CMS Web Interface User Guide

Last updated: 04/27/2020

QualityPayment
PROGRAM

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*CMS is implementing multiple flexibilities to provide relief to clinicians responding to the 2019 Novel Coronavirus (COVID 19) pandemic. Refer to the **Quality Payment Program COVID 19 Response Fact Sheet** for more information.*

Introduction

The CMS Web Interface is a user-friendly, secure, internet-based data submission mechanism for Accountable Care Organizations (ACOs), and groups and virtual groups of 25 or more clinicians to report quality data to the Quality Payment Program. This user guide will use the term "organization" when referring to information that applies to ACOs, groups, and virtual groups.

This user guide shows you how to access the CMS Web Interface, report data, view 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.

Additional Resources

CMS Web Interface video series

API Swagger Guide

API Narrative Documentation

Note: This guide focuses on manual entry and Excel template reporting. Application Programming Interface (API) users should refer to the CMS Web Interface API documentation links above or in the Getting Help and Support section.

Getting Started with the CMS Web Interface

When you report through the CMS Web Interface, you are providing data about your Medicare Part B patients ("beneficiaries") specific to each CMS Web Interface measure. We've selected a sample of your beneficiaries that are potentially denominator eligible for each measure.

Once your beneficiary sample is available you will:

- Download your beneficiary sample (Excel file format) from the CMS Web Interface (if you haven't received it already)
- Gather and review medical records for these beneficiaries
- Submit data to the CMS Web Interface beginning 1/2/20 via:
    - Excel upload
    - Manual entry
    - Application Programming Interface (API)
    - Any combination of the above
- View and track your progress during the submission period

Did you know?

There is no test period for data submission because we've extended the Web Interface submission period by 4 weeks.

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

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 organization is then asked to report on that sample of beneficiaries.

Measures

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

- **CARE-2:** Screening for Future Fall Risk*
- **DM-2:** Hemoglobin A1c
- **HTN-2:** Controlling High Blood Pressure
- **MH-1:** Depression Remission at Twelve Months*
- **PREV-5:** Breast Cancer Screening
- **PREV-6:** Colorectal Cancer Screening
- **PREV-7:** Influenza Immunization
- **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*

Measures with an asterisk (*) at the end of their name have updated specifications for the 2019 performance period.

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 beneficiaries ranked in the measure.

Beneficiary sample considerations

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

In order to account for these skipped beneficiaries, CMS creates an oversample when available, 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.

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

Requests are now submitted through the CMS Web Interface instead of the QPP Service Center.

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

- For example, if you need to skip one beneficiary within the first 248 consecutively ranked minimum required for the measure, your minimum requirement will increase to 249 in order to report on required data for a total of 248 beneficiaries.

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

CMS Web Interface Updates for 2019

CMS continues to update the system by adding enhancements users identified that would provide the greatest value.

This section outlines policy and system changes that will affect your 2019 CMS Web Interface reporting.

Measure Changes

We removed 5 measures from the CMS Web Interface, leaving a total of 10 that must be reported for the 2019 performance period. We also updated the measures specifications for the 10 remaining required measures.

Discontinuation of High Priority Bonus for Groups and Virtual Groups

Groups and virtual groups are no longer eligible to receive bonus points for the high-priority measures required by the CMS Web Interface. These bonus points are still available to clinicians participating in an ACO and scored under the APM scoring standard. (**Please note**: This is the last year that these bonus points will be available to ACO participants.)

Skip Requests ("Other CMS Approved Reason")

You can now submit, track, and receive approval or disapproval for skip requests within the CMS Web Interface for unique circumstances when you believe a beneficiary should be skipped for a reason not specified by the measure. Previously, these requests were submitted through the Quality Payment Program Service Center.

- **Skip requests can only be submitted through manual entry**; you cannot use the Excel template to submit such requests.

Skip ahead to:

- learn how to submit a request
- review the new Skip Request report

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Accessing the CMS Web Interface

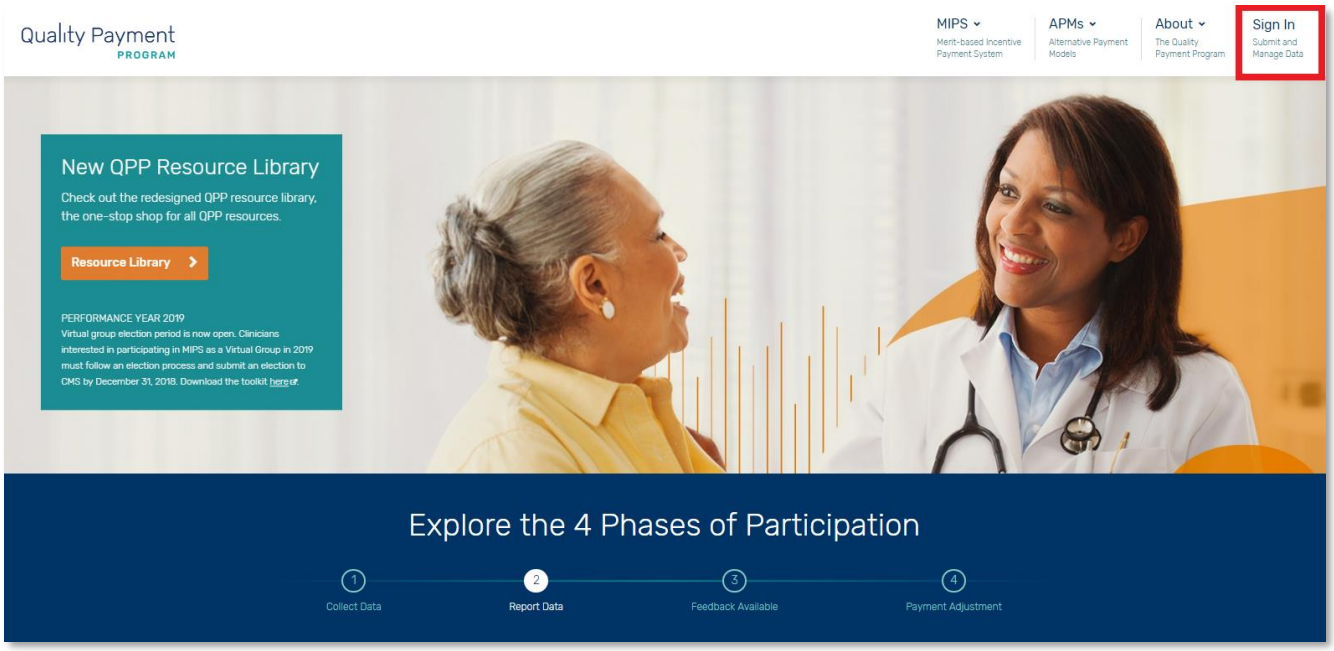
Your path to accessing the CMS Web Interface will differ slightly based on whether you are an Accountable Care Organization (Medicare Shared Savings Program or Next Generation) or participating in MIPS as a group or virtual group.

DISCLAIMER:

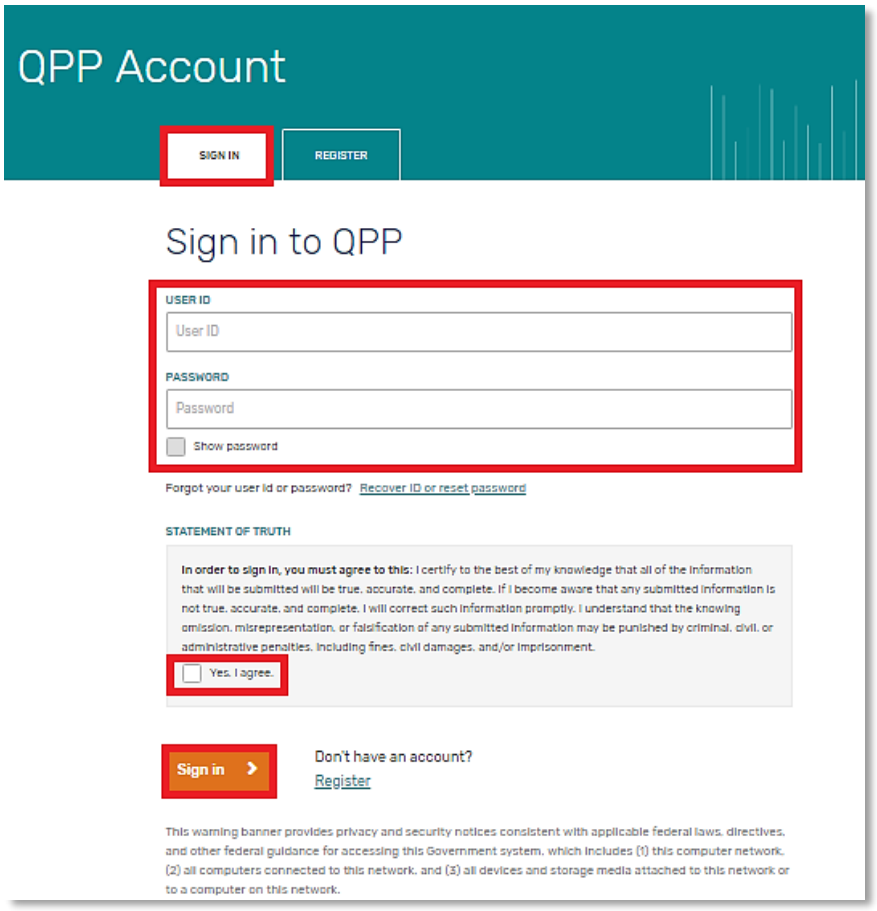
All screenshots include fictitious beneficiaries and organizations. Screenshots were captured from a test environment so there may be slight variations between the screenshots included in this guide and the user interface in the production system.

Signing in to the CMS Web Interface (all users)

1) Go to qpp.cms.gov and click on **Sign In** at the top right corner.



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

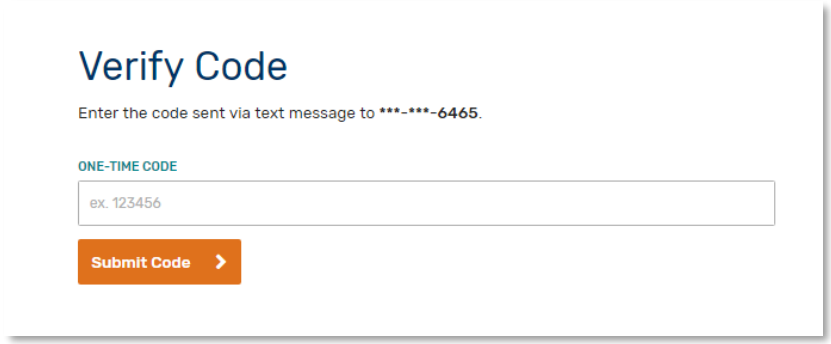


Don't have an account?

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

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

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



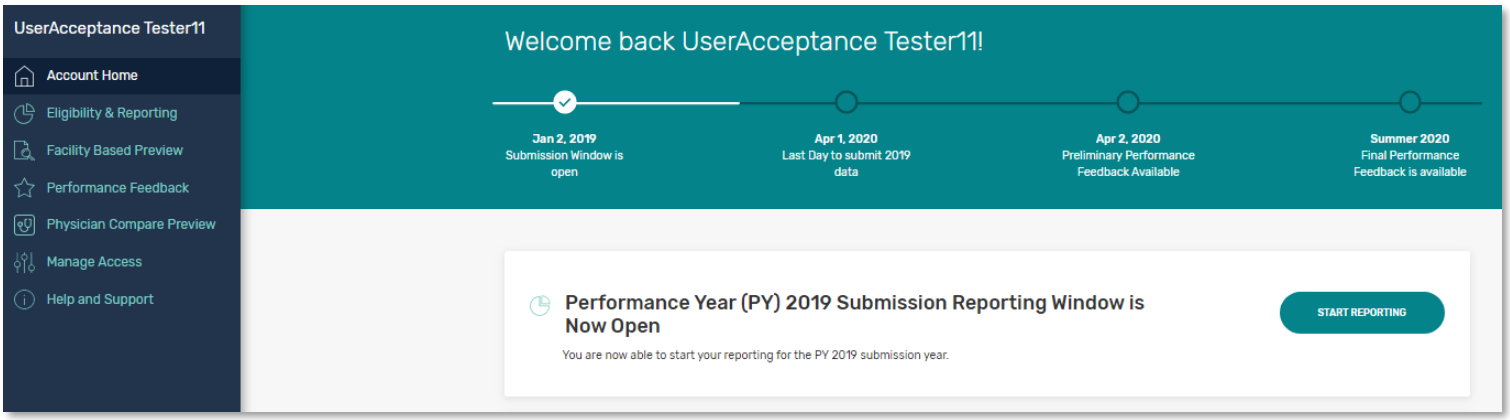
- If you have not yet set up a device for two-factor authentication, you will be prompted to do so before you can continue.
- For more information on setting up two-factor authentication, review the Register for a HARP Account document in the **QPP Access User Guide**.

For Groups and Virtual Groups

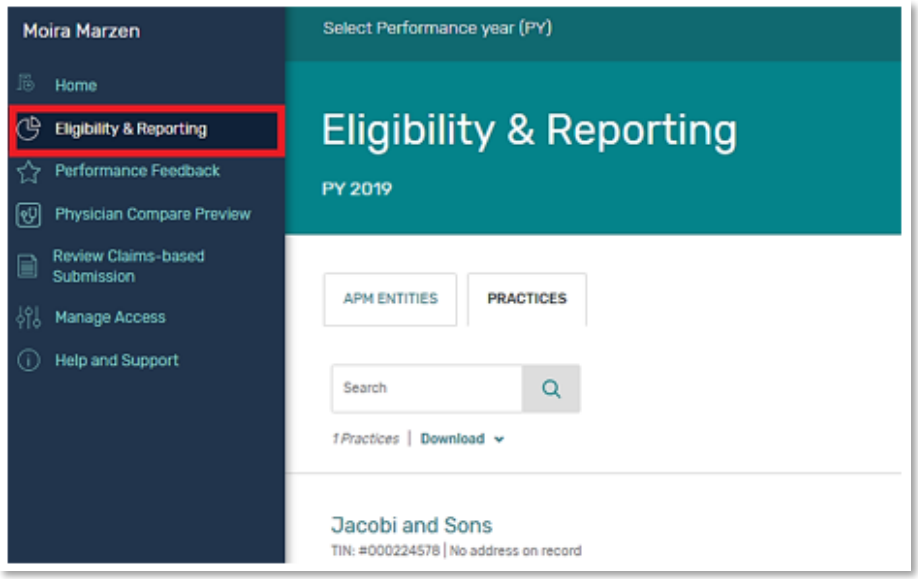
Once logged in, if you are part of a **Group or Virtual Group**, you will land on the **Home page**.

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

Skip ahead



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

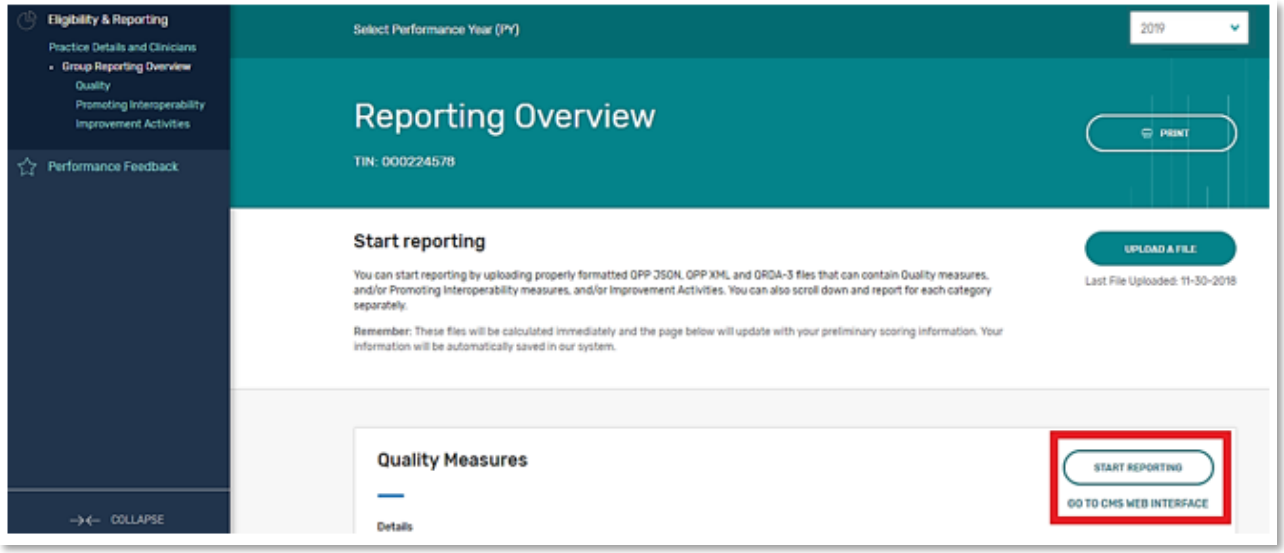


If you have access to multiple organization types (for example, a Practice and an APM Entity), you will see them differentiated by tab.

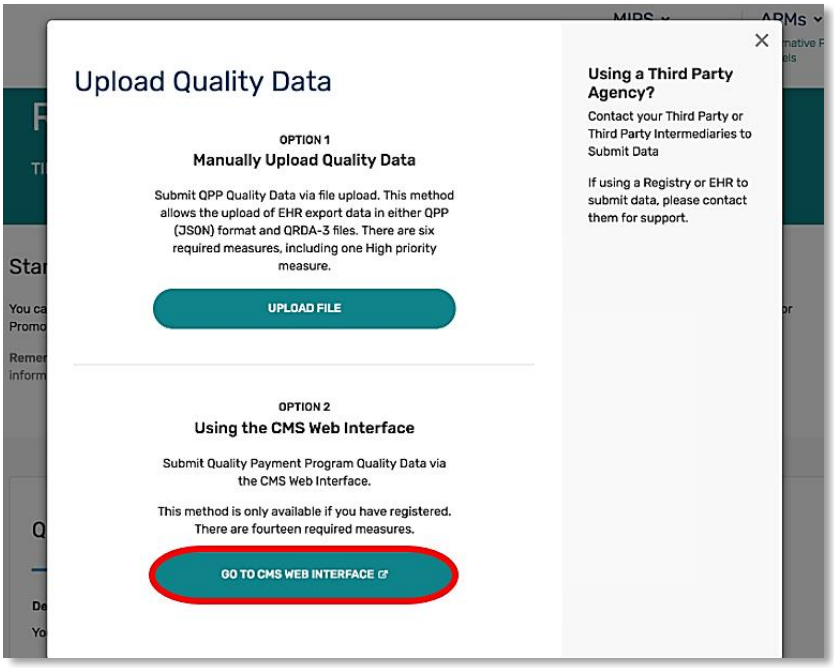
If you only have access to one organization type, you will not see the tab features that appear in this screenshot.

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

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

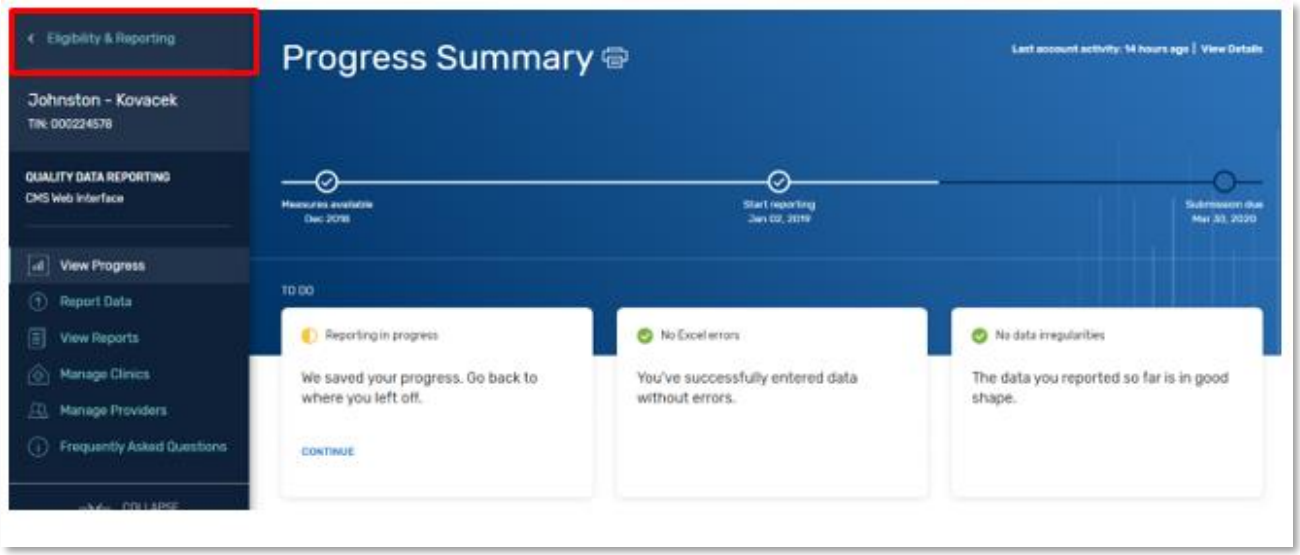


4) If you click **Start Reporting**, you'll need to click **Go to CMS Web Interface** to open the CMS Web Interface.



If you don't see **Go to CMS Web Interface** on either of these screens, it may mean you did not register the Virtual Group or Taxpayer Identification Number (TIN) in time for the CMS Web Interface, or the Virtual Group or TIN is not eligible for CMS Web Interface reporting.
Please contact the Quality Payment Program with questions
1-866-288-8292 (TTY: 1-877-715- 6222), Monday – Friday, 8:00 am – 8:00 pm ET.

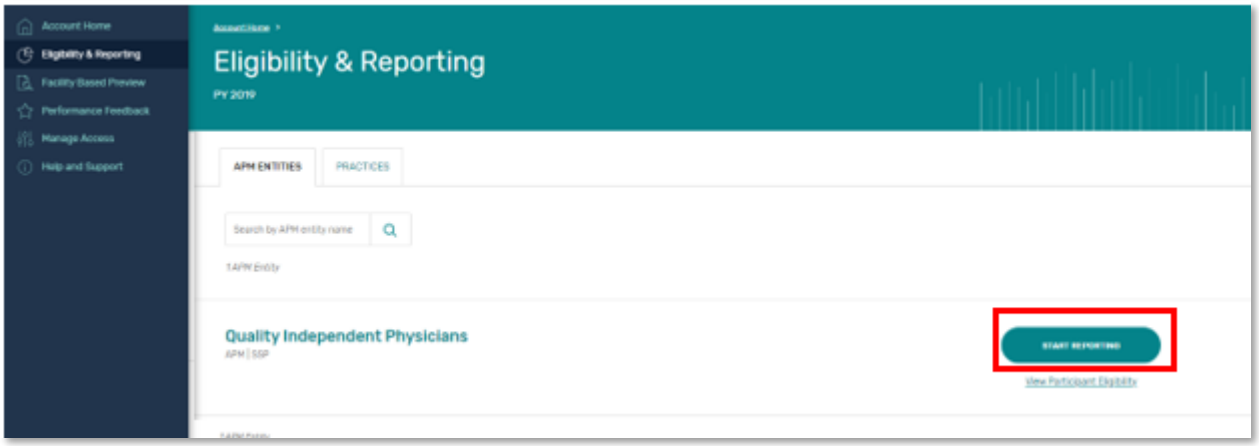
5) You can go back to your list of practices at any time by clicking **Eligibility & Reporting** at the top of the left-hand navigation.



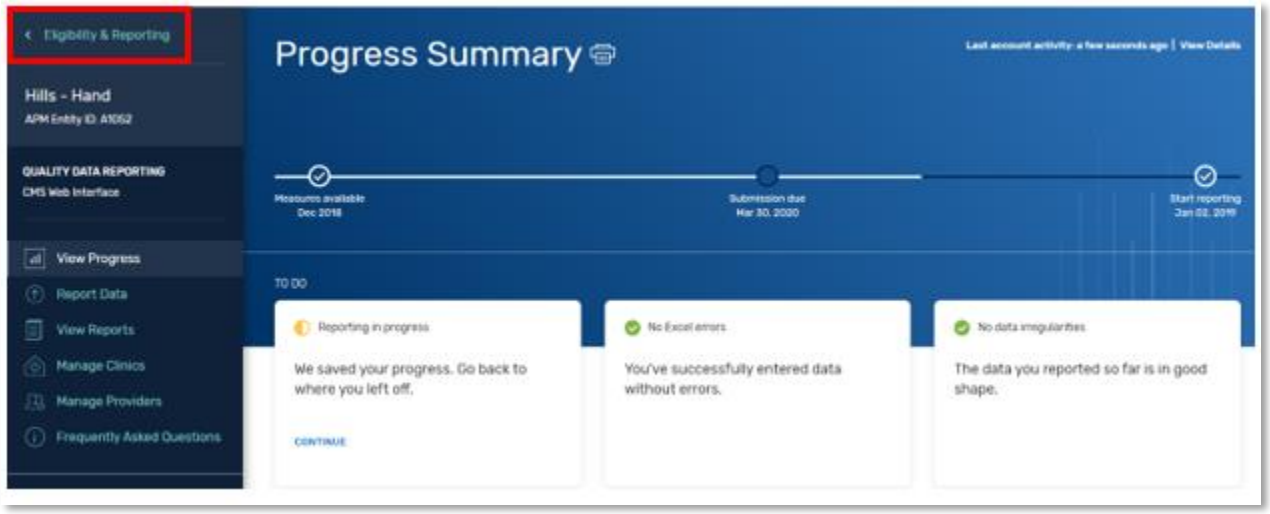
For APM Entities: Accountable Care Organizations (ACOs)

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 account.

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



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



What You Can Do in the CMS Web Interface

Review the CMS Web Interface Timeline

You will be able to perform different tasks in the CMS Web Interface based on the time of year you're logging in. Below is a depiction of the timeline of events planned for this year.

Note that the CMS Web Interface will open for the 2019 performance period at the Start Reporting milestone.

Measures Available Milestone

Measure specifications for the CMS Web Interface were made available following publication of the Quality Payment Program 2019 Final Rule in November 2018. This is the first milestone you will see on the timeline.

Start Reporting Milestone

Your Medicare beneficiary sample will be **available** for download through the CMS Web Interface on **January 2, 2020** when the submission period opens.

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

- Log into the CMS Web Interface
  - See the Accessing the CMS Web Interface section of the guide
- Review your sample
  - See the View Sample section of the guide
- Download your sample
  - See the Download Sample section of this guide
- Work on filling in your data in the Excel template
  - See the Report Data via Excel section of this guide
- Upload your data to the CMS Web Interface
  - See the Upload Excel Data section of the guide
- Manually enter test data by beneficiary or by measure into the CMS Web Interface
  - See the Report Data via Manual Data Entry section of the guide

- Review the available reports
    - See the View Reports section of the guide

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

Submission Due Milestone

On **March 31, 2020 at 8:00pm Eastern Time**, the CMS Web Interface will **close,** and you **won't be able to input or change any information**.

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

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

View Progress

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

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

View Sample

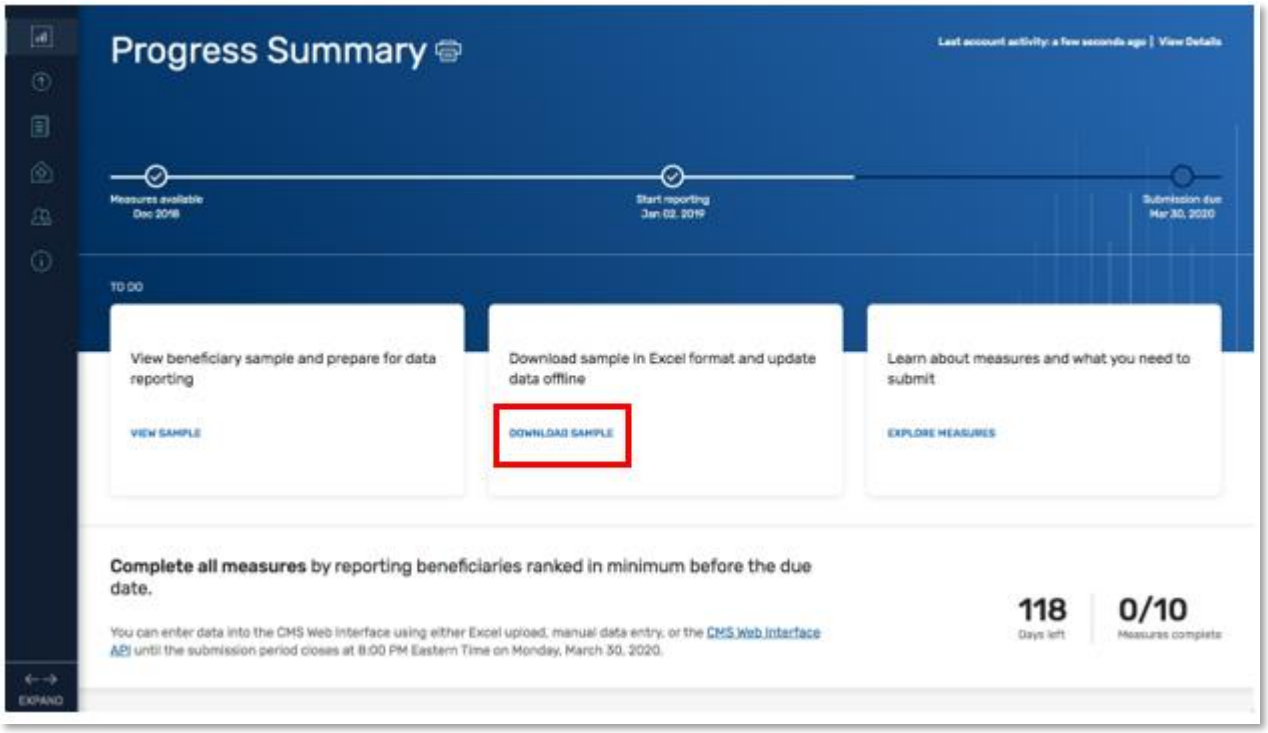
Once the Submission Period opens, you can view your sample in two ways:

1) **Download in Excel template:** You can download your beneficiary sample in the provided Excel template by clicking the **Download button** at the top of the **Report Data** page.
2) **Within the CMS Web Interface:** Click on **Report Data** to view your 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.
    - Note in addition to being able to download your beneficiary samples within the CMS Web Interface, the **Beneficiary Sample Files** will also be transferred to ACOs outside of the CMS Web Interface.

Download Sample

To download your sample using the Excel template:

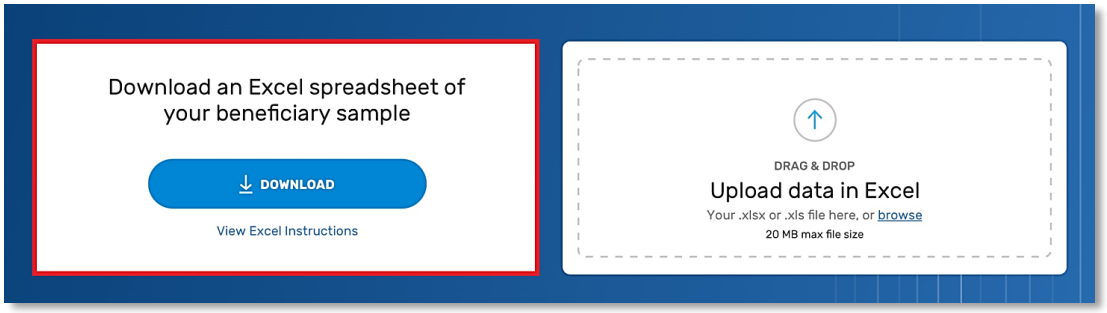
1) Sign In to the **CMS Web Interface**
2) Click **Download Sample** if you're signing in for the first time



OR

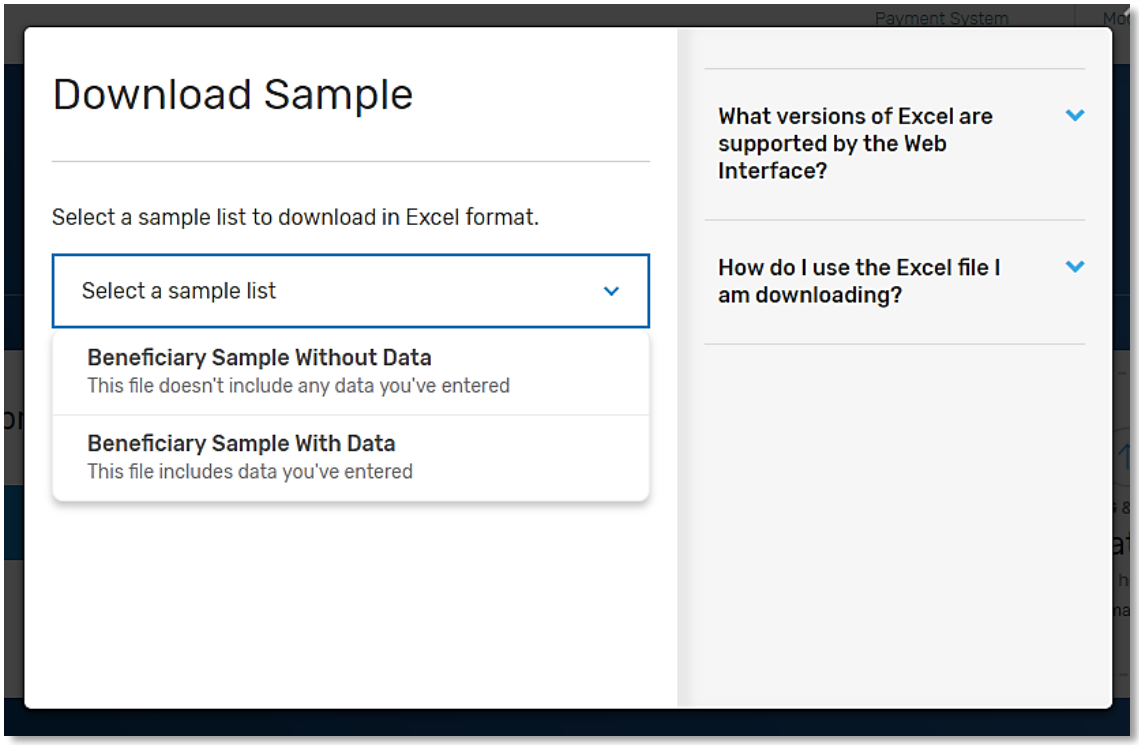
Navigate to the **Report Data** page, and click **Download**

-



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

- **Beneficiary 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.
- **Beneficiary Sample with Data** - Your template will be populated with any data you and your team have already entered in the CMS Web Interface—either manually or via a previous Excel upload.



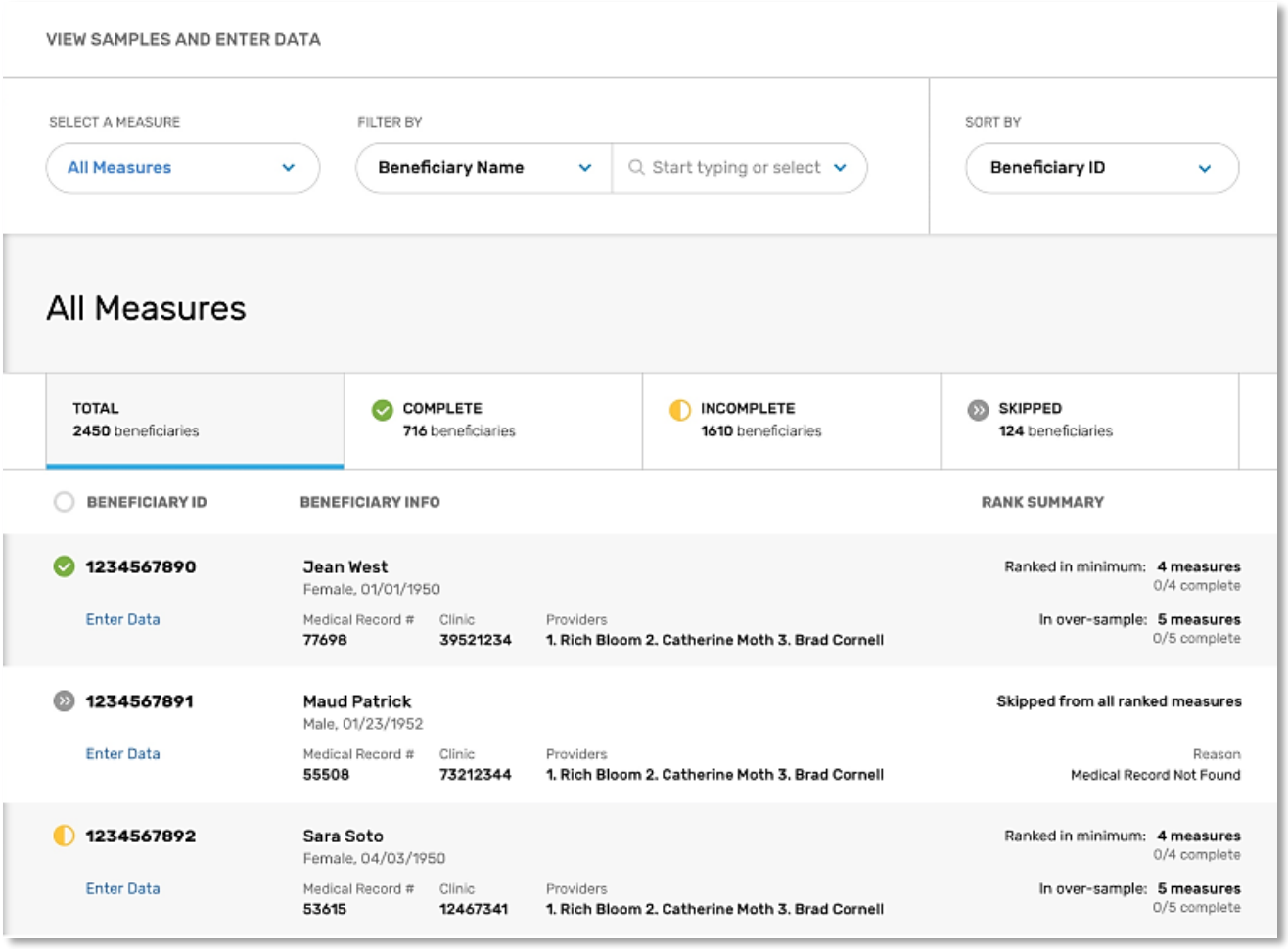
If you're downloading your sample for the first time before entering any data, select the **Beneficiary Sample Without Data** option. For instructions on how to fill in the Excel template, see the Report Data via Excel section of this guide.

View Sample in the CMS Web Interface

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

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.



For each beneficiary, you can see:

1. **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 oversample), 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 via manual data entry through the CMS Web Interface, API 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 reported completely because the oversample has not been completely reported.

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

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

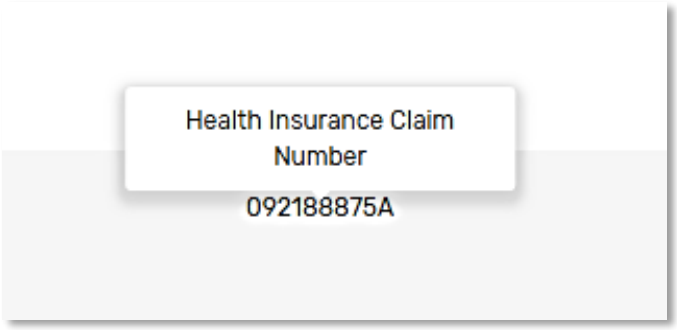
The minimum rank is a floating number through the submission process, so beneficiaries who do not start in the minimum may become part of the minimum if those ranked before them are skipped.

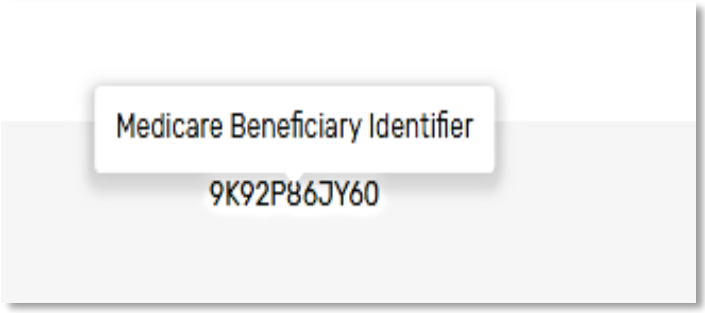
Complete - Beneficiaries in the Complete tab are beneficiaries for whom you have **reported in all their ranked measures**, regardless whether the beneficiary is ranked in the minimum or in the oversample for the measure.

Skipped - Beneficiaries reported on who either do not qualify for the specific measure or for the sample and are removed from the denominator.

2. **Beneficiary ID**

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





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

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

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

3. **Beneficiary Info**

Contains the beneficiary's demographic information including:

- **First and last name**
- **Gender**
- **Date of Birth**
- **Medical Record #** - This is an optional field you can fill in if you would like to associate the 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 (this information may be pre-filled), so you can more easily locate his or her medical record. See the Manage Providers and Edit Beneficiary Demographic Data sections on how to add or change an association.

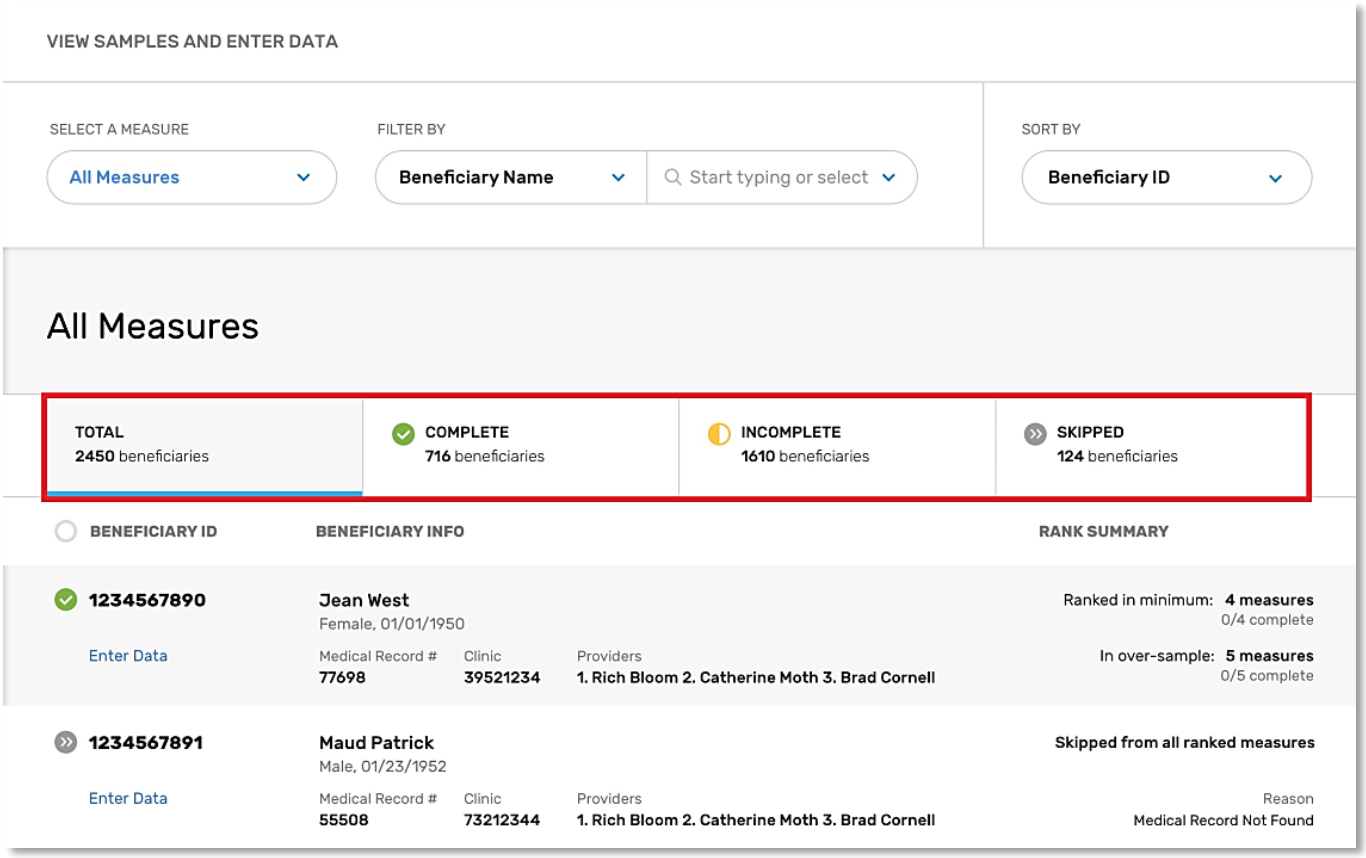
4. **Rank Summary**

Under rank summary, you can see the number of measures in which the beneficiary is ranked in the minimum as well as the number of measures where the beneficiary is part of the oversample. 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 Interface if a beneficiary moves into the minimum due to a skip.

Filter by Beneficiary Status

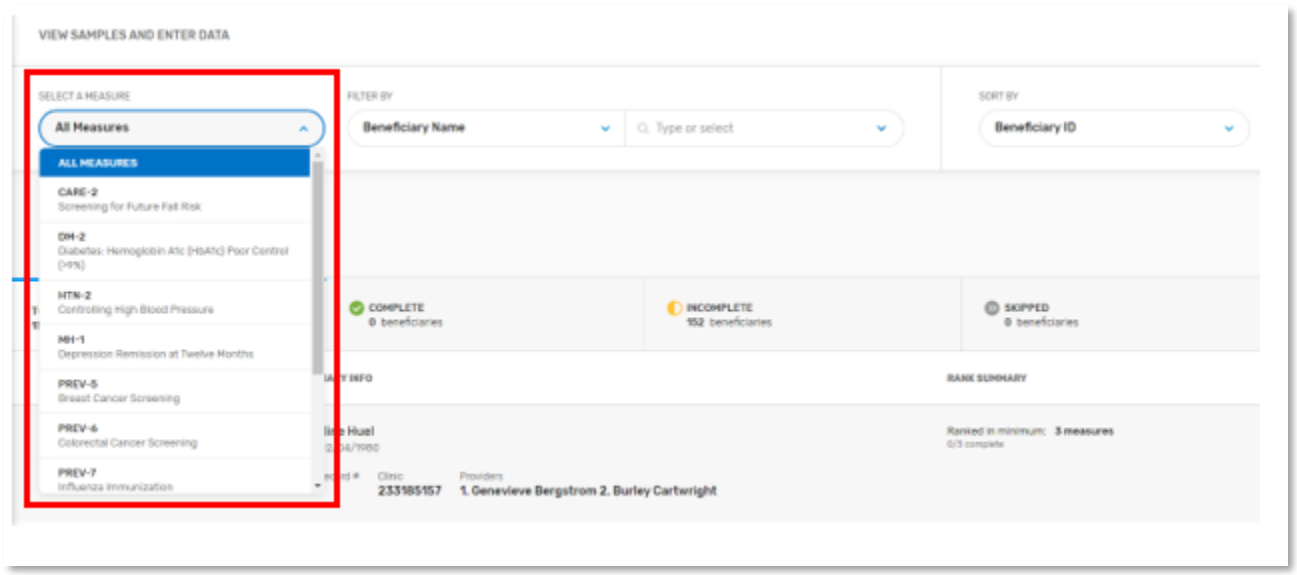
You can use the tabs at the top of the list to filter the list by beneficiary status.

- 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 **all measures have NOT been reported**.
- In the **Skipped** tab, you will see only beneficiaries who you have reported on who do not qualify for the specific measure are removed from the denominator. When looking at **All Measures**, skipped beneficiaries are beneficiaries reported on who do not qualify for the sample and are removed from the denominator.



Filter Sample by Measure

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



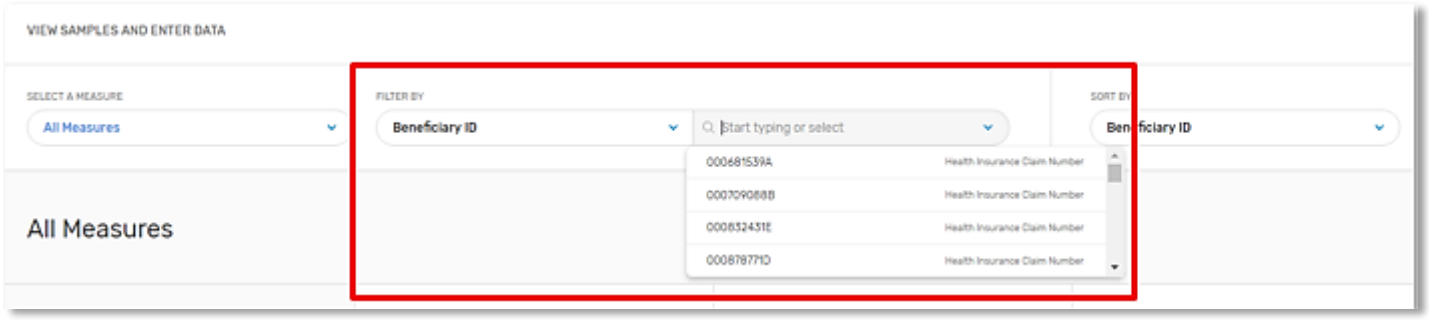
To **manually enter data** in the CMS Web Interface one measure at a time, you can filter the list by that measure and click **Edit Data** on a beneficiary row to begin entering data for only that measure (see the Enter data by measure section of this guide for more information).

Filter Sample by Other Criteria

You can further filter down the list by:

- **Beneficiary ID** - This is the Medicare beneficiary's Health Insurance Claim Number or Medicare Beneficiary Identifier.
    - This field will be pre-filled by CMS. When you filter by Beneficiary ID, the type of ID will display next to the number.
- **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.

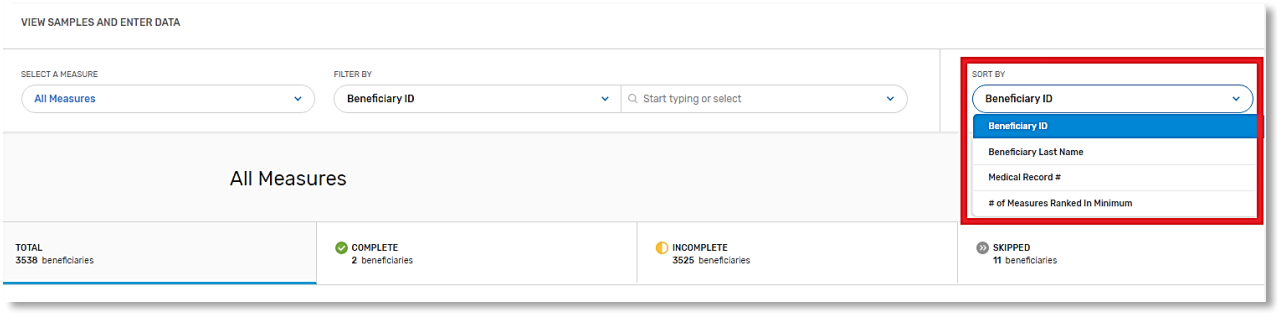
Once you have selected a specific **filter type**, enter the **specific query** into the adjoining field to further filter the list.



Sort Sample

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

- **Beneficiary ID** - This is the Medicare beneficiary's Health Insurance Claim Number or Medicare Beneficiary Identifier. This field will be pre-filled by CMS. You can sort the list in ascending numerical order on this number.
- **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.



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:

- **Medical Record Number** - If you track patients by an internal numbering system, you can enter that number in the Medical Record Number field **Provider Name 1, 2 & 3** - Providers that provide the plurality of care to a beneficiary ranked by volume of primary care services provided. A beneficiary can have more than one provider.

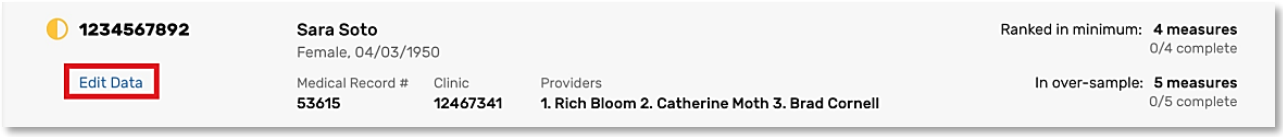
- **Clinic ID** - Are also known as clinic's Tax Identification Number (TIN).
- **General Comment** - Any additional information you want to note with a beneficiary can go underneath general comment.

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

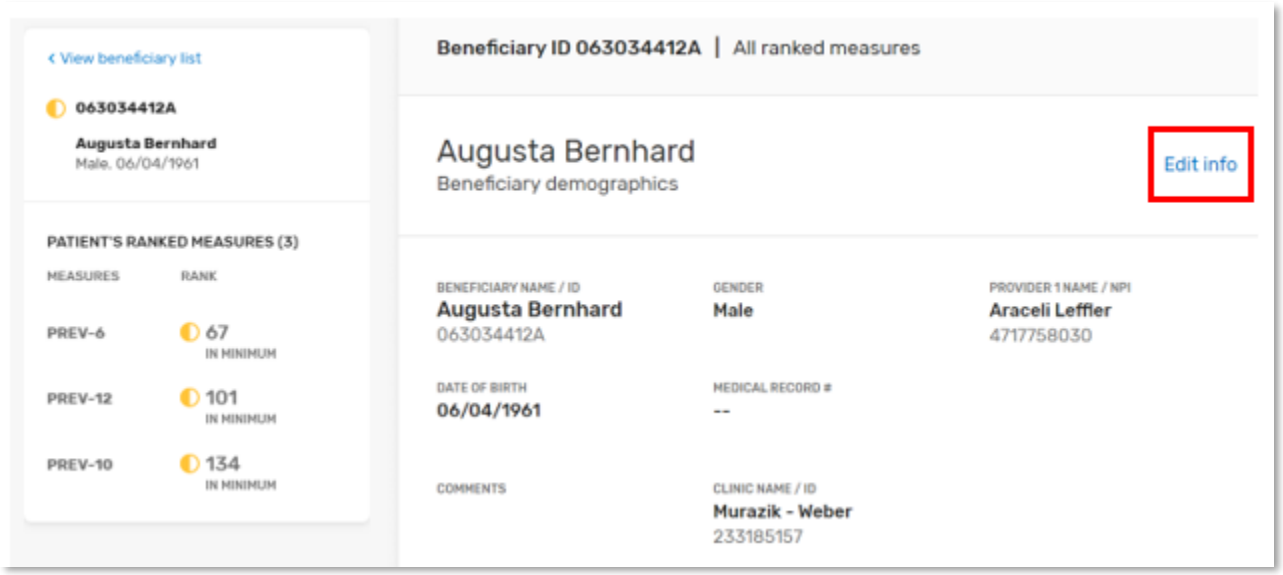
- **First Name**
- **Last Name**
- **Date of Birth**
- **Gender**

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

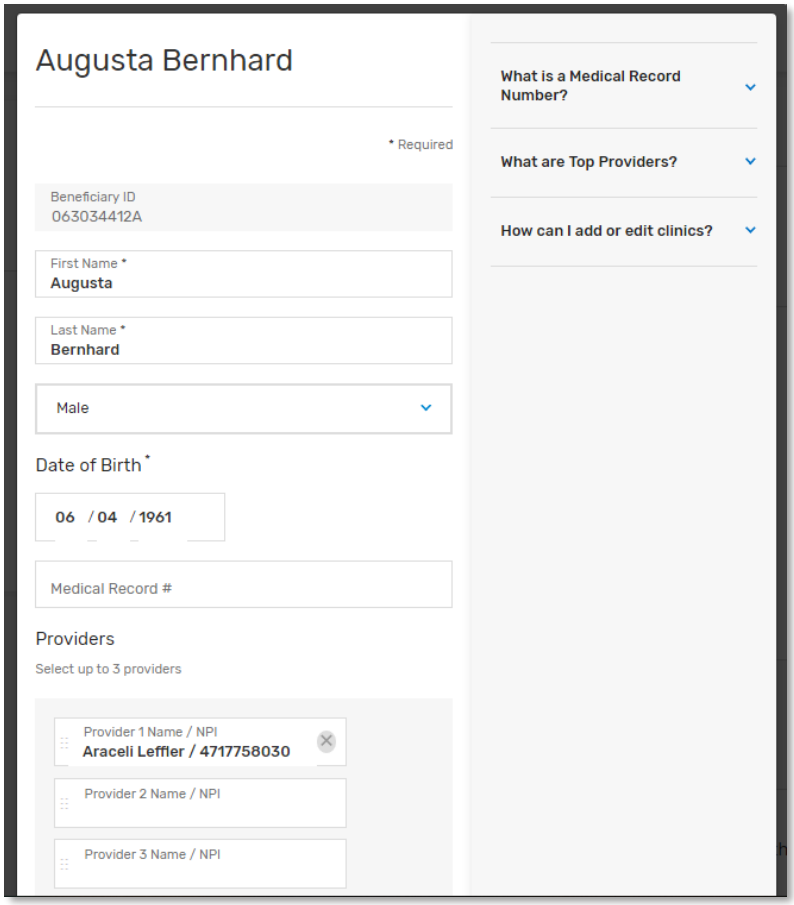
1) Navigate to the **Report Data** page
2) Select **Edit Data** next to the beneficiary for whom you'd like to change information



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



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



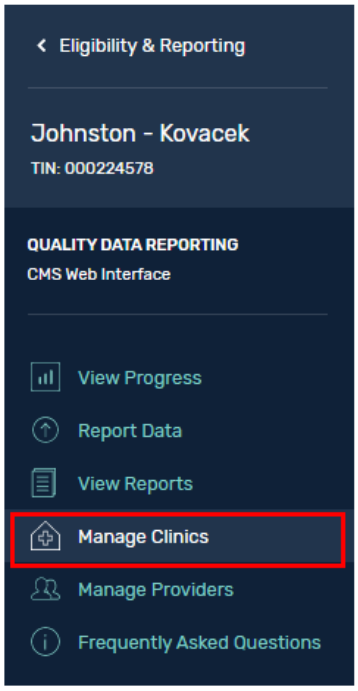
The **Provider Name** and **Clinic Name** information fields are input fields that turn into dropdown fields when you begin typing. You can only associate clinics and providers that are already in your system. To add, change or delete the clinics and providers in these lists, see the **Manage Clinics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

Manage Clinics and Providers

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

Don't need to change this information?
Skip ahead to learn how to Report Data

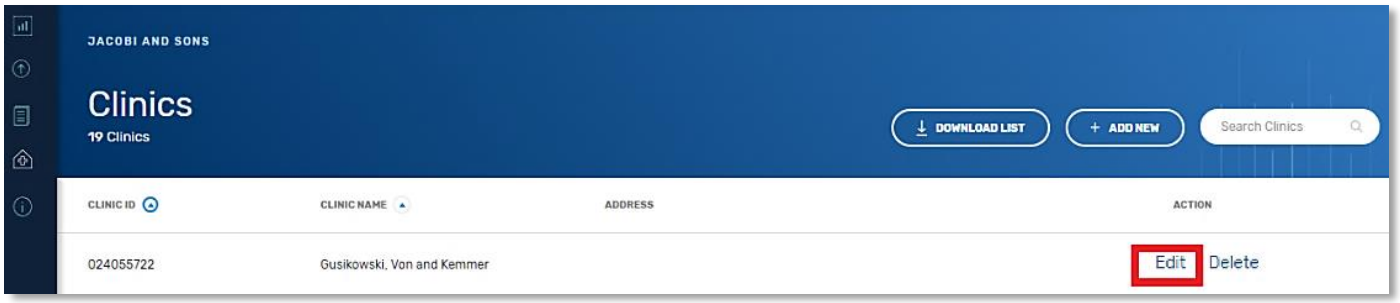
Manage Clinics



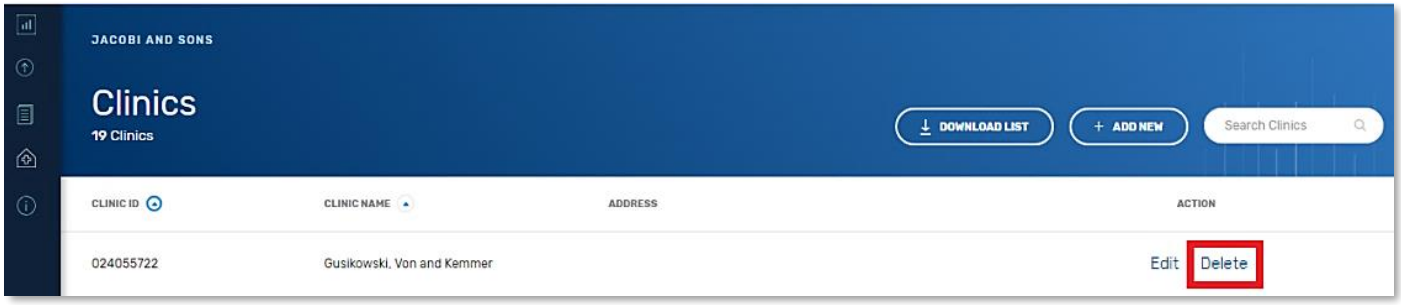
To manage your list of clinics, click **Manage Clinics** in the left-hand navigation panel.

Edit Clinic

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



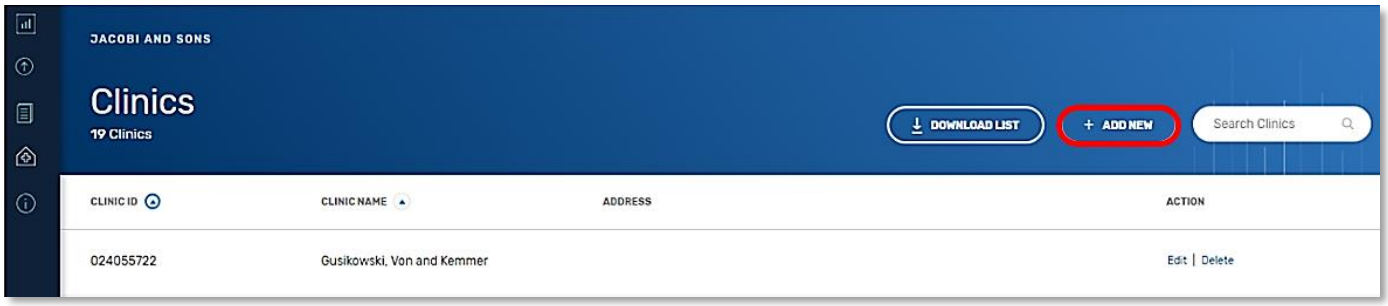
Delete Clinic
To delete a clinic, click **Delete** on the right. However, to delete a clinic, you must first **disassociate** it from every beneficiary it may be connected to in the CMS Web Interface.



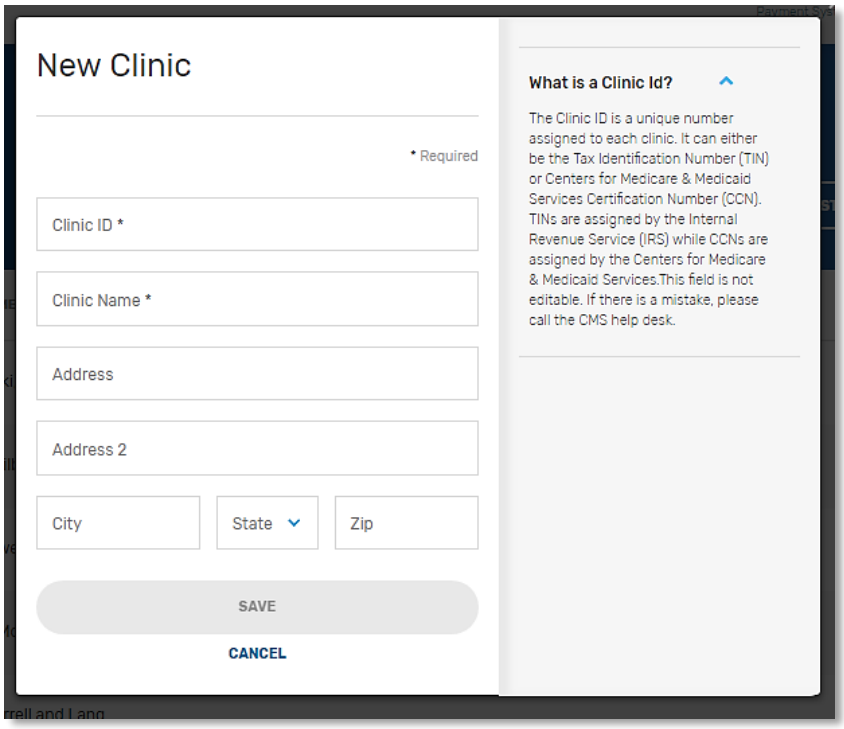
To do so, you can:

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 clinic you'd like to delete
4. In the Excel template, replace the Clinic ID with **N/A** (which will overwrite the provider name with a blank value once you upload the file)
5. **Upload** the updated Excel file
6. From the Manage Clinics page, click **Delete** in the clinic row
7. Repeat steps 3-6 for all clinics you wish to delete

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

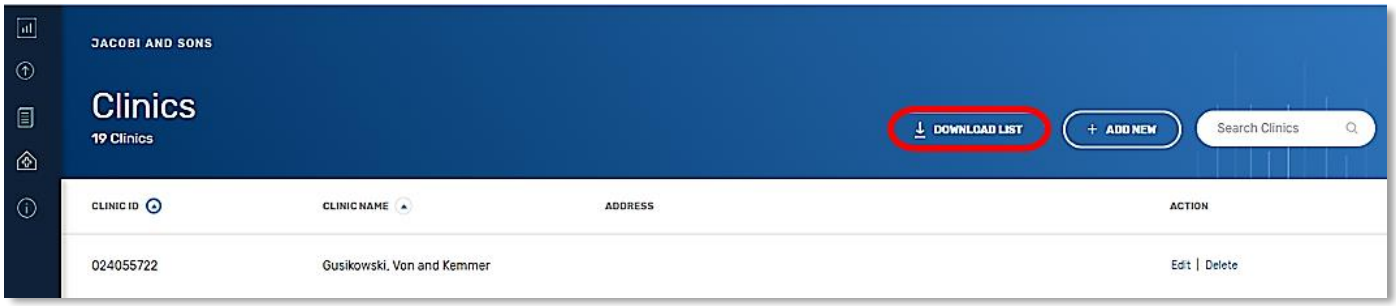


A window will open, where you will enter the new clinic's information (example: Clinic ID, name, and address).



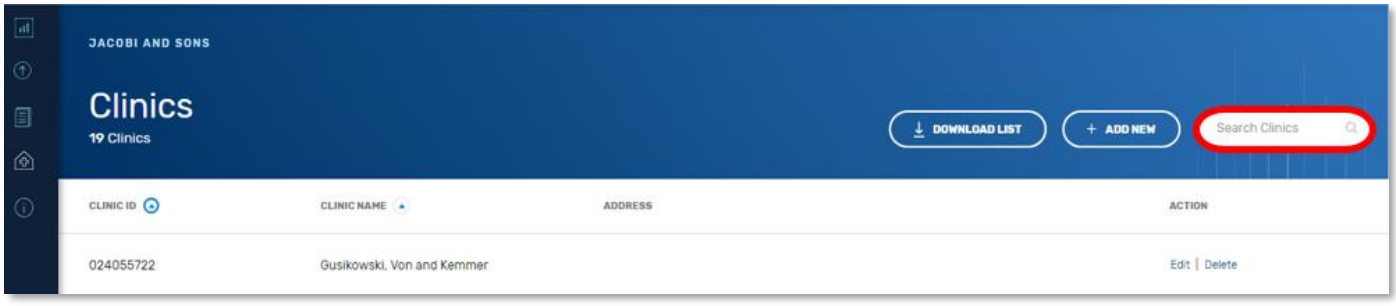
Download Clinic List

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

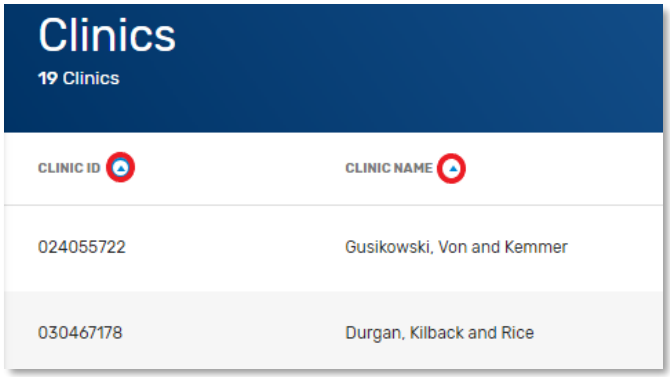


Clinic Sort and Search

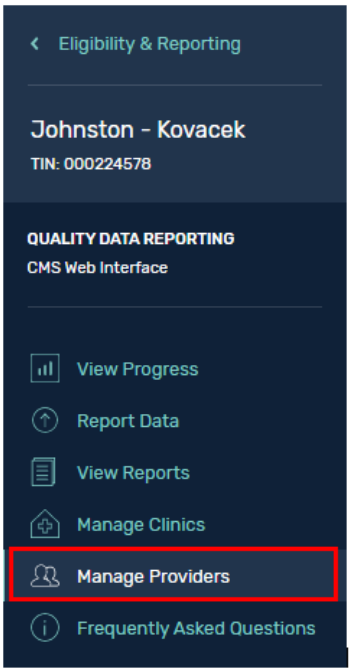
To locate a specific clinic, use **Search** at the top of the page to search by name or clinic ID.



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



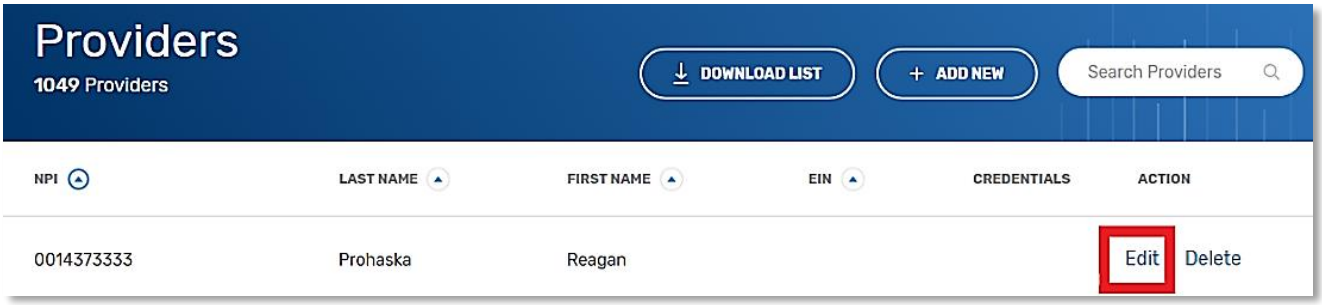
Manage Providers



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

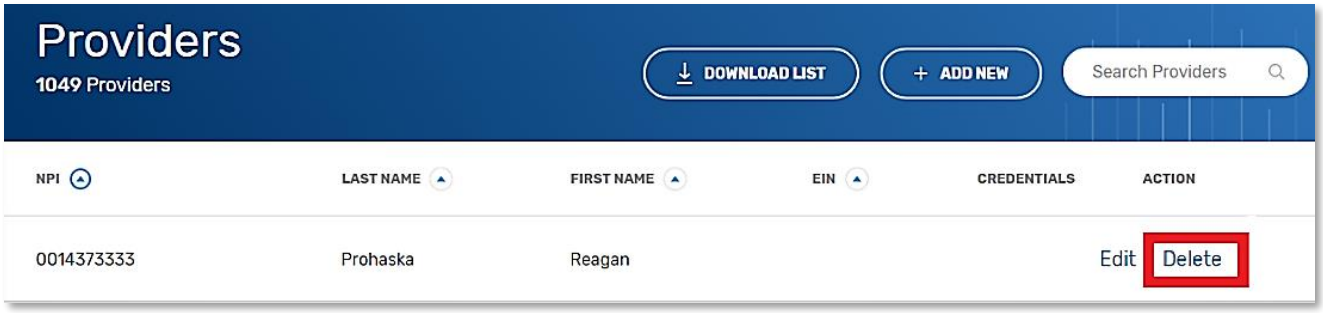
Edit Provider

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



Delete Provider

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

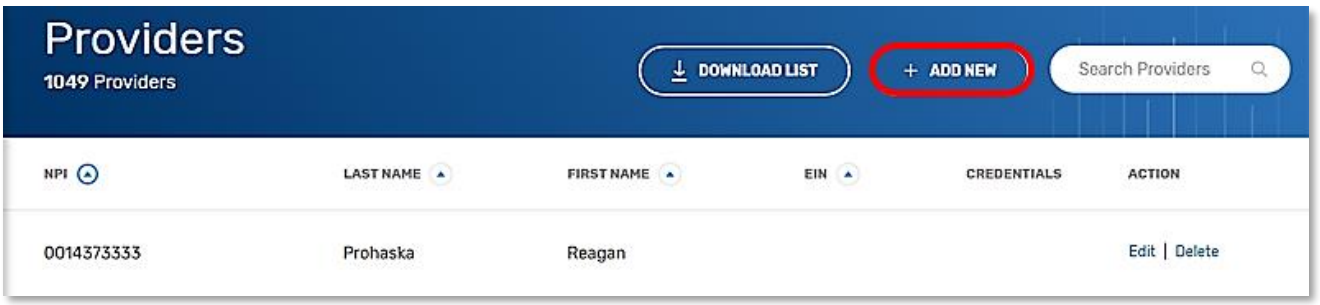


To do so, you can:

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 (**TIP:** Make sure to check all three provider columns)
4. In the Excel template, replace the Provider Name/NPI field with **N/A** (which will overwrite the provider name with a blank value once you upload the file)
5. Upload the updated Excel file
6. From the Manage Providers page, click **Delete** in the provider's row
7. Repeat steps 3 – 6 for all providers you'd like to delete

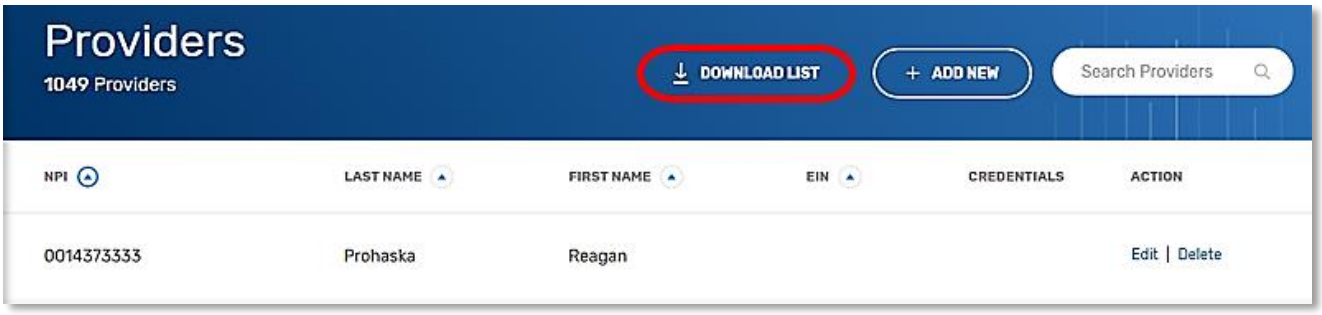
Add New Provider

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



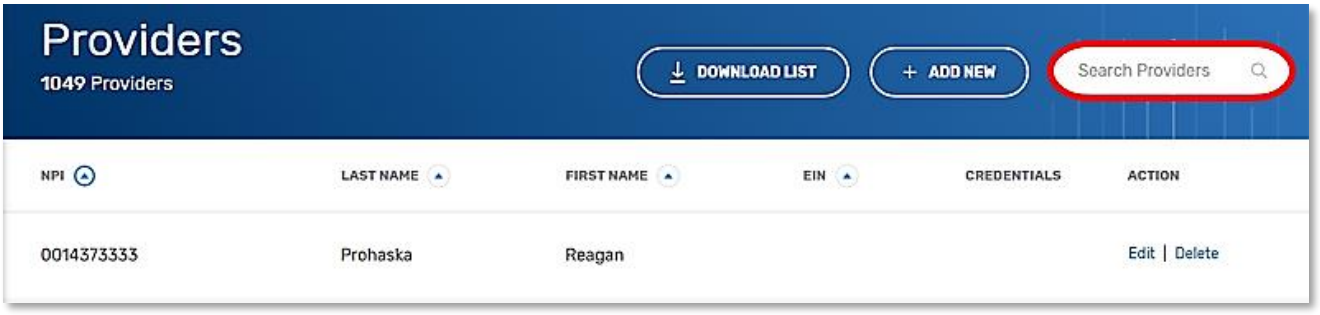
Download Provider List

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

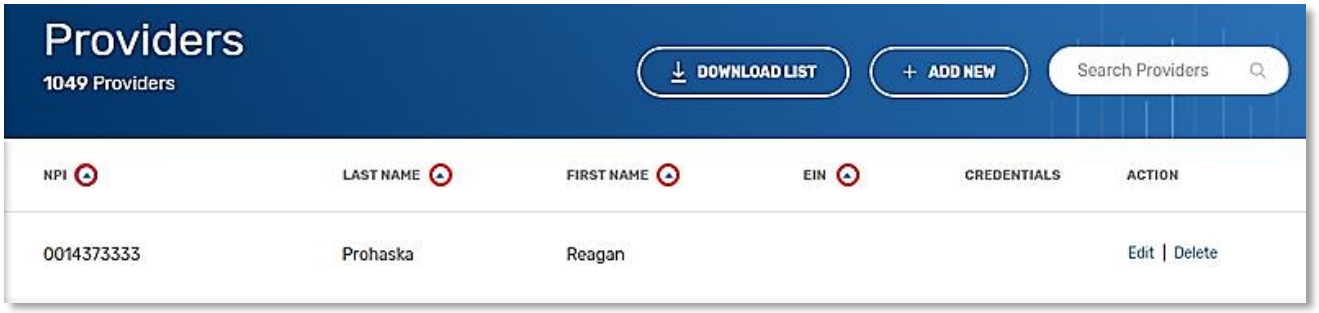


Provider Sort and Search

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



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



Report Data

Report Data via Excel

Understand the Excel Beneficiary Sample Template

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

Beneficiary Demographics	Beneficiary Demographics					
Beneficiary ID	Beneficiary ID Type	First Name	Last Name	Gender	Date of Birth (MM/DD/YYYY)	Med
638820538A	HICN	Anthony	Kulas	MALE	07/29/1988	
181897483E	HICN	Alexandro	Hane	FEMALE	06/10/1946	
137716098C	HICN	Imelda	Johnston	MALE	03/13/1996	
690504841C	HICN	Wilton	Boehm	FEMALE	02/05/1988	
234495903E	HICN	Althea	Krajcik	FEMALE	11/04/1945	

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

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

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

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

Click here to review these steps.

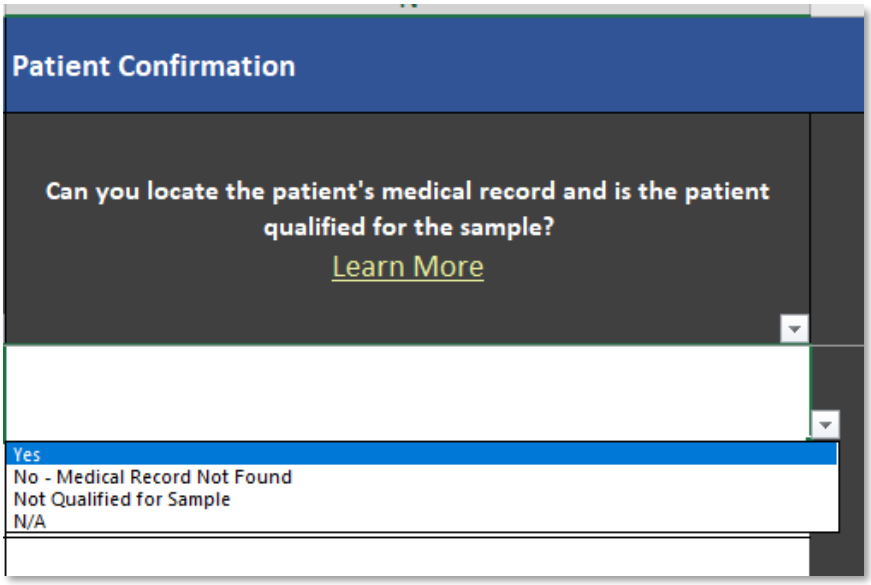
Enter Beneficiary Data

Beneficiary Demographics	CARE-2: Screening for Future Fall Risk	
Beneficiary ID	CARE-2 Rank	Is the patient qualified for this measure? Learn More
063034412A		
464454630B		
669873805A	4	

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

- If a beneficiary is ranked in a measure, they will have a number in the Rank column and the question input fields will be white or light blue.
- Beneficiaries may not be ranked in all measures.
- If a beneficiary is NOT ranked in a measure, the question input fields will be dark gray and are not required.

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



Not sure how to answer the question?

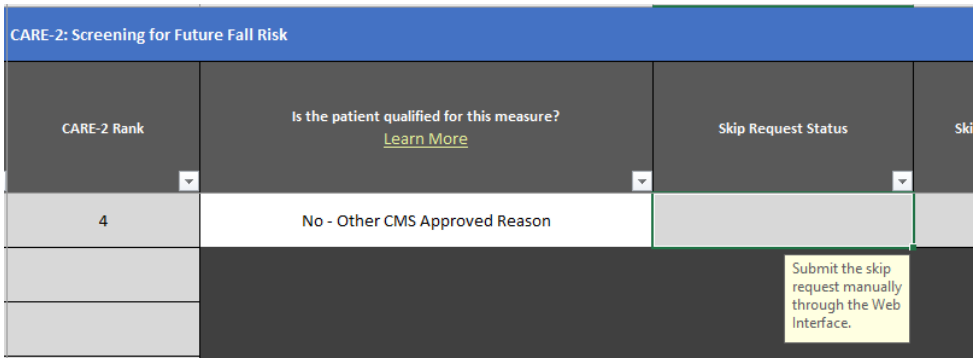
Click **Learn More** beneath a measure question to see more information on the Help tab of the document.

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

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

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

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

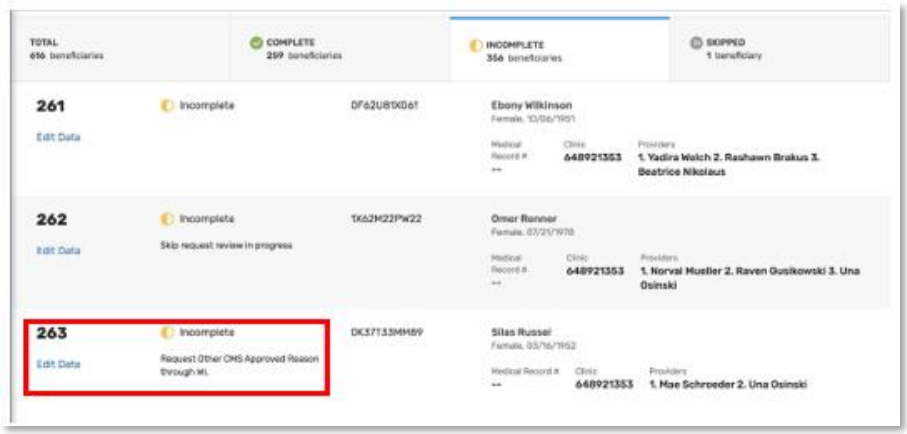


Within the template, you can indicate that a patient is not qualified for the measure for Other CMS Approved Reason**, but you will have to go into the Web Interface to complete and submit the request.**

Skip ahead to see how you can submit a request.

If you've used the Excel template to indicate a patient is not qualified for Other CMS Approved Reason, you will be prompted to action the View Progress page:

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



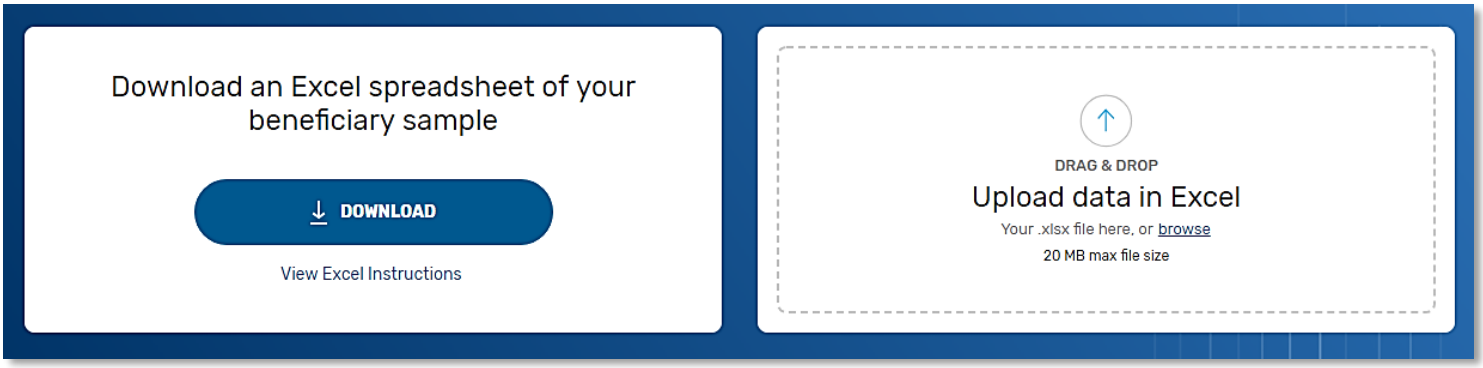
Upload Excel Data

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

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

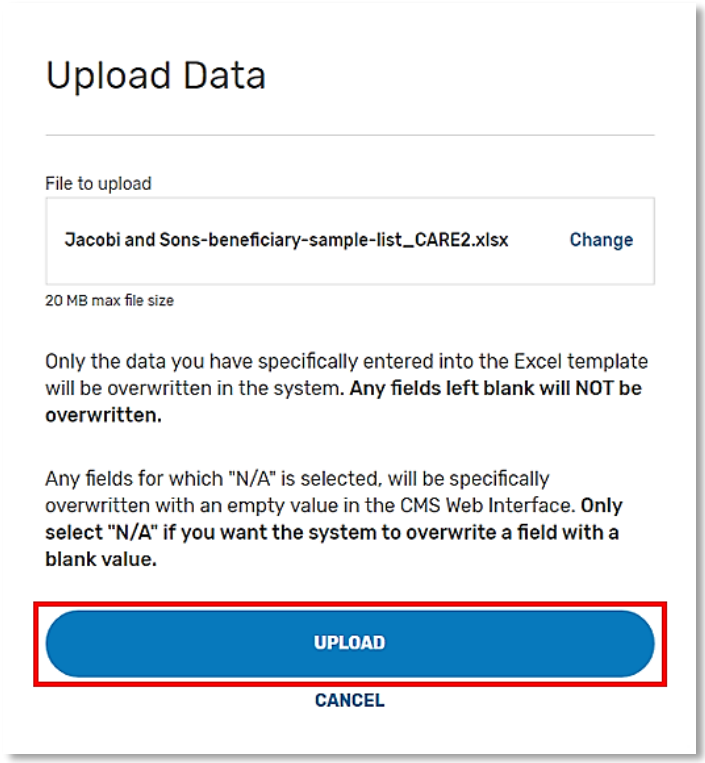
- **Simply drag and drop** your completed Excel template in .xlsx format into the Upload field in the CMS Web Interface.
  OR
- Use the **Browse** functionality within the Upload field in the CMS Web Interface to locate the appropriate Excel file from your computer's file system.

Note
There is a 20 MB size limit for file uploads



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

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



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

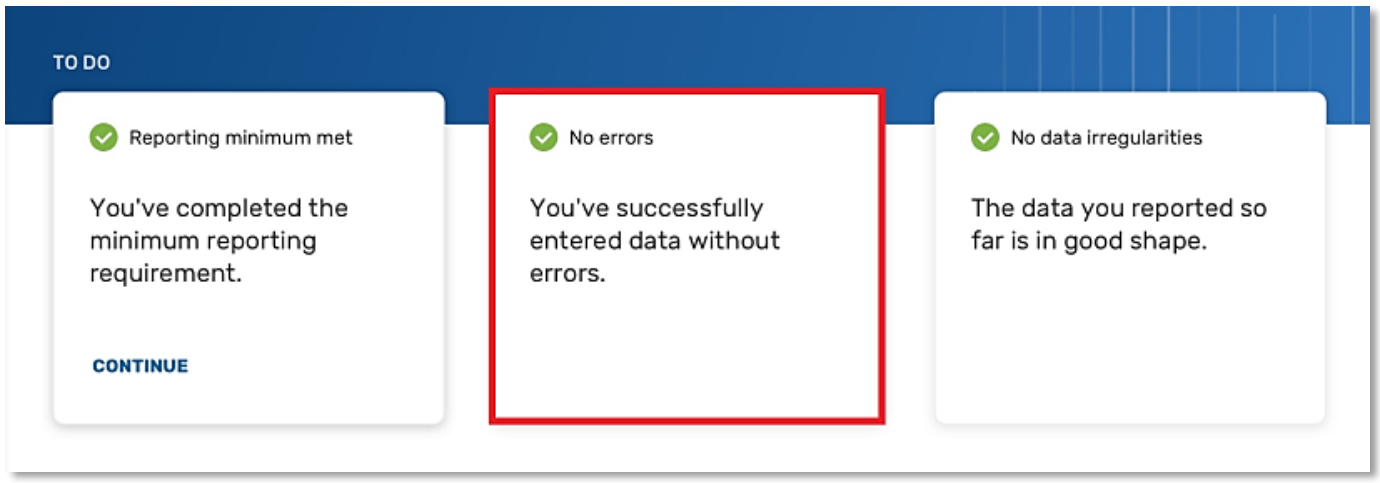
Any fields for which "N/A" is selected in the Excel template will be specifically overwritten with an empty value in the CMS Web Interface.

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

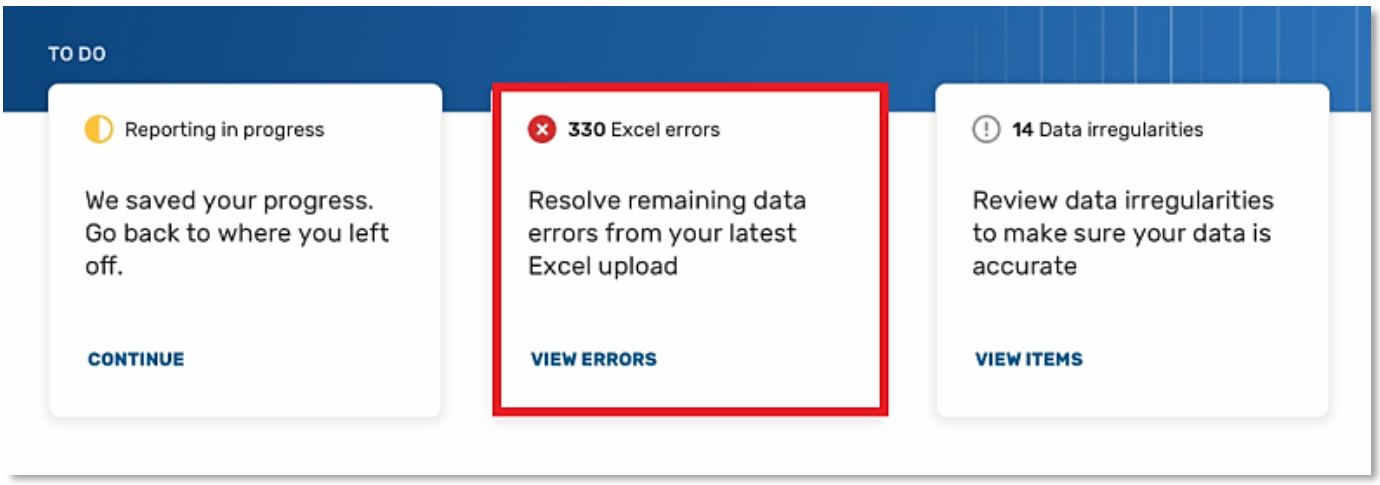
Resolve Errors

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

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



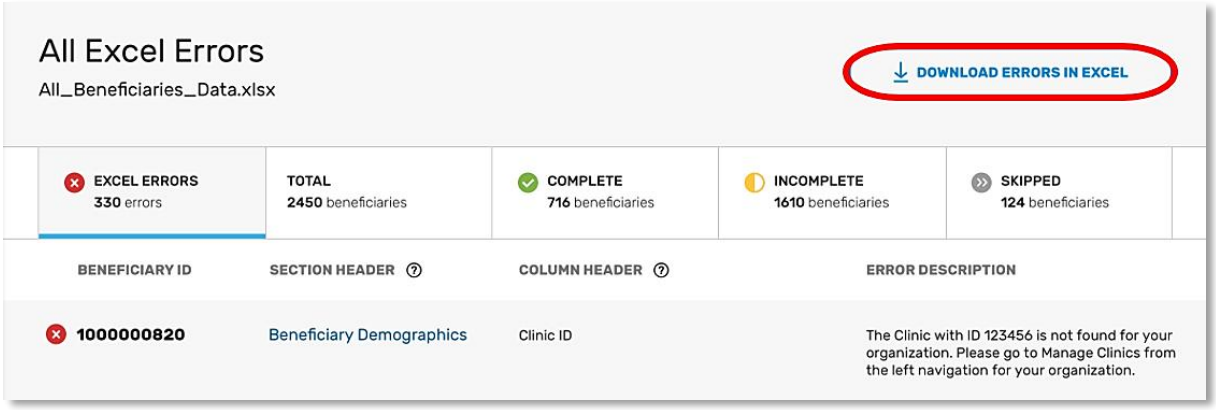
If you have any errors to resolve, the View Progress page will display a To do card at the top of the page titled **Excel errors** which will show the number of errors from the latest Excel upload.



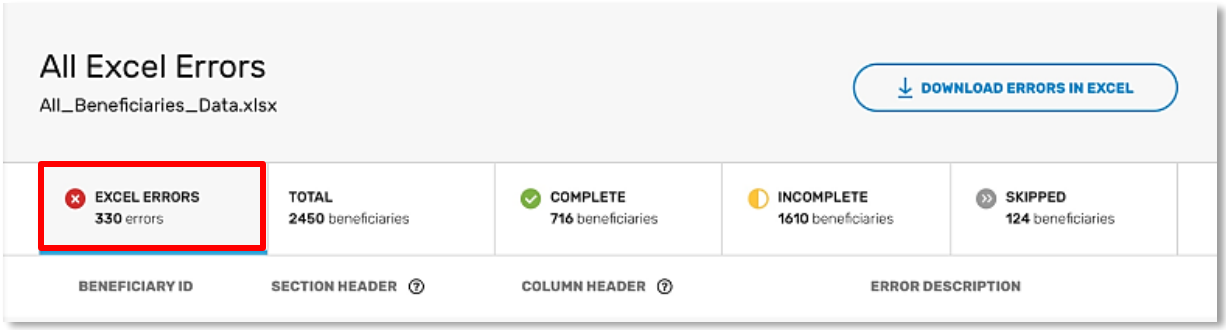
1. Click the **View Errors** at the bottom of the **Excel Error To Do card**
2. Identify **Excel Errors** using one of two options:

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

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



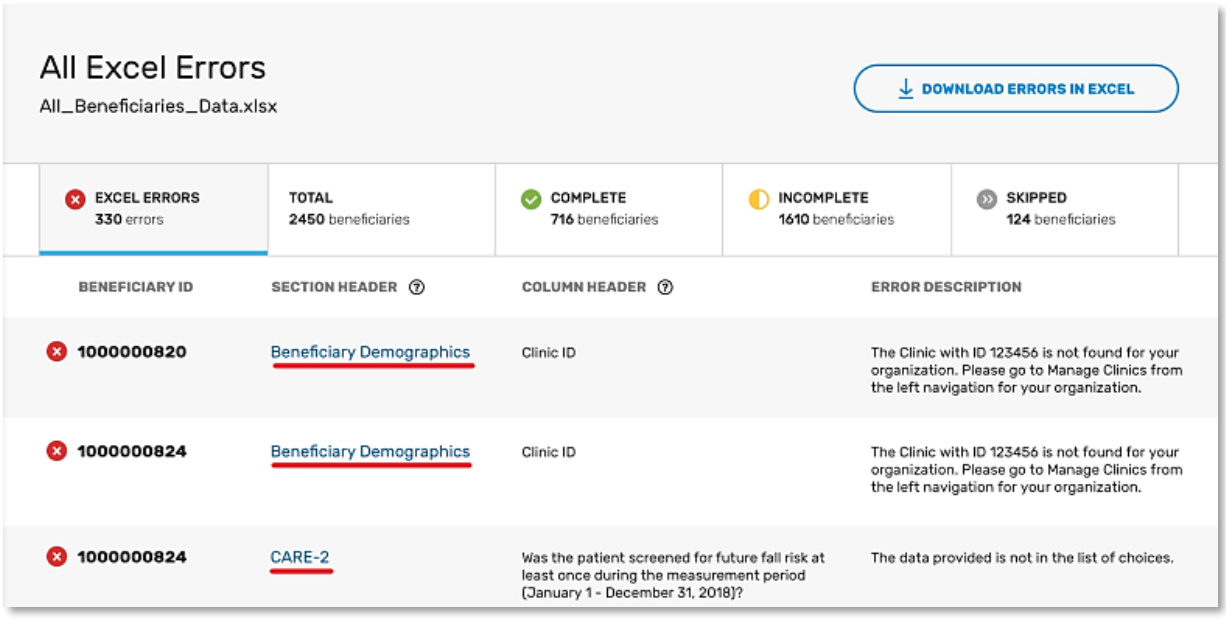
Option 2: Review measure errors in the **Excel Errors tab**.



The list of errors provides information including:

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

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



Auto-generate your own Excel file

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

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

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

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

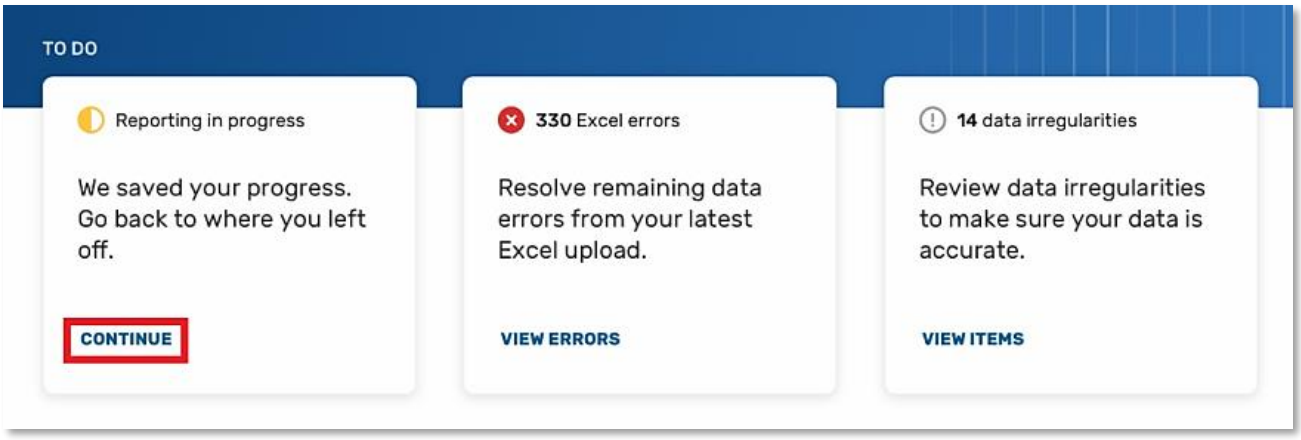
Report Data via Manual Data Entry

If you would like to manually enter data, you can choose between 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. See **Enter data by measure** below.



Helpful Hints

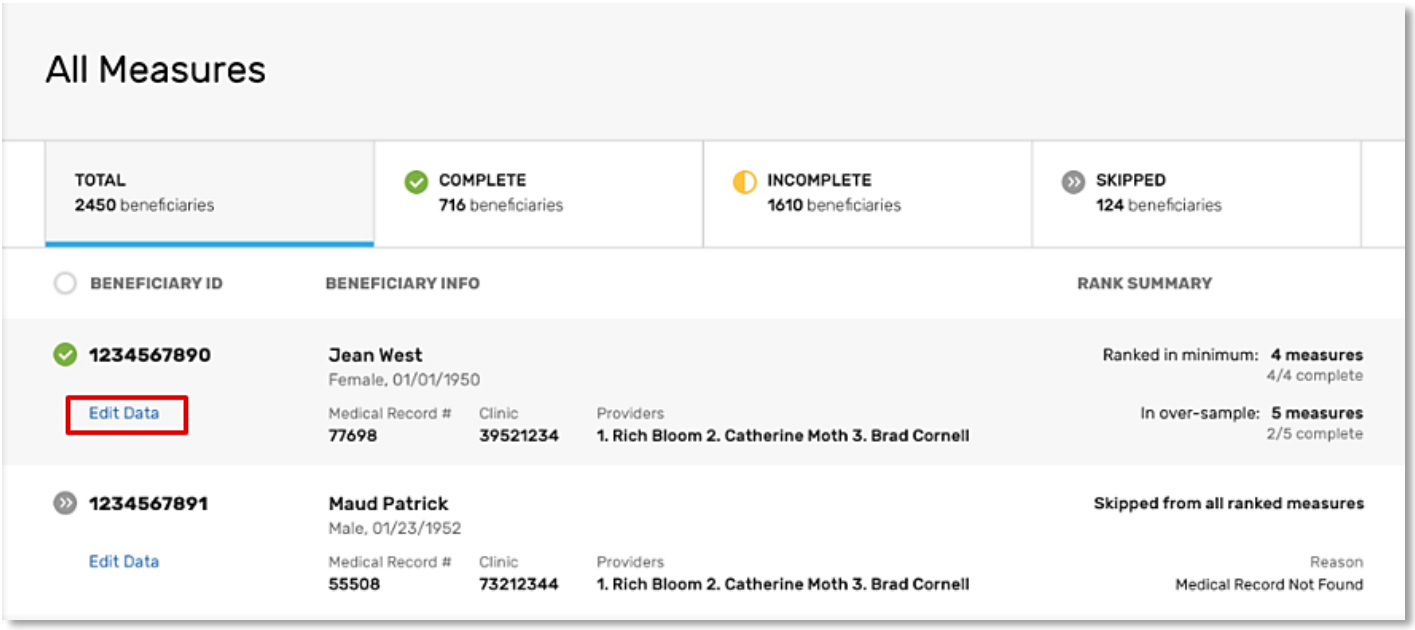
- ✓ Your progress will be automatically saved after each data entry so that you can always go back to where you left off. The saved indicator in the top left corner of the data entry screens will show you the last time your progress was saved.
- ✓ Click on Continue on the top left card in your View Progress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

Manually Enter Data by Beneficiary

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

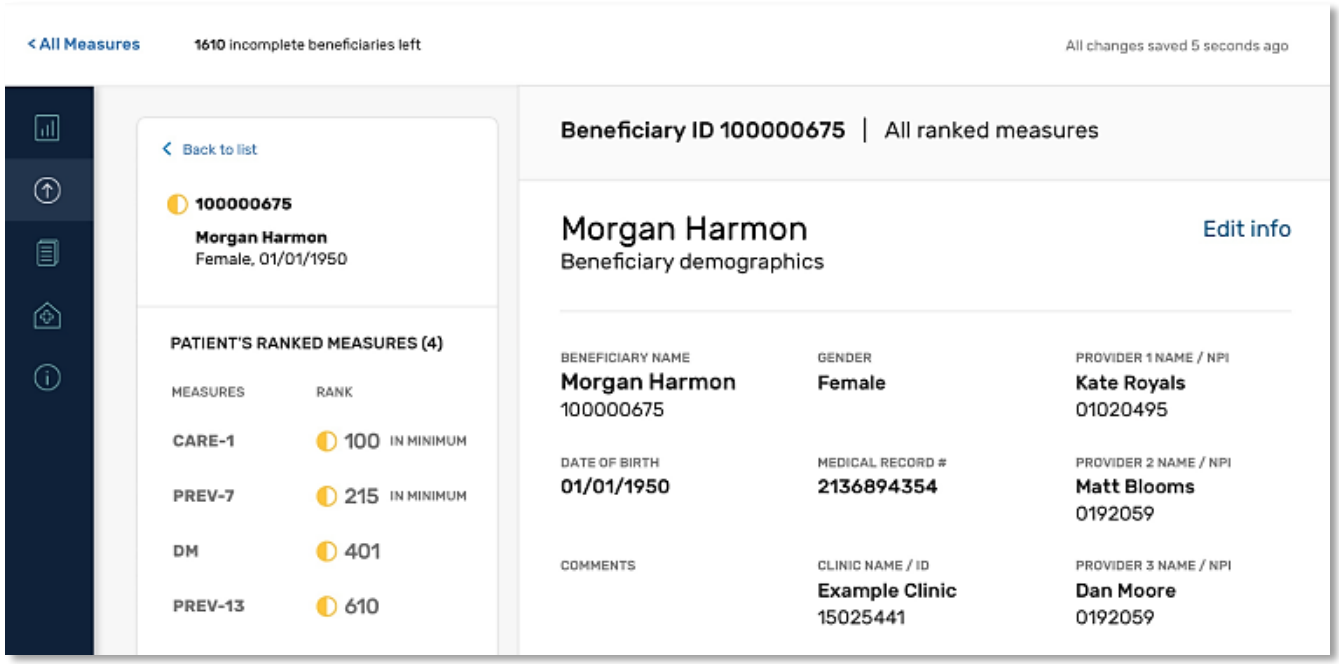
> **Prefer to enter data one measure at a time?**
>
> Skip ahead to Manually Enter Data by Measure

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

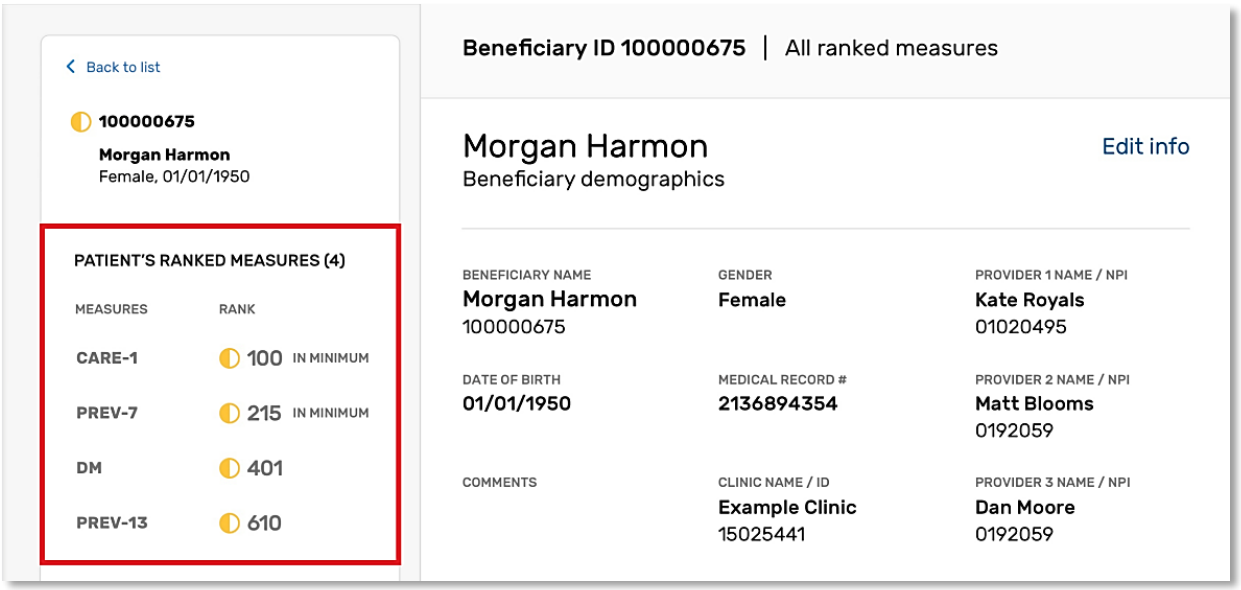


5. View the beneficiary's basic demographic information and identify the measures in which that beneficiary is ranked. If a beneficiary is ranked in the minimum for any of their measures, those measures will have an **In Minimum** label next to the beneficiary's rank.

> **Reminder:** 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.



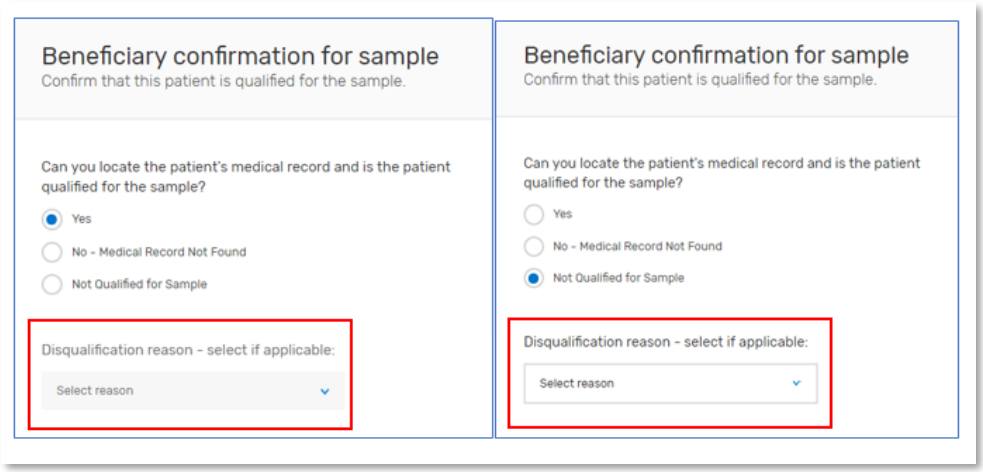
6. Scroll down the beneficiary record to answer questions for each measure. The measures appear in order of rank from low to high. The ranked measures list on the left will highlight the measure you're currently reporting.



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

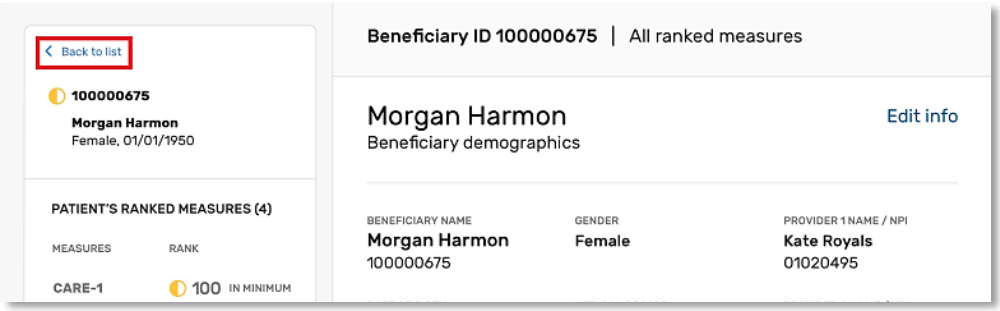
Required questions will be active while some fields appear grey, indicating they are inactive. Some questions are dependent on each other. If you answer the first question in a certain way, the following question may become required and active. In some cases, those questions will not be required and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

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

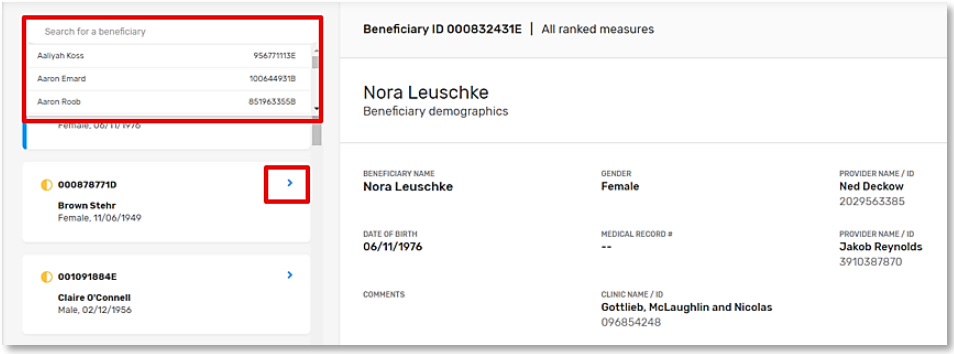


You can move to a different beneficiary by navigating to the Report Data and choosing another beneficiary, OR

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



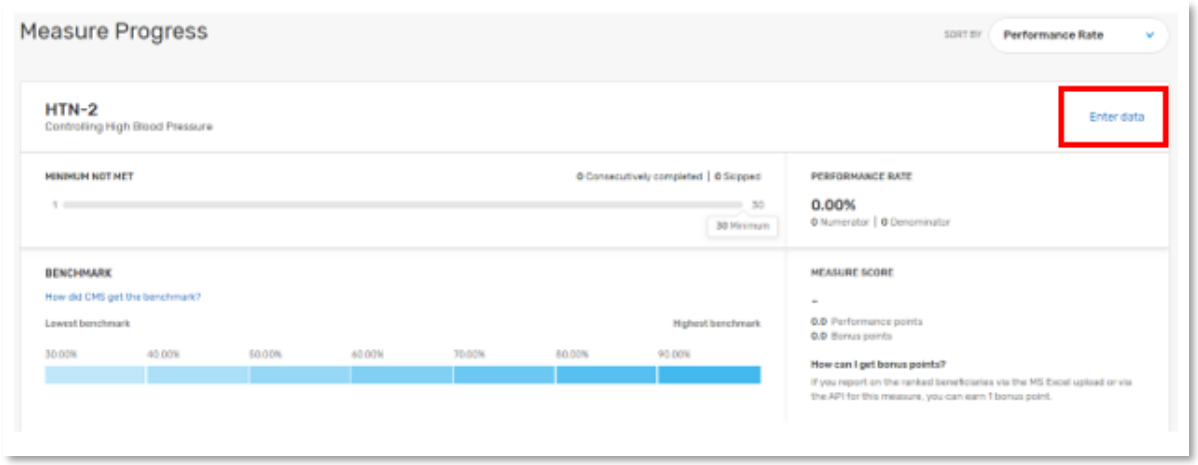
2. Select another beneficiary by clicking the caret next to their name in the panel or use the **search** feature to find a beneficiary by name or ID.



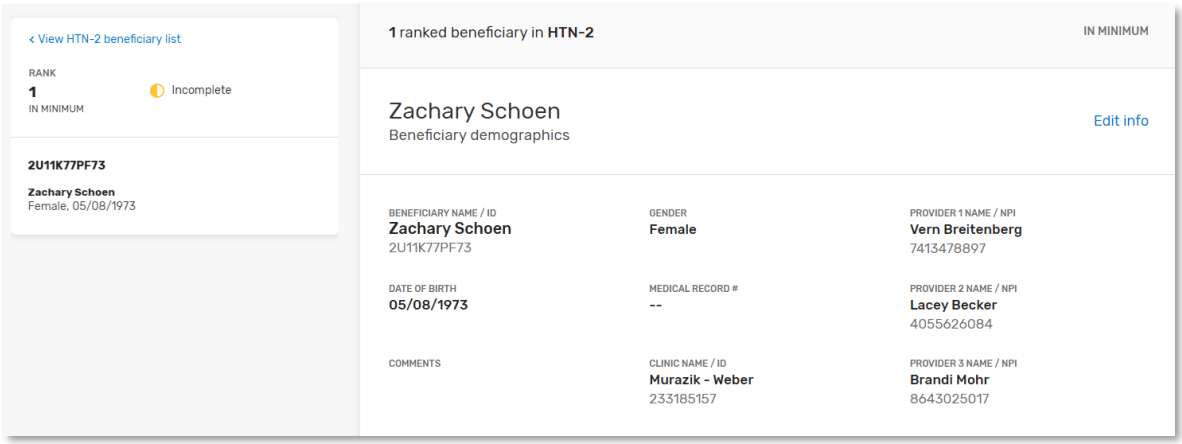
Manually Enter Data by Measure

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

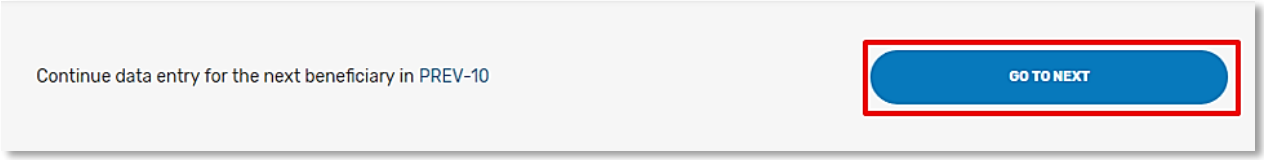
1. Navigate to the **View Progress** page
2. Scroll down to the measure progress cards
3. Click **Enter Data** next the measure you'd like to enter data for



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

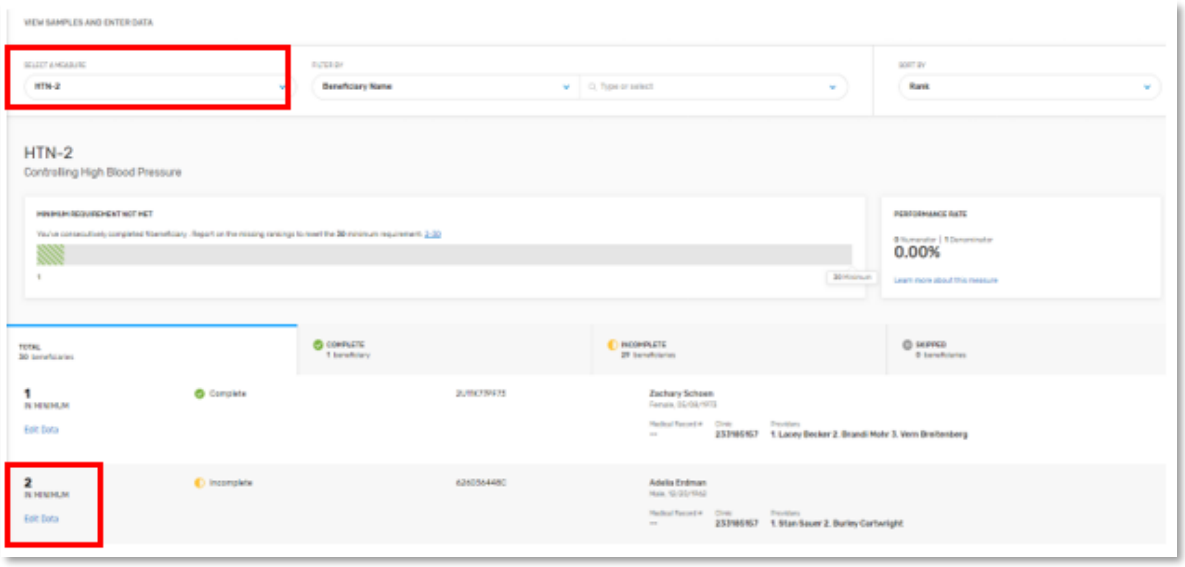


5. Scroll down to answer all measure questions for the beneficiary
6. Click **Go to Next** to answer questions for the beneficiary in the next rank order

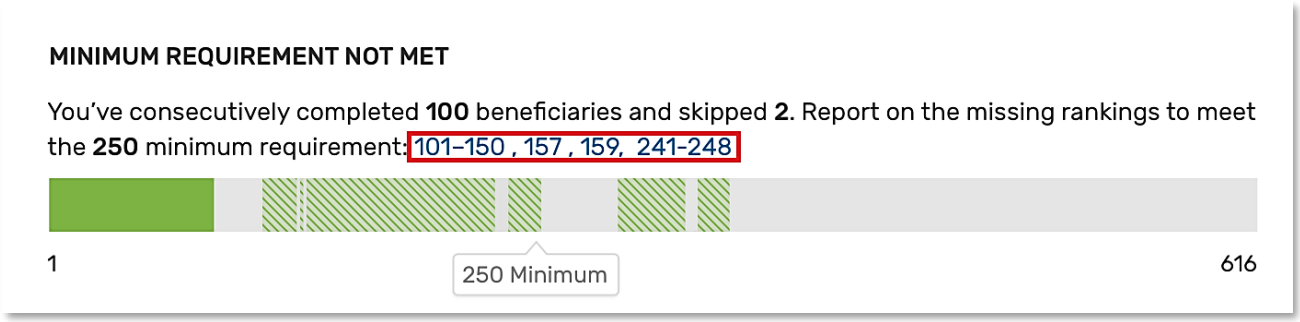


Alternatively, you can:

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. Click **Edit Data** next to the ranked beneficiary for which you'd like to enter data



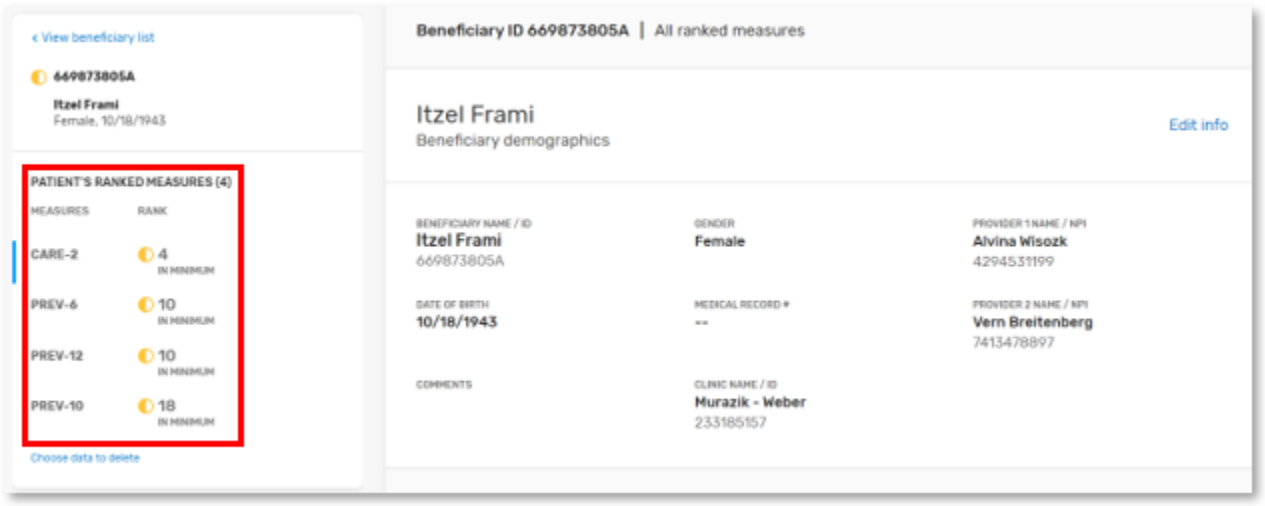
When you filter the beneficiary sample by a single measure, a helpful graphic appears at the top of the list that indicates the gaps in reporting you need to fill to meet the consecutive minimum reporting requirement. You can use the hyperlinks in the message above the graphic to jump directly to the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



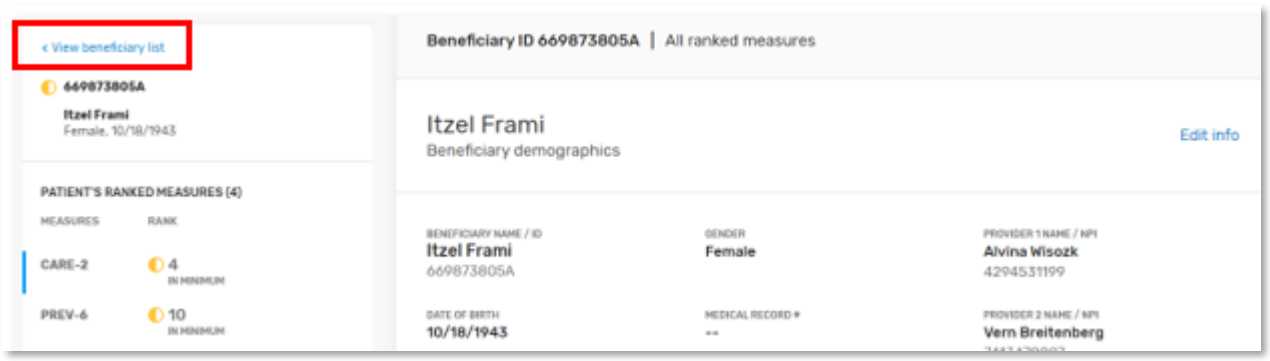
REMINDER: The **In minimum** label is fluid and will change in real-time in the interface if a beneficiary in the minimum is skipped.

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.

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.



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

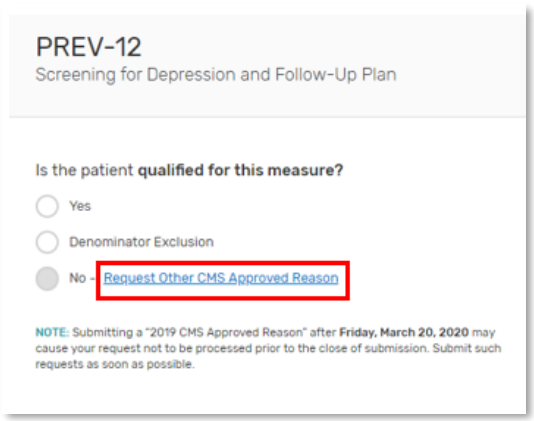


Other CMS-Approved Reason

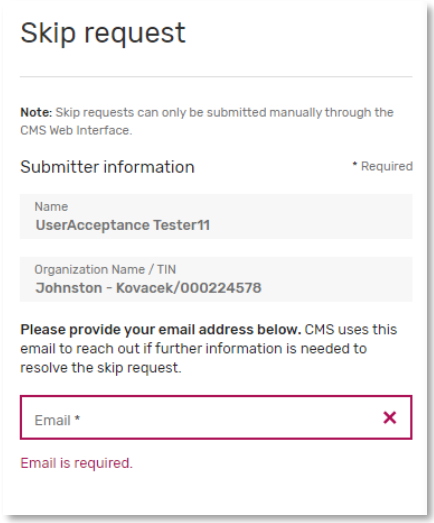
In rare cases, you may believe a patient does not qualify for the measure for a reason not specified in the measure's specification. In this circumstance, you can submit a request for the beneficiary to be skipped for an "Other CMS Approved Reason".

1. Select **Edit Data** next to the beneficiary record
2. Confirm the patient qualifies for the sample
3. Scroll down to the affected measure(s) to the question asking if the patient is qualified for the measure

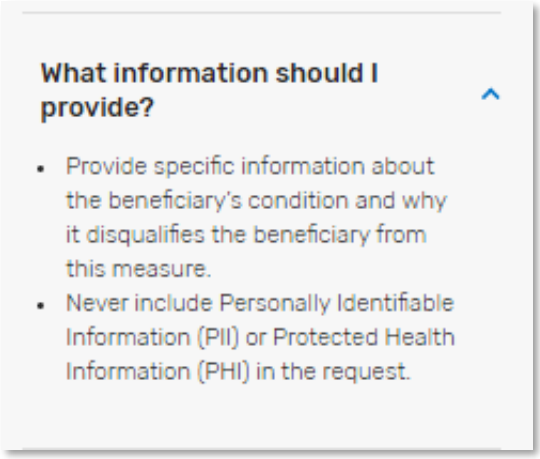
4. Click the underlined line in the answer “No – Request Other CMS-Approved Reason”.



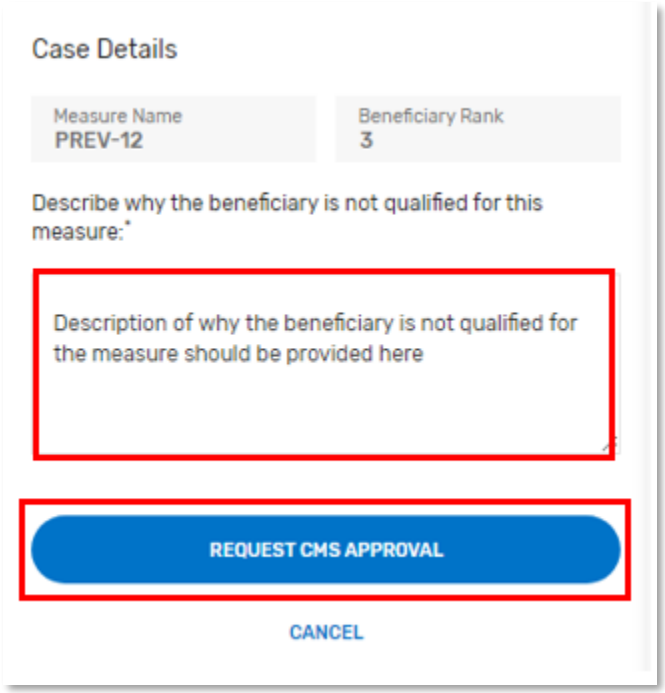
5. Enter your email address



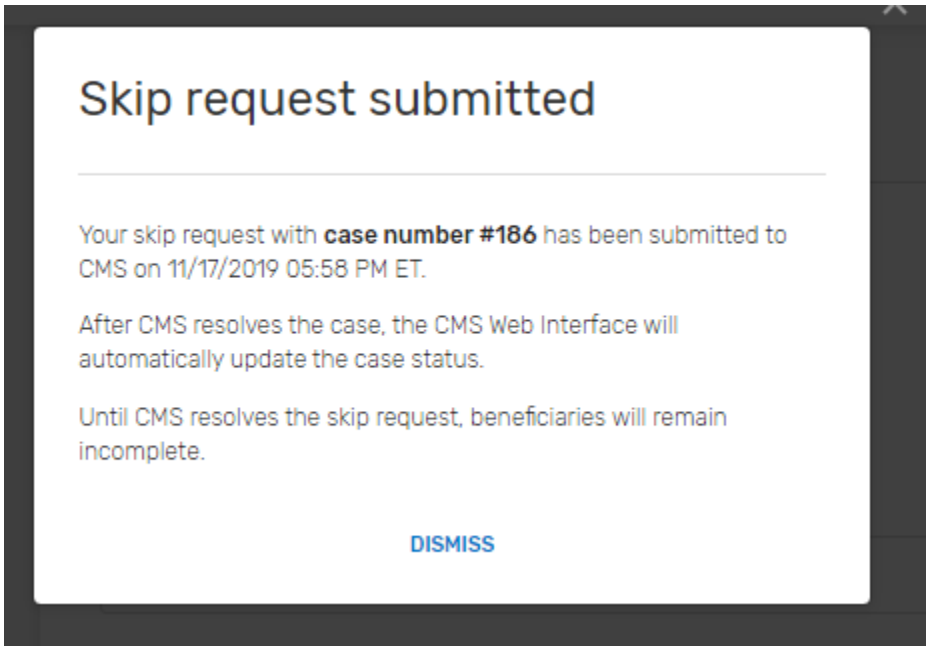
6. Provide a description why the beneficiary is not qualified for the measure and click Request CMS Approval.



Take note of the disclaimer and the reminder that you should never provide PII or PHI



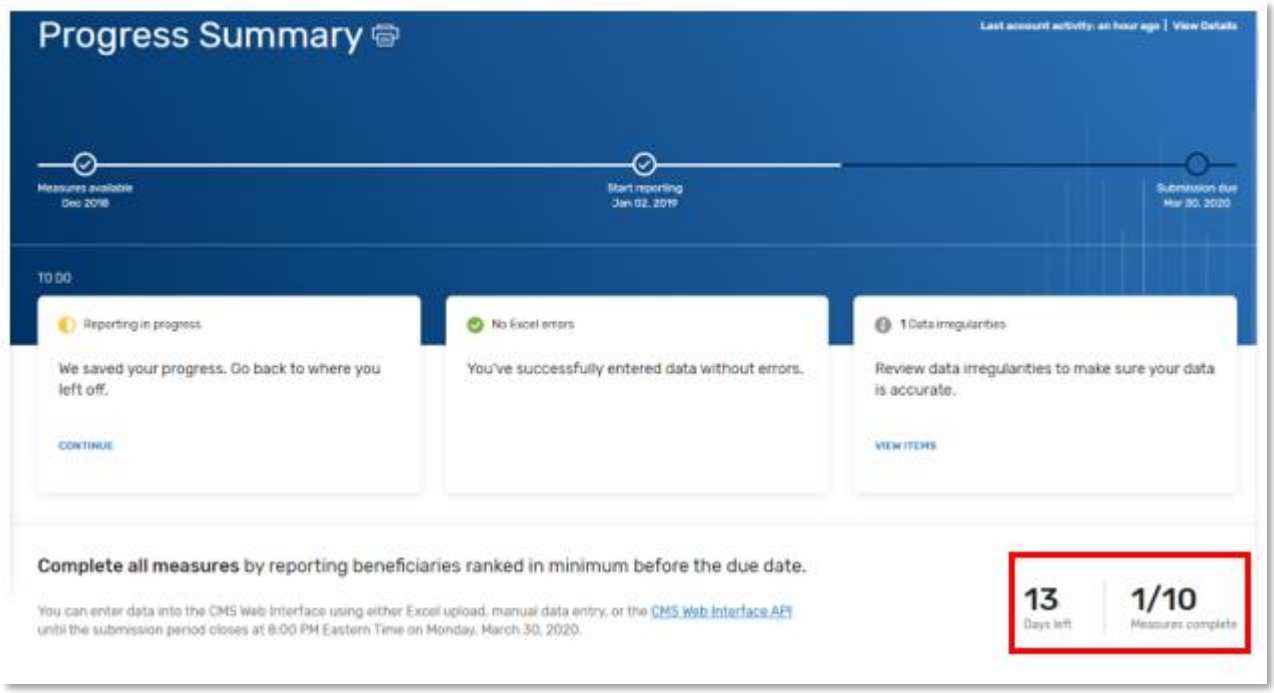
You will see a modal confirming that your request was submitted, along with a case number that will be available in the Skip Requests report.



View Progress

Progress Indicators

Throughout the CMS Web Interface, 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.

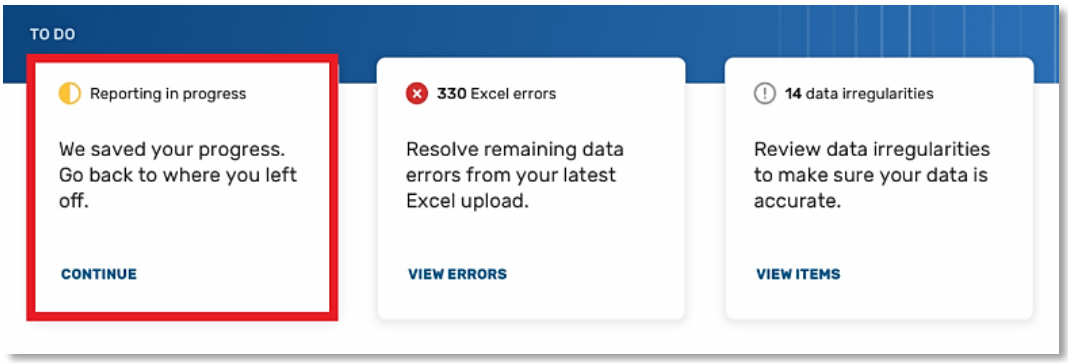


To Do Cards

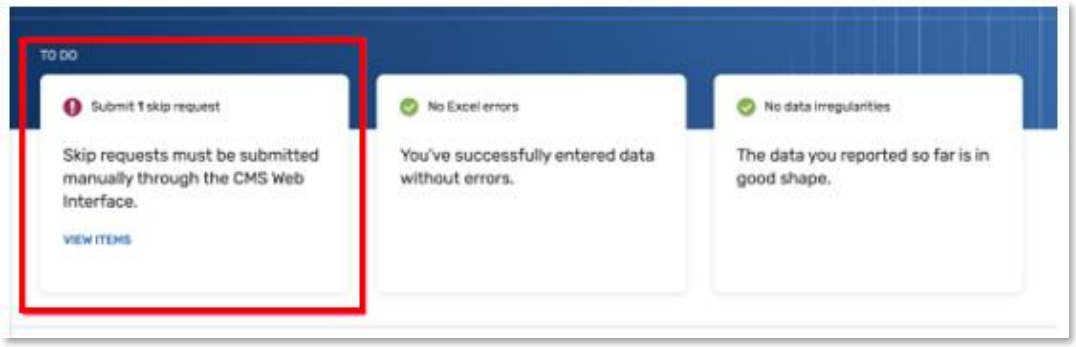
At the top of the View Progress page during the submission period, you will see three **To Do items** that will update throughout the submission period.

Reporting in Progress

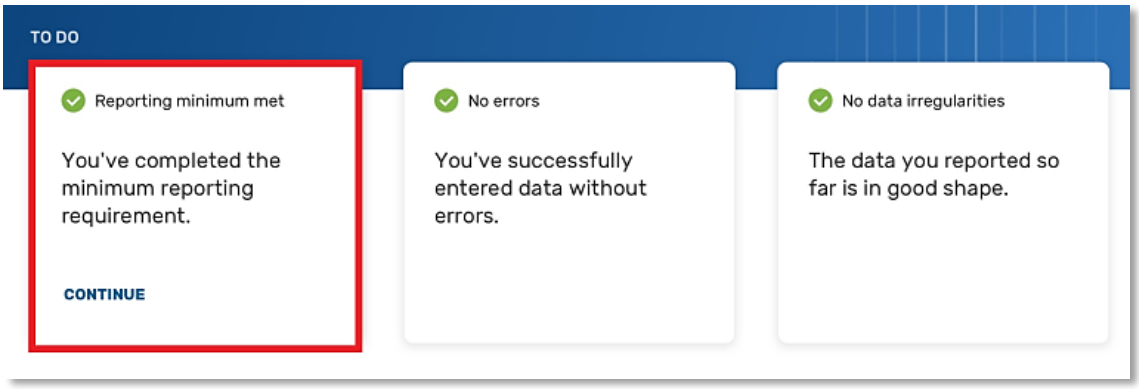
The first card is titled **Reporting in progress**. It contains a link that takes you back to where you left off reporting. If the CMS Web Interface times out for security purposes, the **Continue** link in this card will take you back to the last action you performed in the interface—whether you were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



If you have any incomplete skip requests, you will also see these identified on the to do cards.



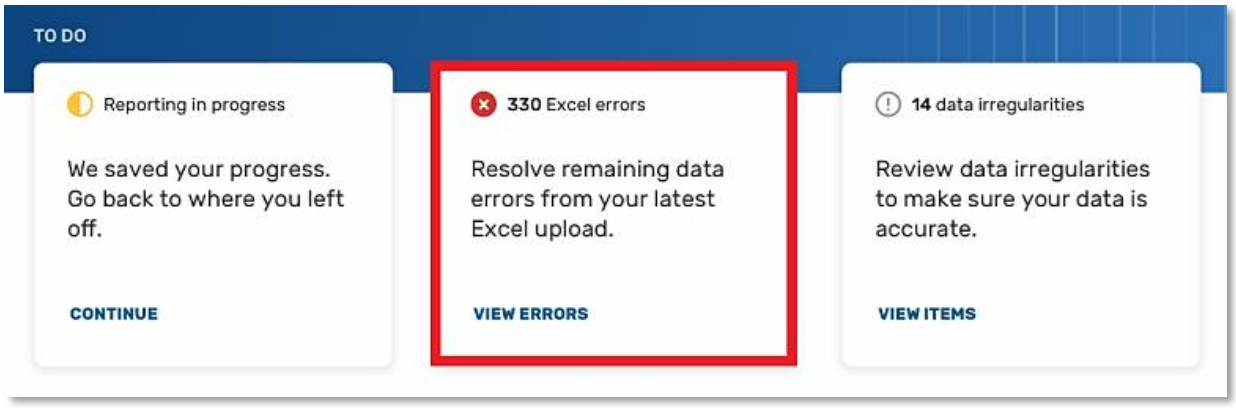
Once you've reached the minimum reporting requirement for all the Web Interface measures, the **Reporting in progress** card will show a green checkmark, though you will still be able to use the **Continue** link throughout the submission period.



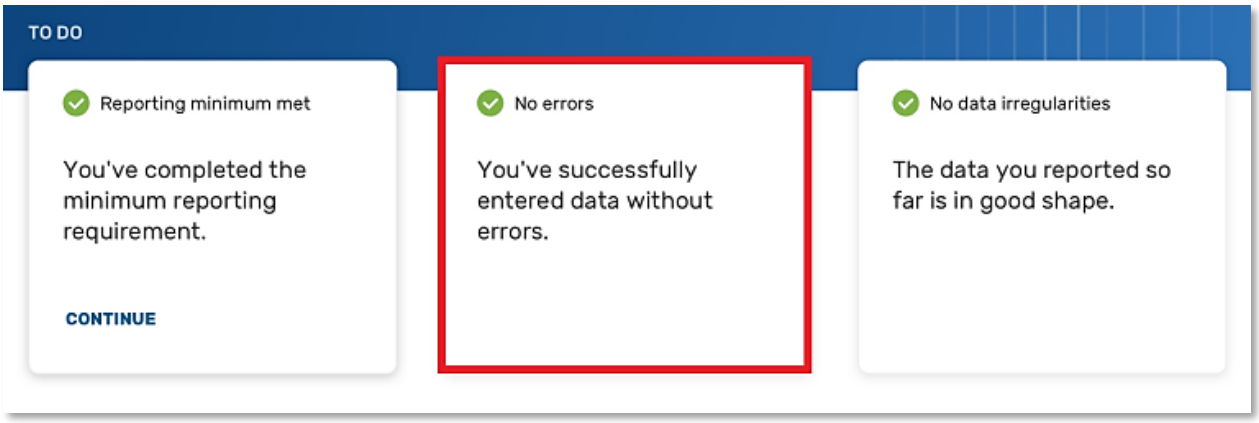
Excel Errors

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

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



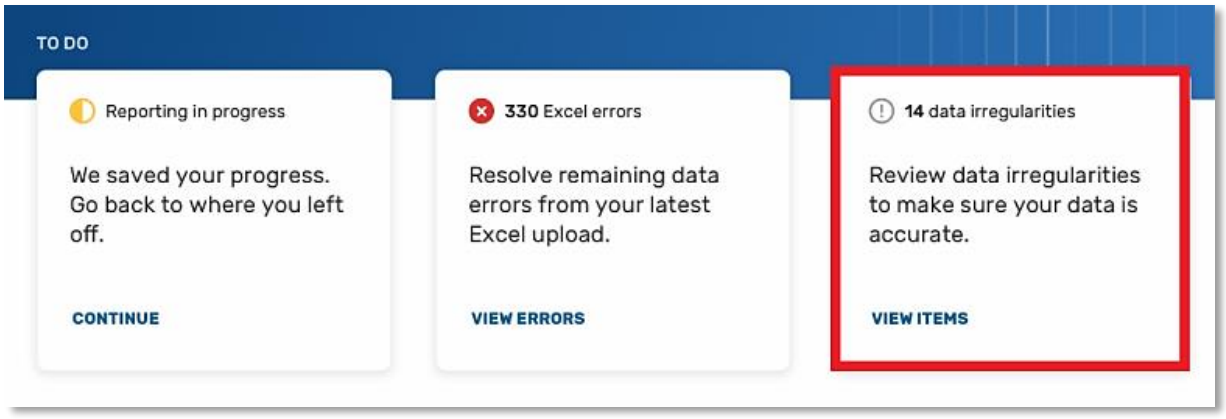
If your team currently has no Excel errors, the card will have a green checkmark and there will not be a link to the Errors tab.



Data Irregularities

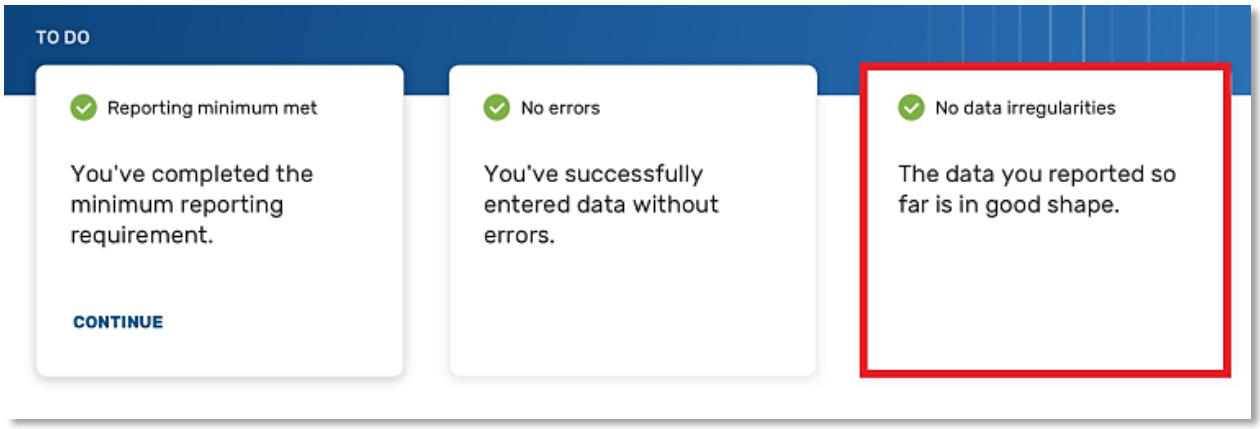
The third card in the To Do items area is the **Data Irregularities** card. This identifies any inconsistencies or irregularities in the data you've submitted so far, either at the beneficiary level or measure level. It is recommended that you review the data irregularities and remove any data that is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

Click **View Items** to go directly to the Data Irregularities Report.



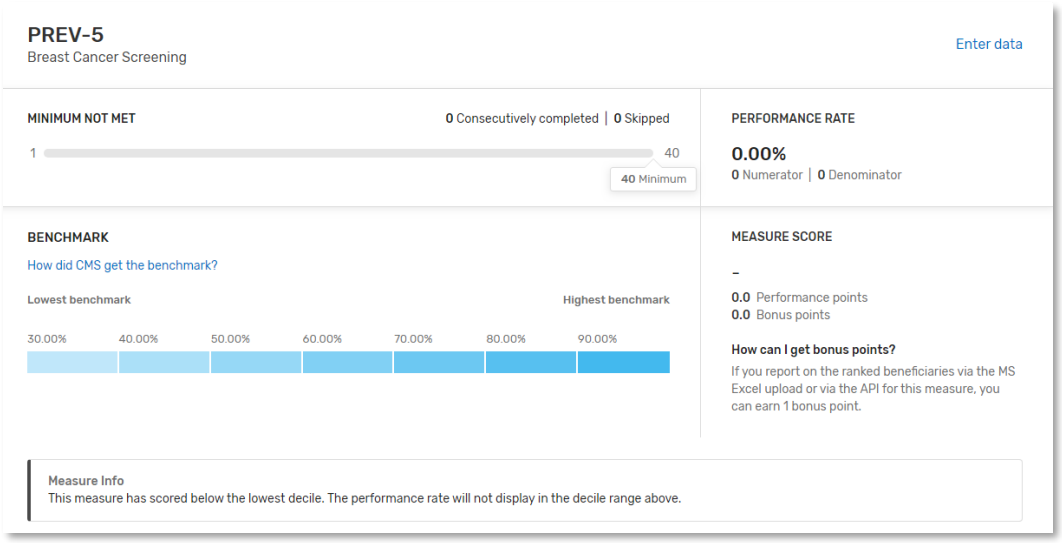
NOTE: Data Irregularities are also identified in the measure progress card and beneficiary record.

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



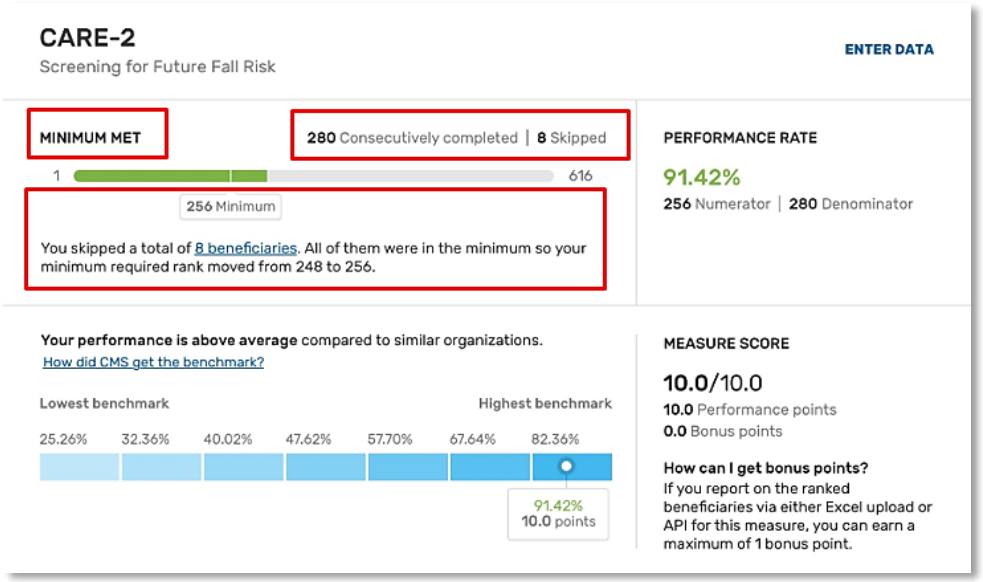
Measure Progress Cards

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



Measure Reporting Information

- An indicator of whether the reporting **Minimum** was met
- **Lowest and highest rank** in the sample for the measure.
- **Consecutively complete** - The number of beneficiaries for whom your team has answered all relevant questions for that measure in consecutive order.
- **Skipped** - Beneficiaries reported on who either do not qualify for the specific measure or for the sample and are removed from the denominator.
- **Minimum required rank** - The progress bar within each measure card shows the minimum number of 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.



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

Measure Performance Information

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

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

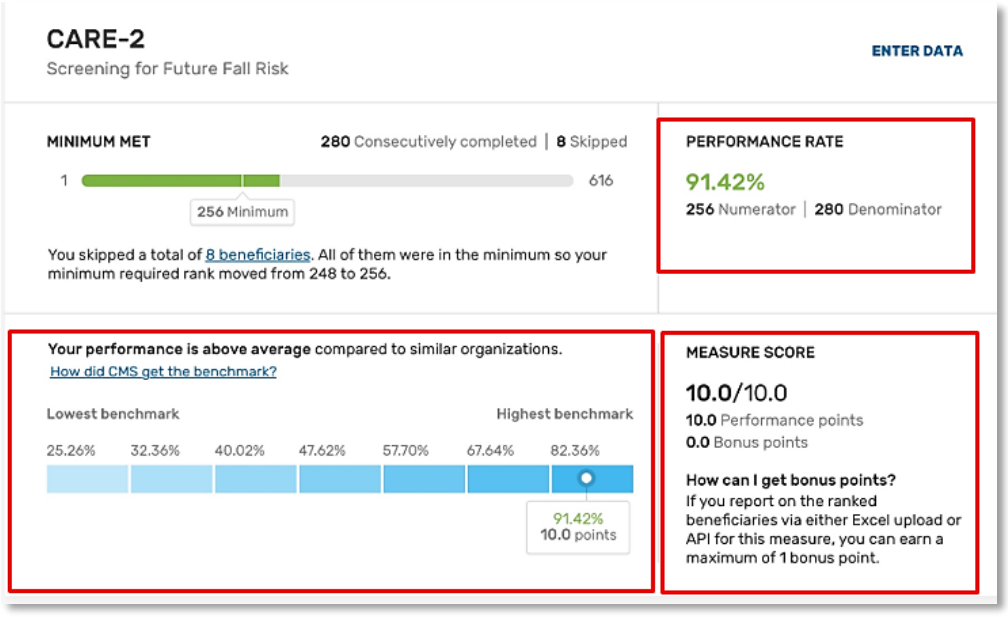
Helpful Hints about Measure Scores:

For ACOs

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

For MIPS Groups/Virtual Groups

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



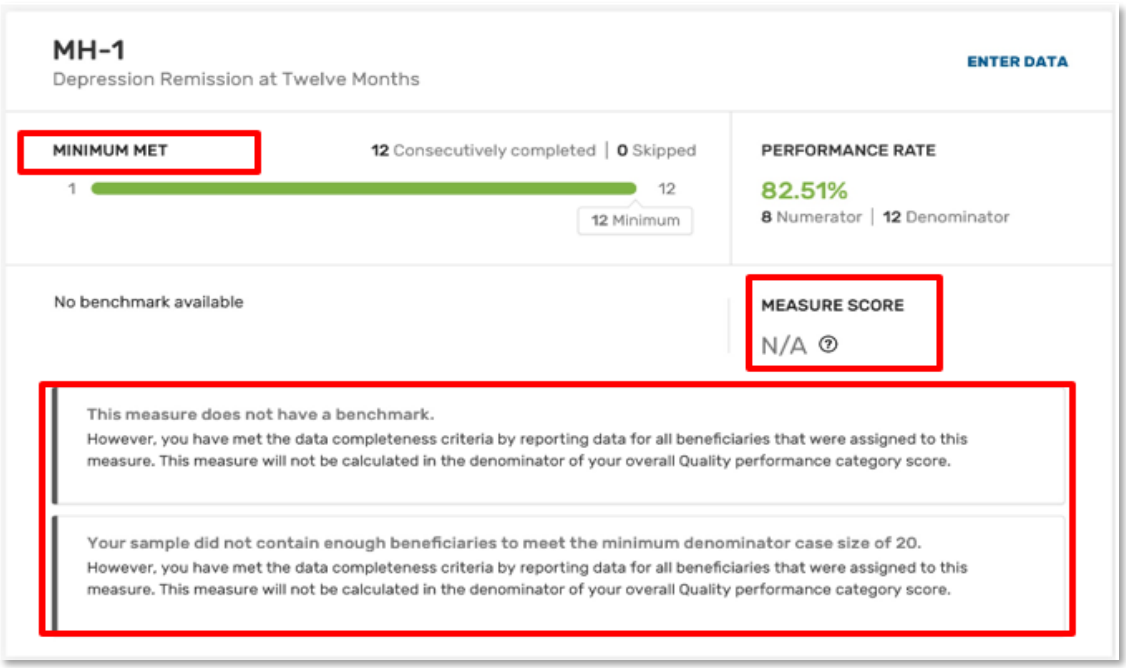
Other Measure Information

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

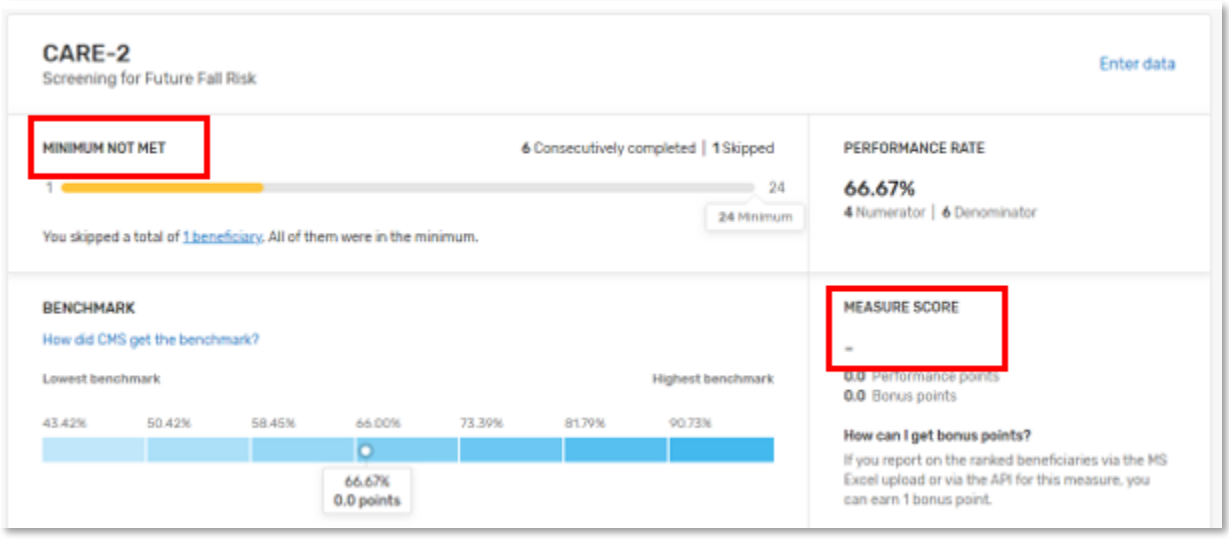
- Report on the first 248 consecutively ranked beneficiaries;

  OR

- Report on all beneficiaries in the sample when less than 248



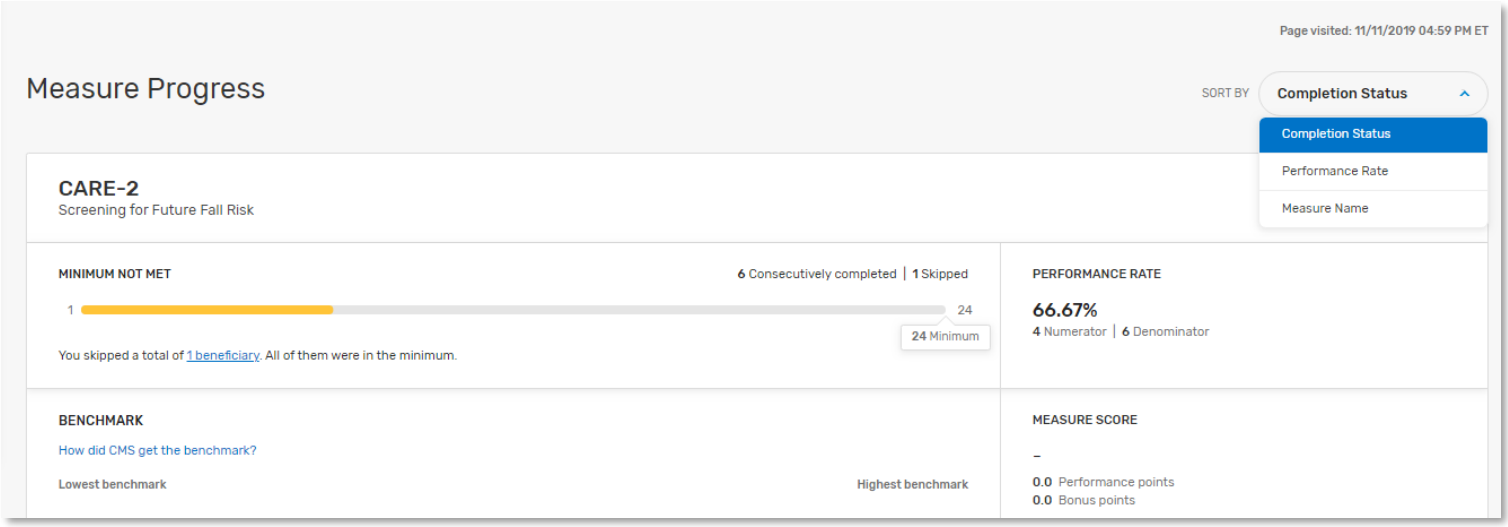
MIPS groups and virtual groups will see not see a measure score until the data completeness/minimum reporting requirement has been met.



To enter data manually for the measure, see the Manually Enter Data by Measure section of this guide.

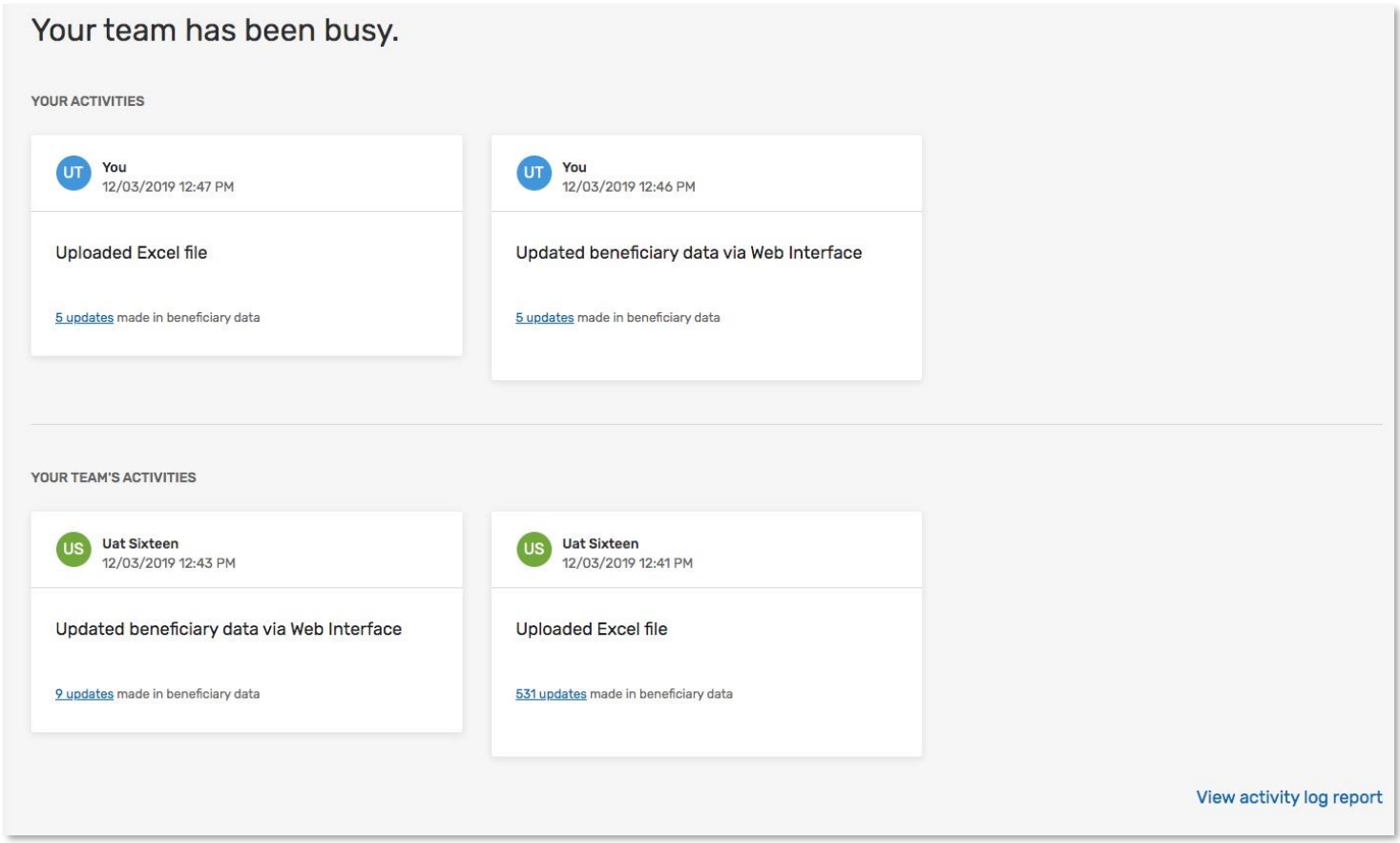
You can sort the measure progress cards on this page in the order you prefer to see them. By default, the cards are ranked in Completion Status Order, from complete to incomplete, but you can also sort by:

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



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 the **View Activity Log report** link at the bottom to see a more comprehensive report on your team's activity.

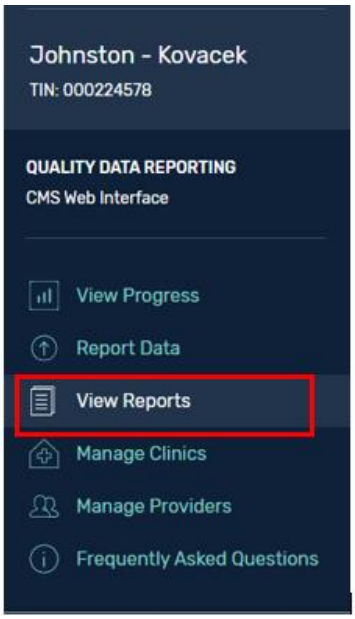


View Reports

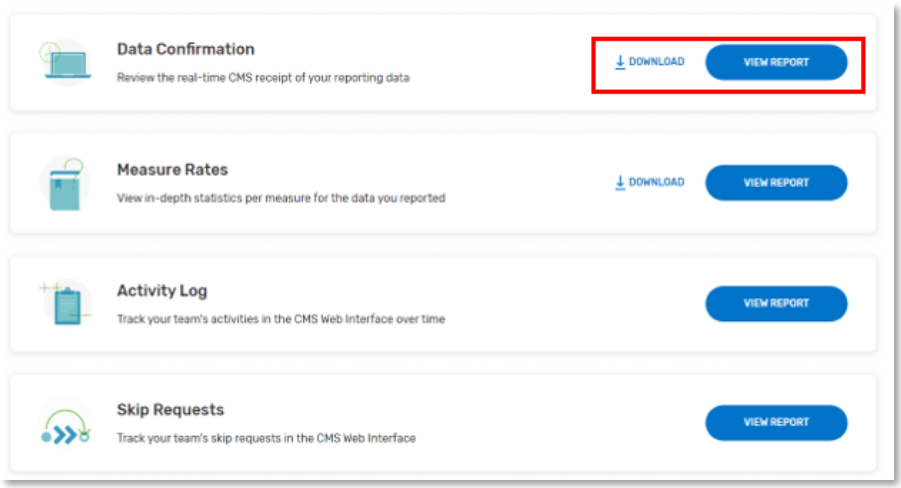
The CMS Web Interface contains reports for you to track your measure progress, review any data irregularities, view your team's activity, and understand the data CMS has received to date.

Access Reports

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



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



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

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

2019 Performance Period Reports: MIPS Groups, Virtual Groups and ACOs

View Reports houses five (5) different reports for the 2019 Performance Period that you can access during the submission period:

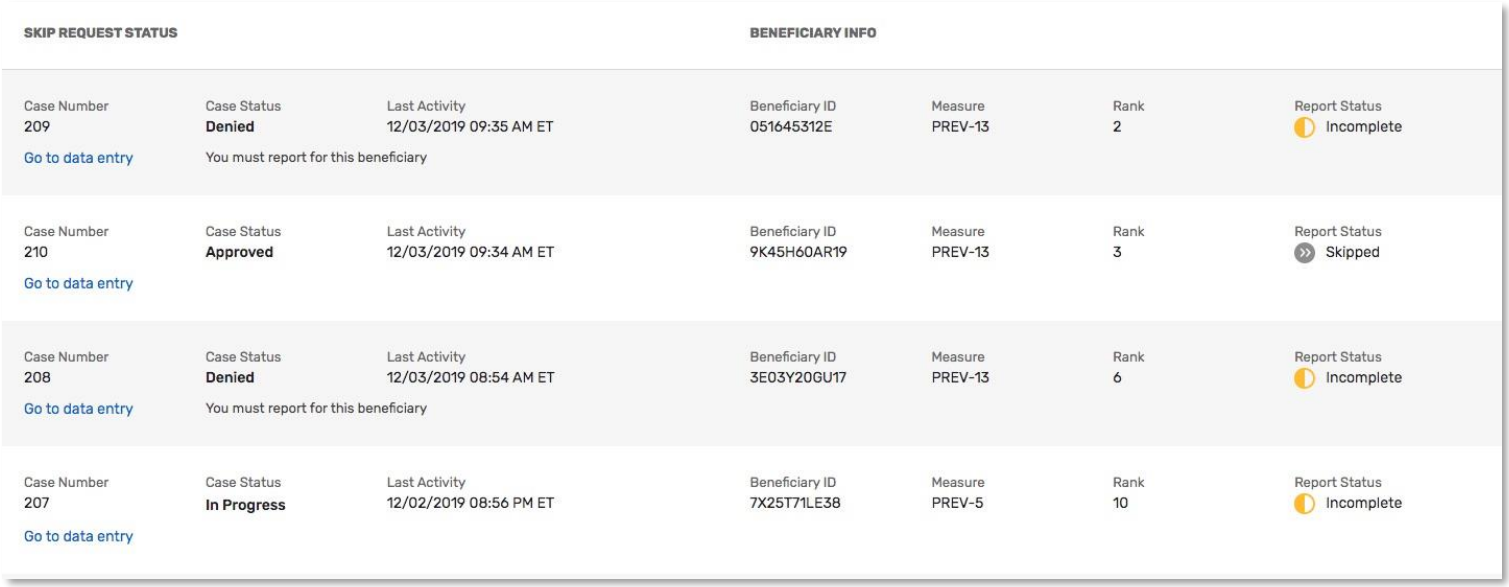
- Skip Requests (NEW)
- Data Irregularities
- Activity Log
- Data Confirmation
- Measure Rates:
  - Measures Rates (ACOs)
  - Measure Rates w/ MIPS Scoring (ACOs)
  - Measure Rates (MIPS Groups and Virtual Groups)

Skip Requests (NEW)

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

This report only appears when you have submitted a skip request through the Web Interface.
For each Skip Request, the report identifies the:

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



SKIP REQUEST STATUS			BENEFICIARY INFO			
Case Number	Case Status	Last Activity	Beneficiary ID	Measure	Rank	Report Status
209	**Denied**	12/03/2019 09:35 AM ET	051645312E	PREV-13	2	Incomplete
Go to data entry	You must report for this beneficiary					
Case Number	Case Status	Last Activity	Beneficiary ID	Measure	Rank	Report Status
210	**Approved**	12/03/2019 09:34 AM ET	9K45H60AR19	PREV-13	3	Skipped
Go to data entry						
Case Number	Case Status	Last Activity	Beneficiary ID	Measure	Rank	Report Status
208	**Denied**	12/03/2019 08:54 AM ET	3E03Y20GU17	PREV-13	6	Incomplete
Go to data entry	You must report for this beneficiary					
Case Number	Case Status	Last Activity	Beneficiary ID	Measure	Rank	Report Status
207	**In Progress**	12/02/2019 08:56 PM ET	7X25T71LE38	PREV-5	10	Incomplete
Go to data entry						

Data Irregularities

The Data Irregularities report identifies irregularities at:

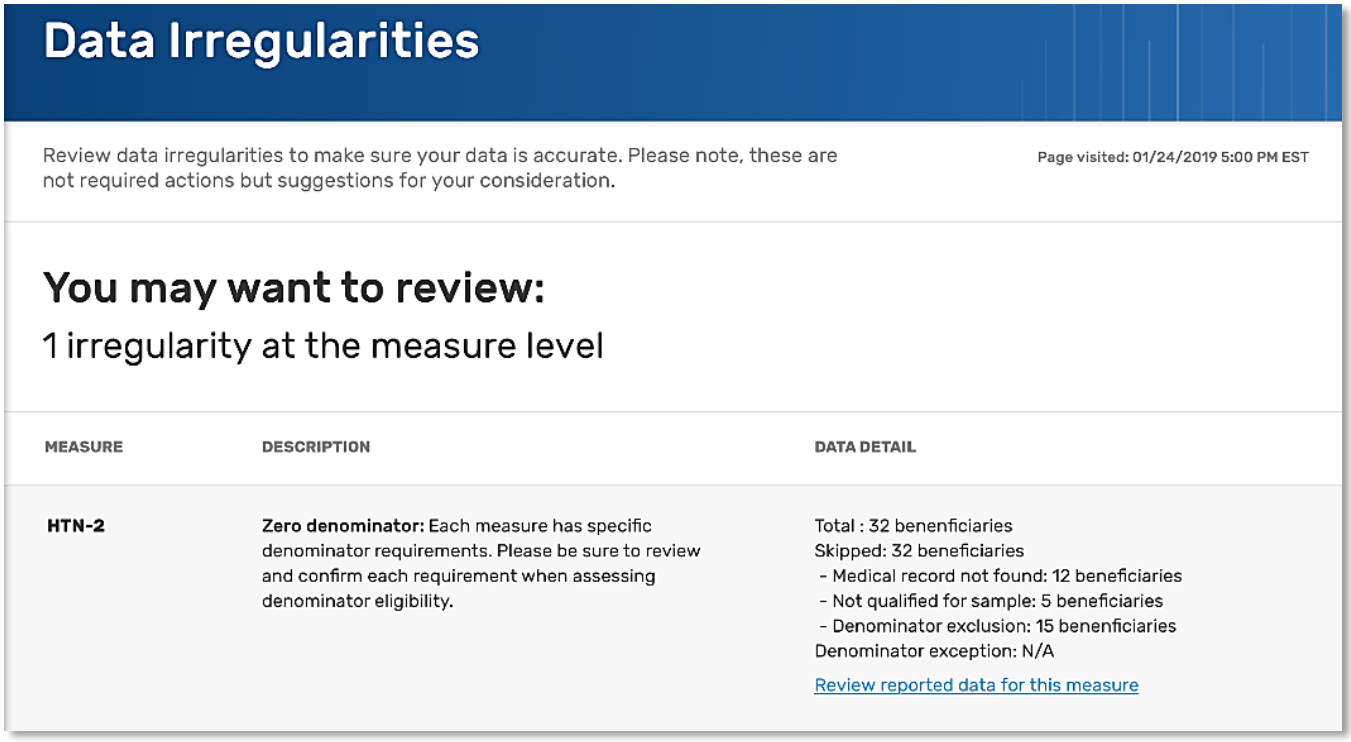
- The **Measure level** when a measure has been reported with a zero (0) denominator due to skips and/or denominator exceptions.
- The **Beneficiary level** when inconsistent data is reported within the measure, or measure data is reported for a beneficiary who isn't qualified for the sample or measure.

Measure Level

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

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

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



Beneficiary Level

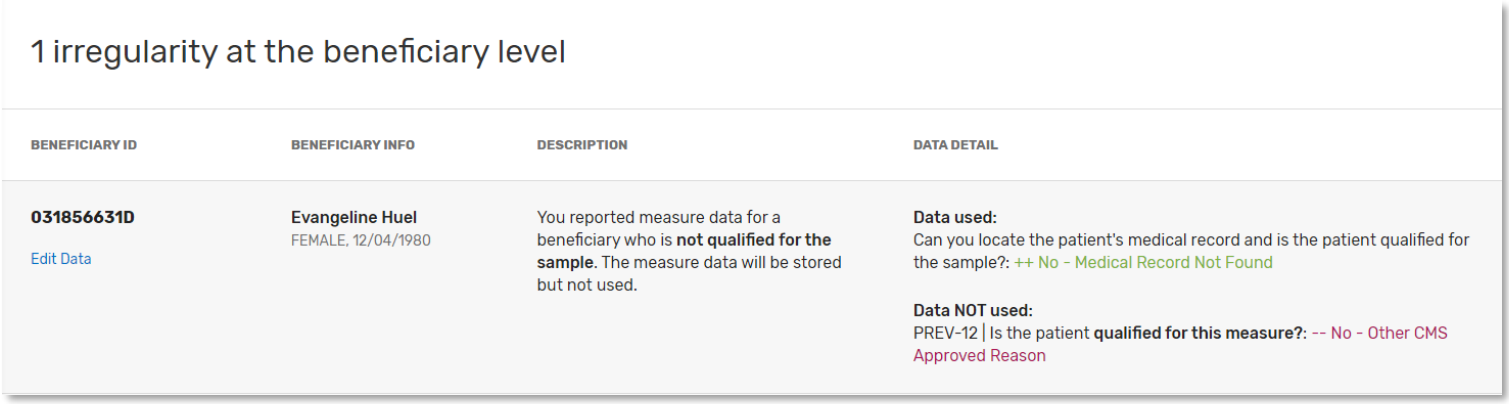
Beneficiaries are included in the report when:

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

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

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

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



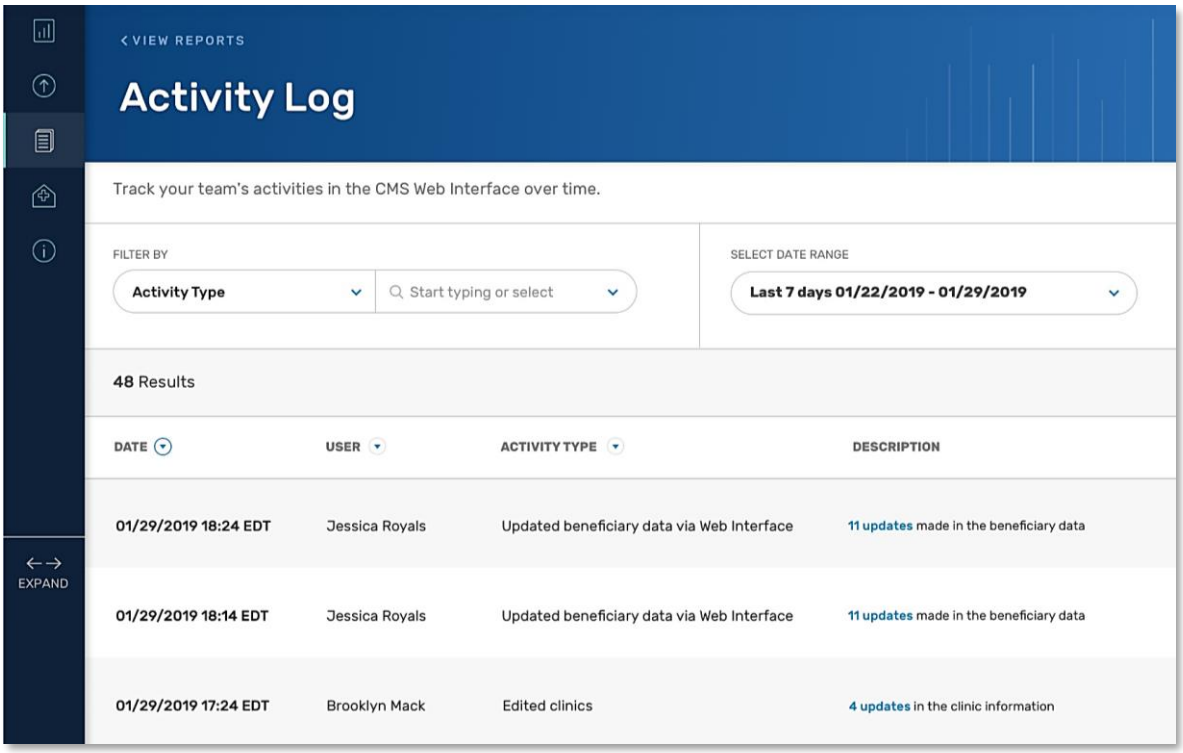
Activity Log

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 this list by:

- Activity Type
- Data Range

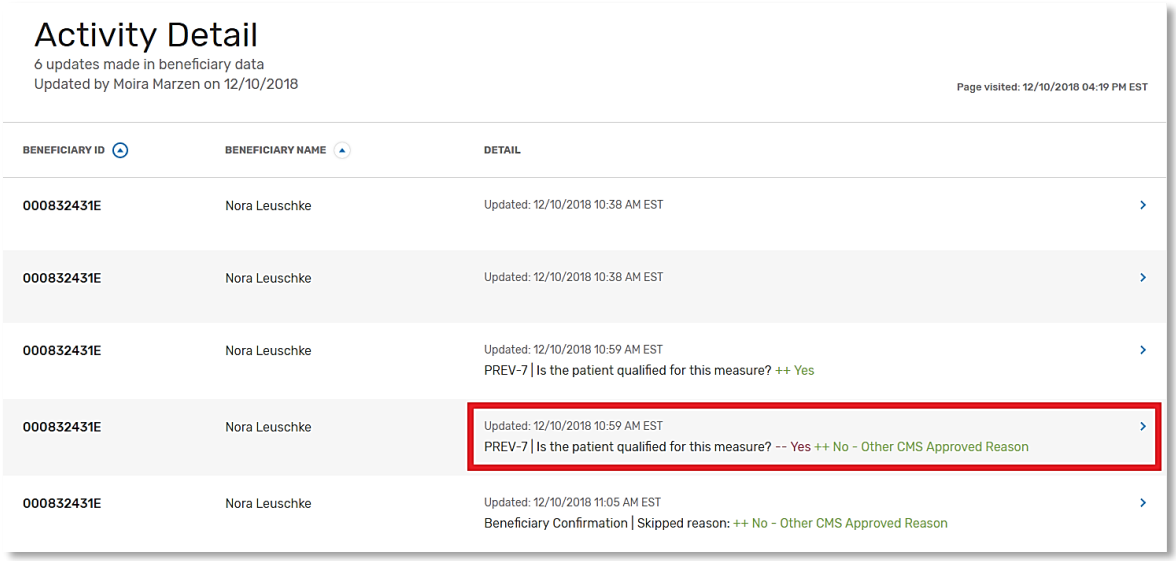
You can also click the hyperlinked updates in the Description column for a detailed view of the changes made during the activity.



In instances where you are looking at updated beneficiary data changes, you can see the exact changes that have been made per beneficiary in the **Data Detail** column.

- Green plus signs ("**++**") precede additions to the beneficiary information
- Red minus signs ("**--**") precede existing information that was removed or changed

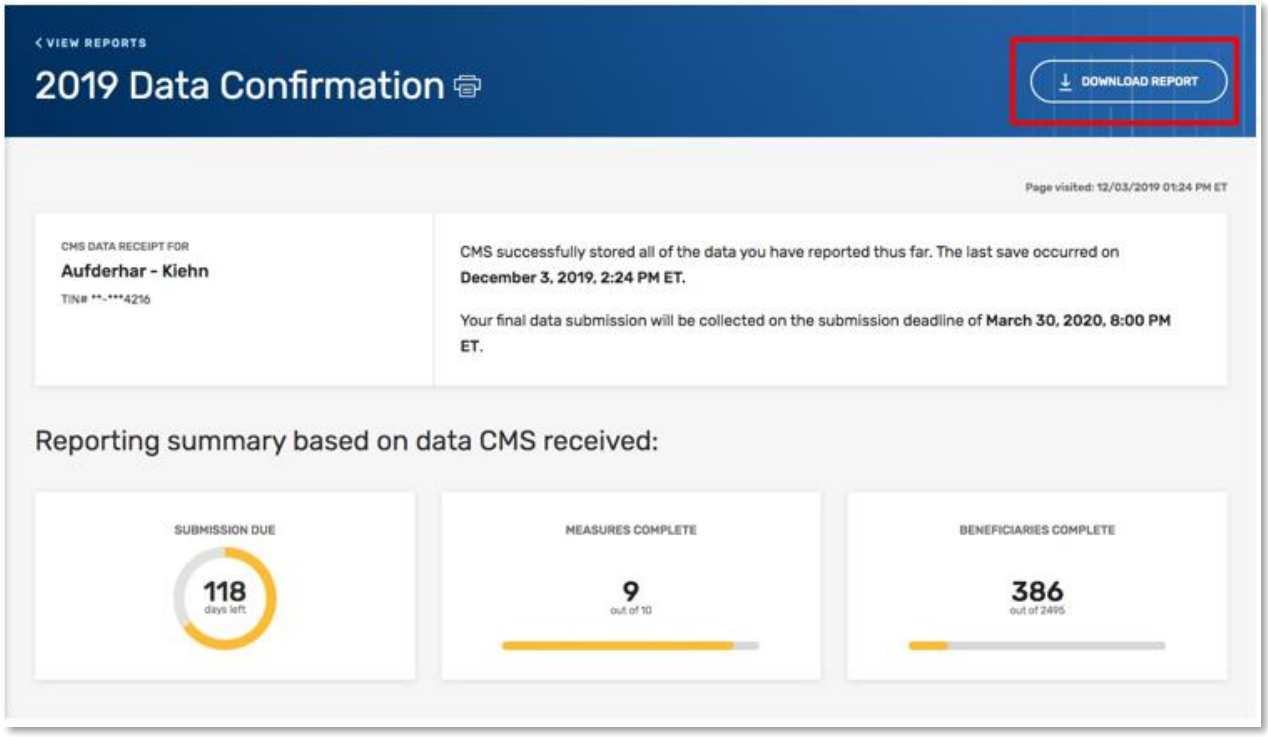
Click the **caret** at the end of each record to return to the beneficiary's record.



Data Confirmation (During the Submission Period)

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

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

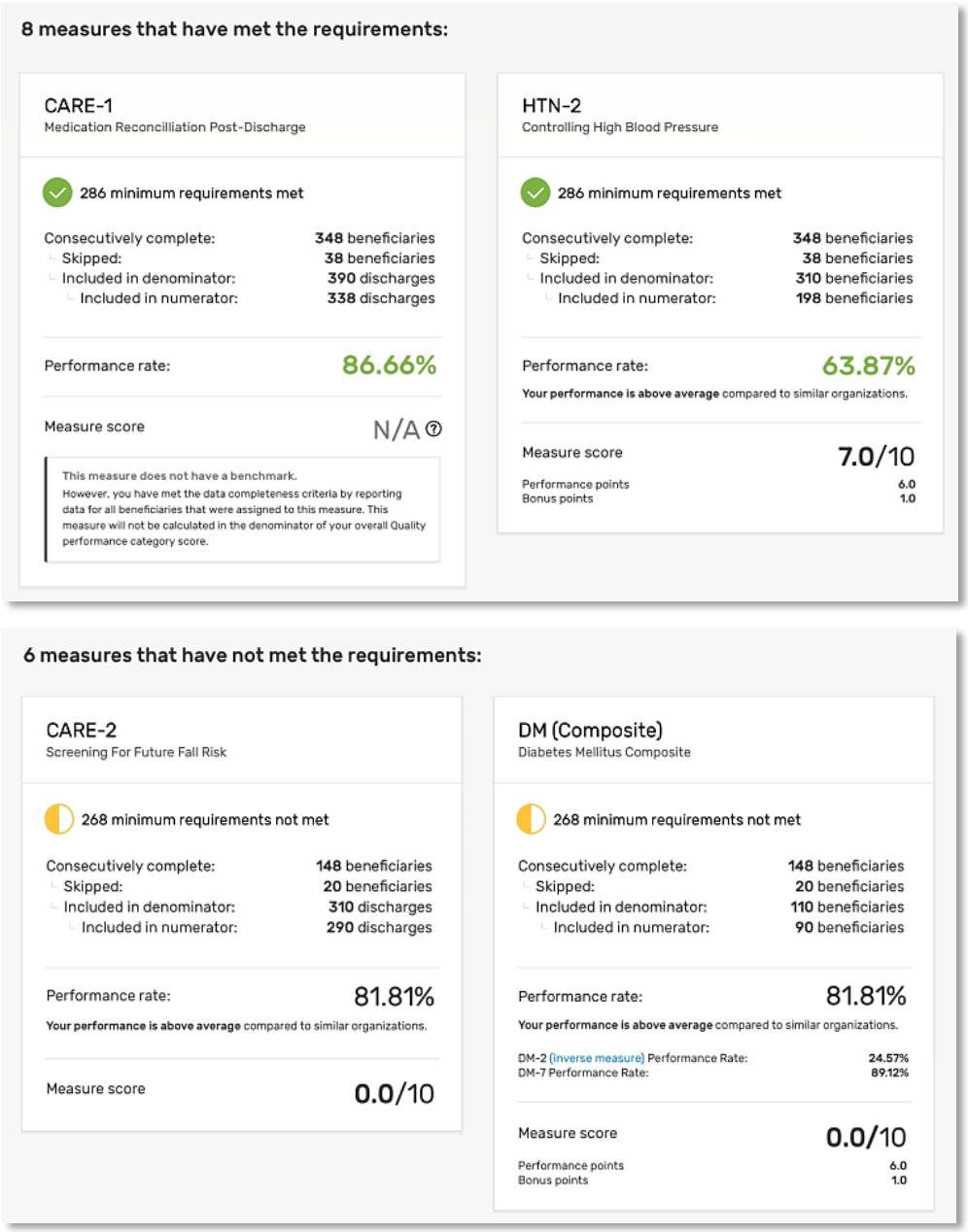


In addition to the time-stamp and summary, the Data Confirmation report provides a snapshot of performance at the measure level including:

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

Measures are broken out into 2 sections (screenshots on next page):

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



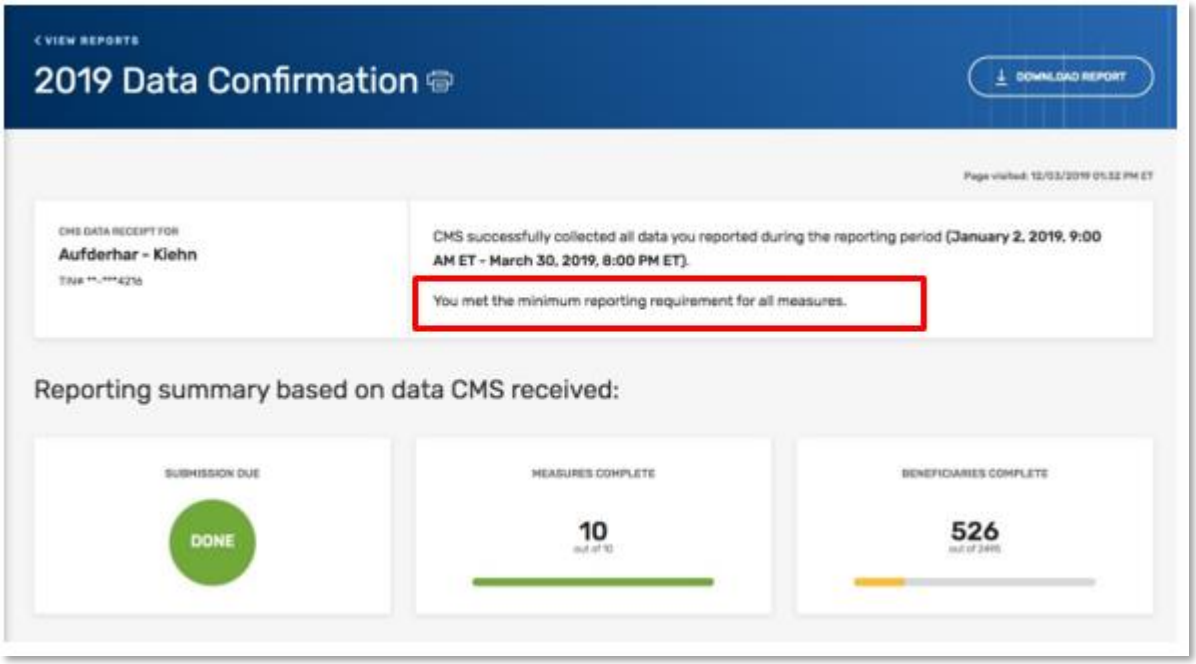
Only MIPS Groups and Virtual Groups will see the Measure score section of the measure card.

ACOs can access information about measure scores through the Measure Reports with MIPS Scoring report.

Data Confirmation (After the Submission Period)

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

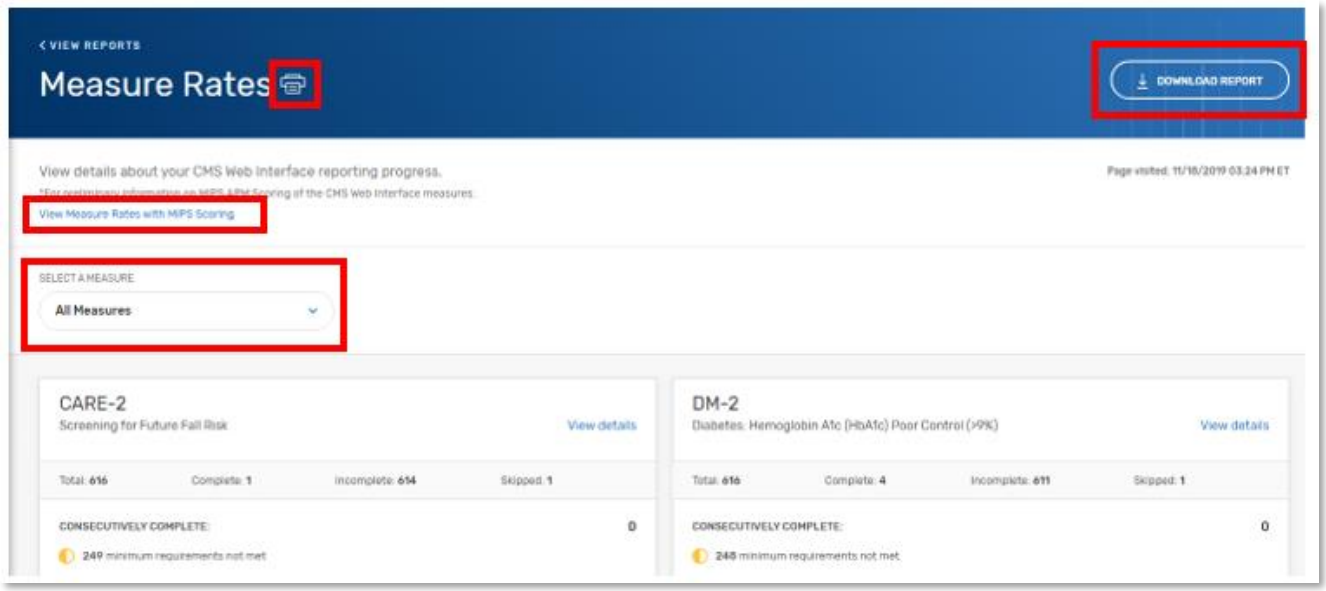
The introductory information will state whether you met the minimum report requirements and will show the same measure-level information that was available during the submission period.



Measure Rates (without MIPS Scoring) for ACOs

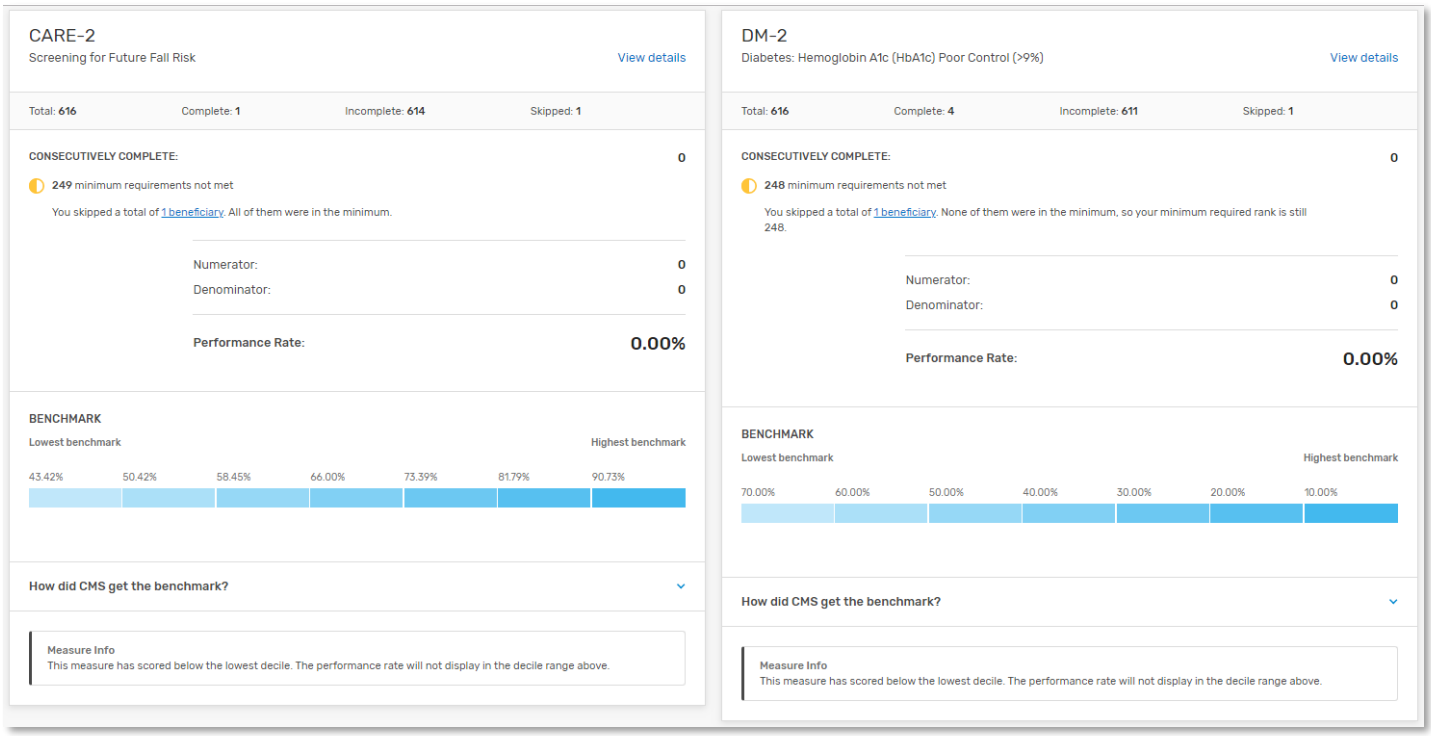
Using this report, you can see an in-depth breakdown of your progress on each of the measures for this year. You can:

- **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 Measure Rates with MIPS Scoring**
- **View** the report by scrolling down on the page to see details about each measure.
- **Filter** the report by one measure to see only details for that measure.



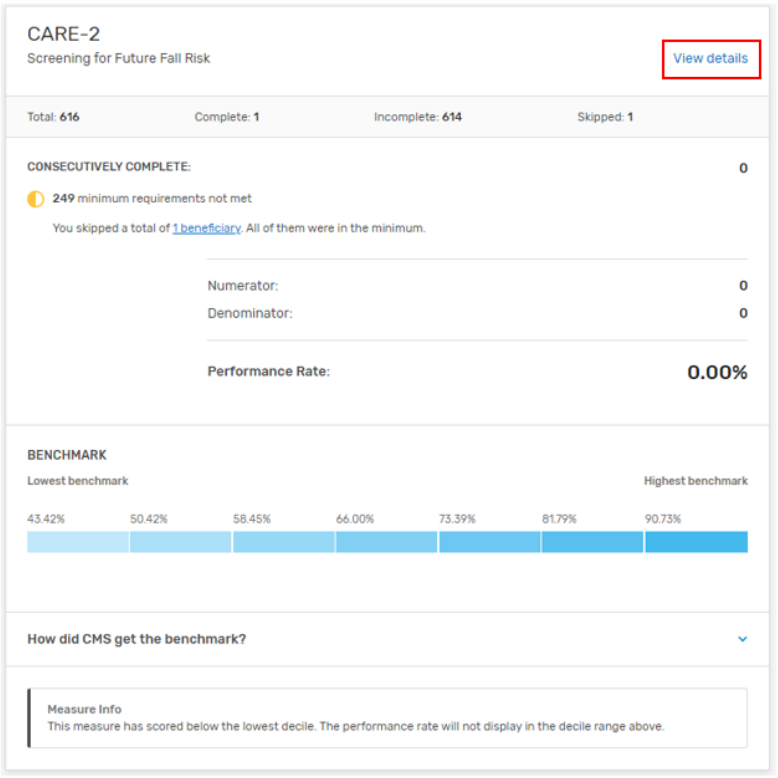
Each card breaks down your progress per measure. You can see the total count of beneficiaries sampled for the measure, as well as those that are:

- **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 forthat measure.
- **Skipped** - Beneficiaries reported on who either do not qualify for the specific measure or for the sample and are removed from the denominator.



The card further breaks down beneficiary numbers down by:

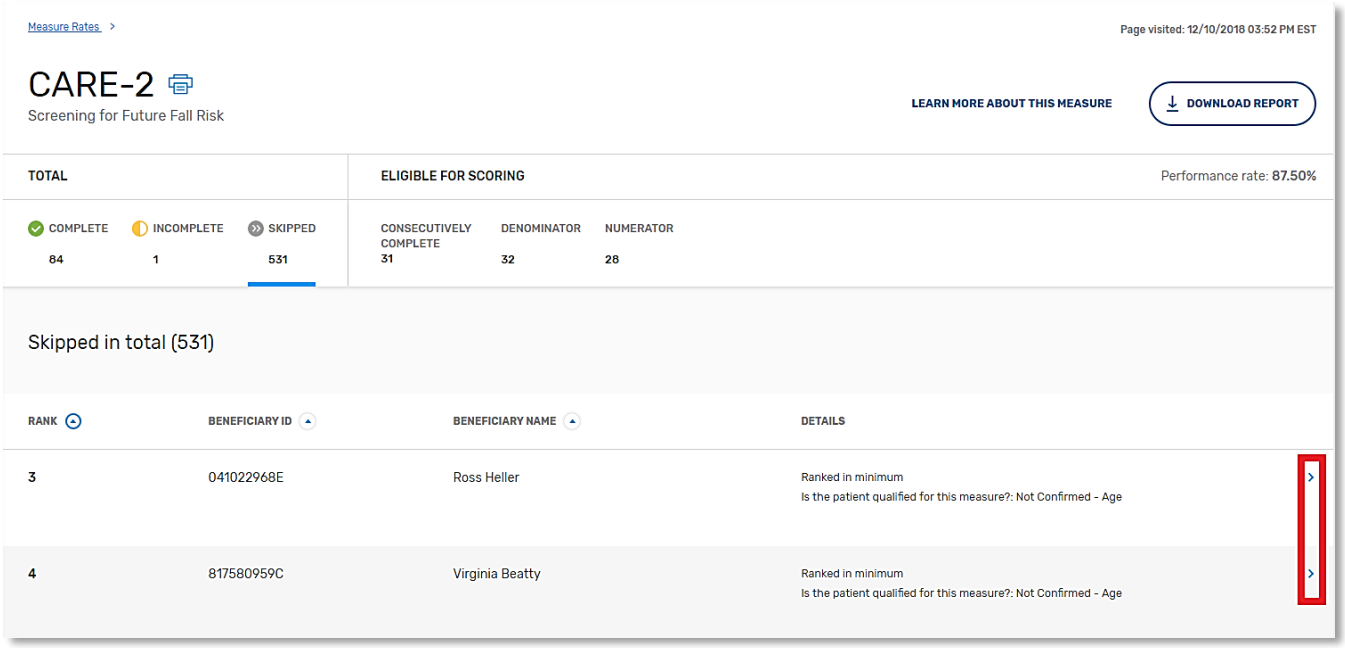
- **Consecutively complete** - Beneficiaries that have had their data completed in a consecutively ranked order within the measure. Each measure requires a minimum of 248 consecutively completed beneficiaries or 100% of the beneficiaries if there are less than 248 beneficiaries in the sample provided.
- **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.
- **Measure performance rate** - The numerator divided by the denominator.
- **Benchmarks** for the score and how your performance compares against the benchmarks



Click **View Details** to explore the beneficiary details

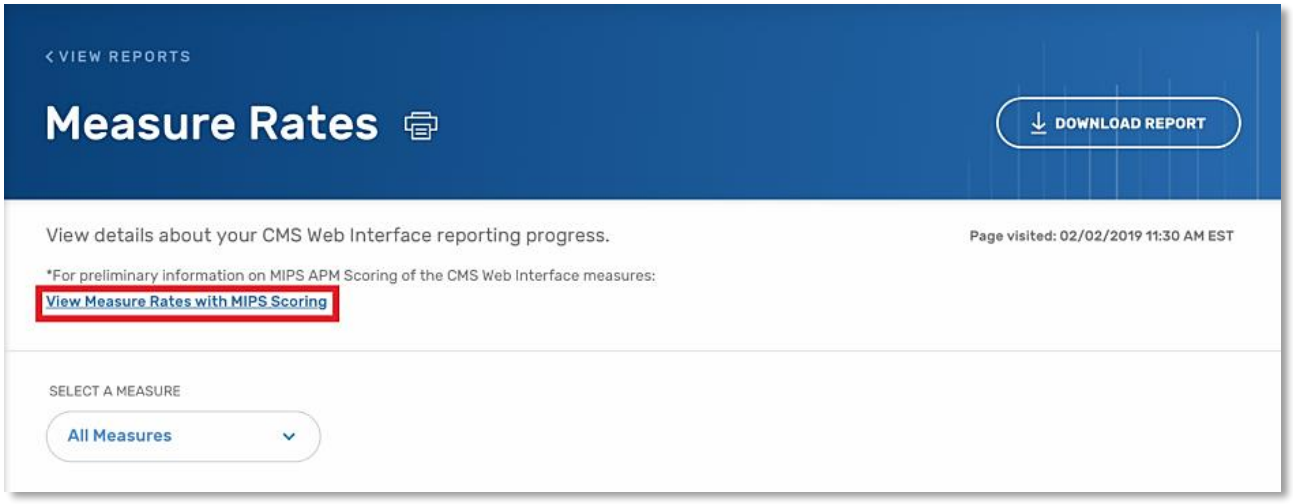
Inside there are tabs for each of the numbers you saw on the Measure Rates cards with details about each beneficiary underneath.

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

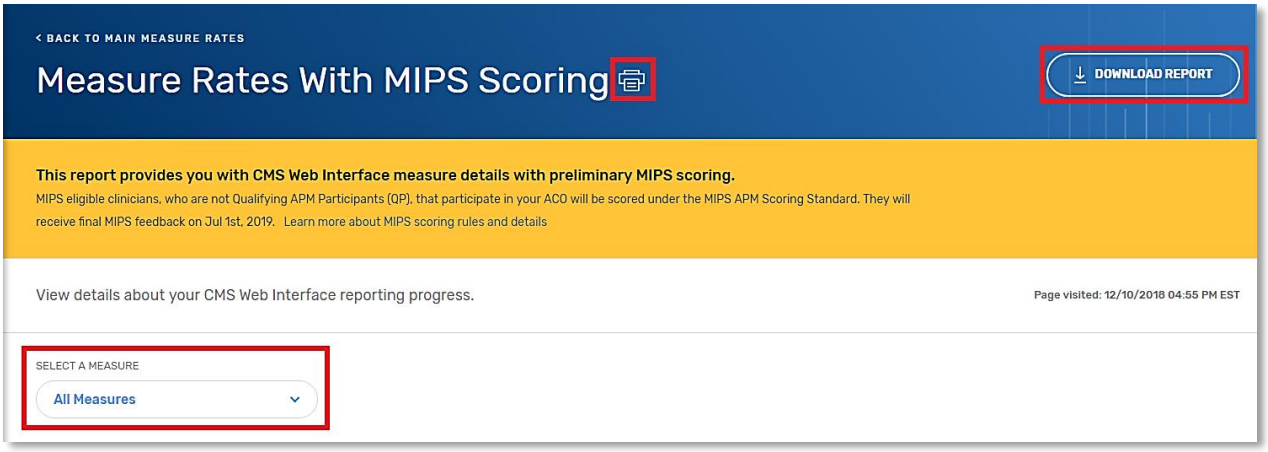

Measure Rates >
Page visited: 12/10/2018 03:52 PM EST
CARE-2
Screening for Future Fall Risk
LEARN MORE ABOUT THIS MEASURE
DOWNLOAD REPORT
TOTAL
ELIGIBLE FOR SCORING
Performance rate: 87.50%
COMPLETE 84
INCOMPLETE 1
SKIPPED 531
CONSECUTIVELY COMPLETE 31
DENOMINATOR 32
NUMERATOR 28
Skipped in total (531)
RANK
BENEFICIARY ID
BENEFICIARY NAME
DETAILS
3
041022968E
Ross Heller
Ranked in minimum
Is the patient qualified for this measure?: Not Confirmed - Age
4
817580959C
Virginia Beatty
Ranked in minimum
Is the patient qualified for this measure?: Not Confirmed - Age

Measure Rates with MIPS Scoring (for ACOs)

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



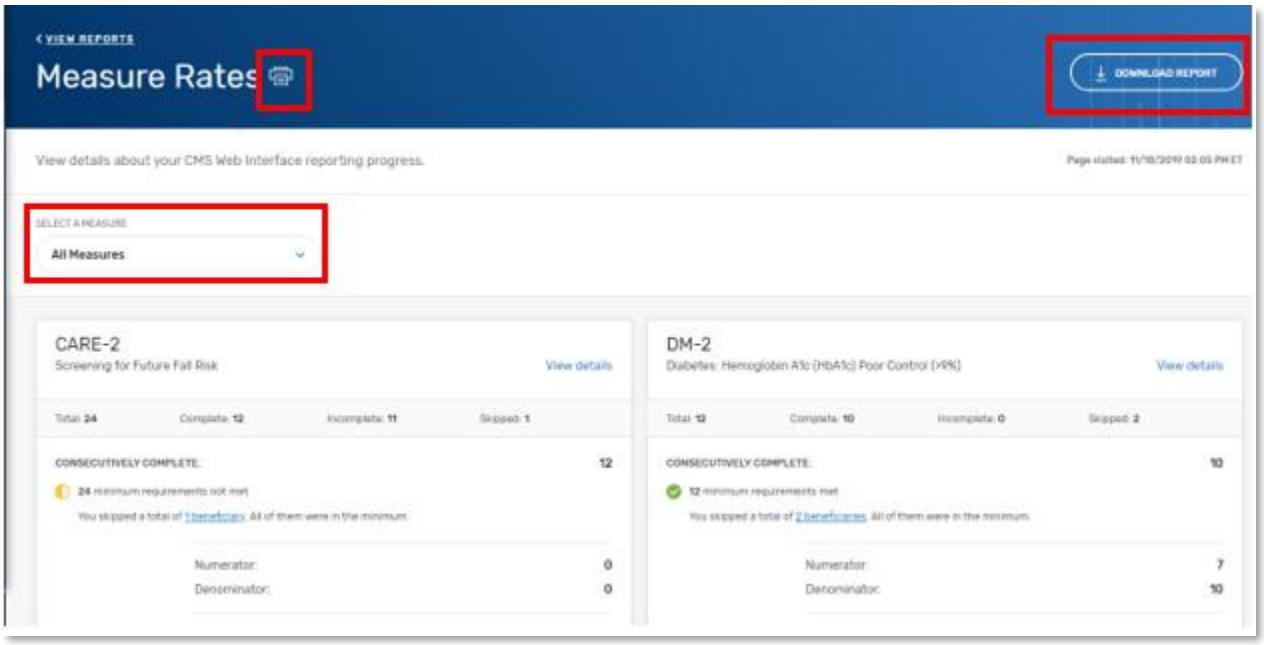
With the exception of the yellow banner, this report is identical to the [Measure Rates report for MIPS Groups and Virtual Groups](#).



Measure Rates (MIPS Groups and Virtual Groups)

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



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:

- **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.
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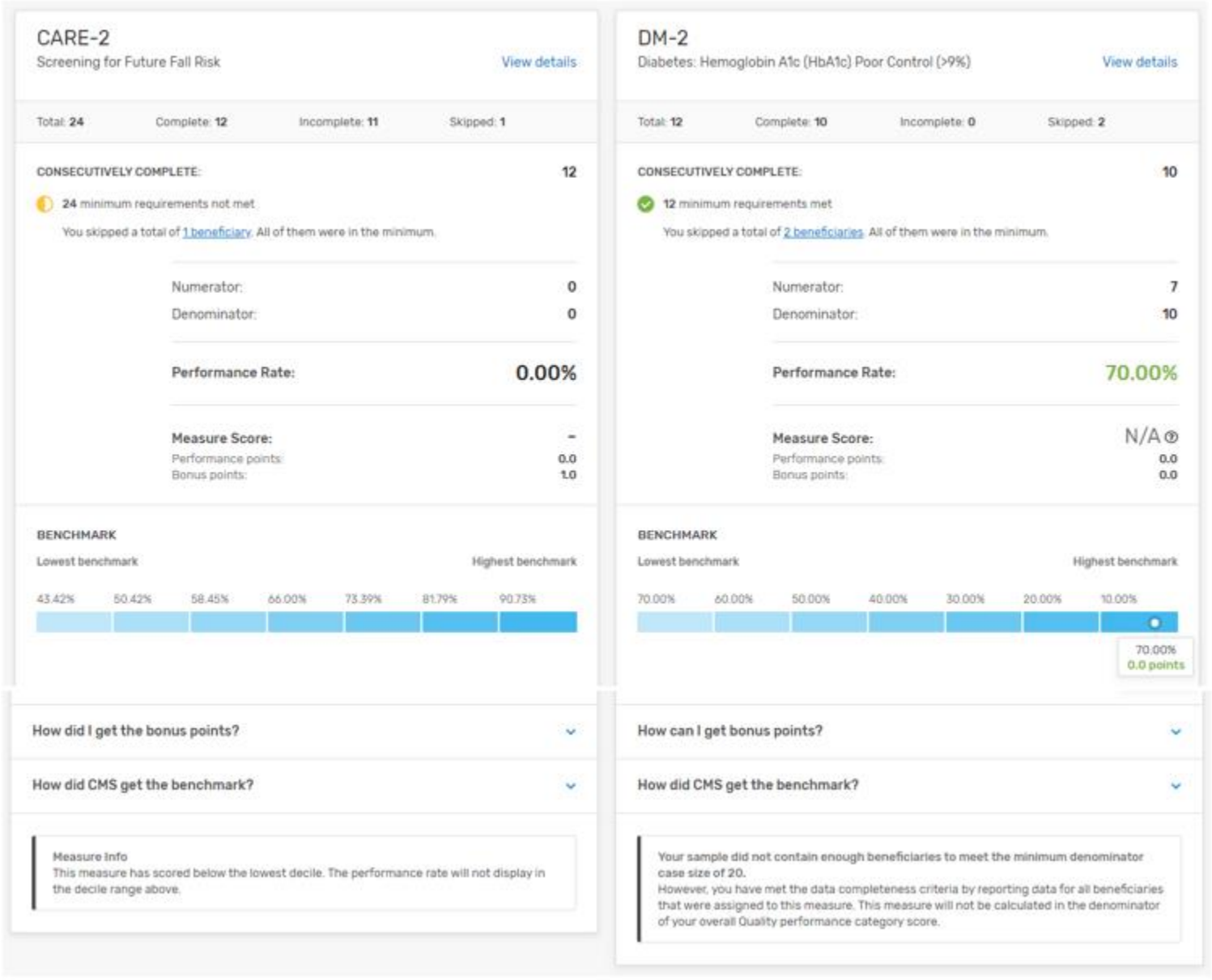
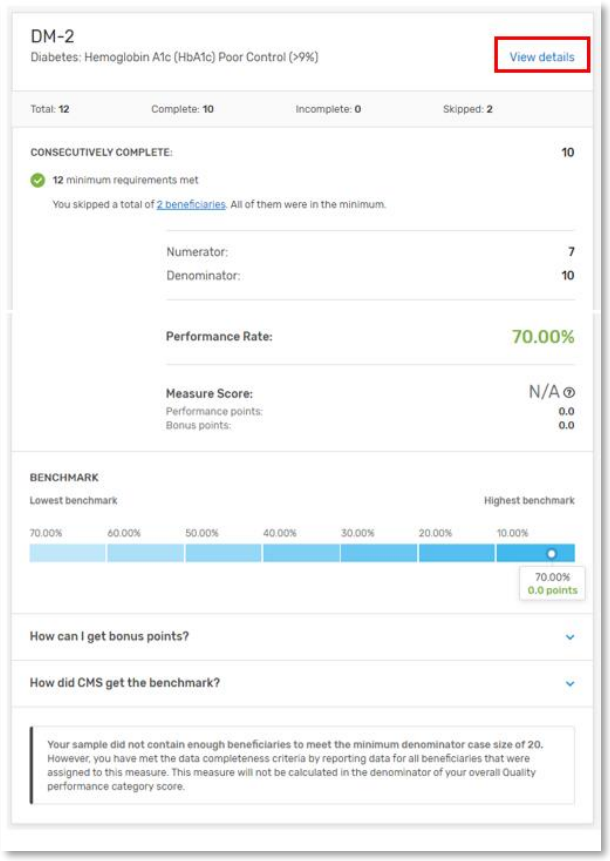


The card further breaks down beneficiary numbers down by:

- **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 all 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 performance and bonus points.
    - **NOTE:** Measure scores display as "—" until you have met the minimum reporting requirement**.**
- **Benchmarks** for the score and how your performance compares against the benchmarks
    - **NOTE**: Some measures will not have associated benchmarks.



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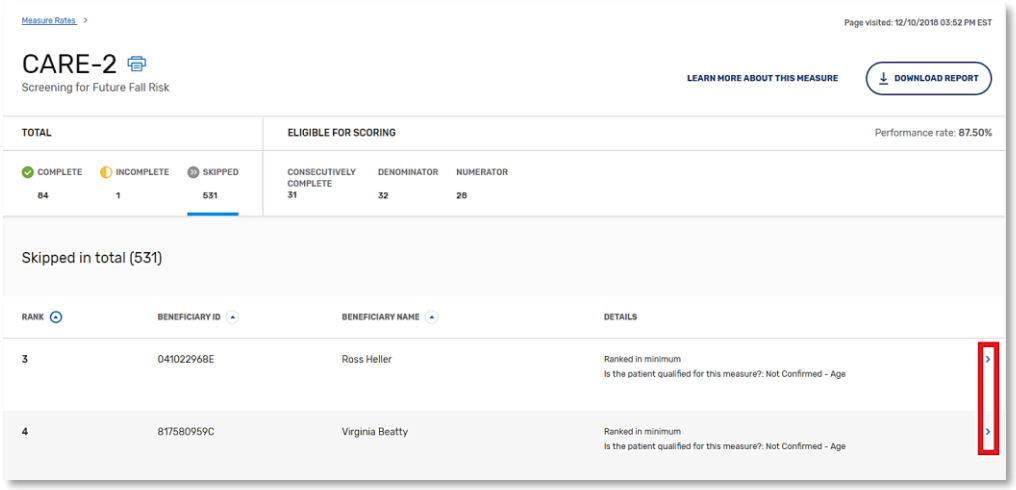
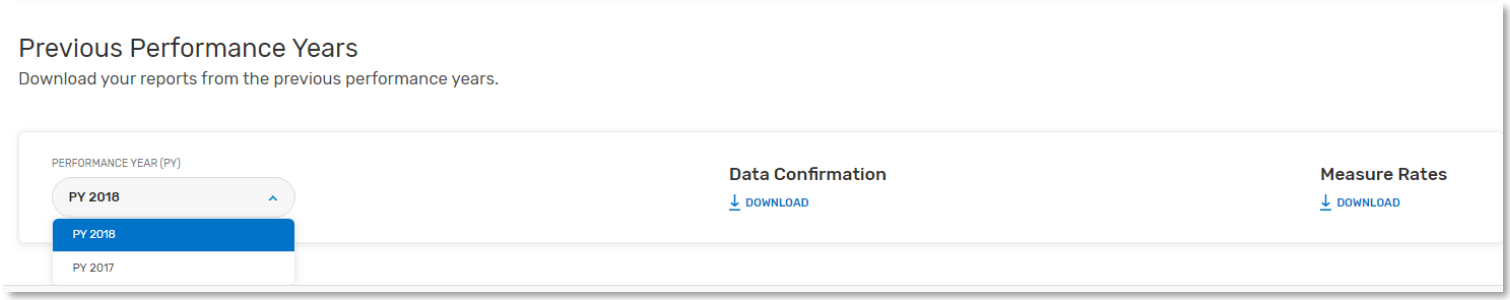
Click the **caret** on the right of each beneficiary record to go to the beneficiary's data entry page so you can make any needed changes.



Previous Performance Period Reports: MIPS Groups and ACOs

You can also download the data completion report and final measure rates report from the 2017 and 2018 performance periods.

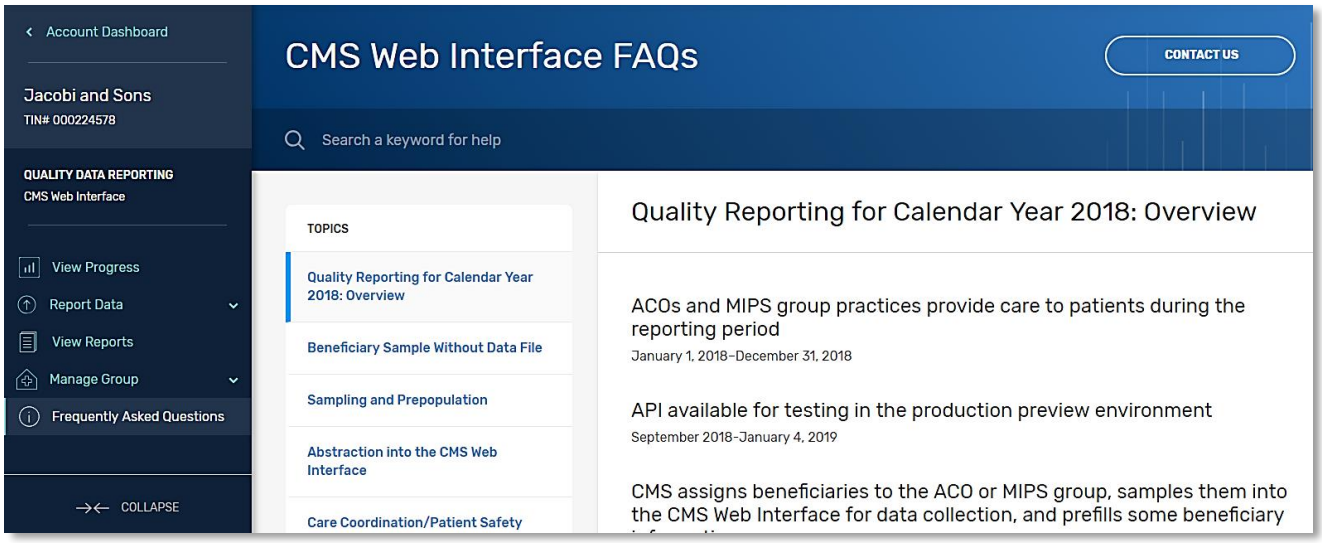
From the **View Reports** page, scroll down to the bottom of the page, choose your performance year, and **Download** the report you would like to access.



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.



These questions and answers are also posted on the Resource Library.

Contact the Quality Payment Program

If you don't find what you are looking for in the Frequently Asked Questions, please contact the Quality Payment Program at 1-866-288-8292 (TTY 1-877-715- 6222), available Monday through Friday, 8:00 AM-8:00 PM ET or by email 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

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 and Excel template for a successful submission. Check the CMS YouTube account for videos as they are released.

CMS Web Interface API Documentation

We have narrative documentation and swagger documentation for those reporting their CMS Web Interface measures via an Application Programming Interface (API).