

If you would like Mount Sinai Health Partners (MSHP) to review your 2024 Clinical Integration Program calculation, please follow the below supplemental file submission process.

You should have already received the patient lists with each patient that is **not compliant and eligible for review** in your practice's OneDrive account labeled {PRACTICE NAME}\_CI\_2024\_Quality.xlsx and/or {PRACTICE NAME}\_CI\_2024\_CDQI.xlsx.

In order to request a review of measure compliance to MSHP, please inform your [Population Health Manager or Population Health Specialist](#) that you noticed a discrepancy with your Quality Performance Metric (QPM) score and/or Clinical Documentation Metric (CDM) score. **Please submit the necessary materials for the supplemental file submission process between August 6- August 22, 2025.**

Submitting Quality Performance Metric (QPM) Documentation	Submitting Clinical Documentation Metric (CDM) Documentation
<ol style="list-style-type: none"> <li>Use the provided patient list to document that the measure is one that you want reviewed as part of the supplemental file submission process. <ul style="list-style-type: none"> <li>Fill out the columns labeled "DATE_OF_SERVICE" and "SUPPORTING_DOCUMENTATION_SUBMITTED"</li> </ul> </li> <li>Produce supporting documentation as individual PDFs with the following naming convention: &lt;PracticeName_PatientLastName_PatientDOB_MeasureName&gt;. <ul style="list-style-type: none"> <li>The supporting documentation should be a copy of the report/lab with the patient's results present.</li> </ul> </li> <li>Upload the completed patient list and supporting documentation to the "To MSHP" folder in your practice's OneDrive account and notify your <a href="#">Population Health Manager/Population Health Specialist</a> that your submissions for review are complete.</li> </ol>	<ol style="list-style-type: none"> <li>Use the provided patient list to document that the measure is one that you want reviewed as part of the supplemental file submission process. <ul style="list-style-type: none"> <li>Fill out the columns labeled "DATE_OF_SERVICE" and "SUPPORTING_DOCUMENTATION_SUBMITTED"</li> </ul> </li> <li>Produce <b>both the claim and encounter note</b> showing documentation of the supported condition(s) for each patient as a PDF using the following naming convention:* &lt;LastName_MRN_CDM&gt;.</li> <li><b>Please ensure that you are submitting a copy of the DOS claim called the CMS 1500 Form/HCF 1500 Form/837P Form. Note that this is not the same as the Remittance Form.</b></li> <li>Upload the completed patient list and supporting documentation to the "CDQI" folder in your practice's OneDrive account and notify your <a href="#">Population Health Manager or Population Health Specialist</a> that your submissions for review are complete.</li> <li>If you need support accessing a copy of the DOS claim, we recommend requesting assistance in locating the form from your practice's billing team. Please do not submit remittance forms. <i>They do not indicate ICD-10 CM diagnoses codes and therefore will not be accepted.</i></li> <li>If a condition is not active/not present/resolved, please state this via a comment on the POR and upload it to the shared drive. Please also submit Claim &amp; Documentation showing lack of condition (e.g., if a gap is for DM2 with complications, show evidence of DM2 without a complication).</li> </ol>

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After you submit your request and documentation, our team will review and notify you of your final CI Index calculations and score. All review by the MSHP team is final and cannot be disputed further. If you have any questions about the process, please reach out to your [Population Health Manager or Population Health Specialist](#).

### Measures eligible for supplemental file submission process

See below for quality and clinical documentation measures that are eligible for the supplemental file submission process, including the lookback period for which reports can be counted for credit.

**Note:** If you submitted sufficient supplemental data to close care gaps for Empire Commercial patients and/or Empire Medicare Advantage patients in June 2025, as requested by MSHP, that data will be pre-populated in the patient list that is provided to you by MSHP during the supplemental file submission process. No further documentation is needed from you. Your practice will automatically receive Quality Performance Metric data credit that will be applied to your 2024 CI Index Score.

QUALITY MEASURES*		
MEASURE NAME	TEST TYPE	VALID LOOKBACK PERIOD
Breast Cancer Screening	Mammography	27 months: 10/01/2022-12/31/2024
Colorectal Cancer Screening	Colonoscopy	10 years: 01/01/2015-12/31/2024
	CT colography or flexible sigmoidoscopy	5 years: 01/01/2020-12/31/2024
	FIT-DNA (Cologuard)	3 years: 01/01/2022-12/31/2024
	Fecal occult blood test (FOBT)	1 year: 01/01/2024-12/31/2024
Diabetes Eye Exam	Eye screening for diabetic retinal disease	1 year if prior screening positive: 01/01/2024-12/31/2024 2 years if prior screening negative: 01/01/2023-12/31/2024
Diabetes Kidney Health Evaluation	Estimated glomerular filtration rate (eGFR) AND a urine albumin-creatinine ratio (uACR)	1 year: 01/01/2024-12/31/2024

\* [Click here](#) for more information on the [2024 Quality Performance Metric Program](#).

CLINICAL DOCUMENTATION MEASURES**		
MEASURE NAME	TEST TYPE	VALID LOOKBACK PERIOD
Heart Failure	Refer to the CDM spreadsheet of non-compliant patients in your practice's OneDrive account	01/01/2024-12/31/2024
Diabetes with Complications	Refer to the CDM spreadsheet of non-compliant patients in your practice's OneDrive account	01/01/2024-12/31/2024
Composite Measure (includes Chronic Kidney Disease, Vascular Disease, Specified Arrhythmias, Chronic Obstructive Pulmonary Disease, Dementia/Alzheimer's Disease, and Morbid Obesity)	Refer to the CDM spreadsheet of non-compliant patients in your practice's OneDrive account	01/01/2024-12/31/2024

\*\* [Click here](#) for more information on the [2024 Clinical Documentation Metric Program](#).

Guidance for Submitting Your Patient Documentation

**Note:** The supplemental file submission process is for numerator credit only. Patients cannot be removed from a measure's denominator.

DO	DON'T
<ul style="list-style-type: none"><li>• Submit files by August 22, 2025</li><li>• Submit each of your patient reports as a PDF file</li><li>• Save and submit reports individually</li><li>• Adhere to the naming convention listed on page one</li><li>• Make sure each report contains at least two patient identifiers</li><li>• Submit clear and legible patient reports</li><li>• Submit valid reports only (reports that include findings and impressions)</li></ul>	<ul style="list-style-type: none"><li>• Submit files after the deadline of August 22, 2025</li><li>• Submit your patient reports as .TIF files or other non-PDF formats</li><li>• Submit your patient reports as batched files</li><li>• Submit patient reports to us by email. Because these reports contain protected health information, they should be uploaded securely using OneDrive only.</li><li>• Submit poor quality patient scans</li><li>• Submit provider letters, handwritten notes, or other documentation that is not a valid report</li><li>• Submit the remittance form</li></ul>