

Quality Payment
PROGRAM

Alternative Payment Models (APMs)

2025 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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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 [2024 and 2025 Comprehensive List of APMs \(PDF, 672KB\)](#). 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 2025 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 quality data on the APP Plus quality measure set to meet the quality reporting requirement for the Shared Savings Program.

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 clinicians 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 data on the APP Plus quality measure set, regardless of whether individual clinicians are MIPS eligible clinicians.
 - When an ACO reports the APP Plus quality measure set and submits data for the MIPS 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.
 - 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. 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](#).

For more information about MIPS eligibility, please review the [2025 MIPS Eligibility and Participation Quick Start Guide \(PDF, 2MB\)](#). You can also check your [current eligibility participation status](#).



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 a MIPS eligible clinician

| | As an APM Entity | As a group | As a MIPS eligible clinician |
|-------------------------------|--|---|--|
| 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 MIPS eligible clinicians that appear on the Participation 9 List of an APM Entity when the group elects to report the APP quality measure set or the APP Plus quality measure set.

Performance Period 2025 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, 2025). Shared Savings Program ACOs only have the APP Plus quality measure set as an option for their APP quality data submission to meet the quality reporting requirement for the Shared Savings Program.

| If you participate at this level... | You can use this measure set... |
|--|--|
| <p>MIPS Eligible Clinicians, Groups, and APM Entities (All Models/Programs Excluding Shared Savings Program ACOs)</p> | <p>Option 1: APP Quality Measure Set</p> <ul style="list-style-type: none"> • Electronic Clinical Quality Measure (eCQM)*, MIPS Clinical Quality Measure (MIPS CQM), 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>MIPS Eligible Clinicians, Groups, and APM Entities; Required for Shared Savings Program ACOs</p> | <p>Option 2: APP Plus Quality Measure Set</p> <ul style="list-style-type: none"> • eCQM*, MIPS CQM, Medicare Part B Claims**, Medicare CQM for Accountable Care Organizations Participating in the Medicare Shared Savings Program (Medicare CQM) (4 measures), • CAHPS for MIPS Survey, and • Administrative Claims (1 measure). |

*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.

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

However, Shared Savings Program ACOs (regardless of 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.



What Quality Data Submission Options are Available? (Continued)

You must collect measure data for the 12-month performance period (January 1 - December 31, 2025) on one of the following sets of pre-determined quality measures:

OPTION 1: APP Quality Measure Set

Optional quality measure set for MIPS eligible clinicians, groups, and APM Entities (all models/programs).

Option 1 is no longer available for Shared Savings Program ACOs to meet the quality reporting requirement for the Shared Saving Program.

| Quality ID: 001 | Quality ID: 134 | Quality ID: 236 | Quality ID: 321 | Quality ID: 479 | Quality ID: 484 |
|--|--|--|---|--|--|
| Diabetes: Glycemic Status Assessment Greater Than 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 Representative of a Practice APM Entity Representative 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 Representative of a Practice APM Entity Representative 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 Representative of a Practice APM Entity Representative 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 Plus Quality Measure Set (*NEW for 2025)

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. Shared Saving Program ACOs 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.

| Quality ID: 001 | Quality ID: 112 | Quality ID: 134 | Quality ID: 236 | Quality ID: 321 | Quality ID: 479 |
|--|--|--|--|---|--|
| Diabetes: Glycemic Status Assessment Greater Than 9% | Breast Cancer Screening | Preventive Care and Screening: Screening for Depression and Follow-up Plan | Controlling High Blood Pressure | CAHPS for MIPS Survey | Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups |
| <p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> eCQM MIPS CQM Medicare Part B Claims Medicare CQM <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> MIPS Eligible Clinician Representative of a Practice APM Entity Representative Third Party Intermediary | <p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> eCQM MIPS CQM Medicare Part B Claims Medicare CQM <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> MIPS Eligible Clinician Representative of a Practice APM Entity Representative Third Party Intermediary | <p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> eCQM MIPS CQM Medicare Part B Claims Medicare CQM <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> MIPS Eligible Clinician Representative of a Practice APM Entity Representative Third Party Intermediary | <p><u>COLLECTION TYPE</u></p> <ul style="list-style-type: none"> eCQM MIPS CQM Medicare Part B Claims Medicare CQM <p><u>SUBMITTER TYPE</u></p> <ul style="list-style-type: none"> MIPS Eligible Clinician Representative of a Practice APM Entity Representative 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 |



What Do I Need to Consider When Choosing a Collection Type for Reporting?

A measure’s collection type refers to the specifications – or measure instructions – and data completeness criteria that are followed for reporting the measure.

| Collection Type | Quality Measure Set | Details | Learn More |
|-----------------|---|---|---|
| eCQMs | <ul style="list-style-type: none"> • Option 1: APP Quality Measure Set; or • Option 2: APP Plus Quality Measure Set | <ul style="list-style-type: none"> • Beginning in the 2025 performance period, APM Entities (including Shared Savings Program ACOs) 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 data completeness and case minimum requirements. • Requires certified electronic health record (EHR) technology (CEHRT) that meets the Assistant Secretary for Policy Technology/Office of the National Coordinator for Health Information Technology’s (ASTP/ONC) Certification Criteria for Health IT. • EHR must be coded to collect measure data according to 2025 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"> • 2025 Electronic Clinical Quality Measures (eCQMs) Implementation Checklist and Resources • 2025 Electronic Clinical Quality Measures (eCQMs) Specifications • Medicare Shared Savings Program: 2024 Reporting eCQMs, MIPS CQMs, and Medicare CQMs in the Alternative Payment Model (APM) Performance Pathway (APP) (PDF, 360KB) |



What Do I Need to Consider When Choosing a Collection Type for Reporting? (Continued)

| Collection Type | Quality Measure Set | Details | Learn More |
|---------------------------------|---|---|--|
| MIPS CQMs | <ul style="list-style-type: none"> Option 1: APP Quality Measure Set; or Option 2: APP Plus Quality 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"> 2025 MIPS Clinical Quality Measure Specifications and Supporting Documents (ZIP, 68MB) 2025 Qualified Registries Qualified Posting (XLSX, 222KB) Medicare Shared Savings Program: 2024 Reporting eCQMs, MIPS CQMs, and Medicare CQMs in the Alternative Payment Model (APM) Performance Pathway (APP) (PDF, 360KB) |
| Medicare Part B Claims Measures | <ul style="list-style-type: none"> Option 1: APP Quality Measure Set; or Option 2: APP Plus 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). Not an option for reporting to the Shared Savings Program. 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"> 2025 Medicare Part B Claims Measure Specifications and Supporting Documents (ZIP, 29MB) 2025 Part B Claims Reporting Quick Start Guide (PDF, 3MB) |



What Do I Need to Consider When Choosing a Collection Type for Reporting? (Continued)

| Collection Type | Quality Measure Set | Details | Learn More |
|-----------------------------|--|--|---|
| <p>Medicare CQMs</p> | <ul style="list-style-type: none"> Option 2: APP Plus Quality Measure Set | <ul style="list-style-type: none"> Only available to Shared Savings Program ACOs reporting the APP Plus quality measure set. Data is reported on the ACO’s Medicare fee-for-service beneficiaries who 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: 2024 Reporting eCQMs, MIPS CQMs, and Medicare CQMs in the Alternative Payment Model (APM) Performance Pathway (APP) (PDF, 360KB) |



EHR-based Quality Reporting

If you transition from one electronic health record (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 quality data.

If clinicians billing as a group under the same TIN use multiple EHR systems, you'll also need to aggregate quality data into a single report prior to submitting the quality data. If a situation arises where quality data for the full 12 months is unavailable (for example: quality 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 quality measures using the eCQM collection type with quality data sourced from multiple EHR systems, the submitting EHR system must be certified to align with ONC's regulations at [45 CFR 170.315](#) for the 2025 performance period.



CAHPS for MIPS Survey

CAHPS for MIPS Survey measure is a required measure for both the APP and APP Plus quality measure sets. 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... |
|---|--|---|
| MIPS Eligible Clinician | <ul style="list-style-type: none"> CAHPS for MIPS Survey measure 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 | Groups reporting the APP must: <ul style="list-style-type: none"> Register for the CAHPS for MIPS Survey measure. Find a CMS-approved survey vendor. The list of CMS approved survey vendors is available here (PDF, 223KB). | <ul style="list-style-type: none"> To report the CAHPS for MIPS Survey Measure, registration opens April 1, 2025, through June 30, 2025, at 8 p.m. ET. |
| An APM Entity (non-Shared Savings Program ACOs) | APM Entities (non-Shared Savings Program ACOs) reporting the APP must: <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, 223KB). | <ul style="list-style-type: none"> CAHPS registration opens April 1, 2025, through June 30, 2025, at 8 p.m. ET. |
| Shared Savings Program ACOs | <ul style="list-style-type: none"> ACOs must authorize a CMS-approved survey vendor to administer the survey on their behalf. The list of CMS approved survey vendors is available here (PDF, 223KB). | <ul style="list-style-type: none"> ACOs are auto-registered for the CAHPS for MIPS Survey. |

Starting with the 2024 performance period, groups, virtual groups, subgroups, and APM Entities (including Shared Savings Program ACOs) are required 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.

Note: APM Entities and groups (including Shared Savings Program ACOs) will receive instructions from CMS on how to authorize a CMS-approved vendor after the registration period closes. CMS will produce your patient sample and send it to the vendor you authorize. Once you authorize a survey vendor, we'll proceed with data collection, and you'll be accountable for the costs associated with administering the survey.



Key Considerations for Reporting the APP in the 2025 Performance Period

Key Considerations for APP Reporting - 2025 Performance Period

| You plan to report the APP as... | Your planning should include... |
|----------------------------------|---|
| <p>MIPS Eligible Clinician</p> | <ul style="list-style-type: none"> • Deciding which APP Quality Measure Set Option you will report: <ul style="list-style-type: none"> ○ If reporting Option 1: APP Quality Measure Set, deciding which collection type to use for reporting the 3 required measures (Medicare Part B Claims, eCQMs, MIPS CQMs, or a combination of these 3 collection types). ○ If reporting Option 2: APP Plus Quality Measure Set, deciding which collection type to use for reporting the 4 required measures (Medicare Part B Claims, eCQMs, MIPS CQMs, or a combination of these 3 collection types). <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 ASTP/ONC’s Certification Criteria for Health IT) ▪ MIPS CQMs • Learning about Promoting Interoperability (PDF, 849KB) reporting at the individual level. |



Key Considerations for APP Reporting - 2025 Performance Period

| You plan to report the APP as... | Your planning should include... |
|---|--|
| <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 do this for you? ○ Do you have internal Information Technology (IT) staff that can support data collection for the required measures? • Deciding which APP Quality Measure Set Option you will report: <ul style="list-style-type: none"> ○ If reporting Option 1: APP Quality Measure Set, deciding which collection type to use for reporting the 3 required measures (Medicare Part B Claims, eQMs, MIPS CQMs or a combination of these 3 collection types). ○ If reporting Option 2: APP Plus Quality Measure Set, deciding which collection type to use for reporting the 4 required measures (Medicare Part B Claims, eQMs, MIPS CQMs, or a combination of these 3 collection types). <ul style="list-style-type: none"> ▪ <u>Medicare Part B Claims</u> (for clinicians that have small practice status only) ▪ <u>eQMs</u> (must be collected using certified EHR technology (CEHRT) that meets ASTP/ONC’s Certification Criteria for Health IT) ▪ <u>MIPS CQMs</u> • 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 - 2025 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 APP Quality Measure Set Option you will report: <ul style="list-style-type: none"> ○ If reporting Option 1: APP Quality Measure Set, deciding which collection type to use for reporting the 3 required measures (Medicare Part B Claims, eCQMs, MIPS CQMs, or a combination of these 3 collection types). ○ If reporting Option 2: APP Plus Quality Measures Set, deciding which collection type to use for reporting the 4 required measures (Medicare Part B Claims, eCQMs, MIPS CQMs, or a combination of these 3 collection types). <ul style="list-style-type: none"> ▪ Medicare Part B Claims (for clinicians that have small practice status only) ▪ eCQMs (must be collected using CEHRT that meets ASTP/ONC’s 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). • An ACO participant, ACO provider/supplier, and ACO professional that is a MIPS eligible clinician will need to report Promoting Interoperability (PDF, 1MB) data at the individual, group, virtual group level unless they’re planning to report at the APM Entity level. |



Key Considerations for APP Reporting - 2025 Performance Period (Continued)

| You plan to report the APP as... | Your planning should include... |
|------------------------------------|---|
| <p>Shared Savings Program ACOs</p> | <ul style="list-style-type: none"> • Required to report Option 2: APP Plus quality measure set; deciding which collection type to use for reporting the 4 required measures (eCQMs, MIPS CQMs, Medicare CQMs, or a combination of these 3 collection types). <ul style="list-style-type: none"> ○ <u>eCQMs</u> (must be collected using CEHRT that meets ASTP/ONC’s Certification Criteria for Health IT) ○ <u>MIPS CQMs</u> ○ <u>Medicare CQMs</u> (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 (August) <p>Promoting Interoperability performance category Unless excluded, an ACO participant, ACO provider/supplier, and ACO professional that is a MIPS eligible clinician, Qualifying APM Participant (QP), or Partial Qualifying APM Participant (Partial QP) must report <u>Promoting Interoperability (PDF, 849KB)</u> data at the individual, group, virtual group, or APM Entity level (i.e., ACO reports on behalf of its clinicians). A qualifying data submission includes all required performance data for the required measures in each objective (unless an exclusion is claimed) for the same performance period, required attestation statements, CEHRT ID, and the start and end date for the performance period.</p> <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 CEHRT ID by inputting all their Participant’s CEHRT IDs. For details on how ACOs can obtain a CEHRT ID number, please reference here. |



Performance Period
2025 APP Promoting
Interoperability
Requirements

Performance Period 2025 APP Promoting Interoperability Requirements

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 the 2025 performance period, 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 based on the individual, group, or virtual group data submitted. The new Shared Savings Program requirement for the Promoting Interoperability performance category is detailed below.

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



New Shared Savings Program Requirement to Report Objectives and Measures 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, Qualifying APM Participant (QP), or Partial Qualifying APM Participant (Partial QP) must:

- Report the MIPS Promoting Interoperability performance category measures and requirements to MIPS 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.

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 CFR part 414, subpart O](#). Applicable exclusions include:

- Not exceeding the low volume threshold as set forth in [42 CFR 414.1310\(b\)\(1\)\(iii\)](#).
- An eligible clinician (as defined in [42 CFR 414.1305](#)) who is not a MIPS eligible clinician as set forth in [42 CFR 414.1310\(b\)\(2\)](#).
- Reweighting of the MIPS Promoting Interoperability performance category in accordance with [42 CFR 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 CFR 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.



New Shared Savings Program Requirement to Report Objectives and Measures for the MIPS Promoting Interoperability Performance Category: (Continued)

Additionally, 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.

This requirement, [as set forth in 42 CFR 425.308](#) and [42 CFR 425.507](#), 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](#).



What Promoting Interoperability Data Should I Submit?

APM Entities have the option to report Promoting Interoperability data at the individual, group, virtual group, or APM Entity level. If APM Entities report on the APM Entity level, they should review individual clinician eligibility in the [QPP Participation Status Tool](#) to determine which clinicians should be included in reporting.

| 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 API |

For the Promoting Interoperability performance category, 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 2025.

Note: An ACO participant, ACO provider/supplier, and ACO professional that is a MIPS eligible clinician, QP, or Partial QP who is required to report Promoting Interoperability but seeking a hardship must apply by December 31, 2025.



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 your Promoting Interoperability hardship exception application is approved by CMS, you are exempted from having to submit data for this performance category. Additionally, the following special statuses are automatically exempted from having to submit data for this performance category:



Note: Beginning with the 2025 performance period, the Clinical Social Worker clinician type is no longer automatically reweighted.

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 Promoting Interoperability Performance Category 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. An ACO participant, ACO provider/supplier, and ACO professional that is a MIPS eligible clinician, QP, or Partial QP and plans to report for an individual who does not have CEHRT (i.e., cannot report), will be automatically identified with zeros points in Promoting Interoperability for scoring purposes at the individual MIPS eligible clinician level. If reported at the group, virtual group, or APM Entity level, their performance should be accounted for by reporting as a group, virtual group, or APM Entity.

If data isn't submitted at the APM Entity level, any individual MIPS eligible clinician and group data will be aggregated, and a weighted average will be used to calculate 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 [2025 Promoting Interoperability Quick Start Guide \(PDF, 849KB\)](#) and the PY 2025 APM Performance Pathway Scoring Guide to learn more about the Promoting Interoperability performance category score calculation for MIPS eligible clinicians in MIPS APMs. Review the Promoting Interoperability Performance Category Certified Electronic Health Record Technology (CEHRT) Frequently Asked Questions for information regarding 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. Review Promoting Interoperability materials based on your participation in Traditional MIPS, MVPs, or APP. For additional information, please review the [Merit-based Incentive Payment System \(MIPS\) Promoting Interoperability Performance Category Fact Sheet](#), and the 2025 APP Scoring Guide as the APP Toolkit.



Performance Period
2025 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, including those in Shared Savings Program ACOs, 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 2025 performance period. No additional reporting is required.

Shared Savings Program ACOs are required to report the APP Plus quality measure set to receive full credit for the improvement activities performance category.

Note: For more information on APP scoring, view the 2025 APP Scoring Guide as part of the 2025 APP Toolkit.



Version History

Version History

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

| Date | Description |
|------------|-------------------|
| 04/11/2025 | Original Posting. |