

## APP Reporting Scenarios

### Introduction

The Alternative Payment Model (APM) Performance Pathway (APP) is a reporting and scoring pathway for Merit-based Incentive Payment System (MIPS) eligible clinicians who are also participants in MIPS APMs. Designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APM, performance in the APP is measured across three areas: Quality, Improvement Activities, Promoting Interoperability.

Beginning with the 2021 performance year, participants may report the APP at the individual, group, and/or APM entity levels. This guide is intended to illustrate that APM participants who want to report their data through the APP but do not have an eligible patient population for all required measures due to their specific practice types will not be adversely affected. However, they should consider the information outlined in the following scenario to better ensure a successful submission. Note: this is not applicable for those individuals, groups, and/or APM entities that choose to not report their data.

In addition, for those reporting the APP as an individual or part of a group, this guide also provides guidance on which measures in the APP have limited applicability.

### Scenario 1

**Q:** I am a neurosurgeon who is part of an APM and would like to report the APP as an individual. I do not treat any diabetes as part of my practice. For measure 001, I would not be able to report this measure. What will happen to my APP MIPS score?

**A:** If you do not submit a claim using any of the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) codes included in the measure specifications<sup>1</sup> for a measure in the APP quality measure set, you will not be scored on this

<sup>1</sup> Diabetes: Hemoglobin A1c (hbA1c) Poor Control (>9%):

[https://qpp.cms.gov/docs/QPP\\_quality\\_measure\\_specifications/CQM-Measures/2019\\_Measure\\_001\\_MIPSCQM.pdf](https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_001_MIPSCQM.pdf)

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

[https://qpp.cms.gov/docs/QPP\\_quality\\_measure\\_specifications/CQM-Measures/2019\\_Measure\\_134\\_MIPSCQM.pdf](https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_134_MIPSCQM.pdf)

Controlling High Blood Pressure: [https://qpp.cms.gov/docs/QPP\\_quality\\_measure\\_specifications/CQM-Measures/2019\\_Measure\\_236\\_MIPSCQM.pdf](https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_236_MIPSCQM.pdf)



measure. You or your third-party intermediary (TPI) will need to report the measure using the following format:

```
{
  "measureId": "001",
  "value": {
    "isEndToEndReported": false,
    "performanceMet": 0,
    "performanceNotMet": 0,
    "eligiblePopulation": 0,
    "eligiblePopulationExclusion": 0,
    "eligiblePopulationException": 0
  }
}
```

By reporting the measure in this fashion, the system will acknowledge a lack an eligible patient population and reduce the denominator for required reportable measures by 10 points.

## Scenario 2

**Q:** I am considering reporting the APP as an individual or part of a group. Which measures in the APP have limited applicability?

**A:** There are three measures that are not applicable for individual or group reporting. First, as an individual you would be unable to register for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) measure. Secondly, the 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups measure is only applicable for APM entities and groups of 16 or more. And finally, the Risk-Standardized Acute Admission Rates for Patients with Multiple Chronic Conditions (MCC) Measure is only applicable for Accountable Care Organization (ACO) entities.

### Example Individual Quality Score (out of 50 possible points)

Measure	Score	Quality Denominator	Applicable
001	–	–	No
134	8	10	Yes
236	7	10	Yes
CAHPS	–	–	No
HWR	–	–	No
MCC	–	–	No
<b>Quality Score</b>	15	20	15 / 20 * 50 = 37.5 Points

### More Information

Additional resources are available on the [QPP website](#) and the [QPP Resource Library](#), including the [2021 APP for MIPS APM Participants Fact Sheet](#) and the [APP Quick Start Guide](#).

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 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.

### Version History

Date	Change Description
2/5/2021	Original version