

Quality Payment
PROGRAM

Alternative Payment Models (APMs)

2024 APM Performance Pathway (APP)
Quick Start Guide



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How to Use This Guide

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.

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



Overview

What is the APP?

The Alternative Payment Model (APM) Performance Pathway (APP) is an optional Merit-based Incentive Payment System (MIPS) reporting and scoring pathway for MIPS eligible clinicians who are also participants in MIPS APMs. To view the list of MIPS APMs please refer to the [2023 and 2024 Comprehensive List of APMs \(PDF, 484KB\)](#). A MIPS APM participant is a clinician that appears on the participation list or affiliated practitioner list of any APM Entity participating in a MIPS APM on any of the 4 snapshot dates (March 31, June 30, August 31, and December 31).

The APP is designed to reduce reporting burden and encourage participation in APMs. Performance is measured across three weighted areas that comprise the MIPS Final Score: quality (50%), improvement activities (20%), and Promoting Interoperability (30%). All MIPS APM participants who report the APP in 2024 will automatically receive 100% for the improvement activities performance category score.

In addition, the cost performance category is weighted at 0% of the MIPS final score, as all MIPS APM participants are already responsible for costs under their APMs.

Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) are required to report via the APP to meet the Shared Savings Program quality performance standard or the alternative quality performance standard used to determine shared savings and shared losses.

Please note: The Shared Savings Program uses “performance year” instead “performance period.” Since the APP Toolkit is used by both Shared Savings Program ACOs and non-Shared Savings Program entities, the term “performance period” is used throughout.

MIPS Eligibility for MIPS APM Participants

We evaluate clinicians in MIPS APMs at the individual and group level for the low-volume threshold.

- Clinicians who participate in a MIPS APM and are individually MIPS eligible must participate in MIPS. Such clinicians will receive a MIPS payment adjustment regardless of whether any data is reported for them by an APM Entity.
- Clinicians in a MIPS APM who are only eligible for MIPS at the group level will receive a MIPS payment adjustment if data are reported by their group or APM Entity.
- **Note:** ACOs in all tracks of the Shared Savings Program are required to report quality measures through the APP, regardless of whether individual clinicians are MIPS eligible clinicians.
 - When an ACO reports the APP and submits data for the quality performance category, MIPS eligible clinicians in the ACO don't need to separately report quality performance data. However, such clinicians must still report Promoting Interoperability data (at the individual, group or APM Entity level) unless an exception applies.

For more information about MIPS eligibility, please review the [2024 MIPS Eligibility and Participation Quick Start Guide \(PDF, 1MB\)](#). You can also check your current eligibility [here](#) (make sure you select "PY 2024").



Collecting Data and Reporting the APP

Collecting Data and Reporting the APP

When reporting the APP, you can participate (i.e., collect and report your data) at 3 different levels:

As an APM Entity

As a group

As an individual

	As an APM Entity	As a group	As an individual
What does this mean?	An entity that participates in an APM or other payer arrangement through a direct agreement with CMS or another payer or through Federal or State law or regulation.	A single TIN with 2 or more clinicians (including at least one MIPS eligible clinician) as identified by their NPI, who have reassigned their Medicare billing rights to the TIN	A single clinician, identified by their Taxpayer Identification Number (TIN) National Provider Identifier (NPI) combination
Who can participate this way?	MIPS eligible clinicians, groups, and APM Entities billing under the same TIN if the practice participates in a MIPS APM. In addition, MIPS eligible clinicians who aren't eligible as individuals can be included and receive a payment adjustment.	TINs that exceed the low-volume threshold (or are opt-in eligible) at the practice level and include clinicians in a MIPS APM	Clinicians in a MIPS APM who are MIPS eligible and exceed the low-volume threshold (or are opt-in eligible) at the individual level
What data is reported?	Aggregated quality data are reported on behalf of all clinicians in the APM Entity; Promoting Interoperability is reported by the individual, group, or APM Entity level*	Aggregated quality and Promoting Interoperability data are reported on behalf of all clinicians in the group*	Quality and Promoting Interoperability data are reported specific to the individual



* Full credit is automatically awarded for improvement activities to eligible clinicians that appear on the Participation List of an APM Entity when the group elects to report the APP.

Performance Period 2024 APP Quality Requirements

What Quality Data Submission Options are Available?

You must collect measure data for the 12-month performance period (January 1 - December 31, 2024). Only Shared Savings Program ACOs have 2 measure set options for their APP quality data submission.

If you participate at this level...	You can use this measure set...
<p>Individual, Group, APM Entity (All Models/Programs, Excluding Shared Savings Program ACOs)</p>	<p>Option 1:</p> <ul style="list-style-type: none"> • Electronic Clinical Quality Measures (eCQMs), MIPS Clinical Quality Measures (MIPS CQMs), or Medicare Part B Claims* (3 measures), • Consumer Assessment of Health Care Providers and Systems (CAHPS) for MIPS Survey, and • Administrative Claims (2 measures).
<p>Shared Savings Program ACOs Only</p>	<p>Option 2 (CMS Web Interface Measure Set)</p> <ul style="list-style-type: none"> • CMS Web Interface (10 measures)**, • CAHPS for MIPS Survey, and • Administrative Claims (2 measures).
<p>Shared Savings Program ACOs Only</p>	<p>Option 3 (eCQM/MIPS CQM/Medicare CQM Measure Set)</p> <ul style="list-style-type: none"> • eCQM, MIPS CQM, or Medicare Clinical Quality Measure (CQM) (3 measures)*** • CAHPS for MIPS Survey, and • Administrative Claims (2 measures).

* Only individuals, groups, and APM Entities with the small practice designation can report Medicare Part B claims measures.

** The 2024 performance period will be the final year for Shared Savings Program ACOs to report through the CMS Web Interface.

*** Beginning with the 2024 performance period, Medicare CQMs for Accountable Care Organizations Participating in the Medicare Shared Savings Program (Medicare CQMs) have been established as a new collection type for Shared Savings Program ACOs that can only be reported under the APP. Under the Medicare CQM collection type, an ACO that participates in the Shared Savings Program is required to collect and report data on the ACO’s Medicare fee-for-service beneficiaries that meet the definition of a beneficiary eligible for Medicare CQMs at 42 CFR 425.20, instead of reporting on their all payer/all patient population.



What Quality Data Submission Options are Available? (Continued)

You must collect measure data for the 12-month performance period (January 1 - December 31, 2024) on one of the following sets of pre-determined quality measures:

OPTION 1: APP Quality Measure Set

(Individual, Group, APM Entity – All Models/Programs, Excluding Shared Savings Program ACOs)

Quality ID: 001	Quality ID: 134	Quality ID: 236	Quality ID: 321	Quality ID: 479	Quality ID: 484
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Preventive Care and Screening: Screening for Depression and Follow-up Plan	Controlling High Blood Pressure	CAHPS for MIPS	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions
<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> eCQM MIPS CQM Medicare Part B Claims <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> MIPS Eligible Clinician Group (Representative of a Practice) APM Entity Third Party Intermediary 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> eCQM MIPS CQM Medicare Part B Claims <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> MIPS Eligible Clinician Group (Representative of a Practice) APM Entity Third Party Intermediary 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> eCQM MIPS CQM Medicare Part B Claims <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> MIPS Eligible Clinician Group (Representative of a Practice) APM Entity Third Party Intermediary 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> CAHPS for MIPS Survey <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> Third Party Intermediary 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> Administrative Claims <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> N/A 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> Administrative Claims <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> N/A



What Quality Data Submission Options are Available? (Continued)

OPTION 2: APP Quality Measure Set (CMS Web Interface Measure Set)
(Shared Savings Program ACOs only)

<p>Quality ID: 001/DM-2</p>	<p>Quality ID: 134/ PREV-12</p>	<p>Quality ID: 236/HTN-2</p>	<p>Quality ID: 318/CARE-2</p>	<p>Quality ID: 110/PREV-7</p>	<p>Quality ID: 226/ PREV-10</p>
<p>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)</p>	<p>Preventive Care and Screening: Screening for Depression and Follow-up Plan</p>	<p>Controlling High Blood Pressure</p>	<p>Falls: Screening for Future Fall Risk</p>	<p>Preventive Care and Screening: Influenza Immunization</p>	<p>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p>
<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> • CMS Web Interface 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> • CMS Web Interface 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> • CMS Web Interface 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> • CMS Web Interface 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> • CMS Web Interface 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> • CMS Web Interface
<p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> • APM Entity (Shared Savings Program ACO) • Third Party Intermediary 	<p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> • APM Entity (Shared Savings Program ACO) • Third Party Intermediary 	<p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> • APM Entity (Shared Savings Program ACO) • Third Party Intermediary 	<p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> • APM Entity (Shared Savings Program ACO) • Third Party Intermediary 	<p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> • APM Entity (Shared Savings Program ACO) • Third Party Intermediary 	<p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> • APM Entity (Shared Savings Program ACO) • Third Party Intermediary

*The 2024 performance period will be the final year for Shared Savings Program ACOs to report through the CMS Web Interface.



What Quality Data Submission Options are Available? (Continued)

OPTION 2: APP Quality Measure Set (CMS Web Interface Measure Set) (Continued)
(Shared Savings Program ACOs only)

Quality ID: 113/PREV-6	Quality ID: 112/PREV-5	Quality ID: 438/PREV-13	Quality ID: 370/MH-1	Quality ID: 321	Quality ID: 479	Quality ID: 484
Colorectal Cancer Screening	Breast Cancer Screening	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Depression Remission at Twelve Months	CAHPS for MIPS	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions
<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> CMS Web Interface <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> APM Entity (Shared Savings Program ACO) Third Party Intermediary 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> CMS Web Interface <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> APM Entity (Shared Savings Program ACO) Third Party Intermediary 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> CMS Web Interface <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> APM Entity (Shared Savings Program ACO) Third Party Intermediary 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> CMS Web Interface <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> APM Entity (Shared Savings Program ACO) Third Party Intermediary 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> CAHPS for MIPS Survey <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> Third Party Intermediary 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> Administrative Claims <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> N/A 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> Administrative Claims <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> N/A



What Quality Data Submission Options are Available? (Continued)

OPTION 3: APP Quality Measure Set (eCQM/MIPS CQM/Medicare CQM Measure Set)
(Shared Savings Program ACOs Only)

<p>Quality ID: 001/ 001SSP *</p>	<p>Quality ID: 134/ 134SSP *</p>	<p>Quality ID: 236/ 236SSP *</p>	<p>Quality ID: 321</p>	<p>Quality ID: 479</p>	<p>Quality ID: 484</p>
<p>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)</p>	<p>Preventive Care and Screening: Screening for Depression and Follow-up Plan</p>	<p>Controlling High Blood Pressure</p>	<p>CAHPS for MIPS</p>	<p>Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups</p>	<p>Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</p>
<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> eCQM MIPS CQM Medicare CQM* <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> APM Entity (Shared Savings Program ACO) Third Party Intermediary 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> eCQM MIPS CQM Medicare CQM* <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> APM Entity (Shared Savings Program ACO) Third Party Intermediary 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> eCQM MIPS CQM Medicare CQM* <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> APM Entity (Shared Savings Program ACO) Third Party Intermediary 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> CAHPS for MIPS Survey <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> Third Party Intermediary 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> Administrative Claims <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> N/A 	<p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> Administrative Claims <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> N/A

* Indicates Medicare CQM Measure Submission File Identifier.



What do I need to consider when choosing a collection type for reporting?

Collection Type	Reporting Option	Details	Learn More
eCQMs	<ul style="list-style-type: none"> Option 1: APP Quality Measure Set Option 3: APP Quality Measure Set (eCQM/MIPS CQM/Medicare CQM Measure Set) 	<ul style="list-style-type: none"> Requires EHR technology that meets ONC Certification Criteria for Health IT. EHR must be coded to collect measure data according to 2024 specifications. Data is submitted following the performance period. Submission must identify 100% of the measure’s denominator eligible population (as outlined in the specification) and include performance data for at least 75% of the eligible population – not limited to Medicare patients. For Shared Savings Program ACOs, the denominator eligible population will reflect 100% of the matched, deduplicated population across all participant TINs and CMS Certification Numbers (CCNs) in the ACO. You can collect and submit these measures yourself or with the help of a third party intermediary such as a Qualified Registry. 	<ul style="list-style-type: none"> 2024 Electronic Clinical Quality Measures (eCQMs) Implementation Checklist and Resources 2024 Electronic Clinical Quality Measures (eCQMs) Specifications Medicare Shared Savings Program: Reporting MIPS CQMs and eCQMs in the Alternative Payment Model Performance Pathway (PDF, 886KB)
MIPS CQMs	<ul style="list-style-type: none"> Option 1: APP Quality Measure Set Option 3: APP Quality Measure Set (eCQM/MIPS CQM/Medicare CQM Measure Set) 	<ul style="list-style-type: none"> Coding updates may be necessary to identify and capture all denominator eligible instances. Data is submitted following the performance period. Submission must identify 100% of the measure’s denominator eligible population (as outlined in the specification) and include performance data for at least 75% of the eligible population – not limited to Medicare patients. For Shared Savings Program ACOs, the denominator eligible population will reflect 100% of the matched, deduplicated population across all participant TINs and CCNs in the ACO. You can collect and submit these measures yourself or with the help of a third party intermediary such as a Qualified Registry. 	<ul style="list-style-type: none"> 2024 Clinical Quality Measure Specifications and Supporting Documents (ZIP, 58MB) 2024 Qualified Registries Qualified Posting (XLSX, 222KB) Medicare Shared Savings Program: Reporting MIPS CQMs and eCQMs in the Alternative Payment Model Performance Pathway (PDF, 886KB)



What do I need to consider when choosing a collection type for reporting? (Continued)

Collection Type	Reporting Option	Details	Learn More
Medicare Part B Claims Measures	<ul style="list-style-type: none"> Option 1: APP Quality Measure Set 	<ul style="list-style-type: none"> Only available to individuals, groups and APM Entities with the small practice designation (as determined by eligibility information on the QPP website). Data is reported throughout the performance period on Part B claims when submitted for reimbursement. Performance data must be reported for at least 75% of the Medicare patients that qualify for the measure. 	<ul style="list-style-type: none"> 2024 Medicare Part B Claims Measure Specifications and Supporting Documents (ZIP, 10MB) 2024 Part B Claims Reporting Quick Start Guide (PDF, 1MB)
CMS Web Interface	<ul style="list-style-type: none"> Option 2: APP Quality Measure Set (CMS Web Interface Measure Set) 	<ul style="list-style-type: none"> Only available to Shared Savings Program ACOs. The 2024 performance period will be the final year for Shared Savings Program ACOs to report through the CMS Web Interface. Data is reported on a provided sample of the ACO’s Medicare fee-for-service beneficiaries. Performance data reporting for the CMS Web Interface requires the Shared Savings Program ACO to confirm and completely report on 248 (or all eligible patients, if there are less than 248) consecutively ranked patients. You can collect and submit these measures yourself or with the help of a third party intermediary such as a Qualified Registry. 	<ul style="list-style-type: none"> 2024 CMS Web Interface Measure Specifications and Supporting Documents for ACOs (PDF, 6MB)
Medicare CQMs	<ul style="list-style-type: none"> Option 3: APP Quality Measure Set (eCQM/MIPS CQM/Medicare CQM Measure Set) 	<ul style="list-style-type: none"> Only available to Shared Savings Program ACOs. Data is reported on the ACO’s Medicare fee-for-service beneficiaries that meet the definition of a beneficiary eligible for Medicare CQMs at 42 CFR 425.20, instead of reporting on their all payer/all patient population. Performance data must be reported for at least 75% of the eligible population. You can collect and submit these measures yourself or with the help of a third party intermediary such as a Qualified Registry. 	<ul style="list-style-type: none"> Medicare Shared Savings Program: Reporting MIPS CQMs and eCQMs in the Alternative Payment Model Pathway (PDF, 886KB)



EHR-based Quality Reporting

If you transition from one EHR system to another during the performance period, you'll need to aggregate the data from the previous EHR system and the new EHR system into one report for the full 12-month reporting period prior to submitting the data.

If clinicians billing as a group under the same TIN use multiple EHR systems, you'll also need to aggregate data into a single report prior to submitting the data. If a situation arises where data for the full 12 months is unavailable (for example: data aggregation from two or more EHR systems isn't possible due to a transition of EHR systems), you should submit as much quality data as possible. However, we want to emphasize that the 12-month performance period and 75% data completeness threshold are applicable reporting requirements regardless of an EHR transition during the performance period.

If you're submitting eQMs using multiple EHR systems, measure data must be submitted by EHR certified under the ONC Health IT Certification Program that meets the Base EHR definition as defined in 45 CFR 170.102.



CAHPS for MIPS

CAHPS for MIPS is a required measure for the APP. Groups and APM Entities (including ACOs) that don't report this required measure will get 0 out of 10 points.

You participate as...	You need to know...	You should mark these dates:
An Individual	<ul style="list-style-type: none"> CAHPS for MIPS isn't available to clinicians reporting the APP as an individual. Individuals won't be scored on this measure. 	<ul style="list-style-type: none"> N/A
A Group	<p>Groups reporting the APP must:</p> <ul style="list-style-type: none"> Register for the CAHPS for MIPS Survey. Find a CMS-approved survey vendor. The list of CMS approved survey vendors is available here (PDF, 228KB). 	<ul style="list-style-type: none"> CAHPS registration opens April 1, 2024, through July 1, 2024, at 8 p.m. ET.
An APM Entity (non-Shared Savings Program ACOs)	<p>APM Entities (non-Shared Savings Program ACOs) reporting the APP must:</p> <ul style="list-style-type: none"> Register for the CAHPS for MIPS Survey. Find a CMS-approved survey vendor. The list of CMS approved survey vendors is available here (PDF, 228KB). 	<ul style="list-style-type: none"> CAHPS registration opens April 1, 2024, through July 1, 2024, at 8 p.m. ET.
Shared Savings Program ACOs	<ul style="list-style-type: none"> ACOs are auto-registered for the CAHPS for MIPS Survey. ACOs must find a CMS-approved survey vendor. The list of CMS approved survey vendors is available here (PDF, 228KB). 	<ul style="list-style-type: none"> CAHPS vendor authorization tool opens August 6, 2024 through September 11, 2024, at 8 p.m. ET.

As part of the CY 2024 PFS Final Rule, CMS finalized a requirement for groups, virtual groups, subgroups, and APM Entities (including Shared Savings Program ACOs) to contract with a CAHPS for MIPS Survey vendor to administer the Spanish survey translation to Spanish-preferring patients using the procedures detailed in the CAHPS for MIPS Quality Assurance Guidelines.



Key Considerations for Reporting the APP in the 2024 Performance Period

Key Considerations for APP Reporting - 2024 Performance Period

You plan to report the APP as...	Your planning should include...
<p style="text-align: center;">Individual</p>	<ul style="list-style-type: none"> • Deciding which collection type to use for reporting the 3 measures required by the APP: <ul style="list-style-type: none"> ○ Medicare Part B Claims (for clinicians that have small practice status only) ○ eCQMs – must be collected using electronic health record (EHR) technology that meets ONC Certification Criteria for Health IT. ○ MIPS CQMs • Learning about Promoting Interoperability (PDF, 1MB) reporting at the individual level
<p style="text-align: center;">Group</p>	<ul style="list-style-type: none"> • Understanding whether you need to aggregate data for submission to CMS <ul style="list-style-type: none"> ○ Will a vendor to do this for you? ○ Do you have internal Information Technology (IT) staff that can support data collection for the required measures? • Deciding which collection type to use for reporting the 3 measures required by the APP: <ul style="list-style-type: none"> ○ Medicare Part B Claims (for groups that have small practice special status only) ○ eCQMs – must be collected using EHR technology that meets ONC Certification Criteria for Health IT. ○ MIPS CQMs • Registering for the CAHPS for MIPS Survey (April – June) and hiring a CMS-approved survey vendor (PDF, 223KB) to administer the survey (July – August) • Learning about Promoting Interoperability (PDF, 1MB) reporting at the group level



Key Considerations for APP Reporting – 2024 Performance Period (Continued)

You plan to report the APP as...	Your planning should include...
<p>APM Entity (excluding Shared Savings Program ACOs)</p>	<ul style="list-style-type: none"> • Understanding whether you need to aggregate data for submission to CMS <ul style="list-style-type: none"> ○ Will a vendor to do this for you? ○ Do you have internal IT staff that can support data collection for the required measures? • Deciding which collection type to use for reporting the 3 measures required by the APP: <ul style="list-style-type: none"> ○ Medicare Part B Claims (for APM Entities with the small practice designation only) ○ eCQMs – must be certified EHR technology that meets ONC Certification Criteria for Health IT. ○ MIPS CQMs • Registering for the CAHPS for MIPS Survey (April – June) and hiring a CMS-approved survey vendor (PDF, 223KB) to administer the survey (July – August) • Communicating to participants that they will need to report Promoting Interoperability (PDF, 1MB) data at the individual or group level unless you’re planning to report at the APM Entity level.



Key Considerations for APP Reporting - 2024 Performance Period (Continued)

	Your planning should include...
<p>Shared Savings Program ACOs</p>	<p>Quality performance category</p> <ul style="list-style-type: none"> • Understanding whether you need to aggregate data for submission to CMS. ACOs may report Medicare CQMs directly or through a third-party vendor. • Deciding which APP Quality Measure Set Option you will report: <ul style="list-style-type: none"> ○ If reporting Option 2: APP Quality Measures Set (CMS Web Interface Measure Set), using the CMS Web Interface collection type, for which ACOs report on a sample of patients provided by CMS. ○ If reporting Option 3: APP Quality Measures Set (eCQM/MIPS CQM/Medicare CQM Measure Set), deciding which collection type or combination of collection types to use: <ul style="list-style-type: none"> ▪ eCQMs (must be collected using EHR technology that meets ONC Certification Criteria for Health IT. Includes all patients regardless of payer, if eligible per measure specifications) ▪ MIPS CQMs (Allow for the use of multiple sources of data, not just from EHRs. Like eCQMs, all patients regardless of payer are eligible for inclusion in the measure) ▪ Medicare CQMs for Accountable Care Organizations Participating in the Medicare Shared Savings Program (Medicare CQMs) (New collection type for the Shared Savings Program in performance period 2024. Follows MIPS CQM specifications but are applied only to a Medicare FFS population. Medicare CQM identifiers must be included in the submission file to distinguish from MIPS CQM submission.) • Hiring a survey vendor (PDF, 223KB) to administer the CAHPS for MIPS Survey (July – August) <p>Promoting Interoperability performance category</p> <ul style="list-style-type: none"> • Communicating to participants that they will need to report Promoting Interoperability (PDF, 1MB) data at the individual or group level unless you’re planning to report at the APM Entity level. Starting in performance period 2024 ACOs can report PI on behalf of practices. <ul style="list-style-type: none"> ○ ACOs that report the MIPS Promoting Interoperability performance category at the APM Entity level must generate one CEHRT ID using the “ONC Chpl” tool. The “ONC Chpl” enables ACOs to generate one CMS ID by inputting all their Participant’s CEHRT IDs. For details on how ACOs can obtain a CMS EHR Certification ID number, please reference: https://www.healthit.gov/sites/default/files/policy/chplcmsehrcertidinstructions41.pdf.



Performance Period
2024 APP Promoting
Interoperability
Requirements

What Promoting Interoperability Data Should I Submit?

This performance category promotes patient engagement and electronic exchange of information using certified electronic health record technology (CEHRT).

The individual, group, or APM Entity, will submit a single set of Promoting Interoperability objectives and measures data to align with ONC Certification Criteria for Health IT.

APM Entities have the option to report Promoting Interoperability data at the individual, group, or APM Entity level.

If you plan to report as...	You can use this submission type...
Individual, Group, or APM Entity*	<ul style="list-style-type: none"> • Sign in and attest • Sign in and upload
Third Party Intermediary	<ul style="list-style-type: none"> • Sign in and upload • Direct Submission via API

Beginning with the 2024 performance period, you must submit collected data for the required measures in each objective (unless an applicable exclusion is claimed) for the same 180 continuous days (or more) during the calendar year.

This performance category does not apply to the Shared Savings Program for purposes of determining shared savings and shared losses in performance period 2024.

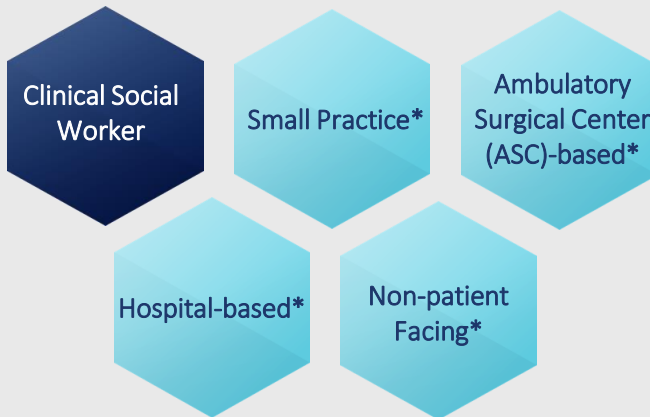


*Third party intermediaries can submit data on behalf of individuals and groups they support.

Is There Automatic Reweighting for Certain Clinician Types and Special Statuses?

For certain clinician types and groups, the Promoting Interoperability performance category will be automatically reweighted to 0%. This means you don't need to submit Promoting Interoperability data and the performance category's 30% weight is generally redistributed to the quality performance category.

If you're the following clinician type or have one of the following special statuses*, you're automatically exempted from having to submit data for this performance category.



Note: If you qualify for reweighting in the Promoting Interoperability performance category, you may still submit data for the Promoting Interoperability performance category. If you submit data, we will score your performance and weight your Promoting Interoperability performance category at 30% of your MIPS final score. **The submission of data cancels automatic reweighting.**

Note: Beginning with the 2024 performance period, the following clinician types are no longer automatically reweighted:

- Clinical psychologists
- Registered dietitians or nutrition professionals
- Qualified speech-language pathologists
- Physical therapists
- Occupational therapists
- Qualified audiologists

How is an APM Entity's Score Calculated?

If an APM Entity includes MIPS eligible clinicians, the MIPS eligible clinicians must report Promoting Interoperability data, or this performance category will contribute zero points toward their final MIPS scores. If data isn't submitted at the APM Entity level, individual and group data will be aggregated and averaged into a single score for the APM Entity and applied to all MIPS eligible clinicians that participate in the APM Entity. APM Entities (including Shared Savings Program ACOs) can submit data for this performance category at the APM Entity level.

View the [2024 Promoting Interoperability Quick Start Guide \(PDF, 1MB\)](#) to learn more about the Promoting Interoperability performance category score calculation for MIPS eligible clinicians in MIPS APMs. View the [Promoting Interoperability Performance Category Certified Electronic Health Record Technology \(CEHRT\) Frequently Asked Questions \(PDF, 468KB\)](#) document for answers to frequently asked questions about the MIPS Promoting Interoperability performance category and its requirements for CEHRT.

Promoting Interoperability can be reported in Traditional MIPS, MIPS Value Pathways (MVPs), and the APP. Be sure to refer to appropriate reporting pathway when using guidance documents.



Performance Period
2024 APP Improvement
Activities Requirements

How is My Score Calculated?

This performance category measures participation in activities that improve clinical practice or care delivery. All MIPS APM participants who report the APP will receive full credit (20 out of 20 points towards your final score) for the improvement activities performance category in the 2024 performance period. No additional reporting is required.



Version History

Version History

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

Date	Description
09/12/2024	Original Posting.