2023 CMS Web Interface User Guide

Original Posting: 12/14/2023

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<div style="border:1px solid black; padding:10px;">

Contact the Quality Payment Program, Monday through Friday, 8 a.m. – 8 p.m. ET at
1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please
consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications
Assistant.)

</div>

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UPDATED 03/15/2024

As announced through the Quality Payment Program (QPP) listserv, the Centers for Medicare & Medicaid Services (CMS) **has extended** the data submission period for the Merit-based Incentive Payment System (MIPS) eligible clinicians who participated in the 2023 performance year. Data can be submitted and updated until **8 p.m. ET on April 15, 2024.**

Introduction

The CMS Web Interface is a user-friendly, secure, internet-based data submission mechanism for APM Entities, specifically Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) reporting quality data under the [Alternative Payment Model (APM) Performance Pathway (APP) for Performance Year 2023](#).

This User Guide shows you how to access the CMS Web Interface, report data, view data reporting progress, and access other CMS Web Interface resources (i.e., videos). This Guide doesn't contain any real data and only shows fictional information for demonstration purposes.

Note: This Guide focuses on Excel template and manual entry reporting. Application Programming Interface (API) users should refer to the CMS Web Interface API documentation links below or review the [Getting Help and Support](#) section at the end of the document.

Getting Started with the CMS Web Interface

When you report through the CMS Web Interface, you're providing data on a sample of your Medicare Part B patients for each CMS Web Interface measure in order to meet the reporting requirements for the quality performance category. For each CMS Web Interface measure, sampled patients are potentially denominator eligible for each measure.

Once your patient sample is available, you'll:

- Download your patient sample (Excel file format) from the CMS Web Interface (if you haven't received it already).
- Gather and review medical records for these patients.
- Submit data to the CMS Web Interface beginning January 2, 2024 through April 15, 2024 via:
  - Excel upload;
  - Manual entry;
  - API; or
  - Any combination of the above.
- View and track your progress during the submission period.

> **Did you know?**
> We've included information about [entering data through the Excel template](#) in this guide. We no longer have a stand-alone Excel template guide.
>
> **Additional Resources**
> [CMS Web Interface Video Series](#)
> [API Swagger Guide](#)
> [API Narrative Documentation](#)

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How the CMS Web Interface Works

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

Measures

ACOs are required to report on all 10 CMS Web Interface measures.

[2023 CMS Web Interface Measure Specifications and Supporting Documents (ZIP)](#)

CMS Web Interface Measure ID	Measure Name	Quality ID	Measure Type
CARE-2	Falls: Screening for Future Fall Risk	318	Process
DM-2	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	001	Intermediate Outcome
HTN-2	Hypertension: Controlling High Blood Pressure	236	Intermediate Outcome
MH-1	Depression Remission at Twelve Months	370	Outcome
PREV-5	Breast Cancer Screening	112	Process
PREV-6	Colorectal Cancer Screening	113	Process
PREV-7	Preventive Care and Screening: Influenza Immunization	110	Process
PREV-10	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	226	Process
PREV-12	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	134	Process
PREV-13	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	438	Process

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

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

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

Patient Sample Considerations

Some patients may be **skipped** because they don't qualify for a given measure, or for the sample. (If a patient meets one of the patient confirmation exclusionary criteria, this patient will be skipped across all sampled measures.) Each measure displays a list of the specific reason(s) why a patient may not qualify for the measure.

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

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

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

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

CMS Web Interface Updates for 2023 Performance Period

CMS continues to update the system by adding enhancements identified by CMS Web Interface users in order to provide the greatest value. This section outlines changes that will affect your 2023 CMS Web Interface reporting.

Measure Specification Changes

There were substantive changes to all 10 CMS Web Interface measures for the 2023 performance period. Review the 2023 Measure Specification Submission Release Notes and the 2023 Coding release notes to identify measure changes and updates that were made from the 2022 performance to the 2023 performance period. These documents are available in the [2023 CMS Web Interface Measure Specifications and Supporting Documents (ZIP)](#).

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Accessing the CMS Web Interface

Signing into the CMS Web Interface (All Users)

1) Go to the [QPP website](#) and click on **Sign In** at the top right corner of the page.
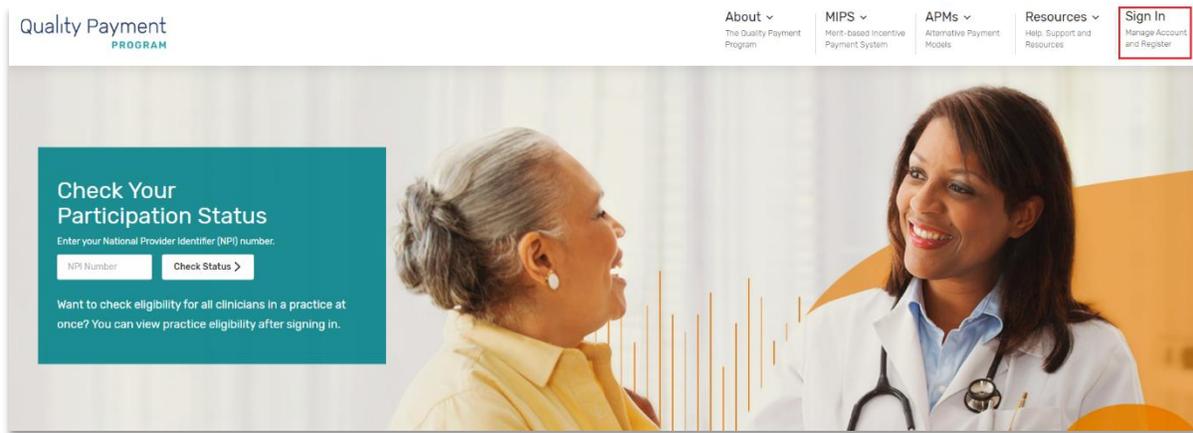

2) Enter your **user ID** and **password,** and click **Sign In**.

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3) Click **Yes, I agree** to the Statement of Truth.

Agree to This Statement of Truth to Sign In ✕

I certify to the best of my knowledge that all of the information that will be submitted will be true, accurate, and complete. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.

Privacy and security statement:

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this

Cancel   Yes, I agree

4) If you have already provided your mobile phone number as part of establishing two-factor authentication for your account, a verification code will be sent to your mobile device once you click **Sign In**.

Enter your **one-time code** and click **Submit Code.**

Verify Code

Enter the code sent via text message to *****-***-6465**.

ONE-TIME CODE

ex. 123456

Submit Code ❯

- If you haven't set up your account for two-factor authentication by identifying a mobile device, you'll be prompted to do so before you can continue.
- For more information on setting up two-factor authentication, please review the Register for a HCQIS Access Roles and Profile (HARP) Account document in the **QPP Access User Guide (ZIP)**.
- Please see the tip sheet in ACO-MS, Creating and Managing Quality Payment Program Contacts in ACO-MS. This tip sheet provides information on assigning the Quality Payment Program (QPP) Security Official and QPP Staff User roles in the ACO Management System (ACO-MS), functions that can be performed by each of these QPP role types and using your ACO-MS credentials to access the QPP website.

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Shared Savings Program ACOs

Once logged in, you will see the Account Dashboard, which will list all the APM Entities for which you can report data. This is based on the permissions/roles associated with your account.

1) Within the **Eligibility & Reporting** tab, select **Start Reporting** next to the ACO for which you'd like to report quality data.
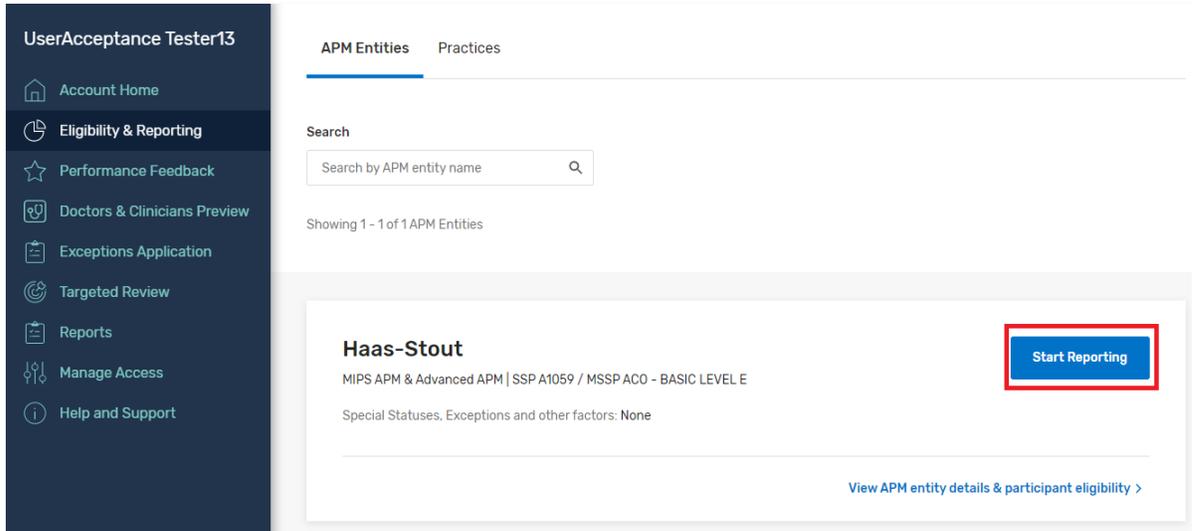
You'll see 2 reporting options available: "APM Performance Pathway (APP)" and "Traditional MIPS."

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Shared Savings Program ACOs are **required** to submit quality data to the meet the reporting requirements for the APP as part of the Shared Savings Program. From the Reporting Options page, you'll select **Start Reporting** underneath the **APM Performance Pathway (APP)** option, and then you'll click **Report APP** on the subsequent pop-up modal.
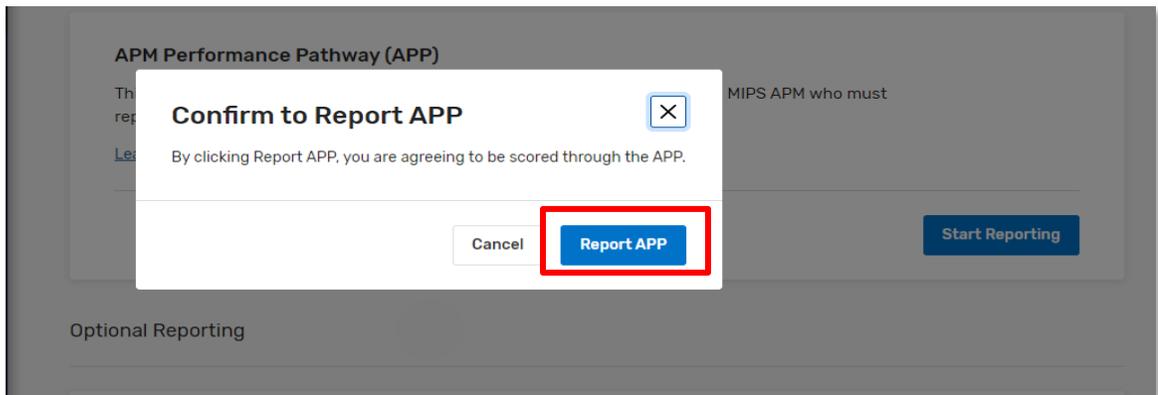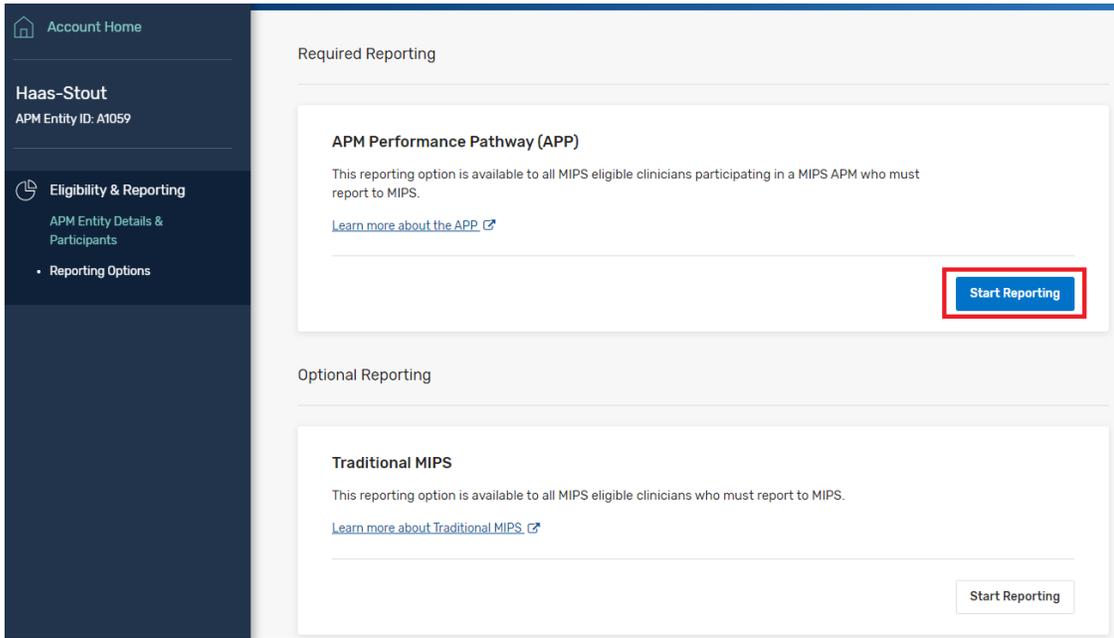

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You'll land on the Reporting Overview page, where you can click **CMS Web Interface**.
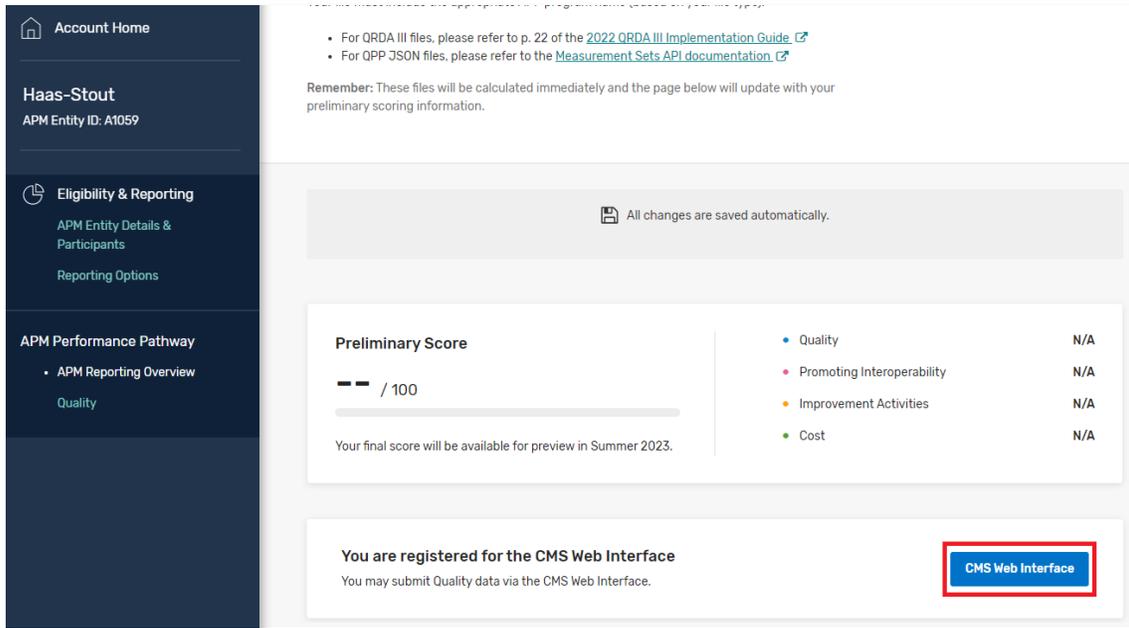
1) You can go back to your list of connected organizations at any time by clicking **Account Home** at the top of the left side navigation bar, and then click on **Eligibility & Reporting**.
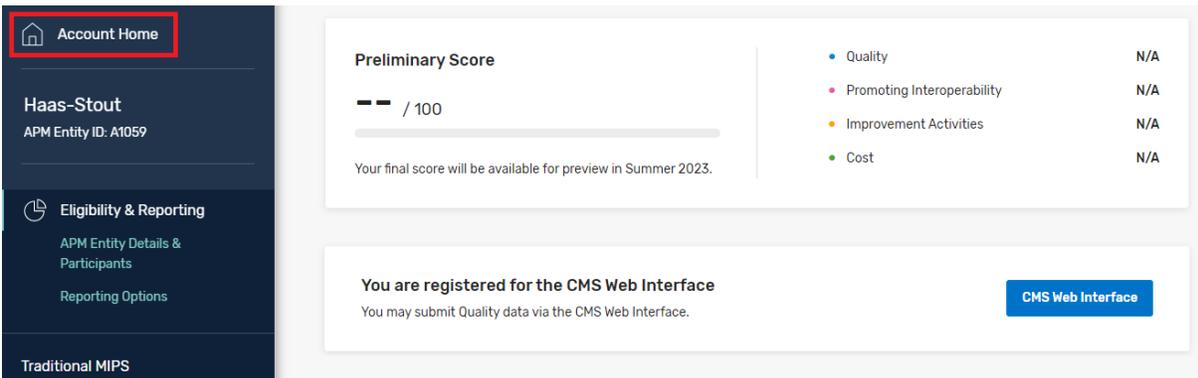

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What You Can Do in the CMS Web Interface

Review Program Milestones
You can 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 milestones for the 2023 performance period. **Note that the CMS Web Interface will open for the 2023 performance period at the Start reporting milestone.**
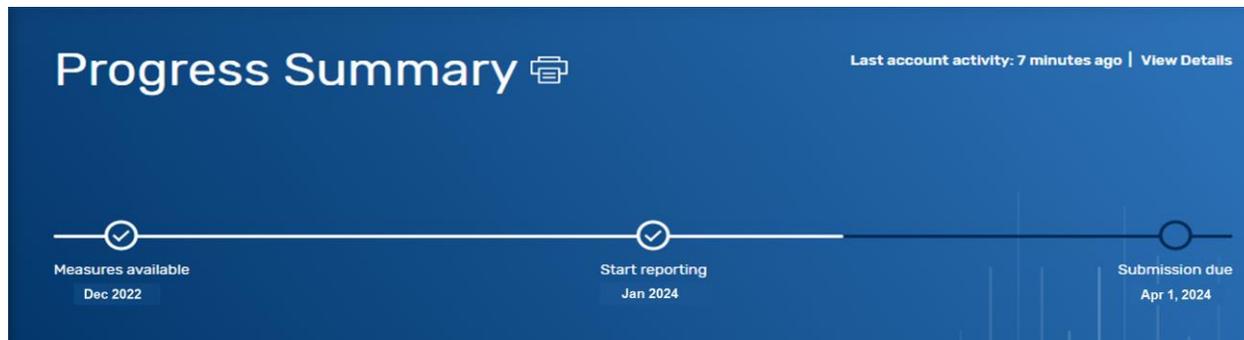
Measures Available Milestone
The 2023 measure specifications for the CMS Web Interface were made available in December of 2022, following the publication of the CY 2023 Physician Fee Schedule (PFS) Final Rule. This is the first milestone you will see on the timeline.

Start Reporting Milestone
Your Medicare patient sample will be available for download through the CMS Web Interface on **January 2, 2024** when the 2023 performance period submission period opens.

During the submission period, you'll be able to:
- Log into the CMS Web Interface.
    - See the Accessing the CMS Web Interface section of the Guide.
- Review your sample.
    - See the View Sample section of the Guide.
- Download your sample.
    - See the Download Sample section of the Guide.
- Work on filling in your data in the Excel template. Note for 2023 reporting, the Excel template can only be accessed by direct download from the CMS Web Interface.
    - See the Report Data via Excel section of the Guide.
- Upload your data to the CMS Web Interface.
    - See the Upload Excel Data section of the Guide.
- Manually enter test data by patient or by measure into the CMS Web Interface.
    - See the Report Data via Manual Data Entry section of the Guide.
- Review the available reports.
    - See the View Reports section of the Guide.

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

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Submission Due Milestone
On **April 1, 2024** at 8 p.m. ET, the CMS Web Interface will close, and you **won't be able to input or change any information.**

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

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

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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.

Prior to the close of submissions, you will see a Progress Summary header.
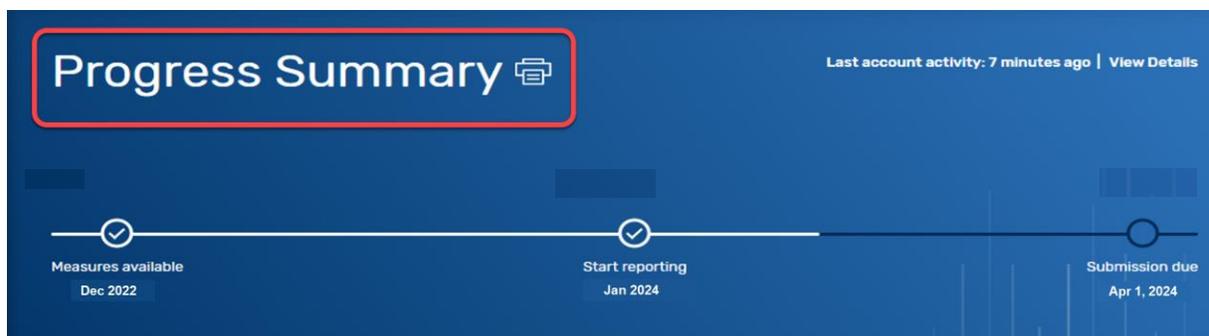
After the close of submissions, you will see a You're Done header.
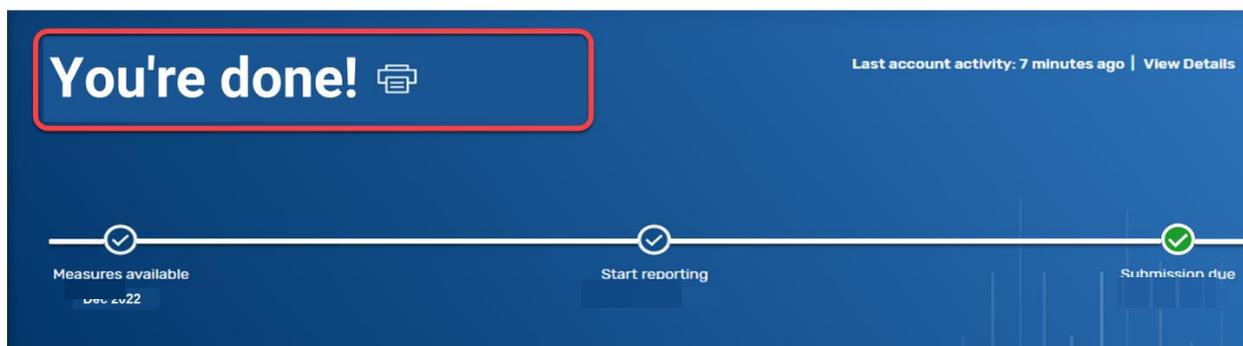
View Sample

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

Download Sample

To download your sample using the Excel template:
1) Sign into the **CMS Web Interface.**
2) Click **Download Sample** if you're signing in for the first time.

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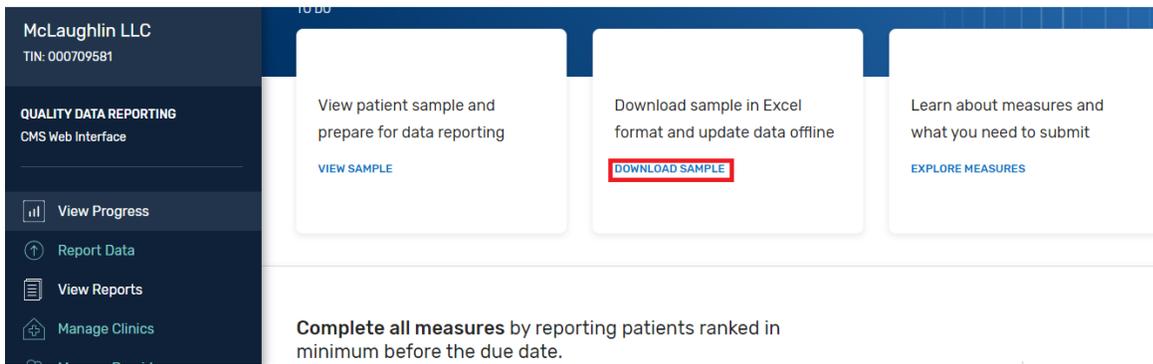
OR

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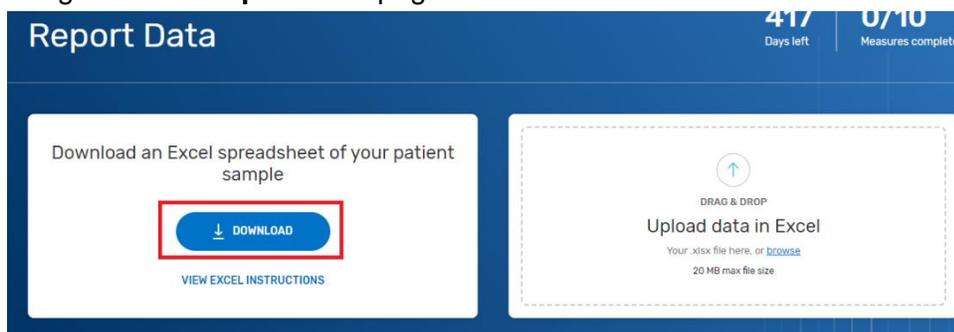
1) Select your sample list (or download preference). You have 2 options:
   - **Patient Sample without Data** – Your template will only contain CMS pre-filled data. It will be your original sample before your team inputs any data into the CMS Web Interface.
   - **Patient Sample with Data** – Your template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

If you're downloading your sample for the first time before entering any data, select the **Patient Sample Without Data** option. For instructions on how to fill in the Excel template, see the Report Data via Excel section of this Guide.
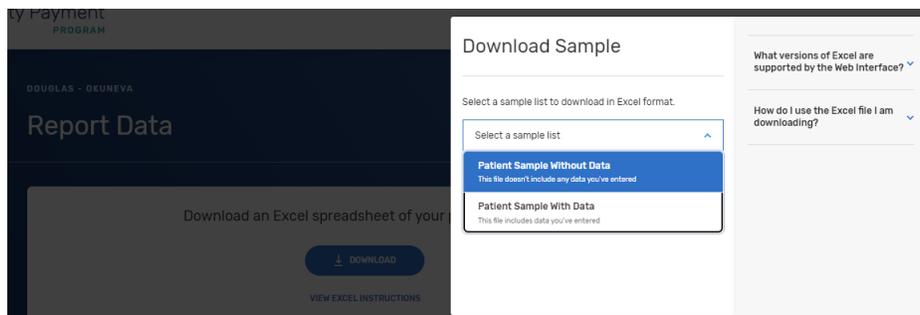
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View Sample in the CMS Web Interface
From the **Report Data** page, scroll down.

Patient Details
Each row under the sample list represents a patient. The default view of your patient sample list is filtered on **All Measures** to show every patient in your sample and how many measures in which each is ranked.

VIEW SAMPLES AND ENTER DATA

SELECT A MEASURE	FILTER BY		SORT BY
All Measures ⌄	Patient Name ⌄	🔍 Type or select ⌄	Patient ID ⌄

All Measures

TOTAL **2428** patients	✅ COMPLETE **0** patients	🟡 INCOMPLETE **2428** patients	⏩ SKIPPED **0** patients

PATIENT ID	PATIENT INFO			RANK SUMMARY
🟡 **012104879E** Edit Data	**Jose Leffler** Female, 08/01/1941 Medical Record # --	 Clinic 445629757	 Provider 1. Alize Gutmann	Ranked in minimum: **0 measures** 0/0 complete In oversample: **1 measure** 0/1 complete
🟡 **046016913C** Edit Data	**Jacey Prosacco** Male, 01/24/1957 Medical Record # --	 Clinic 445629757	 Providers 1. Alize Gutmann 2. Maya Senger 3. Laisha Boyle	Ranked in minimum: **0 measures** 0/0 complete In oversample: **1 measure** 0/1 complete

For each patient, you can see:

1) **Patient completion status**

Each patient will have one of the following 3 statuses:

Incomplete – If you **haven't entered appropriate data for all measures** in which the patient is ranked (both those for which the patient is ranked in the minimum and those that they are ranked in the oversample), the patient will show as incomplete.

To change the patient's status to Complete, report data for each measure that the patient is ranked in via manual data entry through the CMS Web Interface, API or an Excel upload. A patient may show as Incomplete even if all measures for which that patient is ranked in the minimum have been reported completely because the oversample has not been completely reported.

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

> **NOTE**: You DON'T need to report on patients in a measure's oversample to have a successful submission. You only need to answer questions for measures in which the patient is ranked in the minimum.
>
> A complete submission is one for which the minimum reporting requirement for

Complete – Patients in the Complete tab are patients for whom you have **reported in all their ranked measures**, regardless of whether the patient is ranked in the minimum or in the oversample for the measure.

Skipped – Patients reported on who either don't qualify for the specific measure or for the sample and are removed from the denominator.

2) **Patient ID** The patient's Medicare Beneficiary ID.

3) **Patient Info**

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

4) **Rank Summary**

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

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Filter by Patient Status

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

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

Filter Sample by Measure

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

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

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Filter Sample by Other Criteria

You can further filter down the list by:

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

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

Sort Sample

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

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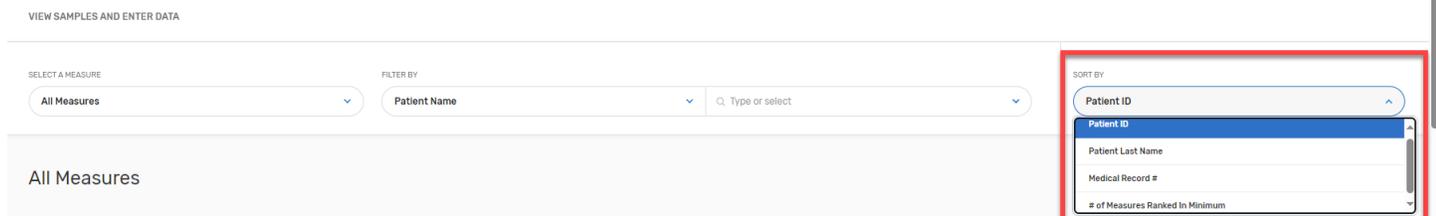
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Edit Patient Demographic Information

Some patient demographic information can be updated via an **Excel upload**, while other pieces of demographic information can **only be edited manually** through the CMS Web Interface. We do this to prevent you from accidentally editing demographic information in bulk that would prevent you from locating the patient later to fix the issue.

You can edit the following fields via an Excel upload:
- **Medical Record Number –** If you track patients by an internal numbering system, you can enter that number in the **Medical Record Numbe**r **field Provider Name 1, 2 & 3** - Providers that provide the plurality of care to a patient ranked
- **Clinic ID** – Also known as clinic's Taxpayer Identification Number (TIN).
- **General Comment** – Any additional information you want to note with a patient can go underneath general comment.

Some patient demographic information can only be edited manually in the CMS Web Interface. These fields include:
- **First Name**
- **Last Name**
- **Date of Birth; and**
- **Gender**

To edit a patient's demographic information through the CMS Web Interface:
1) Navigate to the **Report Data** page.
2) Select **Edit Data** next to the patient for whom you'd like to change information.
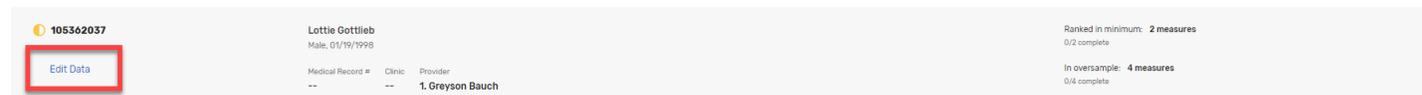
3) Click **Edit Info** on the upper right side of the page.
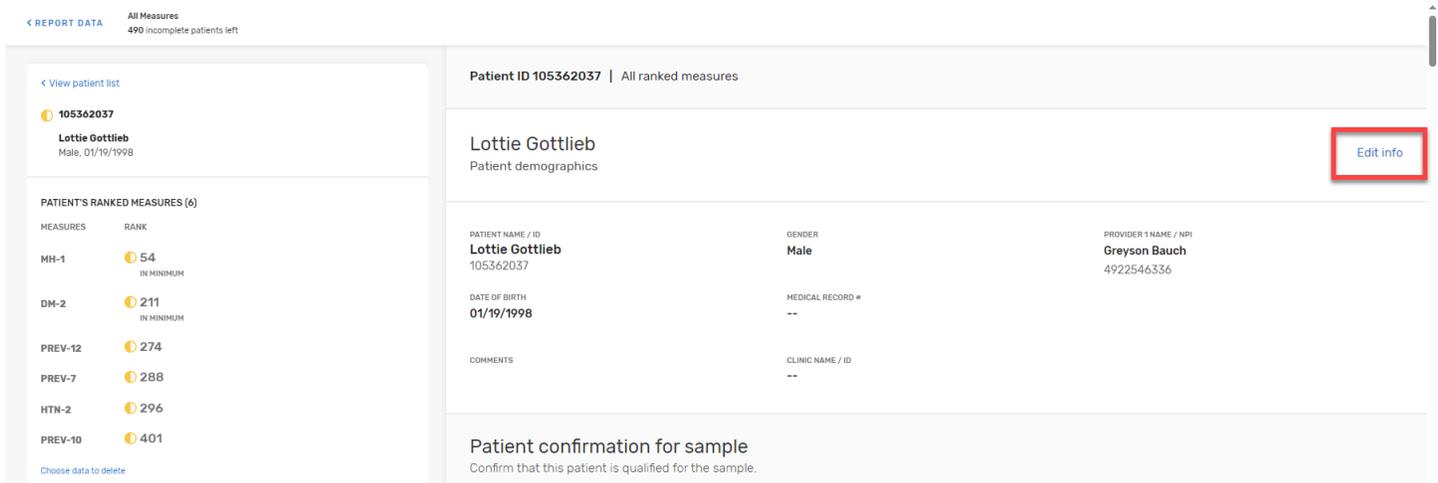
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4) A window will populate where you can edit the patient's demographic information.

Bernard McCullough

What is a Medical Record Number?

What are Top Providers?

How can I add or edit clinics?

* Required

Patient ID
058103794D

First Name *
Bernard|

Last Name *
McCullough

Male

Date of Birth *

12/02/1953

Medical Record #

Providers
Select up to 3 providers

Provider 1 Name / NPI
Sabina Pacocha / 32447493...

Provider 2 Name / NPI

Provider 3 Name / NPI

Clinic Name / ID
Mante - Torphy / 445629757

Comments

SAVE

CANCEL

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

Manage Clinics and Providers

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

Don't need to change this information?

Skip ahead to learn how to
[Report Data](#)

Manage Clinics

< Eligibility & Reporting

McLaughlin LLC
TIN: 000709581

QUALITY DATA REPORTING
CMS Web Interface

ıl **View Progress**

⬆ **Report Data**

📄 **View Reports**

⊕ **Manage Clinics**

👥 **Manage Providers**

ⓘ **Frequently Asked Questions**
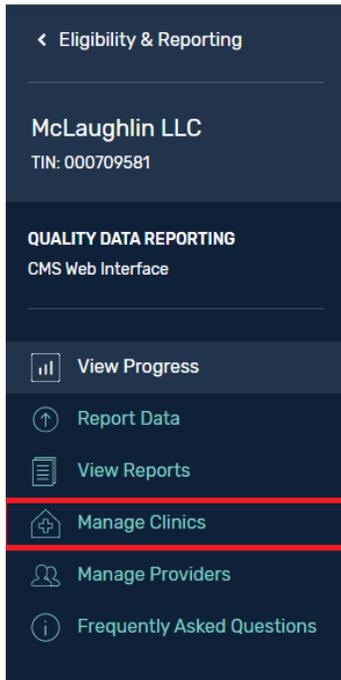
To manage your list of clinics, click **Manage Clinics** on the left side navigation bar.

Edit Clinic

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

MCLAUGHLIN LLC

Clinics
1 Clinics

⬇ DOWNLOAD LIST   + ADD NEW   Search clinics 🔍
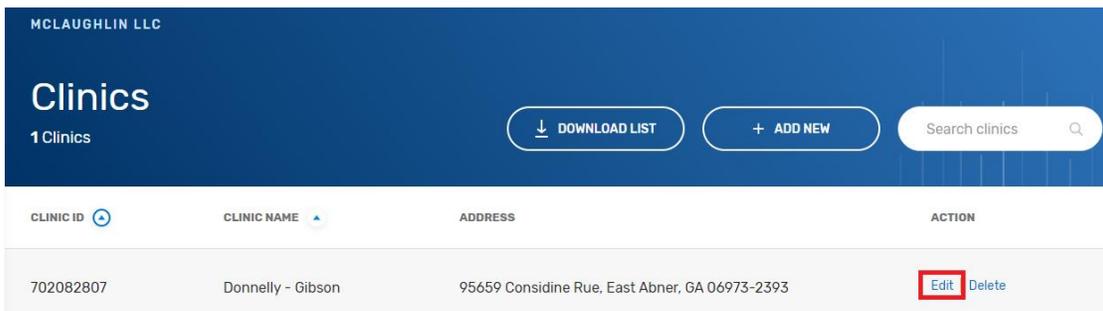
| CLINIC ID ⌃	CLINIC NAME ▲	ADDRESS	ACTION
702082807	Donnelly - Gibson	95659 Considine Rue, East Abner, GA 06973-2393	Edit Delete

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

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

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

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

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

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Clinic Sort and Search
To locate a specific clinic, use **Search** at the top of the page to search by name or clinic ID.
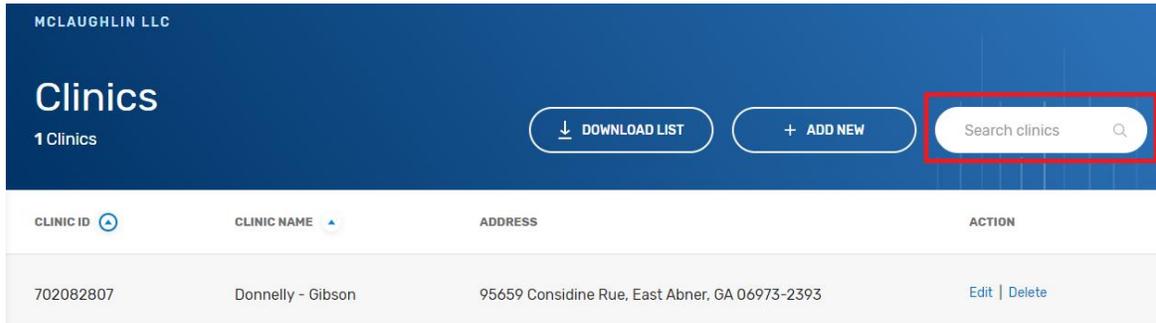
For your convenience, you can **sort** the clinic list by either Clinic ID or Clinic Name by clicking the **carets** at the top of each column.
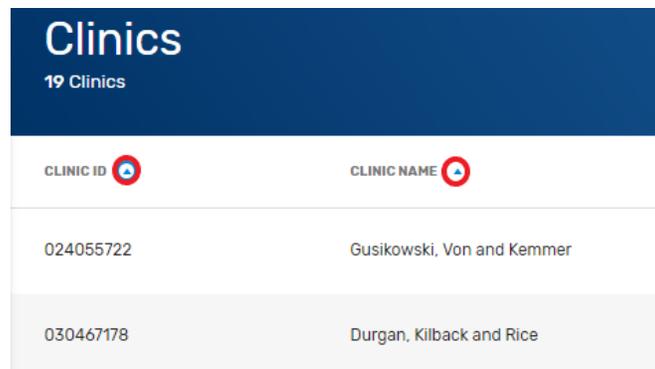
Manage Providers
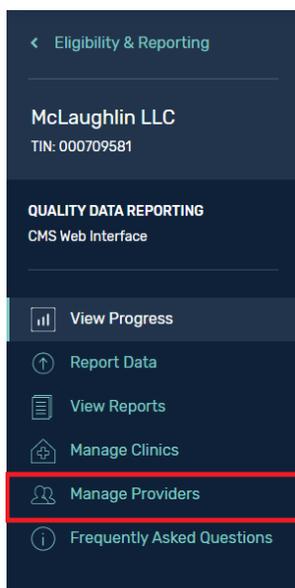
To manage the list of your providers, click **Manage Providers** on the left side navigation bar.

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Edit Provider
Each row represents a provider. You can edit the information displayed for a provider by clicking **Edit** on the right.
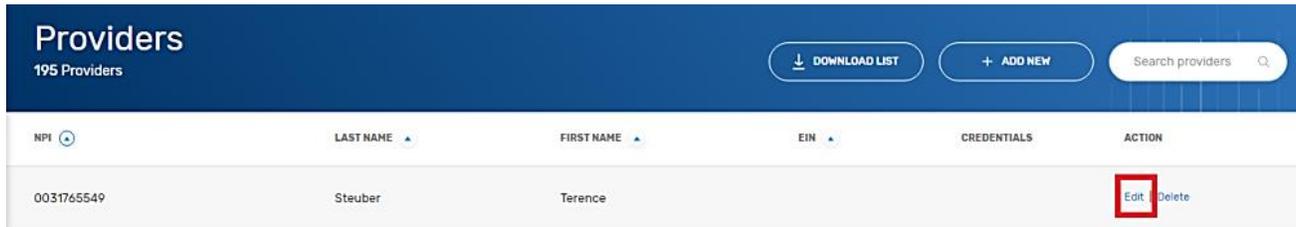
Delete Provider
To delete a provider, you can click **Delete** on the right. However, to delete a provider, you must first **disassociate** it from every patient it may be connected to in the CMS Web Interface.


To do so, you can:
1) Select **Report Data** on the navigation bar.
2) **Download** your patient sample in Excel format.
3) Use Excel filter controls to filter the sample by the Provider you'd like to delete (**TIP:** Make sure to check all 3 provider columns).
   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).
4) Upload the updated Excel file.
5) From the Manage Providers page, click **Delete** in the provider's row.
6) Repeat steps 3 – 6 for all providers you'd like to delete.

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Add New Provider

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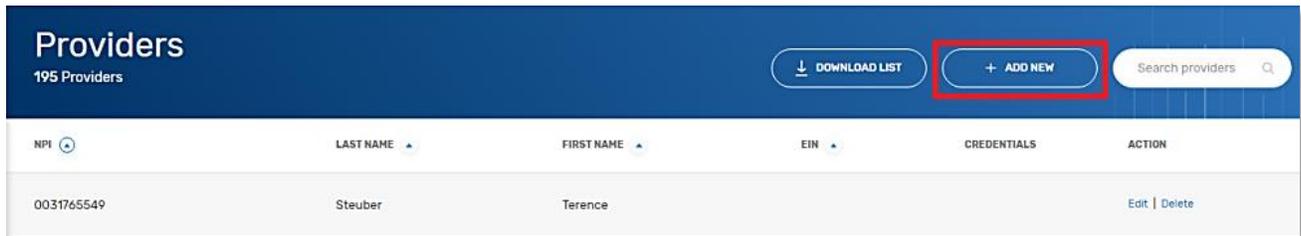
Download Provider List

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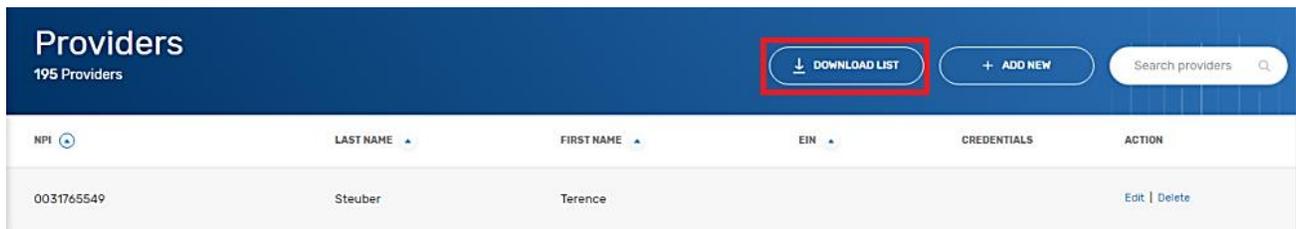
Provider Sort and Search

To locate a specific provider, use **Search** at the top of the page to search by **provider's first or last name, NPI or EIN**.
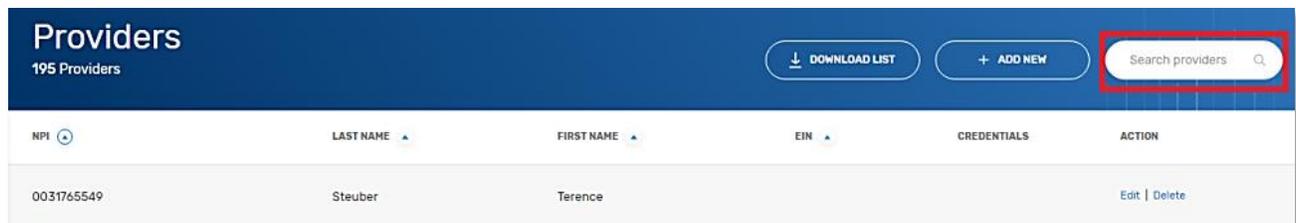
For your convenience, you can **sort** the provider list by provider NPI, last name, first name, and EIN by clicking the **caret** at the top of the column.

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Report Data
Report Data via Excel

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

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

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

Light gray cells represent information that is pre-filled by CMS that you can't edit in Excel:
- Patient ID.
- Patient ID Type.
- First Name.
- Last Name.
- Gender.
- Date of Birth.
- Patient Rank in Each Measure.

> **Note:** You **can manually edit** a patient's name, gender and date of birth within the CMS Web Interface.
>
> [Click here](#) to review these steps.

Enter Patient Data
NOTE: You must confirm that the patient is eligible for the sample before you can begin to answer any measure questions.

Patient Demographics	CARE-2: Screening for Future Fall Risk	
Patient ID	**CARE-2 Rank**	**Is the patient qualified for this measure?** Learn More
2P05V99FV60		
4F86X93XY77	145	
8L93W53GG30	182	

> Each measure identifies the **patient's rank** within that measure and the **measure questions**.
>
> - If a patient is ranked in a measure, they will have a number in the Rank column and the question input fields will be white or light blue.
>
> - Patients may not be ranked in all measures.
>
> - If a patient **isn't ranked** in a measure OR **hasn't been confirmed for the sample**, the question input fields will be dark gray and are not required.

Drop-Down vs. Free Text Answers

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

> Not sure how to answer the question?
>
> Click **Learn More** beneath a measure question to see more information on the Help tab of the document.

Enter Intentionally Blank Data

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

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

Other CMS Approved Reason

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

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

> Within the template, you can indicate that a patient isn't qualified for the measure for Other CMS Approved Reason, **but you will have to go into the CMS Web Interface to complete and submit the request.**
>
> Skip ahead to see how you can submit a request.

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If you've used the Excel template to indicate a patient isn't qualified for Other CMS Approved Reason, you will be prompted to action on the View Progress page.

You will also see this information on the Skip Requests page accessed by clicking on the VIEW ITEMS link.

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Upload Excel Data

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

To upload your Excel data to the CMS Web Interface, you can either:
- Simply **drag and drop** your completed Excel template in .xlsx format into the Upload field in the CMS Web Interface; OR
- Use the **Browse** functionality within the **Upload** field in the CMS Web Interface to locate the appropriate Excel file from your computer's file system.

> **NOTE:** There is a 20 MB size limit for file uploads.

Once you input your data into the system, you'll get a confirmation message, warning you that your data will be overwritten on approval.
- Click **Change** if you selected the wrong file for upload.
- Click **Cancel** if you don't want to upload the file.
- Click **Upload** to proceed.
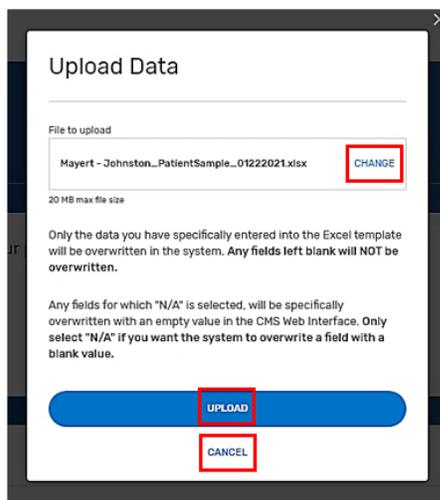
> Only the data you have specifically entered into the Excel template will be overwritten in the system. Any fields left blank will NOT be overwritten.
>
> Any fields for which "N/A" is selected in the Excel template will be specifically overwritten with an empty value in the CMS Web Interface.

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

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Resolve Errors

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

If you don't have any errors to resolve, you will see **No errors** and a green check will display on the middle To Do Card on the View Progress page.
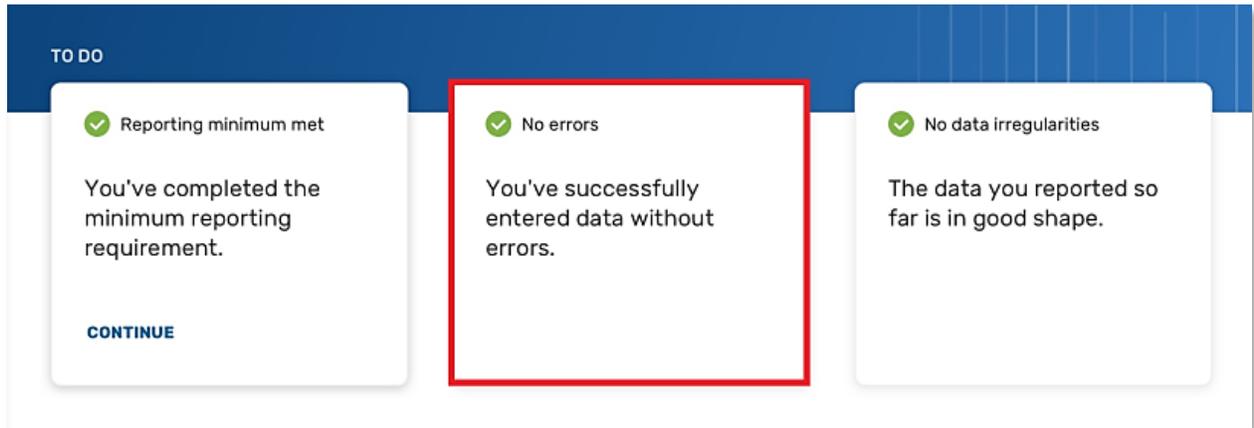
If you have any errors to resolve, the View Progress page will display a To Do Card at the top of the page titled **Excel errors** which will show the number of errors from the latest Excel upload.
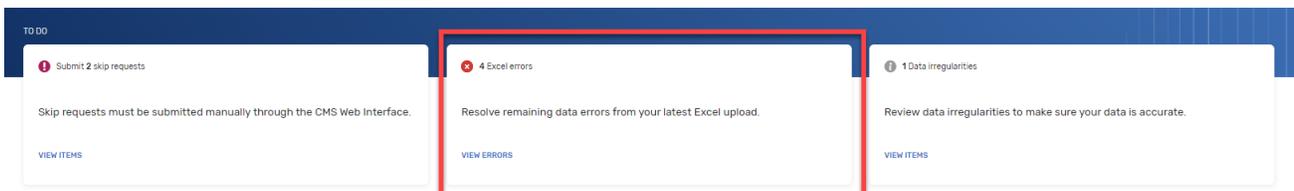
1) Click the **View Errors** at the bottom of the Excel Error To Do Card.
2) Identify **Excel Errors** using 1 of 2 options:

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

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

Option 2: Review measure errors in the **Excel Errors tab.**
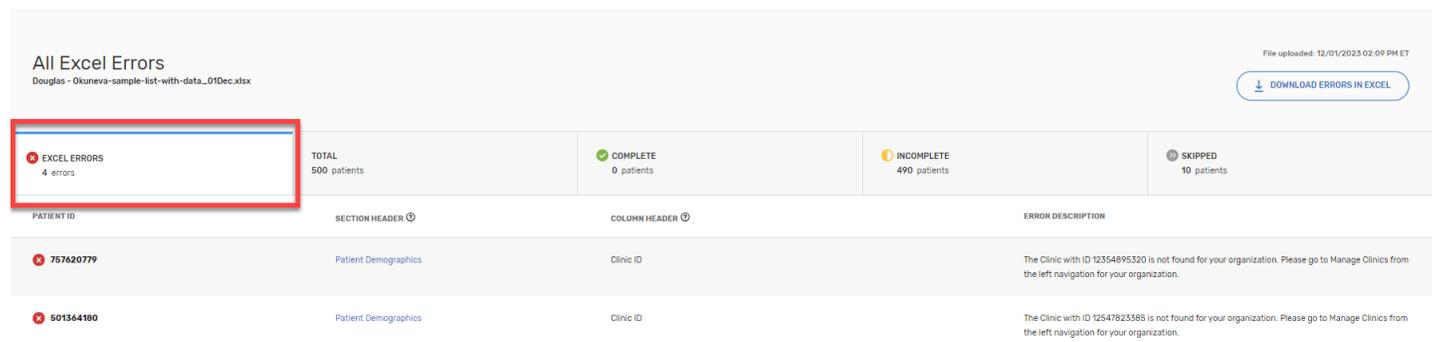
The list of errors provides information including:
- Patient ID of the patient whose data has the specific error.
- The section and column headers where the error was found.
- A description of the error.

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Correct Your Errors

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

Auto-Generate Your Own Excel File

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

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

- Column header text (case sensitive).
- 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.

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Report Data via Manual Data Entry

If you would like to manually enter data, you can choose between 2 paths:

1) **Enter data one patient at a time.** You will be prompted to enter data for all measures in which that patient is ranked first before moving to the next patient. See **Enter data by patient** below.
   NOTE: You DON'T need to complete the oversample to have a successful submission. You only need to report on the patients ranked in the minimum for each measure. A complete submission is considered one for which the minimum requirement for each measure is met.

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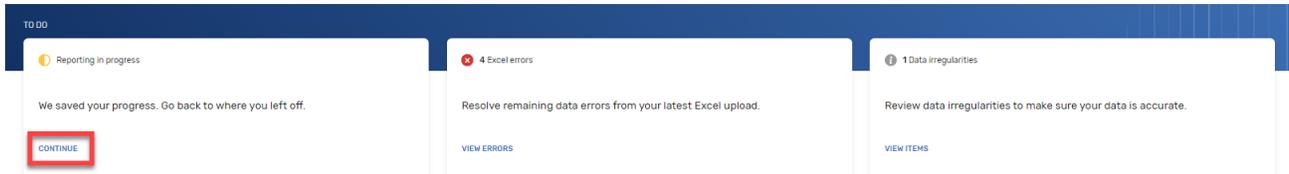
Helpful Hints

✓ 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 at the top left corner of the data entry screens will show you the last time your progress was saved.

✓ Click on **Continue** at the top left corner in your **View Progress** page at any time to go back to the last question you answered to pick up where you left off.

Manually Enter Data by Patient

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

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

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

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

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

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

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

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

In the example below, **Disqualification Reason** is not required when you answer **Yes**, that the patient is qualified for this measure. It only becomes required when you answer **Not Qualified for Sample**.
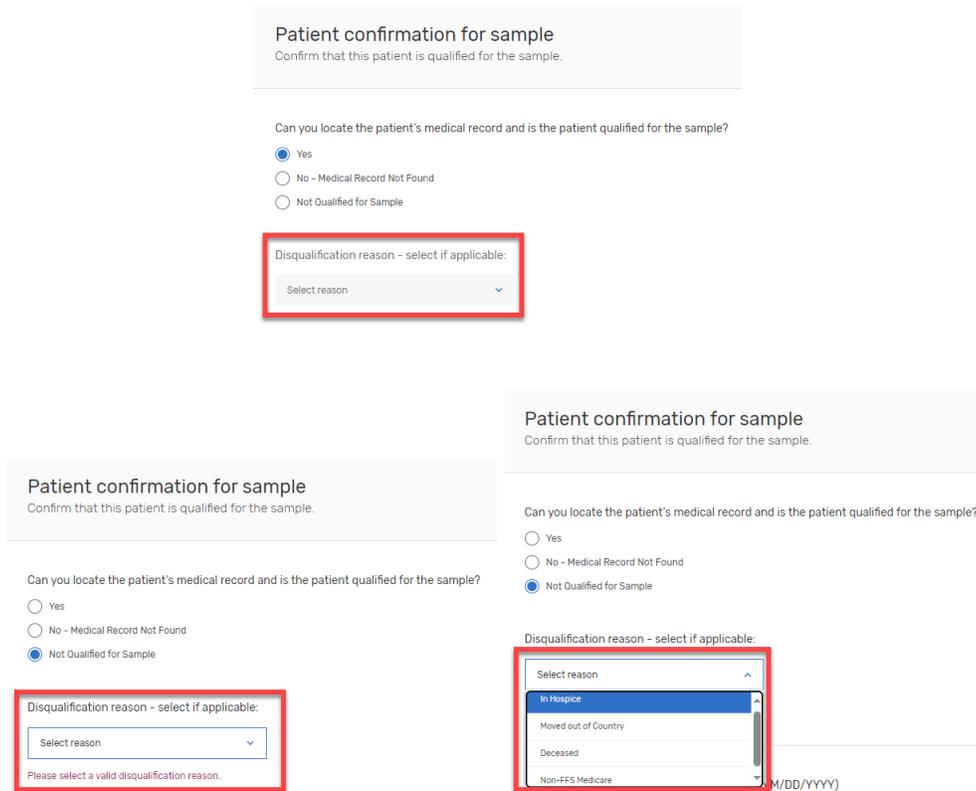
1) You can move to a different patient by navigating to the Report Data and choosing another patient. Click **View patient list** above the current patient's ID.
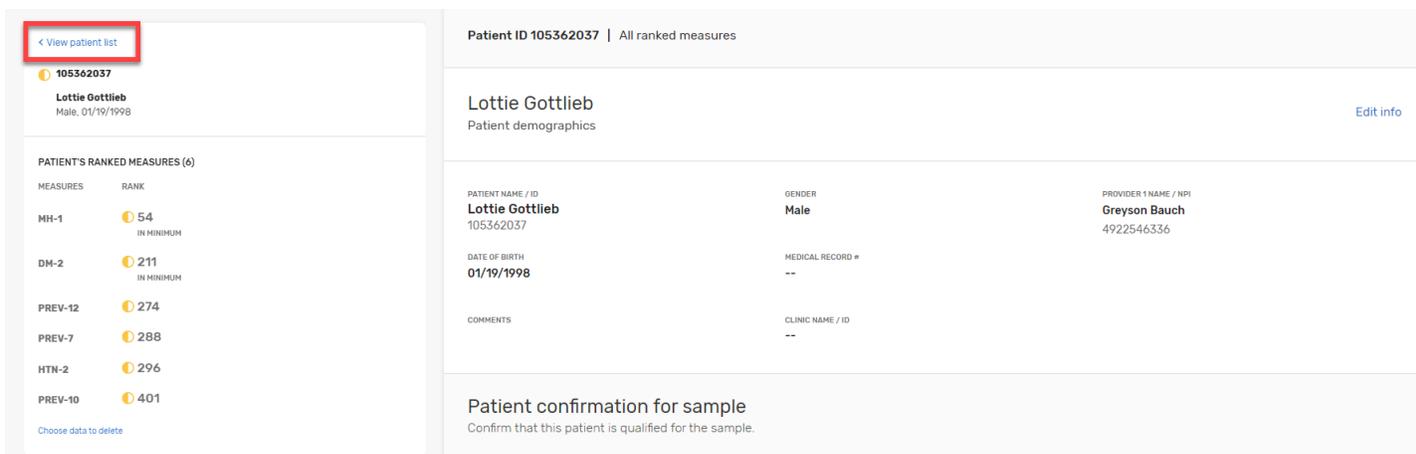
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2) Select another patient by clicking the card with their name in the panel or use the **search** feature to find a patient by name or ID.

Select a card

Search

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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 to the measure for which you'd like to enter data.

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

5) Scroll down to answer all measure questions for the patient.
6) Click **Go to Next** to answer questions for the patient in the next rank order.
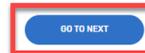
Alternatively, you can:
1) Navigate to the **Report Data** page.
2) Scroll down to the patient sample list.
3) Filter the list by the **measure** for which you'd like to enter data.
4) Click **Edit Data** next to the ranked patient for which you'd like to enter data.

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

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

If a patient becomes required for the minimum reporting requirement, their rank will be marked with **In Minimum** immediately after the lower-ranked patient is skipped.

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Once you begin entering data in the CMS Web Interface, you'll first notice a small panel on the left side of the page that summarizes the patient's rank in the selected measure and basic demographic information. If the rank is within the bounds of the minimum reporting requirement, it will have an **In Minimum** label.

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

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Other CMS Approved Reason

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

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

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

○ Yes

○ No – Request Other CMS Approved Reason

NOTE: Submitting a "2023 CMS Approved Reason" after **Friday, March 22, 2024** may cause your request not to be processed prior to the close of submission. Submit such requests as soon as possible.

NOTE: There are no exclusions for this measure and if a patient is in the denominator, the expectation is that the quality action is completed.

4) Enter your email address.

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

Submitter information

* Required

Name
UAT Tester II

Organization Name / APM Entity ID
Douglas - Okuneva/A2019

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

Email *   ✕

Email is required.

Case Details

Measure Name
MH-1

Patient Rank
54

Describe why the patient is not qualified for this measure.*

Description is required.

REQUEST CMS APPROVAL

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

What happens after the skip request is sent?   ⌄

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

You will see a modal window confirming the date and time that your request was submitted, along with a case number that will be available in the [Skip Requests report](#).

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View Progress
Progress Indicators
Throughout the CMS Web Interface, you will see an indicator showing the number of days remaining until the submission is due—and the number of measures that have met the minimum reporting requirement. These will help you stay on track with reporting.

To Do Cards

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

Reporting in Progress

The first To Do Card is titled Reporting in progress. It contains a link that takes you back to where you left off reporting. If the CMS Web Interface times out for security purposes, the **Continue** link in this card will take you back to the last action you performed in the interface—whether you were entering data manually or uploading an Excel file.
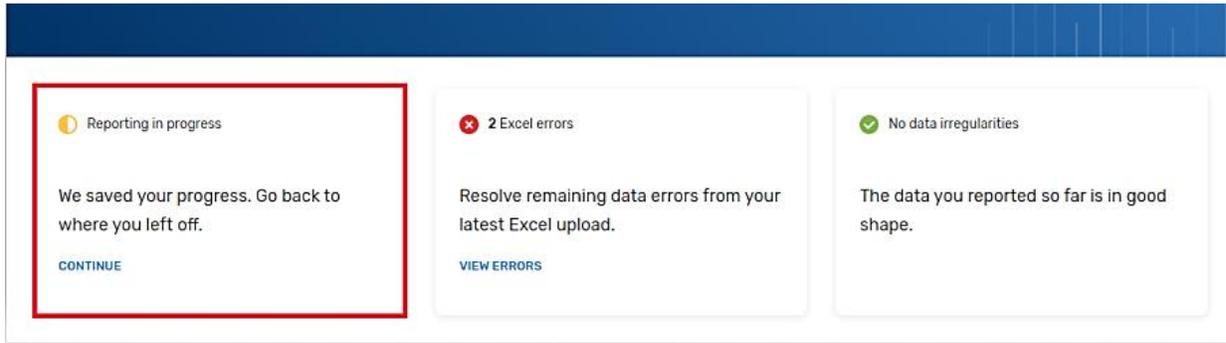
If you have any incomplete skip requests, you will also see them identified on the To Do Cards.
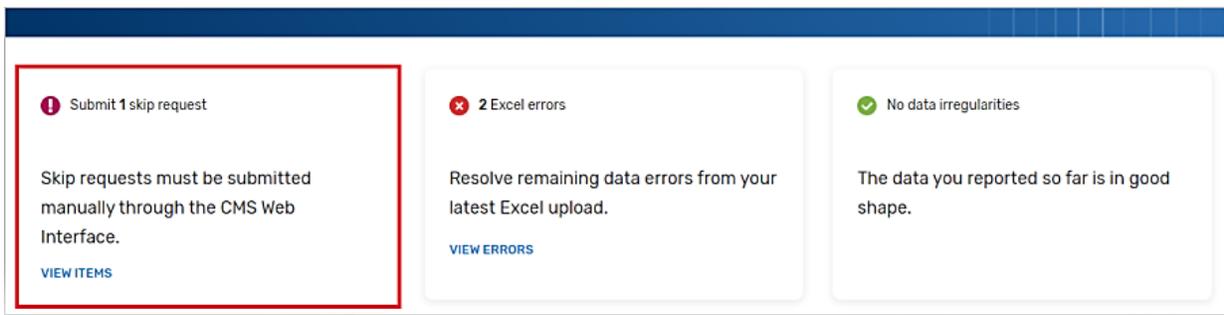
Once you've reached the minimum reporting requirement for all the CMS Web Interface measures, the **Reporting in progress** card will show a green checkmark, though you will still be able to use the **Continue** link throughout the submission period.
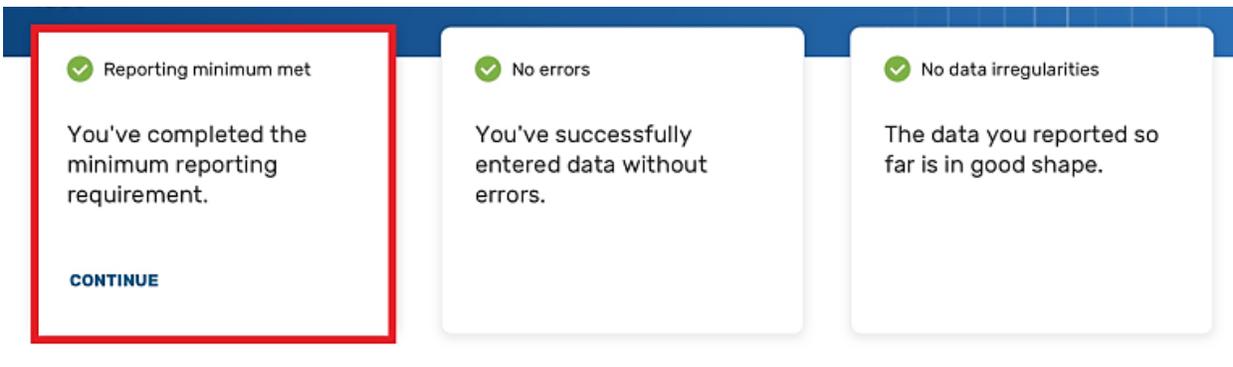
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Excel Errors

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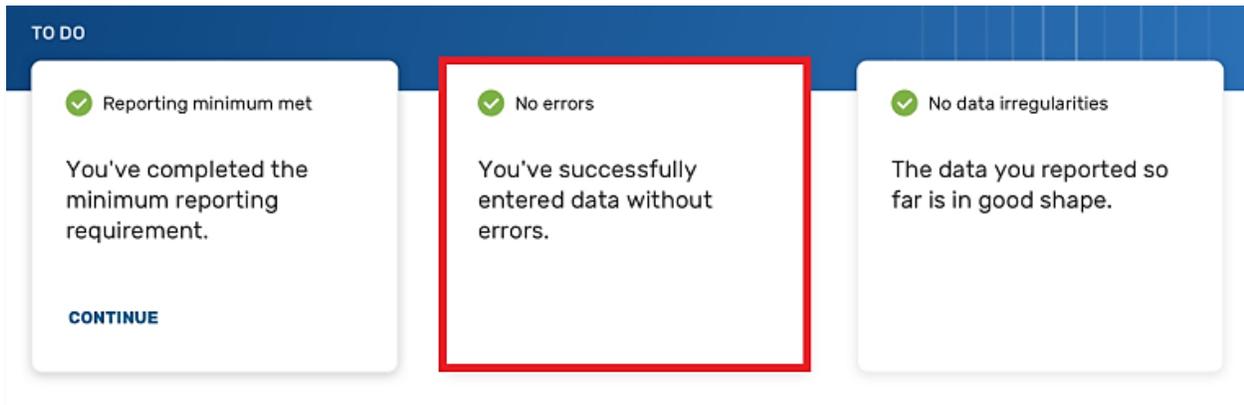
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Data Irregularities
The third card in the To Do items area is the **Data Irregularities Card**. This identifies any inconsistencies or irregularities in the data you've submitted so far, either at the patient level or measure level. It is recommended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

Click **View Items** to go directly to the Data Irregularities Report.
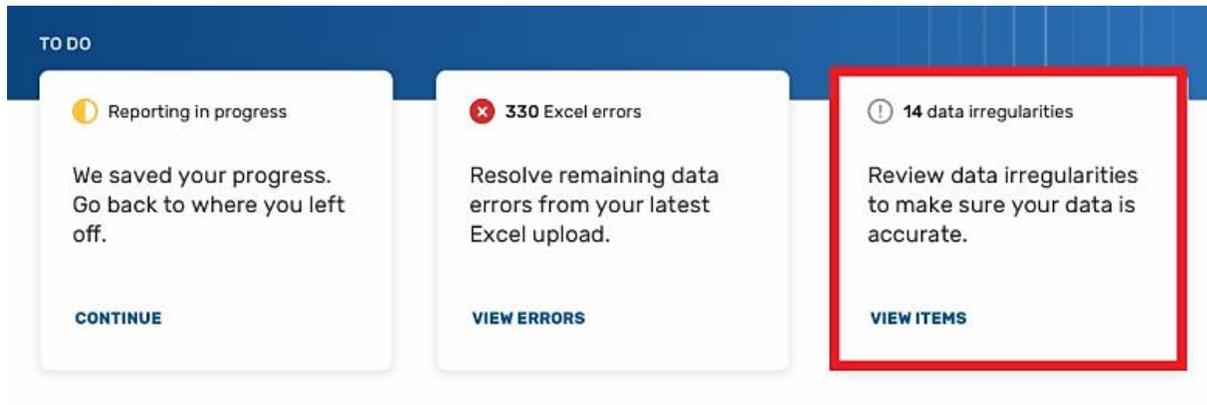
NOTE: Data Irregularities are also identified in the Measure Progress Card and patient record.
If you have no data irregularities, you will see a green checkmark without a link.
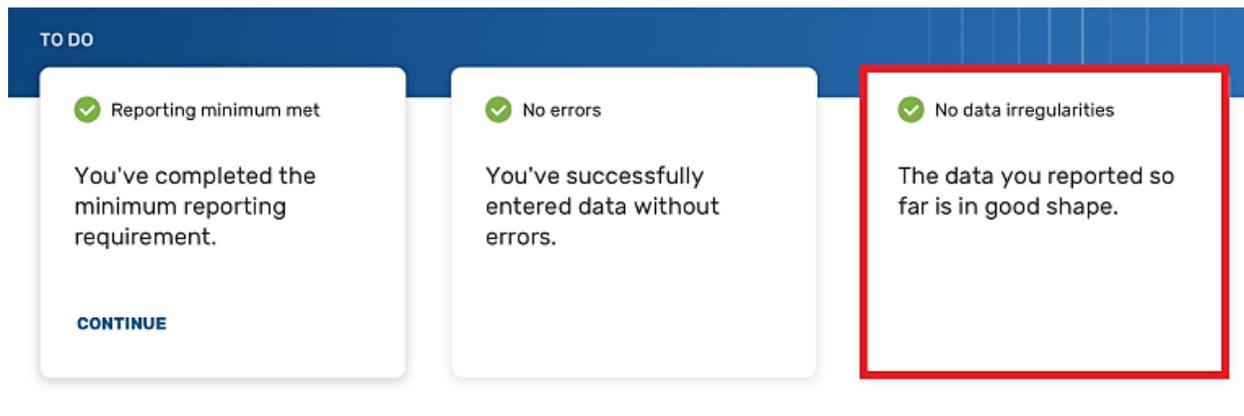
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Measure Progress Cards

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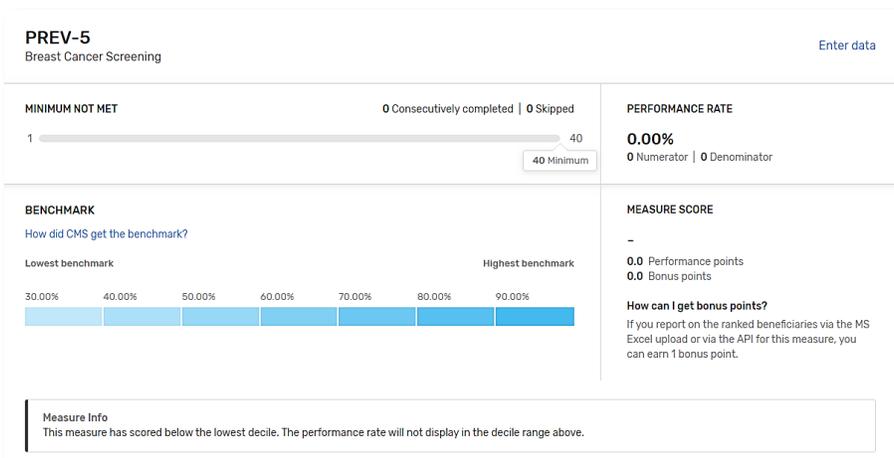
Measure Reporting Information

- An indicator of whether the reporting **Minimum** was met.
- **Lowest and highest rank** in the sample for the measure.
- **Consecutively complete** – The number of patients for whom your team has answered all relevant questions for that measure in consecutive order.
- **Skipped** – Patients reported on who either don't qualify for the specific measure or for the sample and are removed from the denominator.
- **Minimum required rank** – The progress bar within each measure card shows the minimum number of patients for which your team needs to consecutively report to receive a score for the measure. If you skip patients within the minimum, the minimum required increases automatically on this page to show you the new minimum required.
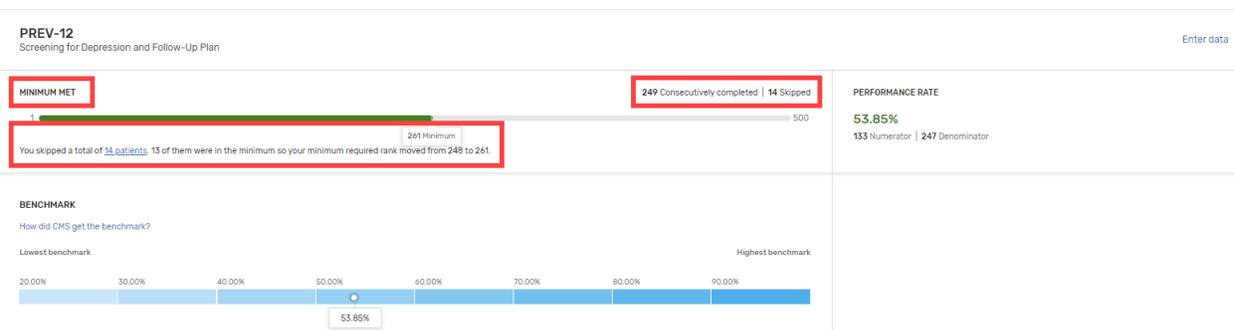
**DISCLAIMER:** All screenshots include fictitious patients and organizations. Screenshots were captured from a test environment, so there may be slight variations between the screenshots included in this Guide (including dates) and the user interface in the production system.

Measure Performance Information

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

- **Denominator** – Patients that qualify to be evaluated for each measure are part of the denominator.
- **Numerator** – Once a patient is confirmed for that measure (included in the denominator), there are certain answers to measure questions that will include that patient in the numerator. The numerator and denominator will be used to calculate your performance rate for that measure.
- **Performance Rate** – Which is the numerator divided by the denominator.
- **Benchmarks** – How your performance compares against the established benchmarks if benchmarks are available.
- **MIPS Measure Score** – Once you've met the minimum reporting requirements for a given measure, you'll see a measure score that is reflective of your performance in comparison to the measure's benchmark. To access the individual measure scores for measures that meet the minimum reporting requirements (data completeness and case minimum of 20 patients), click on **View Reports** on the left side navigation bar, and then select Measure Rates.

> **NOTE**: You can always report on more than the minimum patients required.

Helpful Hints About Measure Scores

For APM Entities, including ACOs:

- ✓ You won't see MIPS measure score information on the **View Progress** page, but you will see your performance rate in progress as soon as you begin reporting.

- ✓ Once you've met the minimum reporting requirement for any CMS Web Interface measure, you can access preliminary MIPS measure score information in the **Measure Rates with MIPS Scoring Report** to understand MIPS performance for clinicians who will be scored in MIPS.

For Groups and Virtual Groups:

You won't see MIPS measure score information on the **View Progress** page until you've met the minimum reporting requirement for all measures, but you will see your performance rate in progress as soon as you begin reporting.

Once you've met the minimum reporting requirement for any CMS Web Interface measure, you can access preliminary MIPS measure score information in the Measure Rates report.

- **Bonus Points -** There are no bonus points available for quality measures (beginning with the 2022 performance period).

PREV-12
Screening for Depression and Follow-Up Plan

MINIMUM MET   249 Consecutively completed | 14 Skipped

1   500
                              261 Minimum

You skipped a total of 14 patients. 13 of them were in the minimum so your minimum required rank moved from 248 to 261.

PERFORMANCE RATE
53.85%
133 Numerator | 247 Denominator

BENCHMARK
How did CMS get the benchmark?

Lowest benchmark   Highest benchmark

20.00%   30.00%   40.00%   50.00%   60.00%   70.00%   80.00%   90.00%

53.85%
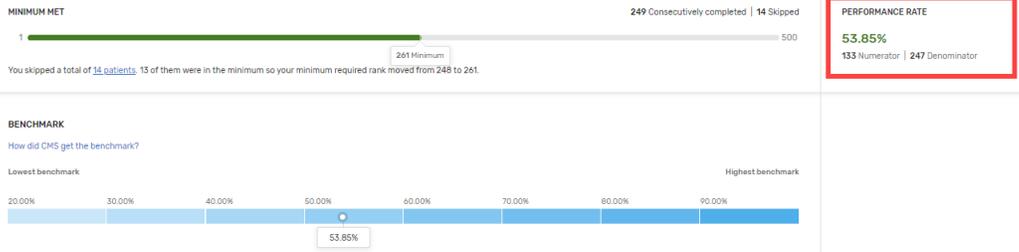
Measure scores won't be displayed on the View Progress page until the organization meets data completeness for **all** measures (see screenshot to the left).

However, you can access preliminary measure scores for individual measures in the Measure Rates report as data completeness is met on a measure-by-measure basis (see screenshot below).

Casper - Reichert
APM Entity ID: A1061

QUALITY DATA REPORTING
CMS Web Interface

- View Progress
- Report Data
- View Reports
- Manage Clinics
- Manage Providers
- Frequently Asked Questions

CARE-2
Screening for Future Fall Risk   View details

Total: 165   Complete: 165   Incomplete: 0   Skipped: 0

CONSECUTIVELY COMPLETE: 165

✓ 165 minimum requirements met

Numerator: 165
Denominator: 165

Performance Rate: 100.00%

Measure Score: 10.00
Performance points: 10.0
Bonus points: 0.0

DM-2
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)   View details

Total: 415   Complete: 415   Incomplete: 0   Skipped: 0

CONSECUTIVELY COMPLETE: 415

✓ 248 minimum requirements met (+167 above minimum)

Numerator: 268
Denominator: 415

Performance Rate: 64.58%

Measure Score: 4.54
Performance points: 4.5
Bonus points: 0.0

Other Measure Information

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

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

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

DISCLAIMER: All screenshots include fictitious patients and organizations. Screenshots were captured from a test environment, so there may be slight variations between the screenshots included in this Guide (including dates) and the user interface in the production system.
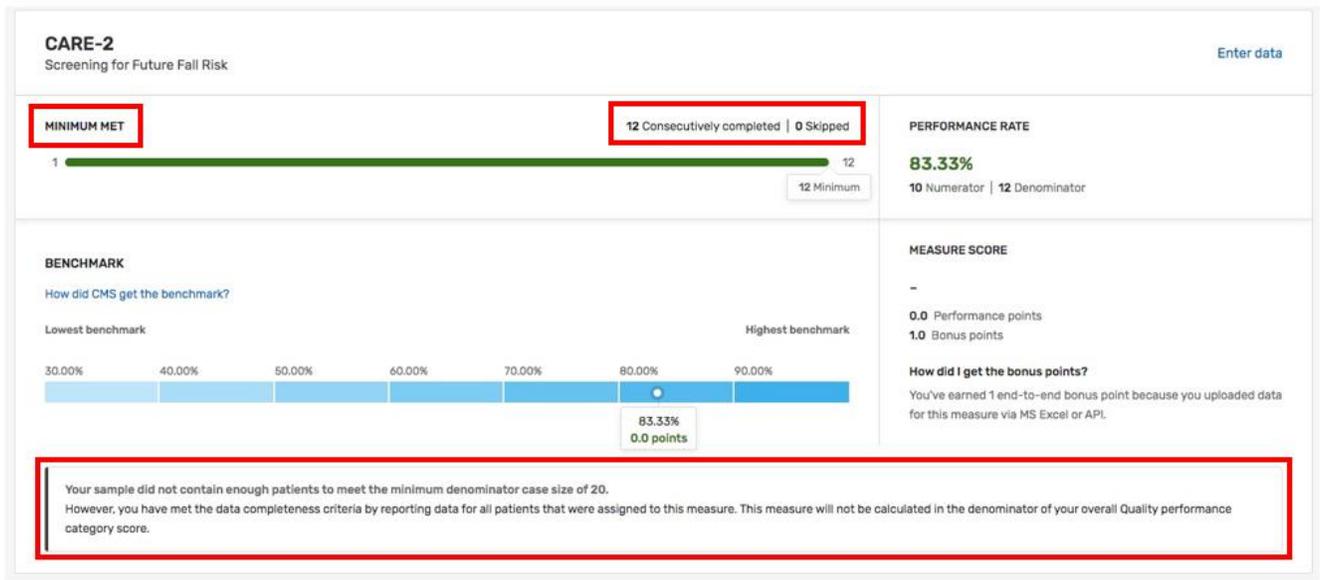
To enter data manually for the measure, see the [Manually Enter Data by Measure](#) section of this Guide.

You can sort the **Measure Progress** Cards on this page in the order you prefer to see them. By default, the cards are ranked in Completion Status Order, from complete to incomplete, but you can also sort by:
- **Completion Status** – from complete to incomplete to not started.
- **Performance Rate** – from low to high.
- **Measure Name** – from A to Z.
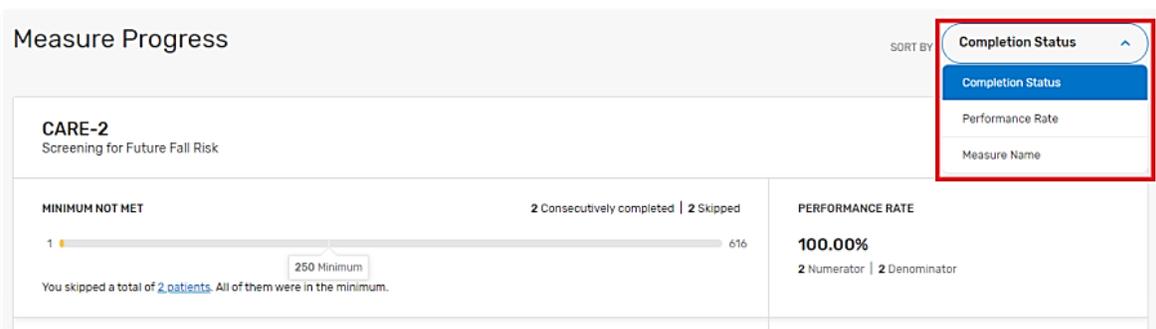
DISCLAIMER: All screenshots include fictitious patients and organizations. Screenshots were captured from a test environment, so there may be slight variations between the screenshots included in this Guide (including dates) and the user interface in the production system.

Activity Cards

The end of the View Progress page contains the latest activities your team performed in the CMS Web Interface. You can see your team's last 3 activities as well as your own last 3 activities, so you can track the progress of your submission. You can click the **View Activity Log report** link at the bottom to see a more comprehensive report on your team's activity.

View Reports

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) On the navigation bar, select **View Reports**.
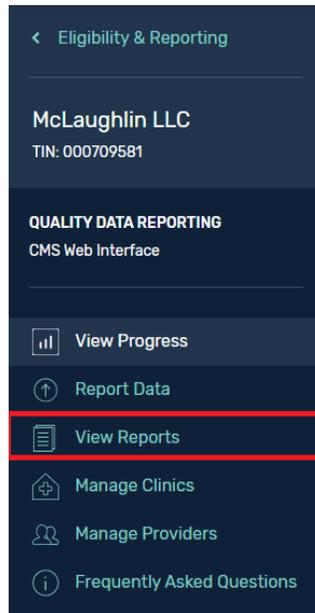
2) Click **View Report** (or **Download** if available) next the report you wish to access.

> Everyone will see the Data Confirmation, Measure Rates and Activity Log reports.
>
> You will only see the Skip Request or Data Irregularity reports if you have submitted a skip request for Other CMS Approved Reason or have submitted data that seems inconsistent.
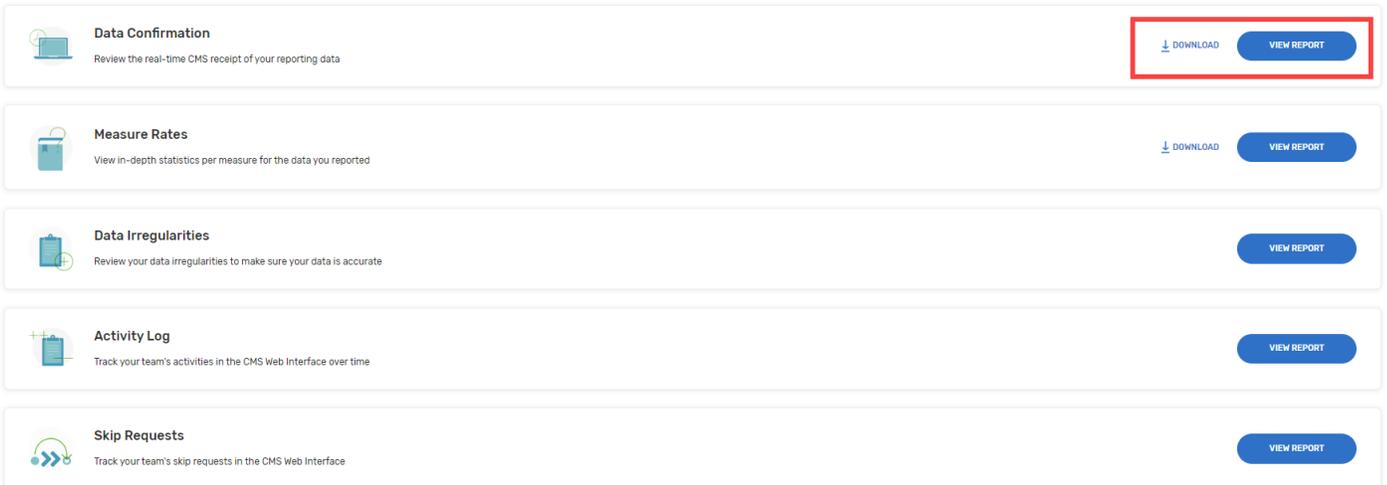

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2023 Performance Period Reports

View Reports contains 6 different reports for the 2023 performance period that you can access during the submission period.

- [Skip Requests](#)
- [Data Irregularities](#)
- [Activity Log](#)
- [Data Confirmation](#)
- [Measures Rates](#)
- [Measure Rates with MIPS Scoring](#)

Skip Requests

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

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

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


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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 **Patient level** when inconsistent data is reported within the measure, or measure data is reported for a patient who isn't qualified for the sample or measure.

Measure Level

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

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

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

Patient Level

Patients are included in the report when:

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

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

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

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

2 irregularities at the patient level

PATIENT ID	PATIENT INFO	DESCRIPTION	DATA DETAIL
893927840 Edit Data	**Gracie Anderson** MALE, 10/19/1949	You reported measure data for a patient who is **not qualified for the sample**. The measure data will be stored but not used.	**Data used:** Can you locate the patient's medical record and is the patient qualified for the sample?: ++ Not Qualified for Sample **Data NOT used:** CARE-2 | Is the patient **qualified for this measure?**: -- Yes CARE-2 | Was the patient screened for future fall risk at least once during the measurement period (January 1 - December 31, 2023)?: -- Yes
941419997 Edit Data	**Reanna Kunde** FEMALE, 04/21/1943	You reported measure data for a patient who is **not qualified for the sample**. The measure data will be stored but not used.	**Data used:** Can you locate the patient's medical record and is the patient qualified for the sample?: ++ Not Qualified for Sample **Data NOT used:** CARE-2 | Is the patient **qualified for this measure?**: -- Yes CARE-2 | Was the patient screened for future fall risk at least once during the measurement period (January 1 - December 31, 2023)?: -- No

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Activity Log

The Activity Log report records the different type of activities your team has performed in the CMS Web Interface. By default, the activities are sorted by the latest activity.

You can filter the Activity Log by:
- Activity Type;
- User; or
- Data Range.

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

To review updates made to patient data, you can see the exact changes that have been made per patient in the **Detail** column.
- After the green plus signs ("**++**"), you will see the additions to the patient information.
- After the red minus signs ("**--**"), you will see the existing information that was removed or changed.

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

Data Confirmation (During the Submission Period)

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

To download the report, select **Download Report** at the top right corner of the Data Confirmation page.

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

- Patient information (# skipped, # included in numerator, # included in denominator); and
- Performance rate (includes comparison to other organizations when a benchmark is available).

Measures are separated into 2 categories.

- Measures that meet the minimum requirements.
- Measures that don't meet the minimum requirements.

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1 measures that have met the requirements:

PREV-6
Colorectal Cancer Screening

✓ **456** minimum requirements met (**+1** above minimum)

Consecutively complete:	249 patients
Included in denominator:	249 patients
Included in numerator:	249 patients
Skipped:	208 patients

Performance Rate: **100.00%**

Measure Score: —
Performance points: 0.0
Bonus points: 0.0

ACOs can only access information about measure scores through the [Measure Rates with MIPS Scoring](#) report.

PREV-5
Breast Cancer Screening

◐ **248** minimum requirements not met

Consecutively complete:	116 patients
Included in denominator:	116 patients
Included in numerator:	58 patients
Skipped:	0 patients

Performance Rate: 50.00%

Measure Score: —

PREV-7
Influenza Immunization

◐ **248** minimum requirements not met

Consecutively complete:	0 patients
Included in denominator:	0 patients
Included in numerator:	0 patients
Skipped:	0 patients

Performance Rate: —

Measure Score: —

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

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

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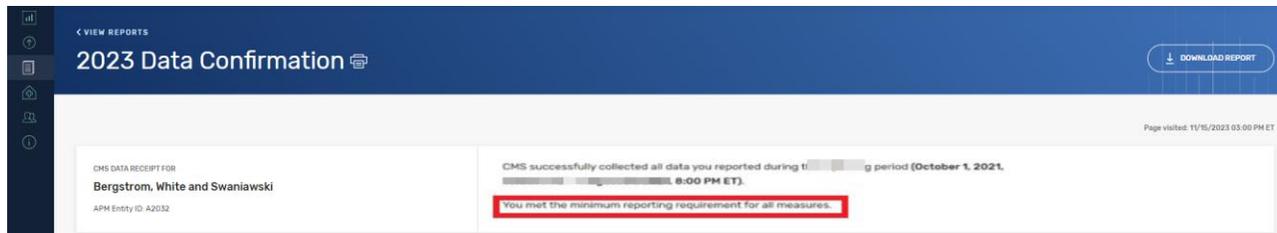
Measure Rates

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

- **Download** the report in Excel format by clicking the **Download Report** button at the top right corner of the page.
- **Print** the report by clicking the printer icon next to the page title.
- **Click View Measure Rates with MIPS Scoring** on the upper left side of the page.
- **View** the report by scrolling down on the page to see details about each measure.
- **Filter** the report by one measure to see only details for that measure.

The Measure Rates report doesn't show measure scores; to access measure score information, click **View Measures Rates with MIPS Scoring**.
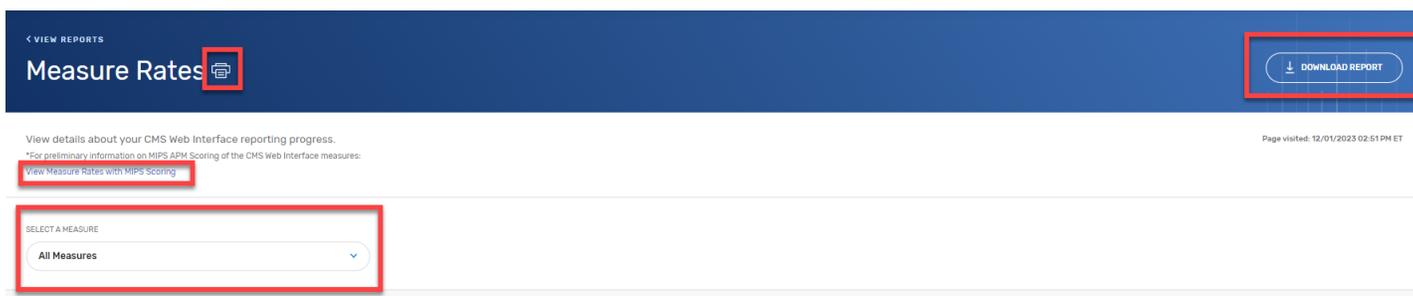

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Each Measure Card breaks down your progress per measure. You can see the total count of patients sampled for the measure, as well as those that are:

- **Complete** – Patients both in the minimum and in the oversample for whom you have answered all the questions for that measure.
- **Incomplete** – Patients both in the minimum and in the oversample for whom you have not yet answered all the questions for that measure.
- **Skipped** – Patients reported on who either do not qualify for the specific measure or for the sample and are removed from the denominator.

CARE-2			
Screening for Future Fall Risk			View details
Total: 167	Complete: 20	Incomplete: 137	Skipped: 10

CONSECUTIVELY COMPLETE: 2

🌓 167 minimum requirements not met

You skipped a total of 10 patients. All of them were in the minimum.

Numerator:	1
Denominator:	2
Performance Rate:	50.00%

BENCHMARK

Lowest benchmark   Highest benchmark

20.00% 30.00% 40.00% 50.00% 60.00% 70.00% 80.00% 90.00%

50.00%

How did CMS get the benchmark? ⌄

| DM-2			
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)			View details
Total: 404	Complete: 16	Incomplete: 367	Skipped: 21

CONSECUTIVELY COMPLETE: 16

🌓 264 minimum requirements not met

You skipped a total of 21 patients. 16 of them were in the minimum so your minimum required rank moved from 248 to 264.

Numerator:	9
Denominator:	16
Performance Rate:	56.25%

What is an inverse measure? ⌄

BENCHMARK

Lowest benchmark   Highest benchmark

80.00% 70.00% 60.00% 50.00% 40.00% 30.00% 20.00% 10.00%

56.25%

How did CMS get the benchmark? ⌄
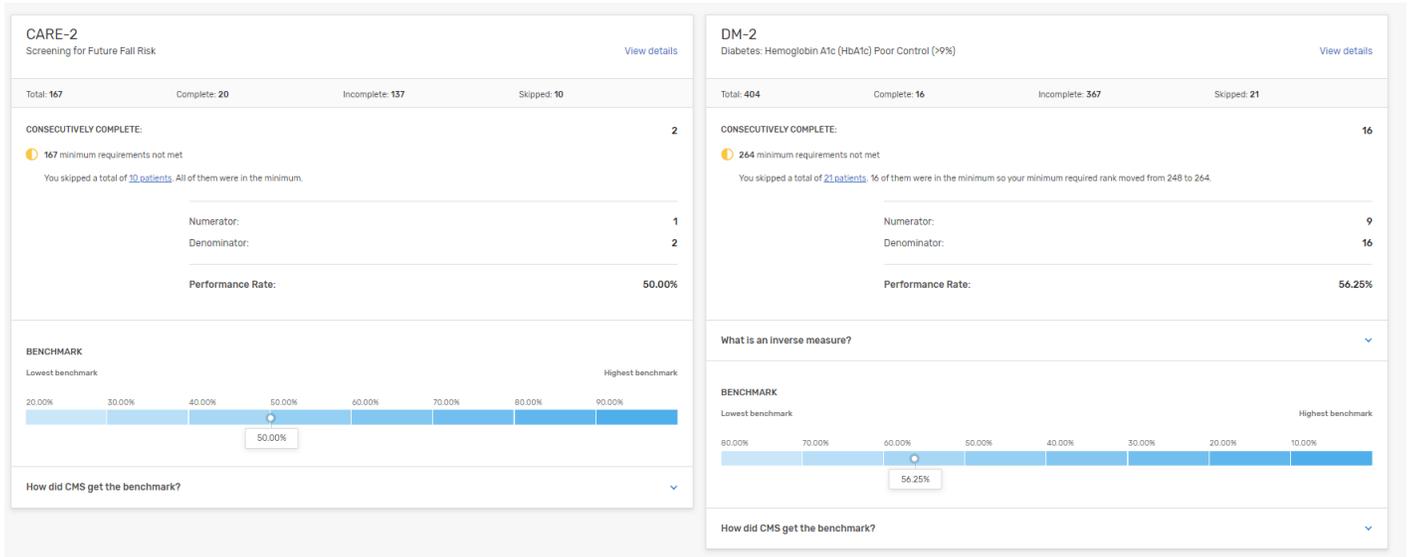
The Measure Card further breaks down patient counts by:

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

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

- **Performance Rate** –
  - The numerator divided by the denominator.
- **Benchmarks** show where your performance falls within the established benchmarks.
  - **NOTE**: Some measures won't have associated benchmarks.
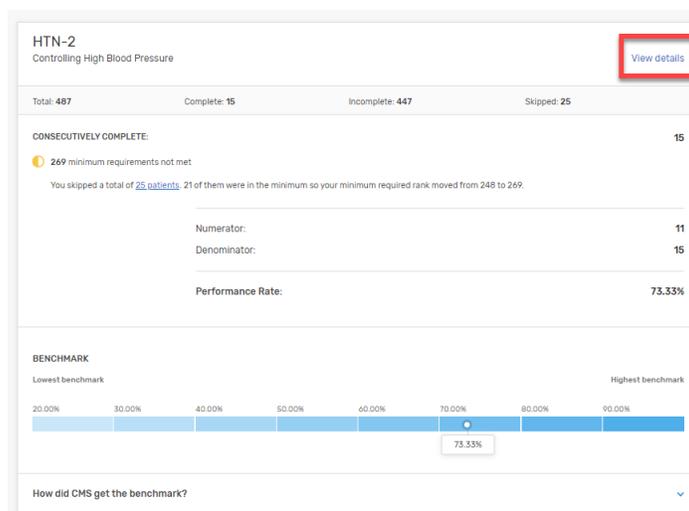
Click **View Details** to explore the patient details.

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

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

Measure Rates with MIPS Scoring

The Measures Rates with MIPS Scoring report for Shared Savings Program ACOs includes the same information as the Measure Rates report for Shared Savings Program ACOs as well as information regarding MIPS measure scoring for clinicians scored in MIPS under the APP. From the Measure Rates page, click **View Measure Rates with MIPS Scoring.**
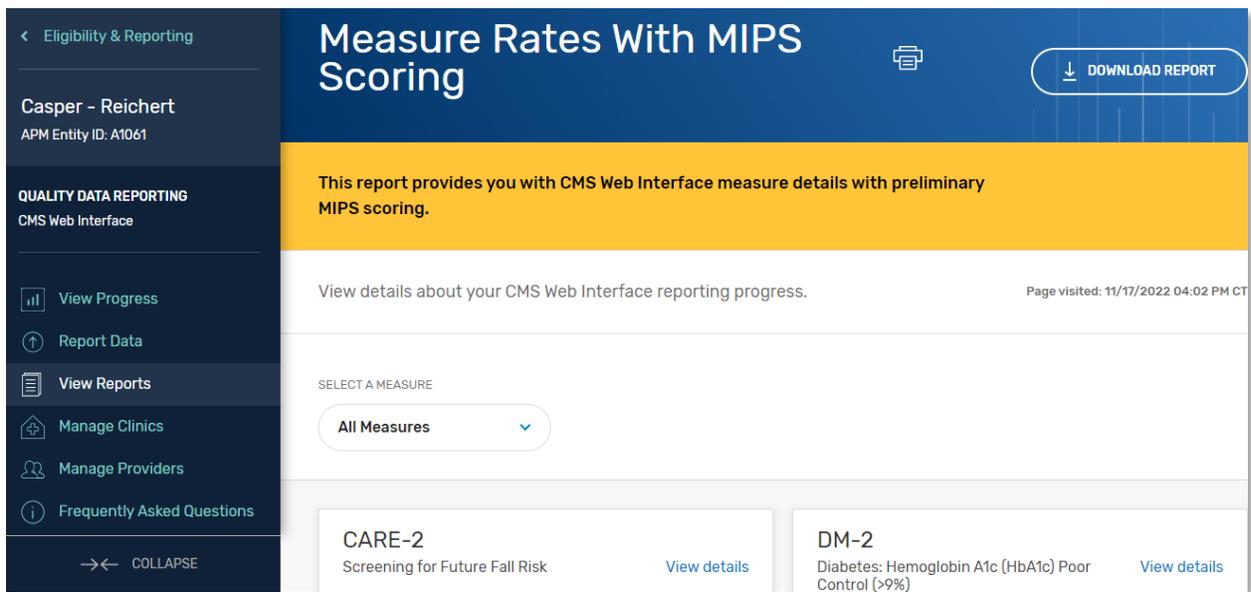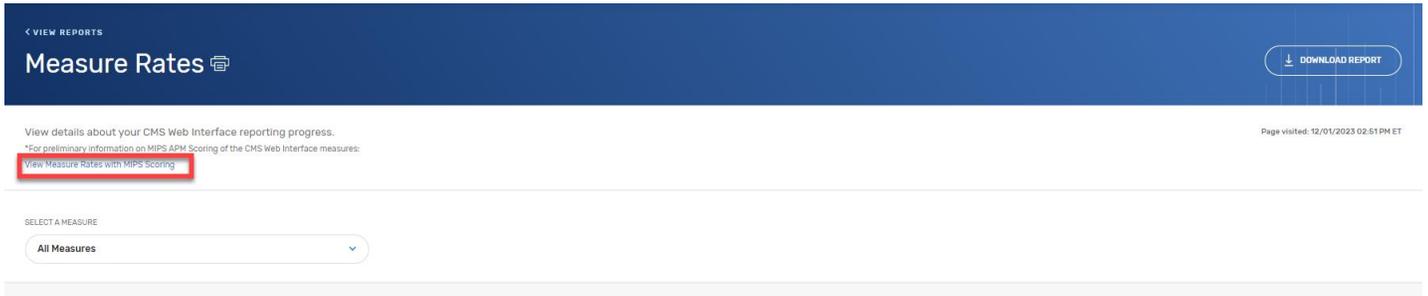
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The report allows you to expand measures to view the scores and data completeness.

|	
Eligibility & Reporting	
Casper - Reichert	
APM Entity ID: A1061	
QUALITY DATA REPORTING	
CMS Web Interface	
View Progress	
Report Data	
View Reports	
Manage Clinics	
Manage Providers	
Frequently Asked Questions	
COLLAPSE	

CARE-2
Screening for Future Fall Risk   View details

Total: **165**   Complete: **165**   Incomplete: **0**   Skipped: **0**

CONSECUTIVELY COMPLETE: 165

✓ **165** minimum requirements met

Numerator: 165
Denominator: 165

Performance Rate: 100.00%

Measure Score: 10.00
Performance points: 10.0
Bonus points: 0.0

DM-2
Diabetes: Hemoglobin A1c (HbA1c) Poor   View details
Control (>9%)

Total: **415**   Complete: **415**   Incomplete: **0**   Skipped: **0**

CONSECUTIVELY COMPLETE: 415

✓ **248** minimum requirements met (**+167** above minimum)

Numerator: 268
Denominator: 415

Performance Rate: 64.58%

Measure Score: 4.54
Performance points: 4.5
Bonus points: 0.0

Previous Performance Period Reports

You can also download the Data Completion report and final Measure Rates report from previous performance periods.

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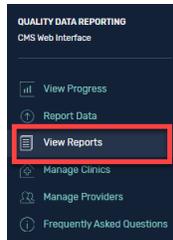
Did you know?

You can also access CMS Web Interface reports from previous performance periods through the **Reports** tab on the left side navigation bar once you sign in to qpp.cms.gov.

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Getting Help and Support
Frequently Asked Questions

QUALITY DATA REPORTING
CMS Web Interface

- View Progress
- Report Data ⌄
- View Reports
- Manage Group ⌄
- Frequently Asked Questions

→← COLLAPSE
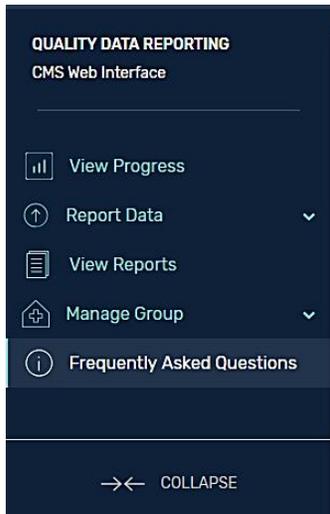
For CMS Web Interface reporting and measure-related questions, access the Frequently Asked Questions (FAQs) on the left side navigation bar. The FAQs are updated throughout the submission period based on user inquiries. The FAQs can be downloaded by clicking on the Frequently Asked Questions on the left side navigation bar.

The 2023 CMS Web Interface FAQs (PDF) are also posted on the Resource Library.

Contact the Quality Payment Program
Contact the Quality Payment Program Service Center at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov (Monday-Friday 8 a.m. - 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET. Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Useful Resources
The following are other helpful resources to assist you as you complete the reporting requirements for each measure within the CMS Web Interface.

CMS Web Interface Demonstration Video Series
There is a series of videos that accompany this Guide to demonstrate how to use the CMS Web Interface and Excel template for a successful submission.

CMS Web Interface API Documentation
There are narrative documentation and swagger documentation for users reporting the CMS Web Interface measures via an Application Programming Interface (API).

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