

## Alternative Payment Models (APMs)

### 2021 APM Performance Pathway Quick Start Guide

Updated: 2/23/2021



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*Already know what MIPS APMs is?  
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**Purpose:** This guide aims to help MIPS APM participants (Individual, Group, or APM Entity) know what steps to take during the 2021 Performance Year in preparation for the 2022 submission Period.

This guide does not restate the information previously released in the [2021 APM Performance Pathway \(APP\) Infographic](#) or in the [2021 APM Performance Pathway \(APP\) for MIPS APM participants](#).



## How to Use This Guide



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

## 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 [QPP website](#) are included throughout the guide to direct the reader to more information and resources.



# Overview

## What is the APP?

The APM Performance Pathway (APP) is a MIPS reporting and scoring pathway for MIPS eligible clinicians who are also participants in MIPS APMs. To view the list of MIPS APMs please refer to the [Comprehensive List of APMs](#).

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

Note, all MIPS APM participants who report through the APP in 2021 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 will be in effect beginning January 1, 2021 and is an optional MIPS reporting and scoring pathway for MIPS eligible clinicians identified on the Participation List or Affiliated Practitioner List of any APM Entity participating in any MIPS APM on any of the four snapshot dates (March 31, June 30, August 31, and December 31) during a performance period, beginning in the 2021 MIPS performance period.

ACOs participating in the Medicare Shared Savings Program are required to report through the APP for purposes of assessing their quality performance for that program, but MIPS eligible clinicians participating in these ACOs, as well as the ACOs themselves, also would have the option of reporting outside the APP, or within it at an individual or group level, for purposes of being scored under MIPS, like all other MIPS APM participants.

[Learn more about APP Eligibility](#)



## MIPS Eligibility: Performance Year 2021 Changes for MIPS APM Participants

We are no longer evaluating APM Entities for the low-volume threshold. Instead, we're evaluating clinicians in MIPS APMs for eligibility at the individual and group level.

- Clinicians in a MIPS APM who are individually eligible for MIPS are required to participate in MIPS and will receive a MIPS payment adjustment whether or not data are reported for them.
- Clinicians in a MIPS APM who are only eligible for MIPS at the group level will receive a MIPS payment adjustment if data is reported by their group.

For more information about MIPS Eligibility, please review the [2021 Eligibility and Participation Quick Start Guide](#). You can also check your current eligibility [here](#) (make sure you select PY 2021.)

Note: ACOs in all tracks of the Shared Savings Program are required to report the APP, regardless of MIPS eligibility.

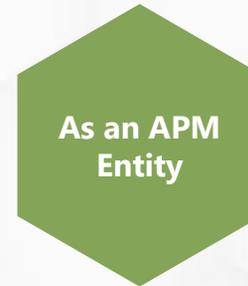




# Collecting Data and Reporting the APP

# Collecting Data and Reporting the APP

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



	Individual	Group	APM Entity
<b>What does this mean?</b>	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.  <b>Example:</b> An Accountable Care Organization participating in the Medicare Shared Savings Program
<b>Who can participate this way?</b>	Clinicians in a MIPS APM who are MIPS eligible and exceed the low-volume threshold (or 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
<b>What data is reported?</b>	Quality and Promoting Interoperability data is reported specific to the individual	Aggregated quality and Promoting Interoperability data is reported on behalf of all the clinicians in the group	Aggregated quality data is reported on behalf of all the clinicians in the Entity;  Promoting Interoperability is reported by the individual or group (just as it was under the APM scoring standard)

Note: All MIPS APM participants who report through the APP in 2021 will automatically receive 100% for the improvement activities performance category score.





# Key Considerations to Start the 2021 Performance Year in APP

You plan to report the APP as...	Your planning should include...	Your planning timeframe is ...
<p><b>Individual, Group, APM Entity</b></p>	<ul style="list-style-type: none"> <li>• Deciding which APP Quality Measures will you report</li> <li>• Understanding whether you need to aggregate data for submission to CMS                             <ul style="list-style-type: none"> <li>• Will a vendor to do this for you?</li> <li>• Do you have internal IT staff that can support coding changes necessary to collect required measures?</li> </ul> </li> <li>• Learning about <a href="#">Promoting Interoperability</a> reporting at the individual and group level (not reported at the APM Entity level)</li> <li>• Receiving full credit automatically for the improvement activities performance category</li> </ul>	<ul style="list-style-type: none"> <li>• January 1 – December 31, 2021</li> </ul>





# PY2021 APP Quality Requirements



## What Quality Data Submission Options are Available?

You have two options for what measure sets to use for your APM Performance Pathway quality submission depending on your participation level. You must collect measure data for the 12-month performance period (January 1 - December 31, 2021) on one of the following sets of pre-determined quality measures.

If you participate at this level...	You can use this measure set...
<p><b>Individual, Group, APM Entity</b></p>	<ul style="list-style-type: none"> <li>• eCQM, MIPS CQM or Medicare Part B Claims* (3 measures),</li> <li>• CAHPS for MIPS survey measure and;</li> <li>• Administrative Claims (1 or 2 measures** ).</li> </ul>
<p><b>SSP ACOs (2021 only)</b></p>	<p><b>Option 1</b></p> <ul style="list-style-type: none"> <li>• eCQM or MIPS CQMs (3 measures),</li> <li>• CAHPS for MIPS survey measure and;</li> <li>• Administrative Claims (2 measures**)</li> </ul> <p><b>Option 2</b></p> <ul style="list-style-type: none"> <li>• CMS Web Interface (10 measures),</li> <li>• CAHPS for MIPS survey measure and;</li> <li>• Administrative Claims (2 measures**).</li> </ul>

*\*Medicare Part B Claims measures can only be reported by individual, groups or APM Entities with a small practice designation.  
\*\* The Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions measure is for ACOs only, for performance year 2021.*



## What Quality Data Submission Options are Available? (Continued)

You must collect measure data for the 12-month performance period (January 1 - December 31, 2021) on one of the following sets of pre-determined quality measures:

### Option 1: Quality Measures Set

<p><b>Quality ID:</b> <b>001</b> Diabetes: Hemoglobin A1c (HbA1c) Poor Control</p>	<p><b>Quality ID:</b> <b>134</b> Preventive Care and Screening: Screening for Depression and Follow up Plan</p>	<p><b>Quality ID:</b> <b>236</b> Controlling High Blood Pressure</p>	<p><b>Quality ID:</b> <b>321</b> CAHPS for MIPS</p>	<p><b>Measure #:</b> <b>479</b> Hospital-Wide, 30- day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups</p>	<p><b>Measure #:</b> <b>TBD</b> Risk Standardized All Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs</p>
<p><b>Collection Type:</b></p> <ul style="list-style-type: none"> <li>eCQM/MIPS CQM</li> </ul>	<p><b>Collection Type:</b></p> <ul style="list-style-type: none"> <li>eCQM/MIPS CQM</li> </ul>	<p><b>Collection Type:</b></p> <ul style="list-style-type: none"> <li>eCQM/MIPS CQM</li> </ul>	<p><b>Collection Type:</b></p> <ul style="list-style-type: none"> <li>CAHPS for MIPS Survey</li> </ul>	<p><b>Collection Type:</b></p> <ul style="list-style-type: none"> <li>Administrative Claims</li> </ul>	<p><b>Collection Type:</b></p> <ul style="list-style-type: none"> <li>Administrative Claims</li> </ul>
<p><b>Submitter Type:</b></p> <ul style="list-style-type: none"> <li>MIPS EC</li> <li>Representative of a Practice</li> <li>APM Entity</li> <li>Third Party Intermediary</li> </ul>	<p><b>Submitter Type:</b></p> <ul style="list-style-type: none"> <li>MIPS EC</li> <li>Representative of a Practice</li> <li>APM Entity</li> <li>Third Party Intermediary</li> </ul>	<p><b>Submitter Type:</b></p> <ul style="list-style-type: none"> <li>MIPS EC</li> <li>Representative of a Practice</li> <li>APM Entity</li> <li>Third Party Intermediary</li> </ul>	<p><b>Submitter Type:</b></p> <ul style="list-style-type: none"> <li>Third Party Intermediary</li> </ul>	<p><b>Submitter Type:</b></p> <ul style="list-style-type: none"> <li>N/A</li> </ul>	<p><b>Submitter Type:</b></p> <ul style="list-style-type: none"> <li>N/A</li> </ul>

Note: "EC" denotes "Eligible Clinician."



## What Quality Data Submission Options are Available? (Continued)

### Option 2: Quality Measures Set (SSP ACOs only)

**Quality ID:**

**001**

Diabetes:  
Hemoglobin  
A1c (HbA1c) Poor  
Control

**Collection Type:**

- CMS Web Interface

**Submitter Type:**

- APM Entity (ACO)

**Quality ID:**

**134**

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

**Collection Type:**

- CMS Web Interface

**Submitter Type:**

- APM Entity (ACO)

**Quality ID:**

**236**

Controlling High  
Blood Pressure

**Collection Type:**

- CMS Web Interface

**Submitter Type:**

- APM Entity (ACO)

**Quality ID:**

**318**

Falls: Screening for  
Future Fall Risk

**Collection Type:**

- CMS Web Interface

**Submitter Type:**

- APM Entity (ACO)

**Quality ID:**

**110**

Preventive Care  
and Screening:  
Influenza  
Immunization

**Collection Type:**

- CMS Web Interface

**Submitter Type:**

- APM Entity (ACO)

**Quality ID:**

**226**

Preventive Care and  
Screening: Tobacco  
Use: Screening and  
Cessation  
Intervention

**Collection Type:**

- CMS Web Interface

**Submitter Type:**

- APM Entity (ACO)



## What Quality Data Submission Options are Available? (Continued)

### Option 2: Quality Measures Set (SSP ACOs only) [continued]

**Quality ID:**

**113**

Colorectal Cancer Screening

**Collection Type:**

- CMS Web Interface

**Submitter Type:**

- APM Entity (ACO)

**Quality ID:**

**112**

Breast Cancer Screening

**Collection Type:**

- CMS Web Interface

**Submitter Type:**

- APM Entity (ACO)

**Quality ID:**

**438**

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

**Collection Type:**

- CMS Web Interface

**Submitter Type:**

- APM Entity (ACO)

**Quality ID:**

**370**

Depression Remission at Twelve Months

**Collection Type:**

- CMS Web Interface

**Submitter Type:**

- APM Entity (ACO)

**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 #:**

**TBD**

Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs

**Collection Type:**

- Administrative Claims

**Submitter Type:**

- N/A



## What do I need to consider when choosing a collection type for reporting the 3 measures?

Collection Type	Details	Learn More
<b>eCQMs</b> <i>(Require 2015 Edition CEHRT and for their systems to updated to collect data according to 2021 specifications)</i>	<ul style="list-style-type: none"> <li>eCQMs must also be reported for at least of 70% of all patients that qualify for the measure</li> </ul>	<ul style="list-style-type: none"> <li>2021 specs eCQM Preparation &amp; Implementation Checklist here: <a href="https://ecqi.healthit.gov/ecqm-implementation-checklist">https://ecqi.healthit.gov/ecqm-implementation-checklist</a></li> <li>2021 eCQM specs here: <a href="https://ecqi.healthit.gov/ep-ec?qt-tabs_ep=1">https://ecqi.healthit.gov/ep-ec?qt-tabs_ep=1</a></li> </ul>
<b>2021 MIPS CQMs</b>	<ul style="list-style-type: none"> <li>MIPS CQMs may require coding on their part to identify and capture all denominator eligible instances</li> <li>MIPS CQMs must be reported for at least of 70% of all patients that qualify for the measure</li> </ul>	2021 MIPS CQMs specs here: <a href="https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1256/2021+CQM+Specs+and+Supporting+Docs.zip">https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1256/2021+CQM+Specs+and+Supporting+Docs.zip</a>
<b>Web Interface</b>	<ul style="list-style-type: none"> <li>SSP ACOs are automatically registered for the CMS Web Interface but can choose to report the 3 eCQMs/MIPS CQMs instead</li> <li>Web Interface measures are measures for a sample of Medicare patients that CMS assigns for each measure</li> </ul>	2021 CMS Web Interface Measure Specifications and Supporting Documents: <a href="https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1257/2021+CMS+Web+Interface+Measure+Specifications+and+Supporting+Documents.zip">https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1257/2021+CMS+Web+Interface+Measure+Specifications+and+Supporting+Documents.zip</a>
<b>Medicare Part B Claims Measures</b>	<ul style="list-style-type: none"> <li>Claims measures are only available to small practice, as defined by the level of submission (individual, group, APM entity)</li> <li>Claims measures must be reported for at least 70% of the Medicare patients that qualify for the measure</li> </ul>	2021 Claims specs are available here: <a href="https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1245/2021+Medicare+Part+B+Claims+Measure+Specs+and+Supporting+Docs.zip">https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1245/2021+Medicare+Part+B+Claims+Measure+Specs+and+Supporting+Docs.zip</a>



## 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 must reflect the 12-month period. If you are submitting eQMs, both EHR systems must be 2015 Edition CEHRT.

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



## CAHPS for MIPS

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

You participate as...	You need to know...	You should mark these dates:
<b>An Individual</b>	<ul style="list-style-type: none"> <li>The CAHPS for MIPS survey is not available to clinicians reporting the APM Performance Pathway as an individual.</li> <li>Individuals will not be scored on this measure.</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>A Group</b>	<ul style="list-style-type: none"> <li>Groups reporting through the APM Performance Pathway must register for the CAHPS for MIPS survey.</li> <li>Groups must hire a vendor.</li> </ul>	<ul style="list-style-type: none"> <li>CAHPS Registration opens April 1, 2021 through June 30, 2021.</li> <li>The list of CMS approved survey vendors will be available in summer 2021.</li> </ul>
<b>An APM Entity (non-SSP ACOs)</b>	<ul style="list-style-type: none"> <li>APM Entities (non-SSP ACOs) that choose to report the CAHPS for MIPS Survey will need to register during the open registration period. If you register for the CAHPS for MIPS Survey, you will need to hire a vendor to administer the survey for you.</li> </ul>	<ul style="list-style-type: none"> <li>The list of CMS approved survey vendors will be available in summer 2021.</li> </ul>
<b>An APM Entity (SSP ACO)</b>	<ul style="list-style-type: none"> <li>APM Entities are auto-registered for the CAHPS for MIPS survey.</li> <li>APM Entities must hire a vendor.</li> </ul>	<ul style="list-style-type: none"> <li>The list of CMS approved survey vendors will be available in summer 2021.</li> </ul>





# PY2021 Promoting Interoperability Requirements

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

## What Promoting Interoperability Data Should I Submit?

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

Promoting Interoperability data is only submitted at the individual or group level, not through the APM Entity. Third-Party Intermediaries can submit data on behalf of Individuals and Groups they support.

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



## After submission, how is an APM Entity calculated?

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

View the [Promoting Interoperability \(PI\) quick start guide](#) to learn more about the PI performance category score calculation for MIPS eligible clinicians in the Merit-based Incentive Payment System (MIPS) Alternative Payment Models (APMs).





# **PY2021 Improvement Activities Requirements**

# PY2021 Improvement Activities Requirements

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

## After submission, how is my score calculated?

All MIPS APM participants who report through the APP will receive a full score for the Improvement Activities performance category in performance period 2021, and therefore will not need to submit additional improvement activity information.

## PY2021 Submission Training

You plan to submit the APP as...	You need submission training for...	You should attend trainings in...
<ul style="list-style-type: none"><li>• <b>Third Party Intermediary (Vendors, QCDRs, Registries)</b></li><li>• <b>APM Entity</b></li><li>• <b>Individual</b></li></ul>	<ul style="list-style-type: none"><li>• APM participants reporting their own APP data</li><li>• Data aggregation and file creation</li><li>• Third Party Intermediaries reporting APP data on behalf of APM participants</li><li>• Developer Documentation and Developer Preview</li></ul>	<ul style="list-style-type: none"><li>• Summer and Fall 2021</li></ul>

These events and trainings will be promoted through listservs and "tech talks" with QPP Developers.



# Version History

## Version History

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

Date	Description
2/23/2021	Updated to clarify the type of ACOs/non-ACOs on slides 13, 15, 16, 17, and 19.
2/8/2021	Original posting