## Quality Payment

## **APM Participants in 2025**

Merit-based Incentive Payment System (MIPS) Alternative Payment Model (APM) participants have the option to participate in MIPS via the **APM Performance Pathway (APP)**, a single, pre-determined measure set similar to the MIPS Value Pathways (MVPs). The APP is a reporting option for MIPS eligible clinicians, groups, and APM Entities; however, the APP Plus is required for all Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs).

## What Are the Features of the APP?



CMS designed the APP measure set to reflect the diversity of practice types that exist among APM participants, even within the same APM Entity.



The APP focuses on outcomes, reduces burden, and provides reliable reporting.



**Participation is optional.**¹ MIPS APM participants may choose to participate under traditional MIPS reporting and scoring if they'd prefer.



Participants may report the APP at the individual, group, or APM Entity level.



**CMS will award the highest available score.** For example, if your APM Entity reports under the APP and your group reports under traditional MIPS, you will receive whichever of the 2 scores is higher.<sup>2</sup>

## What Are the Reporting Requirements Under the APP?



**Quality**50% of MIPS Final Score



Promoting Interoperability 30% of MIPS Final Score Same reporting as traditional MIPS



**Improvement Activities** 20% of MIPS Final Score Automatic full credit in 2025



**Cost** 0% of MIPS Final Score No requirements In 2025, APP participants will be scored on the following quality measure set:

- CAHPS for MIPS Survey (Quality ID: 321)\*
- Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups (Quality ID: 479)\*
- Diabetes: Hemoglobin A1c (HbA1c) Poor Control (Quality ID: 001)\*
- Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID: 134)\*
- Controlling High Blood Pressure (Quality ID: 236)\*
- Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Measure ID: 484)\*\*
- Breast Cancer Screening (Quality ID: 112)\*
- \*Note: For the 2025 performance period, Shared Savings Program ACOs are required to report 6 measures that make up the APP Plus Quality Measure Set (all measures listed above except Measure ID 484).
- \*\*Only relevant for MIPS eligible clinicians, Groups, and APM Entities reporting the APP Quality Measure Set.

The specifications for measures included in the APP measure set for MIPS eligible clinicians, groups, and APM Entities and for SSP ACOs only are available in the APP Quality Requirement zip files posted on the QPP Resource Library.

<sup>1</sup> The APP Plus is required for all Shared Savings Program ACOs beginning in the 2025 performance period. The APP Plus quality measure set contains measures that overlap with those measures in the APP quality measure set, but the measure sets are not the same.



