Quality Payment Program (QPP)
2020 Data Submission User Guide

Need More Help?

File upload troubleshooting
Contact the Quality Payment Program
Additional Resources

COVID-19 and 2020 Participation

CMS continues to offer flexibilities to provide relief to clinicians responding to the 2019 Coronavirus (COVID-19) pandemic. We are applying the MIPS automatic extreme and uncontrollable circumstances policy to all MIPS eligible clinicians for the 2020 performance period. We are also reopening the MIPS EUC application for individual MIPS eligible clinicians, groups, virtual groups, and Alternative Payment Model (APM) Entities through March 31, 2021 at 8 p.m. ET.

Please note that applications received between now and March 31, 2021 won't override previously submitted data for individuals, groups and virtual groups. However, data submission for an APM Entity won't override performance category reweighting from an approved application.

For more information about the impact of COVID-19 on Quality Payment Program participation, see the Quality Payment Program COVID-19 Response webpage or our Quality Payment Program COVID-19 Response Fact Sheet.

Here's what our most recent COVID-19 related flexibilities mean for individual, group and virtual group participation:

Individual Participation

- Individual clinicians don't need to submit an EUC application because we are applying our automatic EUC policy to all MIPS eligible clinicians.
- If you haven't submitted data (or have submitted data for a single performance category, such as Medicare Part B Claims quality measures reported throughout the performance period), you will receive a neutral payment adjustment for the 2022 MIPS payment year unless you have a higher score from group participation.
- If you've submitted data in 2 or 3 performance categories, you will receive a MIPS final score and MIPS payment adjustment for the 2022 MIPS payment year based on the data you've submitted.
- You will only be scored in the performance categories for which data are submitted. (Under the automatic EUC policy, the cost performance category will always be weighted at 0%, even if you submit data for the other performance categories.)

Group Participation

- Groups that haven't submitted any data don't need to submit an EUC application if you're not able to submit data for the 2020 performance year. Group participation is optional, and your individual MIPS eligible clinicians qualify for the automatic EUC policy.
- Groups that have submitted data for a single performance category and are unable to submit data for other performance categories can submit an EUC application to reweight all 4 performance categories:

- If your application is approved, your MIPS eligible clinicians will receive a neutral payment adjustment for the 2022 MIPS payment year unless they have a higher final score from individual participation.
- If you don't submit an application, your group will be scored in all 4 performance categories unless the group qualifies for reweighting in one or more performance categories.

- Groups that have submitted data for 2 or 3 performance categories can submit an application for any remaining performance category or categories:
  - If your application is approved, your MIPS eligible clinicians will receive a final score based on the data submitted unless they have a higher final score from individual participation. (If cost is included in your approved application, the cost performance category will be weighted at 0% even though data has been submitted for other performance categories.)
  - If you don't submit an application, your group will be scored in all 4 performance categories unless the group qualifies for reweighting in one or more performance categories.

Virtual Group Participation

- Virtual groups that haven't submitted any data or have submitted data for single performance category and are unable to submit data for other performance categories can submit an EUC application to reweight all 4 performance categories:
  - If your application is approved, your MIPS eligible clinicians will receive a neutral payment adjustment for the 2022 MIPS payment year.
  - If you don't submit an application, your virtual group will be scored in all 4 performance categories unless the virtual group qualifies for reweighting in one or more performance categories.
- Virtual groups that have submitted data for 2 or 3 performance categories can submit an application for any remaining performance category or categories:
  - If your application is approved, your MIPS eligible clinicians will receive a final score based on the data submitted.
  - If you don't submit an application, your virtual group will be scored in all 4 performance categories unless the virtual group qualifies for reweighting in one or more performance categories.

Getting Started

Accessing the System | Organization Type

Accessing the System

In order to sign in to qpp.cms.gov and submit PY 2020 data and/or view data submitted on your behalf, you need:

- An account (user ID and password)
- Access to an organization (a role)

Make sure you sign in during the submission period to review data submitted on your behalf.

You can't submit new or corrected data after the submission period closes.

If you don't already have an account or access, review the following documentation in the QPP Access User Guide so you can sign in to submit, or view, data:

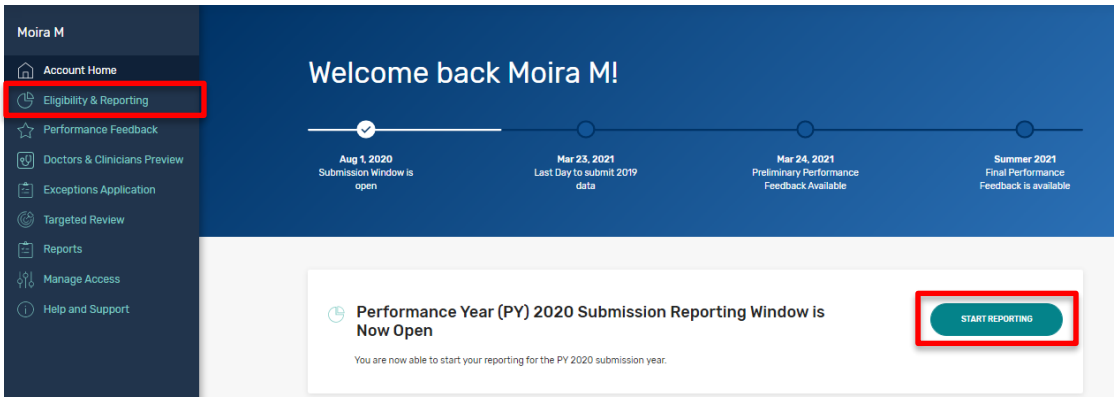
QPP Access at a Glance | Register for a HARP Account | Connect to an Organization

Before You Begin
Make sure you are using the most recent version of your browser:

- Chrome: 87.0.4280.141
- Firefox: 84.0.2
- Safari: 14.0.2
- Edge: 87.0.664.75

Note: Internet Explorer is not fully supported by QPP.

Once you sign in, you can select **Start Reporting** on the main page or **Eligibility & Reporting** from the left-hand navigation bar.



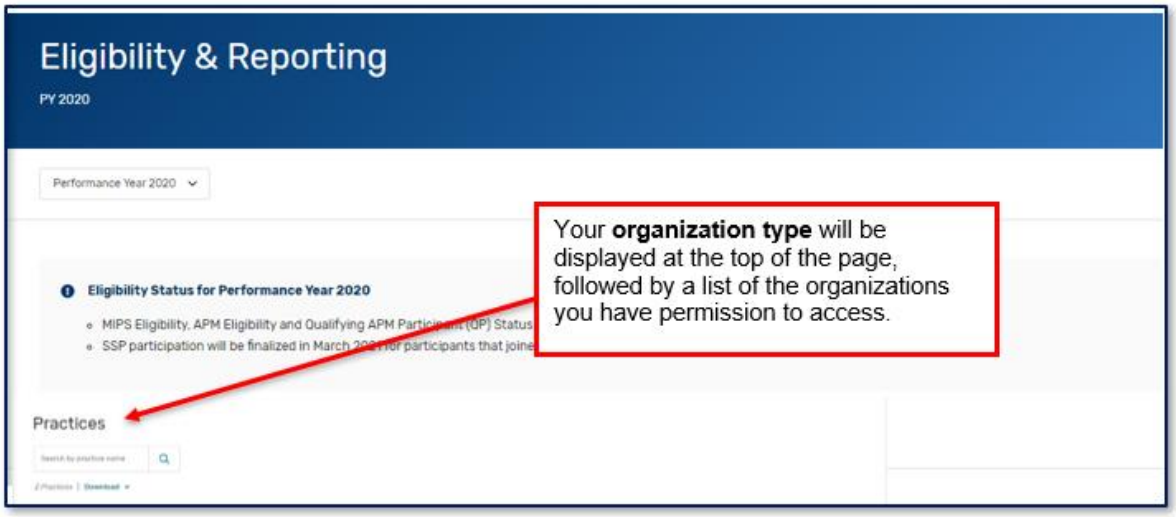
Organization Type

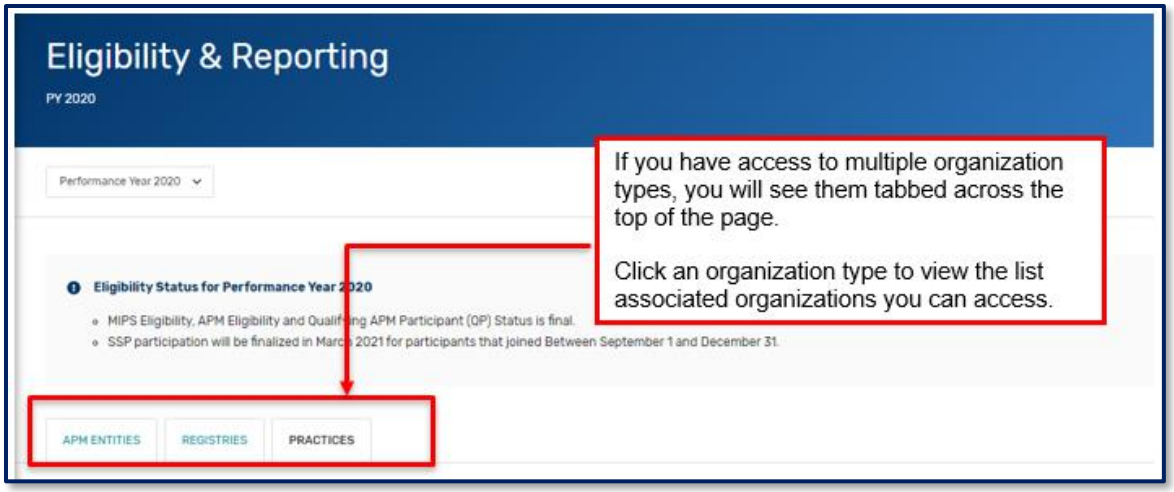
From here, you'll see the organizations you have permission to access. Most users will only have access to one organization type:

- **Registry** (includes Qualified Registries and QCDRs)
  or
- **Practice** (individual and/or group reporting, all performance categories)
  or
- **APM Entity** (APM Entity-level quality data submissions)
  or
- **Virtual Group** (virtual group reporting, all performance categories)

Helpful Hint

Click the links at left, or jump to Appendix A, to review what users associated with each organization type can and can't do and view during the submission period.





Understanding What Information Is Available by Organization Type

This section reviews the information that can be accessed and viewed by users with the staff user or security official roles for different organization types – registries, practices, APM Entities, and virtual groups.

This section also reviews which performance data can be submitted for APM Entities versus the practices that include clinicians in the Entity.

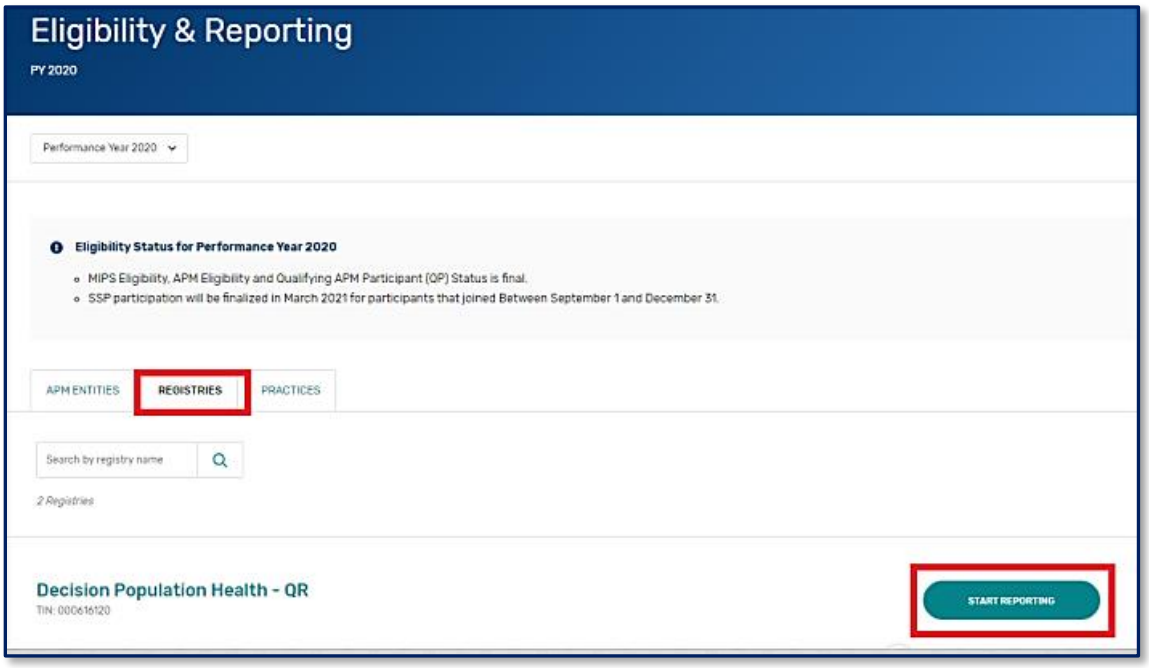
Skip ahead to Practice Representatives | APM Entity Representatives | Virtual Group Representatives

Registry Representatives

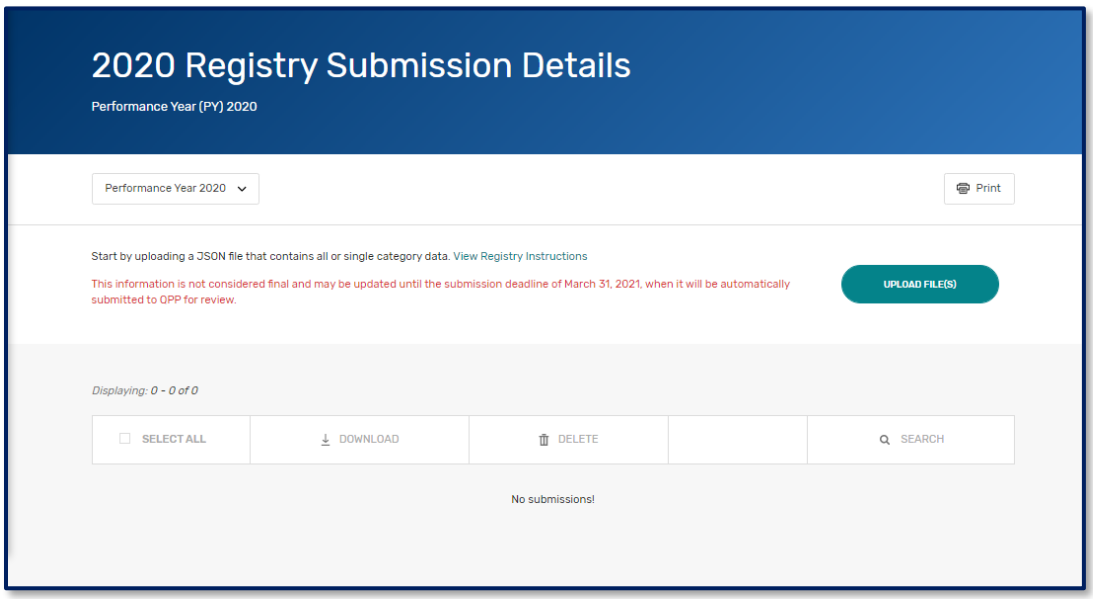
This section includes information for users with a Staff User or Security Official role for a **Registry organization** – Qualified Registry or QCDR – identified by Taxpayer Identification Number (TIN).

With this Access	✓ You CAN do this during and after the submission period	X You CAN T do this during or after the submission period
Staff User or Security Official for a **Registry** (QCDR or Qualified Registry)	✓ Download your API token (security officials only) ✓ Upload a submission file on behalf of your clients (groups and/or individuals) ✓ Submit opt-in elections on behalf of your clients ✓ View preliminary scoring for your clients based on the data your organization submitted for them	X View data submitted directly by your clients X View data submitted by another third party on behalf of your clients X View data collected and calculated by CMS on behalf of your clients ○ Cost measures (if applicable) (Note that CMS is suppressing the All-Cause Hospital Readmission measure for the MIPS 2020 performance period.)

From the Eligibility & Reporting page, make sure you click the Registries tab if you access to multiple organization types and select Start Reporting next to your registry's name to open your dashboard and start uploading files.

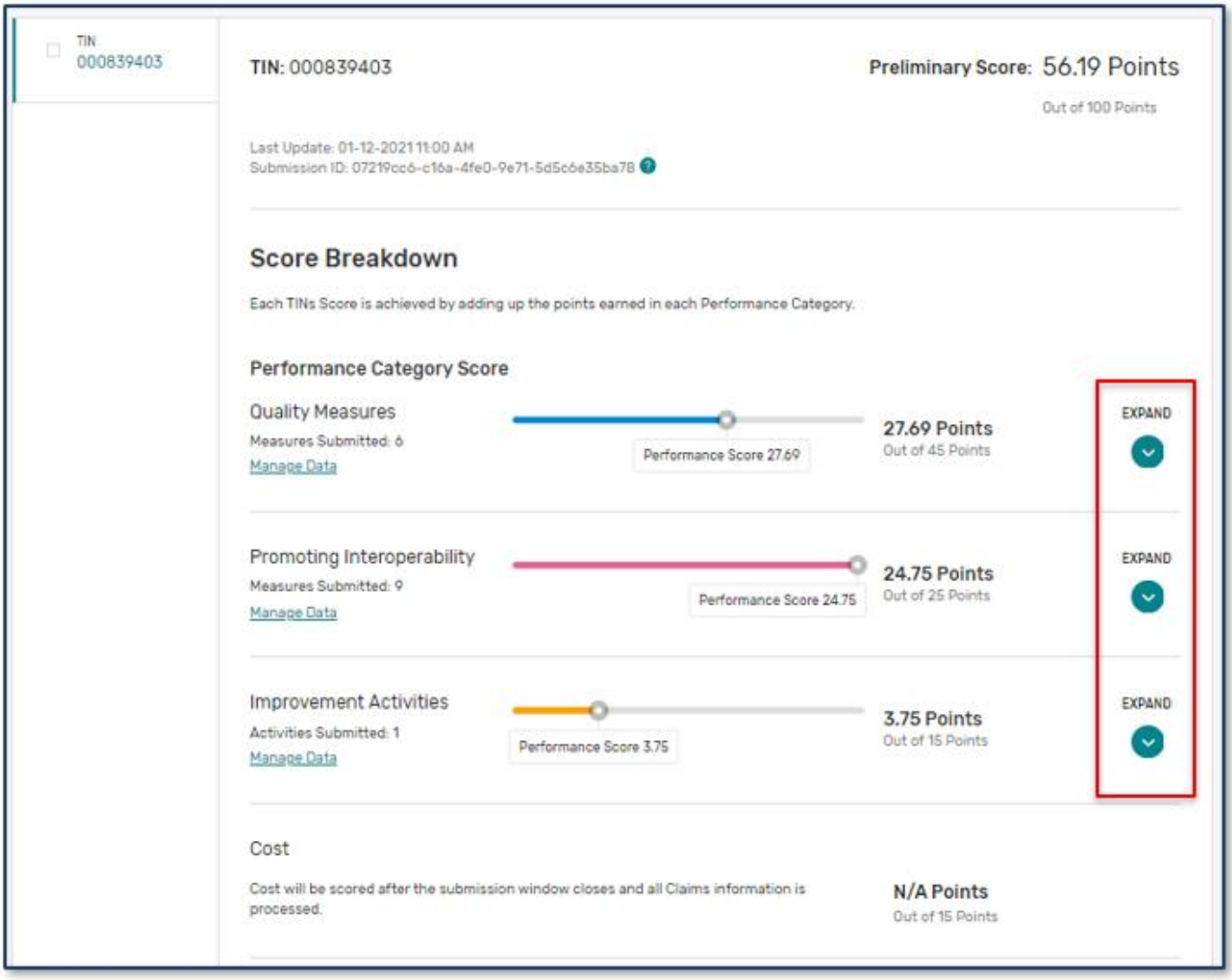


You will not see any information until you've submitted data.

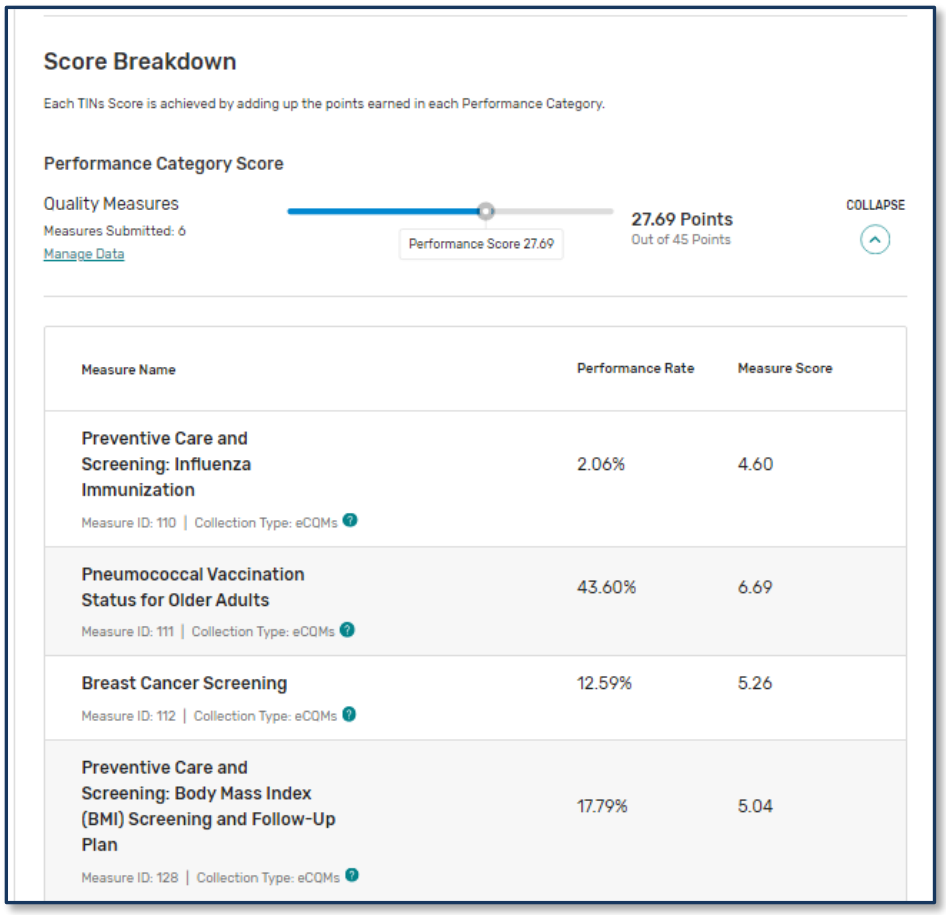


Once you've started submitting data, you will see a list of Taxpayer Identification Numbers (TINs) – for group submissions – and TIN/National Provider Identifiers (TIN/NPIs) – for individual submissions – along with their preliminary scoring based on data submitted by your registry.

You can click "Expand" next to each performance category score to see a breakdown by measure or activity reported.



(All data included in screenshots is fictitious, for illustrative purposes.)



Score Breakdown

Each TINs Score is achieved by adding up the points earned in each Performance Category.

Performance Category Score

Quality Measures

Measures Submitted: 6

Manage Data

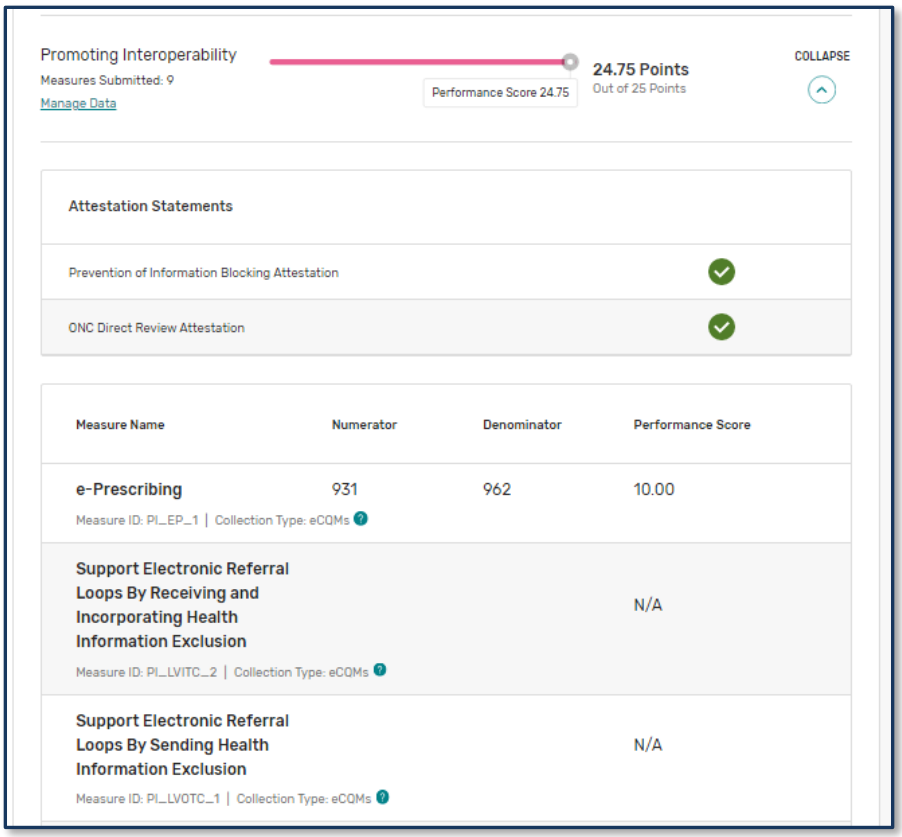
Performance Score 27.69

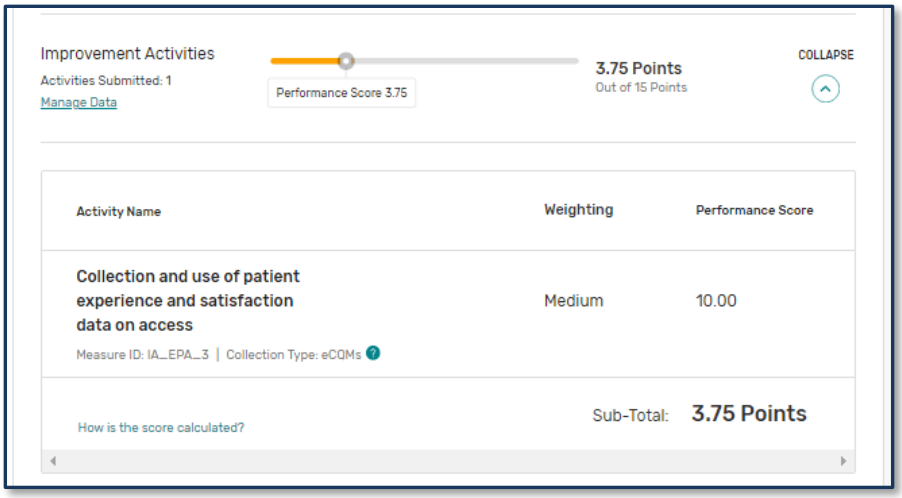
27.69 Points

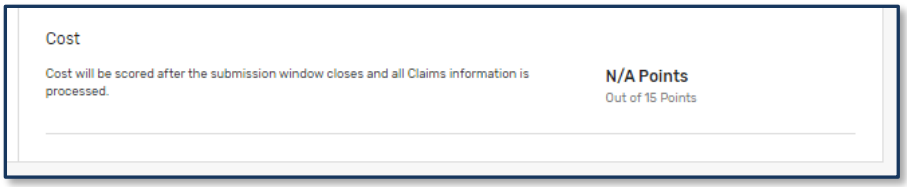
Out of 45 Points

COLLAPSE

Measure Name	Performance Rate	Measure Score
Preventive Care and Screening: Influenza Immunization Measure ID: 110 | Collection Type: eCQMs	2.06%	4.60
Pneumococcal Vaccination Status for Older Adults Measure ID: 111 | Collection Type: eCQMs	43.60%	6.69
Breast Cancer Screening Measure ID: 112 | Collection Type: eCQMs	12.59%	5.26
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan Measure ID: 128 | Collection Type: eCQMs	17.79%	5.04


Promoting Interoperability
Measures Submitted: 9
Manage Data
Performance Score 24.75
24.75 Points
Out of 25 Points
COLLAPSE
Attestation Statements
Prevention of Information Blocking Attestation
ONC Direct Review Attestation
Measure Name
Numerator
Denominator
Performance Score
e-Prescribing
931
962
10.00
Measure ID: PI_EP_1 | Collection Type: eCQMs
Support Electronic Referral Loops By Receiving and Incorporating Health Information Exclusion
N/A
Measure ID: PI_LVITC_2 | Collection Type: eCQMs
Support Electronic Referral Loops By Sending Health Information Exclusion
N/A
Measure ID: PI_LVOTC_1 | Collection Type: eCQMs


Improvement Activities
Activities Submitted: 1
Manage Data
Performance Score 3.75
3.75 Points
Out of 15 Points
COLLAPSE
Activity Name
Weighting
Performance Score
Collection and use of patient experience and satisfaction data on access
Medium
10.00
Measure ID: IA_EPA_3 | Collection Type: eCQMs
How is the score calculated?
Sub-Total:
3.75 Points


Cost
Cost will be scored after the submission window closes and all Claims information is processed.
N/A Points
Out of 15 Points

Practice Representatives

This section includes information for users with a Staff User or Security Official role for a **Practice organization**, identified by Taxpayer Identification Number (TIN).

With this Access	You CAN do this during the submission period	You CAN T do this during the submission period
Staff User or Security Official for a **Practice** (includes solo practitioners)	✓ Access information about eligibility and special status at the individual clinician and group level ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit data on behalf of your practice (as a group and/or individuals) ○ Includes Promoting Interoperability data for MIPS APM participants ✓ Submit opt-in elections on behalf of your practice (as a group and/or individuals) ✓ View data submitted on behalf of your practice (group and/or individual) ✓ View preliminary scoring for Part B claims measures (automatically calculated at the individual AND group level) reported throughout the performance period ○ This data will be updated during the submission period to account for claims received by CMS until March 1, 2021 ✓ View preliminary performance feedback for the group and individual clinicians	**X** View cost measures feedback (if applicable) ○ Cost data won't be available during the submission period) ○ PY 2020 note: Cost will be weighted at 0% for all MIPS eligible clinicians reporting as individuals due to the automatic EUC policy **X** View facility-based scoring for quality / cost (if applicable) ○ This won't be available until final feedback in July 2020 **X** View data submitted by your APM Entity • ***Example.*** If you're a Participant TIN in a Shared Savings Program ACO, you will not be able to view the quality data reported by the ACO through the CMS Web Interface **X** View data submitted by your virtual group (if your TIN is part of a CMS-approved virtual group)

Group vs Individual Reporting

As a group. You're reporting aggregated data for each performance category that represents all the clinicians in your practice (as appropriate to the measures and activities you've selected).

As individuals. You're reporting individual data for each performance category for each MIPS eligible clinician in the practice.

Reporting as a Group | Group Eligibility Refresher | Reporting as Individual Clinicians

Did you know?
The level at which you participate in MIPS (individual or group) applies to all performance categories. We will not combine data submitted at the individual and group level into a single final score.

For example:

- If you submit any data as an individual, you will be evaluated for all performance categories as an individual.
- If your practice submits any data as a group, you will be evaluated for all performance categories as a group.
- If data is submitted both as an individual and a group, you will be evaluated as an individual and as a group for all performance categories, but your payment adjustment will be based on the higher score.

EXCEPTION

When small practices report Medicare Part B Claims measures for their MIPS eligible clinicians, we will automatically calculate a quality score at the individual AND group level.

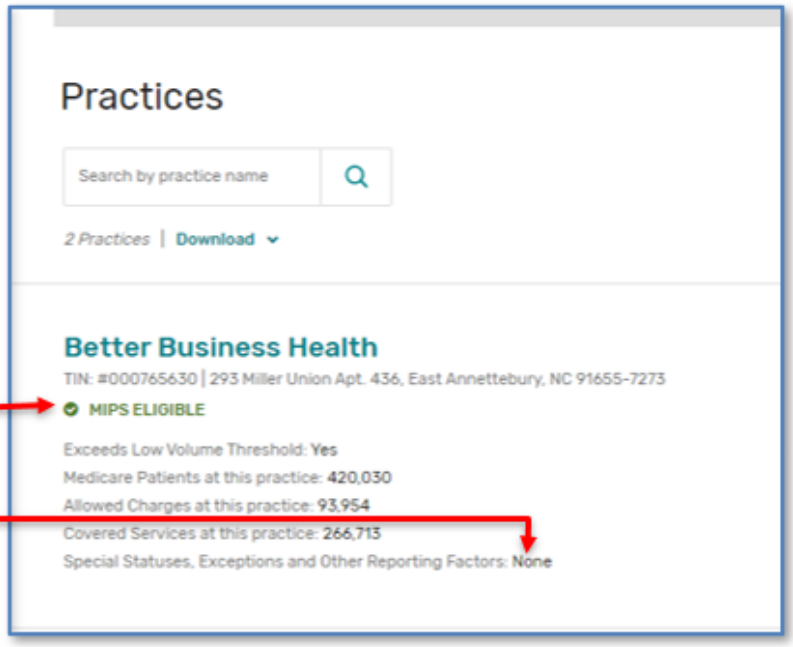
Reporting as a Group

When you report as a group, you're reporting aggregated data for each performance category that represents all the clinicians in your practice (as appropriate to the measures and activities you've selected).

From the Eligibility & Reporting page, you can view eligibility and special statuses at the practice level, which are applicable to group reporting.

Practice-level **eligibility** (applies to group reporting only)

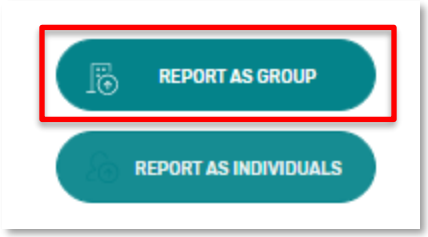
Practice-level **special statuses and exception applications** (applies to group reporting only)



Eligibility Refresher (Group Reporting)

You See	This Means
PRACTICE LEVEL (Applies to Group Reporting)	
MIPS ELIGIBLE	If you choose to report as a group, all of your MIPS eligible clinicians (including those who are individually below the low-volume threshold) will receive a payment adjustment based on your group submission
MIPS EXEMPT	You can choose to voluntarily report as a group, but none of your clinicians will receive a payment adjustment You will also see this status when your group was "opt-in eligible" and a practice representative or third-party (such as a QCDR or Qualified Registry) has made an election for your group to voluntarily report.
Opt-in Option: Opt-in eligible as group	Your practice isn't eligible for MIPS and your clinicians will not receive a MIPS payment adjustment from group reporting **unless** you make an election to Opt-In as a group. **No action is needed if you don't want to submit data.** If you want to submit group-level data, you will be prompted to make an election before you can submit data. • **Opt-In to MIPS** and your clinicians will receive a MIPS payment adjustment (even if no data is submitted) • **Voluntarily Report** and your clinicians will NOT receive a MIPS payment adjustment based on any data submitted
MIPS ELIGIBLE VIA OPT-IN	A practice representative or third-party (such as a QCDR or Qualified Registry) has made an election for your group to opt-in to MIPS. Your MIPS eligible clinicians will receive a payment adjustment.

If your practice is "**MIPS eligible"** or "**MIPS exempt"** as a group, clicking Report as a Group will take you the Reporting Overview page, where you can submit data or view data submitted on your behalf.



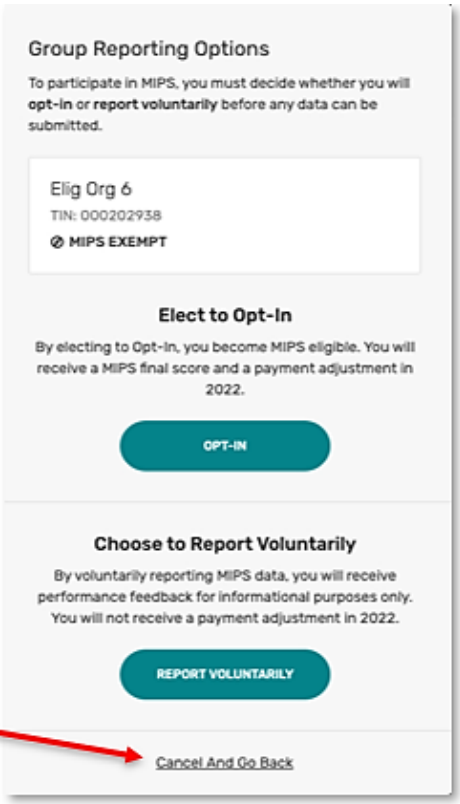
Opt-In Eligible

If your practice is "**opt-in eligible as a group**", you will be prompted to complete an election before you can submit any data.

Once made, this election cannot be changed.

- Select **Opt-In** if you're electing for the practice to receive a MIPS final score based on a group submission and for all MIPS eligible clinicians to receive payment adjustment, OR
- Select **Report Voluntarily** if you're electing for the practice to receive a MIPS final score based on a group submission, but no payment adjustment for the MIPS eligible clinicians based on the group's reporting

Don't want to submit group-level data? Select **Cancel and go back**



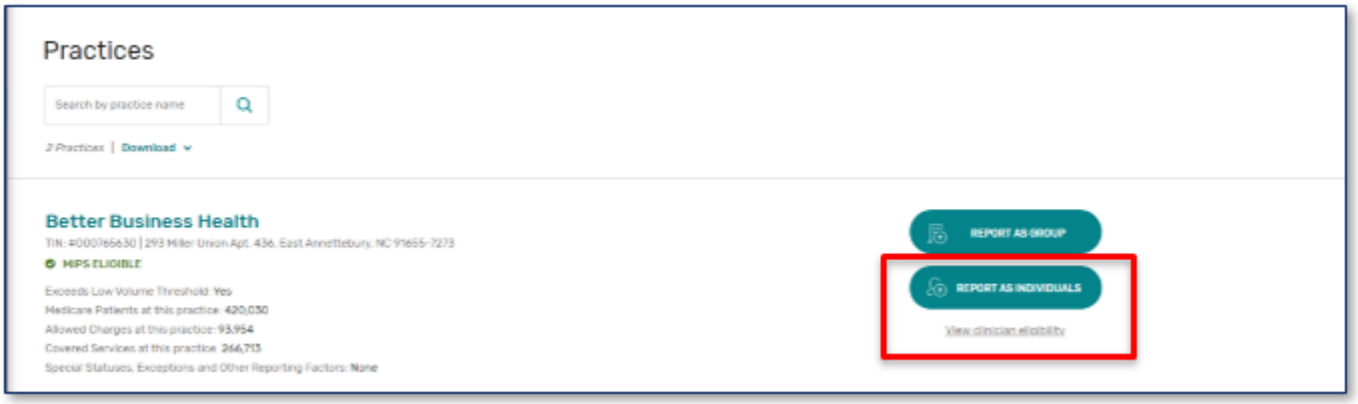
Review the 2020 MIPS Opt-In and Voluntary Reporting Election Toolkit for more information.

Reporting as Individuals

When you're reporting as individuals, you're reporting individual data for each performance category for each MIPS eligible clinician in the practice.

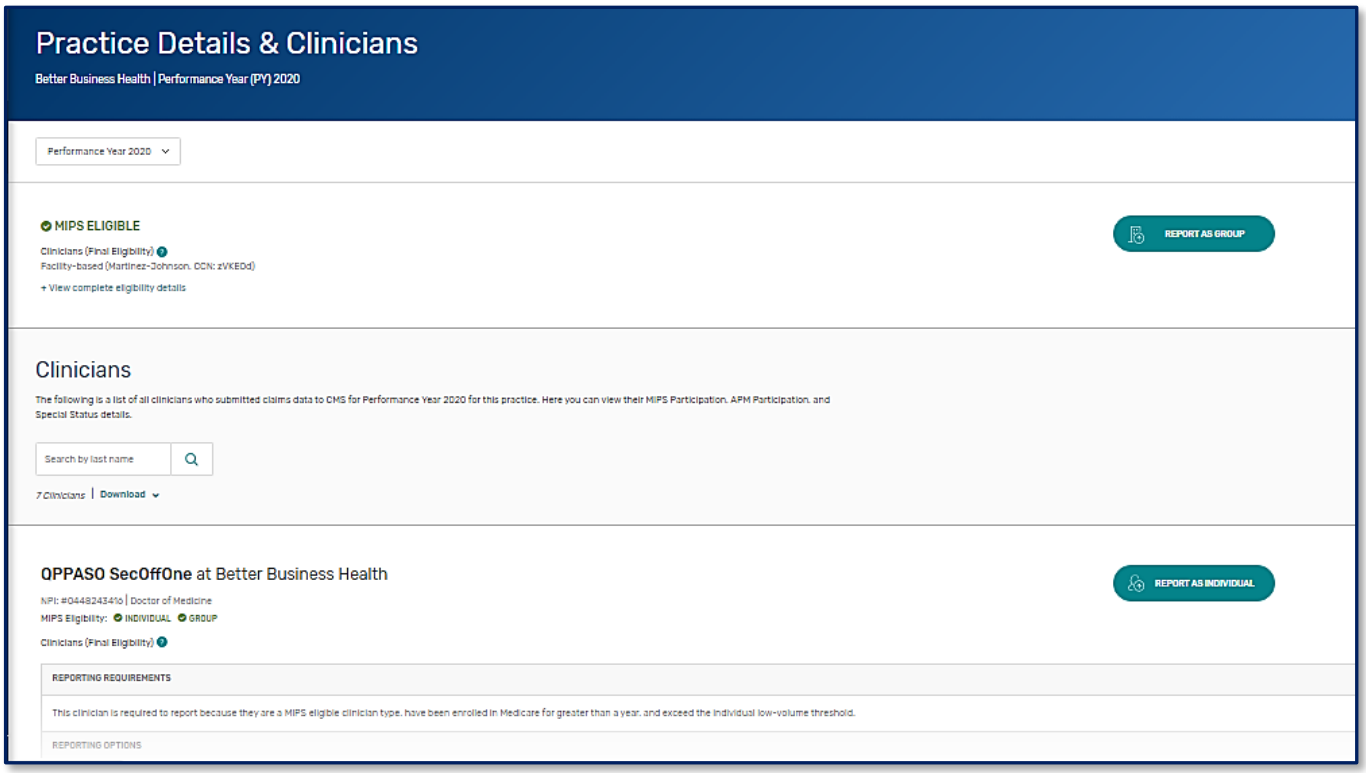
Users with access to their practice can view eligibility and special statuses at the individual level, which are applicable to the specific clinician for individual reporting.

Click **Report as Individuals** or **View Clinician Eligibility** (under the option to Report as Individuals) to access Practice Details and Clinicians.



This page displays the clinicians who (identified by National Provider Identifier, or NPI) billed services under your practice's TIN with **dates of service between October 1, 2019 and September 30, 2020** and received by CMS by October 30, 2020.

- This includes clinicians who left your practice and/or have terminated the reassignment of their billing rights to your practice's TIN in PECOS during this timeframe.



Did you know?

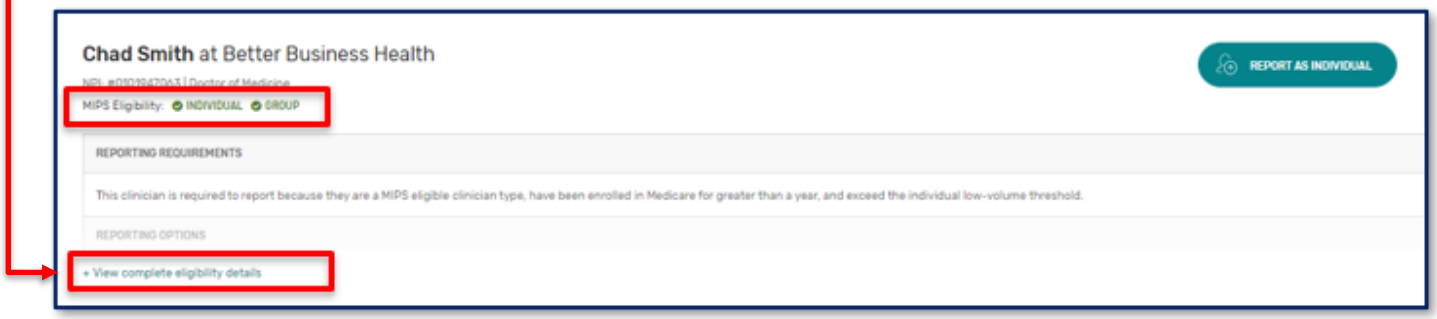
The following clinicians ***won't*** appear on [qpp.cms.gov](qpp.cms.gov) during the submission period:

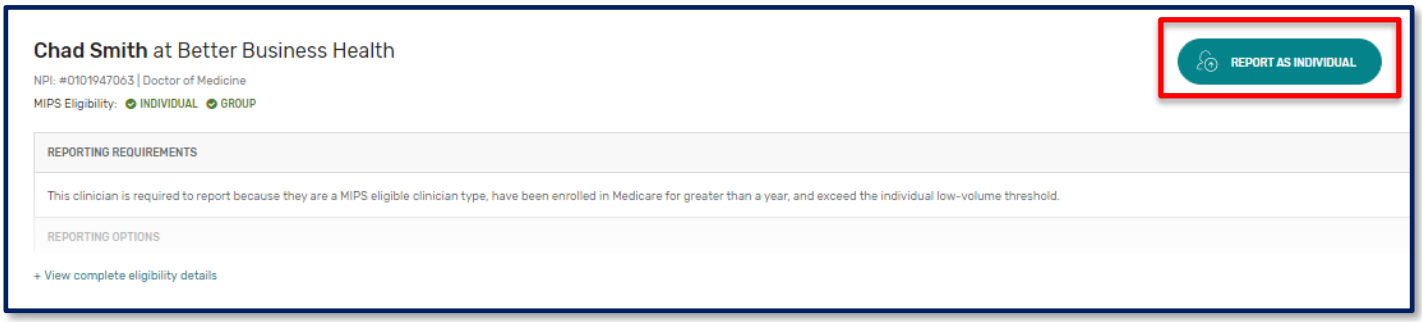
Clinicians who started billing for services under your Taxpayer Identification Number (TIN) between October 1 and December 31, 2020.

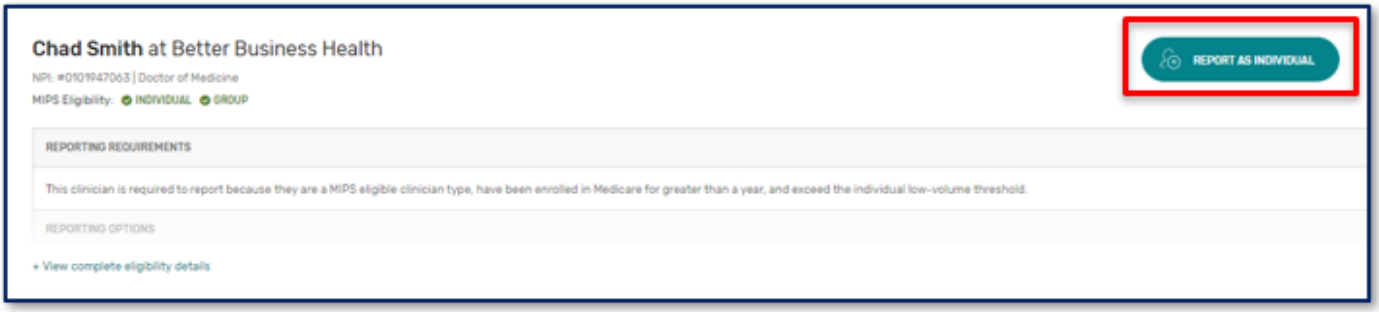
These clinicians will be added to your practice's downloadable Payment Adjustment CSV with final performance feedback in July 2021:

- They will receive a neutral MIPS payment adjustment if your practice reported as individuals; or
- They will receive a MIPS payment adjustment based on the group's final score (provided they are otherwise eligible for MIPS).

Each clinician will have an eligibility indicator at the individual and group level. If your practice is reporting as individuals, click **View complete eligibility details** to better understand the clinician's reporting requirements, reporting options and payment adjustment information.







If the clinician is "**MIPS eligible**" or "**MIPS exempt**" as an individual, clicking Report as Individuals will take you the Reporting Overview page, where you can submit data or view data submitted on your behalf.

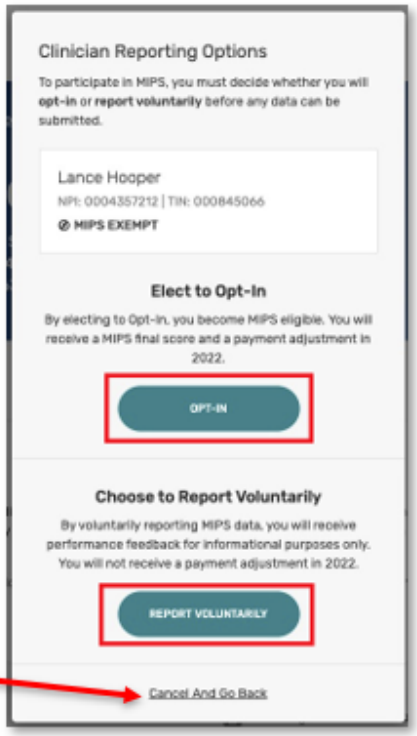
Opt-In Eligible

If the clinician is "**opt-in eligible as an individual**", you will be prompted to complete an election before you can submit any data.

Once made, this election cannot be changed.

- Select **Opt-In** if you're electing for the clinician to receive a MIPS final score and payment adjustment, OR
- Select **Report Voluntarily** if you're electing for the clinician to receive performance feedback, but no payment adjustment

Don't want to submit individual level data? Select **Cancel and go back**



Review the 2020 MIPS Opt-In and Voluntary Reporting Election Toolkit for more information.

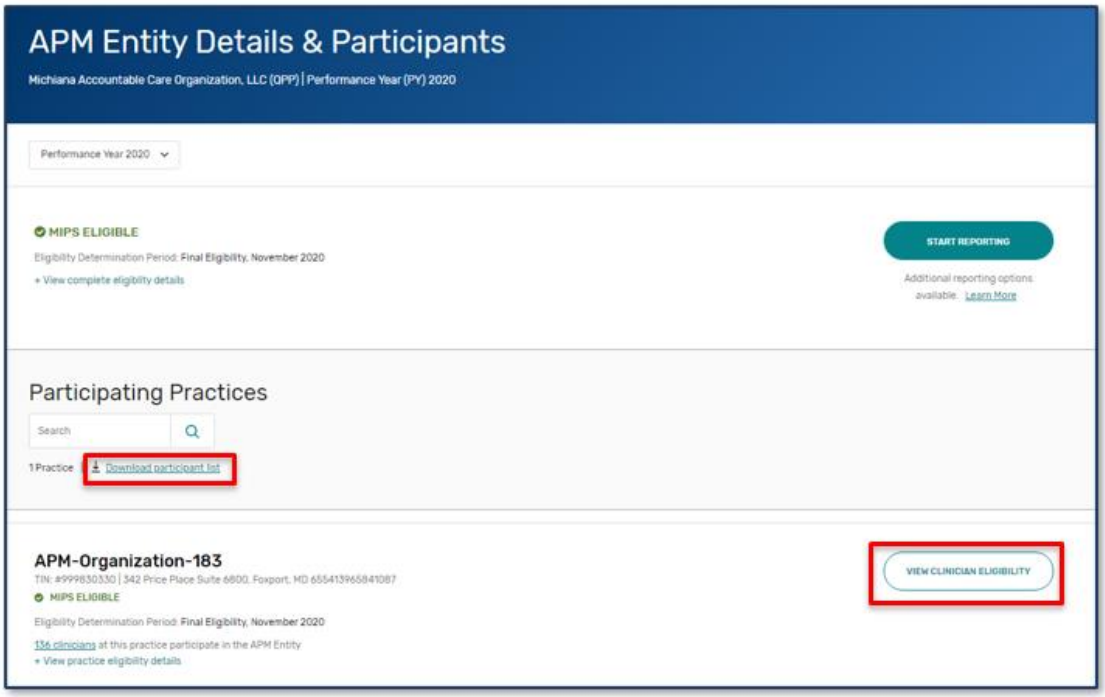
APM Entity Representatives

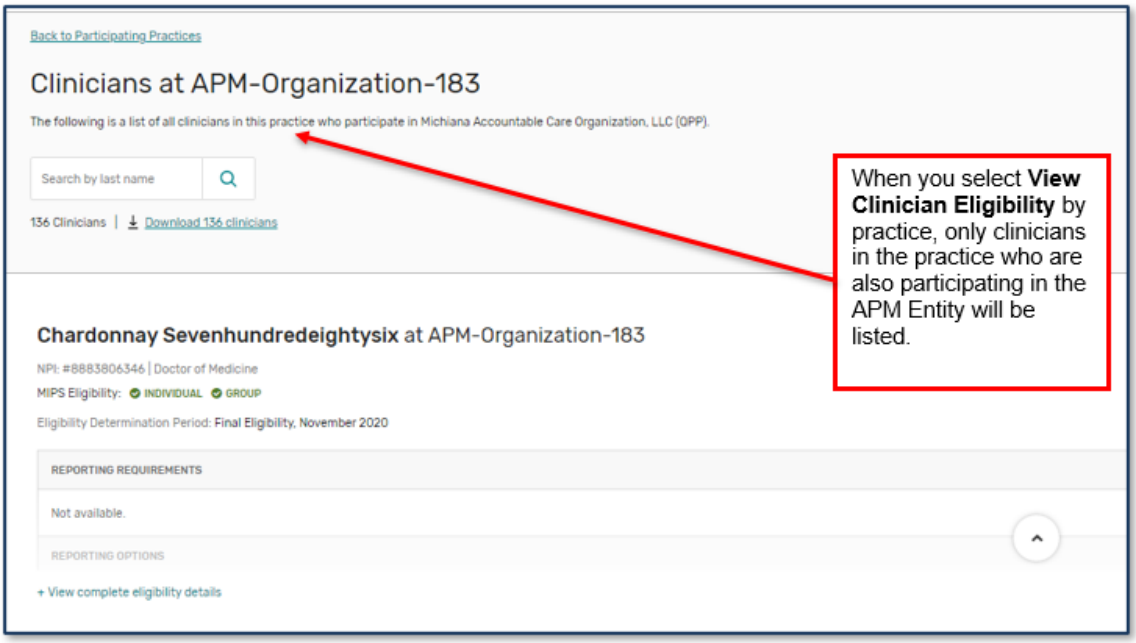
This section includes information for users with a Staff User or Security Official role for an **APM Entity organization**, identified by an APM Entity ID.

With this Access	You CAN do this during the submission period	You CAN T do this during the submission period
Staff User or Security Official for an **APM Entity**	✓ Access a list of the practices (TINs) and clinicians participating in the APM Entity ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit quality data through the CMS Web Interface (Shared Savings Program and Next Generation ACOs, or other registered APM Entities) ✓ Upload a QRDAIII file with your eCQM data (Comprehensive Primary Care Plus practice sites) ✓ Upload a file of APM Entity-level quality measure data (all MIPS APM Entities) ✓ View preliminary performance feedback on **quality** data submitted by or on behalf of the APM Entity ✓ View the automatic 50% reporting credit available to some MIPS APMs	X View the Promoting Interoperability data reported by clinicians and groups in your APM Entity X View quality data reported by clinicians and groups in your APM Entity

After signing in and clicking Eligibility & Reporting from the left hand navigating, users with access to their APM Entity can access a list of the clinicians participating in the Entity by clicking **View Participant Eligibility** beneath Start Reporting.

From the **APM Entity Details & Participants** page, you will be able to **download** a list of all your participants or **view** participants by Practice. This is a list of the clinicians identified as participating in your APM Entity on the 1st , 2nd or 3rd APM Snapshot dates (March 31, June 30, and August 31, 2020).





Submitting Quality Data

Some APM Entities are required to submit quality data to qpp.cms.gov to meet their model reporting requirements, while others may choose to submit quality data on behalf of their MIPS eligible clinicians.

<table>
<tr><th>Model</th><th>Required by model to report quality data on qpp.cms.gov as an Entity?</th><th>Does model required quality data count for MIPS under the APM scoring standard?</th><th>Can MIPS quality data be reported at the individual or group level?</th><th>Eligible for automatic 50% credit in MIPS quality performance category?</th></tr>
<tr><td>Medicare Shared Savings Program</td><td>Yes – CMS Web Interface</td><td>Yes</td><td>Only if the Entity doesn’t report</td><td>No</td></tr>
<tr><td>Next Generation ACO Model</td><td>Yes – CMS Web Interface</td><td>Yes</td><td>Only if the Entity doesn’t report</td><td>No</td></tr>
<tr><td>Comprehensive Primary Care Plus</td><td>Yes – eCQMs (via QRDAIII file upload)</td><td>No</td><td rowspan="8">Yes

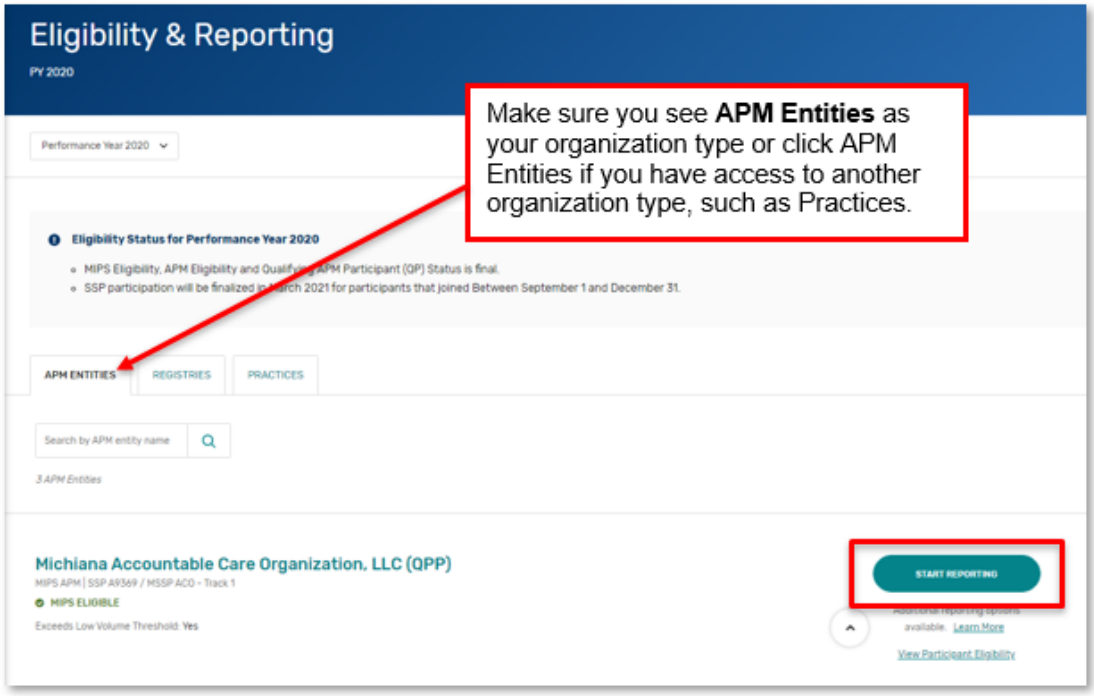
Data can be reported by the Entity or individuals and groups participating in the Entity.

When data is reported by individuals or groups, we calculate a weighted average quality score that applies to all clinicians in the Entity.</td><td rowspan="8">Yes

MIPS eligible clinicians in these models automatically receive 50% credit in the MIPS quality performance category even if no quality data is submitted.</td></tr>
<tr><td>Oncology Care Model (OCM)</td><td colspan="2" rowspan="7">No</td></tr>
<tr><td>Comprehensive End-Stage Renal Disease (ESRD) Care (CEC) Model</td></tr>
<tr><td>Independence at Home (IAH) Demonstration</td></tr>
<tr><td>Bundled Payments for Care Improvement (BPCI) Advanced Model</td></tr>
<tr><td>Maryland Total Cost of Care - Primary Care Program</td></tr>
<tr><td>Vermont All-Payer ACO (VT ACO) Model</td></tr>
</table>

When reporting quality data on behalf of the entire APM Entity, users with the Staff User or Security Official role for the APM Entity sign in to qpp.cms.gov and click Start Reporting in the middle of the page or Eligibility & Reporting on the left hand navigation.

From the Eligibility & Reporting page, select **Start Reporting** next to the appropriate APM Entity organization.



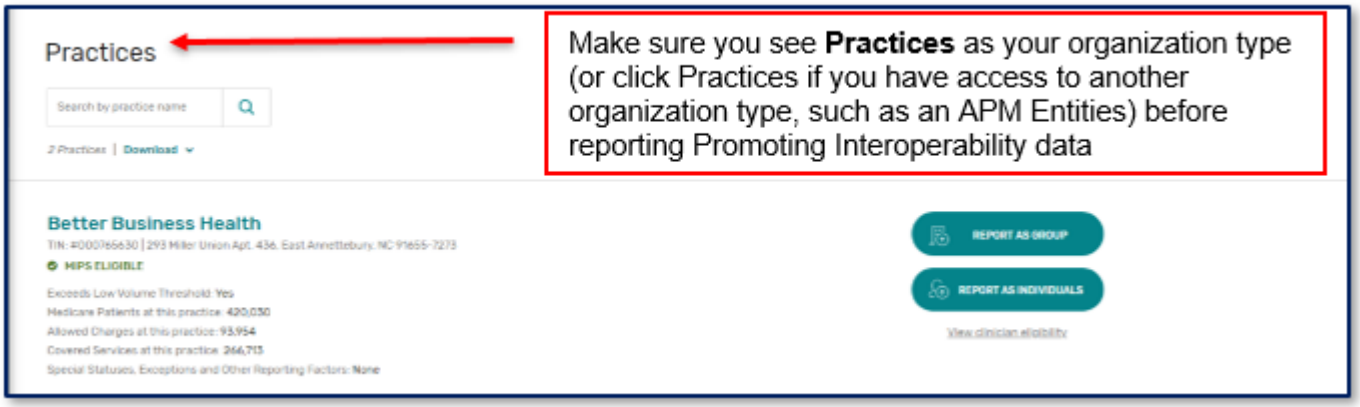
- Medicare Shared Savings Program ACOs and Next Generation ACOs will be taken to the CMS Web Interface.
- APM Entities in other models that registered for the CMS Web Interface will have the option of going to the CMS Web Interface or uploading a JSON file of eCQM or MIPS CQM data.
- APM Entities that didn't register for the CMS Web Interface will go directly to the Reporting Overview page.
- CPC+ Practice Sites reporting quality data at the Entity level for CPC+ **and** for MIPS will need to submit 2 files of quality data:
    - A QRDAIII file with the CPC+ eCQMs and "CPCPLUS" program name; and
    - A second file (QRDAIII or QPP JSON) with quality measures and the appropriate MIPS program name.
    - For more information, please refer to the 2020 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals on the eCQI Resource Center

Submitting Promoting Interoperability Data

Promoting Interoperability measures are reported at the individual or group level for eligible clinicians scored in MIPS under the APM scoring standard.

This performance category **can't** be reported by the Entity.

From the Eligibility & Reporting page, users with a Staff User or Security Official role for the Practice organization will select **Report as a Group** or **Report as Individuals** next to the appropriate Practice organization. This data can't be reported by users who only have access to the APM Entity organization.



Submitting Improvement Activity Data

Clinicians scored in MIPS under the APM scoring standard automatically receive full credit in the improvement activities performance category. No data submission required.

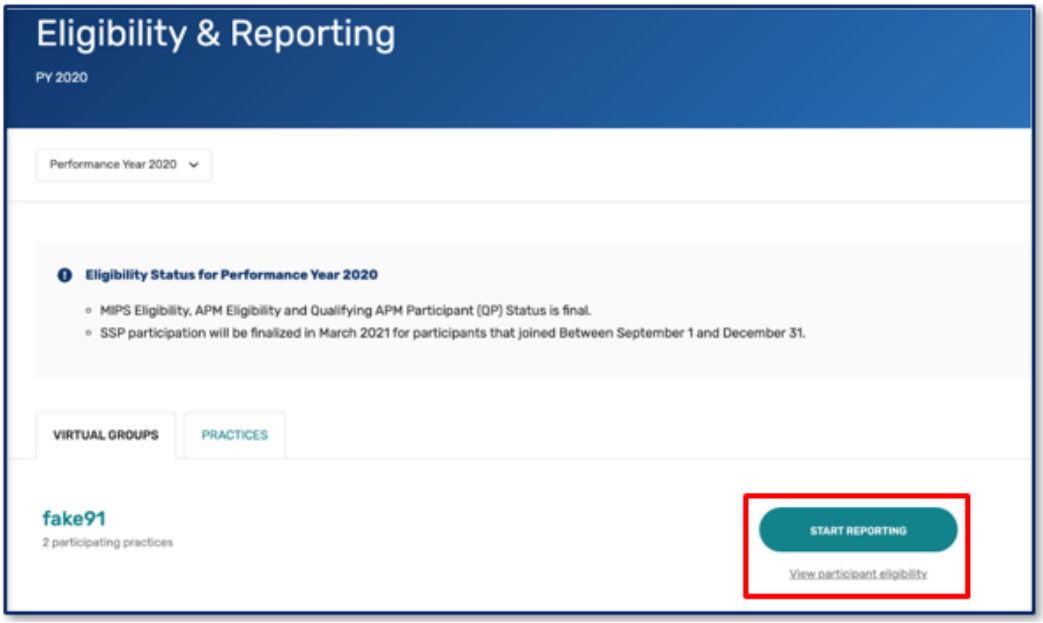
Virtual Groups

This section includes information for users with a Staff User or Security Official role for a **Virtual Group organization**, identified by Virtual Group ID.

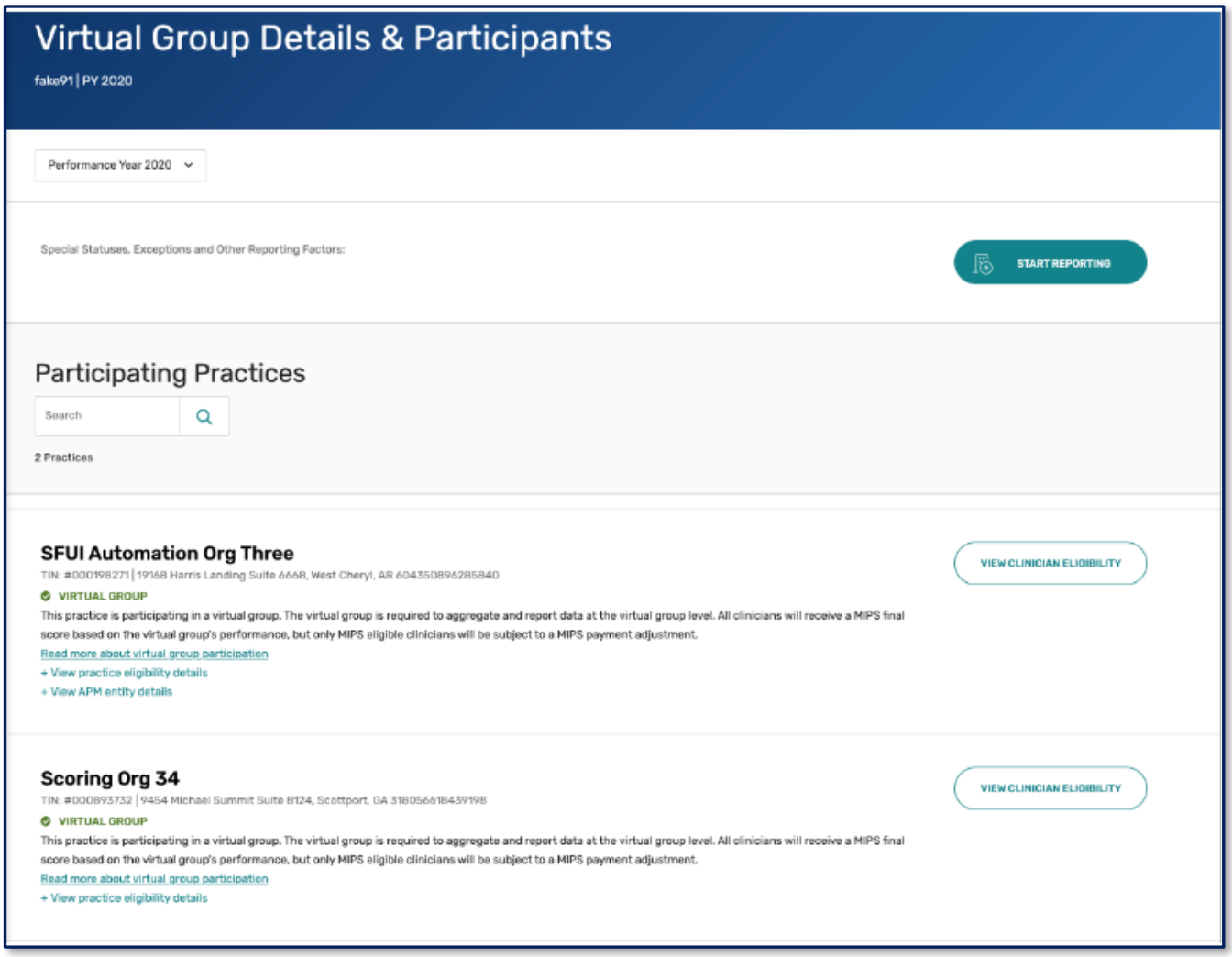
With this Access	You CAN do this during the submission period	You CAN T do this during the submission period
Staff User or Security Official for a **Virtual Group**	✓ Access information about the practices (TINs) and clinicians participating in the virtual group ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit data on behalf of your virtual group ✓ View data submitted on behalf of your virtual group View performance feedback for the virtual group	X View your cost feedback (if applicable) ○ Cost data won't be available during the submission period X View data submitted by individuals or practices in your virtual group (such data wouldn't count towards scoring and would only be considered a voluntary submission)

From the Eligibility & Reporting page, users with access to their virtual group can review any **special statuses and other reporting factors** attributed to the virtual group.

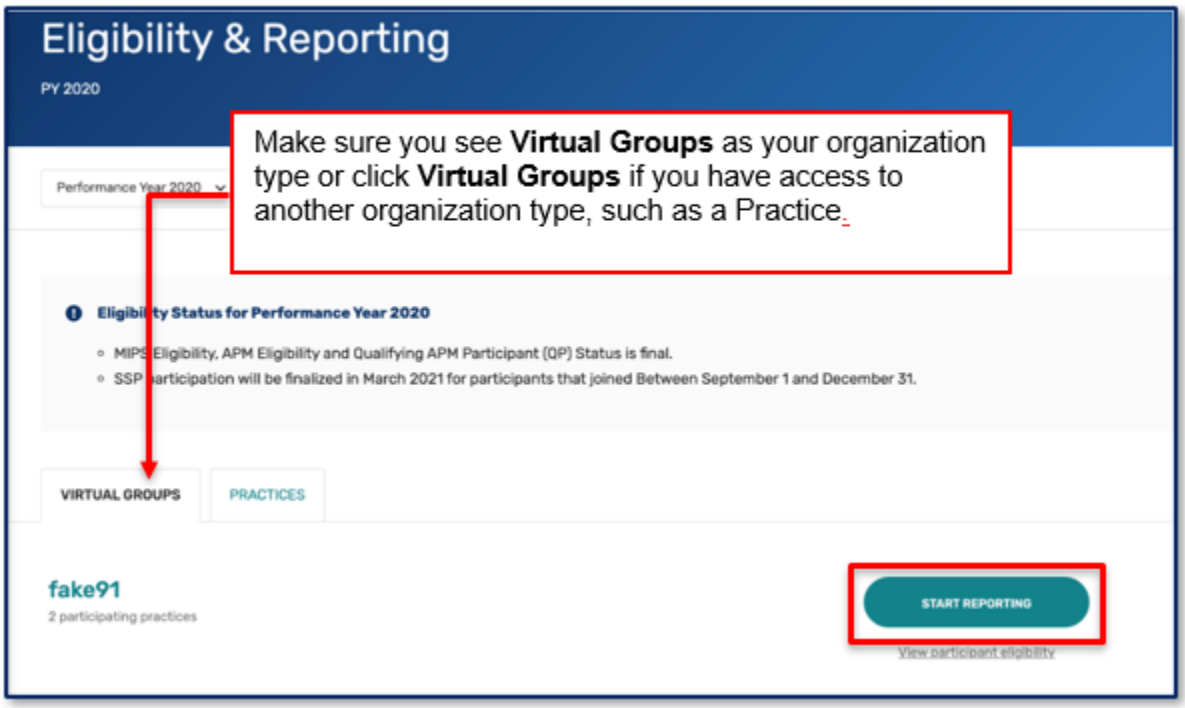
They can also access a list of the practices and clinicians participating in the virtual group by selecting **View participant eligibility.**



From the Participating Practices page, you can access a list of clinicians in each participating practice but can't download a list of all clinicians participating in the virtual group.



From the Eligibility & Reporting page, select **Start Reporting** next to the appropriate Virtual Group organization.



Did you know?
Data submitted on behalf of a Virtual Group (aggregated across TINs) doesn't satisfy reporting requirements for clinicians scored under the APM scoring standard.

Data submitted by Practices participating in the Virtual Group will be considered voluntary reporting (both individual and group submissions).

Appendix A offers helpful information about Virtual Group access.

Reporting Overview Page

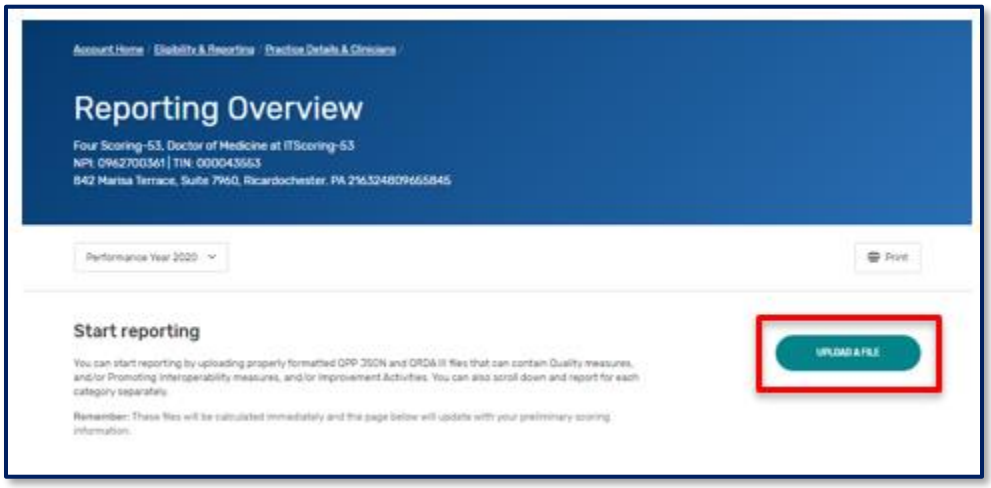
Users will arrive the Reporting Overview after they click start reporting (virtual groups, APM Entities) or Report as Group/Individuals (practices). From here you will be able to:

- Upload a file
- View the Preliminary Total Score
- View preliminary performance category scores and weights
- Access previously submitted data (by you or a third party)

EXCEPTION: Shared Savings Program and Next Generation ACOs are taken directly to the CMS Web Interface for their required quality reporting instead of the Reporting Overview page.

Upload a File

You can upload a Quality Reporting Data Architecture Category III (QRDA III) or QPP JavaScript Object Notation (JSON) file with data for any or all performance categories by selecting Upload a File.



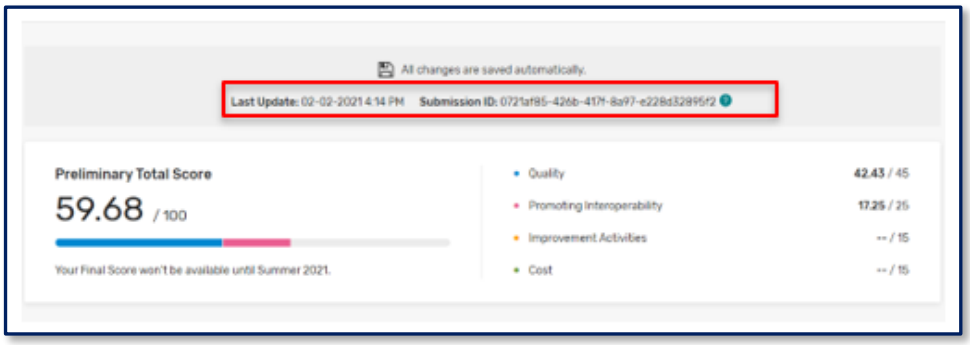
Once you've uploaded your file, you will see an indicator of success or error.

Download your error report to review the specific errors in your file.

A	B	C	D	E
File N	Size	Timestamp	Status	Message
MIPS	469.8 KB	2021-02-08T19:56:5	Upload Failed	SV - performanceEnd must be after or the same as the performanceStart date - null
MIPS	469.8 KB	2021-02-08T19:56:5	Upload Failed	SV - performanceEnd must match the submission's performanceYear - null
MIPS	469.8 KB	2021-02-08T19:56:5	Upload Failed	SV - performanceStart must match the submission's performanceYear - null

Preliminary Total Score

You will see a Preliminary Total Score based on data submitted to date (by you and/or a third party). This preliminary score will update as new data is submitted.



On each page, you'll see the most recent date that data was updated for the individual, group or virtual group (by you and a third party).

You will also see a **Submission ID**. This unique identifier is associated with all data submitted by and/or on behalf of each clinician, group and virtual group.

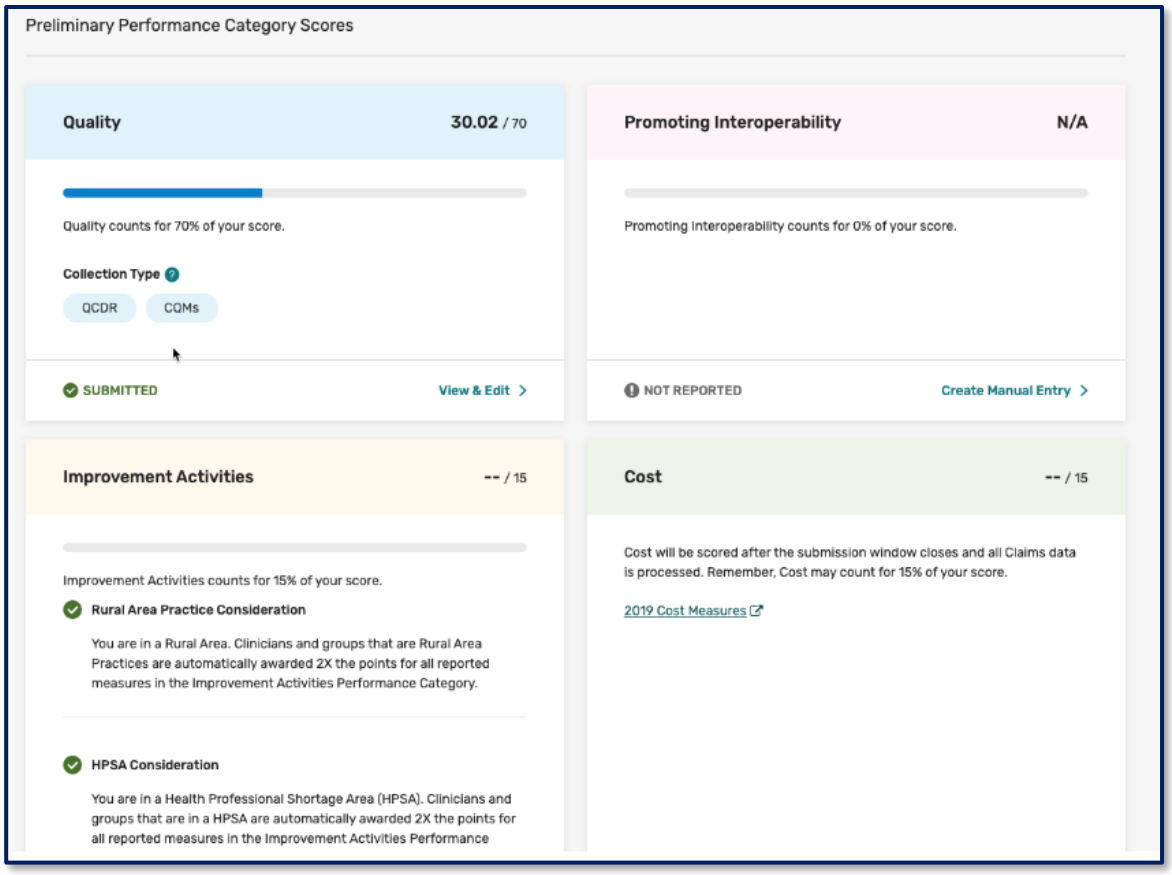
Preliminary Performance Category Scores and Weights (Practice and Virtual Group Users)

You will see your preliminary scores and the current weight for each performance category, any special statuses that impact your reporting requirements, along with an indicator of whether data has been submitted.

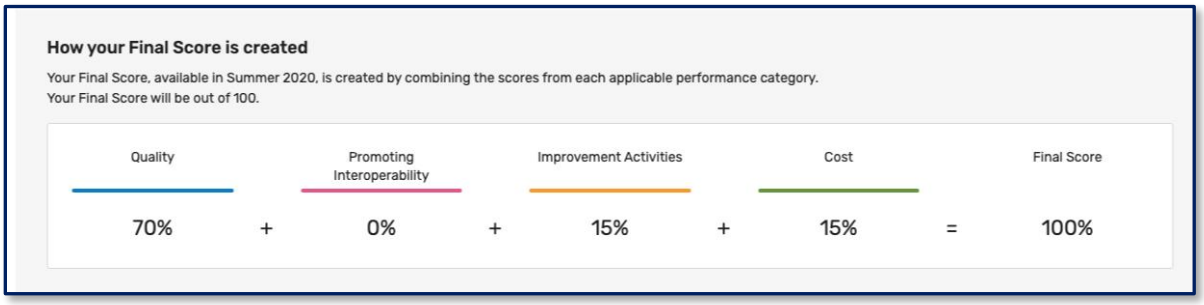
Did you know?

Preliminary Quality Scores will not reflect CMS Web Interface submissions until all measures have met data completeness requirements.

If you see a weight of 0% for any performance category (displayed as "N/A"), you can still submit data, but you will be asked to confirm that you wish to continue as this will override your reweighting.

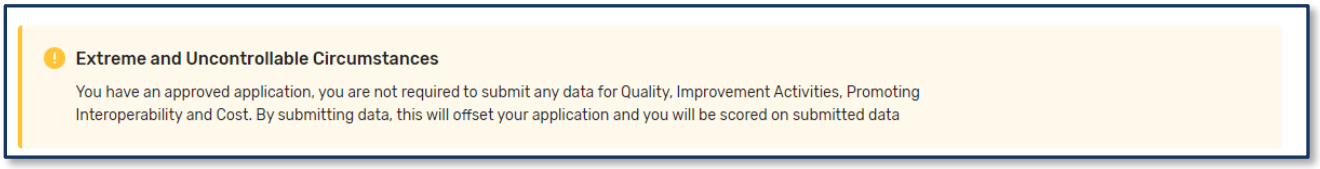


Further down the page, you will also see a breakdown of the current weights of each performance category.

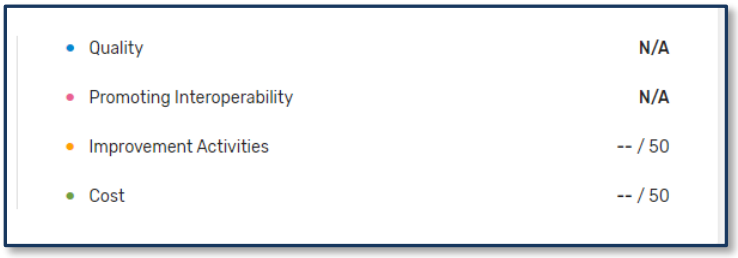


Extreme and Uncontrollable Circumstances Applications (Practice and Virtual Group Representatives)

If you have an approved application due to extreme and uncontrollable circumstances (EUC), such as the COVID-19 public health emergency, you will see a banner on the Reporting Overview page indicating this. (You'll see the same banner on the Reporting Overview page for all individual clinicians due to the automatic EUC policy.) As you scroll down the page, you will see "N/A" as the weight for any category included in the approved application for which you **haven't** submitted data.



If data has been submitted for a performance category included in an approved application (or a performance category wasn't included in the application, you will see the performance category's weight and preliminary scoring information).

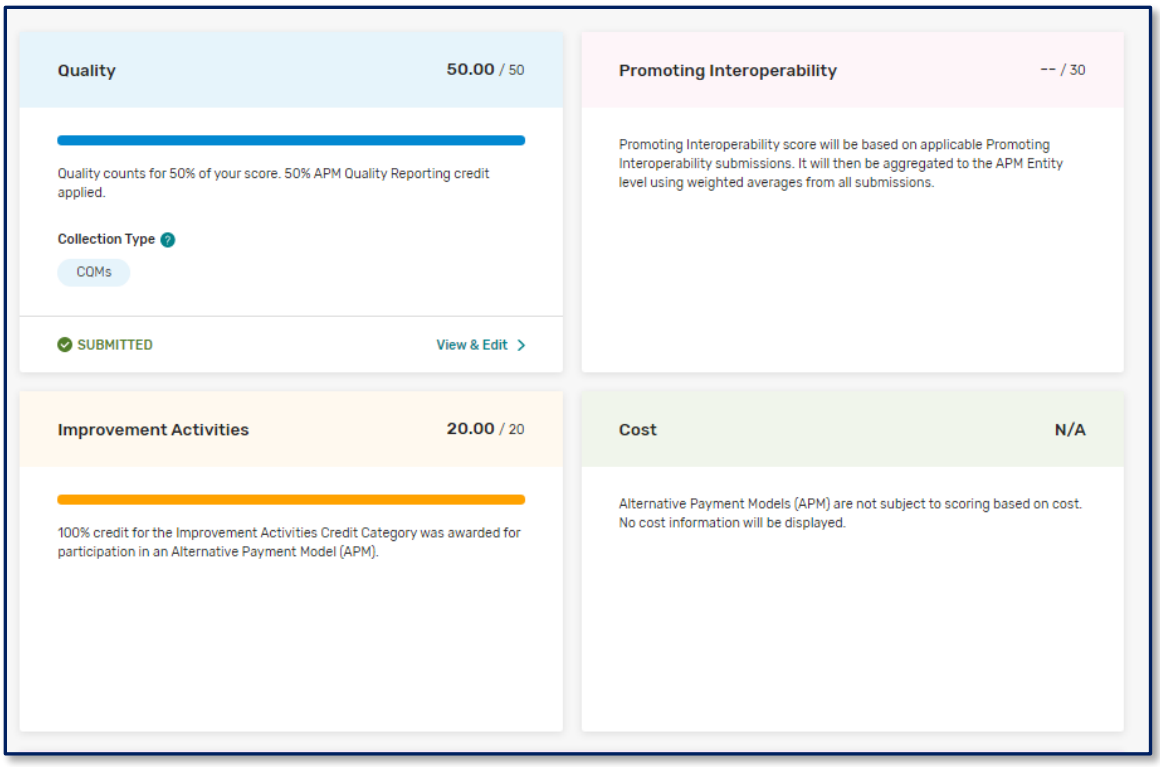


Preliminary Performance Category Scores and Weights (non-ACO APM Entity Users)

You will see performance category weights and information reflecting the APM scoring standard:

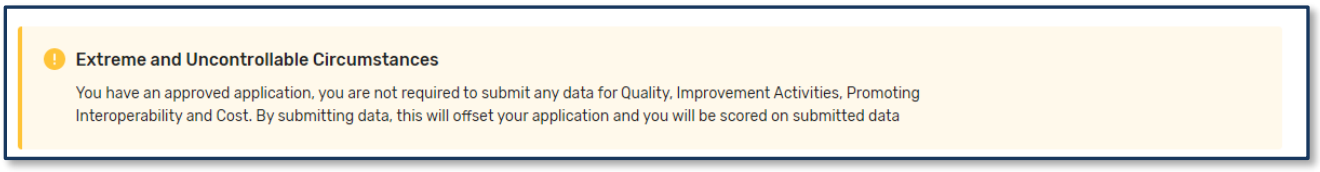
- 50% weight for the quality category.
- 50% APM quality reporting credit and preliminary scoring for any quality measures submitted by or on behalf of the Entity.
- 20% weight for the improvement activities performance category.
- 100% improvement activities credit for your APM participation.
- 30% weight for the Promoting Interoperability performance category.
- No weight for the cost performance category.

You ***won't*** see any quality or Promoting Interoperability data submitted by or on behalf of individuals or groups during the submission period.



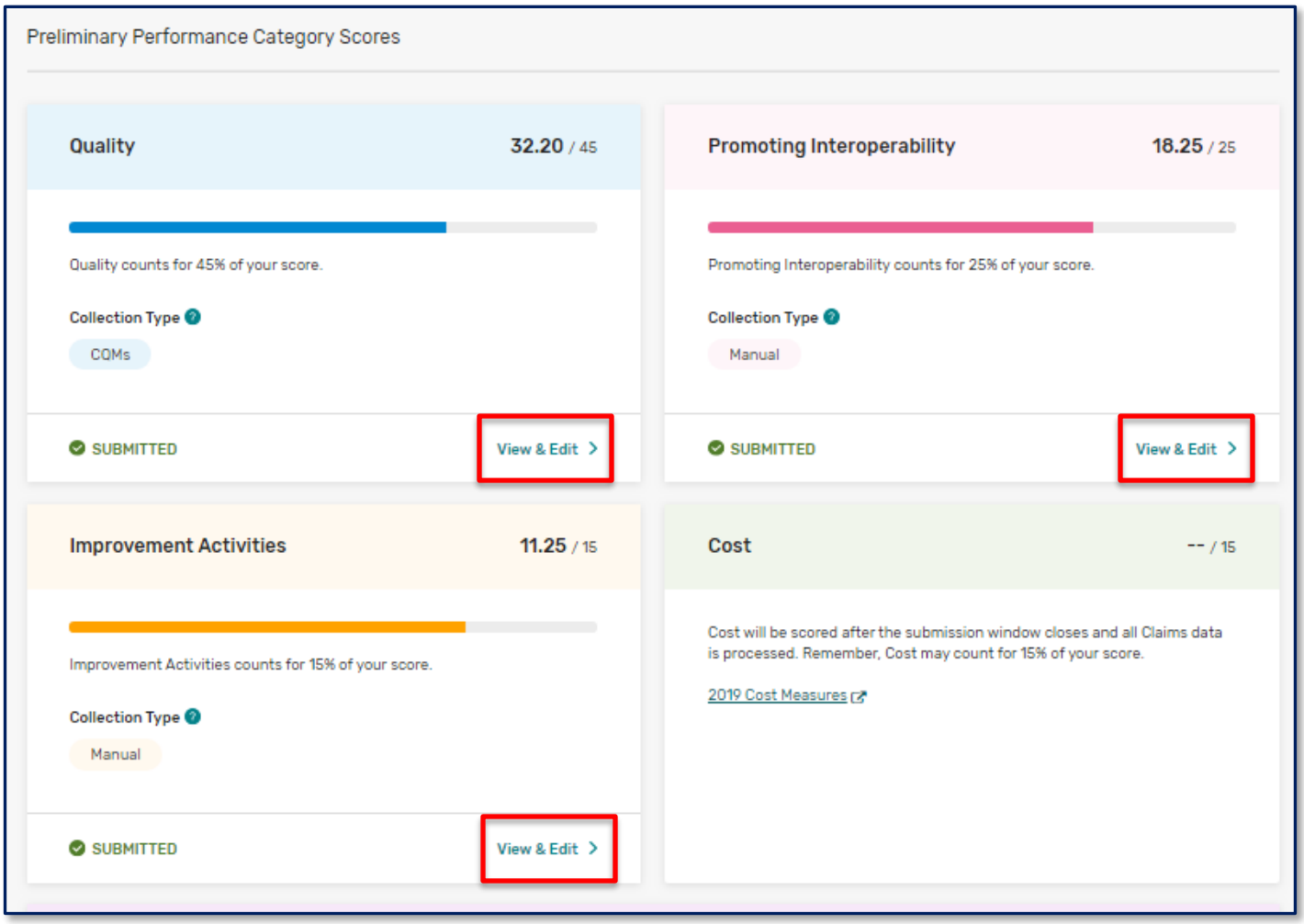
Extreme and Uncontrollable Circumstances Applications (APM Entity Representatives)

If you have an approved application due to extreme and uncontrollable circumstances, such as the COVID-19 public health emergency, you will see a banner on the Reporting Overview page indicating this (similar to the one below). As you scroll down the page, you will see "**N/A" as the weight for all performance categories**, even if you've submitted data.



Access Previously Submitted Data

Click **View & Edit** to access details about the data that's already been submitted for a performance category.

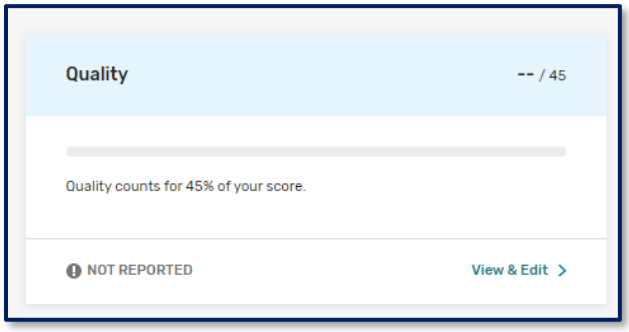

Preliminary Performance Category Scores
Quality
32.20 / 45
Quality counts for 45% of your score.
Collection Type
CQMs
SUBMITTED
View & Edit
Promoting Interoperability
18.25 / 25
Promoting Interoperability counts for 25% of your score.
Collection Type
Manual
SUBMITTED
View & Edit
Improvement Activities
11.25 / 15
Improvement Activities counts for 15% of your score.
Collection Type
Manual
SUBMITTED
View & Edit
Cost
-- / 15
Cost will be scored after the submission window closes and all Claims data is processed. Remember, Cost may count for 15% of your score.
2019 Cost Measures

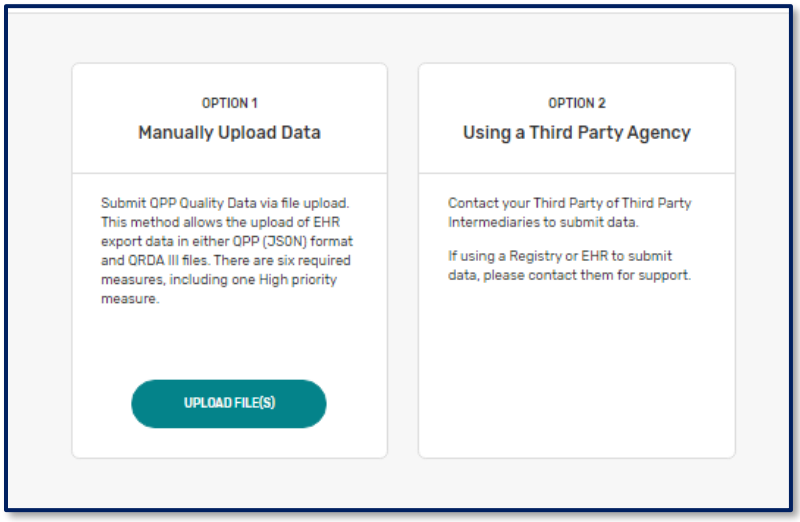
Submitting and Reviewing Quality Data

Upload Your Quality Measures | Review Previously Submitted Data | Measures w/o Historical Benchmarks
Submitting Fewer than 6 Measures | Preliminary Quality Score Calculation

Upload Your Quality Measures

You can upload files for any or all performance categories from the Reporting Overview page. Alternately, if no quality data has been reported, you can upload your own QRDA III or QPP JSON file with your eCQMs or MIPS CQMs by clicking **View & Edit** in the Quality section of the Reporting Overview and then **Upload File(s)**:





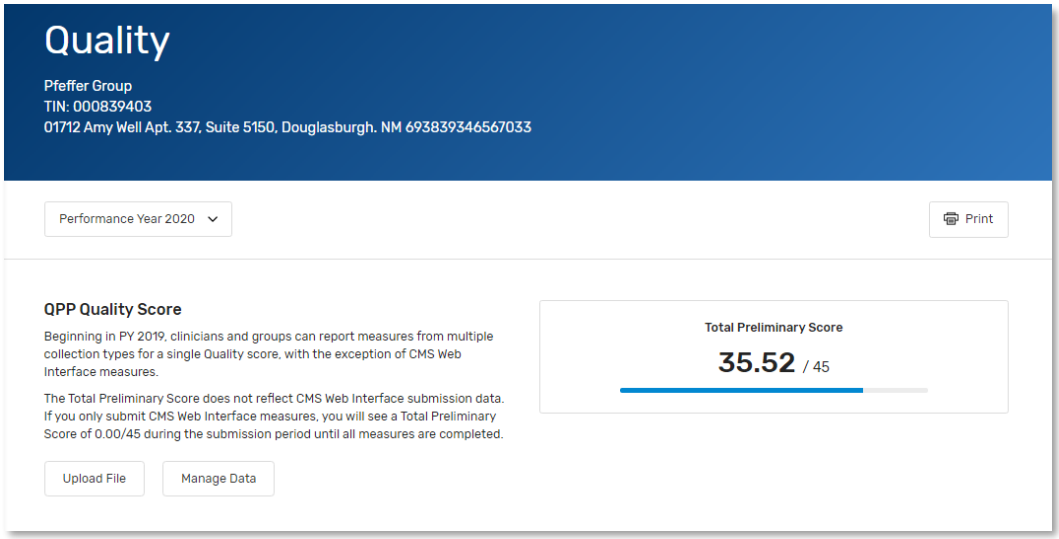
Once quality measures have been submitted, you will need to upload new files from the Reporting Overview page.

Having trouble uploading your QRDAIII file?

Skip ahead to the troubleshooting section of this guide.

Review Previously Submitted Data

From the Reporting Overview, click **View & Edit** in the Quality section to access the Quality details page.



During the submission period, this page will reflect:

- Medicare Part B Claims Measures reported by clinicians in a small practice throughout the performance period (available February 2021), and
- eCQMs or MIPS CQMs that you have uploaded directly or were submitted by a third party (such as a Qualified Registry or QCDR), and
- QCDR measures submitted on your behalf by a QCDR

Medicare Part B Claims Measures

Only clinicians in small practices (fewer than 16 clinicians) can report Medicare Part B Claims measures. If you don't see your preliminary scores for Part B claims measures, check the QPP Participation Status lookup tool to see if you have the small practice special status.

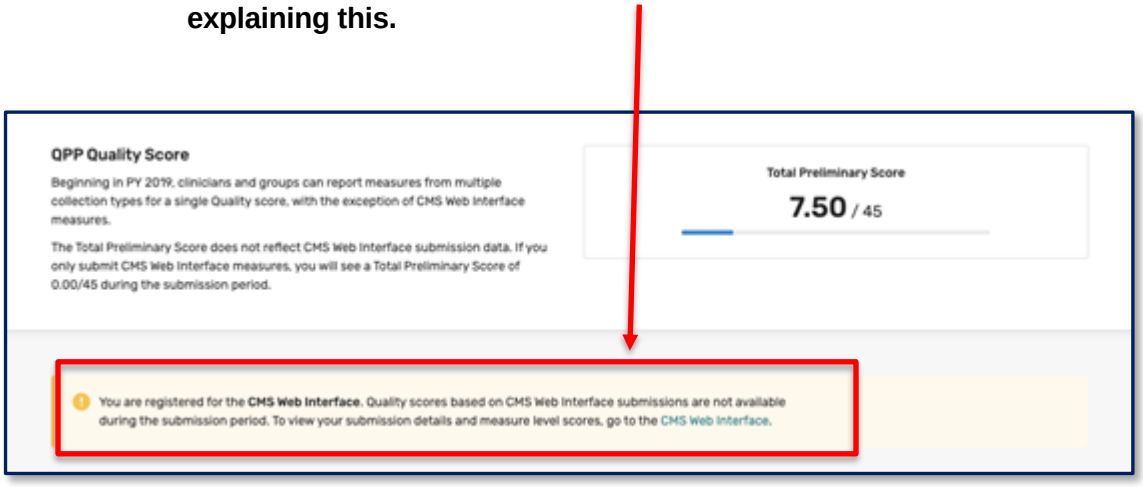
We are still working to display preliminary claims measure results for clinicians and groups who opted in. We anticipate claims measure results will be available in February.

We automatically calculate a quality score at the individual and group level based on Part B claims measures submitted by clinicians in a small practice.

We intend to update preliminary Part B claims measure scores on a monthly basis during the submission period (to account for the 60-day run out period for claims measure processing).

During the submission period, this page will NOT reflect:

- Scoring for the CAHPS for MIPS survey measure.
- Measures reported through the CMS Web Interface **until all measures meet data completes requirements**.
    - **Groups and virtual groups that are registered for CMS Web Interface will see a message explaining this.**

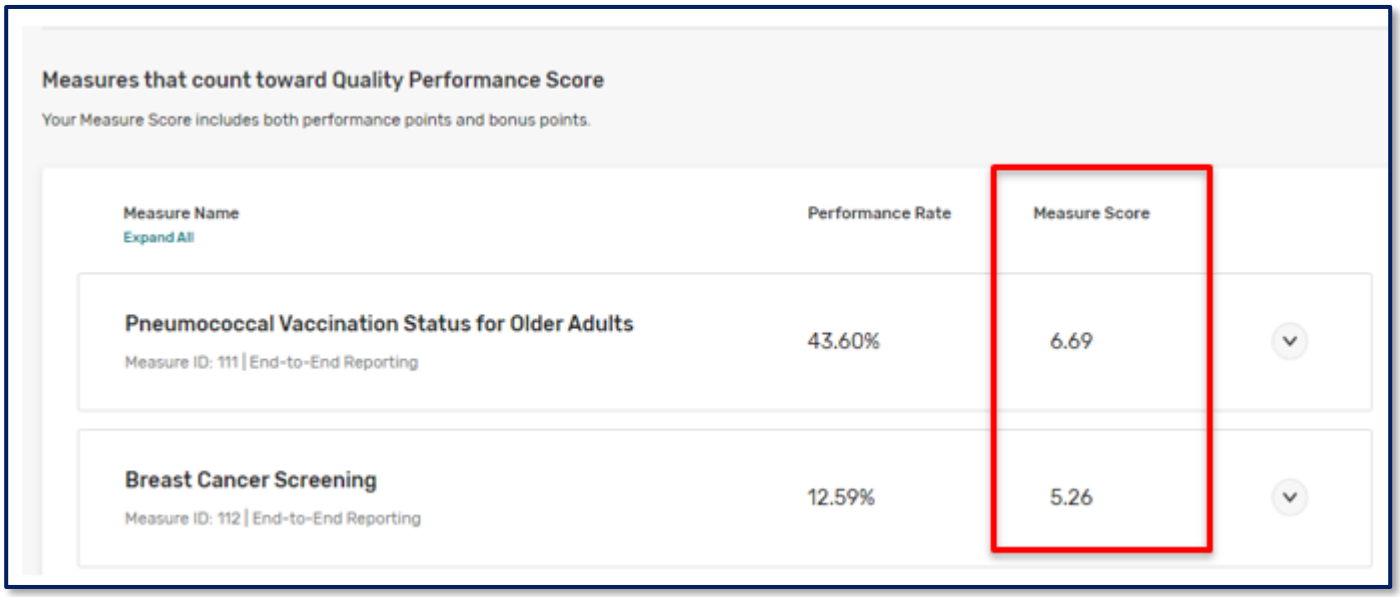


The All-Cause Hospital Readmission Measure
UPDATE 2/25/2021: For the 2020 performance period, groups and virtual groups with 16 or more eligible clinicians were to be scored on the All-Cause Hospital Readmission measure if they met the case minimum of 200 patients for the measure. However, CMS is suppressing the All-Cause Hospital Readmission Measure under MIPS for the 2020 performance period. This means the measure will not be scored or be attributed to a group or virtual group's quality performance category score. For more information on the 2020 suppressed measures, please refer to the 2020 Suppressed MIPS Quality Measures fact sheet.

Measure Information

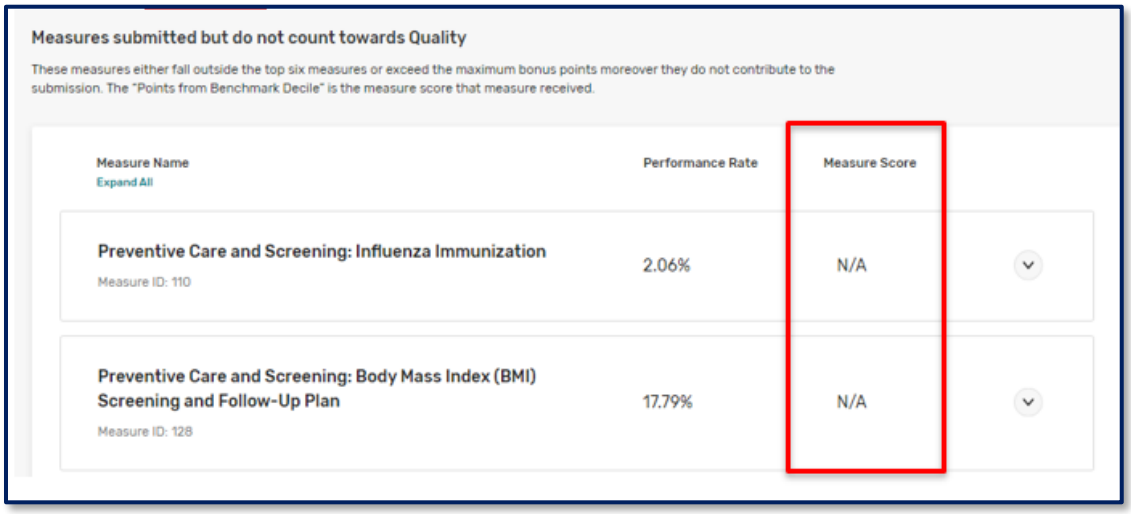
Measures may be divided into 3 groups:

1. Measures whose performance points and bonus counts count toward your Quality performance category score. The measure score will display the sum of your performance and bonus points.



2. Measures whose bonus points contribute to your Quality performance category score. You will see the bonus points earned by these measures.

3. Measures that contribute no points to your Quality performance category score. You will see an “N/A” in the measure score.



In addition to the required outcome measure (or high priority measure if no outcome measure is available), we will use your 5 highest scoring measures across collection types to determine your Quality performance category score.

- For example, a small practice may report 3 measures by claims and upload a QRDA III file with 3 eCQMs to meet the requirement of submitting 6 measures.

If you submit the same measure through multiple collection types, we will use the collection type that earned the most performance points.

Exception: We will only combine CMS Web Interface measures with the CAHPS for MIPS survey measure. If you report through the CMS Web Interface and report measures from other collection types (such as eCQMs or QCDR measures), we will use whichever results in a higher quality score – either your CMS Web Interface measures OR those submitted through other collection types.

What's a collection type?

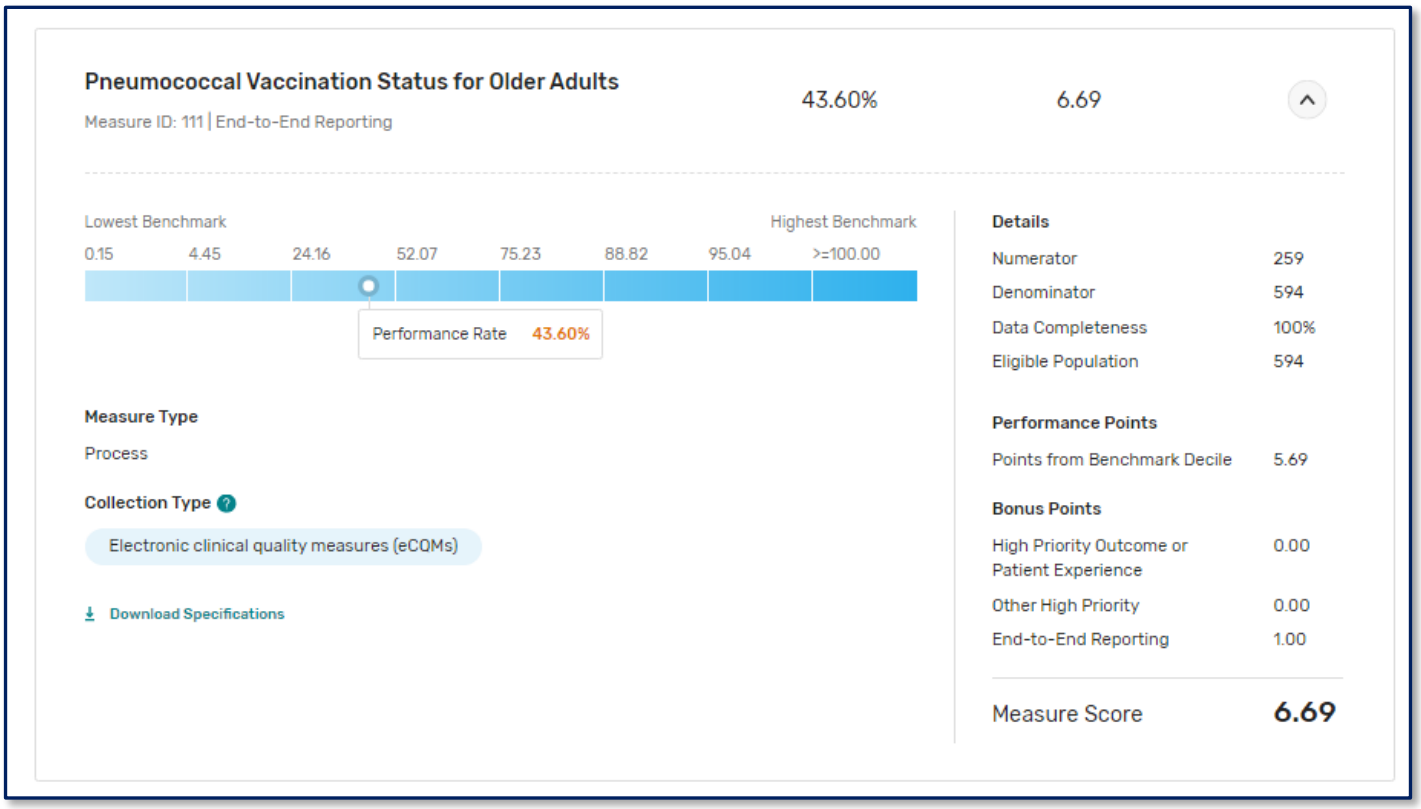
A collection type refers to a set of quality measures with comparable specifications and data completeness requirements. The same measure may be reported through multiple collection types, where each collection type has a distinct measure specification for collecting the data and calculating the measure.

For example, Measure 130 (Documentation of Current Medication in the Medical Record) may be reported as:

- A Medicare Part B Claims Measure
- A MIPS Clinical Quality Measure (MIPS CQM)
- An Electronic Clinical Quality Measure (eCQM)

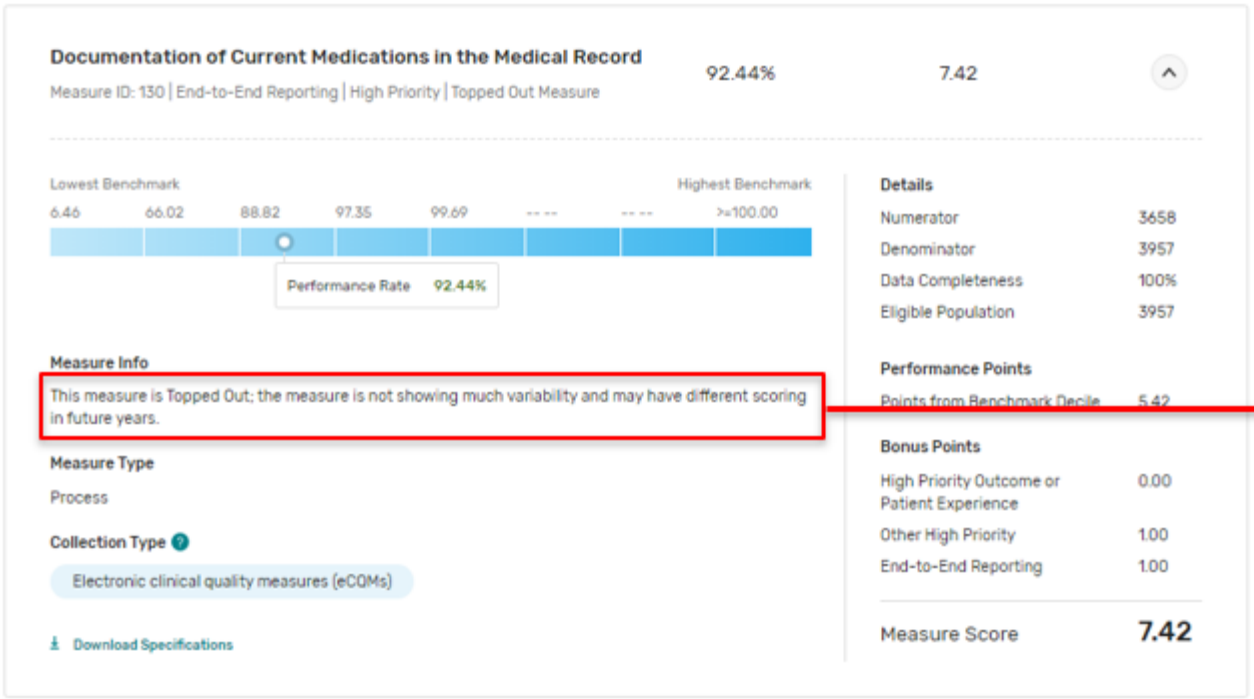
To view measure details, click the down arrow on the right side of the measure information:

From here, you will see performance points (those earned by comparing your performance to a historical benchmark), bonus points, and other scoring details about the measure:



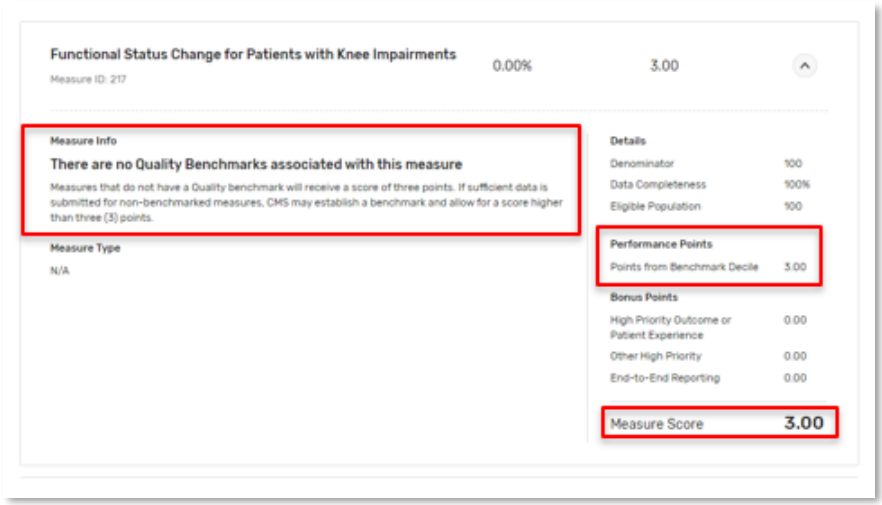
Topped Out Measures

A topped out measure is one where performance is high with little variation among those reporting the measure – a topped out process measure is defined as a measure with a median performance rate of 95% or greater (or 5% or less, for inverse measures).



Did you know?
Not all topped out measures are capped at 7 points. To be capped at 7 points, the measure must be in its second (or third or fourth) consecutive year of being topped out through the same collection type. (Refer to the "Seven point cap" column in the 2019 Quality Benchmarks file.

Measures without a Historical Benchmark



If you report a measure without a historical benchmark, you will see **3 performance points** provided the measure met data completeness and case minimum requirements.

If we can calculate a performance period benchmark, we will update the measure's performance points in your final performance feedback (available July 2021).

You can still earn bonus points for measures without a historical benchmark.

Submitting Fewer than 6 Measures

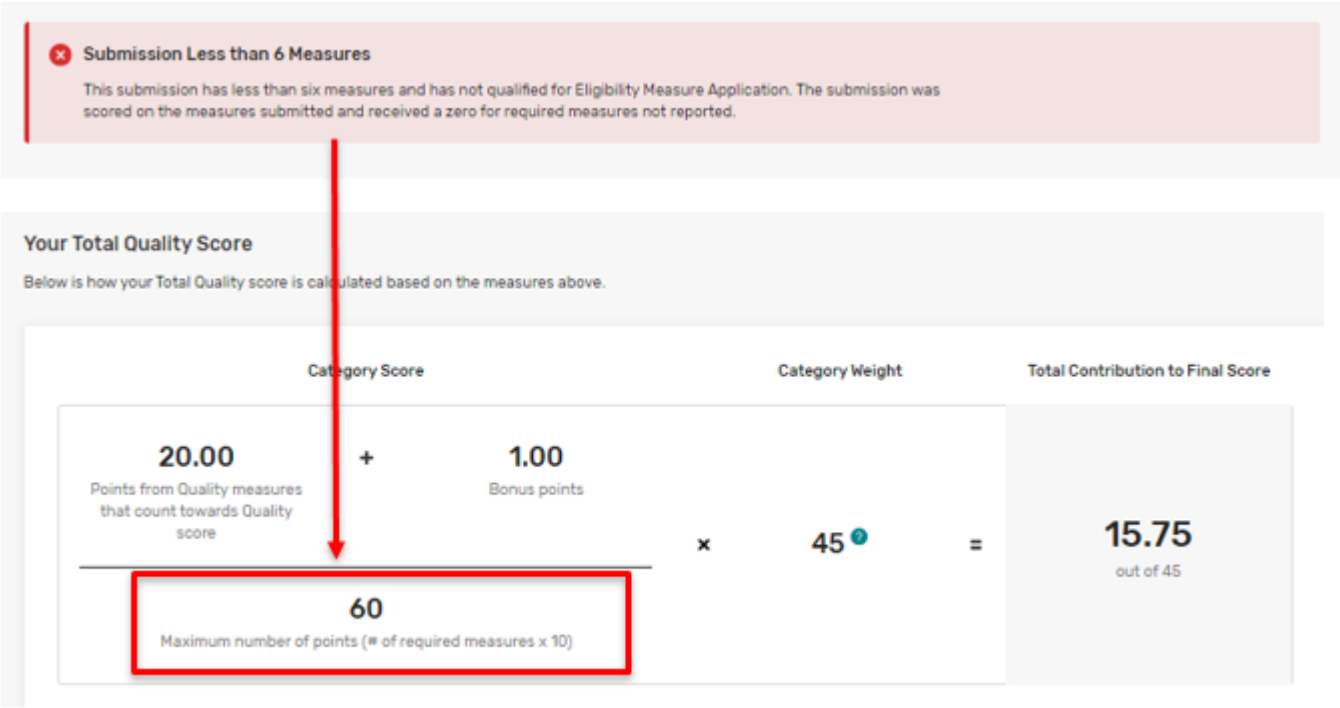
Clinicians who don't have 6 available quality measures and who report Medicare Part B Claims measures or MIPS CQMs may qualify for the Eligible Measure Applicability, or EMA, process. We check for unreported, clinically related measures – or whether you reported all measures in a specialty measure set with fewer than 6 measures – which can result in a denominator reduction in the Quality performance category.

If you submit fewer than 6 MIPS CQMs, the Quality Details page will display a message indicating whether the submission qualified for EMA. Denominator reductions for MIPS CQM submissions will be immediately reflected in the Total Quality Score calculation section.

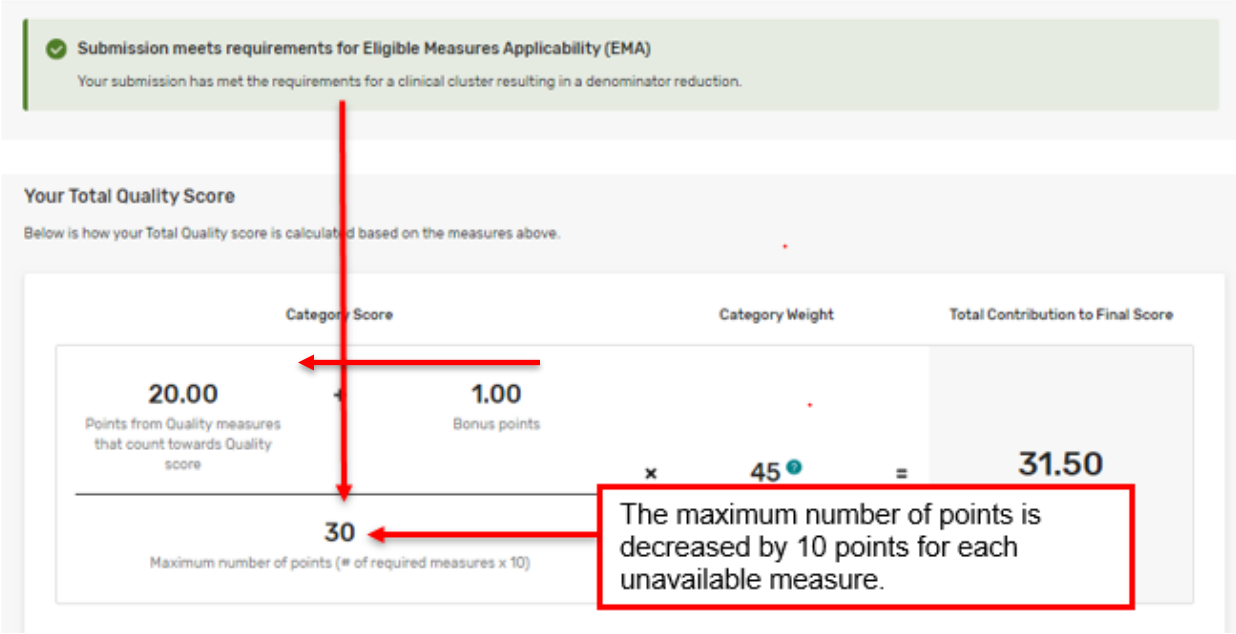
Did you know?
If you reported Medicare Part B Claims measures, the EMA process is generally applied **after the submission period** to account for the 60-day claims run out period (during which time, CMS may still receive Medicare Part B claims with dates of service in 2020).

For more information on EMA, review the 2020 EMA and Denominator Reductions User Guide on the QPP Resource Library.

Submission (MIPS CQMs) does not qualify for denominator reduction

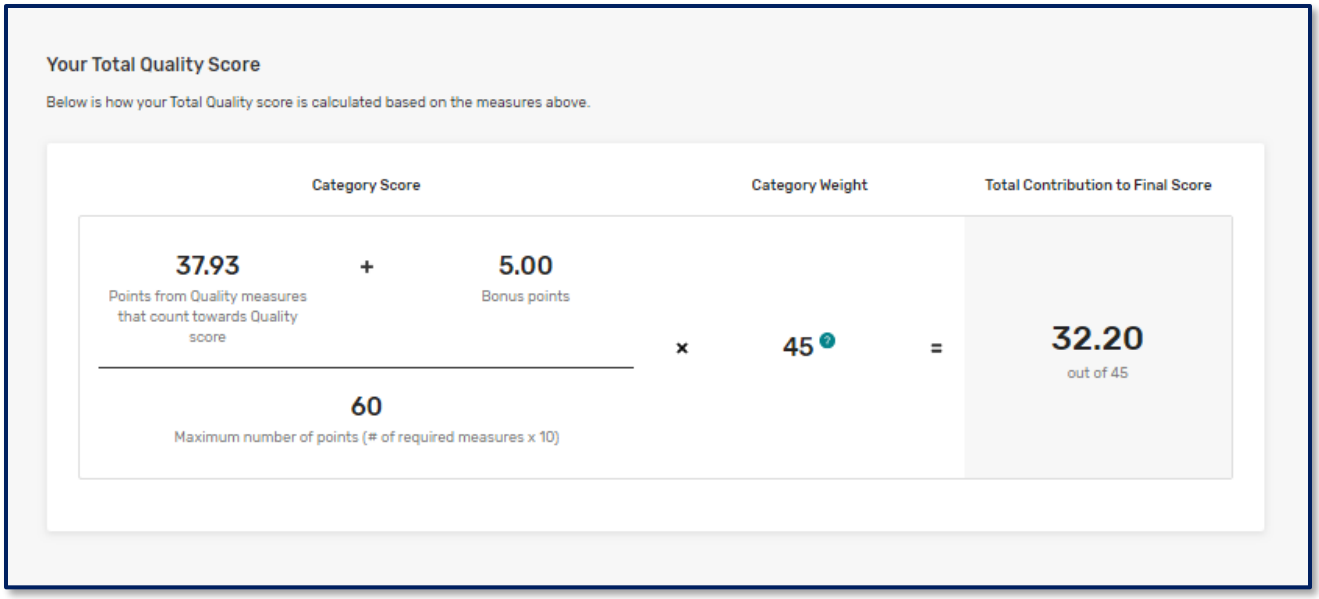


Submission (MIPS CQMs) qualifies for denominator reduction



Preliminary Quality Score Calculation

At the bottom of the Quality page, you can see how we arrived at the points contributing to your final score. We divide the sum of your achievement and bonus points by the maximum number of points available in the Quality performance category, then we multiply that number by the category weight.



Did you know?

The maximum number of points may change after the submission period if:

-
- The Eligible Measure Applicability process, applied in some instances after the submission period, determines you did not have 6 available measures to report
    - This will cause the maximum points to decrease by 10 points for each unavailable measure

You may also be eligible for additional points in the quality performance category based on your rate of improvement from PY 2018.

- Quality improvement points will be available with performance feedback in July 2021.

The All-Cause Hospital Readmission Measure

- For the 2020 performance period, groups and virtual groups with 16 or more eligible clinicians were to be scored on the All-Cause Hospital Readmission measure if they met the case minimum of 200 patients for the measure. However, CMS is suppressing the All-Cause Hospital Readmission Measure under MIPS for the 2020 performance period. This means the measure will not be scored or be attributed to a group or virtual group's quality performance category score. For more information on the 2020 suppressed measures, please refer to the 2020 Suppressed MIPS Quality Measures fact sheet.

Submitting and Reviewing Promoting Interoperability Data

File Upload | Manual Entry (Attestation) | Access Previously Submitted Data
Preliminary Promoting Interoperability Score Calculations

File Upload

You can upload a QRDA III or QPP JSON file with your Promoting Interoperability data on the Reporting Overview page.

Manual Entry (Attestation)

You can also attest to your Promoting Interoperability data by manually entering numerators, denominators, and yes/no values as appropriate to the measure.

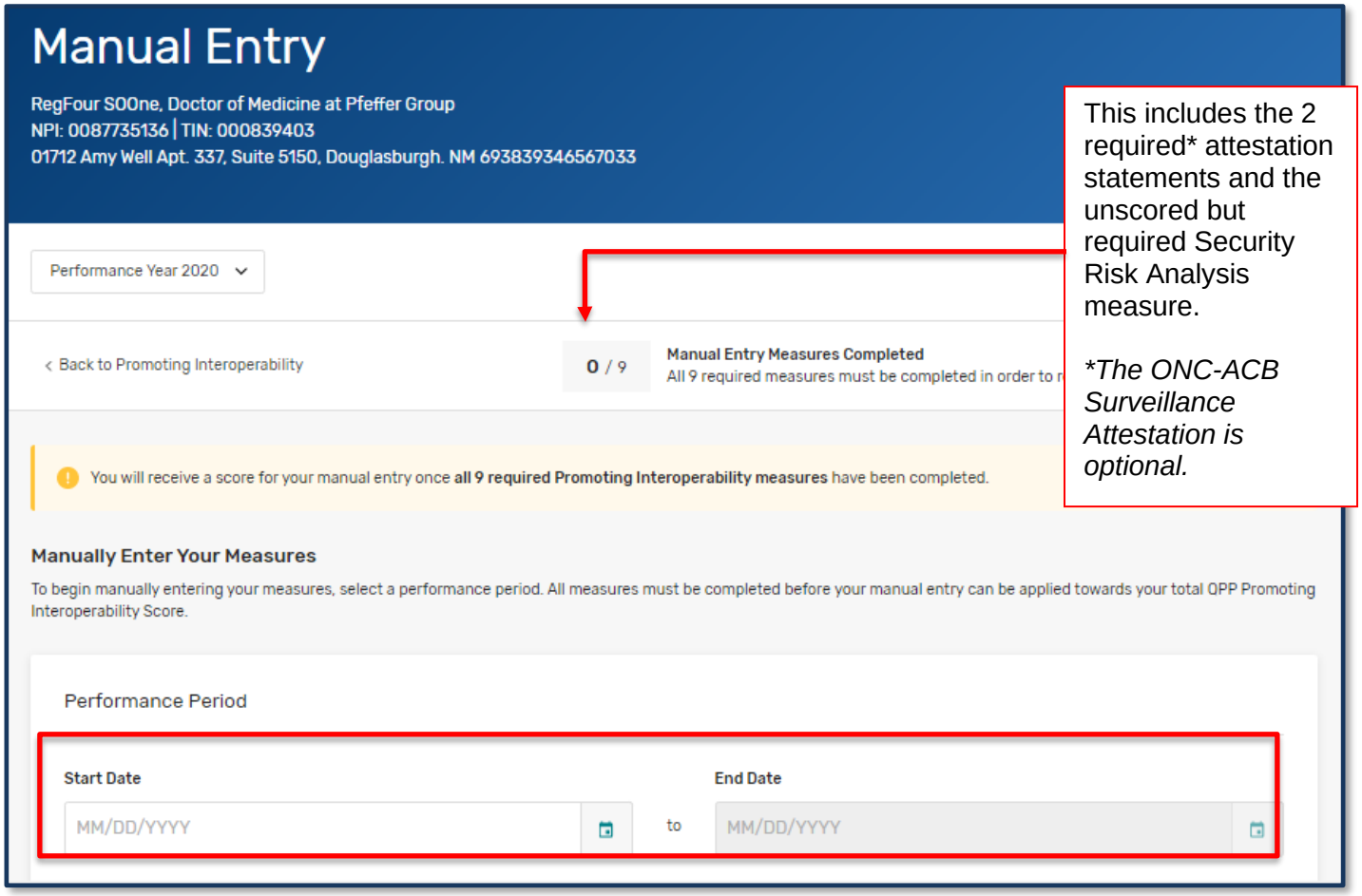
Click Create Manual Entry on the **Reporting Overview**, and then again on the **Promoting Interoperability** page.

If your Promoting Interoperability performance category is currently weighted at 0%, you will be prompted to confirm that you wish to proceed (click **Yes I, Agree** then **Continue**).

- **If you click Continue and enter any data, including performance period dates, you will receive a score in this performance category.**

As you provide required information on the Manual Entry page, more fields will appear. For example, once you enter your performance period, the CEHRT ID field will appear. You must provide all required information (including measure data) before you can receive a preliminary score for this performance category.

Enter your performance period



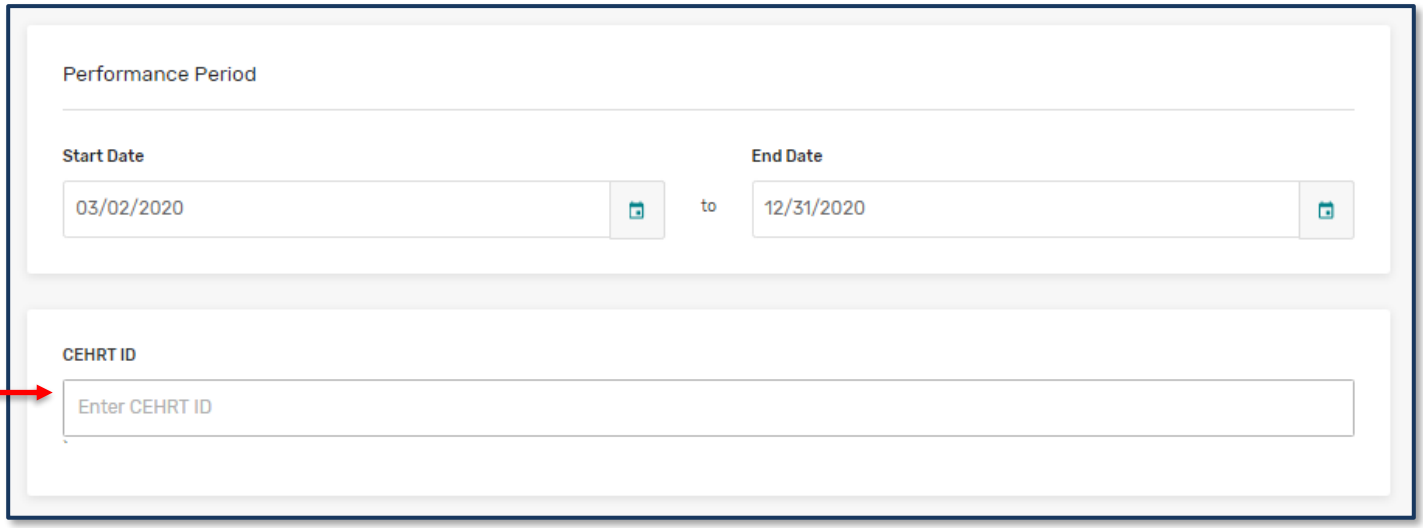
This includes the 2 required* attestation statements and the unscored but required Security Risk Analysis measure.

**The ONC-ACB Surveillance Attestation is optional.*

Reminder:

If your hardship request was approved but you still see a weight of 25%, do not enter any information (including performance period) on this page. This will override your reweighting, and you will be scored in this performance category.

Enter your CMS EHR Certification ID ("CEHRT ID")



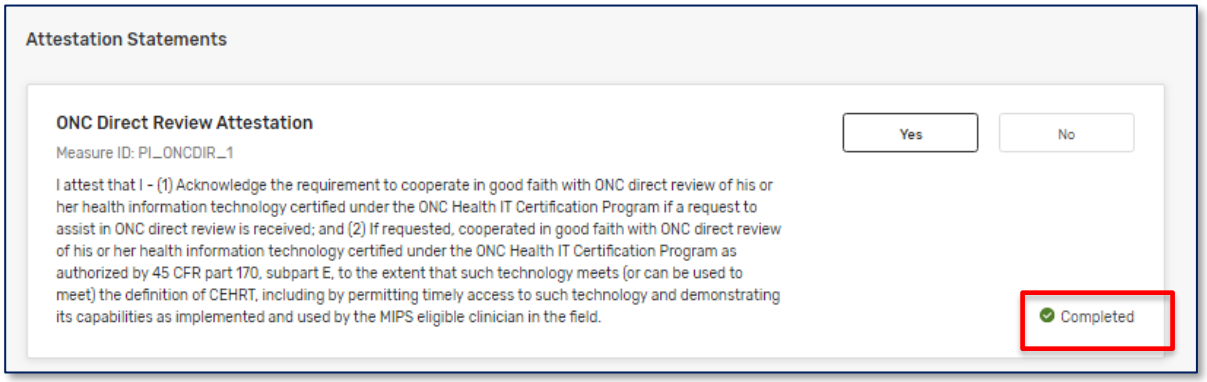
For **detailed instructions on how to generate a CMS EHR Certification ID**, review pages 25-28 of the CHPL Public User Guide.

A **valid** CMS EHR Certification ID for 2015 Edition CEHRT will include "**15E**".

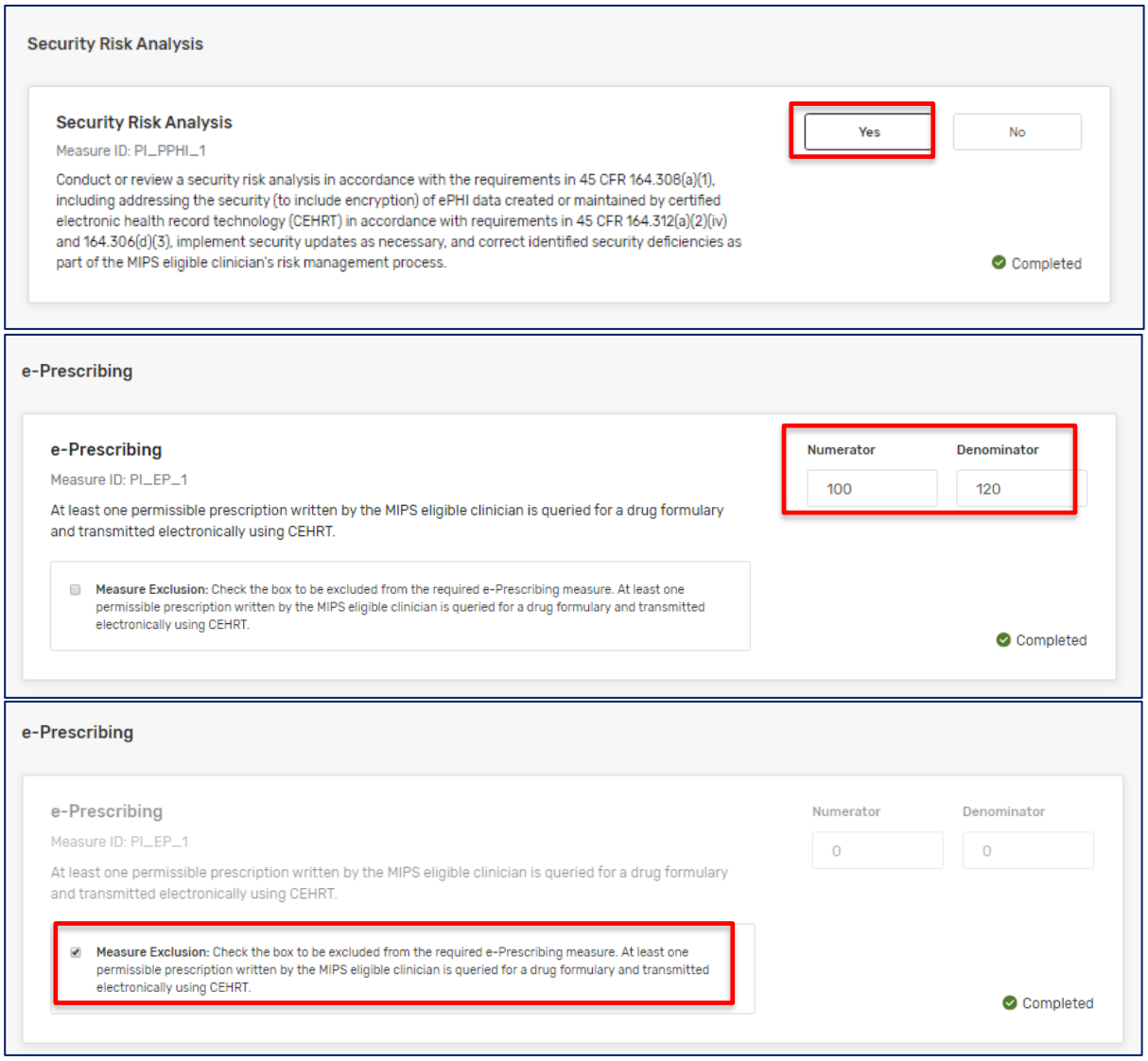
A CMS EHR Certification ID generated for a combination of 2014 and 2015 Edition CEHRT will include "**15H"** and **will be rejected**.

Complete Required Attestation Statements and Measures

You must select **Yes** for the 2 required attestations before you can begin entering your measure data. As you move through the required information, you will see an indicator as each requirement is **completed**, but you will not a preliminary score until all requirements are complete.

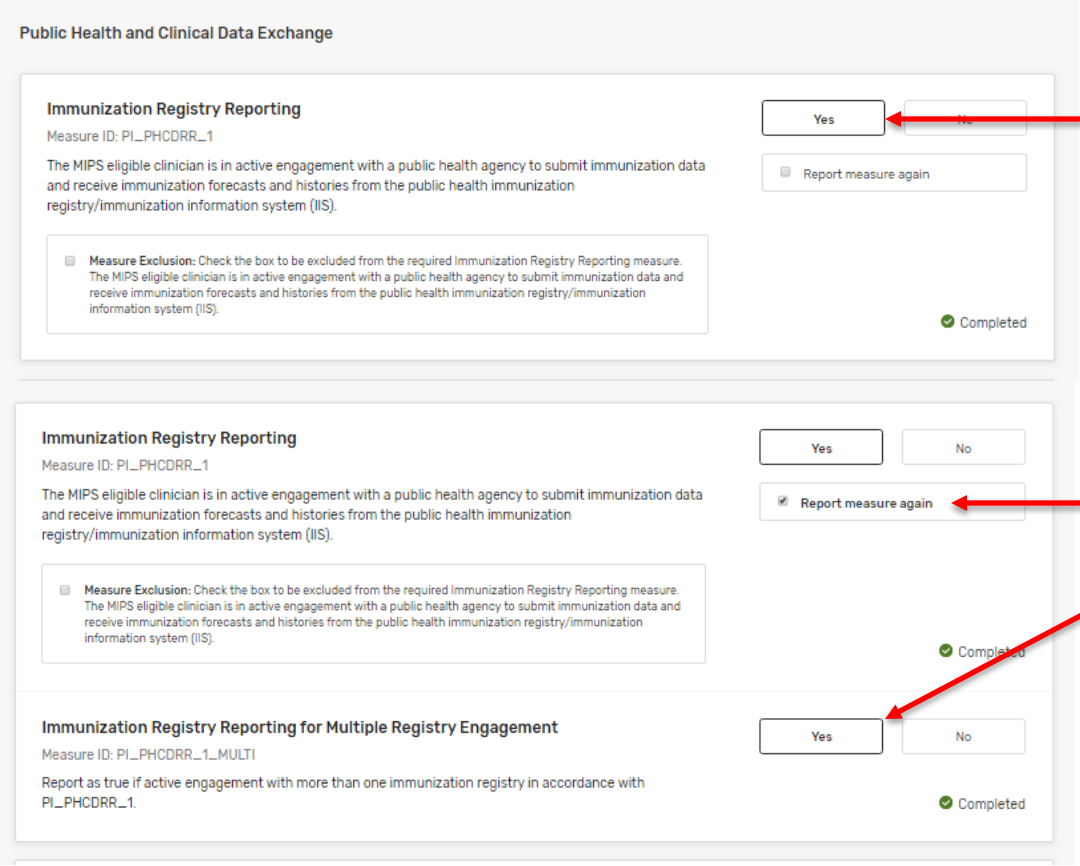


To manually report a measure, you will need to either select **Yes** or enter the **numerator/denominator** value, according to the measure. You can also claim an exclusion if you qualify.



Report Measure Again

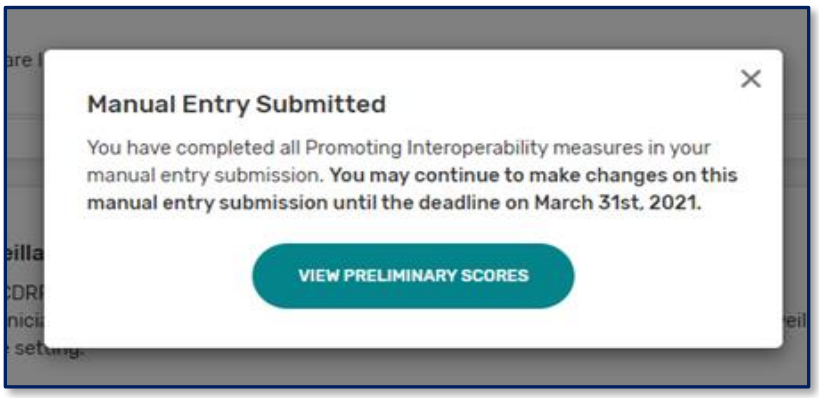
This option allows you to manually report that you are engaged with two distinct organizations for the same measure within the Public Health and Clinical Data Exchange objective.



Start by answering **Yes** to the Measure.

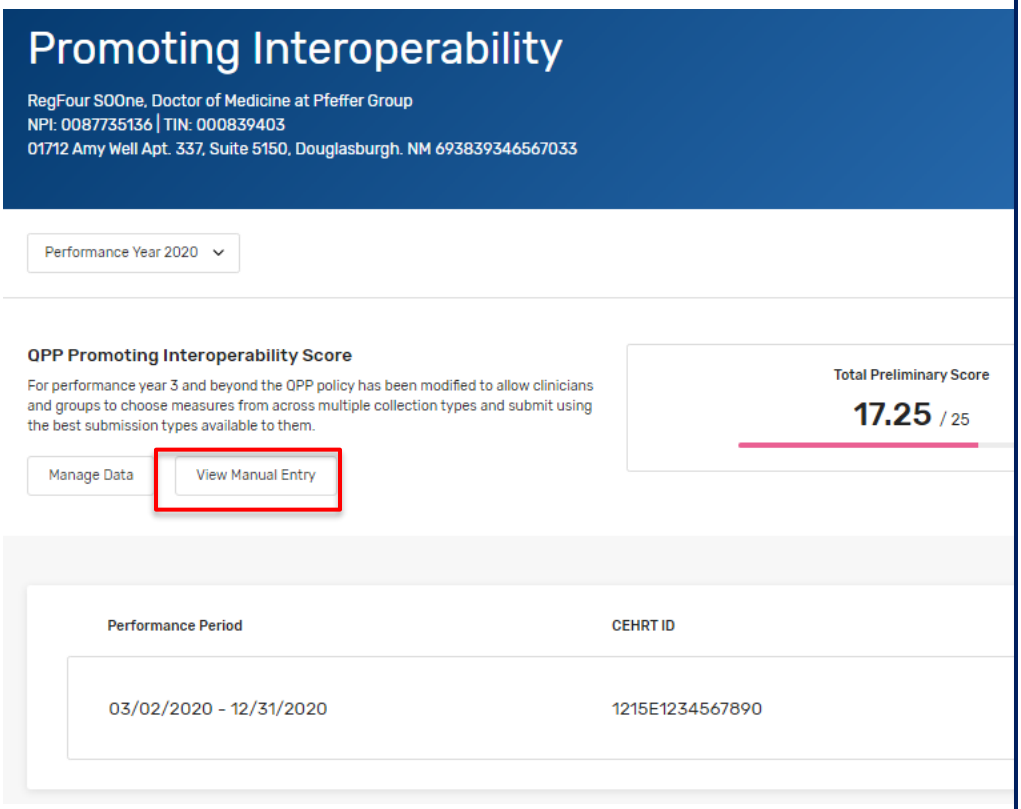
Then check the box to **Report Measure Again** and answer **Yes** to the Multiple Registry Engagement measure that appears.

Once all required data have been reported, the system will notify you and allow you to view your preliminary scores.



Access Previously Submitted Data

Click **View & Edit** from the Reporting Overview. You will land on a read-only page, letting you review the preliminary scoring details of your submission.



If you need to update your manually entered data, click **View Manual Entry**.

Reminders

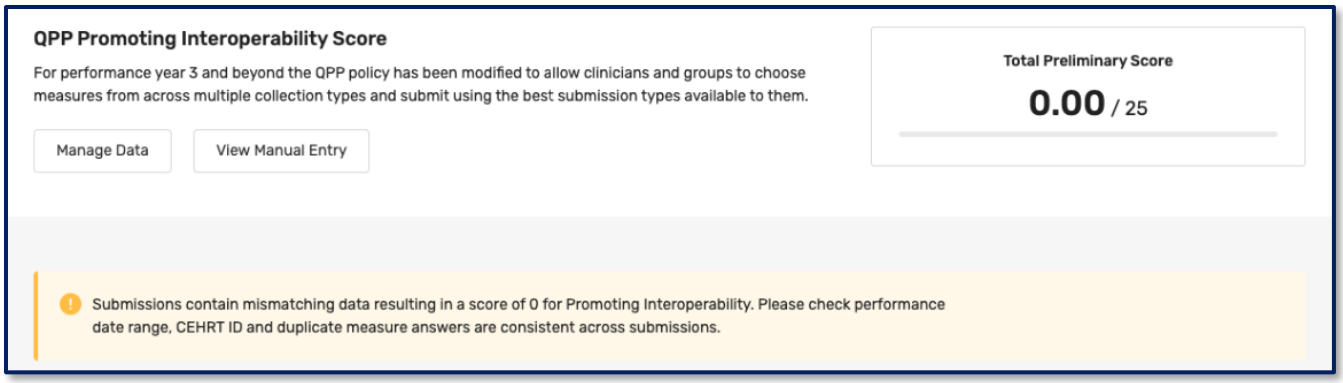
We recommend using a single submission type (file upload, API or attestation) for reporting your Promoting Interoperability data.

- **Why? Any conflicting data** for a measure or required attestation submitted through multiple submission types **will result in a score of 0** for the Promoting Interoperability performance category.

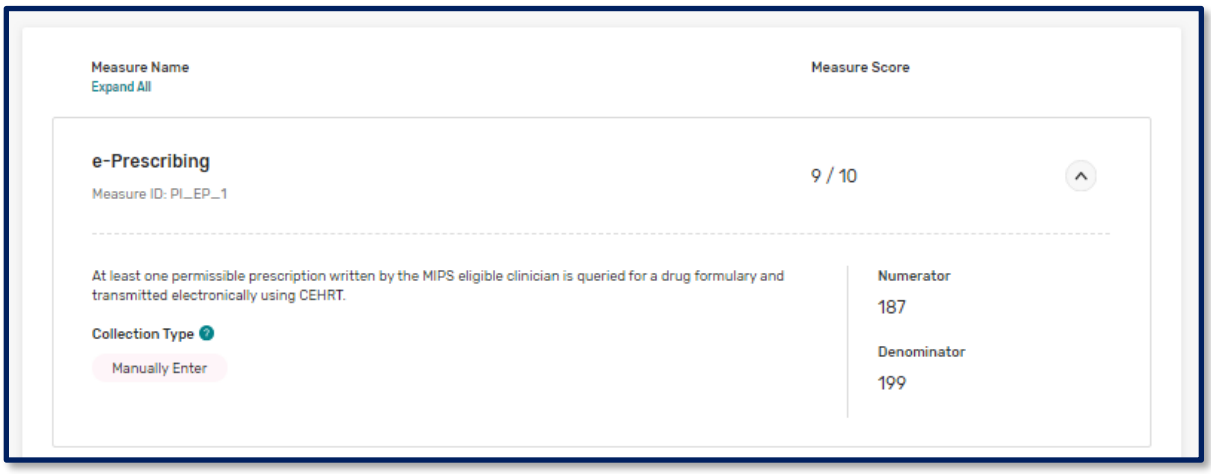
This means you cannot create a manual entry to correct inaccurate data reported on your behalf.

- If you see errors in your data, contact your third party intermediary and ask them to delete the data they've submitted for you.

If you report Promoting Interoperability data through multiple submission types (ex. Manual entry and file upload) and there is any conflicting data, you will receive a score of 0 out of 25 for the performance category.

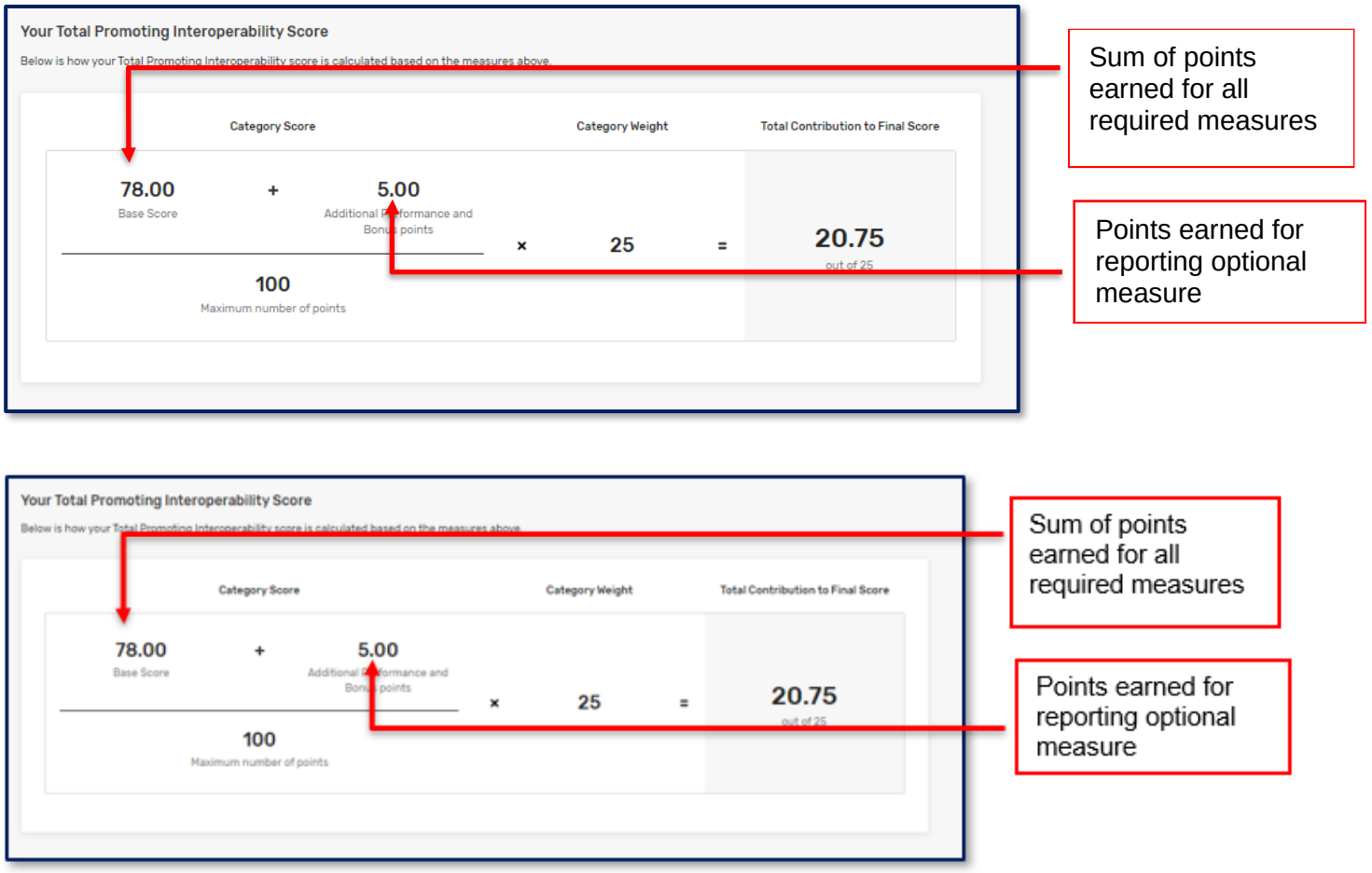


Click the down arrow on the right-hand side of the measure information to see numerator/denominator details or click **Expand All** below Measure Name to see the details of all the measures in that objective.



Preliminary Promoting Interoperability Score Calculation

At the bottom of the Promoting Interoperability page, you can see how we arrived at the points contributing to your final score. We divide the points earned by 100 (the maximum number of points available), then we multiply that number by the category weight.



Submitting and Reviewing Improvement Activities Data

File Upload | Manual Entry (Attestation) | Review Previously Submitted Data
Preliminary Improvement Activities Score Calculation

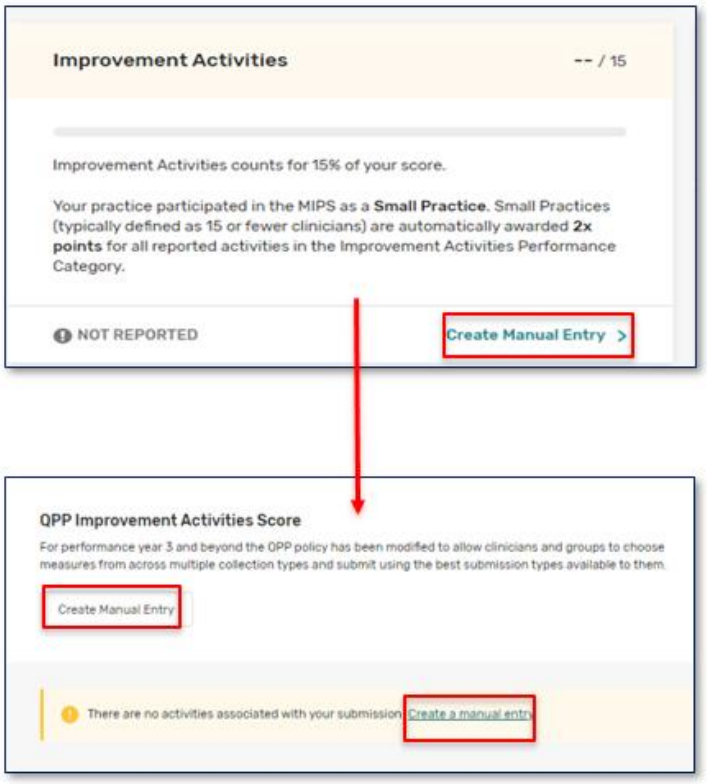
File Upload

You can upload a QRDA III or QPP JSON file with your Promoting Interoperability data on the Reporting Overview page.

Manual Entry (Attestation)

You can also attest to your Improvement Activities data by manually entering yes values to indicate you've completed the activity.

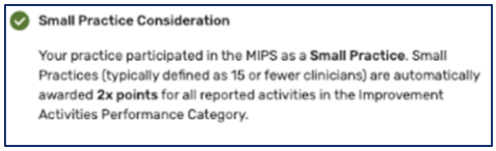
Click Create Manual Entry on the **Reporting Overview**, and then again on the **Improvement Activities** page.



If you have a special status, such as

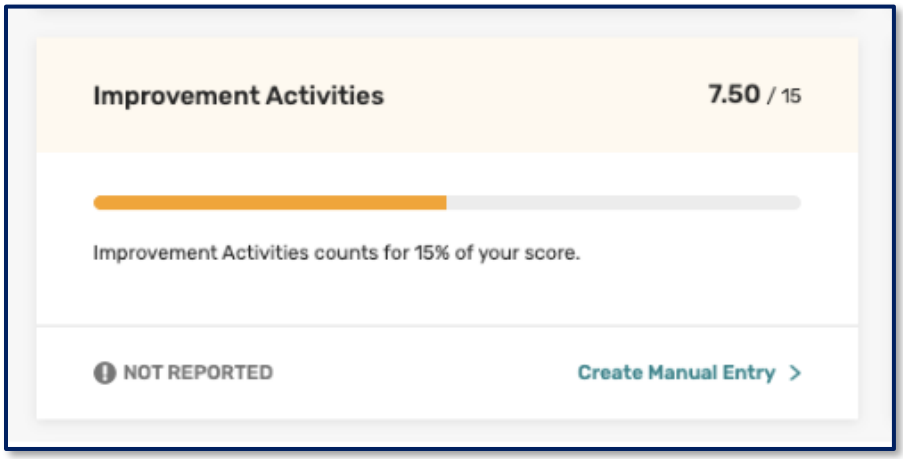
- Small practice,
- HPSA,
- Rural, or
- Non-patient facing

You will see a message on these pages indicating you earn 2xs the points per reported improvement activity such as this:

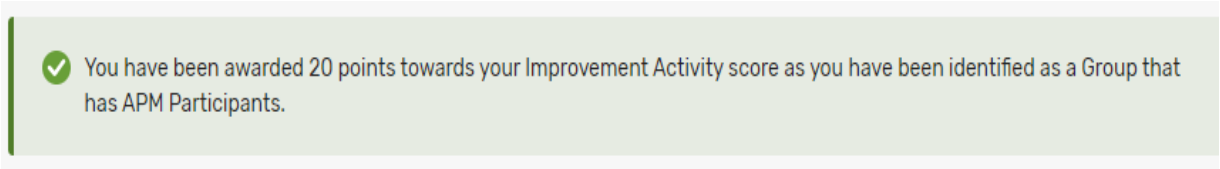


Clinicians in an APM who are not scored under the APM scoring standard automatically receive 50% credit in the Improvement Activities performance category as long as some MIPS data is submitted.

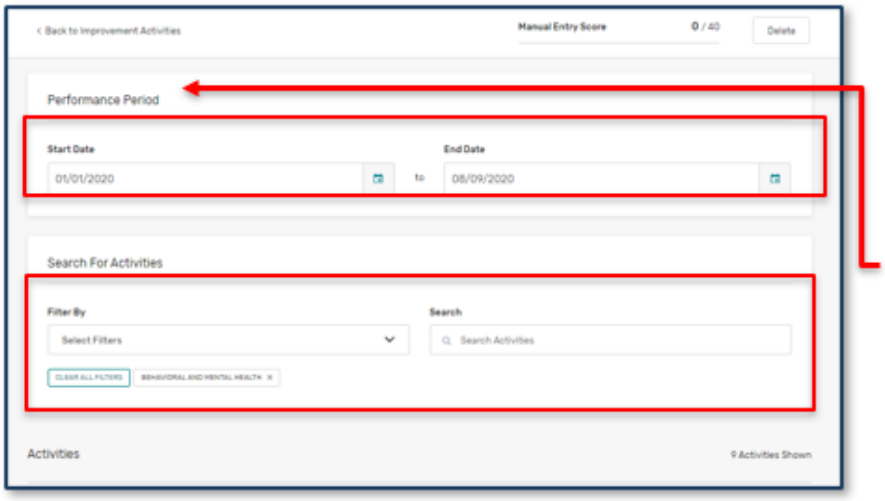
On the Reporting Overview page, you will see 7.50 points out of 15 awarded, even if no Improvement Activities have been reported yet.



Once you select Create Manual Entry, you will see a message that 20 points have been awarded based on your APM participation (or for Group reporting, based on having at least one clinician who participates in an APM).



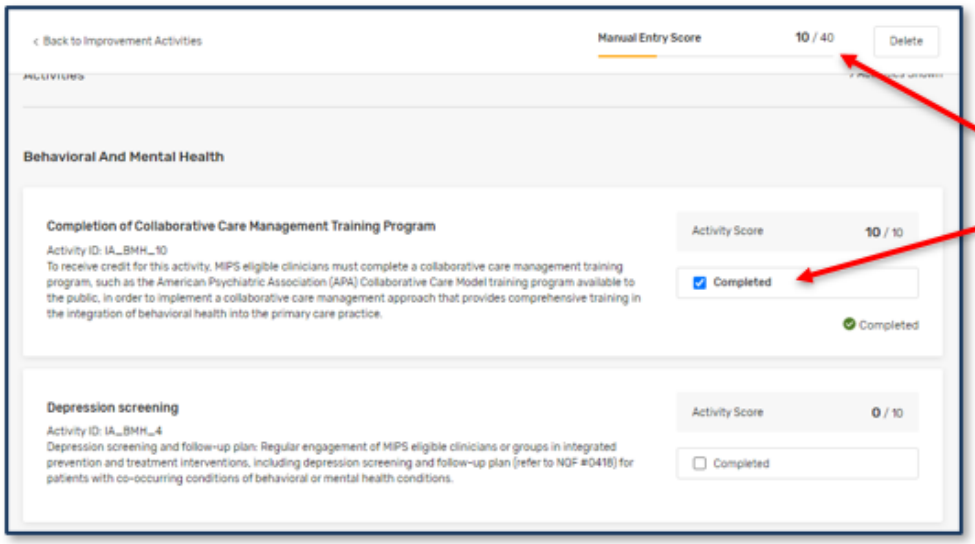
Once you enter your performance period, you can **search** for your activities by key term or **filter** by weight or subcategory. Check the box next to **Completed** to attest that the activity was performed.



Each *activity* has a continuous 90-day performance period (or as specified in the activity description).

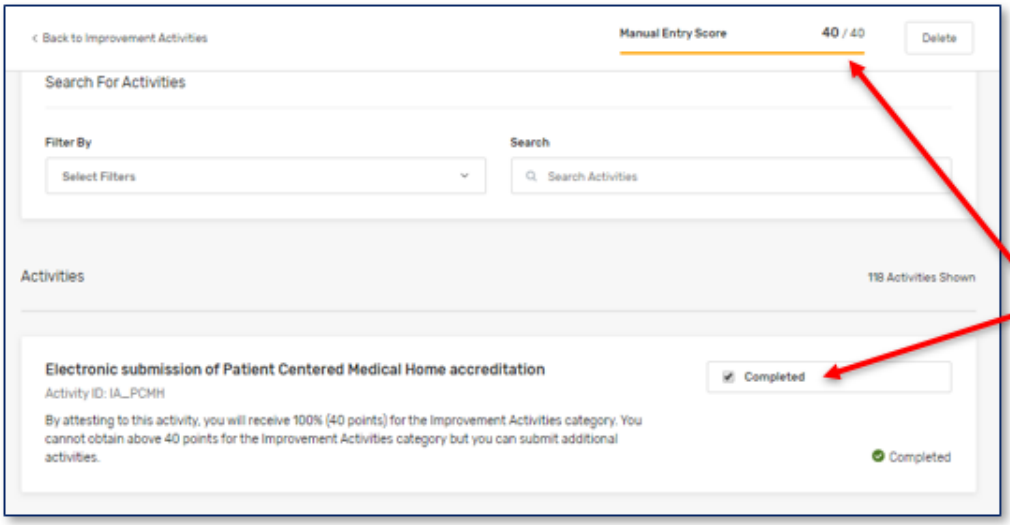
Your performance period at the category level:

- **starts** on the first day in the year that any improvement activity was performed, and
- **ends** on the last day in the year that any improvement activity was performed.



Once you mark your first activity as **completed**, you will see your in-progress **score** at the top of the page.

Reminder: You cannot earn more than 40 points in this category, even if you submit additional activities.



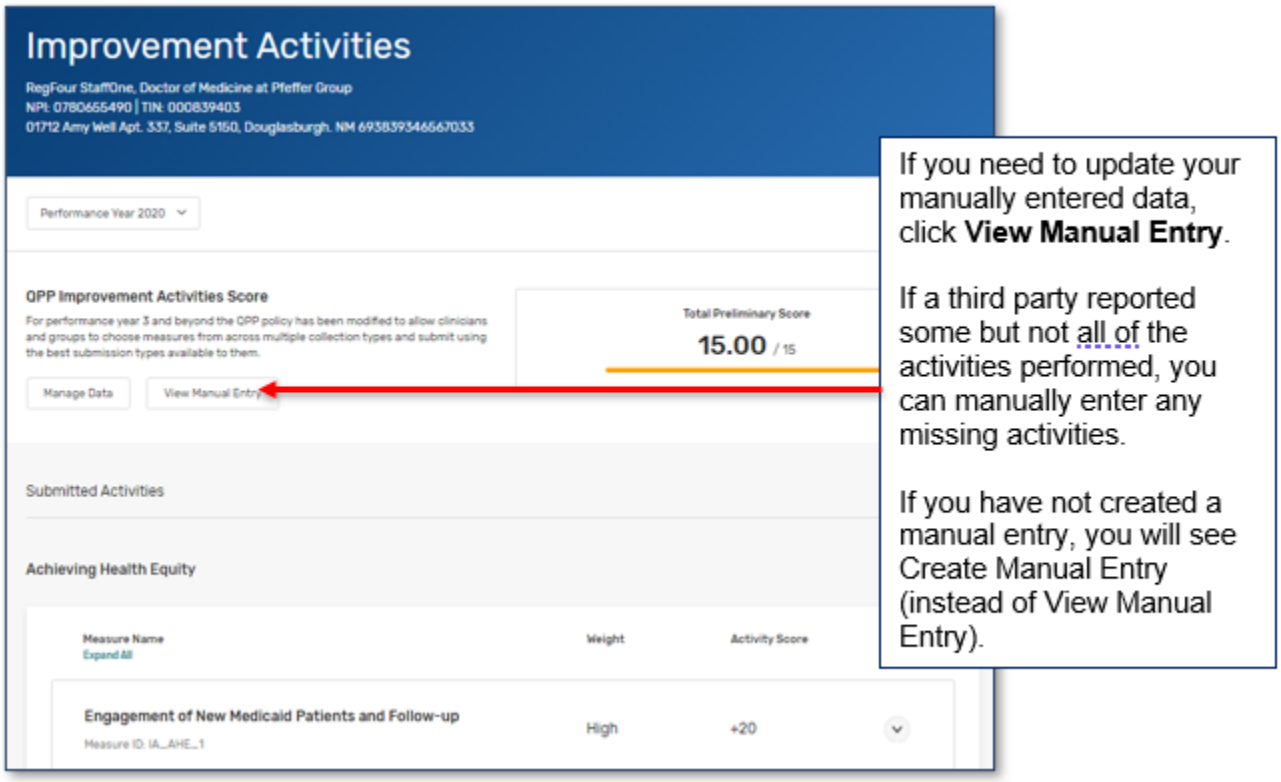
Helpful hint:

The Patient Centered Medical Home attestation is the first activity listed.

Once you select completed, you will see the maximum score in the performance category.

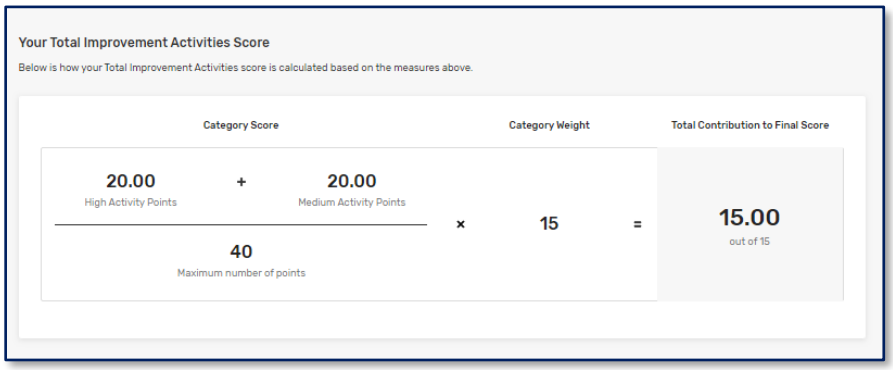
Review Previously Submitted Data

Click **View & Edit** from the Reporting Overview.
You will land on a read-only page, letting you review the preliminary scoring details of your submission.



Preliminary Improvement Activities Score Calculation

At the bottom of the Improvement Activities page, you can see how we arrived at the points contributing to your final score. We divide the sum of the points earned for your medium and high weighted activities by 40 (the maximum number of points available), then we multiply that number by the category weight.



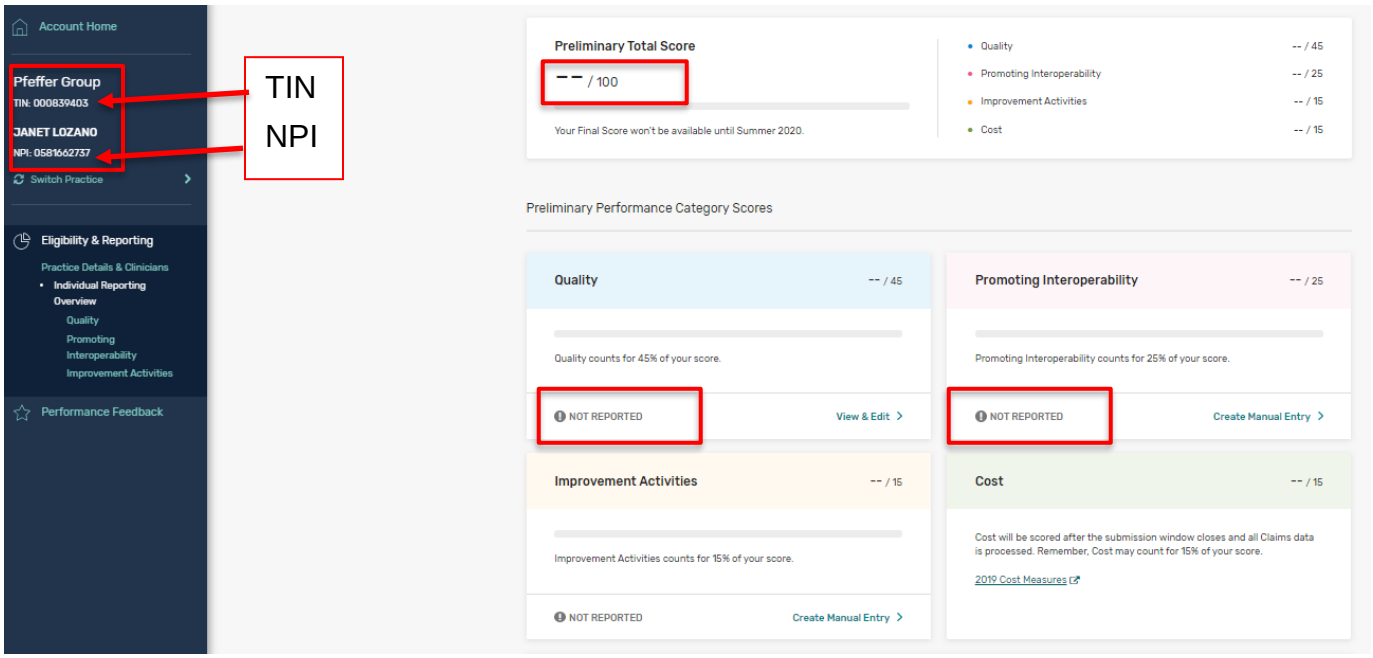
QRDAIII File Upload Troubleshooting

Don’t See Successfully Uploaded Data

Scenario: I successfully uploaded a QRDA III file with eCQMs and Promoting Interoperability data. Why can’t I see the clinician’s data after I hit “View Submission”?

Most Likely: You uploaded a file for a different NPI.

Action: Double check that NPI and TIN in your file match the information on the clinician profile you are in. Once you determine which NPI was included in that file, find that clinician in Practice Details & Clinicians and select Report as Individuals. You should see the successfully uploaded data results in the clinician’s Reporting Overview.



Common Error Message

“The measure GUID supplied 40280382-6258-7581-0162-92d6e6db1680 is invalid”

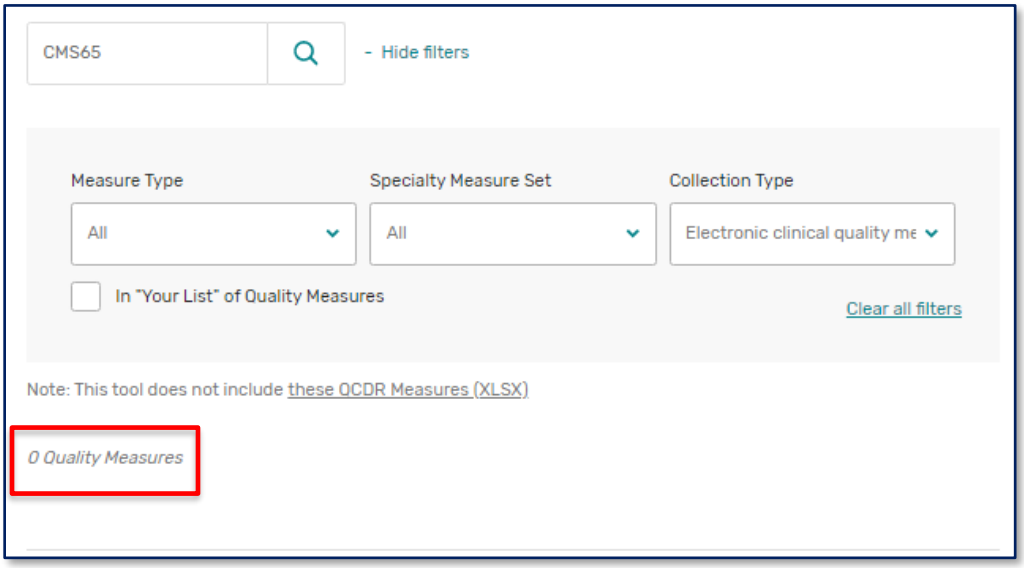
Example: CT - The measure GUID supplied 40280382-6258-7581-0162-92d6e6db1680 is invalid. Please see the 2020 IG https://ecqi.healthit.gov/sites/default/files/2020-CMS-QRDA-III-Eligible-Clinicians-and-EP-IG-v1.1-508.pdf#page=40 for valid measure GUIDs. - 3058

Action: Search the 2020 QRDA III Implementation Guide (IG) (beginning on p. 40) for the GUID (also referred to as a UUID) listed in your error message.

- If you can’t find it, it is not a valid measure for PY 2020
- If you can find it, the eCQM was probably removed through rulemaking after the IG was published.

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
0104e/ 107	CMS161 v8	40280382-6963-bf5e-0169-6dc1a7040310	IPOP: DENOM: NUMER:	F74EA264-FF5D-4AAA-AF04-241FE0DFB057 8C1F94B8-D880-4F57-BC18-E308A6B085CE FDF9459C-492A-4467-95EE-D046F06AC1D7

- Search the 2020 Explore Measures & Activities Tool (filter by the eCQM collection type) for the associated eCQM ID to confirm it isn’t valid for PY 2020



You can also search the eCQI resource center
(2020 Performance Period Eligible Professional/Clinician eCQMs)

Individual vs Group Reporting

Are you submitting individually?

Make sure your file is coded as an ***individual*** submission and your individual NPI is in your file correctly.

Example:

```
<intendedRecipient>
  <id root="2.16.840.1.113883.3.249.7"
extension="MIPS_INDIV" />
</intendedRecipient>
```

Helpful Hint:
search “2.16.840.1.113883.4.6” (the object identifier) in the file and then look for the next occurrence of “extension=”. The value immediately after “extension=” should be the 10-digit NPI.

Example:

```
<assignedEntity>
<id root="2.16.840.1.113883.4.6"
extension="1234567890" />
</assignedEntity>
```

Are you submitting as a group?

Make sure your file is coded as a ***group*** submission and your group’s TIN is in your file correctly without any NPIs.

Example:

```
<intendedRecipient>
  <id
root="2.16.840.1.113883.3.249.7"
extension="MIPS_GROUP" />
</intendedRecipient>
```

Helpful Hint:
Search for “2.16.840.1.113883.4.2” in the file and then look for the next occurrence of “extension=”. The value immediately after “extension=” should be the 9-digit TIN.

Example:

```
<representedOrganization>
<id root="2.16.840.1.113883.4.2"
extension="123456789" />
<name>CT</name>
```

Where You Can Go for Help

- Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 AM-8:00 PM ET or by e-mail at: QPP@cms.hhs.gov.
    - Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.
- Connect with your local technical assistance organization. We provide no-cost technical assistance to **small, underserved, and rural practices** to help you successfully participate in the Quality Payment Program.
- Visit the Quality Payment Program website for other help and support information, to learn more about MIPS, and to check out the resources available in the QPP Resource Library.

Additional Resources

Resource Name	Description
2020 Data Submission FAQs	Answers to frequently asked questions submission questions relevant for PY 2019.
2020 MIPS Data Submission Videos https://youtu.be/zcUIftj8o38 https://youtu.be/08RdT64fXeo	Video series about reporting PY 2019 data and making opt-in elections.
2020 CMS Web Interface User Guide	Step by step instructions with screenshots for PY 2019 reporting through the CMS Web Interface.
2020 CMS Web Interface Videos https://www.youtube.com/playlist?list=PLaV7m2-zFKpjU-eLhOlQRkXWX3aS_sFM0	Video series about reporting PY 2019 data through the CMS Web Interface
2020 MIPS Scoring Guide	Comprehensive information about scoring measures and calculating performance category scores and final scores.
2020 MIPS EMA and Denominator Reduction User Guide	An overview of the Eligible Measures Applicability (EMA) process and identifies the MIPS CQMs and Medicare Part B Claims measures that are clinically related.
2020 APM Quality Scoring Resources	Resources that describe the APM Scoring Standard for the quality performance category for MIPS APMs

Version Control

Date	Description
3/3/2021	Original Posting

Appendix

Submission Period: QPP Access and Permissions by Organization Type

This table provides a snapshot of what you can and can't do/view based on your access (role) and organization type during the submission period (January 2 – March 31, 2020).

With this Access	You CAN	You CANNOT

Staff User or Security Official for a **Practice**
 	
(includes solo practitioners)
	✓ Access information about eligibility and special status at the individual clinician and group level
	✓ View information about performance category reweighting (including from approved exception applications)
	✓ Submit data on behalf of your practice (as a group and/or individuals)
	  ○ Includes Promoting Interoperability data for MIPS APM participants
	✓ Submit opt-in elections on behalf of your practice (as a group and/or individuals)
	✓ View data submitted on behalf of your practice (group and/or individual)
	✓ View preliminary scoring for Part B claims measures (automatically calculated at the individual AND group level) reported throughout the performance period
	  ○ This data will be updated during the submission period to account for claims received by CMS until March 1, 2021
	✓ View preliminary performance feedback for the group and individual clinicians
		X View your cost feedback (if applicable)
		  ○ Cost data won't be available during the submission period
		  ○ 2020 note: Cost will be weighted at 0% for all MIPS eligible clinicians reporting as individuals due to the automatic EUC policy
		X View facility-based scoring for quality / cost (if applicable)
		  ○ This won't be available until final feedback in July 2021)
		X View data submitted by your APM Entity
		• ***Example.*** If you're a Participant TIN in a Shared Savings Program ACO, you will not be able to view the quality data reported by the ACO through the CMS Web Interface
		X View data submitted by your virtual group (if your TIN is part of a CMS-approved virtual group)

Clinician Role	• *You can't do anything related to PY 2020 submissions with this role* • *This is a view-only role to access final performance feedback in July 2021*	

With this Access	You CAN	You CANNOT
Staff User or Security Official for a **Virtual Group**	✓ Access information about the practices (TINs) and clinicians participating in the virtual group ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit data on behalf of your virtual group ✓ View data submitted on behalf of your virtual group ✓ View performance feedback for the virtual group	X View your cost feedback (if applicable) ○ Cost data won't be available during the submission period X View data submitted by individuals or practices in your virtual group (such data wouldn't count towards scoring and would only be considered a voluntary submission)
Staff User or Security Official for a **Registry** (QCDR or Qualified Registry)	✓ Download your API token (security officials only) ✓ Upload a submission file on behalf of your clients (groups and/or individuals) ✓ Submit opt-in elections on behalf of your clients ✓ View preliminary scoring for your clients based on the data you submitted for them	X View data submitted directly by your clients X View data submitted by another third party on behalf of your clients X View data collected and calculated by CMS on behalf of your clients ○ Cost measures (if applicable) (Note that CMS is suppressing the All-Cause Hospital Readmission measure for the MIPS 2020 performance period.)
With this Access	✓ **You CAN**	X **You CANNOT**

Staff User or Security Official for an **APM Entity**	✓ Access a list of the practices (TINs) and clinicians participating in the APM Entity ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit quality data through the CMS Web Interface (Shared Savings Program and Next Generation ACOs, or other registered APM Entities) ✓ Upload a QRDAIII file with your eCQM data (Comprehensive Primary Care Plus practice sites) ✓ Upload a file of APM Entity-level quality measure data (all MIPS APM Entities) ✓ View preliminary performance feedback on **quality** data submitted by or on behalf of the APM Entity ✓ View the automatic 50% reporting credit available to some MIPS APMs	**X** View the Promoting Interoperability data reporting by clinicians and groups in your APM entity **X** View quality data reported by clinicians and groups in your APM Entity