Quality Payment
PROGRAM

Alternative Payment Models (APMs)

2022 APM Performance Pathway Quick Start Guide

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Purpose: This guide aims to help MIPS APM participants (Individual, Group, or APM Entity) know what steps to take during the 2022 Performance Year in preparation for the 2023 submission Period.

This guide does not restate the information previously released in the 2022 APM Performance Pathway (APP) Infographic or in the 2022 APM Performance Pathway (APP) for MIPS APM Participants.

How to Use This Guide

How to Use This Guide

Please Note: This guide was prepared for informational purposes only and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not 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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Hyperlinks

Hyperlinks to the QPP website are included throughout the guide to direct the reader to more information and resources.

Overview

What is the APP?

The APM Performance Pathway (APP) is a 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 2021 and 2022 Comprehensive List of APMs.

The APP is designed to reduce reporting burden and encourage participation in APMs. Performance is measured across three areas and accounts for the following percentage of the MIPS Final Score for MIPS APM participants reporting through the APP: quality (50%), improvement activities (20%), and Promoting Interoperability (30%).

Note, all MIPS APM participants who report through the APP in 2022 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.

The APP is required for all Shared Savings Program ACOs in order to meet the Shared Savings Program quality performance standard used to determine shared savings and shared losses.

The APP is an optional MIPS reporting and scoring pathway for MIPS eligible clinicians identified on the Participation List or Affiliated Practitioner List of any APM Entity participating in any MIPS APM on any of the four snapshot dates (March 31, June 30, August 31, and December 31) during a performance period. MIPS eligible clinicians participating in an ACO 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. MIPS eligible clinicians in an ACO participating in MIPS outside the ACO will receive the higher MIPS final score – from the ACO's reporting or individual/group/other APM Entity reporting – for purposes of determining their MIPS payment adjustment.

Learn more about APP Eligibility

MIPS Eligibility for MIPS APM Participants

Performance year 2020 was the last year that we evaluated APM Entities for the low volume threshold. Beginning with performance year 2021, we evaluate clinicians in MIPS APMs at the individual and group level for the low-volume threshold.

- Clinicians in a MIPS APM who are individually eligible for MIPS are required to participate in MIPS and will receive a MIPS payment adjustment whether or not data are reported for them.
- Clinicians in a MIPS APM who are only eligible for MIPS at the group level will receive a MIPS payment adjustment if data is reported by their group or APM Entity.
- **Note:** ACOs in all tracks of the Shared Savings Program are required to report the quality measures under the APP, regardless of their clinicians' MIPS eligibility. If an ACO reports via the APP, then the ACO participants don't have to report quality separately to MIPS but the MIPS eligible clinicians in the ACO will need to report Promoting Interoperability data (at the individual or group level) unless they qualify for reweighting.

For more information about MIPS Eligibility, please review the 2022 MIPS Eligibility and Participation Quick Start Guide. You can also check your current eligibility here (make sure you select "PY 2022".)

Collecting Data and Reporting the APP

Collecting Data and Reporting the APP

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When reporting the APP, you can participate (i.e., collect and report your data) at 3 different levels:

	As an individual	As a group	As an APM Entity
What does this mean?	A single clinician, identified by their individual National Provider Identifier (NPI) tied to a single Taxpayer Identification Number (TIN)	A single TIN with 2 or more clinicians (at least one clinician within the group must be MIPS eligible) as identified by their NPI, who have reassigned their Medicare billing rights to that TIN	A single organization, identified by the APM Entity Identifier. **Example:** An Accountable Care Organization participating in the Medicare Shared Savings Program
Who can participate this way?	Clinicians in a MIPS APM who are MIPS eligible and exceed the low-volume threshold (or are opt-in eligible) at the individual level	TINs that exceed the low-volume threshold (or are opt-in eligible) at the practice level and include clinicians in a MIPS APM	APM Entities participating in a MIPS APM
What data is reported?	Quality and Promoting Interoperability data are reported specific to the individual	Aggregated quality and Promoting Interoperability data are reported on behalf of all the clinicians in the group	Aggregated quality data are reported on behalf of all the clinicians in the Entity; Promoting Interoperability is reported by the individual or group (just as it was under the APM scoring standard)

Note: All MIPS APM participants who report through the APP in 2022 will automatically receive 100% for the improvement activities performance category score.

Key Considerations for Reporting the APP in the 2022 Performance Year

Key Considerations for Reporting the APP for the 2022 Performance Year

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You plan to report the APP as…	Your planning should include…

Individual	• Deciding which collection type to use for reporting the 3 measures required by the APP:
	  • Medicare Part B Claims (clinicians in a small practice only)
	  • Electronic Clinical Quality Measures (eCQMs) – must be collected in electronic health record technology certified to the 2015 edition
	  • MIPS Clinical Quality Measures (MIPS CQMs)
	• Learning about Promoting Interoperability reporting at the individual level

Group	• Understanding whether you need to aggregate data for submission to CMS
	  • 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 collection type to use for reporting the 3 measures required by the APP:
	  • Medicare Part B Claims (small practices only)
	  • Electronic Clinical Quality Measures (eCQMs) – must be collected in electronic health record technology certified to the 2015 edition
	  • MIPS Clinical Quality Measures (MIPS CQMs)
	• Registering for the CAHPS for MIPS Survey (April – June)
	• Finding a CMS-approved survey vendor to administer the survey (July – August)
	• Learning about Promoting Interoperability reporting at the group level

Key Considerations for Reporting the APP for the 2022 Performance Year

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You plan to report the APP as…	Your planning should include…

APM Entity (excluding Shared Savings Program ACOs)	• Understanding whether you need to aggregate data for submission to CMS
	  • 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 collection type to use for reporting the 3 measures required by the APP:
	  • Medicare Part B Claims (APM Entities with small practices only)
	  • Electronic Clinical Quality Measures (eCQMs) – must be collected in electronic health record technology certified to the 2015 edition
	  • MIPS Clinical Quality Measures (MIPS CQMs)
	• Registering for the CAHPS for MIPS Survey (April – June)
	• Hiring a CMS-approved survey vendor to administer the survey (July – August)
	• Communicating to participants that they will need to report Promoting Interoperability data at the individual or group level (not reported at the APM Entity level)

Shared Savings Program ACOs	• Deciding which APP Quality Measure Set Option will you report
	• If reporting Option 1, deciding which collection type to use:
	  • Electronic Clinical Quality Measures (eCQMs) – must be collected in electronic health record technology certified to the 2015 edition
	  • MIPS Clinical Quality Measures (MIPS CQMs)
	• Understanding whether you need to aggregate data for submission to CMS
	  • Will a vendor to do this for you?
	  • Do you have internal IT staff that can support data collection for the required measures?
	• Finding a CMS-approved survey vendor to administer the CAHPS for MIPS Survey (July – August)
	• Communicating to participants that they will need to report Promoting Interoperability data at the individual or group level (not reported at the APM Entity level)

Performance Year 2022 APP Quality Requirements

PY2022 APP Quality Requirements

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What Quality Data Submission Options are Available?

You must collect measure data for the 12-month performance period (January 1 - December 31, 2022). Only Shared Savings Program ACOs have 2 measure set options for their APP quality submission.

If you participate at this level...	You can use this measure set...
Individual, Group, APM Entity	• eCQM, MIPS CQM or Medicare Part B Claims* (3 measures), • CAHPS for MIPS Survey (groups and APM Entities) and; • Administrative Claims (1 or 2 measures).
Shared Savings Program ACOs	**Option 1** • eCQM or MIPS CQM (3 measures), • CAHPS for MIPS Survey and; • Administrative Claims (2 measures) **Option 2** • CMS Web Interface (10 measures**), • CAHPS for MIPS Survey and; • Administrative Claims (2 measures).

Note: As part of the 2022 PFS Final Rule, CMS finalized a longer transition for eCQM/CQM measure reporting for Shared Savings Program ACOs by extending the CMS Web Interface as an option through the 2024 performance year.

***** Medicare Part B Claims measures can only be reported by individual, groups or APM Entities with a small practice designation.
****** Note: We note that Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality ID# 438) and Depression Remission at Twelve Months (Quality ID# 370) do not have benchmarks for the CMS Web Interface, and therefore, will not be scored for performance year 2022. They are, however, required to be reported in order to complete the Web Interface dataset. Required but unreported measures will be added to your denominator, and will receive 0 out of 10 points. Additionally, we note that, in the CY 2023 Medicare Physician Fee Schedule Final Rule, we finalized retroactively setting flat percentage benchmarks for the Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID# 134) measure and the Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention (Quality ID# 226) measure for the 2022 performance year using our authority under § 1871(e)(1)(A) of the Social Security Act.

PY2022 APP Quality Requirements

Quality Payment PROGRAM

What Quality Data Submission Options are Available? (Continued)

You must collect measure data for the 12-month performance period (January 1 - December 31, 2022) on one of the following sets of pre-determined quality measures:

Option 1: Quality Measures Set

Quality ID: 001 Diabetes: Hemoglobin A1c (HbA1c) Poor Control	Quality ID: 134 Preventive Care and Screening: Screening for Depression and Follow-up Plan	Quality ID: 236 Controlling High Blood Pressure	Quality ID: 321 CAHPS for MIPS	Measure #: 479 Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Measure #: 484 Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions
Collection Type: • eCQM/MIPS CQM	**Collection Type:** • eCQM/MIPS CQM	**Collection Type:** • eCQM/MIPS CQM	**Collection Type:** • CAHPS for MIPS Survey	**Collection Type:** • Administrative Claims	**Collection Type:** • Administrative Claims
Submitter Type: • MIPS EC • Representative of a Practice • APM Entity • Third Party Intermediary	**Submitter Type:** • MIPS EC • Representative of a Practice • APM Entity • Third Party Intermediary	**Submitter Type:** • MIPS EC • Representative of a Practice • APM Entity • Third Party Intermediary	**Submitter Type:** • Third Party Intermediary	**Submitter Type:** • N/A	**Submitter Type:** • N/A

Note: "EC" denotes "Eligible Clinician."

PY2022 APP Quality Requirements

Quality Payment PROGRAM

What Quality Data Submission Options are Available? (Continued)

Option 2: Quality Measures Set (Shared Savings Program ACOs only)

Quality ID: 001 Diabetes: Hemoglobin A1c (HbA1c) Poor Control	Quality ID: 134 Preventive Care and Screening: Screening for Depression and Follow-up Plan	Quality ID: 236 Controlling High Blood Pressure	Quality ID: 318 Falls: Screening for Future Fall Risk	Quality ID: 110 Preventive Care and Screening: Influenza Immunization	Quality ID: 226 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Collection Type: • CMS Web Interface	**Collection Type:** • CMS Web Interface	**Collection Type:** • CMS Web Interface	**Collection Type:** • CMS Web Interface	**Collection Type:** • CMS Web Interface	**Collection Type:** • CMS Web Interface
Submitter Type: • APM Entity (ACO) • Third Party Intermediary	**Submitter Type:** • APM Entity (ACO) • Third Party Intermediary	**Submitter Type:** • APM Entity (ACO) • Third Party Intermediary	**Submitter Type:** • APM Entity (ACO) • Third Party Intermediary	**Submitter Type:** • APM Entity (ACO) • Third Party Intermediary	**Submitter Type:** • APM Entity (ACO) • Third Party Intermediary

PY2022 APP Quality Requirements

Quality Payment PROGRAM

What Quality Data Submission Options are Available? (Continued)

Option 2: Quality Measures Set (Shared Savings Program ACOs only) [continued]

Quality ID: 113
Colorectal Cancer Screening

Collection Type:
- CMS Web Interface

Submitter Type:
- APM Entity (ACO)
- Third Party Intermediary

Quality ID: 112
Breast Cancer Screening

Collection Type:
- CMS Web Interface

Submitter Type:
- APM Entity (ACO)
- Third Party Intermediary

Quality ID: 438
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Collection Type:
- CMS Web Interface

Submitter Type:
- APM Entity (ACO)
- Third Party Intermediary

Quality ID: 370
Depression Remission at Twelve Months

Collection Type:
- CMS Web Interface

Submitter Type:
- APM Entity (ACO)
- Third Party Intermediary

Quality ID: 321
CAHPS for MIPS

Collection Type:
- CAHPS for MIPS Survey

Submitter Type:
- Third Party Intermediary

Measure #: 479
Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups

Collection Type:
- Administrative Claims

Submitter Type:
- N/A

Measure #: 484
Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

Collection Type:
- Administrative Claims

Submitter Type:
- N/A

PY2022 APP Quality Requirements

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What do I need to consider when choosing a collection type for reporting Option 1 (the 3 measures)?

eCQMs	• Requires EHR technology certified to the 2015 Edition • EHR must be coded to collect measure data according to 2022 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 70% of the eligible population – not limited to Medicare patients • You can collect and submit these measures yourself or with the help of a third party intermediary such as a Qualified Registry.	• 2022 specifications eCQM Preparation & Implementation Checklist • 2022 eCQM specifications Links to both resources can be found the QPP Resource Library – search "eCQM"
MIPS CQMs	• 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 70% of the eligible population – not limited to Medicare patients • You can collect and submit these measures yourself or with the help of a third party intermediary such as a Qualified Registry.	• 2022 MIPS CQMs Specifications and Supporting Documents (ZIP) • 2022 Qualified Registries Qualified Posting
Medicare Part B Claims Measures	• Only available to individuals, groups and APM Entities with the small practice designation (as determined by eligibility information on the QPP website) • Data is reported throughout performance period on Part B claims when they're submitted for reimbursement. • Performance data must be reported for at least 70% of the Medicare patients that qualify for the measure	• 2022 Medicare Part B Claims Specifications and Supporting Documents (ZIP) • 2022 Medicare Part B Claims Quick Start Guide

EHR-based Quality Reporting

If you transition from one EHR system to another during the performance year, you should aggregate the data from the previous EHR and the new EHR into one report for the full 12 months prior to submitting the data. If a full 12 months of data is unavailable (for example if aggregation is not possible), your data completeness (reporting performance data for at least 70% of the denominator eligible population) must reflect the 12-month period. If you are submitting eCQMs, both EHR systems must be 2015 Edition CEHRT.

More information on EHR-based Quality reporting will be promoted through future listservs, materials, webinars, and "tech talks" with QPP Developers.

CAHPS for MIPS

The CAHPS for MIPS Survey is a required measure for the APP. 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:
An Individual	• The CAHPS for MIPS survey isn't available to clinicians reporting the APP as an individual. • Individuals won't be scored on this measure.	• N/A
A Group	Groups reporting the APP must • Register for the CAHPS for MIPS survey • Hire a CMS-approved survey vendor.	• CAHPS Registration opens April 1, 2022, through June 30, 2022. • The list of CMS approved survey vendors is available here.
An APM Entity (non-Shared Savings Program ACOs)	APM Entities (non-Shared Savings Program ACOs) reporting the APP must • Register for the CAHPS for MIPS survey. • Hire a CMS-approved survey vendor.	• The list of CMS approved survey vendors is available here.
An APM Entity (Shared Savings Program ACO)	• ACOs are auto-registered for the CAHPS for MIPS survey. • ACOs must hire a CMS-approved survey vendor.	• The list of CMS approved survey vendors is available here.

Performance Year 2022 Promoting Interoperability Requirements

PY2022 Promoting Interoperability Requirements

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This performance category promotes patient engagement and electronic exchange of information using certified electronic health record technology (CEHRT).

What Promoting Interoperability Data Should I Submit?

You, meaning the individual or group, will submit a single set of Promoting Interoperability objectives and measures to align with 2015 Edition CEHRT.

Promoting Interoperability data is only submitted at the individual or group level, not at the APM Entity level. Third party intermediaries can submit data on behalf of individuals and groups they support.

If you plan to report as…	You can use this submission type…
Individual or **Group**	• Sign in and attest • Sign in and upload
Third Party Intermediary	• Sign in and upload • Direct Submission via API

NOTE: This performance category only counts toward the MIPS final score and therefore isn't required for Qualifying APM Participants (QPs) and Partial QPs that don't elect to report to MIPS.

PY2022 Promoting Interoperability Requirements

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Is There Automatic Reweighting for Certain Clinician Types and Special Statuses?

For certain clinicians 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.

You qualify for automatic reweighting if you are:

- Clinical Social Worker **(NEW)**
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists
- Registered Dietitians or Nutrition Professionals
- Physical Therapists
- Occupational Therapists
- Clinical Psychologists
- Qualified Speech-Language Pathologists
- Qualified Audiologists

Special Status:

- Small Practices **(NEW)**
- Ambulatory Surgical Center (ASC)-based
- Hospital-based
- Non-Patient Facing

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 reweighting.**

After submission, how is an APM Entity's score calculated?

The calculated Promoting Interoperability performance category score is generated as an average of the highest scores submitted by or for each MIPS eligible clinician reporting as a group or an individual participating in an APM Entity.

View the 2022 Promoting Interoperability Quick Start Guide to learn more about the Promoting Interoperability performance category score calculation for MIPS eligible clinicians in the MIPS APMs.

Performance Year 2022 Improvement Activities Requirements

PY2022 Improvement Activities Requirements

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This performance category measures participation in activities that improve clinical practice.

After submission, how is my score calculated?

All MIPS APM participants who report through the APP will receive full credit (20 out of 20 points towards your final score) for the improvement activities performance category in the 2022 performance year, and therefore won't need to submit additional improvement activity information.

Version History

Version History

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

Date	Description
11/18/2022	Original posting