# Merit-based Incentive Payment System (MIPS)

## 2022 Alternative Payment Model (APM) Performance Pathway (APP) Data Submission User Guide

Quality Payment
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# Table of Contents

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# How to Use this Guide

# How to Use This Guide



## 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.

**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.

## Hyperlinks

Hyperlinks to the Quality Payment Program website are included throughout the guide to direct the reader to more information and resources.

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# Getting Started

# Getting Started

## Before You Begin

**IMPORTANT**

The APP is an optional MIPS reporting and scoring pathway for MIPS APM participants; however, it is required for all Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs).

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.

- For these groups, reporting the APP will trigger a final score in traditional MIPS for the clinicians who don't participate in a MIPS APM even if no traditional MIPS data are submitted
- These clinicians – including those who are only eligible at the group level – WILL receive a MIPS payment adjustment.
- These groups will also need to report traditional MIPS on behalf of these clinicians to avoid a negative payment adjustment.

**Note:** 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 2022 CMS Web Interface User Guide.

# Getting Started



## Accessing the System

To sign in to the QPP website and submit Performance Year 2022 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.

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.

| Resource in the Quality Payment Program Access User Guide | Description |
|---|---|
| **Shared Savings Program ACOs_ACO-MS User Access** | Information about the process for Shared Savings Program ACOs to get an account and role.<br><br>Representatives of Shared Savings Program ACOs who are the ACO's QPP Security Official or QPP Staff User contact in the ACO Management System (ACO-MS) can sign in to the QPP website using their ACO-MS username and password. |
| **QPP Access briefly** | An overview of the steps needed to access your organization on the QPP website. |
| **Step 1. Register for a HARP Account** | Step-by-step instructions and screenshots for creating a HARP account (completed on the HARP website). |
| **Step 2a. Connect to an Organization** | Step-by-step instructions and screenshots for requesting a role for your organization (completed on the QPP website). |

**Before You Begin**
Make sure you are using the most recent version of your browser:

- Chrome
- Edge

**Note:** Internet Explorer, Safari, and Firefox aren't fully supported by QPP.

# Getting Started

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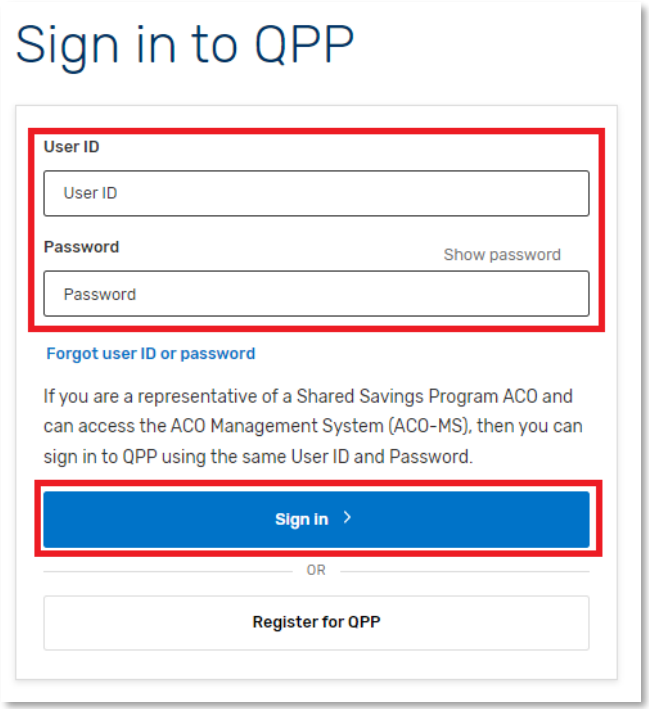
## Sign in to the QPP Website

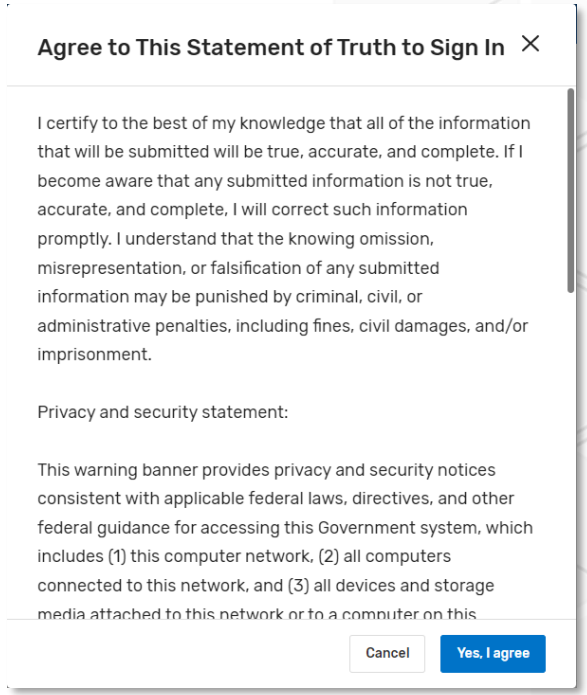
Go to the QPP website and click Sign In on the upper right-hand corner.

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

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

**DISCLAIMER:**
All screenshots include fictitious patients and organizations. Screenshots were captured from a test environment, so there may be slight variations between the screenshots included in this guide (including dates) and the user interface in the production system



# Getting Started

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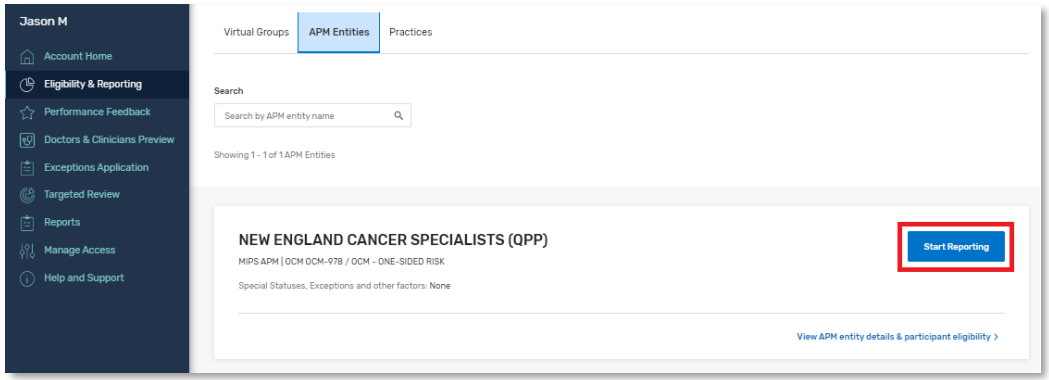
## Sign In to the QPP Website (Continued)

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.


### APM Entities

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

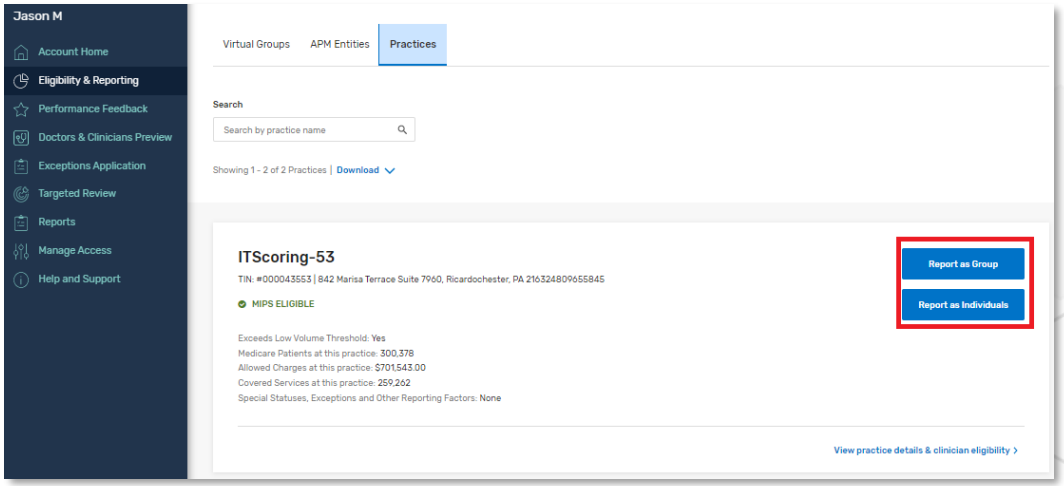


# Getting Started

## Sign In to the QPP Website (Continued)

### Practices

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




### 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 2022 Opt-In Election User Guide.

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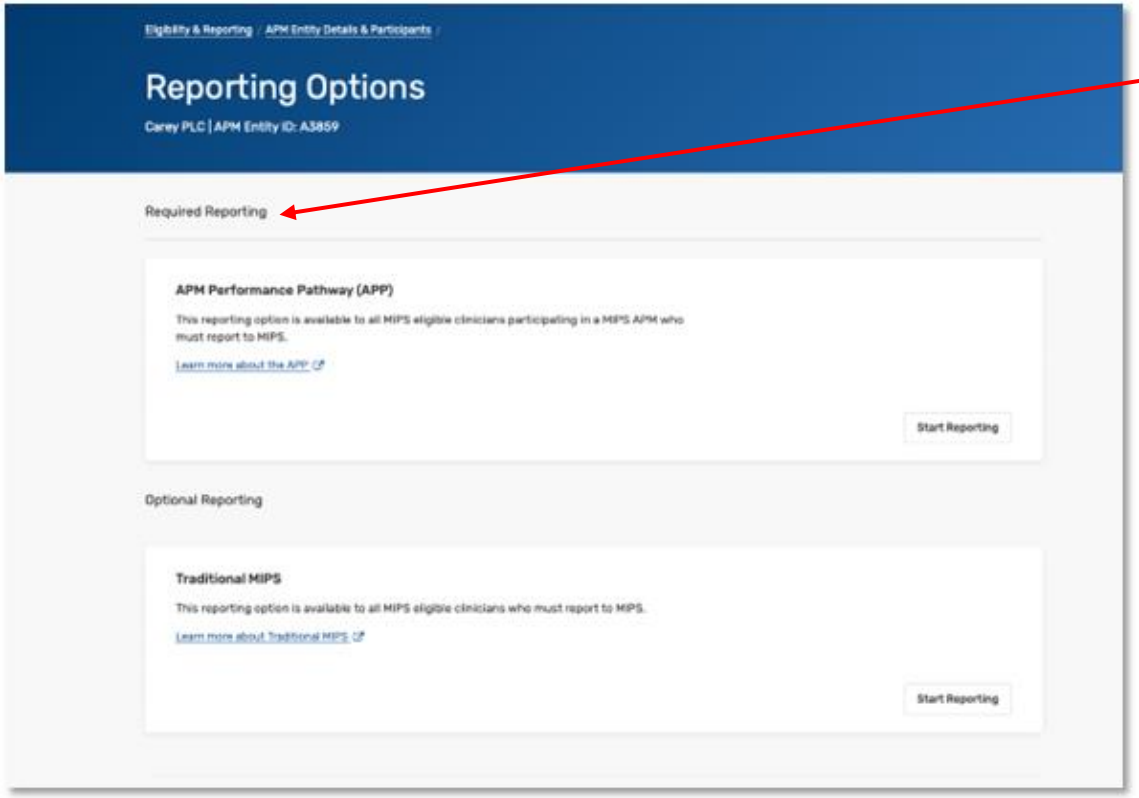
# Reporting Option Selection

# Reporting Option Selection



## Reporting Option Selection

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




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.

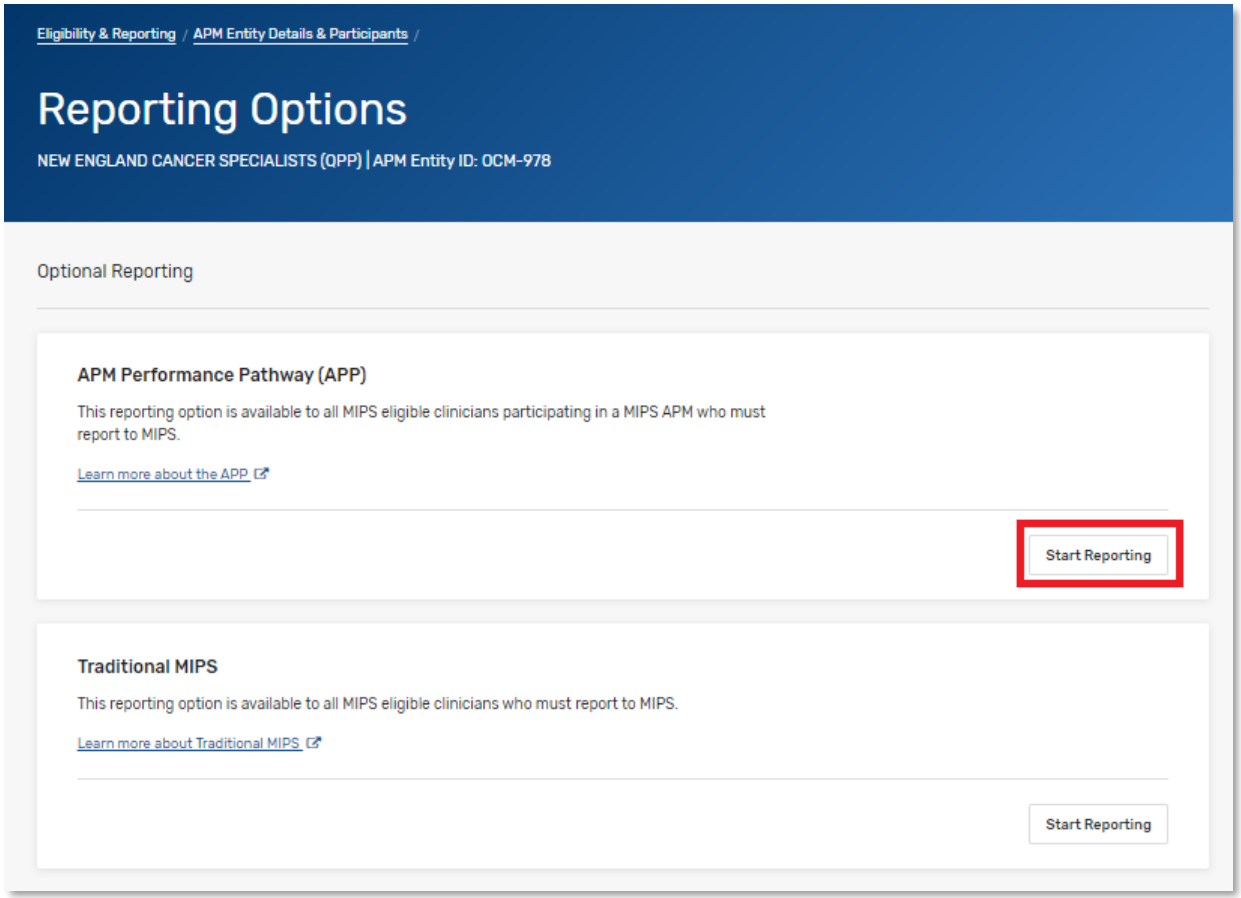
- Participant TINs in these ACOs (and any individual or group reporting the APP) can select either APP or traditional MIPS when reporting Promoting Interoperability data on behalf of their MIPS eligible clinicians at the individual or group level.

APM Entities participating in the **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

## Reporting Option Selection (Continued)



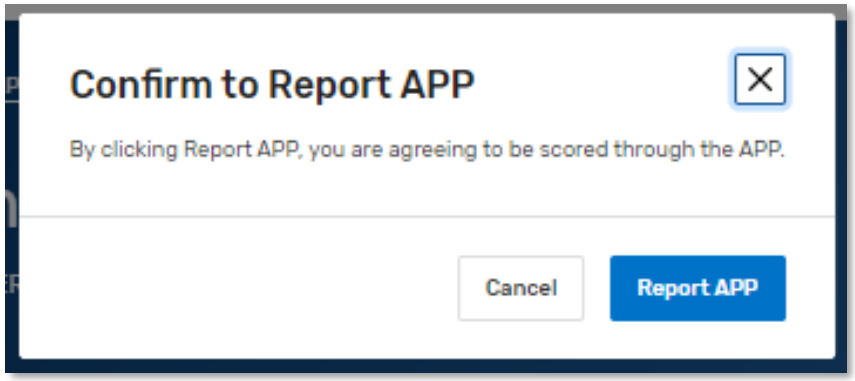

**Reminder**: The APP is only available to MIPS eligible clinicians in a MIPS APM.

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

## 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.

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# Reporting Overview

# 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)

**Did you know?** Your file must include the appropriate program name to be counted towards the APP:

When submitting a QPP JSON file, "programName" = "app1"

When submitting a QRDA III file, CMS Program Name =
- "MIPS_APP1_APMENTITY" if you're reporting the APP at the APM Entity level (such as a Shared Savings Program ACO)
- "MIPS_APP1_GROUP" if you're reporting the APP at the group level
- "MIPS_APP1_INDIV" if you're reporting the APP at the individual level

# Reporting Overview

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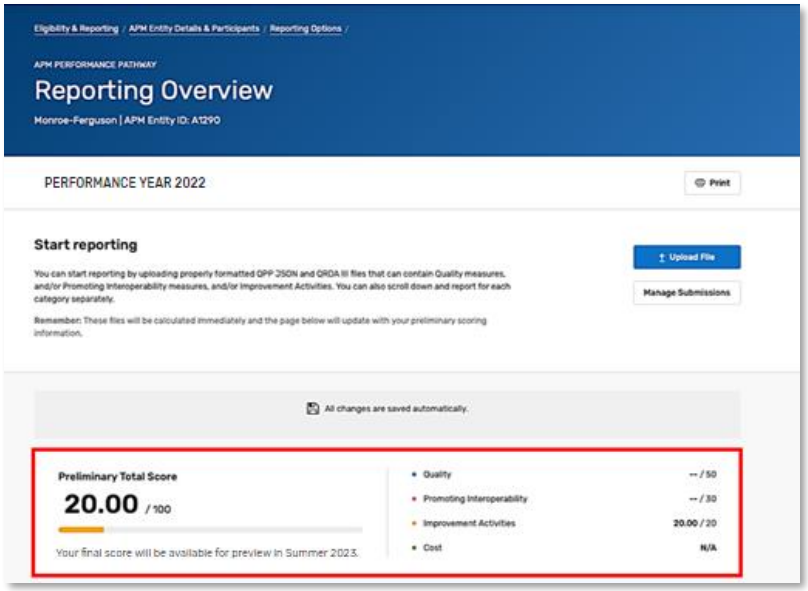
## Preliminary Total Score

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

- You'll find 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.





Your Preliminary Total Score will 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.

# Reporting Overview

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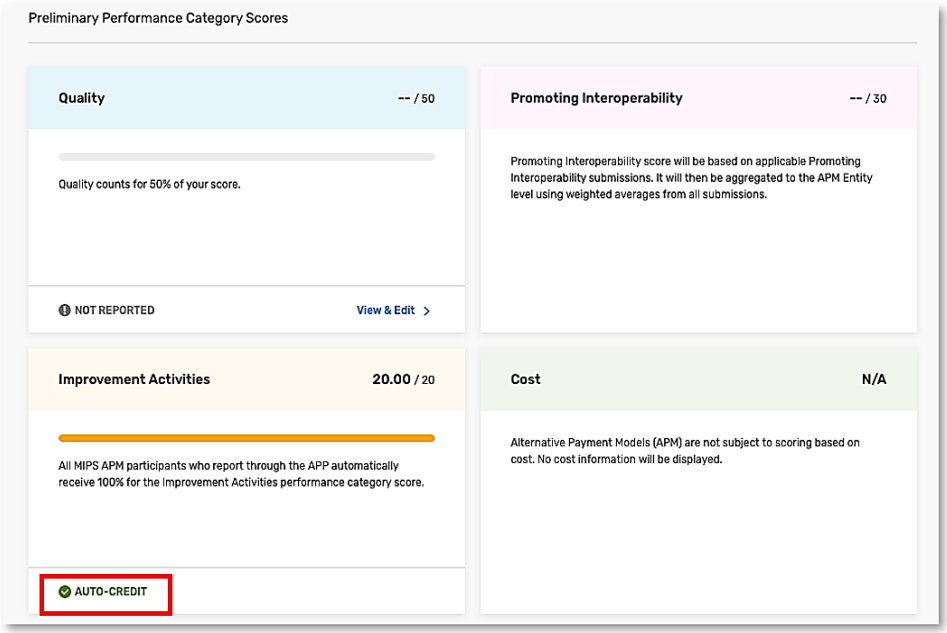
## Preliminary Performance Category Scores

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

- You'll find 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.




Your Preliminary Performance Category Scores will change as data is reported.

You'll find 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 be able to access Promoting Interoperability data or scores during submission.
- Groups and individuals in the Entity won't be able to access quality scores.

# Reporting Overview

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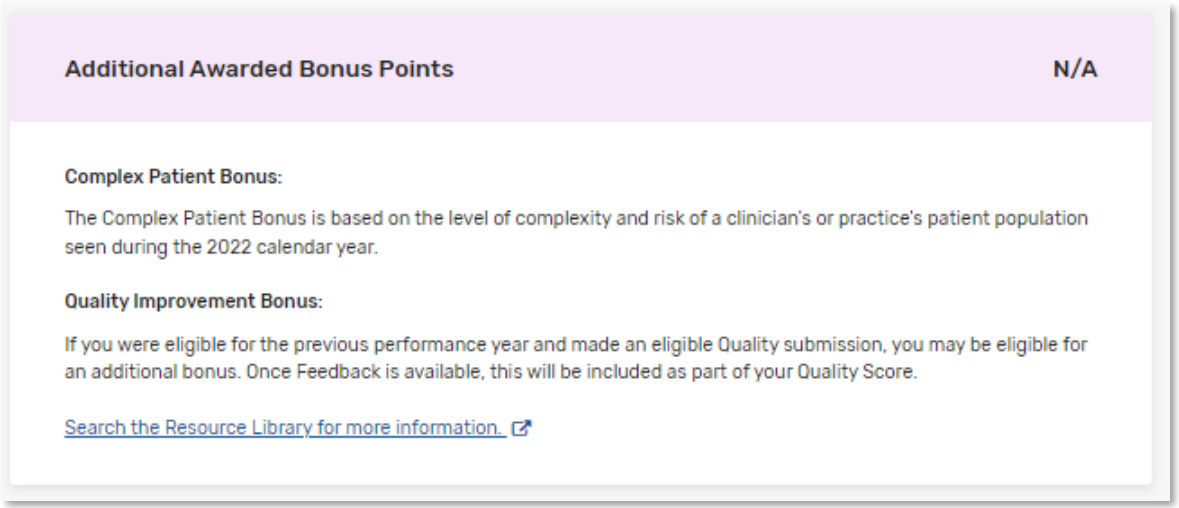
## Additional Bonus Points

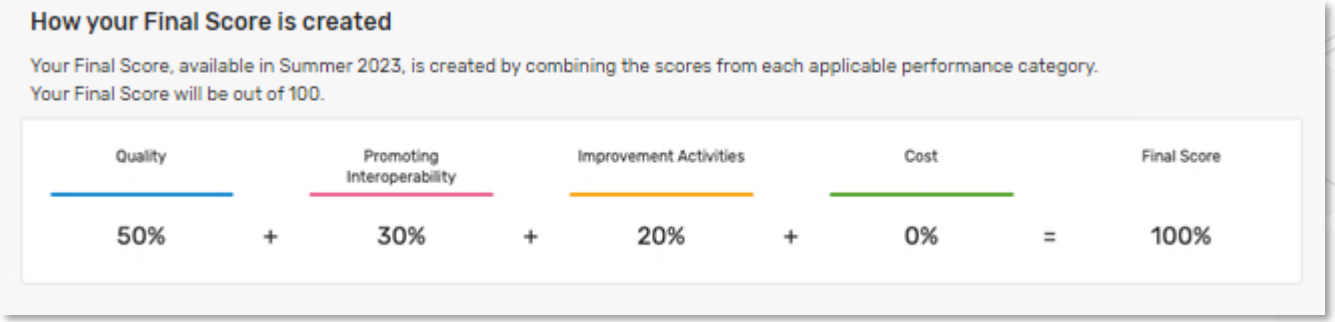



**REMINDER:**
Complex patient bonus points and quality improvement scoring aren't available during submission.

If applicable, this information will be added to performance feedback, available in Summer 2023.

## Practices

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



# Reporting Overview

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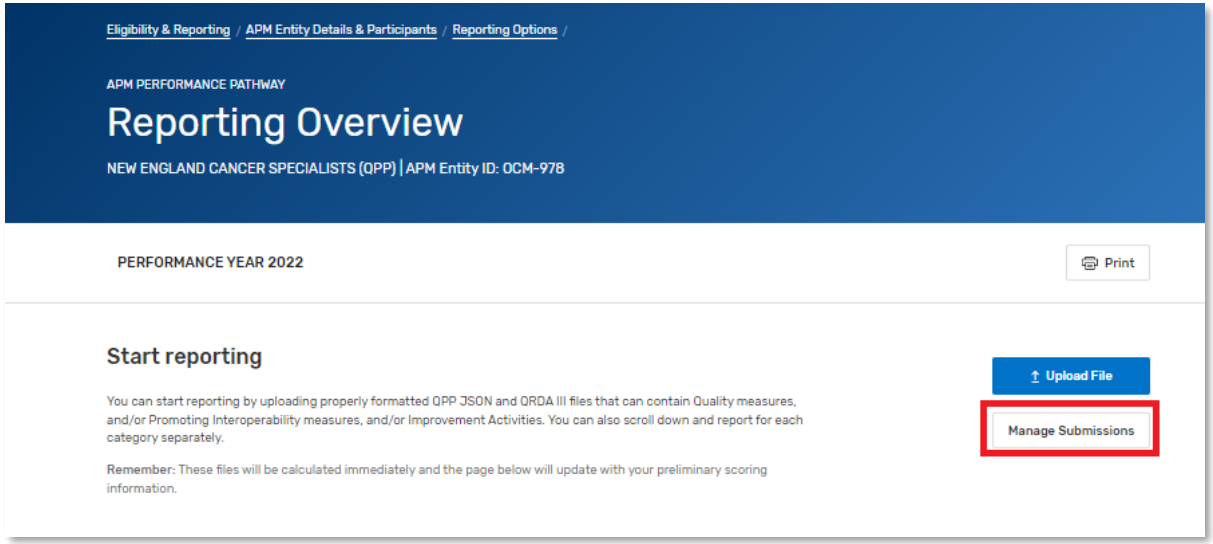
## Cancel Your APP Reporting Selection

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.

Submissions can be cancelled up until the submission deadline 8p.m. ET on March 31, 2023.

**NOTE:**
If a Shared Savings Program ACO doesn't report under the APP, they will fail the Shared Savings Program quality standard.

# Reporting Overview

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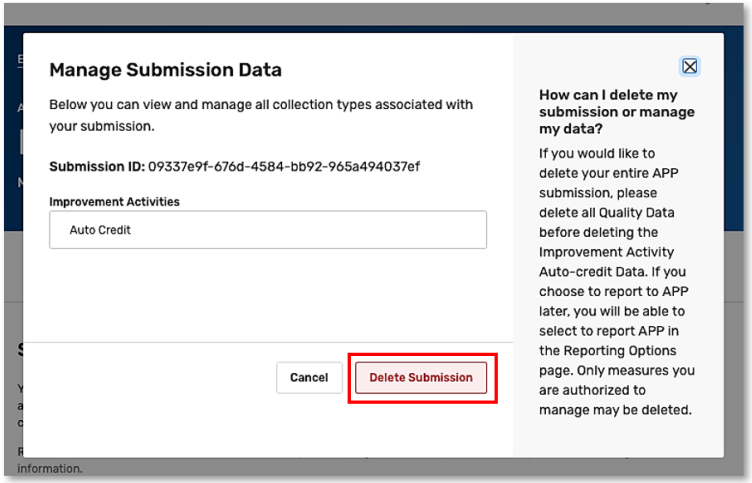
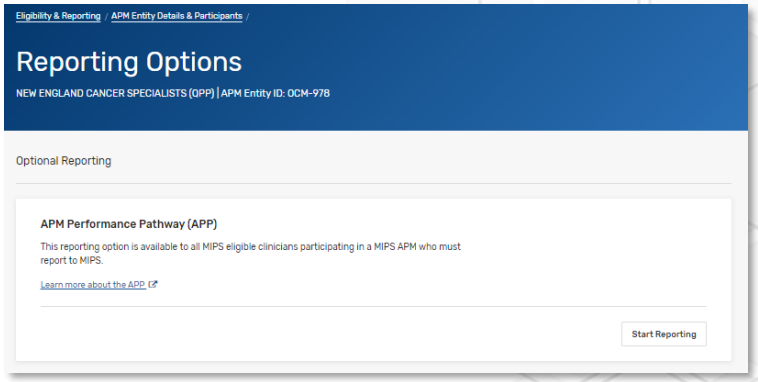
## Cancel Your APP Reporting Selection (Continued)

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.



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# Submitting and Reviewing Quality Data

# 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
    - If you're a Shared Savings Program ACO reporting the APP measures as eCQMs/MIPS CQMs, please review the Medicare Shared Savings Program: Reporting MIPS CQMs and eCQMs in the Alternative Payment Model Pathway (guidance document).
- Reporting APP measures through Medicare Part B claims (Option not for available for Shared Savings Program ACOs)
- 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 2022 CMS Web Interface User Guide.

# Submitting and Reviewing Quality Data

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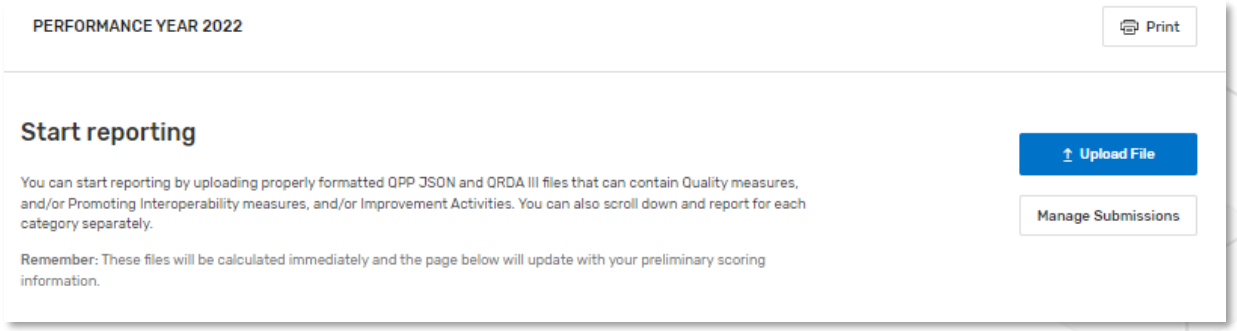
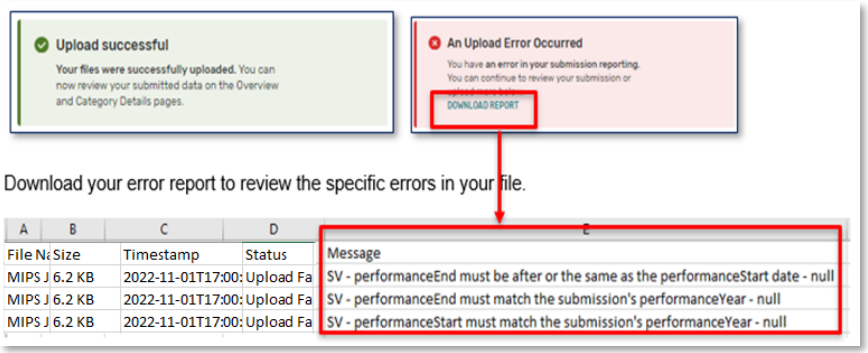
## Reporting APP measures as eCQMs/MIPS CQMs

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




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




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.

# Submitting and Reviewing Quality Data

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## Reporting APP measures as eCQMs/MIPS CQMs

**Troubleshooting**

If you or a third party successfully uploaded a file with your quality data, but you don't see it reflected on the APP Reporting Overview page, the file probably didn't include the APP program name. Your file must include the correct program name to be counted towards APP reporting.

You may need to reach out to your EHR vendor or third party intermediary for assistance with verifying the program name included in your file and updating (or adding) it as needed.

When submitting a **QPP JSON** file, "programName" = "app1"

Refer to the QPP Submission MeasurementSets API documentation for more information.

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When submitting a **QRDA III** file, "CMS Program Name" =

- "MIPS_APP1_APMENTITY" if you're reporting the APP at the APM Entity level (such as a Shared Savings Program ACO)
- "MIPS_APP1_GROUP" if you're reporting the APP at the group level
- "MIPS_APP1_INDIV" if you're reporting the APP at the individual level

Refer to p. 22 of the 2022 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals (accessible from this page of the eCQI Resource Center) for more information.

# Submitting and Reviewing Quality Data

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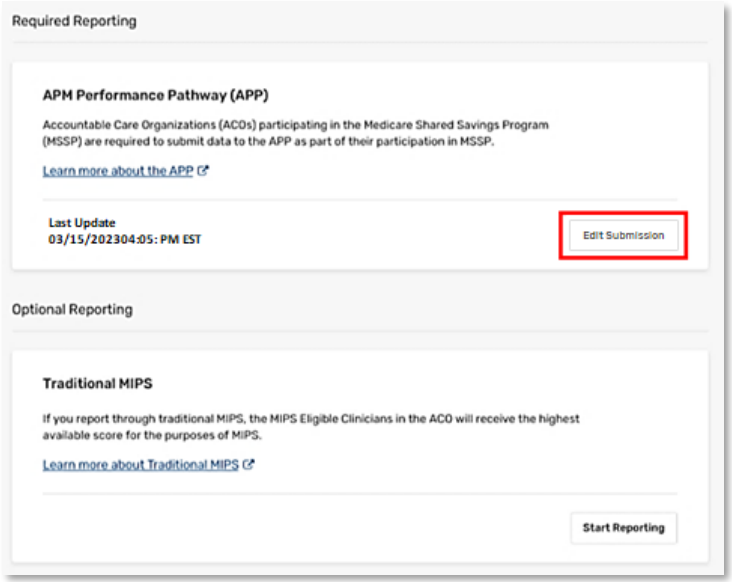
## Reporting APP measures through Medicare Part B claims

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 2023. Note: This option not for available for Shared Savings Program ACOs

## 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.



# Submitting and Reviewing Quality Data

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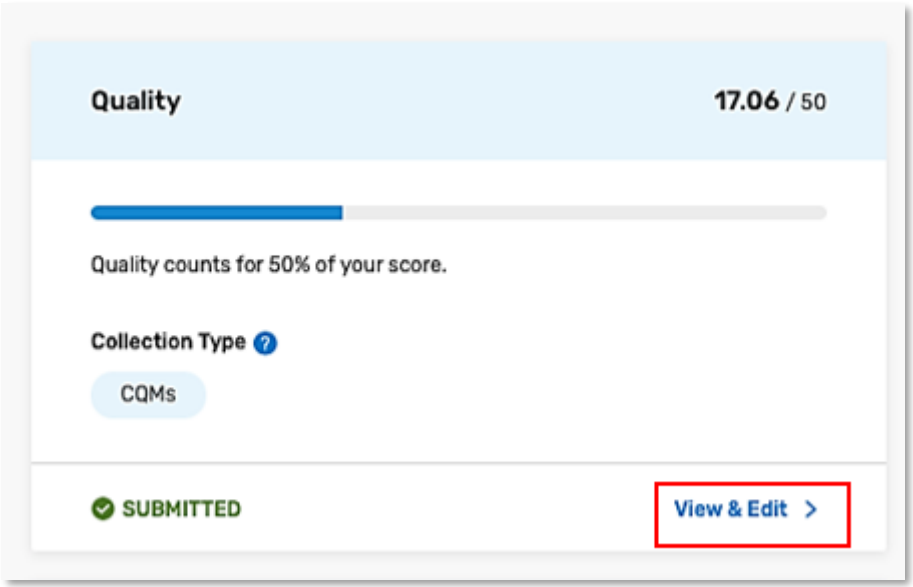
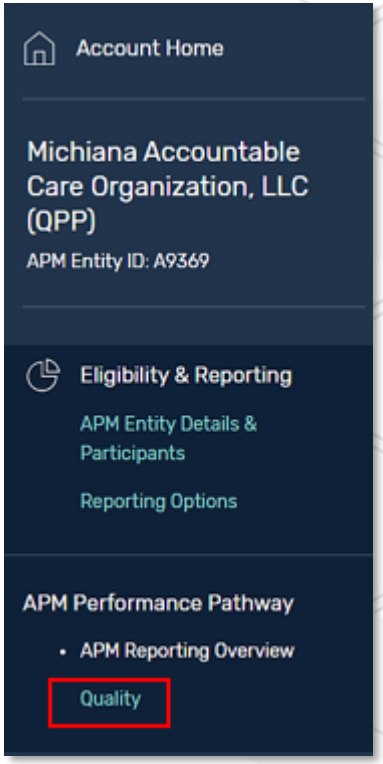
## Review Previously Submitted Data (Continued)

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.



# Submitting and Reviewing Quality Data

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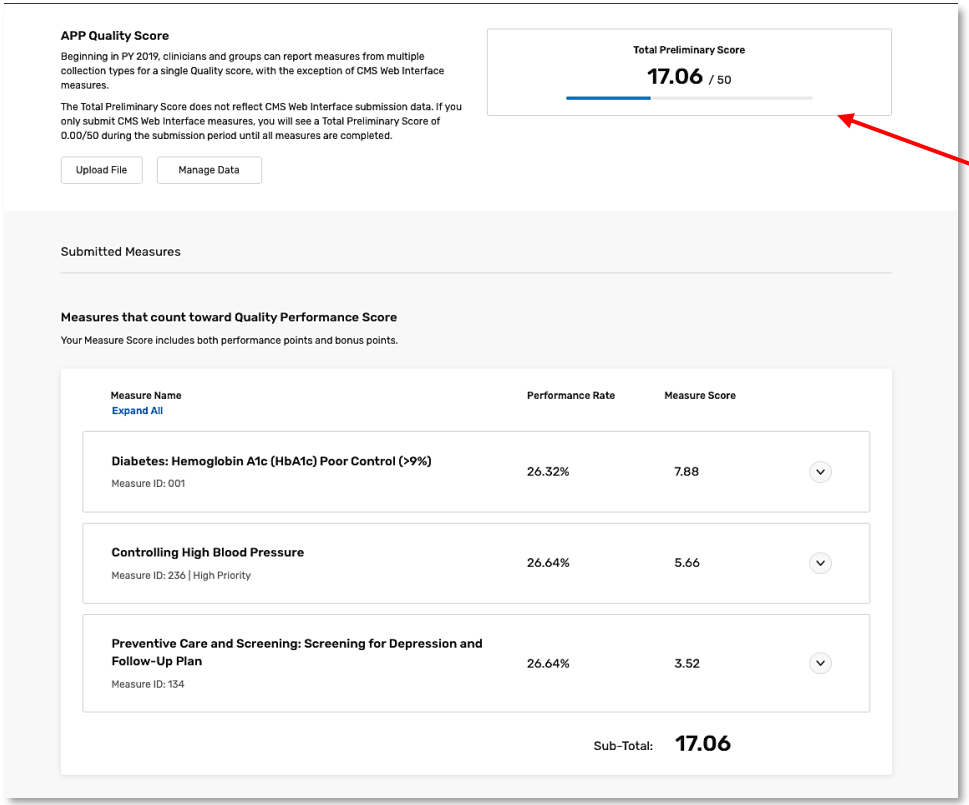
## Quality Page

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




**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 2023, your quality score will be updated to reflect achievement points earned for the administrative claims measures and CAHPS for MIPS Survey measure.

# Submitting and Reviewing Quality Data

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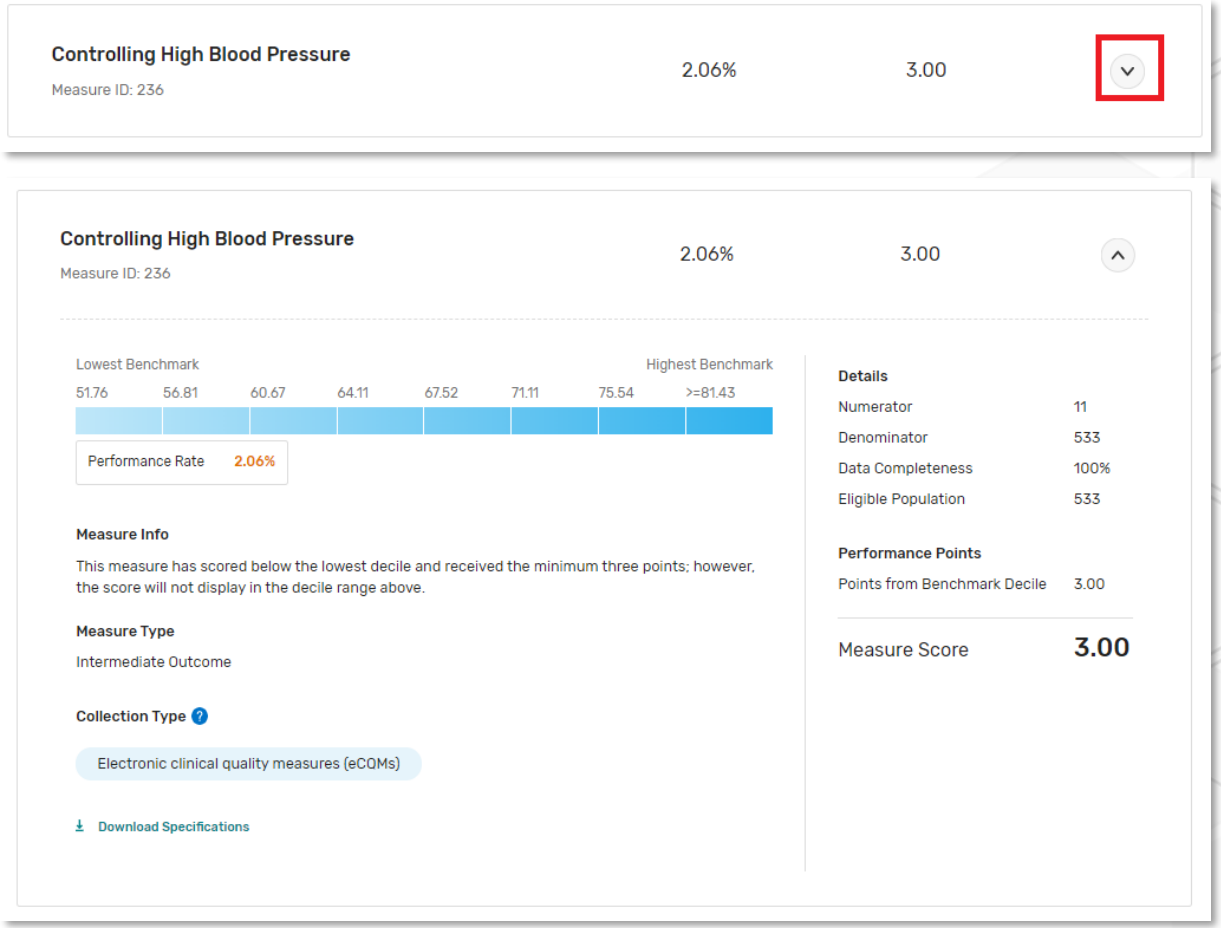
## Quality Page (Continued)

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



# Submitting and Reviewing Quality Data

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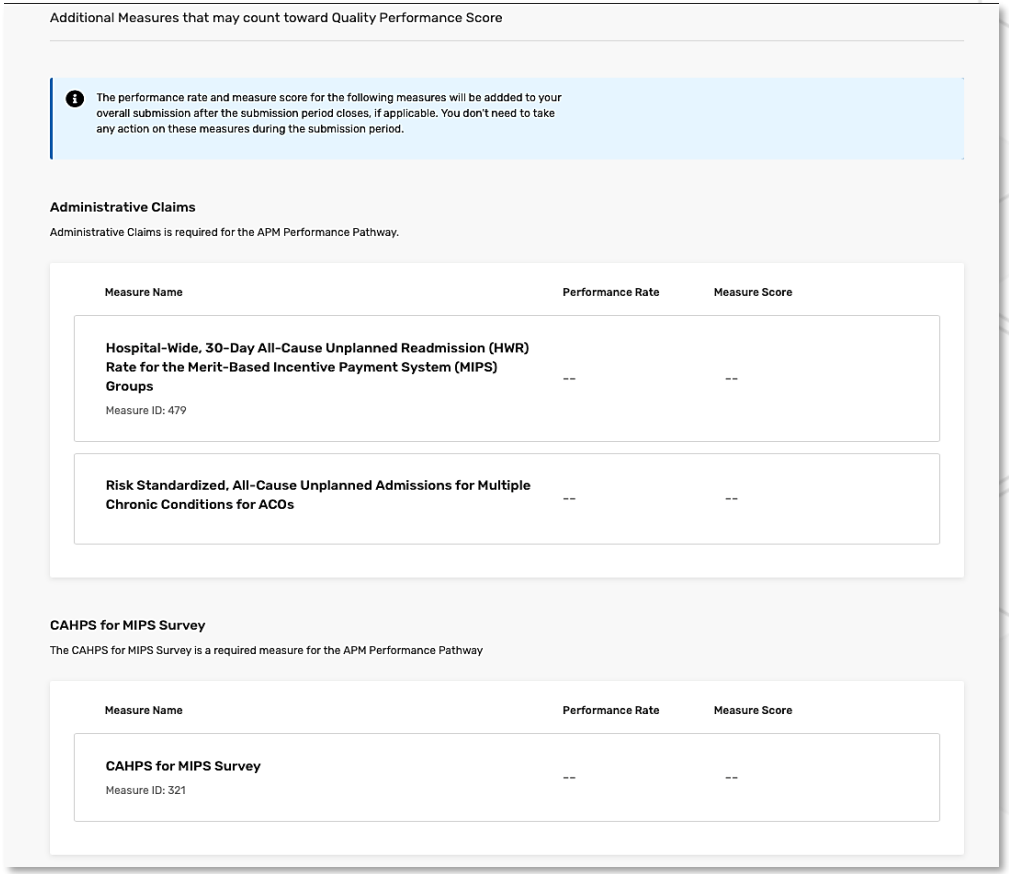
## **Quality Page** (Continued)

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 2023.



Additional Measures that may count toward Quality Performance Score

The performance rate and measure score for the following measures will be addded 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 |
|---|---|---|
| **Hospital-Wide, 30-Day All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups** Measure ID: 479 | -- | -- |
| **Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs** | -- | -- |

**CAHPS for MIPS Survey**

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

| Measure Name | Performance Rate | Measure Score |
|---|---|---|
| **CAHPS for MIPS Survey** Measure ID: 321 | -- | -- |

# Submitting and Reviewing Quality Data

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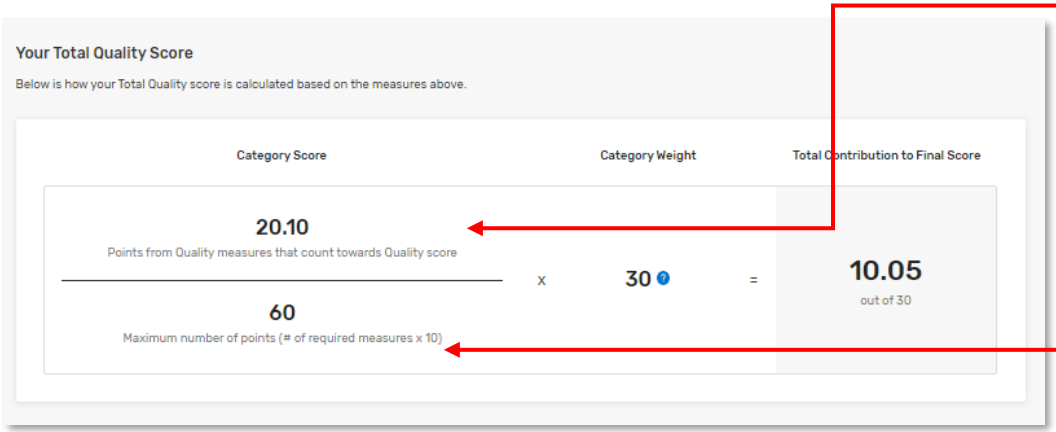
## Quality Page (Continued)

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




The **numerator** includes the achievement 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.

**Did you know?**

We updated the Multiple Chronic Conditions measure for the 2022 performance year. The Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions is available to all APM Entities, groups and clinicians reporting the APP that meet the case minimum.

# Submitting and Reviewing Quality Data

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## Frequently Asked Questions

**What happens if a Shared Savings Program ACO reports both the 10 CMS Web Interface measures and the 3 eCQMs/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 eCQMs/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 2023.

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

- We'll only include achievement points from one collection type for a single measure in your quality performance category score.
- Let's review 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.

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# Submitting and Reviewing Promoting Interoperability Data

# Submitting and Reviewing Promoting Interoperability Data

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## 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

# Submitting and Reviewing Promoting Interoperability Data

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## File Upload

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

**Did you know?** Your file must include the appropriate program name to be counted towards the APP:

When submitting a QPP JSON file, "programName" = "app1"

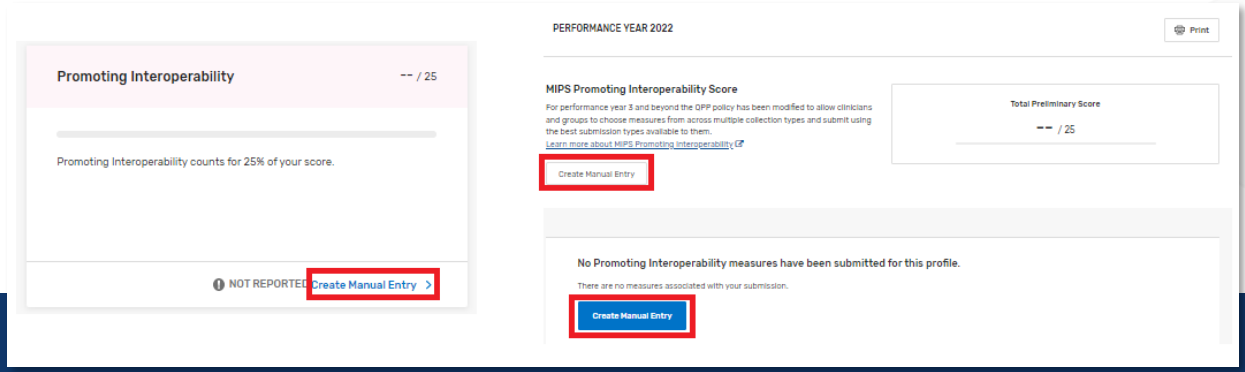
When submitting a QRDA III file, CMS Program Name =

- "MIPS_APP1_APMENTITY" if you're reporting the APP at the APM Entity level (such as a Shared Savings Program ACO)
- "MIPS_APP1_GROUP" if you're reporting the APP at the group level
- "MIPS_APP1_INDIV" if you're reporting the APP at the individual level

## 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.



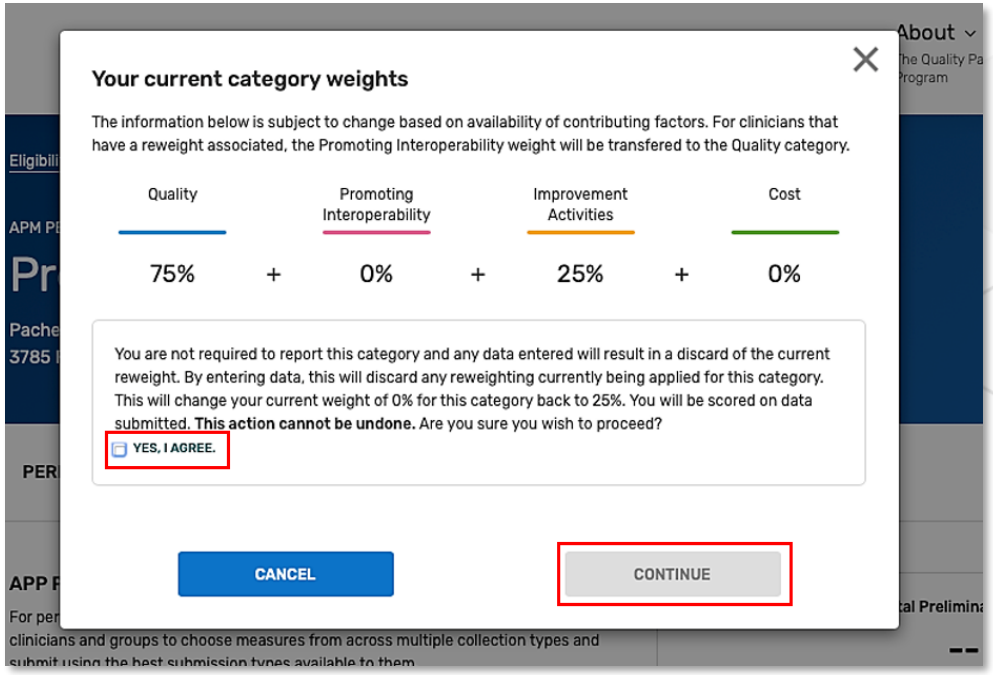
# Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

## 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.

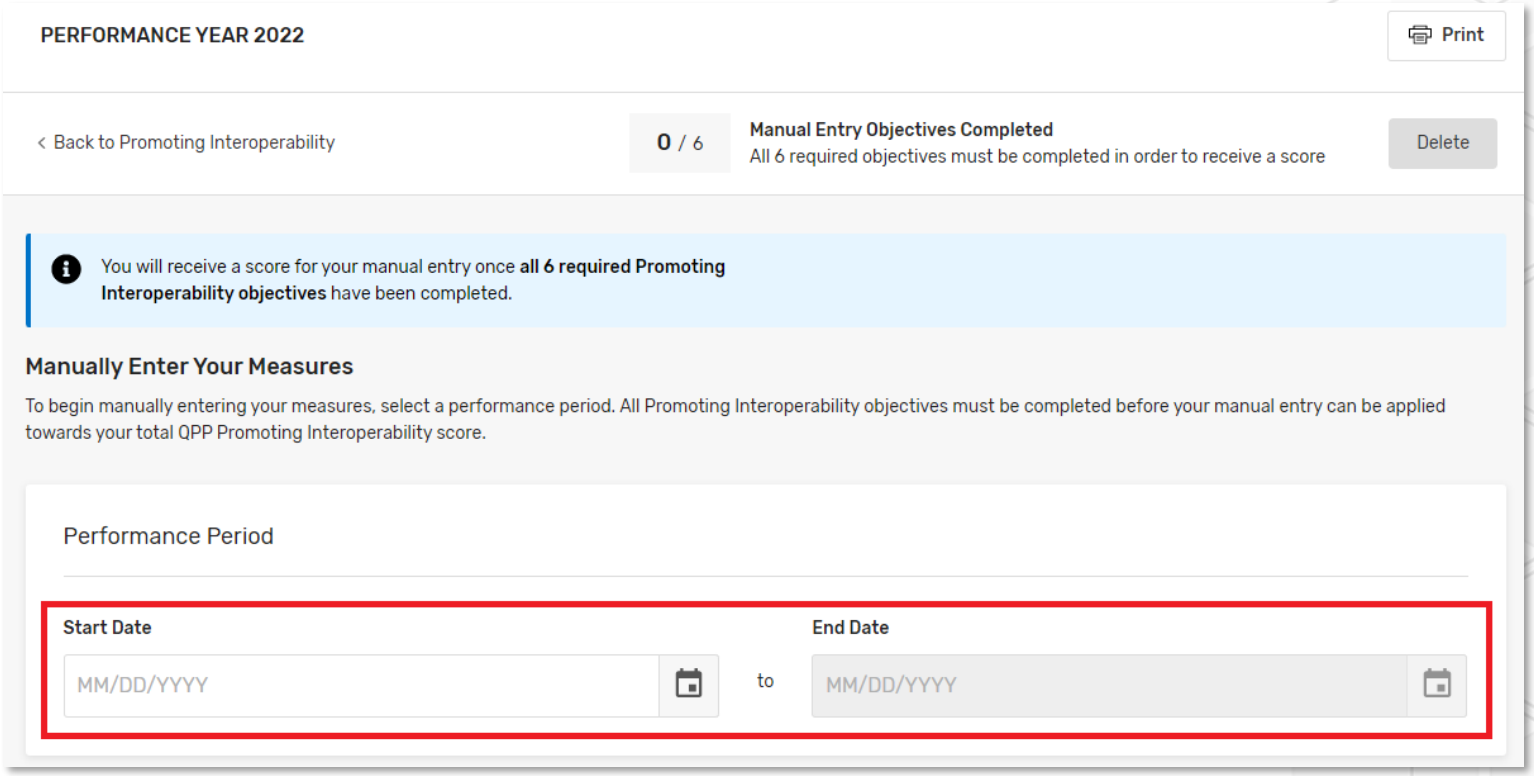



As you provide required information on the Manual Entry page, more fields will appear. For example, once you enter your performance period, the CEHRT ID field will appear. You must provide all required information (including measure data) before you can receive a preliminary score for this performance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

# Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

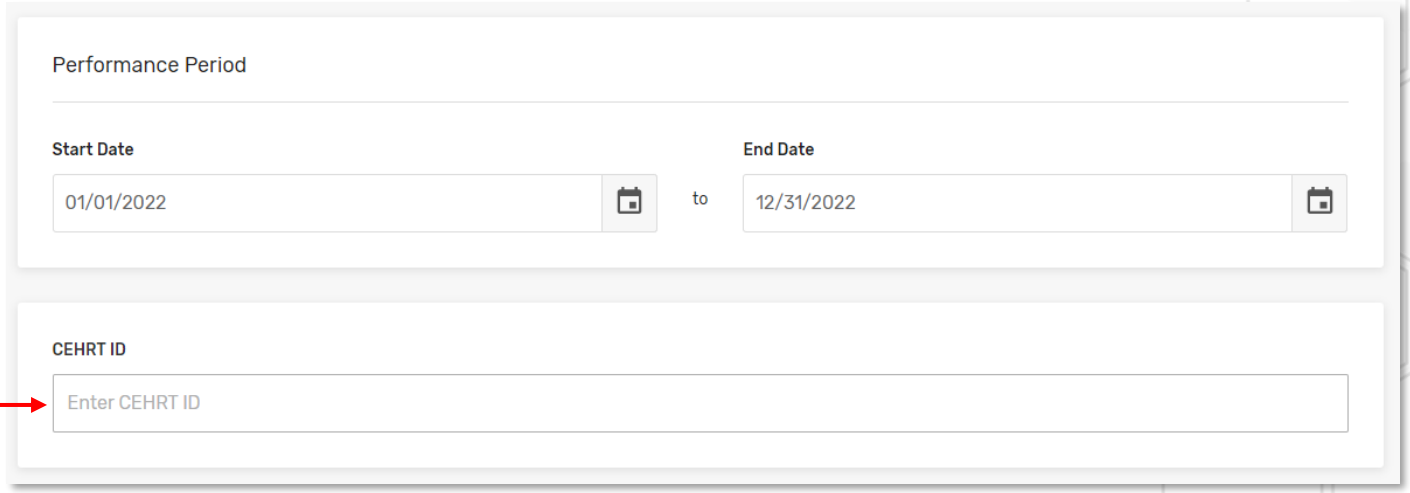
## Enter Your Performance period



# Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

## Enter your CMS EHR Certification ID ("CEHRT ID")




For **detailed instructions on how to generate a CMS EHR Certification ID**, review pages 26-29 of the CHPL Public User Guide.

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

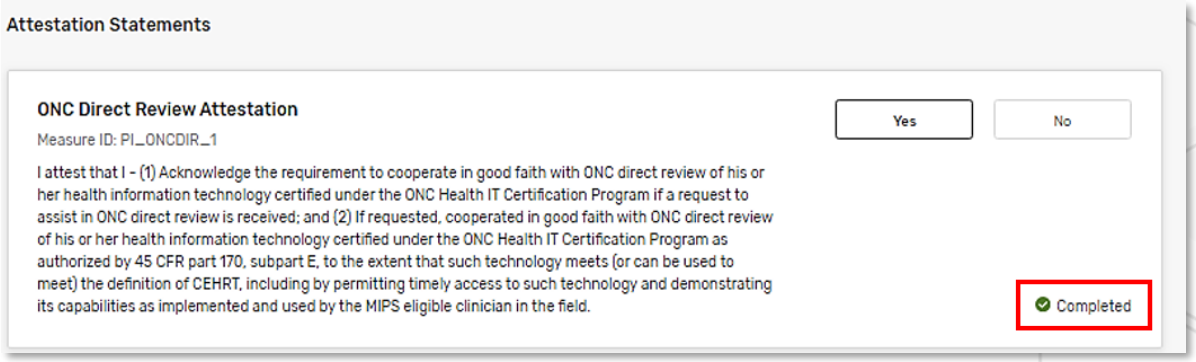
A CMS EHR Certification ID generated for a combination of 2014 and 2015 Edition CEHRT will include "**15H**" and **will be rejected**.

# Submitting and Reviewing Promoting Interoperability Data

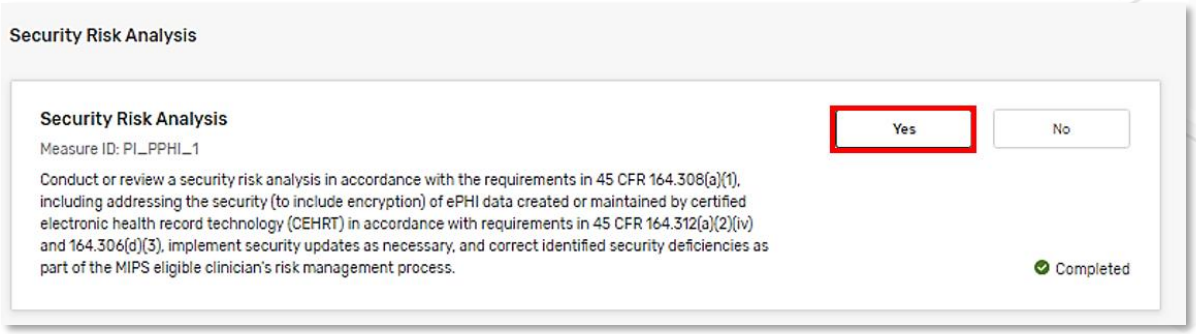
Quality Payment PROGRAM

## Complete Required Attestation Statements and Measures

You must select **Yes** for the 3 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.



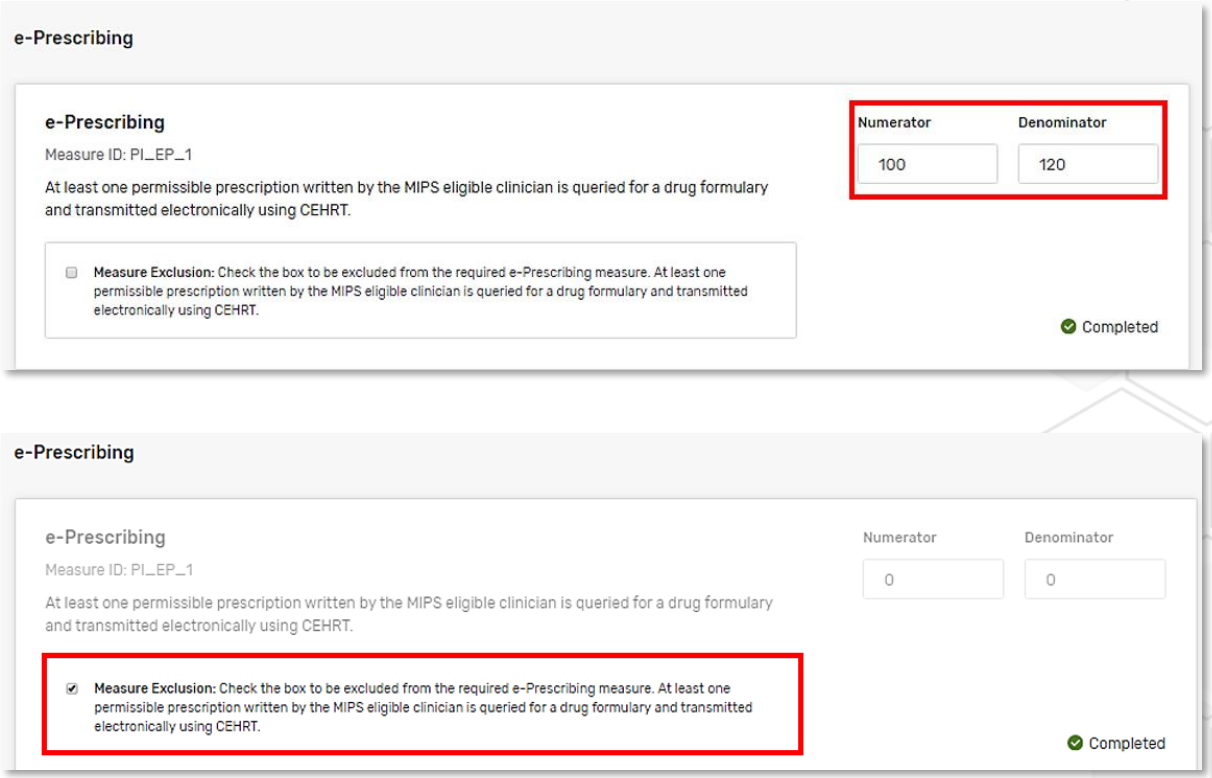

To manually report a measure, you will need to either select **Yes** or enter the **numerator/denominator** value, according to the measure. You can also claim an exclusion if you qualify.



# Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

## Complete Required Attestation Statements and Measures (Continued)



# Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

## Health Information Exchange Objective

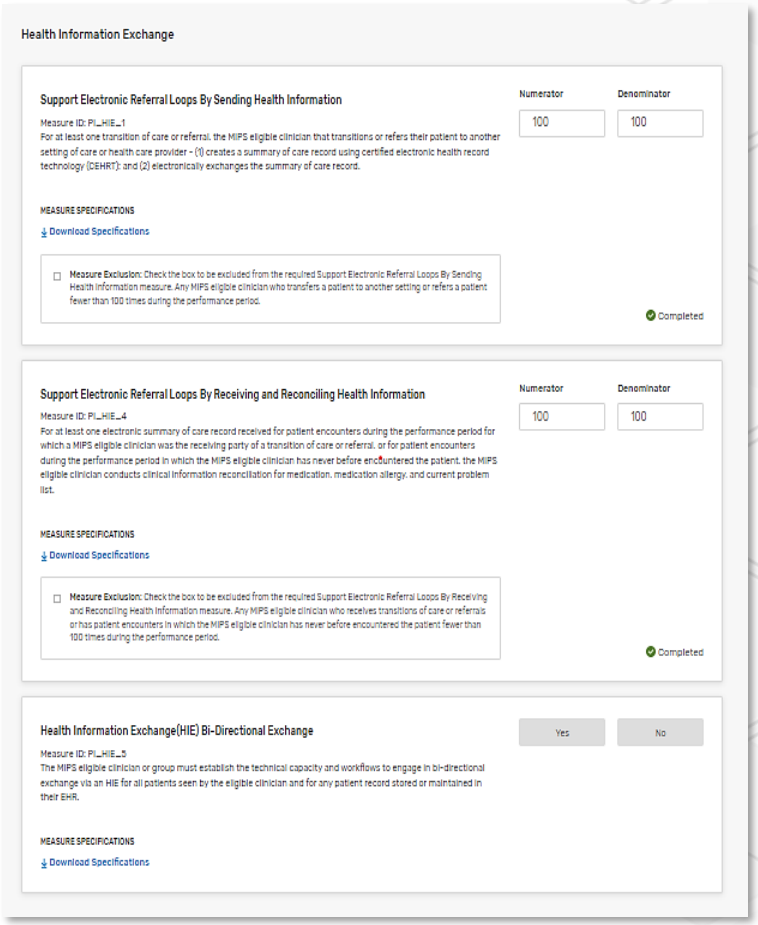
There are 2 options for meeting the Health Information Exchange (HIE) objective:

**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

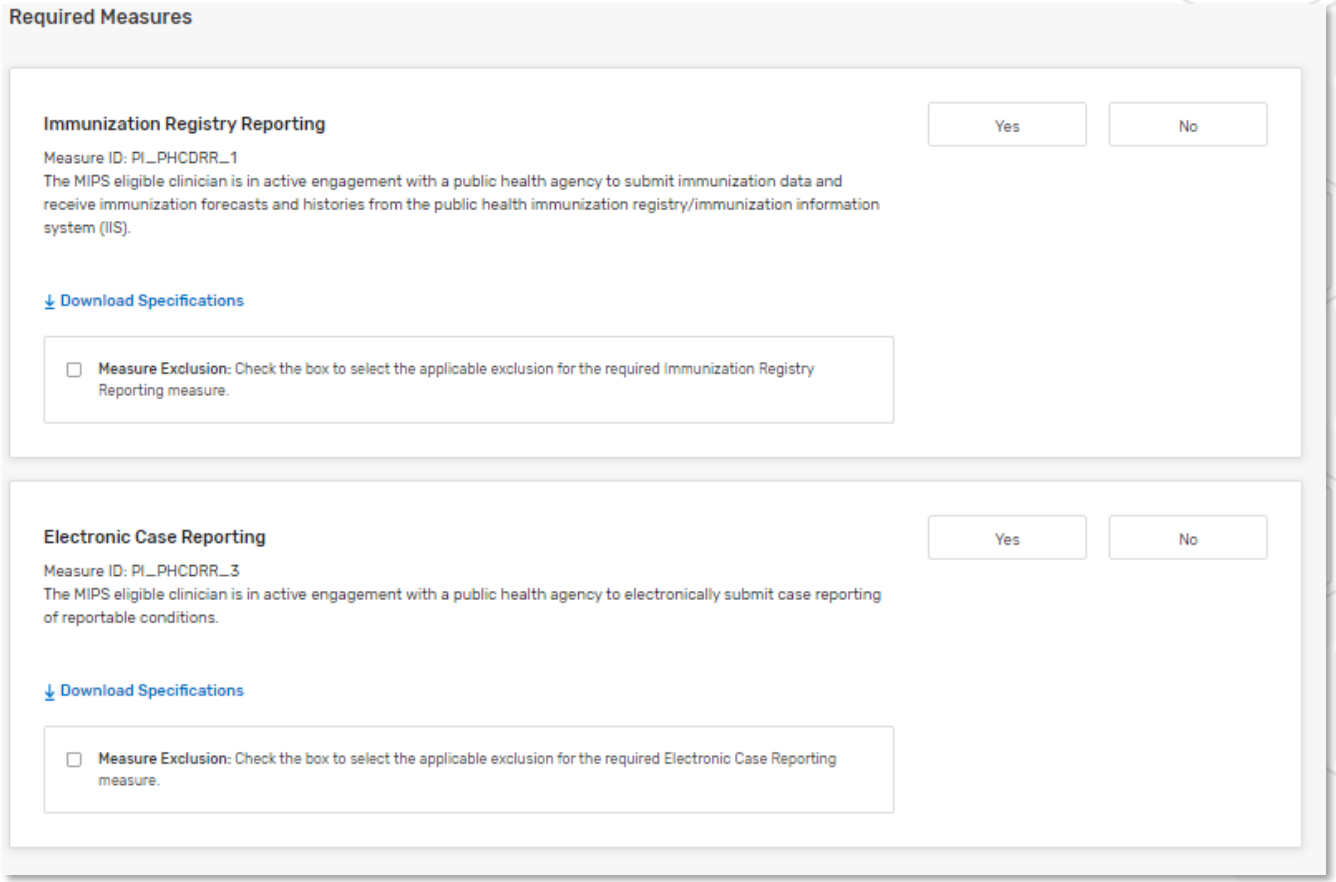


# Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

## Public Health and Clinical Data Exchange Objective

Beginning in 2022, there are 2 required measures for this objective: Electronic Case Reporting and Immunization Registry Reporting.

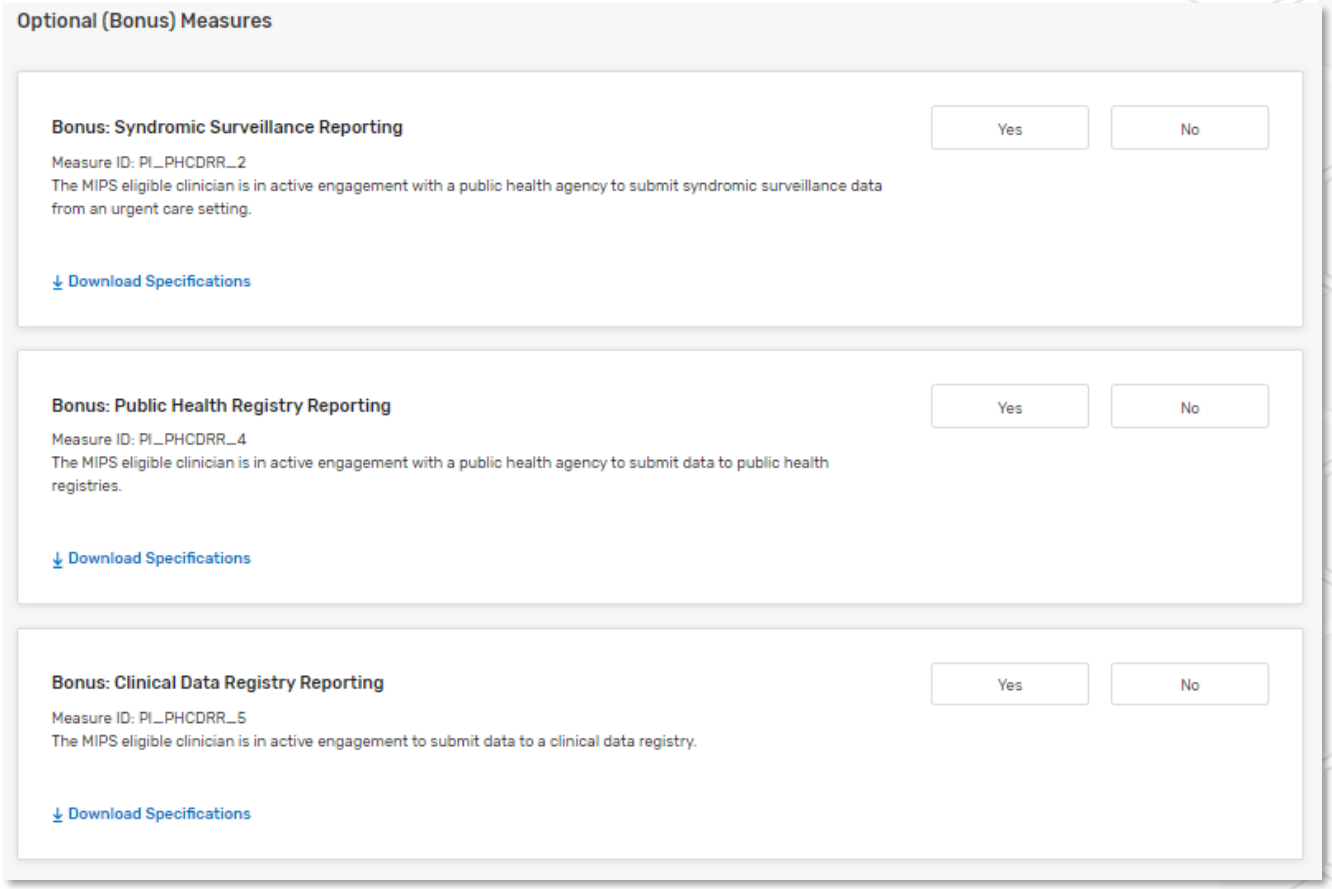


# Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

## Public Health and Clinical Data Exchange Objective (Continued)

To earn an additional 5 bonus points in this performance category, you can choose to report 1 or more of the remaining, optional measures. There are 5 bonus points available whether you report 1, 2 or all 3 of the optional measures.

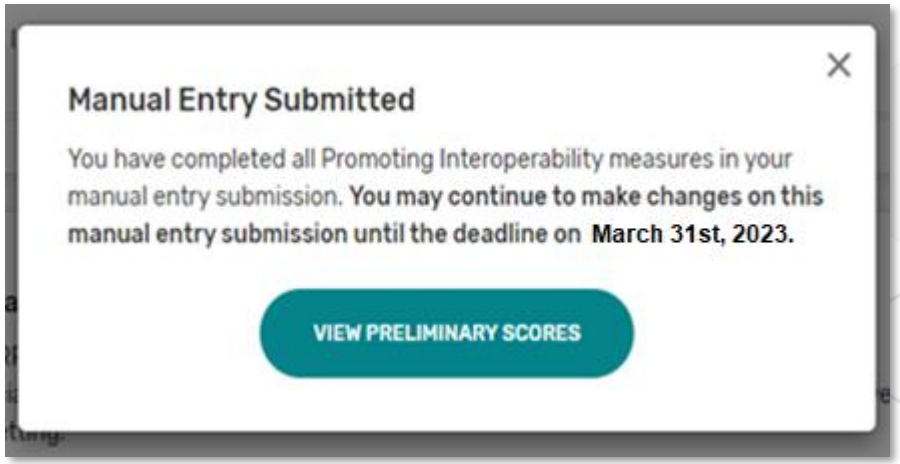


# Submitting and Reviewing Promoting Interoperability Data



## Submission Confirmation

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

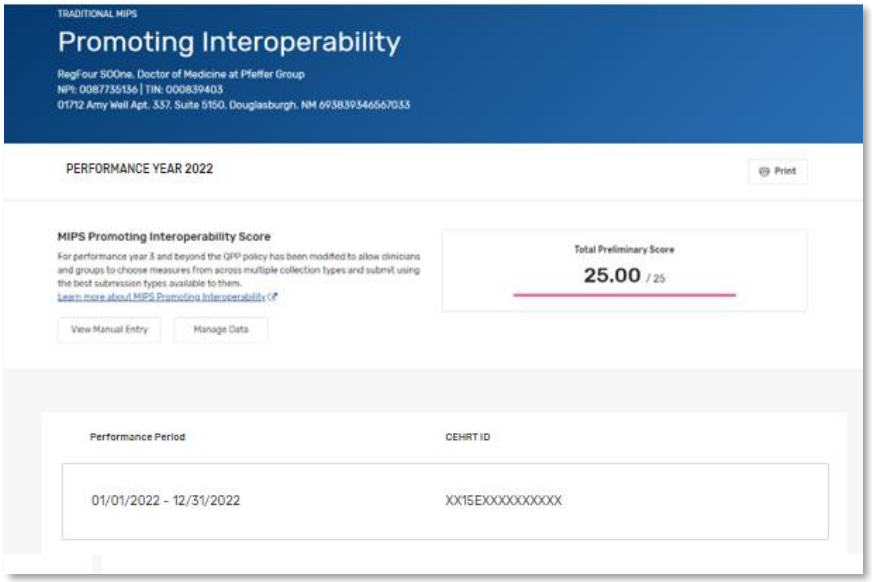


# Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

## 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.




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.

# Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

## Review Previously Submitted Data (Continued)

**Troubleshooting**

If you or a third party successfully uploaded a file with your Promoting Interoperability data, but you don't see it reflected on the APP Reporting Overview page, the file probably didn't include the APP program name. Your file must include the correct program name to be counted towards APP reporting.

You may need to reach out to your EHR vendor or third party intermediary for assistance with verifying the program name included in your file and updating (or adding) it as needed.

When submitting a **QPP JSON** file, "programName" = "app1"

Refer to the QPP Submission MeasurementSets API documentation for more information.

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When submitting a **QRDA III** file, "CMS Program Name" =
- "MIPS_APP1_GROUP" if you're reporting Promoting Interoperability data for the APP at the group level
- "MIPS_APP1_INDIV" if you're reporting Promoting Interoperability data for the APP at the individual level

(Please note that Promoting Interoperability data is reported at the individual and/or group level, even if your APM Entity is reporting the quality measures required by the APP.)

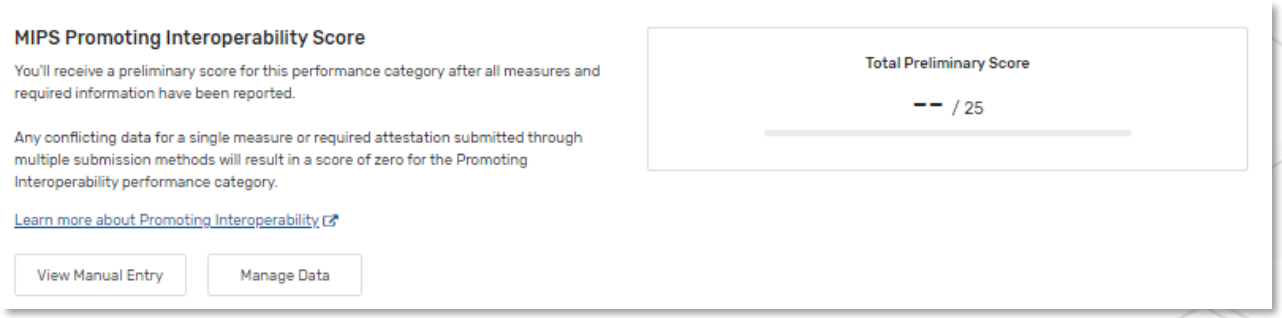
Refer to page 22 of the 2022 QRDA III Implementation Guide (accessible from this page of the eCQI Resource Center) for more information.

# Submitting and Reviewing Promoting Interoperability Data

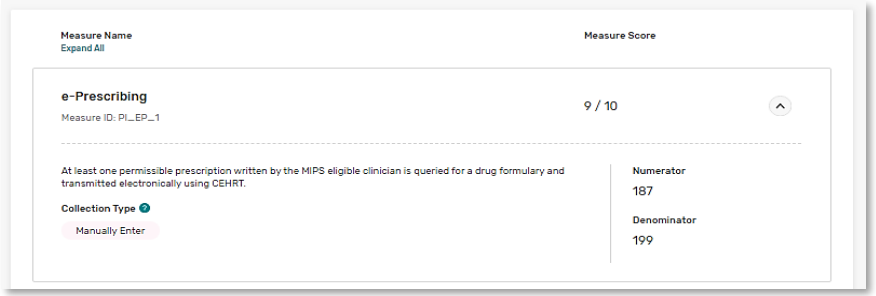
Quality Payment PROGRAM

## 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.




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.

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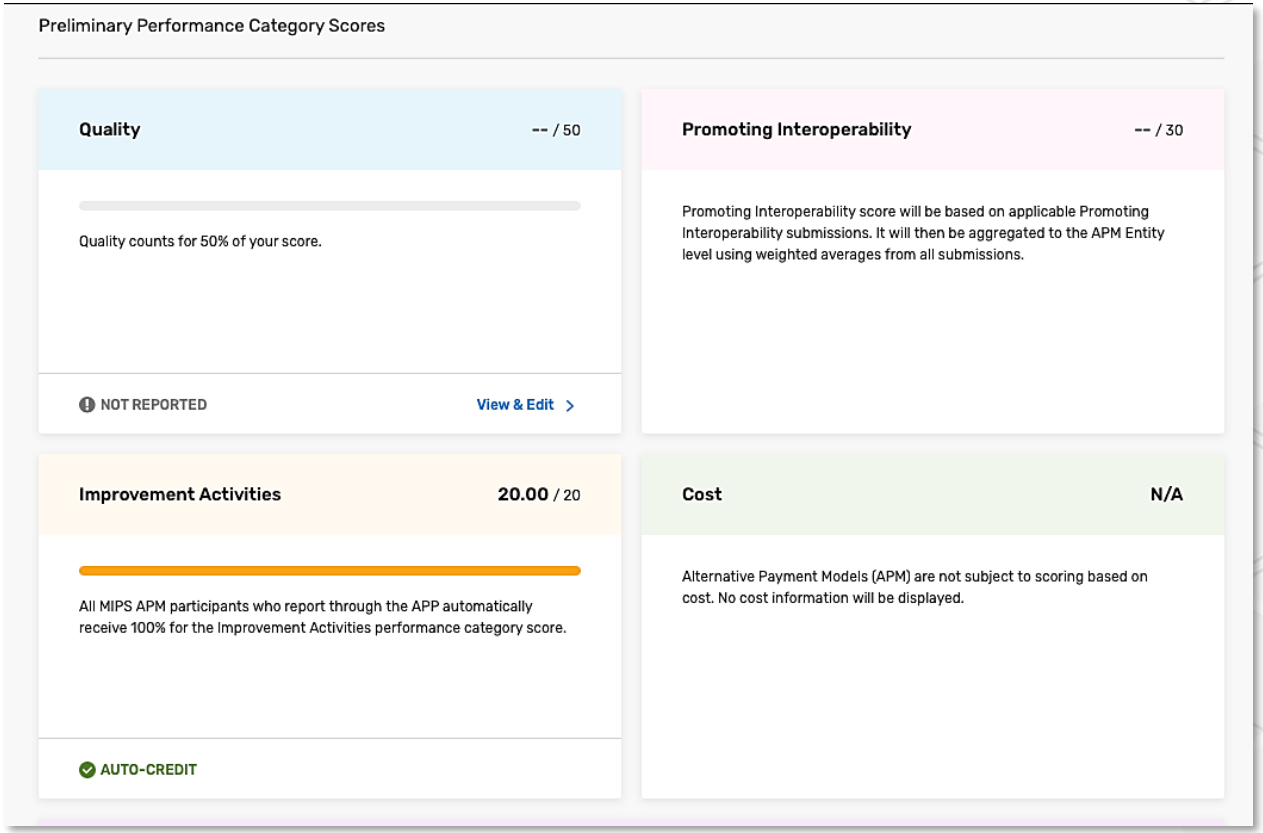
# Improvement Activities

# Improvement Activities

Quality Payment PROGRAM

## 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.



Quality Payment
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# Help, Resources and Version History

# Help and Version History

Quality Payment PROGRAM

## Where Can You Go for Help?

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8 a.m.-8 p.m. ET or by e-mail at: 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.

# Help, Resources and Version History

Quality Payment PROGRAM

## 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 |
|---|---|
| **2022 APP Toolkit** | 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. |
| **2022 APP Quality Requirements (All Participants)** | 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. |
| **2022 APP Quality Requirements (SSP ACO)** | PY 2022 APP Toolkit zip file includes: 2022 APP Toolkit Table of Contents, 2022 APM Performance Pathway for Shared Savings Program Accountable Care Organizations (ACOs) User Guide, 2022 APM Performance Pathway for MIPS APM Participants Fact Sheet, 2022 APM Performance Pathway Infographic, 2022 APM Performance Pathway Quick Start Guide, and 2022 APM Performance Pathway Reporting Scenarios. |

# Help and Version History



## Version History

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

| Date | Description |
|---|---|
| 01/20/2023 | Updated call-out box on slide 7 and updated slide 10 to include a link. |
| 01/03/2023 | Original Posting. |