



2024 APM Performance Pathway (APP) for MIPS APM Participants Fact Sheet

Overview

In the Calendar Year (CY) 2021 Medicare Physician Fee Schedule (PFS) Final Rule, the Centers for Medicare & Medicaid Services (CMS) finalized a new reporting and scoring pathway for [Merit-based Incentive Payment System \(MIPS\) eligible clinicians](#) identified on the Participation List or Affiliated Practitioner List of an APM Entity participating in a [MIPS Alternative Payment Model \(APM\)](#): the [APM Performance Pathway \(APP\)](#).

The APP, which is complementary to MIPS Value Pathways (MVPs), 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 2024 performance period. Also in 2024, MIPS eligible clinicians participating in MIPS 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.

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.

The CMS Web Interface will **only** be available to Shared Savings Program ACOs and will be **sunsetting at the end of the 2024 performance period**.

Participants in MIPS APMs should work together in conjunction with their APM Entity to report on a single set of quality measures.¹ For the 2024 performance period, participants can choose from 3 collection types and the associated quality measures (refer to Tables 1-3):

- **Option 1: APP Quality Measure Set** (Individual, Group, APM Entity – Models/Programs, Excluding Shared Savings Program ACOs)
- **Option 2: APP Quality Measure Set – CMS Web Interface Measures** (Shared Savings Program ACOs Only)
- **Option 3: APP Quality Measure Set – Electronic Clinical Quality Measures (eCQMs)/MIPS Clinical Quality Measures (MIPS CQMs)/Medicare CQMs for Accountable Care Organizations Participating in the Medicare Shared Savings Program (Medicare CQMs)** (Shared Savings Program ACOs Only)

The measure set for each reporting option has specific collection types that participants can use to report quality data. Please note that Shared Savings Program ACOs can report quality data only via Option 2 and/or Option 3.

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 two administrative claims measures.

In addition, groups and APM Entities are required to select a vendor to administer and report the CAHPS for MIPS Survey.

Table 1: Option 1 – APP Quality Measure Set – eCQMs/MIPS CQMs/Medicare Part B Claims² Measures (Individual, Group, APM Entity – Models/Programs, Excluding Shared Savings Program ACOs)

Measure #	Measure Title	Collection Type	Submitter Type
Quality ID#: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	<ul style="list-style-type: none"> • eCQM • MIPS CQM • Medicare Part B Claims 	<ul style="list-style-type: none"> • MIPS Eligible Clinician • Group (Representative of a Practice) • APM Entity • Third Party Intermediary
Quality ID#: 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	<ul style="list-style-type: none"> • eCQM • MIPS CQM • Medicare Part B Claims 	<ul style="list-style-type: none"> • MIPS Eligible Clinician • Group (Representative of a Practice) • APM Entity • Third Party Intermediary

¹ The specifications for measures included in the APP measures set for individuals, groups, APM Entities, and Shared Savings Program ACOs are available on the [QPP website](#).

² Only individuals, groups, and APM Entities with the small practice designation can report Medicare Part B claims measures.



Quality ID#: 236	Controlling High Blood Pressure	<ul style="list-style-type: none"> eCQM MIPS CQM Medicare Part B Claims 	<ul style="list-style-type: none"> MIPS Eligible Clinician Group (Representative of a Practice) APM Entity Third Party Intermediary
Quality ID#: 321	CAHPS for MIPS	<ul style="list-style-type: none"> CAHPS for MIPS Survey 	<ul style="list-style-type: none"> Third Party Intermediary
Quality ID#: 479	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	<ul style="list-style-type: none"> Administrative Claims 	<ul style="list-style-type: none"> N/A
Quality ID#: 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	<ul style="list-style-type: none"> Administrative Claims 	<ul style="list-style-type: none"> N/A

Table 2: Option 2 - APP Quality Measures Set – CMS Web Interface Measures (Shared Savings Program ACOs only)³

Measure #/CMS Web Interface ID	Measure Title	Collection Type	Submitter Type	Outcome Measure ⁴
Quality ID#: 001/DM-2	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	<ul style="list-style-type: none"> CMS Web Interface 	<ul style="list-style-type: none"> APM Entity (Shared Savings Program ACO only) 	Yes

³ For the 2024 performance period, the following CMS Web Interface measures do not have benchmarks and will not be scored provided data completeness is met: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality ID#: 438) and Depression Remission at Twelve Months (Quality ID#: 370). These measures are however required to be reported in order to complete the CMS Web Interface data set.

⁴ Outcome measures indicate the measures that will be counted as an outcome measure for the purposes of either the eCQM/MIPS CQM reporting incentive or the alternative quality performance standard. To be eligible for the eCQM/MIPS CQM reporting incentive, an ACO must report all 3 measures (Quality ID# 001, Quality ID# 134, and Quality ID# 236) as eCQMs or MIPS CQMs (Medicare CQMs are not eligible) and must meet MIPS data completeness requirements for all 3 measures.

			<ul style="list-style-type: none"> • Third Party Intermediary 	
Quality ID#: 134/PREV-12	Preventive Care and Screening: Screening for Depression and Follow-up Plan	<ul style="list-style-type: none"> • CMS Web Interface 	<ul style="list-style-type: none"> • APM Entity (Shared Savings Program ACO only) • Third Party Intermediary 	No
Quality ID#: 236/HTN-2	Controlling High Blood Pressure	<ul style="list-style-type: none"> • CMS Web Interface 	<ul style="list-style-type: none"> • APM Entity (Shared Savings Program ACO only) • Third Party Intermediary 	Yes
Quality ID#: 318/CARE-2	Falls: Screening for Future Fall Risk	<ul style="list-style-type: none"> • CMS Web Interface 	<ul style="list-style-type: none"> • APM Entity (Shared Savings Program ACO only) • Third Party Intermediary 	No
Quality ID#: 110/PREV-7	Preventive Care and Screening: Influenza Immunization	<ul style="list-style-type: none"> • CMS Web Interface 	<ul style="list-style-type: none"> • APM Entity (Shared Savings Program ACO only) • Third Party Intermediary 	No
Quality ID#: 226/PREV-10	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	<ul style="list-style-type: none"> • CMS Web Interface 	<ul style="list-style-type: none"> • APM Entity (Shared Savings Program ACO only) • Third Party Intermediary 	No
Quality ID#: 113/PREV-6	Colorectal Cancer Screening	<ul style="list-style-type: none"> • CMS Web Interface 	<ul style="list-style-type: none"> • APM Entity (Shared Savings Program ACO only) 	No

			<ul style="list-style-type: none"> Program ACO only) <ul style="list-style-type: none"> • Third Party Intermediary 	
Quality ID#: 112/PREV-5	Breast Cancer Screening	<ul style="list-style-type: none"> • CMS Web Interface 	<ul style="list-style-type: none"> • APM Entity (Shared Savings Program ACO only) • Third Party Intermediary 	No
Quality ID#: 438/PREV-13	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	<ul style="list-style-type: none"> • CMS Web Interface 	<ul style="list-style-type: none"> • APM Entity (Shared Savings Program ACO only) • Third Party Intermediary 	No
Quality ID#: 370/MH-1	Depression Remission at Twelve Months	<ul style="list-style-type: none"> • CMS Web Interface 	<ul style="list-style-type: none"> • APM Entity (Shared Savings Program ACO only) • Third Party Intermediary 	No ⁵
Quality ID#: 321	CAHPS for MIPS	<ul style="list-style-type: none"> • CAHPS for MIPS Survey 	<ul style="list-style-type: none"> • Third Party Intermediary 	No
Quality ID#: 479	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	<ul style="list-style-type: none"> • Administrative Claims 	<ul style="list-style-type: none"> • N/A 	Yes
Quality ID#: 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	<ul style="list-style-type: none"> • Administrative Claims 	<ul style="list-style-type: none"> • N/A 	Yes

⁵Quality ID#: 370 is an outcome measure; however, because this measure is not scored, it is not included as 1 of the 4 outcome measures for purposes of the Shared Savings Program alternative quality performance standard.

Table 3: Option 3 – APP Quality Measures Set – eCQMs/MIPS CQMs/Medicare CQMs (Shared Savings Program ACOs only)⁶

Measure #	Measure Title	Collection Type	Submitter Type	Outcome Measure ⁷
Quality ID#: 001/001SSP*	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	<ul style="list-style-type: none"> eCQM MIPS CQM Medicare CQM* 	<ul style="list-style-type: none"> APM Entity (Shared Savings Program ACO only) Third Party Intermediary 	Yes
Quality ID#: 134/134SSP*	Preventive Care and Screening: Screening for Depression and Follow-up Plan	<ul style="list-style-type: none"> eCQM MIPS CQM Medicare CQM* 	<ul style="list-style-type: none"> APM Entity (Shared Savings Program ACO only) Third Party Intermediary 	No
Quality ID#: 236/236SSP*	Controlling High Blood Pressure	<ul style="list-style-type: none"> eCQM MIPS CQM Medicare CQM* 	<ul style="list-style-type: none"> APM Entity (Shared Savings Program ACO only) Third Party Intermediary 	Yes
Quality ID#: 321	CAHPS for MIPS	<ul style="list-style-type: none"> CAHPS for MIPS Survey 	<ul style="list-style-type: none"> Third Party Intermediary 	No
Quality ID#: 479	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	<ul style="list-style-type: none"> Administrative Claims 	<ul style="list-style-type: none"> N/A 	Yes

⁶ Quality ID #s that are labeled “###SSP” are specific to the 3 Medicare CQMs and indicate the Medicare CQM Submission File Identifier. When reporting Medicare CQMs, an ACO must include the submission file identifier associated with the Medicare CQM.

⁷ Outcome measures indicate the measures that will be counted as an outcome measure for the purposes of either the eCQM/MIPS CQM reporting incentive or the alternative quality performance standard. To be eligible for the eCQM/MIPS CQM reporting incentive, an ACO must report all 3 measures (Quality ID# 001, Quality ID# 134, and Quality ID# 236) as eCQMs or MIPS CQMs (Medicare CQMs are not eligible) and must meet MIPS data completeness requirements for all 3 measures.

Quality ID#: 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	<ul style="list-style-type: none"> Administrative Claims 	<ul style="list-style-type: none"> N/A 	Yes
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With respect to any CMS Web Interface or administrative claims measure that doesn't meet the case minimums, we will remove such measure from the quality performance category score for the applicable individual, group, or APM Entity, provided that the measure meets data completeness requirements.

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

The MIPS quality performance category measures and scores from eQMs/MIPS CQMs will also be used by the Shared Savings Program for purposes of determining shared savings and shared losses, thus satisfying reporting requirements for both programs.

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 2024, 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, or APM Entity level in the 2024 performance period.

Beginning with the 2023 performance period and continuing for performance period 2024, 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, we'll calculate a Promoting Interoperability score for the APM Entity based on the individual and group data submitted. It is important to note that with respect to the Shared Savings Program, only MIPS eligible clinicians that participate in an ACO are required to report Promoting Interoperability. However, this performance category does not apply to the Shared Savings Program for purposes of determining shared savings and shared losses in performance period 2024.

APP Scoring

Table 4 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 4]: APP Scoring⁸

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 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 4** 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.⁹ Bonus points are also available within the quality performance category for MIPS eligible clinicians in small practices. In addition, bonus points are available for individual MIPS eligible clinicians, groups, and APM Entities that demonstrate quality improvement from the previous year.

⁸The weight of any MIPS performance category in the APP can change due to special statuses, exception applications, or reweighting of another performance category.

⁹For more information on the calculation of complex patient bonus points, please refer to the 2024 APP Scoring Guide.

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 2024 performance period. 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 at the APM Entity level.

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 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.

However, MIPS eligible clinicians that participate in a Shared Savings Program ACO have the option to report the APP outside of the ACO or participate in MIPS outside of the APP at the individual or group level. MIPS eligible clinicians in an ACO who separately report MIPS outside the ACO and aren't in a virtual group will receive the highest MIPS final score that can be attributed to them – either from the ACO's reporting or the individual/group/other APM Entity reporting – for purposes of determining their MIPS payment adjustment factor.

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, including Shared Savings Program ACO. Performance is measured across four areas: 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 [2024 MIPS Quick Start Guide \(PDF, 1MB\)](#).

MIPS Value Pathways ([MVPs](#)) are a new 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 16 MVPs finalized for the 2024 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. Optimal Care for Patients with Episodic Neurological Conditions
14. Patient Safety and Support of Positive Experiences with Anesthesia
15. Value in Primary Care *(This new title reflects consolidation of previously existing MVPs: Optimizing Chronic Disease Management and Promoting Wellness)*
16. Supportive Care for Neurodegenerative Conditions

For more information, see the [2024 MVPs Implementation Guide](#). 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 quality measures via the APP 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.

Shared Savings Program Frequently Asked Questions

Is APP reporting required for Shared Savings Program ACOs?

Yes. Shared Savings Program ACOs are required to report quality data via the APP at the APM Entity level for purposes of 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.

As with the APP, to meet the quality reporting requirements under the Shared Savings Program, ACOs must meet the requirements described below. Either:

- Report the 10 CMS Web Interface measures and administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey. CMS will automatically calculate and score the ACO on the 2 administrative claims measures included in the APP quality measure set.

OR

- Report the 3 electronic eCQMs/MIPS CQMs/Medicare CQMs for ACOs Participating in the Medicare Shared Savings Program (Medicare CQMs) and administer the CAHPS for MIPS Survey. CMS will automatically calculate and score the ACO on the 2 administrative claims measures included in the APP quality measure set.

Can Shared Savings Program ACOs use the CMS Web Interface in 2024 as a collection type?

Yes. To help Shared Savings Program ACOs transition to eCQM/MIPS CQM/Medicare CQM collection and reporting, CMS extended the use of the CMS Web Interface as an option through the 2024 performance period. Please note, 2024 is the last year that Shared Savings Program ACOs can report through the CMS Web Interface.

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

Yes. To meet the reporting requirements for option 3, an ACO can report any combination of the 3 eCQMs/MIPS CQMs/Medicare CQMs.

Beginning with the 2024 performance period, Medicare CQMs are a new collection type for Shared Savings Program ACOs that can be reported under the APP (as indicated in Table 3). 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 3 Medicare CQM measures must also administer the CAHPS for MIPS Survey to meet reporting requirements under the APP.

Can Shared Savings Program ACOs use Medicare CQMs to meet the eCQM/MIPS CQM reporting incentive?

No, Medicare CQM measures are not eligible for the eCQM/MIPS CQM reporting incentive. To be eligible for the eCQM/MIPS CQM reporting incentive, an ACO must report all 3 measures (Quality ID#s 001, 134, and 236) as eCQMs or MIPS CQMs and meet the MIPS data completeness and case minimum requirements for all 3 of those measures; achieve a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark on at least one of the four outcome measures in the APP measure set; and achieve a

quality performance score equivalent to or higher than the 40th percentile of the performance benchmark on at least one of the remaining five measures in the APP measure set.

How can Shared Savings Program ACOs meet the quality performance standard to qualify for shared savings at the maximum rate?

For the 2024 performance period, to share in savings at the maximum rate for its track (or level within a track), or to avoid maximum shared losses if it's participating in the ENHANCED track, an ACO must:

- For all ACOs: Achieve a health equity adjusted quality performance score that is equivalent to or higher than the 40th percentile across all MIPS Quality performance category scores, excluding Entities/providers eligible for facility-based scoring; or
- For ACOs reporting the 3 eQMs/MIPS CQMs in the APP measure set and meeting the MIPS data completeness for all 3 measures: Achieve a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark on at least 1 of the 4 outcome measures in the APP measure set (as identified in Table 3), and achieve a quality performance score equivalent to or higher than the 40th percentile of the performance benchmark on at least 1 of the remaining 5 measures in the APP measure set. The eQM/MIPS CQM reporting incentive does not apply to the 3 Medicare CQMs.
- For ACOs in their first performance period of their first agreement period: Meet the MIPS data completeness requirement on the 10 CMS Web Interface measures or the 3 eQMs/MIPS CQMs/Medicare CQMs and administer the CAHPS for MIPS Survey.

If an ACO reports both the CMS Web Interface and eQM/MIPS CQM/Medicare CQM measure sets (options 2 and 3, respectively), CMS will determine the higher scoring measure set and use that for the MIPS Quality performance category score provided to the Shared Savings Program.

What happens if an ACO fails to meet the quality performance standard to share in savings at the maximum rate for their track?

An ACO that fails to meet the quality performance standard can meet the alternative quality performance standard by achieving a quality performance score equivalent to, or higher than, the 10th percentile of the performance benchmark on at least 1 of the 4 outcome measures in the APP measure set. The alternative quality performance standard is available to all ACOs that report quality measures via the APP and receive a MIPS Quality performance category score, regardless of the collection type used to report quality data. ACOs that meet the alternative quality performance standard will share in savings (if otherwise eligible) at a lower rate that is scaled by the ACO's health equity adjusted quality performance score.

Where can ACOs find information about measure level performance benchmarks?

Measure level performance benchmarks are posted annually on the [QPP Resource Library](#). Benchmarks for the CMS Web Interface measures and eQMs/MIPS CQMs for the 2024 performance period can be found on the Benchmarks page on the [QPP Resource Library](#). PY 2024 performance period benchmarks will be posted following the submission period in the 2025 calendar year for the administrative claims measures and Medicare CQMs. The CAHPS for MIPS 40th percentile decile score will be published in the PY 2024 Shared Savings Program Quality Performance Reports that will be included as part of the PY 2024 Quality and Financial Reconciliation Report Package that are provided by the Shared Savings Program in the fall following the completion of the performance year.

How does quality performance affect shared losses?

An ACO in a two-sided level of the BASIC track will share in losses at a fixed rate of 30 percent, regardless of whether the ACO meets the quality performance standard or the alternative quality performance standard. An ACO participating in the ENHANCED track that meets the quality performance standard or the alternative quality performance standard will share in losses at a rate that is scaled by the ACO-specific health equity adjusted quality performance score. ACOs participating in the ENHANCED track that do not meet either the quality performance standard or the alternative quality performance standard will owe maximum shared losses.

For more information on how shared savings and shared losses are calculated, please refer to the Medicare Shared Savings Program Shared Savings and Losses and Assignment Methodology and Quality Performance Standard Specifications, available on the Shared Savings Program website under Program Guidance & Specifications (e.g., in [Version 11 \(PDF, 1.9MB\)](#), refer to Section 4.3 Performance Year Financial Reconciliation Calculations). Version 12 will be available in the summer of 2024. Please watch the Shared Savings Program Spotlight for an announcement when Version 12 specifications are posted.

What if a Shared Savings Program ACO doesn't report or completely report quality under the APP?

To be eligible for shared savings and to avoid owing maximum shared losses under the ENHANCED Track, ACOs must report quality data via the APP 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 (except if the extreme and uncontrollable circumstance (EUC) policy applies, refer below for more information). If it does not report all measures in the APP 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 an EUC affect Shared Savings Program quality scoring?

ACOs impacted by an EUC 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 2024. If an ACO reports quality data via the APP and receives a MIPS Quality performance category score, then CMS will use 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 entities/providers eligible for facility-based scoring.

More Information

Additional resources are available on the [QPP website](#) and the [QPP Resource Library](#).

We will continue to provide support to clinicians who need assistance. While our support 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
9/12/2024	Original version