Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS)

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

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Contents

How to Use This Guide

How to Use This Guide

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.

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.

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

COVID-19 and 2021 Participation

Quality Payment PROGRAM

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.)

COVID-19 and 2021 Participation

Quality Payment PROGRAM

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 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

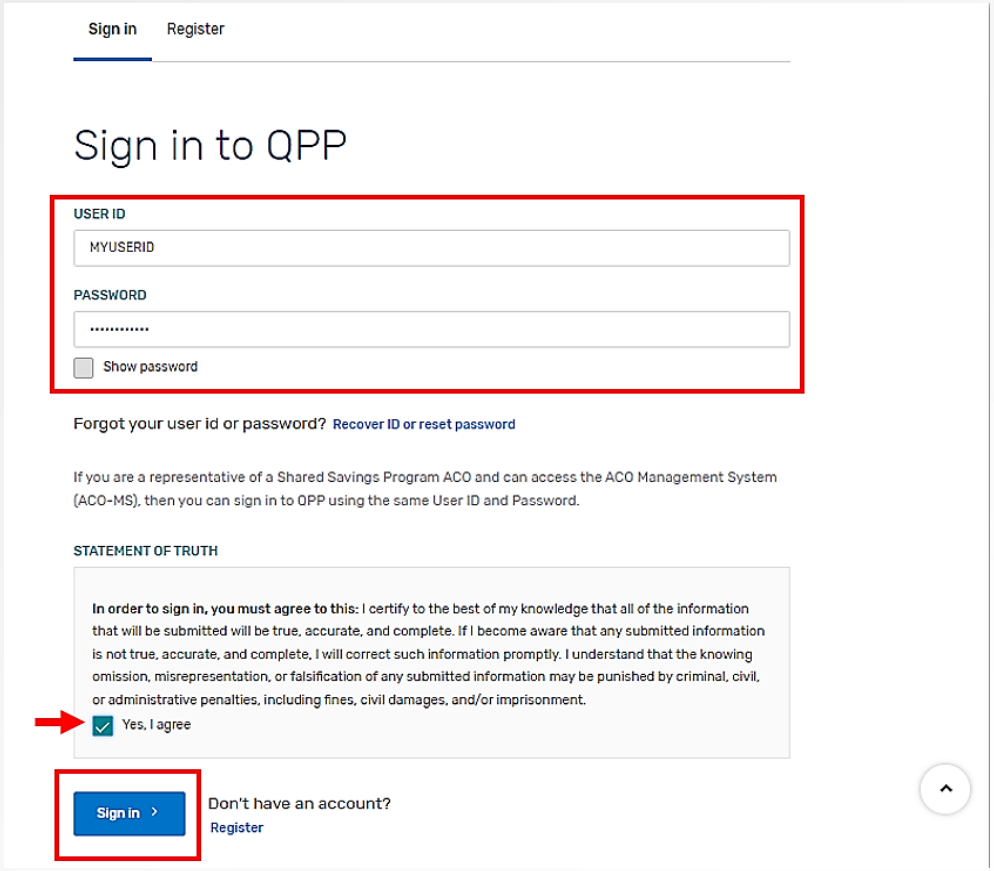
Note: Internet Explorer is no longer supported by QPP.

Sign In to qpp.cms.gov

Go to qpp.cms.gov 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.

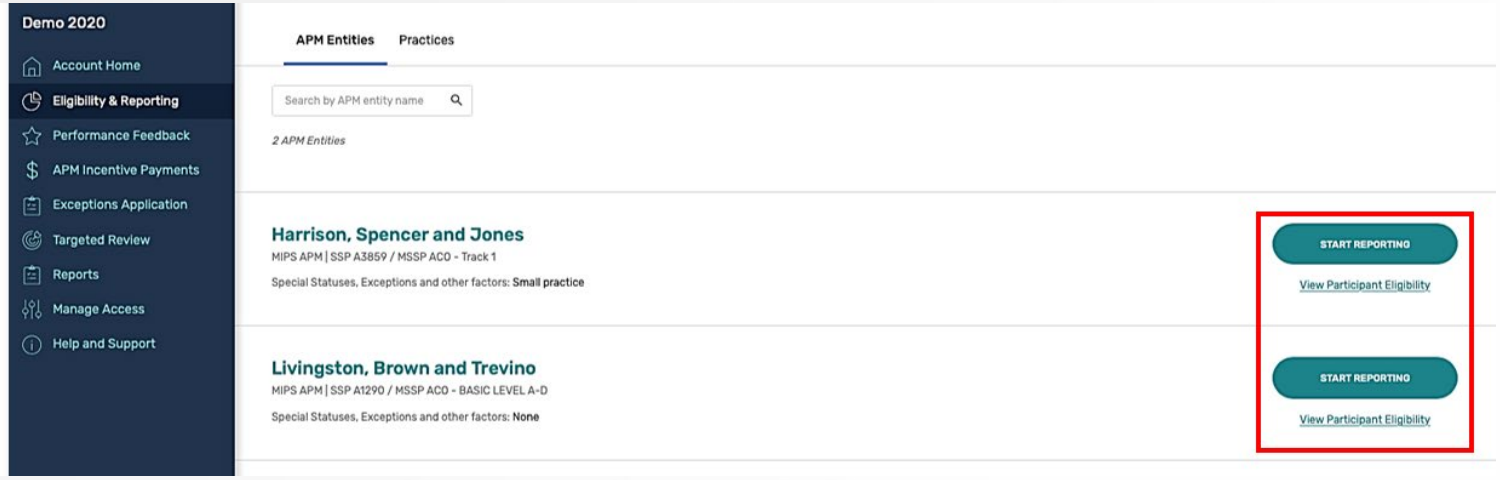


Sign In to qpp.cms.gov (Continued)

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.

APM Entities

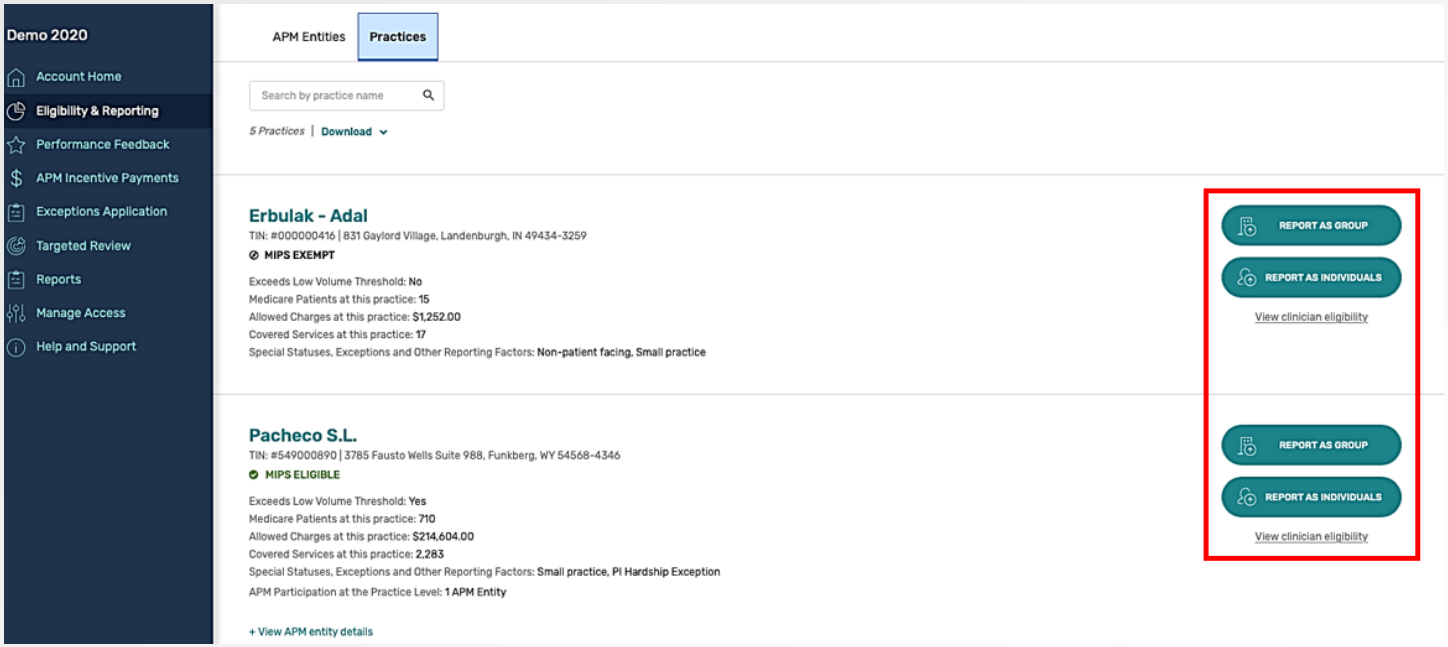
From the **Eligibility & Reporting** page, click **Start Reporting**



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.



Opt-in Eligible Clinicians and Groups

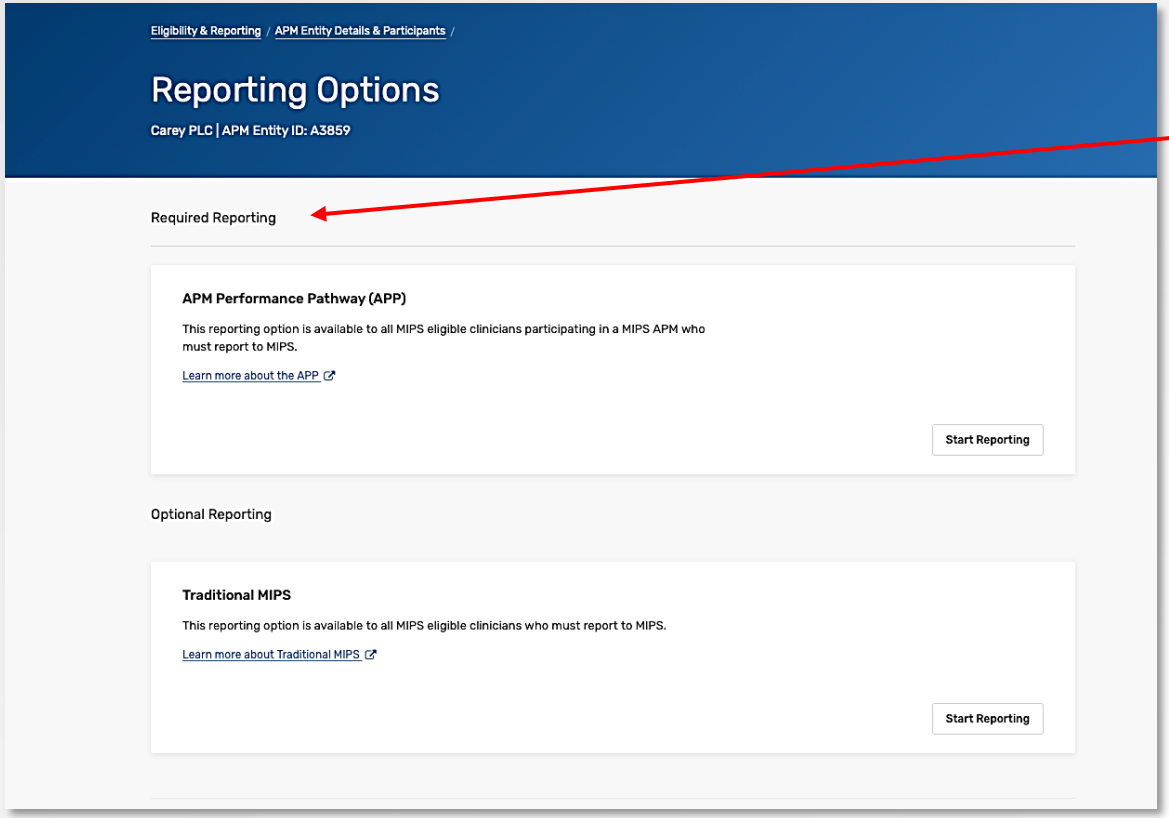
Opt-in eligible clinicians and groups who wish to report via the APP and receive a MIPS payment adjustment will be prompted to complete an opt-in election before they can submit data. You can't voluntarily report the APP. For more information, review the 2021 Opt-In Election User Guide.

Reporting Option Selection

Quality Payment PROGRAM

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.

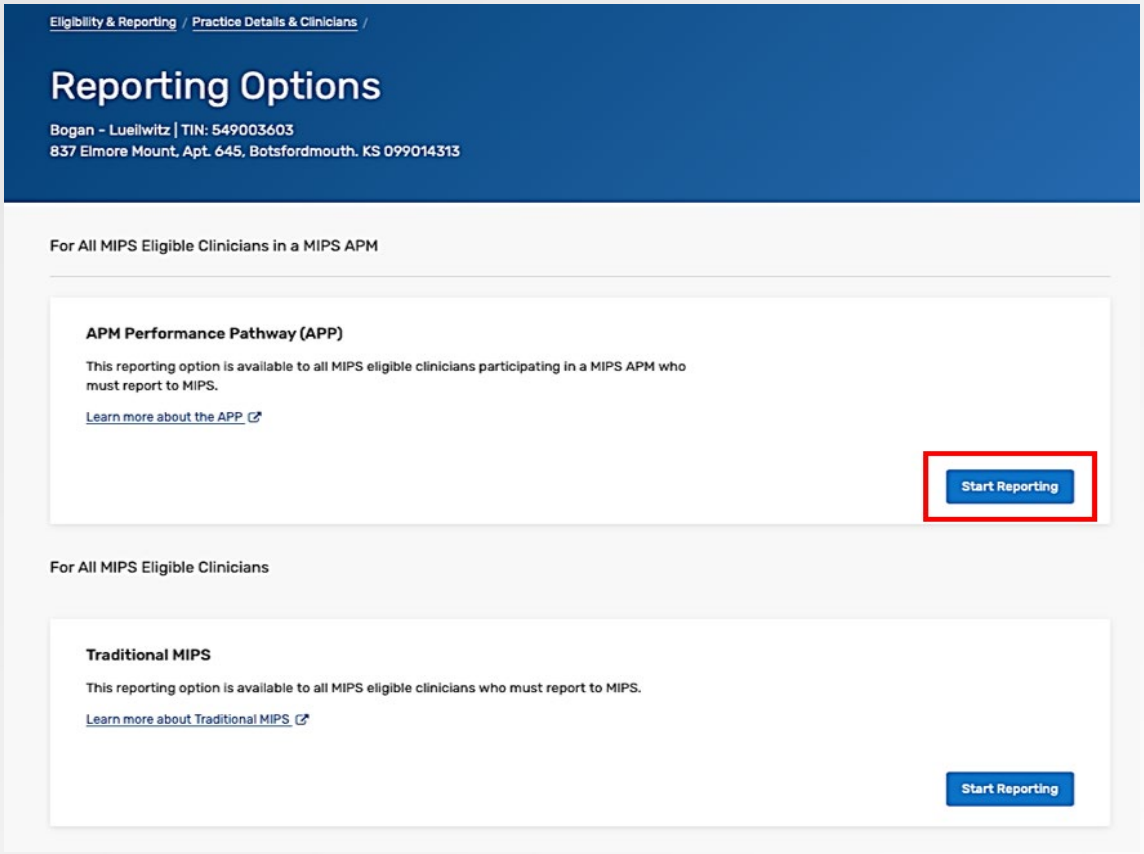
- Participant TINs in these ACOs (and any group reporting the APP) can select either APP or traditional MIPS when reporting Promoting Interoperability data on behalf of their MIPS eligible clinicians at the individual or group level.

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.

Quality Payment PROGRAM

Reporting Option Selection (Continued)

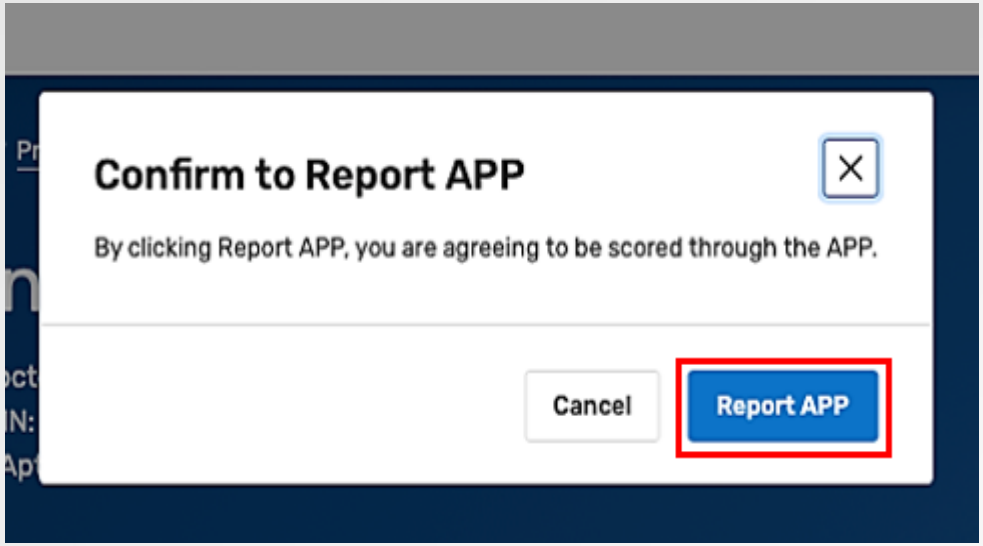


The APP is only available to MIPS eligible clinicians in a MIPS APM.

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

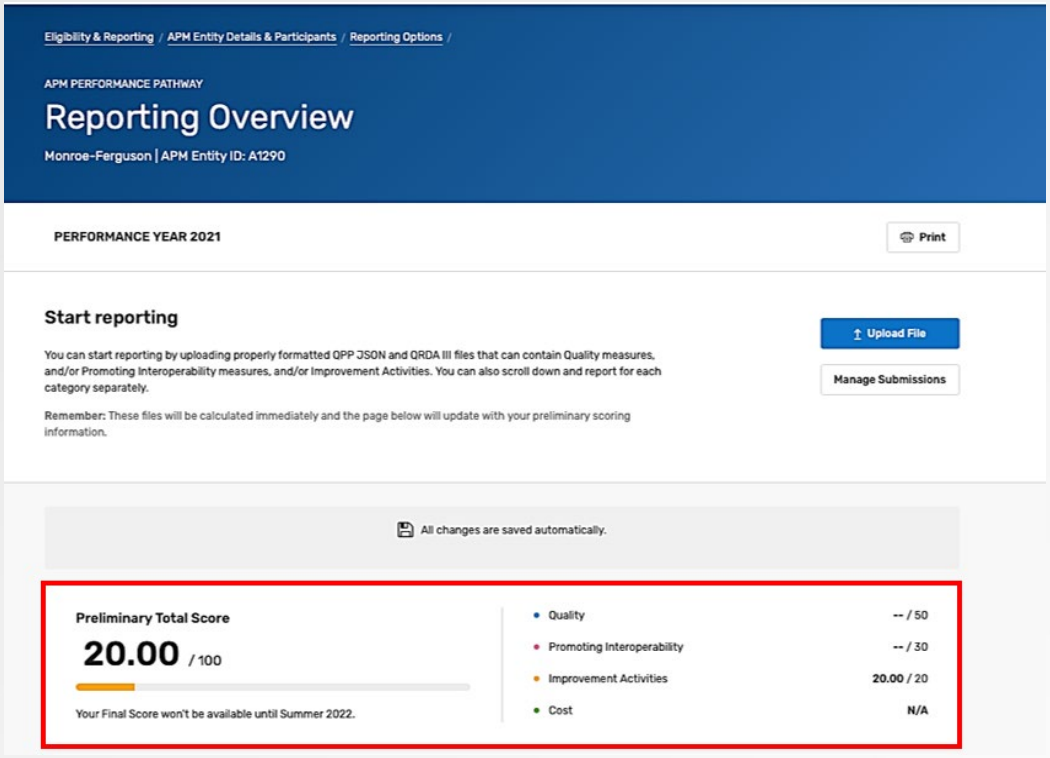
Reporting Overview

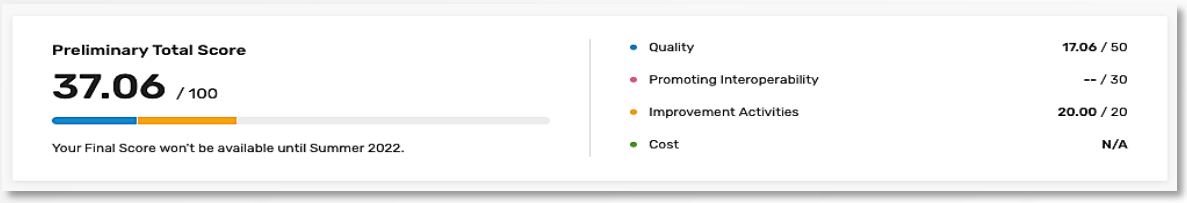
Quality Payment PROGRAM

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.





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

IMPORTANT

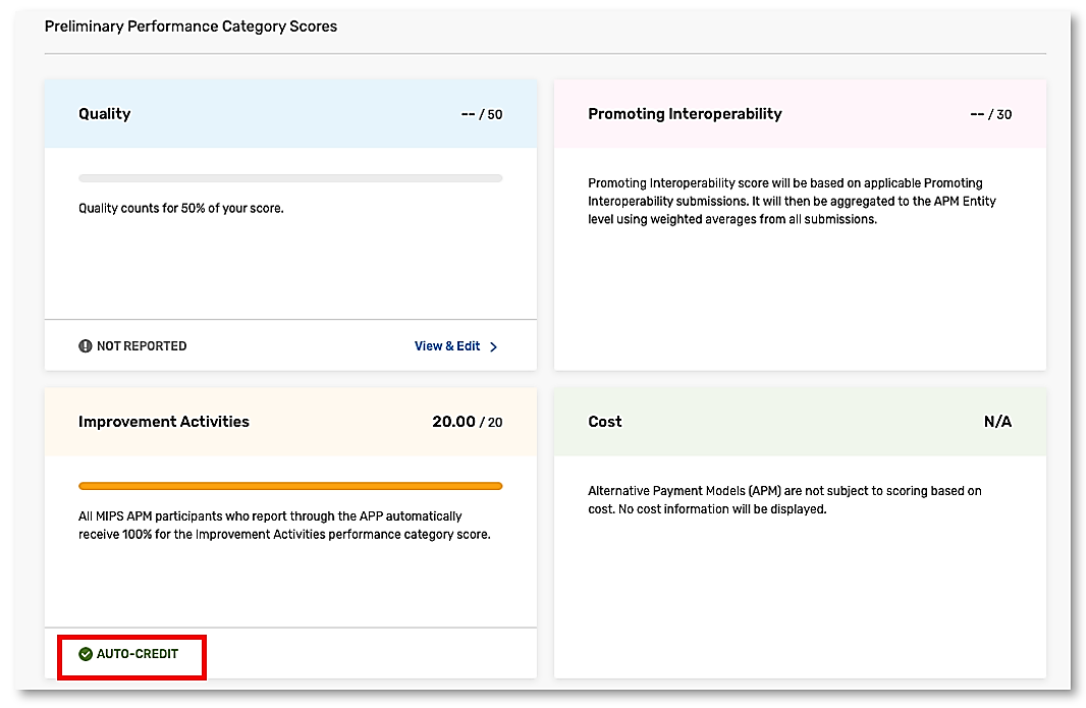
When reporting as an APM Entity, the APM Entity reports quality data, and the MIPS eligible clinicians in the APM Entity report Promoting Interoperability data at the group or individual level.

- 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:

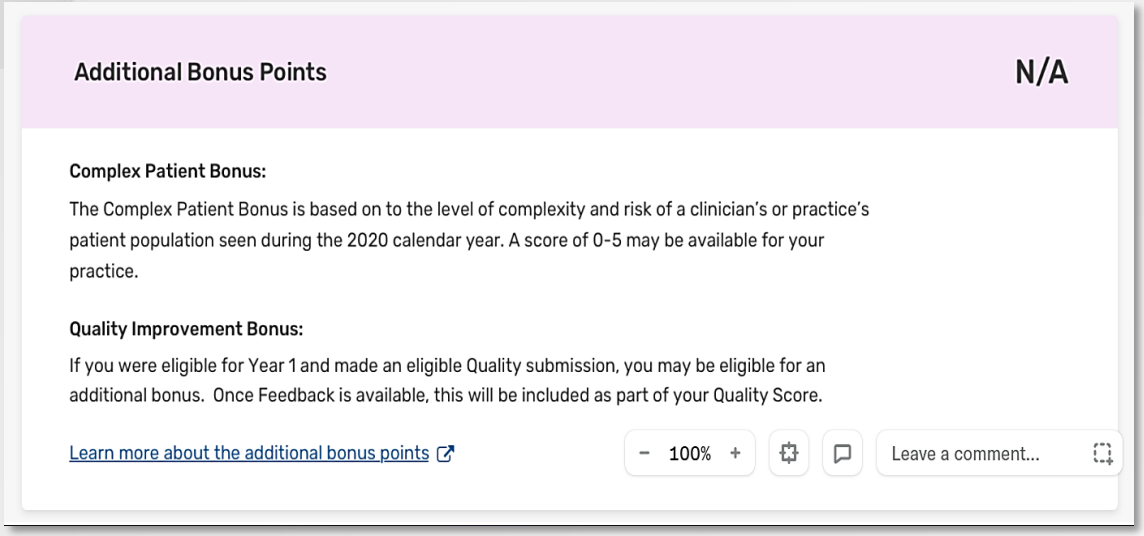
When reporting as an APM Entity, the APM Entity reports quality data, and the MIPS eligible clinicians in the APM Entity report Promoting Interoperability data at the group or individual level.

- 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.

Reporting Overview

Quality Payment PROGRAM

Additional Bonus Points

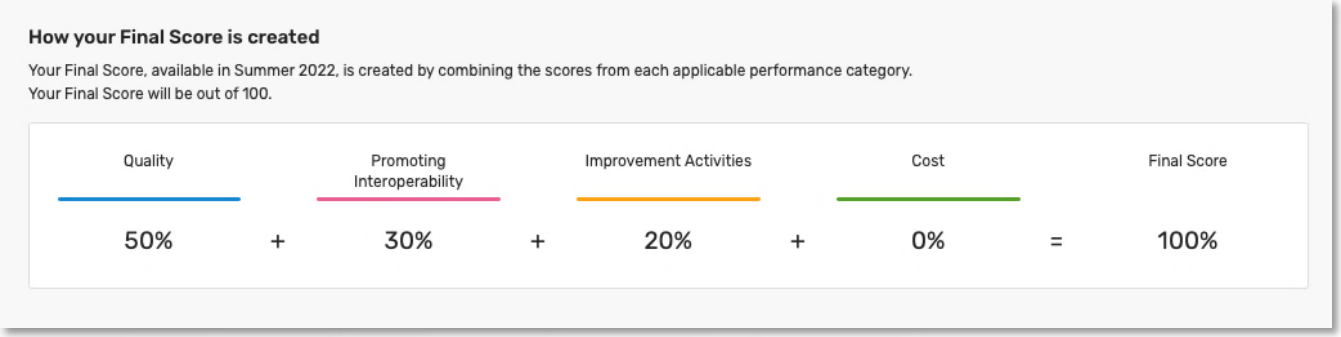


REMINDER:

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

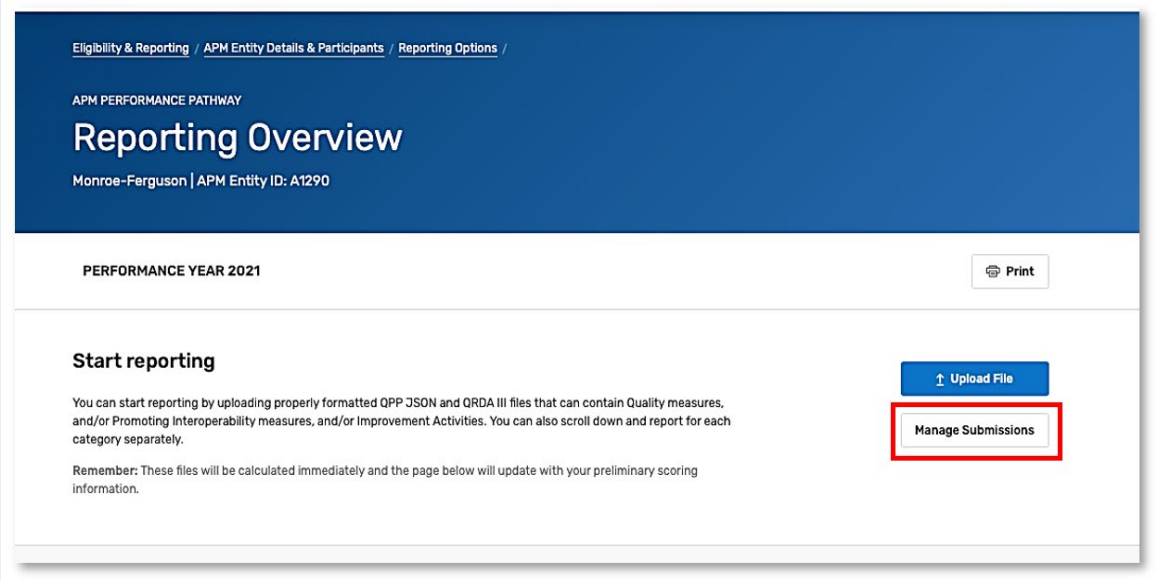
At the bottom of the Reporting Overview page, can view the final score calculation.



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**.

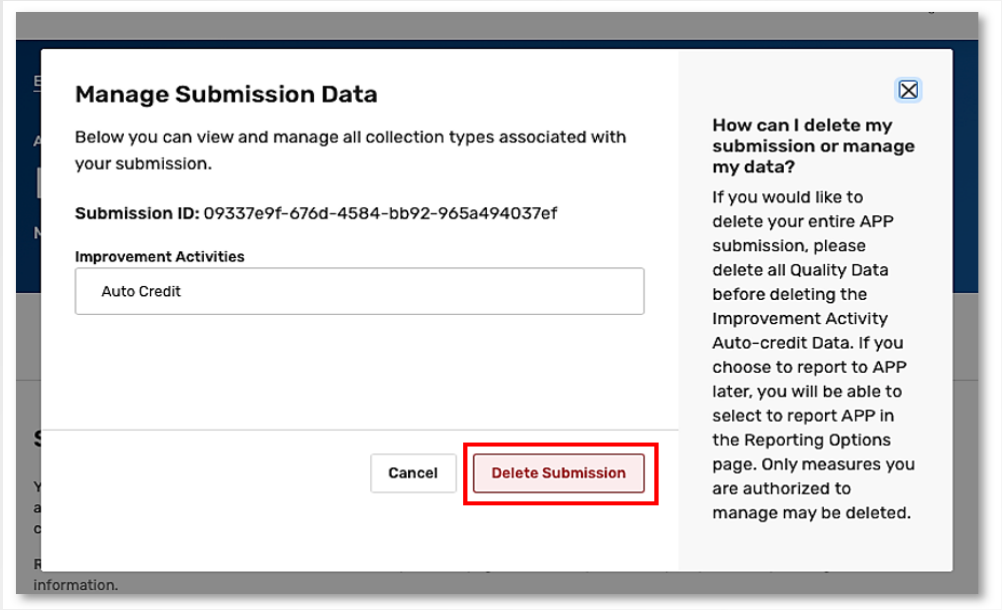


IMPORTANT:

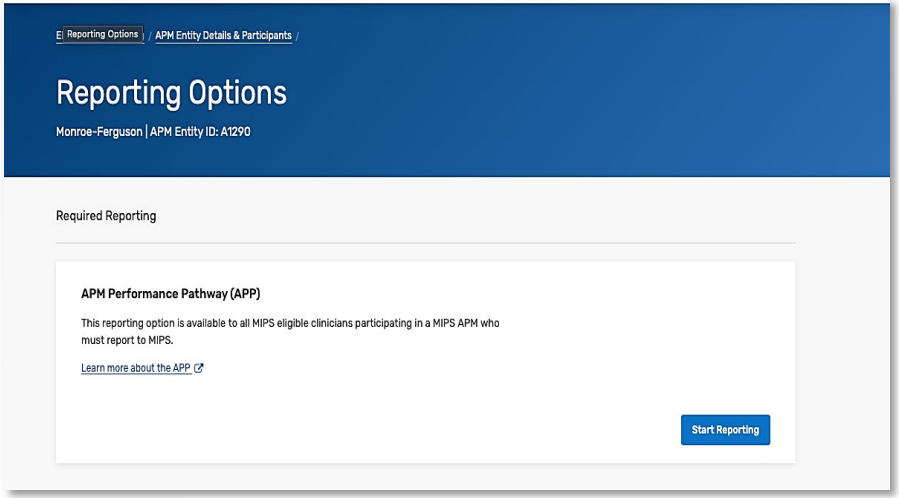
If you don't cancel your selection, you will receive a MIPS final score of 20 out of 100 points based on your automatic credit in the improvement activities, resulting in a negative payment adjustment for your MIPS eligible clinicians.

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.



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.



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.

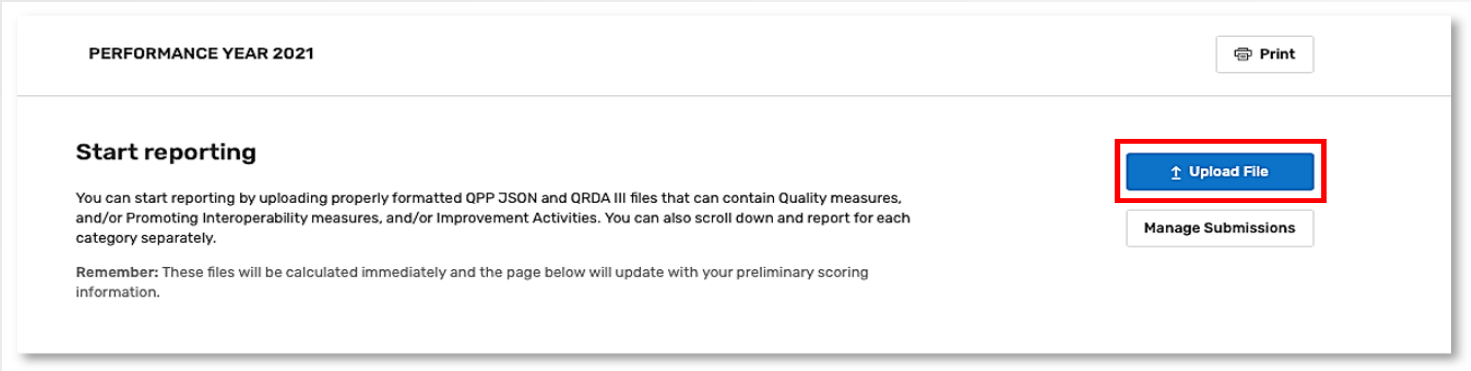
- Reporting APP measures as eCQMs/MIPS CQMs
- Reporting APP measures through Medicare Part B claims
- Reviewing Previously Submitted Quality Data
- Frequently Asked Questions

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.

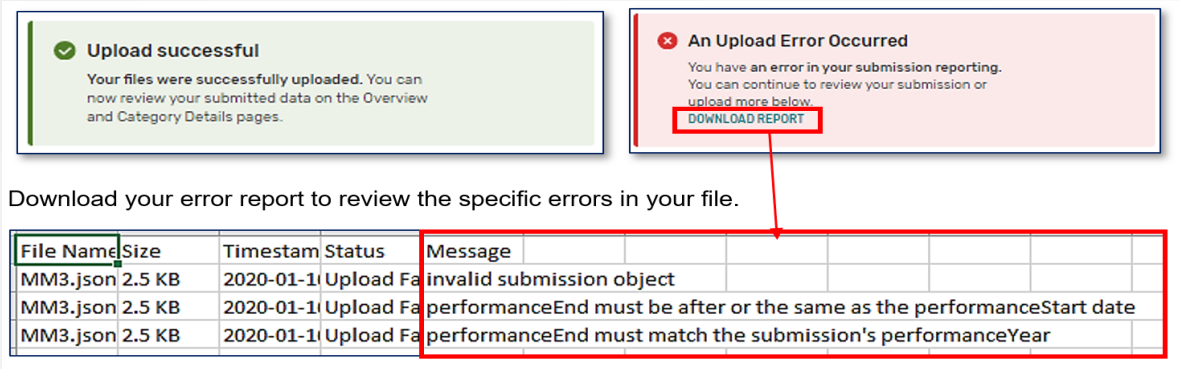
Note that you **won't** see a preliminary quality score on the Reporting Overview page until all 10 CMS Web Interface measures have been reported and meet data completeness.

Reporting APP measures as eCQMs/MIPS CQMs

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



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



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

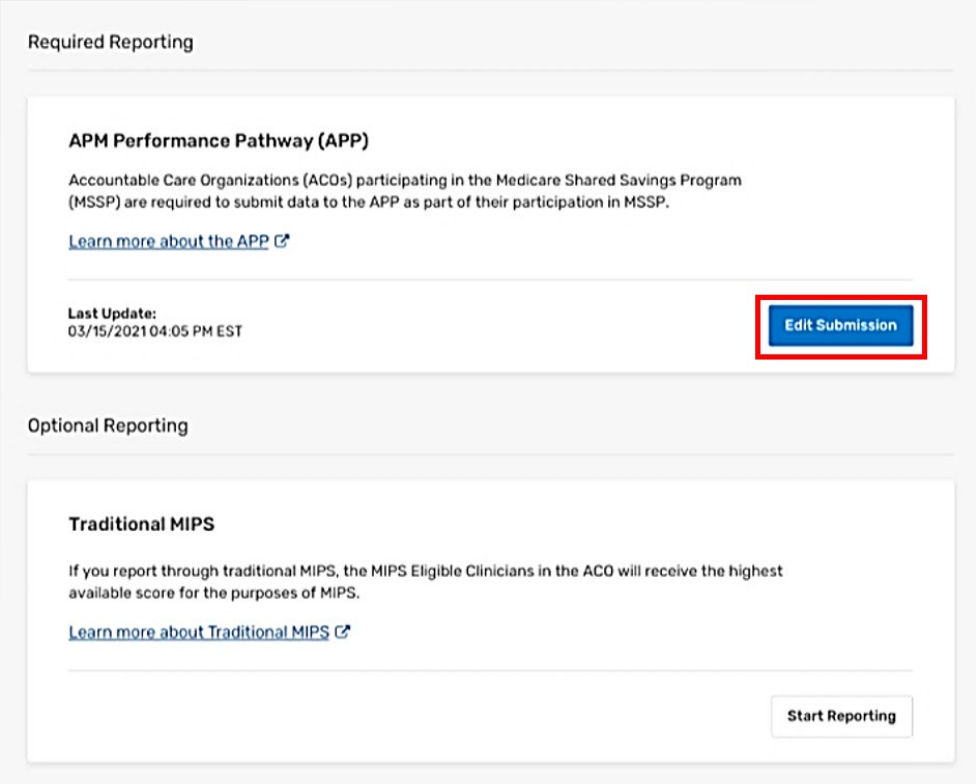
Refer to p. 22 of the 2021 QRDA III Implementation Guide (accessible from this page of the eCQI Resource Center) for more information.

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.

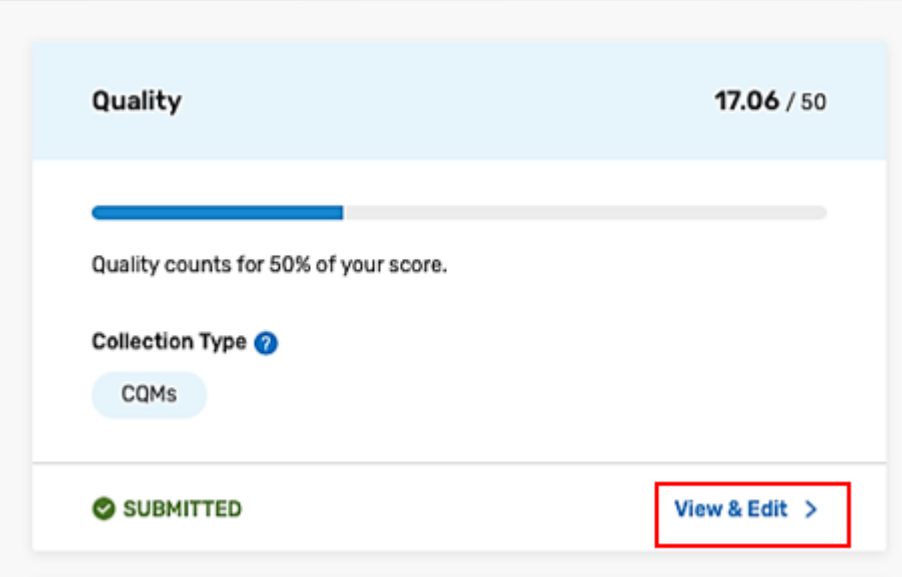
Reviewing Previously Submitted Data

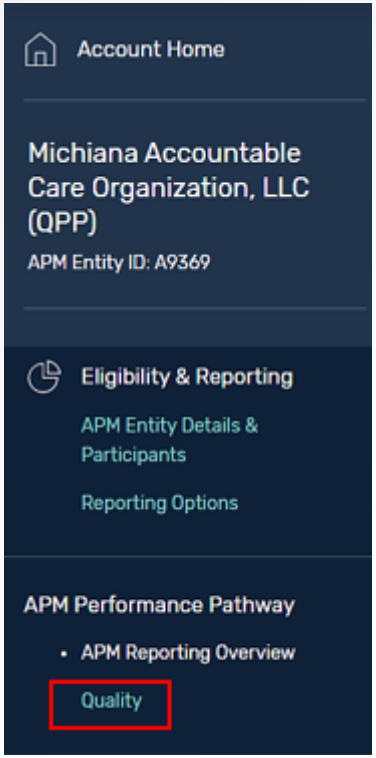
To review eCQM/MIPS CQM data submitted on your behalf by another member of your organization or a third party intermediary, navigate to the Eligibility & Reporting page, click **Start Reporting** to get to the Reporting Options page. If data has been submitted, you'll see the option to **Edit Submission**.



Reviewing Previously Submitted Data (Continued)

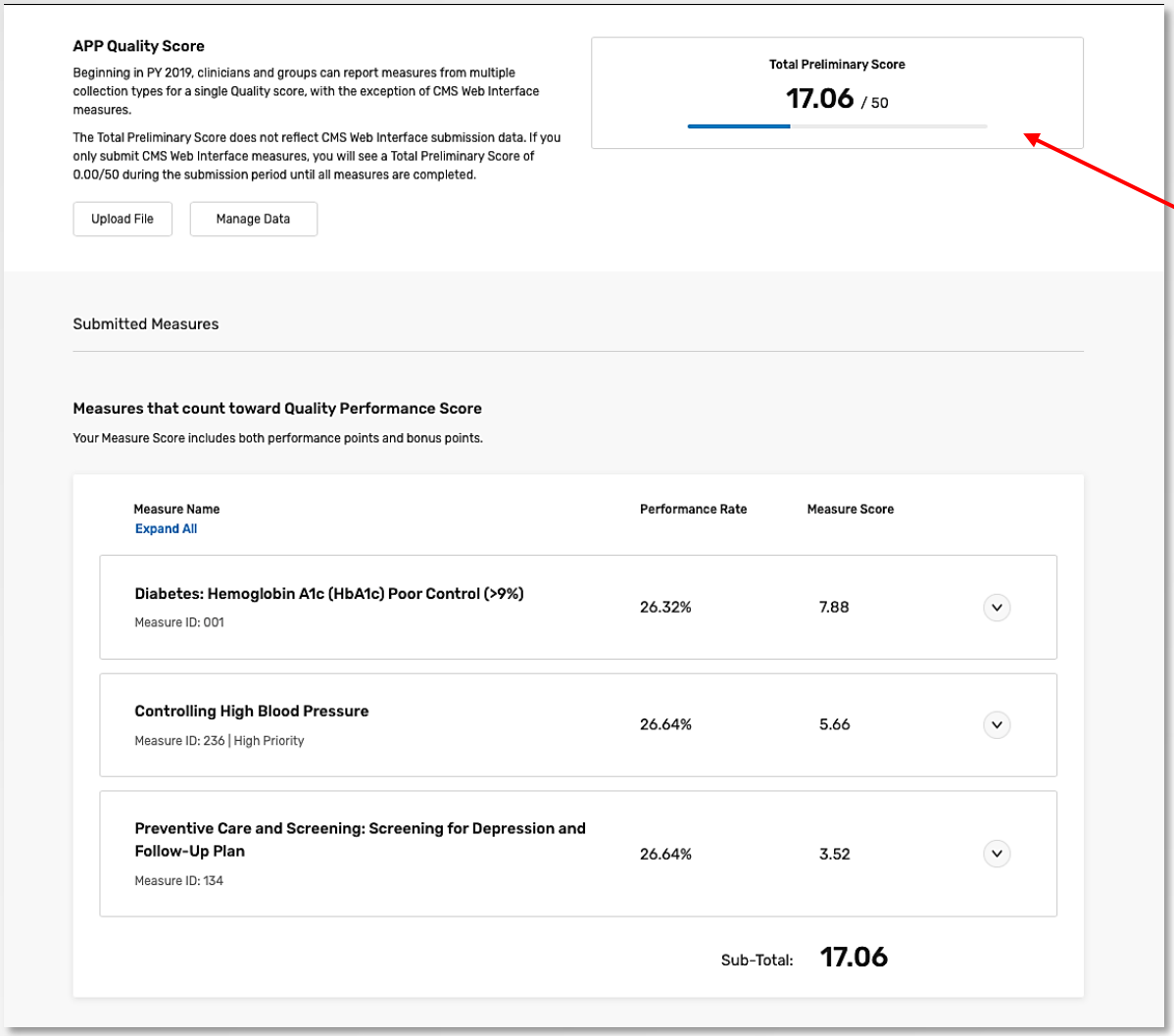
Click **Edit Submission** to get to the Reporting Overview page. To see the details of the measure data reported on your behalf, click **View & Edit** on the quality card, or click **Quality** in the left-hand navigation.





Quality Page

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



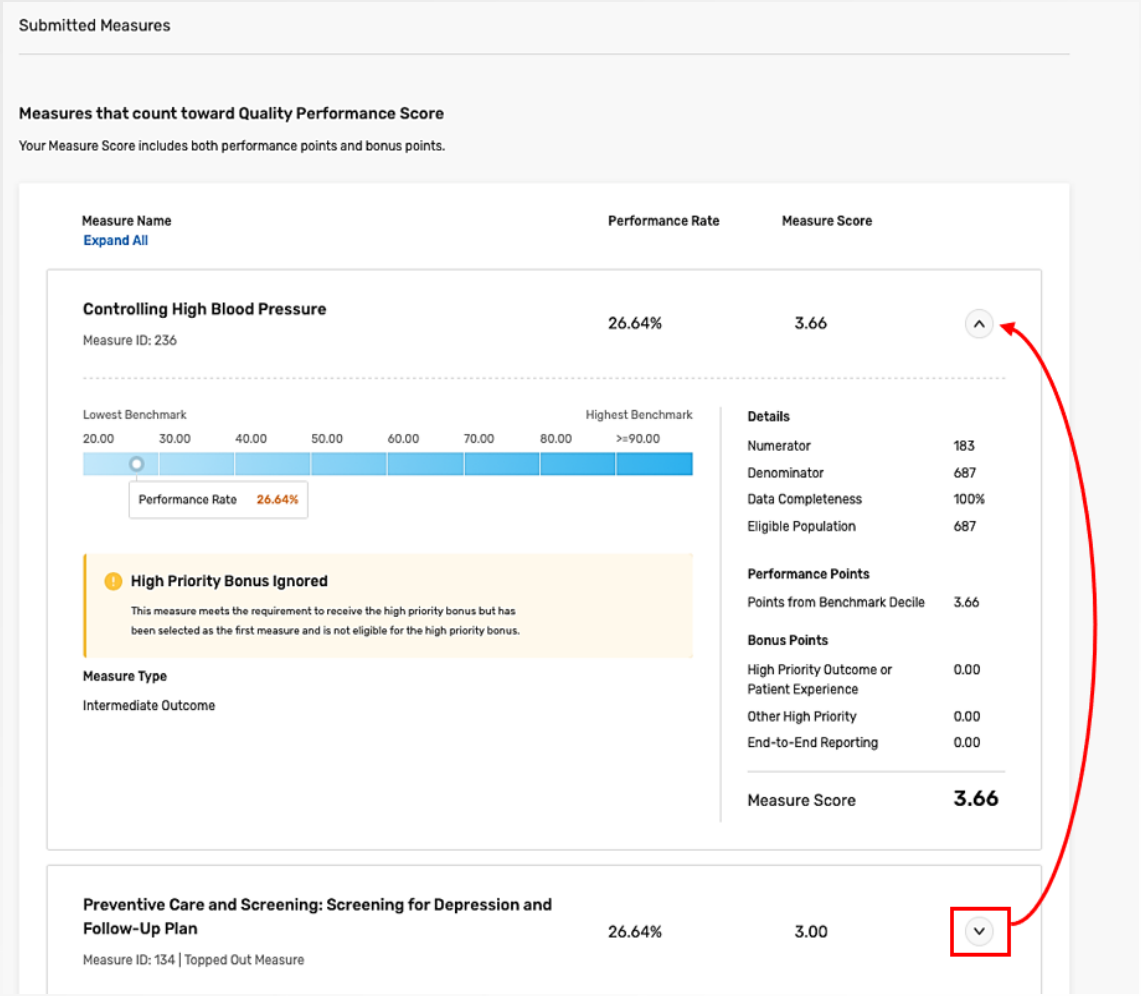
IMPORTANT

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.

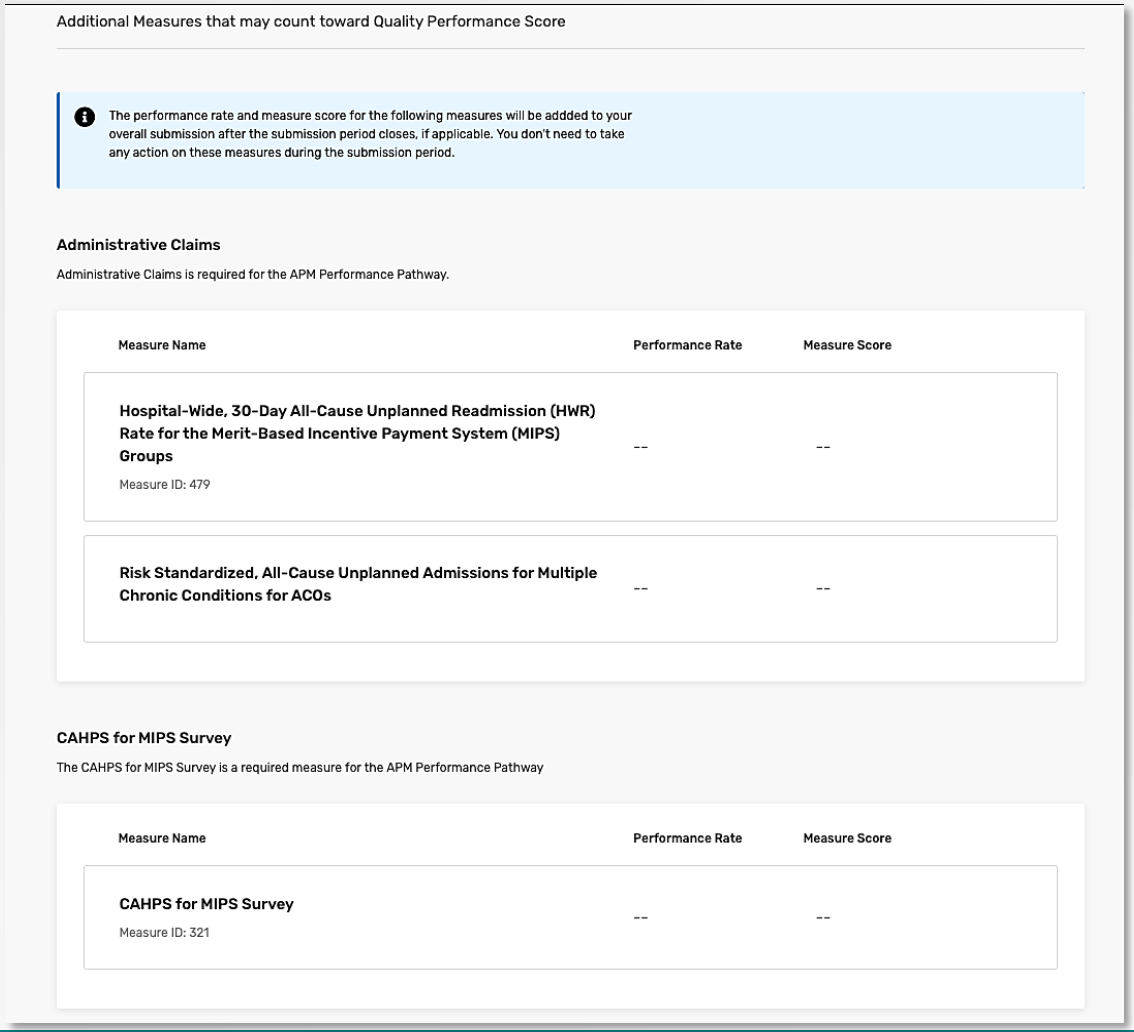
Quality Page (Continued)

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 addded 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

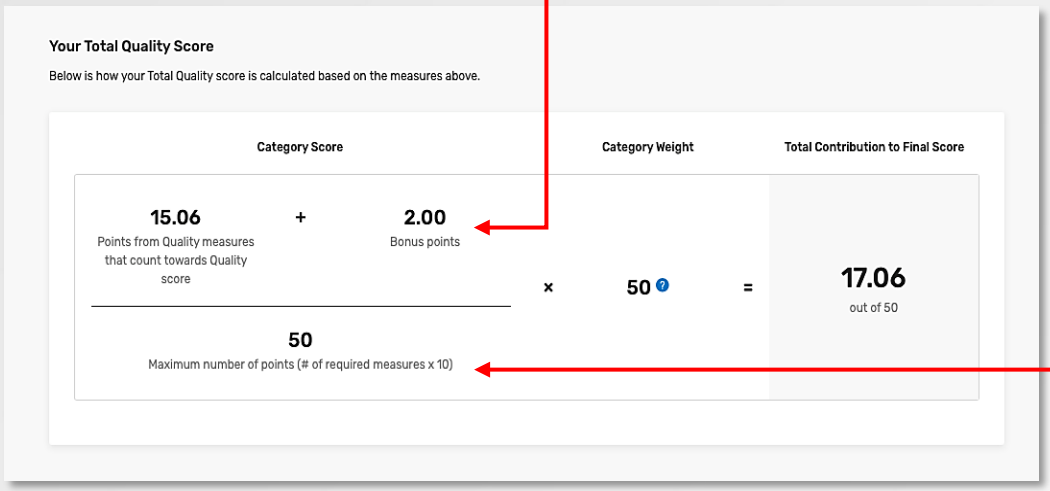
Measure Name	Performance Rate	Measure Score
CAHPS for MIPS Survey Measure ID: 321	--	--

Submitting and Reviewing Quality Data

Quality Payment PROGRAM

Quality Page (Continued)

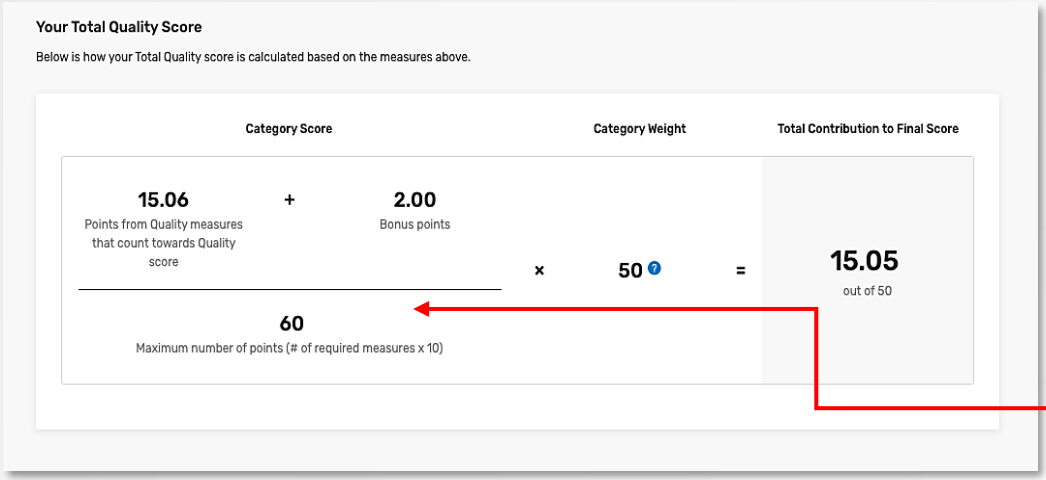
Finally, you can view how we've calculated your preliminary quality score



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.)



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 eCQMs/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 eCQMs/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 eCQM and MIPS CQM.
- You earn 6.1 achievement points for the measure through the eCQM collection type.
- You earn 7.5 achievements points for the measure through the MIPS CQM collection type.

The MIPS CQM version of measure 236 will be counted towards your quality performance category score because it resulted in more achievement points.

The eCQM version of the measure won't contribute to your quality performance category score.

Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

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.

Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

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:

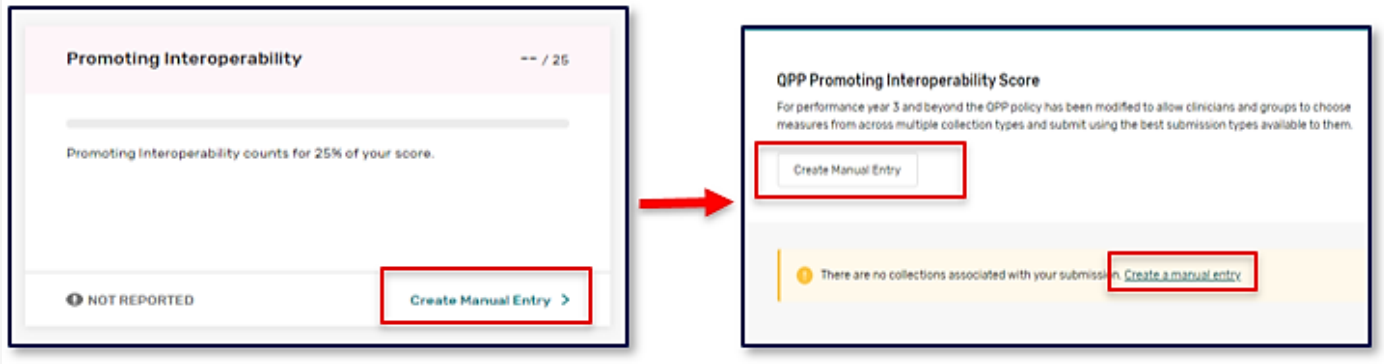
When submitting a QPP JSON file, "programName" = "app1"

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.



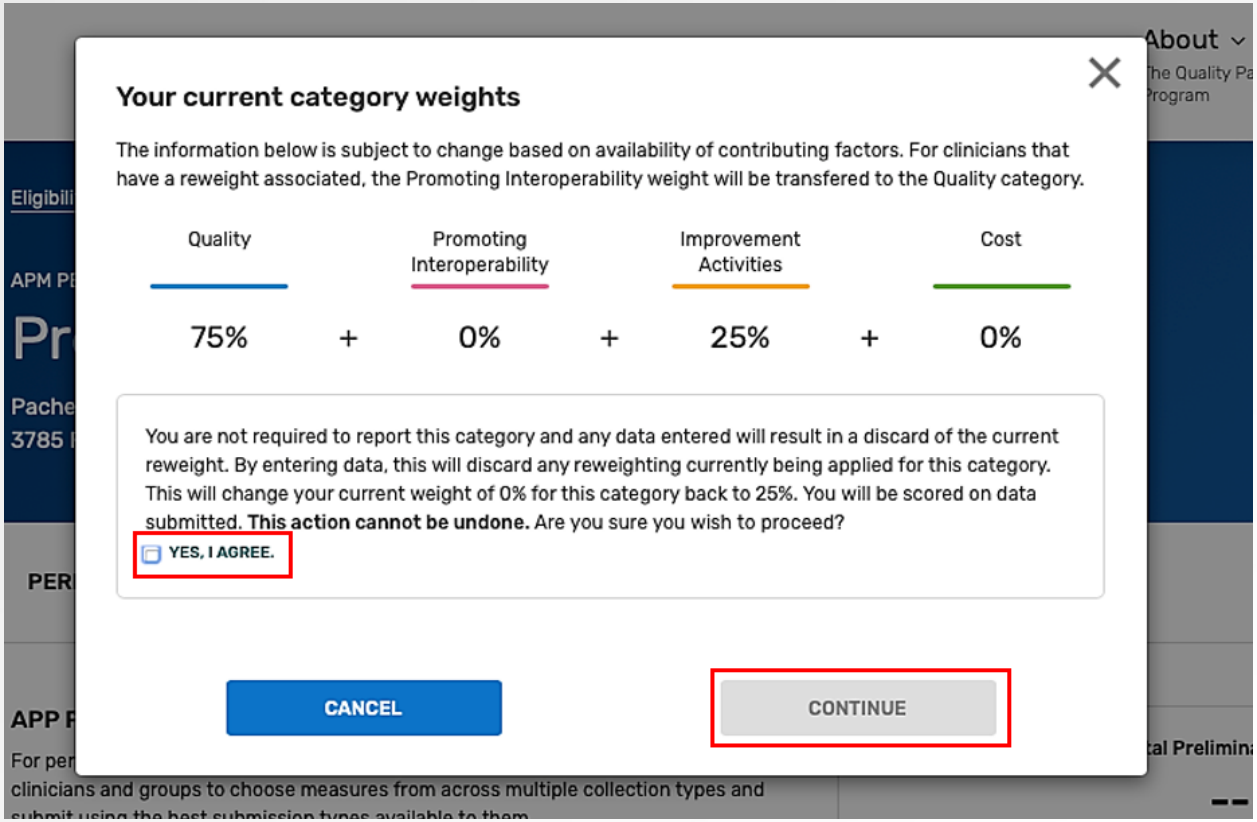
Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

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.

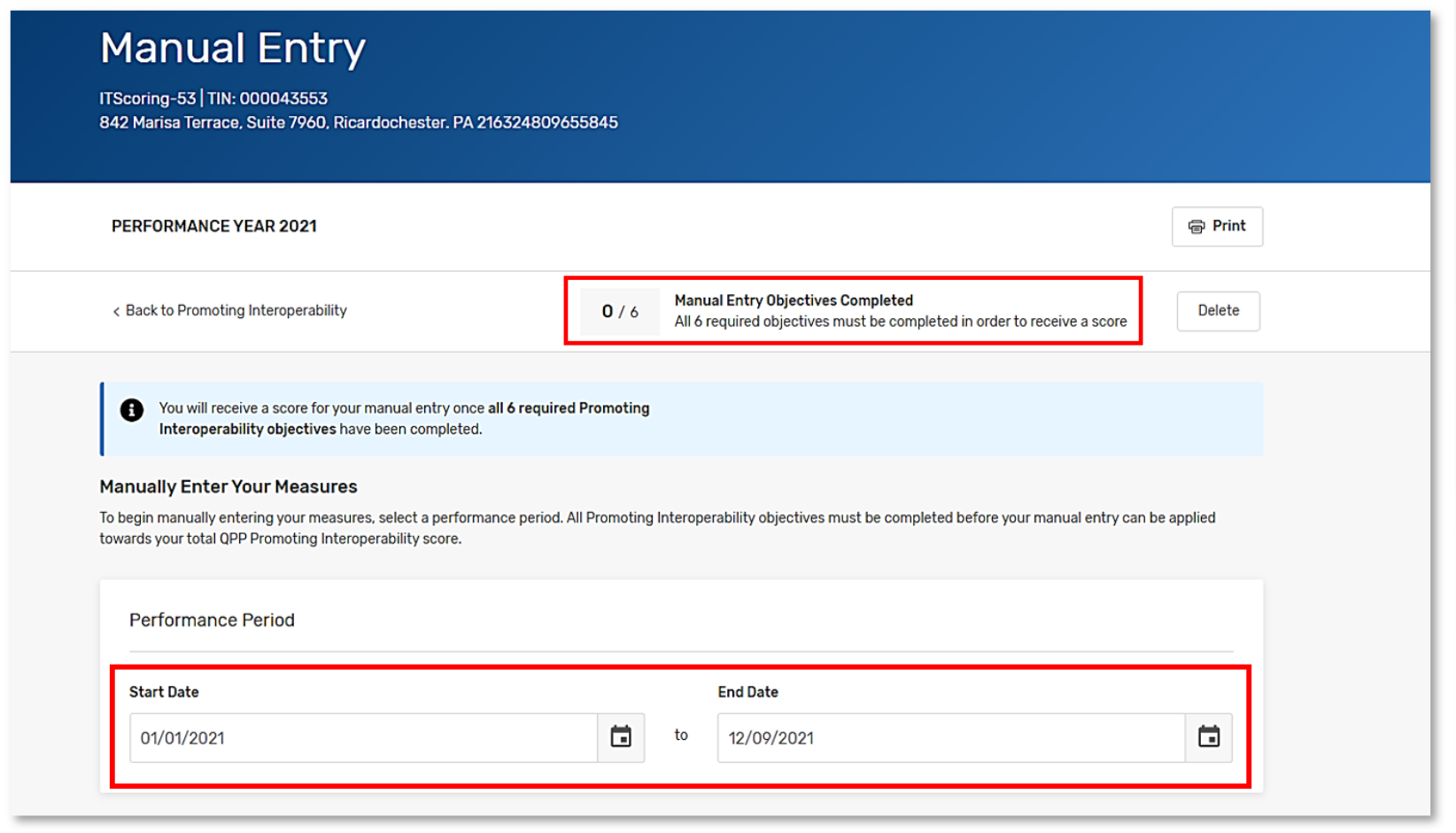


As you provide required information on the Manual Entry page, more fields will appear. For example, once you enter your performance period, the CEHRT ID field will appear. You must provide all required information (including measure data) before you can receive a preliminary score for this performance category.

Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

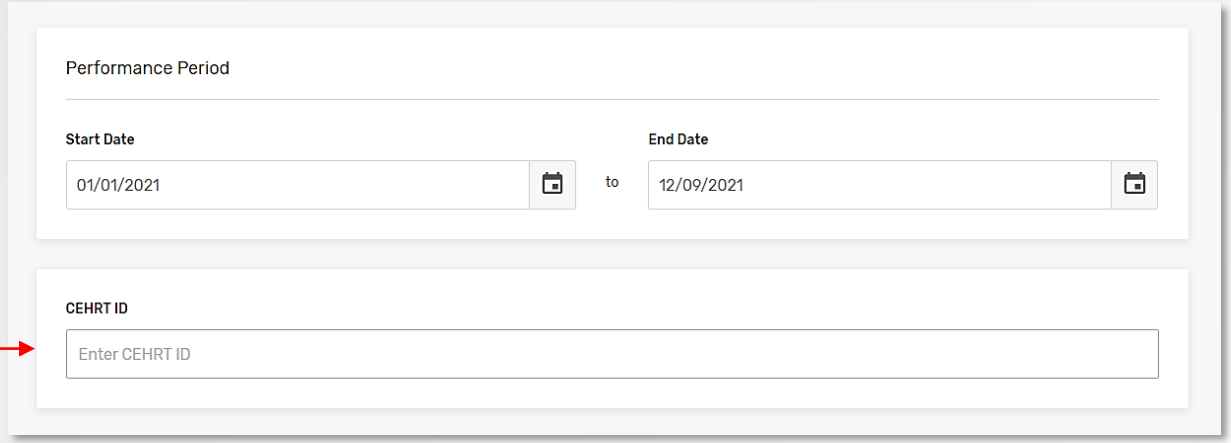
Enter Your Performance period



Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

Enter your CMS EHR Certification ID ("CEHRT ID")



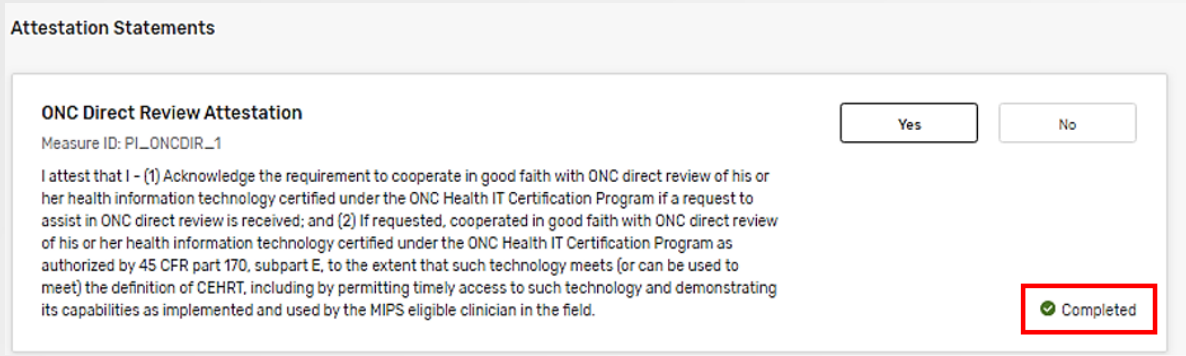
For **detailed instructions on how to generate a CMS EHR Certification ID**, review pages 25-28 of the CHPL Public User Guide.

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

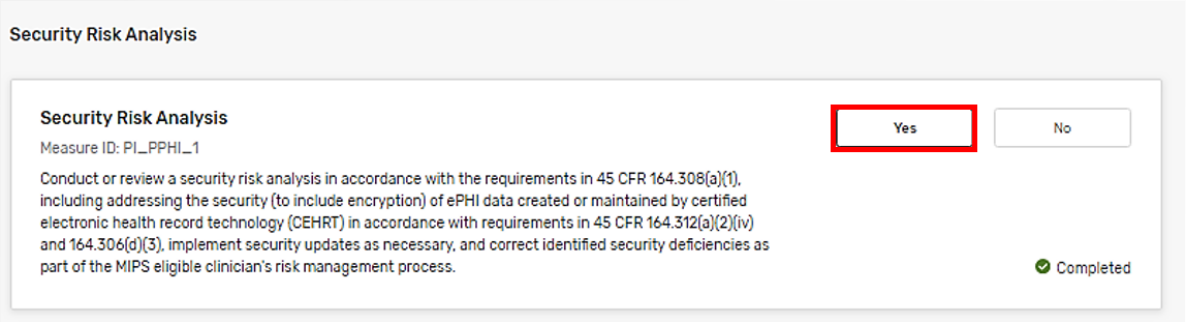
A CMS EHR Certification ID generated for a combination of 2014 and 2015 Edition CEHRT will include "**15H"** and **will be rejected**.

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.



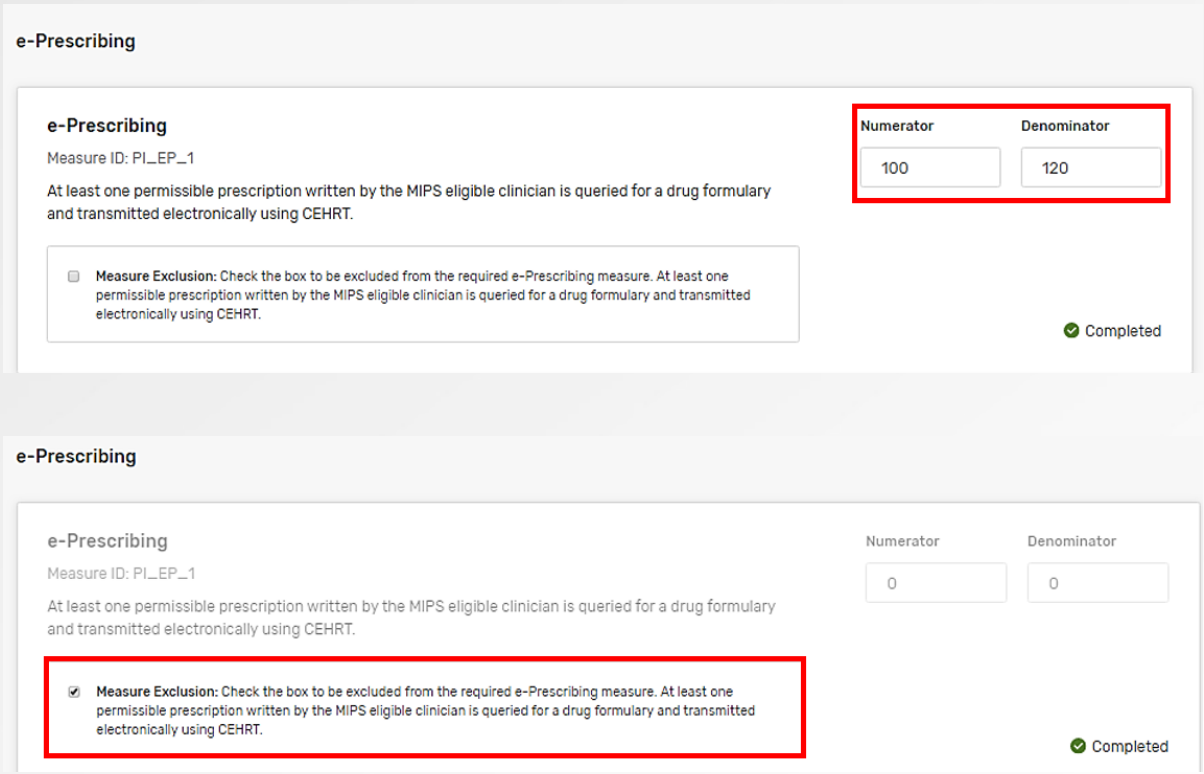
To manually report a measure, you will need to either select **Yes** or enter the **numerator/denominator** value, according to the measure. You can also claim an exclusion if you qualify.



Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

Complete Required Attestation Statements and Measures (Continued)



Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

Health Information Exchange Objective

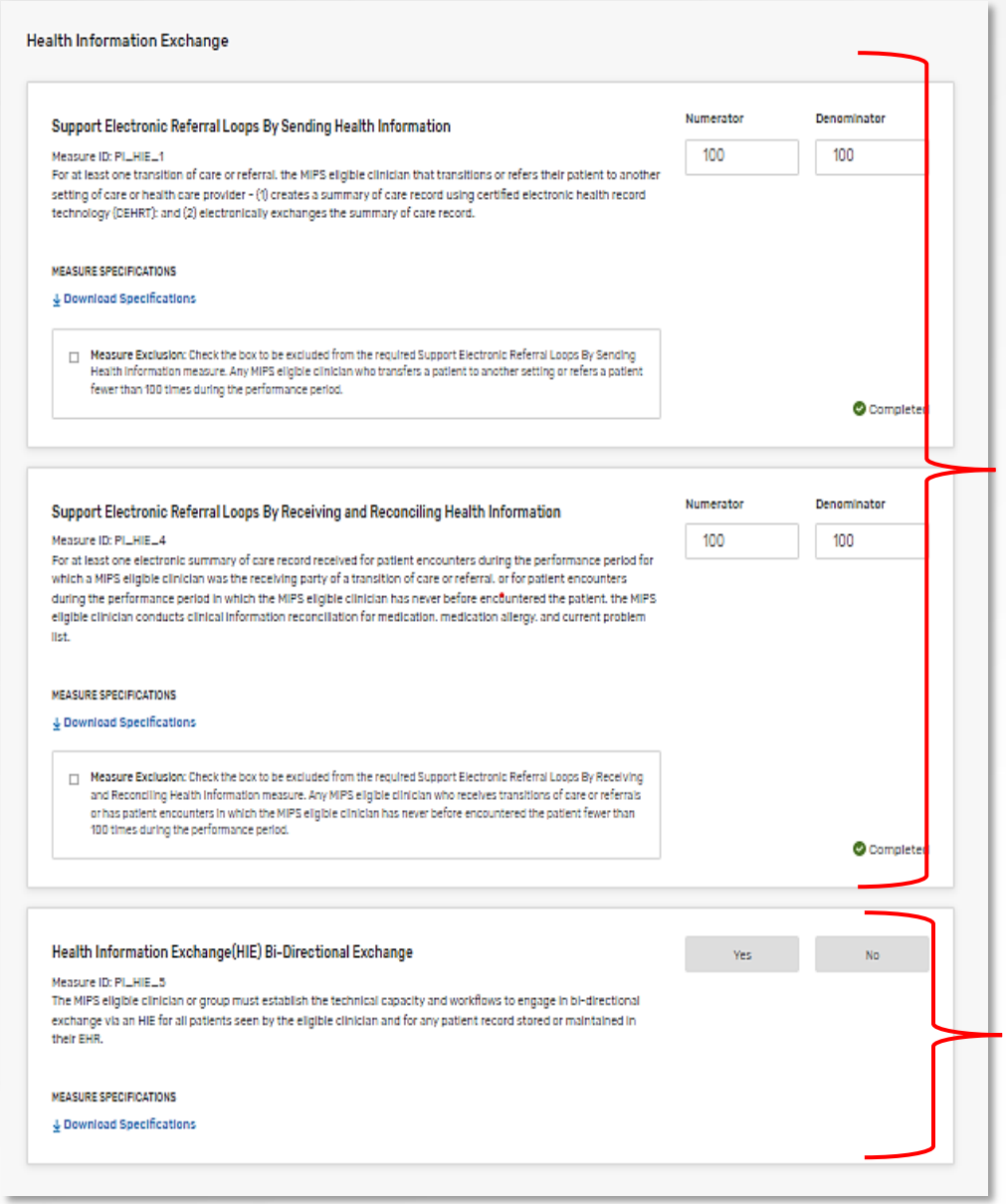
We added a new optional Bi-Directional Exchange measure, under the Health Information Exchange (HIE) objective as an alternative reporting option to the 2 existing HIE measures.

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

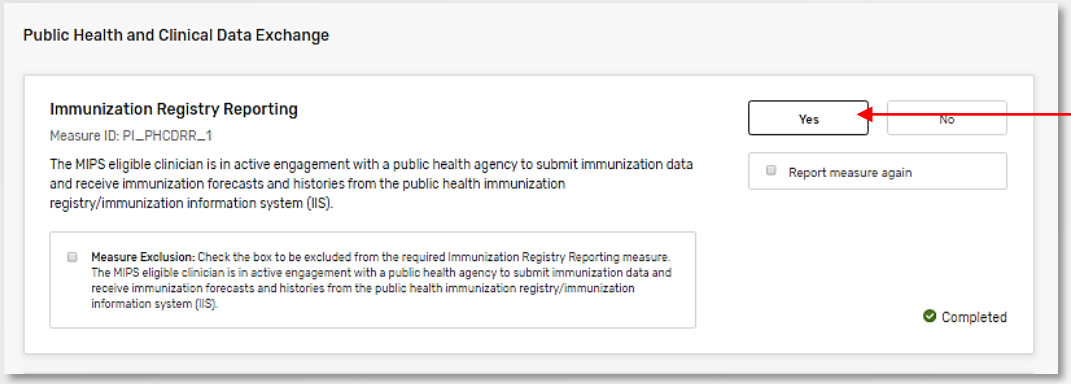


Submitting and Reviewing Promoting Interoperability Data

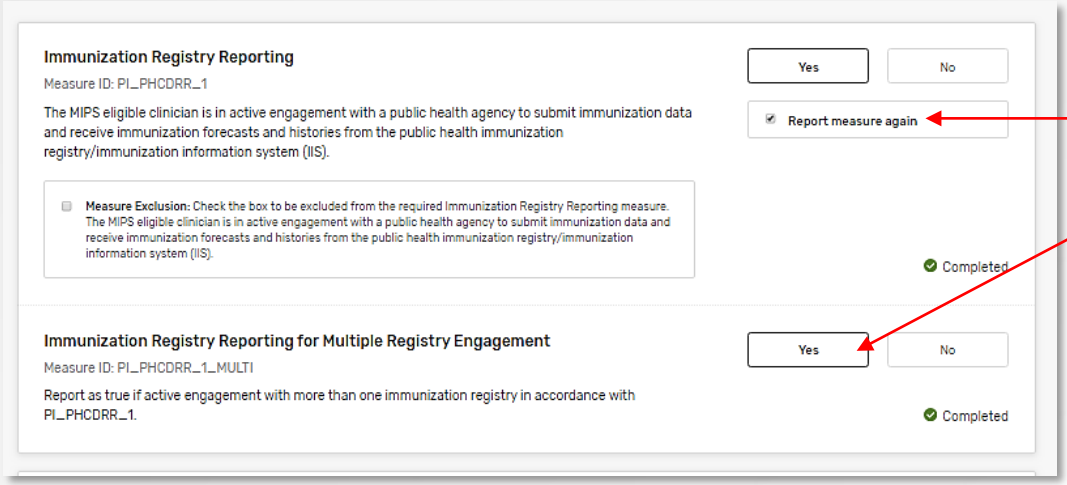
Quality Payment PROGRAM

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.

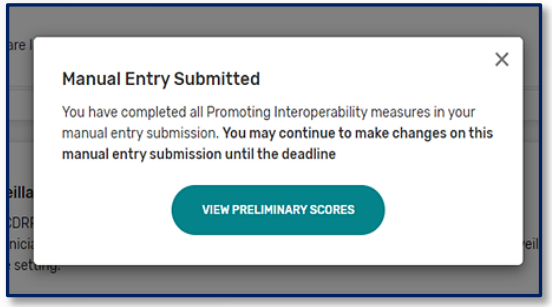


Start by answering **Yes** to the Measure.



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.

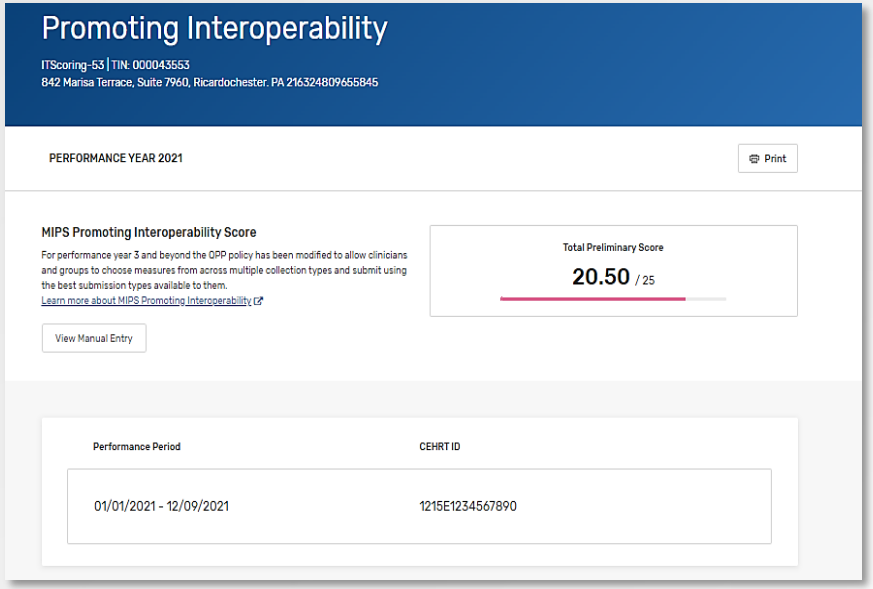


Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

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.



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.)

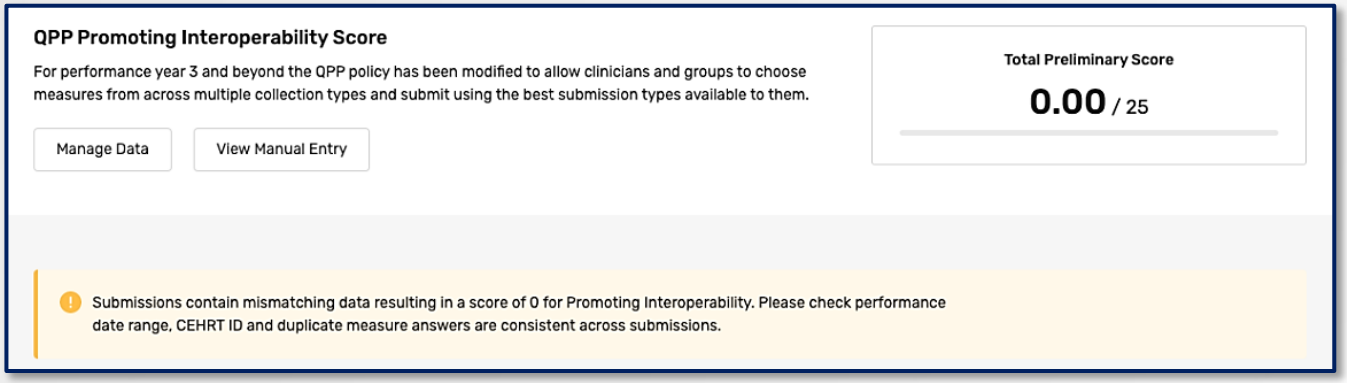
Refer to p. 22 of the 2021 QRDA III Implementation Guide (accessible from this page of the eCQI Resource Center) for more information.

Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

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.



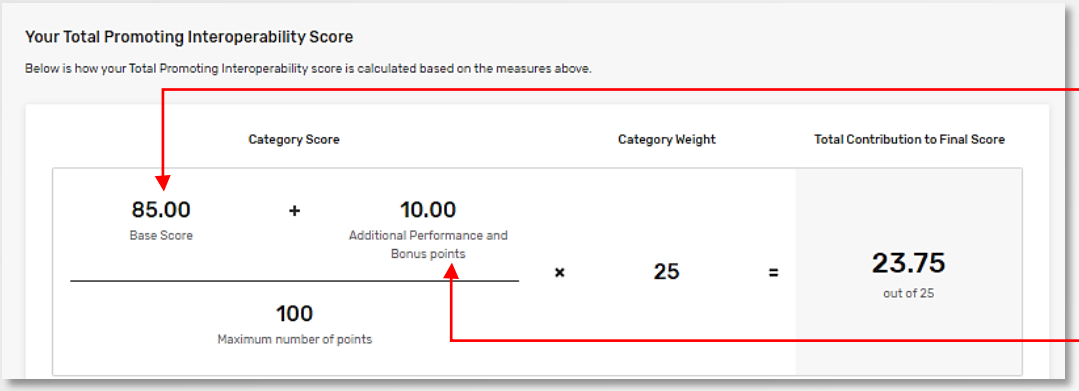
Click the down arrow on the right-hand side of the measure information to see numerator/denominator details or click **Expand All** below Measure Name to see the details of all the measures in that objective.

Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

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.

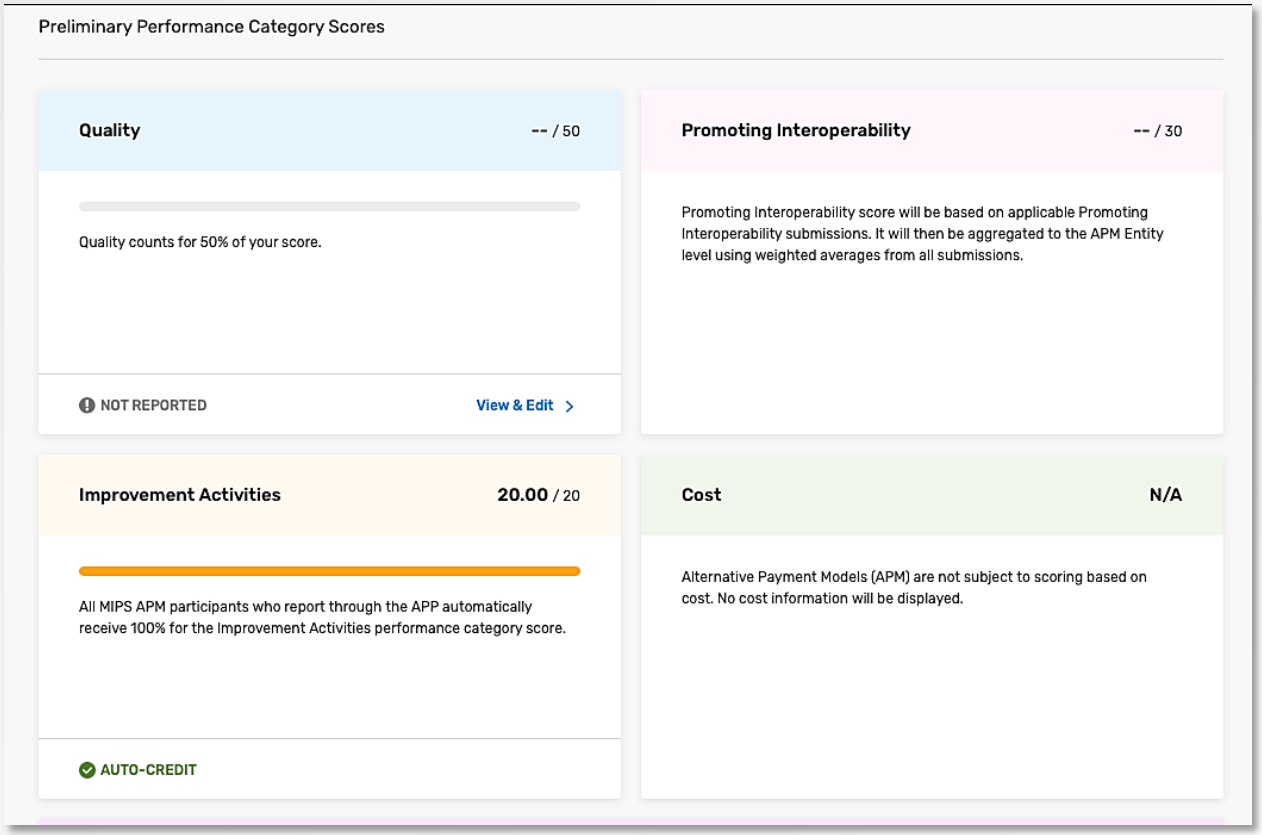
The APM Entity's Promoting Interoperability performance category score is an average of the highest score attributed to each MIPS eligible clinician in the APM Entity based on the required measures from their individual or group reporting. MIPS eligible clinicians who qualify for reweighting, such as 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

Help, Resources, and Version History

Quality Payment PROGRAM

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.

Help, Resources, and Version History

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.

Help, Resources, and Version History

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.