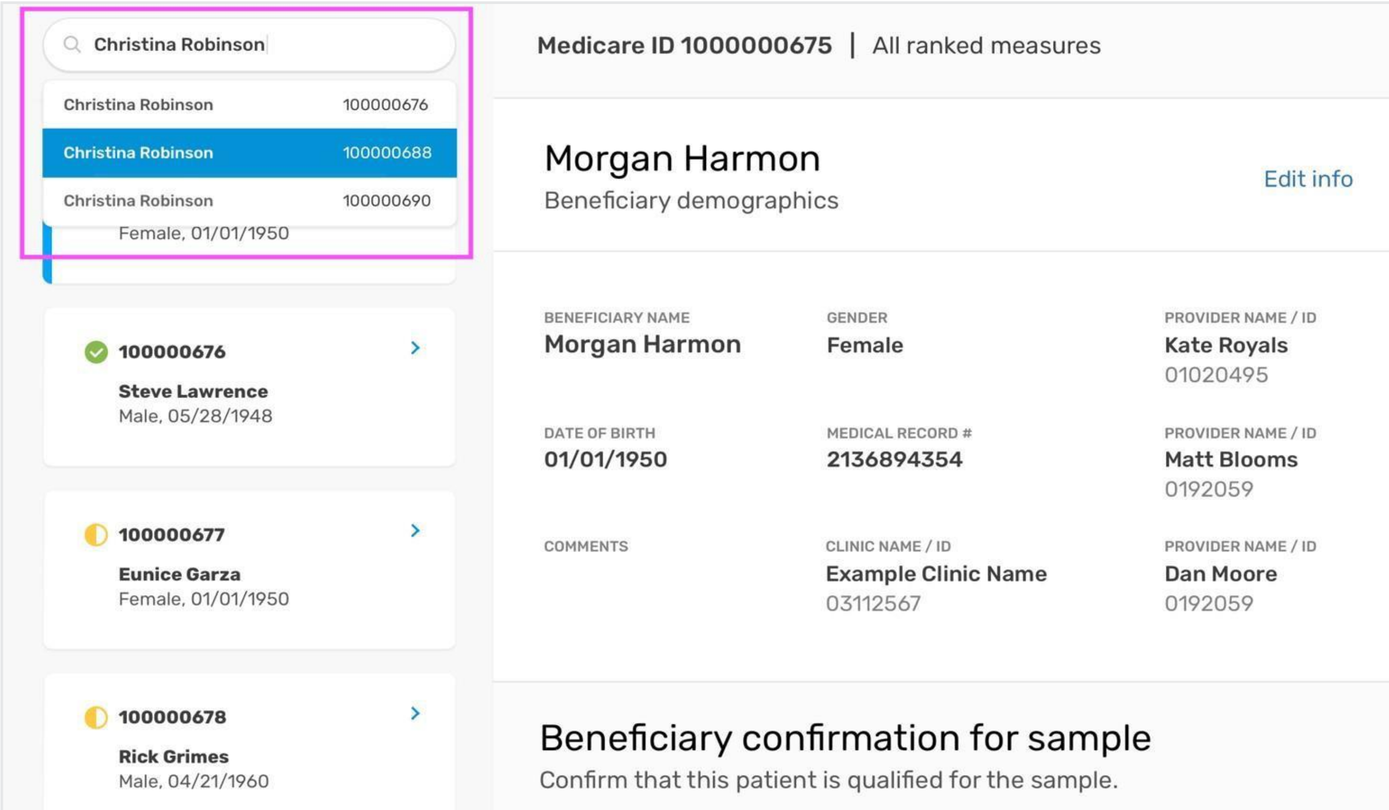


Figure 44b - See Beneficiary List in Medicare ID Order While Entering Data Manually by Beneficiary



Alternatively, to jump to a specific beneficiary, you can use the search box in the top left corner to search by a beneficiary first name, last name, or Medicare ID (Figure 45).

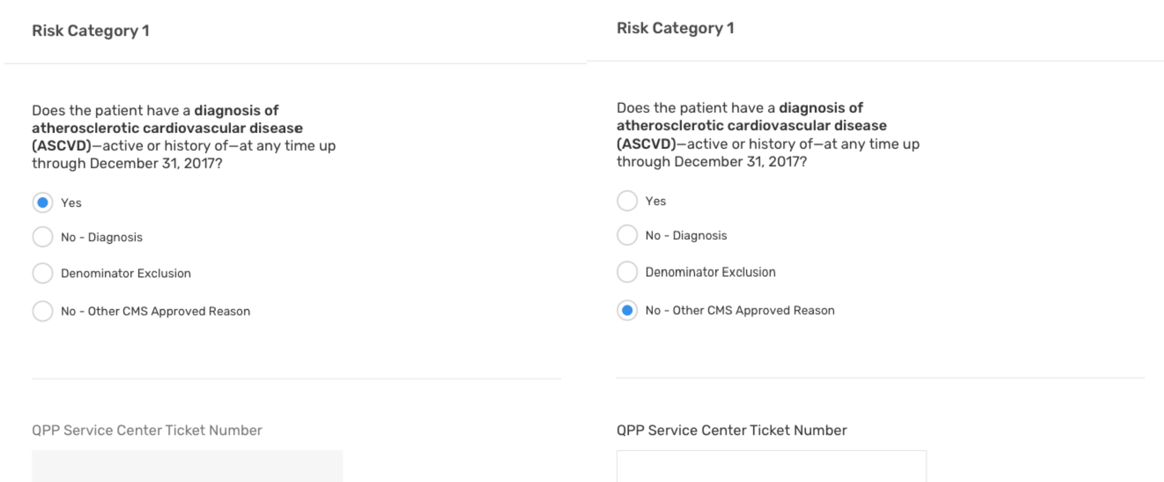
Figure 45 - Search for a Specific Beneficiary while Entering Data Manually by Beneficiary



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

By default, answerable questions will be active (Figure 46). However, some fields begin inactive. Some questions are dependent on each other, so 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.

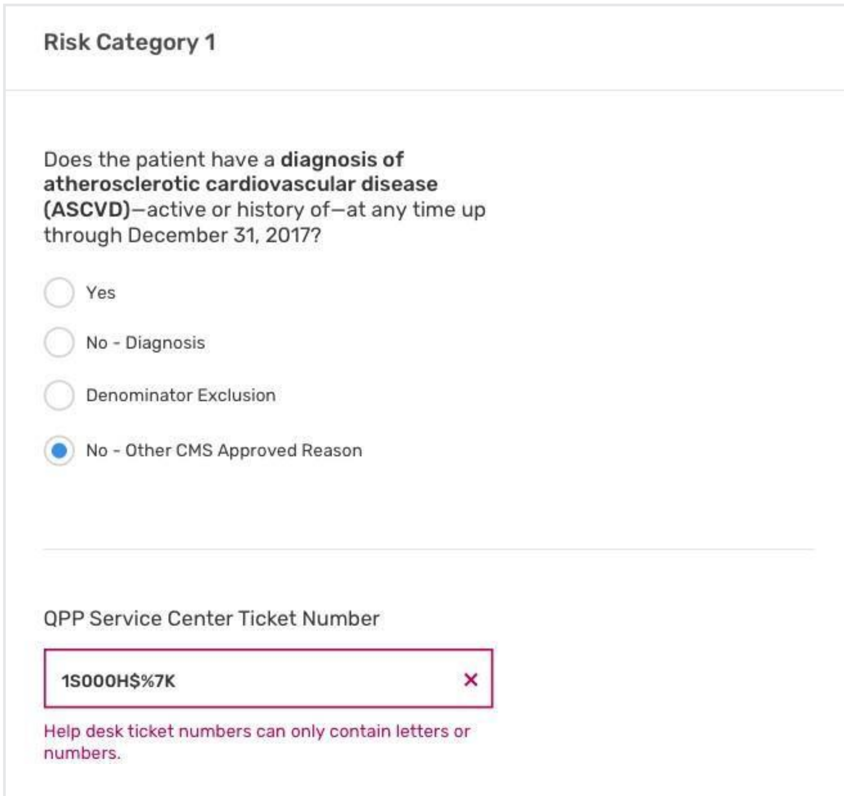
Figure 46 - Active and Inactive Question Fields When Entering Data Manually



In this example, answering “No-Other CMS Approved Reason” to the question “Does the patient have a diagnosis of atherosclerotic cardiovascular disease—active or history of—at any time up through December 31,2017?”, the QPP Service Center Ticket Number field will become active.

Lastly, you will get real-time feedback if you have answered a question incorrectly. You will see the input box outlined in red with text explaining how to fix your answer (Figure 47).

Figure 47 - Real-time Feedback on Data Input



Manually Enter Data by Measure

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

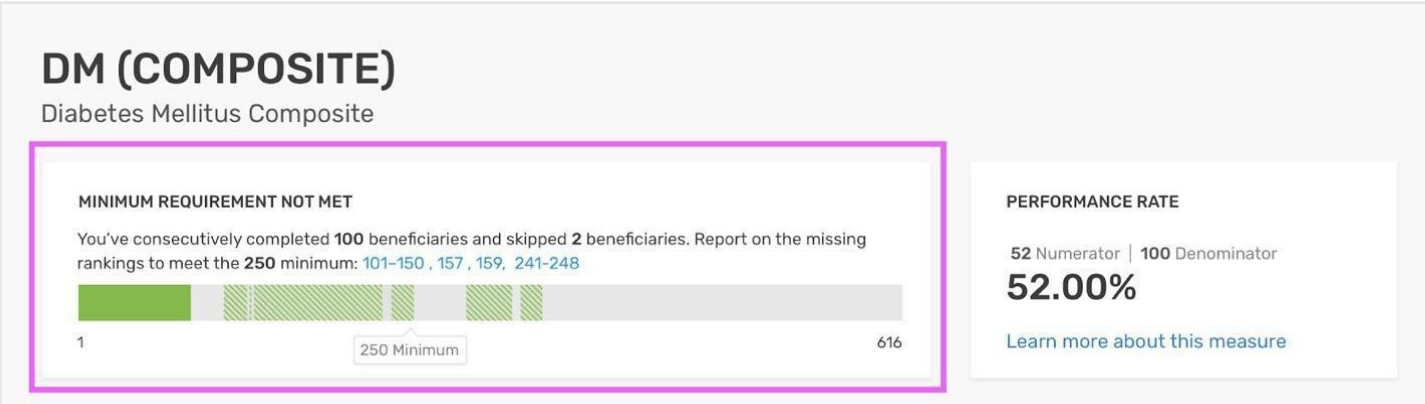
1. Navigate to the View Progress page.
2. Scroll down to the measure progress cards.
3. Select “Enter Data” next to the measure you’d like to enter data for.

Alternatively, you can:

1. Navigate to the Report Data page.
2. Scroll down to the beneficiary sample list.
3. Filter the list by the measure you’d like to enter data for.
4. Select “Enter Data” next to the rank for which you’d like to enter data.

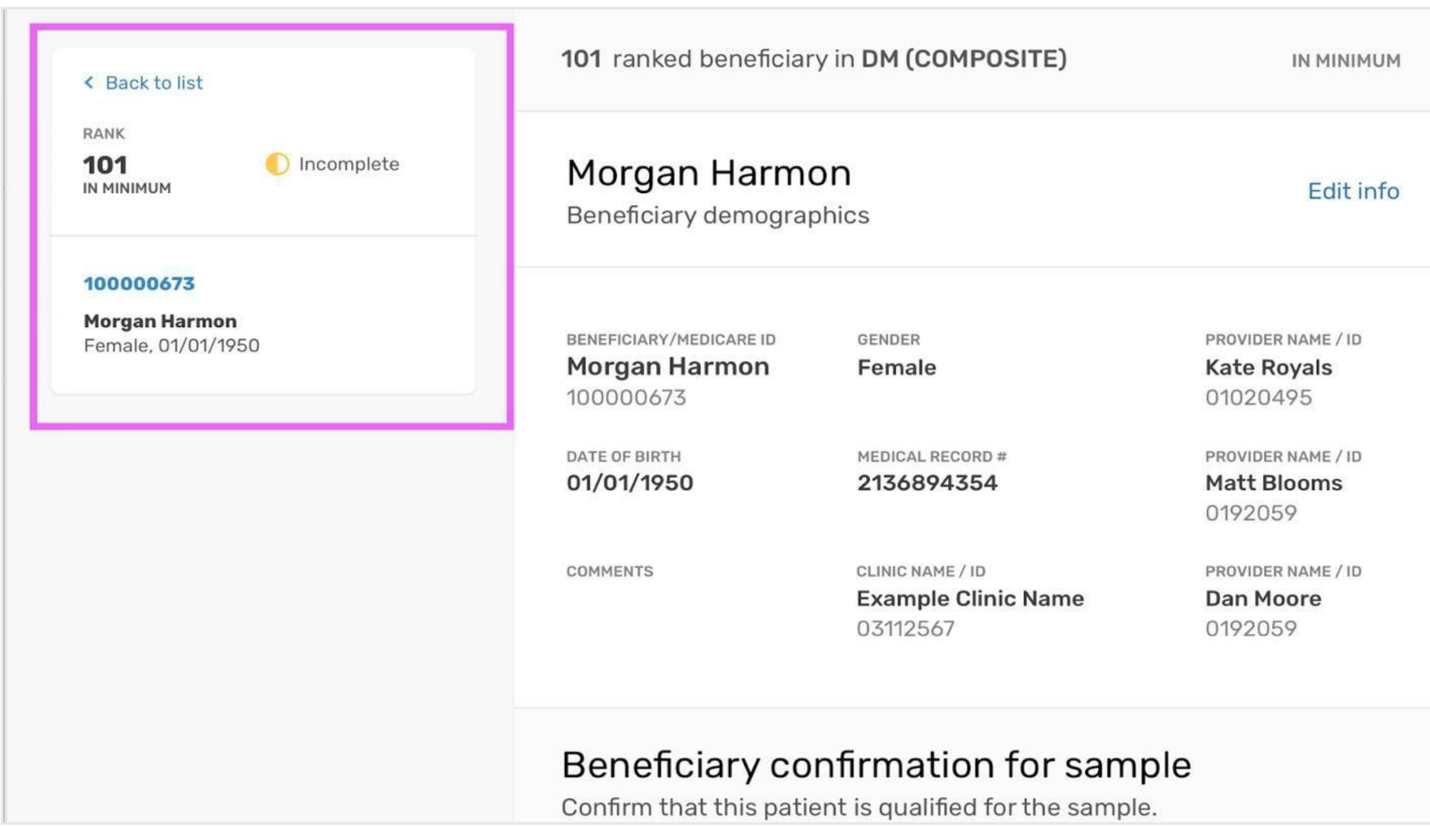
When you filter the beneficiary sample by a single measure, a helpful graphic appears at the top of the list that indicates the gaps in reporting you need to fill to meet the consecutive minimum reporting requirement. You can use the hyperlinks in the message above the graphic to jump directly to the gaps to fulfill the minimum reporting requirement (Figure 48).

Figure 48 - Jump to Incomplete Ranks within a Measure



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 beneficiary'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 (Figure 49).

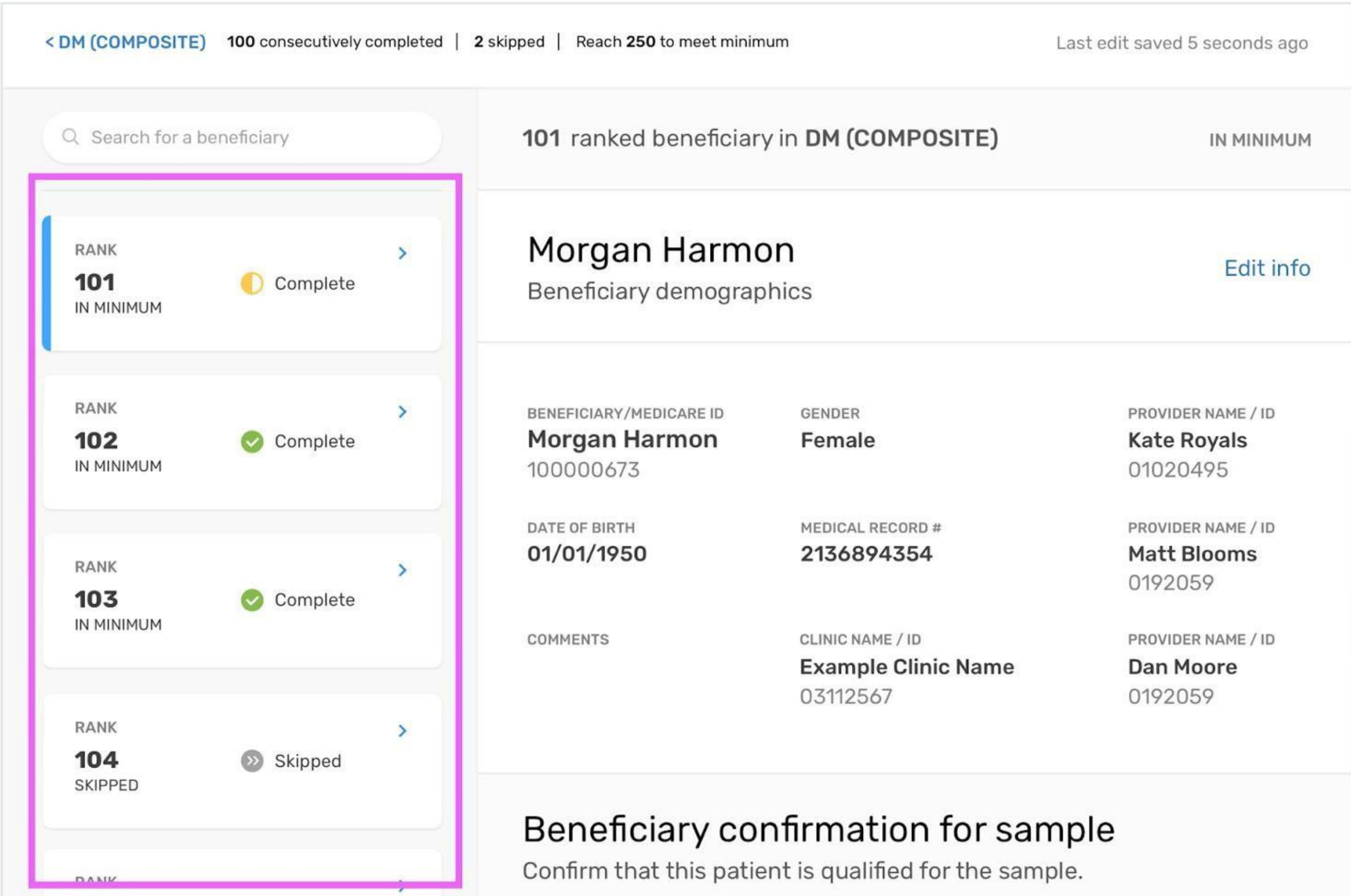
Figure 49 - View Whether the Ranked Beneficiary is in the Minimum Reporting Requirement



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

If you click on “Back to List”, the panel will close and reveal the ranked list of beneficiaries in the selected measure so you can move quickly between ranks (Figure 50).

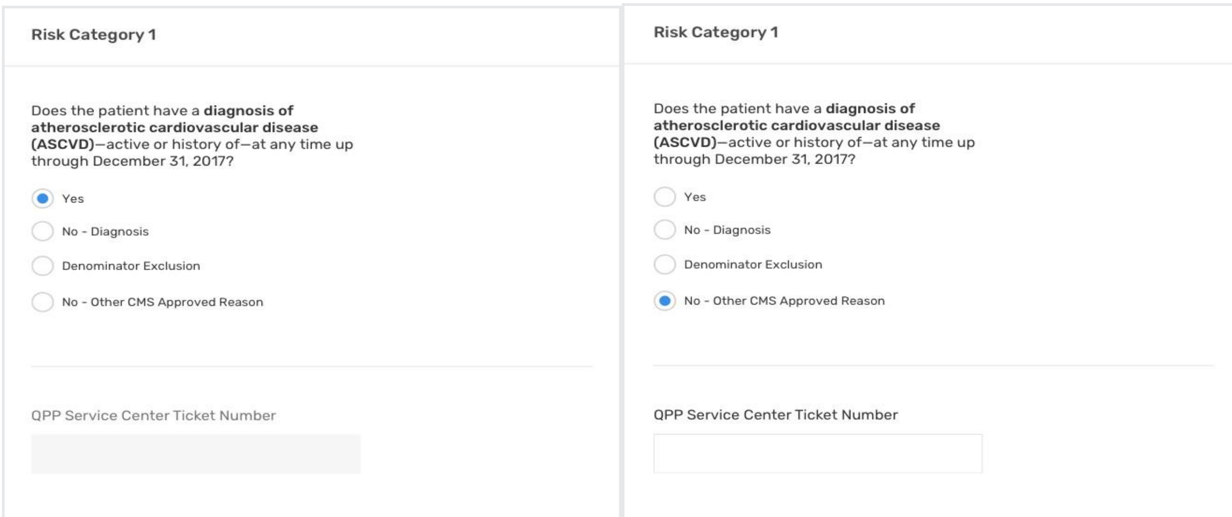
Figure 50 – See Beneficiary List in Rank Order While Entering Data Manually by Measure



As you enter questions, you'll notice some answers affect subsequent questions.

By default, answerable questions will be active (Figure 51). However, some fields begin inactive. Some questions are dependent on each other, so 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 stay inactive.

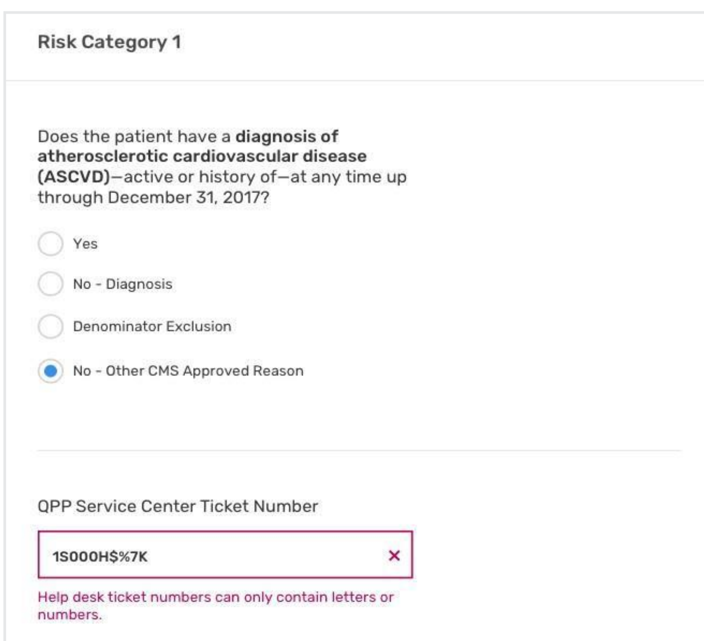
Figure 51 - Active and Inactive Question fields when entering data manually



In this example, answering "No-Other CMS approved reason" to the question "Does the patient have a diagnosis of atherosclerotic cardiovascular disease—active or history of—at any time up through December 31, 2017?" the QPP Service Center Ticket Number field will become active.

Lastly, you will get real-time feedback if you have answered a question incorrectly. You will see the input box outlined in red with text explaining how to fix your answer (Figure 52).

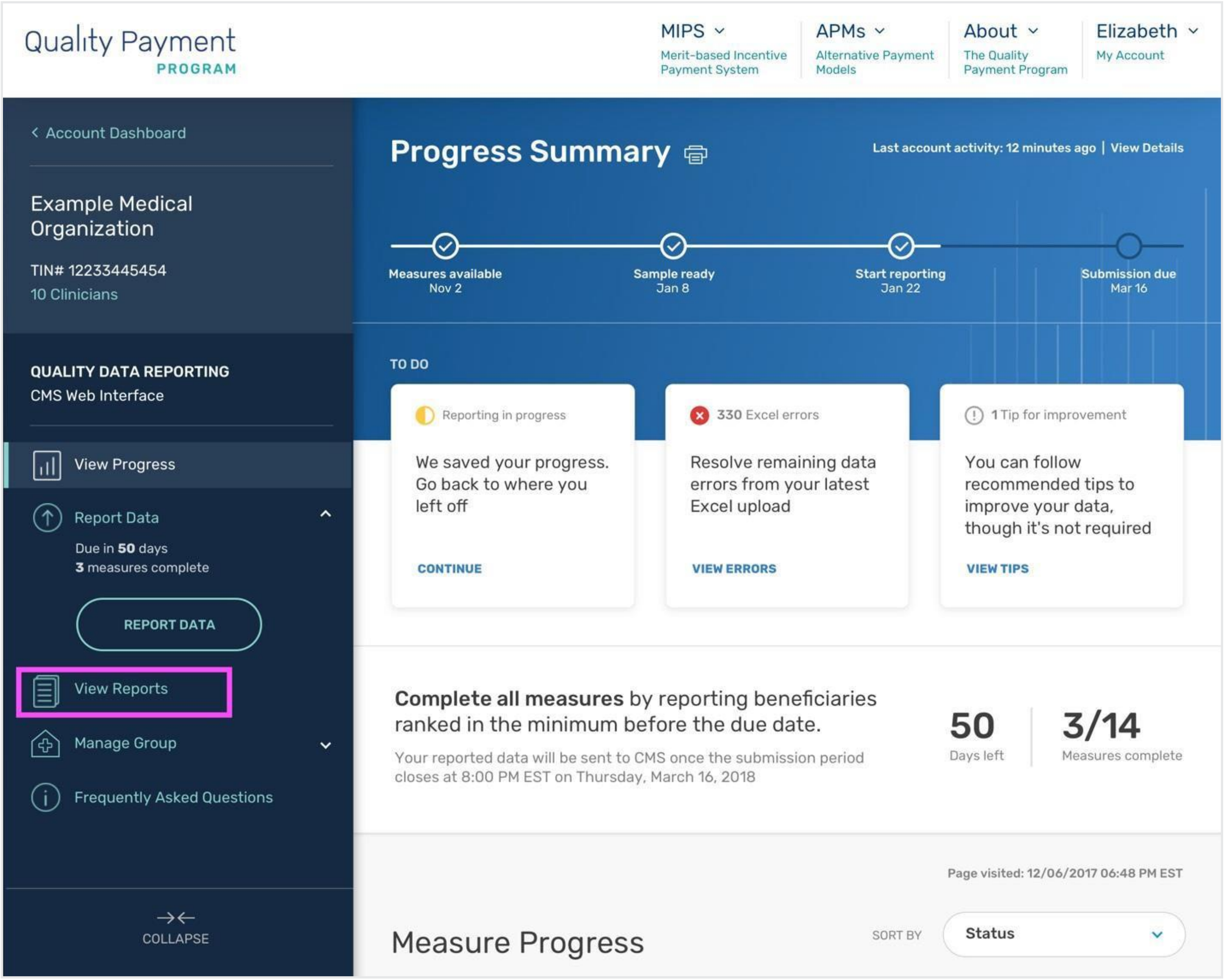
Figure 52 - Real-time Feedback on Data Input



View Reports

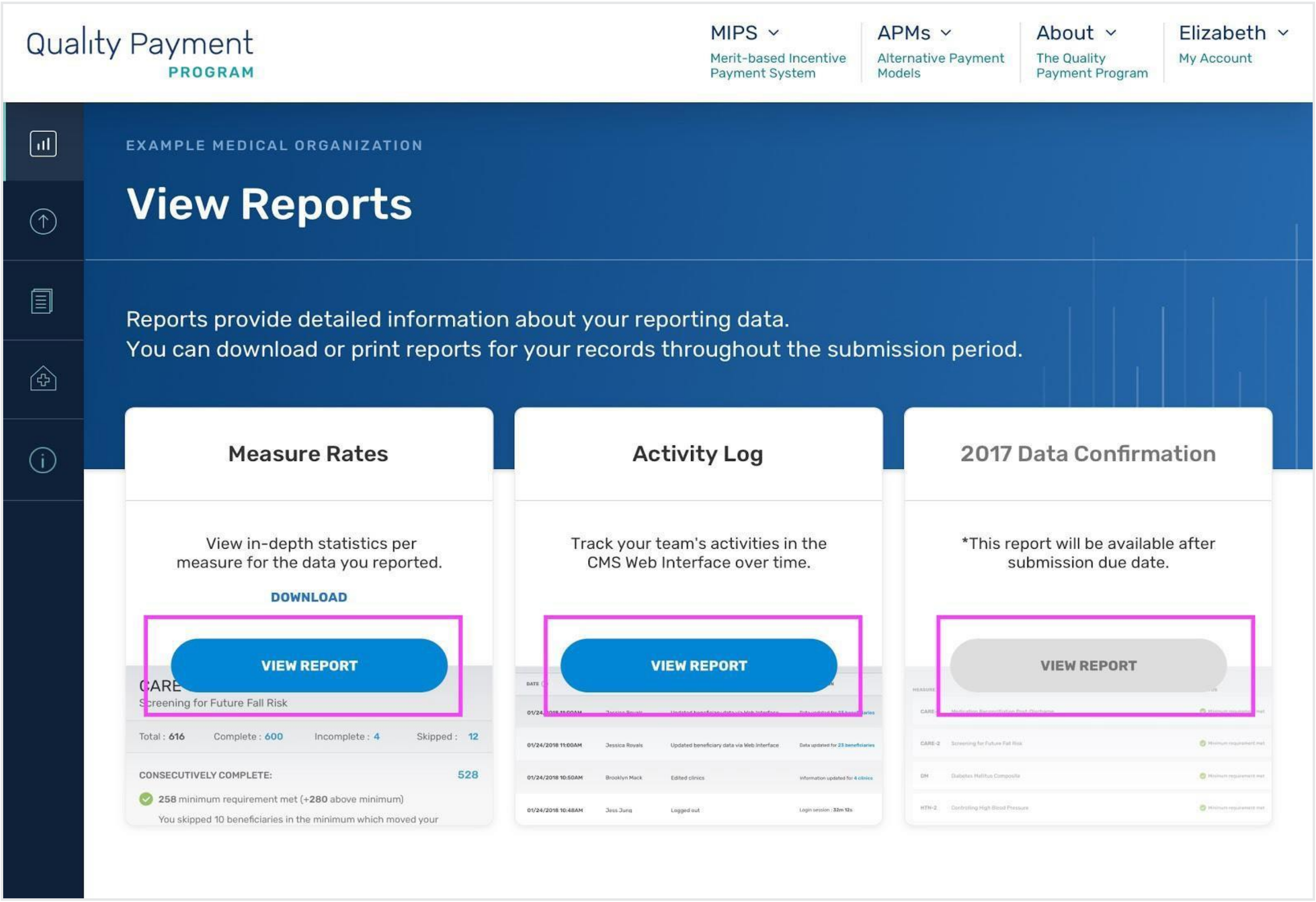
As before, the CMS Web Interface contains reports for you to track your measure progress, your team's activity, and a receipt of your final submission. In the navigation, you'll see a menu option called "View Reports" (Figure 53).

Figure 53 - Navigate to View Reports



View Reports houses three different reports: "Measure Rates," "Activity Log," and "2017 Data Confirmation." The "2017 Data Confirmation" will only be available after the submission period closes. You can view each report by clicking "View Report" (Figure 54).

Figure 54 - Choose a Report to View

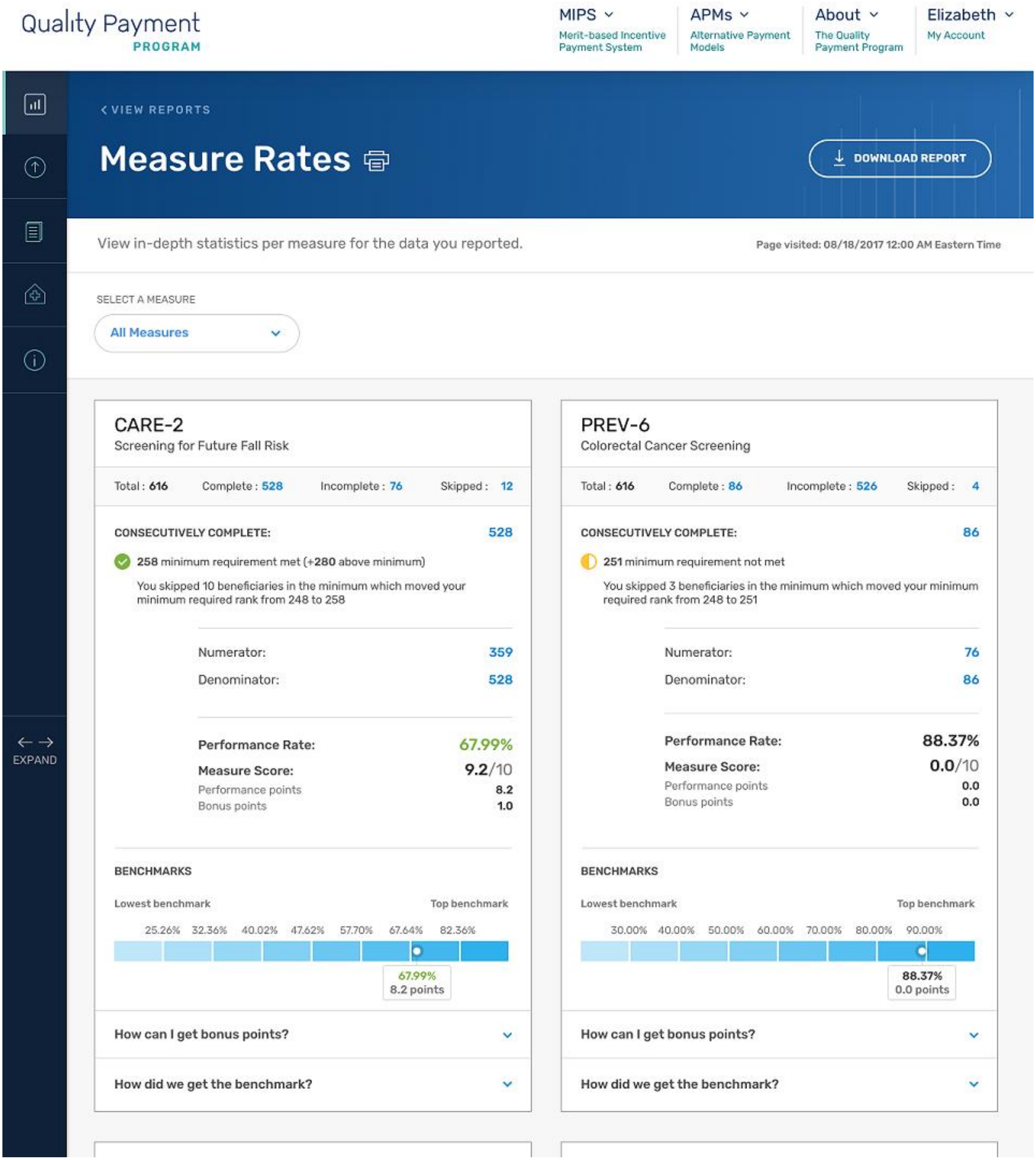


Measure Rates

Using this report, you can see an in-depth breakdown of your progress on each of the measures for this year (Figure 55). 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.

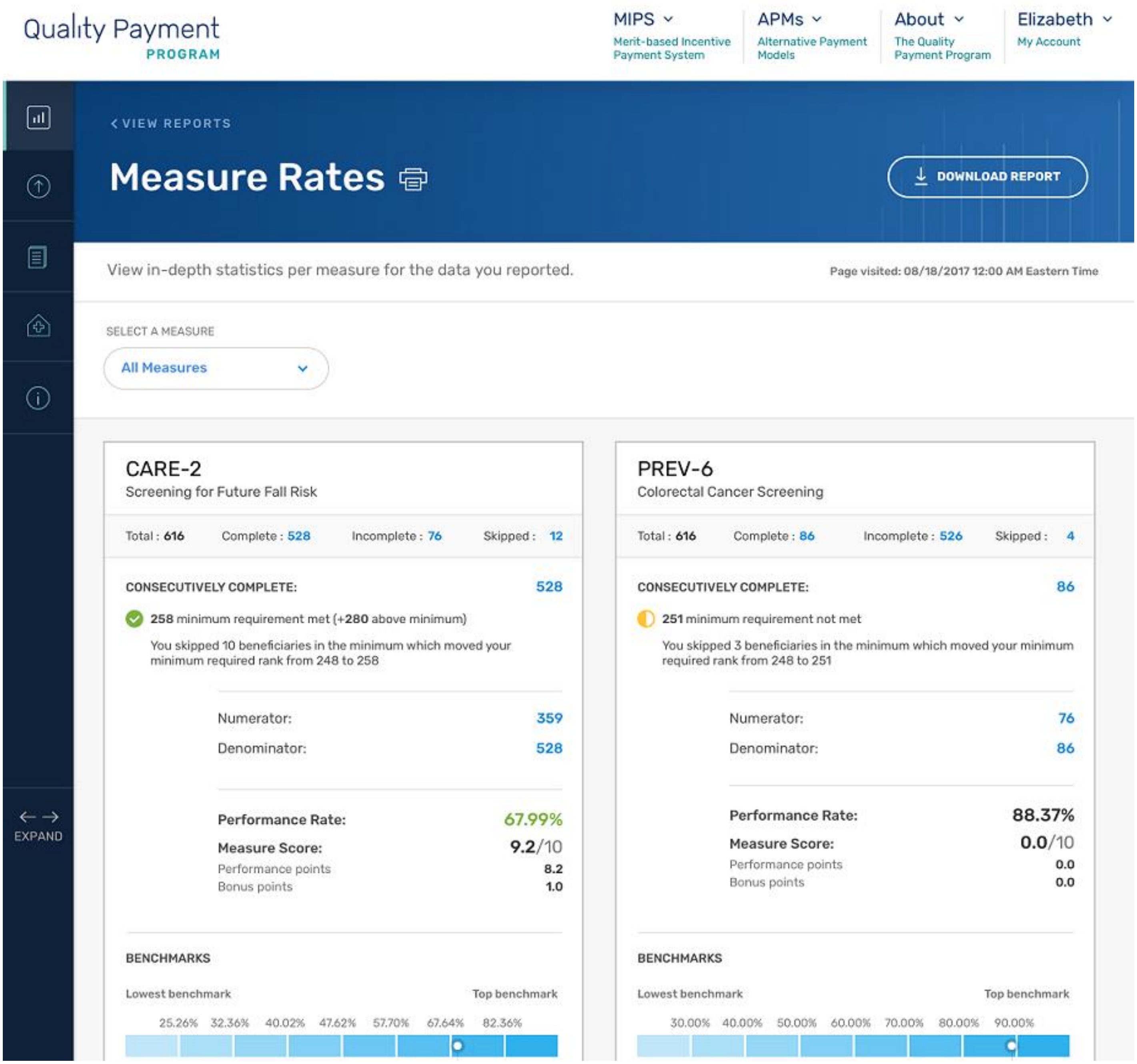
Figure 55 - Measure Rates Report



Each card breaks down your progress per measure. You can see the total count of beneficiaries sampled for the measure, as well as those that are (Figure 56):

- **Complete** - Beneficiaries both in the minimum and in the oversample for whom you have answered all the questions for that measure.
- **Incomplete** - Beneficiaries both in the minimum and in the oversample for whom you have not yet answered all the questions for that measure.
- **Skipped** - Beneficiaries who could not be confirmed for the measure or are excluded from the denominator based on the answers you provided to the required questions.

Figure 56 - Measure Cards on the Measure Rates Report



The card further breaks down beneficiary numbers down by:

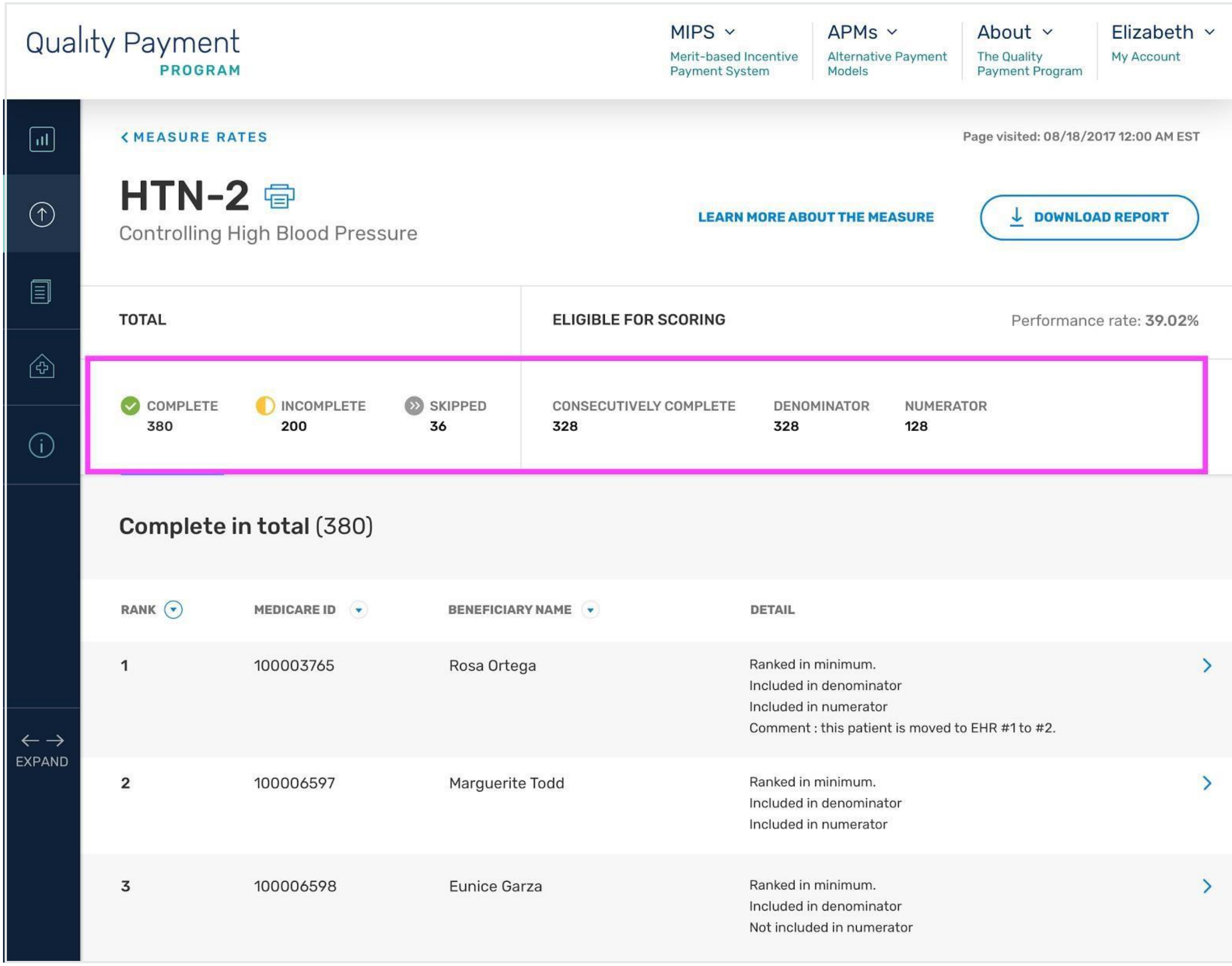
- **Consecutively complete** - Beneficiaries that have had their data completed in a consecutively ranked order within the measure. Each measure requires a minimum of 248 consecutively completed beneficiaries or 100% of the beneficiaries if there are less than 248 beneficiaries in the sample provided.
- **Denominator** - Beneficiaries that have been confirmed and met denominator criteria for a specific measure will be included in the denominator. If beneficiaries 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 beneficiary is confirmed for that measure (in the denominator), there are certain answers to measure questions that will make that beneficiary 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 beneficiary 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 card shows your performance on the measure by showing you:

- **Measure performance rate** - The numerator divided by the denominator.
- **MIPS Measure score** - A combination of your decile points, your partial points, and your bonus points. (NOTE: MIPS scores will only appear for group users who are participating in the MIPS program. ACOs will not see MIPS measure scores this year).
- **Benchmarks** for the score and how your performance compares against the benchmarks - NOTE: only measures for which data was collected last year will include benchmarks. Some measures will not have associated benchmarks.
- You will notice that some of the numbered data in the cards are links. You can click on those numbers to explore the details of which beneficiaries fall into these numbers.

Once you click on these numbers, you will see the Measure Rates Detail Report. Inside there are tabs for each of the numbers you saw on the Measure Rates cards—with details about each beneficiary underneath (Figure 57).

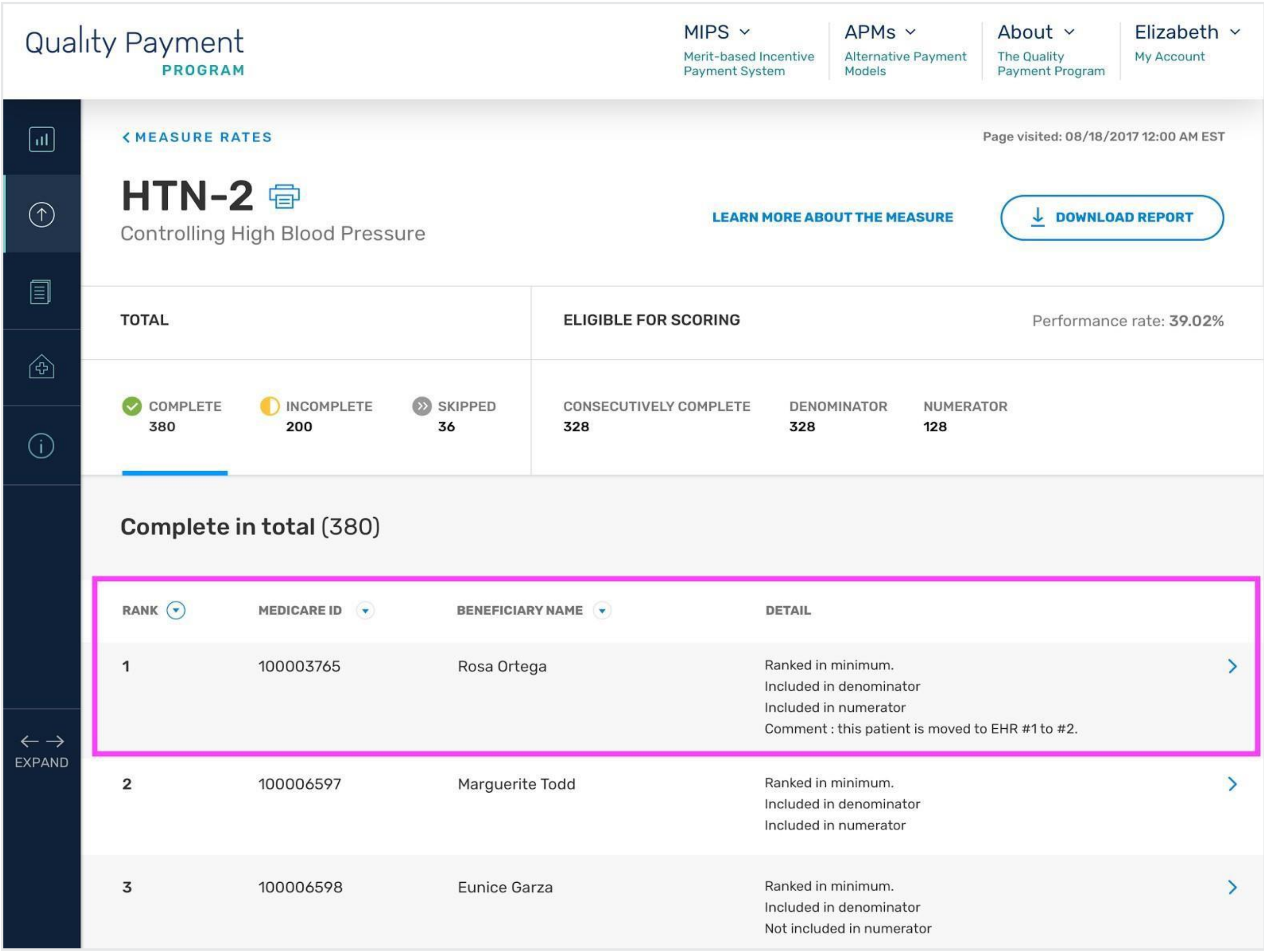
Figure 57- Measure Rates Report Detailed Breakdown



Users can tab between each section to get the list of beneficiaries within each category.

Each beneficiary includes detail on whether they are ranked in the minimum for the measure, included in denominator/numerator, and any comments your team has created for the beneficiary. The caret on the right is a link that will take you to the beneficiary's data entry page so you can make any needed changes (Figure 58).

Figure 58 - Measure Rates Report Detailed Breakdown Row Close-Up

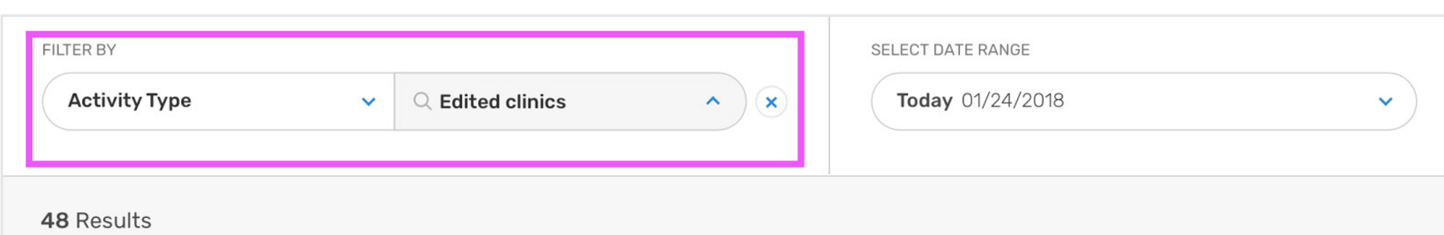


Activity Log

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.

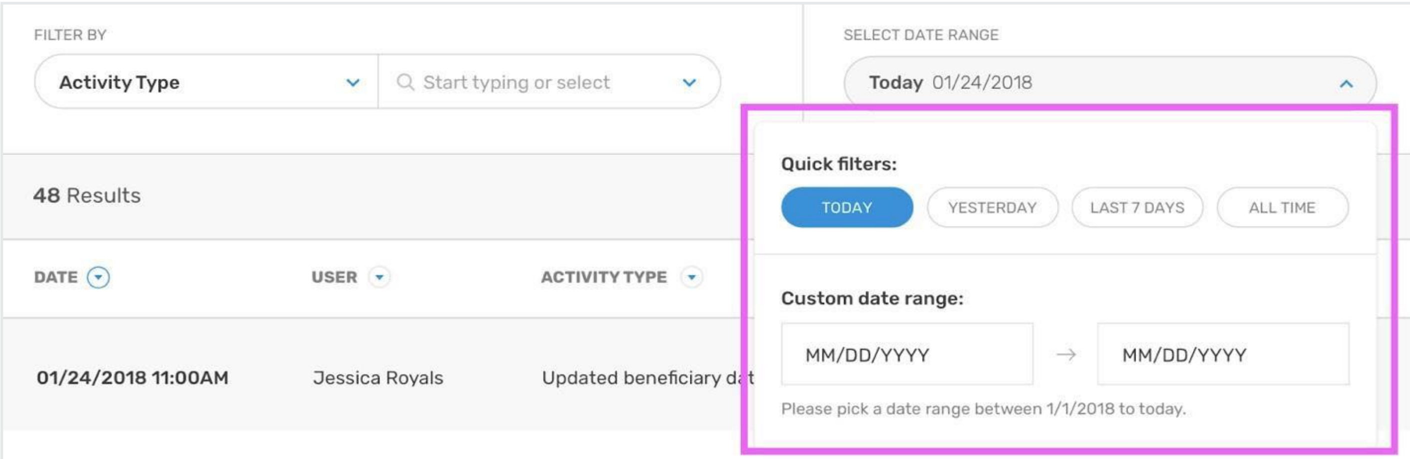
You can filter the activity list by a specific activity type or user. To do so, select the filter dropdown to choose the filter type. Then start typing in the adjoining field to specify the filter query (Figure 59).

Figure 59 - Filter Activity Log



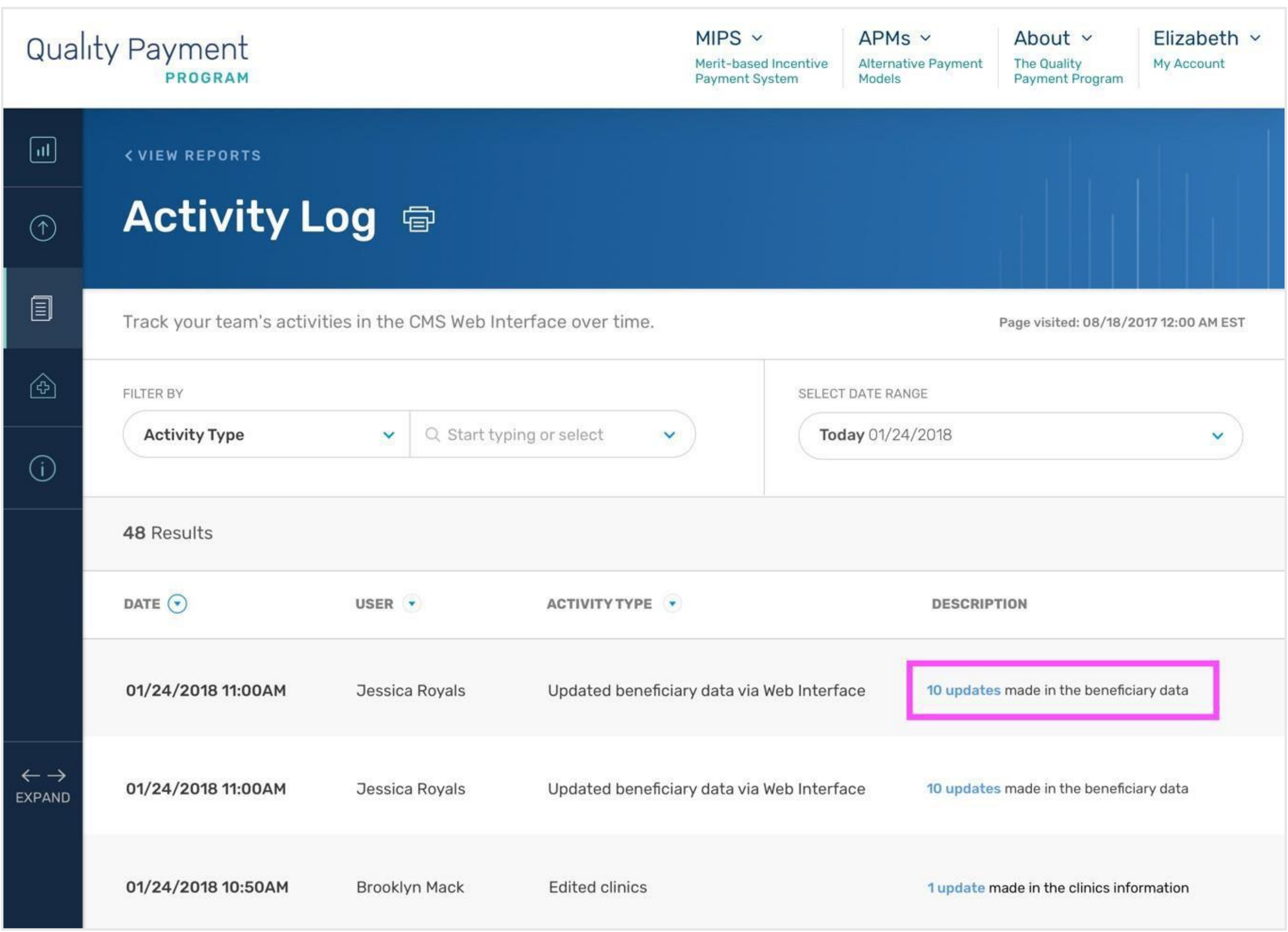
You can also filter the Activity Log by selecting a specific timeframe (Figure 60).

Figure 60 - Filter Activity Log by Time Frame



Each row represents an activity, and by clicking on the links under the “Description” column, you’ll be able to see the detailed breakdown of what was changed during the activity (Figure 61).

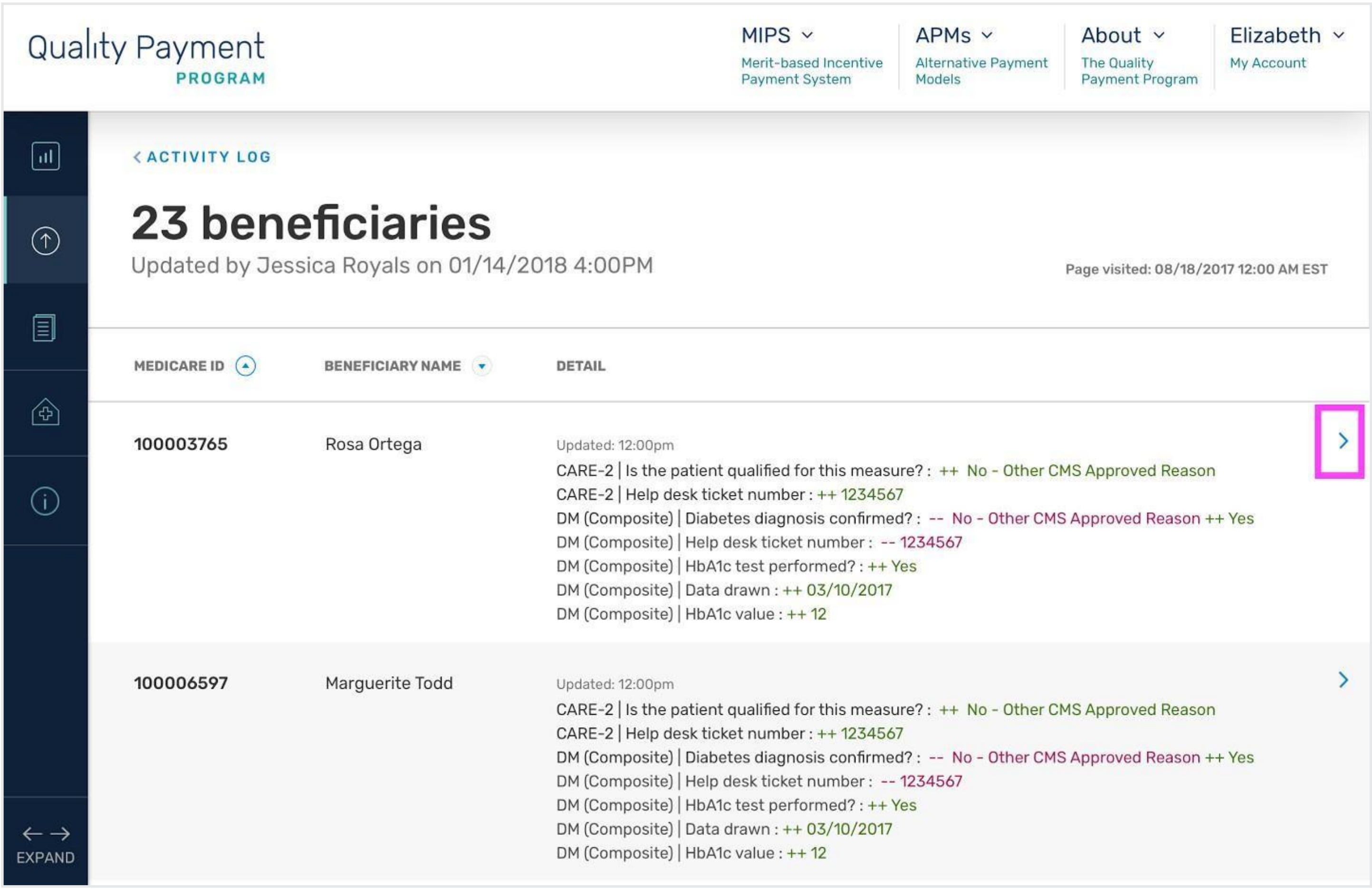
Figure 61 - Access Detailed View of Each Activity in the Activity Log



Clicking on a link in the Description column takes you to a detail view that shows the changes made during the activity. In instances where you are looking at updated beneficiary data changes, you can see the exact changes that have been made per beneficiary. "++" represents additions that have been made, and "--" represents what was removed or changed.

Click on the caret at the right of the row to manually enter data for that beneficiary (Figure 62).

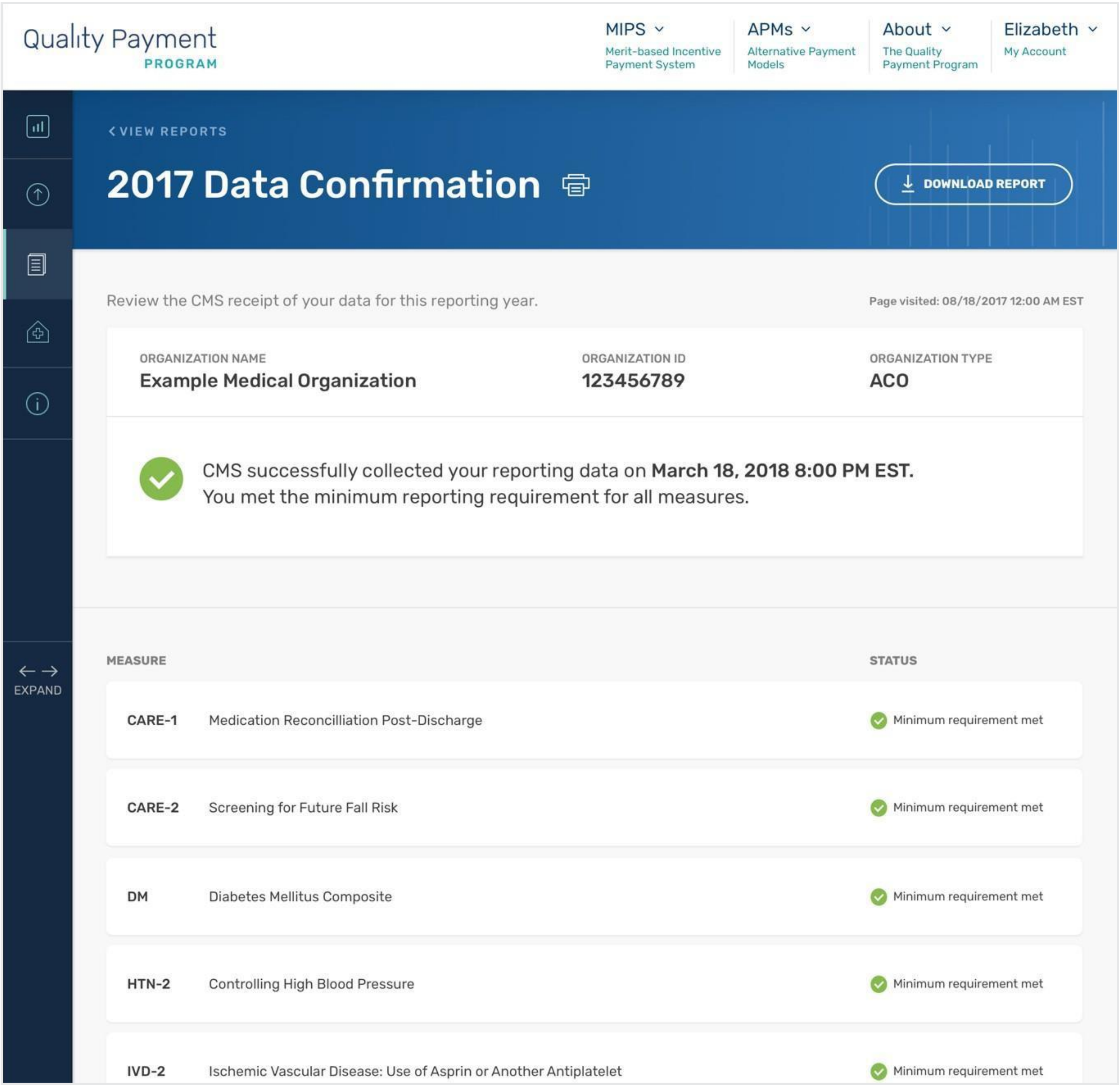
Figure 62 - Jump to Area of Logged activity to Make Changes



Data Confirmation

Once the submission period has closed, you can access your "Data Confirmation" report. This serves as the receipt for your final submission—giving you a high-level overview for each measure where you have met the minimum (Figure 63).

Figure 63 - Data Confirmation Report



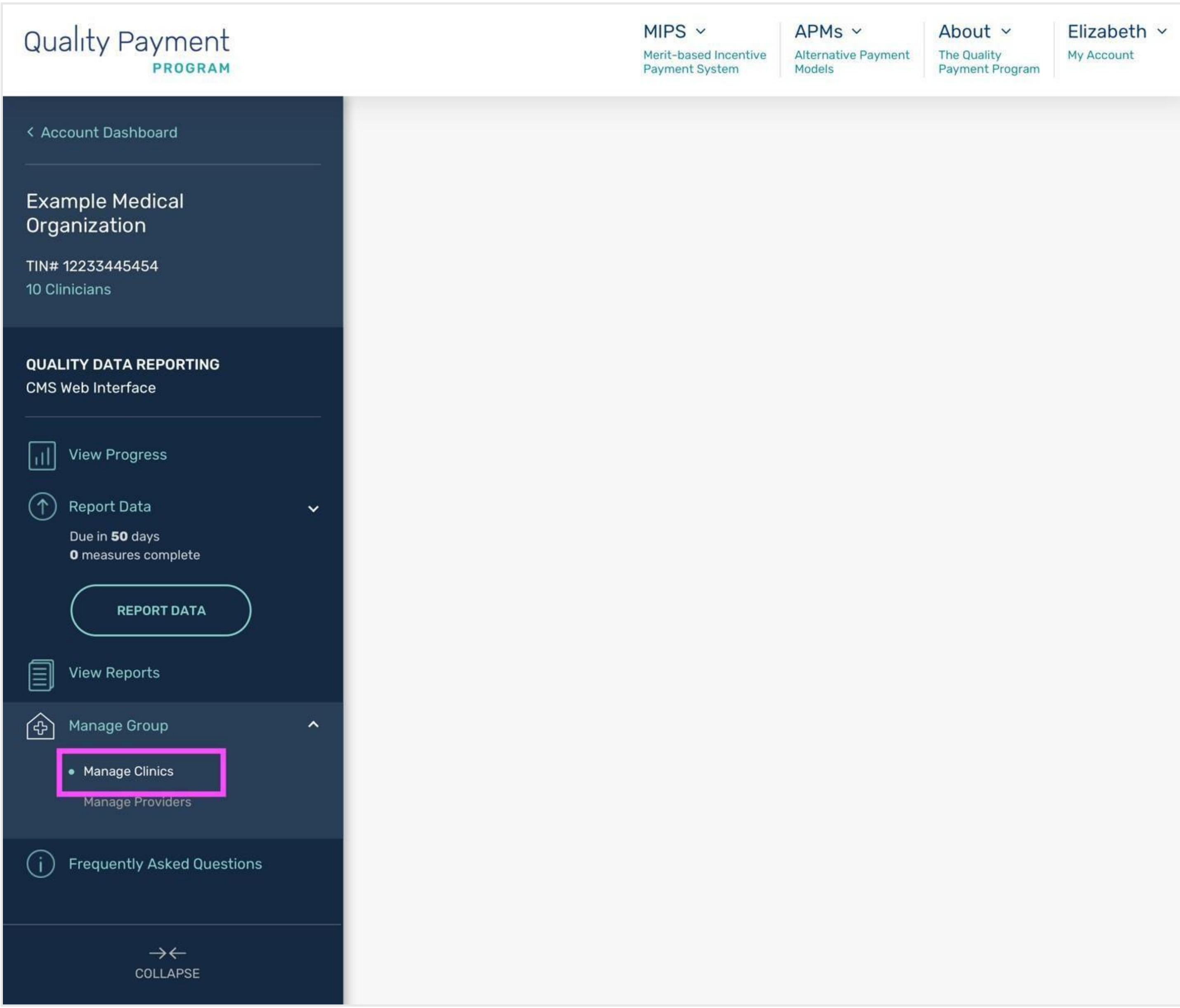
Manage Group

Manage Clinics

To manage the list of your clinics (Figure 64):

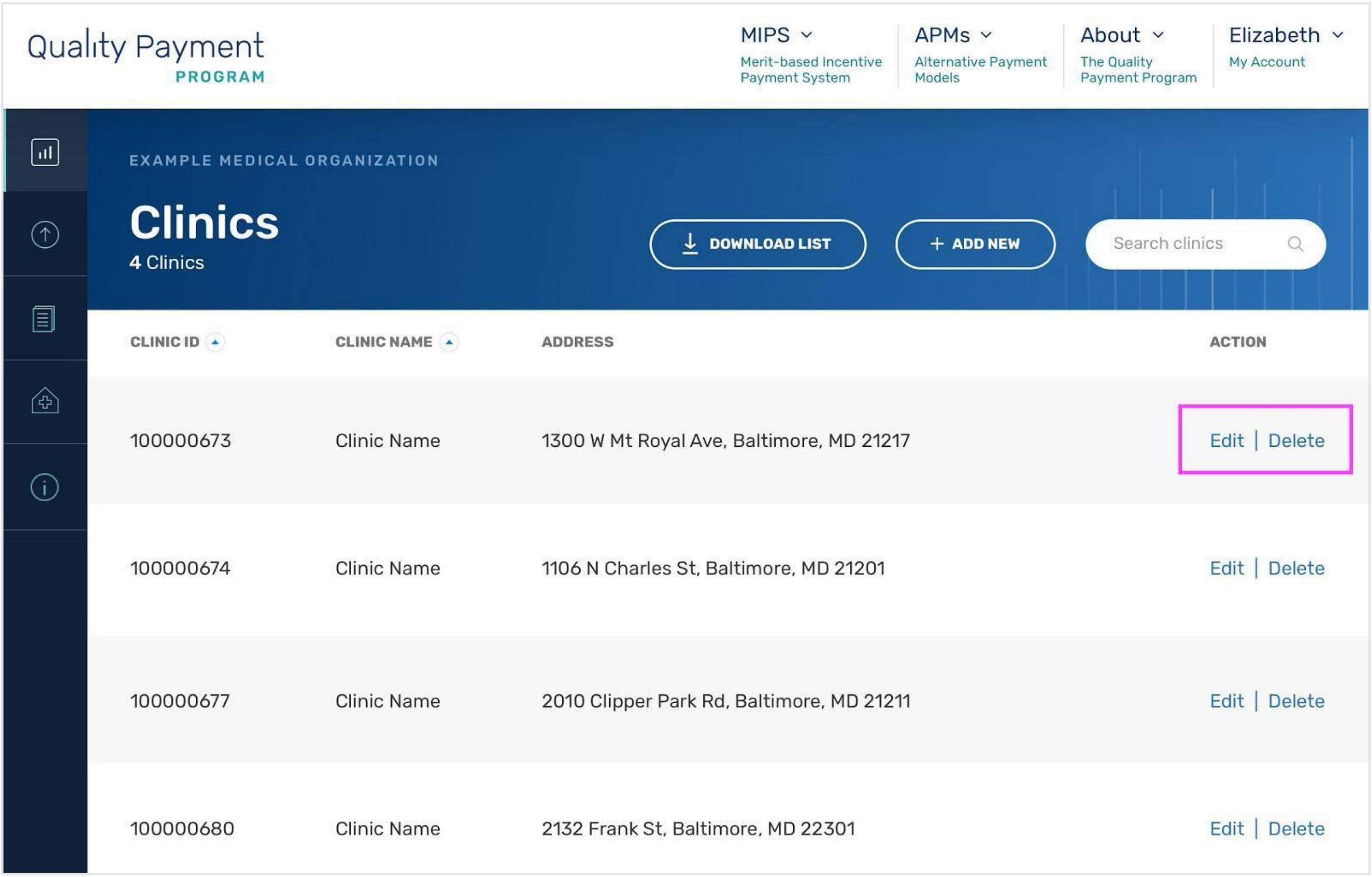
1. Select “Manage Group” in the navigation
2. Select “Manage Clinics” in the sub-navigation

Figure 64 - Navigate to Manage Group



Each row represents a clinic. You can edit a clinic by clicking on the “edit” button on the right (Figure 65).

Figure 65 - Edit or Delete a Clinic



To delete a clinic, click the “Delete” link on the right of the row. However, to delete a clinic, you must first disassociate it from every beneficiary it may be connected to in the CMS Web Interface.

To do so:

1. Select “Report Data” in the navigation.
2. Download your beneficiary sample in Excel format.
3. Use Excel filter controls to filter the sample by the clinic you’d like to delete to find all beneficiaries associated with it.
4. Enter “N/A” to replace the Clinic ID you’d like to disassociate from the beneficiary.
5. Repeat steps 3-7 for all beneficiaries associated with the clinic.
6. Upload the updated Excel file.
7. Go back and click “Delete” next in the clinic row.

To create a new clinic, click the “Add New” button at the top of the page (Figure 66 & 67).

Figure 66 - Add a New Clinic

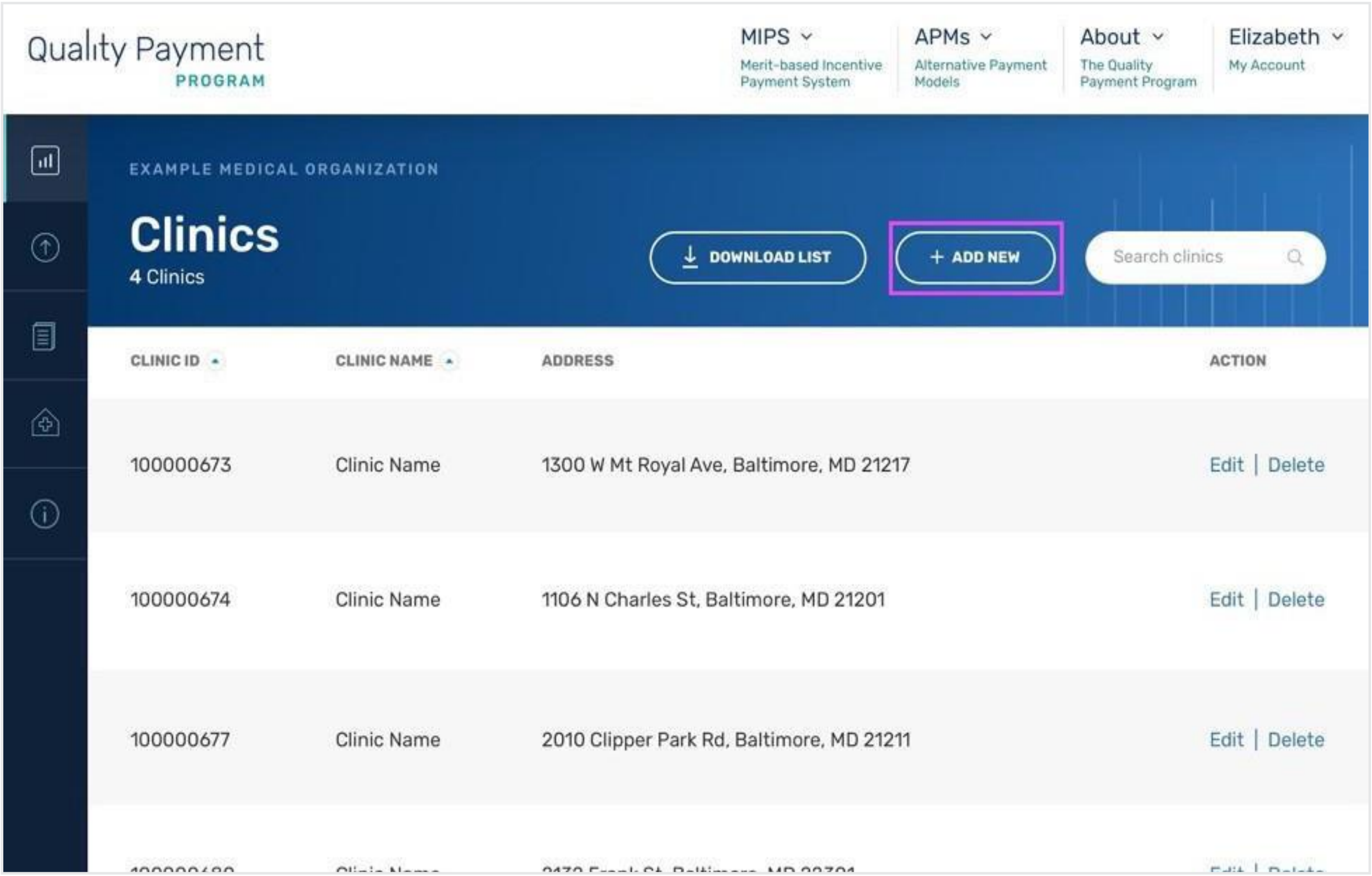
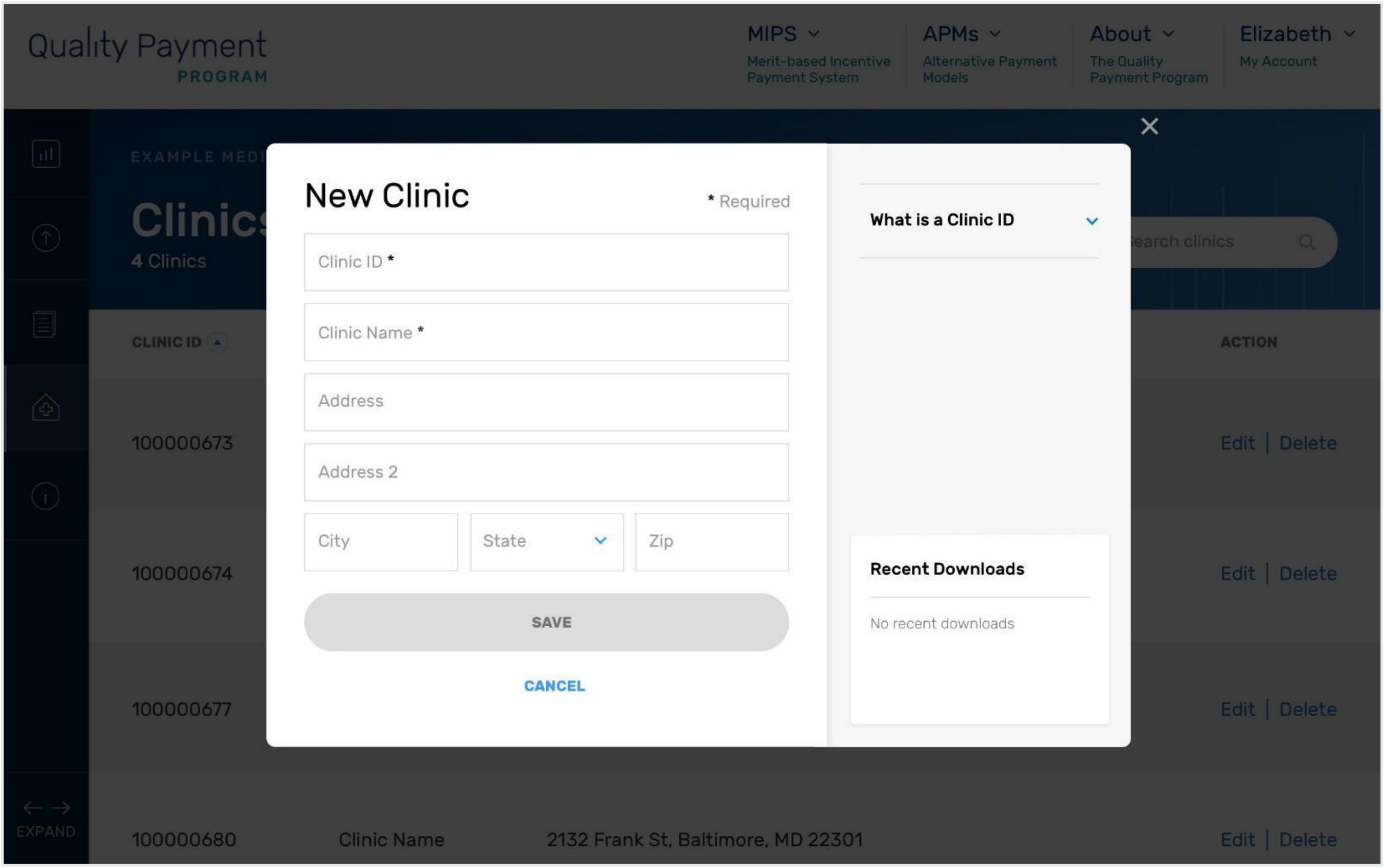
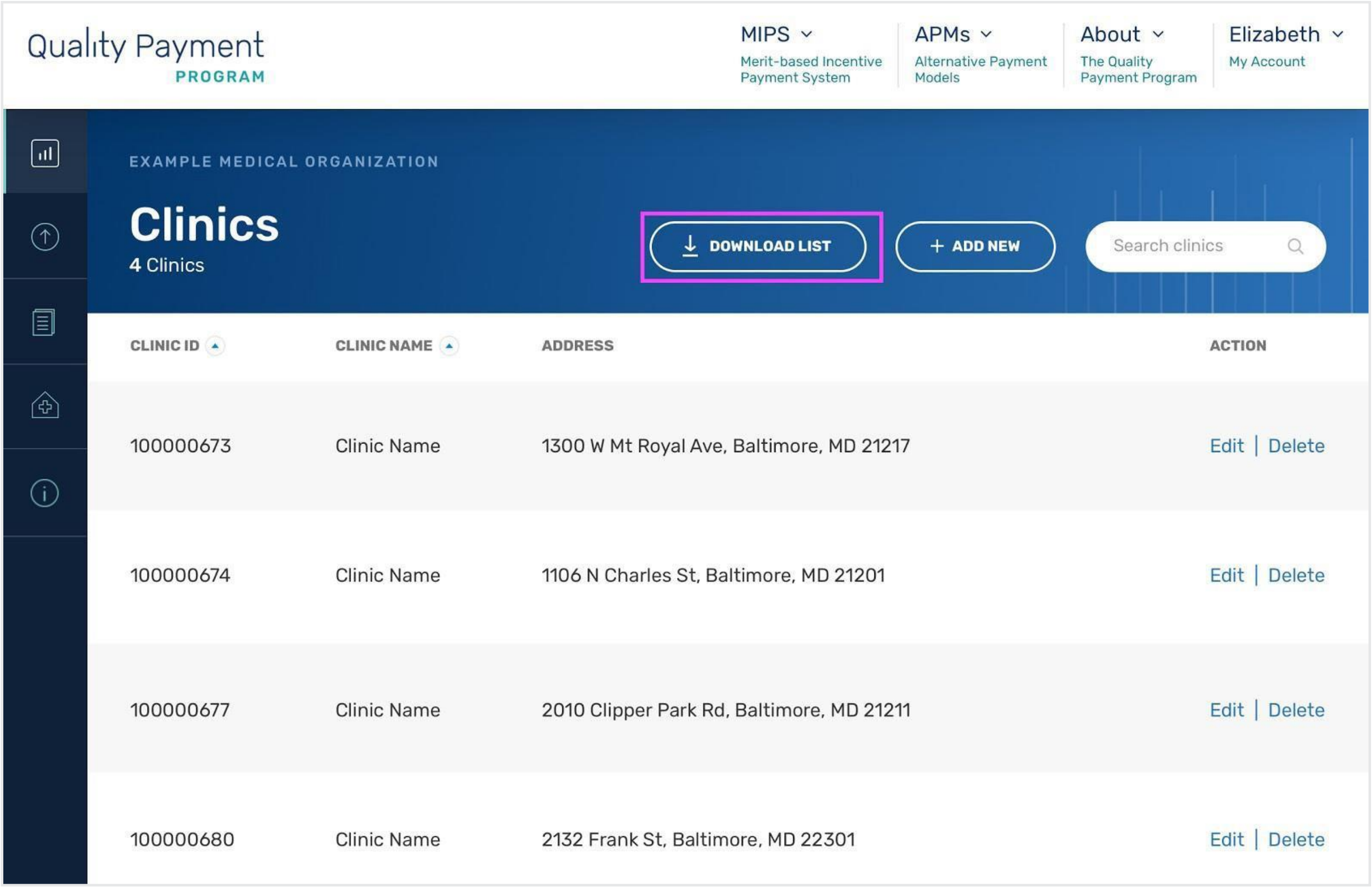


Figure 67 - Add a New Clinic Screen Details



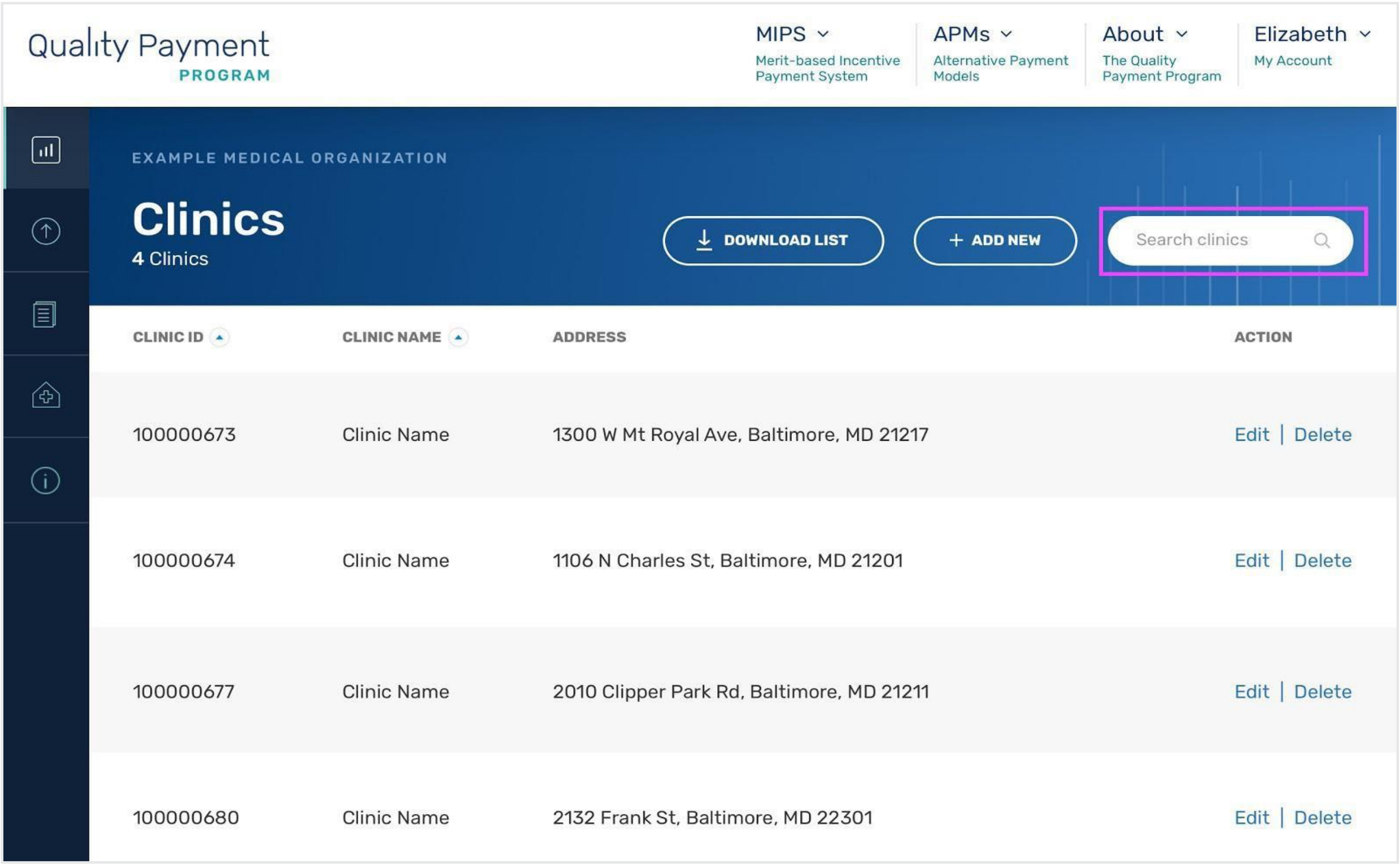
You can also download the list of clinics in Excel format by clicking the “Download” button at the top of the page (Figure 68).

Figure 68 - Download Clinic List in Excel Format



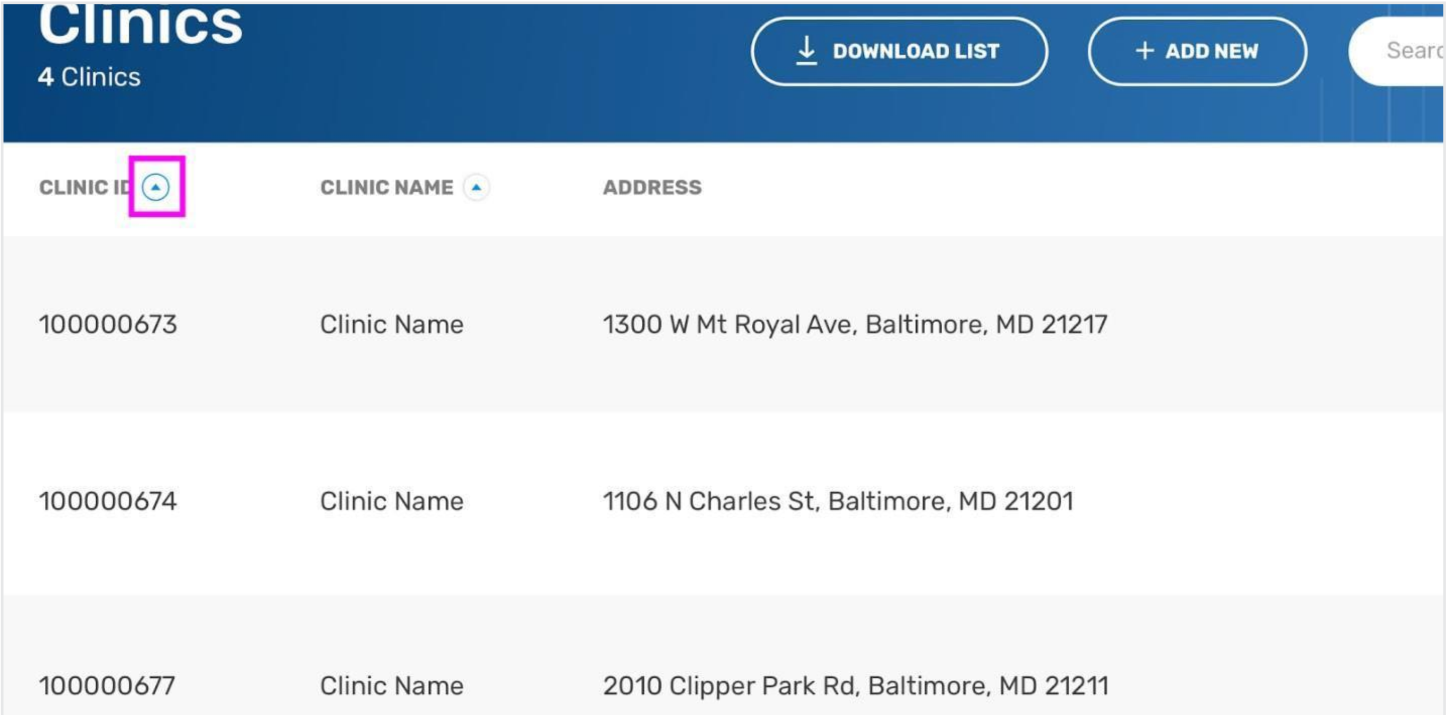
To locate a specific clinic, use the Search bar at the top of the page to search by name or clinic ID (Figure 69).

Figure 69 - Search for a Specific Clinic



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 (Figure 70).

Figure 70 - Sort Clinic List

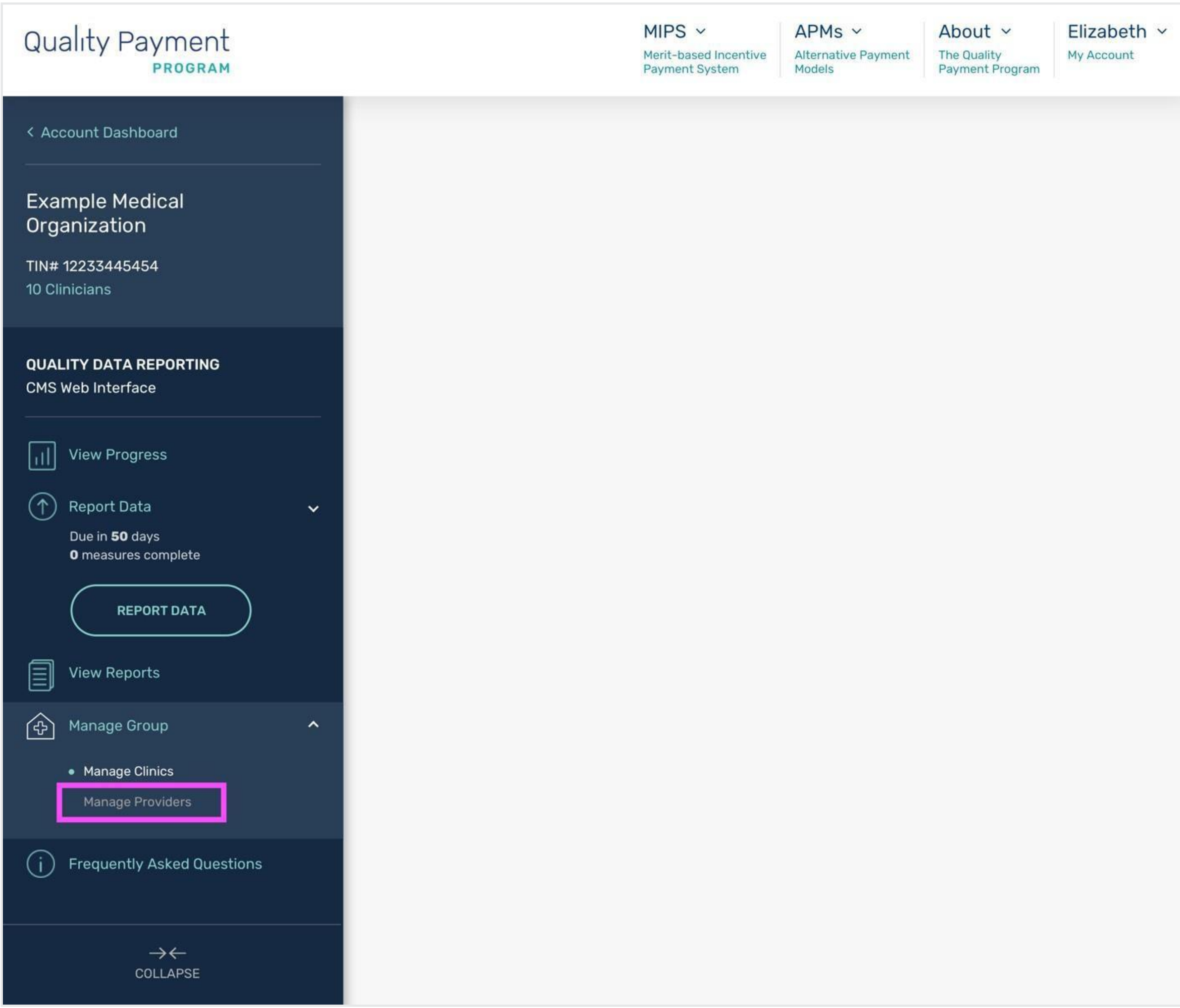


Manage Providers

To manage the list of your providers:

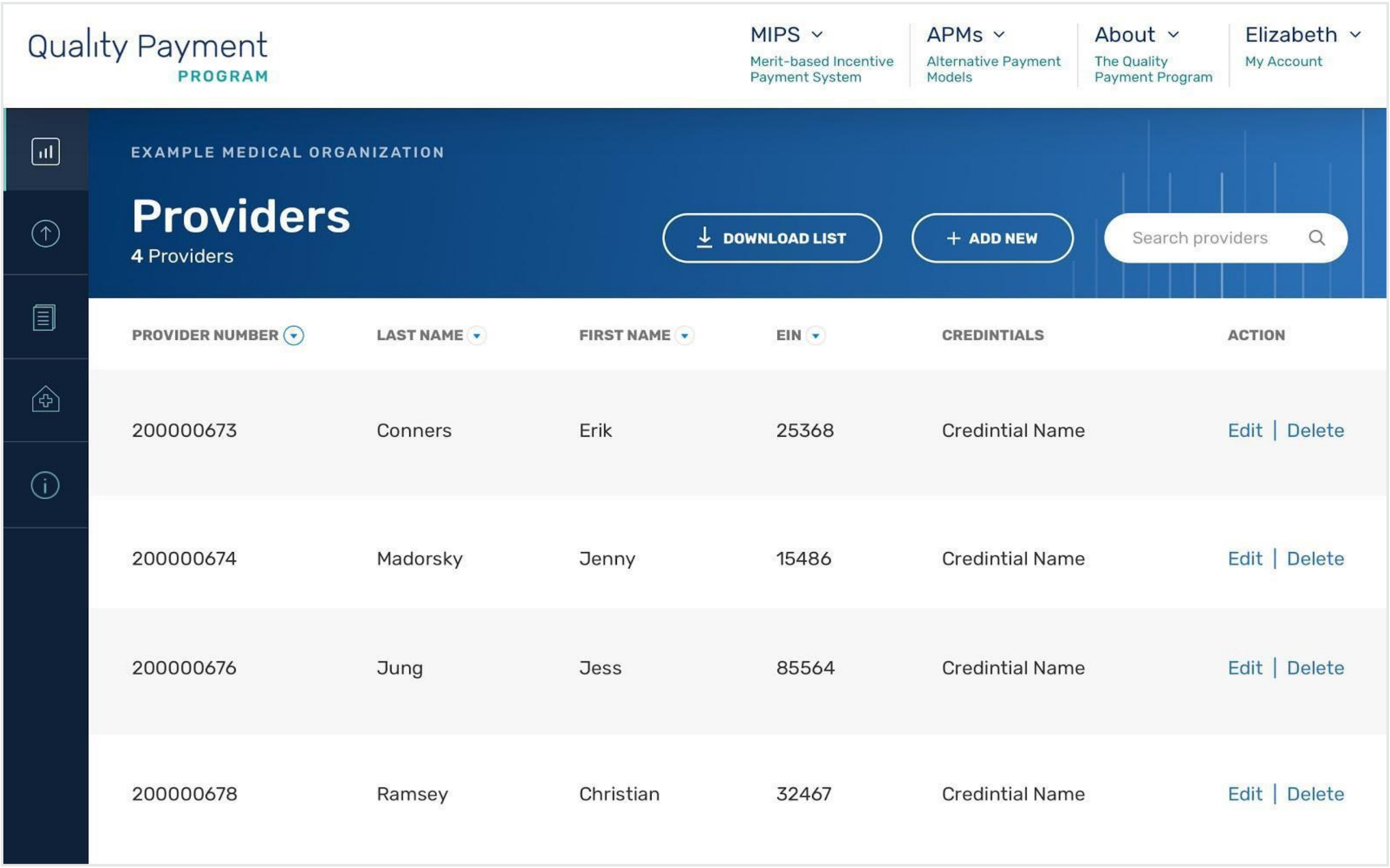
1. Select "Manage Group" in the navigation
2. Select "Manage Providers" in the sub-navigation (Figure 71)

Figure 71 - Navigate to Manage Providers



Each row represents a provider. You can edit a provider by clicking on the "edit" button on the right (Figure 72).

Figure 72 - Manage Providers Screen

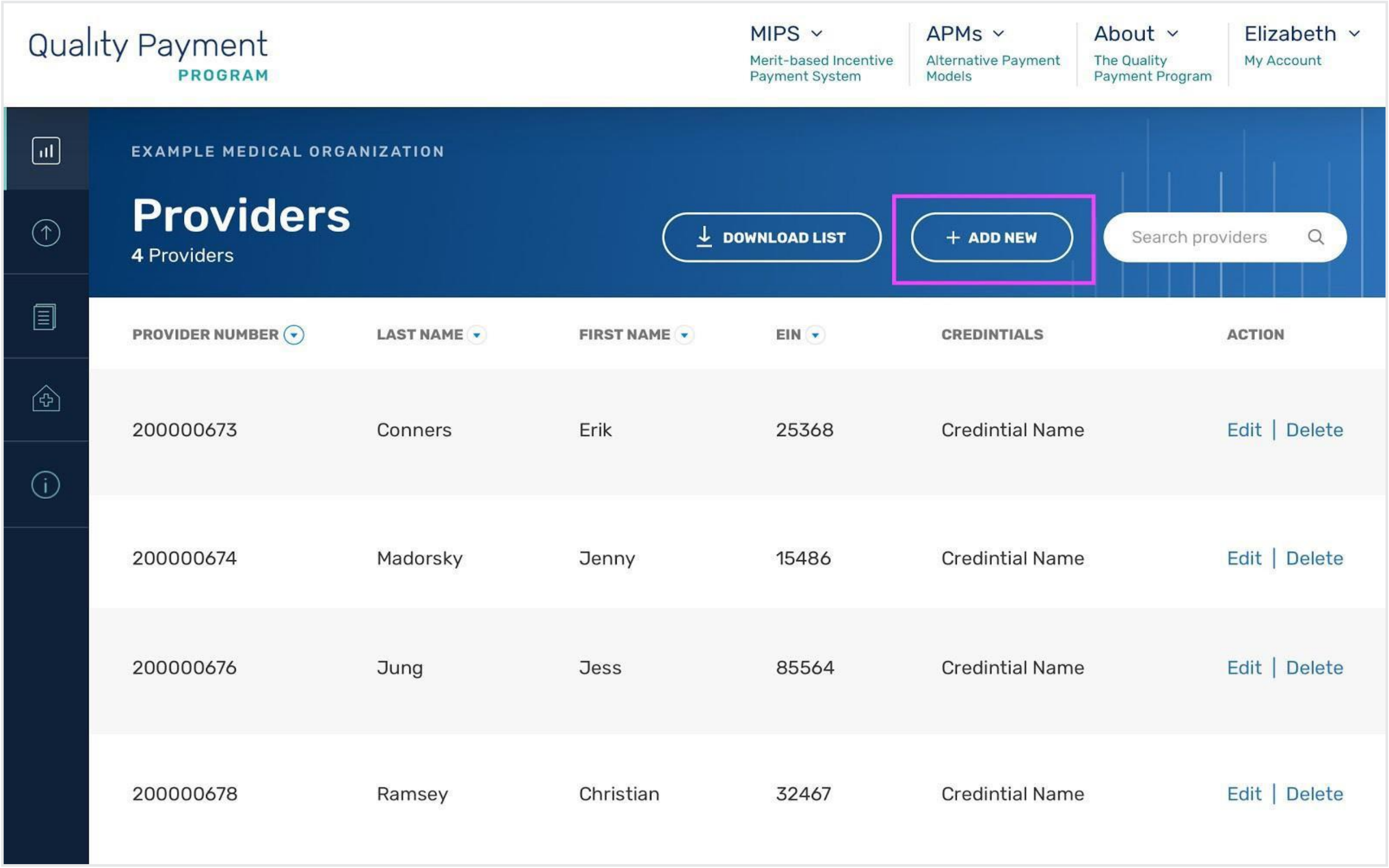


To delete a provider, you can click the “Delete” link on the right of the row. However, to delete a provider, you must first disassociate it from every beneficiary it may be connected to in the CMS Web Interface. To do so, you can:

1. Select “Report Data” in the navigation.
2. Download your beneficiary sample in Excel format.
3. Use Excel filter controls to filter the sample by the provider you’d like to delete to find all beneficiaries associated with it. Make sure to check all three provider columns.
4. Enter “N/A” instead of the Provider Name you’d like to disassociate from the beneficiary.
5. Repeat steps 3-7 for all beneficiaries associated with the provider.
6. Upload the updated Excel file.
7. Go back and click “Delete” next in the provider row.

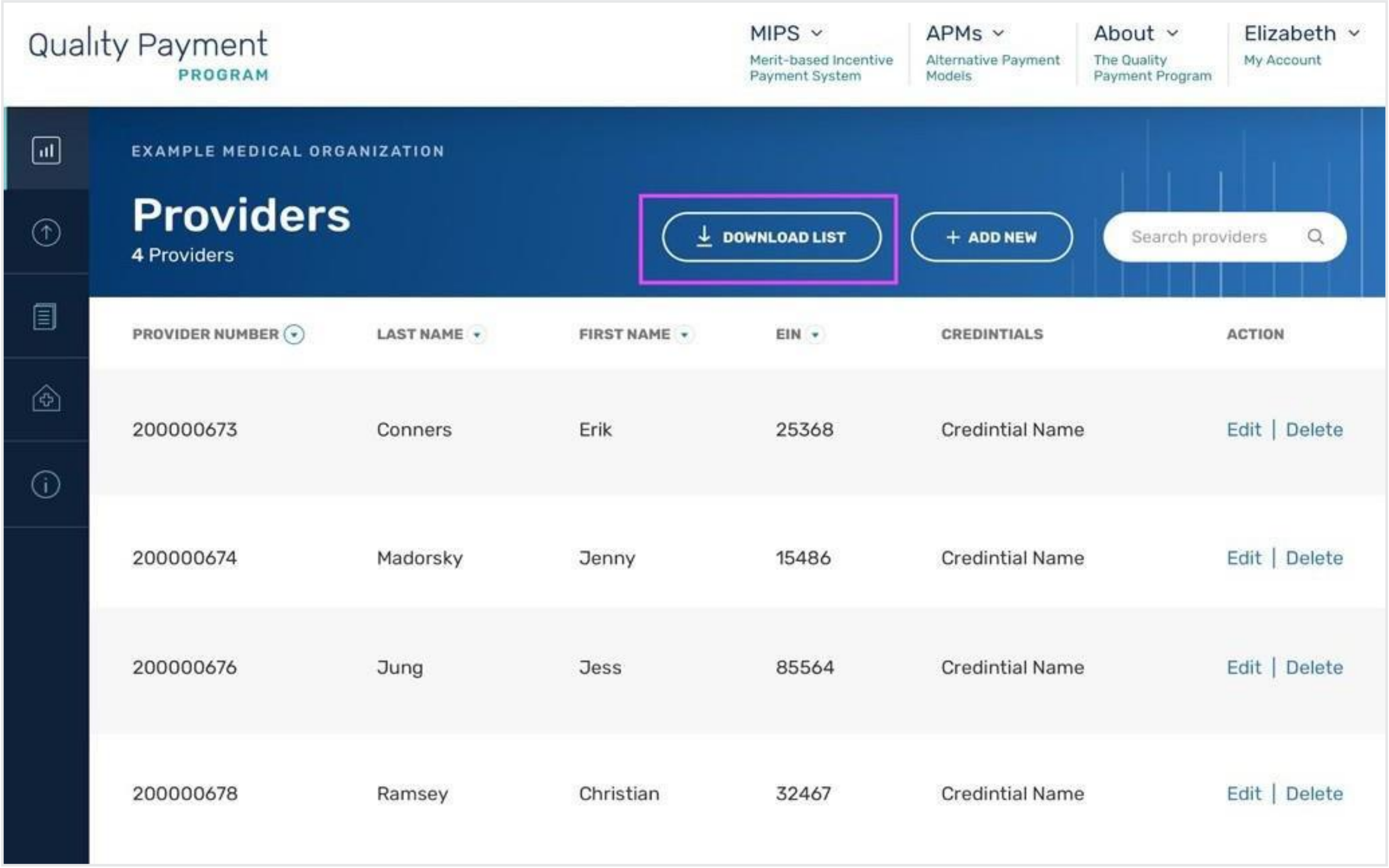
To create a new provider, click the “Add New” button at the top of the page (Figure 73).

Figure 73 - Add a New Provider



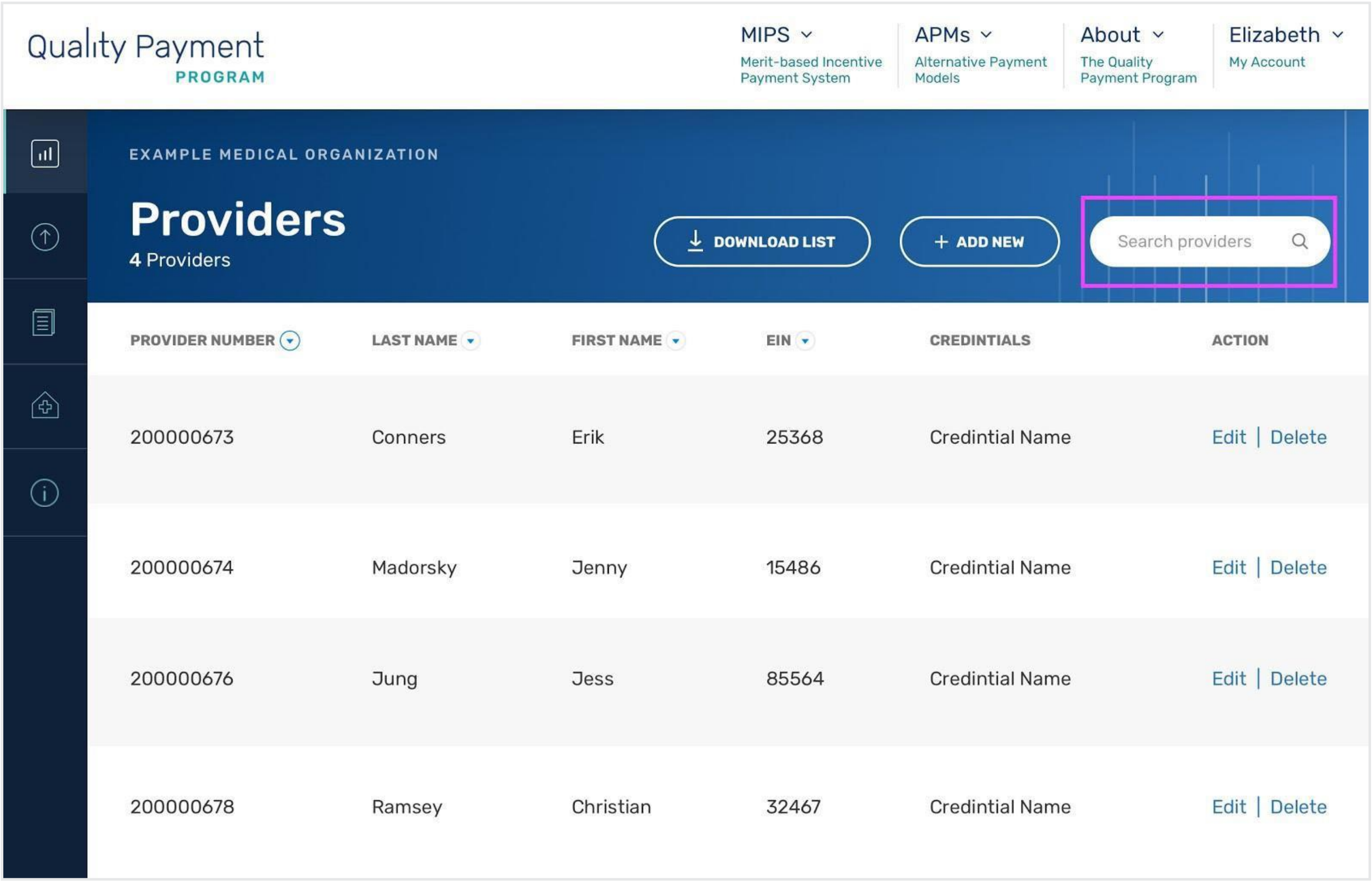
You can also download the list of providers in Excel format by clicking the "Download" button at the top of the page (Figure 74).

Figure 74 - Download Providers List in Excel Format



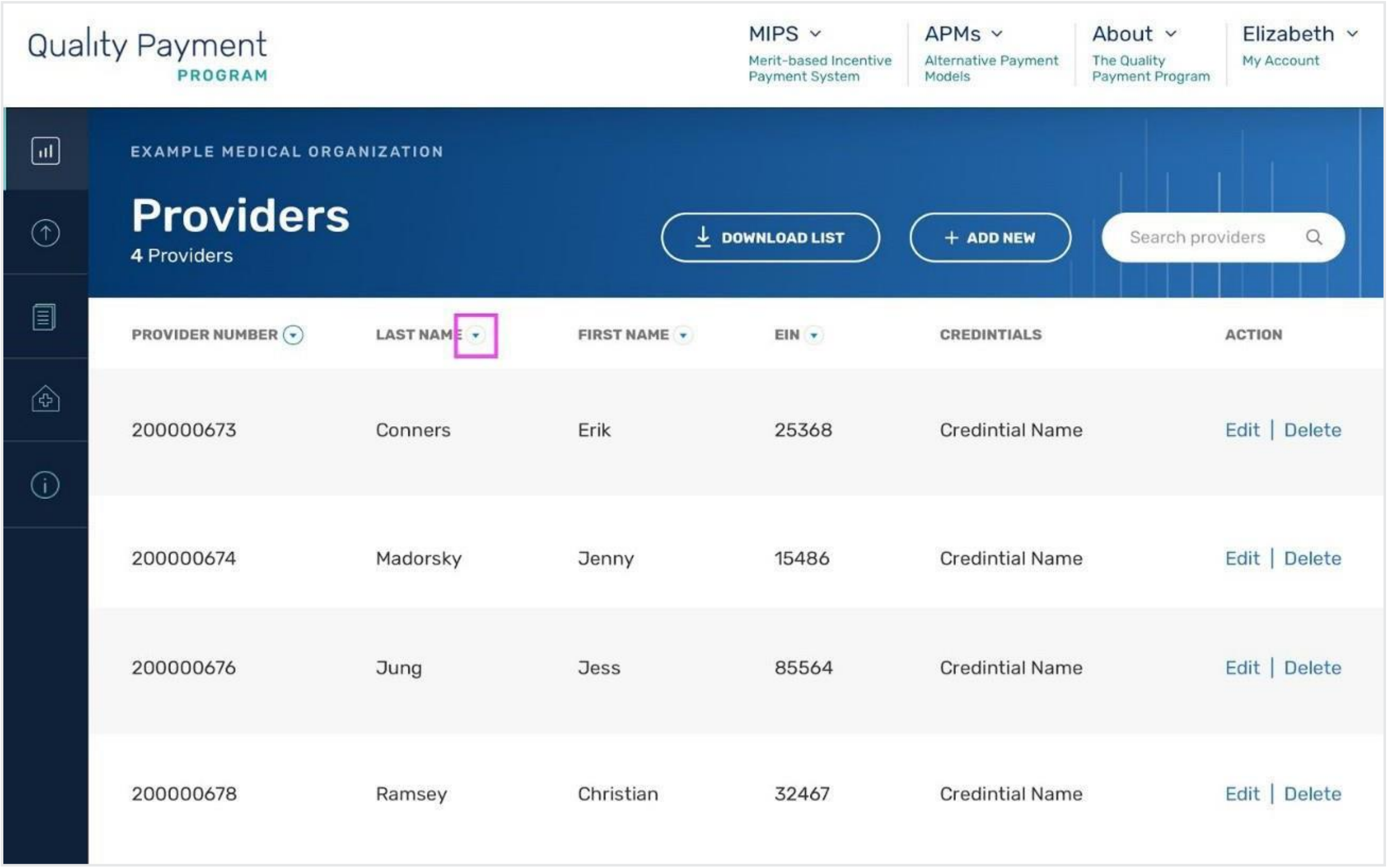
To locate a specific provider, use the Search bar at the top of the page to search by name (Figure 75).

Figure 75 - Search for a Specific Provider



For your convenience, you can sort the provider list by provider number, last name, first name, and EIN by clicking the caret at the top of the column (Figure 76).

Figure 76 - Sort the Provider List

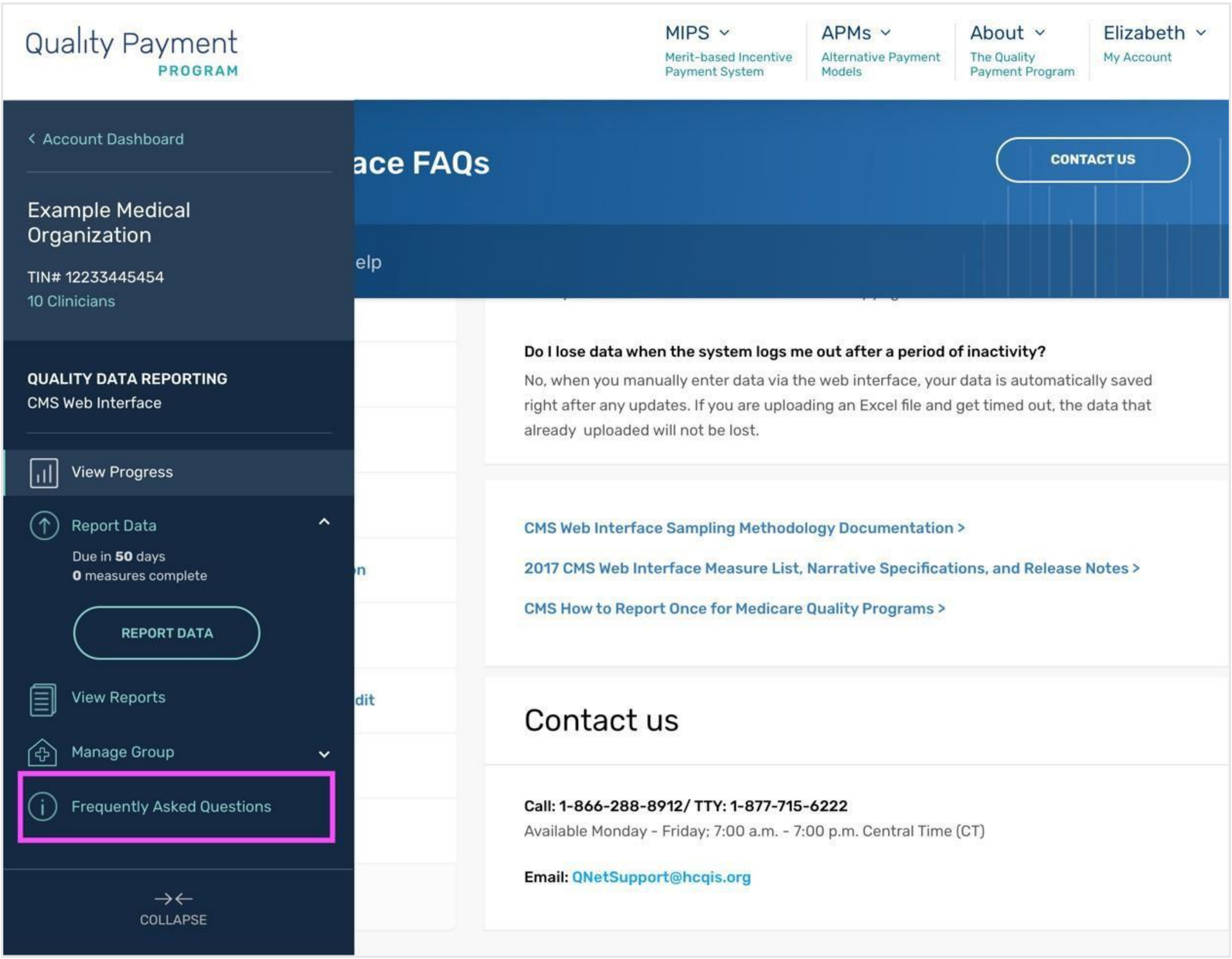


Getting Help and Support

Frequently Asked Questions

For questions while reporting through the CMS Web Interface, visit the Frequently Asked Questions in the left-hand navigation bar. We'll update these questions throughout the submission period as we hear from users (Figure 77).

Figure 77 - Navigate to the Frequently Asked Questions



You can also access the FAQs through the QPP website at any time by typing the following URL into your browser (you'll be prompted to sign in first if you aren't currently).

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 (TTY 1-877-715- 6222), available Monday through Friday, 8:00 AM-8:00 PM EST or by e-mail at QPP@cms.hhs.gov

Useful Resources

Here are a few other helpful resources that may assist you in answering some questions as you go through CMS Web Interface reporting this year

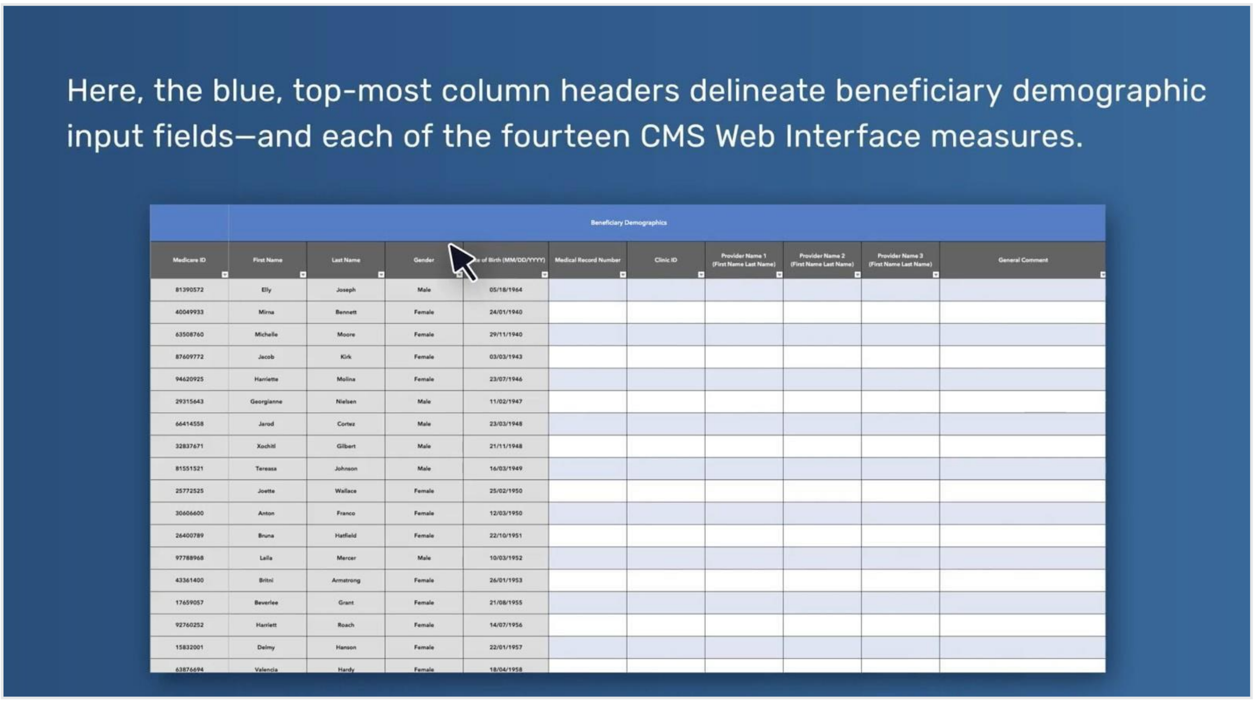
Excel Template User Guide

These instructions detail how to download, complete, and upload this year's beneficiary sample Excel template.

Excel Demonstration Video

This video demonstrates how to use the beneficiary sample Excel template, and shows you how to successfully upload data to the CMS Web Interface (Figure 78).

Figure 78 - CMS Web Interface Excel demonstration video



CMS Web Interface Demonstration Video Series

We have also created a series of videos that accompany this guide to demonstrate how to use the CMS Web Interface for a successful submission. Check the CMS YouTube account for videos as they are released.