Quality Payment PROGRAM

2025 APM Performance Pathway (APP) for MIPS APM Participants Fact Sheet

Overview

The Alternative Payment Model (APM) Performance Pathway (APP) is complementary to the Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs) and is an optional reporting and scoring pathway that individual eligible clinicians who are participants in a MIPS APM may report at the individual, group, and/or APM Entity level. However, the APP is required for all Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs). Virtual groups are not eligible to report the APP. The APP was designed to provide a predictable and consistent MIPS reporting standard to reduce reporting burden and encourage continued APM participation.

APP Reporting Requirements

The following reporting rules apply only to those MIPS eligible clinicians, groups, and APM Entities (including Shared Savings Program ACOs) that report the APP. As detailed below, MIPS eligible clinicians that report the APP must report data for the quality and Promoting Interoperability performance categories to receive points for these categories in the 2025 performance period. Also, in 2025, MIPS eligible clinicians, including those in Shared Savings Program ACOs, will receive full credit in the improvement activities performance category when they elect to report the APP. MIPS eligible clinicians in a MIPS APM that report at the APM Entity level will receive quality and Promoting Interoperability scores based on APM Entity reporting. Shared Savings Program ACOs are required to report quality data on the APP Plus quality measure set at the APM Entity level to meet the quality reporting requirement for the Shared Savings Program.

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.

Quality Performance Category

The quality performance category is weighted at 50% of the MIPS final score for MIPS APM participants reporting the APP. It includes measures that focus on population health.

Participants in MIPS APMs work together in conjunction with their APM Entity to report on a single set of quality measures[1]. Beginning with the 2025 performance period, there are two quality measure sets available under the APP: the existing APP quality measure set (refer to Table 1) and the new APP Plus quality measure set (refer to Table 2).

- **Option 1 (Table 1): APP Quality Measure Set** (Optional quality measure set for MIPS Eligible Clinicians, Groups, and APM Entities that participate in a MIPS APM (Models/Programs for MIPS reporting); *no longer an option for Shared Savings Program ACOs to meet the quality reporting requirement for the Shared Saving Program.*)
- **Option 2 (Table 2): APP Plus Quality Measure Set** (Required for Shared Savings Program ACOs to meet the quality reporting requirement for the Shared Savings Program; Optional quality measure set for MIPS Eligible Clinicians, Groups, and APM Entities that participate in a MIPS APM (Models/Programs for MIPS reporting.)

Note: The CMS Web Interface is no longer available, as it sunset at the end of the 2024 performance period.

The measure set for each reporting option has specific collection types that participants can use to report quality data. In 2025, the new APP Plus quality measure set and the existing APP quality measure set contain 6 measures, and 5 of the measures are the same. The existing APP quality measure set contains Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Quality ID #484) in 2025, while the new APP Plus quality measure set does not. Additionally, the new APP Plus quality measure set includes Breast Cancer Screening (Quality ID #112) in 2025, while the existing APP quality measure set does not. To meet the reporting requirements of the APP Plus quality measure set, all measures in the APP Plus quality measure set for the specific performance period must be reported.

Please note that Shared Savings Program ACOs are **required** to report the APP Plus quality measure set (**Option 2**) to meet the quality reporting requirement for the Shared Savings Program.

Participants must collect measure data for the 12-month performance period (January 1 to December 31) on one of the following sets of pre-determined quality measures.[1] Participants may use different collection types within a reporting option to fulfill the quality measure reporting requirements.

CMS will automatically calculate and score the administrative claims measure(s), as applicable, under the two available quality measure sets. In addition, groups and APM Entities are required to select a vendor to administer and report the CAHPS for MIPS Survey[2]. The CAHPS for MIPS Survey isn't available to clinicians reporting the APP at the individual level.

[1] The specifications for measures included in the APP quality measure set and the APP Plus quality measure set are available on the QPP website.

[2] APM Entities and groups (including Shared Savings Program ACOs) will receive instructions from CMS on how to authorize a CMS-approved vendor. CMS will produce your patient sample and send it to the vendor you authorize. Organizations will be accountable for the costs associated with administering the survey.

Table 1: Option 1 – CY 2025 Performance Period APP Quality Measure Set – (Optional **quality measure set** for MIPS Eligible Clinicians, Groups, and APM Entities that participate in a MIPS APM (Models/Programs for MIPS reporting); no longer an option for Shared Savings Program ACOs to meet the quality reporting requirement for the Shared Savings Program.)

Quality #	Measure Title	Collection Type	Submitter Type
001	Diabetes: Glycemic Status Assessment Greater Than 9%	• Electronic Clinical Quality Measures (eCQM)[3] • MIPS Clinical Quality Measures (MIPS CQM) • Medicare Part B Claims[4]	• MIPS Eligible Clinician • Practice Representative • APM Entity Representative • Third Party Intermediary
134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	• eCQM[3] • MIPS CQM • Medicare Part B Claims[4]	• MIPS Eligible Clinician • Practice Representative • APM Entity Representative • Third Party Intermediary
236	Controlling High Blood Pressure	• eCQM[3] • MIPS CQM • Medicare Part B Claims[4]	• MIPS Eligible Clinician • Practice Representative • APM Entity Representative • Third Party Intermediary
321	CAHPS for MIPS	• CAHPS for MIPS Survey	• Third Party Intermediary
479	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	• Administrative Claims	• N/A
484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	• Administrative Claims	• N/A

[3] Beginning in the CY 2025 performance period, APM Entities and virtual groups are eligible to receive the complex organization adjustment when reporting eCQMs. One measure achievement point is added for each submitted eCQM for an APM Entity or virtual group that meets MIPS data completeness and case minimum requirements. Shared Savings Program ACOs are eligible to receive the complex organization adjustment only when reporting eCQMs in the APP Plus quality measure set.

[4] Only individuals, groups, and APM Entities with the small practice designation can report Medicare Part B claims measures. However, Shared Saving Program ACOs (regardless of having a small practice designation) cannot report Medicare Part B Claims measures as part of the APP Plus quality measure set in order to meet the quality reporting requirement for the Shared Savings Program. For the list of measures and data collection types required for the purpose of assessing quality performance for the Shared Savings Program, please refer to the Calendar Year (CY) 2025 Medicare Physician Fee Schedule Final Rule (CMS-1807-F) – Medicare Shared Savings Program Provisions fact sheet.

Table 2: Option 2 - CY 2025 Performance Period APP Plus Quality Measure Set (Required for Shared Savings Program ACOs to meet the quality reporting requirement for the Shared Saving Program; Optional **quality measure set** for Eligible Individuals, Groups, and APM Entities that participate in a MIPS APM (Models/Programs reporting to MIPS).)

Quality #	Measure Title	Collection Type	Submitter Type
001	Diabetes: Glycemic Status Assessment Greater Than 9%	• eCQM[3] • MIPS CQM • Medicare Part B Claims[4] • Medicare CQM for Accountable Care Organizations Participating in the Medicare Shared Savings Program (Medicare CQM)[5]	• MIPS Eligible Clinician • Practice Representative • APM Entity Representative • Third Party Intermediary
112	Breast Cancer Screening	• eCQM[3] • MIPS CQM • Medicare Part B Claims[4] • Medicare CQM[5]	• MIPS Eligible Clinician • Practice Representative • APM Entity Representative • Third Party Intermediary
134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	• eCQM[3] • MIPS CQM • Medicare Part B Claims[4] • Medicare CQM[5]	• MIPS Eligible Clinician • Practice Representative • APM Entity Representative • Third Party Intermediary
236	Controlling High Blood Pressure	• eCQM[3] • MIPS CQM • Medicare Part B Claims[4] • Medicare CQM[5]	• MIPS Eligible Clinician • Practice Representative • APM Entity Representative • Third Party Intermediary
321	CAHPS for MIPS	• CAHPS for MIPS Survey	• Third Party Intermediary
479	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	• Administrative Claims	• N/A

[5] The Medicare CQM collection type is only available to Shared Savings Program ACOs reporting the APP Plus quality measure set. Under the Medicare CQM collection type, a Shared Savings Program ACO 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.

Regarding administrative claims measures not meeting the case minimums, we will remove such measure from the quality performance category score for the applicable individual, group, or APM Entity, as long as the measure meets data completeness requirements.

The 7-point quality measure scoring cap won't be applied in the event that a measure reported via the APP is determined to be topped out and subject to a scoring cap.

Cost Performance Category

The cost performance category weight is zero percent for MIPS eligible clinicians who are scored 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 the APP. For 2025, all MIPS APM participants who report the APP will automatically receive full credit 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 the APP, and it can be reported at the individual, group, virtual group, or APM Entity level for the 2025 performance period.

Continuing for performance period 2025, APM Entities, including Shared Savings Program ACOs, may choose to submit Promoting Interoperability data at the APM Entity level. If no APM Entity level data is reported, CMS will calculate a Promoting Interoperability score for the APM Entity as the weighted average of the individual, group, or virtual group data submitted.

Starting in performance year 2025, Shared Savings Program ACOs are required to report the MIPS Promoting Interoperability performance category at the individual, group, virtual group, or APM Entity level. This requirement applies regardless of the Shared Savings Program track. For more information, please see the "Shared Savings Program Frequently Asked Questions."

APP Scoring

Table 3 provides an example to show how CMS calculates MIPS final scores for MIPS APM participants who report the APP. CMS multiplies each performance category score by its respective performance category weight and multiplies the product by 100 to determine the number of points that will be contributed to the MIPS final score. CMS then adds together the points for each performance category to determine the MIPS final score. CMS then adds any complex patient bonus points participants may have received to calculate their final score.

Table 3: APP Scoring[6]

Performance Category	Performance Category Requirement	Total Possible Performance Category Score	Performance Category Weight	Potential Contribution to MIPS Final Score
Quality	Report the pre-determined measures in the APP quality measure set or the APP Plus quality measure set	100%	50%	50 points
Cost	No requirements	N/A	0%	N/A
Improvement Activities	Automatic full credit	100%	20%	20 points
Promoting Interoperability	Same reporting as traditional MIPS	100%	30%	30 points
MIPS Final Score				**100 points** *(out of 100 total possible points)*

In cases where more than one final score is associated with a MIPS eligible clinician (identified by a unique TIN/NPI combination), CMS will use the highest available final score for that clinician to determine the MIPS payment adjustment factor, unless the clinician is part of a virtual group, in which case the virtual group's final score will be used. To note, virtual groups are not eligible to report the APP.

Please note that **Table 3** doesn't account for complex patient bonus points. Complex patient bonus points, if applicable, are 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.[7] Six bonus points are also available within the quality performance category for MIPS eligible clinicians in small practices who submit at least one measure in the APP quality measure set or the APP Plus quality measure set, either individually or as a group; these bonus points are also available to APM Entities with the small practice designation. This bonus isn't added to clinicians or groups that are scored under facility-based scoring. In addition, up to 10 bonus points are available for individual MIPS eligible clinicians, groups, and APM Entities that demonstrate quality improvement from the previous year.

Finally, beginning in the CY 2025 performance period, a complex organization adjustment will be applied to account for the organizational complexities that APM Entities (including Shared Savings Program ACOs) and virtual groups face when reporting quality measures using the eCQM collection type. One measure achievement point will be added for each eCQM submitted for an APM Entity or virtual group that meets data completeness

[6] The weight of any MIPS performance category in the APP can change due to special statuses, exception applications, or reweighting of another performance category.
[7] For more information on the calculation of complex patient bonus points, please refer to the 2025 APP Scoring Guide.

and case minimum requirements. The adjustment may not exceed 10 percent of the total available measure achievement points in the quality performance category.

Frequently Asked Questions

Who is eligible to report 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 any of the 4 snapshot dates (March 31, June 30, August 31, and December 31) during the 2025 performance period is eligible to report the APP. MIPS APM participants may report the APP at the individual, group, and/or APM Entity levels. All Shared Savings Program ACOs are required to report the APP Plus quality measure set at the APM Entity level. All Shared Savings Program ACOs should review individual clinician eligibility in the QPP Participation Status tool and the snapshots to identify the clinicians who are required to report and any special status' that may apply to exclude identified clinicians.

For more information about MIPS eligibility, please review the 2025 MIPS Eligibility and Participation User Start Guide (PDF, 2MB).

What options are available to report the APP?

Beginning with the 2025 performance period, there are 2 quality measure sets available under the APP: the existing APP quality measure set and the new APP Plus quality measure set. Shared Savings Program ACOs are required to report the APP Plus quality measure set to meet the quality reporting requirement for the Shared Savings Program.

Unless excluded, for performance years beginning on or after January 1, 2025, Shared Savings Program ACO participants, providers and suppliers, and professionals who are MIPS eligible clinicians, Qualifying APM Participants (QPs), or Partial Qualifying APM Participants (Partial QPs) are required to report the objectives and measures for the MIPS Promoting Interoperability performance category. This new Shared Savings Program reporting requirement for the MIPS Promoting Interoperability performance category is described in the "Shared Savings Program Frequently Asked Questions" section below.

If I don't want to report the APP, do I have to do anything else?

Individuals that are MIPS eligible clinicians participating in an APM are required to report for MIPS. The APP is one option for MIPS eligible clinicians to fulfill their MIPS reporting requirements. If they don't wish to report the APP, then they must report either traditional MIPS or a MIPS Value Pathway (MVP). MVP reporting requires advance registration.

- **Please note:** All Shared Savings Program ACOs must report the APP Plus quality measure set at the APM Entity level to meet the Shared Savings Program quality performance standard or alternative quality performance standard used to determine shared savings and shared losses.

Do we have any other MIPS reporting options if we don't report the APP?

Traditional MIPS is the original reporting option available to MIPS eligible clinicians for collecting and reporting data to MIPS. When reporting traditional MIPS, MIPS eligible clinicians can participate as an individual, group, virtual group or APM Entity. Performance is measured across four performance categories: quality, cost, Promoting Interoperability, and improvement activities. Your MIPS final score (e.g., below, equal to, or above 75) will determine whether you receive a negative, neutral, or positive MIPS payment adjustment. For more information, see the MIPS Overview Quick Start Guide (PDF, 1MB).

MIPS Value Pathways (MVPs) are another reporting option available to fulfill MIPS reporting requirements. MVPs include a subset of measures and activities that are related to a given specialty or medical condition, allowing MVP participants to report on a smaller, more cohesive set of measures and activities (within the measures and activities available for traditional MIPS). There are 21 MVPs finalized for the 2025 performance period, including:

1. Focusing on Women's Health MVP
2. Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP
3. Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP
4. Quality Care in Mental Health and Substance Use Disorders MVP
5. Rehabilitative Support for Musculoskeletal Care MVP
6. Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
7. Advancing Cancer Care
8. Advancing Care for Heart Disease
9. Advancing Rheumatology Patient Care
10. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
11. Improving Care for Lower Extremity Joint Repair
12. Optimal Care for Kidney Health
13. Patient Safety and Support of Positive Experiences with Anesthesia
14. Value in Primary Care *(This title reflects consolidation of previously existing MVPs: Optimizing Chronic Disease Management and Promoting Wellness)*
15. Quality Care for Patients with Neurological Conditions *(This title reflects consolidation of previously existing MVPs: Optimal Care for Patients with Neurological Conditions and Supportive Care for Neurodegenerative Conditions MVP)*
16. Complete Ophthalmologic Care
17. Dermatological Care
18. Gastroenterology Care
19. Optimal Care for Patients with Urologic Conditions
20. Pulmonology Care
21. Surgical Care

For more information, see the 2025 MVPs Implementation Guide (PDF, 2MB). Please note, MVP reporting requires advance registration.

How do I report the APP? Do I submit my data through the QPP website?

The APP is reported through the QPP website. To access the QPP website, you must have a Health Care Quality Information Systems (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 (ZIP, 3 MB). 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 (PDF, 301KB).

Can groups report the APP if some but not all clinicians who have reassigned billing rights are MIPS APM participants?

Groups comprised of two or more MIPS eligible clinicians in MIPS APMs may report via the APP, but only those MIPS eligible clinicians who are participants in a MIPS APM are eligible to receive a final score based on APP reporting. If your group includes any MIPS eligible clinicians that aren't identified on the Participation List of an APM Entity, they'll need to report traditional MIPS or an MVP. Otherwise, these clinicians will receive a negative MIPS payment adjustment.

If a MIPS eligible clinician that is an APM participant chooses to report the APP, must the clinician report both the APM-specific quality measures to the APM and the APP quality measures for MIPS?

Generally, the APP only pertains to MIPS reporting and scoring so APM participants will need to report both APM-specific quality measures and an APP quality measure set to fulfill all reporting requirements. APM participants are advised to check the Participation Agreement or other APM governing documentation to determine APM-specific reporting requirements. However, Shared Savings Program ACOs only need to report the APP Plus quality measure set to satisfy the quality reporting requirements for both the Shared Savings Program and MIPS.

Can MIPS eligible clinicians report the APP as a subgroup?

No, MIPS eligible clinicians can't report the APP as a subgroup.

Do the traditional MIPS policies for reweighting the Promoting Interoperability performance category for certain MIPS eligible clinicians and groups that are hospital-based apply to the APP?

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

Why Might a Clinician or Group Choose to Report Separately from Their APM Entity?

An individual or group of MIPS eligible clinicians may choose to report the APP or traditional MIPS separately from their APM Entity if they believe they are likely to receive a more favorable MIPS final score from individual or group participation. As noted, CMS will apply the higher MIPS final score to individuals and to groups who report to MIPS at different levels.

Why Might an Individual or Group Choose to Report the APP Separate from their APM Entity?

An individual or group of MIPS eligible clinicians might choose to report the APP separately if:

- They believe they'll receive a higher score by reporting at the individual or group level than at the APM Entity level;
- They want to streamline their data collection and reporting; or
- Their APM Entity has indicated that it won't report to MIPS on their behalf.

We encourage individuals and groups who participate in MIPS APMs to reach out to their APM Entity during each performance period to confirm that the APM Entity will report data on their behalf.

Do We Need to Tell CMS That We're Reporting the APP, Traditional MIPS, or an MVP in Advance of the Submission Period?

No. MIPS APM participants aren't required to state their intention to report the APP or traditional MIPS before the data submission period. You'll identify your reporting option (APP or traditional MIPS) when you sign in to qpp.cms.gov to submit your data.

Shared Savings Program Frequently Asked Questions

Is reporting quality data on the APP Plus quality measure set required for Shared Savings Program ACOs?

Yes. Shared Savings Program ACOs are required to report quality data on the APP Plus quality measure set at the APM Entity level to meet the quality reporting requirement for the Shared Savings Program. With respect to ACOs, MIPS quality performance category measures and scores 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.

Shared Savings Program ACOs are required to report the new APP Plus quality measure set beginning in the CY 2025 performance period. Consequently, the APP quality measure set will no longer be available for reporting by Shared Savings Program ACOs as a way to meet the quality reporting requirement for the Shared Savings Program beginning in the 2025 performance period. Only submissions using the APP Plus quality measure set will meet the quality reporting requirements for the Shared Savings Program.

Can Shared Savings Program ACOs report quality via the CMS Web Interface for the CY 2025 performance period?

No. The 2024 performance period was the last year that Shared Savings Program ACOs could report through the CMS Web Interface. In the CY 2025 performance period, Shared Savings Program ACOs have the option to report quality data via eCQMs, MIPS CQMs, Medicare CQMs, or a combination of the 3 collection types.

Can Shared Savings Program ACOs report Medicare CQMs to meet the reporting requirements under the Shared Savings Program?

Yes. To meet the Shared Savings Program reporting requirements, ACOs are required to report the APP Plus quality measure set using any combination of the eCQMs/MIPS CQMs/Medicare CQMs.

Beginning with the 2024 performance period, Medicare CQMs are a new collection type for Shared Savings Program ACOs. For the 2025 performance period, the Medicare CQM collection type is available in the APP Plus quality measure set (as indicated in Table 2). Under the Medicare CQM collection type, an ACO that participates in the Shared Savings Program is required to collect and may choose to 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 as applicable for eCQMs/MIPS CQMs. Medicare CQMs are available only to Shared Savings Program ACOs. ACOs reporting the Medicare CQMs must also administer the CAHPS for MIPS Survey to meet quality reporting requirements under the Shared Savings Program.

Note that when reporting Medicare CQMs, an ACO must include the submission file identifier, which reflects the Quality ID number associated with a quality measure (that is, Q001, Q112, Q134, and Q236) followed by the letters "SSP". For the reporting of Medicare CQMs, the submission file identifiers are as follows: 001SSP,

112SSP, 134SSP, and 236SSP, which correspond to the Quality ID numbers noted above. The Medicare CQM identifiers **must** be included in the submission files. Ensure you submit your quality data as an APP submission by choosing the APP option in the QPP user interface as your submission type and then identifying your data files correctly.

Where can ACOs find information about meeting the quality performance standard and the alternative quality performance standard under the Shared Savings Program for the CY 2025 performance period?

ACOs can refer to the Performance Year 2025 40th Percentile MIPS Quality Performance Category Score. This document provides an overview of the quality performance standard and alternative quality performance standard under the Shared Savings Program. Highlights include details about the MIPS Quality performance category score for use in establishing the quality performance standard, as well as details relating to the outcome measures applicable for the eCQM/MIPS CQM reporting incentive and alternative quality performance standard.

What if a Shared Savings Program ACO doesn't report or completely report quality data on the APP Plus quality measure set?

To be eligible for shared savings and to avoid owing maximum shared losses under the ENHANCED Track, ACOs must report quality data on the APP Plus quality measure set and receive a MIPS Quality performance category score based on that quality reporting. If an ACO does not satisfy all required reporting requirements, it will automatically fail the quality performance standard and alternative quality performance standard. If an ACO does not report all measures in the APP Plus quality measure set but does meet the minimum reporting requirements, then the ACO's score will be lowered based on the measures that were not completely reported.

How does the application of the Shared Savings Program Quality EUC Policy affect Shared Savings Program quality scoring?

ACOs impacted by an EUC who report quality data on the APP Plus quality measure set and receives a MIPS Quality performance category score, will receive the higher of the ACO's health equity adjusted quality performance score or the equivalent of the 40th percentile MIPS quality performance category score across all MIPS Quality performance category scores, excluding APM Entities/providers eligible for facility-based scoring. ACOs unable to report will have their minimum quality performance score set to the equivalent of the 40th percentile MIPS Quality performance category score across all MIPS Quality performance category scores, excluding entities/providers eligible for facility-based scoring for performance period 2025.

What is the Shared Savings Program reporting requirement for the MIPS Promoting Interoperability performance category?

Unless excluded, for performance years beginning on or after January 1, 2025, an ACO participant, ACO provider/supplier, and ACO professional that is a MIPS eligible clinician, QP, or Partial QP must:

- Report the MIPS Promoting Interoperability performance category measures and requirements at the individual, group, virtual group, or APM Entity level (i.e., ACO reports on behalf of its clinicians); and
- Earn a performance category score for the MIPS Promoting Interoperability performance category at the individual, group, virtual group, or APM Entity level.

This requirement applies regardless of the Shared Savings Program track in which the ACO participant, ACO provider/supplier, or ACO professional participates. An ACO's performance on the MIPS Promoting

Interoperability performance category does not impact the calculation of the ACO's shared savings or shared losses. For more information, please refer to the *Frequently Asked Questions on the Shared Savings Program Requirement to Report Objectives and Measures for the MIPS Promoting Interoperability Performance Category*.

Who is excluded from the Shared Savings Program Reporting Requirement for MIPS Promoting Interoperability performance category?

An ACO participant, ACO provider/supplier, or ACO professional is excluded from the Shared Savings Program's requirement to report the MIPS Promoting Interoperability performance category if they meet applicable requirements for an eligible clinician to be excluded or exempt from reporting the MIPS Promoting Interoperability performance category as set forth in the regulations at 42 C.F.R. part 414, subpart O. Applicable exclusions include:

- Not exceeding the low volume threshold as set forth in 42 C.F.R. § 414.1310(b)(1)(iii).
- An eligible clinician (as defined in 42 C.F.R. § 414.1305) who is not a MIPS eligible clinician as set forth in 42 C.F.R. § 414.1310(b)(2).1
- Reweighting of the MIPS Promoting Interoperability performance category in accordance with 42 C.F.R. § 414.1380(c)(2)(i)(C) granted by CMS based on a significant hardship or other type of exception for a specific performance year. Bases for reweighting include being, as defined in 42 C.F.R. § 414.1305:
    - A non-patient facing clinician;
    - A hospital-based clinician;
    - An Ambulatory Surgery Center (ASC)-based clinician; or
    - In a small practice.

An ACO participant, ACO provider/supplier, or ACO professional cannot be excluded from the Shared Savings Program's requirement to report the MIPS Promoting Interoperability performance category solely on the basis of being a QP or Partial QP. If a QP or Partial QP meets an exclusion noted above, or is not an eligible clinician, the QP or Partial QP would not be required to report.

What must ACOs publicly report to meet the Shared Savings Program public reporting requirement for the MIPS Promoting Interoperability performance category?

For performance year 2025 and subsequent performance years, Shared Savings Program ACOs must publicly report the total number of ACO participants, ACO providers/suppliers, and ACO professionals that are MIPS eligible clinicians, QPs, or Partial QPs that earn a MIPS performance category score for the MIPS Promoting Interoperability performance category (and are not excluded as described above) for the applicable performance year, including:

- The number of ACO participants, ACO providers/suppliers, and ACO professionals that meet the requirements of 42 CFR 425.507(a) and are not excluded under 42 CFR 425.507(b) for the applicable performance year; and
- The number of ACO participants, ACO providers/suppliers, and ACO professionals that are excluded under 42 CFR 425.507(b) that voluntarily reported and received a MIPS Promoting Interoperability performance category score for the applicable performance year.

More Information

Additional resources are available on the QPP website and the QPP Resource Library.

CMS will continue to provide support to clinicians who need assistance. While our support information reflects our efforts to streamline and simplify the Quality Payment Program, we understand that clinicians will still need assistance to help them successfully participate.

We 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. To help ACOs navigate the Shared Savings Program, please reach out to your ACO Coordinator as your first line of contact. 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
04/11/2025	Original version