

## 2021 APM Performance Pathway (APP) for MIPS APM Participants Fact Sheet

### Overview

The Centers for Medicare & Medicaid Services (CMS) has finalized a new reporting and scoring pathway for [Merit-based Incentive Payment System \(MIPS\) eligible clinicians](#) who participate in [MIPS Alternative Payment Models \(APMs\)](#): the APM Performance Pathway (APP).

Complementary to the MIPS Value Pathways (MVPs), the APP is a single, pre-determined measure set that MIPS APM participants may report on at the individual, group, and/or APM Entity levels beginning with the 2021 performance year. It's designed to provide reliable and consistent MIPS reporting requirements to reduce reporting burden and encourage continued APM participation. The APP is optional for all MIPS APM participants; however, it is required for all Medicare Shared Savings Program (Shared Savings Program) ACOs.

### APP Reporting Requirements

The following reporting and scoring rules apply only to those MIPS eligible clinicians, groups, or APM Entities reporting through the APP. As detailed below, APP participants only need to report on the quality and Promoting Interoperability performance categories for the 2021 performance year.

### Quality Performance Category

The 2021 APP quality performance category is weighted at 50% of the MIPS Final Score for MIPS APM participants reporting through the APP. It encompasses six measures that focus on population health, which are widely available to all MIPS APM participants. We have also extended the use of the CMS Web Interface as an alternative to reporting the three eCQM/MIPS CQM measures for the 2021 performance period for ACOs only.

Health Care Providers in various MIPS APMs should be able to work together in conjunction with their APM Entity each year to report on a single set of quality measures that represent a true cross-section of their collective performance.<sup>1</sup>

The measures included in the APP measure set<sup>1</sup> are following:

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<sup>1</sup> The specifications for the measures included in the APP measure set will soon be available on [app.cms.gov](http://app.cms.gov).



Measure #	Measure Title	Collection Type	Submitter Type	Meaningful Measure Area
Quality ID#: 321	CAHPS for MIPS	CAHPS for MIPS Survey	Third-Party Intermediary	Patient's Experience
Quality ID#: 479	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	N/A	Admissions & Readmissions
Quality ID#: 480TBD	Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs	Administrative Claims	N/A	Admissions & Readmissions
Quality ID#: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	eCQM/MIPS CQM/CMS Web Interface	APM Entity/Third-Party Intermediary	Mgt. of Chronic Conditions
Quality ID#: 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM/MIPS CQM/CMS Web Interface	APM Entity/Third-Party Intermediary	Treatment of Mental Health
Quality ID#:236	Controlling High Blood Pressure	eCQM/MIPS CQM/CMS Web Interface	APM Entity/Third-Party Intermediary	Mgt. of Chronic Conditions
Quality ID#: 318	Falls: Screening for Future Fall Risk	CMS Web Interface	APM Entity/Third-Party Intermediary	Preventable Healthcare Harm
Quality ID#: 110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface	APM Entity/Third-Party Intermediary	Preventive Care

Measure #	Measure Title	Collection Type	Submitter Type	Meaningful Measure Area
Quality ID#: 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	APM Entity/Third-Party Intermediary	Prevention and Treatment of Opioid and Substance Use Disorders
Quality ID#: 113	Colorectal Cancer Screening	CMS Web Interface	APM Entity/Third-Party Intermediary	Preventive Care
Quality ID#: 112	Breast Cancer Screening	CMS Web Interface	APM Entity/Third-Party Intermediary	Preventive Care
Quality ID#: 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	APM Entity/Third-Party Intermediary	Mgt. of Chronic Conditions
Quality ID#: 370	Depression Remission at Twelve Months	CMS Web Interface	APM Entity/Third-Party Intermediary	Treatment of Mental Health

**Note:** We note that Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality ID# 438); Depression Remission at Twelve Months (Quality ID# 370), and Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID# 134) do not have benchmarks for the CMS Web Interface and are therefore not scored; they are, however, required to be reported in order to complete the Web Interface dataset.

If any quality measure is inappropriate for a practice, or the practice is unable to meet the case minimum, then CMS will remove that measure from the quality performance score for that practice. The quality measure scoring cap will not be applied in the event that a measure in the APP measure set is determined to be topped out.

MIPS quality performance category scores for ACOs that have reported through the APP 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.

## Cost Performance Category

The cost performance category is weighted at 0% of the MIPS Final Score for MIPS APM participants reporting through the APP, as all MIPS APM participants are already responsible for costs under their APMs.

## Improvement Activities Performance Category

The improvement activities performance category is weighted at 20% of the MIPS Final Score for MIPS APM participants reporting through the APP. All MIPS APM participants who report through the APP in 2021 will automatically receive 100% 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 through the APP. Reporting on the Promoting Interoperability performance category has the same rules as traditional MIPS.

## APP Scoring

The below chart outlines an example to show how CMS calculates MIPS Final Scores for MIPS APM participants who report via the APP. CMS multiplies each performance category score by its respective performance category weight and multiplies that by 100 to determine the number of points that contribute to the MIPS Final Score for each performance category. We then add the points for each performance category to determine the MIPS Final Score.

Performance Category	Performance Category Requirement	Performance Category Score	Performance Category Weight	Potential Contribution to MIPS Final Score
Quality	Report on the 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
<b>MIPS Final Score</b>				<b>100 points</b> <i>(out of 100 total possible points)</i>

In cases where an individual MIPS eligible clinician receives multiple scores, CMS will award the highest available score for that clinician, or if applicable, CMS will award that clinician a virtual group score.



Please note that this chart does not account for bonus points which will later be included to the MIPS final score.

## Frequently Asked Questions

### Who is eligible to report through 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 1 of the 4 2021 snapshot dates (March 31, June 30, August 31, December 31, 2021) may report via the APP.

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

MIPS eligible clinicians within an APM are required to report to MIPS. Clinicians participating in a MIPS APM have the APP as one option for reporting to MIPS. If they do not wish to report through the APP, then they are required to report under traditional MIPS.

Please note: While the APP is required for all Shared Savings Program ACOs, MIPS eligible clinicians participating in those ACOs have the option to report through the APP outside of the ACO or participate in MIPS outside of the APP at the individual or group level.

### What are the reporting requirements for MIPS APM participants who choose to participate in traditional MIPS instead of the APP?


MIPS APM participants who choose to participate in traditional MIPS are subject to [traditional MIPS](#) reporting and scoring requirements. However, the traditional MIPS performance category weights for APM Entities are the same as the APP:

- Quality: 50%
- Cost: 0%
- Promoting Interoperability: 30%
- Improvement activities: 20%

MIPS performance category weights for individuals and groups reporting to traditional MIPS will be consistent with traditional MIPS performance category weights. In 2021 those weights will be:

- Quality: 40%
- Cost: 20%
- Promoting Interoperability: 25%
- Improvement activities: 15%

While MIPS APM participants reporting through the APP will automatically receive 100% credit for the improvement activities performance category in 2021, MIPS APM participants reporting under traditional MIPS will automatically receive 50% credit for the performance category, need to report improvement activities to receive a higher score, and the 0% cost category weight would not be applied.





### **How do I access the APP? Is it located on the QPP website?**

The APP is reported through the QPP website. To access the QPP website, you must have an 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](#).

### **Can traditional MIPS groups use the APP as a method to report on the quality performance category?**

Groups containing participants in MIPS APMs may report via the APP, but only those eligible clinicians who are participants in a MIPS APM will be eligible to receive a final score based on APP scoring.

### **If an APM participant chooses to participate in the APP, does that mean that they need to report both the APM-specific quality measures to the APM and the APP quality measures for MIPS?**

Yes. The APP only pertains to MIPS reporting and scoring. APM participants still need to fulfill their separate APM requirements. Shared Savings Program ACOs will only need to report quality measures via the APP to satisfy the quality reporting requirements under both the Shared Savings Program and the MIPS.

### **How do the quality measures that we report to APM correlate with the APP quality measures?**

Measures reported to your APM have no bearing on your MIPS quality performance category score, and vice versa. However, if your APM measures happen to overlap with your MIPS measures, such as is the case for the Shared Savings Program, then you may be able to use the same data for both programs .

### **Does the APP recognize hospital-based participants/groups as exempt from the Promoting Interoperability performance category, as they are in MIPS?**

Yes. All exceptions applicable to the regular MIPS Promoting Interoperability performance category reporting rules also apply to the APP.


## **Shared Savings Program Frequently Asked Questions**

### **Is the APP required for Shared Savings Program ACOs?**

Yes. Effective for performance year 2021 and subsequent performance years, the Shared Savings Program quality reporting requirements will align with the requirements under the APP. Shared Savings Program ACOs will be required to report quality data for purposes of the Shared Savings Program via the APP. The quality measures reported for purposes of the APP will be used to determine the quality performance of the ACO for purposes of calculating shared savings and shared losses, where applicable.

In order to meet the quality reporting requirements under the Shared Savings Program, ACOs must meet the requirements described below.

- For performance year 2021, ACOs will be required to report quality data via the APP, and can choose to actively report either the 10 measures under the CMS Web Interface or the



3 eCQM/MIPS CQM measures. In addition, ACOs will be required to field the CAHPS for MIPS Survey, and we will calculate 2 measures using administrative claims data. Based on the ACO's chosen reporting option, either 6 or 10<sup>2</sup> measures will be included in the calculation of the ACO's quality performance score.

- For performance year 2022 and subsequent performance years, ACOs will be required to actively report quality data on the 3 eCQM/MIPS CQM measures via the APP, field the CAHPS for MIPS Survey, and we will calculate 2 measures using administrative claims data. All 6 measures will be included in the calculation of the ACO's quality performance score.

MIPS quality performance category scores for ACOs that have reported through the APP 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.

## 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 offerings will reflect our efforts to streamline and simplify the Quality Payment Program, we understand that clinicians will still need assistance in order to help them successfully participate. We will continue offering direct, customized technical assistance to clinicians in small practices through our [Small, Underserved, and Rural Support initiative](#).

We also 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](mailto:QPP@cms.hhs.gov). 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.

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<sup>2</sup> For performance year 2021, if ACOs choose to report via the CMS Web Interface, they will be required to report all 10 measures, but will be scored on only 7 of those measures (3 of the measures (Quality ID# 438, Quality ID# 370, and Quality ID# 134) do not have a benchmark).

