

# Quality Payment PROGRAM

## Merit-based Incentive Payment System (MIPS)

**2021 Alternative Payment Model  
(APM) Performance Pathway (APP)  
Data Submission User Guide**



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## 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.

## Table of Contents

The table of contents is interactive. Click on a chapter in the table of contents to read that section.



You can also click on the icon on the bottom left to go back to the table of contents.

## Hyperlinks

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



**COVID-19 and 2021  
Participation**



## 2021 MIPS Extreme and Uncontrollable Circumstances Application Reopened March 1 - March 31, 2022

As announced through the QPP listserv on 03/01/2022, the Centers for Medicare & Medicaid Services (CMS) has reopened the 2021 extreme and uncontrollable circumstances (EUC) exception application to allow groups, virtual groups and APM Entities to submit an application requesting MIPS performance category reweighting due to the ongoing 2019 Coronavirus (COVID-19) public health emergency (PHE).

**MIPS EUC applications citing COVID-19 as the triggering event can be submitted until Thursday, March 31, 2022 at 8 p.m. ET.** You need a HCQIS Access Roles and Profile (HARP) account to complete and submit an exception application.

## APM Entities (This includes Shared Savings Program Accountable Care Organizations (ACOs))

Official representatives of APM Entities participating in MIPS, including Shared Savings Program ACOs, can submit a MIPS EUC application on behalf of all MIPS eligible clinicians in the APM Entity for the 2021 performance year. If approved, all of the MIPS eligible clinicians in the APM Entity will receive a neutral MIPS payment adjustment in the 2023 MIPS payment year.

Applications must be submitted by an official representative of the APM Entity, not by a participant in the APM Entity.

There are some differences from our existing policy for individuals, groups, and virtual groups.

- APM Entities are required to request reweighting for all performance categories (they wouldn't be able to select some, but not all, performance categories)
- At least 75% of the MIPS eligible clinicians in the Entity need to qualify for reweighting in the Promoting Interoperability performance category
- Data submission by an APM Entity doesn't override performance category reweighting. (APM Entities with an approved application will receive a final score equal to the performance threshold and the MIPS eligible clinicians in the APM Entity will receive a neutral payment adjustment even if data are submitted.)

## The Shared Savings Program Quality EUC policy for determining shared savings and losses applies to all Shared Savings Program ACOs for performance year 2021.

CMS considers all ACOs to be affected by the COVID-19 PHE and the Shared Savings Program EUC policy applies for performance year 2021. ACOs that are able to report quality data via the APM Performance Pathway (APP) and meet MIPS data completeness and case minimum requirements will receive the higher of their ACO quality score or the 30th percentile MIPS quality performance category score. ACOs that are unable to report quality data via the APP and meet the MIPS quality data completeness and case minimum requirements, will have their quality score set equal to the 30th percentile MIPS quality performance category score.

**Please note that Shared Savings Program Quality EUC policy doesn't affect MIPS payment adjustments. However, ACO officials can submit a MIPS EUC application on behalf of the MIPS eligible clinicians in the ACO. (See previous slide.)**





## Getting Started



## Accessing the System

To [sign in to qpp.cms.gov](https://qpp.cms.gov) and submit PY 2021 data and/or view data submitted on your behalf, you need:

- An account (user ID and password)
- Access to an organization (a role)

If you don't already have an account or access, review the documentation listed below in the [QPP Access User Guide](#) so you can sign in to submit, or view, data.

Resource in the Quality Payment Program Access User Guide	Description
<b>Shared Savings Program ACOs_ACO-MS User Access</b>	Information about the new process for Shared Savings Program ACOs to get an account and role.  <b>NEW:</b> Representatives of Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) will now manage their QPP access through the ACO-Management System (ACO-MS).
<b>QPP Access briefly</b>	An overview of the steps needed to access your organization on the QPP website.
<b>Step 1. Register for a HARP Account</b>	Step-by-step instructions and screenshots for creating a HARP account (completed on the HARP website).
<b>Step 2a. Connect to an Organization</b>	Step-by-step instructions and screenshots for requesting a role for your organization (completed on the QPP website).

If you're working with a third party intermediary, **make sure you sign in during the submission period to review data submitted on your behalf.**

You **can't** submit new or corrected data after the submission period closes.

### Before You Begin

Make sure you are using the most recent version of your browser:

- Chrome: 96.0.4664.110
- Firefox: 95.0
- Safari: 15.0
- Edge: 96.0.1054.53

**Note:** Internet Explorer is no longer supported by QPP.

## Sign In to qpp.cms.gov

[Go to qpp.cms.gov](https://qpp.cms.gov) and click Sign In on the upper right-hand corner.

- Enter your User ID and Password.
- Check **Yes, I agree** next to the Statement of Truth and click **Sign In**.

Then, you will be prompted to provide a **security code** from your two-factor authentication.

The screenshot shows the 'Sign in to QPP' page. At the top, there are links for 'Sign in' and 'Register'. The main heading is 'Sign in to QPP'. Below this, there are two input fields: 'USER ID' with the text 'MYUSERID' and 'PASSWORD' with a masked password '.....'. A 'Show password' checkbox is located below the password field. Below the input fields, there is a link: 'Forgot your user id or password? Recover ID or reset password'. A paragraph of text follows: 'If you are a representative of a Shared Savings Program ACO and can access the ACO Management System (ACO-MS), then you can sign in to QPP using the same User ID and Password.' Below this is the 'STATEMENT OF TRUTH' section, which contains a paragraph of text: 'In order to sign in, you must agree to this: I certify to the best of my knowledge that all of the information that will be submitted will be true, accurate, and complete. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.' Below the text is a checkbox labeled 'Yes, I agree', which is checked. At the bottom left, there is a blue 'Sign in >' button. To its right, there is a link: 'Don't have an account? Register'. A red arrow points to the 'Yes, I agree' checkbox. Red boxes highlight the 'USER ID' and 'PASSWORD' fields, the 'Yes, I agree' checkbox, and the 'Sign in >' button.

## Sign In to qpp.cms.gov (Continued)

Once signed in, you can click the **Start Reporting** button on the right side of the page, or **Eligibility & Reporting** from the left-hand navigation.

The screenshot shows the user interface for Moira H. The left-hand navigation menu includes: Account Home, Eligibility & Reporting (highlighted with a red box), Performance Feedback, Doctors & Clinicians Preview, Exceptions Application, Targeted Review, Reports, Manage Access, and Help and Support. The main content area displays a welcome message and a timeline of key dates: Mar 17, 2021 (Last Day to submit 2020 data), Mar 18, 2021 (Preliminary Performance Feedback Available), Jul 16, 2021 (Final Performance Feedback is available), and Jul 16, 2021 (Submission Window is open). A central notification states: "Performance Year (PY) 2021 Submission Reporting Window is Now Open" with a "START REPORTING" button highlighted in red.

## APM Entities

From the **Eligibility & Reporting** page, click **Start Reporting**

The screenshot shows the "APM Entities" page. The left-hand navigation menu includes: Demo 2020, Account Home, Eligibility & Reporting (highlighted with a red box), Performance Feedback, APM Incentive Payments, Exceptions Application, Targeted Review, Reports, Manage Access, and Help and Support. The main content area displays a search bar and a list of 2 APM Entities. The first entity is "Harrison, Spencer and Jones" (MIPS APM | SSP A3859 / MSSP ACO - Track 1) with a "START REPORTING" button and a "View Participant Eligibility" link highlighted in red. The second entity is "Livingston, Brown and Trevino" (MIPS APM | SSP A1290 / MSSP ACO - BASIC LEVEL A-D) with a "START REPORTING" button and a "View Participant Eligibility" link highlighted in red.

## Sign In to qpp.cms.gov (Continued)

### Practices

From the **Eligibility & Reporting** page, you'll need to indicate whether you're reporting as a group or as individuals.

The screenshot shows the 'Practices' page in the qpp.cms.gov system. On the left is a dark blue sidebar with navigation options: Account Home, Eligibility & Reporting (selected), Performance Feedback, APM Incentive Payments, Exceptions Application, Targeted Review, Reports, Manage Access, and Help and Support. The main content area has a header with 'APM Entities' and 'Practices' tabs. Below the tabs is a search bar and a '5 Practices | Download' link. Two practice entries are listed:

- Erbulak - Adal**  
TIN: #000000416 | 831 Gaylord Village, Landenburgh, IN 49434-3259  
MIPS EXEMPT  
Exceeds Low Volume Threshold: No  
Medicare Patients at this practice: 15  
Allowed Charges at this practice: \$1,252.00  
Covered Services at this practice: 17  
Special Statures, Exceptions and Other Reporting Factors: Non-patient facing, Small practice
- Pacheco S.L.**  
TIN: #549000890 | 3785 Fausto Wells Suite 988, Funkberg, WY 54568-4346  
MIPS ELIGIBLE  
Exceeds Low Volume Threshold: Yes  
Medicare Patients at this practice: 710  
Allowed Charges at this practice: \$214,604.00  
Covered Services at this practice: 2,283  
Special Statures, Exceptions and Other Reporting Factors: Small practice, PI Hardship Exception  
APM Participation at the Practice Level: 1 APM Entity

For each practice, there are two buttons: 'REPORT AS GROUP' and 'REPORT AS INDIVIDUALS'. A red box highlights these buttons for both practices. Below each button is a link that says 'View clinician eligibility'.

### Opt-in Eligible Clinicians and Groups

Opt-in eligible clinicians and groups who wish to report via the APP and receive a MIPS payment adjustment will be prompted to complete an opt-in election before they can submit data. You can't voluntarily report the APP. For more information, review the 2021 Opt-In Election User Guide.



## Reporting Option Selection

## Reporting Option Selection

From the **Reporting Options** page, select **Start Reporting** below **APM Performance Pathway (APP)**

Eligibility & Reporting / APM Entity Details & Participants /

### Reporting Options

Carey PLC | APM Entity ID: A3859

Required Reporting

**APM Performance Pathway (APP)**

This reporting option is available to all MIPS eligible clinicians participating in a MIPS APM who must report to MIPS.

[Learn more about the APP](#) ↗

Start Reporting

Optional Reporting

**Traditional MIPS**

This reporting option is available to all MIPS eligible clinicians who must report to MIPS.

[Learn more about Traditional MIPS](#) ↗

Start Reporting

This page will identify your required and optional reporting.

**Shared Savings Program ACOs** are required to report the APP quality measure set as part of their participation in the Shared Savings Program.

- Participant TINs in these ACOs (and any group reporting the APP) can select either APP or traditional MIPS when reporting Promoting Interoperability data on behalf of their MIPS eligible clinicians at the individual or group level.

APM Entities participating in the **Comprehensive Primary Care Plus** and **Primary Care First** models will see their model-specific reporting listed as required.

Other than Shared Savings Program ACOs, APP reporting is optional for APM Entities, groups, and individual clinicians participating in MIPS APMs.

## Reporting Option Selection (Continued)

[Eligibility & Reporting](#) / [Practice Details & Clinicians](#) /

### Reporting Options

Bogan - Luellwitz | TIN: 549003603  
837 Elmore Mount, Apt. 645, Botsfordmouth, KS 099014313

For All MIPS Eligible Clinicians in a MIPS APM

**APM Performance Pathway (APP)**

This reporting option is available to all MIPS eligible clinicians participating in a MIPS APM who must report to MIPS.

[Learn more about the APP](#) ↗

[Start Reporting](#)

For All MIPS Eligible Clinicians

**Traditional MIPS**

This reporting option is available to all MIPS eligible clinicians who must report to MIPS.

[Learn more about Traditional MIPS](#) ↗

[Start Reporting](#)

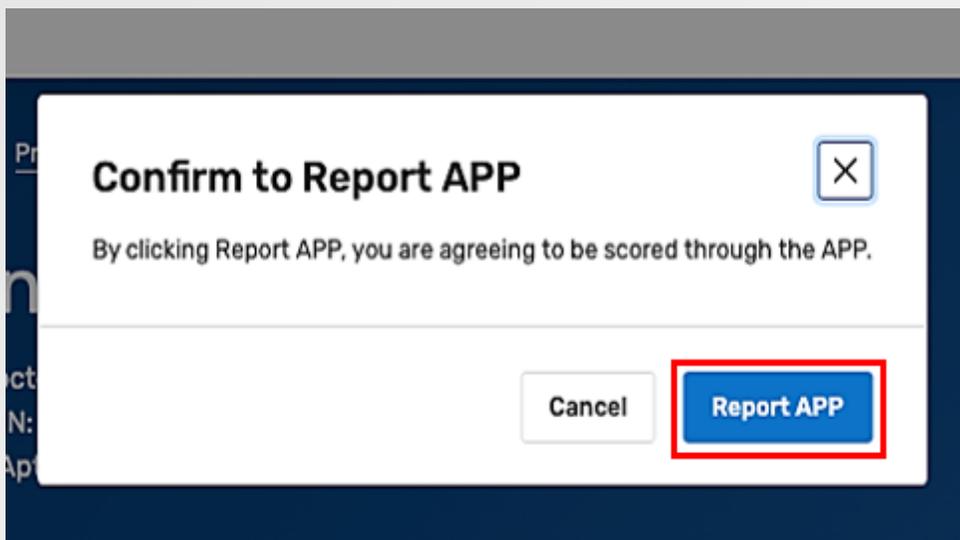
The APP is only available to MIPS eligible clinicians in a MIPS APM.

If your group includes MIPS eligible clinicians who don't participate in a MIPS APM, these clinicians aren't eligible to receive the final score and payment adjustment from the group's APP reporting.



## Reporting Option Selection (Continued)

Once you click **Start Reporting**, you'll be asked to confirm your choice.



Once you select Report APP, you will receive a final score under the APP even if no additional data are reported.

Under the APP, APM Entities, groups and individuals automatically receive full credit in the improvement activities performance category which will trigger a MIPS final score and associated MIPS payment adjustment even if no quality or Promoting Interoperability data are submitted.

If you later decide you don't want to report the APP, you can cancel this selection.



**Reporting Overview**

## Reporting Overview

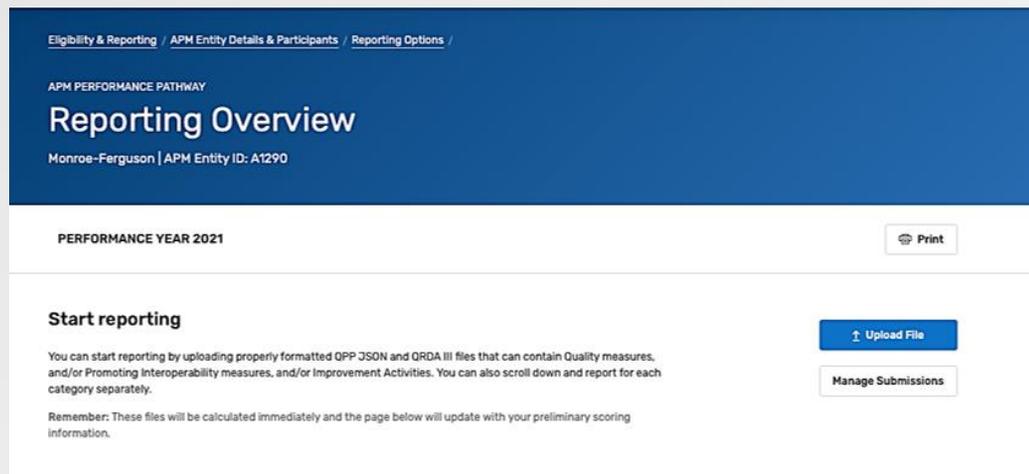
After confirming that you want to report the APP, you'll be directed to the Reporting Overview page where you can:

- Upload a file with your quality and/or Promoting Interoperability data
- Access the CMS Web Interface (Shared Savings Program ACOs only)
- Cancel your APP reporting selection
- Review your preliminary total score in progress
- Review your preliminary performance category scores in progress
- Access the quality and Promoting Interoperability category pages
- Review how your final score will be calculated
- Review information about the additional bonus points you may qualify for (these bonus points aren't available during submission)

## Preliminary Total Score

You will see a Preliminary Total Score based on data submitted to date (by you and/or a third party).

- You'll see a Preliminary Total Score of 20 out of 100 points even if no data has been submitted because of the automatic credit in the improvement activities performance category.
- Your Preliminary Total Score will update as new data is submitted.



Eligibility & Reporting / APM Entity Details & Participants / Reporting Options /

APM PERFORMANCE PATHWAY

### Reporting Overview

Monroe-Ferguson | APM Entity ID: A1290

PERFORMANCE YEAR 2021 Print

#### Start reporting

You can start reporting by uploading properly formatted QPP JSON and QRDA III files that can contain Quality measures, and/or Promoting Interoperability measures, and/or Improvement Activities. You can also scroll down and report for each category separately.

Remember: These files will be calculated immediately and the page below will update with your preliminary scoring information.

Upload File Manage Submissions

All changes are saved automatically.

**Preliminary Total Score**  
**20.00** / 100

Your Final Score won't be available until Summer 2022.

Quality	-- / 50
Promoting Interoperability	-- / 30
Improvement Activities	20.00 / 20
Cost	N/A

You'll see your Preliminary Total Score change as data is reported.

### IMPORTANT

When reporting as an APM Entity, the APM Entity reports quality data, and the MIPS eligible clinicians in the APM Entity report Promoting Interoperability data at the group or individual level.

- The Preliminary Total Score for APM Entities, such as Shared Savings Program ACOs, won't reflect Promoting Interoperability scores based on data submitted by individuals or groups.
- The Preliminary Total Score for a group or individual in the Entity won't reflect quality scores based on data submitted by the APM Entity.



**Preliminary Total Score**  
**37.06** / 100

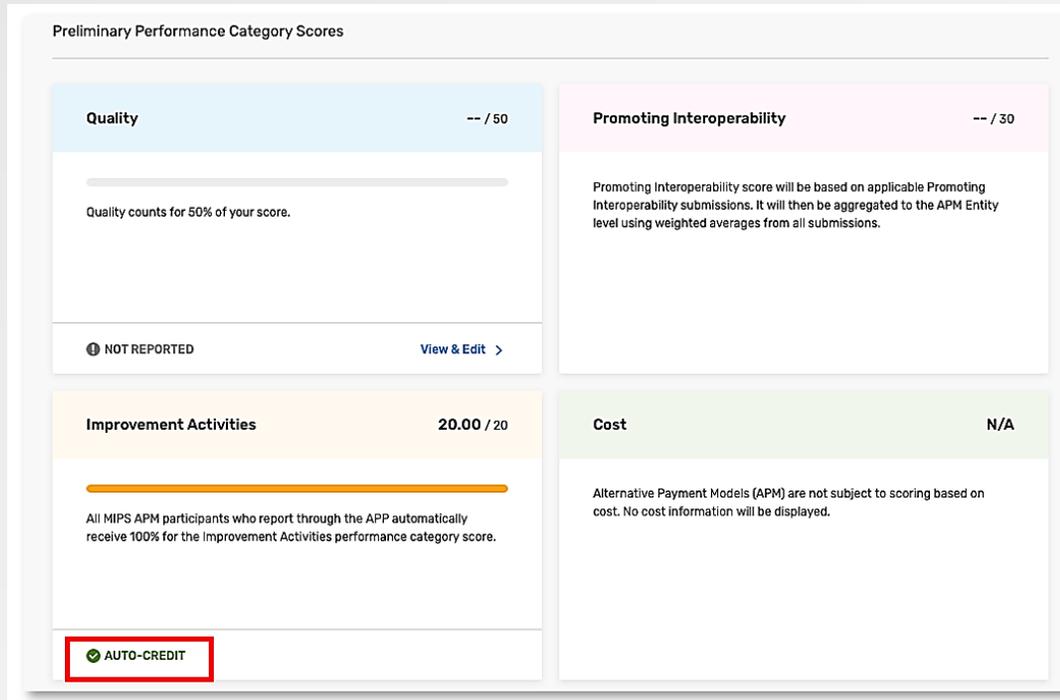
Your Final Score won't be available until Summer 2022.

Quality	17.06 / 50
Promoting Interoperability	-- / 30
Improvement Activities	20.00 / 20
Cost	N/A

## Preliminary Performance Category Scores

You will see Preliminary Performance Category Scores based on data submitted to date (by you and/or a third party).

- You'll see a preliminary score of 20 out of 20 points in the improvement activities performance category. (100% credit is automatically awarded.)
- Preliminary scores for the quality and Promoting Interoperability performance categories will update as new data is submitted.



You'll see your Preliminary Performance Category Scores change as data is reported.

You'll see your automatic full credit in the improvement activities performance category.

### IMPORTANT:

When reporting as an APM Entity, the APM Entity reports quality data, and the MIPS eligible clinicians in the APM Entity report Promoting Interoperability data at the group or individual level.

- APM Entities, such as Shared Savings Program ACOs, won't see Promoting Interoperability data or scores during submission.
- Groups and individuals in the Entity won't see quality scores.

## Additional Bonus Points

### Additional Bonus Points N/A

**Complex Patient Bonus:**  
The Complex Patient Bonus is based on to the level of complexity and risk of a clinician's or practice's patient population seen during the 2020 calendar year. A score of 0-5 may be available for your practice.

**Quality Improvement Bonus:**  
If you were eligible for Year 1 and made an eligible Quality submission, you may be eligible for an additional bonus. Once Feedback is available, this will be included as part of your Quality Score.

[Learn more about the additional bonus points](#) 

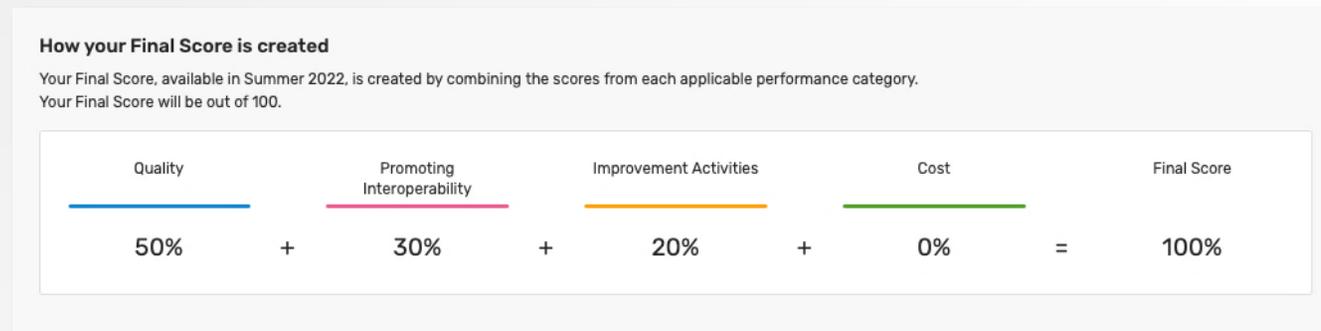
- 100% +   Leave a comment... 

### REMINDER:

You won't see any bonus points displayed during submission. This information will be added to performance feedback, available in Summer 2022.

## Final Score Calculation

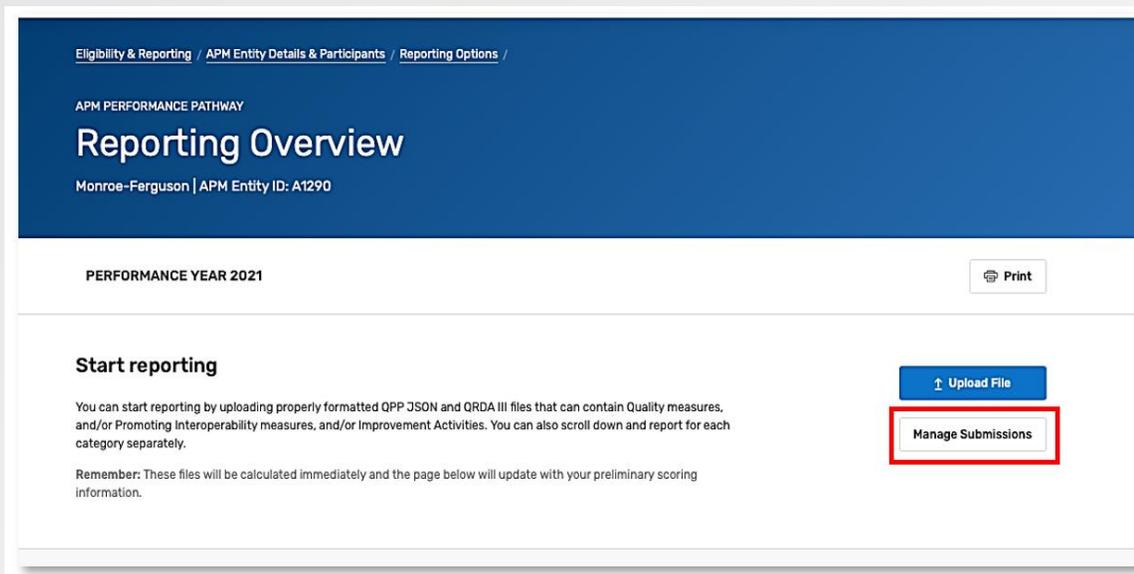
At the bottom of the Reporting Overview page, can view the final score calculation.



## Cancel Your APP Reporting Selection

If you've already confirmed that you wish to be scored under the APP and later decide that you don't want to report the APP, you can cancel your selection.

From the Reporting Overview page, click **Manage Submission**.

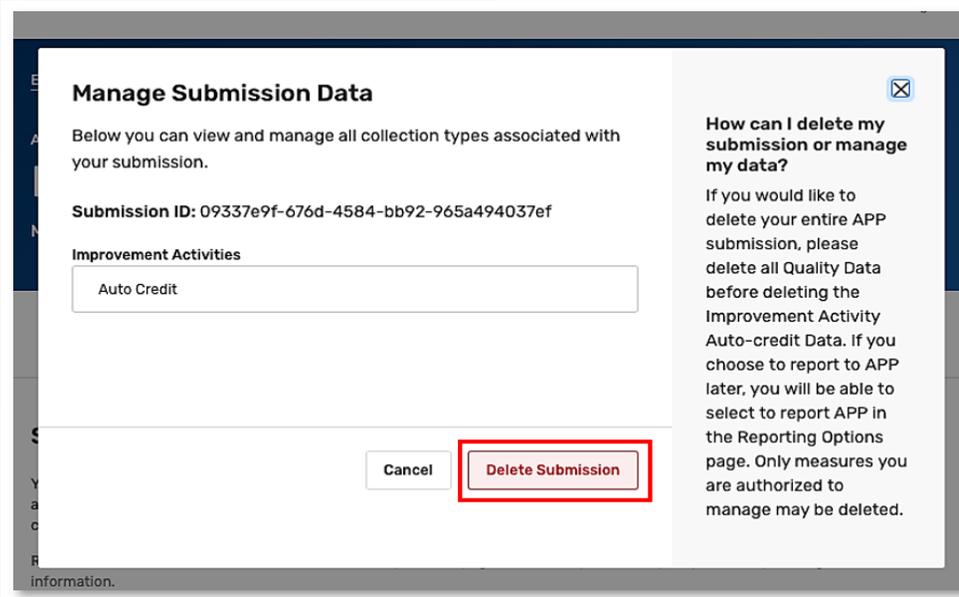


### IMPORTANT:

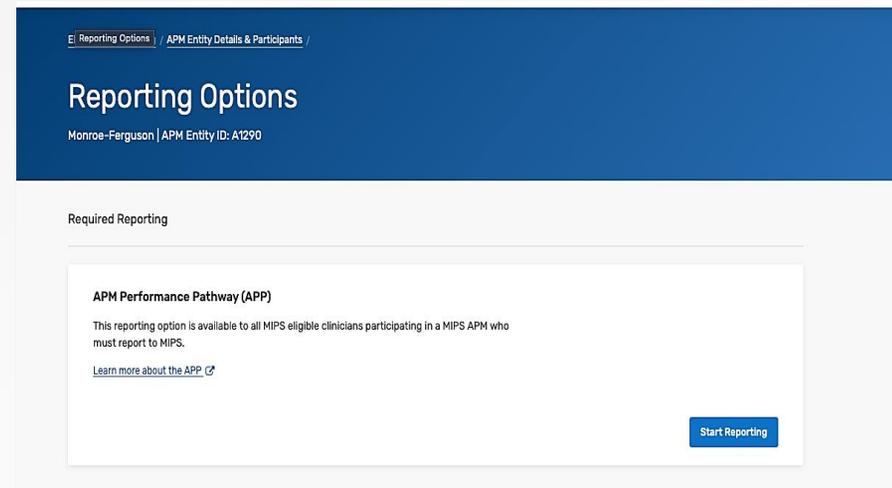
If you don't cancel your selection, you will receive a MIPS final score of 20 out of 100 points based on your automatic credit in the improvement activities, resulting in a negative payment adjustment for your MIPS eligible clinicians.

## Cancel Your APP Reporting Selection (Continued)

In the Manage Submission modal, you'll see automatic improvement activities credit and the option to Delete Submission. Click **Delete Submission** to cancel your APP reporting selection. You can also **Cancel** to return to APP reporting.



Once you've deleted your submission, you'll return to the **Reporting Options** page. If you decide later that you'd like to report the APP, you can click **Start Reporting** from this page.





## **Submitting and Reviewing Quality Data**

## Submitting and Reviewing Quality Data

As a reminder, when reporting the APP as an APM Entity, such as a Shared Savings Program ACO, quality data is reported by the APM Entity.

- [Reporting APP measures as eCQMs/MIPS CQMs](#)
- [Reporting APP measures through Medicare Part B claims](#)
- [Reviewing Previously Submitted Quality Data](#)
- [Frequently Asked Questions](#)

**This guide doesn't review CMS Web Interface submissions.** If you're a Shared Savings Program ACO reporting the APP quality measures via the CMS Web Interface, please review the [2021 CMS Web Interface User Guide](#).

Note that you **won't** see a preliminary quality score on the Reporting Overview page until all 10 CMS Web Interface measures have been reported and meet data completeness.

## Reporting APP measures as eQMs/MIPS CQMs

You can upload your QPP JSON or QRDA III file with your eQMs and/or MIPS CQMs directly from the **Reporting Overview** page by clicking **Upload File**.

PERFORMANCE YEAR 2021 Print

### Start reporting

You can start reporting by uploading properly formatted QPP JSON and QRDA III files that can contain Quality measures, and/or Promoting Interoperability measures, and/or Improvement Activities. You can also scroll down and report for each category separately.

**Remember:** These files will be calculated immediately and the page below will update with your preliminary scoring information.

[Upload File](#) [Manage Submissions](#)

Once you've uploaded your file, you will see an indicator of success or error.

**Upload successful**  
Your files were successfully uploaded. You can now review your submitted data on the Overview and Category Details pages.

**An Upload Error Occurred**  
You have an error in your submission reporting. You can continue to review your submission or upload more below.  
[DOWNLOAD REPORT](#)

Download your error report to review the specific errors in your file.

File Name	Size	Timestamp	Status	Message
MM3.json	2.5 KB	2020-01-11	Upload Failed	invalid submission object
MM3.json	2.5 KB	2020-01-11	Upload Failed	performanceEnd must be after or the same as the performanceStart date
MM3.json	2.5 KB	2020-01-11	Upload Failed	performanceEnd must match the submission's performanceYear

Once you've successfully uploaded a file, you will see your preliminary quality category score on the Reporting Overview and Quality pages and can access your measure scores the Quality page.

- Skip ahead to the [Quality Page](#) section for more information about the details provided after quality data has been submitted.

## Reporting APP measures through Medicare Part B claims

APM Entities, groups and individual clinicians with the small practice designation have the option of reporting the 3 required APP measures through Medicare Part B claims. We anticipate these measures will be available and displayed on the Quality page by mid-January 2022.

## Review Previously Submitted Data

To review eCQM/MIPS CQM data submitted on your behalf by another member of your organization or a third party intermediary, navigate to the Eligibility & Reporting page, click Start Reporting to get to the Reporting Options page. If data has been submitted, you'll see the option to Edit Submission.

Required Reporting

**APM Performance Pathway (APP)**

Accountable Care Organizations (ACOs) participating in the Medicare Shared Savings Program (MSSP) are required to submit data to the APP as part of their participation in MSSP.

[Learn more about the APP](#) 

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**Last Update:**  
03/15/2021 04:05 PM EST

[Edit Submission](#)

Optional Reporting

**Traditional MIPS**

If you report through traditional MIPS, the MIPS Eligible Clinicians in the ACO will receive the highest available score for the purposes of MIPS.

[Learn more about Traditional MIPS](#) 

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[Start Reporting](#)

## Review Previously Submitted Data (Continued)

Click **Edit Submission** to get to the Reporting Overview page. To see the details of the measure data reported on your behalf, click **View & Edit** on the quality card, or click **Quality** in the left-hand navigation.

**Quality** 17.06 / 50



Quality counts for 50% of your score.

**Collection Type** ?

CQMs

✓ SUBMITTED View & Edit >

 Account Home

---

Michiana Accountable  
Care Organization, LLC  
(QPP)  
APM Entity ID: A9369

---

 Eligibility & Reporting

- APM Entity Details & Participants
- Reporting Options

---

APM Performance Pathway

- APM Reporting Overview
  - Quality

## Quality Page

From the **Quality** page, you can access your preliminary quality score and view preliminary performance and scoring information for each measure submitted.

**APP Quality Score**

Beginning in PY 2019, clinicians and groups can report measures from multiple collection types for a single Quality score, with the exception of CMS Web Interface measures.

The Total Preliminary Score does not reflect CMS Web Interface submission data. If you only submit CMS Web Interface measures, you will see a Total Preliminary Score of 0.00/50 during the submission period until all measures are completed.

**Total Preliminary Score**  
**17.06 / 50**

Submitted Measures

**Measures that count toward Quality Performance Score**

Your Measure Score includes both performance points and bonus points.

Measure Name <a href="#">Expand All</a>	Performance Rate	Measure Score
<b>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt;9%)</b> Measure ID: 001	26.32%	7.88
<b>Controlling High Blood Pressure</b> Measure ID: 236   High Priority	26.64%	5.66
<b>Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b> Measure ID: 134	26.64%	3.52

Sub-Total: **17.06**

### IMPORTANT

Please note that your preliminary score will only reflect the 3 APP measures (Quality IDs 001, 134, and 236) that are submitted during the submission period.

Once performance feedback is available in Summer 2022, your quality score will be updated to reflect achievement points earned for the administrative claims measures and CAHPS for MIPS Survey measure.

## Quality Page (Continued)

Click the caret (" $>$ ") to the right of the measure score to expand the measure details and access more performance information.

Submitted Measures

Measures that count toward Quality Performance Score

Your Measure Score includes both performance points and bonus points.

Measure Name	Performance Rate	Measure Score																	
<a href="#">Expand All</a>																			
<b>Controlling High Blood Pressure</b> Measure ID: 236	26.64%	3.66	^																
<p>Lowest Benchmark: 20.00   30.00   40.00   50.00   60.00   70.00   80.00   Highest Benchmark: &gt;=90.00</p> <p>Performance Rate: 26.64%</p> <p><b>High Priority Bonus Ignored</b> This measure meets the requirement to receive the high priority bonus but has been selected as the first measure and is not eligible for the high priority bonus.</p> <p><b>Measure Type</b> Intermediate Outcome</p> <p><b>Details</b></p> <table><tr><td>Numerator</td><td>183</td></tr><tr><td>Denominator</td><td>687</td></tr><tr><td>Data Completeness</td><td>100%</td></tr><tr><td>Eligible Population</td><td>687</td></tr></table> <p><b>Performance Points</b></p> <table><tr><td>Points from Benchmark Decile</td><td>3.66</td></tr></table> <p><b>Bonus Points</b></p> <table><tr><td>High Priority Outcome or Patient Experience</td><td>0.00</td></tr><tr><td>Other High Priority</td><td>0.00</td></tr><tr><td>End-to-End Reporting</td><td>0.00</td></tr></table> <p><b>Measure Score</b> <b>3.66</b></p>				Numerator	183	Denominator	687	Data Completeness	100%	Eligible Population	687	Points from Benchmark Decile	3.66	High Priority Outcome or Patient Experience	0.00	Other High Priority	0.00	End-to-End Reporting	0.00
Numerator	183																		
Denominator	687																		
Data Completeness	100%																		
Eligible Population	687																		
Points from Benchmark Decile	3.66																		
High Priority Outcome or Patient Experience	0.00																		
Other High Priority	0.00																		
End-to-End Reporting	0.00																		
<b>Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b> Measure ID: 134   Topped Out Measure	26.64%	3.00	v																



## Quality Page (Continued)

You will also the administrative claims measure(s) and CAHPS for MIPS Survey measure listed, showing a measure score of "--". Your score for these measures will be added to performance feedback in Summer 2022.

Additional Measures that may count toward Quality Performance Score

**i** The performance rate and measure score for the following measures will be added to your overall submission after the submission period closes, if applicable. You don't need to take any action on these measures during the submission period.

**Administrative Claims**  
Administrative Claims is required for the APM Performance Pathway.

Measure Name	Performance Rate	Measure Score
<b>Hospital-Wide, 30-Day All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups</b> Measure ID: 479	--	--
<b>Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs</b>	--	--

**CAHPS for MIPS Survey**  
The CAHPS for MIPS Survey is a required measure for the APM Performance Pathway

Measure Name	Performance Rate	Measure Score
<b>CAHPS for MIPS Survey</b> Measure ID: 321	--	--



## Quality Page (Continued)

Finally, you can view how we've calculated your preliminary quality score

**Your Total Quality Score**  
Below is how your Total Quality score is calculated based on the measures above.

Category Score		Category Weight	Total Contribution to Final Score
15.06 <small>Points from Quality measures that count towards Quality score</small>	+	2.00 <small>Bonus points</small>	
<hr/>			
50 <small>Maximum number of points (# of required measures x 10)</small>	x	50 ?	= 17.06 <small>out of 50</small>

The **numerator** includes the achievement and bonus points earned for the 3 submitted measures.

The **denominator** includes the maximum points available for **all** measures required by the APP, including those that haven't been score yet.

This example shows what a group would see based on the 5 required measures for them. (Groups aren't scored on the Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions measure.)

**Your Total Quality Score**  
Below is how your Total Quality score is calculated based on the measures above.

Category Score		Category Weight	Total Contribution to Final Score
15.06 <small>Points from Quality measures that count towards Quality score</small>	+	2.00 <small>Bonus points</small>	
<hr/>			
60 <small>Maximum number of points (# of required measures x 10)</small>	x	50 ?	= 15.05 <small>out of 50</small>

This example shows what a Shared Savings Program ACO would see based on the 6 required measures for them. (Only ACOs are scored on the Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions measure.)

## Frequently Asked Questions

### **What happens if a Shared Savings Program ACO reports both the 10 CMS Web Interface measures and the 3 eQMs/MIPS CQMs?**

If an ACO reports both APP measure sets, we'll use whichever measure set results in a higher score when calculating your quality performance category score – either the 10 CMS Web Interface measures OR the 3 eQMs/MIPS CQMs.

### **Do Participant TINs in a Shared Savings Program ACO need to report quality measures?**

No, quality measures will be reported by the ACO. As a reminder, Participant TINs won't see any quality measure data or scores reported by the ACO when they sign in to report Promoting Interoperability data on behalf of their MIPS eligible clinicians.

### **When will administrative claims measures and CAHPS for MIPS Survey measure results be available?**

This information will be included as part of your performance feedback that will be available in Summer 2022.

### **What happens if we submit the same quality measure through multiple collection types?**

We will only include achievement points from one collection type for a single measure in your Quality performance category score.

Let's look at an example:

- You report the controlling high blood pressure measure (Quality ID 236) as an eCQM and MIPS CQM.
- You earn 6.1 achievement points for the measure through the eCQM collection type.
- You earn 7.5 achievements points for the measure through the MIPS CQM collection type.

The MIPS CQM version of measure 236 will be counted towards your Quality performance category score because it resulted in more achievement points.

The eCQM version of the measure won't contribute to your Quality performance category score.



# **Submitting and Reviewing Promoting Interoperability Data**

## Submitting and Reviewing Promoting Interoperability Data

When reporting the APP as an APM Entity, such as a Shared Savings Program ACO, Promoting Interoperability data is reported for the MIPS eligible clinicians in the APM Entity and submitted at the individual or group level.

- [File Upload](#)
- [Manual Entry \(Attestation\)](#)
- [Reviewing Previously Submitted Data](#)
- [Frequently Asked Questions](#)

**Shared Savings Program ACO participants:** Clinicians with Qualifying APM Participant (QP) status aren't MIPS eligible clinicians. You **don't** need to submit Promoting Interoperability data on behalf of these clinicians.

## File Upload

You can upload a QRDA III or QPP JSON file with your Promoting Interoperability data on the [Reporting Overview](#) page.

## Manual Entry (Attestation)

You can also attest to your Promoting Interoperability data by manually entering numerators, denominators, and yes/no values as appropriate to the measure.

Click **Create Manual Entry** on the **Reporting Overview**, and then again on the **Promoting Interoperability** page.



## Manual Entry (Attestation) (Continued)

If your Promoting Interoperability performance category is currently weighted at 0%, you will be prompted to confirm that you wish to proceed (click **Yes, I Agree** then **Continue**).

- If you click **Continue** and enter any data, including performance period dates, you will be scored in this performance category.

**Your current category weights**

The information below is subject to change based on availability of contributing factors. For clinicians that have a reweight associated, the Promoting Interoperability weight will be transferred to the Quality category.

Quality		Promoting Interoperability		Improvement Activities		Cost
75%	+	0%	+	25%	+	0%

You are not required to report this category and any data entered will result in a discard of the current reweight. By entering data, this will discard any reweighting currently being applied for this category. This will change your current weight of 0% for this category back to 25%. You will be scored on data submitted. **This action cannot be undone.** Are you sure you wish to proceed?

YES, I AGREE.

**CANCEL** **CONTINUE**

As you provide required information on the Manual Entry page, more fields will appear. For example, once you enter your performance period, the CEHRT ID field will appear. You must provide all required information (including measure data) before you can receive a preliminary score for this performance category.

## Enter Your Performance period

### Manual Entry

ITScoring-53 | TIN: 000043553  
842 Marisa Terrace, Suite 7960, Ricardochester, PA 216324809655845

PERFORMANCE YEAR 2021 Print

[< Back to Promoting Interoperability](#) 0 / 6 Manual Entry Objectives Completed Delete  
All 6 required objectives must be completed in order to receive a score

**i** You will receive a score for your manual entry once all 6 required Promoting Interoperability objectives have been completed.

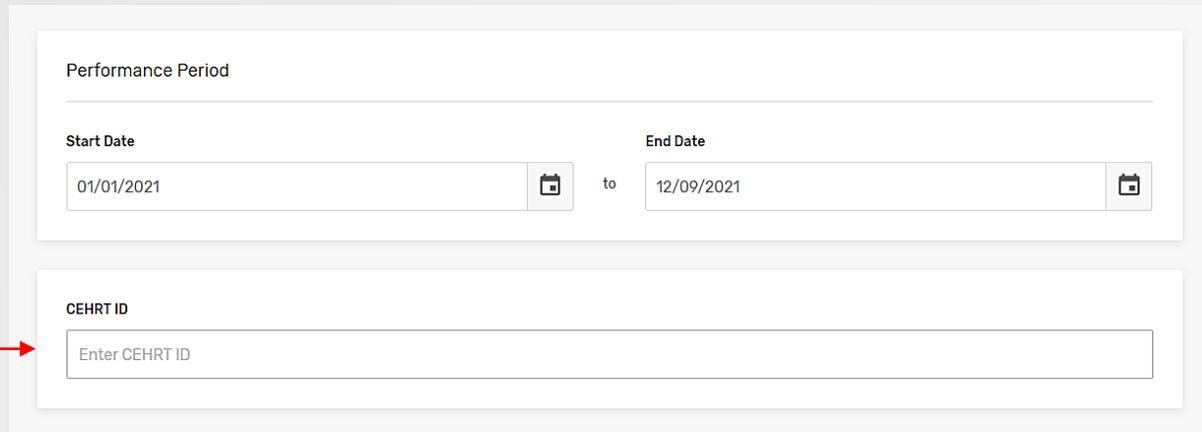
#### Manually Enter Your Measures

To begin manually entering your measures, select a performance period. All Promoting Interoperability objectives must be completed before your manual entry can be applied towards your total QPP Promoting Interoperability score.

Performance Period

Start Date: 01/01/2021 to End Date: 12/09/2021

## Enter your CMS EHR Certification ID (“CEHRT ID”)



The screenshot shows a web form with two main sections. The first section is titled "Performance Period" and contains two date pickers. The "Start Date" is set to "01/01/2021" and the "End Date" is set to "12/09/2021". The second section is titled "CEHRT ID" and contains a single text input field with the placeholder text "Enter CEHRT ID". A red arrow points from the text box in the CEHRT ID section to the explanatory text box below.

[For detailed instructions on how to generate a CMS EHR Certification ID, review pages 25-28 of the CHPL Public User Guide.](#)

A **valid** CMS EHR Certification ID for 2015 Edition CEHRT (or 2015 Cures Update Edition) will include "**15E**".

A CMS EHR Certification ID generated for a combination of 2014 and 2015 Edition CEHRT will include "**15H**" and **will be rejected**.

## Complete Required Attestation Statements and Measures

You must select **Yes** for the 2 required attestations before you can begin entering your measure data. As you move through the required information, you will see an indicator as each requirement is **completed**, but you won't see a preliminary score until all requirements are complete.

### Attestation Statements

**ONC Direct Review Attestation**

Measure ID: PI\_ONCDIR\_1

I attest that I - (1) Acknowledge the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and (2) If requested, cooperated in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the MIPS eligible clinician in the field.

Completed

To manually report a measure, you will need to either select **Yes** or enter the **numerator/denominator** value, according to the measure. You can also claim an exclusion if you qualify.

### Security Risk Analysis

**Security Risk Analysis**

Measure ID: PI\_PPHI\_1

Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified electronic health record technology (CEHRT) in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.

Completed

## Complete Required Attestation Statements and Measures (Continued)

### e-Prescribing

<p><b>e-Prescribing</b> Measure ID: PL_EP_1 At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.</p> <p><input type="checkbox"/> <b>Measure Exclusion:</b> Check the box to be excluded from the required e-Prescribing measure. At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.</p>	<table border="1"><tr><th>Numerator</th><th>Denominator</th></tr><tr><td>100</td><td>120</td></tr></table>	Numerator	Denominator	100	120
Numerator	Denominator				
100	120				

Completed

### e-Prescribing

<p><b>e-Prescribing</b> Measure ID: PL_EP_1 At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.</p> <p><input checked="" type="checkbox"/> <b>Measure Exclusion:</b> Check the box to be excluded from the required e-Prescribing measure. At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.</p>	<table border="1"><tr><th>Numerator</th><th>Denominator</th></tr><tr><td>0</td><td>0</td></tr></table>	Numerator	Denominator	0	0
Numerator	Denominator				
0	0				

Completed



## Health Information Exchange Objective

We added a new optional Bi-Directional Exchange measure, under the Health Information Exchange (HIE) objective as an alternative reporting option to the 2 existing HIE measures.

### Option 1:

- Support Electronic Referral Loops by Sending Health Information
- Support Electronic Referral Loops by Receiving and Reconciling Health Information

### Option 2:

- Health Information Exchange: Bi-Directional Exchange

Health Information Exchange

**Support Electronic Referral Loops By Sending Health Information** Numerator: 100 Denominator: 100  
Measure ID: PL\_HIE\_1  
For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider - (1) creates a summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.  
MEASURE SPECIFICATIONS  
[Download Specifications](#)  
 Measure Exclusion: Check the box to be excluded from the required Support Electronic Referral Loops By Sending Health Information measure. Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period. Complete

**Support Electronic Referral Loops By Receiving and Reconciling Health Information** Numerator: 100 Denominator: 100  
Measure ID: PL\_HIE\_4  
For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list.  
MEASURE SPECIFICATIONS  
[Download Specifications](#)  
 Measure Exclusion: Check the box to be excluded from the required Support Electronic Referral Loops By Receiving and Reconciling Health Information measure. Any MIPS eligible clinician who receives transitions of care or referrals or has patient encounters in which the MIPS eligible clinician has never before encountered the patient fewer than 100 times during the performance period. Complete

**Health Information Exchange(HIE) Bi-Directional Exchange** Yes No  
Measure ID: PL\_HIE\_5  
The MIPS eligible clinician or group must establish the technical capacity and workflows to engage in bi-directional exchange via an HIE for all patients seen by the eligible clinician and for any patient record stored or maintained in their EHR.  
MEASURE SPECIFICATIONS  
[Download Specifications](#)

Option 1

Option 2

## Public Health and Clinical Data Exchange Objective: Report Measure Again

This option allows you to manually report that you are engaged with two distinct organizations for the same measure within the Public Health and Clinical Data Exchange objective.

Public Health and Clinical Data Exchange

**Immunization Registry Reporting**  
Measure ID: PI\_PHCDRR\_1

The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

Measure Exclusion: Check the box to be excluded from the required Immunization Registry Reporting measure. The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

Yes  No

Report measure again

Completed

Start by answering **Yes** to the Measure.

**Immunization Registry Reporting**  
Measure ID: PI\_PHCDRR\_1

The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

Measure Exclusion: Check the box to be excluded from the required Immunization Registry Reporting measure. The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

Yes  No

Report measure again

Completed

**Immunization Registry Reporting for Multiple Registry Engagement**  
Measure ID: PI\_PHCDRR\_1\_MULTI

Report as true if active engagement with more than one immunization registry in accordance with PI\_PHCDRR\_1.

Yes  No

Completed

Then check the box to **Report Measure Again** and answer **Yes** to the Multiple Registry Engagement measure that appears.

Once all required data have been reported, the system will notify you and allow you to view your preliminary scores.

**Manual Entry Submitted**

You have completed all Promoting Interoperability measures in your manual entry submission. You may continue to make changes on this manual entry submission until the deadline.

[VIEW PRELIMINARY SCORES](#)

## Review Previously Submitted Data

Click **View & Edit** from the [Reporting Overview](#). You will land on a read-only page, letting you review the preliminary scoring details of your submission.

The screenshot displays the 'Promoting Interoperability' reporting interface. At the top, it shows the provider's name 'ITScoring-53' and TIN '000043553'. Below this, the 'PERFORMANCE YEAR 2021' is indicated. The main section features a 'MIPS Promoting Interoperability Score' card with a 'Total Preliminary Score' of 20.50 / 25, represented by a progress bar. A 'View Manual Entry' button is located below the score. At the bottom, a table lists the 'Performance Period' as '01/01/2021 - 12/09/2021' and the 'CEHRT ID' as '1215E1234567890'.

Performance Period	CEHRT ID
01/01/2021 - 12/09/2021	1215E1234567890

If you need to update your manually entered data, click **View Manual Entry**.

### Reminders

We recommend using a single submission type (file upload, API, or attestation) for reporting your Promoting Interoperability data.

- **Why? Any conflicting data** for a measure or required attestation submitted through multiple submission types **will result in a score of 0** for the Promoting Interoperability performance category.

This means **you can't create a manual entry to correct inaccurate data reported on your behalf.**

- If you see errors in your data, contact your third party intermediary and ask them to delete the data they've submitted for you.

## Review Previously Submitted Data (Continued)

If you report Promoting Interoperability data through multiple submission types (ex. Manual entry and file upload) and there is any conflicting data, you will receive a score of 0 out of 25 for the performance category.

### QPP Promoting Interoperability Score

For performance year 3 and beyond the QPP policy has been modified to allow clinicians and groups to choose measures from across multiple collection types and submit using the best submission types available to them.

[Manage Data](#) [View Manual Entry](#)

**Total Preliminary Score**  
**0.00 / 25**

**!** Submissions contain mismatching data resulting in a score of 0 for Promoting Interoperability. Please check performance date range, CEHRT ID and duplicate measure answers are consistent across submissions.

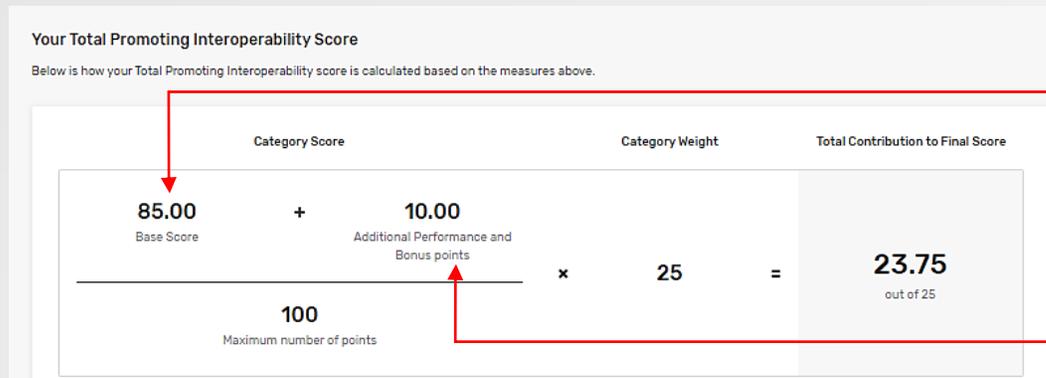
Click the down arrow on the right-hand side of the measure information to see numerator/denominator details or click **Expand All** below Measure Name to see the details of all the measures in that objective.

Measure Name <a href="#">Expand All</a>	Measure Score
<b>e-Prescribing</b> Measure ID: PI_EP_1	9 / 10 

Measure Name <a href="#">Expand All</a>	Measure Score
<b>e-Prescribing</b> Measure ID: PI_EP_1	9 / 10 
<hr/>	
At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.	
Collection Type 	
<a href="#">Manually Enter</a>	
	<b>Numerator</b> 187
	<b>Denominator</b> 199

## Preliminary Promoting Interoperability Score Calculation

At the bottom of the Promoting Interoperability page, you can see how we arrived at the points contributing to your final score. We divide the points earned by 100 (the maximum number of points available), then we multiply that number by the category weight.



Sum of points earned for all required measures

Points earned for reporting the optional measure

## Frequently Asked Questions

### How is Promoting Interoperability scored when reporting the APP as an APM Entity, such as a Shared Savings Program ACO?

When reporting the APP as an APM Entity, the MIPS eligible clinicians in the Entity still report their Promoting Interoperability measures as individuals or as a group. We score the required measures just as we do for all other individuals and groups, and then we use those scores to calculate a score for the APM Entity.

The APM Entity's Promoting Interoperability performance category score is an average of the highest score attributed to each MIPS eligible clinician in the APM Entity based on the required measures from their individual or group reporting. MIPS eligible clinicians who qualify for reweighting, such as through the automatic extreme and uncontrollable circumstance policy, and don't submit data for this performance category are excluded from this calculation.

The APM Entity can also earn the 10 bonus points if at least one individual or group in the APM Entity reports the optional Query of PDMP measure, but the Promoting Interoperability performance category score can't exceed 100%.

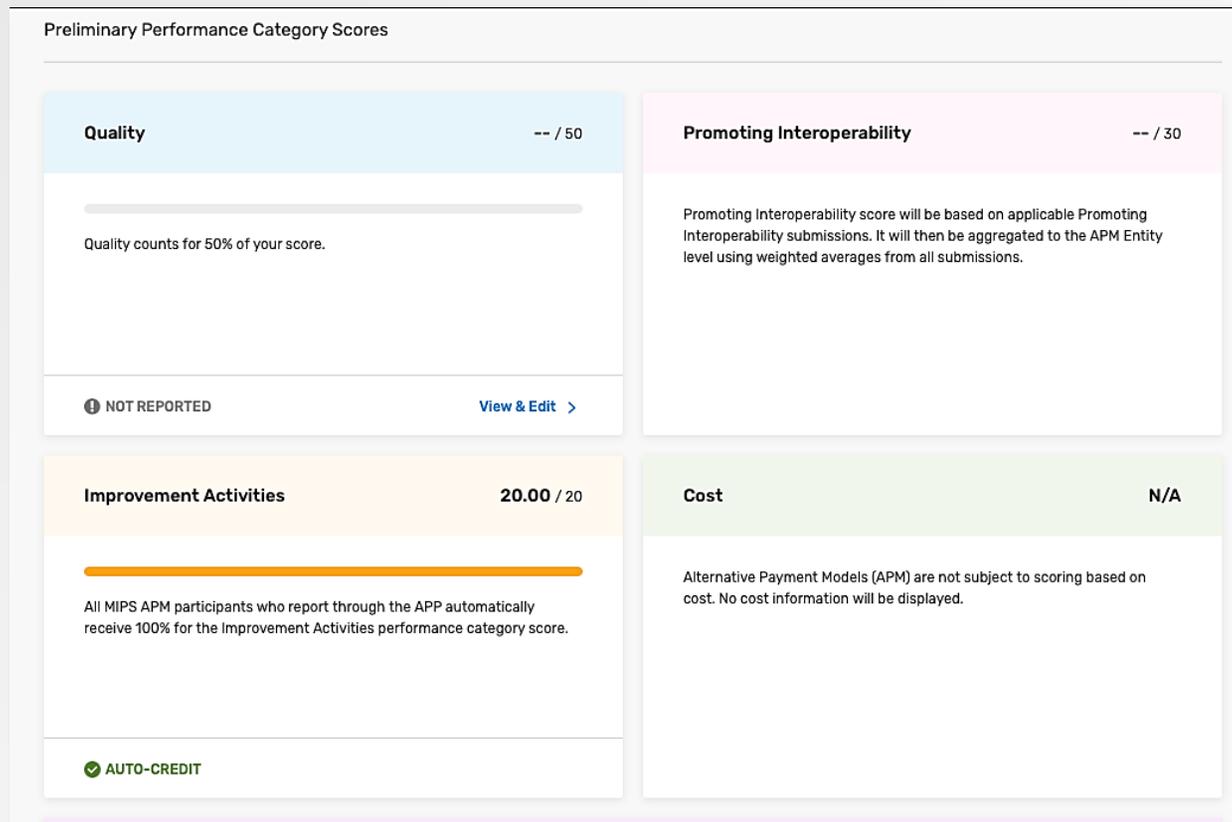


## **Improvement Activities**



## Improvement Activities

Individuals, groups and APM Entities reporting the APP automatically receive full credit in the improvement activities performance category. You aren't able to attest to additional improvement activities because you've already earned the maximum points in this performance category.





## **Help, Resources, and Version History**

## Where Can I Get Help?

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 e-mail 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.

Visit the Quality Payment Program [website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out the resources available in the [Quality Payment Program Resource Library](#).

## Additional Resources

The [Quality Payment Program Resource Library](#) houses fact sheets, measure specifications, specialty guides, technical guides, user guides, helpful videos, and more. We will update this table as more resources become available.

Resource	Description
<a href="#">2021 APP Toolkit</a>	Option 2 includes Quality Submission measure documentation for SSP ACOs Only. The included files are: APP Quality Submission Options, APP Quality Measures (Shared Savings Program ACOs Only), APP Quality Measure Specifications.
<a href="#">2021 APP Quality Requirements (All Participants)</a>	Option 1 contains the measures for Individual, Group, and APM Entity APP Quality Submission. This zip file includes: APP Quality Data Submission Options, APP Quality Measure Set (All Participants), APP Quality Measure Specifications.
<a href="#">2021 APP Quality Requirements (SSP ACO)</a>	PY 2021 APP Toolkit zip file includes: 2021 APP Toolkit Table of Contents, 2021 APM Performance Pathway for Shared Savings Program Accountable Care Organizations (ACOs) User Guide, 2021 APM Performance Pathway for MIPS APM Participants Fact Sheet, 2021 APM Performance Pathway Infographic, 2021 APM Performance Pathway Quick Start Guide, and 2021 APM Performance Pathway Reporting Scenarios.

# Help, Resources, and Version History

## Version History

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

Date	Description
12/27/2021	Original Posting.
3/1/2022	Updated resource based on the reopening of the 2021 MIPS EUC application from March 1, 2022 – March 31, 2022.