

Quality Payment PROGRAM

Merit-based Incentive Payment System (MIPS)

**2021 Alternative Payment Model
(APM) Performance Pathway (APP)
Data Submission User Guide**



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How to Use This Guide



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.



COVID-19 and 2021 Participation

2021 MIPS Extreme and Uncontrollable Circumstances Application Reopened March 1 - March 31, 2022

As announced through the QPP listserv on 03/01/2022, the Centers for Medicare & Medicaid Services (CMS) has reopened the 2021 extreme and uncontrollable circumstances (EUC) exception application to allow groups, virtual groups, and APM Entities to submit an application requesting MIPS performance category reweighting due to the ongoing 2019 Coronavirus (COVID-19) public health emergency (PHE).

MIPS EUC applications citing COVID-19 as the triggering event can be submitted until Thursday, March 31, 2022 at 8 p.m. ET. You need a HCQIS Access Roles and Profile (HARP) account to complete and submit an exception application.

APM Entities (This includes Shared Savings Program Accountable Care Organizations (ACOs))

Official representatives of APM Entities participating in MIPS, including Shared Savings Program ACOs, can submit a MIPS EUC application on behalf of all MIPS eligible clinicians in the APM Entity for the 2021 performance year. If approved, all of the MIPS eligible clinicians in the APM Entity will receive a neutral MIPS payment adjustment in the 2023 MIPS payment year.

Applications must be submitted by an official representative of the APM Entity, not by a participant in the APM Entity.

There are some differences from our existing policy for individuals, groups, and virtual groups.

- APM Entities are required to request reweighting for all performance categories (they wouldn't be able to select some, but not all, performance categories)
- At least 75% of the MIPS eligible clinicians in the Entity need to qualify for reweighting in the Promoting Interoperability performance category
- Data submission by an APM Entity doesn't override performance category reweighting. (APM Entities with an approved application will receive a final score equal to the performance threshold and the MIPS eligible clinicians in the APM Entity will receive a neutral payment adjustment even if data are submitted.)

The Shared Savings Program Quality EUC policy for determining shared savings and losses applies to all Shared Savings Program ACOs for performance year 2021.

CMS considers all ACOs to be affected by the COVID-19 PHE and the Shared Savings Program EUC policy applies for performance year 2021. ACOs that are able to report quality data via the APM Performance Pathway (APP) and meet MIPS data completeness and case minimum requirements will receive the higher of their ACO quality score or the 30th percentile MIPS quality performance category score. ACOs that are unable to report quality data via the APP and meet the MIPS quality data completeness and case minimum requirements, will have their quality score set equal to the 30th percentile MIPS quality performance category score.

Please note that Shared Savings Program Quality EUC policy doesn't affect MIPS payment adjustments. However, ACO officials can submit a MIPS EUC application on behalf of the MIPS eligible clinicians in the ACO. (See previous slide.)





Getting Started

Accessing the System

To [sign in to qpp.cms.gov](https://qpp.cms.gov) and submit PY 2021 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](#) so you can sign in to submit, or view, data.

Resource in the Quality Payment Program Access User Guide	Description
Shared Savings Program ACOs_ACO-MS User Access	Information about the new process for Shared Savings Program ACOs to get an account and role. NEW: Representatives of Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) will now manage their QPP access through the ACO-Management System (ACO-MS).
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).

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.

Before You Begin

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

- Chrome: 96.0.4664.110
- Firefox: 95.0
- Safari: 15.0
- Edge: 96.0.1054.53

Note: Internet Explorer is no longer supported by QPP.

Sign In to qpp.cms.gov

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

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

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

The screenshot shows the 'Sign in to QPP' page. At the top, there are tabs for 'Sign in' and 'Register'. The main heading is 'Sign in to QPP'. Below this, there is a red rectangular box highlighting the 'USER ID' and 'PASSWORD' input fields. The 'USER ID' field contains the text 'MYUSERID'. The 'PASSWORD' field contains a series of dots. Below the password field is a checkbox labeled 'Show password'. Below the input fields, there is a link: 'Forgot your user id or password? Recover ID or reset password'. Below this link, there is a paragraph of text: '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.' Below this paragraph is a section titled 'STATEMENT OF TRUTH'. Inside this section, there is a paragraph of text: 'In order to sign in, you must agree to this: 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.' Below this paragraph is a checkbox labeled 'Yes, I agree', which is checked. A red arrow points to this checkbox. Below the 'STATEMENT OF TRUTH' section, there is a red rectangular box highlighting the 'Sign in >' button. To the right of this button is a link: 'Don't have an account? Register'. At the bottom right of the page, there is a circular button with an upward-pointing arrow.

Sign in Register

Sign in to QPP

USER ID
MYUSERID

PASSWORD
.....

☐ Show password

Forgot your user id or password? [Recover ID or reset 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.

STATEMENT OF TRUTH

In order to sign in, you must agree to this: 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.

☒ Yes, I agree

Sign in > Don't have an account? [Register](#)

Sign In to qpp.cms.gov (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.

The screenshot shows the user interface for Moira H. The left-hand navigation menu is visible, with 'Eligibility & Reporting' highlighted by a red box. The main content area has a blue header with 'Welcome back Moira H!'. Below this is a timeline with four milestones: 'Mar 17, 2021 Last Day to submit 2020 data', 'Mar 18, 2021 Preliminary Performance Feedback Available', 'Jul 16, 2021 Final Performance Feedback is available', and 'Jul 16, 2021 Submission Window is open'. A white box in the center contains the text 'Performance Year (PY) 2021 Submission Reporting Window is Now Open' and 'You are now able to start your reporting for the PY 2021 submission year.' To the right of this box is a green 'START REPORTING' button, also highlighted by a red box.

APM Entities

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

The screenshot shows the 'APM Entities' page. The left-hand navigation menu is visible, with 'Eligibility & Reporting' highlighted by a red box. The main content area has a white header with 'APM Entities' and 'Practices' tabs. Below this is a search bar labeled 'Search by APM entity name'. A list of APM entities is displayed, with two entities shown: 'Harrison, Spencer and Jones' and 'Livingston, Brown and Trevino'. Each entity has a 'START REPORTING' button and a 'View Participant Eligibility' link, both highlighted by a red box.

Sign In to qpp.cms.gov (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 'Practices' tab in the qpp.cms.gov interface. On the left is a dark blue sidebar with navigation links: Demo 2020, Account Home, Eligibility & Reporting (selected), Performance Feedback, APM Incentive Payments, Exceptions Application, Targeted Review, Reports, Manage Access, and Help and Support. The main content area has a top bar with 'APM Entities' and 'Practices' tabs. Below this is a search bar and a '5 Practices | Download' link. Two practice entries are listed:

- Erbulak - Adal**
TIN: #000000416 | 831 Gaylord Village, Landenburgh, IN 49434-3259
● **MIPS EXEMPT**
Exceeds Low Volume Threshold: No
Medicare Patients at this practice: 15
Allowed Charges at this practice: \$1,252.00
Covered Services at this practice: 17
Special Statuses, Exceptions and Other Reporting Factors: Non-patient facing, Small practice
- Pacheco S.L.**
TIN: #549000890 | 3785 Fausto Wells Suite 988, Funkberg, WY 84568-4346
● **MIPS ELIGIBLE**
Exceeds Low Volume Threshold: Yes
Medicare Patients at this practice: 710
Allowed Charges at this practice: \$214,604.00
Covered Services at this practice: 2,283
Special Statuses, Exceptions and Other Reporting Factors: Small practice, PI Hardship Exception
APM Participation at the Practice Level: 1 APM Entity

On the right side of the practice list, there are two sets of buttons, each enclosed in a red box. Each set contains a 'REPORT AS GROUP' button and a 'REPORT AS INDIVIDUALS' button, with a 'View clinician eligibility' link below them.

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 2021 Opt-In Election User Guide.



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'. The page 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. Under 'Optional Reporting', there is a box for 'Traditional MIPS' with a 'Start Reporting' button. A red arrow points from the 'Start Reporting' button in the APP box to the text on the right.

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

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 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.

APM Entities participating in the **Comprehensive Primary Care Plus** and **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 (Continued)

[Eligibility & Reporting](#) / [Practice Details & Clinicians](#) /

Reporting Options

Bogan - Luellwitz | TIN: 549003603
837 Elmore Mount, Apt. 645, Botsfordmouth, KS 099014313

For All MIPS Eligible Clinicians in a MIPS APM

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

For All MIPS Eligible Clinicians

Traditional MIPS

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

[Learn more about Traditional MIPS](#) ↗

Start Reporting

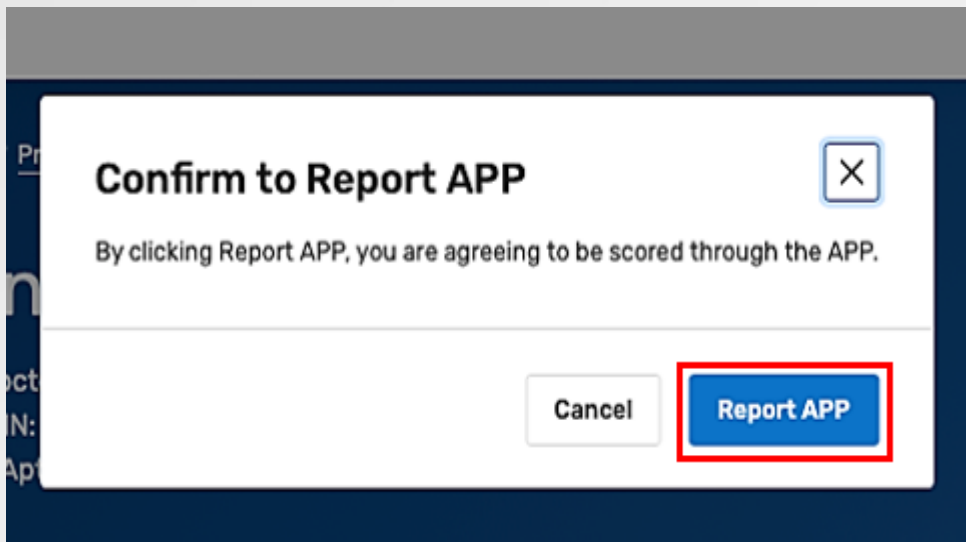
The APP is only available to MIPS eligible clinicians in a MIPS APM.

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 (Continued)

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



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

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
- Review your preliminary total score in progress
- Review your preliminary performance category scores in progress
- Access the quality and Promoting Interoperability category pages
- Review how your final score will be calculated
- Review information about the additional 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

Preliminary Total Score

You will see a Preliminary Total Score based on data submitted to date (by you and/or a third party).

- You'll see a Preliminary Total Score of 20 out of 100 points even if no data has been submitted because of the automatic credit in the improvement activities performance category.
- Your Preliminary Total Score will update as new data is submitted.

Eligibility & Reporting / APM Entity Details & Participants / Reporting Options /

APM PERFORMANCE PATHWAY

Reporting Overview

Monroe-Ferguson | APM Entity ID: A1290

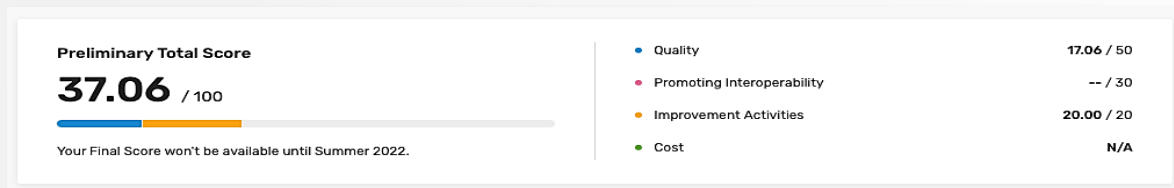
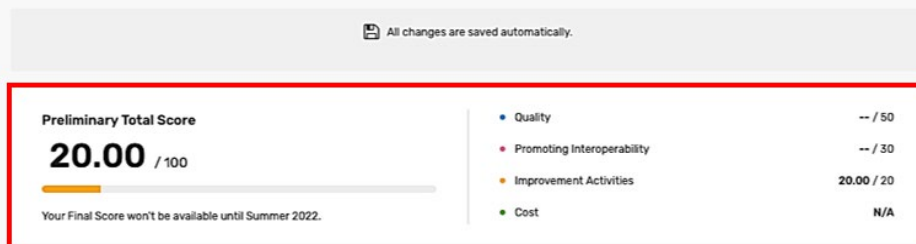
PERFORMANCE YEAR 2021 Print

Start reporting

You can start reporting by uploading properly formatted QPP JSON and QRDA III files that can contain Quality measures, and/or Promoting Interoperability measures, and/or Improvement Activities. You can also scroll down and report for each category separately.

Remember: These files will be calculated immediately and the page below will update with your preliminary scoring information.

Upload File Manage Submissions



You'll see your Preliminary Total Score change as data is reported.

IMPORTANT

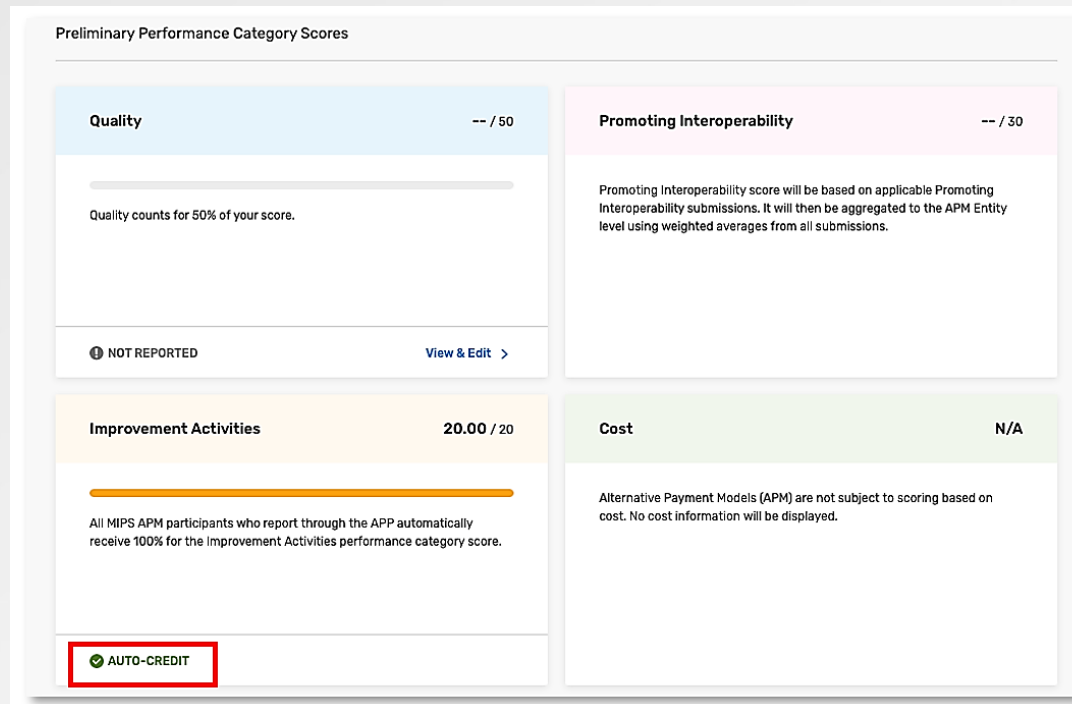
When reporting as an APM Entity, the APM Entity reports quality data, and the MIPS eligible clinicians in the APM Entity report Promoting Interoperability data at the group or individual level.

- The Preliminary Total Score for APM Entities, such as Shared Savings Program ACOs, won't reflect Promoting Interoperability scores based on data submitted by individuals or groups.
- The Preliminary Total Score for a group or individual in the Entity won't reflect quality scores based on data submitted by the APM Entity.

Preliminary Performance Category Scores

You will see Preliminary Performance Category Scores based on data submitted to date (by you and/or a third party).

- You'll see a preliminary score of 20 out of 20 points in the improvement activities performance category. (100% credit is automatically awarded.)
- Preliminary scores for the quality and Promoting Interoperability performance categories will update as new data is submitted.



You'll see your Preliminary Performance Category Scores change as data is reported.

You'll see your automatic full credit in the improvement activities performance category.

IMPORTANT:

When reporting as an APM Entity, the APM Entity reports quality data, and the MIPS eligible clinicians in the APM Entity report Promoting Interoperability data at the group or individual level.

- APM Entities, such as Shared Savings Program ACOs, won't see Promoting Interoperability data or scores during submission.
- Groups and individuals in the Entity won't see quality scores.

Additional Bonus Points

Additional Bonus Points**N/A**

Complex Patient Bonus:

The Complex Patient Bonus is based on to the level of complexity and risk of a clinician's or practice's patient population seen during the 2020 calendar year. A score of 0-5 may be available for your practice.

Quality Improvement Bonus:

If you were eligible for Year 1 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.

[Learn more about the additional bonus points](#)

- 100% +

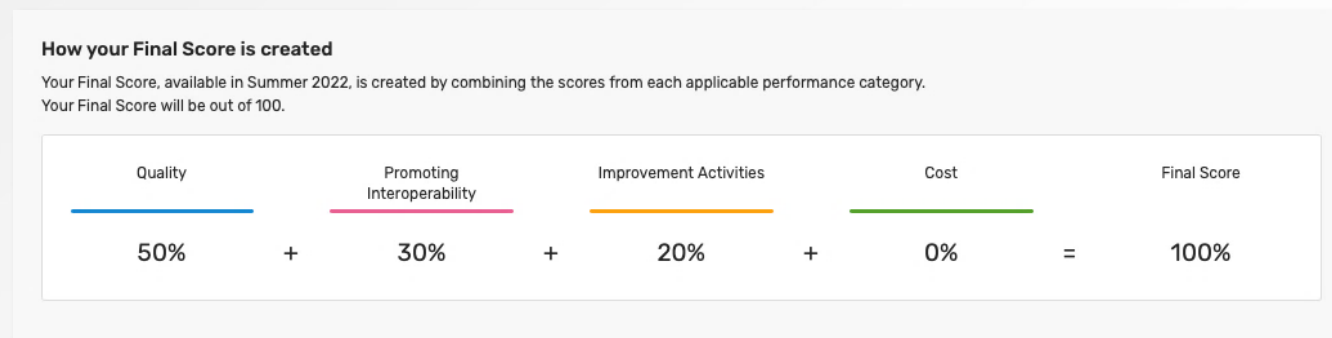
Leave a comment...

REMINDER:

You won't see any bonus points displayed during submission. This information will be added to performance feedback, available in summer 2022.

Final Score Calculation

At the bottom of the Reporting Overview page, can view the final score calculation.



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**.

The screenshot shows the 'Reporting Overview' page for Monroe-Ferguson, APM Entity ID: A1290, for Performance Year 2021. The page has a blue header with navigation links: 'Eligibility & Reporting', 'APM Entity Details & Participants', and 'Reporting Options'. Below the header, the title 'Reporting Overview' is displayed. The main content area is white and contains a 'Start reporting' section. This section includes instructions on how to start reporting by uploading QPP JSON and QRDA III files. There are two buttons: 'Upload File' (blue) and 'Manage Submissions' (white with a red border). A 'Print' button is also visible in the top right corner of the main content area.

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.

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.

Reporting Options

Monroe-Ferguson | APM Entity ID: A1290

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



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 eCQMs/MIPS CQMs](#)
- [Reporting APP measures through Medicare Part B claims](#)
- [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 [2021 CMS Web Interface User Guide](#).

Note that you **won't** see a preliminary quality score on the Reporting Overview page until all 10 CMS Web Interface measures have been reported and meet data completeness.



Reporting APP measures as eQMs/MIPS CQMs

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

PERFORMANCE YEAR 2021 Print

Start reporting

You can start reporting by uploading properly formatted QPP JSON and QRDA III files that can contain Quality measures, and/or Promoting Interoperability measures, and/or Improvement Activities. You can also scroll down and report for each category separately.

Remember: These files will be calculated immediately and the page below will update with your preliminary scoring information.

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 more below](#).

[DOWNLOAD REPORT](#)

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

File Name	Size	Timestamp	Status	Message
MM3.json	2.5 KB	2020-01-11	Upload Failed	invalid submission object
MM3.json	2.5 KB	2020-01-11	Upload Failed	performanceEnd must be after or the same as the performanceStart date
MM3.json	2.5 KB	2020-01-11	Upload Failed	performanceEnd must match the submission's performanceYear

Once you've successfully uploaded a file, you will see your preliminary quality category score on the Reporting Overview and Quality pages and can access your measure scores the Quality page.

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

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.

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. 22 of the 2021 QRDA III Implementation Guide (accessible from [this page](#) of the eCQI Resource Center) for more information.

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 2022.

Reviewing 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**.

Required Reporting

APM Performance Pathway (APP)

Accountable Care Organizations (ACOs) participating in the Medicare Shared Savings Program (MSSP) are required to submit data to the APP as part of their participation in MSSP.

[Learn more about the APP](#) 

Last Update:
03/15/2021 04:05 PM EST

Edit Submission

Optional Reporting

Traditional MIPS

If you report through traditional MIPS, the MIPS Eligible Clinicians in the ACO will receive the highest available score for the purposes of MIPS.

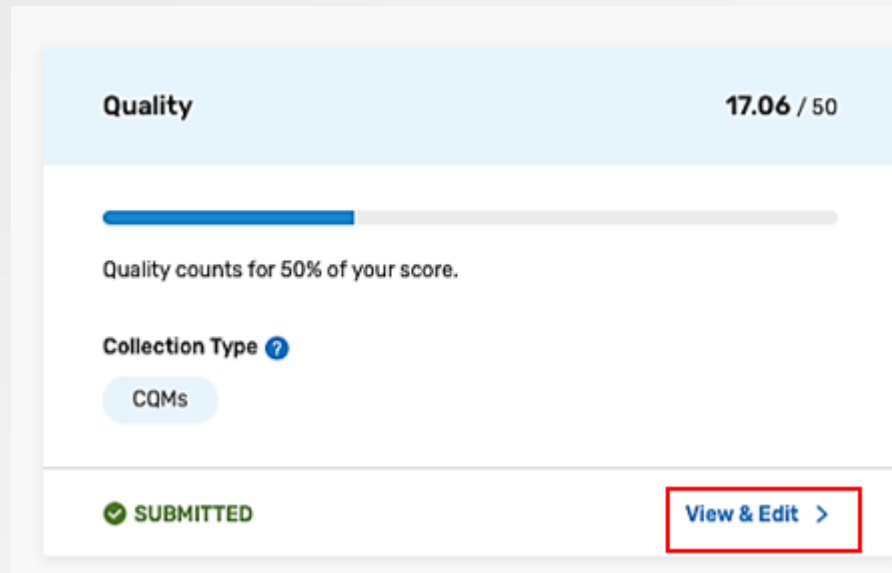
[Learn more about Traditional MIPS](#) 

Start Reporting



Reviewing 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.



 Account Home

**Michiana Accountable
Care Organization, LLC
(QPP)**
APM Entity ID: A9369

 **Eligibility & Reporting**

- APM Entity Details & Participants
- Reporting Options

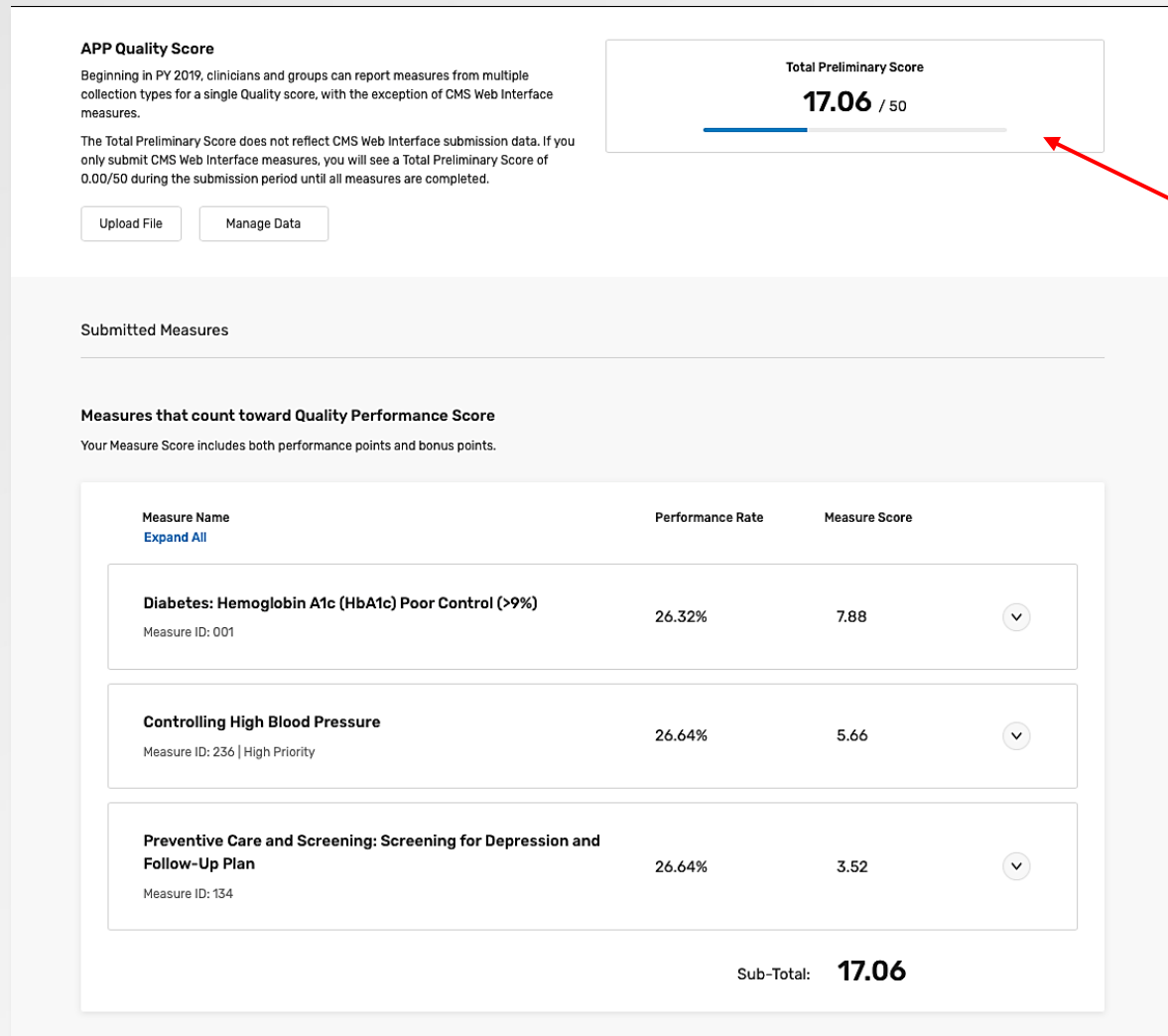
APM Performance Pathway

- APM Reporting Overview

Quality

Quality Page

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



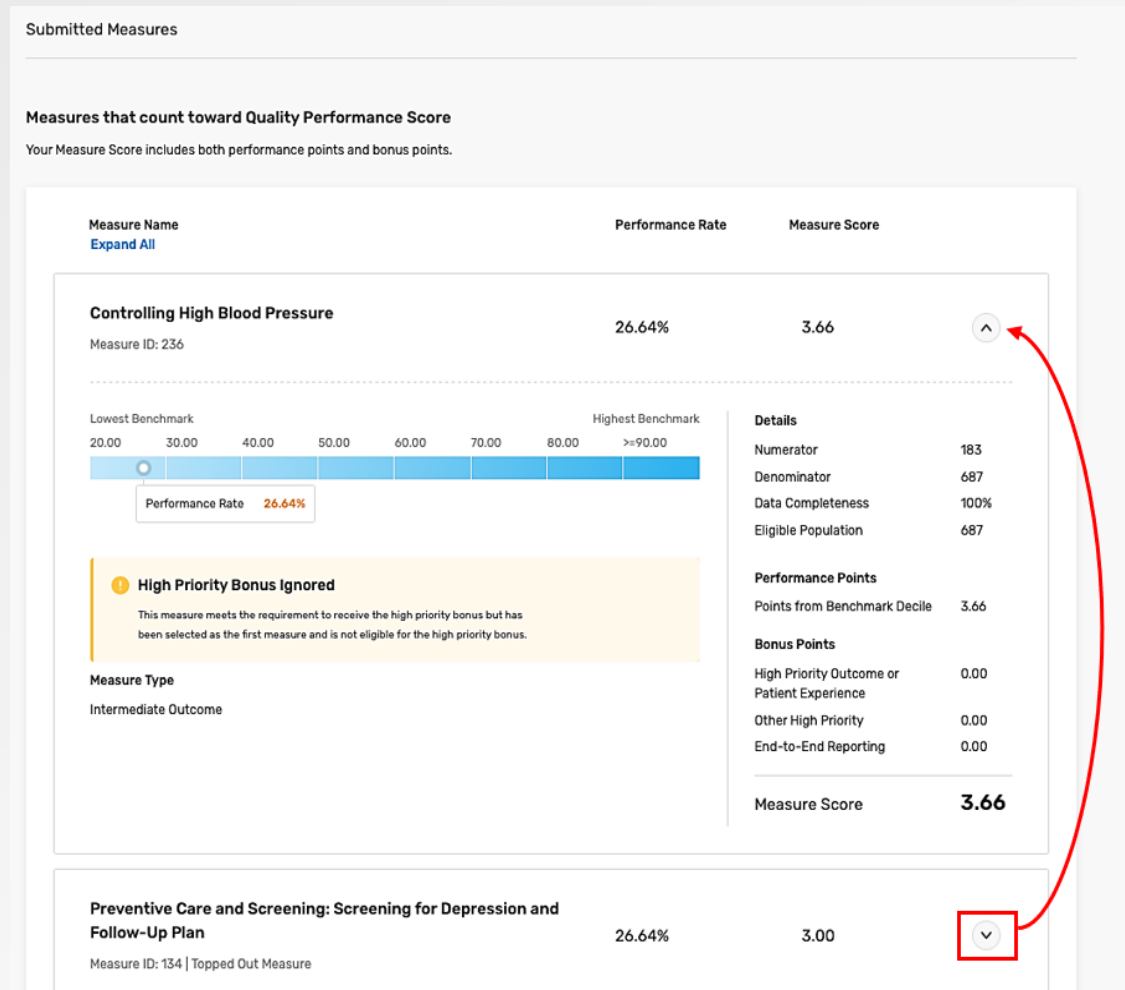
IMPORTANT

Please note that your preliminary score will only reflect the 3 APP measures (Quality IDs 001, 134, and 236) that are submitted during the submission period.

Once performance feedback is available in summer 2022, 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.



Quality Page (Continued)

You will also the administrative claims measure(s) and CAHPS for MIPS Survey measure listed, showing a measure score of "--". Your score for these measures will be added to performance feedback in summer 2022.

Additional Measures that may count toward Quality Performance Score

The performance rate and measure score for the following measures will be added to your overall submission after the submission period closes, if applicable. You don't need to take any action on these measures during the submission period.

Administrative Claims

Administrative Claims is required for the APM Performance Pathway.

Measure Name	Performance Rate	Measure Score
Hospital-Wide, 30-Day All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups Measure ID: 479	--	--
Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs	--	--

CAHPS for MIPS Survey

The CAHPS for MIPS Survey is a required measure for the APM Performance Pathway

Measure Name	Performance Rate	Measure Score
CAHPS for MIPS Survey Measure ID: 321	--	--

Quality Page (Continued)

Finally, you can view how we've calculated your preliminary quality score

Your Total Quality Score

Below is how your Total Quality score is calculated based on the measures above.

Category Score		Category Weight	Total Contribution to Final Score
15.06 Points from Quality measures that count towards Quality score	+	2.00 Bonus points	
		x 50 ?	=
50 Maximum number of points (# of required measures x 10)			17.06 out of 50

The **numerator** includes the achievement and bonus points earned for the 3 submitted measures.

The **denominator** includes the maximum points available for **all** measures required by the APP, including those that haven't been score yet.

This example shows what a group would see based on the 5 required measures for them. (Groups aren't scored on the Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions measure.)

Your Total Quality Score

Below is how your Total Quality score is calculated based on the measures above.

Category Score		Category Weight	Total Contribution to Final Score
15.06 Points from Quality measures that count towards Quality score	+	2.00 Bonus points	
		x 50 ?	=
60 Maximum number of points (# of required measures x 10)			15.05 out of 50

This example shows what a Shared Savings Program ACO would see based on the 6 required measures for them. (Only ACOs are scored on the Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions measure.)



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 quality measures?

No, quality measures will be reported by the ACO. As a reminder, Participant TINs won't see any quality measure data or scores reported by the ACO 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 2022.

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

We will only include achievement points from one collection type for a single measure in your quality performance category score.

Let's look at an example:

- You report the controlling high blood pressure measure (Quality ID 236) as an eQM and MIPS CQM.
- You earn 6.1 achievement points for the measure through the eQM 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 eQM 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

When reporting the APP as an APM Entity, such as a Shared Savings Program ACO, Promoting Interoperability data is reported for the MIPS eligible clinicians in the APM Entity and submitted at the individual or group level.

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

Shared Savings Program ACO participants: Clinicians with Qualifying APM Participant (QP) status aren't MIPS eligible clinicians. You **don't** need to submit Promoting Interoperability data on behalf of these clinicians.

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"

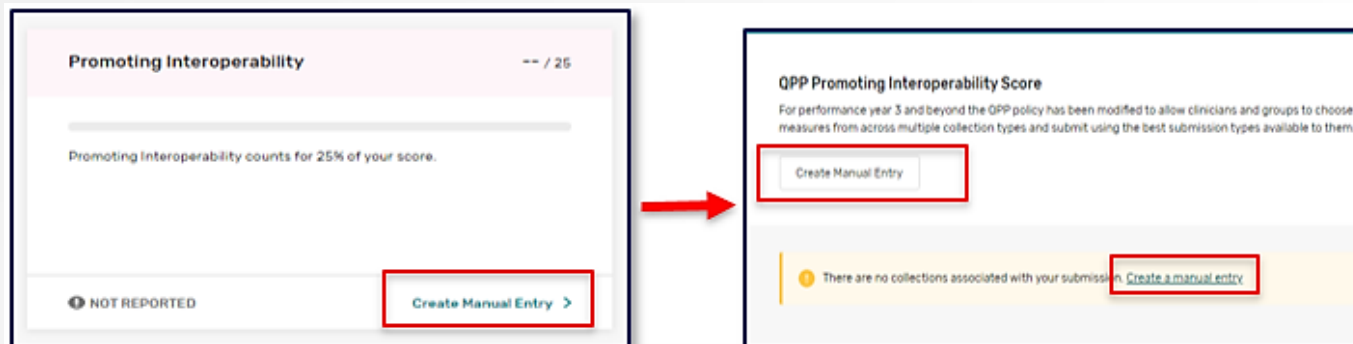
When submitting a QRDA III file, CMS Program Name =

- "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.



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.

Your current category weights

The information below is subject to change based on availability of contributing factors. For clinicians that have a reweight associated, the Promoting Interoperability weight will be transferred to the Quality category.

Quality		Promoting Interoperability		Improvement Activities		Cost
75%	+	0%	+	25%	+	0%

You are not required to report this category and any data entered will result in a discard of the current reweight. By entering data, this will discard any reweighting currently being applied for this category. This will change your current weight of 0% for this category back to 25%. You will be scored on data submitted. **This action cannot be undone.** Are you sure you wish to proceed?

☒ 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.

Enter Your Performance period

Manual Entry

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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

01/01/2021

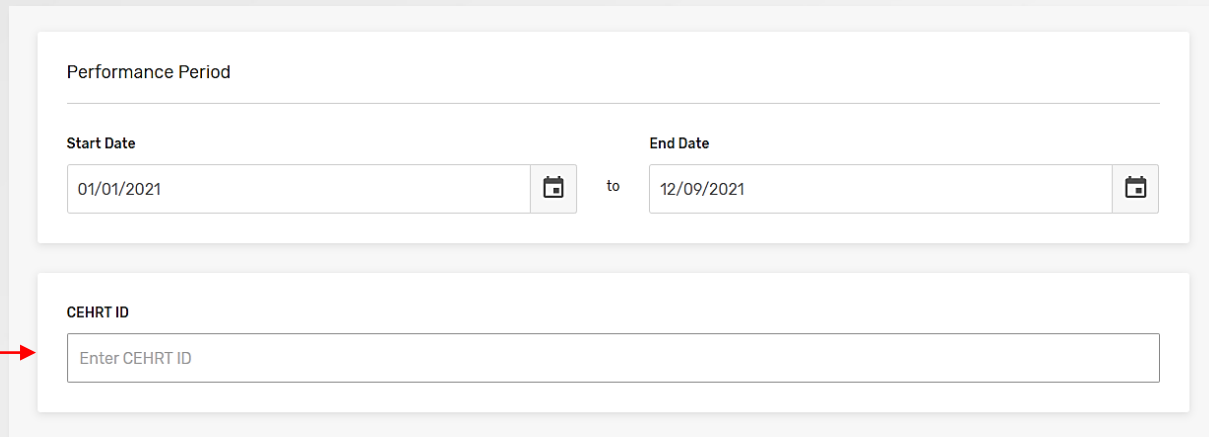
to

End Date

12/09/2021



Enter your CMS EHR Certification ID (“CEHRT ID”)



Performance Period

Start Date

01/01/2021

to

End Date

12/09/2021

CEHRT ID

Enter CEHRT ID

[For detailed instructions on how to generate a CMS EHR Certification ID, review pages 25-28 of the CHPL Public User Guide.](#)

A **valid** CMS EHR Certification ID for 2015 Edition CEHRT (or 2015 Cures Update Edition) will include **"15E"**.

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

Complete Required Attestation Statements and Measures

You must select **Yes** for the 2 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**, but you won't see a preliminary score until all requirements are complete.

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 164.308(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

Complete Required Attestation Statements and Measures (Continued)

Health Information Exchange Objective

We added a new optional Bi-Directional Exchange measure, under the Health Information Exchange (HIE) objective as an alternative reporting option to the 2 existing HIE measures.

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

Health Information Exchange

Support Electronic Referral Loops By Sending Health Information

Measure ID: PL_HIE_1

For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider - (1) creates a summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.

Numerator: 100 Denominator: 100

MEASURE SPECIFICATIONS

[Download Specifications](#)

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

Complete

Support Electronic Referral Loops By Receiving and Reconciling Health Information

Measure ID: PL_HIE_4

For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list.

Numerator: 100 Denominator: 100

MEASURE SPECIFICATIONS

[Download Specifications](#)

☐ Measure Exclusion: Check the box to be excluded 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 or has patient encounters in which the MIPS eligible clinician has never before encountered the patient fewer than 100 times during the performance period.

Complete

Health Information Exchange(HIE) Bi-Directional Exchange

Measure ID: PL_HIE_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.

MEASURE SPECIFICATIONS

[Download Specifications](#)

Yes No

Option 1

Option 2

Public Health and Clinical Data Exchange Objective: Report Measure Again

This option allows you to manually report that you are engaged with two distinct organizations for the same measure within the Public Health and Clinical Data Exchange objective.

Public Health and Clinical Data Exchange

Immunization Registry Reporting
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).

☐ **Measure Exclusion:** Check the box to be excluded from the required Immunization Registry Reporting measure. 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).

☐ Report measure again

Completed

Start by answering **Yes** to the Measure.

Immunization Registry Reporting
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).

☐ **Measure Exclusion:** Check the box to be excluded from the required Immunization Registry Reporting measure. 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).

☒ Report measure again

Completed

Immunization Registry Reporting for Multiple Registry Engagement
Measure ID: PI_PHCDRR_1_MULTI

Report as true if active engagement with more than one immunization registry in accordance with PI_PHCDRR_1.

Completed

Then check the box to **Report Measure Again** and answer **Yes** to the Multiple Registry Engagement measure that appears.

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

Manual Entry Submitted

You have completed all Promoting Interoperability measures in your manual entry submission. You may continue to make changes on this manual entry submission until the deadline.

[VIEW PRELIMINARY SCORES](#)

Review Previously Submitted Data

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

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MIPS Promoting Interoperability Score
For performance year 3 and beyond the QPP policy has been modified to allow clinicians and groups to choose measures from across multiple collection types and submit using the best submission types available to them.
[Learn more about MIPS Promoting Interoperability](#)

View Manual Entry

Total Preliminary Score
20.50 / 25

Performance Period	CEHRT ID
01/01/2021 - 12/09/2021	1215E1234567890

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.

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.

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_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 p. 22 of the 2021 QRDA III Implementation Guide (accessible from [this page](#) of the eCQI Resource Center) for more information.

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.

QPP Promoting Interoperability Score

For performance year 3 and beyond the QPP policy has been modified to allow clinicians and groups to choose measures from across multiple collection types and submit using the best submission types available to them.

[Manage Data](#) [View Manual Entry](#)

Total Preliminary Score
0.00 / 25

⚠ Submissions contain mismatching data resulting in a score of 0 for Promoting Interoperability. Please check performance date range, CEHRT ID and duplicate measure answers are consistent across submissions.

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

9 / 10

⌵

Measure Name
Expand All

Measure Score

e-Prescribing
Measure ID: PI_EP_1

9 / 10

⌶

At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.

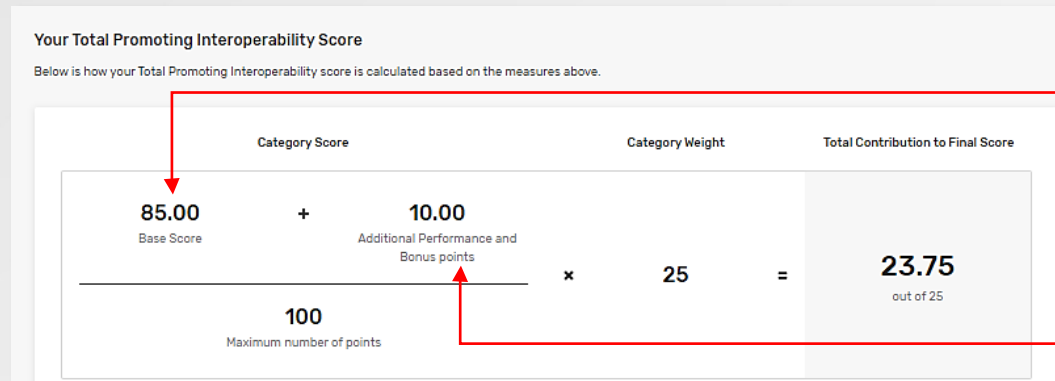
Collection Type
Manually Enter

Numerator
187

Denominator
199

Preliminary Promoting Interoperability Score Calculation

At the bottom of the Promoting Interoperability page, you can see how we arrived at the points contributing to your final score. We divide the points earned by 100 (the maximum number of points available), then we multiply that number by the category weight.



Sum of points earned for all required measures

Points earned for reporting the optional measure

Frequently Asked Questions

How is Promoting Interoperability scored when reporting the APP as an APM Entity, such as a Shared Savings Program ACO?

When reporting the APP as an APM Entity, the MIPS eligible clinicians in the Entity still report their Promoting Interoperability measures as individuals or as a group. We score the required measures just as we do for all other individuals and groups, and then we use those scores to calculate a score for the APM Entity.

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. MIPS eligible clinicians who qualify for reweighting, such as through the automatic extreme and uncontrollable circumstance policy, and don't submit data for this performance category are excluded from this calculation.

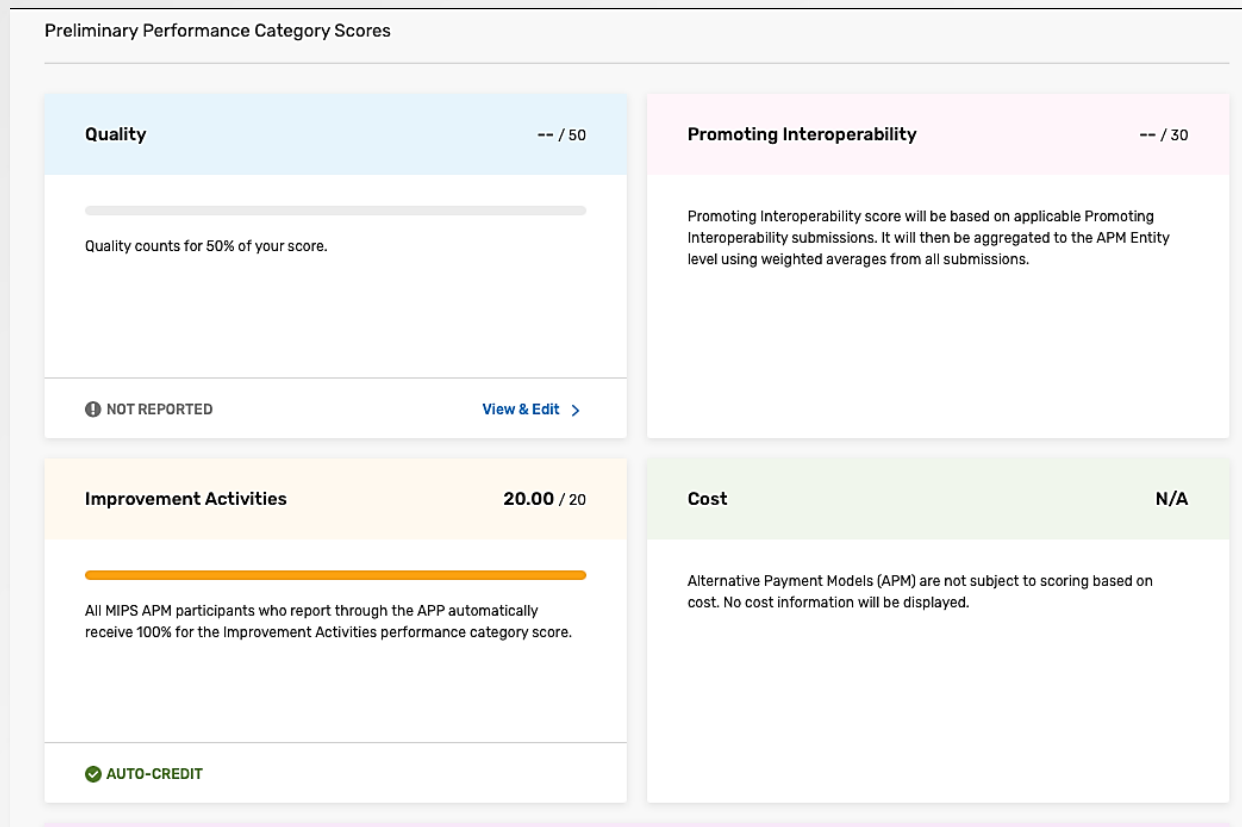
The APM Entity can also earn the 10 bonus points if at least one individual or group in the APM Entity reports the optional Query of PDMP measure, but the Promoting Interoperability performance category score can't exceed 100%.



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.





Help, Resources, and Version History

Where Can I Get Help?

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 a.m.-8:00 p.m. Eastern Time or by e-mail at: QPP@cms.hhs.gov.

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

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

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
2021 APP Toolkit	Option 2 includes Quality Submission measure documentation for SSP ACOs Only. The included files are: APP Quality Submission Options, APP Quality Measures (Shared Savings Program ACOs Only), and APP Quality Measure Specifications.
2021 APP Quality Requirements (All Participants)	Option 1 contains the measures for Individual, Group, and APM Entity APP Quality Submission. This zip file includes: APP Quality Data Submission Options, APP Quality Measure Set (All Participants), APP Quality Measure Specifications.
2021 APP Quality Requirements (SSP ACO)	PY 2021 APP Toolkit zip file includes: 2021 APP Toolkit Table of Contents, 2021 APM Performance Pathway for Shared Savings Program Accountable Care Organizations (ACOs) User Guide, 2021 APM Performance Pathway for MIPS APM Participants Fact Sheet, 2021 APM Performance Pathway Infographic, 2021 APM Performance Pathway Quick Start Guide, and 2021 APM Performance Pathway Reporting Scenarios.

Version History

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

Date	Description
3/23/2022	Updated with information about the APP program name required in files.
3/1/2022	Updated resource based on the reopening of the 2021 MIPS EUC application from March 1, 2022 – March 31, 2022.
12/27/2021	Original Posting.