

2023 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](#) who participate in [MIPS Alternative Payment Models \(APMs\)](#): the [APM Performance Pathway \(APP\)](#).

Complementary to 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 and began with the 2021 performance year. It's designed to focus on outcomes, reduce reporting burden, and encourage continued APM participation. The APP is an optional MIPS reporting and scoring pathway for MIPS APM participants; however, it is required for all Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs).

APP Reporting Requirements

The following reporting and scoring rules apply only to those MIPS eligible clinicians, groups, or APM Entities (e.g., Shared Savings Program ACOs) reporting the APP. As detailed below, clinicians reporting the APP to meet MIPS reporting requirements need to report data for the quality and Promoting Interoperability performance categories for the 2023 performance year. (MIPS eligible clinicians automatically receive full credit in the improvement activities performance category with no additional data reported.) If applicable, Promoting Interoperability can be reported at the individual, group, or APM Entity level beginning with the 2023 performance year.

Quality Performance Category

The 2023 quality performance category is weighted at 50% of the MIPS final score for MIPS APM participants reporting through the APP. It encompasses 6 measures that focus on population health, which are widely available to all MIPS APM participants. For the 2023 and 2024 performance years, the CMS Web Interface is only available to Shared Savings Program ACOs reporting the APP.



Participants 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.¹

For the 2023 performance year, the following measures are included in the APP measure set¹:

Table 1: APP Quality Measures Set

Measure #	Measure Title	Collection Type	Submitter Type	Outcome Measure
Quality ID#: 321	CAHPS for MIPS	CAHPS for MIPS Survey	Third Party Intermediary	No
Quality ID#: 479	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	N/A	Yes
Quality ID#: 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Administrative Claims	N/A	Yes
Quality ID#: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	eCQM/ Medicare Part B Claims/ MIPS CQM	Individual/Group/ APM Entity/Third Party Intermediary	Yes
Quality ID#: 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM/ Medicare Part B Claims/ MIPS CQM	Individual/Group/APM Entity/Third Party Intermediary	No
Quality ID#: 236	Controlling High Blood Pressure	eCQM/ Medicare Part B Claims/ MIPS CQM	Individual/Group/APM Entity/Third Party Intermediary	Yes

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

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

Quality ID#: 001/DM-2	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	Shared Savings Program ACO/Third Party Intermediary	N/A for scoring purposes
Quality ID#: 134/PREV-12	Preventive Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	Shared Savings Program ACO/Third Party Intermediary	N/A for scoring purposes
Quality ID#: 236/HTN-2	Controlling High Blood Pressure	CMS Web Interface	Shared Savings Program ACO/Third Party Intermediary	N/A for scoring purposes
Quality ID#: 318/CARE-2	Falls: Screening for Future Fall Risk	CMS Web Interface	Shared Savings Program ACO/Third Party Intermediary	N/A for scoring purposes
Quality ID#: 110/PREV-7	Preventive Care and Screening: Influenza Immunization	CMS Web Interface	Shared Savings Program ACO/Third Party Intermediary	N/A for scoring purposes
Quality ID#: 226/PREV-10	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	Shared Savings Program ACO/Third Party Intermediary	N/A for scoring purposes
Quality ID#: 113/PREV-6	Colorectal Cancer Screening	CMS Web Interface	Shared Savings Program ACO/Third Party Intermediary	N/A for scoring purposes
Quality ID#: 112/PREV-5	Breast Cancer Screening	CMS Web Interface	Shared Savings Program ACO/Third Party Intermediary	N/A for scoring purposes
Quality ID#: 438/PREV-13	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	Shared Savings Program ACO/Third Party Intermediary	N/A for scoring purposes

² For the 2023 performance year, the following CMS Web Interface measures do not have benchmarks and will not be scored: the 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 Web Interface data set.

Quality ID#: 370/MH-1	Depression Remission at Twelve Months	CMS Web Interface	Shared Savings Program ACO/Third Party Intermediary	N/A for scoring purposes
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For quality measures that don't meet the case minimum, CMS will remove that measure from the quality performance score for that individual, group, or APM Entity. The 7-point quality measure scoring cap won't be applied in the event that a measure in the APP measure set is determined to be topped out and subject to a scoring cap.

MIPS Quality performance category scores for ACOs that have reported the APP will also be used for purposes of determining shared savings and shared losses in the Shared Savings Program, thus satisfying reporting requirements for both programs.

Cost Performance Category

CMS has waived the cost performance category for the APP using the waiver authority in sections 1115A(d)(1) and 1899(f) of the Social Security Act. As a result, the cost performance category is weighted at 0% of the MIPS final score for MIPS APM participants reporting 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. All MIPS APM participants who report through the APP for the 2023 performance year 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 the APP. The Promoting Interoperability performance category has the same scoring rules and reporting requirements under the APP as under traditional MIPS. 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 for MIPS.

Beginning with the 2023 performance year, APM Entities such as Shared Savings Program ACOs can choose to submit their Promoting Interoperability data at the APM Entity level. APM Entities have the option to report Promoting Interoperability data at the individual or group level in the APP and/or individual, group, virtual group, or APM Entity level in Traditional MIPS or MVPs; 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.

APP Scoring

Table 2 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.

Table 2: APP Scoring

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

In cases where more than one final score is associated with a MIPS eligible clinician, CMS will use the highest available final score for that clinician to determine the MIPS payment adjustment, unless the clinician is part of a virtual group, in which case the virtual group's final score will be used.

Please note that Table 2 doesn't account for complex patient bonus points. Complex patient bonus points, if applicable, will be 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.³ Bonus points are also available within the quality performance category for small practices and anyone demonstrating quality improvement from the previous year.

³ For more information on the calculation of complex patient bonus points, please see slides 56-59 of the 2023 APP scoring guide included in the 2023 APM Performance Pathway Toolkit.

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 1 of the 4 2023 snapshot dates (March 31, June 30, August 31, December 31, 2023) may report the APP. MIPS APM participants may report the APP at the individual, group, and/or APM Entity levels. The APP is required for all Shared Savings Program ACOs.

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

Individually eligible MIPS eligible clinicians participating in an APM are still required to report for MIPS. The APP is one option for these clinicians to fulfill their MIPS reporting requirements. If they don't wish to report through the APP, then they must report [traditional MIPS](#) or a [MIPS Value Pathway \(MVP\)](#). Please note that MVP reporting requires advance registration.


Please note: 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. However, MIPS eligible clinicians participating in those ACOs 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 are participating in MIPS outside the ACO and aren't in a virtual group will receive the highest MIPS final score that can be attributed to them – from the ACOs reporting or individual/group/other APM Entity reporting – for purposes of determining their MIPS payment adjustment.

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, eligible clinicians can participate as an individual, group, virtual group or APM Entity. 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 [2023 MIPS Quick Start Guide \(PDF, 1.04MB\)](#).

MIPS Value Pathways ([MVPs](#)) are the newest reporting option to fulfill MIPS reporting requirements, beginning in 2023. 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 subset of measures and activities (within the measures and activities available for traditional MIPS). There are 12 MVPs finalized for the 2023 performance year, including:

1. Advancing Rheumatology Patient Care MVP
2. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP
3. Advancing Care for Heart Diseases MVP
4. Optimizing Chronic Disease Management MVP
5. Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP

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6. Improving Care for Lower Extremity Joint Repair
 7. Patient Safety and Support of Positive Experiences with Anesthesia MVP
 8. Advancing Cancer Care MVP
 9. Optimal Care for Kidney Health MVP
 10. Optimal Care for Patients with Episodic Neurological Conditions MVP
 11. Supportive Care for Neurodegenerative Conditions MVP
 12. Promoting Wellness MVP

For more information, see the [2023 MVPs Implementation Guide \(PDF, 1.85MB\)](#).

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 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 \(ZIP, 4.05MB\)](#). 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 of their clinicians are MIPS APM participants?

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 reporting. If your group includes any MIPS eligible clinicians (eligible at the individual or group level) that aren’t identified as MIPS APM participants, you’ll need to report traditional MIPS or an MVP as a group in addition to your APP reporting. Otherwise, these clinicians will receive a negative MIPS payment adjustment.


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. For most alternative payment models, the APP only pertains to MIPS reporting and scoring and APM participants will still need to fulfill their separate APM requirements. However, 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.

Can MIPS eligible clinicians report the APP as a subgroup?

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

How do the quality measures that we report to the 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 overlap with your MIPS measures, then you may be able to use the same data for both programs. For example, Shared Savings Program ACOs report one set of quality measures under the APP for both the Shared Savings Program and MIPS.

Do the traditional MIPS policies for reweighting the Promoting Interoperability performance category for certain clinicians and groups that are determined 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 the APP required for Shared Savings Program ACOs?

Yes. the Shared Savings Program quality reporting requirements 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 when 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. 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-based measures included in the APP.
OR
- Report the 3 electronic clinical quality measures (eCQMs)/MIPS CQMs and administer the CAHPS for MIPS Survey. CMS will automatically calculate and score the ACO on the 2 administrative claims-based measures included in the APP.

MIPS Quality performance category scores for ACOs that have reported through the APP will be used for purposes of the Shared Savings Program in determining shared savings and shared losses, thus satisfying reporting requirements for both programs.

Can Shared Savings Program ACOs continue to use the CMS Web Interface as a collection type?

Yes. CMS finalized a longer transition for eCQM)/MIPS CQM reporting for Shared Savings Program ACOs by extending the CMS Web Interface as an option through performance year 2024.



For performance year 2023, what is the quality performance standard that Shared Savings Program ACOs must meet in order to share in savings and avoid owing shared losses?

For the 2023 performance year, to share in savings at the maximum savings rate under its track (or payment model within a track), an ACO must:

- Achieve a health equity adjusted quality performance score that is equivalent to or higher than the 30th percentile across all MIPS Quality performance category scores, excluding Entities/providers eligible for facility-based scoring; or
- Report the 3 eQMs/MIPS CQMs in the APP measures set (meeting the MIPS data completeness and case minimum requirements 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 measures set (as identified in Table 1), and achieve a quality performance score equivalent to or higher than the 30th percentile of the performance benchmark on at least 1 of the remaining 5 measures in the APP measures set.

An ACO that fails to meet either of the criteria above but meets 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 would share in savings (if otherwise eligible) at a lower rate that is scaled by the ACO's health equity adjusted quality performance score.

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 its health equity adjusted quality performance score. 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.

For 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).

What if a Shared Savings Program ACO doesn't completely report via the APP?

For performance year 2023, if the ACO (1) doesn't report any of the 10 CMS Web Interface measures or any of the 3 eQMs/MIPS CQMs and (2) doesn't administer a CAHPS for MIPS Survey under the APP, the ACO will not meet the Shared Savings Program quality performance standard or the alternative quality performance standard.

For ACOs that choose to report via the CMS Web Interface, they are required to completely report all 10 CMS Web Interface measures. If an ACO does not completely report, the ACO will

still receive a quality score. However, the ACO will receive zero points for each CMS Web Interface measure not reported. For each CMS Web Interface measure without a benchmark that is not reported, the ACO will receive zero points in the numerator and the denominator used to calculate their quality performance category score will increase by 10 points.

If an ACO is unable to report via the APP and CMS determines that the ACO was affected by extreme and uncontrollable circumstances, then the ACO will have their ACO quality performance score set equal to the 30th percentile MIPS Quality performance category score.

Will the public health emergency (PHE) for coronavirus disease 2019 (COVID-19) Impact Shared Savings Program quality scoring?

The PHE for COVID-19 was in effect starting in January 2020 and expired on May 11, 2023. All Shared Savings Program ACOs were deemed affected by the PHE for COVID-19 under the program's EUC policy for quality for performance year 2023. Therefore, for performance year 2023, an ACO's minimum quality performance score will be set to the equivalent of the 30th percentile MIPS Quality performance category score across all MIPS Quality performance category scores, excluding Entities/providers eligible for facility-based scoring.

If an ACO reports quality data via the APP and meets MIPS data completeness and case minimum requirements, then CMS will use the higher of the ACO's health equity adjusted quality performance score or the equivalent of the 30th 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 offerings 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 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 questions regarding the Shared Savings Program, please contact 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
09/15/23	Original version.