

## 2022 APM Performance Pathway (APP) for MIPS APM Participants Fact Sheet

### Overview

In the [Calendar Year \(CY\) 2021 Medicare Physician Fee Schedule \(PFS\) Final Rule](#), the Centers for Medicare & Medicaid Services (CMS) finalized a new reporting and scoring pathway for [Merit-based Incentive Payment System \(MIPS\) eligible clinicians](#) who participate in [MIPS Alternative Payment Models \(APMs\)](#): the [APM Performance Pathway \(APP\)](#).

Complementary to MIPS Value Pathways (MVPs), the APP is a single, pre-determined measure set that MIPS APM participants may report on at the individual, group, and/or APM Entity levels beginning with the 2021 performance year. It's designed to focus on outcomes, reduce reporting burden, and encourage continued APM participation. The APP is an optional MIPS reporting and scoring pathway for MIPS APM participants; however, it is required for all Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs).

### APP Reporting Requirements

The following reporting and scoring rules apply only to those MIPS eligible clinicians, groups, or APM Entities (e.g., Shared Savings Program ACOs) reporting through the APP. As detailed below, clinicians reporting the APP to meet MIPS reporting requirements need to report data for the quality and Promoting Interoperability performance categories for the 2022 performance year. (MIPS eligible clinicians automatically receive full credit in the improvement activities performance category with no additional data reported.) Please note that, if applicable, Promoting Interoperability must be reported at the group or individual level even when the APM Entity reports the APP quality measures.

### Quality Performance Category

The 2022 quality performance category is weighted at 50% of the MIPS final score for MIPS APM participants reporting through the APP. It encompasses 6 measures that focus on population health, which are widely available to all MIPS APM participants. We have also extended the use of the CMS Web Interface as an alternative to reporting the 3 eCQM/MIPS CQM measures for the 2022, 2023, and 2024 performance years for Shared Savings Program ACOs only.



Health care providers in various MIPS APMs should be able to work together in conjunction with their APM Entity each year to report on a single set of quality measures that represent a true cross-section of their collective performance.<sup>1</sup>

For the 2022 performance year, the following measures are included in the APP measure set<sup>1</sup>:


**Table 1: APP Measure Set**

| Measure #        | Measure Title  | Collection Type  | Submitter Type                                       | Outcome Measure |
|------------------|--|--|--|-----------------|
| Quality ID#: 321 | CAHPS for MIPS   | CAHPS for MIPS Survey                                    | Third Party Intermediary                             | No              |
| Quality ID#: 479 | Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups                   | Administrative Claims                                    | N/A  | Yes             |
| Quality ID#: 484 | Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions | Administrative Claims                                    | N/A  | Yes             |
| Quality ID#: 001 | Diabetes: Hemoglobin A1c (HbA1c) Poor Control  | eCQM/ Medicare Part B Claims/ MIPS CQM/CMS Web Interface | Individual/Group/APM Entity/Third Party Intermediary | Yes             |
| Quality ID#: 134 | Preventive Care and Screening: Screening for Depression and Follow-up Plan   | eCQM/ Medicare Part B Claims/ MIPS CQM/CMS Web Interface | Individual/Group/APM Entity/Third Party Intermediary | No              |
| Quality ID#: 236 | Controlling High Blood Pressure  | eCQM/ Medicare Part B Claims/ MIPS CQM/CMS Web Interface | Individual/Group/APM Entity/Third Party Intermediary | Yes             |

<sup>1</sup> The specifications for measures included in the APP measure set are available [here](#) for individuals, groups, and APM Entities and [here](#) for SSP ACOs only.

| Measure #        | Measure Title  | Collection Type   | Submitter Type                                      | Outcome Measure          |
|------------------|--|-------------------|---|--------------------------|
| Quality ID#: 318 | Falls: Screening for Future Fall Risk  | CMS Web Interface | Shared Savings Program ACO/Third Party Intermediary | N/A for scoring purposes |
| Quality ID#: 110 | Preventive Care and Screening: Influenza Immunization                            | CMS Web Interface | Shared Savings Program ACO/Third Party Intermediary | N/A for scoring purposes |
| Quality ID#: 226 | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | CMS Web Interface | Shared Savings Program ACO/Third Party Intermediary | N/A for scoring purposes |
| Quality ID#: 113 | Colorectal Cancer Screening  | CMS Web Interface | Shared Savings Program ACO/Third Party Intermediary | N/A for scoring purposes |
| Quality ID#: 112 | Breast Cancer Screening  | CMS Web Interface | Shared Savings Program ACO/Third Party Intermediary | N/A for scoring purposes |
| Quality ID#: 438 | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease        | CMS Web Interface | Shared Savings Program ACO/Third Party Intermediary | N/A for scoring purposes |
| Quality ID#: 370 | Depression Remission at Twelve Months  | CMS Web Interface | Shared Savings Program ACO/Third Party Intermediary | N/A for scoring purposes |

**Note:** In the [CY 2023 Medicare Physician Fee Schedule Final Rule](#), we finalized retroactively establishing policies for setting quality performance benchmarks for the CMS Web Interface measures for the 2022 performance year using our authority under § 1871(e)(1)(A) of the Social Security Act. Specifically, we finalized establishing quality performance benchmarks for the CMS Web Interface measures using the methodology described in 42 C.F.R. § 425.502(b), which is the methodology that was previously used to establish quality performance benchmarks under the Medicare Shared Savings Program (Shared Savings Program). Additionally, we finalized using flat percentage benchmarks to score the Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID#: 134) measure and the Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Quality ID#: 226) measure for performance year 2022.



For quality measures that don't meet the case minimum, CMS will remove that measure from the quality performance score for that individual, group or APM Entity. The 7-point quality measure scoring cap won't be applied in the event that a measure in the APP measure set is determined to be topped out and subject to a scoring cap.

MIPS quality performance category scores for ACOs that have reported through the APP will also be used for purposes of the Shared Savings Program in determining shared savings and shared losses, thus satisfying reporting requirements for both programs.

### **Cost Performance Category**

CMS has waived the cost performance category for the APP using the waiver authority in sections 1115A(d)(1) and 1899(f) of the Social Security Act. As a result, the cost performance category is weighted at 0% of the MIPS final score for MIPS APM participants reporting through the APP.

### **Improvement Activities Performance Category**

The improvement activities performance category is weighted at 20% of the MIPS final score for MIPS APM participants reporting through the APP. All MIPS APM participants who report through the APP for the 2022 performance year will automatically receive 100% for the improvement activities performance category score.

### **Promoting Interoperability Performance Category**

The Promoting Interoperability performance category is weighted at 30% of the MIPS final score for MIPS APM participants reporting through the APP. The Promoting Interoperability performance category has the same scoring rules and reporting requirements under the APP as under traditional MIPS. Shared Savings Program ACO participants should follow group or individual reporting requirements for their MIPS eligible clinicians. Note: This performance category only counts toward the MIPS final score and therefore isn't required for Qualifying APM Participants (QPs) and Partial QPs that don't elect to report for MIPS.

## **APP Scoring**

Table 2 outlines an example to show how CMS calculates MIPS final scores for MIPS APM participants who report via the APP. CMS multiplies each performance category score by its respective performance category weight and multiplies that by 100 to determine the number of points that contribute to the MIPS final score for each performance category. We then add the points for each performance category to determine the MIPS final score.

**Table 2: APP Scoring**

| Performance Category              | Performance Category Requirement              | Performance Category Score | Performance Category Weight | Potential Contribution to MIPS Final Score                     |
|-----------------------------------|---|----------------------------|-----------------------------|--|
| <b>Quality</b>                    | Report on the measures in the APP measure set | 100%                       | 50%                         | 50 points  |
| <b>Cost</b>                       | No requirements                               | N/A                        | 0%                          | N/A  |
| <b>Improvement Activities</b>     | Automatic full credit                         | 100%                       | 20%                         | 20 points  |
| <b>Promoting Interoperability</b> | Same reporting as traditional MIPS            | 100%                       | 30%                         | 30 points  |
| <b>MIPS Final Score</b>           |   |                            |                             | <b>100 points</b><br><i>(out of 100 total possible points)</i> |

In cases where more than one final score is associated with a MIPS eligible clinician, CMS will use the highest available final score for that clinician to determine the MIPS payment adjustment, unless the clinician is part of a virtual group, in which case the virtual group’s final score will be used.

Please note that Table 2 doesn’t account for complex patient bonus points. Complex patient bonus points, if applicable, will be added to the MIPS final score of the clinicians, groups and APM Entities that are eligible to receive these bonus points, but the MIPS final score can’t exceed 100 points.<sup>2</sup> Bonus points are also available within the quality performance category for small practices and anyone demonstrating quality improvement from the previous year.

## Frequently Asked Questions

### Who is eligible to report through the APP?

Any MIPS eligible clinician who is on a participation list or affiliated practitioner list of any APM Entity participating in a MIPS APM on 1 of the 4 2022 snapshot dates (March 31, June 30, August 31, December 31, 2022) may report via the APP.

### If I don’t want to report through the APP, do I have to do anything else?

MIPS eligible clinicians participating in an APM are required to report for MIPS. Clinicians participating in a MIPS APM have the APP as one option for reporting for MIPS. If they don’t wish to report through the APP, then they are required to report under traditional MIPS.

Please note: The APP is required for all Shared Savings Program ACOs in order to meet the Shared Savings Program quality performance standard used to determine shared savings and

<sup>2</sup> For more information on the calculation of complex patient bonus points, please see slides 55-58 of the 2022 APP scoring guide included in the 2022 APM Performance Pathway Toolkit.



shared losses. However, MIPS eligible clinicians participating in those ACOs have the option to report through the APP outside of the ACO or participate in MIPS outside of the APP at the individual or group level. MIPS eligible clinicians in an ACO who are participating in MIPS outside the ACO and are not in a virtual group will receive the highest MIPS final score – from the ACO’s reporting or individual/group/other APM Entity reporting – for purposes of determining their MIPS payment adjustment.

### **What are the reporting requirements for MIPS APM participants who choose to participate in traditional MIPS instead of the APP?**

APM Entities that participate in MIPS APMs and choose to participate in traditional MIPS are subject to [traditional MIPS](#) reporting and scoring requirements, except that the cost performance category is always weighted to 0%:

- Quality: 55%
- Cost: 0%
- Promoting Interoperability: 30%
- Improvement activities: 15%

Individuals and groups that participate in MIPS APMs and choose to participate in traditional MIPS are subject to traditional MIPS reporting and scoring requirements, including the generally applicable performance category weights:

- Quality: 30%
- Cost: 30%
- Promoting Interoperability: 25%
- Improvement activities: 15%

MIPS APM participants reporting through the APP will automatically receive 100% credit for the improvement activities performance category in 2022. When reporting traditional MIPS, MIPS APM participants will automatically receive 50% credit for the performance category and will need to report 1 or 2 improvement activities to receive full credit in this performance category.

### **How do I report the APP? Do I report the APP through the QPP website?**

The APP is reported through the [QPP website](#). To access the QPP website, you must have an HCQIS Access Roles and Profile (HARP) account. For more information on HARP accounts, please refer to the “Register for a HARP Account” document in the [QPP Access User Guide](#). Individuals associated with Shared Savings ACOs who are the ACOs’ QPP Security Official or QPP Staff User in the [ACO Management System \(ACO-MS\)](#) can access the QPP website using their ACO-MS Username and Password. For more information for Shared Savings Program ACOs, please refer to the [Overview of ACO-MS User Access and ACO Contacts tip sheet](#).

### **Can groups report the APP if some but not all of their clinicians are MIPS APM participants?**

Groups containing participants in MIPS APMs may report via the APP, but only those eligible clinicians who are participants in a MIPS APM will be eligible to receive a final score based on

APP reporting. To report on behalf of the clinicians in the group who aren't in a MIPS APM, the group would have to report traditional MIPS.

**If an APM participant chooses to participate in the APP, does that mean that they need to report both the APM-specific quality measures to the APM and the APP quality measures for MIPS?**

Yes. For most alternative payment models, the APP only pertains to MIPS reporting and scoring and APM participants will still need to fulfill their separate APM requirements. However, Shared Savings Program ACOs will only need to report quality measures via the APP to satisfy the quality reporting requirements under both the Shared Savings Program and the MIPS.

**Can MIPS eligible clinicians report the APP as a subgroup?**

No, MIPS eligible clinicians cannot report the APP as a subgroup.

**How do the quality measures that we report to the APM correlate with the APP quality measures?**

Measures reported to your APM have no bearing on your MIPS quality performance category score, and vice versa. However, if your APM measures overlap with your MIPS measures, then you may be able to use the same data for both programs. For example, Shared Savings Program ACOs report one set of quality measures under the APP for both the Shared Savings Program and MIPS.

**Do the traditional MIPS policies for reweighting the Promoting Interoperability performance category for clinicians and groups that are determined hospital-based apply under the APP?**

Yes. The reweighting policies applicable to the Promoting Interoperability performance category in traditional MIPS also apply to the APP.

## **Shared Savings Program Frequently Asked Questions**

**Is the APP required for Shared Savings Program ACOs?**

Yes. the Shared Savings Program quality reporting requirements align with the requirements under the APP. Shared Savings Program ACOs will be required to report quality data for purposes of the Shared Savings Program via the APP. The quality measures reported for purposes of the APP will be used to determine the quality performance of the ACO for purposes of calculating shared savings and shared losses, where applicable.

In order to meet the quality reporting requirements under the Shared Savings Program, ACOs must meet the requirements described below. Either:

- Report the 10 CMS Web Interface measures and administer the CAHPS for MIPS Survey. CMS will automatically calculate and score the ACO on the 2 administrative claims-based measures included in the APP. Under this reporting option, ACOs will be scored on 11

measures in total: 8 CMS Web Interface measures,<sup>3</sup> the CAHPS for MIPS Survey measure, and the 2 administrative claims-based measures.

OR

- Report the 3 eCQMs/MIPS CQMs and administer the CAHPS for MIPS Survey. CMS will automatically calculate and score the ACO on the 2 administrative claims-based measures included in the APP. Under this reporting option, ACOs will be scored on 6 measures in total: 3 eCQMs/MIPS CQMs, the CAHPS for MIPS Survey measure, and the 2 administrative claims-based measures.

MIPS quality performance category scores for ACOs that have reported through the APP will also be used for purposes of the Shared Savings Program in determining shared savings and shared losses, thus satisfying reporting requirements for both programs.

### **Can Shared Savings Program Accountable Care Organizations (ACOs) continue to use the CMS Web Interface as a collection type?**

Yes. As part of the [2022 PFS Final Rule](#), CMS finalized a longer transition for electronic clinical quality measure (eCQM)/MIPS clinical quality measure (CQM) reporting for Shared Savings Program Accountable Care Organizations (ACOs) by extending the CMS Web Interface as an option through performance year 2024.

### **What is the quality performance standard that Shared Savings Program ACOs must meet in order to share in savings and avoid owing maximum shared losses?**

In the [2022 PFS Final Rule](#), CMS provided an incentive for ACOs to report eCQMs/MIPS CQMs in the 2022 performance year.

For the 2022 performance year, an ACO will meet the Shared Savings Program quality performance standard used to determine shared savings and losses if the ACO:

- Achieves a quality performance score equivalent to or higher than the 30th percentile across all MIPS quality performance category scores, excluding entities/providers eligible for facility-based scoring; or
- Reports the 3 eCQMs/MIPS CQMs (meeting data completeness and case minimum requirements) and achieves a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark on at least 1 of the 4 outcome measures in the APP measure set (as identified in Table 1) and achieves a quality performance score equivalent to or higher than the 30th percentile of the performance benchmark on

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<sup>3</sup> In the [CY 2023 Medicare Physician Fee Schedule Final Rule](#), we finalized retroactively establishing policies for setting quality performance benchmarks for the CMS Web Interface measures for the 2022 performance year using our authority under § 1871(e)(1)(A) of the Social Security Act. Specifically, we finalized establishing quality performance benchmarks for the CMS Web Interface measures using the methodology described in 42 C.F.R. § 425.502(b), which is the methodology that was previously used to establish quality performance benchmarks under the Medicare Shared Savings Program (Shared Savings Program). Additionally, we finalized using flat percentage benchmarks to score the Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID# 134) measure and the Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Quality ID# 226) measure for performance year 2022.



at least 1 of the remaining 5 measures in the APP measure set. Consequently, the ACO would be required to meet the performance benchmark on either 2 outcome measures (one measure at the 10th percentile and the other at the 30th percentile) or 1 outcome measure at the 10th percentile and any other measure in the APP measure set at the 30th percentile. The outcome measures are identified in the APP measure set table on page 2.

### **What if a Shared Savings Program ACO doesn't completely report via the APP?**

For performance year 2022, if the ACO (1) doesn't report any of the 10 CMS Web Interface measures or any of the 3 eCQMs/MIPS CQMs and (2) doesn't administer a CAHPS for MIPS survey under the APP, the ACO wouldn't meet the Shared Savings Program quality performance standard.

For ACOs that choose to report via the CMS Web Interface, they are required to completely report all 10 CMS Web Interface measures. If an ACO does not completely report, the ACO will still receive a quality score. However, the ACO will receive zero points for each CMS Web Interface measure not reported. For each CMS Web Interface measure without a benchmark that is not reported, the ACO will receive zero points in the numerator and the denominator used to calculate their quality performance category score will increase by 10 points.

If an ACO is unable to report via the APP and CMS determines that the ACO was affected by extreme and uncontrollable circumstances, then the ACO will have their ACO quality performance score set equal to the 30<sup>th</sup> percentile MIPS quality performance category score.

### **More Information**

Additional resources are available on the [QPP website](#) and the [QPP Resource Library](#). We will continue to provide support to clinicians who need assistance. While our support offerings will reflect our efforts to streamline and simplify the Quality Payment Program, we understand that clinicians will still need assistance in order to help them successfully participate. We will continue offering direct, customized technical assistance to clinicians in small practices through our [Small, Underserved, and Rural Support initiative](#).

We also encourage clinicians to 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 email at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov). Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant. You can also visit the [Quality Payment Program website](#) for educational resources, information, and upcoming webinars.

### **Version History**

| Date       | Change Description |
|------------|--------------------|
| 11/16/2022 | Original version.  |