

# Navigating the QPP Submission Site

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Quality Payment Program of Illinois  
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# Quality Payment Program of Illinois

Visit our website at <https://www.qppresourcecenter.org>! We will help you navigate the complexities of the new CMS payment models so you can focus on what you do best – taking extraordinary care of your patients.

When you sign up for the QPP Resource Center®, you get access to resources that help you learn about program requirements, establish your baseline, and plan to meet your participation goals. Resource Center users also get access to our free MIPScast® tool for monitoring progress and submitting to CMS on your behalf.



Northern Illinois  
University



Northwestern  
University





*This material was prepared by the QPP Resource Center®, the Quality Payment Program for the Midwest, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not constitute legal advice and do not necessarily reflect CMS policy.*



# Agenda

- About the QPP Website
- Sign-In and Navigation Menu
- Navigation:
  - Manage Access
  - Performance Feedback
  - Eligibility & Reporting
- MIPS Submission:
  - Quality
  - Promoting Interoperability
  - Improvement Activities
- Additional Features
- Resources and Q&A

# About the QPP Website

# About the QPP Website

- Accessible at <https://qpp.cms.gov> with HARP username/password
- Create HARP account at <https://harp.qualitynet.org/register/profile-info>
- Sign in with HARP then connect to practice(s) or clinician(s)
- After establishing connection, users can:
  - View eligibility details
  - Submit/review performance data for current program year
  - View/download performance feedback from prior program years
  - Submit exception applications
  - Manage targeted reviews
  - View/download other reports

# User Considerations

- There is no “submit” or “save” button
- Data is automatically finalized on 3/31/21 at 8pm ET
- Data can be entered/uploaded from multiple collection types
- Displays data submitted on your behalf (EHR, registry)
- Preliminary scores immediately available
- Final scores and payment adjustment results available later in 2021

# Sign-In and Navigation Menu



# QPP Home Page

- Visit <https://qpp.cms.gov>
- Click either “Sign In”

Quality Payment PROGRAM

About ▾  
The Quality Payment Program

MIPS ▾  
Merit-based Incentive Payment System

APMs ▾  
Alternative Payment Models

Resources ▾  
Help, Support and Resources

**Sign In**  
Manage Account and Register

**UPDATED** [Quality Payment Program's response to COVID-19 \(12/21/2020\)](#)

PERFORMANCE YEAR 2020

## Submission Window Is Open

You can now sign in to submit your data for PY 2020. You can submit and update your data any time until March 31, 2021 at 8 p.m. ET when the submission window closes.

**Sign In** >

# QPP Sign In Page

- Enter HARP User ID and Password
- Click the box to agree to the statement of truth
- Click the Sign in button

The screenshot shows the QPP Sign In Page. At the top, there are two buttons: "SIGN IN" and "REGISTER". The main heading is "Sign in to QPP". Below this, there are two input fields: "USER ID" with the value "samuelmross" and "PASSWORD" with masked characters. A "Show password" checkbox is present below the password field. Below the password field, there is a link: "Forgot your user id or password? [Recover ID or reset password](#)". Underneath is the "STATEMENT OF TRUTH" section, which contains a paragraph of text and a checked checkbox labeled "Yes, I agree". At the bottom, there is a blue "Sign in" button with a right arrow, and a link "Don't have an account? [Register](#)". Red circles highlight the "USER ID" field, the "PASSWORD" field, the "Yes, I agree" checkbox, and the "Sign in" button.

# Verify One-Time Code

- Select device registered with account and click “Send Code”

Select a device to verify your account.

SMS: +1 XXX-XXX-4012 

**Send Code** 

- Retrieve the code, enter into the text box, and click the “Verify” button

**ENTER CODE**

023396

[Change verification settings](#) 

**Verify** 

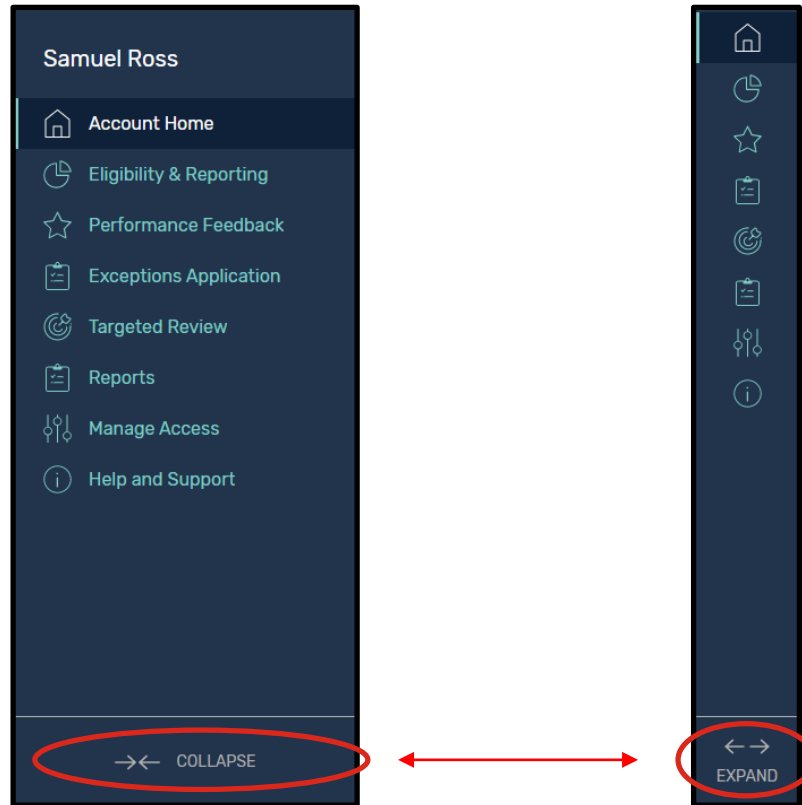
# Navigation Menu: Account Home

- Navigation menu displays on left
- If you haven't connected to a practice or clinician, only "Manage Access," "Exceptions Application" and "Help and Support" will be available

The screenshot shows a user interface for Samuel Ross. On the left is a dark blue navigation menu with the following items: Account Home (highlighted with a red bracket), Eligibility & Reporting, Performance Feedback, Exceptions Application, Targeted Review, Reports, Manage Access, and Help and Support. The main content area has a dark blue header with the text "Welcome back Samuel Ross!". Below this is a progress bar with two markers: a checked circle on the left and an unchecked circle on the right. Under the checked circle is the text "Jan 4, 2021 Submission Window is open". Under the unchecked circle is the text "Mar 31, 2021 Last Day to submit 2020 data". Below the progress bar is a white card with a clock icon and the text "Performance Year (PY) 2020 Submission Re is Now Open". At the bottom of the card is the text "You are now able to start your reporting for the PY 2020 submission year."

# Navigation Menu: Collapse/Expand

- For more screen space, click “Collapse” in lower left
- To see full navigation menu again, click “Expand”



# Navigation: Manage Access

# Manage Access

- Click “Manage Access”
- Click “Connect to an(other) organization” if applicable
- Each connected practice shows TIN, address and your role
- Security Official can view other authorized users

The screenshot displays the 'Manage Access' web interface. On the left is a dark sidebar with a user profile for 'Samuel Ross' and a list of navigation items: Account Home, Eligibility & Reporting, Performance Feedback, Exceptions Application, Targeted Review, Reports, **Manage Access** (circled in red), Registry/QCDR Self-Nomination, and Help and Support. The main content area has a blue header with 'Account Home /' and 'Manage Access'. Below this is a section titled 'Connected Practices' with a link 'Connect to another organization' (circled in red) and a sub-header '4 Practices'. The first practice listed is 'CLINIC LTD' with a redacted TIN and address 'CHICAGO, IL 60623-3501'. Below the practice name, it shows '1 connected user' and a 'View users' link (circled in red). On the right side of the interface, there are three status indicators: 'CMS WEB INTERFACE AND CAHPS', 'CMS Web Interface Not Registered', and 'CAHPS Survey Not Registered'. At the bottom right, a box labeled 'YOUR ROLE' shows 'Security Official' (circled in red).

# Connect to Organization

- For practices:
  - Search by TIN/legal business name
  - Select desired role
  - First Security Official must confirm with two clinician NPI/PTAN
- For clinicians, confirm with NPI/SSN/PTAN

**Connect to Organization**

Step 1 of 3

Select Organization Type

**Practice**  
A representative of a single TIN can request a practice role. The first Security Official will need to provide the PTAN and NPI of a single clinician that is part of that practice.

**Individual Clinician**  
A clinician (not a representative or third party) with NPI, SSN and PTAN information for one participating practice (TIN) can request an individual clinician role. With this role, clinicians can review their performance feedback for all their associated practices, virtual groups and APM entities that participated in MIPS. Clinicians cannot manage additional users or view data for any other clinicians.

**Connect to Organization**

Step 2 of 4

**Find Practices**

Search for a practice by using the practice's 9-digit TIN or legal business name (e.g. 000456789 or ACME Clinic)

**Find Practice** Remove

Search by TIN or legal business name

+ ADD ANOTHER PRACTICE

BACK CONTINUE

**Connect to Organization**

Step 3 of 4

**Select Roles**

Select the role of Staff User or Security Official for each organization.

[Learn more about roles.](#)

M.D., S.C.

**Select Role** Remove

Select

BACK SUBMIT



# Connect to Organization

- If no existing Security Official, connection will be applied within minutes
- If Security Official exists, request will be pending and must be approved

The screenshot displays a user interface for 'Manage Access'. On the left is a dark sidebar with a navigation menu for Samuel Ross, including options like 'Account Home', 'Eligibility & Reporting', 'Performance Feedback', 'Exceptions Application', 'Targeted Review', 'Reports', 'Manage Access' (highlighted), 'Registry/QCDR Self-Nomination', and 'Help and Support'. The main content area has a blue header with 'Account Home /' and 'Manage Access'. Below this is a section titled 'Pending Requests' containing a card for 'Samuel Ross (You)'. The card shows a redacted name, 'M.D., S.C.', and the role 'Security Official'. A red warning icon and text state 'Waiting for approval from current Security Official(s)'. Below the pending requests is a 'Connected Practices' section with a link to 'Connect to another organization' and a note '4 Practices'. One practice is listed as 'CLINIC LTD' with a redacted name, TIN: 363 [redacted] [redacted] CHICAGO, IL 60623-3501.

# Navigation: Performance Feedback

# Performance Feedback

- Click “Performance Feedback”
- Select performance year and click “View Practice Details”

The screenshot shows a web application interface for 'Performance Feedback'. On the left is a dark blue sidebar with a user profile 'Samuel Ross' and a list of navigation items: 'Account Home', 'Eligibility & Reporting', 'Performance Feedback' (highlighted with a red circle), 'Exceptions Application', 'Targeted Review', 'Reports', 'Manage Access', and 'Help and Support'. The main content area has a blue header with 'Performance Feedback' and 'Performance Year (PY) 2019'. Below this is a dropdown menu for 'Performance Year' with options for 2019, 2018, and 2017 (the 2019 option is highlighted with a red circle). Underneath is a 'Practices' section with a search box and a list of practices. One practice, 'CLINIC LTD', is visible with its TIN and address. A teal button labeled 'VIEW PRACTICE DETAILS' is circled in red.

# Practice Details

[redacted] LTD  
TIN: 36[redacted] | [redacted], GLENVIEW, IL 600254736

VIEW PRACTICE FEEDBACK

All clinicians in this group scored higher than the group Final Score, therefore, there will not be a group Final Score. Each clinician will receive their own Final Score.

### Connected Clinicians

Select one of the clinicians below to view their performance details.

Filter: All Clinicians (1) Search: Search by full or partial NPI

Showing 1 - 1 of 1 Clinician Download Data (Page 1)

S[redacted] T[redacted] at [redacted] LTD  
NPI: 15[redacted]

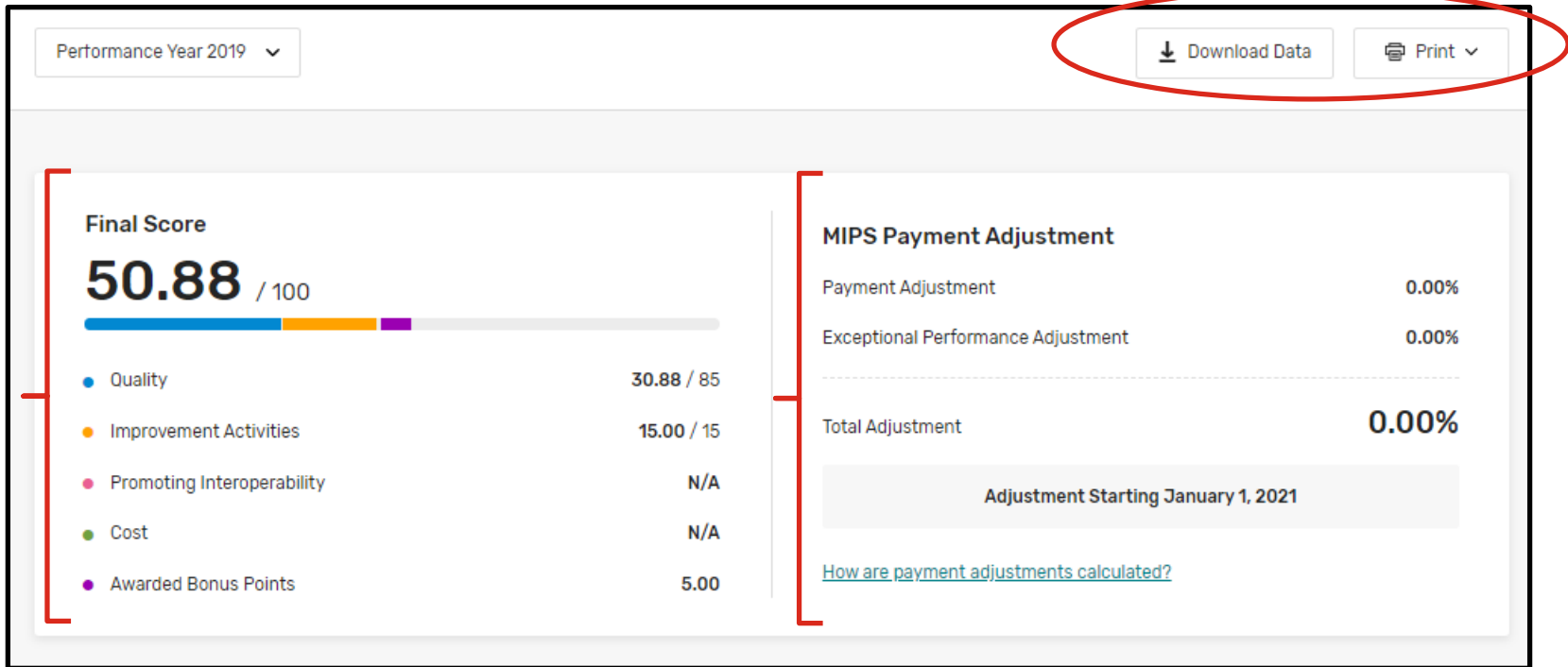
VIEW INDIVIDUAL FEEDBACK

Final Score	Total Payment Adjustment	Payment Adjustment Date
50.88 out of 100	0.00%	Jan. 1, 2021

- Practice info, final score, and payment adjustment (if applicable) at top
- Clinician info, payment adjustment and score at bottom
- Click “View Practice Feedback” or “View Individual Feedback”

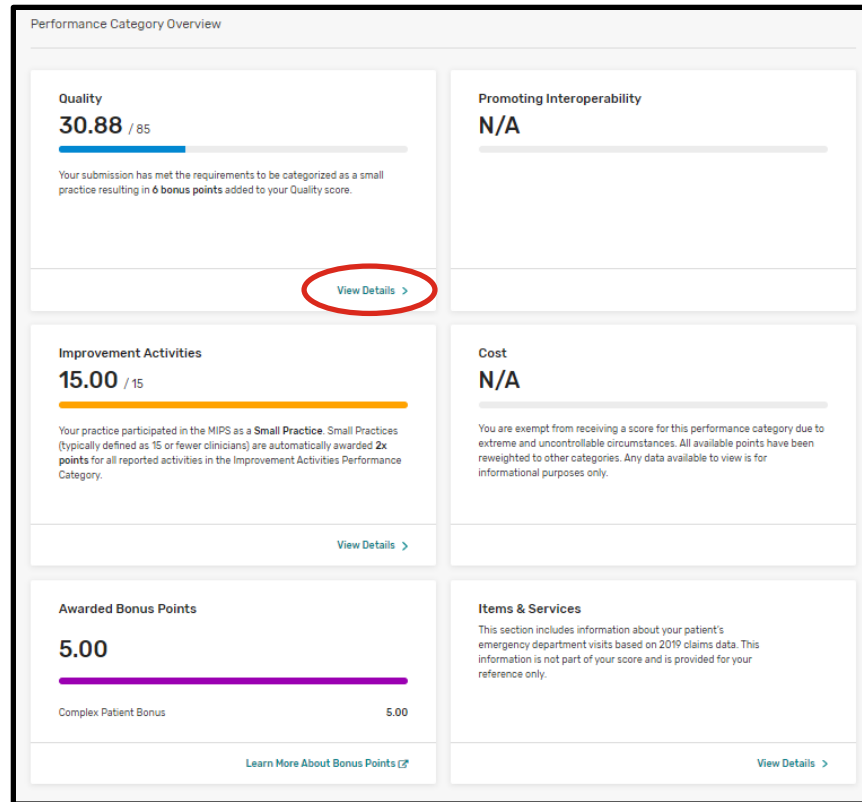
# Practice/Individual Feedback

- Final Score and performance category scores display at left
- Payment adjustment info displays at right
- Download or print data



# Practice/Individual Feedback

- Scroll down for performance category overview
- Click “View Details” for applicable categories



# Category Details Example: Quality

- Displays all submitted measures, whether counted towards category, and performance rate and measure score
- Displays category score calculation

Submitted Measures

Measures that count toward Quality Performance Score

Your Measure Score includes both performance points and bonus points.

Measure Name	Performance Rate	Measure Score
<b>Diabetes: Eye Exam</b> Measure ID: 117   Topped Out Measure	91.86%	3.79
<b>Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation</b> Measure ID: 012   Topped Out Measure	78.46%	3.00

Category Score	Category Weight	Total Contribution to Final Score
<b>15.79</b> Points from Quality measures that count towards Quality score	<b>+</b>	<b>6.00</b> Bonus points, includes 6 points for small practice bonus
<hr/>		<b>x 85 =</b>
<b>60</b> Maximum number of points (# of required measures x 10)		<b>30.88</b> out of 85

# Navigation: Eligibility & Reporting



# Eligibility & Reporting

- Click “Eligibility & Reporting”
- Review practice eligibility details or click “View clinician eligibility”
- Click “Report as Group” or “Report as Individuals”

The screenshot shows a user interface for 'Practices'. On the left is a dark sidebar with navigation options: Account Home, Eligibility & Reporting (circled in red), Performance Feedback, Exceptions Application, Targeted Review, Reports, Manage Access, and Help and Support. The main content area is titled 'Practices' and features a search bar with the text 'Search by practice name' and a magnifying glass icon. Below the search bar, it says '4 Practices | Download' with a dropdown arrow. A practice entry for 'CLINIC LTD' is shown with a red bracket on the left side of its details. The details include: 'CLINIC LTD', 'CHICAGO, IL 60623-3501', 'MIPS EXEMPT Opt-in eligible', 'Exceeds Low Volume Threshold: No', 'Medicare Patients at this practice: 61', 'Allowed Charges at this practice: 21,843', 'Covered Services at this practice: 244', and 'Special Statuses, Exceptions and Other Reporting Factors: Health Professional Shortage Area (HPSA), Small practice, Facility-based'. On the right side of the practice entry, there are three buttons: 'REPORT AS GROUP' (circled in red), 'REPORT AS INDIVIDUALS' (circled in red), and 'View clinician eligibility' (circled in red).

# Eligibility & Reporting

- If reporting as individuals, click “Report as Individual” next to clinician
- Reporting Overview page will display preliminary score (blank unless you or third parties have submitted data)

Reporting Overview

Performance Year 2020

Print

### Start reporting

UPLOAD A FILE

You can start reporting by uploading properly formatted OPP JSON and QRDA III files that can contain Quality measures, and/or Promoting Interoperability measures, and/or Improvement Activities. You can also scroll down and report for each category separately.

Remember: These files will be calculated immediately and the page below will update with your preliminary scoring information.

All changes are saved automatically.

**Preliminary Total Score**

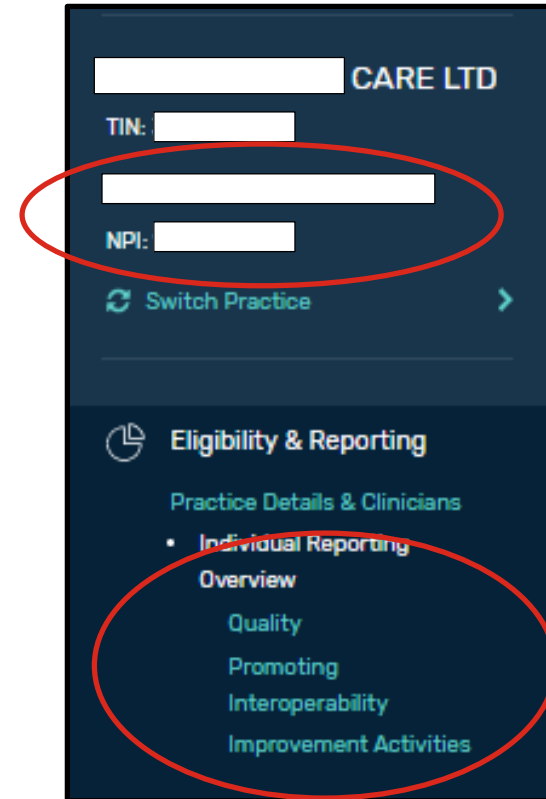
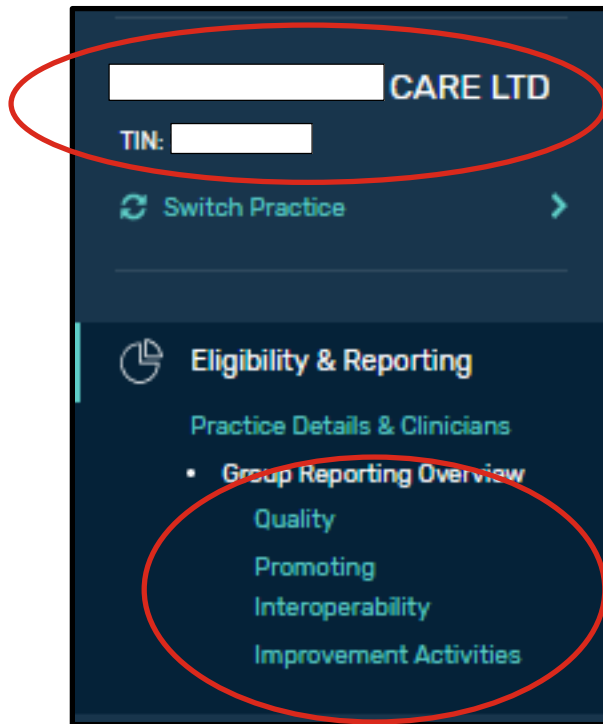
-- / 100

Your Final Score won't be available until Summer 2021.

Quality	-- / 70
Promoting Interoperability	N/A
Improvement Activities	-- / 15
Cost	-- / 15

# Navigation Menu – Group vs Individual

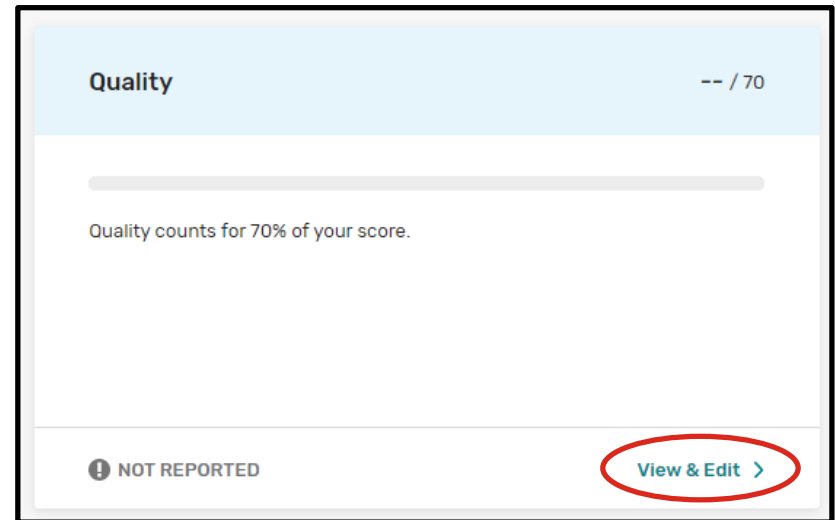
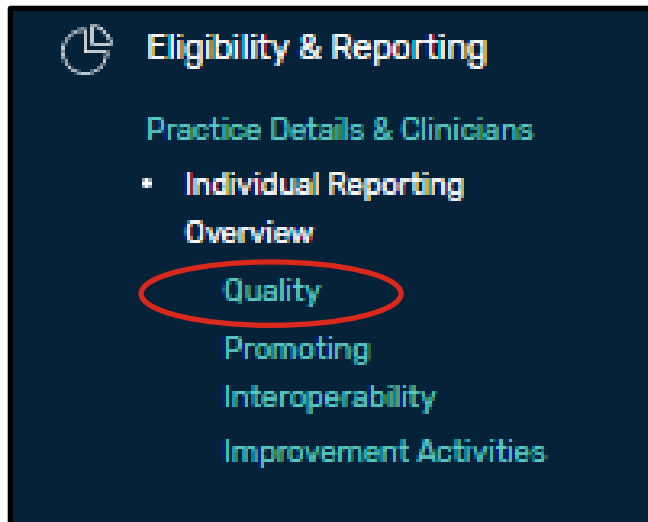
- Navigation menu shows practice and/or clinician info
- Access reporting module for each MIPS category from the menu



# MIPS Reporting: Quality

# Quality

- Data must be populated from claims, file upload, CEHRT or registry
- Click “Quality” in navigation menu or “View & Edit” from reporting overview



# Submit Measures

- If self reporting, Click “Upload File(s)”
- Accepts properly formatted QPP JSON and QRDA III files
- Drag and drop file or click “browse” to find file, then click “Upload”

No Quality measures have been submitted for this profile.

Please choose a submission option below to get started.

**OPTION 1**  
**Manually Upload Data**

Submit OPP Quality Data via file upload. This method allows the upload of EHR export data in either QPP (JSON) format and QRDA III files. There are six required measures, including one High priority measure.

**OPTION 2**  
**Using a Third Party Intermediary**

Contact your Third Party Intermediaries to submit data. If using a Registry or EHR vendor, please contact the vendor for more information.

**UPLOAD FILE(S)**

Upload Data

You are uploading data for:

**DRAG & DROP**

**Upload Data**

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

Uploading this file will **overwrite the submission data you've submitted**. A maximum of 50 files can be processed in a single upload request. Measure data that you've left blank will not be updated.

**UPLOAD**

**CANCEL**

**Accepted files to upload**

This upload tool accepts properly formatted **OPP JSON** and **QRDA III** files. Any files submitted are received and calculated immediately. [Learn more.](#)

**How can I overwrite data to save a blank field?**



If you'd like to update the data with an intentionally empty field, make sure to select the "N/A" value in the Excel file for that field.

# Review Measures

- Available after claims calculation, file upload, or third party submission
- Measures from each collection type display with performance and score
- Click the down arrow to expand and view measure details

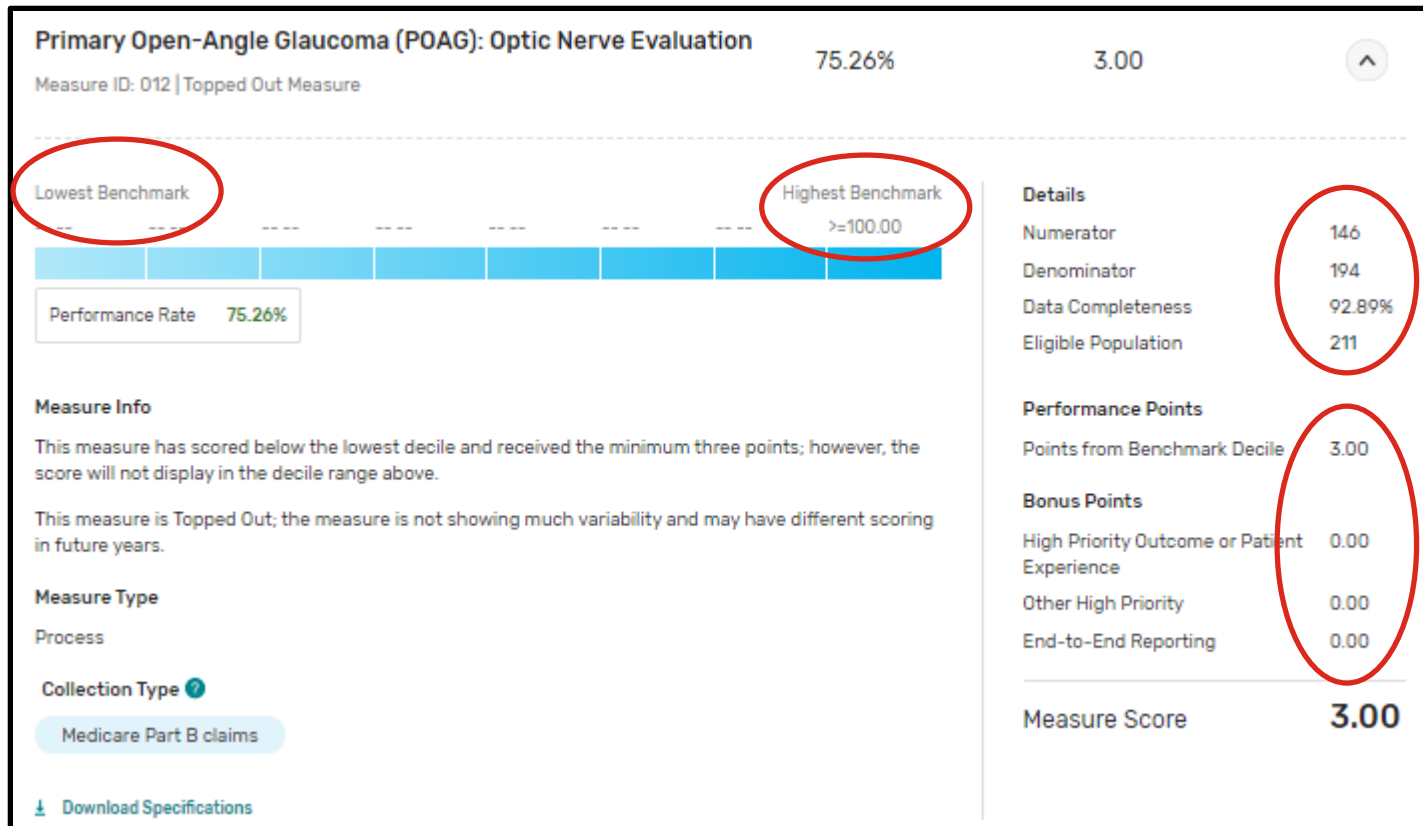
Measures that count toward Quality Performance Score

Your Measure Score includes both performance points and bonus points.

Measure Name	Performance Rate	Measure Score	
<a href="#">Expand All</a>			
<b>Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation</b> Measure ID: 012   Topped Out Measure	75.26%	3.00	
<b>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</b> Measure ID: 019   Topped Out Measure	50.00%	3.00	

# Quality Measure Details

- Measure benchmarks by decile
- Numerator/denominator/exclusion/exception; performance; bonus points





# Quality Score

- Total Quality score calculation at bottom
- Score \* Weight = Total contribution to final score

**Your Total Quality Score**

Below is how your Total Quality score is calculated based on the measures above.

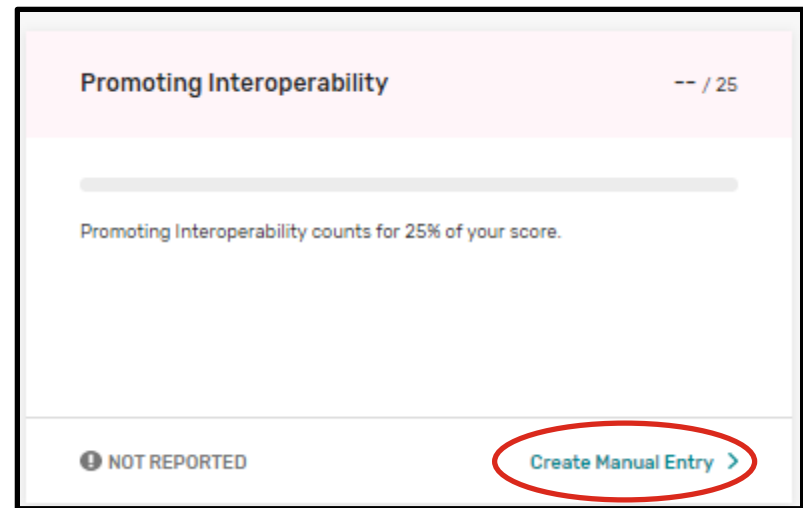
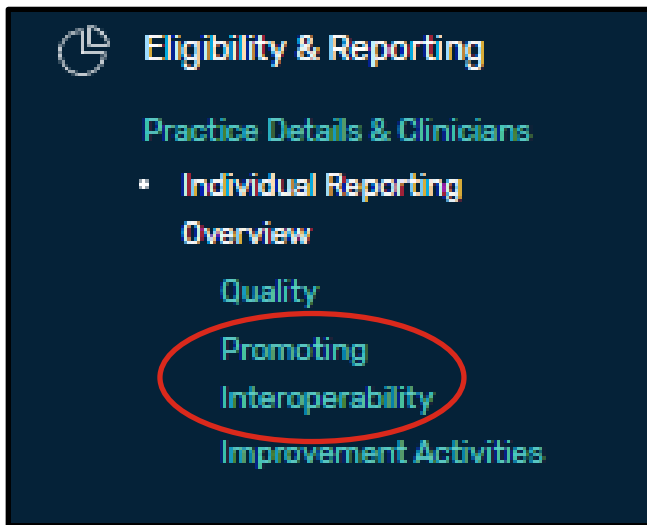
Category Score		Category Weight	Total Contribution to Final Score
<b>21.72</b> Points from Quality measures that count towards Quality score	+	<b>0.00</b> Bonus points	<b>16.29</b> out of 45
<hr/>		<b>45</b>	
<b>60</b> Maximum number of points (# of required measures x 10)		x	=



# **MIPS Reporting: Promoting Interoperability**

# Promoting Interoperability

- Data may be submitted by manual entry, file upload, or third party
- Click “Promoting Interoperability” in navigation menu or “Create Manual Entry” (or “View & Edit” if already created) from reporting overview







# Category Re-weight

- May receive re-weight alert based on special status or exception application
- Cancel to keep 0% or agree and continue to re-weight to 25% and enter data

**Your current category weights**

The information below is subject to change based on availability of contributing factors. For clinicians that have a reweight associated, the Promoting Interoperability weight will be transferred to the Quality category.

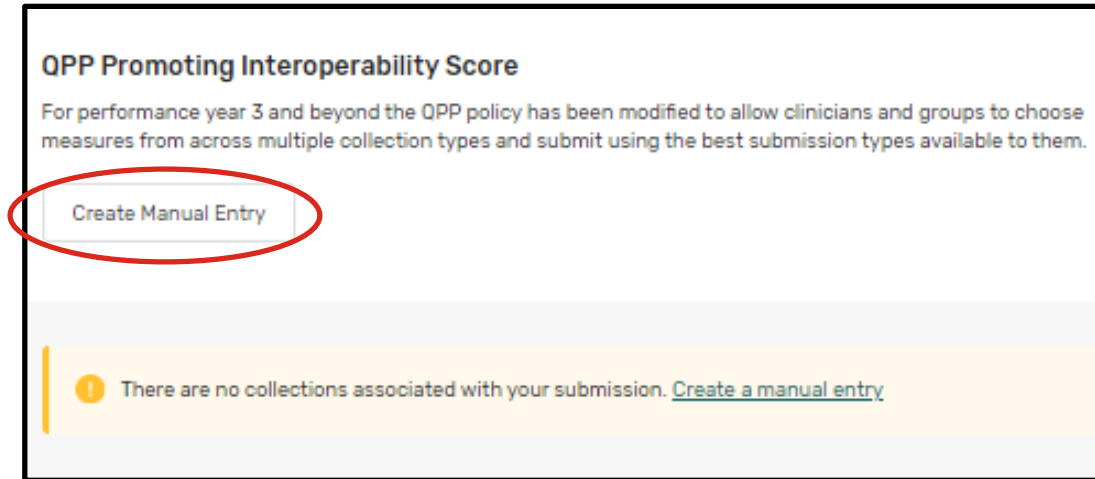
Quality		Promoting Interoperability		Improvement Activities		Cost
						
70%	+	0%	+	15%	+	15%

You are not required to report this category and any data entered will result in a discard of the current reweight. By entering data, this will discard any reweighting currently being applied for this category. This will change your current weight of 0% for this category back to 25%. You will be scored on data submitted. **This action cannot be undone.** Are you sure you wish to proceed?

YES, I AGREE.

# Promoting Interoperability

- Click “Create Manual Entry” if no submission exists



- Modify existing manual entry
- Review data from third party submission

# Performance Period and CEHRT ID

- Enter performance period start and end date (minimum 90 days)
- Enter CEHRT ID (must be formatted based on 2015 Edition software)

**Manually Enter Your Measures**

To begin manually entering your measures, select a performance period. All measures must be completed before your manual entry can be applied towards your total QPP Promoting Interoperability Score.

Performance Period

Start Date: 01/01/2019 to End Date: 12/31/2019

CEHRT ID: AB15EC123456789

# Attestation Statements

- Must respond to all statements
- Must answer “Yes” to required statements

### Attestation Statements

**ONC Direct Review Attestation**  
Measure ID: PI\_ONCDIR\_1

I attest that I - (1) Acknowledge the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and (2) If requested, cooperated in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the MIPS eligible clinician in the field.

Yes  No

Completed

**Prevention of Information Blocking Attestation**  
Measure ID: PI\_INFBLO\_1

I attest to CMS that I - (A) did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology. (B) Implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times: (1) Connected in accordance with applicable law; (2) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170; (3) Implemented in a manner that allowed for timely access by patients to their electronic health information; and (4) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated health care providers, and with disparate certified EHR technology and vendors. (C) Responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor.

Yes  No

Completed

# Objectives and Measures

- For each measure, report Yes/No, Numerator/Denominator or Exclusion

**e-Prescribing**

**e-Prescribing**  
Measure ID: PI\_EP\_1

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

**Measure Exclusion:** Check the box to be excluded from the required e-Prescribing measure. At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.

Numerator: 0  
Denominator: 0

**Security Risk Analysis**

**Security Risk Analysis**  
Measure ID: PI\_PPHI\_1

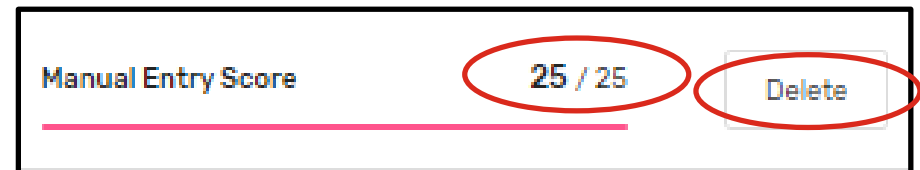
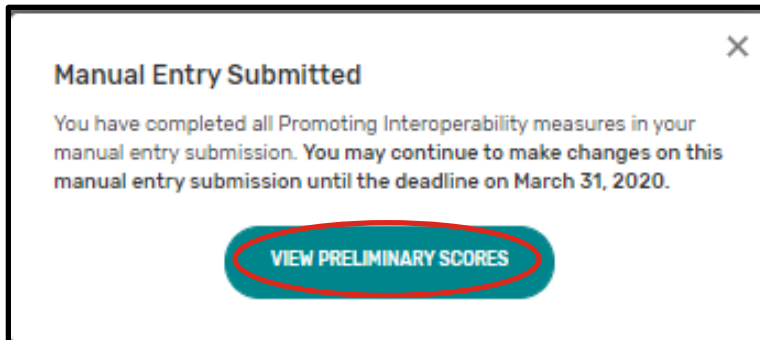
Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified electronic health record technology (CEHRT) in accordance with requirements in 45 CFR 164.312(a)(2)(iv)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

Yes No



# Manual Entry Submitted

- Displays pop-up alert when manual entry submission is complete
- Click “View Preliminary Scores”
- Manual entry score displays in upper right
- Click “Delete” to clear manual entry and restart if necessary
- Data is automatically saved, there is no “Save” or “Submit” button

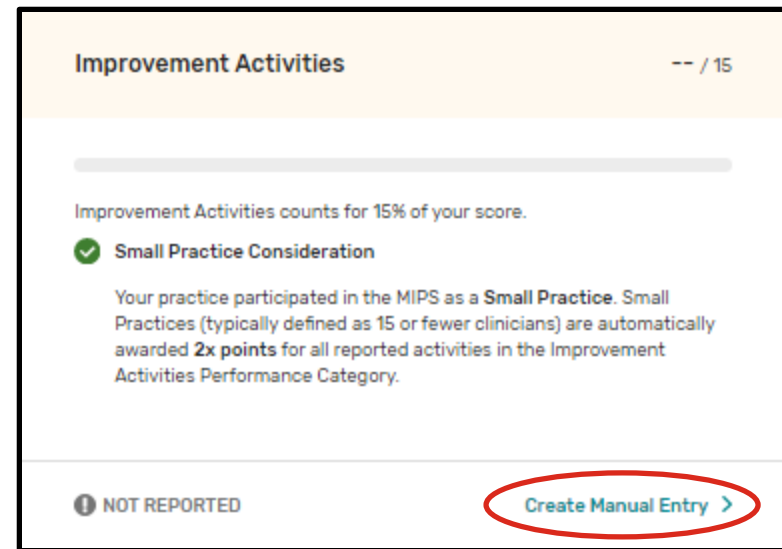
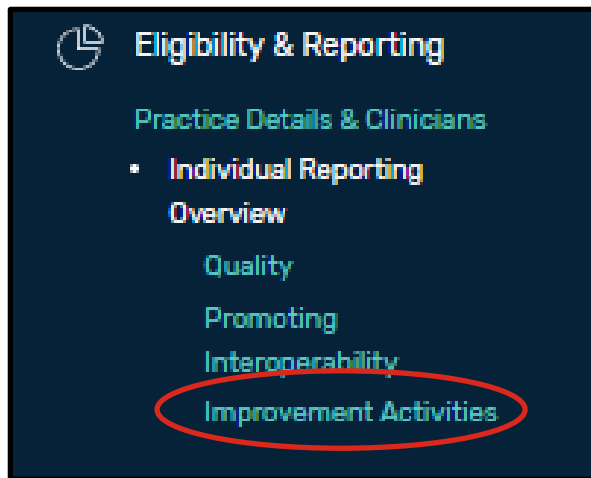




# **MIPS Reporting: Improvement Activities**

# Improvement Activities

- Data may be submitted by manual entry, file upload, or third party
- Click “Improvement Activities” in navigation menu or “Create Manual Entry” (or “View & Edit” if already created) from reporting overview



# Improvement Activities

- Click “Create Manual Entry” if no submission exists

### QPP Improvement Activities Score

For performance year 3 and beyond the QPP policy has been modified to allow clinicians and groups to choose measures from across multiple collection types and submit using the best submission types available to them.

Create Manual Entry

- Modify existing manual entry
- Review data from third party submission

# Performance Period and Search

- Enter performance period start and end date (minimum 90 days)
- Filter by sub category and/or search by keyword

The screenshot displays a web interface for configuring search parameters. It is divided into two main sections: 'Performance Period' and 'Search For Activities'.

**Performance Period:** This section contains two date input fields. The 'Start Date' field is set to '10/03/2019' and the 'End Date' field is set to '12/31/2019'. Both date fields are circled in red.

**Search For Activities:** This section includes a 'Filter By' dropdown menu and a 'Search' input field. The 'Filter By' dropdown is open, showing a list of 'SUB CATEGORIES'. The 'Achieving Health Equity (7)' option is selected and circled in red. The 'Search' input field contains the keyword 'medicaid' and is also circled in red.

At the bottom right of the search section, it indicates '1 Activities Shown'.

# Mark Activity Complete

- Scroll down to locate activity and click the “Completed” checkbox
- Activity score will immediately update
- Manual entry score will display in upper right with option to delete
- Data is automatically saved, there is no “Save” or “Submit” button

Achieving Health Equity

Engagement of New Medicaid Patients and Follow-up  
Activity ID: IA\_AHE\_1  
Seeing new and follow-up Medicaid patients in a timely manner, including individuals dually eligible for Medicaid and Medicare. A timely manner is defined as within 10 business days for this activity.

Activity Score 40 / 40

Completed

Completed

Manual Entry Score 40 / 40 Delete

# Additional Features

# Exceptions Application

- Click “Exceptions Application” then “+ Add New QPP Exception”

Samuel Ross

2020 QPP EXCEPTIONS

About QPP Exception Applications

## Progress Summary

Performance Year (PY) 2020

May 4, 2020  
QPP Exception Application Opens

Dec 31, 2020  
2020 Exceptions Period Closes  
(Excluding COVID E&UC Applications)

Feb 1, 2021  
2020 COVID E&UC Exceptions Period Closes

**ATTENTION**

Even though we are extending the deadline for COVID-19 related Extreme and Uncontrollable Circumstances Exception applications into the PY 2020 submission period, individuals, groups, and virtual groups cannot submit an application to override PY 2020 data they have already submitted. **Any data submitted before or after an application has been approved will be scored.** Data submission for an APM Entity will not override performance category reweighting from an approved application.

YOUR QPP EXCEPTIONS (2)

Hide Withdrawn (1) | More Filters

**+ ADD NEW QPP EXCEPTION**

- Select Promoting Interoperability Hardship Exception (no longer open) or Extreme and Uncontrollable Circumstances Exception (open until 2/1)
- Enter practice/clinician info and complete application



# Targeted Review

- Click “Targeted Review”

Samuel Ross

2019 TARGETED REVIEW

## Progress Summary

Performance Year (PY) 2019

Aug 5, 2020  
2019 Targeted Review Submission  
Period Opens

Oct 5, 2020  
2019 Targeted Review Submission  
Period Closes

**Current Activity Period: 2019 QPP Targeted Review window is closed**  
The 2019 Targeted Review submission window is now closed.

YOUR TARGETED REVIEWS (0) More Filters

Sort by: Application ID

No Targeted Reviews available.

→← COLLAPSE

- New requests may be placed during review window later in 2021
- Progress of existing requests will update below

# Reports

- Click “Reports”
- Click “View Group Reports” or “View Clinician Reports”

Samuel Ross

[Account Home](#) /

## Reports


**Practices**

Select one of the Practices below to view its reports.

Search

Enter full or partial TIN

Showing 1 - 4 of 4 Practices

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[VIEW GROUP REPORTS](#)

[View Clinician Reports](#)

# Resources and Q&A

# Resources

- [QPP Network Security Update Fact Sheet](#)
- [Quality Payment Program User Access Guide](#)
- [2020 Data Submission FAQs](#)
- Videos:
  - [Create a QPP Account](#)
  - [Introduction and Overview of 2020 Data Submission](#)
  - [File Upload and Quality Scoring](#)
  - [Manual Attestation of Promoting Interoperability Measures](#)
  - [Manual Attestation of Improvement Activities](#)
  - [How to Apply for the Extreme and Uncontrollable Circumstances Exception](#)

# Q&A



**THANK YOU!!**

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