

# Get Primed for Data Submission via the CMS Portal



**New England Quality Innovation Network-Quality Improvement Organization and  
Southern New England Practice Transformation Network**  
*January 11<sup>th</sup>, 2018*

# Disclaimer

*This information was prepared as a service to the public, and is not intended to grant rights or impose obligations. This information may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.*

# Overview

- EIDM Account Set-up
- CMS Portal Walkthrough
- Questions
- Resources

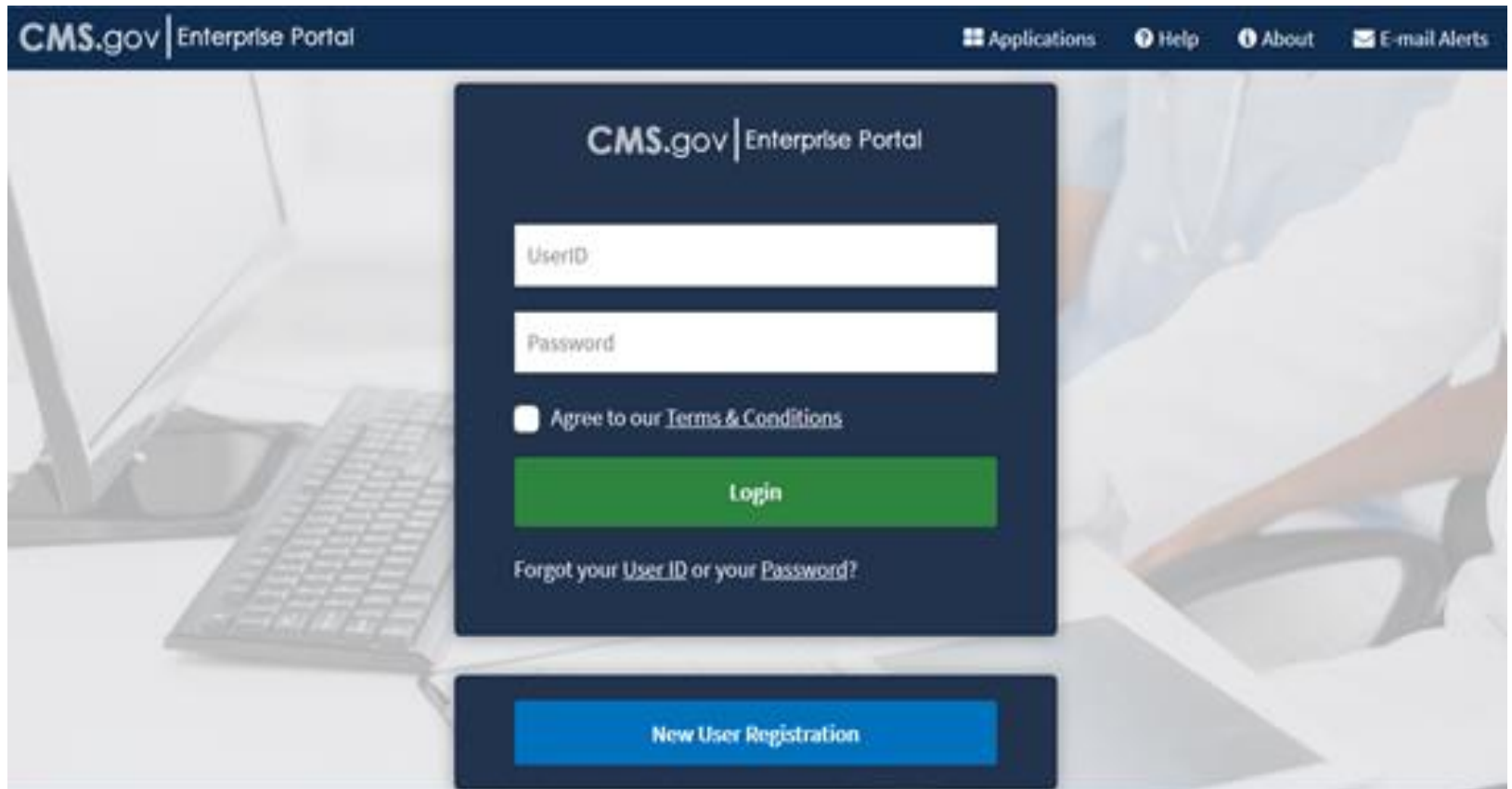
# What is an EIDM Account?

- EIDM or Enterprise Identity Data Management is the CMS data system used to submit and access QPP 2017 data
- If you have submitted for PQRS in past performance years, please note that the naming conventions for roles have remained the same for QPP submission

# Who needs an EIDM Account?

- Clinicians, groups, MIPS APMs, and certain Advanced APM participants that:
  - Will be submitting data directly to [qpp.cms.gov](http://qpp.cms.gov)
  - Have an EHR/Health IT vendor to submit their data to [qpp.cms.gov](http://qpp.cms.gov)
  - Want to view the data submitted on their behalf by a third party
- Qualified Clinical Data Registries (QCDR), Qualified Registries, and EHR/Health IT vendors that will be submitting data directly to [qpp.cms.gov](http://qpp.cms.gov) on behalf of their clients

# How to access an EIDM Account



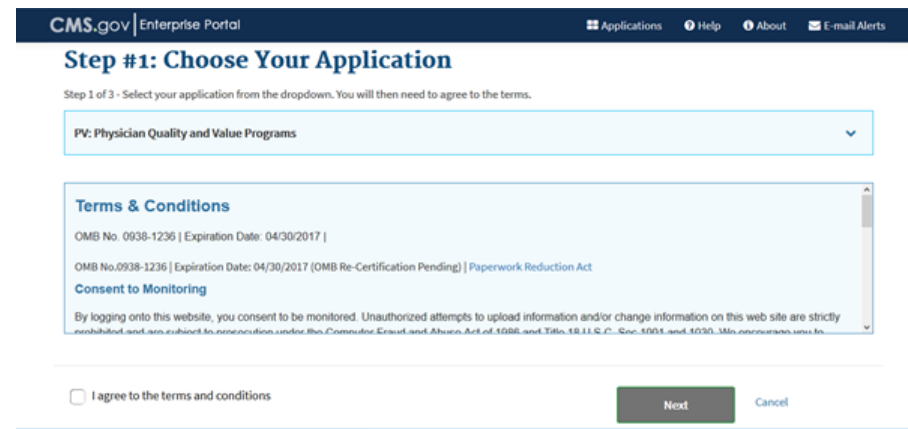
The image shows a screenshot of the CMS.gov Enterprise Portal login page. The page has a dark blue header with the CMS.gov logo and 'Enterprise Portal' text. On the right side of the header, there are links for 'Applications', 'Help', 'About', and 'E-mail Alerts'. The main content area is a dark blue box with a white background for the login form. It contains the following elements: 'CMS.gov | Enterprise Portal' text at the top, a 'UserID' input field, a 'Password' input field, a checkbox labeled 'Agree to our Terms & Conditions', a green 'Login' button, and a link for 'Forgot your UserID or your Password?'. Below the login form is a separate blue box with a white 'New User Registration' button. The background of the screenshot shows a blurred image of a person in a white lab coat sitting at a desk with a computer monitor and keyboard.

<https://portal.cms.gov/wps/portal/unauthportal/home/>

# What information is needed to create a new account?

1. Select **PV: Physician Quality and Value Programs**
2. Required information (may vary)
  - a. Medicare billing TIN
  - b. Legal Business Name
  - c. Clinician's Rendering NPI
  - d. Individual Provider Transaction Access Numbers (PTAN)
  - e. Address, City, State, Zip Code and Phone Number

## 3. [EIDM Account Guide](#)



The screenshot shows the 'Step #1: Choose Your Application' page on the CMS.gov Enterprise Portal. The page title is 'Step #1: Choose Your Application' and the subtitle is 'Step 1 of 3 - Select your application from the dropdown. You will then need to agree to the terms.' A dropdown menu is set to 'PV: Physician Quality and Value Programs'. Below this is a 'Terms & Conditions' section with the following text: 'OMB No. 0938-1236 | Expiration Date: 04/30/2017 | OMB No.0938-1236 | Expiration Date: 04/30/2017 (OMB Re-Certification Pending) | Paperwork Reduction Act Consent to Monitoring By logging onto this website, you consent to be monitored. Unauthorized attempts to upload information and/or change information on this web site are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C., Sec. 1030 and 1030A. Minors are prohibited from using this website.' At the bottom, there is a checkbox for 'I agree to the terms and conditions' and two buttons: 'Next' and 'Cancel'.

# How do I request a provider approver role?

- A ‘Provider Approver’ role is the first role that must be requested by an organization or individual practitioner

Who?	EIDM Role	EIDM Role Type	Functions
<p><b>Individual &amp; Solo Practitioners</b></p> <p>(1 clinician billing under the TIN)</p>	<p><b>Individual Practitioner</b></p>	<p>Provider Approver</p>	<ul style="list-style-type: none"> <li>• Approve “PQRS Submitter” role requests by EIDM account holders for the clinician (including EHR/Health IT Vendors reporting on behalf of the clinician)</li> <li>• Submit data on behalf of the clinician</li> <li>• View all data submitted by/on behalf of the clinician</li> </ul>
<p><b>Groups</b></p> <p>(2+ clinicians billing under the TIN)</p>	<p><b>Security Official</b></p>	<p>Provider Approver</p>	<ul style="list-style-type: none"> <li>• Approve “PQRS Submitter” or “Web Interface Submitter” role requests by EIDM account holders for their organization (including EHR/Health IT Vendors reporting on behalf of their TIN)</li> <li>• Submit any MIPS data on behalf of the group, either reporting as a group or for eligible clinicians reporting individually</li> <li>• View all data submitted by/on behalf of a group reporting as a group (TIN level)</li> <li>• View all data submitted by/on behalf of the clinicians in the practice reporting individually</li> </ul>



# Can additional provider roles be requested?

Who?	EIDM Role	EIDM Role Type	Functions
<b>Individual &amp; Solo Practitioners</b>  (1 clinician billing under the TIN)	<b>Individual Practitioner Representative</b>	PQRS Provider	<ul style="list-style-type: none"> <li>Submit any MIPS data on behalf of the clinician</li> <li>View all data submitted by/on behalf of the clinician</li> </ul>
<b>Groups</b>  (2+ clinicians billing under the TIN)	<b>PQRS Submitter</b>	PQRS Provider	<ul style="list-style-type: none"> <li>Submit any non-CMS Web Interface MIPS data on behalf of the practice, either as a group or for eligible clinicians reporting individually</li> <li>View all data submitted by/on behalf of the group</li> <li>View all data submitted by/on behalf of the clinicians in the practice reporting individually</li> </ul>
<b>Groups</b>  (2+ clinicians billing under the TIN)	<b>Web Interface Submitter</b>	PQRS Provider	<ul style="list-style-type: none"> <li>Submit CMS Web Interface MIPS data on behalf of the practice</li> <li>View all data submitted by/on behalf of the group</li> <li>View all data submitted by/on behalf of the clinicians in the practice reporting individually</li> </ul>

**Note:** A 'Provider Approver' role must exist before any of the above roles can be requested

# What should I be doing now?

- Determine if you already have an EIDM account
  - To confirm: call the QPP help desk (1-866-288-8292/TTY 877-715-6222) or email [qpp@cms.hhs.gov](mailto:qpp@cms.hhs.gov)
  - If your practice already has an account, confirm or designate the appropriate Provider Approver role
- If you do not have account, click [here](#) for a step-by-step account creation guide
- Submit QPP Performance 2017 data and/or monitor outside vendor submission through March 31, 2018



# CMS Portal Walkthrough

# CMS Portal Sign In

## Sign in to QPP

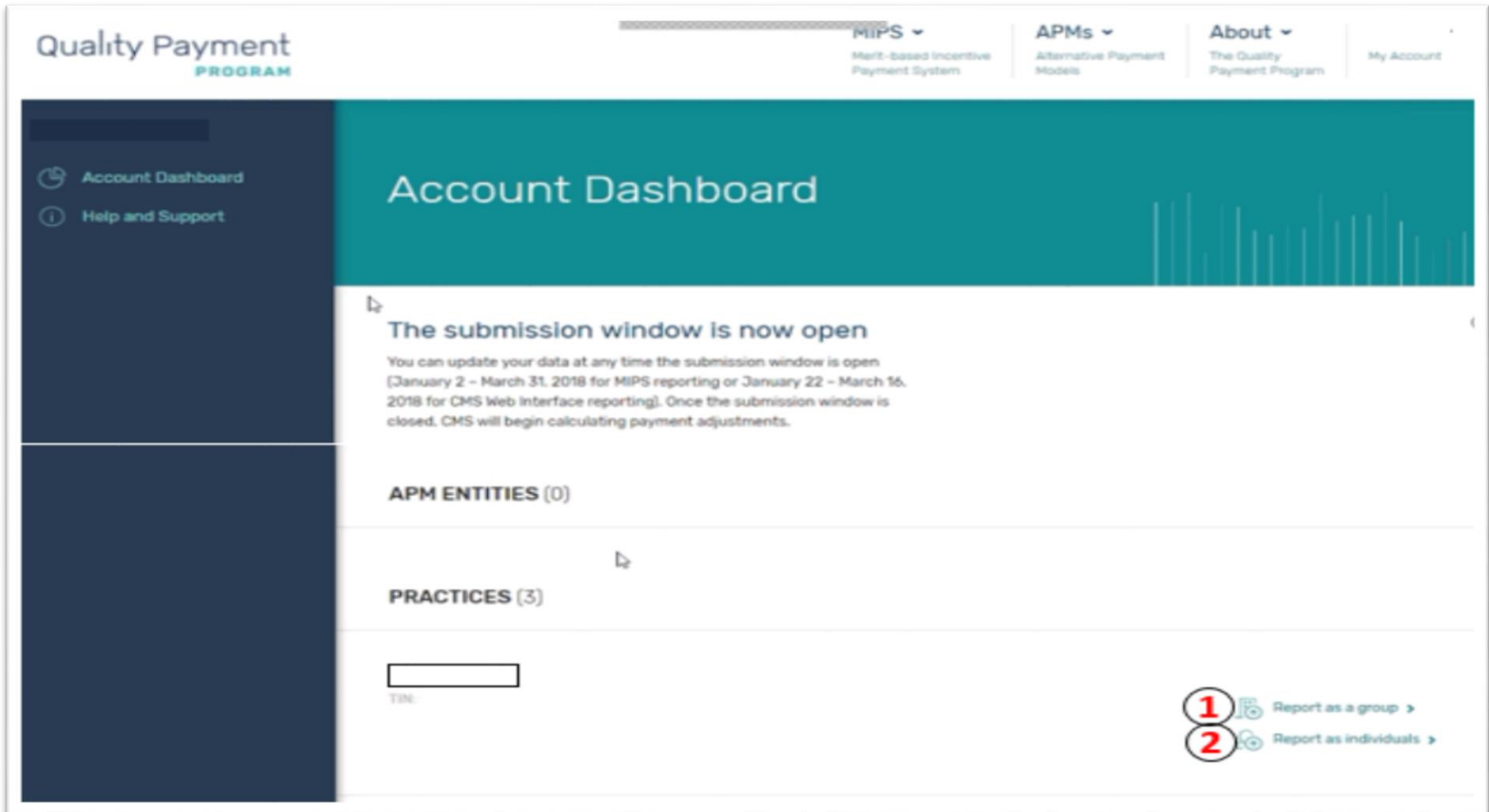
To sign in to QPP, you need to use your Enterprise Identity Management (EIDM) credentials, and you must have an appropriate user role associated with your organization.

You may have used these credentials in the past to login to the [CMS Enterprise Portal](#) and/or to submit data to the Physician Quality Reporting System (PQRS).

### ENTER EIDM USER ID

### ENTER EIDM PASSWORD

# CMS Portal Account Dashboard



The screenshot displays the 'Quality Payment PROGRAM' Account Dashboard. The top navigation bar includes links for 'MIPS' (Merit-based Incentive Payment System), 'APMs' (Alternative Payment Models), 'About' (The Quality Payment Program), and 'My Account'. A left sidebar contains 'Account Dashboard' and 'Help and Support'. The main content area features a teal header with the title 'Account Dashboard' and a bar chart. A central message states: 'The submission window is now open. You can update your data at any time the submission window is open (January 2 – March 31, 2018 for MIPS reporting or January 22 – March 16, 2018 for CMS Web Interface reporting). Once the submission window is closed, CMS will begin calculating payment adjustments.' Below this, there are sections for 'APM ENTITIES (0)' and 'PRACTICES (3)'. A 'TIN:' label is followed by an empty input box. In the bottom right corner, there are two numbered callouts: '1 Report as a group >' and '2 Report as individuals >'.

# Reporting as an Individual

The screenshot shows a web application interface for reporting. On the left is a dark sidebar with navigation options: 'Account Dashboard', 'LLC', 'TIN#', 'Connected Clinicians', and 'Group Reporting'. The main content area has a teal header with 'Account Dashboard > Practices >' and 'LLC'. Below this is the title 'Individual Reporting Dashboard'. A section titled 'Report data for clinicians as individuals' contains text about submission windows. Below that, it says '1 CONNECTED CLINICIANS'. A card for a clinician is shown with 'LLC' and '– Doctor of Podiatric Medicine'. A red box highlights a 'Choose a category' dropdown menu with three options: 'Quality Measures >', 'Advancing Care Information >', and 'Improvement Activities >'.

# Reporting as a Group

The screenshot shows a web application interface for group reporting. On the left is a dark sidebar with navigation options: 'Account Dashboard', 'TIN#', 'Connected Clinicians', and 'Group Reporting'. The main content area has a teal header with 'Group Reporting Dashboard' and a breadcrumb trail 'Account Dashboard > Practices >'. Below the header, the text reads 'Report data for the group' followed by instructions on submission windows. At the bottom, there are three white cards with teal buttons: 'Quality Measures', 'Advancing Care Information', and 'Improvement Activities', each with a 'START REPORTING' button.

Account Dashboard > Practices >

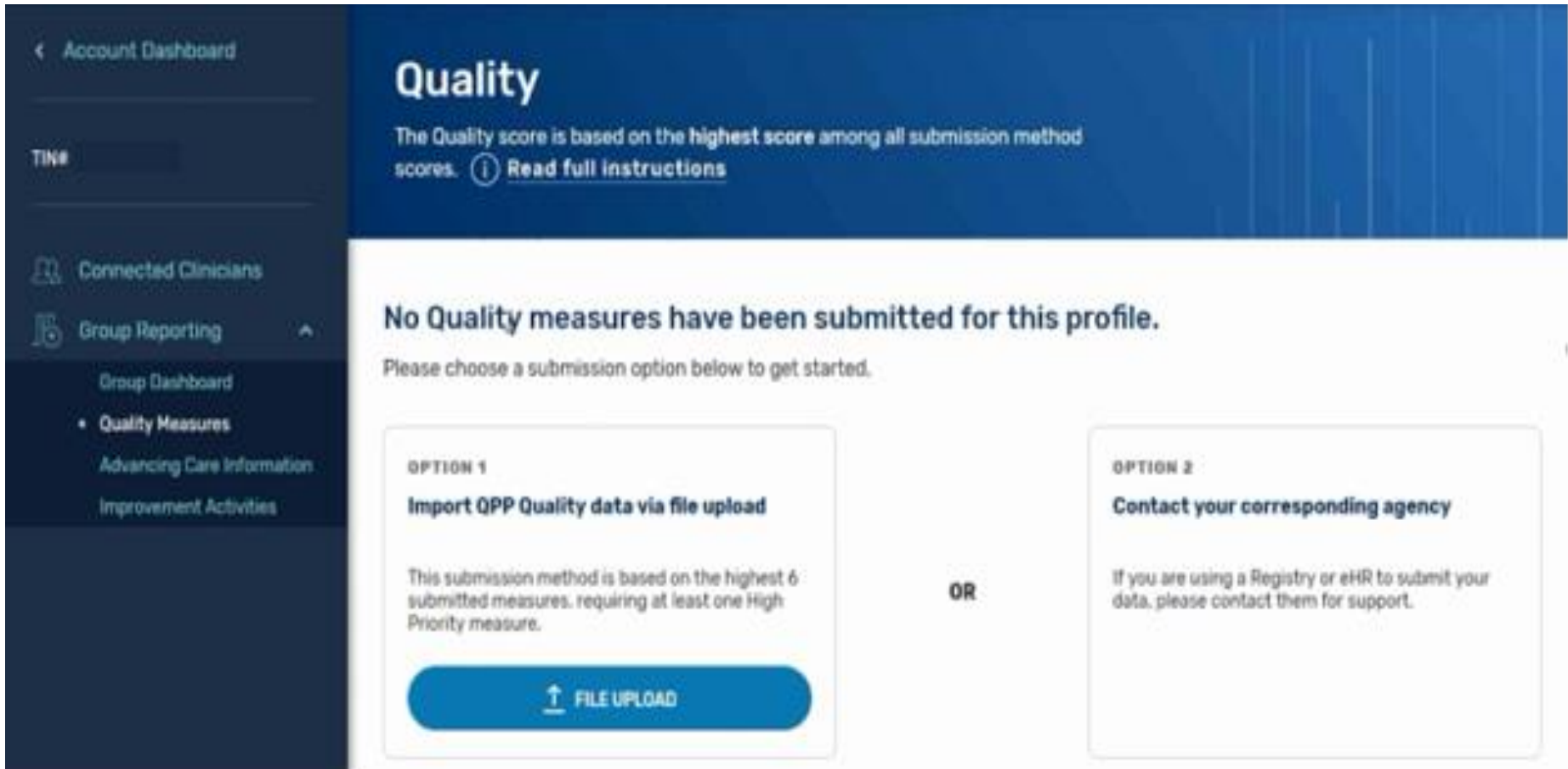
## Group Reporting Dashboard

### Report data for the group

You can update your data at any time the submission window is open (January 2 – March 31, 2018 for MIPS reporting or January 22 – March 16, 2018 for CMS Web Interface reporting). Once the submission window is closed, CMS will begin calculating payment adjustments.

Category	Action
Quality Measures	START REPORTING
Advancing Care Information	START REPORTING
Improvement Activities	START REPORTING

# Quality Data Submission



The screenshot shows a web application interface. On the left is a dark sidebar with navigation links: 'Account Dashboard', 'TIN#', 'Connected Clinicians', 'Group Reporting' (with a dropdown arrow), 'Group Dashboard', 'Quality Measures' (with a dropdown arrow), 'Advancing Care Information', and 'Improvement Activities'. The main content area has a blue header with the word 'Quality' in large white text. Below the header, a message states: 'The Quality score is based on the highest score among all submission method scores.' followed by a link 'Read full instructions'. The main content area is white and contains the message: 'No Quality measures have been submitted for this profile. Please choose a submission option below to get started.' There are two options presented in rounded rectangular boxes. Option 1 is 'Import QPP Quality data via file upload' and includes a 'FILE UPLOAD' button with an upward arrow icon. Option 2 is 'Contact your corresponding agency' and includes text: 'If you are using a Registry or eHR to submit your data, please contact them for support.' The word 'OR' is centered between the two options.

[Account Dashboard](#)

## Quality

The Quality score is based on the highest score among all submission method scores. [Read full instructions](#)

**No Quality measures have been submitted for this profile.**

Please choose a submission option below to get started.

**OPTION 1**

**Import QPP Quality data via file upload**

This submission method is based on the highest 6 submitted measures, requiring at least one High Priority measure.

[FILE UPLOAD](#)

**OPTION 2**

**Contact your corresponding agency**

If you are using a Registry or eHR to submit your data, please contact them for support.

OR



# Quality Data Submission

The screenshot displays a dashboard for Quality Data Submission. On the left is a dark sidebar with navigation options: Account Dashboard, TIN#, Connected Clinicians, Group Reporting (with a sub-menu for Group Dashboard, Quality Measures, Advancing Care Information, and Improvement Activities), and Improvement Activities. The main content area has a blue header with the title 'Quality' and a sub-header explaining that the score is based on the highest score among all submission methods. It includes a 'Read full instructions' link, a 'FILE UPLOAD' button, and a 'DELETE CATEGORY DATA' button. Below this is a section titled 'Scores By Submission Method' which shows 'Your highest score is: EHR' with a circular gauge displaying '60 OUT OF 60'. At the bottom, an 'EHR Submission Summary' section features a star icon and the text 'MAXIMUM 60 QUALITY POINTS ACHIEVED!' followed by a note that the submission achieved a performance score higher than the 40 points allowed, with a maximum possible score of 60.

# Quality Data Submission

Measures that count toward Quality Performance Score (6)			
Your Measure Score includes both performance points and bonus points.			
Measure Name	Performance Rate	Measure Score	Download Specifications
<a href="#">EXPAND ALL</a> ▶ Anti-Depressant Medication Management <small>Measure ID: 009</small>	93.66%	11.0	
▶ Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care <small>Measure ID: 011</small>	95.47%	11.0	
▶ Preventive Care and Screening: Influenza Immunization <small>Measure ID: 111</small>	84.21%	10.0	
▶ Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery <small>Measure ID: 191</small>	99.15%	8.9	

# Quality Data Submission

Account Dashboard

TIN#

Connected Clinicians

Group Reporting

Group Dashboard

Quality Measures

Advancing Care Information

Improvement Activities

### Measures that count toward Quality Performance Score (6)

Your Measure Score includes both performance points and bonus points.

Measure Name	Performance Rate	Measure Score	Download Specifications
<b>Anti-Depressant Medication Management</b> <small>Measure ID: 009</small>	93.66%	11.0	

#### BENCHMARK DATA

Lowest Benchmark: 6%      Highest Benchmark: 83.34%

1.52%      50%

93.66% | Decile 10

#### PERFORMANCE POINTS

Points from Benchmark Decile: 10.0

Partial Points: ---

#### BONUS POINTS

High Priority Outcome or Patient Experience: ---

Other High Priority: ---

End-to-End Reporting: 1.0

---

**Measure Score: 11.0**

# Advancing Care Information Attestation

The screenshot shows the 'Advancing Care Information' section of a web application. It includes a sidebar with navigation options like 'Account Dashboard', 'Connected Clinicians', and 'Group Reporting'. The main content area is titled 'Advancing Care Information' and contains instructions for users to review and submit data. A 'FILE UPLOAD' button is visible in the top right. Below the instructions, there are sections for 'Attestation' and 'CHOOSE THE CORRECT ADVANCING CARE INFORMATION MEASURE SET'. A search box is provided for identifying electronic health record technology versions. At the bottom, there are three buttons for selecting a measure set: '2017 ADVANCING CARE INFORMATION TRANSITION MEASURES', 'ADVANCING CARE INFORMATION MEASURES', and 'COMBINATION OF BOTH MEASURE SETS'.

**Start by selecting your performance period:**

MM/DD/YYYY To MM/DD/YYYY

**Need help identifying your electronic health record technology version?**

Search by Developer, Product, or ACB/CHPL ID

SEARCH

**Select Measure Set:**

2017 ADVANCING CARE INFORMATION TRANSITION MEASURES

ADVANCING CARE INFORMATION MEASURES

COMBINATION OF BOTH MEASURE SETS

# Advancing Care Information

The screenshot displays the '2017 Advancing Care Information Transition Measures' dashboard. At the top, a pink banner shows the 'ADVANCING CARE INFORMATION SCORE: 0 / 100'. Below this, a dark blue header reads '2017 Advancing Care Information Transition Measures'. A section titled 'REQUIRED FOR BASE SCORE' contains the 'e-Prescribing' measure. The description for e-Prescribing states: 'At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.' The identifier 'ACL\_TRANS\_EP\_1' is shown. To the right, the 'Numerator' and 'Denominator' are both 0. The 'PERFORMANCE SCORE' is 'N/A'. Below the e-Prescribing section is an 'e-PRESCRIBING EXCLUSION' checkbox, which is currently unchecked. The 'Security Risk Analysis' measure is partially visible below, with a 'Yes' button selected.

ADVANCING CARE INFORMATION SCORE: 0 / 100

2017 Advancing Care Information Transition Measures

REQUIRED FOR BASE SCORE

**e-Prescribing**

At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.

ACL\_TRANS\_EP\_1

PERFORMANCE SCORE: N/A

Numerator: 0

Denominator: 0

e-PRESCRIBING EXCLUSION

**Security Risk Analysis**

Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified EHR technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.

Yes

No

# Advancing Care Information

The screenshot displays the '2017 Advancing Care Information Transition Measures' dashboard. At the top, a pink banner shows the overall score: **ADVANCING CARE INFORMATION SCORE: 82 / 100**. Below this, a dark blue header reads **2017 Advancing Care Information Transition Measures**. A section titled **OPTIONAL PERFORMANCE MEASURES** contains two items:

- Patient-Specific Education**: The description states that MIPS-eligible clinicians must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide access to at least one unique patient. The performance score is **0 / 10**. The numerator is **0** and the denominator is **0**.
- Secure Messaging**: The description states that for at least one unique patient, a secure message was sent using the electronic messaging function of CEHRT. The performance score is **0 / 10**. The numerator is **0** and the denominator is **0**.

Red arrows in the image point to the overall score, the '2017 Advancing Care Information Transition Measures' header, the 'Patient-Specific Education' title, and the '0 / 10' performance score for Patient-Specific Education.

# Advancing Care Information

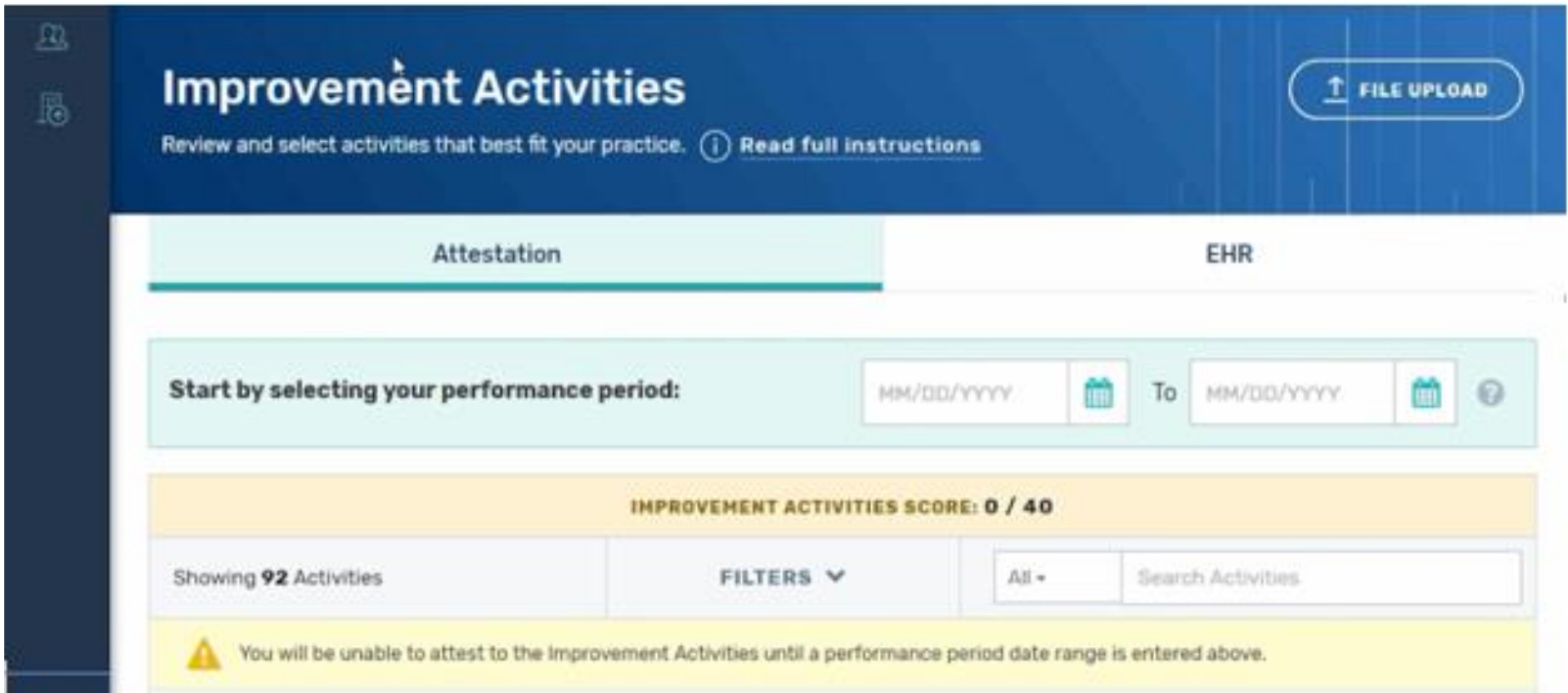
The screenshot displays a dashboard for Advancing Care Information. At the top, a red arrow points to the header "ADVANCING CARE INFORMATION SCORE: 100 / 100" and a "Category Success" indicator. Below this, the section "2017 Advancing Care Information Transition Measures" is shown. It includes two sub-sections: "OPTIONAL PERFORMANCE MEASURES" and "ADDITIONAL REGISTRY BONUS".

The first measure is "Syndromic Surveillance Reporting". The description states: "The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data. Earn a 5 % bonus in the advancing care information performance category score for submitting to one or more public health or clinical data registries." The ID is "ACL\_TRANS\_PHCDRR\_2". A red arrow points to the "BONUS SCORE: 5 / 5" and a green checkmark icon.

The second measure is "Specialized Registry Reporting". The description states: "The MIPS eligible clinician is in active engagement to submit data to specialized registry. Earn a 5 % bonus in the advancing care information performance category score for submitting to one or more public health or clinical data registries." The ID is "ACL\_TRANS\_PHCDRR\_3". A red arrow points to the "BONUS SCORE: N/A" and a green checkmark icon.

The third section is "ADVANCING CARE INFORMATION IMPROVEMENT ACTIVITIES BONUS". The first measure is "CEHRT Used". The description states: "I attest that I have submitted an eligible Improvement Activity using Certified Electronic Health Record Technology (CEHRT)." The ID is "ACL\_IACEHRT\_1". A red arrow points to the "BONUS SCORE: 10 / 10" and a green checkmark icon.

# Improvement Activity Submission



The screenshot shows a web interface for submitting improvement activities. At the top, there is a dark blue header with the title "Improvement Activities" and a "FILE UPLOAD" button. Below the header, there are two tabs: "Attestation" (selected) and "EHR". A light blue box prompts the user to "Start by selecting your performance period:" with two date input fields (MM/DD/YYYY) and calendar icons. Below this, a yellow banner displays "IMPROVEMENT ACTIVITIES SCORE: 0 / 40". A white box shows "Showing 92 Activities", a "FILTERS" dropdown, and a search bar with "All" and "Search Activities" options. A yellow warning banner at the bottom states: "You will be unable to attest to the Improvement Activities until a performance period date range is entered above."



# Improvement Activity Submission

The screenshot shows a web interface for submitting improvement activities. At the top, a yellow banner displays "IMPROVEMENT ACTIVITIES SCORE: 0 / 40" with a red arrow pointing to it. Below this, a navigation bar shows "Showing 92 Activities", "FILTERS" with a dropdown arrow, and a search box containing "All" and "Search Activities". A dark blue header bar indicates "ACHIEVING HEALTH EQUITY 0 / 4" with a red arrow pointing to the "0 / 4" score. The main content area lists two activities:

- Engagement of new Medicaid patients and follow-up** (with a red arrow pointing to the title):  
Description: Seeing new and follow-up Medicaid patients in a timely manner, including individuals dually eligible for Medicaid and Medicare.  
ID: IA\_AHE\_1  
Status: HIGH +20 (with a red arrow pointing to the status box)  
Response: Yes (in a circular button)
- Leveraging a QCDR for use of standard questionnaires** (with a red arrow pointing to the title):  
Description: Participation in a QCDR, demonstrating performance of activities for use of standard questionnaires for assessing improvements in health disparities related to functional health status (e.g., use of Seattle Angina Questionnaire, MD Anderson Symptom Inventory, and/or SF-12/VR-12 functional health status assessment).  
ID: IA\_AHE\_4  
Status: MEDIUM +10 (with a red arrow pointing to the status box)  
Response: Yes (in a circular button)

# Data Submission Report Upload

**Upload Submission Data**

**Warning:** This upload tool accepts properly formatted QPP Format and QRDA-3 files. Any files submitted are received and calculated immediately. **The most recent file uploaded has the potential of clearing out previously submitted data.**

Drag & Drop  
Your .xml or .json file here or [browse](#)

FILENAME	SIZE	STATUS	ACTION
No files selected			

EXPORT FILE MESSAGES    UPLOAD ALL    REMOVE ALL

CLOSE

# Questions?



# Resources

- **New England QIN-QIO MACRA website:**  
<http://neqpp.org/>
  - **Ask A Question:**  
<http://neqpp.org/ask-question/>
- **Southern New England PTN website:**  
<https://www.sneptn.org/>
- **CMS Quality Payment Program website:**  
<https://qpp.cms.gov/>

# Contact Information



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**About us**

The New England Quality Payment Program (QPP) Support Center helps clinicians across New England with the Quality Payment Program. We offer no-cost technical assistance and personalized support, educational events and resources to help clinicians and their practices successfully navigate the Quality Payment Program.

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New England QPP Support Center  
Published by Nancy England Kelly (1) · 4 hrs · 0

Visit the New England QPP Support Center website to access a robust resource library to help you successfully participate in the Quality Payment Program #QPP <http://bit.ly/2vJk6W6>

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- How to Create Effective Posts Short, visual posts created for the right audience are more successful.
- Try Posting a Short Video Video help engage people in News Feed and on your Page.

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@NewEnglandQI

We are proud to support New England based physicians and other eligible clinical practices to prepare for and participate in the new Quality Payment Program.

Tweets 95 Following 659 Followers 66 Likes 531

**Tweets Tweets & replies Media**

New England QI Retweeted **CMSGov** @CMSGov · Dec 1  
The #MIPS data validation criteria now includes ACI measures! Download from the #QPP resources page: [go.cms.gov/2xt5l2P](http://go.cms.gov/2xt5l2P) #MACRA