Connect to an Organization and Select a Role

Updated 12/11/2023

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Attention Representatives of Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs):

Shared Savings Program ACOs have a different Health Care Quality Information System (HCQIS) Access Roles and Profile system (HARP) account creation and Quality Payment Program (QPP) role management process. ACOs will no longer be able to perform these actions on qpp.cms.gov.

If your organization is a Shared Savings Program ACO, please **DO NOT** follow the information in this document. Instead, please refer to the **Medicare Shared Savings Program ACOs: Creating and Managing a HARP Account with a QPP Role in ACO-MS document (PDF)** in the QPP Account Access Guide (ZIP file) for information on how to obtain a HARP account with a QPP Security Official or Staff User role and manage your role in the ACO Management System (ACO-MS). If you are your ACO's QPP Security Official or Staff User contact in ACO-MS, then you can sign in to qpp.cms.gov using your ACO-MS Username and Password.

Please note that the ACO-MS process only applies to representatives of a Shared Savings Program ACO, and not to the Participant TINs in the ACO. Representatives of a Participant TIN will still need to create an account on harp.cms.gov and request and manage their QPP role on qpp.cms.gov, using the information in this resource.

Introduction

This document outlines the steps with screenshots to Connect to an Organization (like a practice, QCDR/Registry, or APM Entity) and how to get the Security Official or Staff User role you need on qpp.cms.gov.

The role you select for each organization will allow you to:

- View information (like performance feedback), or
- Perform an action (like submitting performance data or completing an opt-in election).

If you are a new HARP user or an existing user requesting access to an organization, you'll need to understand which organization type to select and know which role you need.

Don't need step-by-step instructions with screenshots? Check out the **QPP Access At-a-Glance** document in the QPP Access User Guide (ZIP file).

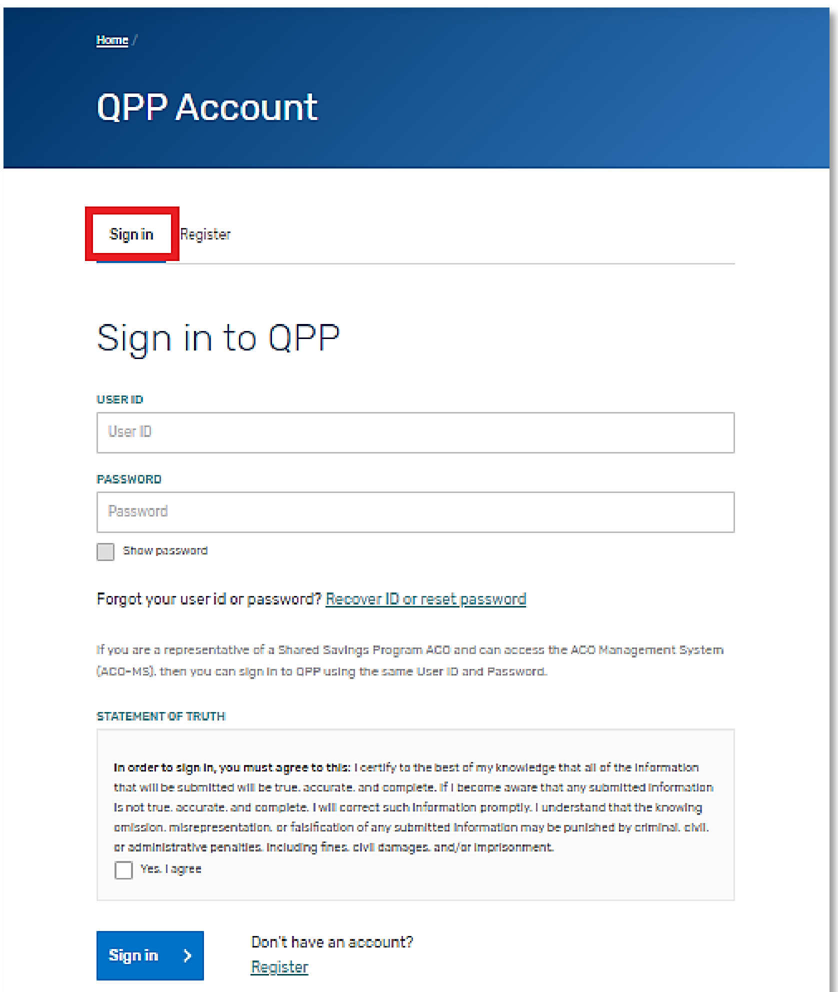
Getting Started

Sign In to qpp.cms.gov

Go to [qpp.cms.gov](qpp.cms.gov) and click Sign In on the upper right-hand corner.

- Enter your User ID and Password.
- Check **Yes, I agree** next to the Statement of Truth and click Sign In.

Then, you will be prompted to provide a **security code** from your two-factor authentication.



Returning users:
Sign in with the same credentials you've previously used.

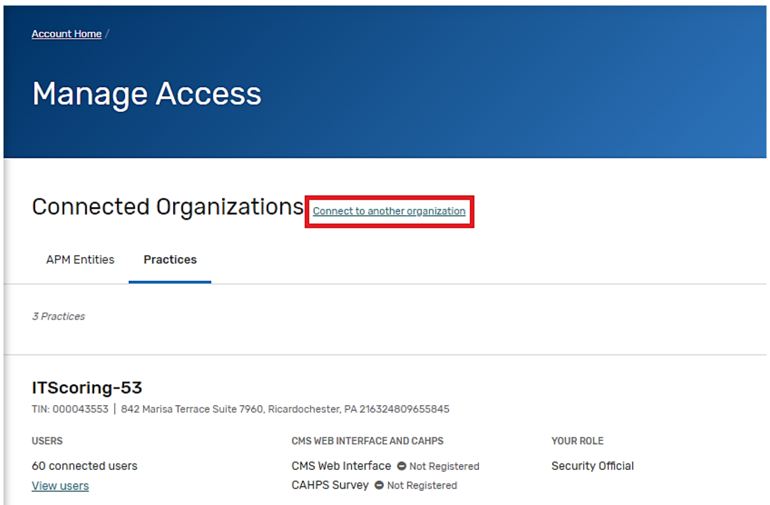
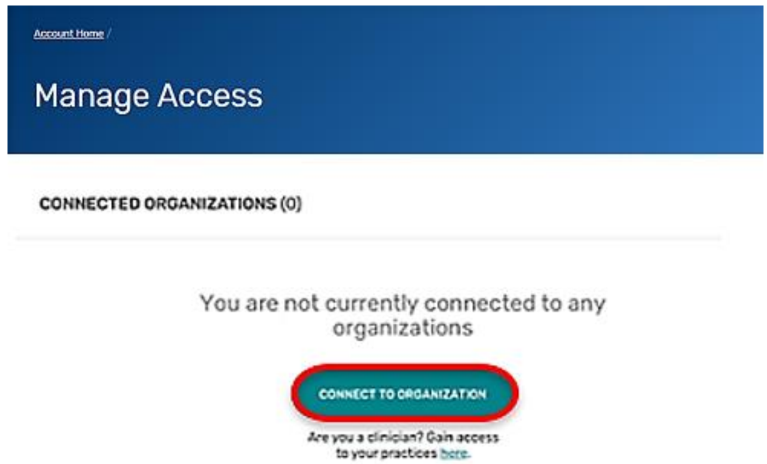
New users:
Sign in with your newly created HARP credentials.

Don't have an account?

Click Register next to Sign In and review the **Register for a HARP Account document** in this guide.

Navigate to Manage Access

Click Manage Access on the left-hand navigation pane.

Returning Users	New Users
 	
You will see a list of organizations that you're currently connected to and have the option to connect to another organization. **Helpful Hint**: Review and confirm that the list of connected organizations and roles are correct. If correct, no further action is required.	You will be prompted to connect to an organization.

Connect to an Organization Step-by-Step Instructions

Overview

Now that you have successfully signed in to qpp.cms.gov and navigated to **Manage Access**, follow these steps to **Connect to an Organization**:

1. Select connect to an organization
2. Choose your organization type
3. Find your organization
4. Select your role

Then you can review your confirmed role requests (pending or automatic approved).

Reminder: There's a special role available to clinicians.

Check out the Connect as a Clinician document in this guide for more information.

Important Notes:

- Each organization must have at least one individual with the Security Official role before anyone can request a Staff User role or additional Security Official roles.
- Contact an administrator in your organization to let them know your organization needs a Security Official if that's not an appropriate role for you.

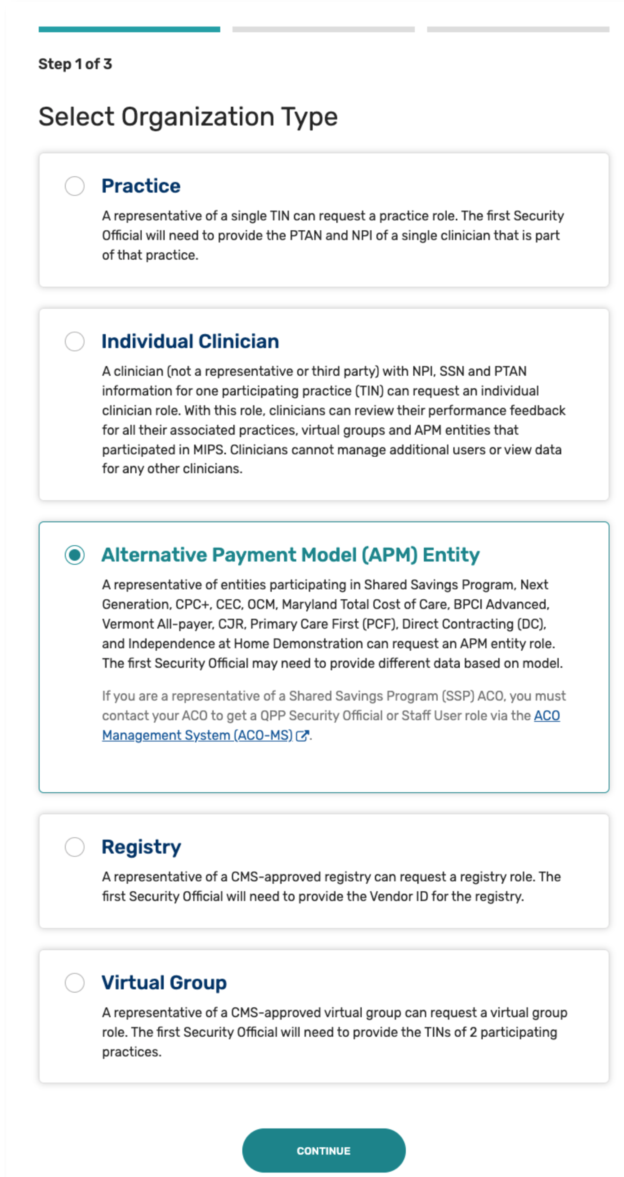
Step 1: Select Organization Type

Select the **organization type** you'd like to connect to and click continue.

The organization types are:

- Practice
- Individual Clinician (refer to the Connect as a Clinician document in this guide)
- Alternative Payment Model (APM) Entity
- Registry (includes Qualified Registries and Qualified Clinical Data Registries (QCDRs))
- Virtual Group

Note: If you are connecting to multiple organizations, you will need to complete a request for **each** organization type, one at a time.



Looking for more information on Organization Types?

More information on selecting an organization type is available in Appendix A.

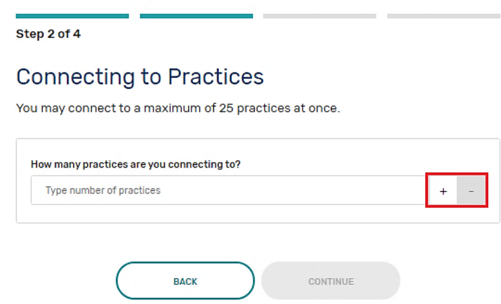
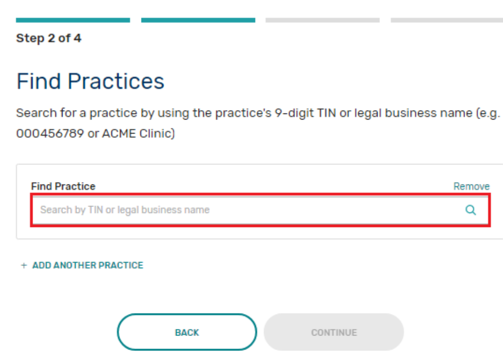
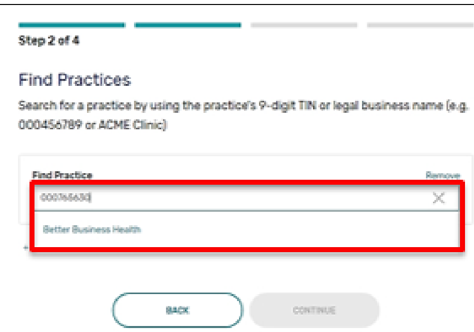
Step 2: Find Your Organization Type

Use the search criteria to **find your organization** using search criteria. The search criteria are dependent upon your organization type.

Review the table below to determine what search criteria you can use to find your organization. Then, **click your organization type for step-by-step instructions** on how to find your organization type.

Organization Type	Criteria you can use to search
Practice	• Legal Business Name; **OR** • Complete TIN **without dashes** ○ No search results will populate until you enter the complete TIN (9 digits)
APM Entity	**Step 1:** Identify your APM **Step 2:** Provide: • Legal Business Name (APM Entity Name) • APM Entity ID (e.g., ACO ID or Practice ID for some models like PCF and KCC)
Registry *(Qualified Registries and QCDRs)*	• Legal Business Name; **OR** • Vendor ID; **OR** • Complete TIN ○ No search results will populate until you enter the complete TIN (9 digits, **without dashes**)
Virtual Group	• Complete Virtual Group ID

Practice

Action	Description	Image
Connecting to Practices	Identify how many practices you want to connect to. • You can connect to as many as 25 practices at one time.	
Search for Practice	Search for the practice(s) by TIN or legal business name. If you are searching by: • **Legal business name**: start typing and select the practice from the suggested matches. • **TIN**: enter the complete TIN (**without dashes**). If you need to connect to another practice, select **add another practice**. If no longer need to connect to a given practice, select **remove**.	
Select Practice	Select the practice from the drop down and click **continue**.	

Ready to Select a Role?
Click here for [Step 3: Select a Role]

Have questions? Contact the Quality Payment Program
By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant) or By Email: QPP@cms.hhs.gov
Monday – Friday, 8 a.m. – 8 p.m. ET

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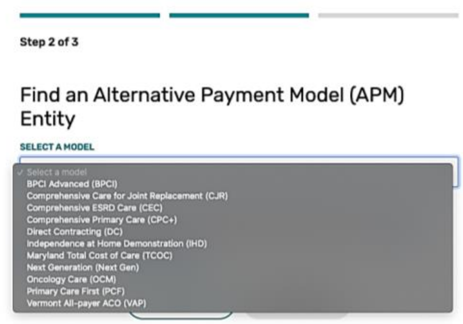
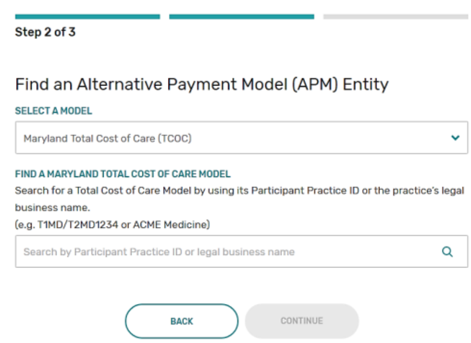
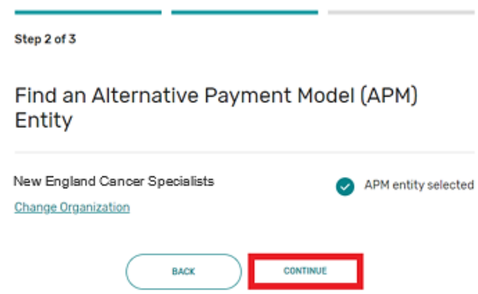
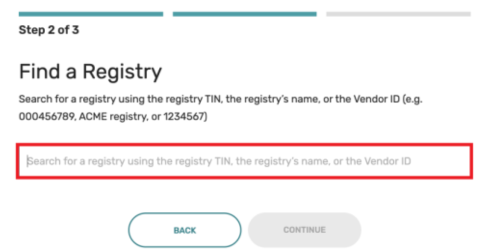
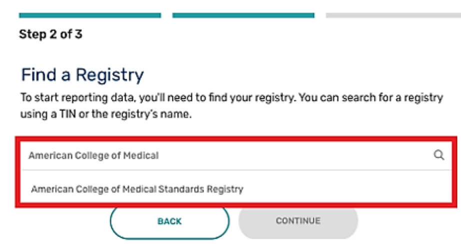
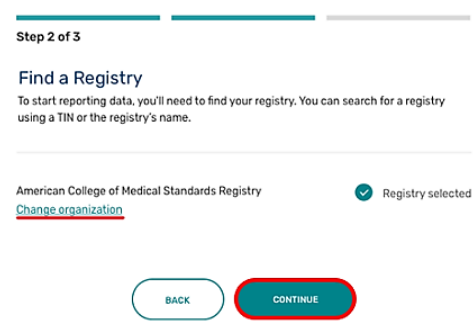
APM Entity

Action	Description	Image
Select a Model	Select the APM you need to connect to from the drop-down menu: Once the APM is selected, click **continue**.	
Search for APM Entity	Search for the APM Entity, input fields will vary based on APM selected.	

Action	Description	Image
Review Selection or Change Selected APM Entity	Review and confirm that you selected the correct organization, then click **continue**. **OR** Click **change organization** to update your APM Entity if you selected the incorrect option.	

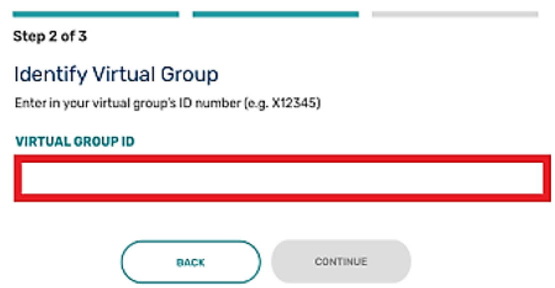
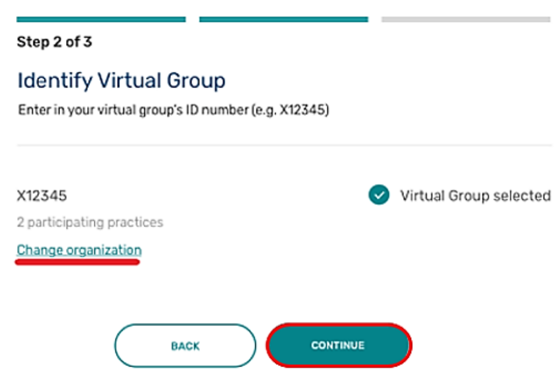
Ready to Select a Role?
Click here for [Step 3: Select a Role]

Registry

Action	Description	Image
Search for Registry	Search for the registry (Qualified Registries and QCDRs) via TIN, Registry name, or Registry ID. If you are searching by: • **Legal business name**: start typing the registry's name and a list of suggested matches will populate based on what you've entered so far. • **TIN**: you will need to enter the registry's complete TIN (**9 digits, without dashes**) before a match is identified. • **Vendor ID**: you will need to enter the registry's complete Vendor ID *(e.g., 45-2343)* before a match is identified.	
Select Registry	Select the Registry from the drop down and click **continue**.	
Review Selection or Change Selected Registry	Review and confirm you selected the correct organization, then click **continue**. **OR** Click the **change organization** link to update your registry if you selected the incorrect option.	

Ready to Select a Role?
Click here for [Step 3: Select a Role]

Virtual Group

Action	Description	Image
Search for a Virtual Group	Search for the Virtual Group by entering your complete **Virtual Group ID**, then click **continue**.	 **Note**: If you enter an incorrect Virtual Group ID, you will receive a message noting that your Virtual Group ID is invalid below the entry field. Confirm you entered the correct Virtual Group ID if you encounter this message. 
Review Selection or Change Selected Virtual Group	Confirm that the **correct** virtual group was selected and click **continue**. **OR** Click **change organization** to update your virtual group if you selected the incorrect option.	

Ready to Select a Role?
Click here for Step 3: Select a Role

Have questions? Contact the Quality Payment Program
By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant) or By Email: QPP@cms.hhs.gov
Monday – Friday, 8 a.m. – 8 p.m. ET

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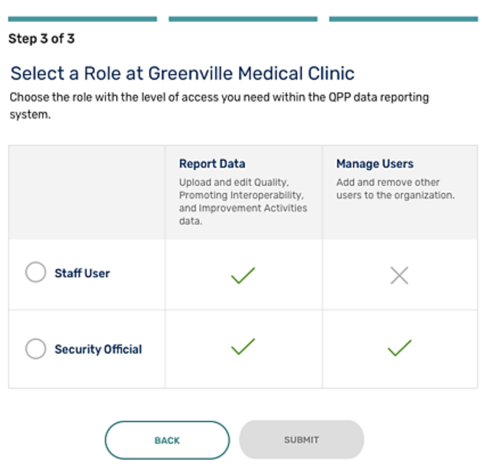
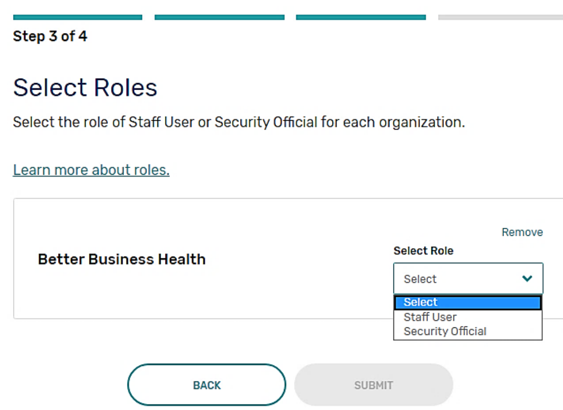
Step 3: Select a Role

For **all organization types**, you have two roles to select from:

1. The Staff User role
2. The Security Official role (first Security Official or additional Security Official(s))
   - Each organization type must have **at least one individual with the Security Official role** before anyone can request a Staff User role or additional Security Official roles.
   - The **first** Security Official will provide **additional information** during the validation process. The additional information requested will vary depending on organization type.

> **Note**: Practices have a different role selection experience, in which they are prompted to select a role from a drop down menu.

APM Entities, Virtual Groups, Registries	Practices
Select the appropriate role from table	Select the appropriate role from drop down menu
	

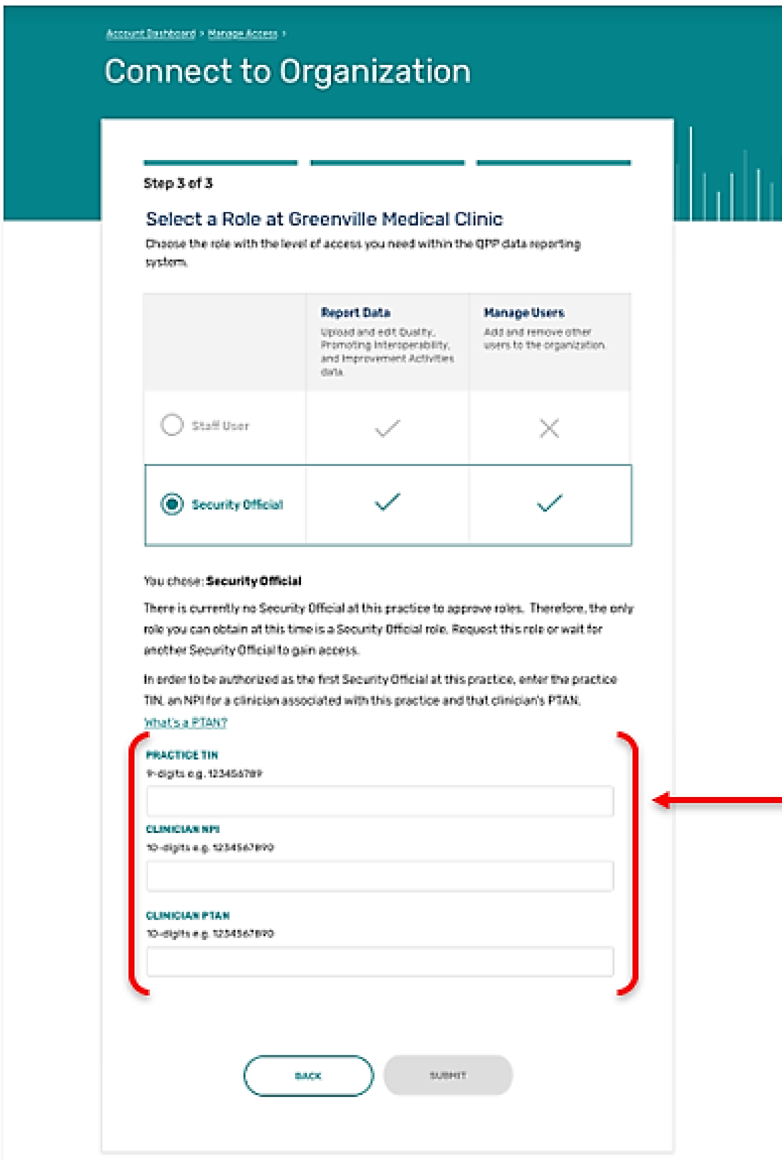
Looking for more information on these roles?

More information on the two QPP roles, and what each role lets you do, is available in Appendix B and Appendix C.

First Security Official

If you are the **first** person to connect to your organization, select **Security Official**.

You will be prompted to enter [additional information](#) for **validation** and click **Submit**. Then, you will be [automatically approved](#) if your validation is successful.



Remember: Each organization must have a **Security Official** before anyone can request a Staff User role or additional Security Official roles.

If Security Official is **not** the appropriate role for you, contact an administrator in your organization to let them know your organization needs a Security Official.

You must provide all the requested information to complete your role request.

If you receive an **error message**, there's detailed information available in [Appendix D](#).

Additional Information Required for Validation of the Security Official Role

If you apply for the first Security Official role at your organization, you'll need to provide some **additional information** to validate your credentials.

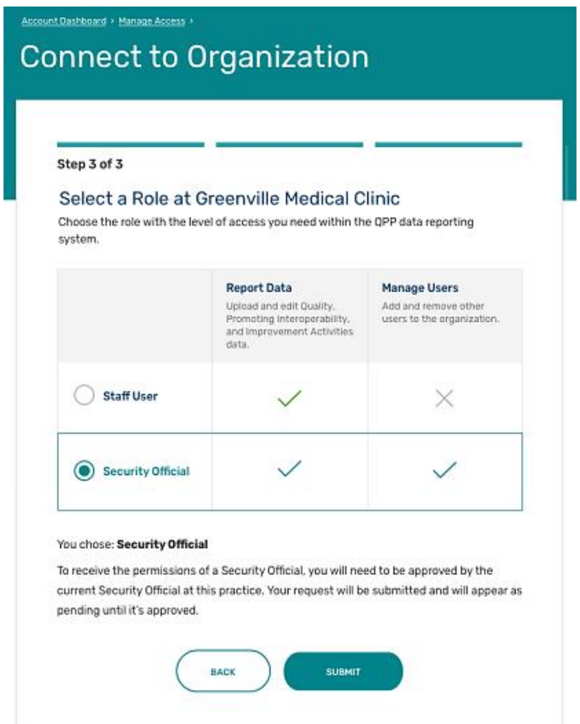
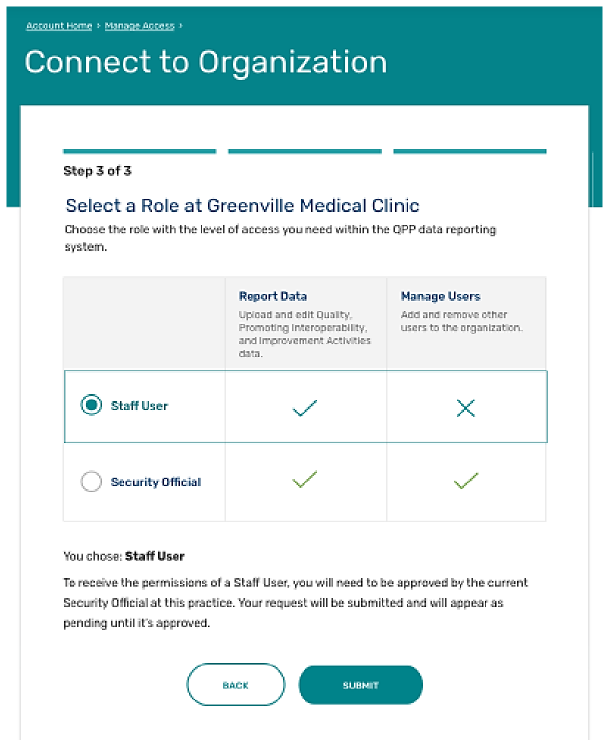
Note: The additional information is dependent upon your organization type.

Organization Type	Required Information	Additional Context
Practice	✓ The practice's TIN ✓ The NPI of one clinician in the practice ○ That clinician's Provider Transaction Access Number (PTAN)	Follow these steps to find PTANs in PECOS: 1. Log in to internet-based PECOS. 2. Select My Associates on PECOS home page. 3. Select View Enrollments by applicable individual or organizational enrollment. 4. Click on View Medicare ID Report 5. PTAN(s) are listed in Medicare ID column.
APM Entity – ACO REACH	✓ The APM Entity ID (your ACO ID) ✓ The TINs of two practices participating in the ACO	Security Officials for a single TIN APM only need to provide one TIN
APM Entity – Bundled Payments for Care Improvement (BPCI) Advanced	✓ The APM Entity ID (the participant practice's ID) ✓ Two participant TINs	Security Officials for a single TIN ACO only need to provide one TIN
APM Entity – Comprehensive Care for Joint Replacement (CJR)	✓ The APM Entity ID (CJR Participant ID) ✓ Participant TIN/NPI combination	If your Practice Site includes multiple TINs, you can enter any of these TINs and an NPI associated with the Practice Site in that TIN

Organization Type	Required Information	Additional Context
APM Entity – Enhancing Oncology Model (EOM)	✓ The APM Entity ID (EOM ID) ✓ Participant TIN/NPI combination	If your Practice includes multiple TINs, you can enter any of these TINs and an NPI associated with the Practice Site in that TIN
APM Entity – Independence at Home Demonstration	✓ The APM Entity ID (The practice ID) ✓ Two participant TINs	Security Officials for a single TIN APM only need to provide one TIN
APM Entity – Kidney Care Choices (KCC)	✓ The APM Entity ID (your practice ID) ✓ Participant TIN/NPI combination	If your Practice Site includes multiple TINs, you can enter any of these TINs and an NPI associated with the Practice Site in that TIN
APM Entity – Maryland Total Cost of Care (TCOC)	✓ APM Entity ID (The practice ID) ✓ Two participant TINs	Security Officials for a single TIN APM only need to provide one TIN
APM Entity – Primary Care First (PCF)	✓ The APM Entity ID (PCF Practice ID) ✓ Participant TIN/NPI combination	If your Practice Site includes multiple TINs, you can enter any of these TINs and an NPI associated with the Practice Site in that TIN
APM Entity – Value in Treatment (ViT)	✓ The APM Entity IT (ViT Participant ID) ✓ Participant TIN/NPI combination	If your Practice Site includes multiple TINs, you can enter any of these TINs and an NPI associated with the Practice Site in that TIN
APM Entity – Vermont All-payer ACO	✓ The APM Entity ID (The ACO ID) ✓ Two participant TINs	Security Officials for a single TIN ACO only need to provide one TIN
Registry **(Including Qualified Registries and QCDRs)**	✓ The TIN of the registry or QCDR ✓ The Vendor ID	We issued your Vendor ID when your self-nomination was approved **Note**: You can only connect to a Registry organization that has already been approved by us. You don't need to connect to a Registry organization to complete self-nomination for a new

Organization Type	Required Information	Additional Context
		entity (i.e., the entity was not approved for a previous performance period).
Virtual Group	✓ The TIN of two practices participating in the virtual group	

Additional Security Officials and Staff Users

<table>
<tr><th>Additional Security Official</th><th>Staff User</th></tr>
<tr><td>If there is already a Security Official at your organization, select Security Official and click Submit. You will not be prompted to provide additional information.</td><td>If you are a Staff User, select Staff User and click Submit. You will not be prompted to provide additional information.</td></tr>
<tr><td>
</td><td>
</td></tr>
<tr><th colspan="2">What's Next?</th></tr>
<tr><td>Your Security Official role request is currently pending approval.</td><td>Your Staff User role request is currently pending approval.</td></tr>
</table>

Have questions? Contact the Quality Payment Program
By Phone: 1-866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant) or By Email: QPP@cms.hhs.gov
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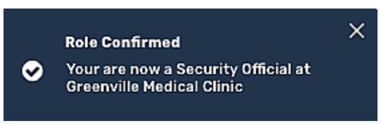
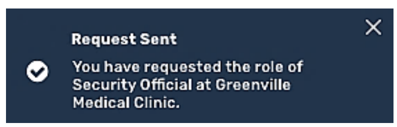
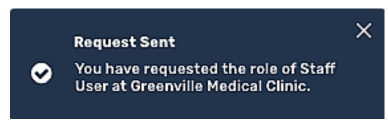
Role Confirmation

Pending or Automatic Approval

Once you have completed your role selection, you will be redirected to the **Manage Access** page within [qpp.cms.gov](qpp.cms.gov) to **review** your confirmed or pending role requests.

- Your role request will be **automatically approved** if you're the **first security official** for your orgnaization after the required information you provide is validated.
- Your role request will be **pending approval** if you're an **additional Security Official or Staff User**. Your organization's first Security Official (or other approved Security Officials) will be responsible for reviewing and approving your request.

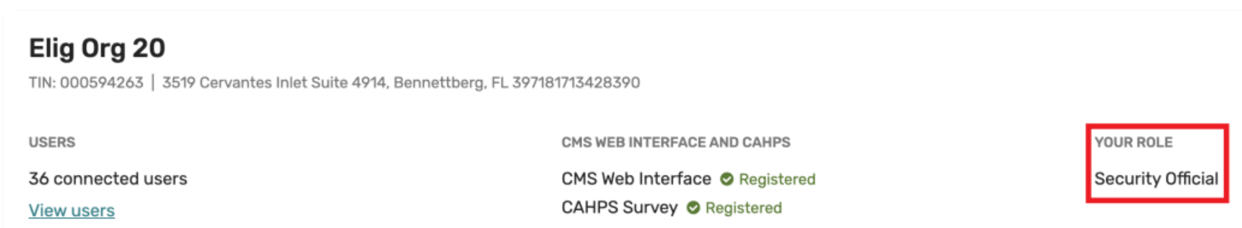
You will receive a **notification** on the screen that displays the state of your request as well as an **email notification**.

First Security Official Notification	Additional Security Official Notification	Staff User Notification
		
Note: The notification example images featured above are for the practice organization type. All organization types will receive similar notifications for their organization type.		

Security Official Automatic Approval

If you are the **first** Security Official, you will be **automatically approved** after the required information you provide is validated.

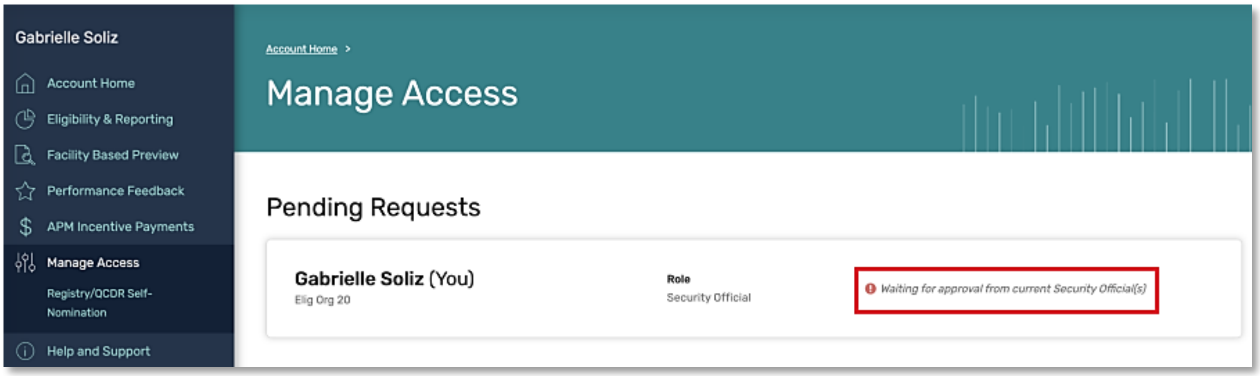
As the organization's first Security Official, you will be responsible for **approving or denying pending role requests** from other users requesting access to the organization.



For more information on how to approve other users in your organization, refer to the **Security Officials: Manage Access document** in this guide.

Additional Security Officials and Staff Users Pending Approval

If you are an additional Security Official or Staff User, your request will be **pending** and sent to the current Security Official at your organization for approval.



Need to find your organization's Security Official(s)?
If your role request remains in pending state or you do not receive a notification that your organization's Security Official reviewed your role request, contact the Quality Payment Program by phone at 1-866-288-8292 or email qpp@cms.hhs.gov.

Next Steps

- Repeat these steps as needed to connect to additional organizations.
- **Approved Security Officials** will need to monitor for pending requests from other users requesting access to organization(s) in their Manage Access page.
- Staff Users and additional Security Officials will receive an **email notification** when their request has been approved.
- Follow up with **your organization's current Security Official** if you have concerns with the length of time it's taking for your request to be approved. Instructions on how to do so are available here.
- Review the frequently asked questions (FAQs).

Frequently Asked Questions

General

1. I can't find my practice when I search for it. What should I do?

Try changing your search criteria – for example, perform a new search using Legal Business Name instead of TIN, or vice versa. If that doesn't work, contact the Quality Payment Program by phone at 1-866-288-8292 (TRS: 711) or by email at qpp@cms.hhs.gov.

Please note that practice information comes from PECOS, and qpp.cms.gov receives PECOS updates three times per year.

2. What is a PTAN and how do I find it?

Each clinician or provider has a Provider Transaction Access Number (PTAN), associated with their NPI; it was issued at the time of Medicare enrollment and can be found in PECOS.

1. Log into internet-based PECOS.
2. Select **My Associates** on PECOS home page.
3. Select **View Enrollments** by applicable individual or organizational enrollment.
4. Click on **View Medicare ID Report**
5. PTAN(s) are listed in Medicare ID column.

The first Security Official in the practice will need to provide the PTAN associated with an NPI in the practice.

3. Whom do I contact to approve my pending role request?

The first Security Official for an organization will be automatically approved after the required information provided is validated. Once there's a Security Official at your organization, that individual (and all additional security officials) are responsible for approving all subsequent requests.

If you requested Security Official or Staff User access and are awaiting approval from the current Security Official, you may need to reach out to your organization's Security Official. If you don't know who your organization's Security Official is, you can contact QPP by phone at 1-866-288-8292 (TRS: 711) or by email at qpp@cms.hhs.gov.

4. What do I do if the information I provided for my Security Official role request could not be validated?

If you receive a validation error message, please verify and re-enter the required information. If the issue persists, contact QPP for further assistance by phone at 1-866-288-8292 (TRS: 711) or by email at qpp@cms.hhs.gov.

5. What do I do if a Security Official has left my organization?

If your organization has an additional Security Official(s) who is active with your organization, they may remove the Security Official role for the person who left your organization. Otherwise, contact QPP by phone at 1-866-288-8292 (TRS: 711) or by email at qpp@cms.hhs.gov.

6. What do I do if the current Security Official denied my role request?

If you believe your request was denied in error, you can submit another request. If you are a clinician, you can also request the **Clinician role** (more information available in this guide), which doesn't require approval by a Security Official.

7. How can I change my role for an organization?

If you need to update your access from:

- Security Official to Staff User, or
- Staff User to Security Official

Contact QPP by phone at 1-866-288-8292 (TRS: 711) or by email at qpp@cms.hhs.gov.

8. Our CPC+ Practice, PCF, ESCO, or OCM Practice Site includes multiple TINs, and I will be the first Security Official. Does it matter which TIN and NPI that I enter for verification?

No, you can provide any TIN/NPI combination that's associated with your CPC+ Practice Site ID, PCF Practice Site ID, OCM Practice Site ID or ESCO ID.

Version History

Date	Change Description
12/11/2023	• Updated Alternate Payment Models that can request a QPP role.
04/26/2022	• What is a PTAN? messaging was removed from the Connect to an Organization workflow. Removed reference to modal in this guide.
11/04/2021	• Updated to include information for representatives of Shared Savings Program ACOs to contact their ACO to request a QPP Security Official or Staff User role via the ACO Management System (ACO-MS) • Updated screenshots to remove Shared Savings Program references • Removed submission FAQs
08/04/2021	• Updated to reflect new APM models • Updated performance feedback FAQs for PY 2020

11/30/2020	• Updated data submission FAQs for PY 2020 • Removed list of APMs from steps 1 and 2
7/24/2020	• Updated resource to reflect connect to an organization enhancement which allows users to connect to up to 25 practices at one time. • Added a table (Appendix D) with detailed error message information. • Added a FAQ and table (Appendix C) regarding role access and PY 2019 performance feedback
3/20/2020	• Updated resource to include new APMs and search functionalities for registries. • Added Quality Payment Program contact information for those who are hearing impaired.
12/2/2019	Reviewed and verified the data submission questions are still accurate and relevant for PY 2019 submission.
07/1/2019	The guide was restructured to shorten it, and new content was added: • Updated title to indicate role selection process (select a role) • CEC and OCM information (these models can now get acess to their entity) • Clinician role references (new document that outlines this new role) • Role needed for self-nomination (existing Qualified Registries/QCDRs only)
12/18/2018	Original posting

Appendix A | Which Organization Type Do I Select?

Organization Type	Description	Helpful Hint
Practice	Connect to a **Practice** if you represent an organization identified by a single Taxpayer Identification Number (TIN), such as a solo/individual practitioner, group, or hospital including: • Groups or clinicians that need to report performance data. • Groups that participate in a Shared Savings Program ACO (all tracks) that need to submit data for the Promoting Interoperability performance category. • Electronic Health Record (EHR) or other Health Information Technology (HIT) third party intermediaries will need to complete this request for each practice they represent/are submitting data for on qpp.cms.gov.	Solo CPC+ practitioners (those who are the only clinician in their Practice Site) will need to connect to an **APM Entity** to submit their electronic clinical quality measures (eCQMs) for the CPC+ program and view your complete performance feedback. Individual clinicians can also request the **clinician role**, for more information check out the **Connect as a Clinician document** in this guide.
APM Entity	Connect to an **APM Entity** if you need to submit quality data on behalf of the **entire entity** (Bundled Payments for Care Improvement (BPCI) Advanced, Comprehensive Care for Joint Replacement (CJR), Comprehensive ESRD Care (CEC), Comprehensive Primary Care Plus (CPC+), Global Professional Direct Contracting (GPDC), Independence at Home Demonstration, Maryland Total Cost of Care (TCOC), Next Generation ACO, Oncology Care Model (OCM), Primary Care First (PCF), Value in Treatment (ViT) (available with the release of the 3rd eligibility snapshot), Vermont All Payer ACO (VT ACO) or want to view the entity's performance feedback.	You will connect to an APM Entity if you need to perform an action, like submitting quality data, on behalf of the entire Entity or view the Entity's MIPS performance feedback. Unless representing the entire Entity, clinicians, groups and solo practitioners who participate in an

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Updated 12/11/2023

Organization Type	Description	Helpful Hint
Registry (Including Qualified Registries and QCDRs)	Connect to a **Registry** if you represent a CMS-approved **Qualified Registry** or a **Qualified Clinical Data Registry (QCDR)** and are submitting data on behalf of your clients. **Note**: If you represent a previously approved Registry or QCDR, you will need the Security Official role to complete the self-nomination application on qpp.cms.gov.	You will connect to a Registry when you are a representative of a Qualified Registry or QCDR. Clinicians, groups, and virtual groups working with a Registry or QCDR for data collection and submission would connect to a **Practice** (or **virtual group** as appropriate) to view performance feedback and data submitted on their behalf by those third party intermediaries. Individual clinicians can also request the **clinician role**, for more information check out the **Connect as a Clinician document** in this guide.
Virtual Group	Connect to a **Virtual Group** if you represent an approved virtual group as identified by Virtual Group ID.	You will connect to a Virtual Group when you are the virtual group representative.

Appendix B | Which Role Should I Select?

Organization Type	Staff User Role Lets You	Security Official Role Lets You
Practice	✓ View eligibility information for all clinicians in the practice ✓ Submit data on behalf of the practice, whether reporting individually or as a group ✓ View claims measure data submitted during the performance period submitted ✓ View individual and group MIPS performance feedback and payment adjustment information ✓ Access the Physician Compare (or successor website) Preview ✓ Access cost measure field testing reports ✓ Access APM incentive payments made to a TIN on behalf of an NPI ✓ Request a Targeted Review	Do everything the Staff User can do **PLUS**: ✓ Register a group for the CMS Web Interface ✓ Register a group for the CAHPS for MIPS survey ✓ Approve all additional user requests (manage access to the organization)
APM Entity	✓ View a list of participating practices and clinicians in the APM ✓ View eligibility information for participating practices and clinicians in the APM ✓ Submit quality data on behalf of the eligible clinicians in the APM Entity ✓ View MIPS performance feedback ✓ Request a Targeted Review	Do everything the Staff User can do **PLUS**: ✓ Approve or deny role requests from other users requesting access to the organization (manage access to the organization) ✓ Register the Entity for the CMS Web Interface (registration not required for Next Generation ACO models) ✓ Register the Entity for the CAHPS for MIPS Survey

Organization Type	Staff User Role Lets You	Security Official Role Lets You
Registry (Including Qualified Registries and QCDRs)	✓ Submit data on behalf of all your clients ✓ View preliminary performance feedback for your clients based on the data you submitted on their behalf	Do everything the Staff User can do **PLUS**: ✓ Approve all additional user requests (manage access to the organization) ✓ Complete the self-nomination application on qpp.cms.gov (previously approved third party intermediaries only) ✓ Download your API token
Virtual Group	✓ View a list of all the practices and clinicians participating in your virtual group ✓ Submit data on behalf of the virtual group ✓ View virtual group MIPS performance feedback ✓ Access the Medicare Care Compare Preview ✓ Request a Targeted Review	Do everything the Staff User can do **PLUS**: ✓ Approve all additional user requests (manage access to the organization) ✓ Register the virtual group for the CMS Web Interface ✓ Register the virtual group for the CAHPS for MIPS survey

Appendix C | PY 2020 Performance Feedback Based on Access

This table provides a snapshot of what you can and can't view within PY 2020 final performance feedback based on your access and organization type.

With This Access	You CAN	You CANNOT
Staff User or Security Official for a Practice (includes solo practitioners)	✓ View group-level (practice) performance feedback ✓ View and download clinician-level performance feedback (excluding APM participants) ✓ View and download payment adjustment information for all clinicians in the practice (excluding APM participants)	X View APM Entity level performance feedback ***Example.*** If you're a Participant TIN in a Shared Savings Program ACO, you will not be able to view performance feedback or payment adjustment information for the ACO (clinicians scored under the APM scoring standard). You will only be able to view feedback on the data submitted at the individual or group level. X View performance feedback for your virtual group
Staff User or Security Official for an APM Entity	✓ View and download MIPS performance feedback for the entire Entity ✓ View and download payment adjustment information for all clinicians in the Entity	X View the Promoting Interoperability data submitted by individual clinicians and groups in your APM Entity

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With This Access	You CAN	You CANNOT
Staff User or Security Official for a Registry (QCDR or Qualified Registry)	✓ View preliminary scoring for your clients based on the data you submitted for them (same information that was available during the submission period)	X View final performance feedback or payment adjustment information for your clients, which may include: ○ Data submitted by your clients directly ○ Data submitted by another third party on behalf of your clients ○ Data collected and calculated by CMS on behalf of your clients ▪ Cost measures ▪ All-Cause Hospital Readmission measure
Clinician Role	✓ View your performance feedback and payment adjustment information for all associated APM Entities, practices, and virtual groups	X View performance feedback or payment adjustment information for other clinicians
Staff User or Security Official for a Virtual Group	✓ View virtual group-level performance feedback	X View performance feedback about data submitted by individuals or practices in your virtual group

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Appendix D | Role Request Error Messages

If there is an error processing your role request, you will receive an error message. Below is a list of the error messages you encounter along with quidance on how to troubleshoot the error.

Organization Type	Error Message	Error Cause	Suggestion
All	Our records show that you already have the account access you requested.	You already have the role you're requesting	Review your connected organizations and roles in Manage Access to confirm
	We have attempted to complete your request three times. Your request has been sent to the Service Center. You may contact the Service Center at qpp@cms.hhs.gov or 1-8666-288-8292 (TRS: 711)	You exceeded the attempt limit	Contact the service center
	You must provide all required information to complete this request.	Your request is missing a TIN	Enter a valid TIN
	One or more of the provided TINs is improperly formatted.	Your entered an invalid or incorrect TIN	Re-enter a valid TIN
Practice	This requires a single valid TIN. Only one TIN may be provided at a time.	You entered more than one TIN	Enter a single valid TIN for the practice
	You must provide all required information to complete this request.	Your request is missing a PTAN or NPI	Enter a valid PTAN or NPI for the practice
	We could not validate the TIN/PTAN provided.	You entered an invalid TIN/PTAN combination	Re-enter a valid TIN/PTAN combination
Registry	You must provide all required information to complete this request.	Your request is missing a CMS ID	Enter your CMS ID
	We could not verify the information you provided. Please try again.	Your CMS ID did not match your Registry	Re-enter your CMS ID
		Your TIN did not match your Registry	Re-enter your TIN

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Organization Type	Error Message	Error Cause	Suggestion
APM Entity	You must provide all required information to complete this request.	Your request is missing an Entity ID	Enter your Entity ID
		Your request is for a single TIN APM, but you provided more than one TIN	Enter a single TIN
		Your request is for multi-TIN APM, but you provided a single TIN	Enter all applicable TIN(s)
		(CEC / OCM) Your request is missing a TIN, APM ID, or NPI	Enter applicable TIN, APM ID, and/or NPI
		(CEC / OCM) You entered invalid NPI(s) for a given TIN	Enter valid NPI(s) associated with TIN
Virtual Group	This request requires at least two valid TINs.	You entered less than two TINs provided	Enter two valid TINs
	You must provide all required information to complete this request.	Your request is missing a Virtual Group ID	Enter Virtual Group ID
	We could not locate a Virtual Group associated with the Virtual Group ID provided.	You entered an invalid Virtual Group ID	Re-enter Virtual Group ID
	We could not verify the information your provided. Please try again.	We were unable to validate TINs provided	Re-enter information

If the issue persists, you can also close out of your current Connect to an Organization attempt and submit a new request later or contact the Quality Payment Program for assistance.