

Merit-based Incentive Payment System (MIPS)

2025 Alternative Payment Model (APM)
Performance Pathway (APP) Data
Submission User Guide



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How To Use This Guide

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Hyperlinks

Hyperlinks to the [Quality Payment Program website](#) and downloadable resources are included throughout the guide to direct the reader to more information and resources.

Please Note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.



Getting Started

What to Expect During 2025 Submission

When you sign into the QPP website during the submission period, you'll see:

- Measure-level scores for the quality measures you've submitted to date, and a sub-total of points earned for these measures.
 - **Note:** You **won't** see administrative claims measures or the CAHPS for MIPS measure during the submission period.
 - These measures will be added to performance feedback when we release final scores in Summer 2026.
- Measure-level scores for the Promoting Interoperability measures you've submitted to date, and a sub-total of points earned for these measures. (Note that APM Entities won't see the Promoting Interoperability data submitted at the individual or group level.)
- The number of objectives you've reported completely for the Promoting Interoperability performance category.
- An indicator of any performance categories that will be reweighted, if applicable. (Note that APM Entities will only see reweighting that applies at the APM Entity level.)



What to Expect During 2025 Submission (Continued)

What can change after the submission period?

Several things can change between the close of the submission period and the release of final scores, most of which affect the quality performance category.

For example:

- Administrative claims quality measures are calculated
- The CAHPS for MIPS Survey measure is submitted to CMS

Learn more about how scores are calculated in the 2025 APM Performance Pathway Scoring Guide in the [PY 2025 APP Toolkit \(ZIP, 7MB\)](#).

When will our 2025 MIPS final score and 2027 MIPS payment adjustment be available?

Final scores will be available in Summer 2026. MIPS payment adjustments will be released approximately 30 days following the release of MIPS final scores.



What's New With 2025 Submissions?

There Are 2 APP Reporting Options

We've added a 2nd APP reporting option in 2025:

1. The (new) APP Plus quality measure set which is required for Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs).
2. The (original) APP quality measure set.

Electronic Clinical Quality Measure (eCQM) Reporting (Quality Performance Category)

You must provide a CEHRT ID when submitting eCQM data for the quality performance category. For **detailed instructions on how to generate a CMS EHR Certification ID**, review pages 23-25 of the [CHPL Public User Guide \(PDF, 1.21MB\)](#).

A **valid** CMS EHR Certification ID for the 2025 performance period will include **"15C"** (as it did in the 2024 performance period) **or "2025C"**.



What's New With 2025 Submissions? (Continued)

Electronic Case Reporting Measure Suppression (MIPS Promoting Interoperability Performance Category)

The Centers for Disease Control and Prevention (CDC) temporarily paused electronic case reporting registration and onboarding of new health care organizations (HCOs) to establish a more efficient and automated onboarding process. As a result, some MIPS eligible clinicians may be unable to meet the electronic case reporting registration and onboarding requirements by the end of the 2025 performance period.

To avoid adverse consequences beyond the MIPS eligible clinicians' control, we're suppressing the Electronic Case Reporting measure in the MIPS Promoting Interoperability performance category for the CY 2025 performance period/2027 MIPS payment year.

The measure must still be reported. MIPS eligible clinicians will meet the measure requirements by attesting either "Yes" or "No" to being in active engagement with a public health agency or claiming an applicable exclusion. MIPS eligible clinicians who report the suppressed Electronic Case Reporting measure will receive full credit for the measure.



Before You Begin



Beginning with the 2025 performance year, there are 2 quality measure sets available under the Alternative Payment Model (APM) Performance Pathway (APP): the existing APP quality measure set and the new APP Plus quality measure set.

- Shared Savings Program ACOs are required to report the new APP Plus quality measure set beginning with the 2025 performance year.
- Review the [PY 2025 APP Quality Requirements \(Shared Savings Program ACOs Only\) \(ZIP, 12 MB\)](#)
- The existing APP quality measure set is no longer available to Shared Savings Program ACOs.

Only MIPS eligible clinicians who are also MIPS APM participants are eligible for a MIPS final score from APP Plus reporting.

- If your ACO includes MIPS eligible clinicians, these clinicians will receive a MIPS final score and MIPS payment adjustment.
- If your ACO includes MIPS eligible clinicians who don't appear on your ACO's APM Participant List, those clinicians aren't eligible to receive a MIPS final score and payment adjustment from the APP Plus.



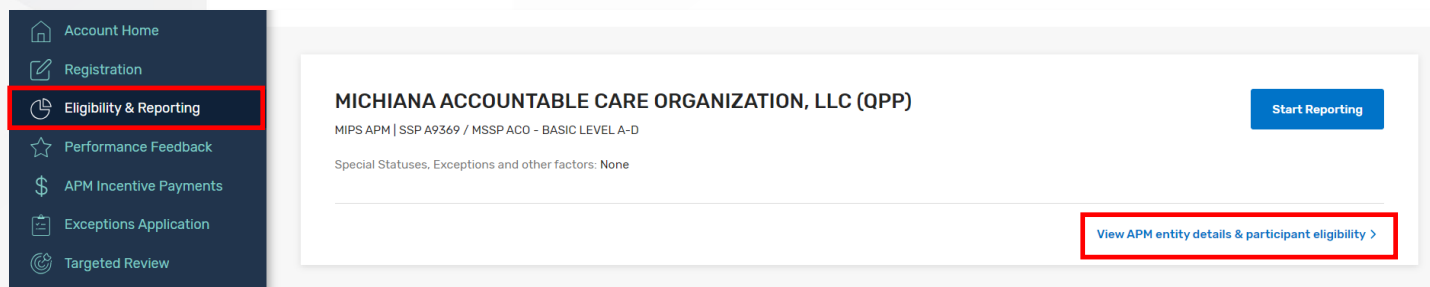
Before You Begin (Continued)



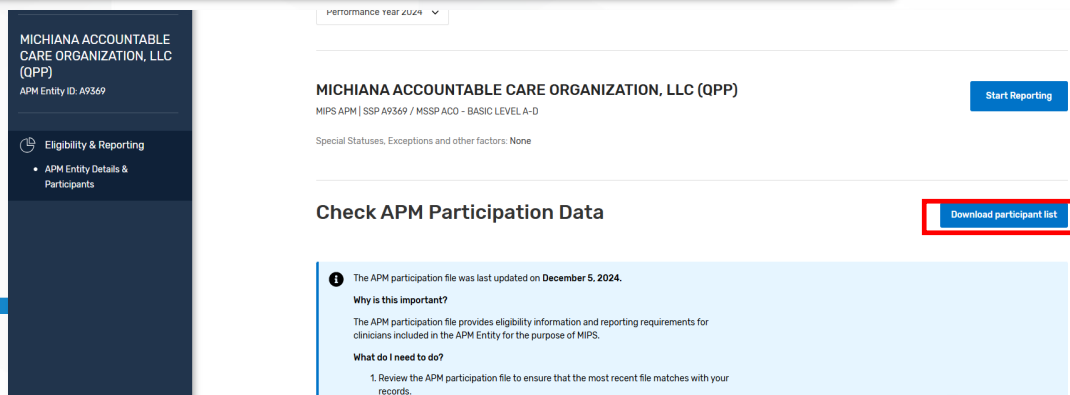
APM Entities including Shared Savings Program ACOs need to understand which clinicians in the APM Entity aren't eligible for the Entity's final score under the APP, and communicate this to their participating practices (e.g., ACO Participant TINs).

Step 1. Verify if any clinicians in the APM Entity are ineligible for the APP final score.

- Sign into the QPP website.
- Click **Eligibility & Reporting** from the left-hand navigation.
- Find your APM Entity.
- Click **View APM entity details & participant eligibility** (below the Start Reporting button).



- Click **Download participant list**

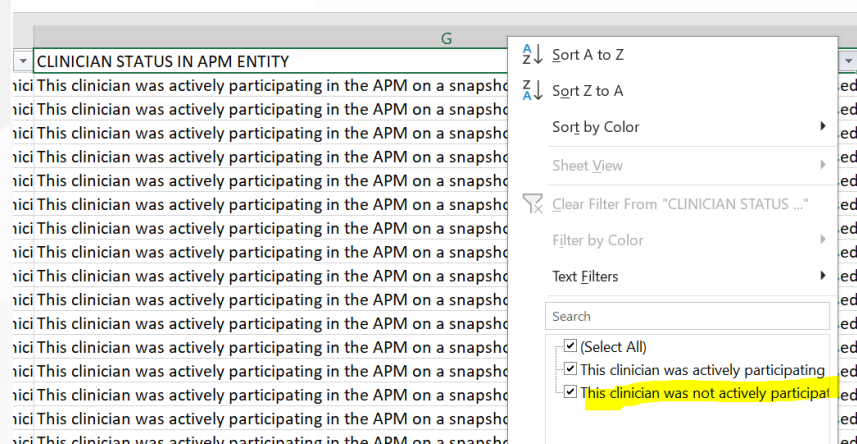


Before You Begin (Continued)



Step 1. Verify if any clinicians in the APM Entity are ineligible for the APP final score. (Continued)

- a) Add filters to the header row.
- b) Click the filter of the **Clinician Status in APM Entity column** (Column G).
- c) If you see the following message as an available value, then the associated clinicians aren't eligible for the APP final score.
 - “This clinician was not actively participating in the APM Entity on any snapshot date. This clinician is not eligible to report via the APP and will not be included in QP determinations. This clinician must report through traditional MIPS, unless otherwise exempt.”



If there are any clinicians identified in Step 1h, please communicate this information to your participants (e.g., ACO Participant TINs) – see steps 2 and 3.

- Why? Because they don't have access to this information.



Before You Begin *(Continued)*



Step 2. Verify which participating practices include clinicians who are ineligible for the Entity's APP final score.

- Filter your list from step 1 by **Clinician Status in APM Entity** to only show those clinicians weren't actively participating in the APM Entity on any snapshot date.
- Note the **Practice Name(s)** associated with each affected clinician.

C	D	E	F	G
PRACTICE NAME	NPI	CLINICI	CLINICI	CLINICIAN STATUS IN APM ENT
APM-Organization-183	8884707375	Karam Me	This clinici	This clinician was not actively parti

Step 3. Download reports for each affected practice identified in step 2b.

- From the **APM Entity Details & Participants** page, scroll down beneath "Participating Practices" to find the first affected practice.
- Click **View Clinician Eligibility** next to the practice's name.

Participating Practices

TINs with clinicians participating in this APM Entity

Search

Search by practice name

Showing 1 - 1 of 1 Practices | [Download participant list](#)

APM-Organization-183

TIN: #999830330 | 342 Price Place 342 Price Place, Foxport, MD 655413965841087

● **MIPS ELIGIBLE**

Clinician at this practice participates in the APM Entity: 1
 Exceeds Low Volume Threshold: **Yes**
 Covered Services at this practice: **697,427**
 Special Statuses, Exceptions and Other Reporting Factors: **None**

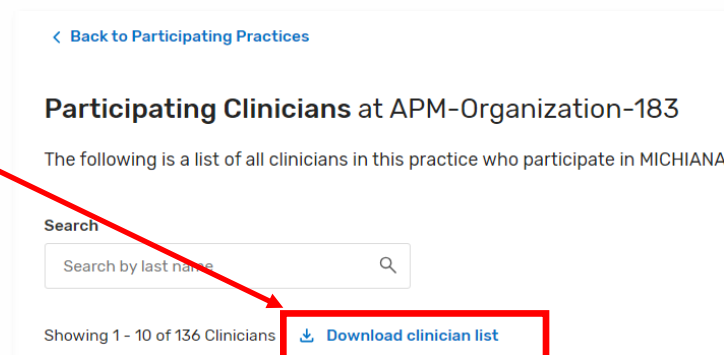
[View Clinician Eligibility](#)



Before You Begin *(Continued)*



- c) Click **Download clinician** list beneath “Participating Clinicians”.
- d) Add filters to the header row.
- e) Click the filter of the **Provider Relationship** column.
- f) If you see the following message as an available value, then the associated clinicians aren’t eligible for the APP final score.



- “This clinician was not actively participating in the APM Entity on any snapshot date. This clinician is not eligible to report via the APP and will not be included in QP determinations. This clinician must report through traditional MIPS, unless otherwise exempt.”

H	I	J	K	L	M
MIPS EL	PROVIDER RELATIONSHIP	APM RE	REPORT	REPORT	PAYMEN
Yes	This clinician was not actively participating in the APM Entity on any	Check AP	This clini	<p>This cli	This clini

- g) Share the file and information with a representative from the affected practice.
- h) Repeat steps 3a-g for each affected practice.



QPP Access: APM Entity Representatives

APM Entity Representatives: APM Entity-Level Submissions

This information is for users with a Staff User or Security Official role for an **APM Entity organization**, identified by an APM Entity ID.

With this access	You CAN do this during the submission period	You CAN'T do this during the submission period
Staff User or Security Official for an APM Entity	✓ Access a list of the practices (TINs) and clinicians participating in the APM Entity ✓ Submit a Partial QP Election (Security Officials Only) ✓ View information about performance category reweighting at the APM Entity level from approved QPP exception applications ✓ Upload a file of APM Entity-level quality and/or Promoting Interoperability measure data (all APM Entities in MIPS APMs) ✓ View measure-level scores along with a sub-total of points for quality data submitted by or on behalf of the APM Entity ✓ View measure-level scores for Promoting Interoperability data submitted by or on behalf of the APM Entity (excludes data submitted at the individual or group level)	✗ View the Promoting Interoperability data reported by clinicians and groups in your APM Entity ✗ View feedback or scores for administrative claims quality measures or the CAHPS for MIPS measure (if applicable) ✗ View overall preliminary score or preliminary performance category scores



QPP Access: Practice Representatives

Practice Representatives: Individual and Group Submissions

This outlines information for users with a Staff User or Security Official role for a **Practice organization**, identified by Taxpayer Identification Number (TIN).

With this Access	You CAN do this during and after the submission period	You CAN'T do this during or after the submission period
Staff User or Security Official for a Practice (includes solo practitioners)	✓ Access information about eligibility and special status at the individual clinician and group level ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit data on behalf of your practice (as a group and/or individuals) • Includes Promoting Interoperability data for MIPS APM participants ✓ Submit opt-in elections on behalf of your practice (as a group and/or individuals) ✓ View data submitted on behalf of your practice (group and/or individual) ✓ View measure-level scoring for Part B claims measures reported throughout the performance period • This data will be updated during the submission period to account for claims received by CMS until March 1, 2026 • REMINDER: We'll only score small practices as a group if they submit data at the group level for another performance category) ✓ View measure and activity-level scores and a sub-total of points for the group and individual clinicians	✗ View feedback or scores for administrative claims quality measures or the CAHPS for MIPS measure (if applicable) ✗ View data submitted by your APM Entity • Example: If you're a Participant TIN in a Shared Savings Program ACO, you won't be able to view the quality data reported by the ACO ✗ View overall preliminary score or preliminary performance category scores



Accessing the System

Getting Started

To [sign in to the QPP website](#) and submit Performance Year 2025 data and/or view data submitted on your behalf, you need:

- An account (user ID and password)
- Access to an organization (a role)

If you don't already have an account or access, review the documentation listed below in the [QPP Access User Guide \(ZIP, 3MB\)](#) so you can sign in to submit, or view, data.

If you're working with a third party intermediary, **make sure you sign in during the submission period to review data submitted on your behalf.**

You **can't** submit new or corrected data after the submission period closes.

Resource in the Quality Payment Program Access User Guide	Description
Shared Savings Program ACOs_ACO-MS User Access	Information about the process for Shared Savings Program ACOs to get an account and role. Representatives of Shared Savings Program ACOs who are the ACO's QPP Security Official or QPP Staff User contact in the ACO Management System (ACO-MS) can sign in to the QPP website using their ACO-MS username and password.
QPP Access At A Glance	An overview of the steps needed to access your organization on the QPP website.
Step 1. Register for a HARP Account	Step-by-step instructions and screenshots for creating a HARP account (completed on the HARP website).
Step 2a. Connect to an Organization	Step-by-step instructions and screenshots for requesting a role for your organization (completed on the QPP website).

Before You Begin

Make sure you are using the most recent version of your browser:

- Chrome
- Edge

Internet Explorer, Safari, and Firefox aren't fully supported by QPP.



Sign in to the QPP Website

Go to [the QPP website](#) and click Sign In on the upper right-hand corner.

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

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

DISCLAIMER:

All screenshots include fictitious patients and organizations. Screenshots were captured from a test environment, so there may be slight variations between the screenshots included in this guide (including dates) and the user interface in the production system

Sign in to QPP

User ID

Password Show password

[Forgot user ID or password](#)

If you are a representative of a Shared Savings Program ACO and can access the ACO Management System (ACO-MS), then you can sign in to QPP using the same User ID and Password.

Sign In >

OR

Register for QPP

Agree to This Statement of Truth to Sign In ✕

I certify to the best of my knowledge that all of the information that will be submitted will be true, accurate, and complete. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.

Privacy and security statement:

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this

Cancel

Yes, I agree



Sign in to the QPP Website (Continued)

Once signed in, you can click **Eligibility & Reporting** from the left-hand navigation or the **Start Reporting** button on the right side of the page.

The screenshot displays the QPP website interface. On the left is a dark blue navigation menu with the following items: Account Home, Registration, Eligibility & Reporting (highlighted with a red box), Performance Feedback, APM Incentive Payments, Exceptions Application, Targeted Review, and Reports. The main content area features two white cards. The top card is titled 'CAHPS for MIPS Survey and MVP Registration Information' and includes a blue button labeled 'Go to registration portal'. The bottom card is titled 'Performance Year (PY) 2025 Submission Reporting Window is Now Open' and includes a blue button labeled 'Start reporting' (highlighted with a red box). Below the title of the bottom card, it states: 'You are now able to start your reporting for the PY 2025 submission year.'



Sign in to the QPP Website (Continued)

Practices (For Group and Individual Reporting)

From the **Eligibility & Reporting** page, you'll need to indicate whether you're reporting as a group or as individuals.

The screenshot shows the QPP website interface. On the left is a dark blue sidebar with the user name 'Terry C' and a list of navigation links: Account Home, Registration, Eligibility & Reporting (highlighted), Performance Feedback, APM Incentive Payments, Exceptions Application, Targeted Review, Reports, Manage Access, and Help and Support. The main content area has two tabs: 'APM Entities' and 'Practices' (selected). Below the tabs is a search bar labeled 'Search' with the placeholder 'Search by practice name'. Below the search bar, it says 'Showing 1 - 2 of 2 Practices' with a 'Download' button. The main content area displays a card for 'Scoring Org 18'. The card includes the TIN: #000893695 | 1043 Wallace Plains Suite 8992, North Joseburgh, DC 583318040078750, a green checkmark icon, and the text 'MIPS ELIGIBLE'. Below this, it lists several metrics: 'Exceeds Low Volume Threshold: Yes', 'Medicare Patients at this practice: 881,387', 'Allowed Charges at this practice: \$467,780.00', 'Covered Services at this practice: 939,490', and 'Special Statuses, Exceptions and Other Reporting Factors: Non-patient facing'. At the bottom right of the card, there are two blue buttons: 'Report as Group' and 'Report as Individuals', which are enclosed in a red rectangular box. At the bottom right of the card, there is a link 'View practice details & clinician eligibility' with a chevron icon.

MIPS Opt-in Eligible Clinicians and Groups

Opt-in eligible clinicians and groups who wish to report the APP and receive a MIPS payment adjustment will be prompted to complete an opt-in election before they can submit data. You can't voluntarily report the APP. For more information, review the [2025 MIPS Opt-In Election and Voluntary Reporting User Guide \(PDF\)](#) on the QPP Resource Library.



Sign in to the QPP Website (Continued)

APM Entities

From the **Eligibility & Reporting** page, click **Start Reporting**.

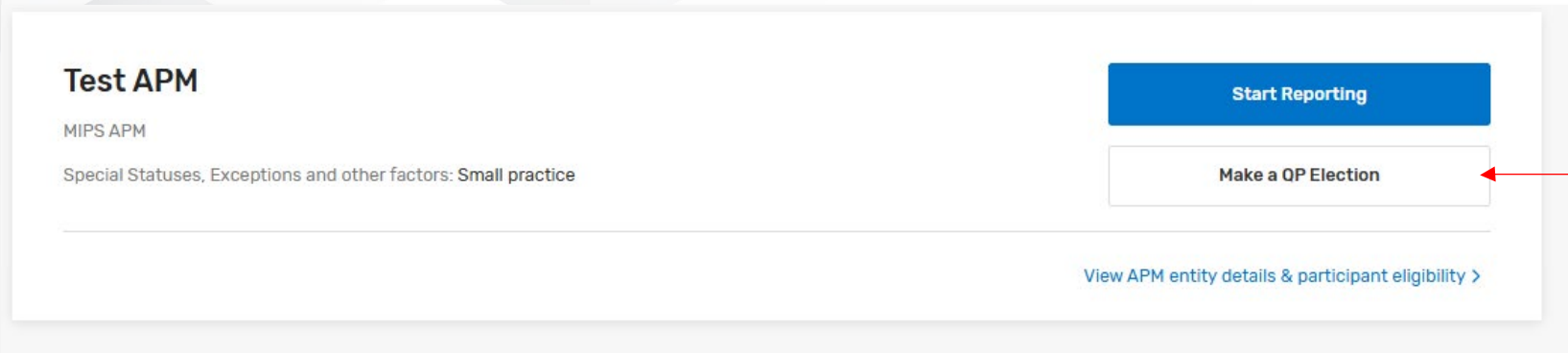
The screenshot displays the QPP website interface. On the left, a dark blue sidebar for user 'Terry C' contains navigation links: Account Home, Registration, Eligibility & Reporting (highlighted), Performance Feedback, APM Incentive Payments, Exceptions Application, Targeted Review, Reports, Manage Access, and Help and Support. The main content area has tabs for 'APM Entities' and 'Practices'. Below the tabs is a search bar labeled 'Search' with the placeholder 'Search by APM entity name'. Below the search bar, it says 'Showing 1 - 1 of 1 APM Entities'. A card for 'Hansen-Bach' is shown, with details: 'MIPS APM & Advanced APM | PCF CA1196 / PCF - GENERAL PRACTICE' and 'Special Statuses, Exceptions and other factors: Small practice'. A blue 'Start Reporting' button is highlighted with a red box. At the bottom right of the card, there is a link: 'View APM entity details & participant eligibility >'.



Partial Qualifying APM Participant (QP) Elections

Partial QP Election Process

APM Entities with Partial Qualifying APM Participation (QP) Status will see the option to **Make a QP Election** beneath **Start Reporting**.



The screenshot shows a user interface for an APM entity. On the left, under the heading "Test APM", there is a section for "MIPS APM" with a sub-label "Special Statuses, Exceptions and other factors: Small practice". On the right, there are two buttons: a blue "Start Reporting" button and a white "Make a QP Election" button. A red arrow points to the "Make a QP Election" button. Below the buttons, there is a link that says "View APM entity details & participant eligibility >".

Partial QPs who want to report MIPS data and get a MIPS payment adjustment must complete their Partial QP election by March 31, 2026, at 8 p.m. ET.

Elections can only be made by an APM Entity representative with the “Security Official” role for QPP.



Partial QP Election Process (Continued)

Click **Make a QP Election** to open a pop-up window which will allow you to make the Partial QP Election on behalf of your MIPS eligible clinicians.

Reporting Election for Partial QPs ✕

If you **opt-in** to report to MIPS, all MIPS-eligible clinicians in this entity who are Partial QPs will be subject to the MIPS reporting requirements and payment adjustments for performance year 2025.

If you select **not** to report, the MIPS-eligible clinicians in this entity won't participate in MIPS. They could still report to MIPS but won't be subject to the payment adjustment.

Note: You won't be able to edit your selection after you click "Confirm Election."

APM Entity: HI9210 PCF

☐ Opt-in to report to MIPS

☐ Do not report to MIPS

Test APM

MIPS APM

Special Statuses, Exceptions and other factors: Small practice

[View APM entity details & participant eligibility >](#)



Partial QP Election Process (Continued)

Opt-in to report to MIPS

- Select this if you want the MIPS eligible clinicians in your APM Entity to **receive a MIPS payment adjustment** for the 2025 performance period/2027 MIPS payment year.

Do not report to MIPS

- Select this if you don't want the MIPS eligible clinicians in your APM Entity to receive a MIPS payment adjustment for the 2025 performance period/2027 MIPS payment year.
- Any data reported will be considered voluntary.

For more information about Partial QP status, review the [2025 Learning Resources for QP Status and APM Incentive Payments \(ZIP, 3MB\)](#).

Reporting Election for Partial QPs



If you **opt-in** to report to MIPS, all MIPS-eligible clinicians in this entity who are Partial QPs will be subject to the MIPS reporting requirements and payment adjustments for performance year 2025.

If you select **not** to report, the MIPS-eligible clinicians in this entity won't participate in MIPS. They could still report to MIPS but won't be subject to the payment adjustment.

Note: You won't be able to edit your selection after you click "Confirm Election."

APM Entity: HI9210 PCF

☐ Opt-in to report to MIPS

☐ Do not report to MIPS

Cancel

Confirm Election



Partial QP Election Process (Continued)

Partial QP Elections (Continued)

Once you've made and confirmed your election, you'll see an **Election Confirmed** indicator below Start Reporting.

Test APM
MIPS APM
Special Statuses, Exceptions and other factors: Small practice

Start Reporting

✓ Election Confirmed

[View APM entity details & participant eligibility >](#)



Reporting Option Selection

Shared Savings Program ACOs

Once you've selected "Start Reporting" on the Eligibility and Reporting page, you'll be taken to the Reporting Options page. Select **Start Reporting** on the **APP Plus** card.

Reporting Options

MICHIANA ACCOUNTABLE CARE ORGANIZATION, LLC (QPP) | APM Entity ID: A9369

Required Reporting



APM Performance Pathway Plus (APP Plus)

Available to all MIPS eligible clinicians in a MIPS APM, and required for Accountable Care Organizations (ACOs) in the Medicare Shared Savings Program (MSSP)

[Learn more about the APP Plus](#)

Start reporting

Optional Reporting



APM Performance Pathway (APP)

This reporting option is available to all MIPS eligible clinicians participating in a MIPS APM.

[Learn more about the APP](#)

Start reporting

This page will identify your required and optional reporting.

Beginning in 2025, Shared Savings Program ACOs are required to report the APP Plus quality measure set as part of their participation in the Shared Savings Program.

The APP is now listed as optional for Shared Savings Program ACOs.

- The APP reporting option will count for MIPS but won't satisfy Shared Savings Program reporting requirements.

Participant TINs in a Shared Savings Program ACO

Once you've selected "Start Reporting" on the Eligibility and Reporting page, you'll be taken to the Reporting Options page. Reporting options will be divided between those "For All MIPS Eligible Clinicians in a MIPS APM" and "For All MIPS Eligible Clinicians."

For All MIPS Eligible Clinicians in a MIPS APM

APM Performance Pathway Plus (APP Plus)

Available to all MIPS eligible clinicians in a MIPS APM, and required for Accountable Care Organizations (ACOs) in the Medicare Shared Savings Program (MSSP)

[Learn more about the APP Plus](#) 

[Start Reporting](#)

APM Performance Pathway (APP)

This reporting option is available to all MIPS eligible clinicians participating in a MIPS APM.

[Learn more about the APP](#) 

[Start Reporting](#)

For All MIPS Eligible Clinicians

Traditional MIPS

This reporting option is available to all MIPS eligible clinicians who must report to MIPS.

[Learn more about Traditional MIPS](#) 

[Start Reporting](#)

Participant TINs can select any reporting option if they're only reporting Promoting Interoperability data on behalf of their MIPS eligible clinicians at the individual or group level.

- Selecting Traditional MIPS to report your Promoting Interoperability data will maximize the group's traditional MIPS final score for any MIPS eligible clinician who isn't eligible for the APP final score. ([Refer to pages 11 - 12.](#))



All Other MIPS APM Participants (Excluding Shared Savings Program ACOs or Participants)

Once you've selected "Start Reporting" on the Eligibility and Reporting page, you'll be taken to the Reporting Options page. Choose "APM Performance Pathway (APP)" or "APM Performance Pathway Plus (APP Plus)" based on your quality measure set.

For All MIPS Eligible Clinicians in a MIPS APM

APM Performance Pathway Plus (APP Plus)

Available to all MIPS eligible clinicians in a MIPS APM, and required for Accountable Care Organizations (ACOs) in the Medicare Shared Savings Program (MSSP)

[Learn more about the APP Plus](#) 

Start Reporting

APM Performance Pathway (APP)

This reporting option is available to all MIPS eligible clinicians participating in a MIPS APM.

[Learn more about the APP](#) 

Start Reporting

For All MIPS Eligible Clinicians

Traditional MIPS

This reporting option is available to all MIPS eligible clinicians who must report to MIPS.

[Learn more about Traditional MIPS](#) 

Start Reporting

Reminder: The APP and APP Plus are only available to MIPS eligible clinicians in a MIPS APM.

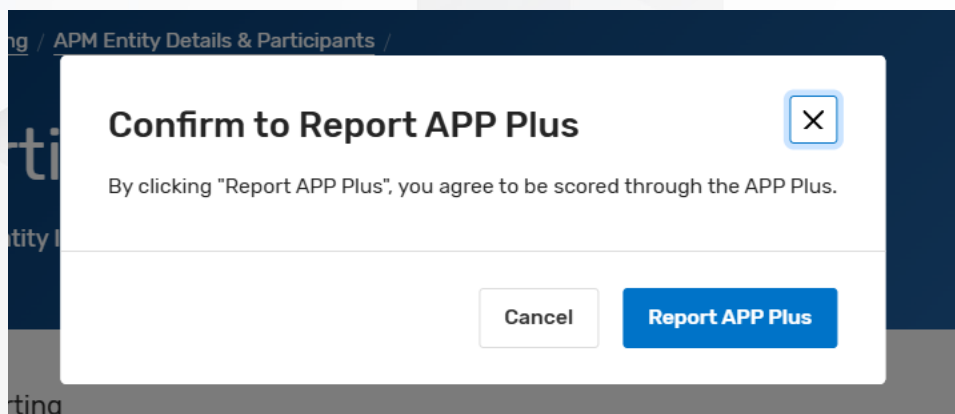
If your group includes MIPS eligible clinicians who don't participate in a MIPS APM, these clinicians aren't eligible to receive the final score and payment adjustment from the group's APP reporting.

- You'll need to report traditional MIPS for these MIPS eligible clinicians, or they'll get a negative MIPS payment adjustment.



Reporting Option Confirmation

Once you click **Start Reporting**, you'll be asked to confirm your choice. (**Note:** Groups/Participant TINs must confirm a more in-depth confirmation message because of the implications for clinicians who don't qualify to receive a final score from the APP Plus or APP.)



Once you select Report APP Plus, you will receive a MIPS final score even if no additional data are reported.

Under the APP Plus (and APP), APM Entities, groups and individuals automatically receive full credit in the improvement activities performance category which will trigger a MIPS final score and associated MIPS payment adjustment even if no quality or Promoting Interoperability data are submitted.

If you later decide you don't want to report the APP, you can [cancel this selection](#).

Reporting Overview

Reporting Summary

After confirming that you want to report the APP Plus, you'll be directed to the Reporting Overview page where you can:

- View a reporting summary
- Upload a file with your quality and/or Promoting Interoperability data
- [Cancel your APP reporting selection](#)
- Access the quality and Promoting Interoperability category pages
- Review information about the Complex Patient Bonus points you may qualify for when feedback is available in Summer 2026 (these bonus points aren't available during submission)

Reporting Summary

The information below shows what you've submitted so far.

Submitted Data

Created: — Submission ID: —

The Reporting Summary section provides information about data already submitted.

APM Performance Pathway Plus (APP Plus) reporting

↑ Upload file

Manage submissions

Upload a formatted QPP JSON or QRDA III file with Quality and Promoting Interoperability measures. You can manually attest to Promoting Interoperability and Improvement Activities by selecting "view/edit" on each card.

 All changes are immediately auto-calculated.

Uploaded files **can overwrite** (delete) previous uploaded from other members of your organization if the data is for the same performance category (ex. Quality), reporting option (ex. MVPs), and participation option (ex. Group).

More information and guidance may be found on this page under [resources](#) ↓

Quality

This performance category assesses the quality of the care you deliver. You pick the quality measures that best fit this APM entity.

[Learn more about Quality requirements for the APM Performance Pathway Plus \(APP Plus\)](#) 

 NOT STARTED

[View and edit >](#)

Promoting Interoperability

APM Entities have the option to submit Promoting Interoperability at the individual, group or APM Entity level. We'll aggregate individual and group data for a Promoting Interoperability score unless the APM Entity submits data for this category.

[Learn more about Promoting Interoperability requirements](#) 

 NOT STARTED

[Create manual entry >](#)



Program Name: APP Plus (Required for Shared Savings Program ACOs)

File Identifiers Required for APP Plus Reporting

Data submitted through a file upload (or the API) must include the correct program name to be attributed to APP Plus reporting; data submitted without a program name will be attributed to traditional MIPS reporting.

Did you know?

Your file must include the appropriate program name to be counted towards the APP Plus:

When submitting a QPP JSON file, “programName” = “appPlus”

When submitting a QRDA III file as an APM Entity/ACO, CMS Program Name = “**APP_PLUS_APMENTITY**” (this is the required CMS Program Name for Shared Savings Program ACOs)

- Groups reporting the APP Plus (separate from the ACO) and submitting a QRDA III file would use the APP_PLUS_GROUP CMS Program Name
- Individuals reporting the APP Plus (separate from the ACO) and submitting a QRDA III file would use the APP_PLUS_INDIV CMS Program Name



Program Name: APP

File Identifiers Required for APP Reporting

Data submitted through a file upload (or the API) must include the correct program name to be attributed to APP reporting; data submitted without a program name will be attributed to traditional MIPS reporting.

Did you know? Your file must include the appropriate program name to be counted towards the APP:

When submitting a QPP JSON file, “programName” = “app1”

When submitting a QRDA III file, CMS Program Name =

- “MIPS_APP1_APMENTITY” if you’re reporting data for the APP at the APM Entity level
- “MIPS_APP1_GROUP” if you’re reporting data at the group level
- “MIPS_APP1_INDIV” if you’re reporting data at the individual level

Shared Savings Program ACOs:

You can’t use the “app1” or “APP1” program name for the purposes of meeting quality reporting requirements under the Shared Savings Program in 2025.

You must report the APP Plus, with the program names defined on the previous page.



Cancel Your APP/APP Plus Reporting Selection

If you've already confirmed that you wish to be scored under the APP (or APP Plus) and later decide that you don't want to report the APP (or APP Plus), you can cancel your selection.

From the Reporting Overview page, click **Manage Submissions**.

Reporting Overview
MICHIANA ACCOUNTABLE CARE ORGANIZATION, LLC (QPP) | APM Entity ID: A9369

PERFORMANCE YEAR 2024 Print

Reporting Summary

The information below shows what you've submitted so far.

You can modify or add more measures until the **submission window closes at 8:00 pm EDT on March 31, 2025**

Submitted Data

Created: 12-09-2024 12:46 PM Submission ID: 0e9bc522-8553-45f8-b58a-450f41aaeb3 ⓘ

APM Performance Pathway Data Reporting

Upload a formatted QPP JSON or QRDA III file with Quality, Promoting Interoperability measures, and Improvement Activities. You can report to individual performance categories by selecting "view/edit" in each card.

☐ All changes are immediately auto-calculated.
Uploaded files **can overwrite** (delete) previous uploaded from other members of your organization if the data is for the same performance category (ex. Quality), reporting option (ex. MVPs), and participation option (ex. Group).

More information and guidance may be found on this page under [resources](#) ↓

Upload file
Manage submissions

IMPORTANT:

If you don't cancel your selection, you will receive a MIPS final score of 20 out of 100 points based on your automatic credit in the improvement activities, resulting in a negative payment adjustment for your MIPS eligible clinicians. Submissions can be cancelled up until the submission deadline 8 p.m. ET on March 31, 2026.

NOTE:

If a Shared Savings Program ACO doesn't report the APP Plus, they will fail the Shared Savings Program quality standard.



Cancel Your APP/APP Plus Reporting Selection (Continued)

In the Manage Submission modal, you'll see automatic improvement activities credit and the option to **Delete Submission**. Click Delete Submission to cancel your APP reporting selection. You can also **Cancel** to return to APP reporting.

Manage Submission Data

Below you can view and manage all collection types associated with your submission.

Submission ID: 09337e9f-676d-4584-bb92-965a494037ef

Improvement Activities

Auto Credit

How can I delete my submission or manage my data?

If you would like to delete your entire APP submission, please delete all Quality Data before deleting the Improvement Activity Auto-credit Data. If you choose to report to APP later, you will be able to select to report APP in the Reporting Options page. Only measures you are authorized to manage may be deleted.

Cancel Delete Submission

Once you've deleted your submission, you'll return to the **Reporting Options** page. If you decide later that you'd like to report the APP, you can click **Start Reporting** from this page.

Eligibility & Reporting / APM Entity Details & Participants

Reporting Options

NEW ENGLAND CANCER SPECIALISTS (QPP) | APM Entity ID: 00M-978

Optional Reporting

APM Performance Pathway (APP)

This reporting option is available to all MIPS eligible clinicians participating in a MIPS APM who must report to MIPS.

[Learn more about the APP](#)

Start Reporting



Submitting and Reviewing Quality Data

Shared Savings Program ACOs

There are 4 APP Plus measures that must be submitted during the submission period. (Your certified survey vendor will submit your CAHPS for MIPS Survey measure outside of the submission period.)

1. Diabetes: Glycemic Status Assessment Greater Than 9% (Quality ID 001/001SSP)
2. Breast Cancer Screening (Quality ID 112/112SSP)
3. Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Quality ID 134/134SSP)
4. Controlling High Blood Pressure (Quality ID 236/236SSP)

You can report the required measures as a combination of collection types: e.g., 1 measure as an eCQM, 1 measure as a MIPS CQM, and 2 measures as Medicare CQMs.

You can also report each measure through multiple collection types*: e.g., you can report the diabetes measure as a MIPS CQM (001), a Medicare CQM (001SSP), and an eCQM (CMS122v13) the highest scoring collection type would count towards your quality score.

***IMPORTANT:** MIPS CQMs and Medicare CQMs are reported as part of the same JSON measurement set (submissionMethod="registry")

If you report all 4 measures through each of the 3 collection types available to ACOs, you'd submit a total of 12 measures:

- 1 measurement set (submissionMethod = registry) with 8 measures (4 MIPS CQMs + 4 Medicare CQMs)
- 1 measurement set (submissionMethod = electronicHealthRecord) with 4 measures (4 eCQMs)



All Other APP Reporters (Excluding Shared Savings Program ACOs)

APP Plus Quality Measure Set	APP Quality Measure Set
Submit the 4 quality measures required by the APP Plus*: 1. Diabetes: Glycemic Status Assessment Greater Than 9% (001) 2. Breast Cancer Screening (112) 3. Preventive Care and Screening: Screening for Depression and Follow-Up Plan (134) 4. Controlling High Blood Pressure (236)	Submit the 3 quality measures required by the APP*: 1. Diabetes: Glycemic Status Assessment Greater Than 9% (001) 2. Preventive Care and Screening: Screening for Depression and Follow-Up Plan (134) 3. Controlling High Blood Pressure (236)

(*Your certified survey vendor will submit your CAHPS for MIPS Survey measure outside of the submission period.)

You can report the required measures as a combination of collection types: e.g., 1 measure as an eCQM, 2 measures as MIPS CQMs.

You can also report each measure through multiple collection types: e.g., you can report the diabetes measure as both a MIPS CQM (001) and an eCQM (CMS122v13).



In This Section

- [Submitting eCQMs/MIPS CQMs/Medicare CQMs](#)
 - Medicare CQMs are a collection type only available to Shared Savings Program ACOs. Before submitting your Medicare CQMs, review the [2025 Medicare CQM Implementation Checklist \(PDF\)](#), a resource to support ACOs in reporting Medicare CQMs.
- [Reviewing Previously Submitted Quality Data](#)
- [Frequently Asked Questions](#)



Submitting eCQMs/MIPS CQMs/Medicare CQMs

You can upload your QPP JSON or QRDA III file with your eCQMs, MIPS CQMs, and/or Medicare CQMs directly from the **Reporting Overview** page by clicking **Upload File**.

APM Performance Pathway Data Reporting

Upload a formatted QPP JSON or QRDA III file with Quality, Promoting Interoperability measures, and Improvement Activities. You can report to individual performance categories by selecting "view/edit" in each card.

 All changes are immediately auto-calculated.
Uploaded files **can overwrite** (delete) previous uploaded from other members of your organization if the data is for the same performance category (ex. Quality), reporting option (ex. MVPs), and participation option (ex. Group).

More information and guidance may be found on this page under [resources](#) ↓

Upload file

Manage submissions

Updates for eCQM Reporting

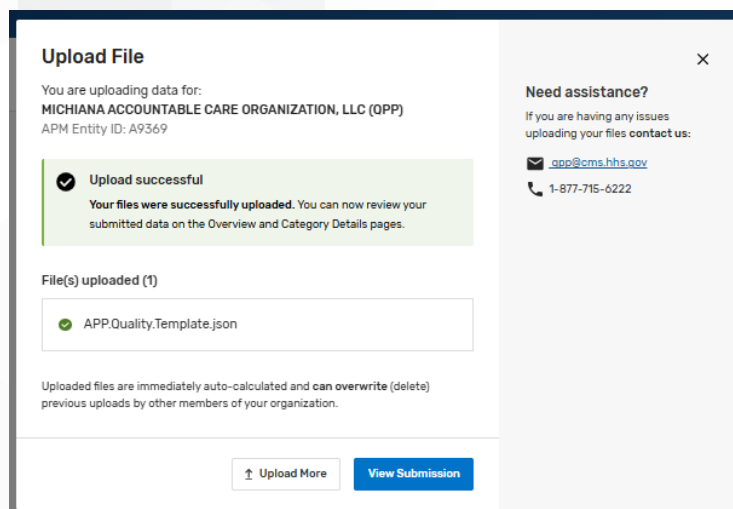
- **CEHRT ID.** Beginning with the 2025 performance year, **you must provide a CEHRT ID** when submitting eCQM data for the quality performance category. For detailed instructions on how to generate a CMS EHR Certification ID, review pages 23-25 of the [CHPL Public User Guide \(PDF, 1.21MB\)](#).
 - A **valid** CMS EHR Certification ID for the 2025 performance period will include **“15C”** (as it did in the 2024 performance period) **or “2025C”**.
- **Complex Organization Adjustment.** New for the 2025 performance period, **we’ll add one measure achievement point for each eCQM submitted for an APM Entity** that meets data completeness and case minimum requirements. The adjustment may not exceed 10% of the total available measure achievement points in the quality performance category.



Submitting eCQMs/MIPS CQMs/Medicare CQMs

Once you've uploaded your file, you will see an indicator of success or error.

Successful Submission



Submitting eCQMs/MIPS CQMs/Medicare CQMs

Unsuccessful Submission.

If there's an error with your file, you'll see a message indicating that the data couldn't be processed and have access to a detailed error report. Click Download Report for details of the submission issue.

You can contact the QPP Service Center with questions.

- By Email: gpp@cms.hhs.gov
- By Phone: 1-866-288-8292 (711 for TRS)

A	B	C	D	E	F	G
File Name	Size	Timestamp	Status	Message		
APP.Quali	1.3 KB	2024-12-0	Upload Fai	invalid measurement object		
APP.Quali	1.3 KB	2024-12-0	Upload Fai	field 'value' in Submission.measur		
APP.Quali	1.3 KB	2024-12-0	Upload Fai	strata for measureId 052 must be an array		

Upload File

You are uploading data for:
MICHIANA ACCOUNTABLE CARE ORGANIZATION, LLC (QPP)
APM Entity ID: A9369

We were unable to process this data
Download the Error Log to help your team with troubleshooting.
You won't be able to get this log after closing this window.

[Download Report](#)

File(s) uploaded (1)

APP.Quality.Template-error.json

Uploaded files are immediately auto-calculated and can overwrite (delete) previous uploads by other members of your organization.

[Upload More](#) [View Submission](#)

Need assistance?
If you are having any issues uploading your files contact us:
gpp@cms.hhs.gov
1-877-715-6222

Skip ahead to the [Quality Page](#) section for more information about the details provided after quality data has been submitted.



Submitting eCQMs/MIPS CQMs/Medicare CQMs

Troubleshooting an ACO's Unsuccessful Quality Submission for APP Plus Reporting.

If you see either of the following messages in your error report, you've included the wrong program name in your file, or didn't include one at all (submission will default to traditional MIPS):

- "measure ID 112 is not allowed to be submitted to the mips program. Please remove the invalid measure from the measurement set."
- "message": "measure ID 112 is not allowed to be submitted to the app1 program. Please remove the invalid measure from the measurement set."

How do we know? Because Measure 112 is required for the APP Plus, but it isn't available for traditional MIPS reporting or included the original APP measure set.

You must use the correct APP Plus program name:

QPP JSON file:

- `programName = "appPlus"`

QRDA III file:

- `CMS Program Name = "APP_PLUS_APMENTITY"`



Review Previously Submitted Data

To review eCQM/MIPS CQM/Medicare CQM data submitted on your behalf by another member of your organization or a third party intermediary, navigate to the Eligibility & Reporting page, click Start Reporting to get to the Reporting Options page. If data has been submitted, you'll see the option to **Edit Submission**.

APM Performance Pathway (APP)

This reporting option is available to all MIPS eligible clinicians participating in a MIPS APM.

[Learn more about the APP.](#) 



Edit Submission



Review Previously Submitted Data

Troubleshooting

If you or a third party successfully uploaded a file with your quality data, but you don't see it reflected on the relevant Reporting Overview page, the file probably didn't include the correct program name.

APP Plus Reporting (Required for Shared Savings Program ACOs)

- Make sure you're reviewing the APP Plus Reporting Options page
- Review the program names required for APP Plus reporting on [this page](#).

APP Reporting (Not Available for Shared Savings Program ACOs)

- Make sure you're reviewing the APP Reporting Options page
- Review the program names required for APP reporting on [this page](#).

You may need to reach out to your EHR vendor or third party intermediary for assistance with verifying the program name included in your file and updating (or adding) it as needed.



Review Previously Submitted Data (Continued)

The Reporting Summary will now identify that data has been submitted and prominently display your Submission ID. If you need to contact the QPP Service Center, you'll need to provide the Submission ID.

Reporting Summary

The information below shows what you've submitted so far.

You can modify or add more measures until the submission window closes at 8:00 pm EDT on March 31, 2025

Submitted Data

Created: 12-09-2024 12:46 PM

Submission ID: 0e9bc522-8553-45f8-b58a-450f41aaeeb3 ⓘ

Click **Edit Submission** to get to the Reporting Overview page. To see the details of the measure data reported on your behalf, click **View & Edit** on the quality card, or click **Quality** in the left-hand navigation.

Quality

This performance category assesses the quality of the care you deliver. You pick the quality measures that best fit this APM entity.

[Learn more about Quality requirements for the APP.](#) ⓘ

✓ SUBMITTED

View and edit >

 **Account Home**

Michiana Accountable Care Organization, LLC (QPP)

APM Entity ID: A9369

 **Eligibility & Reporting**

APM Entity Details & Participants

Reporting Options

APM Performance Pathway

- APM Reporting Overview

Quality



Quality Page

From the **Quality** page, you can view preliminary performance and scoring information for each measure submitted.

Measures That Count Towards Your Score

Measure Name Expand All	Performance Rate	Measure Score	
Diabetes: Glycemic Status Assessment Greater Than 9% Measure ID: 001	0.00%	10.00	▼
Controlling High Blood Pressure Measure ID: 236	95.00%	10.00	▼
Breast Cancer Screening Measure ID: 112	100.00%	10.00	▼
Preventive Care and Screening: Screening for Depression and Follow-Up Plan Measure ID: 134	100.00%	10.00	▼
Subtotal:		40.00	

IMPORTANT:

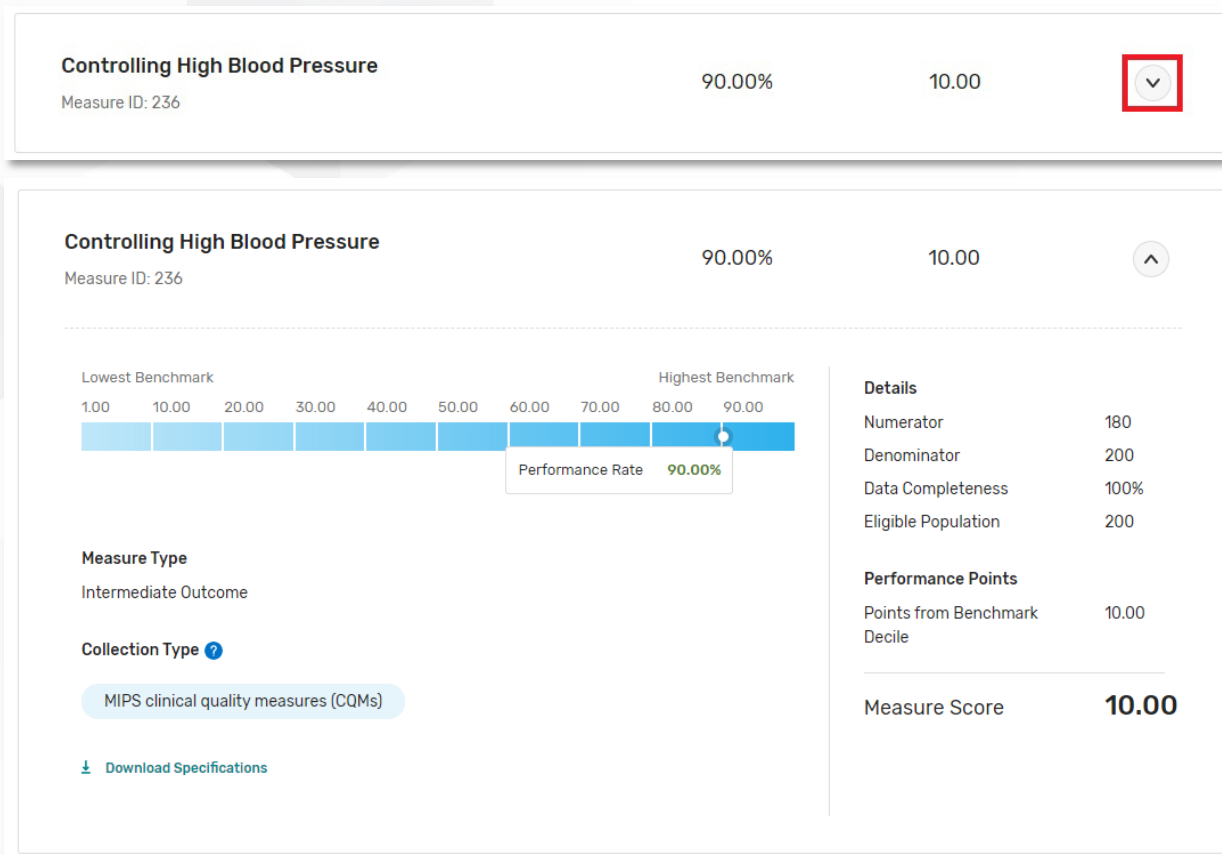
Please note that you can only access measure level scores for the measures that are submitted during the submission period.

Once performance feedback is available in Summer 2026, your quality score will be updated to reflect achievement points earned for the administrative claims quality measures and the CAHPS for MIPS measure.



Quality Page (Continued)

Click the caret (“>”) to the right of the measure score to expand the measure details and access more performance information.



Frequently Asked Questions

Do Participant TINs in a Shared Savings Program ACO need to report the APP Plus quality measures?

- No, the ACO will report the APP Plus quality measures (i.e. these are submitted at the APM/ACO entity level). As a reminder, Participant TINs won't see any quality measure data or scores reported by the ACO if/when they sign in to report Promoting Interoperability data on behalf of their MIPS eligible clinicians.

When will administrative claims measures and CAHPS for MIPS measure results be available?

- This information will be included as part of your performance feedback that will be available in Summer 2026.

What happens if we submit the same quality measure through multiple collection types?

- We'll only include achievement points from one collection type for a single measure in your quality performance category score.
- Let's review an example:
 - You report the controlling high blood pressure measure (Quality ID 236) as an eCQM and MIPS CQM.
 - You earn 6.1 achievement points for the measure through the eCQM collection type.
 - You earn 7.5 achievements points for the measure through the MIPS CQM collection type.
- The MIPS CQM version of measure 236 will be counted towards your quality performance category score because it resulted in more achievement points.
- The eCQM version of the measure won't contribute to your quality performance category score.



Submitting and Reviewing Promoting Interoperability Data

Shared Savings Program Promoting Interoperability Requirements

The update below was communicated through a December 12 email to ACOs and the 2025 Spotlight Issue 12:

CMS is exercising its discretion in how it enforces ACOs' compliance with certain requirements of the Shared Savings Program under 42 CFR Part 425 in PY 2025. This notification and the enforcement discretion described herein are in effect for PY 2025.

CMS outlined new Promoting Interoperability requirements for Shared Savings Program ACOs beginning in PY 2025 at [42 CFR § 425.507](#) and related performance reporting requirements at [42 CFR § 425.308\(b\)\(9\)](#). These requirements are for ACOs to report the MIPS Promoting Interoperability performance category measures and requirements, earn a performance category score, and publicly report their performance on these measures and requirements. Current regulations in [42 CFR §§ 425.216](#) and [425.218](#) authorize CMS to take certain compliance actions for failure to meet these requirements.

However, effective immediately, CMS is exercising its enforcement discretion and will not take compliance actions under 42 CFR §§ 425.216 or 425.218 for Performance Year 2025 if an ACO does not meet the requirements of 42 CFR §§ 425.507 and 425.308(b)(9). This means:

- If an ACO does not meet the Shared Savings Program Promoting Interoperability and performance reporting requirements, CMS will not take any compliance action outlined in [42 CFR §§ 425.216](#) or [425.218](#).
- There will also be no impact on the ACO's ability to earn or receive shared savings.



Shared Savings Program Promoting Interoperability Requirements (Continued)

ACOs (or their participating clinicians and groups) may still choose to (or be required to) report the Promoting Interoperability performance category as part of their APM Performance Pathway (APP) reporting. This announcement doesn't affect the MIPS Promoting Interoperability reporting requirements for MIPS eligible clinicians participating in an ACO. These requirements are available in the [2025 Promoting Interoperability Quick Start Guide \(PDF\)](#). Data can be submitted through manual attestation or file upload.

IMPORTANT: Reporting Promoting Interoperability data to MIPS will result in a MIPS score and payment adjustment to the ACO's MIPS-eligible clinicians, which can include clinicians who are eligible but not required to report to MIPS. This may be a positive or negative payment adjustment depending on the MIPS score and eligibility. There is no option available for submitting Shared Savings Program Promoting Interoperability and performance reporting requirements that does not result in a MIPS score and payment adjustment to the ACO's MIPS eligible clinicians.

- Clinicians with Qualifying APM Participant (QP) status aren't eligible for a MIPS payment adjustment.
- Partial QPs are only eligible for a MIPS payment adjustment if your ACO makes a Partial QP election.



Reporting Promoting Interoperability Data

If your ACO includes MIPS eligible clinicians, these clinicians will receive a MIPS final score and MIPS payment adjustment. You'll need to report the MIPS Promoting Interoperability performance category in addition to quality to maximize their score. Promoting Interoperability data can be reported at the individual, group, or ACO level. When quality measures are reported at the APM Entity level, Promoting Interoperability data can be submitted at the individual, group or APM Entity level.

Promoting Interoperability Reported at the Individual or Group Level ("PI Roll-Up")

- The APM Entity's MIPS Promoting Interoperability performance category score is an average of the highest score attributed to each MIPS eligible clinician in the APM Entity based on the required measures from their individual or group reporting. ([Click here for more information about this calculation.](#))
- The APM Entity can also earn the bonus points if at least one individual or group in the APM Entity reports any of the optional measures in the Public Health and Clinical Data Exchange objective (5 bonus points), but the Promoting Interoperability performance category score can't exceed 100%.

Promoting Interoperability Reported at the APM Entity Level

- Since the 2023 performance period, APM Entities have been able to submit aggregated Promoting Interoperability data at the APM Entity level on behalf of all MIPS eligible clinicians in the APM Entity. The score is calculated the same way as for individuals and groups.

If data is submitted by the APM Entity, we'll use that data to score the Promoting Interoperability performance category, regardless of data submitted at the individual or group level.

- [File Upload](#)
- [Manual Entry \(Attestation\)](#)
- [Reviewing Previously Submitted Data](#)



File Upload

You can upload a QRDA III or QPP JSON file with your Promoting Interoperability data on the [Reporting Overview](#) page.

APM Entity Level Reporting (Submitted by the ACO)

Please make sure that your Promoting Interoperability file includes the APP Plus program name.

- **JSON submission:** programName” = “appPlus”
- **QRDA III file:** CMS Program Name = APP_PLUS_APMENTITY

You must use the same program name for your quality and Promoting Interoperability submissions to ensure all of your data is attributed to the same reporting option and a single final score.

If your quality data is submitted with an APP Plus program name and your Promoting Interoperability data is submitted with an APP or traditional MIPS program name (or doesn't include a program name), you'll get 2 MIPS final scores.

1. **APP Plus:** up to 50 points for quality (based on data submitted), 20 points for improvement activities, 0 points for Promoting Interoperability
2. **APP/Traditional MIPS:** 0 points for quality, 20 points for improvement activities, up to 30 points for Promoting Interoperability (based on data submitted)



File Upload

Individual or Group Level Reporting (Submitted by the Participant TIN)

When the MIPS Promoting Interoperability performance category is being reported by individuals and groups in the ACO, we'll calculate a "PI rollup" for the ACO using the highest Promoting Interoperability score available to the MIPS eligible clinicians in the APM Entity/ACO, even if it's submitted with another program name.

For group level reporting, we recommend submitting your Promoting Interoperability data using the traditional MIPS program name.
(Note: If you submit data without any program name, the data is attributed to traditional MIPS.)

Why?

- If any of your MIPS eligible clinicians don't appear on the ACO's APM Participant List, they aren't eligible for a MIPS final score from the APP Plus.
- A group level Promoting Interoperability data submission will trigger a traditional MIPS score for any clinician who's eligible at the group level.
- Submitting the data for traditional MIPS will maximize the traditional MIPS final score for these clinicians while still counting towards the "PI rollup" for the ACO's final score from the APP Plus.



Manual Entry (Attestation)

You can also attest to your Promoting Interoperability data by manually entering numerators, denominators, and yes/no values as appropriate to the measure or attestation statement. The manual entry/ attestation process is the same, regardless of the level at which the data is reported.

Before you attest, you must choose the [reporting option](#) that matches the program name provided in your quality submission.

- **ACO level reporting:** ACOs should select “Start Reporting” for the **APP Plus** before manually attesting. This will ensure all of your data is attributed to the same reporting option and a single final score.
- **Individual and group level reporting (ACO Participant TINs):** Consider selecting “Start Reporting” for **Traditional MIPS**. This will maximize the traditional MIPS score for any of your clinicians that aren’t eligible to receive the ACO’s score.

APM Performance Pathway Plus (APP Plus)

Available to all MIPS eligible clinicians in a MIPS APM, and required for Accountable Care Organizations (ACOs) in the Medicare Shared Savings Program (MSSP)

[Learn more about the APP Plus.](#)

[Start Reporting](#)

Traditional MIPS

This reporting option is available to all MIPS eligible clinicians who must report to MIPS.

[Learn more about Traditional MIPS.](#)

[Start Reporting](#)

Click **Create Manual Entry** on the **Reporting Overview**, and then again on the **Promoting Interoperability** page.

Promoting Interoperability

APM Entities have the option to submit Promoting Interoperability at the individual, group or APM Entity level. We'll aggregate individual and group data for a Promoting Interoperability score unless the APM Entity submits data for this category.

NOT REPORTED

[Create Manual Entry >](#)

Your Promoting Interoperability Submission

Submit your required measures and view measure-level scores during the data submission period.

Your Promoting Interoperability score will be based on measures and attestations related to e-Prescribing, Health Information Exchange (HIE), Provider to Patient Exchange, and Public Health and Clinical Data Exchange.

Your Promoting Interoperability score will be available in early summer during Final Score Preview.

[Learn more about Promoting Interoperability](#)

[Download the submission guide to learn more \(PDF\)](#)

[Create Manual Entry](#)

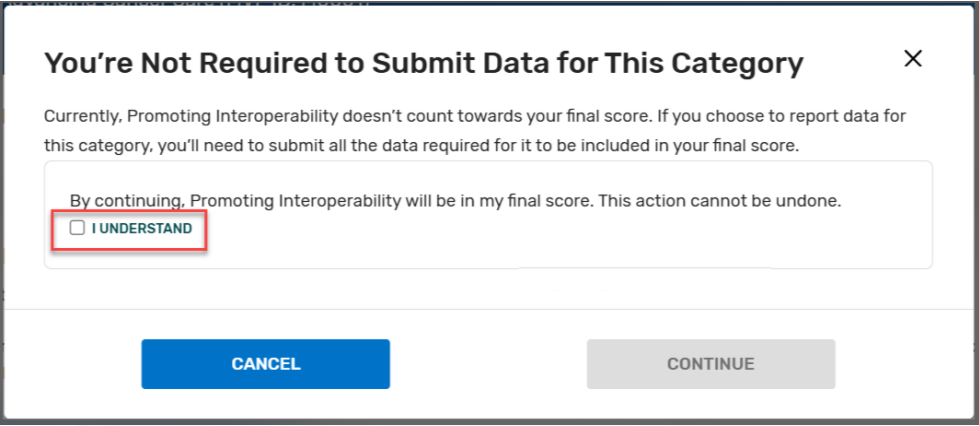


Manual Entry (Attestation) (Continued)

If your Promoting Interoperability performance category is currently weighted at 0%, you will be prompted to confirm that you wish to proceed (click **I understand** then **Continue**).

If you click **Continue** and manually attest to a qualifying data submission (complete all required attestations, measures, and reporting requirements) you'll be scored on this performance category.

- **NOTE:** A non-qualifying submission - submitting some but not all required data - WON'T override reweighting.



You're Not Required to Submit Data for This Category ✕

Currently, Promoting Interoperability doesn't count towards your final score. If you choose to report data for this category, you'll need to submit all the data required for it to be included in your final score.

By continuing, Promoting Interoperability will be in my final score. This action cannot be undone.

☐ I UNDERSTAND

CANCEL **CONTINUE**

As you provide required information on the Manual Entry page, more fields will appear. For example, once you enter your performance period, the CEHRT ID field will appear. You must provide all required information (including measure data) to be scored on this performance category.

Enter Your Performance Period and CMS EHR Certification ID ("CEHRT ID")

Manually Enter Your Measures

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

Performance Period

Start Date

01/09/2024



to

End Date

11/25/2024



CEHRT ID

XX15CXXXXXXXXXX



REMINDER:

The performance period increased to 180 consecutive days in the 2024 performance period.

A valid CEHRT ID is required for data submission.

For **detailed instructions on how to generate a CMS EHR Certification ID**, review pages 23-25 of the [CHPL Public User Guide \(PDF, 1.21MB\)](#).

A **valid** CMS EHR Certification ID for the 2025 performance period will include **"15C"** (as it did in the 2024 performance period) or **"2025C"**.



Complete Required Attestation Statements and Measures

You must select **Yes** for the 3 required attestations before you can begin entering your measure data. As you move through the required information, you will see an indicator as each requirement is **completed**.

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

To manually report a measure, you will need to either select **Yes** or enter the **numerator/denominator** value, according to the measure. You can also claim an exclusion if you qualify.

Yes Example.

SAFER Guides High Priority Practices Guide

Measure ID: PI_PPHI_2

Conduct an annual assessment of the High Priority Practices Guide SAFER Guides.

[Download Specifications](#)

Yes No

REMINDER:

The SAFER Guides measure requires a “yes” response to meet reporting requirements.



Complete Required Attestation Statements and Measures (Continued)

Numerator/Denominator Example

e-Prescribing

e-Prescribing
Measure ID: PI_EP_1
At least one permissible prescription written by the MIPS eligible clinician is transmitted electronically using CEHRT.

[Download Specifications](#)

☐ **Measure Exclusion:** Check the box to be excluded from the required e-Prescribing measure. Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.

Numerator **Denominator**

100 120

✓ Completed

Exclusion Example

e-Prescribing

e-Prescribing
Measure ID: PI_EP_1
At least one permissible prescription written by the MIPS eligible clinician is transmitted electronically using CEHRT.

[Download Specifications](#)

☐ **Measure Exclusion:** Check the box to be excluded from the required e-Prescribing measure. Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.

Numerator **Denominator**

100 120

✓ Completed



Health Information Exchange Objective

There are 3 options for meeting the Health Information Exchange (HIE) objective:

Option 1:

- Support Electronic Referral Loops by Sending Health Information
- Support Electronic Referral Loops by Receiving and Reconciling Health Information

Option 2:

- Health Information Exchange: Bi-Directional Exchange

Option 3:

- Enabling Exchange Under TEFCA

Health Information Exchange
You have 3 options for meeting Health Information Exchange (HIE) reporting requirements. Choose one of the 3 options below.

HIE - Option 1

Support Electronic Referral Loops By Sending Health Information
Measure ID: PL_HIE_1
For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider (1) creates a summary of care record using certified electronic health record technology (CEHRT) and (2) electronically exchanges the summary of care record.

100 / 100

[Download Specifications](#)

☐ Measure Readiness Check this box to be marked as met the required Support Electronic Referral Loops By Sending Health Information measure. Any MIPS eligible clinician who transitions or refers a patient to another setting of care or health care provider (1) creates a summary of care record using certified electronic health record technology (CEHRT) and (2) electronically exchanges the summary of care record.

Support Electronic Referral Loops By Receiving and Reconciling Health Information
Measure ID: PL_HIE_4
For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list.

100 / 100

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☐ Measure Readiness Check this box to be marked as met the required Support Electronic Referral Loops By Receiving and Reconciling Health Information measure. Any MIPS eligible clinician who receives transitions of care or referrals or has patient encounters in which the MIPS eligible clinician has never before encountered the patient, enter more than 100 lines during the performance period.

HIE - Option 2

Health Information Exchange (HIE) Bi-Directional Exchange
Measure ID: PL_HIE_5
The MIPS eligible clinician or group must establish the technical capacity and workflow to engage in bi-directional exchange via an HIE for all patients seen by the eligible clinician and for any patient record stored or maintained in their EHR. The MIPS eligible clinician or group must attest that they engage in bi-directional exchange with an HIE to support transitions of care.

Yes No

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HIE - Option 3

Enabling Exchange Under TEFCA
Measure ID: PL_HIE_6
Provide eligible clinicians with the opportunity to earn credit for the Health Information exchange objective if they are a signatory to a "Network Agreement" as that term is defined in the Common Agreement, enable secure bi-directional exchange of information to occur for all unique patients of eligible clinicians, and all unique patient records stored or maintained in the EHR, and use the functions of CEHRT to support bidirectional exchange.

Yes No

[Download Specifications](#)

Option
1

Option 2

Option 3



Public Health and Clinical Data Exchange Objective

There are 2 required measures for this objective: Electronic Case Reporting and Immunization Registry Reporting. The Electronic Case Reporting measure is suppressed for PY 2025 but must still be reported.

Immunization Registry Reporting

Measure ID: PL_PHCDRR_1
The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

[Download Specifications](#)

☐ **Measure Exclusion:** Check the box to select the applicable exclusion for the required Immunization Registry Reporting measure.

Yes

No

***Active Engagement** [Learn more](#)

☐ Pre-Production and Validation

☐ Validated Data Production

The "Yes" response will not be saved until Active Engagement is filled in.

Choose one of the options for Active Engagement.

A "Yes" response won't be saved until you make a selection.

Electronic Case Reporting

Measure ID: PL_PHCDRR_3
The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.

[Download Specifications](#)

☐ **Measure Exclusion:** Check the box to select the applicable exclusion for the required Electronic Case Reporting measure.

Yes

No

Because it's been suppressed, you'll earn full credit for this measure whether you can choose a "Yes" or "No" OR claim an exclusion.

(Even though this measure is suppressed for PY 2025, the measure is still required.)



Public Health and Clinical Data Exchange Objective (Continued)

To earn an additional 5 bonus points in this performance category, you can choose to report 1 or more of the remaining, optional measures. There are 5 bonus points available whether you report 1, 2 or all 3 of the optional measures.

Optional (Bonus) Measures

Bonus: Syndromic Surveillance Reporting

Measure ID: PI_PHCDRR_2
The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.

[Download Specifications](#)

Bonus: Public Health Registry Reporting

Measure ID: PI_PHCDRR_4
The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.

[Download Specifications](#)

Bonus: Clinical Data Registry Reporting

Measure ID: PI_PHCDRR_5
The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.

[Download Specifications](#)



Submission Confirmation

Once all required data have been reported, the system will notify you and allow you to view your preliminary measure-level scores.

Manual Entry Submitted



You have completed all Promoting Interoperability objectives in your manual entry submission. **You may continue to make changes on this manual entry submission until the deadline on March 31, 2026.**

Continue



Review Previously Submitted Data

Scroll down the Reporting Overview page to the Promoting Interoperability card. Click **View and edit**. You will land on a read-only page, letting you review the preliminary measure scoring details of your submission.

Promoting Interoperability

This performance category promotes patient engagement and the electronic exchange of health information. You report a defined set of objectives and measures.

[Learn more about Promoting Interoperability requirements](#)

✓ SUBMITTED

[View and edit >](#)

If you need to update your manually entered data, click **View Manual Entry**.

Promoting Interoperability

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8955 Elizabeth Valley, Suite 2220, Steinshire, ME 438755580711843

PERFORMANCE YEAR 2024

Print

Your Promoting Interoperability Submission

Submit your required measures and view measure-level scores during the data submission period.

Your Promoting Interoperability score will be based on measures and attestations related to e-Prescribing, Health Information Exchange (HIE), Provider to Patient Exchange, and Public Health and Clinical Data Exchange.

Your Promoting Interoperability score will be available in early summer during Final Score Preview.

[Learn more about Promoting Interoperability](#)

[Download the submission guide to learn more \(PDF\)](#)

[View Manual Entry](#)

[Manage Data](#)

If you need to delete data your organization has submitted, click **Manage Data**.



Review Previously Submitted Data (Continued)

Troubleshooting.

If you or a third party successfully uploaded a file with your MIPS Promoting Interoperability data, there are a few possibilities why you don't see it reflected on the relevant Reporting Overview page.

1. **You're a representative of an APM Entity/ACO and Promoting Interoperability data is being reported at the individual/group level by the clinicians in your APM Entity/ACO.**
 - APM Entity representatives can't view the data submitted by the practices participating in their Entity until performance feedback is available and the "PI rollup" report is released.
2. **Promoting Interoperability data was submitted under a different program name/reporting option than quality.**
 - This would occur when your quality and Promoting Interoperability data were submitted at the same level (e.g., both performance categories were reported at the APM Entity level).
 - You may need to reach out to your EHR vendor or third party intermediary for assistance with verifying the program name included in your file and updating (or adding) it as needed.
3. **You're reviewing the wrong Reporting Options page.**
 - Make sure that you selection the correct [Reporting Option](#) page; both the APP and APP Plus are available in 2025.



Review Previously Submitted Data (Continued)

Did you know?

We updated our policy regarding multiple data submissions in the Promoting Interoperability performance category in the [CY 2025 Medicare Physician Fee Schedule Final Rule](#), beginning with the CY 2024 performance period/2026 MIPS payment year (data submission in CY 2025).

- When we receive **multiple Promoting Interoperability submissions** for the same individual clinician, group, or APM Entity, we'll **calculate a score for each** data submission received and **assign the highest of the scores** to that individual, group or APM Entity.



Improvement Activities

Improvement Activities

Individuals, groups and APM Entities reporting the APP automatically receive full credit in the improvement activities performance category. You aren't able to attest to additional improvement activities because you've already earned the maximum points in this performance category.

Reporting Summary

Quality

This performance category assesses the quality of the care you deliver. You pick the quality measures that best fit this APM entity.

[Learn more about Quality requirements for the APP](#) 

 SUBMITTED

View and edit >

Promoting Interoperability

 SUBMITTED

View and edit >

Improvement Activities

 AUTO-CREDIT

View and edit >

Cost

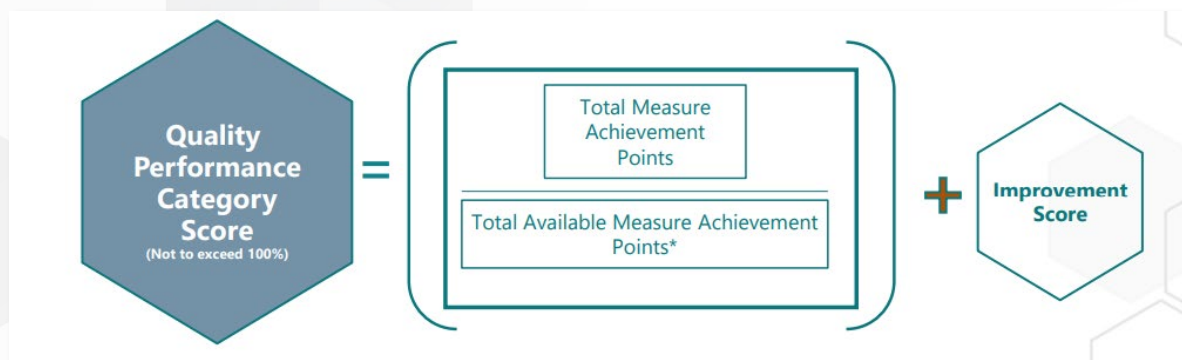
Alternative Payment Model (APM) Performance Pathway participants are not subject to scoring based on cost. No cost information will be displayed.



Scoring Calculation

Quality Score Calculation: How We'll Get There

We'll calculate your quality score after the data submission period, once we've received all required available data.



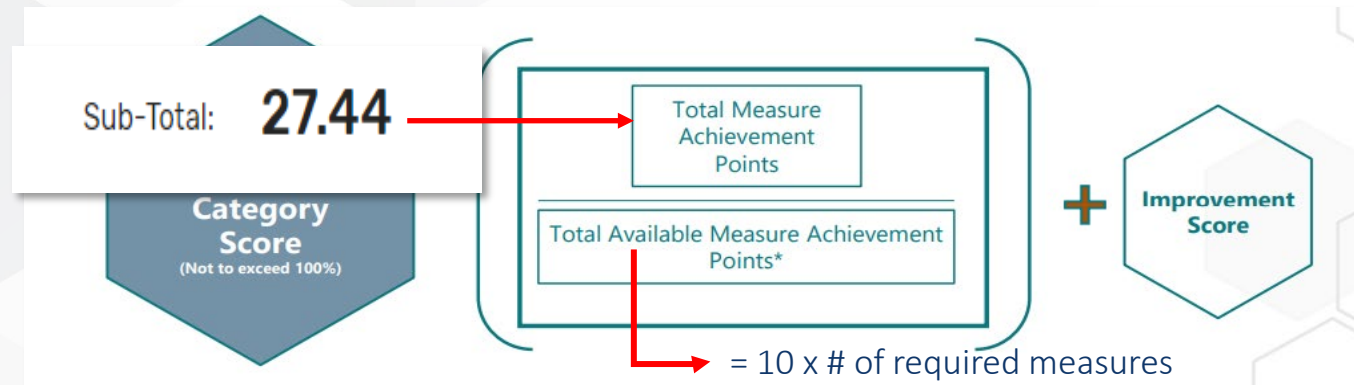
REMINDER: We no longer display preliminary scores.

Quality Score Calculation: How We'll Get There

The **Sub-Total** displayed at the bottom of your submitted measures shows how many achievement points you've earned to date **based on the measures you've submitted**.

This number can change after the submission period.

- For example, this number will increase based on the achievement points earned for the CAHPS for MIPS measure and the 2 administrative claims measures automatically calculated as part of the APP Plus (and APP).



We'll determine the total available measure achievement points after the data submission period.

- For example, the [(3 required eQMs/MIPS CQMs for the APP) or the (4 required eQMs/MIPS CQMs/Medicare CQMs for the APP Plus)] + 2 administrative claims measures + CAHPS for MIPS measure = 60 points

Review the **2025 APM Performance Pathway Scoring Guide** (available in the [PY 2025 APM Performance Pathway \(APP\) Toolkit \(ZIP, 7MB\)](#)) for more information about the quality category score calculations.



MIPS Promoting Interoperability Score Calculation: How We'll Get There

Individual and Group Reporting:

- Quality and Promoting Interoperability reported for an individual clinician or group

We'll calculate your Promoting Interoperability score after the data submission period from the measure scores displayed during the submission period. Then we'll multiply that by the performance category weight to determine how many points the Promoting Interoperability performance category will contribute to your final score.



X category weight (30%) = points contributing to final score

Review the **2025 APM Performance Pathway Scoring Guide** (available in the [PY 2025 APM Performance Pathway \(APP\) Toolkit \(ZIP, 7MB\)](#)) for more information about the Promoting Interoperability category score calculations.

MIPS Promoting Interoperability Score Calculation: How We'll Get There (Continued)

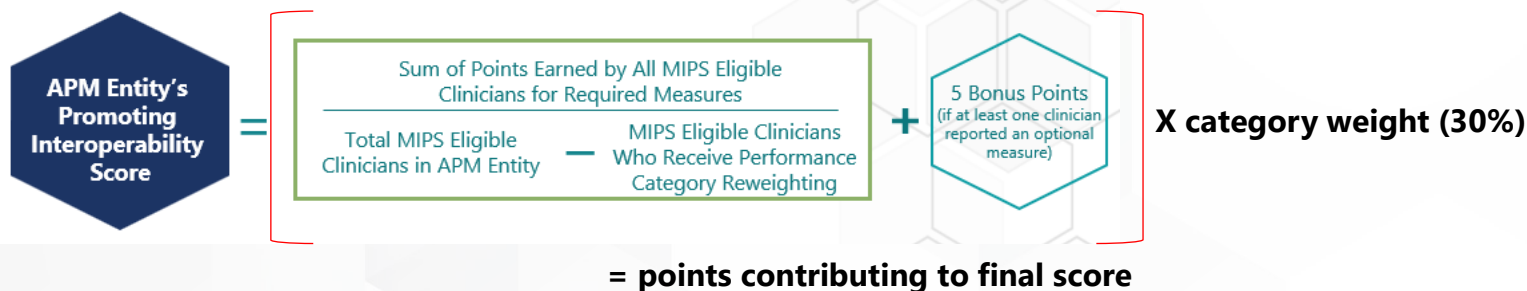
APM Entity Reporting: Option 1.

“PI Roll Up” (detailed example beginning on next slide)

- Quality is reported by the APM Entity
- Promoting Interoperability is reported by individuals and/or groups participating in the APM Entity and a weighted average score is created.

PLEASE NOTE: During the submission period, APM Entities don't have access to the Promoting Interoperability data submitted by the individuals and groups participating in the APM Entity.

Note: This guide doesn't review how we'd arrive at a score for Shared Savings Program ACOs meeting their Promoting Interoperability reporting requirements outside of MIPS.



Review the [2025 APM Performance Pathway Scoring Guide](#) (available in the [PY 2025 APM Performance Pathway \(APP\) Toolkit \(ZIP, 7MB\)](#)) for more information about the Promoting Interoperability category score calculations.



MIPS Promoting Interoperability Score Calculation: How We'll Get There (Continued)

PI Roll-Up Example

A Shared Savings Program ACO has 75 participants, but only 10 are MIPS eligible clinicians. The points assigned to each clinician are those earned through either individual or group reporting.

MIPS Eligible Clinician	Points for Required Measures (Excluding Bonus Points)	Optional Measures from Public Health and Clinical Data Exchange Objective Reported?
MIPS Eligible Clinician 1	87	Yes
MIPS Eligible Clinician 2	87	No
MIPS Eligible Clinician 3	77	No
MIPS Eligible Clinician 4	N/A – qualified for reweighting	N/A – qualified for reweighting
MIPS Eligible Clinician 5	92	No
MIPS Eligible Clinician 6	85	No
MIPS Eligible Clinician 7	0 – didn't meet reporting requirements	No
MIPS Eligible Clinician 8	N/A – qualified for reweighting	N/A – qualified for reweighting
MIPS Eligible Clinician 9	49	Yes
MIPS Eligible Clinician 10	82	No

Only MIPS eligible clinicians are included when calculating the weighted average for the Promoting Interoperability score for an APM Entity.



MIPS Promoting Interoperability Score Calculation: How We'll Get There (Continued)

PI Roll-Up Example (Continued)

- We divide the points earned by all MIPS eligible clinicians in the APM Entity by the number of MIPS eligible clinicians in the APM Entity (excluding those who received reweighting) and add bonus points if applicable.
- This calculation results in the Promoting Interoperability Performance Category Score

$$\begin{array}{rcl}
 \text{Promoting Interoperability Performance Category Score} & = & \frac{87 + 87 + 77 + 92 + 85 + 0 + 49 + 82}{10} - 2 + 5 = 74.9\% \\
 & & \begin{array}{l} \text{Points from Required Measures} \\ \text{Total MIPS Eligible Clinicians in APM Entity} \end{array} \\
 & & \begin{array}{l} \text{MIPS Eligible Clinicians Who Receive Reweighting} \\ \text{Bonus Points from Optional Public Health and Clinical Data Exchange measures} \end{array}
 \end{array}$$

- This percentage is multiplied by the category weight to arrive at the points contributing to the final score

$$\begin{array}{rcl}
 74.9\% & \times & 30 = 22.47 \text{ points (out of 30)} \\
 \text{(Category score)} & & \text{(Category weight)} \quad \text{(Points contributing to final score)}
 \end{array}$$

Review the [2025 APM Performance Pathway Scoring Guide](#) (available in the [PY 2025 APM Performance Pathway \(APP\) Toolkit \(ZIP, 7MB\)](#)) for more information about the Promoting Interoperability category score calculations.

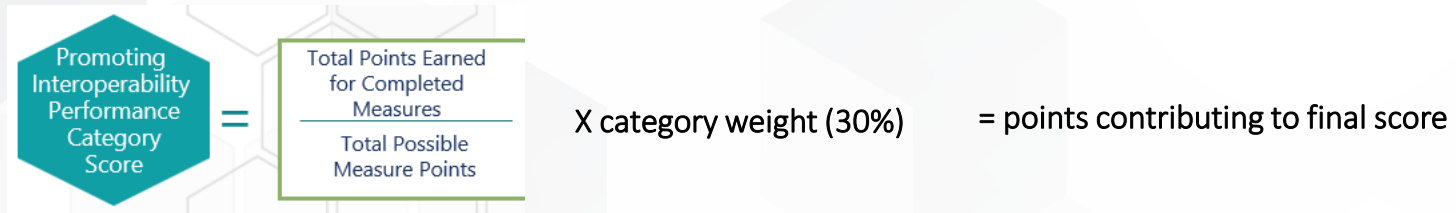


MIPS Promoting Interoperability Score Calculation: How We'll Get There (Continued)

APM Entity Reporting: Option 2.

- Promoting Interoperability measure data is aggregated for all MIPS eligible clinicians in the APM Entity and submitted by the APM Entity.

We'll calculate your Promoting Interoperability score after the data submission period from the measure scores displayed during the submission period. Then we'll multiply that by the performance category weight to determine how many points the Promoting Interoperability performance category will contribute to your final score.



Review the **2025 APM Performance Pathway Scoring Guide** (available in the [PY 2025 APM Performance Pathway \(APP\) Toolkit \(ZIP, 7MB\)](#)) for more information about the Promoting Interoperability category score calculations.



Improvement Activities Score Calculation

You'll receive 100% for this performance category once you submit quality data, submit Promoting Interoperability data **OR** [confirm that you want to report the APP](#). The category weight will determine how many points it contributes to your final score.

For example, when the category is weighted at 20%, improvement activities will contribute 20 points towards your final score.



Help and Version History

Where Can You Go for Help?

Contact the Quality Payment Program (QPP) Service Center by emailing QPP@cms.hhs.gov, creating a [QPP Service Center ticket](#), or calling 1-866-288-8292 (Monday through Friday 8 a.m. – 8 p.m. ET).

Please consider calling during non-peak hours, before 10 a.m. and after 2 p.m. ET.

People who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Visit the [Quality Payment Program website](#) for other [help and support information](#), to learn more about [MIPS](#), and to check out the resources available in the [Quality Payment Program Resource Library](#).



Version History

If we need to update this document, changes will be identified here.

DATE	DESCRIPTION
02/09/2026	Corrected the data submission deadline on p. 38 Added links to pp. 22, 33, and 49 Updated reference and links to the 2025 APP Toolkit on pp. 80 and 81 (Date reflects when edits were made, not posting date)
12/30/2025	Original Posting.

