

MIPS APMs in the Quality Payment Program

What are MIPS APMs?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) repealed the Medicare Sustainable Growth Rate (SGR) methodology for updates to the Medicare Physician Fee Schedule and replaced it with the Quality Payment Program. This new program streamlines current pay for reporting and pay for performance programs with a single system where you can be rewarded for better care. You'll be able to practice as you always have, but you may receive higher Medicare payments based on your performance.

Starting on January 1, 2017, you are able to participate in the Quality Payment Program through two tracks: the Merit-based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (APMs). In the Advanced APM track of the Quality Payment Program, you can earn incentives for achieving threshold levels of payments or patients through Advanced APMs. If you achieve these thresholds, you are excluded from the MIPS reporting requirements and payment adjustment. If you're in a specific type of APM called a "MIPS APM" and you are not excluded from MIPS, you may be scored using a special APM scoring standard. The APM scoring standard is designed to account for activities already required by the APM. For example, the APM scoring standard eliminates the need for MIPS clinicians to duplicate submission of Quality and Improvement Activity performance category data and allows them to focus instead on the goals of the APM.

MIPS APMs are those APMs that meet these three criteria:

- The APM Entities participate in the APM under an agreement with CMS;
- The APM requires that APM Entities include at least one MIPS clinician on a Participation List; and
- The APM bases payment incentives on performance (either at the APM Entity or clinician level) on cost/utilization and quality measures.

Which APMs are MIPS APMs?

The [APM List](#) shows which APMs are MIPS APMs and are subject to the APM scoring standard.

If you're in an APM that includes only facilities as participants, the APM is not a MIPS APM and the APM scoring standard doesn't apply to you. If you're in an Advanced APM and become a Qualifying APM Participant (QP) for the year, you're excluded from the MIPS reporting requirements and payment adjustment for the year. If you're found to be a Partial QP, you'll be able to choose whether to participate

in MIPS. If you're participating in an Advanced APM that is also a MIPS APM, but do not qualify to be either a QP or Partial QP, or qualify to be a Partial QP and choose to participate in MIPS, then the APM scoring standard will apply to you.

What is the APM scoring standard?

If you are in a MIPS APM, then you're subject to the special APM scoring standard. The weights assigned to the MIPS performance categories under the APM scoring standard might be different from the regular MIPS performance category weights.

We'll apply the APM scoring standard if the APM you're part of meets the criteria above and if you're participating in an APM Entity in the MIPS APM on at least one of three "snapshot" dates: March 31, June 30, or August 31. If you participate in a MIPS APM but aren't on the APM Participation List on one of the three snapshot dates, you won't be scored using the APM scoring standard and should instead report to MIPS according to the generally applicable MIPS requirements, either as an individual or as a group.

What is the APM scoring standard for the four MIPS performance categories?

Quality: For MIPS APMs that are under the Medicare Shared Savings Program or Next Generation ACO Model, the quality measures the APM requires are used to determine a MIPS Quality performance category score. For the Medicare Shared Savings Program and the Next Generation ACO Model the Quality performance category is weighted at 50 percent for the 2017 performance period. For all other MIPS APMs for the 2017 performance period, the Quality performance category weight is zero and no score is calculated for this category.

Cost: If you're in a MIPS APM, you will not be scored under the Cost performance category. This category has a zero weight towards the MIPS final score for the 2017 performance period.

Improvement Activities: We assign each MIPS APM an Improvement Activities performance category score based on the improvement activities that are required by the APM. The improvement activities weight for the 2017 performance period for the Medicare Shared Savings Program and the Next Generation ACO model is 20 percent. For all other MIPS APMs, the Improvement Activities performance category is weighted at 25 percent for the 2017 performance period. For the 2017 performance period, we've assigned all MIPS APMs the maximum points for the improvement activities performance category. Each MIPS clinician in the MIPS APM will get the assigned score for the Improvement Activities performance category and will not have to submit improvement activities data for MIPS. [Scores for Improvement Activities in MIPS APMs in the 2017 Performance Period](#) can give you more information.

Advancing Care Information: All MIPS clinicians will report data for the Advancing Care Information performance category as usual according to the general MIPS requirements. MIPS clinicians can report their Advancing Care Information data via attestation and the CMS Web Interface (only available for groups of 25 or more), which you can access via qpp.cms.gov, as well as through a QCDR, Qualified Registry, or Certified EHR technology (CEHRT). All Medicare Shared Savings Program ACO participant Tax Identification Number's (TINs) must report the MIPS Advancing Care Information performance category regardless of whether they meet the QP thresholds or not.

The Medicare Shared Savings Program ACO participant TIN scores for this performance category will be combined as a weighted average based on how many MIPS clinicians are in each TIN. This will result in one ACO group score for the Advancing Care Information performance category that applies to all MIPS clinicians in the ACO.

For the Next Generation ACO model and all other MIPS APMs under the APM scoring standard, MIPS clinicians in the APM report on the Advancing Care Information performance category through either a group TIN or individual reporting. We'll score each MIPS clinician in the APM using the highest score for the TIN/NPI combination for each MIPS clinician, which may be from individual or group reporting. The score given to each MIPS clinician will be averaged with the scores of the other clinicians in the APM Entity group to produce one APM entity score for the Advancing Care Information performance category.

The Advancing Care Information performance category for the 2017 performance period is weighted at 30 percent for the Medicare Shared Savings Program and the Next Generation ACO model MIPS APMs. For all other MIPS APMs this performance category is weighted at 75 percent for the 2017 performance period.

Final Score: All of the MIPS clinicians scored under the APM scoring standard will get a MIPS final score based on the APM entity's combined performance. This method helps you to work with others to improve the quality of care. It also lowers your reporting burden by aligning the reporting requirements for MIPS and the reporting requirements required as part of participating in your APM.

If you participate in two or more MIPS APMs, we'll use the highest final score to calculate your MIPS payment adjustment with the exception of those MIPS clinicians who participate in the Medicare Shared Savings Program and the Comprehensive Primary Care Plus (CPC+) model. In this instance, you will follow the Medicare Shared Savings Program MIPS APM reporting and scoring requirements under the APM scoring standard and will not receive the CPC+ APM entity score. Instead, you will receive the Medicare Shared Savings Program ACO or participant TIN score.

What is the performance period?

The APM scoring standard performance period is the same as the regular 12-month MIPS performance period. Your MIPS payment adjustment in 2019 is based on your 2017 performance under the APM scoring standard.

Each year, we'll post the list of MIPS APM before the first day of the MIPS performance period at qpp.cms.gov. If the APM would have qualified as a MIPS APM, but the APM is ending before the end of the performance period, then the APM won't be noted as a MIPS APM on the list. In that case, MIPS clinicians would be scored under regular MIPS scoring.

How is the APM scoring standard applied?

The charts beginning on the next page show how the APM scoring standard is applied to MIPS clinicians in the different kinds of MIPS APMs.

Shared Savings Program (All Tracks) under the APM Scoring Standard

PERFORMANCE CATEGORY	REPORTING REQUIREMENT	PERFORMANCE SCORE	WEIGHT
Quality	ACOs submit quality measures to the CMS Web interface on behalf of their participating MIPS eligible clinicians.	The MIPS quality performance category requirements and benchmarks will be used to score quality at the ACO level.	50%
Cost	MIPS clinicians will not be assessed on cost.	N/A	0%
Improvement Activities	No additional reporting necessary.	CMS will assign the same improvement activities score to each APM Entity group based on the activities required of participants in the Shared Savings Program.	20%
Advancing Care Information	All ACO participant TINs in the ACO submit under this category according to the MIPS group reporting requirements.	All of the ACO participant TIN scores will be aggregated as a weighted average based on the number of MIPS clinicians in each TIN to yield one APM entity group score.	30%

Next Generation ACO Model under the APM Scoring Standard

PERFORMANCE CATEGORY	REPORTING REQUIREMENT	PERFORMANCE SCORE	WEIGHT
Quality	ACOs submit quality measures to the CMS Web interface on behalf of their participating MIPS clinicians.	The MIPS quality performance category requirements and benchmarks will be used to score quality at the ACO level.	50%
Cost	MIPS clinicians will not be assessed on cost.	N/A	0%
Improvement Activities	No additional reporting necessary.	CMS will assign the same improvement activities score to each APM Entity group based on the activities required of participants in the Next Generation ACO Model.	20%
Advancing Care Information	Each MIPS clinician in the APM Entity group reports advancing care information to MIPS through either group reporting at the TIN level or individual reporting.	CMS will attribute one score to each MIPS clinician in the APM Entity group. This score will be the highest score attributable to the TIN/NPI combination of each MIPS eligible clinician, which may be derived from either group or individual reporting. The scores attributed to each MIPS eligible clinician will be averaged to yield a single APM Entity group score.	30%

All other MIPS APMs under the APM Scoring Standard

PERFORMANCE CATEGORY	REPORTING REQUIREMENT	PERFORMANCE SCORE	WEIGHT
Quality	The APM Entity group will not be assessed on quality under MIPS in the first performance period.	N/A	0%
Cost	MIPS clinicians will not be assessed on cost.	N/A	0%
Improvement Activities	No additional reporting necessary.	CMS will assign the same improvement activities score to each APM Entity group based on the activities required of participants in the MIPS APM.	25%
Advancing Care Information	Each MIPS clinician in the APM Entity group reports advancing care information to MIPS through either group reporting at the TIN level or individual reporting.	CMS will attribute one score to each MIPS clinician in the APM Entity group. This score will be the highest score attributable to the TIN/NPI combination of each MIPS eligible clinician, which may be derived from either group or individual reporting. The scores attributed to each MIPS eligible clinician will be averaged to yield a single APM Entity group score.	75%

Where can I get more information?

- OPP.CMS.GOV
- [Alternative Payment Models in the Quality Payment Program](#)
- [Alternative Payment Model Design Toolkit](#)
- [Quality Payment Program: Scores for Improvement Activities in MIPS APMs in the 2017 Performance Period](#)