

Alternative Payment Models (APMs)

2023 APM Performance Pathway (APP) Quick Start Guide



Quality Payment
PROGRAM

Already know what MIPS is?
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Purpose: Insert purpose text here.

How to Use This Guide





Please Note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

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Hyperlinks

Hyperlinks to the [Quality Payment Program website](#) are included throughout the guide to direct the reader to more information and resources.

Overview



What is the APP?

The Alternative Payment Model (APM) Performance Pathway (APP) is a Merit-based Incentive Payment System (MIPS) reporting and scoring pathway for MIPS eligible clinicians who are also participants in MIPS APMs. To view the list of MIPS APMs please refer to the [2022 and 2023 Comprehensive List of APMs \(PDF, 483KB\)](#).

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: quality (50%), improvement activities (20%), and Promoting Interoperability (30%).

All MIPS APM participants who report the APP in 2023 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 Medicare Shared Savings Program Accountable Care Organizations (ACOs) in order to meet the Shared Savings Program quality performance standard used to determine shared savings and shared losses. MIPS eligible clinicians participating in an 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 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.

The APP is an optional MIPS reporting option 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 4 snapshot dates (March 31, June 30, August 31, and December 31) during a performance year. [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. As of the 2021 performance year, 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 are 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 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, group, or APM Entity level) unless they qualify for reweighting.

For more information about MIPS eligibility, please review the [2023 MIPS Eligibility and Participation Quick Start Guide \(PDF, 1.7MB\)](#). You can also check your current eligibility [here](#) (make sure you select "PY 2023").

Collecting Data and Reporting the APP



Collecting Data and Reporting the APP

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

As an
individual

As a group

As an APM
Entity

	Individual	Group	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, group, or APM Entity level.

Note: All MIPS APM participants who report the APP in 2023 will automatically receive 100% for the improvement activities performance category score.

Key Considerations for Reporting the APP in the 2023 Performance Year



Key Considerations for Reporting the APP for the 2023 Performance Year

You plan to report the APP as...	Your planning should include...
Individual	<ul style="list-style-type: none">• Deciding which collection type to use for reporting the 3 measures required by the APP:<ul style="list-style-type: none">• 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 Cures Update• MIPS Clinical Quality Measures (MIPS CQMs)• Learning about Promoting Interoperability (PDF, 1.3MB) reporting at the individual level
Group	<ul style="list-style-type: none">• Understanding whether you need to aggregate data for submission to CMS<ul style="list-style-type: none">• Will a vendor to do this for you?• Do you have internal IT staff that can support data collection for the required measures?• Deciding which collection type to use for reporting the 3 measures required by the APP:<ul style="list-style-type: none">• 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 Cures Update• MIPS Clinical Quality Measures (MIPS CQMs)• Registering for the CAHPS for MIPS Survey (April – June) and hiring a CMS-approved survey vendor (PDF, 223KB) to administer the survey (July – August)• Learning about Promoting Interoperability (PDF, 1.3MB) reporting at the group level

Key Considerations for Reporting the APP for the 2023 Performance Year

You plan to report the APP as...	Your planning should include...
APM Entity (excluding Shared Savings Program ACOs)	<ul style="list-style-type: none"> Understanding whether you need to aggregate data for submission to CMS <ul style="list-style-type: none"> Will a vendor to do this for you? Do you have internal IT staff that can support data collection for the required measures? Deciding which collection type to use for reporting the 3 measures required by the APP: <ul style="list-style-type: none"> Medicare Part B Claims (APM Entities with the small practice designation only) Electronic Clinical Quality Measures (eCQMs) – must be collected in electronic health record technology certified to the 2015 Edition Cures Update MIPS Clinical Quality Measures (MIPS CQMs) Registering for the CAHPS for MIPS Survey (April – June) and hiring a CMS-approved survey vendor (PDF, 223KB) to administer the survey (July – August) Communicating to participants that they will need to report Promoting Interoperability (PI) (PDF, 1.3MB) data at the individual or group level unless you're planning to report at the APM Entity level.
Shared Savings Program ACOs	<ul style="list-style-type: none"> Deciding which APP Quality Measure Set Option will you report If reporting Option 1, deciding which collection type to use: <ul style="list-style-type: none"> Electronic Clinical Quality Measures (eCQMs) – must be collected in electronic health record technology certified to the 2015 Edition Cures Update MIPS Clinical Quality Measures (MIPS CQMs) Understanding whether you need to aggregate data for submission to CMS <ul style="list-style-type: none"> Will a vendor to do this for you? Do you have internal IT staff that can support data collection for the required measures? Hiring a CMS-approved survey vendor (PDF, 223KB) to administer the CAHPS for MIPS Survey (July – August) Communicating to participants that they will need to report Promoting Interoperability (PI) (PDF, 1.3MB) data at the individual or group level unless you're planning to report at the APM Entity level. Starting in PY 2023 ACOs can report PI on behalf of practices.



Performance Year 2023 APP Quality Requirements



What Quality Data Submission Options are Available?

You must collect measure data for the 12-month performance period (January 1 - December 31, 2023). 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...
<u>Individual, Group, APM Entity (ZIP, 3.25MB)</u>	<ul style="list-style-type: none"> • eCQM, MIPS CQM or Medicare Part B Claims* (3 measures), • CAHPS for MIPS (groups and APM Entities); and • Administrative Claims (1 or 2 measures)
<u>Shared Savings Program ACOs (ZIP, 4.4MB)</u>	<p>Option 1</p> <ul style="list-style-type: none"> • eCQM or MIPS CQM (3 measures), • CAHPS for MIPS; and • Administrative Claims (2 measures) <p>Option 2</p> <ul style="list-style-type: none"> • CMS Web Interface (10 measures), • CAHPS for MIPS; and • Administrative Claims (2 measures)

* Medicare Part B Claims measures can only be reported by individual, groups or APM Entities with the small practice designation. In PY 2023, no Shared Savings Program ACOs met the criteria for small practice at the APM Entity level. As a result, no ACOs are eligible to report Part B claims for PY 2023.

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.

What Quality Data Submission Options are Available? (Continued)

You must collect measure data for the 12-month performance period (January 1 - December 31, 2023) 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

Collection Type:

- eCQM/MIPS CQM
- Medicare Part B Claims

Submitter Type:

- MIPS Eligible Clinician
- Representative of a Practice
- APM Entity
- Third Party Intermediary

Quality ID: 134
Preventive Care and
Screening: Screening
for Depression and
Follow-up Plan

Collection Type:

- eCQM/MIPS CQM
- Medicare Part B Claims

Submitter Type:

- MIPS Eligible Clinician
- Representative of a Practice
- APM Entity
- Third Party Intermediary

Quality ID: 236
Controlling High
Blood Pressure

Collection Type:

- eCQM/MIPS CQM
- Medicare Part B Claims

Submitter Type:

- MIPS Eligible Clinician
- Representative of a Practice
- APM Entity
- 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

What Quality Data Submission Options are Available? (Continued)

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

Quality ID:

001/DM-2

Diabetes:
Hemoglobin
A1c (HbA1c) Poor
Control

Quality ID:

134/PREV-12

Preventive Care and
Screening: Screening
for Depression and
Follow-up Plan

Quality ID:

236/HTN-2

Controlling High
Blood Pressure

Quality ID:

318/CARE-2

Falls: Screening for
Future Fall Risk

Quality ID:

110/PREV-7

Preventive Care and
Screening: Influenza
Immunization

Quality ID:

226/PREV-10

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

What Quality Data Submission Options are Available? (Continued)

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

Quality ID:
113/PREV-6
Colorectal Cancer
Screening

Collection Type:

- CMS Web Interface

Submitter Type:

- APM Entity (ACO)
- Third Party Intermediary

Quality ID:
112/PREV-5
Breast Cancer
Screening

Collection Type:

- CMS Web Interface

Submitter Type:

- APM Entity (ACO)
- Third Party Intermediary

Quality ID:
438/PREV-13
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/MH-1
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

PY2023 APP Quality Requirements

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

Collection Type	Details	Learn More
eCQMs	<ul style="list-style-type: none"> Requires EHR technology certified to the 2015 Edition Cures Update EHR must be coded to collect measure data according to 2023 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. For Shared Savings Program ACOs, the denominator eligible population will reflect 100% of the matched, deduplicated population across all participant TINs and CCNs in the ACO. You can collect and submit these measures yourself or with the help of a third party intermediary such as a Qualified Registry. 	<ul style="list-style-type: none"> 2023 Electronic Clinical Quality Measures (eCQMs) Implementation Checklist and Resources 2023 Electronic Clinical Quality Measures (eCQMs) Specifications Medicare Shared Savings Program: Reporting MIPS CQMs and eCQMs in the Alternative Payment Model Pathway (PDF, 865KB) <p>Links to each resource can be found the QPP Resource Library – search “eCQM”</p>
MIPS CQMs	<ul style="list-style-type: none"> Coding updates may be necessary to identify and capture all denominator eligible instances. Data is submitted following the performance period. Submission must identify 100% of the measure's denominator eligible population (as outlined in the specification) and include performance data for at least 70% of the eligible population – not limited to Medicare patients. For Shared Savings Program ACOs, the denominator eligible population will reflect 100% of the matched, deduplicated population across all participant TINs and CCNs in the ACO. You can collect and submit these measures yourself or with the help of a third party intermediary such as a Qualified Registry. 	<ul style="list-style-type: none"> 2023 Clinical Quality Measure Specifications and Supporting Documents (ZIP, 56.4MB) 2023 Qualified Registries Qualified Posting (XLSX, 149KB) Medicare Shared Savings Program: Reporting MIPS CQMs and eCQMs in the Alternative Payment Model Pathway (PDF, 865KB)
Medicare Part B Claims Measures	<ul style="list-style-type: none"> Only available to individuals, groups and APM Entities with the small practice designation (as determined by eligibility information on the QPP website). 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 	<ul style="list-style-type: none"> 2023 Medicare Part B Claims Measure Specifications and Supporting Documents (ZIP, 12.6MB) 2023 Part B Claims Reporting Quick Start Guide (PDF, 1.44MB) Medicare Shared Savings Program: Reporting MIPS CQMs and eCQMs in the Alternative Payment Model Pathway (PDF, 865KB)



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 eQMs, both EHR systems must be 2015 Edition Cures Update Certified EHR Technology (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

CAHPS for MIPS 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	<ul style="list-style-type: none"> CAHPS for MIPS isn't available to clinicians reporting the APP as an individual. Individuals won't be scored on this measure. 	<ul style="list-style-type: none"> N/A
A Group	<p>Groups reporting the APP must:</p> <ul style="list-style-type: none"> Register for the CAHPS for MIPS Survey. Hire a CMS-approved survey vendor. The list of CMS approved survey vendors is available here (PDF, 178KB). 	<ul style="list-style-type: none"> CAHPS registration opens April 3, 2023, through June 30, 2023, at 8 p.m. ET.
An APM Entity (non-Shared Savings Program ACOs)	<p>APM Entities (non-Shared Savings Program ACOs) reporting the APP must:</p> <ul style="list-style-type: none"> Register for the CAHPS for MIPS Survey. Find a CMS-approved survey vendor. The list of CMS approved survey vendors is available here (PDF, 178KB). 	<ul style="list-style-type: none"> CAHPS registration opens April 3, 2023, through June 30, 2023, at 8 p.m. ET.
An APM Entity (Shared Savings Program ACO)	<ul style="list-style-type: none"> ACOs are auto-registered for the CAHPS for MIPS Survey. ACOs must find a CMS-approved survey vendor. The list of CMS approved survey vendors is available here (PDF, 178KB). 	<ul style="list-style-type: none"> CAHPS vendor authorization tool opens August 8, 2023 through September 13, 2023, at 8 p.m. ET.

Performance Year 2023 APP Promoting Interoperability Requirements



What Promoting Interoperability Data Should I Submit?

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

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

Beginning this year, APM Entities have the option to report Promoting Interoperability data at the individual, group, or APM levels.

If you plan to report as...	You can use this submission type...
Individual, Group, or APM Entity¹	<ul style="list-style-type: none">• Sign in and attest• Sign in and upload
Third Party Intermediary	<ul style="list-style-type: none">• Sign in and upload• Direct Submission via API

¹ Third party intermediaries can submit data on behalf of individuals and groups they support.

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.

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:

							Special Status: <ul style="list-style-type: none">• Small Practices• Ambulatory Surgical Center (ASC)-based• Hospital-based• Non-patient Facing
Clinical Social Worker	Physical Therapists	Clinical Psychologists	Qualified Speech-Language Pathologists	Qualified Audiologists	Registered Dietitians or Nutrition Professionals	Occupational Therapists	

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.**

How is an APM Entity's Score Calculated?

If the APM Entity includes MIPS eligible clinicians, the MIPS eligible clinicians will need to report Promoting Interoperability data, or this performance category will contribute zero points toward their final MIPS score. Beginning with the 2023 performance year, APM Entities (including Shared Savings Program ACOs) can submit data for this performance category at the APM Entity level. If data isn't submitted at the APM Entity level, individual and group data will be aggregated and averaged into a single score for the APM Entity.

View the [2023 Promoting Interoperability Quick Start Guide](#) to learn more about the Promoting Interoperability performance category score calculation for MIPS eligible clinicians in the MIPS APMs.¹

¹ Promoting Interoperability can be reported in Traditional MIPS, MIPS Value Pathways (MVPs), and the APP. Be sure to refer to appropriate reporting pathway when using guidance documents.

Performance Year 2023 APP Improvement Activities Requirements



PY 2023 Improvement Activities Requirements

How is My Score Calculated?

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

All MIPS APM participants who report the APP will receive full credit (20 out of 20 points towards your final score) for the improvement activities performance category in the 2023 performance year, and therefore won't need to submit additional improvement activity information.

Version History



Version History

Version History

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

Date	Description
09/15/23	Original posting.