

Quality Payment PROGRAM

CMS Web Interface Excel Instructions

Last Updated: January 2, 2018





Introduction

The Centers for Medicare & Medicaid Services (CMS) has announced that beginning with the 2017 Merit-based Incentive Payment System (MIPS) performance period, .xml file conversion is no longer necessary to upload beneficiary sampling data to the CMS Web Interface. The sample data can now be entered into the CMS Web Interface using the Excel format without the extra step of converting to .xml.

We recognize that the step of .xml conversion was burdensome, so in an effort to reduce this burden, we worked in partnership with administrators, clinicians, and hospitals across the country to develop a new streamlined Excel template for beneficiary sample reporting via the CMS Web Interface. Using this template will simplify the reporting process and reduce the possibility of upload errors in your reporting.

Simpler Excel Entry – How it Works:

- Download the redesigned 2017 Excel reporting template (Note: the Excel template is in .xlsx format and will only work with Excel version 2010 or higher on both Windows and Mac computers)
- Compile, sort, and check your sample data
- Follow prompts and tips within spreadsheet cells
- Drag and drop your Excel files into the CMS Web Interface
- Data automatically uploads and converts for CMS approval
- Check your reporting status and edit entries anytime

See the step-by-step instructions outlined below to learn more about how to use the new Excel template to upload your files to the CMS Web Interface.

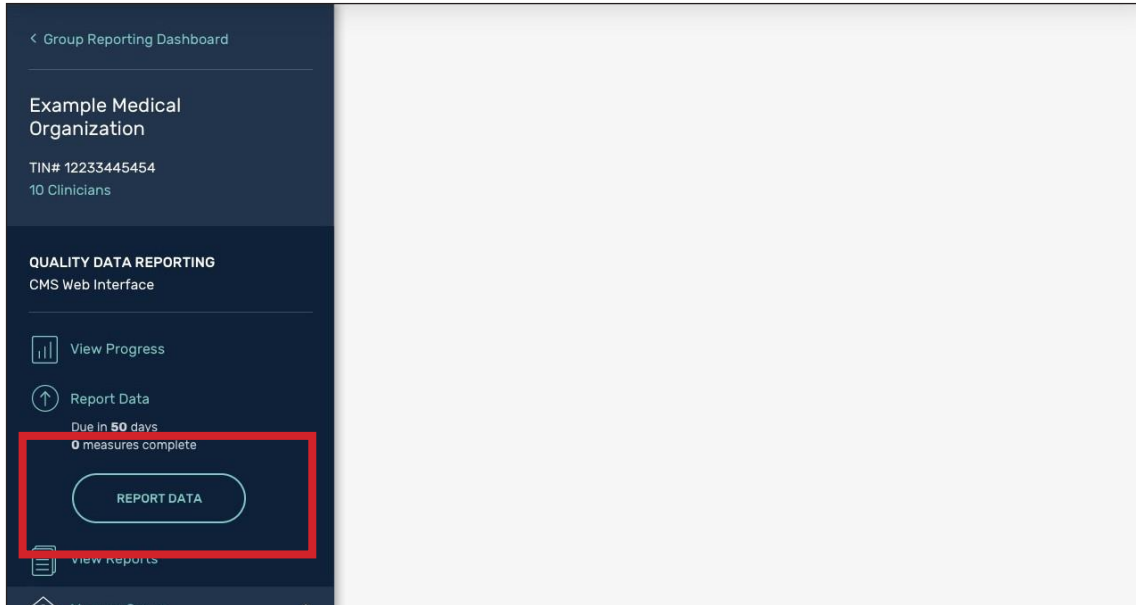
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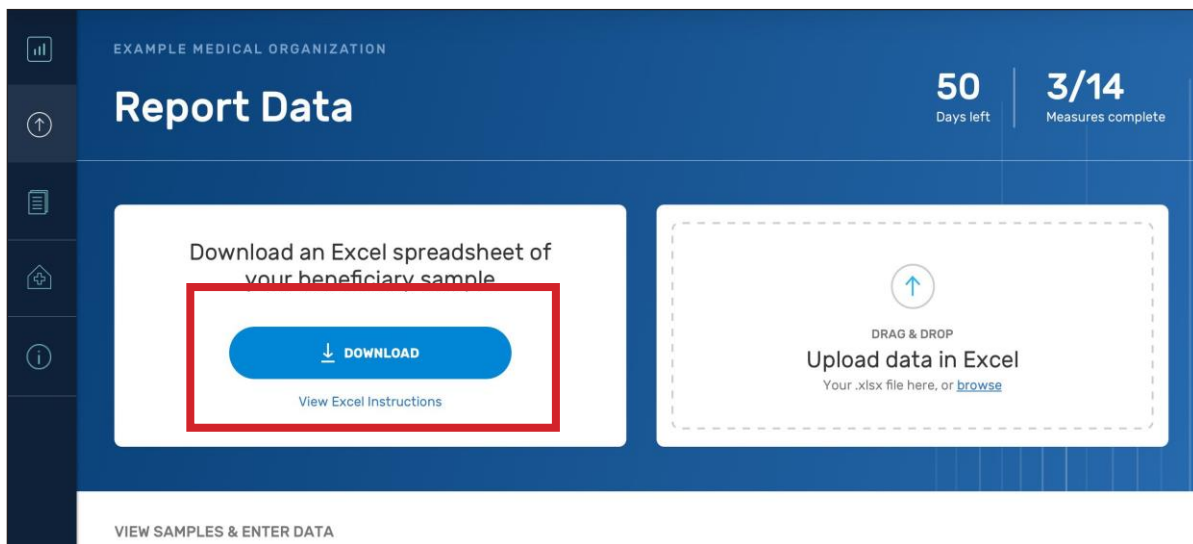
Download Your Beneficiary Sample

To download your sample using the Excel template:

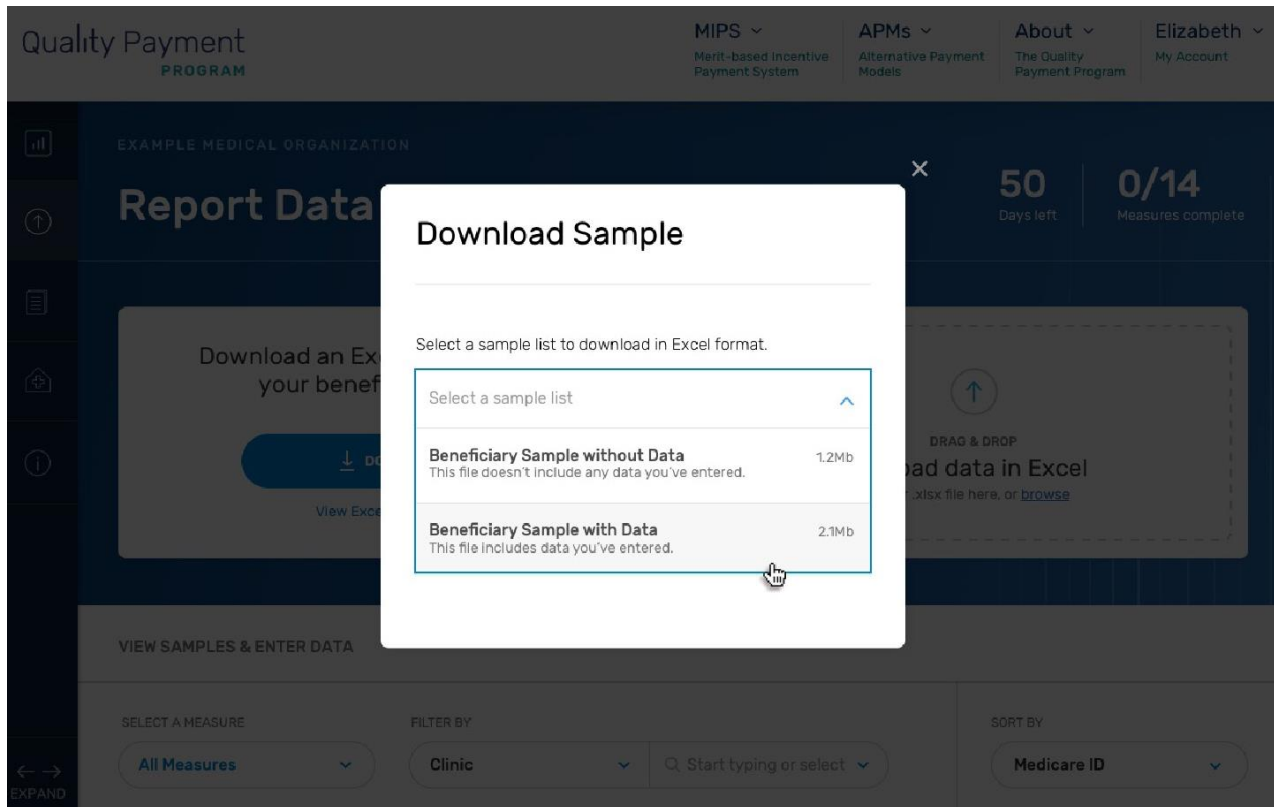
1. Visit qpp.cms.gov.
2. Navigate to the Report Data.



3. Click the “Download” link at the top of the page.



4. Select your download preference.



- **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.
- **Sample with Data:** Your template will be populated with any data you've already entered into the CMS Web Interface—either manually or via a previous Excel upload.

Understanding Your Streamlined Excel Template

Rows & Columns

Each row represents a beneficiary in your sample.

Medicare ID	First Name	Last Name	Gender	Date of Birth (MM/DD/YYYY)	Medical Record Number	Clinic ID

The blue top-most column headers delineate beneficiary demographic input fields, as well as each of the CMS Web Interface measures.

	Beneficiary Demographics					
Medicare ID	First Name	Last Name	Gender	Date of Birth (MM/DD/YYYY)	Medical Record Number	Clinic ID
20034466	Jae	Harvey	Male	06/12/1963		
23737222	Lynna	Ashley	Female	12/05/1937		
21632329	Edwin	Knapp	Female	11/04/1955		
77803702	Chaya	Vaughan	Female	08/28/1945		
37502176	Manda	Arnold	Male	12/12/1953		
52995135	Glennie	Mcclure	Male	12/20/1940		

Pre-Filled Data

Light gray cells represent information that is pre-filled by CMS, and is not editable by you. The following fields are not editable:

Beneficiary Demographics							
Medicare ID	First Name	Last Name	Gender	Date of Birth (MM/DD/YYYY)	Medical Record Number	Clinic ID	Provider Name 1 (First Name Last Name)
20034466	Jae	Harvey	Male	06/12/1963			
23737222	Lynna	Ashley	Female	12/05/1937			
21632329	Edwin	Knapp	Female	11/04/1955			
77803702	Chaya	Vaughan	Female	08/28/1945			
37502176	Manda	Arnold	Male	12/12/1953			
52995135	Glennie	Mcclure	Male	12/20/1940			
93833655	Sherryl	Morales	Female	08/25/1930			
22410873	Lizabeth	Dennis	Male	08/11/1959			

- Medicare ID
- First Name
- Last Name
- Gender
- Date of Birth
- Beneficiary rank in each measure
- Discharge Dates for CARE-1

Measure Questions

Each measure header contains the following information underneath it:

- **Beneficiary rank:** This is a CMS pre-filled field, and not editable by you. If a beneficiary in your sample is ranked in a specific measure, it will have a number in the Rank column. Beneficiaries in your sample may not be ranked in all of the CMS Web Interface measures.
- **Measure questions:** If a beneficiary is ranked in the measure, the question input fields will be white or blue— these will be editable by you. This is where you will input data. If a beneficiary is NOT ranked in that measure, the fields will be dark gray, and will not be editable by you. You do not need to answer questions for beneficiaries who are not ranked in the measure.

CARE-2: Screening for Future Fall Risk					
Medicare ID	Care Falls Rank	Is the patient qualified for this measure?	QPP Service Center Ticket Number	Was the patient screened for future fall risk at least once between January 1 and December 31, 2017?	Care Falls Comments (optional)
20034466	462				
23737222	440				
21632329	113				
77803702	283				
37502176	92				

Measure Question Help

You will notice that some measure questions are underlined. Clicking on these questions takes you to a separate spreadsheet tab called “Help” that contains additional context and information about the question. You can navigate back to the beneficiary sample list by clicking the “Patient list” tab.

CARE-2: Screening for Future Fall Risk				
Care Falls Rank	Is the patient qualified for this measure?	QPP Service Center Ticket Number	<u>Was the patient screened for future fall risk at least once between January 1 and December 31, 2017?</u>	Care Falls Comments (optional)
12	Yes			
3	No - Other CMS approved reason	123456		
4	Yes			
5	No - Other CMS approved reason	123456		

3	Were discharge medications reconciled with the current medication list in the outpatient medical record within 30 days following this inpatient facility discharge?	<p>The intent of the measure is to ensure that the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care reviewed the discharge medications from the inpatient facility. If others perform the medication reconciliation, there must be documentation that the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care is aware of the review.</p> <p>Medication reconciliation post discharge may be completed during a telehealth encounter.</p>
4	CARE-2 Was the patient screened for future fall risk at least once between January 1 and December 31, 2017?	<p>Additional fall risk screening information: - A clinician with appropriate skills and experience may perform the screening. - Setting of screening is not restricted to an office setting. - Documentation of no falls is sufficient. - Medical record must include documentation of screening performed. - Any history of falls screening during the measurement period is acceptable as meeting the intent of the measure. - A gait or balance assessment meets the intent of the measure. - Screening for future fall risk may be completed during a telehealth encounter.</p>

Navigation: Patient List | Help | +

Locked Titles

For your easy input across large samples, the measure titles, question column headers, and Medicare ID column are locked, so you can scroll through the template without losing context of what you're seeing and entering.

DM: Diabetes Mellitus Composite						
Medicare ID		Does the patient have a documented history or active diagnosis of diabetes between January 1, 2016 and December 31, 2017?	QPP Service Center Ticket Number	Did the patient have one or more HbA1c tests performed between January 1, 2017 and December 31, 2017?	Date drawn (MM/DD/YYYY)	HbA1c value (enter distinct value)
1239192						
1239192						
1239192						
1239192						

Sort & Filter

For your convenience, we have also included sort and filter functionality on each column header. Now your team can organize, view, and input samples at your convenience throughout the reporting process.

For example: If one team member is responsible for providing data for a single measure, they may want to sort the sample from lowest to highest rank for that particular measure. You can use the arrows at the top of each column header to filter or sort by a certain criteria within that column. You can always click “Clear” under the “Data” tab in Excel to go back to the original sample order.

CARE-2: Screening for Future Fall Risk				
Medicare ID	Care Falls Rank	Is the patient qualified for this measure?	QPP Service Center Ticket Number	Was the patient screened for future fall risk at least once between January 1 and December 31, 2017?
81390572	482			
40049933	34			
63508760	614			
87609772	70			
94620925	433			
29315643	275			
66414558				
32837671	204			
81551521	216			

Care Falls Rank

Sort

Ascending Descending

By color: None

Filter

By color: None

Choose One

Search

- (Select All)
- 34
- 70
- 76
- 89
- 204
- 216
- 216

Clear Filter

Enter Beneficiary Data

Built-In Tips

Each cell contains tips that explain and clarify how to answer each question. Simply mouse over the cell, and a pop-up tip will appear.

Is the patient qualified for this measure?	QPP Service Center Ticket Number	Was the patient screened for future fall risk at least once between January 1 and December 31, 2017?
No - Other CMS approved reason		
No - Other CMS approved reason	29182381	<div style="border: 1px solid black; background-color: yellow; padding: 5px;"> Ticket Number Format QPP Service Center ticket numbers should be less than or equal to 10 characters. Ticket numbers can be formatted in the following ways: "INCxxxxxxx" "xxxxxxx" or "CSxxxxxxx" </div>

Drop-Down Answers

To both increase the speed of input, and limit the possibility for human error, we've created drop-down selections for each question. The drop-down shows all of the possible appropriate answers to a question. Simply select one of the answers provided. No answers outside of those listed in the drop-down will be accepted.

Care Falls Rank	Is the patient qualified for this measure?	QPP Service Center Ticket Number	Was the patient screened for future fall risk at least once between January 1 and December 31, 2017?	Care Falls Comments (optional)
462				
440				<div style="border: 1px solid black; background-color: white; padding: 5px;"> No No - Denominator Exception - Medical Reasons Yes N/A </div>
113				

Text-Input Answers

Some fields require you to type text into the input field. In these cases, the field will be limited to the appropriate number of characters required for the input field.

For example: QPP Service Center ticket numbers cannot be longer than 10 characters. If you input more than 10 characters, the Excel template will show an error message.

CARE-2: Screening for Future Fall Risk				
Care Falls Rank	Is the patient qualified for this measure?	QPP Service Center Ticket Number	Was the patient screened for future fall risk at least once between January 1 and December 31, 2017?	Care Falls Comments (optional)
1	Yes		Yes	
2	No - Other CMS approved reason	29182381	No - Denominator Exception - Medical Reasons	
3	No - Other CMS approved reason	929f99s9df912		
4				
5				
6				

Invalid Character Count

QPP Service Center ticket numbers should be less or equal to 10 characters. It should also only contain letters or numbers.

Conditional Inputs

Some input fields are not required until an answer to a previous question is chosen that requires that data.

For example: If you choose “No - Other CMS approved reason” for a patient confirmation question, you will be required to input a QPP Service Center ticket number (otherwise the ticket number is not required). In these cases, the conditional input fields are not activated and show in dark gray until they become required at which point they become active and white or blue.

Care Falls Rank	Is the patient qualified for this measure?	QPP Service Center Ticket Number	Was the patient screened for future fall risk at least once between January 1 and December 31, 2017?
462	No - Other CMS approved reason	1234567	
440	Yes		
113	Yes		
283	No - Other CMS approved reason		

Data Formats

You can input any date format you'd like, and the Excel template will automatically standardize the date into the correct MM/DD/YYYY format. This feature will help eliminate the biggest cause of upload errors from last year (incorrect date formats).

Patient Confirmation		
Is the patient eligible?	Disqualification Reason	Enter the date the patient became ineligible (MM/DD/YYYY)
Yes	Moved out of Country	02/20/2017
Yes	HMO Enrollment	August 20, 2017
Yes	Deceased	

→

Patient Confirmation		
Is the patient eligible?	Disqualification Reason	Enter the date the patient became ineligible (MM/DD/YYYY)
Yes	Moved out of Country	02/20/2017
Yes	HMO Enrollment	08/20/2017
Yes	Deceased	

Enter Intentionally Blank Data

Leaving a field blank means that when the user uploads the file, that data will NOT be overwritten, so what was previously in the system will stay in place.

If a user wants to intentionally overwrite the existing data with a blank, they need to select "N/A" for that field from the drop-down. Choosing "N/A" will intentionally overwrite any data that was previously put into the system for that field with a blank.

CARE-2: Screening for Future Fall Risk				
Care Falls Rank	Is the patient qualified for this measure?	OPP Service Center Ticket Number	Was the patient screened for future fall risk at least once between January 1 and December 31, 2017?	Care Falls Comments (optional)
1	Yes			
2	Yes			
3	No - Other CMS approved reason	2345687		
4	Yes			
5	Yes			
6	Yes			
7	Yes			

Update Demographic Beneficiary Data

You can edit the following beneficiary demographic data using the Excel template:

- Medical Record Number – you can record a number associated with your internal systems here, for easy medical record location. This field is not required
- Provider Name 1 – You can associate beneficiaries with providers, to more quickly locate their medical records internally. These fields are also not required.
- Provider Name 2
- Provider Name 3
- Clinic ID – You can associate beneficiaries with clinics in your organization, to more quickly track down their medical records internally. This field is not required.
- General Comment – You can use this field to track any additional notes on where the beneficiary's medical record can be found internally.

You can edit the following beneficiary demographic data, **ONLY** using the CMS Web Interface manually. You cannot edit this information through the Excel template. We do this to limit the difficulty of locating the patients after an incorrect change:

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

Upload Your Beneficiary Data

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

- Simply drag and drop your completed Excel template 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 to upload within your computer’s file system.

EXAMPLE MEDICAL ORGANIZATION

Report Data

50 Days left | 0/14 Measures complete

Download an Excel spreadsheet of your beneficiary sample

[DOWNLOAD](#)

[View Excel Instructions](#)

DRAG & DROP

Upload data in Excel

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

All_Beneficiaries_Data.xlsx

VIEW SAMPLES & ENTER DATA

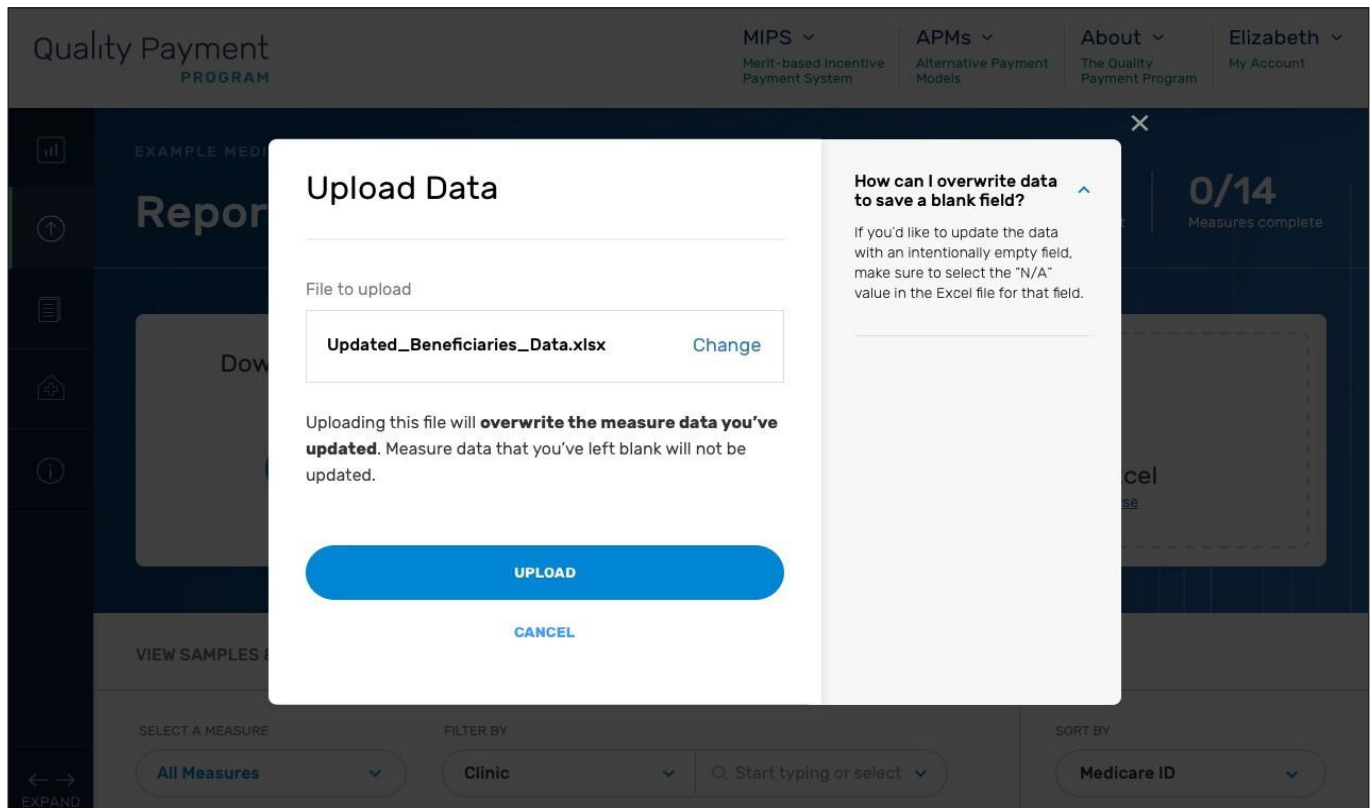
SELECT A MEASURE: [All Measures](#)

FILTER BY: [Clinic](#)

SORT BY: [Medicare ID](#)

EXPAND

Once you upload your file, you'll be notified that your data will be overwritten on approval. When you are ready to proceed, click "Ok."



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

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