

CMS Web Interface User Guide

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Introduction

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

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

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 below or in the [Getting Help & Support](#) section.

Getting Started with the CMS Web Interface

When you report through the CMS Web Interface, you are providing data about your 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
- Try out the CMS Web Interface during the test period (1/7/19-1/18/19)
Note that all data submitted during the test period will be deleted at the close of the test period.
- Submit data to the CMS Web Interface beginning 1/22/19 via:
 - Excel upload
 - Manual entry
 - Application Programming Interface (API)
 - Any combination of the above
- View and track your progress during the submission period

Additional Resources

[Excel Template User Guide](#)

[CMS Web Interface video series](#)

[API Swagger Guide](#)

[API Narrative Documentation](#)

How it works

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

Groups, virtual groups and ACOs are required to report on all 15 quality measures in the CMS Web Interface, including one 2-part composite measure:

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

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

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 should be submitted to the Quality Payment Program, at qpp@cms.hhs.gov.

However, if you skip any beneficiary in the 248-total minimum, beneficiaries ranked above 248 will move into the minimum range and will need to be completed.

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

When there are fewer than 248 beneficiaries ranked for a measure, you must report all required data for all beneficiaries in the measure's sample or you will receive a score of 0 for the measure.

Contact the Quality Payment Program, Monday through Friday, 8:00 AM - 8:00 PM ET
By Phone: 1-866-288-8292 (TTY 1-877-715- 6222)
By Email: QPP@cms.hhs.gov

CMS Web Interface Enhancements in 2018

We reached out to groups and ACO users to understand their experience using the CMS Web Interface during the 2017 submission period. After hearing from users, we chose to make minimal changes to the system, only adding enhancements that users identified would provide the greatest value.

Excel Template Error Enhancement

When you upload an Excel file with errors, you can now download the errors in Excel. The download will include beneficiary records with at least one error; cells where the error occurred are highlighted, making it easier to find and correct them. See the [2018 CMS Web Interface Excel Template User Guide](#) for more information on how to download, upload, and identify errors with your beneficiary sample using the Excel template.

Confirmation of Data Receipt During Submission

As you enter data into the CMS Web Interface using either Excel upload or manual data entry, your progress will automatically be saved with each step--no need to press a submit button. That's not changing. But when the CMS Web Interface submission period opens, you will be able to view and print a data confirmation report at any point during the submission period confirming the data CMS has received to date.

When the submission period closes on March 22, 2019 at 8:00 pm Eastern Time (ET), you will no longer be able to make changes to your data and your submission will be considered final.

Improved Messaging about Measure Completeness

We've made it easier to determine whether you've completed reporting for a measure when:

- The number of assigned beneficiaries doesn't meet the case minimum (groups and virtual groups only),
- None of your assigned beneficiaries qualify for the measure, or
- There is no benchmark.

We've also added scoring information for these situations to help you understand the impact of these measures on your performance.

Data Irregularities Report

We've added a new report to help you track **data irregularities** at the beneficiary and measure level, though you do not need to resolve these irregularities to have a successful submission. At the beneficiary level, this report provides information about inconsistent data submitted for a beneficiary, such as reporting measure data for a beneficiary who didn't qualify for the measure. The measure level report lets you know when a measure has zero (0) beneficiaries in the denominator due to denominator exclusion or skipping.

Measure Rates with MIPS Scoring Report (for ACOs)

Finally, we've added a second Measure Rates report for ACOs that may include clinicians scored under the APM scoring standard. This new report shows the MIPS scores for the measures you've reported in addition to the numerator, denominator, benchmark and performance rate information.

This page is intentionally left blank

Accessing the CMS Web Interface

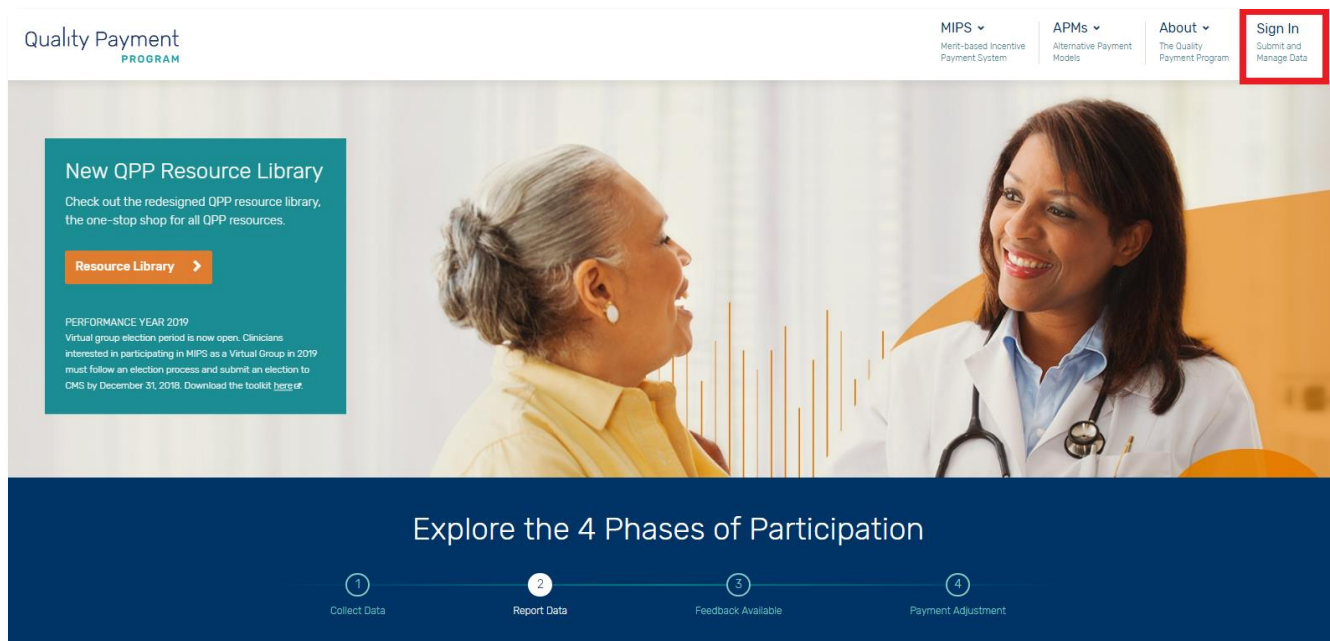
Your path to accessing the CMS Web Interface will differ slightly based on whether you are an Accountable Care Organization (Medicare Shared Savings Program or Next Generation) or participating in MIPS as a group.

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.



Contact the Quality Payment Program, Monday through Friday, 8:00 AM - 8:00 PM ET
By Phone: 1-866-288-8292 (TTY 1-877-715- 6222)
By Email: QPP@cms.hhs.gov

- 2) Enter your **EIDM or HARP 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**. Once you receive the code, enter the number into the **One-Time Code** field and click on **Submit Code**.
- 4) Enter your **one-time code** (received at your mobile device set up for two-factor authentication) and click **Submit Code**.

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

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For Groups

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

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

[Skip ahead](#)

Moira Marzen

Home

Eligibility & Reporting

Performance Feedback

Physician Compare Preview

Manage Access

Help and Support

Welcome back Moira Marzen!

January 1st, 2019
2018 Submission Window is open

March 31st, 2019
2018 Submission Window is closed

April 1st, 2019
Preliminary Performance Feedback is available

Summer 2019
Final Performance Feedback is available

Performance Year (PY) 2018 Submission Reporting Window is Now Open

You are now able to start your reporting for the PY 2018 submission year.

[START REPORTING](#)

View PY 2017 Final Performance Feedback

You are able to access your PY 2017 Final Feedback at any time.

[View Feedback](#)

- 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 EIDM or HARP account.

Moira Marzen

Home

Eligibility & Reporting

Performance Feedback

Physician Compare Preview

Review Claims-based Submission

Manage Access

Help and Support

Select Performance year (PY)

Eligibility & Reporting

PY 2018

APM ENTITIES PRACTICES

Search

1 Practices | Download

Jacobi and Sons

TIN: #000224578 | No address on record

If you have access to multiple organization types (ex. Practices and APM Entities), 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.

Contact the Quality Payment Program, Monday through Friday, 8:00 AM - 8:00 PM ET
By Phone: 1-866-288-8292 (TTY 1-877-715- 6222)
By Email: QPP@cms.hhs.gov

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

Greenville Medical Clinic

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

✓ **MIPS Eligible Practice**

Exceeds low volume threshold: **Yes**

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

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

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

APM Participation: **2 APMs**

[+ View APM details](#)

REPORT AS GROUP

REPORT AS INDIVIDUALS

[View clinician eligibility](#)

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

Eligibility & Reporting

Practice Details and Clinicians

Group Reporting Overview

Quality

Promoting Interoperability

Improvement Activities

Performance Feedback

Select Performance Year (PY)

2018

Reporting Overview

TIN: 000224578

Start reporting

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

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

Quality Measures

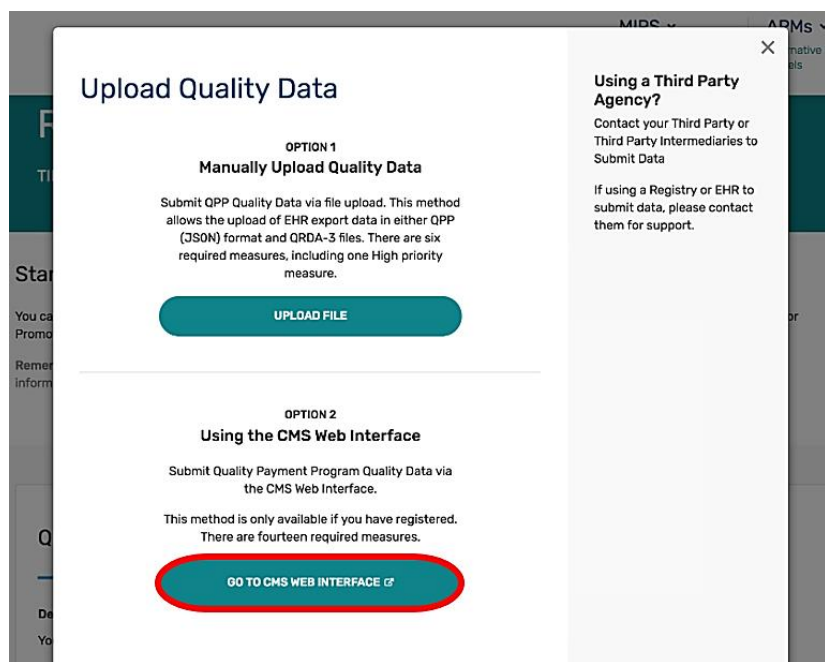
Details

START REPORTING

GO TO CMS WEB INTERFACE

Contact the Quality Payment Program, Monday through Friday, 8:00 AM - 8:00 PM ET
By Phone: 1-866-288-8292 (TTY 1-877-715- 6222)
By Email: QPP@cms.hhs.gov

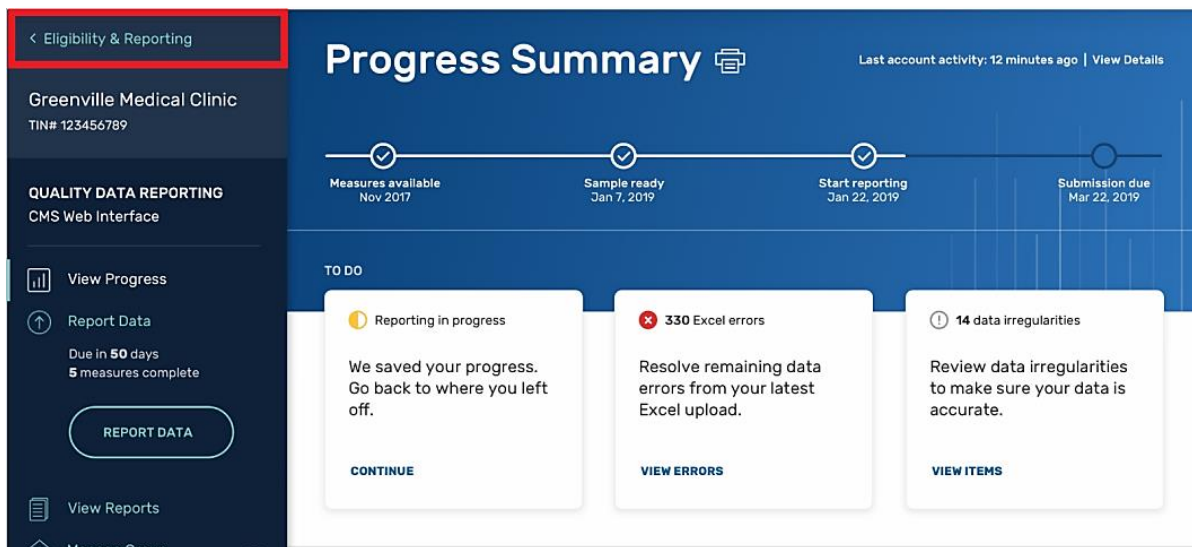
- 4) If you click **Start Reporting**, you'll need to click **Go to CMS Web Interface** to open the CMS Web Interface.



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

Please contact the Quality Payment Program with questions
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.

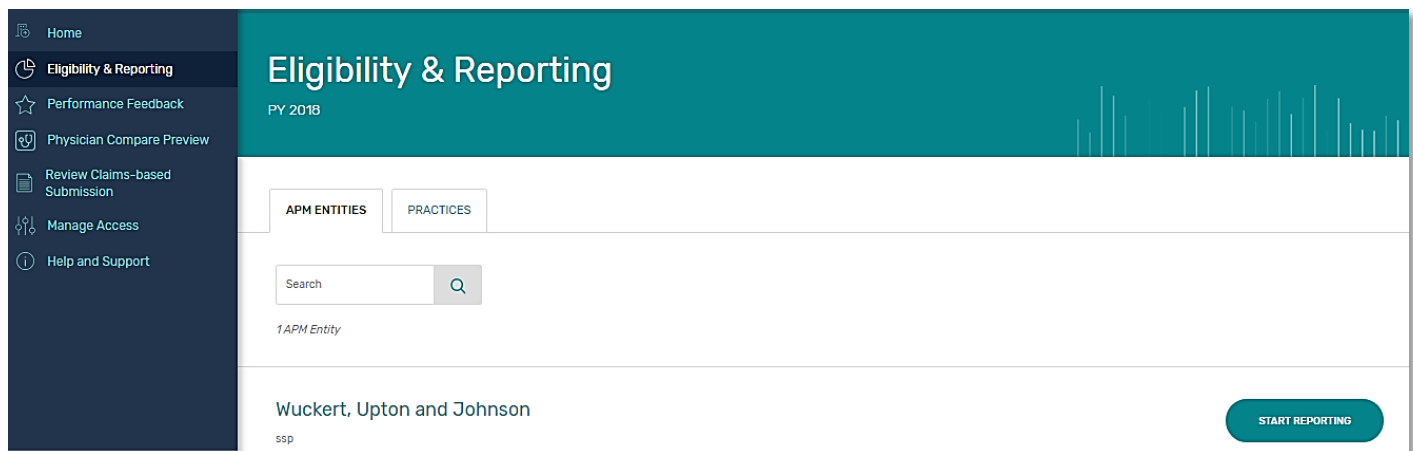


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By Phone: 1-866-288-8292 (TTY 1-877-715- 6222)
By Email: QPP@cms.hhs.gov

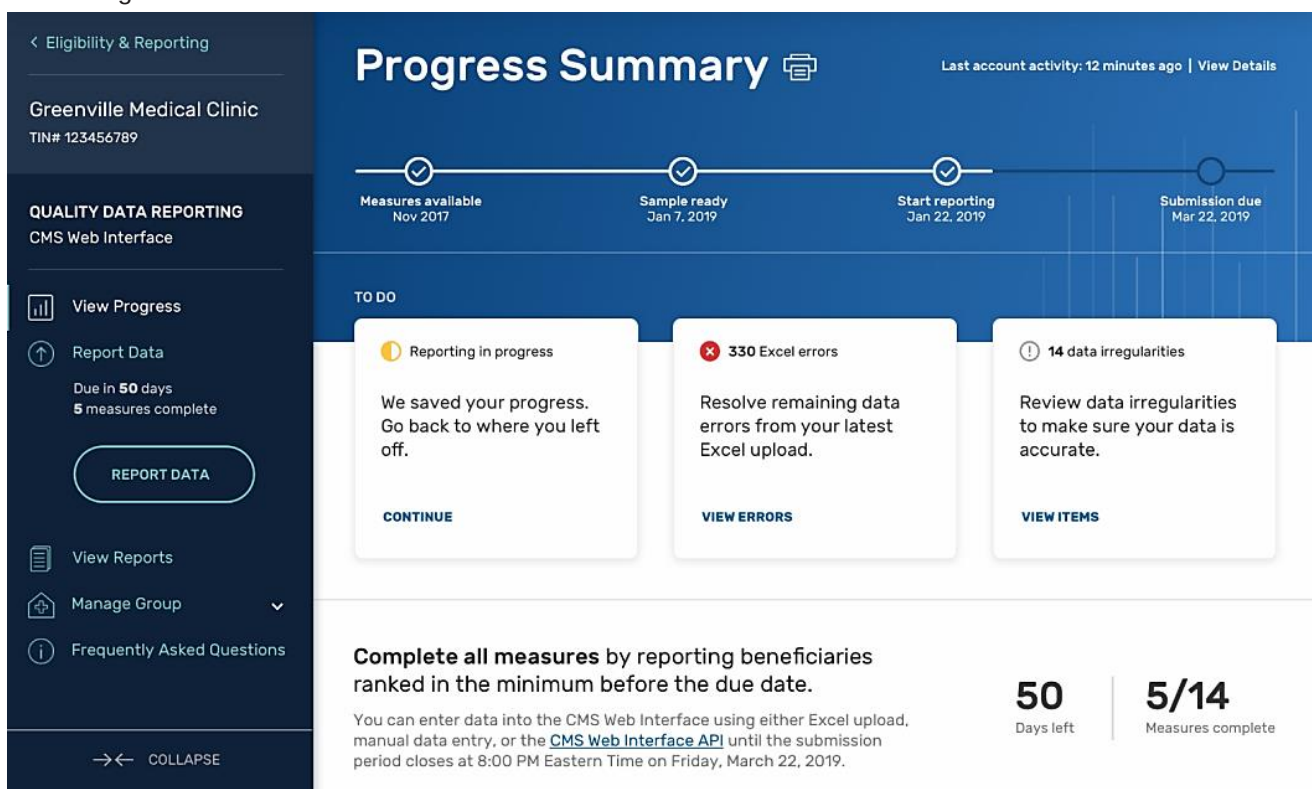
For APM Entities: Accountable Care Organizations (ACOs)

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

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



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



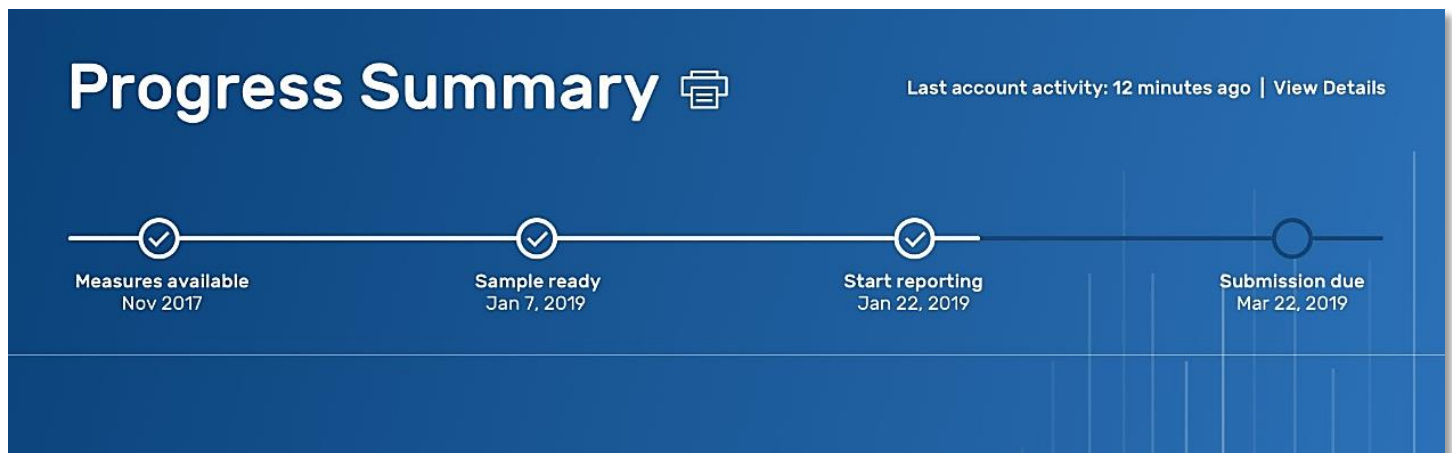
Contact the Quality Payment Program, Monday through Friday, 8:00 AM - 8:00 PM ET
By Phone: 1-866-288-8292 (TTY 1-877-715- 6222)
By Email: QPP@cms.hhs.gov

What You Can Do in the CMS Web Interface

Review the CMS Web Interface Timeline

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

Note that the CMS Web Interface will not open for the 2018 performance period until the Sample Ready milestone.



Measure Specifications: Measures Available Milestone

Measure specifications for the CMS Web Interface were made available following publication of the Quality Payment Program 2018 Final Rule in November 2017, this is the first milestone you will see on the timeline.

Download Beneficiary Sample: Sample Ready Milestone

For the 2018 performance period, your Medicare beneficiary sample will be **available** for download through the CMS Web Interface on **January 7, 2019** when the Test Period opens.

During the Test 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, or the [Excel Template User Guide](#)
- Work on filling in your data in the Excel template offline
 - See the [Excel Template User Guide](#)

Contact the Quality Payment Program, Monday through Friday, 8:00 AM - 8:00 PM ET
By Phone: 1-866-288-8292 (TTY 1-877-715- 6222)
By Email: QPP@cms.hhs.gov

- Upload your data to test out the CMS Web Interface
 - See the [Report Data via Excel](#) section of the guide, or the [Excel Template User 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

IMPORTANT

When the submission period opens on January 22, 2019, **all data you uploaded** to the CMS Web Interface during the test period will be **erased** from our systems and will **no longer show** in the **CMS Web Interface**.

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

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

Submission Period Opens: Start Reporting Milestone

On **January 22, 2019**, the CMS Web Interface will **open** for reporting. Once the submission period opens, **any previous test data you may have uploaded or entered during the test period will have been erased**.

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 Period Closes: Submission Due Milestone

On **March 22, 2019 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 date and time will be considered your **final submission**.

NOTE: that you will still be able to access the CMS Web Interface after the close of the submission period to run final reports.

View Progress

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

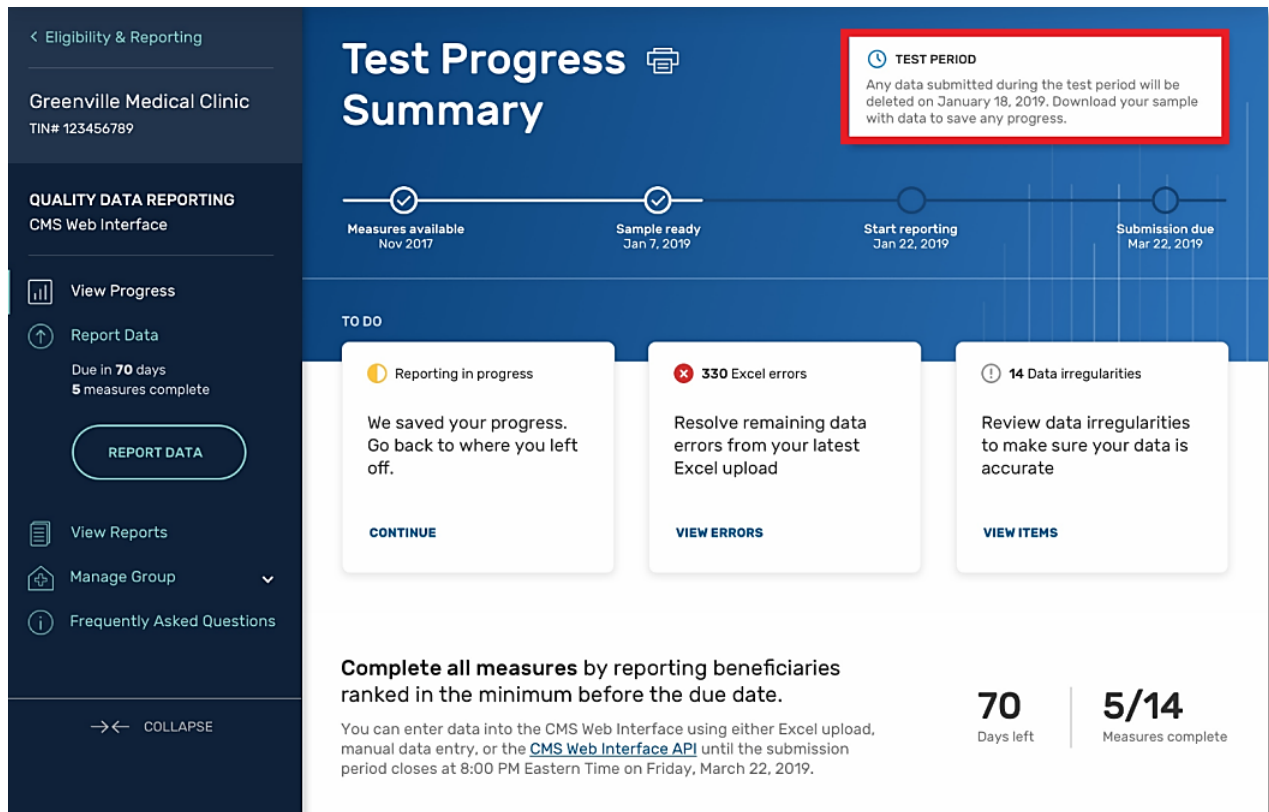
Depending on the time of year you access the system, you may see a different version of the functionality available. For more information, see the **Review Program Milestones** section above.



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Test Data

Beginning January 7, you can test out the CMS Web Interface using your data to learn and get familiarized with how to use the CMS Web Interface for reporting data.



During the **test period** (January 7-18, 2019), you can upload data in Excel format or enter data via manual data entry. **Any data submitted during the test period will be deleted before the submission period opens on January 22, 2019.** You can download any data you tested during the test period and save it offline until the **Start Reporting milestone** opens.

To do so:

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

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By Email: QPP@cms.hhs.gov

View Sample

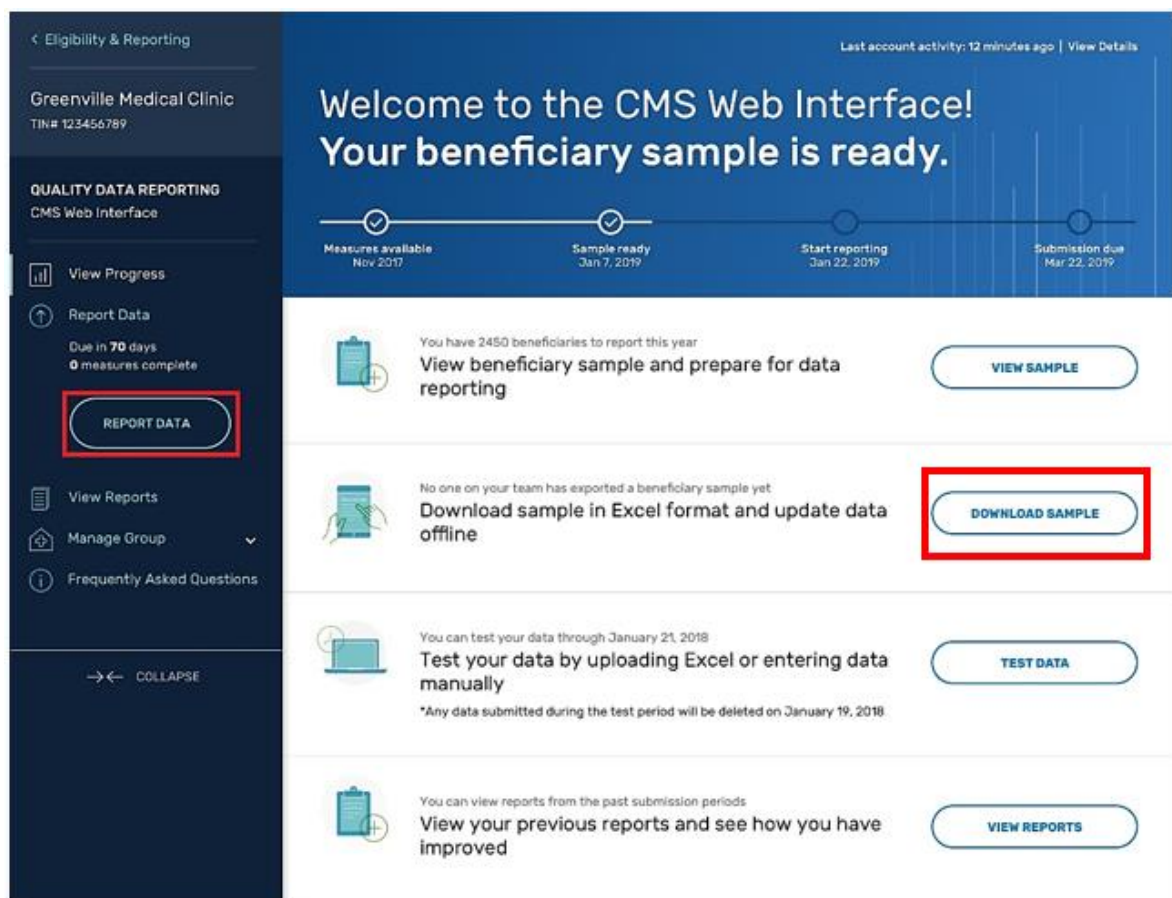
Once the Test Period opens, you can view your sample in two ways:

- 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 before the test period opens. This transfer happens outside of the CMS Web Interface.

Download Sample

To download your sample using the Excel template:

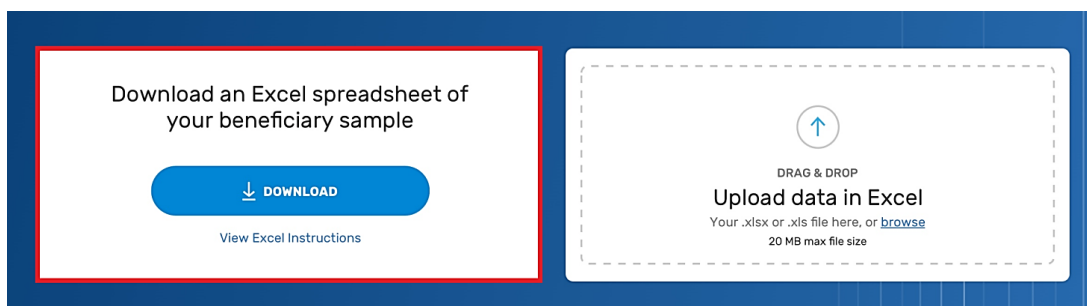
- 1) Sign in to the **CMS Web Interface**
- 2) Click **Download Sample** if you're signing in for the first time



Contact the Quality Payment Program, Monday through Friday, 8:00 AM - 8:00 PM ET
By Phone: 1-866-288-8292 (TTY 1-877-715- 6222)
By Email: QPP@cms.hhs.gov

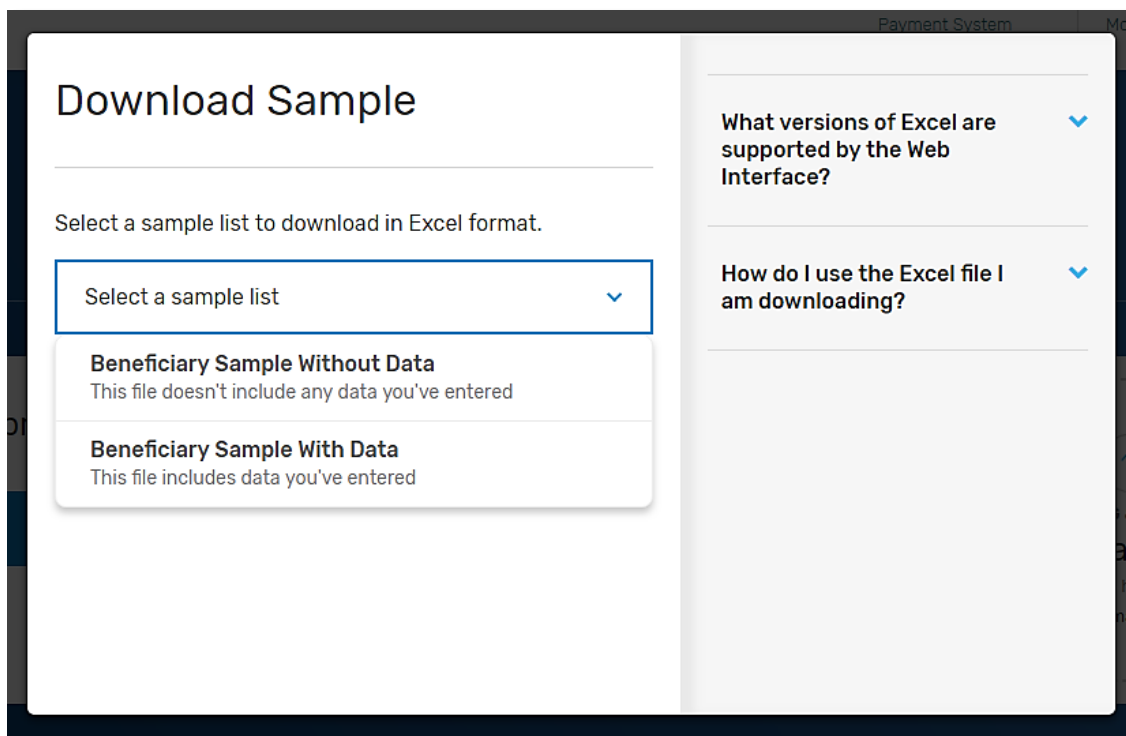
OR

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 [2018 CMS Web Interface Excel Template User 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.

VIEW SAMPLES AND ENTER DATA

SELECT A MEASURE

All Measures

FILTER BY

Beneficiary Name

Q Start typing or select

SORT BY

Beneficiary ID

All Measures

TOTAL
2450 beneficiaries

COMPLETE
716 beneficiaries

INCOMPLETE
1610 beneficiaries

SKIPPED
124 beneficiaries

BENEFICIARY ID

BENEFICIARY INFO

RANK SUMMARY

1234567890

Enter Data

Jean West

Female, 01/01/1950

Medical Record # 77698

Clinic 39521234

Providers 1. Rich Bloom 2. Catherine Moth 3. Brad Cornell

Ranked in minimum: 4 measures
0/4 complete

In over-sample: 5 measures
0/5 complete

1234567891

Enter Data

Maud Patrick

Male, 01/23/1952

Medical Record # 55508

Clinic 73212344

Providers 1. Rich Bloom 2. Catherine Moth 3. Brad Cornell

Skipped from all ranked measures

Reason
Medical Record Not Found

1234567892

Enter Data

Sara Soto

Female, 04/03/1950

Medical Record # 53615

Clinic 12467341

Providers 1. Rich Bloom 2. Catherine Moth 3. Brad Cornell

Ranked in minimum: 4 measures
0/4 complete

In over-sample: 5 measures
0/5 complete

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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.

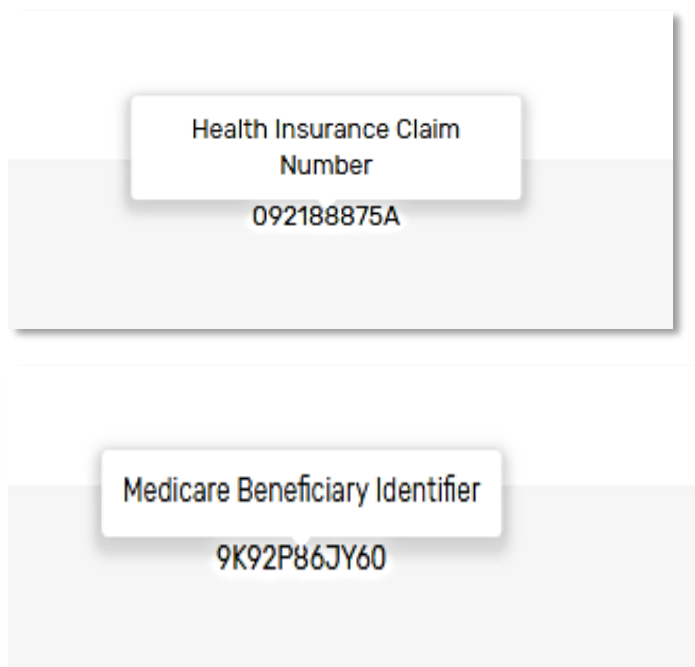
The minimum rank is a floating number through the submission process, so beneficiaries who do not start in the minimum may become part of the minimum if those ranked before them are skipped.

 **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.

VIEW SAMPLES AND ENTER DATA

SELECT A MEASURE

FILTER BY

SORT BY

All Measures

Beneficiary Name

Start typing or select

Beneficiary ID

All Measures

TOTAL
2450 beneficiaries

COMPLETE
716 beneficiaries

INCOMPLETE
1610 beneficiaries

SKIPPED
124 beneficiaries

BENEFICIARY ID

BENEFICIARY INFO

RANK SUMMARY

1234567890

Enter Data

Jean West
Female, 01/01/1950
Medical Record # 77698
Clinic 39521234
Providers 1. Rich Bloom 2. Catherine Moth 3. Brad Cornell

Ranked in minimum: 4 measures
0/4 complete
In over-sample: 5 measures
0/5 complete

1234567891

Enter Data

Maud Patrick
Male, 01/23/1952
Medical Record # 55508
Clinic 73212344
Providers 1. Rich Bloom 2. Catherine Moth 3. Brad Cornell

Skipped from all ranked measures
Reason
Medical Record Not Found

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.

VIEW SAMPLES AND ENTER DATA			
SELECT A MEASURE	FILTER BY	SORT BY	
All Measures	Beneficiary Name	Beneficiary ID	
measures			
TOTAL 3538 beneficiaries	COMPLETE 2 beneficiaries	INCOMPLETE 3525 beneficiaries	SKIPPED 11 beneficiaries
BENEFICIARY ID	BENEFICIARY INFO	RANK SUMMARY	

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.

VIEW SAMPLES AND ENTER DATA			
SELECT A MEASURE	FILTER BY	SORT BY	
All Measures	Beneficiary ID	Beneficiary ID	
All Measures			
000681539A Health Insurance Claim Number			
000709088B Health Insurance Claim Number			
000832431E Health Insurance Claim Number			
000878771D Health Insurance Claim Number			

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.

The screenshot shows the 'VIEW SAMPLES AND ENTER DATA' interface. At the top, there are three dropdown menus: 'SELECT A MEASURE' (set to 'All Measures'), 'FILTER BY' (set to 'Beneficiary ID'), and a search bar. Below these is a large table with the header 'All Measures'. At the bottom of the table, there are four summary boxes: 'TOTAL 3538 beneficiaries', 'COMPLETE 2 beneficiaries', 'INCOMPLETE 3525 beneficiaries', and 'SKIPPED 11 beneficiaries'. On the right side, a 'SORT BY' dropdown menu is open, showing four options: 'Beneficiary ID' (selected), 'Beneficiary Last Name', 'Medical Record #', and '# of Measures Ranked In Minimum'. The 'SORT BY' menu is highlighted with a red border.

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 - Or Medical Record #** are internal numbering system that you can assign to beneficiaries.
- **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.
- **ClinicID** - 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

 **1234567892**

Sara Soto
Female, 04/03/1950

Ranked in minimum: **4 measures**
0/4 complete

 **Edit Data**

Medical Record #
53615

Clinic
12467341

Providers
1. Rich Bloom 2. Catherine Moth 3. Brad Cornell

In over-sample: **5 measures**
0/5 complete

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

[< Back to list](#)

 **100000675**
Morgan Harmon
Female, 01/01/1950

PATIENT'S RANKED MEASURES (4)

MEASURES	RANK
CARE-1	 100 IN MINIMUM
PREV-7	 215 IN MINIMUM
DM	 401
PREV-13	 610

Beneficiary ID 100000675 | All ranked measures

Morgan Harmon
Beneficiary demographics

 **Edit info**

BENEFICIARY NAME Morgan Harmon 100000675	GENDER Female	PROVIDER 1 NAME / NPI Kate Royals 01020495
DATE OF BIRTH 01/01/1950	MEDICAL RECORD # 2136894354	PROVIDER 2 NAME / NPI Matt Blooms 0192059
COMMENTS	CLINIC NAME / ID Example Clinic 15025441	PROVIDER 3 NAME / NPI Dan Moore 0192059

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

Edit Info * Required

Beneficiary ID
000832431E

Name *
Nora ✓

Last Name *
Leuschke ✓

Gender *
Female ▾

Date of Birth

Month * 06 ✓ Day * 11 ✓ Year * 1976 ✓

Medical Record #

Providers
Select up to 3 providers.

Provider 1
Provider Name / NPI
Ned Deckhow / 2029563385 ✕

Provider 2
Provider Name / NPI
Jacob Reynolds / 391038787 ✕

Provider 3
Provider Name / NPI
✕

Clinic Name / ID
Gottlieb, McLaughlin and Nicolas / 096854248 ▾

Comments

SAVE

CANCEL

What is a Medical Record Number? ^

What are Top Providers? ^

How can I add or edit clinics? ^

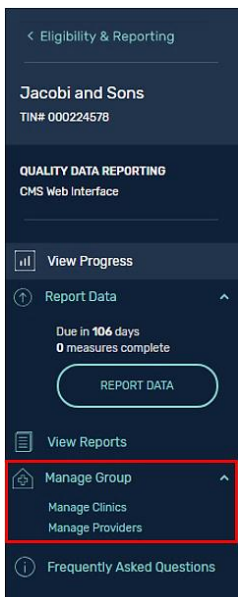
The **Provider Name** and **Clinic Name** information fields are input fields that turn into dropdown fields when you begin typing. You can only associate clinics and providers that are already in your system. To add, change or delete the clinics and providers in these lists, see the [Manage Groups](#)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

Manage Group

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

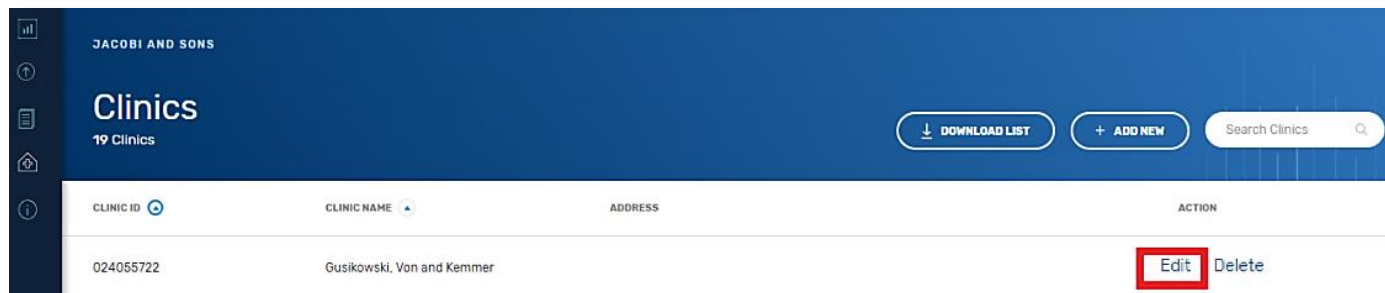


To manage the list of your clinics:

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

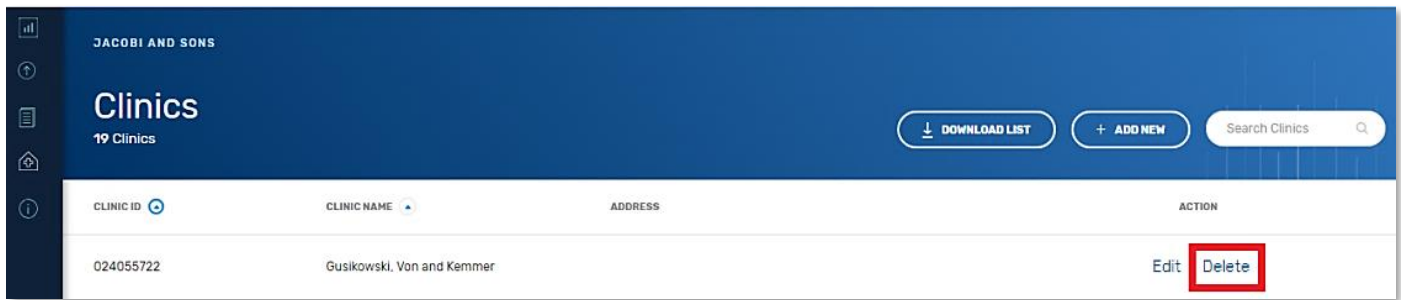
Edit Clinic

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.

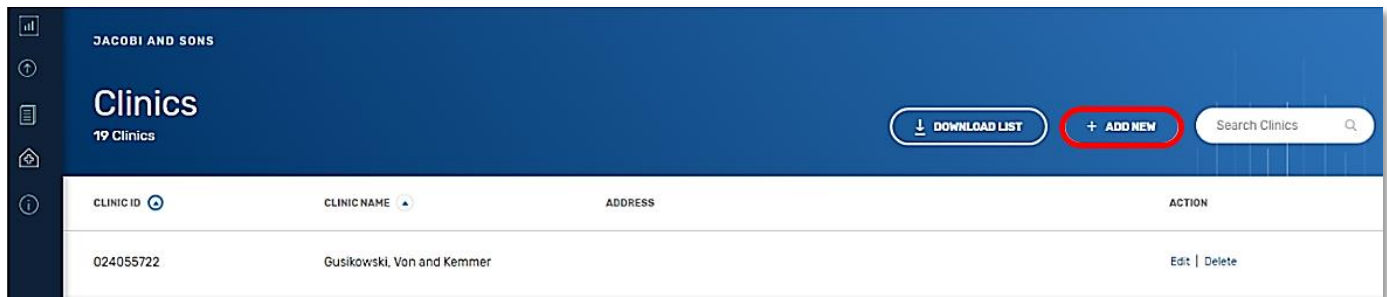


To do so, you can:

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).

New Clinic

* Required

Clinic ID *

Clinic Name *

Address

Address 2

City State Zip

SAVE

CANCEL

What is a Clinic Id?

The Clinic ID is a unique number assigned to each clinic. It can either be the Tax Identification Number (TIN) or Centers for Medicare & Medicaid Services Certification Number (CCN). TINs are assigned by the Internal Revenue Service (IRS) while CCNs are assigned by the Centers for Medicare & Medicaid Services. This field is not editable. If there is a mistake, please call the CMS help desk.

Download Clinic List

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

JACOBI AND SONS

Clinics

19 Clinics

DOWNLOAD LIST + ADD NEW Search Clinics

CLINIC ID	CLINIC NAME	ADDRESS	ACTION
024055722	Gusikowski, Von and Kemmer		Edit Delete

Clinic Sort and Search

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

JACOBI AND SONS

Clinics

19 Clinics

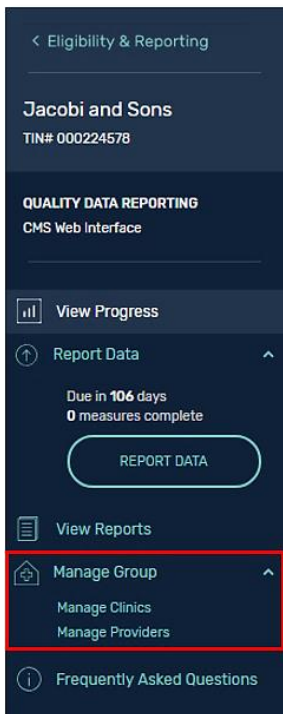
DOWNLOAD LIST + ADD NEW Search Clinics

CLINIC ID	CLINIC NAME	ADDRESS	ACTION
024055722	Gusikowski, Von and Kemmer		Edit Delete

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

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

Manage Providers



To manage the list of your providers:

1. Select **Manage Group** in the navigation
2. Select **Manage Providers** in the sub-navigation

Edit Provider

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

Providers					
1049 Providers					
↓ DOWNLOAD LIST			+ ADD NEW		Search Providers
NPI	LAST NAME	FIRST NAME	EIN	CREDENTIALS	ACTION
0014373333	Prohaska	Reagan			Edit Delete

Delete Provider

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

Providers					
1049 Providers					
↓ DOWNLOAD LIST			+ ADD NEW		Search Providers
NPI	LAST NAME	FIRST NAME	EIN	CREDENTIALS	ACTION
0014373333	Prohaska	Reagan			Edit Delete

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.

Providers					
1049 Providers					
↓ DOWNLOAD LIST		+ ADD NEW		Search Providers	
NPI	LAST NAME	FIRST NAME	EIN	CREDENTIALS	ACTION
0014373333	Prohaska	Reagan			Edit Delete

Download Provider List

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

Providers					
1049 Providers					
↓ DOWNLOAD LIST		+ ADD NEW		Search Providers	
NPI	LAST NAME	FIRST NAME	EIN	CREDENTIALS	ACTION
0014373333	Prohaska	Reagan			Edit Delete

Provider Sort and Search

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

Providers					
1049 Providers					
↓ DOWNLOAD LIST		+ ADD NEW		Search Providers	
NPI	LAST NAME	FIRST NAME	EIN	CREDENTIALS	ACTION
0014373333	Prohaska	Reagan			Edit Delete

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

Providers					
1049 Providers					
↓ DOWNLOAD LIST		+ ADD NEW		Search Providers	
NPI	LAST NAME	FIRST NAME	EIN	CREDENTIALS	ACTION
0014373333	Prohaska	Reagan			Edit Delete

Report Data

Report Data Via Excel

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

Download an Excel spreadsheet of your beneficiary sample



DOWNLOAD

[View Excel Instructions](#)



DRAG & DROP

Upload data in Excel

Your .xlsx file here, or [browse](#)

20 MB max file size

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

Upload Data

File to upload

Jacobi and Sons-beneficiary-sample-list_CARE2.xlsx [Change](#)

20 MB max file size

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

Any fields for which "N/A" is selected, will be specifically overwritten with an empty value in the CMS Web Interface. **Only select "N/A" if you want the system to overwrite a field with a blank value.**

UPLOAD

CANCEL

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

Only the data you have specifically entered into the Excel template will be overwritten in the system.

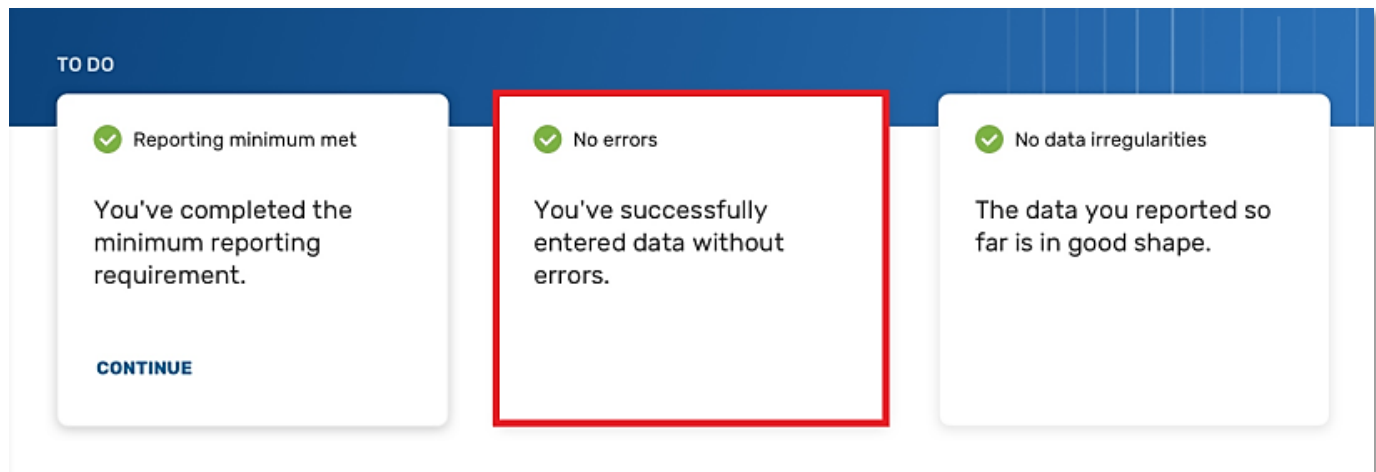
Any fields left blank will NOT be overwritten.

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

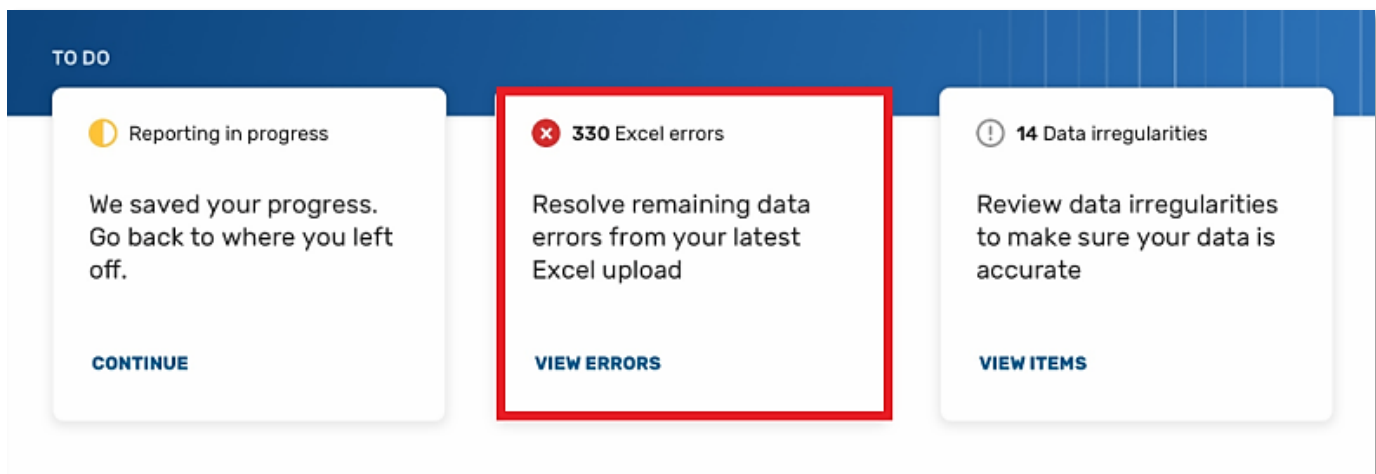
Resolve Errors

Once your Excel file is uploaded into the system, you may find errors 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.

All Excel Errors				
All_Beneficiaries_Data.xlsx				
↓ DOWNLOAD ERRORS IN EXCEL				
EXCEL ERRORS 330 errors	TOTAL 2450 beneficiaries	COMPLETE 716 beneficiaries	INCOMPLETE 1610 beneficiaries	SKIPPED 124 beneficiaries
BENEFICIARY ID	SECTION HEADER ?	COLUMN HEADER ?	ERROR DESCRIPTION	
1000000820	Beneficiary Demographics	Clinic ID	The Clinic with ID 123456 is not found for your organization. Please go to Manage Clinics from the left navigation for your organization.	

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

All Excel Errors				
All_Beneficiaries_Data.xlsx				
↓ DOWNLOAD ERRORS IN EXCEL				
EXCEL ERRORS 330 errors	TOTAL 2450 beneficiaries	COMPLETE 716 beneficiaries	INCOMPLETE 1610 beneficiaries	SKIPPED 124 beneficiaries
BENEFICIARY ID	SECTION HEADER ?	COLUMN HEADER ?	ERROR DESCRIPTION	

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.

All Excel Errors				
All_Beneficiaries_Data.xlsx				
Download Errors in Excel				
EXCEL ERRORS 330 errors	TOTAL 2450 beneficiaries	COMPLETE 716 beneficiaries	INCOMPLETE 1610 beneficiaries	SKIPPED 124 beneficiaries
BENEFICIARY ID	SECTION HEADER ⓘ	COLUMN HEADER ⓘ	ERROR DESCRIPTION	
✖ 1000000820	Beneficiary Demographics	Clinic ID	The Clinic with ID 123456 is not found for your organization. Please go to Manage Clinics from the left navigation for your organization.	
✖ 1000000824	Beneficiary Demographics	Clinic ID	The Clinic with ID 123456 is not found for your organization. Please go to Manage Clinics from the left navigation for your organization.	
✖ 1000000824	CARE-2	Was the patient screened for future fall risk at least once during the measurement period (January 1 - December 31, 2018)?	The data provided is not in the list of choices.	

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.

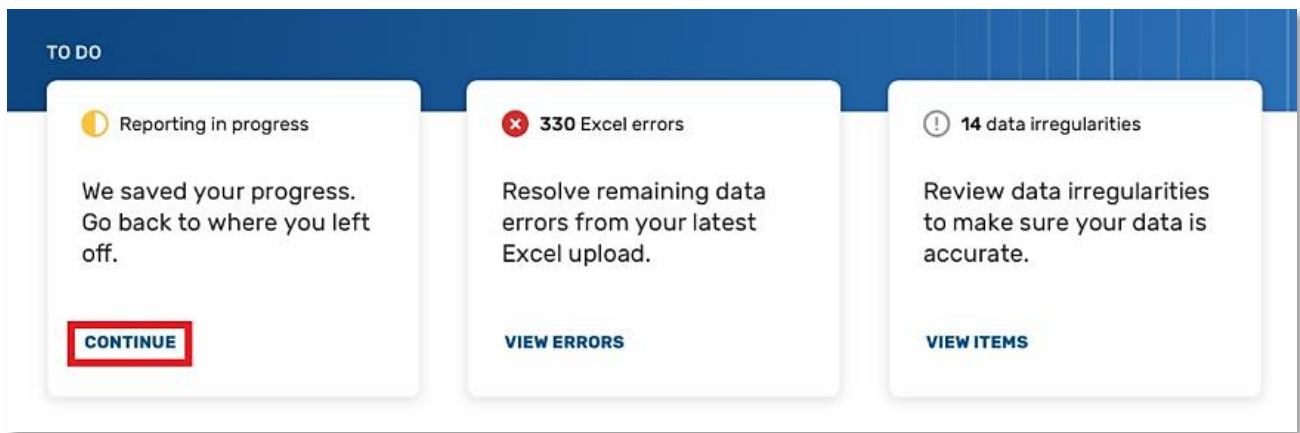
Report Data via Manual Data Entry

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:

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.

Prefer to enter data one measure at a time?

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

All Measures				
TOTAL	COMPLETE	INCOMPLETE	SKIPPED	
2450 beneficiaries	716 beneficiaries	1610 beneficiaries	124 beneficiaries	
BENEFICIARY ID	BENEFICIARY INFO		RANK SUMMARY	
✓ 1234567890	Jean West Female, 01/01/1950		Ranked in minimum: 4 measures 4/4 complete	
Edit Data	Medical Record # 77698	Clinic 39521234	Providers 1. Rich Bloom 2. Catherine Moth 3. Brad Cornell	In over-sample: 5 measures 2/5 complete
» 1234567891	Maud Patrick Male, 01/23/1952		Skipped from all ranked measures	
Edit Data	Medical Record # 55508	Clinic 73212344	Providers 1. Rich Bloom 2. Catherine Moth 3. Brad Cornell	Reason Medical Record Not Found

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.

< All Measures 1610 incomplete beneficiaries left All changes saved 5 seconds ago

< Back to list

100000675
Morgan Harmon
Female, 01/01/1950

PATIENT'S RANKED MEASURES (4)

MEASURES	RANK
CARE-1	100 IN MINIMUM
PREV-7	215 IN MINIMUM
DM	401
PREV-13	610

Beneficiary ID 100000675 | All ranked measures

Morgan Harmon [Edit info](#)
Beneficiary demographics

BENEFICIARY NAME Morgan Harmon 100000675	GENDER Female	PROVIDER 1 NAME / NPI Kate Royals 01020495
DATE OF BIRTH 01/01/1950	MEDICAL RECORD # 2136894354	PROVIDER 2 NAME / NPI Matt Blooms 0192059
COMMENTS	CLINIC NAME / ID Example Clinic 15025441	PROVIDER 3 NAME / NPI Dan Moore 0192059

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.

< Back to list

100000675
Morgan Harmon
Female, 01/01/1950

PATIENT'S RANKED MEASURES (4)

MEASURES	RANK
CARE-1	100 IN MINIMUM
PREV-7	215 IN MINIMUM
DM	401
PREV-13	610

Beneficiary ID 100000675 | All ranked measures

Morgan Harmon [Edit info](#)
Beneficiary demographics

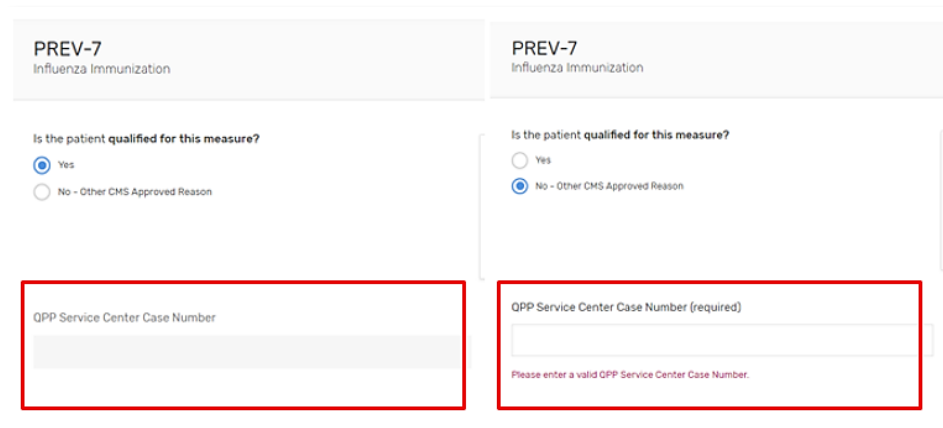
BENEFICIARY NAME Morgan Harmon 100000675	GENDER Female	PROVIDER 1 NAME / NPI Kate Royals 01020495
DATE OF BIRTH 01/01/1950	MEDICAL RECORD # 2136894354	PROVIDER 2 NAME / NPI Matt Blooms 0192059
COMMENTS	CLINIC NAME / ID Example Clinic 15025441	PROVIDER 3 NAME / NPI Dan Moore 0192059

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.

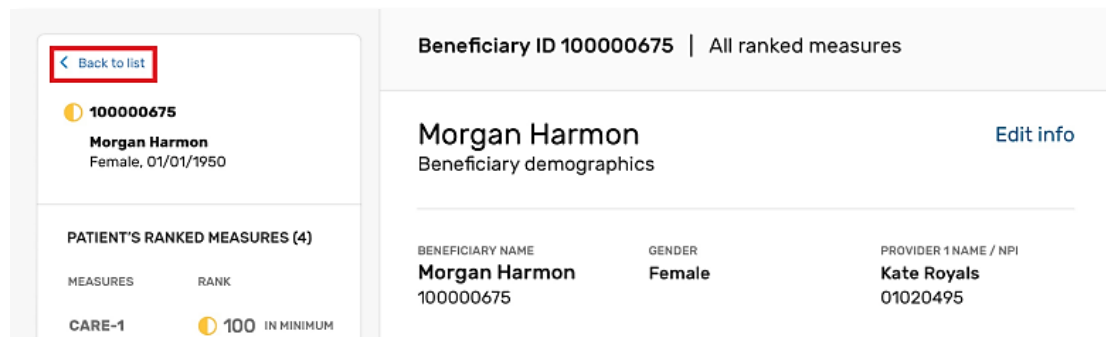
Contact the Quality Payment Program, Monday through Friday, 8:00 AM - 8:00 PM ET
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By Email: QPP@cms.hhs.gov

In the example below, QPP Service Center Case Number is not required when you answer **Yes**, that the patient is qualified for this measure. It only becomes required when you answer **No – Other CMS Approved Reason**.

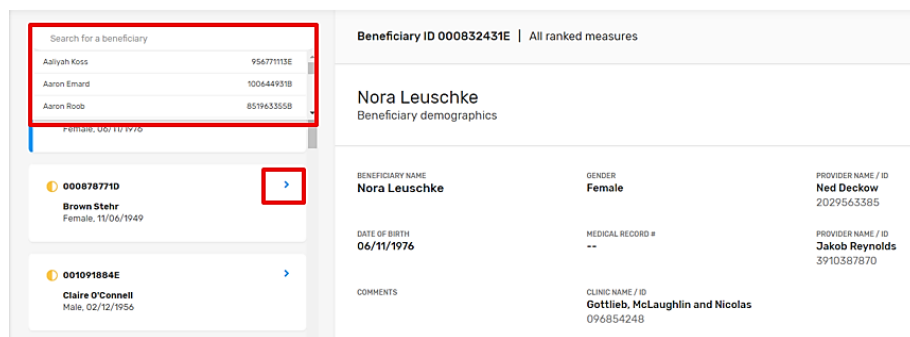


You can move to a different beneficiary by navigating to the Report Data and choosing another beneficiary, OR

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.



Contact the Quality Payment Program, Monday through Friday, 8:00 AM - 8:00 PM ET
 By Phone: 1-866-288-8292 (TTY 1-877-715- 6222)
 By Email: QPP@cms.hhs.gov

Manually Enter Data by Measure

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

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

Measure Progress SORT BY: Completion Status

CARE-1
Medication Reconciliation Post-Discharge

ENTER DATA

MINIMUM NOT MET 0 Consecutively completed | 1 Skipped
1 249 Minimum 512
You skipped a total of 1 beneficiary. All of them were in the minimum.

PERFORMANCE RATE
0.00%
0 Numerator | 0 Denominator

MEASURE SCORE
0.0/0
0.0 Performance points
1.0 Bonus points

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

< Back to list

RANK
1
IN MINIMUM Incomplete

817580959C
Virginia Beatty
Male, 02/27/1957
Delete data for this measure

1 ranked beneficiary in CARE-1 IN MINIMUM

Virginia Beatty
Beneficiary demographics Edit info

BENEFICIARY NAME / ID Virginia Beatty 817580959C	GENDER Male	PROVIDER 1 NAME / NPI John Brekke 7094722433
DATE OF BIRTH 02/27/1957	MEDICAL RECORD # --	PROVIDER 2 NAME / NPI Ova Feeney 1061580209
COMMENTS	CLINIC NAME / ID Gottlieb, McLaughlin and Nicolas 096854248	

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

Continue data entry for the next beneficiary in [PREV-10](#)

GO TO NEXT

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

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

VIEW SAMPLES AND ENTER DATA

SELECT A MEASURE
CARE-1

FILTER BY
Beneficiary Name

SORT BY
Rank

CARE-1
Medication Reconciliation Post-Discharge

MINIMUM REQUIREMENT NOT MET
You've consecutively completed 0 beneficiaries and skipped 1. Report on the missing rankings to meet the 249 minimum requirement: 1-10, 12-512

1 249 Minimum 512

PERFORMANCE RATE
0 Numerator | 0 Denominator
0.00%
[Learn more about this measure](#)

TOTAL
512 beneficiaries

COMPLETE
0 beneficiaries

INCOMPLETE
511 beneficiaries

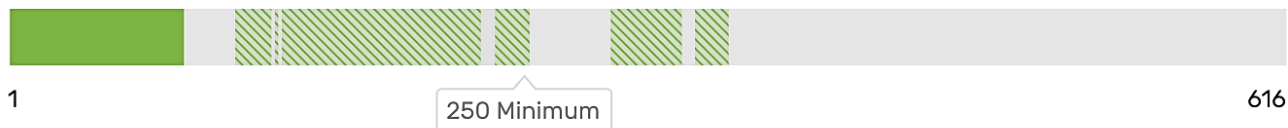
SKIPPED
1 beneficiary

RANK	REPORT STATUS	BENEFICIARY ID	BENEFICIARY INFO
1 IN MINIMUM Edit Data	Incomplete	817580959C	Virginia Beatty Male, 02/27/1957 Medical Record # -- Clinic 096854248 Providers 1. John Brekke 2. Ova Feeney

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.

MINIMUM REQUIREMENT NOT MET

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



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

[< Back to list](#)
100000675
Morgan Harmon
Female, 01/01/1950

PATIENT'S RANKED MEASURES (4)

MEASURES	RANK
CARE-1	100 IN MINIMUM
PREV-7	215 IN MINIMUM
DM	401
PREV-13	610

Beneficiary ID 100000675 | All ranked measures
Morgan Harmon [Edit info](#)
Beneficiary demographics

BENEFICIARY NAME Morgan Harmon 100000675	GENDER Female	PROVIDER 1 NAME / NPI Kate Royals 01020495
DATE OF BIRTH 01/01/1950	MEDICAL RECORD # 2136894354	PROVIDER 2 NAME / NPI Matt Blooms 0192059
COMMENTS	CLINIC NAME / ID Example Clinic 15025441	PROVIDER 3 NAME / NPI Dan Moore 0192059

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

[< Back to list](#)
100000675
Morgan Harmon
Female, 01/01/1950

PATIENT'S RANKED MEASURES (4)

MEASURES	RANK
CARE-1	100 IN MINIMUM

Beneficiary ID 100000675 | All ranked measures
Morgan Harmon [Edit info](#)
Beneficiary demographics

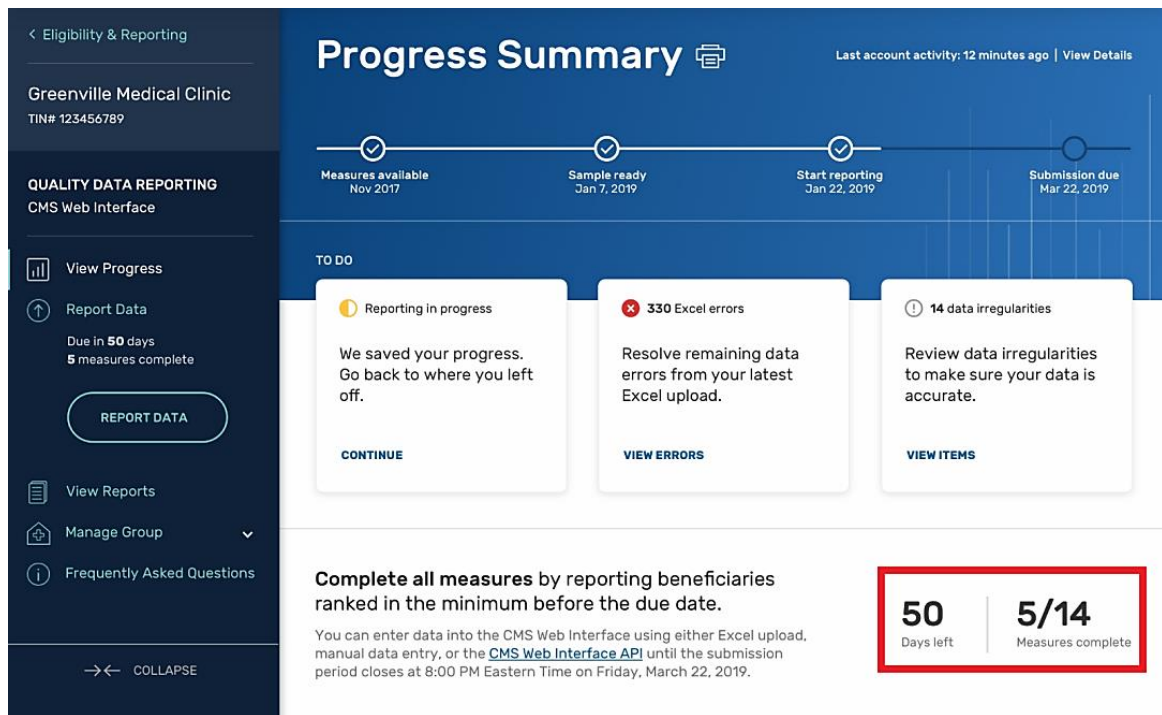
BENEFICIARY NAME Morgan Harmon 100000675	GENDER Female	PROVIDER 1 NAME / NPI Kate Royals 01020495
---	-------------------------	---

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.

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

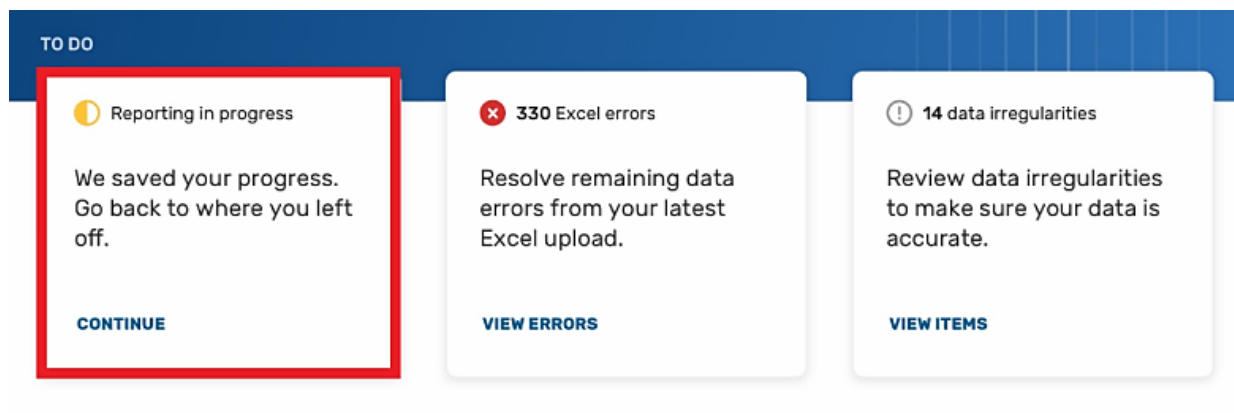


To Do Cards

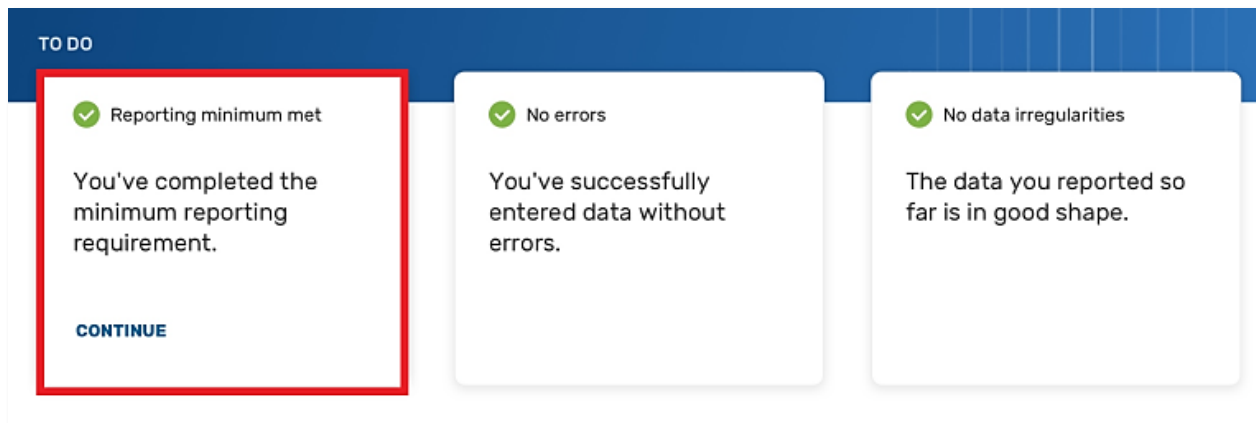
At the top of the View Progress page during the submission period, you will see three **To Do items** that will update throughout the submission period.

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.



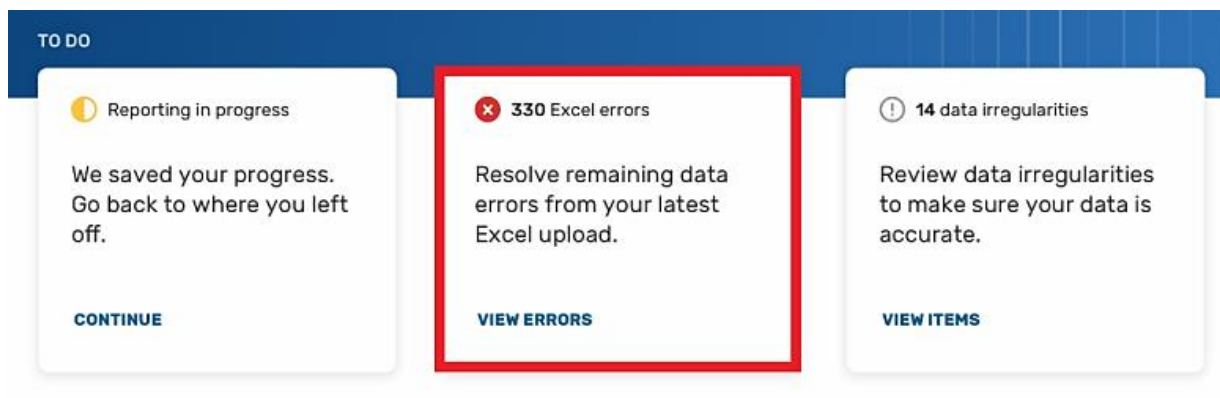
Once you've reached the minimum reporting requirement for all the Web Interface measures, the **Reporting in progress** card will show a green checkmark, though you will still be able to use the **Continue** link throughout the submission period.



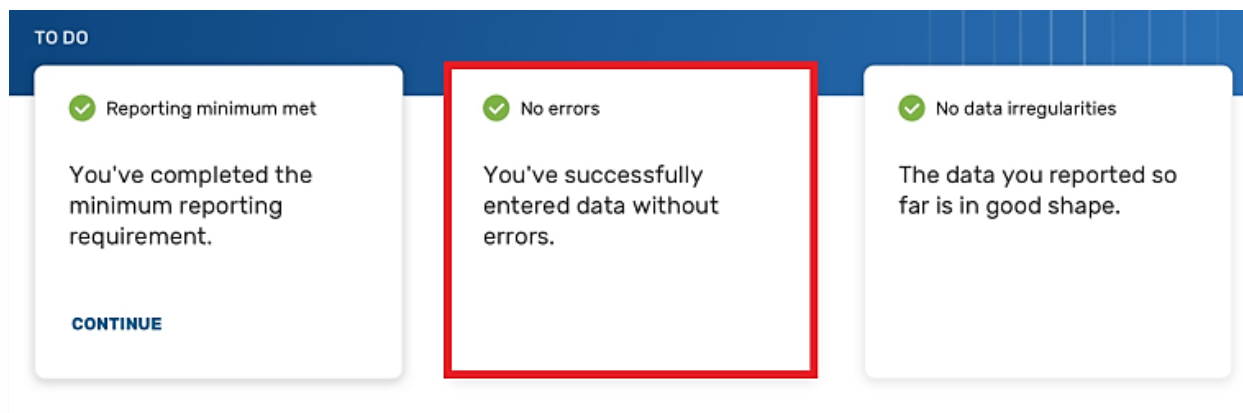
Excel Errors

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.



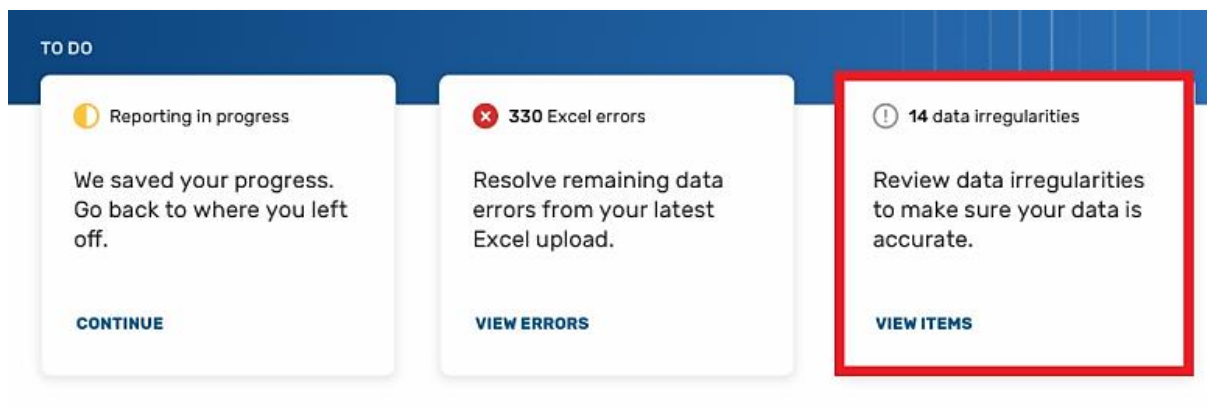
If your team currently has no Excel errors, the card will have a green checkmark and there will not be a link to the Errors tab.



Data Irregularities

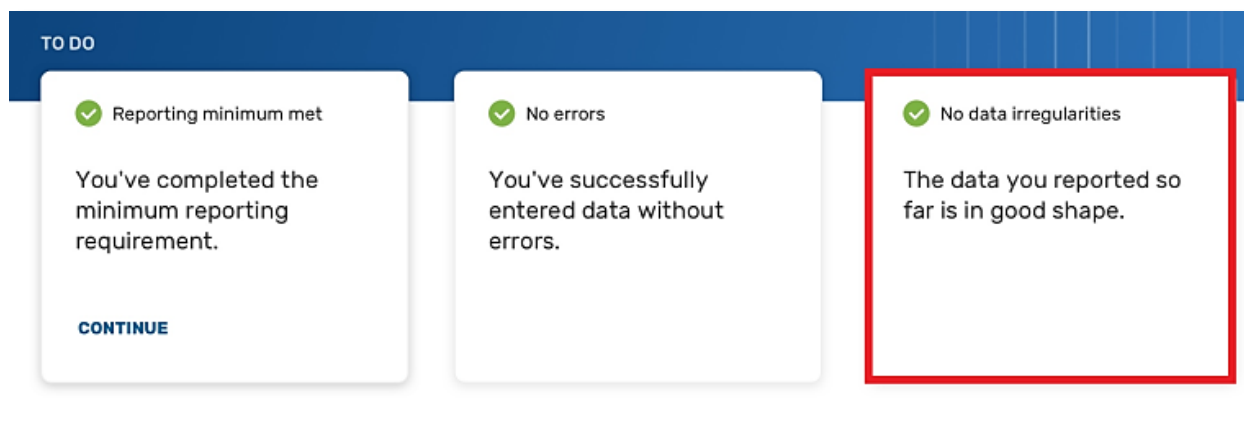
The third card in the To Do items area is the **Data Irregularities** card. This identifies any inconsistencies or irregularities in the data you've submitted so far, either at the beneficiary level or measure level. It is recommended that you review the data irregularities and remove any data that is 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](#).



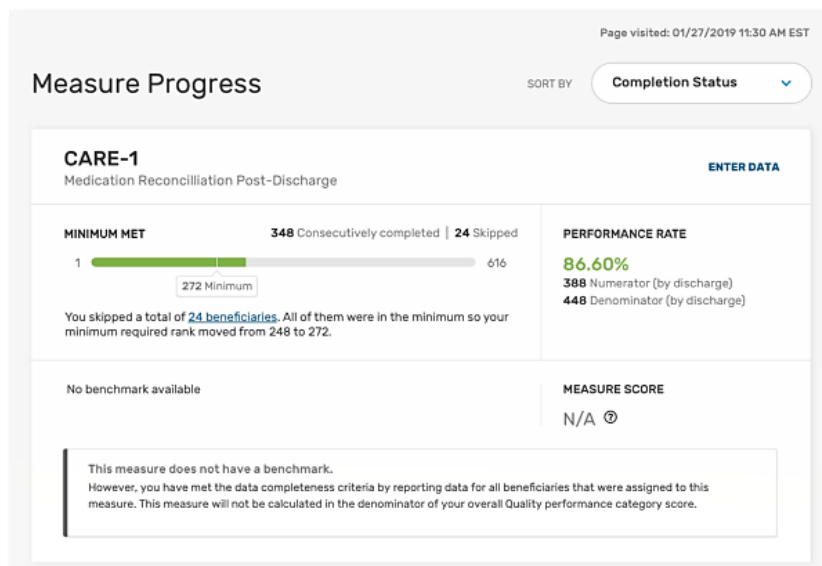
NOTE: Data Irregularities are also identified in the measure progress card and beneficiary record.

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



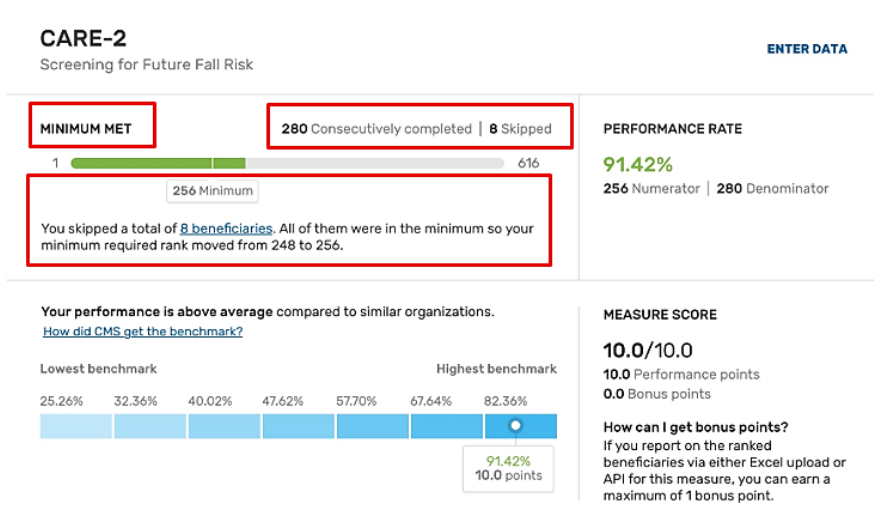
Measure Progress Cards

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.

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By Email: QPP@cms.hhs.gov

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 end-to-end, high priority, or outcome bonus points for the measure, these will appear on the right side of the card. To earn end-to-end bonus points for the measure, use the provided Excel template to upload your data (see the [Excel Template User Guide](#) for more information).

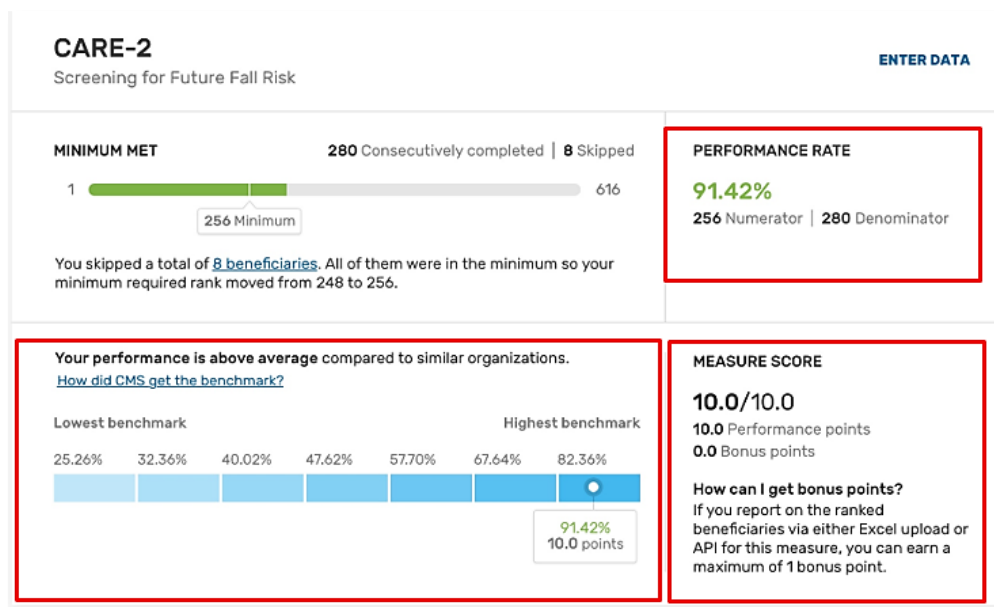
Helpful Hints about Measure Scores:

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

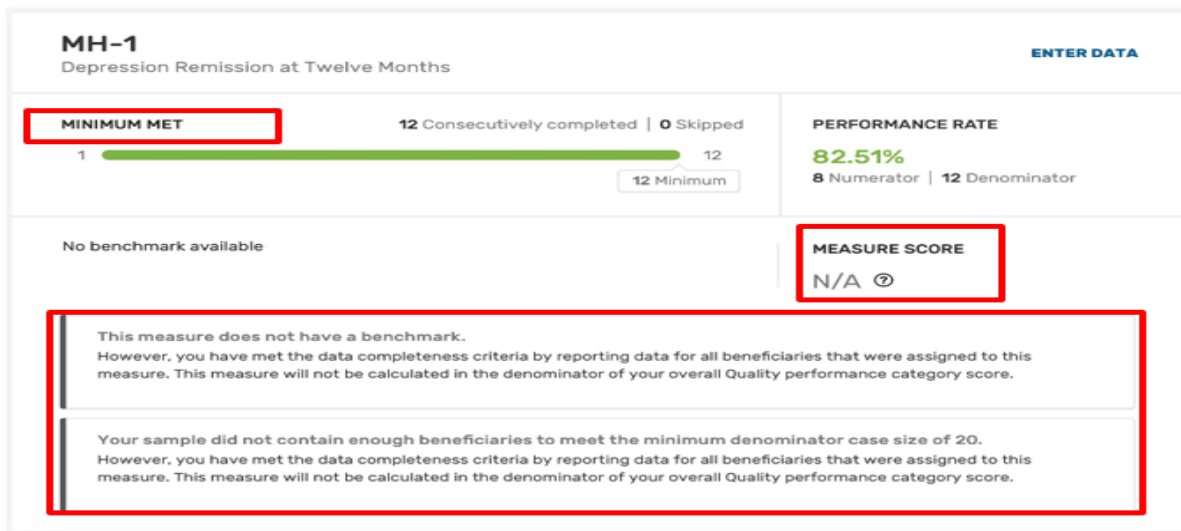
- You will only see the measure score after you have met the reporting minimum requirement, but you will see your performance rate in progress as soon as you begin reporting.



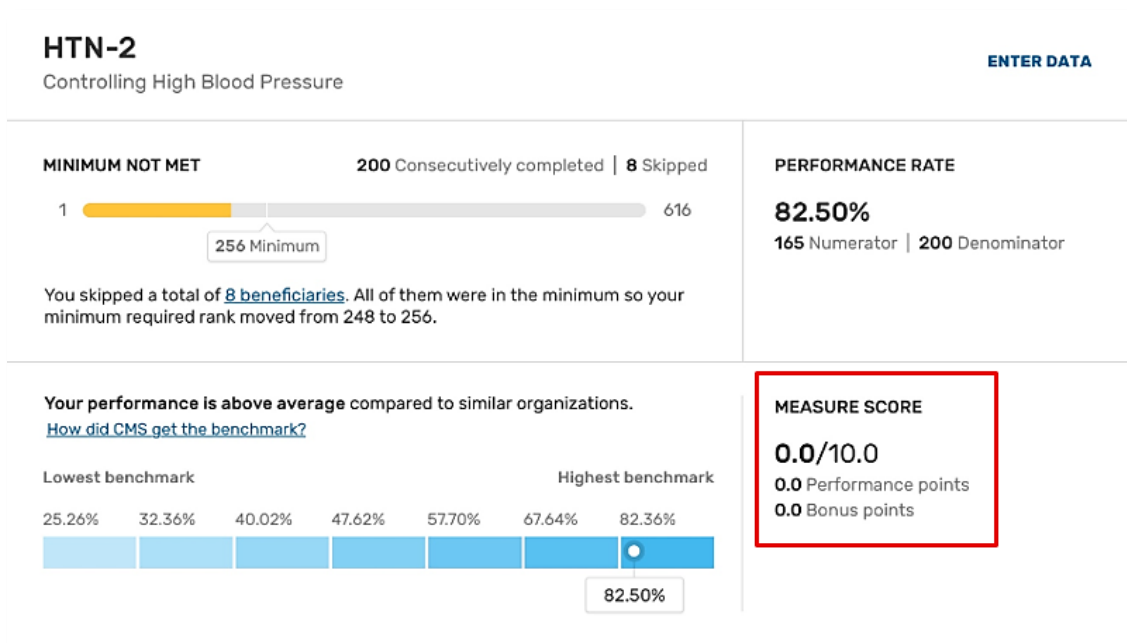
Other Measure Information

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



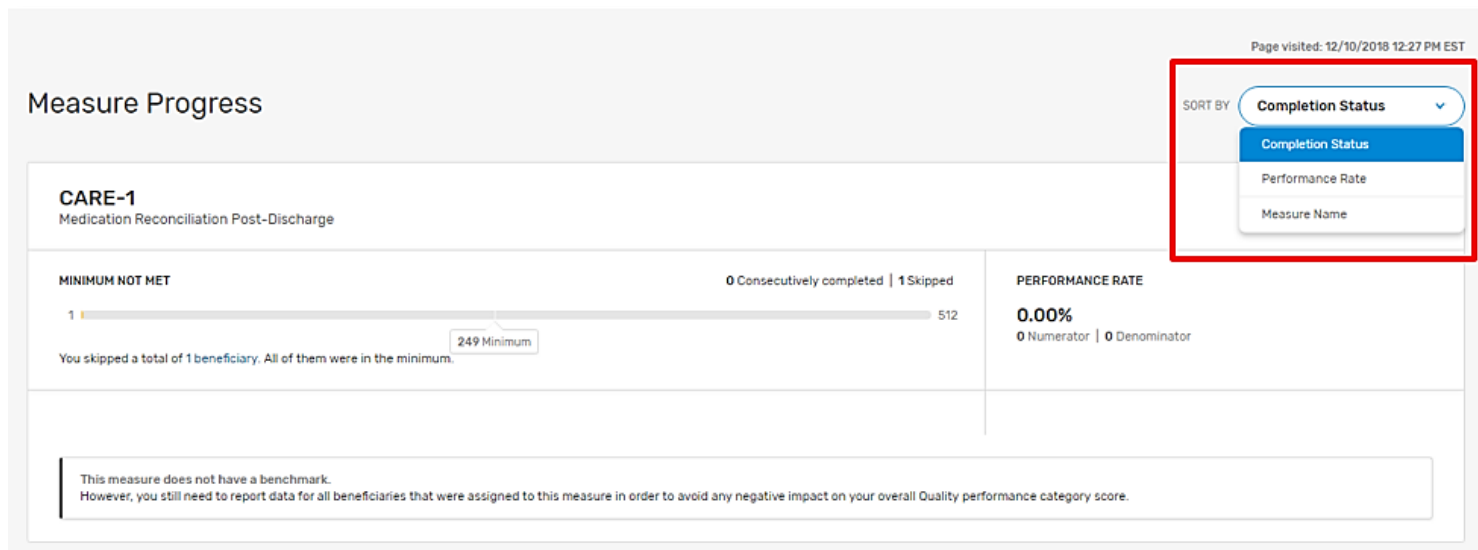
As a reminder, MIPS groups and virtual groups will see a score of 0.0/10 until the data completeness/minimum reporting requirement has been met.



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



Activity Cards

The end of the View Progress page contains the latest activities your team performed in the CMS Web Interface. You can see your team's last 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.

Your team has been busy.

YOUR ACTIVITIES

EW

You

01/24/2017 04:00 PM

Updated beneficiary data via Web Interface

23 updates made in beneficiary data

EW

You

01/24/2017 04:00 PM

Updated beneficiary data via Web Interface

23 updates made in beneficiary data

EW

You

01/24/2017 04:00 PM

Updated beneficiary data via Web Interface

23 updates made in beneficiary data

YOUR TEAM'S ACTIVITIES

EC

Erik Connors

01/24/2017 04:00 PM

Updated beneficiary data via Web Interface

23 updates made in beneficiary data

LS

Liz Sullivan

01/24/2017 04:00 PM

Updated beneficiary data via Web Interface

23 updates made in beneficiary data

JR

Jessica Royals

01/24/2017 04:00 PM

Updated beneficiary data via Web Interface

23 updates made in beneficiary data

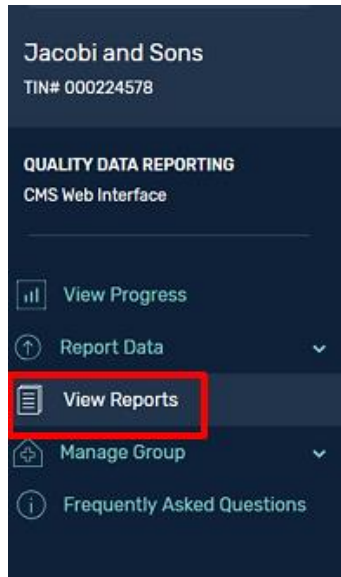
[View activity log report](#)

View Reports

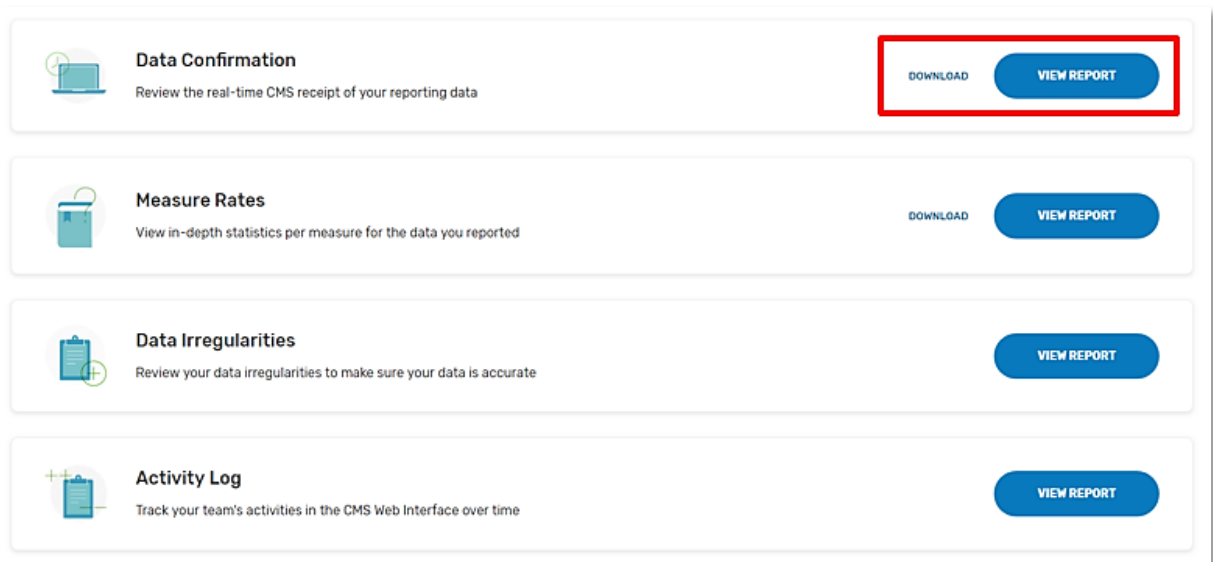
The CMS Web Interface contains reports for you to track your measure progress, review any data irregularities, view your team's activity, and understand the data CMS has received to date.

Access Reports

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



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



2018 Performance Period Reports: MIPS Groups

View Reports houses four (4) different reports for the 2018 Performance Period that you can access during the submission period:

- Data Confirmation (NEW ability to access during the submission period)
- Measure Rates
- Data Irregularities (NEW report)
- Activity Log

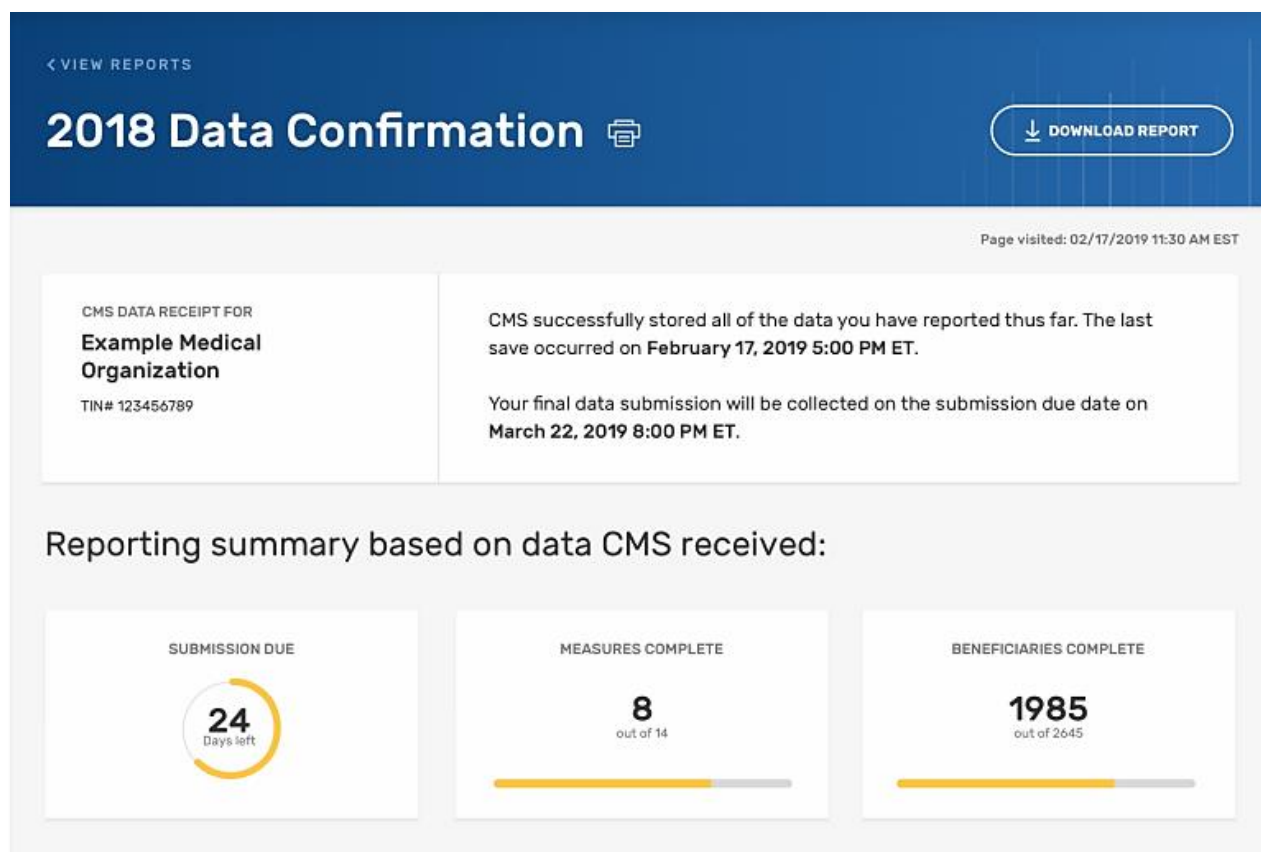
In an ACO?

Skip ahead to [2018 Performance Period Reports for ACOs](#)

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)
- Measures score (for measures that have met data completeness/minimum reporting requirements)

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Measures are broken out into 2 sections:

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

8 measures that have met the requirements:

CARE-1

Medication Reconciliation Post-Discharge

✓ 286 minimum requirements met

Consecutively complete: **348** beneficiaries
 ↳ Skipped: **38** beneficiaries
 ↳ Included in denominator: **390** discharges
 ↳ Included in numerator: **338** discharges

Performance rate: **86.66%**

Measure score **N/A** ⓘ

This measure does not have a benchmark.
 However, you have met the data completeness criteria by reporting data for all beneficiaries that were assigned to this measure. This measure will not be calculated in the denominator of your overall Quality performance category score.

HTN-2

Controlling High Blood Pressure

✓ 286 minimum requirements met

Consecutively complete: **348** beneficiaries
 ↳ Skipped: **38** beneficiaries
 ↳ Included in denominator: **310** beneficiaries
 ↳ Included in numerator: **198** beneficiaries

Performance rate: **63.87%**

Your performance is above average compared to similar organizations.

Measure score **7.0/10**

Performance points **6.0**
 Bonus points **1.0**

6 measures that have not met the requirements:

CARE-2

Screening For Future Fall Risk

⚠ 268 minimum requirements not met

Consecutively complete: **148** beneficiaries
 ↳ Skipped: **20** beneficiaries
 ↳ Included in denominator: **310** discharges
 ↳ Included in numerator: **290** discharges

Performance rate: **81.81%**

Your performance is above average compared to similar organizations.

Measure score **0.0/10**

DM (Composite)

Diabetes Mellitus Composite

⚠ 268 minimum requirements not met

Consecutively complete: **148** beneficiaries
 ↳ Skipped: **20** beneficiaries
 ↳ Included in denominator: **110** beneficiaries
 ↳ Included in numerator: **90** beneficiaries

Performance rate: **81.81%**

Your performance is above average compared to similar organizations.

DM-2 (inverse measure) Performance Rate: **24.57%**
 DM-7 Performance Rate: **89.12%**

Measure score **0.0/10**

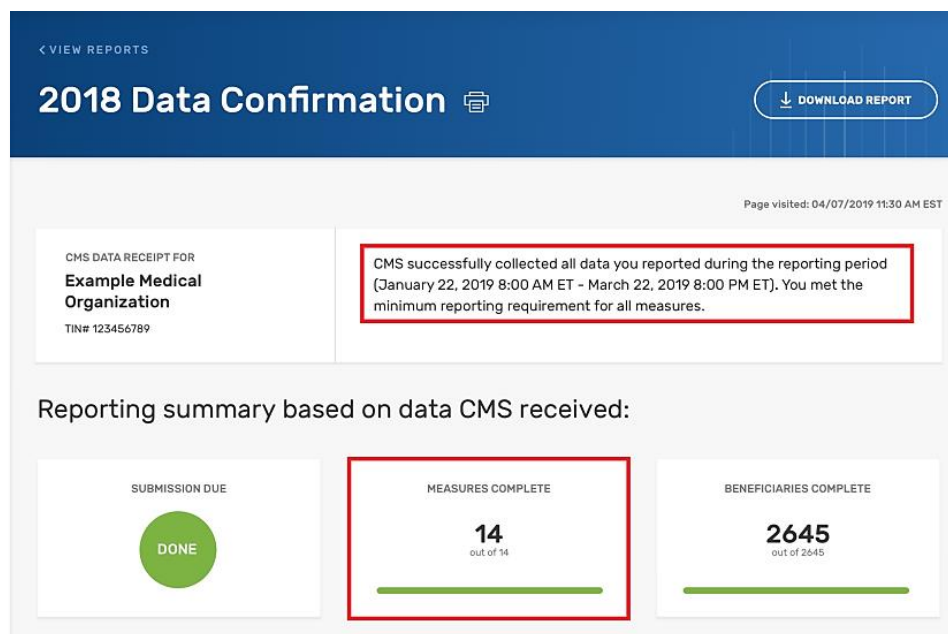
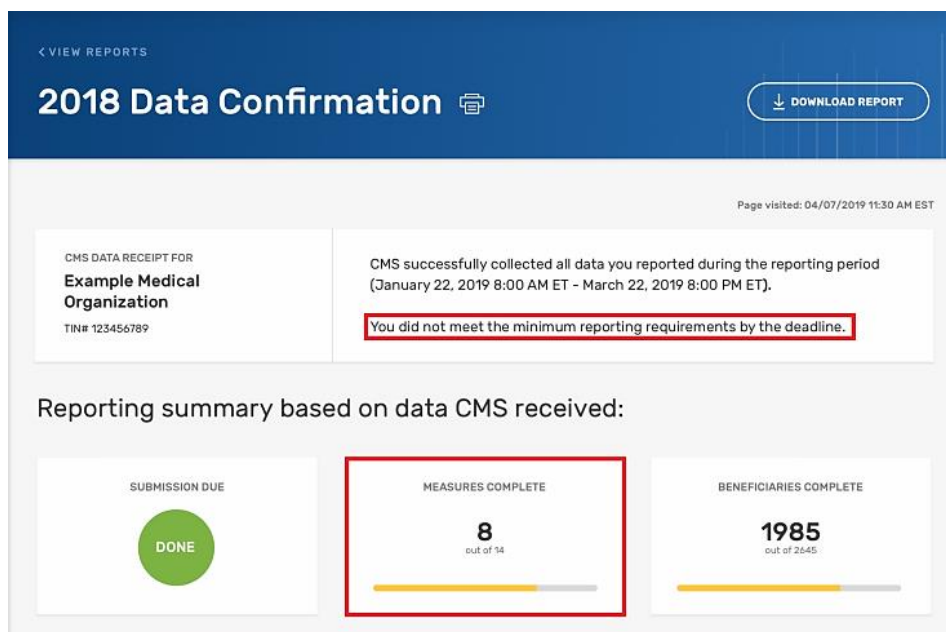
Performance points **6.0**
 Bonus points **1.0**

Contact the Quality Payment Program, Monday through Friday, 8:00 AM - 8:00 PM ET
 By Phone: 1-866-288-8292 (TTY 1-877-715- 6222)
 By Email: QPP@cms.hhs.gov

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.

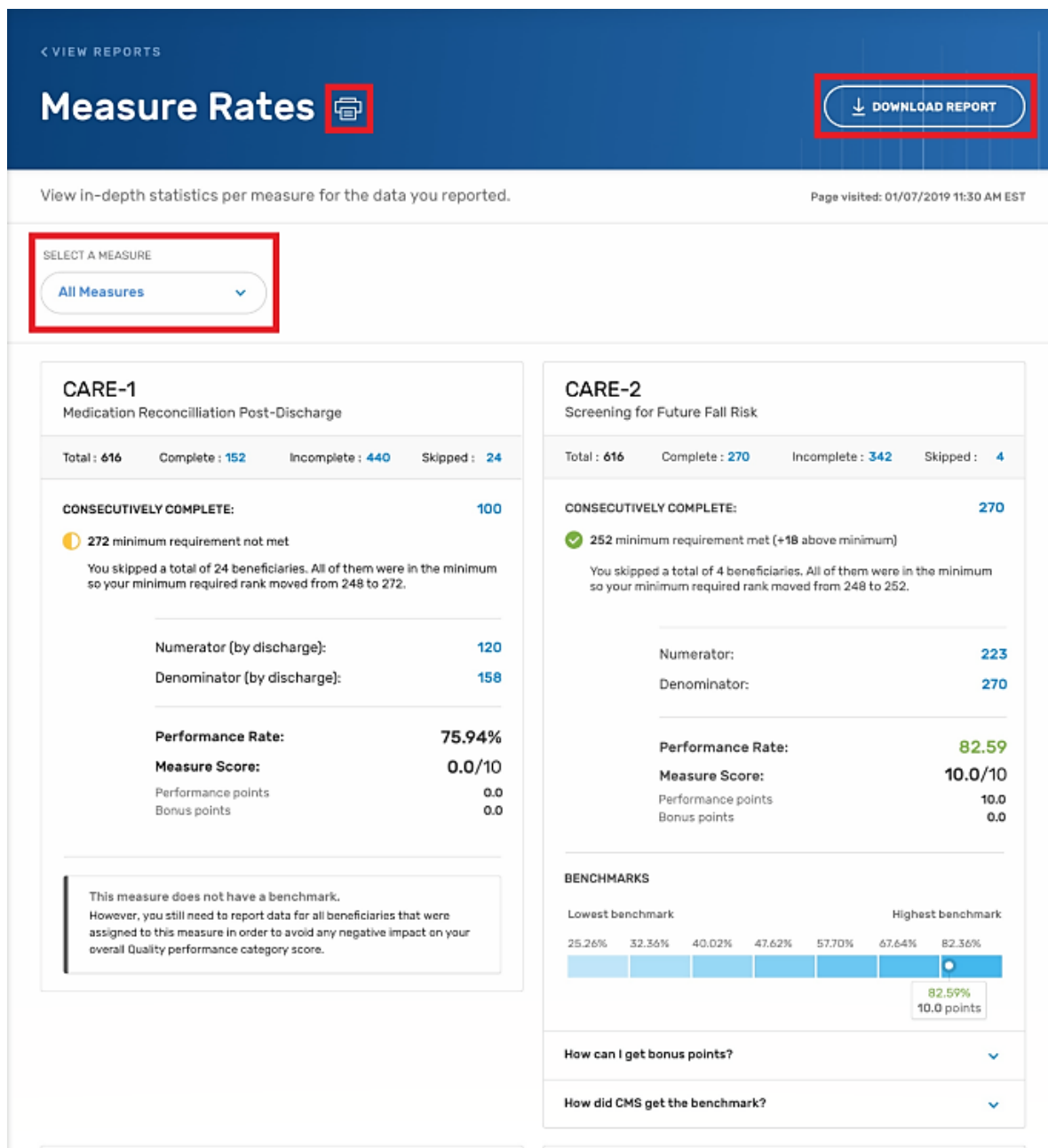


Contact the Quality Payment Program, Monday through Friday, 8:00 AM - 8:00 PM ET
By Phone: 1-866-288-8292 (TTY 1-877-715- 6222)
By Email: QPP@cms.hhs.gov

Measure Rates

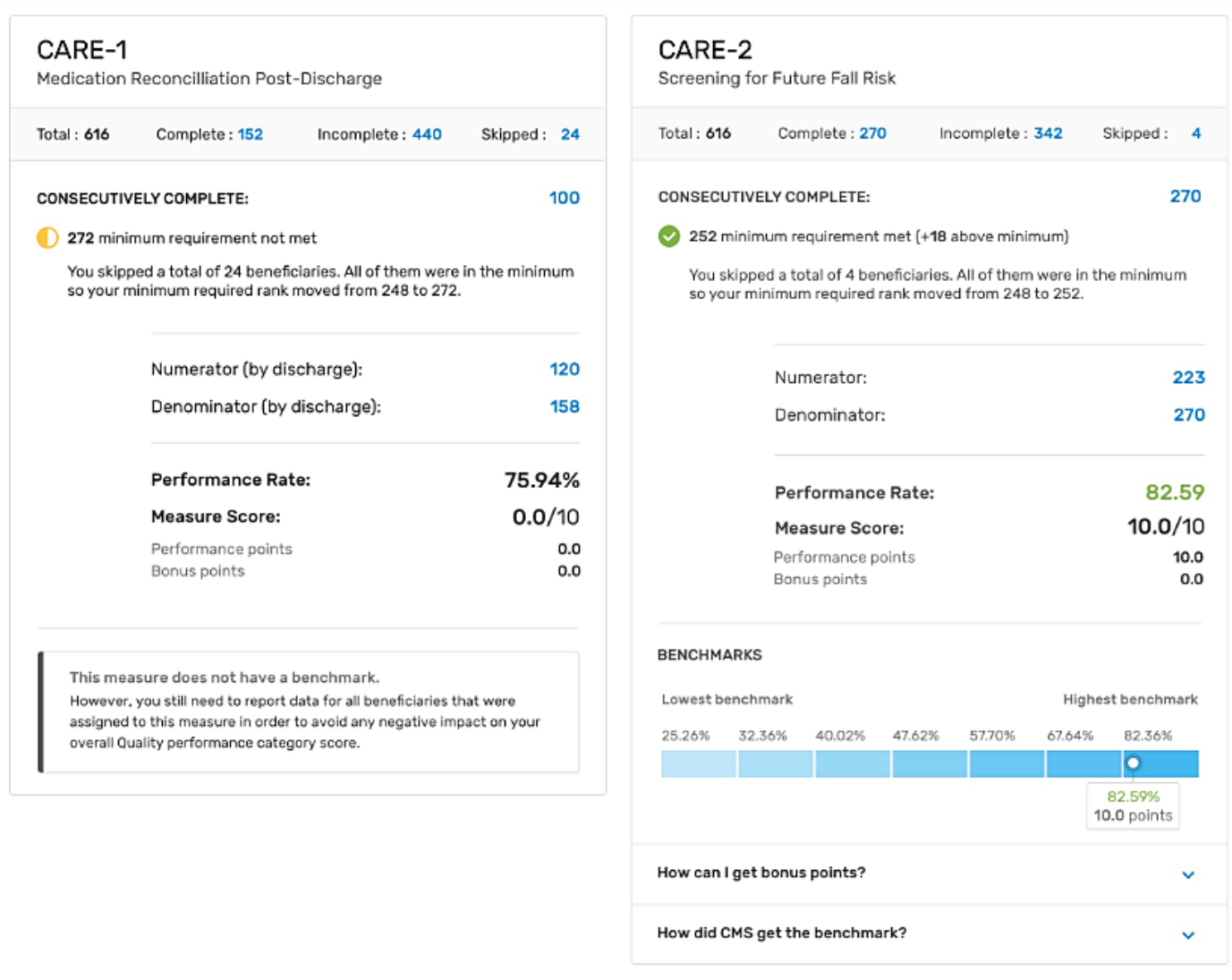
Using this report, you can see an in-depth breakdown of your progress on each of the measures for this year. You can:

- **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.



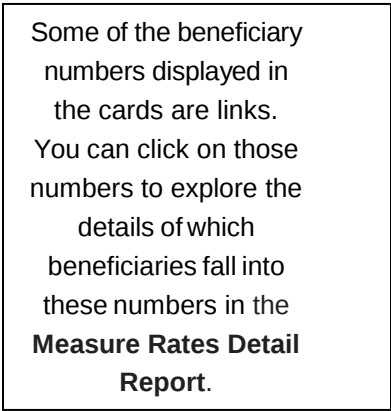
Each card breaks down your progress per measure. You can see the total count of beneficiaries sampled for the measure, as well as those that are:

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



- **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.

- **Measure performance rate** - The numerator divided by the denominator.
- **MIPS Measure score** - A combination of your decile points, your partial points, and your bonus points.
 - **NOTE:** Measure scores display as 0.0/10 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.



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: 12/10/2019 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 INCOMPLETE SKIPPED	64	1	531	CONSECUTIVELY COMPLETE	DENOMINATOR	NUMERATOR
				31	32	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

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.

Data Irregularities

Review data irregularities to make sure your data is accurate. Please note, these are not required actions but suggestions for your consideration.

Page visited: 01/24/2019 5:00 PM EST

You may want to review:

1 irregularity at the measure level

MEASURE	DESCRIPTION	DATA DETAIL
HTN-2	Zero denominator: Each measure has specific denominator requirements. Please be sure to review and confirm each requirement when assessing denominator eligibility.	Total : 32 beneficiaries Skipped: 32 beneficiaries - Medical record not found: 12 beneficiaries - Not qualified for sample: 5 beneficiaries - Denominator exclusion: 15 beneficiaries Denominator exception: N/A Review reported data for this measure

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.

13 irregularities at the beneficiary level

BENEFICIARY ID	BENEFICIARY INFO	DESCRIPTION	DATA DETAIL
100000675 Edit data	Catherine Giragosian Female, 01/01/1950	You reported measure data for a beneficiary who is not qualified for that measure . The measure data will be stored but not used.	Data used: DM (Composite) Diabetes diagnosis confirmed? : ++ No - Other CMS Approved Reason DM (Composite) Help desk ticket number : ++ 1234567 Data NOT used: DM (Composite) HbA1c test performed? : -- Yes DM (Composite) Data drawn : -- 03/10/2017 DM (Composite) HbA1c value : -- 12
100000712 Edit data	Karelia Royals Female, 10/11/1964	You reported inconsistent measure data . The measure questions you answered contradict the measure logic. The inconsistent measure data will be stored but not used.	Data used: DM (Composite) HbA1c test performed? : ++ No Data NOT used: DM (Composite) Data drawn : -- 03/10/2017 DM (Composite) HbA1c value : -- 12

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

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Activity Log

Track your team's activities in the CMS Web Interface over time.

FILTER BY

Activity Type

Q Start typing or select

SELECT DATE RANGE

Last 7 days 01/22/2019 - 01/29/2019

48 Results

DATE	USER	ACTIVITY TYPE	DESCRIPTION
01/29/2019 18:24 EDT	Jessica Royals	Updated beneficiary data via Web Interface	11 updates made in the beneficiary data
01/29/2019 18:14 EDT	Jessica Royals	Updated beneficiary data via Web Interface	11 updates made in the beneficiary data
01/29/2019 17:24 EDT	Brooklyn Mack	Edited clinics	4 updates in the clinic information
01/26/2019 18:24 EDT	Adam Morgan	Uploaded Excel file	616 updates made in the beneficiary data
01/26/2019 09:45 EDT	Theo Robinson	Downloaded sample	1 file downloaded

EXPAND

Contact the Quality Payment Program, Monday through Friday, 8:00 AM - 8:00 PM ET
By Phone: 1-866-288-8292 (TTY 1-877-715- 6222)
By Email: QPP@cms.hhs.gov

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.

Activity Detail

6 updates made in beneficiary data
Updated by Moira Marzen on 12/10/2018

Page visited: 12/10/2018 04:19 PM EST

BENEFICIARY ID	BENEFICIARY NAME	DETAIL
000832431E	Nora Leuschke	Updated: 12/10/2018 10:38 AM EST >
000832431E	Nora Leuschke	Updated: 12/10/2018 10:38 AM EST >
000832431E	Nora Leuschke	Updated: 12/10/2018 10:59 AM EST PREV-7 Is the patient qualified for this measure? ++ Yes >
000832431E	Nora Leuschke	Updated: 12/10/2018 10:59 AM EST PREV-7 Is the patient qualified for this measure? -- Yes ++ No - Other CMS Approved Reason >
000832431E	Nora Leuschke	Updated: 12/10/2018 11:05 AM EST Beneficiary Confirmation Skipped reason: ++ No - Other CMS Approved Reason >

2018 Performance Period Reports: ACOs

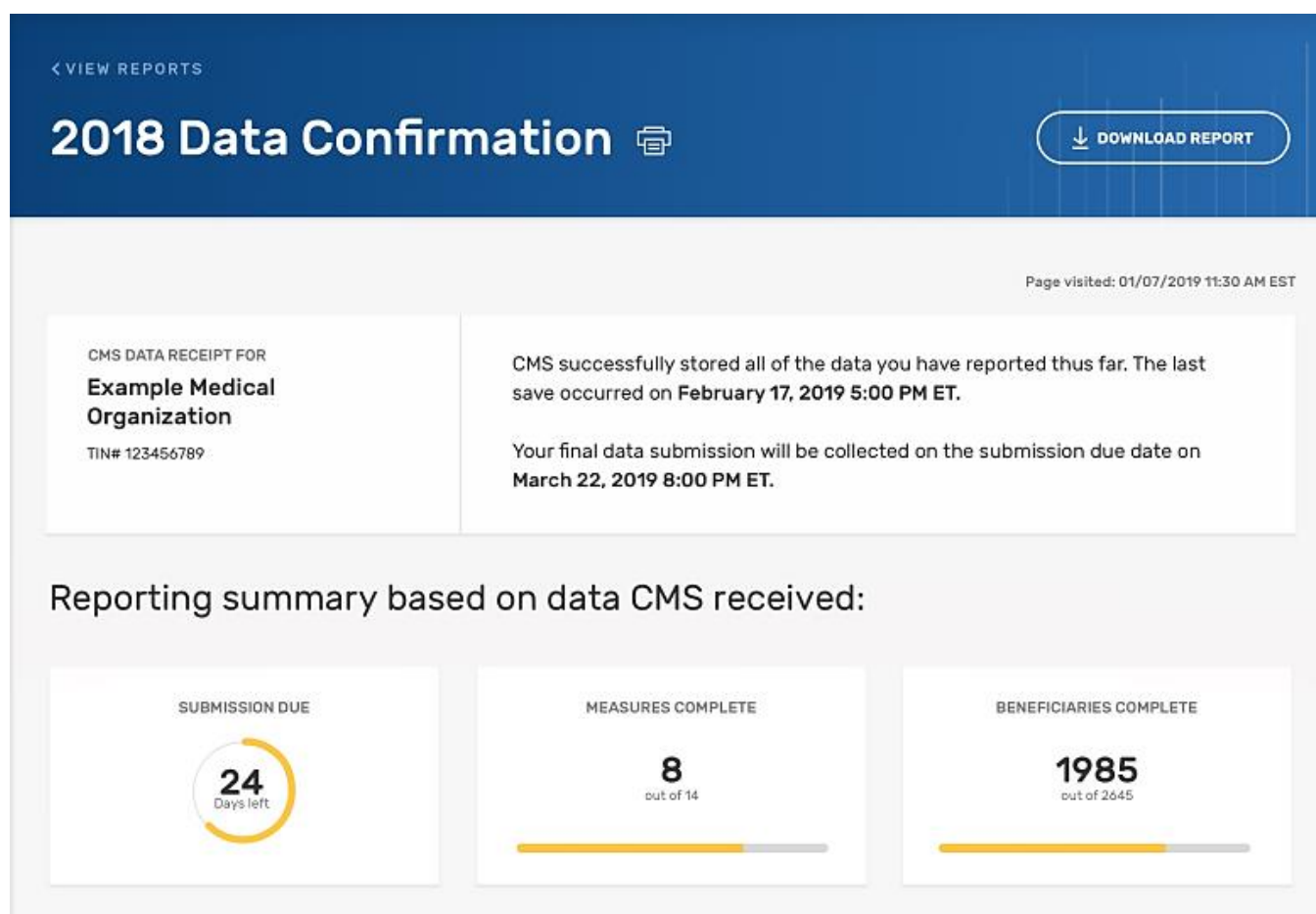
View Reports houses four (4) different reports for the 2018 Performance Period that you can access during the submission period:

- Data Confirmation (NEW ability to access during the submission period)
- Measure Rates (NEW ability to access with or without MIPS scoring information)
- Data Irregularities (NEW report)
- Activity Log

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)

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Measures are broken out into 2 sections:

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

8 measures that meet the requirements:

CARE-1

Medication Reconciliation Post-Discharge

✓ 286 minimum requirement met

Consecutively complete:	348 beneficiaries
Skipped:	38 beneficiaries
Included in denominator:	310 beneficiaries
Included in numerator:	198 beneficiaries

Performance rate: **86.60%**

Your performance is above average compared to similar organizations.

This measure does not have a benchmark.

HTN-2

Controlling High Blood Pressure

✓ 0 minimum requirement met

Performance rate: **N/A**

Your sample did not contain any beneficiaries for this measure.
This measure is considered to have met the data completeness criteria.

6 measures that do not meet the requirements:

CARE-2

Screening For Future Fall Risk

○ 286 minimum requirement not met

Consecutively complete:	148 beneficiaries
Skipped:	20 beneficiaries
Included in denominator:	110 beneficiaries
Included in numerator:	90 beneficiaries

Performance rate: **41.79%**

Your performance is below average compared to similar organizations.

DM

Diabetes Mellitus Composite

○ 286 minimum requirement not met

Consecutively complete:	148 beneficiaries
Skipped:	20 beneficiaries
Included in denominator:	110 beneficiaries
Included in numerator:	90 beneficiaries

Performance rate: **41.79%**

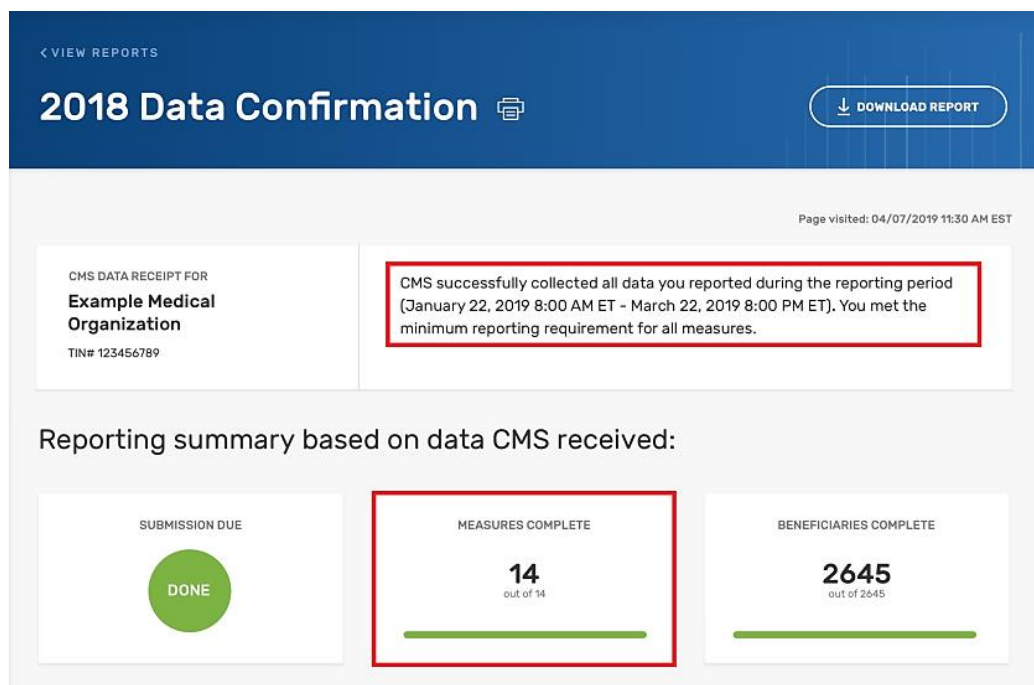
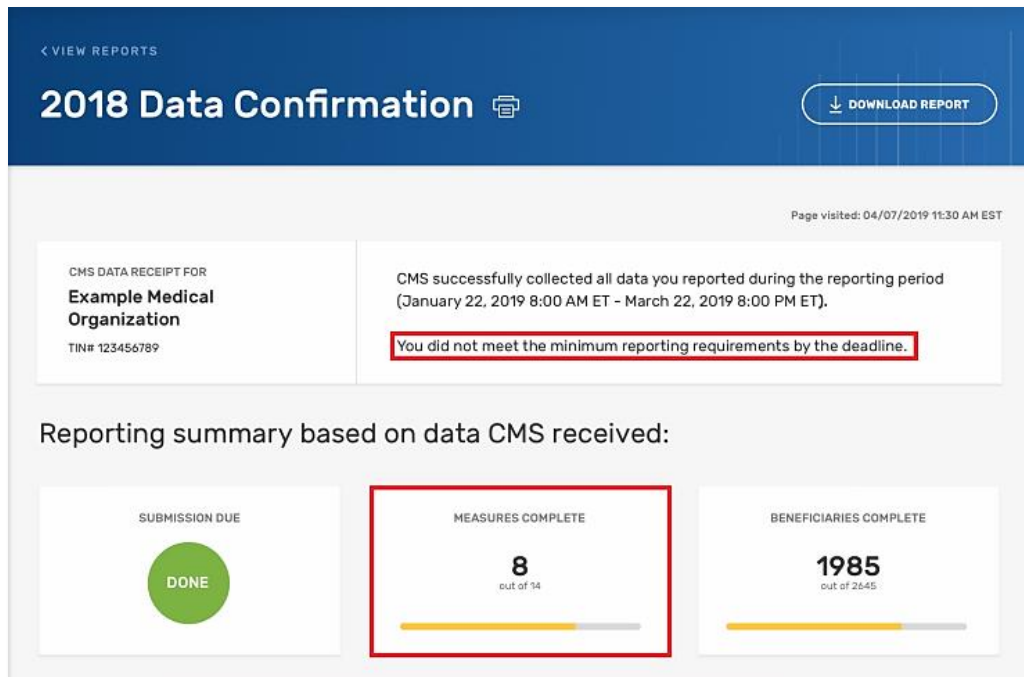
Your performance is below average compared to similar organizations.

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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.



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

Measure Rates (without MIPS Scoring)

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.

< VIEW REPORTS

Measure Rates

↓ DOWNLOAD REPORT

View details about your CMS Web Interface reporting progress. Page visited: 02/02/2019 11:30 AM EST

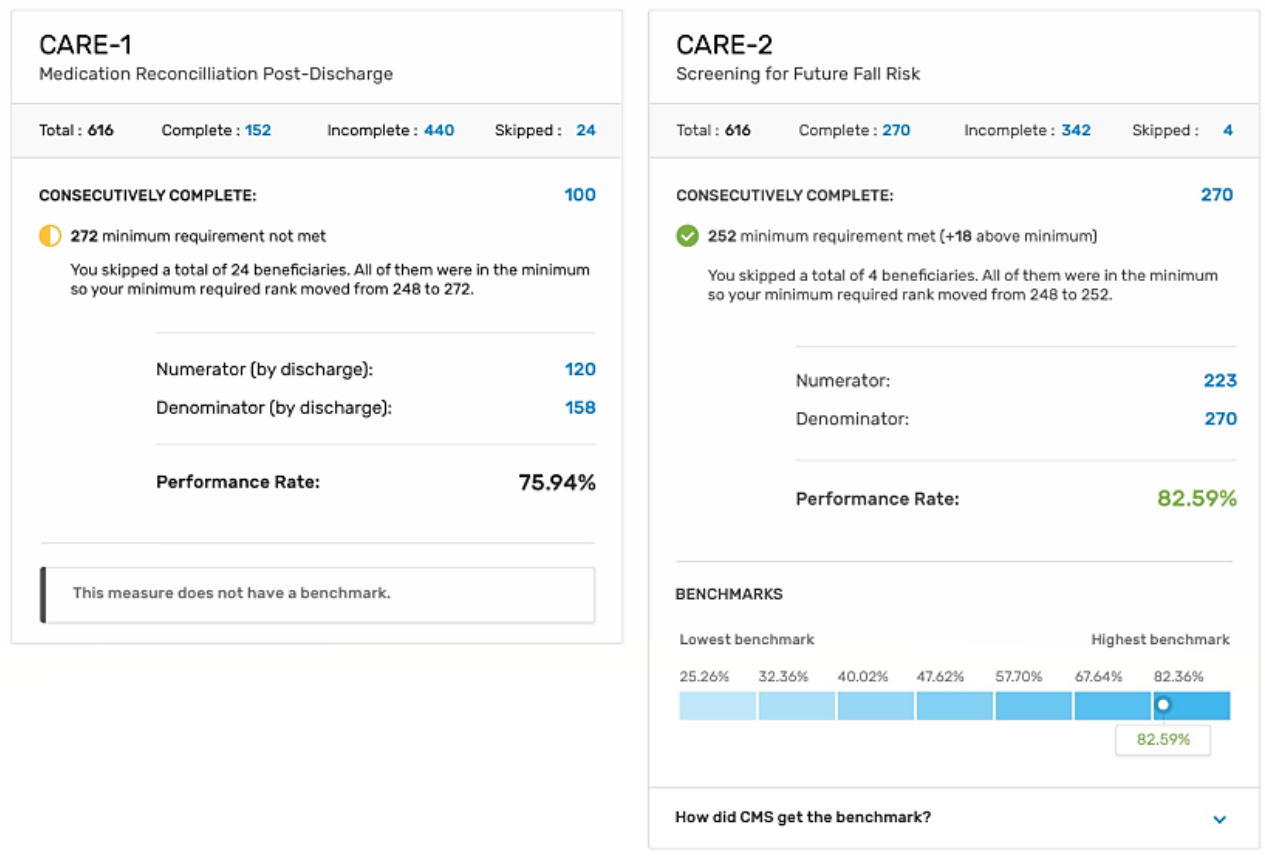
*For preliminary information on MIPS APM Scoring of the CMS Web Interface measures:
[View Measure Rates with MIPS Scoring](#)

SELECT A MEASURE
All Measures

CARE-1	CARE-2
Medication Reconciliation Post-Discharge	Screening for Future Fall Risk
Total : 616 Complete : 152 Incomplete : 440 Skipped : 24	Total : 616 Complete : 270 Incomplete : 342 Skipped : 4
CONSECUTIVELY COMPLETE: 100	CONSECUTIVELY COMPLETE: 270

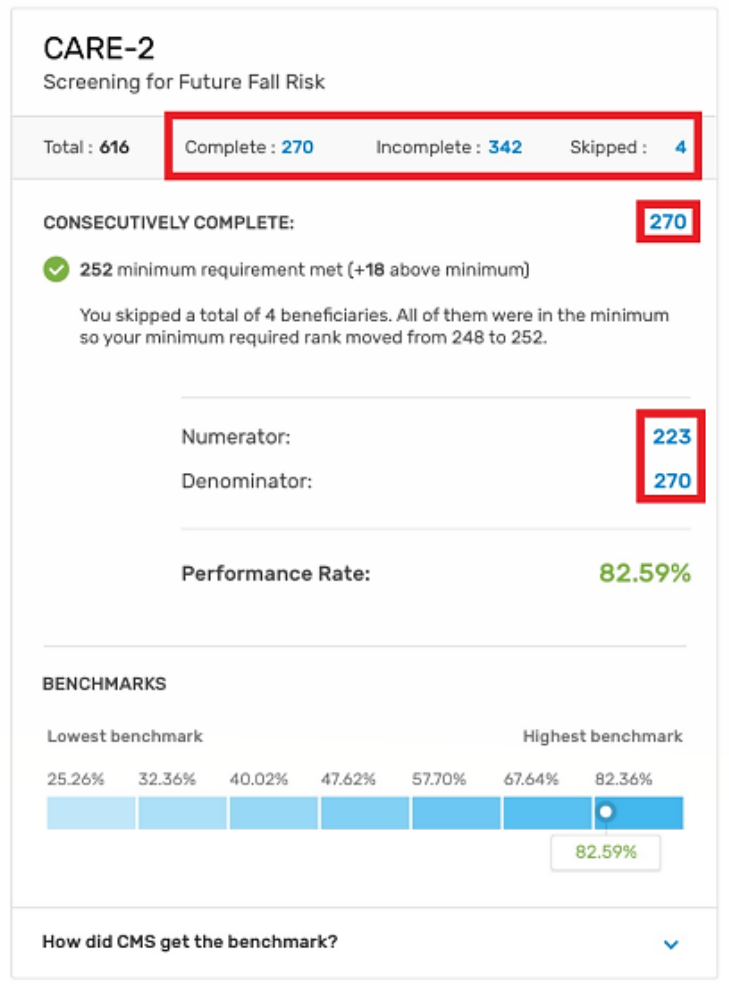
Each card breaks down your progress per measure. You can see the total count of beneficiaries sampled for the measure, as well as those that are:

- **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.
- **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



Some of the beneficiary numbers displayed in the cards are links.

You can **click on those numbers** to explore the details of which beneficiaries fall into these numbers in the Measure Rates Detail Report.

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

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](#)

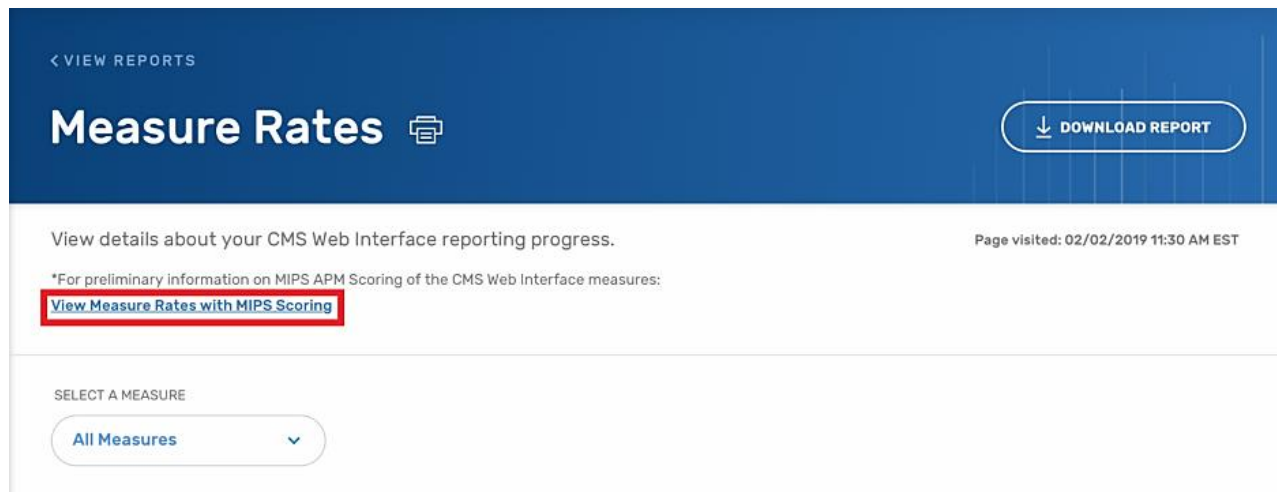
TOTAL			ELIGIBLE FOR SCORING			Performance rate: 87.50%
COMPLETE 84	INCOMPLETE 1	SKIPPED 531	CONSECUTIVELY COMPLETE 31	DENOMINATOR 32	NUMERATOR 28	

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

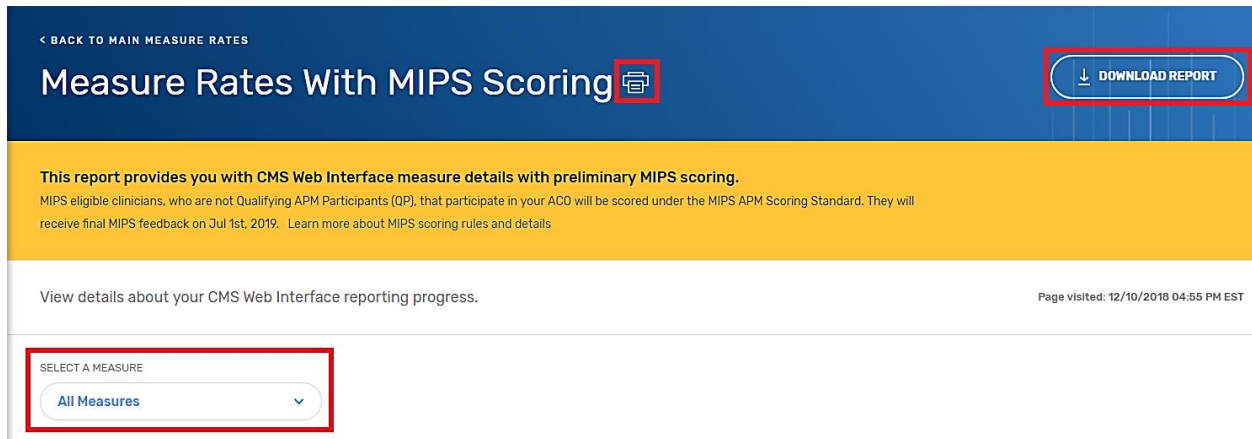
Measure Rates with MIPS Scoring

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**.



From this page you can:

- **Download** the report in Excel format by clicking **Download Report**
- **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.



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

CARE-1

Medication Reconciliation Post-Discharge

Total : 616 Complete : 152 Incomplete : 440 Skipped : 24

CONSECUTIVELY COMPLETE: 100

 272 minimum requirement not met

You skipped a total of 24 beneficiaries. All of them were in the minimum so your minimum required rank moved from 248 to 272.

Numerator (by discharge):	120
Denominator (by discharge):	158

Performance Rate:	75.94%
Measure Score:	0.0/10
Performance points	0.0
Bonus points	0.0

This measure does not have a benchmark.

However, you still need to report data for all beneficiaries that were assigned to this measure in order to avoid any negative impact on your overall Quality performance category score.

CARE-2

Screening for Future Fall Risk

Total : 616 Complete : 270 Incomplete : 342 Skipped : 4

CONSECUTIVELY COMPLETE: 270

 252 minimum requirement met (+18 above minimum)

You skipped a total of 4 beneficiaries. All of them were in the minimum so your minimum required rank moved from 248 to 252.

Numerator:	223
Denominator:	270

Performance Rate:	82.59
Measure Score:	10.0/10
Performance points	10.0
Bonus points	0.0

BENCHMARKS

Lowest benchmark							Highest benchmark
25.26%	32.36%	40.02%	47.62%	57.70%	67.64%	82.36%	
							
						82.59% 10.0 points	

How can I get bonus points? 

How did CMS get the benchmark? 

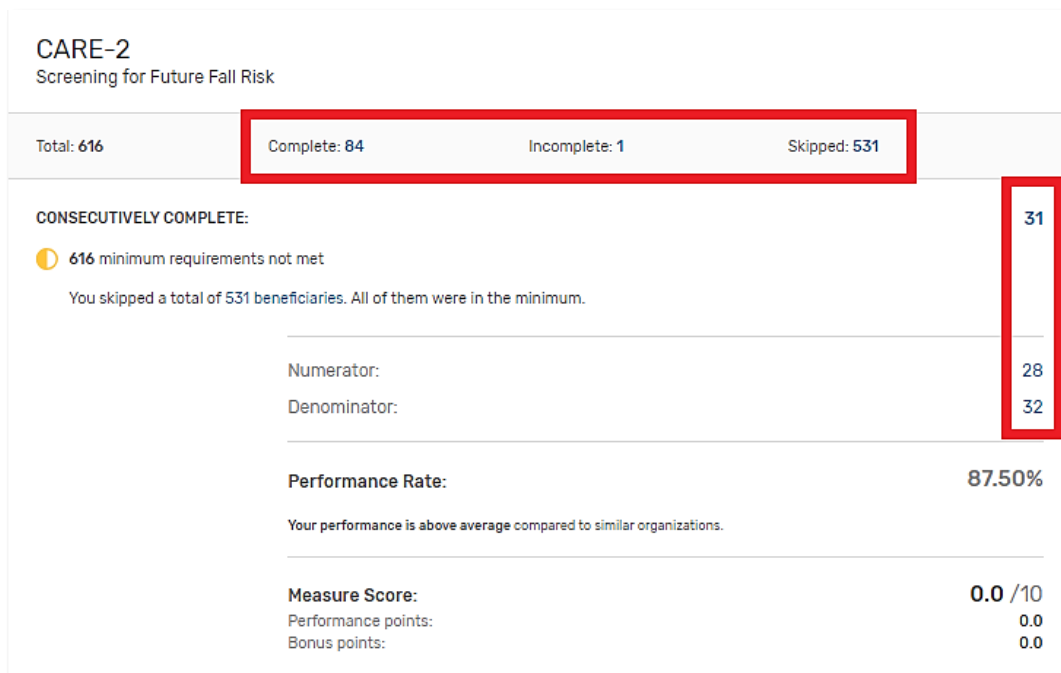
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- **Denominator exception (if one exists for the measure)** - If a patient cannot be confirmed for that measure as a result of a measure exception, the beneficiary will be removed from the performance calculations for that measure. However, the minimum reporting requirement will not be adjusted as a result of exceptions.

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

- **Measure performance rate** - The numerator divided by the denominator.
- **MIPS Measure score** - A combination of your decile points, your partial points, and your bonus points.
 - **NOTE:** Measure scores display as 0.0/10 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.

Some of the beneficiary numbers displayed in the cards are links. You can click on those numbers to explore the details of which beneficiaries fall into these numbers in the Measure Rates Detail Report.



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

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[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	
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Data Irregularities

The Data Irregularities report identifies irregularities at:

- The **Measure level** when a measure has been reported with a zero (0) denominator due to skips and/or denominator exceptions.
- The **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.

Data Irregularities

Review data irregularities to make sure your data is accurate. Please note, these are not required actions but suggestions for your consideration.

Page visited: 01/24/2019 5:00 PM EST

You may want to review:

1 irregularity at the measure level

MEASURE	DESCRIPTION	DATA DETAIL
HTN-2	Zero denominator: Each measure has specific denominator requirements. Please be sure to review and confirm each requirement when assessing denominator eligibility.	Total : 32 beneficiaries Skipped: 32 beneficiaries - Medical record not found: 12 beneficiaries - Not qualified for sample: 5 beneficiaries - Denominator exclusion: 15 beneficiaries Denominator exception: N/A Review reported data for this measure

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13 irregularities at the beneficiary level

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100000712 Edit data	Karelia Royals Female, 10/11/1964	You reported inconsistent measure data . The measure questions you answered contradict the measure logic. The inconsistent measure data will be stored but not used.	Data used: DM (Composite) HbA1c test performed?: ++ No Data NOT used: DM (Composite) Data drawn : -- 03/10/2017 DM (Composite) HbA1c value : -- 12

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Activity Log

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FILTER BY

Activity Type

Q Start typing or select

SELECT DATE RANGE

Last 7 days 01/22/2019 - 01/29/2019

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Activity Detail

6 updates made in beneficiary data
Updated by Moira Marzen on 12/10/2018

Page visited: 12/10/2018 04:19 PM EST

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000832431E	Nora Leuschke	Updated: 12/10/2018 10:59 AM EST PREV-7 Is the patient qualified for this measure? ++ Yes
000832431E	Nora Leuschke	Updated: 12/10/2018 10:59 AM EST PREV-7 Is the patient qualified for this measure? -- Yes ++ No - Other CMS Approved Reason
000832431E	Nora Leuschke	Updated: 12/10/2018 11:05 AM EST Beneficiary Confirmation Skipped reason: ++ No - Other CMS Approved Reason

Previous Performance Period Reports: MIPS Groups and ACOs

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

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

Previous Performance Years

Download your reports from the previous performance years.

PERFORMANCE YEAR (PY)

PY 2017

Download the Measure Rates and the Data Confirmation reports.

DOWNLOAD MEASURE RATE

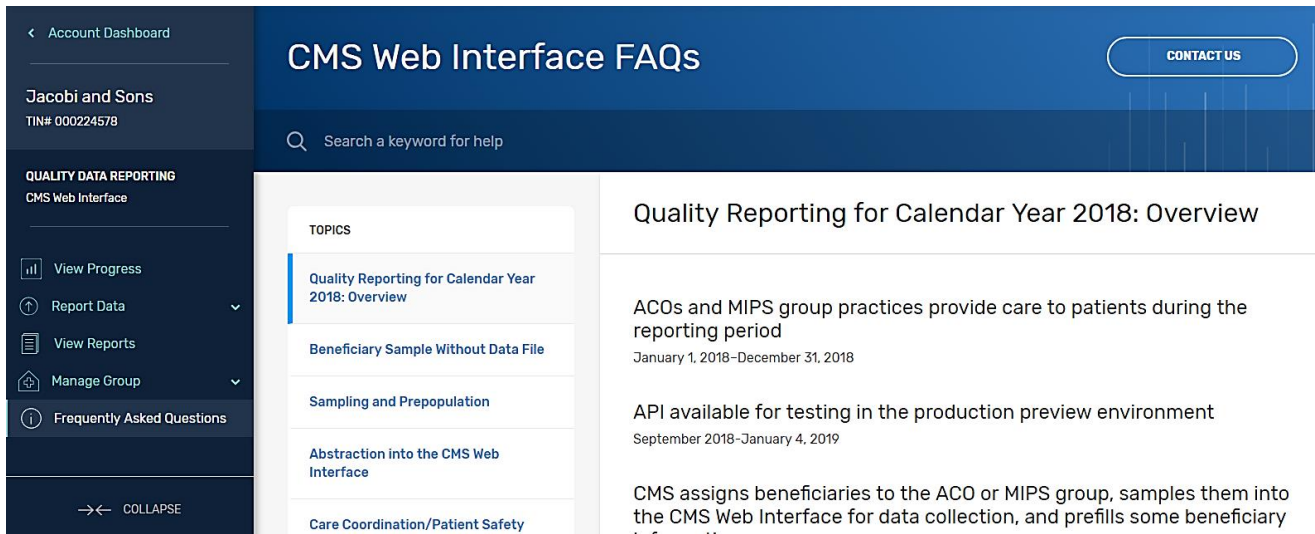
DOWNLOAD DATA CONFIRMATION

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

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

Excel Template User Guide

These [instructions](#) detail how to download, complete, and upload this year's beneficiary sample Excel template.

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).

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