Quality Payment
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# Merit-based Incentive Payment System (MIPS)

## 2024 Alternative Payment Model (APM) Performance Pathway (APP) Data Submission User Guide

# MIPS EUC Exception Application Reopening and Submission Extension Due to National IV Fluid Shortage

On March 24, 2025, the Centers for Medicare & Medicaid Services (CMS) announced via QPP listserv that it will reopen the 2024 Merit-based Incentive Payment System (MIPS) Extreme and Uncontrollable Circumstances (EUC) Exception Application to provide relief to practices in response to the ongoing national intravenous (IV) fluid shortage.

- The application will reopen Monday, March 31, 2025, at 10 a.m. ET, and will close April 14, 2025, at 8 p.m. ET.
  - CMS is reopening the 2024 MIPS EUC Exception Application window in response to the national IV fluid shortage; therefore, CMS will only accept applications citing the shortage as the basis for requesting reweighting under the MIPS EUC Exception. Any applications submitted for reasons outside of the national IV fluid shortage will be denied.

- CMS is also extending the MIPS data submission deadline until April 14, 2025, at 8 p.m. ET.
  - **IMPORTANT!** The deadline for certain clinicians, groups, and Alternative Payment Model (APM) Entities to elect to participate in MIPS – because they are opt-in eligible due to the low-volume threshold or are partially qualifying APM participants (Partial QPs) – is still March 31, 2025, at 8 p.m. ET.

For more information, please review this fact sheet: 2024 MIPS Data Submission Deadline Extended and EUC Applications to Reopen in Response to National IV Fluid Shortage (PDF, 285KB)

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### Table of Contents

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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.

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# Getting Started

# What to Expect During 2024 Submission

As a reminder, we eliminated the Preliminary Score and preliminary category level scores from the submission experience beginning with the data submission period for the 2023 performance year. The increasing volume of scoring information that can change after the submission period made this information too unreliable.

**What should we expect during 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.
  - If applicable, these measures will be added to performance feedback when we release final scores in June 2025.
- 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 2024 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
- Performance period benchmarks are calculated for quality measures without a historical benchmark
  - Quality IDs 134 and 236 don't have a performance period benchmark for the eCQM collection type.

Learn more about how scores are calculated in the 2024 APM Performance Pathway Scoring Guide in the PY 2024 APP Toolkit (ZIP, 2MB).

### When will our 2024 final score be available?

Final scores will be available in June 2025, and MIPS payment adjustments will be available in July 2025.

# 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).

**Note: Shared Savings Program ACOs** are **required to report the APP quality measure set** as part of their participation in the Shared Savings Program. Traditional MIPS submissions will not meet the quality reporting requirement for the Shared Savings Program.

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 result in 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 2024 CMS Web Interface User Guide (PDF, 4MB).

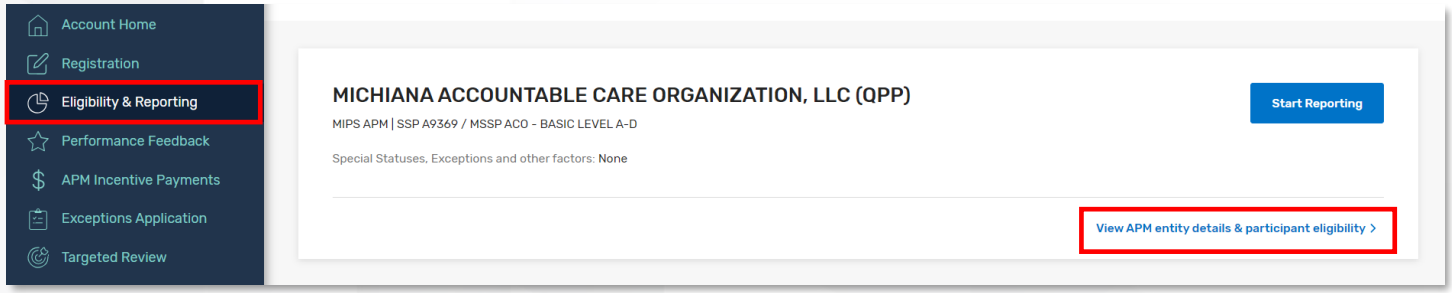
# Before You Begin (Continued)

**IMPORTANT**

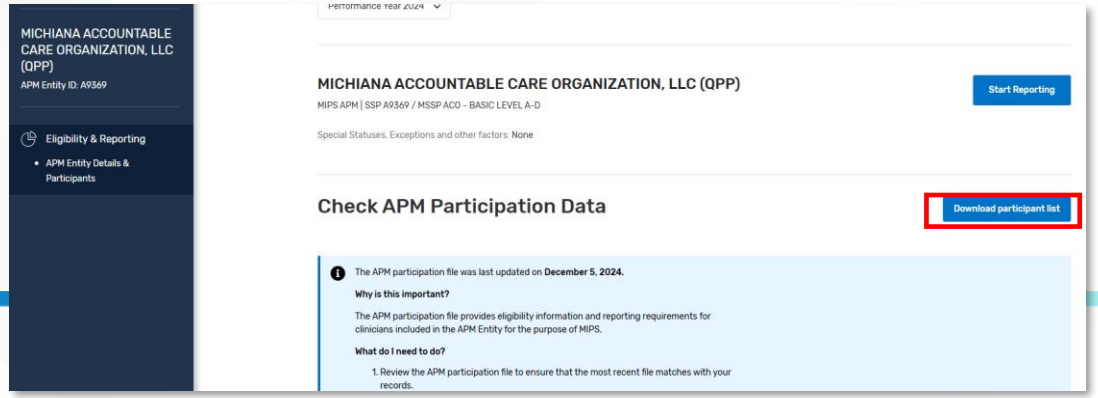
APM Entities including Shared Savings Program ACOs need to understand which clinicians in the APM Entity aren't eligible for the Entity's final score under the APP, and communicate this to their participating practices (e.g., ACO Participant TINs).

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

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




e) Click **Download participant list**



# Before You Begin (Continued)

**IMPORTANT**

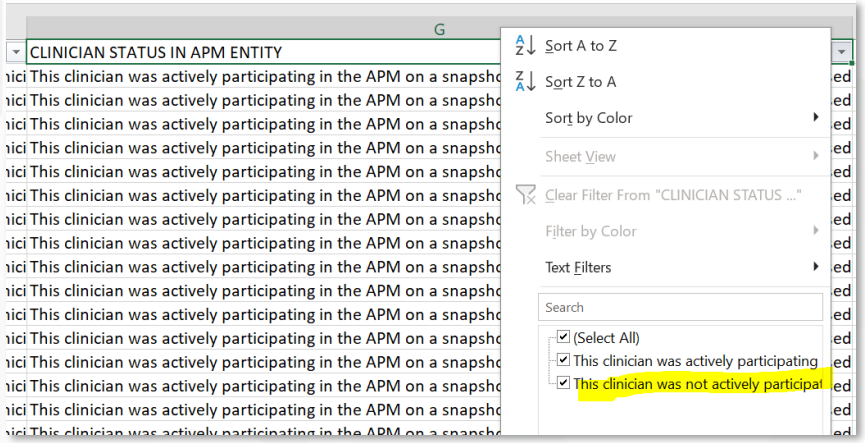
**Step 1. Verify if any clinicians in the APM Entity are ineligible for the APP final score.** (Continued)

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)*

**IMPORTANT**

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

a) 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.

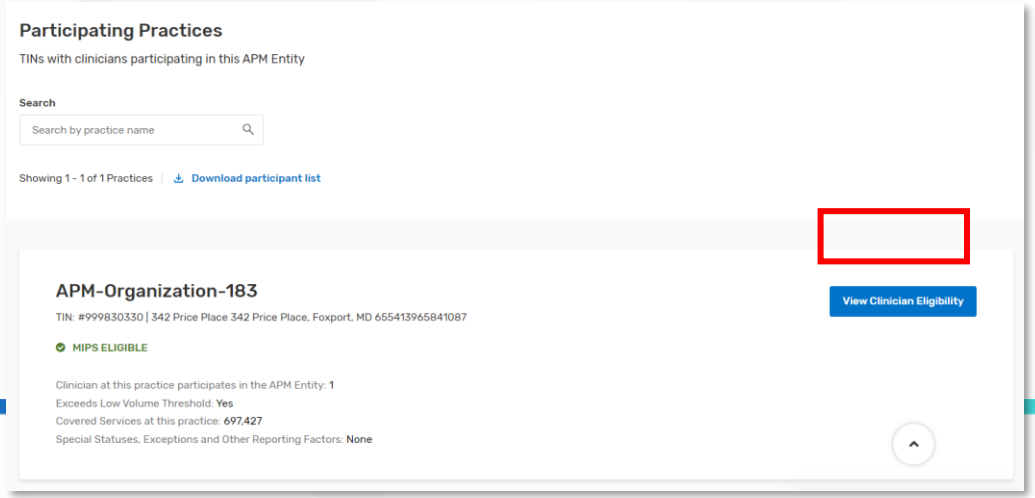
b) Note the **Practice Name(s)** associated with each affected clinician.

| C | D | E | F | G |
|---|---|---|---|---|
| PRACTICE NAME | NPI | CLINICI | CLINICI | CLINICIAN STATUS IN APM ENTI |
| 0 APM-Organization-18 | 8884707375 | Karam Me | This clinici | This clinician was not actively parti |

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

a) From the **APM Entity Details & Participants** page, scroll down beneath "Participating Practices" to find the first affected practice.

b) Click **View Clinician Eligibility** next to the practice's name.



# Before You Begin *(Continued)*

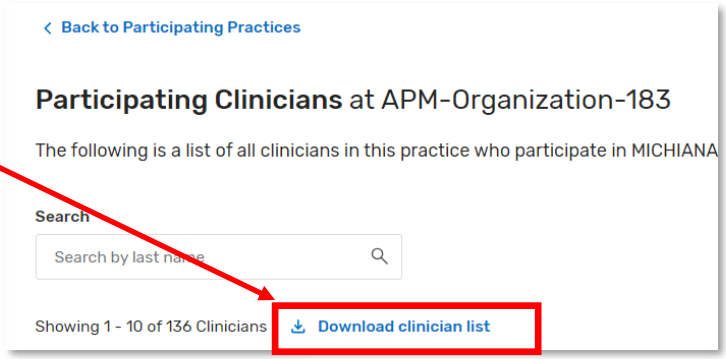
**IMPORTANT**

c) Click **Download clinician** list beneath "Participating Clinicians".

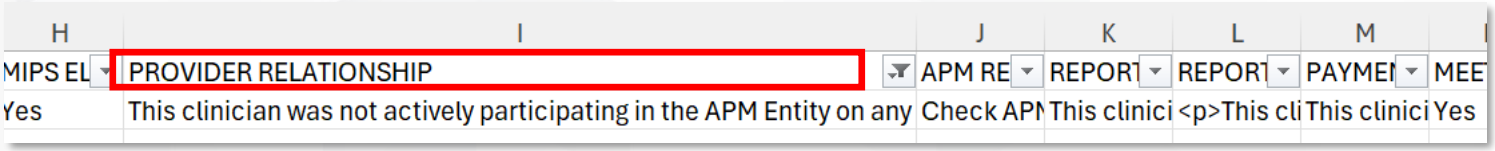
d) Add filters to the header row.

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 | PAYMEI | MEE |
| Yes | This clinician was not actively participating in the APM Entity on any | Check API | This clinici | <p>This cli | This clinici | Yes |

g) Share the file and information with a representative from the affected practice.

h) **Repeat steps 3a-g for each affected practice.**

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# 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<br>✓ **NEW:** Submit a Partial QP Election **(Security Officials Only)**<br>✓ View information about performance category reweighting at the APM Entity level from approved QPP exception applications<br>✓ Submit quality data through the CMS Web Interface (Shared Savings Program ACOs)<br>✓ Upload a file of APM Entity-level quality and/or Promoting Interoperability measure data (all APM Entities in MIPS APMs)<br>✓ View measure-level scores along with a sub-total of points for quality data submitted by or on behalf of the APM Entity<br>✓ **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**<br>✗ View feedback or scores for administrative claims quality measures or the CAHPS for MIPS measure (if applicable)<br>✗ View overall preliminary score or preliminary performance category scores |

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# 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**<br><br>(includes solo practitioners) | ✓ Access information about eligibility and special status at the individual clinician and group level<br>✓ View information about performance category reweighting (including from approved exception applications)<br>✓ Submit data on behalf of your practice (as a group and/or individuals)<br>• Includes Promoting Interoperability data for MIPS APM participants<br>✓ Submit opt-in elections on behalf of your practice (as a group and/or individuals)<br>✓ View data submitted on behalf of your practice (group and/or individual)<br>✓ View measure-level scoring for Part B claims measures reported throughout the performance period<br>• This data will be updated during the submission period to account for claims received by CMS until March 1, 2025<br>• **REMINDER**: We'll only score small practices as a group if they submit data at the group level for another performance category)<br>✓ 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)<br>✗ View cost measures feedback (if applicable)<br>• Cost data won't be available during the submission period<br>✗ View facility-based scoring for quality / cost (if applicable)<br>✗ View data submitted by your APM Entity<br>• **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<br>✗ View overall preliminary score or preliminary performance category scores |

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# Accessing the System

# Getting Started

To sign in to the QPP website and submit Performance Year 2024 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 ACO Management System (ACO-MS) 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.

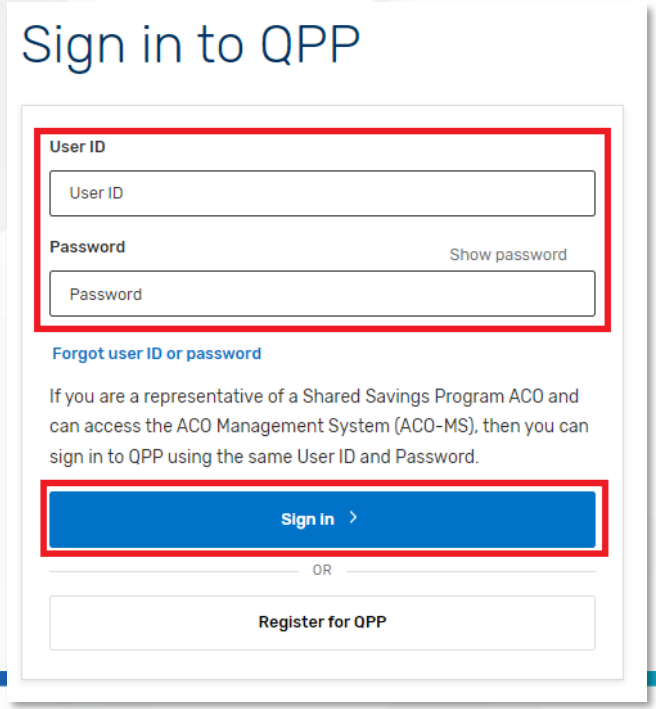
# Sign in to the QPP Website

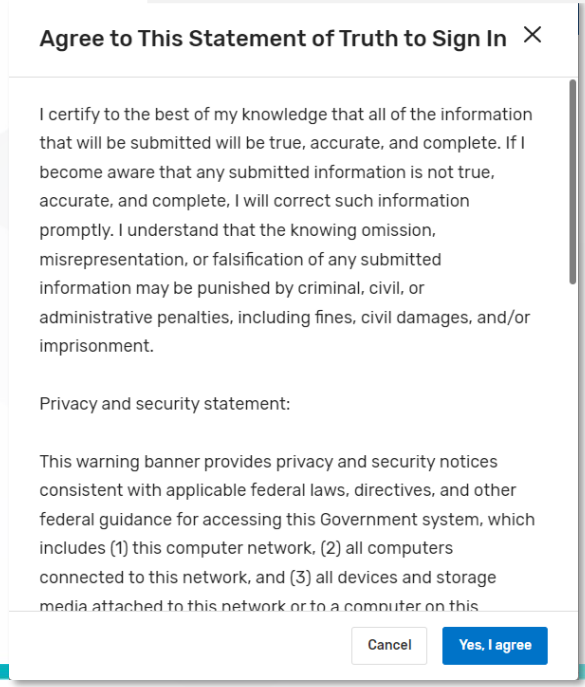
Go to the QPP website and click Sign In on the upper right-hand corner.

- 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.

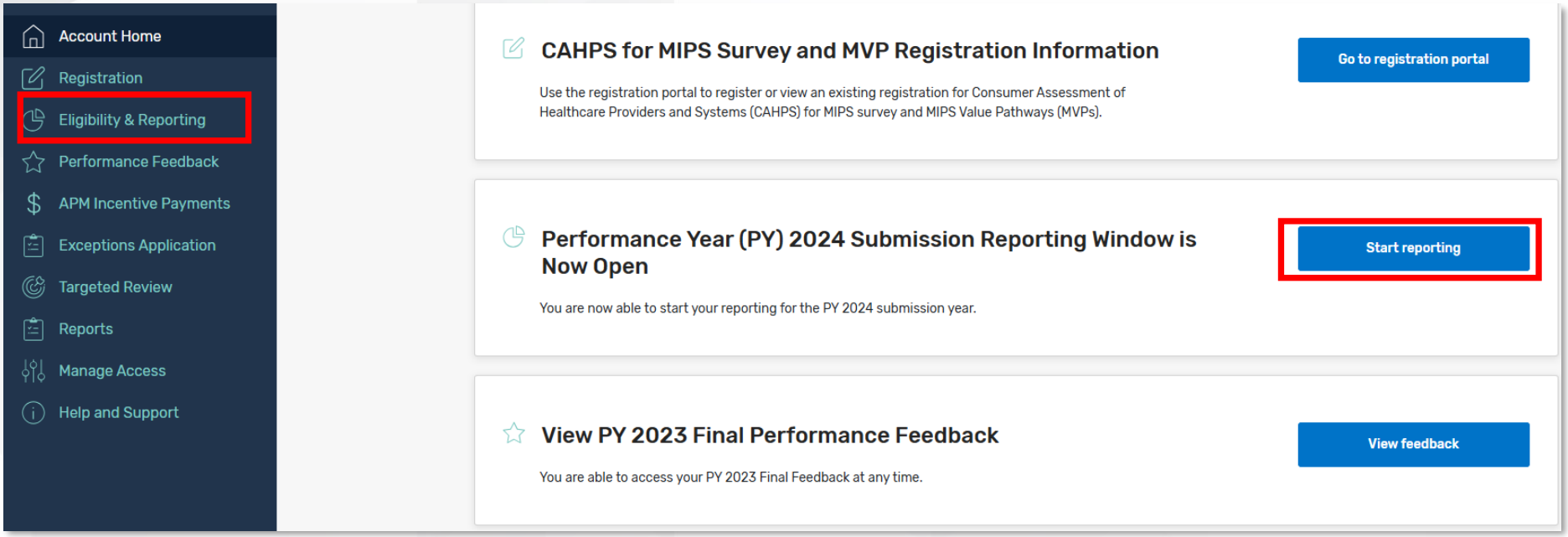
**DISCLAIMER:**
All screenshots include fictitious patients and organizations. Screenshots were captured from a test environment, so there may be slight variations between the screenshots included in this guide (including dates) and the user interface in the production system



# Sign in to the QPP Website (Continued)

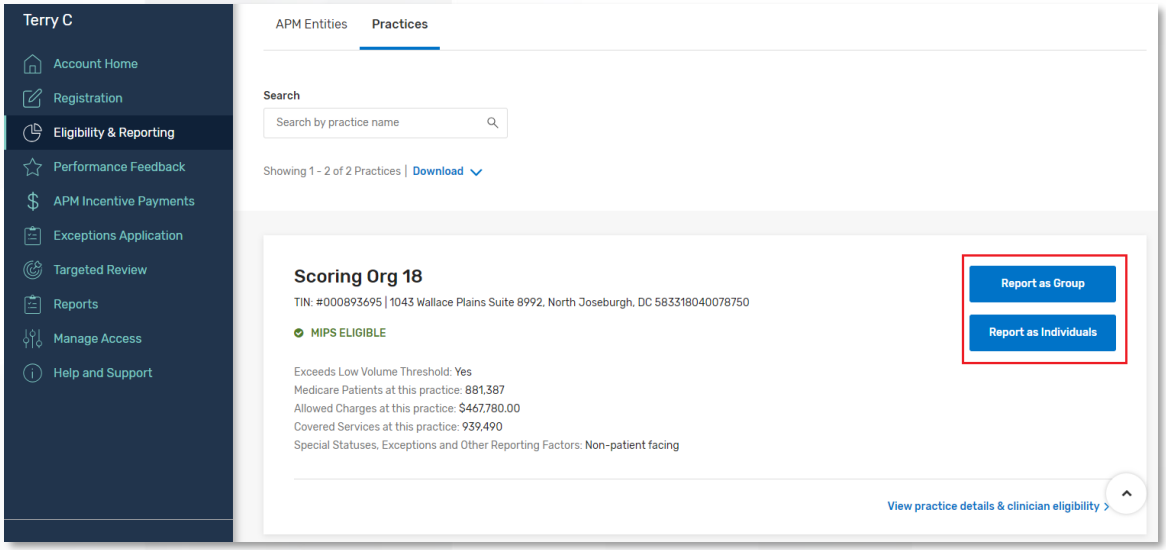
Once signed in, you can click **Eligibility & Reporting** from the left-hand navigation or the **Start Reporting** button on the right side of the page.



# 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.



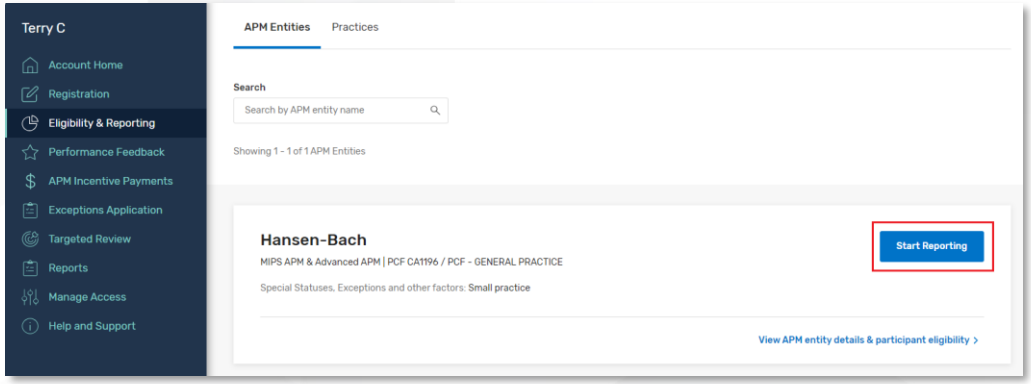

## MIPS Opt-in Eligible Clinicians and Groups

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 2024 Opt-In Election User Guide (PDF 1MB).

# Sign in to the QPP Website (Continued)

## APM Entities

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




## Partial QP Elections

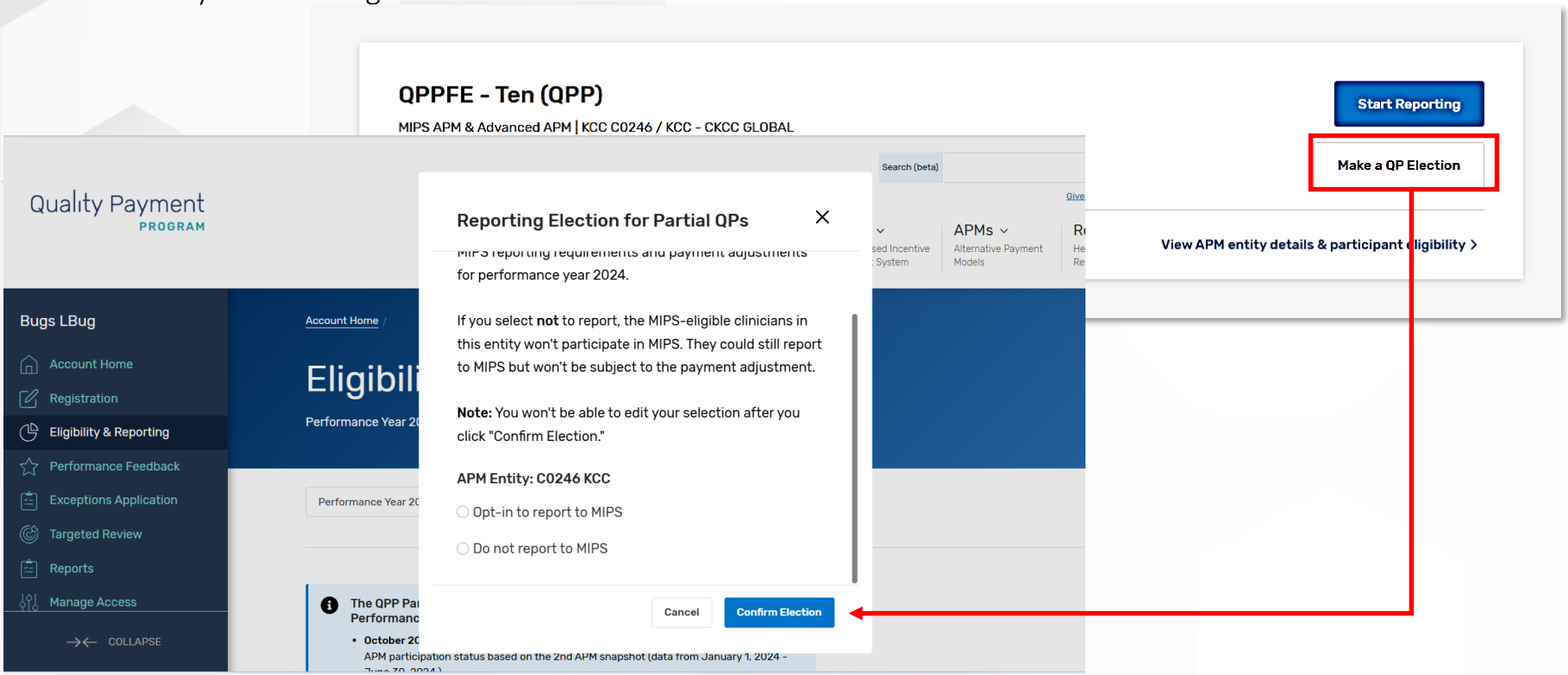
APM Entities with Partial Qualifying APM Participation (QP) Status will see the option to **Make a QP Election** beneath **Start Reporting**.

UPDATED 3/31/2025: Partial QPs who want to report MIPS data and get a MIPS payment adjustment must complete their Partial QP election by March 31, 2025, at 8 p.m. ET. (Data must be submitted by April 14, 2025, at 8 p.m. ET.)

# Sign in to the QPP Website (Continued)

## Partial QP Elections (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.




UPDATED 3/31/2025: Partial QPs who want to report MIPS data and get a MIPS payment adjustment must complete their Partial QP election by March 31, 2025, at 8 p.m. ET. (Data must be submitted by April 14, 2025, at 8 p.m. ET.)

# Sign in to the QPP Website (Continued)

## Partial QP Elections (Continued)

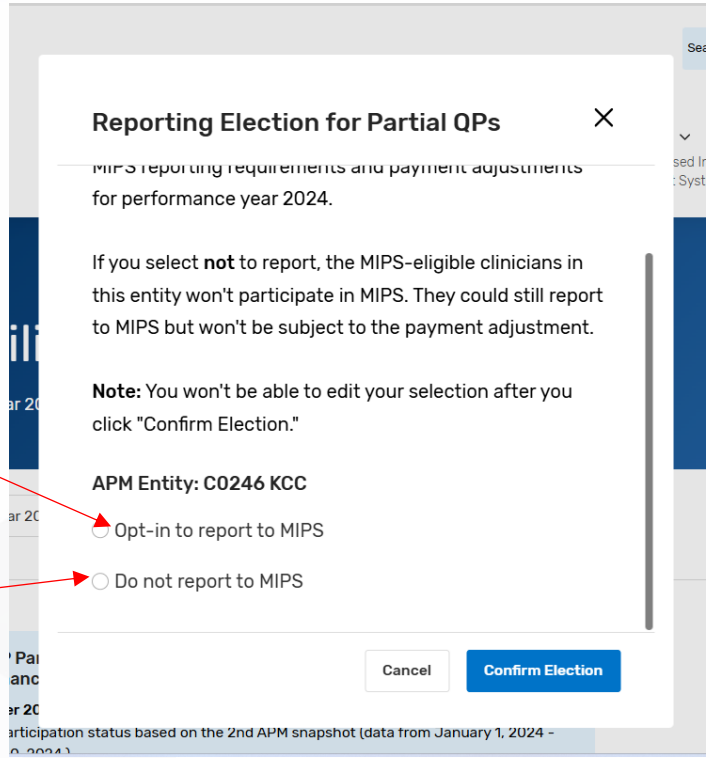
### Opt-in to report to MIPS

- Select this if you want the MIPS eligible clinicians in your APM Entity to **receive a MIPS payment adjustment** for the 2024 performance period/2026 MIPS payment year.

UPDATED 3/31/2025: Partial QPs who want to report MIPS data and get a MIPS payment adjustment must complete their Partial QP election by March 31, 2025, at 8 p.m. ET. (Data must be submitted by April 14, 2025, at 8 p.m. ET.)

### 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 2024 performance period/2026 MIPS payment year.
- Any data reported will be considered voluntary.

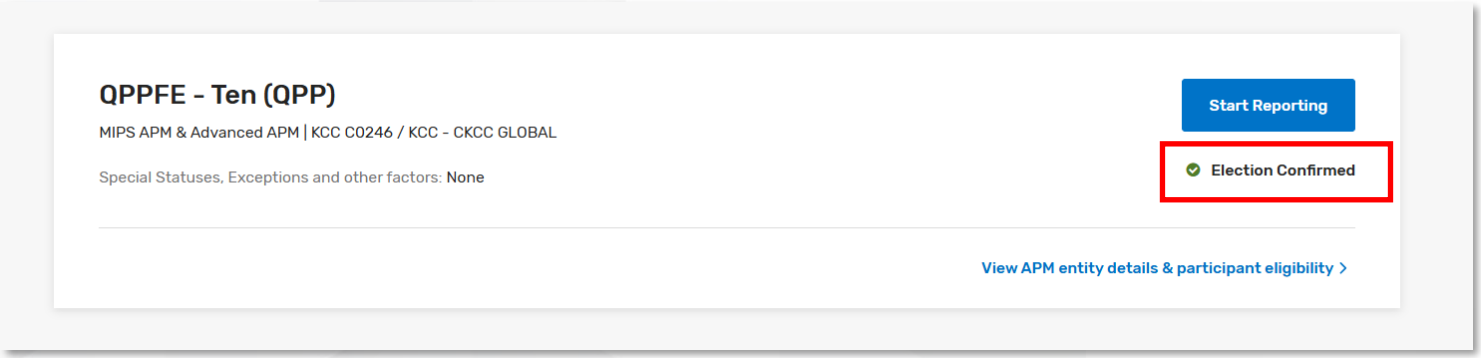



For more information about Partial QP status, review the 2024 Learning Resources for QP Status and APM Incentive Payment (ZIP, 3MB).

# Sign in to the QPP Website (Continued)

## Partial QP Elections (Continued)

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




UPDATED 3/31/2025: Partial QPs who want to report MIPS data and get a MIPS payment adjustment must complete their Partial QP election by March 31, 2025, at 8 p.m. ET.
Data must be submitted by April 14, 2025, at 8 p.m. ET.

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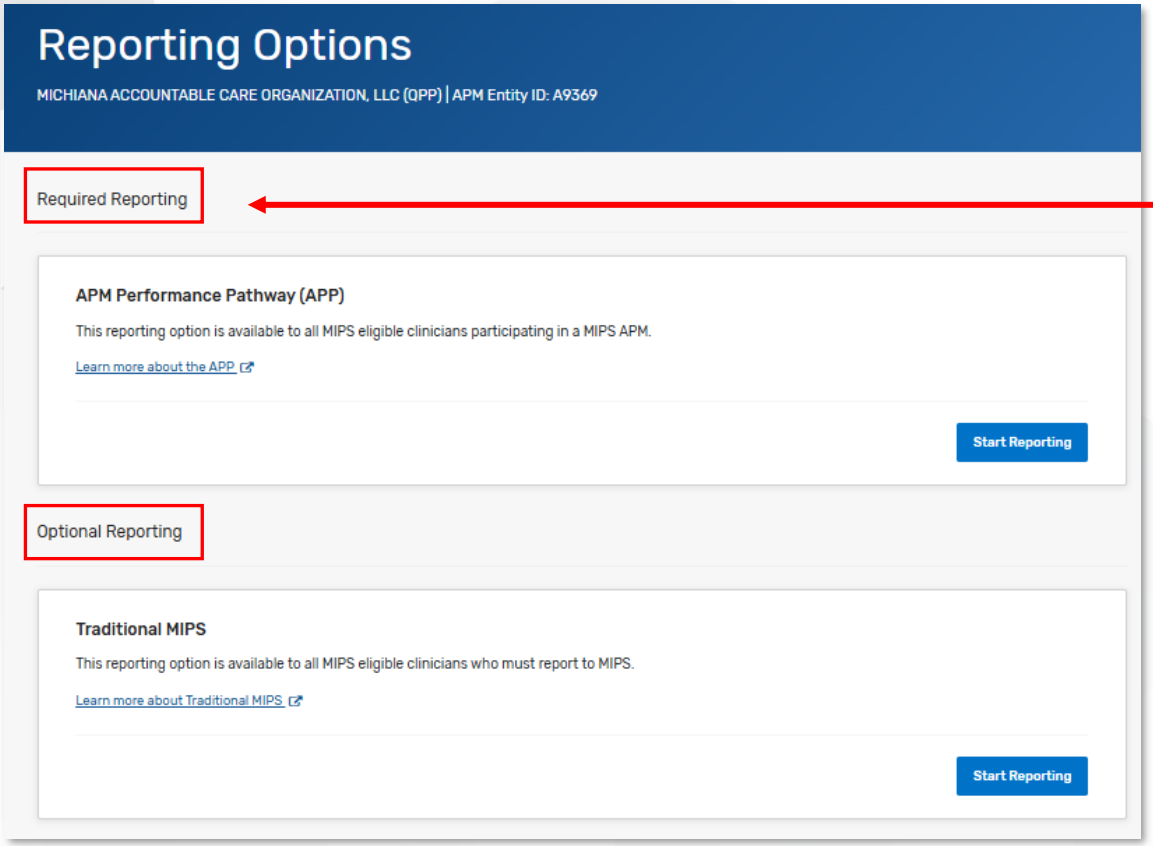
# Reporting Option Selection

# Reporting Option Selection

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



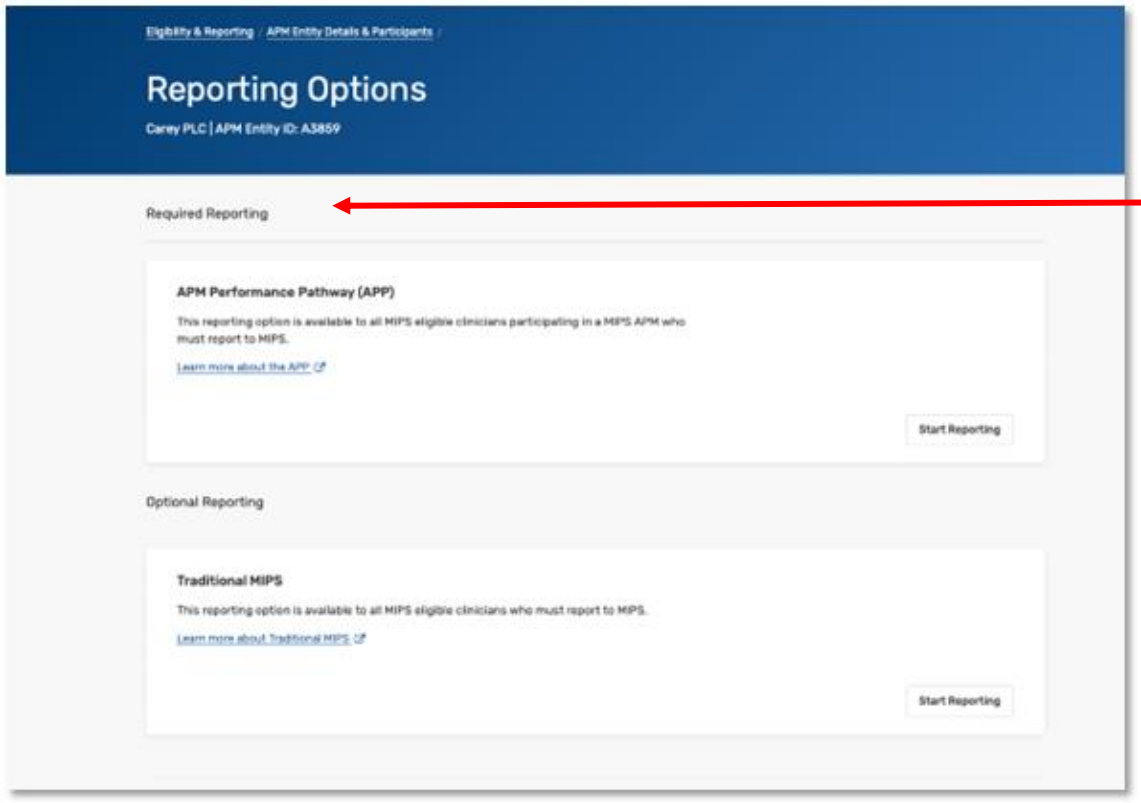

This page will identify your required and optional reporting.

**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 for their APM Entity) 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.
- **Note: 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 (Continued)

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




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.

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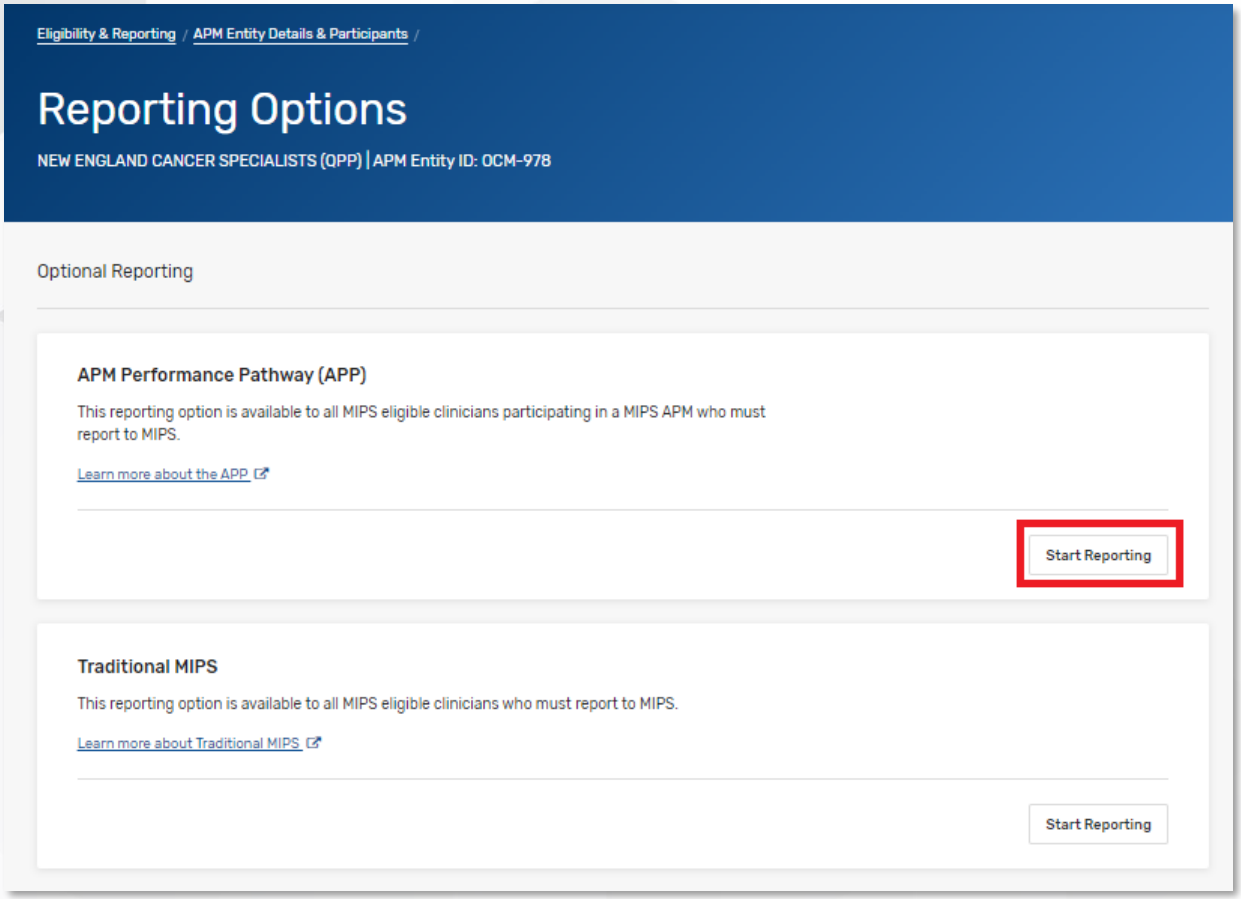
# Reporting Option Selection (Continued)

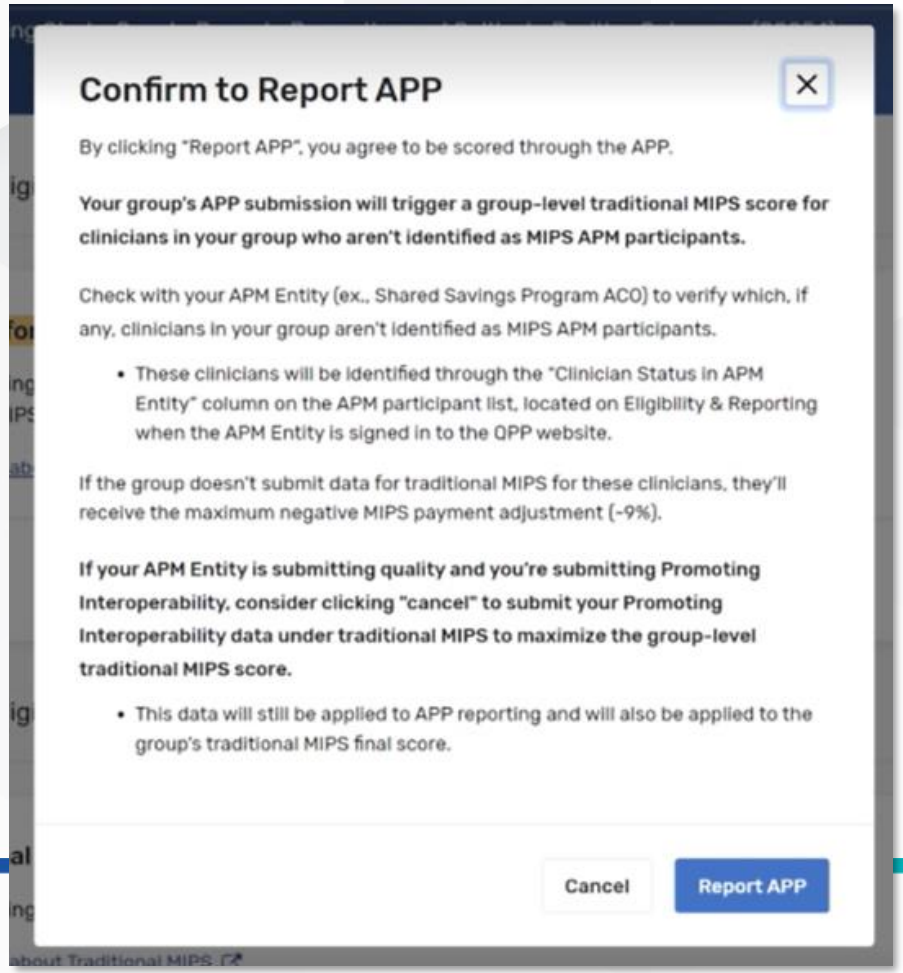



Reminder: The APP is only available to MIPS eligible clinicians in a MIPS APM.

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

# Reporting Option Selection (Continued)

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

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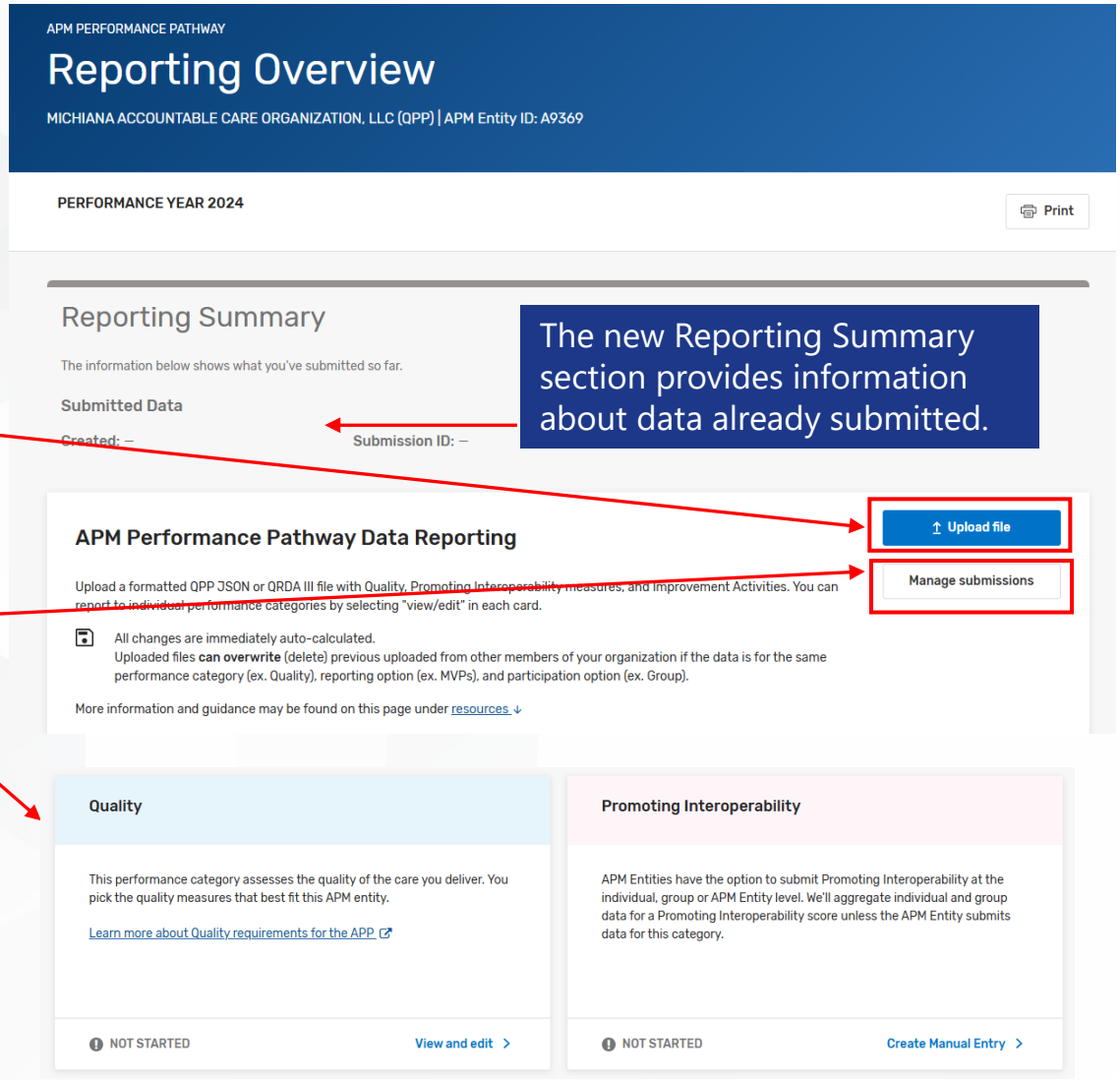
# Reporting Overview

# Reporting Overview

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

- View a reporting summary
- 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 when feedback is available in June 2025 (these bonus points aren't available during submission)



# Reporting Overview (Continued)

**Program Name: 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 the APP 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 =**

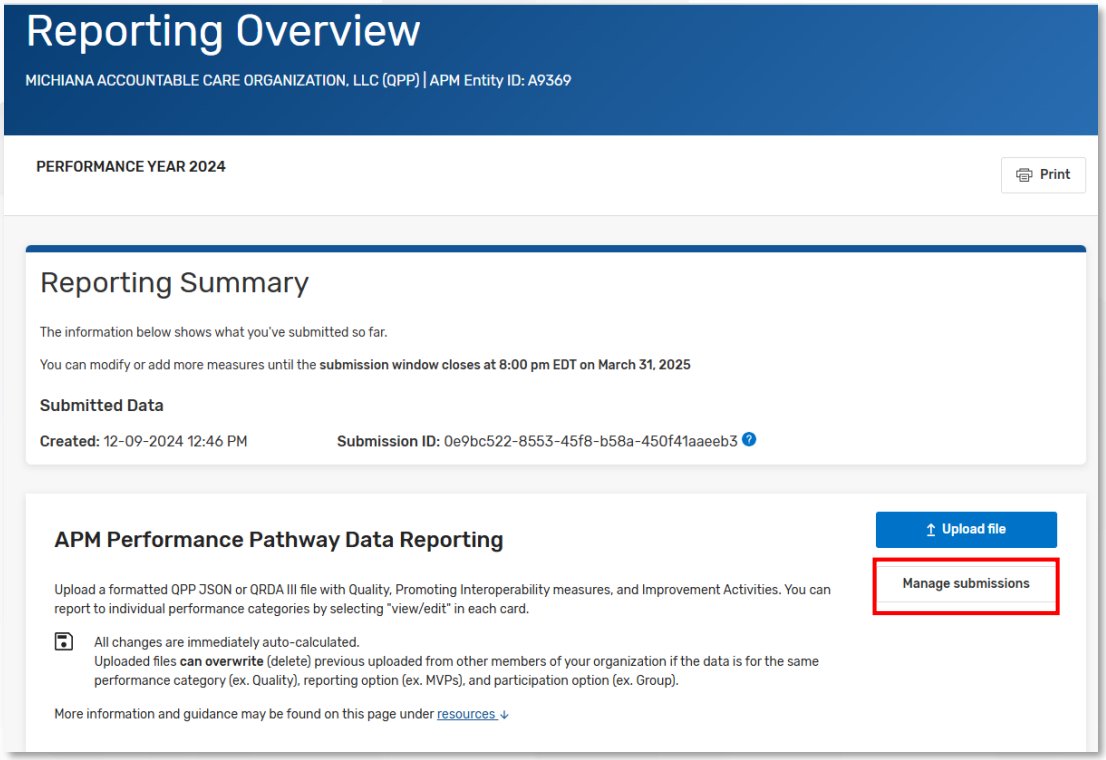
- **"MIPS_APP1_APMENTITY"** if you're reporting data for the APP at the APM Entity level (such as a Shared Savings Program ACO)
- **"MIPS_APP1_GROUP"** if you're reporting data at the group level
- **"MIPS_APP1_INDIV"** if you're reporting data at the individual level

These aren't available to Shared Savings Program ACOs for the purposes of meeting quality reporting requirements under the Shared Savings Program.

# 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.**

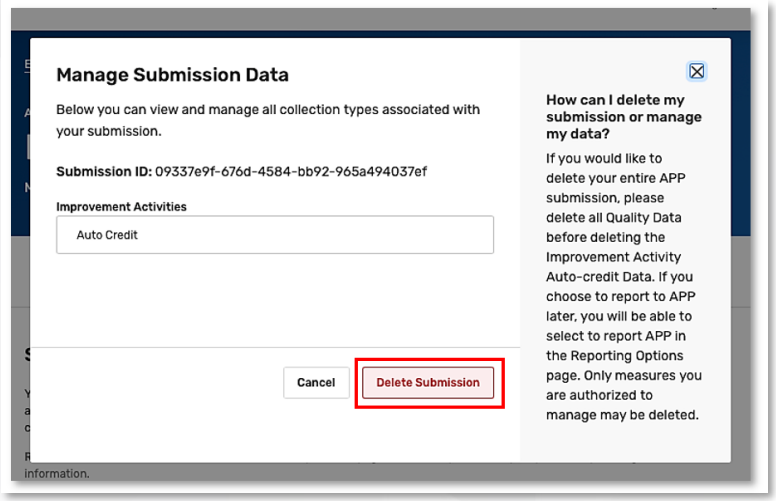



**IMPORTANT:**
If you don't cancel your selection, you will receive a MIPS final score of 20 out of 100 points based on your automatic credit in the improvement activities, resulting in a negative payment adjustment for your MIPS eligible clinicians. Submissions can be cancelled up until the submission deadline 8 p.m. ET on April 14, 2025.

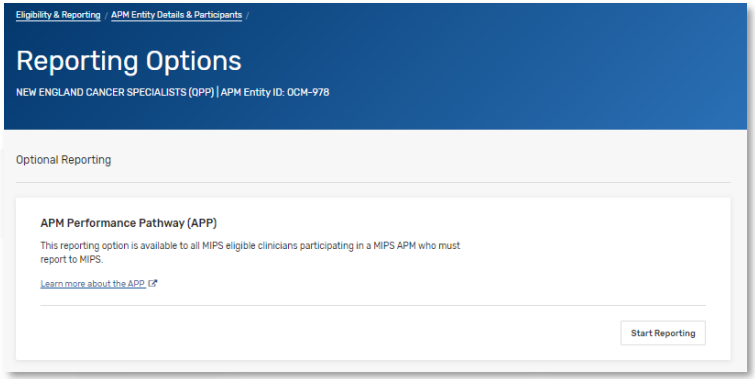
**NOTE:**
If a Shared Savings Program ACO doesn't report under the APP, they will fail the Shared Savings Program quality standard.

# 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.




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.



Quality Payment
PROGRAM

# Submitting and Reviewing Quality Data

# Submitting and Reviewing Quality Data

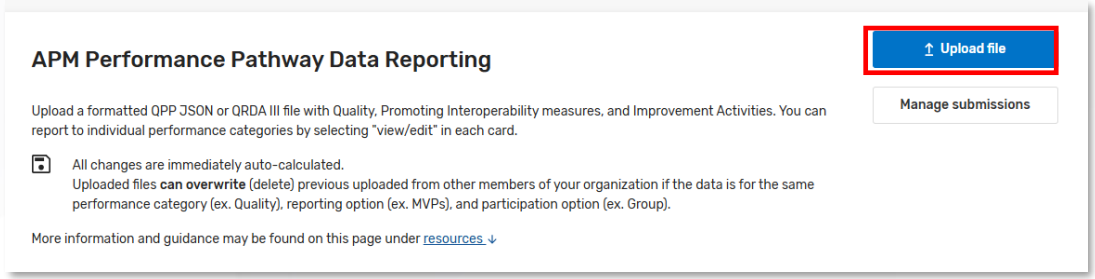
As a reminder, when reporting the APP as an APM Entity, such as a Shared Savings Program ACO, quality data is reported by the APM Entity.

- Submitting APP measures as eCQMs/MIPS CQMs/Medicare CQMs
  - NEW: Medicare CQMs are a new collection type, only available to Shared Savings Program ACOs. Before submitting your Medicare CQMs, review the Medicare CQM Implementation Checklist (PDF), a new resource to support ACOs in reporting Medicare CQMs.
  - If you're a Shared Savings Program ACO reporting the APP measures as eCQMs/MIPS CQMs, please review the Medicare Shared Savings Program: Reporting MIPS CQMs and eCQMs in the Alternative Payment Model Pathway (guidance document) (PDF, 886KB).
- Reporting APP measures through Medicare Part B claims (Not available to 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 2024 CMS Web Interface User Guide (PDF, 4MB).

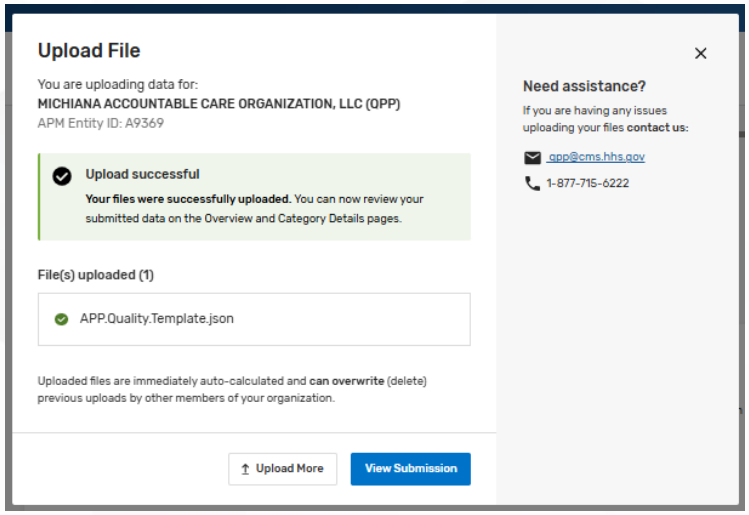
# Submitting APP measures as eCQMs/MIPS CQMs/Medicare CQMs

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**.




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

**Successful Submission:**



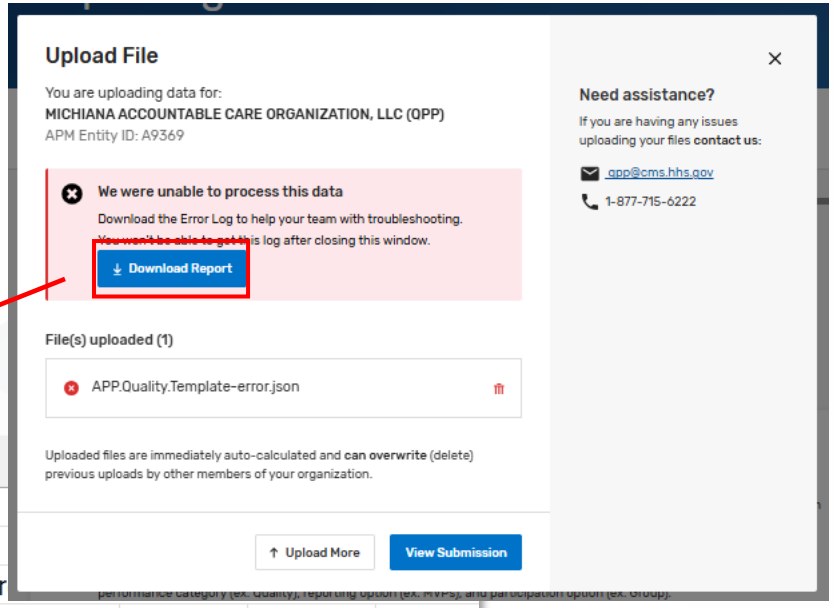
# Submitting APP measures as eCQMs/MIPS CQMs/Medicare CQMs

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




| A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|
| File Name | Size | Timestam | 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 | | |

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

# Submitting APP measures as eCQMs/MIPS CQMs/Medicare 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 for the quality performance category, "CMS Program Name" =

- "**MIPS_APP1_APMENTITY**" if your quality data is being submitted at the APM Entity level (**required for Shared Savings Program ACOs**)
- "**MIPS_APP1_GROUP**" if your quality data is being submitted at the group level
- "**MIPS_APP1_INDIV**" if your quality data is being submitted at the individual level

Refer to p. 21 of the **2024 CMS QRDA III Implementation Guide for Eligible Clinicians** (accessible from **this page of the eCQI Resource Center**) for more information.

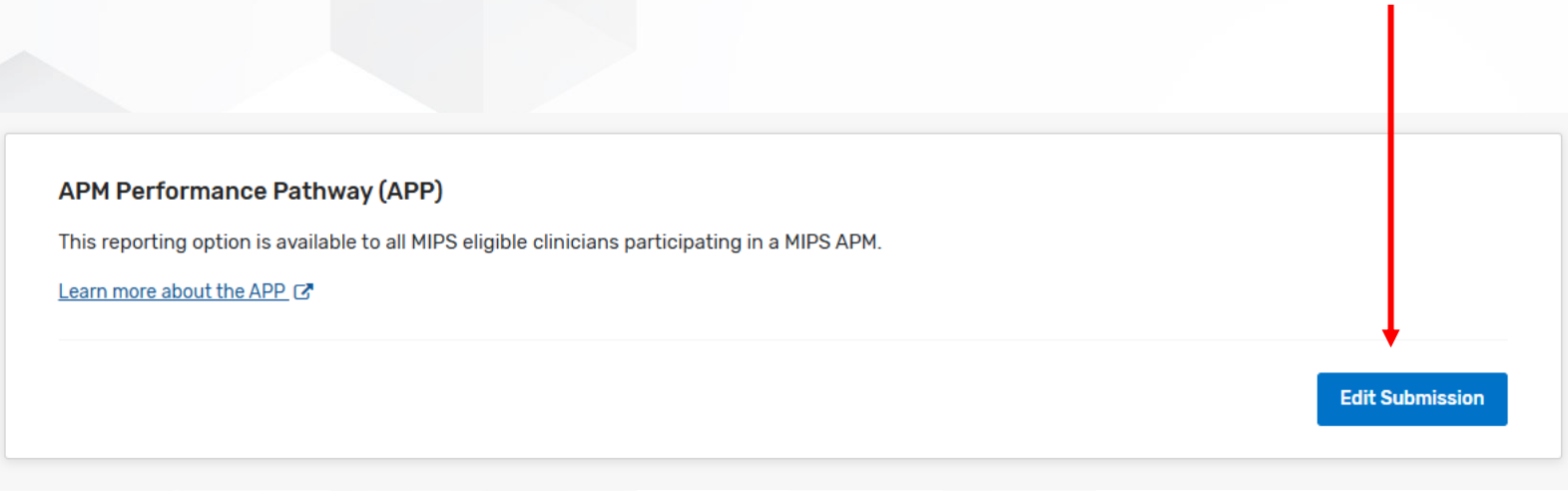
# Submitting APP measures through Medicare Part B claims

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 2025.

**Note:** This option isn't available for Shared Savings Program ACOs.

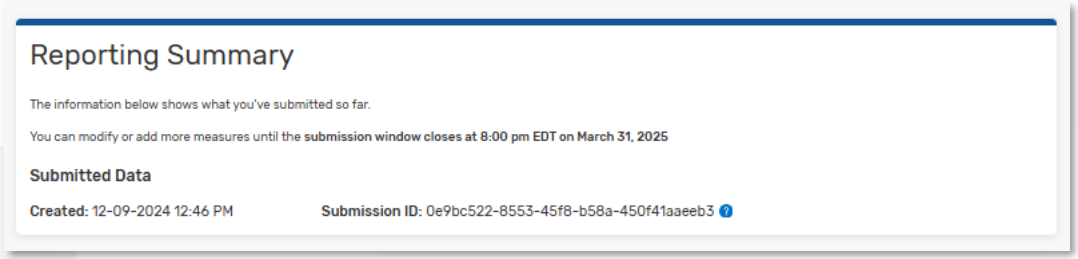
# Review Previously Submitted Data

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**.

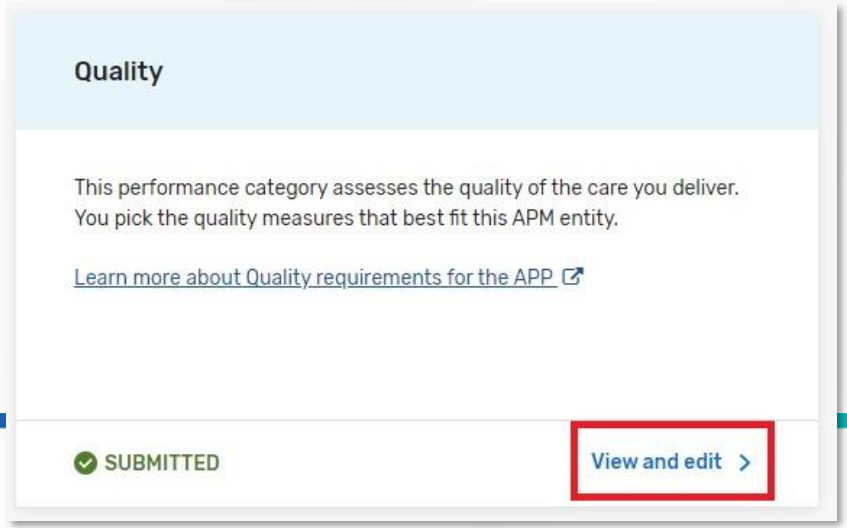


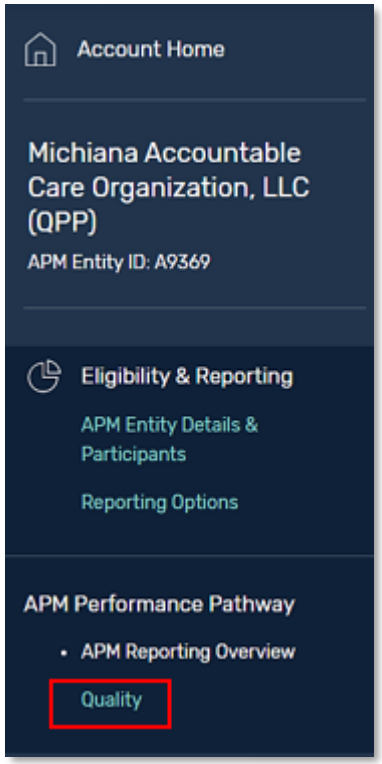
# Review Previously Submitted Data (Continued)

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.



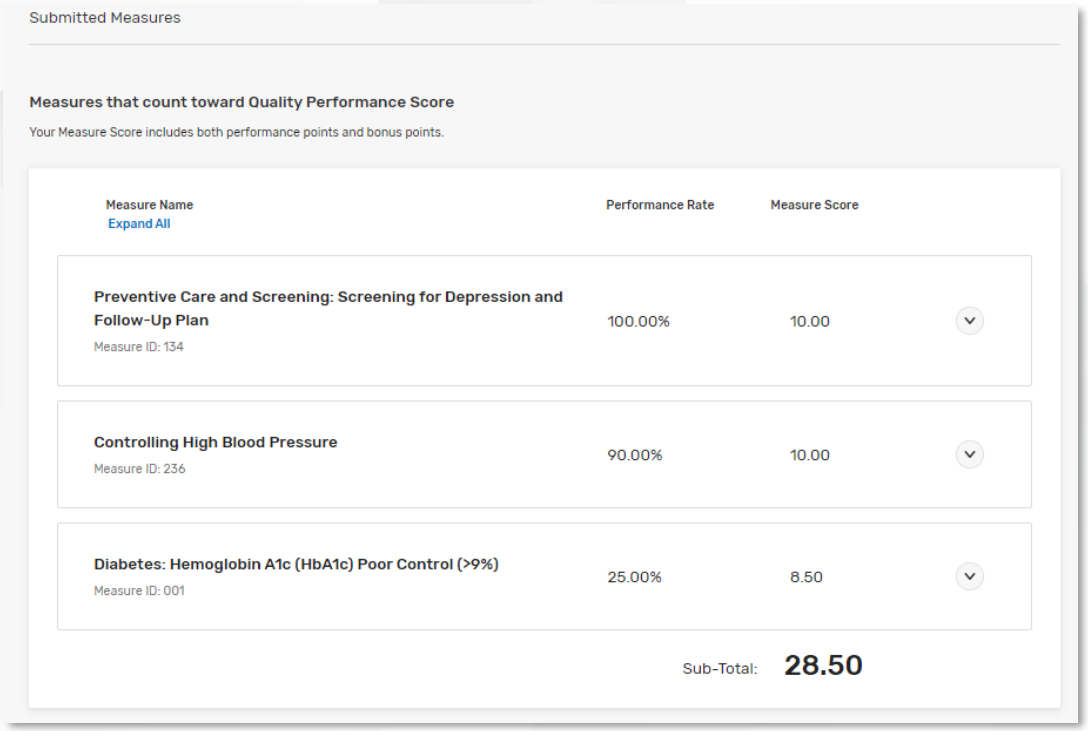

Click **Edit Submission** to get to the Reporting Overview page. To see the details of the measure data reported on your behalf, click **View & Edit** on the quality card, or click **Quality** in the left-hand navigation.



# Quality Page

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



Submitted Measures

**Measures that count toward Quality Performance Score**

Your Measure Score includes both performance points and bonus points.

| Measure Name<br>Expand All | Performance Rate | Measure Score |
|---|---|---|
| **Preventive Care and Screening: Screening for Depression and Follow-Up Plan**<br>Measure ID: 134 | 100.00% | 10.00 |
| **Controlling High Blood Pressure**<br>Measure ID: 236 | 90.00% | 10.00 |
| **Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)**<br>Measure ID: 001 | 25.00% | 8.50 |

Sub-Total: **28.50**

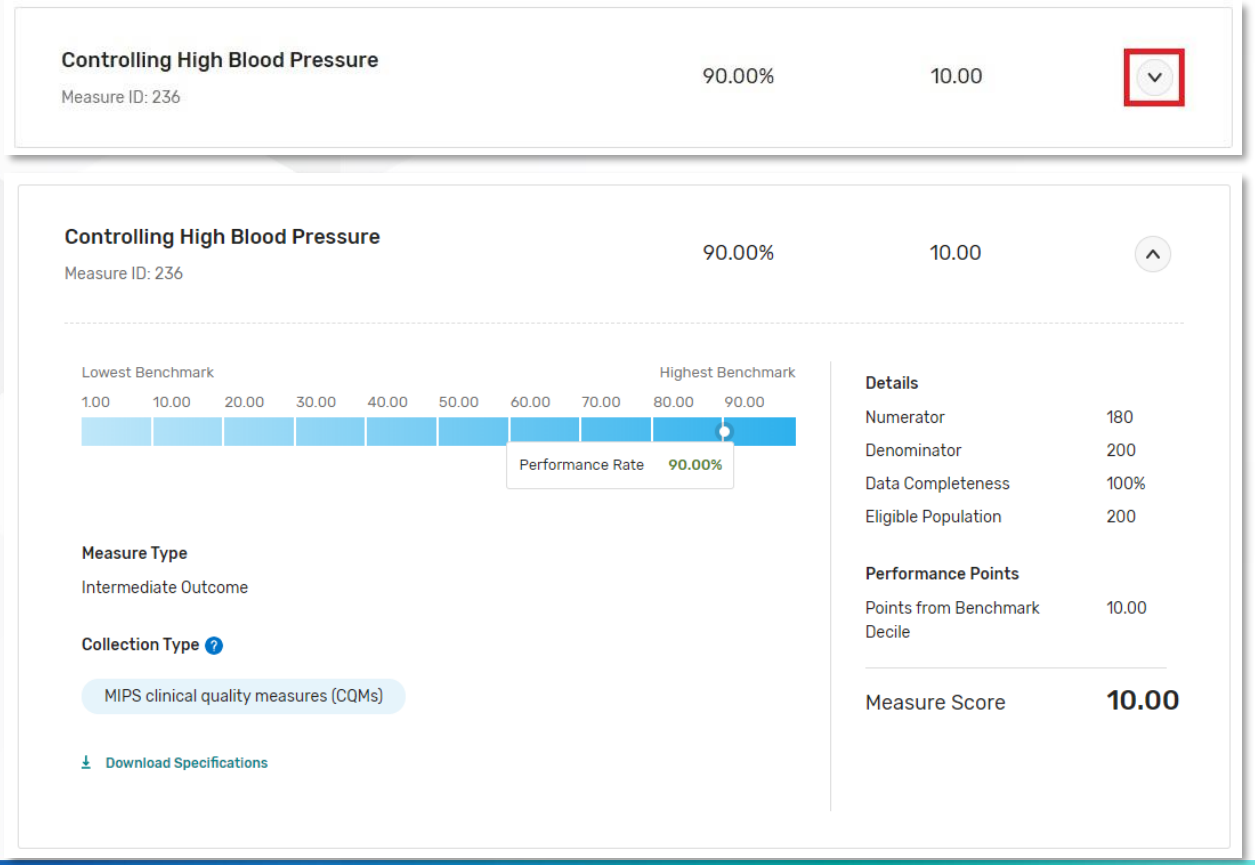
**IMPORTANT:**

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 2025, your quality score will be updated to reflect achievement points earned for the administrative claims measures and CAHPS for MIPS Survey 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

**What happens if a Shared Savings Program ACO reports both the 10 CMS Web Interface measures and the 3 eCQMs/MIPS CQMs/Medicare 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 eCQMs/MIPS CQMs/Medicare CQMs. (The 3 measures can be reported through any combination of available collection types; you don't have to report all 3 measure through a single collection type.)

**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 2025.

**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.

Quality Payment
PROGRAM

# Submitting and Reviewing Promoting Interoperability Data

# APM Entity Reporting

When reporting the APP quality measures the APM Entity level, such as by a Shared Savings Program ACO, 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 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

*The manual entry/ attestation process is the same, regardless of the level at which the data is reported.

# 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 with your Promoting Interoperability data, **CMS Program Name** =

**"MIPS_APP1_APMENTITY"** if your Promoting Interoperability data is being submitted at the APM Entity level (such as by Shared Savings Program ACO on behalf of all MIPS eligible clinicians in the ACO)

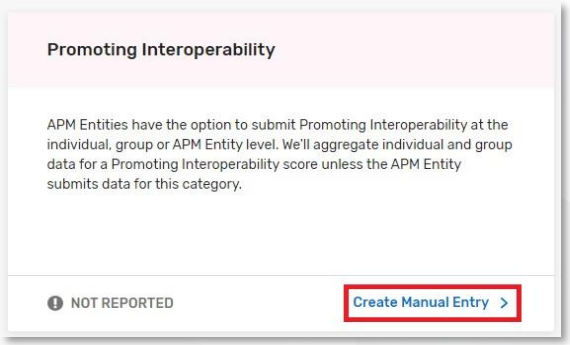
**"MIPS_APP1_GROUP"** if your Promoting Interoperability data is being submitted at the group level

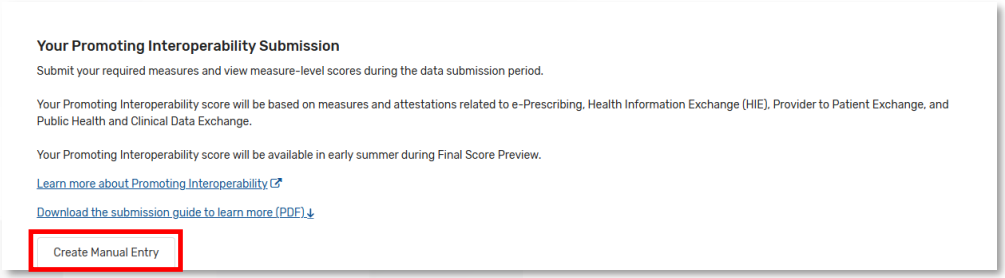
**"MIPS_APP1_INDIV"** if your Promoting Interoperability data is being submitted at the individual level

# 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.



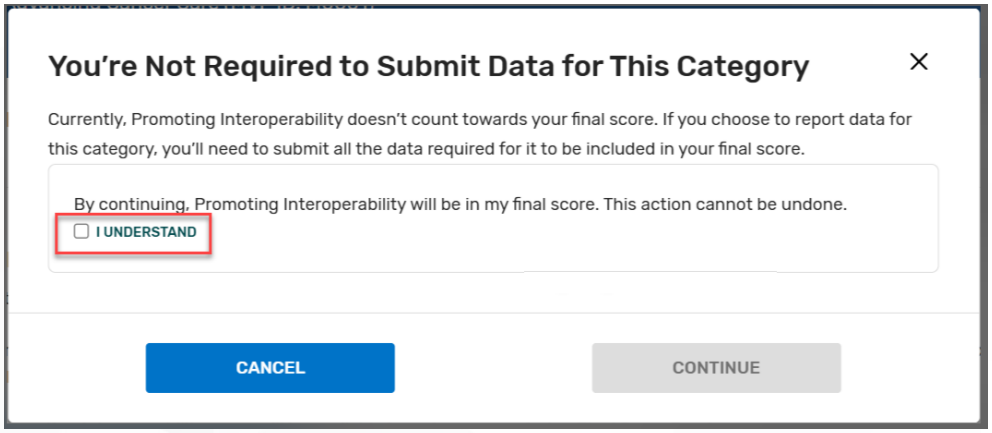



# Manual Entry (Attestation) (Continued)

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**).

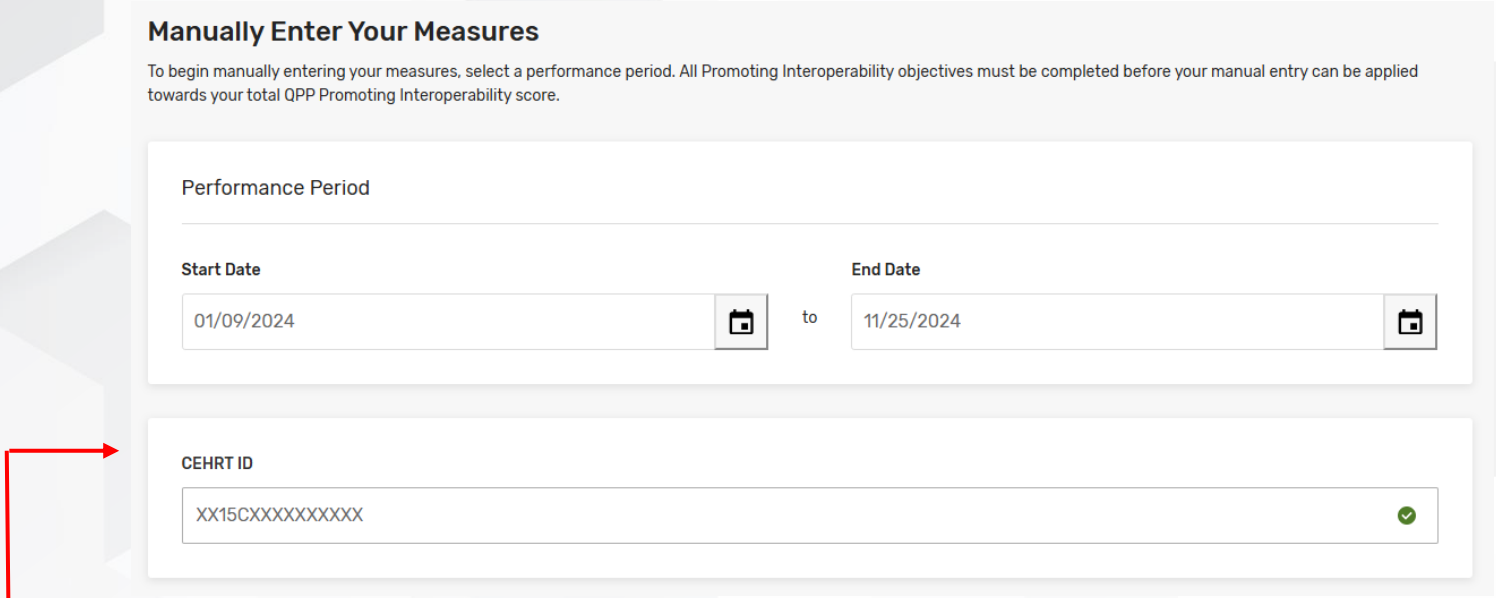
If you click **Continue** and manually attest to a qualifying data submission (complete all required attestations, measures, and reporting requirements) you'll be scored on this performance category.

**NEW:** As finalized in the CY 2025 Medicare Physician Fee Schedule Final Rule, beginning with the 2024 submission period, a non-qualifying submission - submitting some but not all required data - WON'T override reweighting.




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")




**REMINDER:**

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

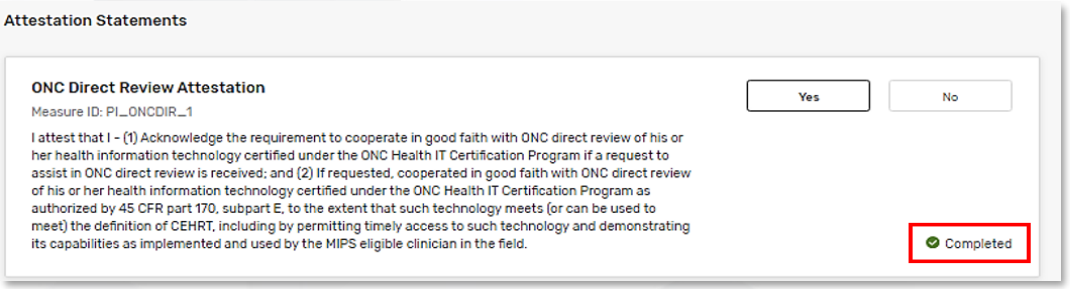
For **detailed instructions on how to generate a CMS EHR Certification ID**, review pages 23 - 25 of the CHPL Public User Guide.

A **valid** CMS EHR Certification ID is required for data submission.

For the 2024 performance period, a valid CMS EHR Certification will include "**15C**".

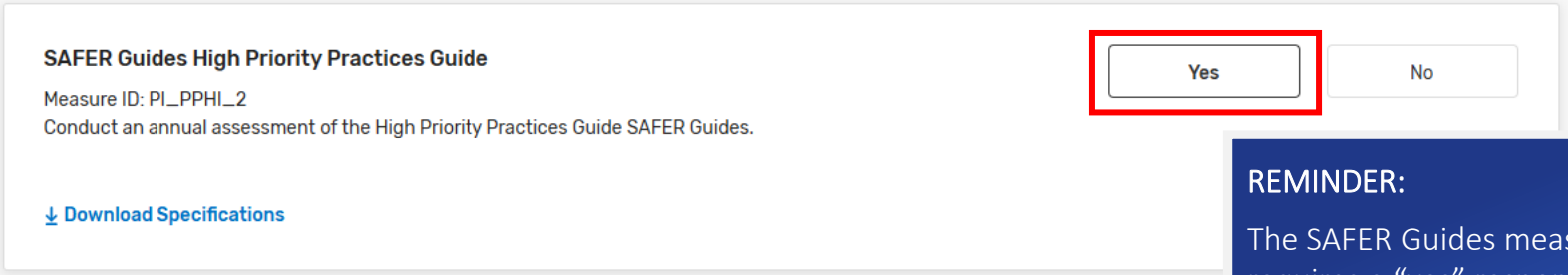
# Complete Required Attestation Statements and Measures

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**.




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.

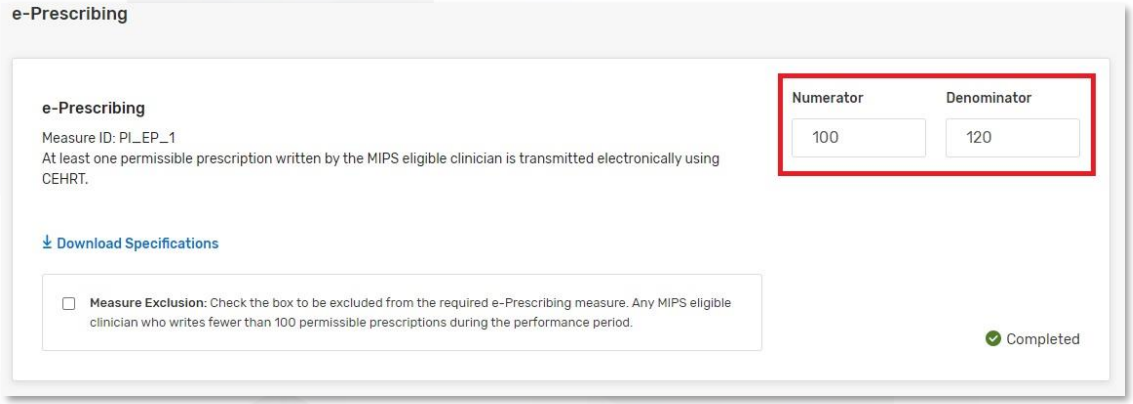



**REMINDER:**

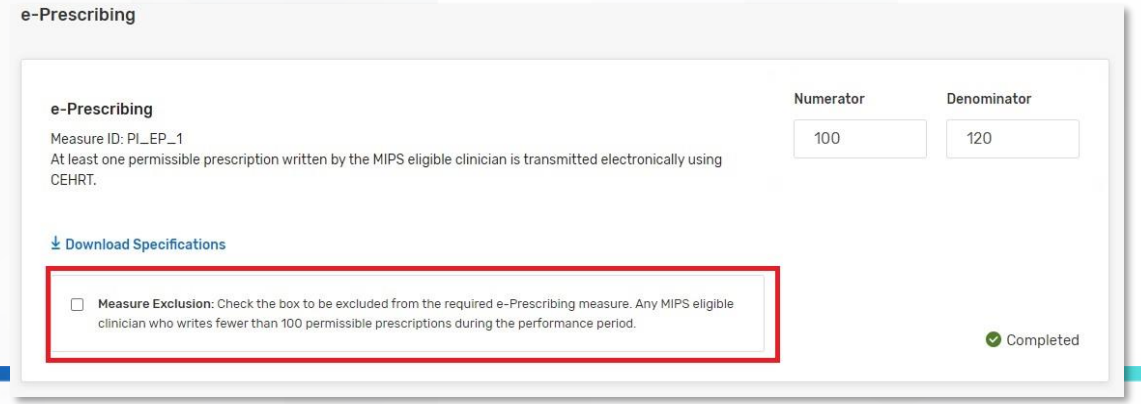
The SAFER Guides measure now requires a "yes" response to meet reporting requirements.

# Complete Required Attestation Statements and Measures (Continued)

Numerator/Denominator Example




**Exclusion Example**



# Health Information Exchange Objective

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

Option 1:

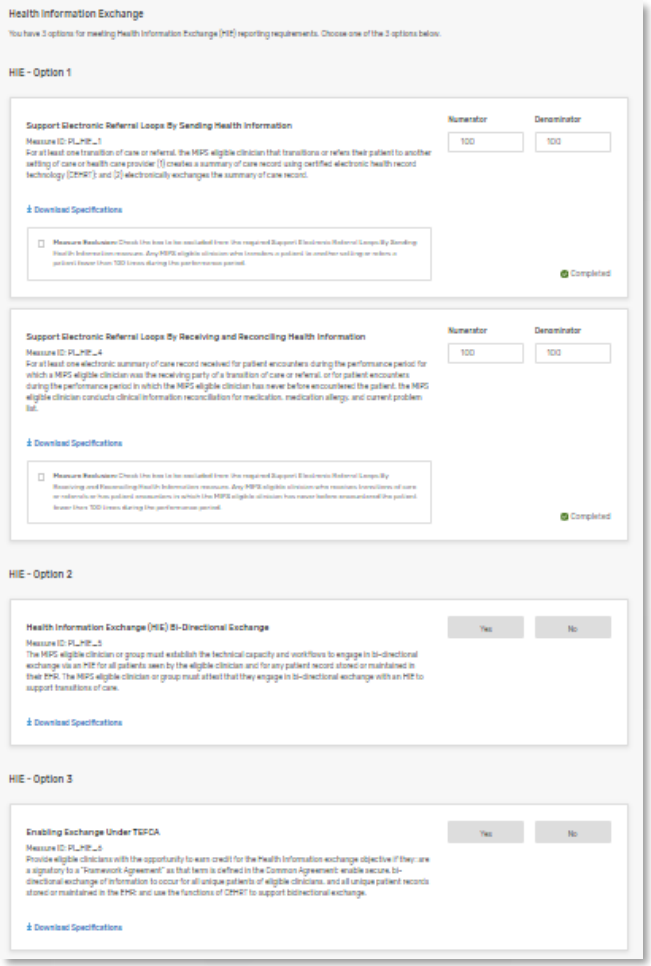
- Support Electronic Referral Loops by Sending Health Information
- Support Electronic Referral Loops by Receiving and Reconciling Health Information

Option 2:

- Health Information Exchange: Bi-Directional Exchange

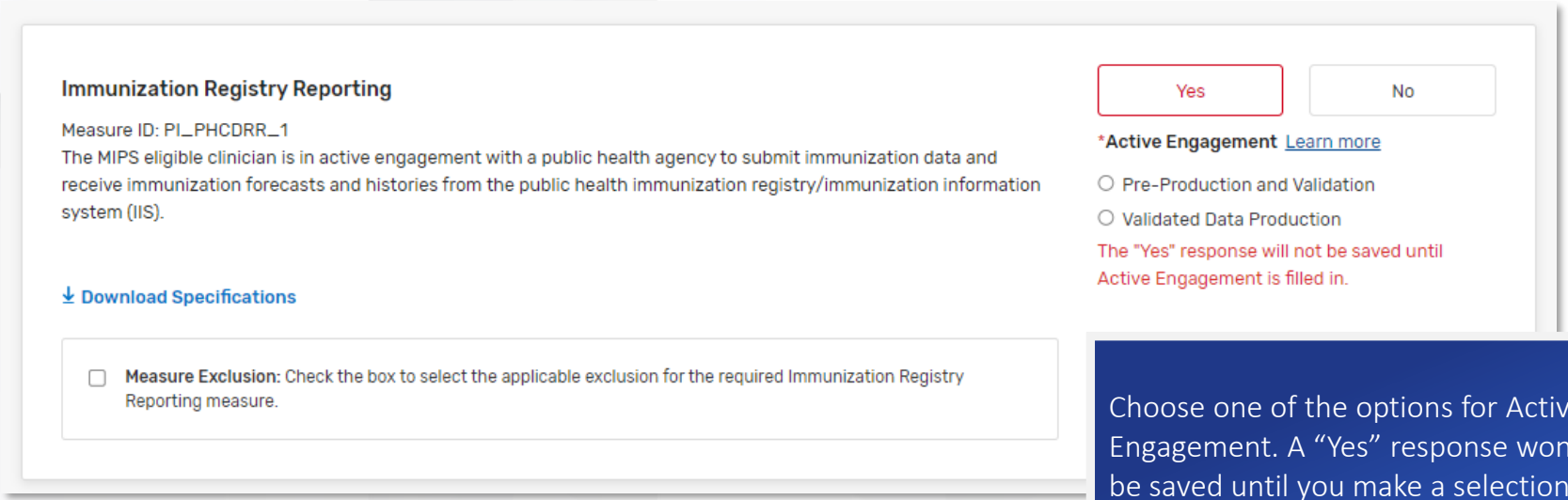
Option 3:

- Enabling Exchange Under TEFCA



# Public Health and Clinical Data Exchange Objective

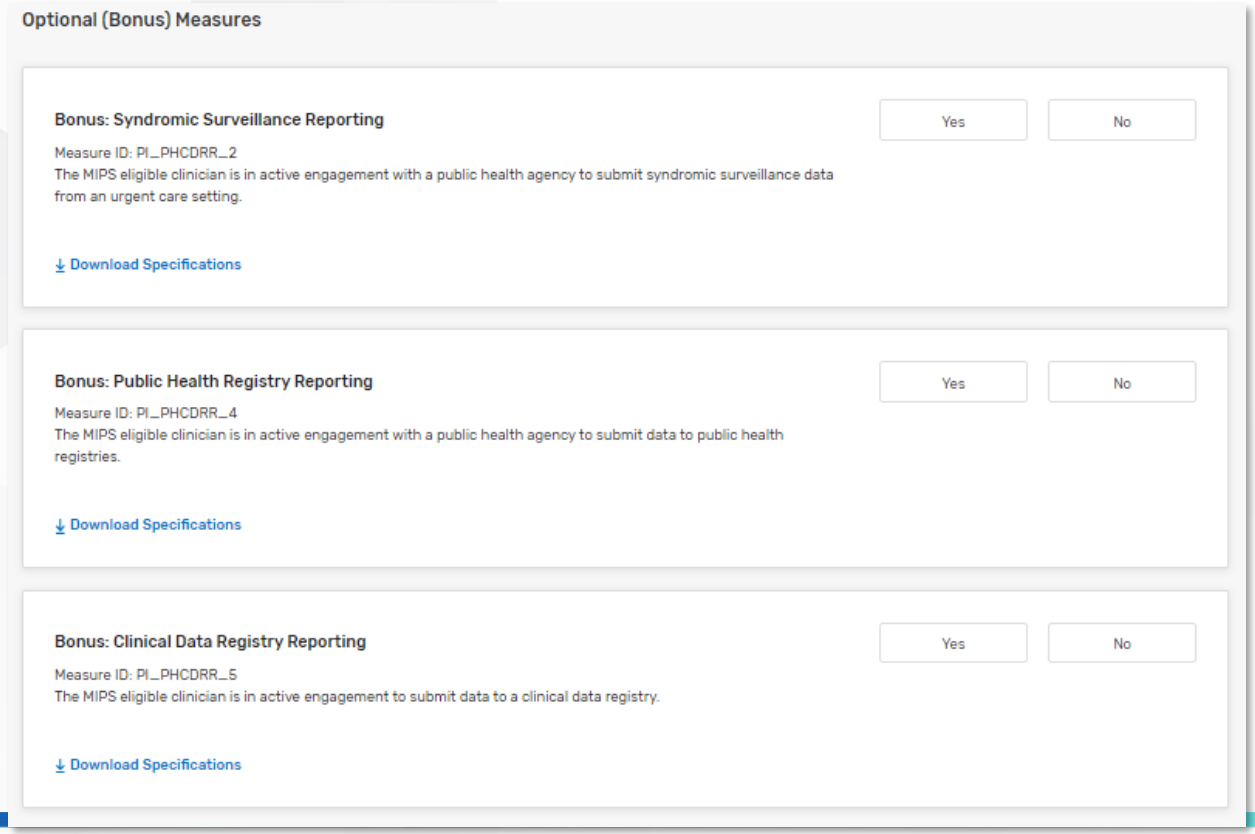
There are 2 required measures for this objective: Electronic Case Reporting and Immunization Registry Reporting. You must answer the measure question and indicate your level of active engagement.




Choose one of the options for Active Engagement. A “Yes” response won’t be saved until you make a selection.

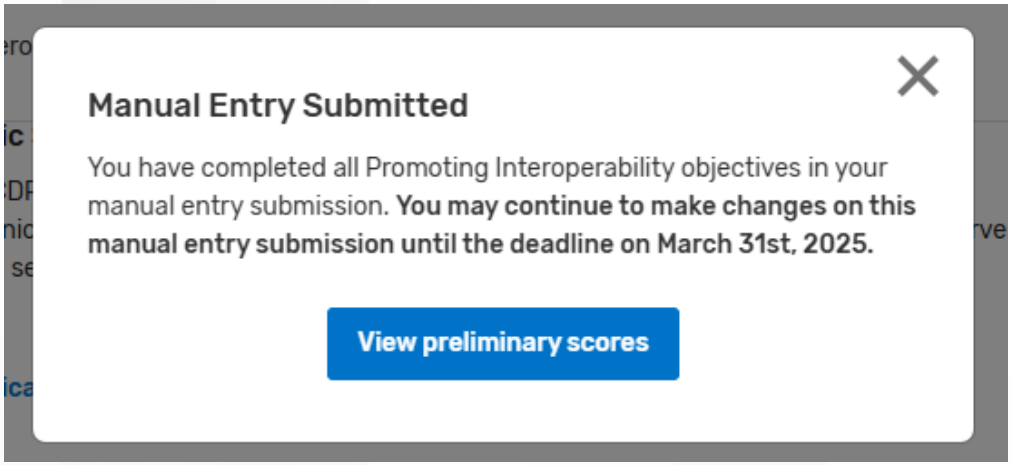
# Public Health and Clinical Data Exchange Objective (Continued)

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.



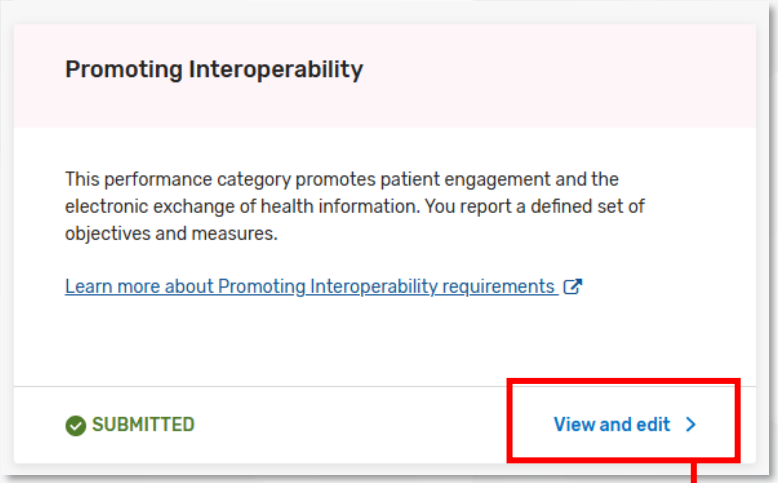
# Submission Confirmation

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

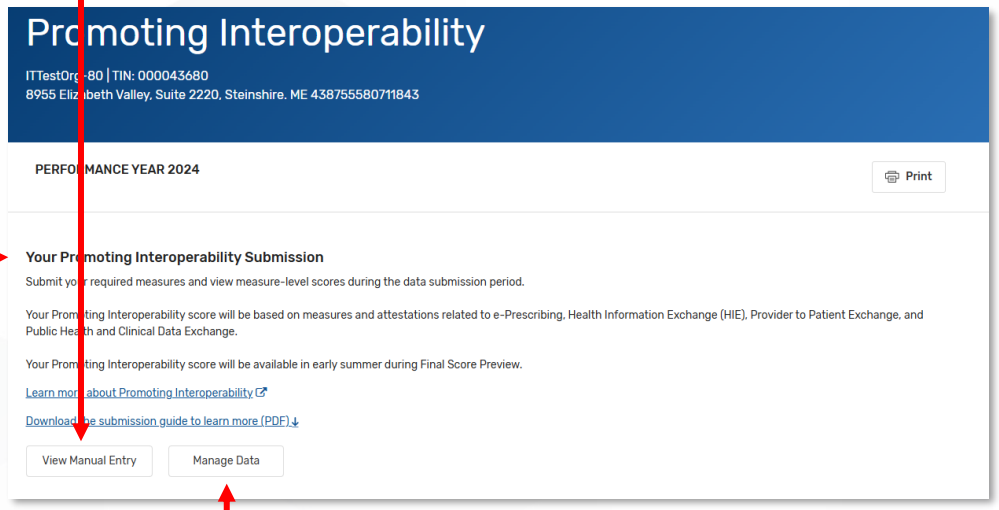


# Review Previously Submitted Data

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.




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




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 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.

# 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).

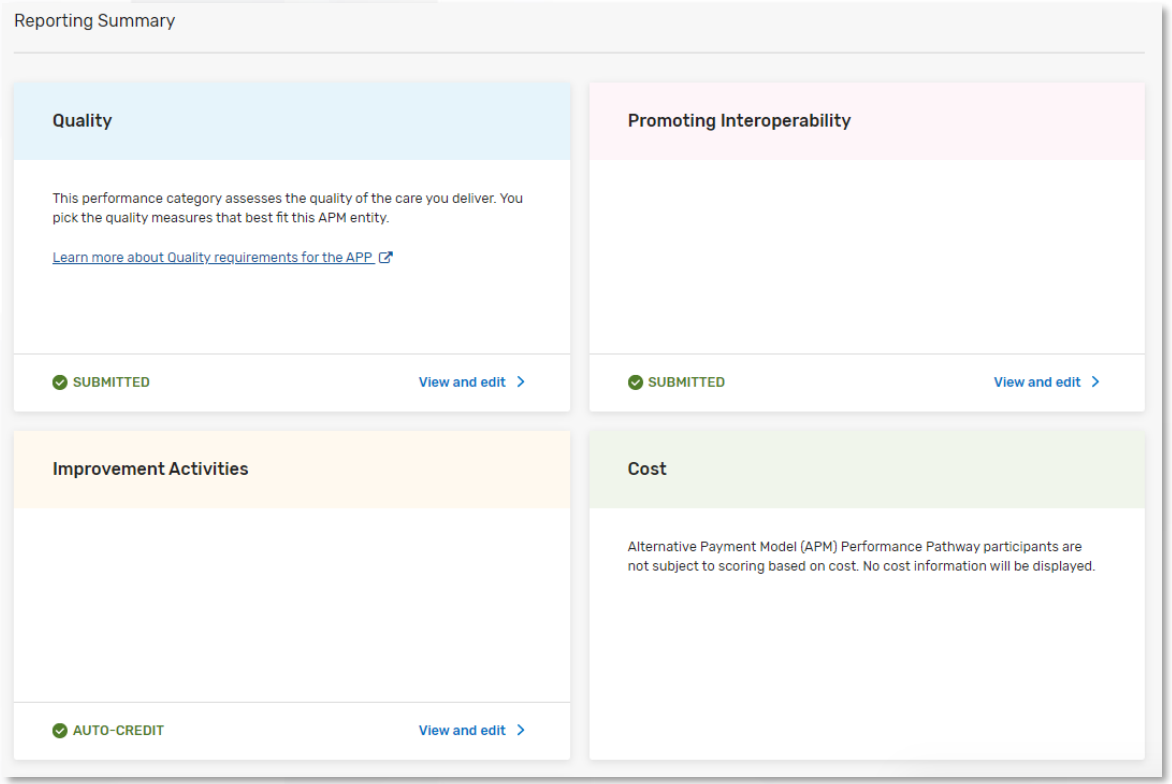
- When we receive **multiple Promoting Interoperability submissions** for the same individual clinician, group, or APM Entity, we'll **calculate a score for each** data submission received and **assign the highest of the scores** to that individual, group or APM Entity.

Quality Payment
PROGRAM

# 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.

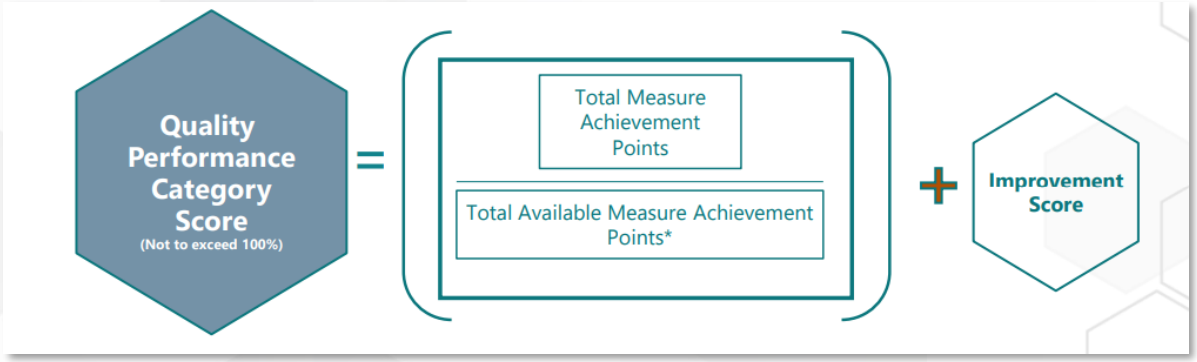


Quality Payment
PROGRAM

# 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.



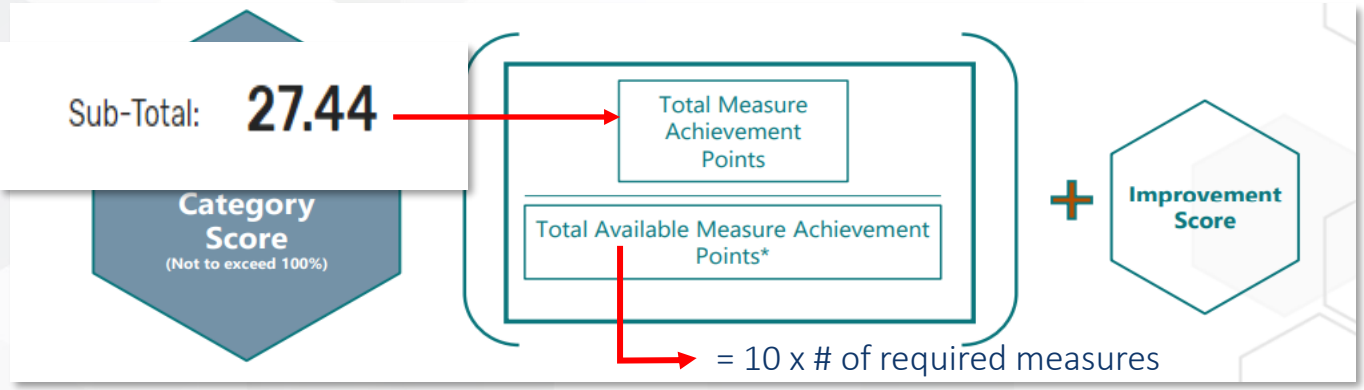

**REMINDER:** We no longer display preliminary scores.

# 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 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

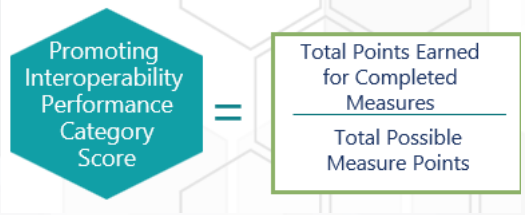
Review the **2024 APM Performance Pathway Scoring Guide** (available in the PY 2024 APM Performance Pathway (APP) Toolkit (ZIP, 2MB) for more information about the quality category score calculations.

# 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 **2024 APM Performance Pathway Scoring Guide** (available in the PY 2024 APM Performance Pathway (APP) Toolkit (ZIP, 2MB) for more information about the Promoting Interoperability category score calculations.

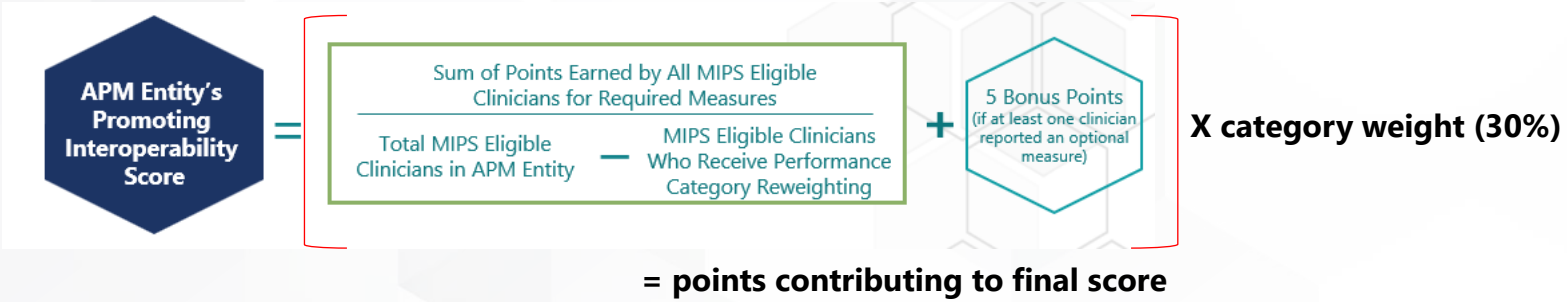
# Promoting Interoperability Score Calculation: How We'll Get There (Continued)

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.




Review the **2024 APM Performance Pathway Scoring Guide** (available in the PY 2024 APM Performance Pathway (APP) Toolkit (ZIP, 2MB) for more information about the Promoting Interoperability category score calculations.

# 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.

| | 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.

# 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

Promoting Interoperability Performance Category Score = $\frac{87 + 87 + 77 + 92 + 85 + 0 + 49 + 82}{10 - 2}$ + 5 = 74.9%

Points from Required Measures

Total MIPS Eligible Clinicians in APM Entity

MIPS Eligible Clinicians Who Receive Reweighting

Bonus Points from Optional Public Health and Clinical Data Exchange measures

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

**74.9%** (Category score) x **30** (Category weight) = **22.47 points** (out of 30) (Points contributing to final score)

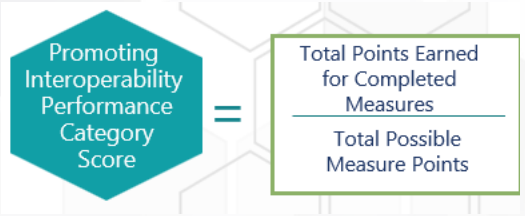
Review the **2024 APM Performance Pathway Scoring Guide** (available in the PY 2024 APM Performance Pathway (APP) Toolkit (ZIP, 2MB) for more information about the Promoting Interoperability category score calculations.

# 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.




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

Review the **2024 APM Performance Pathway Scoring Guide** (available in the PY 2024 APM Performance Pathway (APP) Toolkit (ZIP, 2MB) 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.

Quality Payment
PROGRAM

# Help and Version History

# Where Can You Go for Help?

Contact the Quality Payment Program by email at 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.

# Version History

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

| DATE | DESCRIPTION |
|---|---|
| 03/31/2025 | Updated to account for the data submission deadline extension (now closing 8 p.m. ET on April 14, 2025). Added clarification to partial QP election slides that the deadline to make an election is still March 31. |
| 12/27/2024 | Original Posting. |