

# Merit-based Incentive Payment System (MIPS)

2023 Alternative Payment Model  
(APM) Performance Pathway (APP)  
Data Submission User Guide



Quality Payment  
PROGRAM

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# How to Use this Guide

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**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.

## Table of Contents

The Table of Contents is interactive. Click on a Chapter in the Table of Contents to read that section.



You can also click on the icon on the bottom left to go back to the table of contents.

## Hyperlinks

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

# Getting Started

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# Getting Started

**UPDATED 03/15/2024**

As announced through the Quality Payment Program (QPP) listserv, the Centers for Medicare & Medicaid Services (CMS) **has extended** the data submission period for the Merit-based Incentive Payment System (MIPS) eligible clinicians who participated in the 2023 performance year. Data can be submitted and updated until **8 p.m. ET on April 15, 2024.**



## Changes to 2023 Submission Experience

For the last several years, we've provided clinicians and their representatives with preliminary scoring information during the submission period and preliminary feedback. This has meant seeing an overall preliminary score as well as preliminary, weighted category-level scores. While we recognize that this has provided some measure of comfort in understanding how you're progressing towards the performance threshold, it's important to remember that the preliminary scoring information you've seen in prior years during submission and preliminary feedback has never been your final score and shouldn't be interpreted that way. Final scores have always differed from the preliminary scoring available during submission and preliminary feedback. The increasing volume of scoring information that can change after the submission period has made this information too unreliable. As a result, we're eliminating the Preliminary Score and preliminary category level scores from submission beginning with data submission for the 2023 performance year. We wanted to introduce this change in a year where there's stability with the performance threshold; the performance threshold for the 2023 performance year is 75 points, just as it was in the 2022 performance year.

### **What should we expect during submission?**

When you sign into the QPP website during the submission period, you'll continue to see much of the same information you've always seen:

- Measure-level scores for the quality measures you've submitted to date, and a sub-total of points earned for these measures.
- Activity-level scores for the improvement activities you've submitted to date, and a sub-total of points earned for these activities.
- Measure-level scores for the Promoting Interoperability measures you've submitted to date, and a sub-total of points earned for these measures.
- 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).

### **When will our 2023 final score be available?**

You'll be able to preview your 2023 final score in mid-June 2024 and view your 2025 MIPS payment adjustment information in mid-August 2024. This is the same timeline as the 2021 and 2022 performance years.



## Before You Begin



### IMPORTANT

The APP is an optional MIPS reporting and scoring pathway for MIPS APM participants; however, it is required for all Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs).

The APP is 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.

- For these groups, reporting the APP will trigger a final score in traditional MIPS for the clinicians who don't participate in a MIPS APM even if no traditional MIPS data are submitted.
- These clinicians – including those who are only eligible at the group level – WILL receive a MIPS payment adjustment.
- These groups will also need to report traditional MIPS on behalf of these clinicians to avoid a negative payment adjustment.

**Note:** This guide doesn't review CMS Web Interface submissions. If you're a Shared Savings Program ACO reporting the APP quality measures via the CMS Web Interface, please review the [2023 CMS Web Interface User Guide \(PDF, 4MB\)](#)



## Before You Begin



## IMPORTANT

**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).

Account Home

Registration

**Eligibility & Reporting**

Performance Feedback

APM Incentive Payments

Exceptions Application

Targeted Review

MICHIANA ACCOUNTABLE CARE ORGANIZATION, LLC (QPP)

MIPS APM | SSP A9369 / MSSP ACO - BASIC LEVEL A-D

Special Statuses, Exceptions and other factors: None

Start Reporting

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

- Click **Download APM File**

MICHIANA ACCOUNTABLE CARE ORGANIZATION, LLC (QPP)

APM Entity ID: A9369

Eligibility & Reporting

- APM Entity Details & Participants

Special Statuses, Exceptions and other factors: None

Download APM File

**Check APM Participation Data**

**1** The APM participation file was last updated on January 31, 2023.

**Why is this important?**

The APM participation file provides eligibility information and reporting requirements for clinicians included in the APM Entity for the purpose of MIPS.

**What do I need to do?**

1. Review the APM participation file to ensure that the most recent file matches with your records.
2. If there are discrepancies, please contact the QPP Service Center at 1-866-288-8292.
3. Please ensure to review the file for accuracy with each APM snapshot release.

## Before You Begin

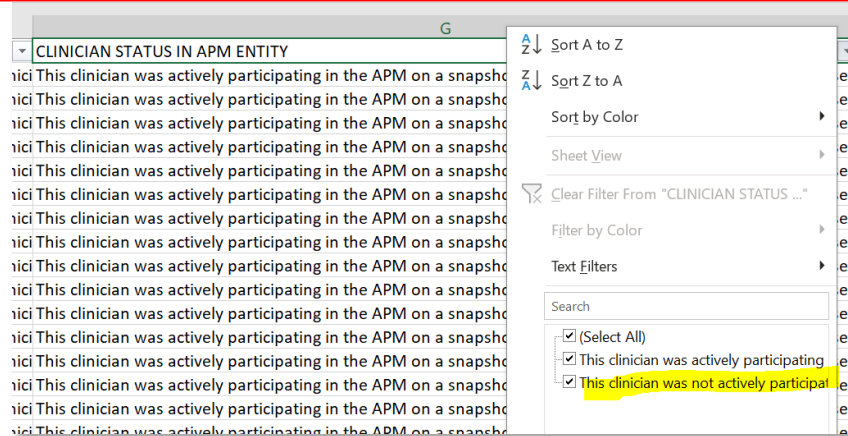


## IMPORTANT

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

- f) Add filters to the header row.
- g) Click the filter of the **Clinician Status in APM Entity** column.
- h) If you see the following message as an available value, then the associated clinicians aren't eligible for the APP final score.

- o "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



## IMPORTANT

**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**

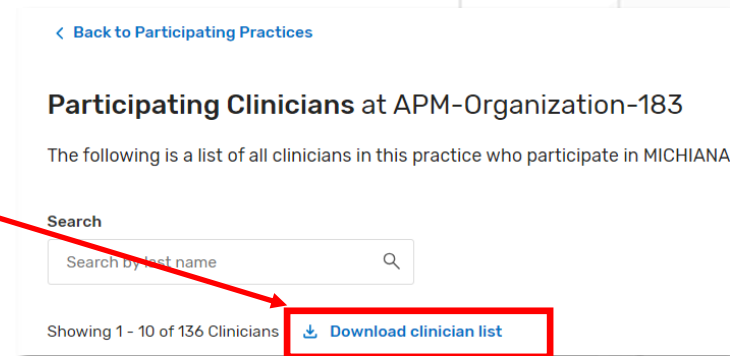
[View Clinician Eligibility](#)



# Getting Started

## Before You Begin IMPORTANT

- 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.**



# Getting Started

## Accessing the System

To [sign in to the QPP website](#) and submit Performance Year 2023 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.<br><br>Representatives of Shared Savings Program ACOs who are the ACO's QPP Security Official or QPP Staff User contact in the <a href="#">ACO Management System (ACO-MS)</a> can sign in to the QPP website using their ACO-MS username and password. |
| QPP Access briefly                                        | 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

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



# Getting Started

## 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

The image shows two screenshots from the QPP website. The left screenshot is the 'Sign in to QPP' page. It features a red rectangular box around the 'User ID' and 'Password' input fields. Below these fields is a link that says 'Forgot user ID or password'. Further down is a blue 'Sign in >' button, also highlighted with a red box. At the bottom, there is an 'OR' separator and a 'Register for QPP' button. A red arrow points from the 'Sign in >' button to the right screenshot. The right screenshot is a modal dialog titled 'Agree to This Statement of Truth to Sign In'. It contains a statement of truth where the user certifies that the information submitted is true, accurate, and complete. Below this is a 'Privacy and security statement' section. At the bottom of the dialog are two buttons: 'Cancel' and 'Yes, I agree'.

**Sign in to QPP**

User ID

User ID

Password Show password

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:

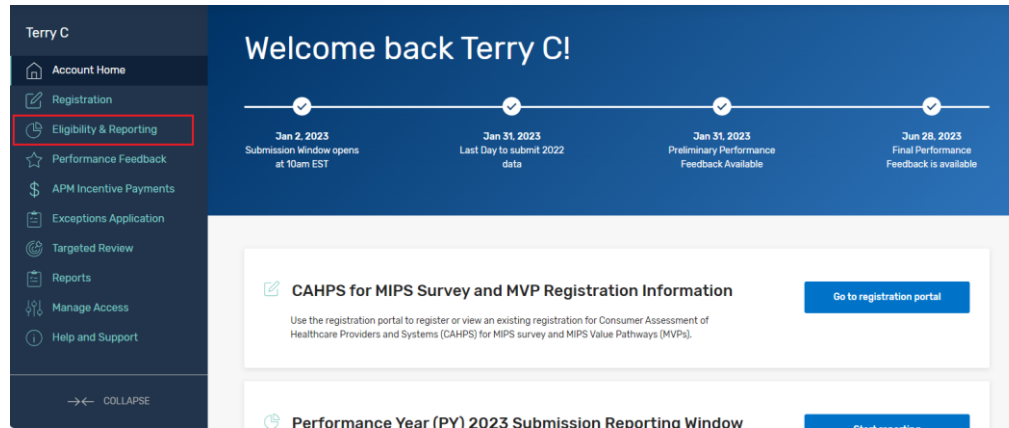
This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media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

Cancel **Yes, I agree**

# Getting Started

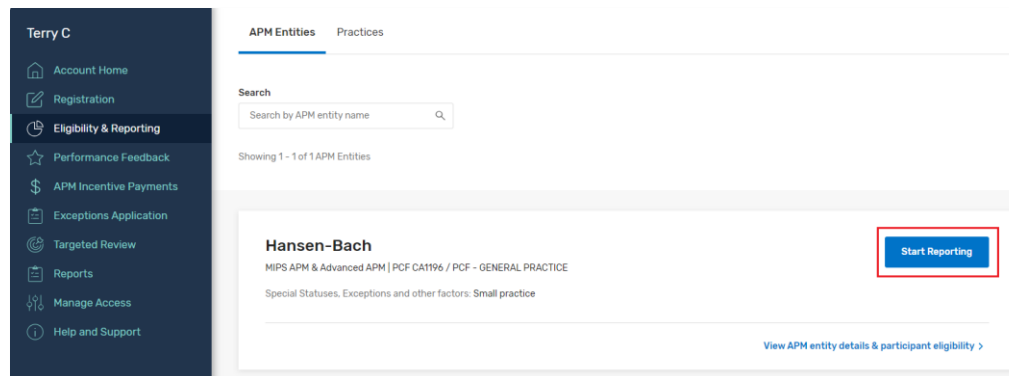
## Sign In to the QPP Website (Continued)

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



## APM Entities

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



# Getting Started

## Sign In to the QPP Website (Continued)

### Practices

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's name 'Terry C' at the top. Below the name are several menu items: 'Account Home', 'Registration', 'Eligibility & Reporting' (which is highlighted with a white background), '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' (which is selected and underlined). Below the tabs is a search bar with the placeholder text 'Search by practice name' and a magnifying glass icon. Below the search bar, it says 'Showing 1 - 2 of 2 Practices' followed by a 'Download' button with a dropdown arrow. The first practice listed is 'Scoring Org 18'. To the right of this practice name are two blue buttons: 'Report as Group' and 'Report as Individuals'. The 'Scoring Org 18' entry includes the following information: TIN: #000893695 | 1043 Wallace Plains Suite 8992, North Joseburgh, DC 583318040078750; a green circle icon followed by 'MIPS ELIGIBLE'; and a list of 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 practice entry is a link that says 'View practice details & clinician eligibility' with a right-pointing arrow.

### Opt-in Eligible Clinicians and Groups

Opt-in eligible clinicians and groups who wish to report via 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 [2023 Opt-In Election User Guide \(PDF 1MB\)](#).



# Reporting Option Selection

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# Reporting Option Selection

## Reporting Option Selection

From the **Reporting Options** page, select **Start Reporting** below **APM Performance Pathway (APP)**

The screenshot shows the 'Reporting Options' page for 'Carey PLC | APM Entity ID: A3859'. It is divided into two main sections: 'Required Reporting' and 'Optional Reporting'. Under 'Required Reporting', there is a box for 'APM Performance Pathway (APP)' with a 'Start Reporting' button. A red arrow points to this button. Under 'Optional Reporting', there is a box for 'Traditional MIPS' with a 'Start Reporting' button.

**Reporting Options**  
Carey PLC | APM Entity ID: A3859

**Required 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. CP](#)

**Optional Reporting**

**Traditional MIPS**  
This reporting option is available to all MIPS eligible clinicians who must report to MIPS.  
[Learn more about Traditional MIPS. CP](#)

This page will identify your required and optional reporting.

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

- Participant TINs in these ACOs (and any individual or group reporting the APP) can select either APP or traditional MIPS when reporting Promoting Interoperability data on behalf of their MIPS eligible clinicians at the individual or group level.
- **However, selecting traditional MIPS to report your Promoting Interoperability data will maximize the group's traditional MIPS final score for any clinician who isn't eligible for the APP final score.**

# Reporting Option Selection

## Reporting Option Selection

From the **Reporting Options** page, select **Start Reporting** below **APM Performance Pathway (APP)**

Eligibility & Reporting / APM Entity Details & Participants /

### Reporting Options

Carey PLC | APM Entity ID: A3859

**Required 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**

**Optional 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**

APM Entities participating in the **Primary Care First** models will see their model-specific reporting listed as required.

Other than Shared Savings Program ACOs, APP reporting is optional for APM Entities, groups, and individual clinicians participating in MIPS APMs.



# Reporting Option Selection

## Reporting Option Selection (Continued)

[Eligibility & Reporting](#) / [APM Entity Details & Participants](#) /

### Reporting Options

NEW ENGLAND CANCER SPECIALISTS (QPP) | APM Entity ID: OCM-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

#### 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 is only available to MIPS eligible clinicians in a MIPS APM.

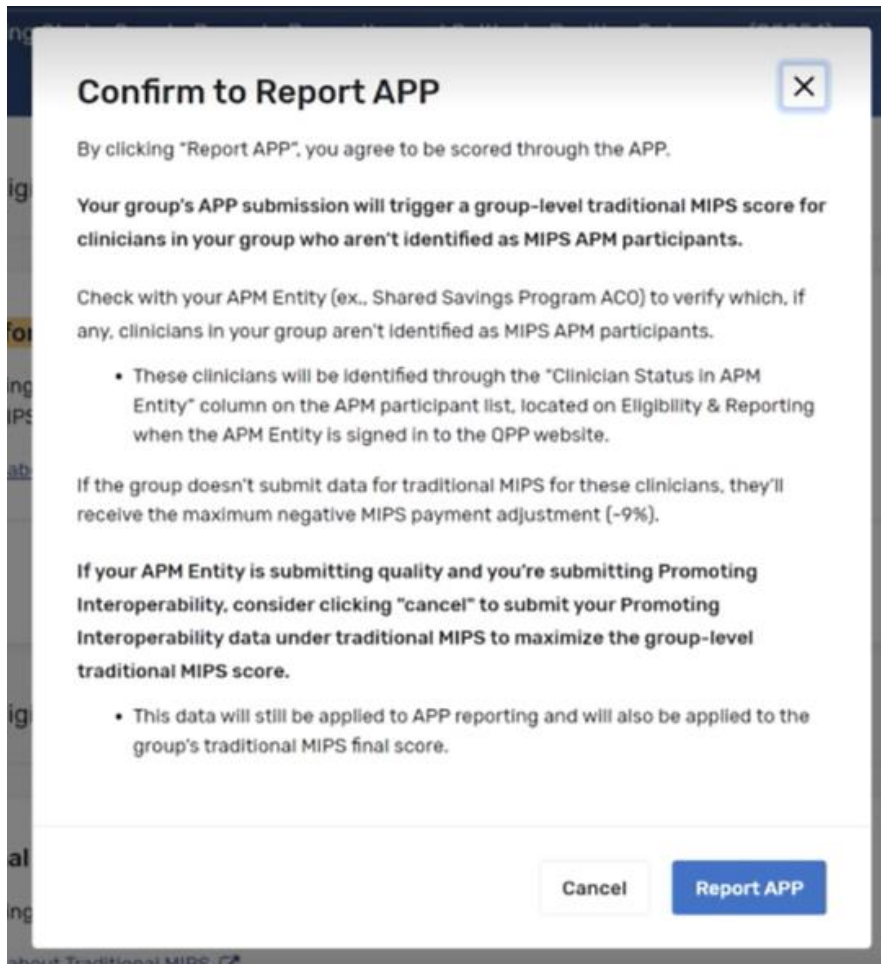
If your group includes MIPS eligible clinicians **who don't participate in a MIPS APM,** these clinicians aren't eligible to receive the final score and payment adjustment from the group's APP reporting.



# Reporting Option Selection

## Reporting Option Selection (Continued)

Once you click **Start Reporting**, you'll be asked to confirm your choice.



The screenshot shows a modal dialog box titled "Confirm to Report APP" with a close button (X) in the top right corner. The text inside the dialog explains the consequences of selecting "Report APP":

By clicking "Report APP", you agree to be scored through the APP.

Your group's APP submission will trigger a group-level traditional MIPS score for clinicians in your group who aren't identified as MIPS APM participants.

Check with your APM Entity (ex., Shared Savings Program ACO) to verify which, if any, clinicians in your group aren't identified as MIPS APM participants.

- These clinicians will be identified through the "Clinician Status in APM Entity" column on the APM participant list, located on Eligibility & Reporting when the APM Entity is signed in to the QPP website.

If the group doesn't submit data for traditional MIPS for these clinicians, they'll receive the maximum negative MIPS payment adjustment (~9%).

If your APM Entity is submitting quality and you're submitting Promoting Interoperability, consider clicking "cancel" to submit your Promoting Interoperability data under traditional MIPS to maximize the group-level traditional MIPS score.

- This data will still be applied to APP reporting and will also be applied to the group's traditional MIPS final score.

At the bottom of the dialog, there are two buttons: "Cancel" and "Report APP".

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

Under the 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

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# Reporting Overview

## Reporting Overview

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

- Upload a file with your quality and/or Promoting Interoperability data
- Access the CMS Web Interface (Shared Savings Program ACOs only)
- 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 (these bonus points aren't available during submission)

**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 the APP at the APM Entity level (such as a Shared Savings Program ACO)
- "MIPS\_APP1\_GROUP" if you're reporting the APP at the group level
- "MIPS\_APP1\_INDIV" if you're reporting the APP at the individual level



# Reporting Overview

## Additional Bonus Points

### Additional Awarded Bonus Points

N/A

#### Complex Patient Bonus:

The Complex Patient Bonus is based on the level of complexity and risk of a clinician's or practice's patient population seen during the 2022 calendar year.

#### Quality Improvement Bonus:

If you were eligible for the previous performance year and made an eligible Quality submission, you may be eligible for an additional bonus. Once Feedback is available, this will be included as part of your Quality Score.

[Search the Resource Library for more information.](#) 

### **REMINDER:**

Complex patient bonus points and quality improvement scoring aren't available during submission.

If applicable, this information will be added to performance feedback, available in Summer 2024.



# Reporting Overview

## Cancel Your APP Reporting Selection

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

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

APM PERFORMANCE PATHWAY

## Reporting Overview

Hansen-Bach  
PCF ID: CA1196

PERFORMANCE YEAR 2023

Print

### Upload Another File

You can start reporting by uploading a formatted QPP JSON or QRDA III file. The file can contain quality measures, Promoting Interoperability measures, and improvement activities. Any information below will be replaced with what you upload if it is the same submission method and measures.

Your file must include the appropriate APP program name (based on your file type).

- For QRDA III files, please refer to page 22 of the 2023 CMS QRDA III Implementation Guide for Eligible Clinicians, available on the [eCQI Resource Center](#).
- For QPP JSON files, please refer to the [Measurement Sets API documentation](#).

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 April 15, 2024.

### **NOTE:**

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



# Reporting Overview

## Cancel Your APP 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: OCM-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

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# Submitting and Reviewing Quality Data

## Submitting and Reviewing Quality Data

As a reminder, when reporting the APP as an APM Entity, such as a Shared Savings Program ACO, quality data is reported by the APM Entity.

- [Reporting APP measures as eQMs/MIPS QMs](#)
  - If you're a Shared Savings Program ACO reporting the APP measures as eQMs/MIPS QMs, please review the [Medicare Shared Savings Program: Reporting MIPS QMs and eQMs in the Alternative Payment Model Pathway \(guidance document\) \(PDF, 886KB\)](#).
- [Reporting APP measures through Medicare Part B claims](#) (Option not for available for Shared Savings Program ACOs)
- [Reviewing Previously Submitted Quality Data](#)
- [Frequently Asked Questions](#)

**This guide doesn't review CMS Web Interface submissions.** If you're a Shared Savings Program ACO reporting the APP quality measures via the CMS Web Interface, please review the [2023 CMS Web Interface User Guide \(PDF, 4MB\)](#).



# Submitting and Reviewing Quality Data

## Reporting APP measures as eCQMs/MIPS CQMs

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

PERFORMANCE YEAR 2023 Print

### Start reporting

You can start reporting by uploading a formatted QPP JSON or QRDA III file. The file can contain quality measures, Promoting Interoperability measures, and improvement activities. Any information below will be replaced with what you upload if it is the same submission method and measures.

Your file must include the appropriate APP program name (based on your file type).

- For QRDA III files, please refer to page 22 of the 2023 CMS QRDA III Implementation Guide for Eligible Clinicians, available on the [eCQI Resource Center](#).
- For QPP JSON files, please refer to the [Measurement Sets API documentation](#).

**Upload File** Manage Submissions

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

**Upload successful**

Your files were successfully uploaded. You can now review your submitted data on the Overview and Category Details pages.

**An Upload Error Occurred**

You have an error in your submission reporting. You can continue to review your submission or [upload a new submission](#).

**DOWNLOAD REPORT**

Download your error report to review the specific errors in your file.

| A       | B      | C                 | D         | E                                                                                 |
|---------|--------|-------------------|-----------|-----------------------------------------------------------------------------------|
| File N: | Size   | Timestamp         | Status    | Message                                                                           |
| MIPS J  | 6.2 KB | 2022-11-01T17:00: | Upload Fa | SV - performanceEnd must be after or the same as the performanceStart date - null |
| MIPS J  | 6.2 KB | 2022-11-01T17:00: | Upload Fa | SV - performanceEnd must match the submission's performanceYear - null            |
| MIPS J  | 6.2 KB | 2022-11-01T17:00: | Upload Fa | SV - performanceStart must match the submission's performanceYear - null          |

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



# Submitting and Reviewing Quality Data

## Reporting APP measures as eCQMs/MIPS CQMs

### Troubleshooting

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

- **Your file must include the correct program name to be counted towards APP reporting.**

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.

### PROGRAM NAMES

When submitting a **QPP JSON** file, "programName" = "app1"

Refer to the [QPP Submission MeasurementSets API documentation](#) for more information.

When submitting a **QRDA III** file, "CMS Program Name" =

- "MIPS\_APP1\_APMENTITY" if you're reporting the APP at the APM Entity level (such as a Shared Savings Program ACO)
- "MIPS\_APP1\_GROUP" if you're reporting the APP at the group level
- "MIPS\_APP1\_INDIV" if you're reporting the APP at the individual level

Refer to p. 21 of the 2023 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals (accessible from [this page](#) of the eCQI Resource Center) for more information.



# Submitting and Reviewing Quality Data

## Reporting APP measures through Medicare Part B claims

APM Entities, groups and individual clinicians with the small practice designation have the option of reporting the 3 required APP measures through Medicare Part B claims. We anticipate these measures will be available and displayed on the Quality page by mid-January 2023. Note: This option not for available for Shared Savings Program ACOs

## Review Previously Submitted Data

To review eCQM/MIPS 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 who must report to MIPS.

[Learn more about the APP](#) 

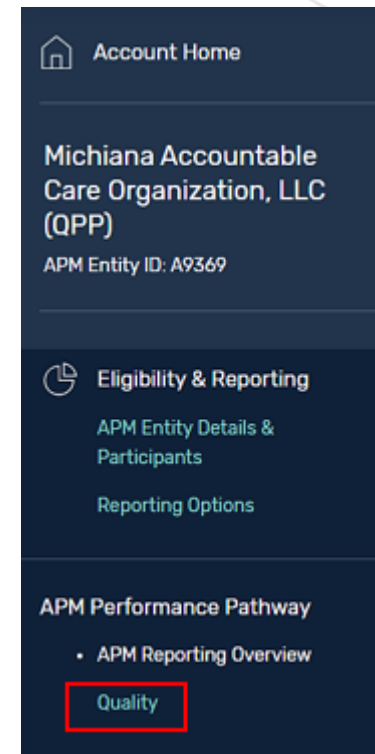
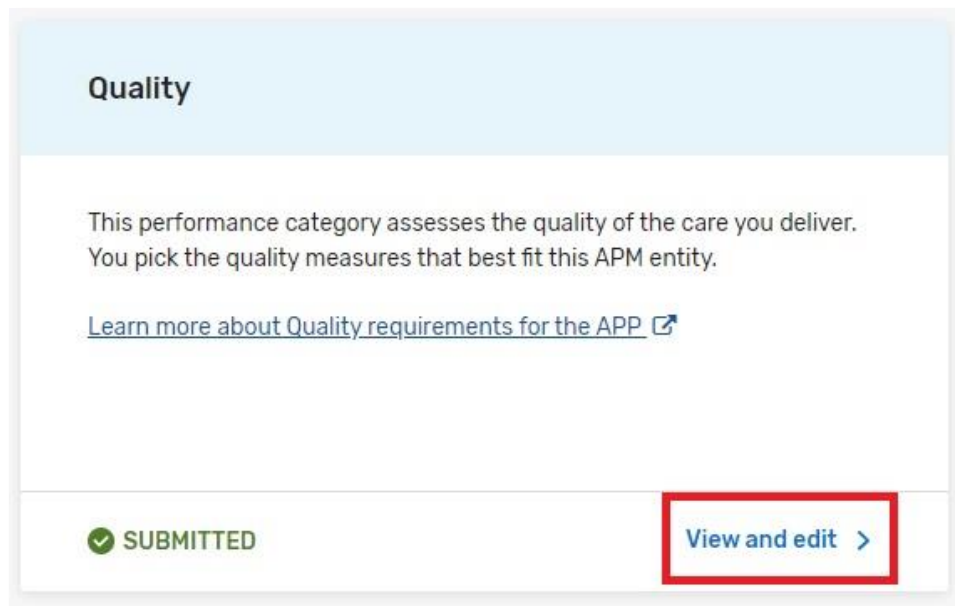
---

Edit Submission

# Submitting and Reviewing Quality Data

## Review Previously Submitted Data (Continued)

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.



# Submitting and Reviewing Quality Data

## Quality Page

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

| Submitted Measures                                                                                   |                  |               |   |
|------------------------------------------------------------------------------------------------------|------------------|---------------|---|
| <b>Measures that count toward Quality Performance Score</b>                                          |                  |               |   |
| Your Measure Score includes both performance points and bonus points.                                |                  |               |   |
| Measure Name<br><a href="#">Expand All</a>                                                           | Performance Rate | Measure Score |   |
| <b>Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b><br>Measure ID: 134 | 100.00%          | 10.00         | ▼ |
| <b>Controlling High Blood Pressure</b><br>Measure ID: 236                                            | 90.00%           | 10.00         | ▼ |
| <b>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt;9%)</b><br>Measure ID: 001                     | 25.00%           | 8.50          | ▼ |
| Sub-Total:                                                                                           |                  | <b>28.50</b>  |   |

### IMPORTANT

Please note that you can only access measure level scores for the 3 APP measures (Quality IDs 001, 134, and 236) that are submitted during the submission period.

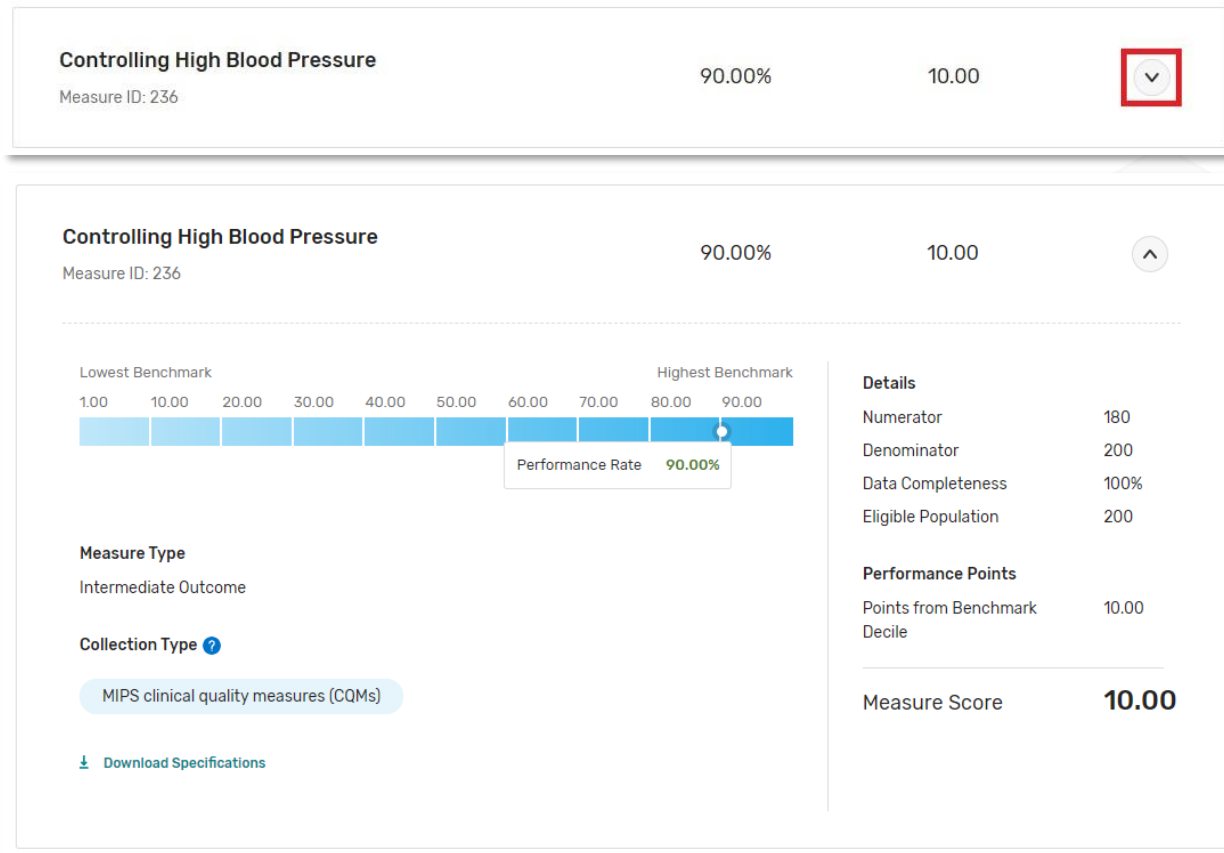
Once performance feedback is available in Summer 2024, your quality score will be updated to reflect achievement points earned for the administrative claims measures and CAHPS for MIPS Survey measure.



# Submitting and Reviewing Quality Data

## 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

### **What happens if a Shared Savings Program ACO reports both the 10 CMS Web Interface measures and the 3 eQMs/MIPS CQMs?**

- If an ACO reports both APP measure sets, we'll use whichever measure set results in a higher score when calculating your quality performance category score – either the 10 CMS Web Interface measures OR the 3 eQMs/MIPS CQMs.

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

- No, the APP quality measures will be reported by the ACO (i.e. 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 Survey measure results be available?**

- This information will be included as part of your performance feedback that will be available in Summer 2024.

### **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 eQCM and MIPS CQM.
  - You earn 6.1 achievement points for the measure through the eQCM 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 eQCM version of the measure won't contribute to your quality performance category score.





# **Submitting and Reviewing Promoting Interoperability Data**

---

# Submitting and Reviewing Promoting Interoperability Data

## Submitting and Reviewing Promoting Interoperability Data

When reporting the APP as an APM Entity, such as a Shared Savings Program ACO, Promoting Interoperability data can be submitted at the individual, group or APM Entity level.

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

**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.**



# Submitting and Reviewing Promoting Interoperability Data

## File Upload

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

**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 the APP at the APM Entity level (such as a Shared Savings Program ACO)
- "MIPS\_APP1\_GROUP" if you're reporting the APP at the group level
- "MIPS\_APP1\_INDIV" if you're reporting the APP at the individual level

## 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.

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 >](#)

PERFORMANCE YEAR 2023

Print

**Promoting Interoperability Score**

You'll receive a preliminary score for this performance category after all measures and required information have been reported.

[Learn more about Promoting Interoperability](#)

[Create Manual Entry](#)

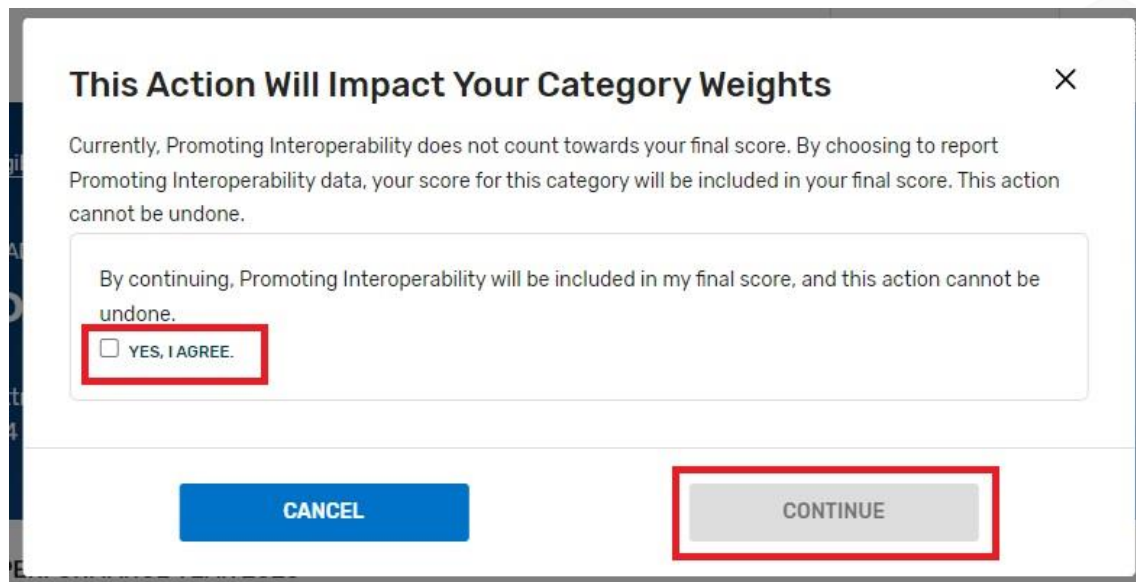


# Submitting and Reviewing Promoting Interoperability Data

## 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 **Yes, I Agree** then **Continue**).

If you click **Continue** and enter any data, **including performance period dates**, you will be scored in this performance category.



**This Action Will Impact Your Category Weights** ×

Currently, Promoting Interoperability does not count towards your final score. By choosing to report Promoting Interoperability data, your score for this category will be included in your final score. This action cannot be undone.

By continuing, Promoting Interoperability will be included in my final score, and this action cannot be undone.

☐ YES, I AGREE.

**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) before you can receive a preliminary score for this performance category.

# Submitting and Reviewing Promoting Interoperability Data

## Enter Your Performance period

**PERFORMANCE YEAR 2023**

Print

[< Back to Promoting Interoperability](#)

0 / 6

**Manual Entry Objectives Completed**  
All 6 required objectives must be completed in order to receive a score

Delete

 You will receive a score for your manual entry once **all 6 required Promoting Interoperability objectives** have been completed.

### 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



to

End Date



40

# Submitting and Reviewing Promoting Interoperability Data

## Enter your 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

01/01/2023



to

End Date

03/31/2023



CEHRT ID

Enter CEHRT ID

For **detailed instructions on how to generate a CMS EHR Certification ID**, review pages 26-29 of the [CHPL Public User Guide](#).

A **valid** CMS EHR Certification ID for 2015 Edition CEHRT (including Cures Update criteria) will include “**15E**” or “**15C**”.

A CMS EHR Certification ID generated for a combination of 2014 and 2015 Edition CEHRT will include “**15H**” and **will be rejected**.



# Submitting and Reviewing Promoting Interoperability Data

## 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.

☒ 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.

**Security Risk Analysis**

**Security Risk Analysis**

Measure ID: PI\_PPHI\_1

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

☒ Completed



# Submitting and Reviewing Promoting Interoperability Data

## Complete Required Attestation Statements and Measures (Continued)

**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

**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



# Submitting and Reviewing Promoting Interoperability Data

## 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-MP-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.

Numerator: 100 Denominator: 100

[Download Specifications](#)

☐ Measure Breakdown Check this box to be recalled from the required Support Electronic Referral Loops By Sending Health Information measure. Any MIPS eligible clinician who transitions a patient to another setting or refers a patient fewer than 100 times during the performance period.

Completed

**Support Electronic Referral Loops By Receiving and Reconciling Health Information**

Measure ID: PL-MP-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.

Numerator: 100 Denominator: 100

[Download Specifications](#)

☐ Measure Breakdown Check this box to be recalled from the required Support Electronic Referral Loops By Receiving and Reconciling Health Information measure. Any MIPS eligible clinician who receives transitions of care or referrals from patient encounters in which the MIPS eligible clinician has never before encountered the patient fewer than 100 times during the performance period.

Completed

**HIE - Option 2**

**Health Information Exchange (HIE) Bi-Directional Exchange**

Measure ID: PL-MP-5

The MIPS eligible clinician or group must establish the technical capacity and workflows 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

[Download Specifications](#)

**HIE - Option 3**

**Enabling Exchange Under TEFCA**

Measure ID: PL-MP-6

Provide eligible clinicians with the opportunity to earn credit for the Health Information exchange objective if they are a signatory to a "Framework Agreement" as that term is defined in the Common Agreement's 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



# Submitting and Reviewing Promoting Interoperability Data

## Public Health and Clinical Data Exchange Objective

There are 2 required measures for this objective: Electronic Case Reporting and Immunization Registry Reporting.

### Required Measures

#### Immunization Registry Reporting

Yes

No

Measure ID: PI\_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.

#### Electronic Case Reporting

Yes

No

Measure ID: PI\_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.



# Submitting and Reviewing Promoting Interoperability Data

## 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**

Yes

No

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**

Yes

No

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**

Yes

No

Measure ID: PI\_PHCDRR\_5  
The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.

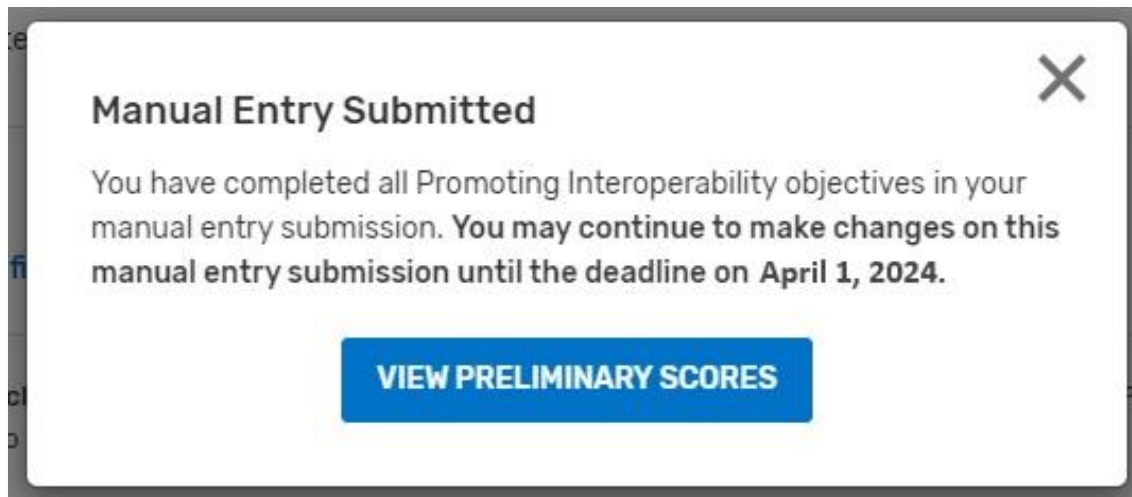
[Download Specifications](#)



# Submitting and Reviewing Promoting Interoperability Data

## Submission Confirmation

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



# Submitting and Reviewing Promoting Interoperability Data

## Review Previously Submitted Data

Click View & Edit from the [Reporting Overview](#). You will land on a read-only page, letting you review the preliminary measure scoring details of your submission.

The screenshot shows a web interface for the APM Performance Pathway. The header is blue with the text 'APM PERFORMANCE PATHWAY' and 'Promoting Interoperability'. Below the header, it says 'Hansen-Bach'. The main content area has a white background. At the top, it says 'PERFORMANCE YEAR 2023' and has a 'Print' button. Below that, it says 'Promoting Interoperability Score' and 'You'll receive a preliminary score for this performance category after all measures and required information have been reported.' There is a link 'Learn more about Promoting Interoperability'. Below that are two buttons: 'View Manual Entry' and 'Manage Data'. At the bottom, there is a table with two columns: 'Performance Period' and 'CEHRT ID'. The first row shows '01/01/2023 - 03/31/2023' and 'XXXXXXXXXXXXXX'.

| Performance Period      | CEHRT ID       |
|-------------------------|----------------|
| 01/01/2023 - 03/31/2023 | XXXXXXXXXXXXXX |

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

### Reminders

We recommend using a single submission type (file upload, API, or attestation) for reporting your Promoting Interoperability data.

- **Why? Any conflicting data** for a measure or required attestation submitted through multiple submission types **will result in a score of 0** for the Promoting Interoperability performance category.

This means **you can't create a manual entry to correct inaccurate data reported on your behalf.**

- If you see errors in your data, contact your third party intermediary and ask them to delete the data they've submitted for you.

# Submitting and Reviewing Promoting Interoperability Data

## Review Previously Submitted Data (Continued)

### Troubleshooting

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

- **Your file must include the correct program name to be counted towards APP reporting.**

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.

### PROGRAM NAMES

When submitting a **QPP JSON** file, "programName" = "app1"

Refer to the [QPP Submission MeasurementSets API documentation](#) for more information.

When submitting a **QRDA III** file, "CMS Program Name" =

- "MIPS\_APP1\_APMENTITY" if you're reporting the APP at the APM Entity level (such as a Shared Savings Program ACO)
- "MIPS\_APP1\_GROUP" if you're reporting Promoting Interoperability data for the APP at the group level
- "MIPS\_APP1\_INDIV" if you're reporting Promoting Interoperability data for the APP at the individual level

(Please note that Promoting Interoperability data is reported at the individual and/or group level, even if your APM Entity is reporting the quality measures required by the APP.)

Refer to page 24 of the 2023 QRDA III Implementation Guide (accessible from [this page](#) of the eCQI Resource Center) for more information.



# Submitting and Reviewing Promoting Interoperability Data

## Review Previously Submitted Data (Continued)

If you report Promoting Interoperability data through multiple submission types (ex. Manual entry and file upload) and there is any conflicting data, you will receive a score of 0 out of 25 for the performance category.

PERFORMANCE YEAR 2023 Print

**Promoting Interoperability Score**

You'll receive a preliminary score for this performance category after all measures and required information have been reported.

[Learn more about Promoting Interoperability](#)

View Manual Entry Manage Data

Click the down arrow on the right-hand side of the measure information to see numerator/denominator details or click **Expand All** below Measure Name to see the details of all the measures in that objective.

**Measure Name**  
[Expand All](#)

**Measure Score**

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

8 / 10 ▼

**Measure Name**  
[Expand All](#)

**Measure Score**

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

At least one permissible prescription written by the MIPS eligible clinician is transmitted electronically using CEHRT.

**Collection Type**

Manual Entry

[Download Specifications](#)

**Numerator**  
100

**Denominator**  
120



# 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

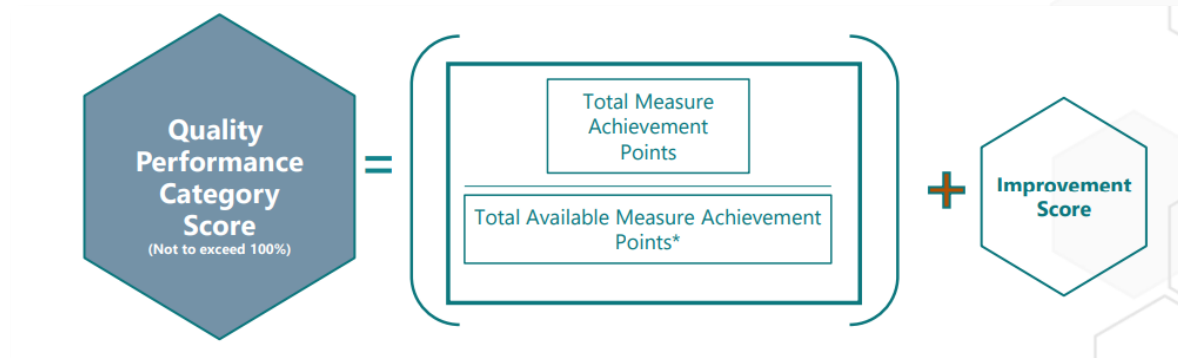
---



# 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.



**New:** Beginning with performance year 2023 submissions, we will no longer display preliminary scores.

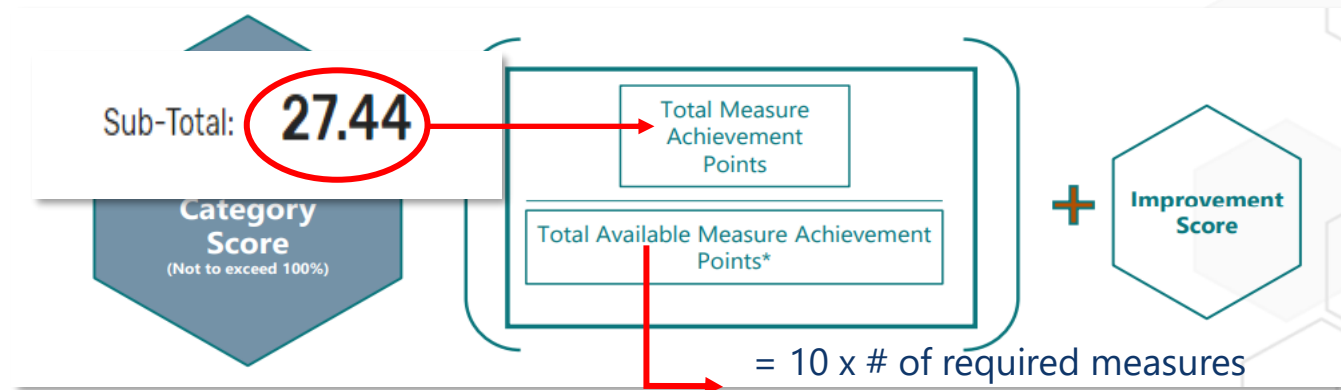
# Scoring Calculation

## Quality Score Calculation

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 Survey measure and the 2 administrative claims measures automatically calculated as part of the APP.



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

- For example, the 3 required eCQMs/MIPS CQMs + 2 administrative claims measures + CAHPS for MIPS Survey measure = 60 points

See slides 25 – 31 of the 2023 APP Scoring Guide (available in the [PY 2023 APM Performance Pathway \(APP\) Toolkit \(ZIP, 2MB\)](#) for more information about the maximum points available in the quality category.



## Promoting Interoperability Score Calculation

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.

Measure Score

17 / 20

New: Beginning with performance year 2023 submissions, we will no longer display preliminary scores.

APM Entity level reporting:

Promoting  
Interoperability  
Performance  
Category  
Score

=

Total Points Earned  
for Completed  
Measures  
Total Possible  
Measure Points

Category Weight

X Category weight = Total contribution to final score

Individual and group level reporting:

APM Entity's  
Promoting  
Interoperability  
Score

=

Sum of Points Earned by All MIPS Eligible  
Clinicians for Required Measures  
Total MIPS Eligible  
Clinicians in APM Entity — MIPS Eligible Clinicians  
Who Receive Performance  
Category Reweighting

+

5 Bonus Points  
(if at least one clinician  
reported an optional  
measure)

Category Weight

X Category weight = Total contribution to final score

# Scoring Calculation

## Improvement Activities Score Calculation

You'll automatically receive 100% for this performance category. 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, Resources and Version History

---



# Help and Version History

## Where Can You Go for Help?

Contact the Quality Payment Program by email at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov), by creating a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m.-8 p.m. ET) To receive assistance more quickly, please consider calling during non-peak hours – before 10 a.m. and after 2 p.m. E.T. People who are deaf or hard of hearing 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](#).



## Additional Resources

The [Quality Payment Program Resource Library](#) houses fact sheets, measure specifications, specialty guides, technical guides, user guides, helpful videos, and more. We will update this table as more resources become available.

| Resource                                                                                  | Description                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#"><b><u>2023 APP Toolkit (ZIP, 2MB)</u></b></a>                                 | PY 2023 APP Toolkit zip file includes: 2023 APP Toolkit Table of Contents (PDF, 115KB), 2023 APM Performance Pathway for MIPS APM Participants Fact Sheet (PDF, 363KB), 2023 APM Performance Pathway Quick Start Guide (PDF, 722KB), 2023 APM Performance Pathway Infographic (PDF, 459KB), and 2023 APM Performance Pathway Scoring Guide (PDF, 1,782KB). |
| <a href="#"><b><u>2023 APP Quality Requirements (All Participants) (ZIP, 3MB)</u></b></a> | Option 1 contains the measures for Individual, Group, and APM Entity APP Quality Submission. This zip file includes: APP Quality Data Submission Options (PDF, 172KB), APP Quality Measure Set (All Participants)(PDF, 311KB), APP Quality Measure Specifications.                                                                                         |
| <a href="#"><b><u>2023 APP Quality Requirements (SSP ACO)(ZIP, 5MB)</u></b></a>           | Option 2 includes Quality Submission measure documentation for SSP ACOs Only. The included files are: APP Quality Submission Options (PDF, 172KB), APP Quality Measures (Shared Savings Program ACOs Only) (PDF, 464KB), APP Quality Measure Specifications.                                                                                               |



## Version History

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

| Date       | Description                                                                    |
|------------|--------------------------------------------------------------------------------|
| 09/06/2024 | Updated link to the QPP Access User Guide on slide 13.                         |
| 03/15/2024 | Updated slides 6 and 25 to reflect the extension of the data submission guide. |
| 12/26/2023 | Original Posting.                                                              |

