

Alternative Payment Models (APM)

APM Performance Pathway for Shared Savings Program Accountable Care Organizations (ACOs) Guide



Contents

<u>How to Use this Guide</u>	3
<u>Background</u>	5
<u>Quality Reporting Requirement under the APP</u>	8
<u>Calculating the ACO's Quality Performance Category Score under the APP</u>	14
<u>Quality Performance Standard</u>	18
<u>ACO Participants Reporting Outside the ACO</u>	21
<u>Shared Savings and Losses</u>	23
<u>New Compliance Monitoring for the Shared Savings Program</u>	25
<u>Help and Version History</u>	27
<u>Appendix</u>	30



How to Use This Guide

Purpose: This document describes the quality reporting and scoring policies that will apply to Shared Savings Program ACOs reporting via the Alternative Payment Model Performance Pathway (APP). [Table 1](#) provides a summary of policies on applying the APP to Shared Savings Program ACOs beginning performance year 2021, and the [Appendix A](#) provides a comparison of the performance year 2020 Shared Savings Program quality-related policies to the new policies that will be effective beginning in performance year 2021.



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.



Background

Overview

The Centers for Medicare & Medicaid Services (CMS) finalized the APP in the calendar year (CY) 2021 Medicare Physician Fee Schedule Final Rule. The APP is a new reporting and scoring pathway for Merit-based Incentive Payment System (MIPS) eligible clinicians who participate in MIPS APMs. The APP includes a single, pre-determined quality measure set that MIPS APM participants may report at the individual, group, and/or APM Entity levels beginning performance year (PY) 2021. The APP is optional for all MIPS APM participants; however, it is required for all Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs). The final policies can be found in the [CY 2021 Medicare Physician Fee Schedule Final Rule \(PDF\)](#) and in the [2021 Quality Payment Program Final Rule Resources \(ZIP\)](#).

Overview (continued)

Table 1: Summary of Policies on Applying the APP to Shared Savings Programs ACOs Beginning Performance year 2021

	PY 2021 (Reporting in CY 2022)	PY 2022 (Reporting in CY 2023)	PY 2023 (Reporting in CY 2024) and Subsequent PYs
Quality Reporting Requirements	<p>ACOs will be required to report the 10 measures under the CMS Web Interface or the 3 electronic clinical quality measures (eCQM)/MIPS CQM measures. ACOs will be required to field the CAHPS for MIPS survey. CMS will calculate the Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) and MCC measures using administrative claims data.</p> <p>Based on the ACO's chosen reporting option, either 6 or 10¹ measures will be included in calculating the ACO's quality performance score.</p>	<p>ACOs will be required to actively report on the 3 eCQM/CQM MIPS measures and field the CAHPS for MIPS survey. CMS will calculate the HWR and MCC measures using administrative claims data. All 6 measures will be included in calculating the ACO's quality performance score.</p>	<p>Same as PY 2022</p>
Quality Performance Standard	<p>A quality performance score that is equivalent to or higher than the 30th percentile across all MIPS quality performance category scores.</p> <p><u>Quality performance standard met:</u> ACOs are eligible to share in savings at the maximum sharing rate; ACOs in two-sided models share in losses based on their quality score or at a fixed percentage based on Track.</p> <p><u>Quality performance standard not met:</u> ACOs are ineligible to share savings and owe the maximum amount of shared losses, if applicable.</p>	<p>Same as PY 2021</p> <p>Shared savings and shared losses determinations same as PY 2021</p>	<p>A quality performance score that is equivalent to or higher than the 40th percentile across all MIPS quality performance category scores.</p> <p>Shared savings and shared losses determinations same as PY 2021</p>

¹For performance year 2021, if ACOs choose to report via the CMS Web Interface, they will be required to report all 10 measures, but will be scored on only 7 of those measures.



Quality Reporting Requirements Under the APP

Overview

- Effective for performance year 2021 and subsequent performance years, Shared Savings Program ACOs will be required to report quality data for purposes of the Shared Savings Program via the APP.
- The quality reporting requirements under the Shared Savings Program will align with the requirements that will apply under the APP under the Quality Payment Program (QPP).
- Under this new approach, ACOs will only need to report one set of quality metrics via the APP that will satisfy the quality reporting requirements under both the Shared Savings Program and the MIPS.
- The quality measures reported for purposes of the APP will be used to determine the quality performance of the ACO for determining eligibility for shared savings and calculating shared losses, where applicable.
- The APP quality measure set is listed in [Table 2](#). The quality reporting requirements under the Shared Savings Program are described on the following slides, and in [Table 1](#).

Performance Year 2021

In order to meet the quality reporting requirements under the Shared Savings Program for performance year 2021:

- ACOs will be required to report quality data via the APP, and can choose to actively report either the 10 measures under the CMS Web Interface or the 3 eCQM/MIPS clinical quality measures (CQM),
- ACOs will be required to field the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey, and
- CMS will calculate 2 measures using administrative claims data.

Based on the ACO's chosen reporting option, either 6 or 10 measures will be included in the calculation of the ACO's quality performance score. For performance year 2021, if ACOs choose to report via the CMS Web Interface, they will be required to report all 10 measures, but will be scored on only 7 of those measures (3 of the measures (Quality ID# 438, Quality ID# 370, and Quality ID# 134) do not have a benchmark).

For more information on the impacts of failing to report via the APP, please see [slide 26](#).

Note: If an ACO decides to report via the CMS Web Interface for performance year 2021, MIPS scoring rules apply. The Shared Savings Program scoring methodology no longer applies after performance year 2020. ACOs are not required to notify CMS prior to data submission which data submission type they will be using for performance year 2021. In addition, ACOs do not have to register for CMS Web Interface or CAHPS for MIPS reporting. ACOs will be auto-registered for both. More information on reporting under the APP is available in the [2021 APP for MIPS APM Participants Fact Sheet \(PDF\)](#) and the [2021 APP Quick Start Guide \(PDF\)](#).

Performance Year 2022 and Subsequent Performance Years

In order to meet the quality reporting requirements under the Shared Savings Program for performance year 2022 and subsequent performance years:

- ACOs will be required to actively report quality data on the 3 eCQM/MIPS CQM measures under the APP.
- ACOs will be required to field the CAHPS for MIPS survey.
- CMS will calculate 2 measures using administrative claims data.

The CMS Web Interface will no longer be available as a collection type for performance year 2022 and subsequent performance years.

All 6 measures will be included in the calculation of the ACO's quality performance score.

APP Measure Set

[Table 2](#) lists the measures included in the APP measure set. Please refer to page 17 of the [2021 APP Quick Start Guide \(PDF\)](#) to access the specifications for the eCQM/MIPS CQM and CMS Web Interface measures.

The specifications for the CAHPS for MIPS survey measures and the 2 administrative claims measures will be available soon in the [Quality Payment Program Resource Library](#).

Quality Reporting Requirements Under the APP

APP Measure Set (continued)

Table 2: Measures Included in the APP Measure Set

Measure #	Measure Title	Collection Type	Submitter Type	Meaningful Measure Area
Quality ID#: 321	CAHPS for MIPS	CAHPS for MIPS Survey	Third Party Intermediary	Patient's Experience
Measure # 479	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	N/A	Admissions & Readmissions
Measure # TBD	Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions (MCC) for ACOs	Administrative Claims	N/A	Admissions & Readmissions
Quality ID#: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	eCQM/MIPS CQM/CMS Web Interface ³	APM Entity/Third Party Intermediary	Mgt. of Chronic Conditions
Quality ID#: 134²	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM/MIPS CQM/CMS Web Interface ³	APM Entity/Third Party Intermediary	Treatment of Mental Health
Quality ID#:236	Controlling High Blood Pressure	eCQM/MIPS CQM/CMS Web Interface ³	APM Entity/Third Party Intermediary	Mgt. of Chronic Conditions
Quality ID#: 318	Falls: Screening for Future Fall Risk	CMS Web Interface ³	APM Entity/Third Party Intermediary	Preventable Healthcare Harm

²We note that Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality ID# 438); Depression Remission at Twelve Months (Quality ID# 370), and Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID# 134) do not have benchmarks and are therefore not scored; they are, however, required to be reported in order to complete the Web Interface dataset.

³ACOs will have the option to report via Web Interface for performance year 2021 only.

Quality Reporting Requirements Under the APP

APP Measure Set (continued)

Table 2: Measures Included in the APP Measure Set (continued)

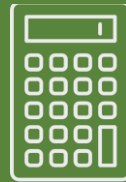
Measure #	Measure Title	Collection Type	Submitter Type	Meaningful Measure Area
Quality ID#: 110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface ³	APM Entity/Third Party Intermediary	Preventive Care
Quality ID#: 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface ³	APM Entity/Third Party Intermediary	Prevention and Treatment of Opioid and Substance Use Disorders
Quality ID#: 113	Colorectal Cancer Screening	CMS Web Interface ³	APM Entity/Third Party Intermediary	Preventive Care
Quality ID#: 112	Breast Cancer Screening	CMS Web Interface ³	APM Entity/Third Party Intermediary	Preventive Care
Quality ID#: 438²	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface ³	APM Entity/Third Party Intermediary	Mgt. of Chronic Conditions
Quality ID#: 370²	Depression Remission at Twelve Months	CMS Web Interface ³	APM Entity/Third Party Intermediary	Treatment of Mental Health

²We note that Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality ID# 438); Depression Remission at Twelve Months (Quality ID# 370), and Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID# 134) do not have benchmarks and are therefore not scored; they are, however, required to be reported in order to complete the Web Interface dataset.

³ACOs will have the option to report via Web Interface for performance year 2021 only.



Calculating ACO's Quality Performance Category Score Under the APP



Calculating the ACO's Quality Performance Category Score under the APP

Overview

Each ACO's MIPS quality performance category score will be calculated using the ACO's performance on the measures reported under the APP, any applicable MIPS bonus points, and quality improvement points. An ACO that fails to report via the APP would receive a **zero** in the quality performance category under MIPS, unless the ACO reports to MIPS outside of the APP. MIPS quality performance category scores for ACOs that have reported through the APP will be used for purposes of the Shared Savings Program in determining shared savings and shared losses, thus satisfying the reporting requirements for both programs. If an ACO fails to report via the APP, that ACO will have failed to meet the quality performance standard of the Shared Savings Program.

ACOs will be scored on the measures they report and receive zero points for those measures they do not report.

For example:

- If an ACO reported all 3 eCQM/MIPS CQM it is actively required to report, but it did not field a CAHPS for MIPS survey measure, then the ACO would receive zero points for the CAHPS for MIPS survey measure, and that zero would be included in its MIPS quality performance category score, along with the points earned on its performance rates on the three measures it did actively report as well as the two claims-based measures included in the APP measure set.
- However, if an ACO doesn't meet minimum sampling requirements for the CAHPS for MIPS survey measure, then that measure will be excluded from scoring (e.g., instead of receiving a zero for its CAHPS for MIPS survey measure, an ACO that doesn't meet minimum sampling requirements would be scored on 5 measures rather than 6 measures).



*Total available measure achievement points = # of required measures x 10

Calculating the ACO's Quality Performance Category Score under the APP

Overview (continued)

Unlike the scoring methodology previously used in the Shared Savings Program, there are no quality domains under the APP. Rather, each measure will be weighted equally.

For example: The results of the CAHPS measures will be combined to calculate a single composite score that will account for one sixth of the ACO's quality score or 16.7 percent or one tenth of the ACO's quality score or 10.0 percent, depending on which measure set the ACO reports on in performance year 2021.

For purposes of MIPS scoring under the APP, Shared Savings Program ACOs are scored on quality, Promoting Interoperability, and improvement activities. Cost is weighted at zero percent. For information on how the 4 MIPS performance categories will be weighted under the APP in order to calculate the MIPS Final Score, please refer to the [2021 APP for MIPS Participants Factsheet \(PDF\)](#).

For more information on interactions between the QPP and the Shared Savings Program, see [Appendix B](#).



Calculating the ACO's Quality Performance Category Score under the APP

Benchmarks

Under the APP, the quality performance score will be calculated for ACOs based on the same MIPS benchmarks that are used for other non-ACO group and individual reporters and reflect the method of data submission (for example, eCQM measures have benchmarks calculated using EHR data and CQM measures have benchmarks calculated using data for each specific non-EHR collection type). The benchmarks for the 3 eCQM/MIPS CQM measures that are in the APP are in the [2021 Quality Benchmarks \(ZIP\)](#) document.

For the measures reported under the CMS Web Interface for performance year 2021, we will continue to use the Shared Savings Program benchmarks developed for the CMS Web Interface for performance year 2020. For performance year 2021, benchmarks for the 10 CMS Web Interface measures, please refer to the [Performance Year 2021 APP: CMS Web Interface Measure Benchmarks for ACOs document \(PDF\)](#).

The benchmarks for the CAHPS for MIPS survey measures are available in the [2021 Quality Benchmarks \(ZIP\)](#) document.

As the 2 administrative claims measure are new in the APP for performance year 2021, and there are no historical benchmarks, performance year benchmarks will be used.

Alignment with MIPS Quality Measure Suppression Policy

Beginning performance year 2021, we will no longer have the pay-for-reporting option for new measures or measures with significant changes under the Shared Savings Program. Instead, the Shared Savings Program is aligning with the MIPS policy that provides for the suppression of measures in certain circumstances, such as for quality measures that undergo significant changes. For each quality measure that is suppressed, the total available measure achievement points would be reduced by 10 points under the APP under current MIPS scoring policy. For example, if there are 6 measures in the APP measure set for a potential total of 60 points and 1 of those 6 measures is suppressed, then the total amount of potential points would be reduced to 50 points based on 5 measures.





Quality Performance Standard

Overview

The quality performance standard is the overall standard the ACO must meet for a performance year in order to be eligible to share in the maximum amount of savings based on their track, avoid maximum shared losses under certain payment tracks, and avoid quality-related compliance actions for that performance year. There will be a gradual phase-in of the increase in the level of quality performance that would be required for all ACOs to meet the Shared Savings Program quality performance standard. The requirements that an ACO must meet in order to meet the quality performance standard under the Shared Savings Program are described below and in [Table 1](#).

- 1. Performance years 2021 and 2022** – An ACO would meet the quality performance standard for performance years 2021 and 2022, if the ACO achieves a quality performance score that is equivalent to or higher than the 30th percentile across all MIPS quality performance category scores, excluding entities/providers eligible for facility-based scoring.
- 2. Performance year 2023 and Subsequent performance years** – An ACO would meet the quality performance standard for performance year 2023 and subsequent performance years, if the ACO achieves a quality performance score that is equivalent to or higher than the 40th percentile across all MIPS quality performance category scores, excluding entities/providers eligible for facility-based scoring.

We are excluding entities/providers eligible for facility-based scoring from the determination of the 30th percentile MIPS quality performance category score, because facility-based scoring is determined using the Hospital Value Based Purchasing (HVBP) Total Performance Score (TPS), which includes quality and cost.

ACOs will not be required to achieve a performance score that is equivalent to or higher than the 30th or the 40th percentile (depending on the performance year) on any one individual measure in order to meet the quality performance standard. Instead, an ACO's quality performance score must be equivalent to or higher than the 30th or 40th percentile (depending on the performance year) across all MIPS quality performance category scores in order to meet the quality performance standard. If an ACO performs poorly on one measure under the APP, the ACO may still be able to meet the quality performance standard based on its performance across the remainder of the measures. CMS will determine if an ACO met the 30th percentile MIPS quality performance category score based on the distribution across all MIPS quality performance category scores.

Failure to Report via the APP and Quality Performance Standard

Shared Savings Program ACOs must meet these additional requirements in order to meet the quality performance standard under the Shared Savings Program.

- 1. Performance year 2021** – For performance year 2021, if an ACO does not report any of the ten CMS Web Interface measures or any of the three eCQM/MIPS CQM measures it is actively required to report and does not field a CAHPS for MIPS survey via the APP, the ACO would not meet the quality performance standard for purposes of the Shared Savings Program.
- 2. Performance year 2022 and subsequent performance years** – For performance year 2022 and subsequent performance years, if an ACO does not report any of the three eCQM/MIPS CQM measures it is actively required to report and does not field a CAHPS for MIPS survey via the APP, the ACO would not meet the quality performance standard for purposes of the Shared Savings Program.

Pay for Reporting Policy for New ACOs

Beginning January 1, 2022, for ACOs in the first performance year of their first agreement period under the Shared Savings Program, an ACO would meet the quality performance standard if it meets the MIPS data completeness and case minimum requirements on all 3 of the eCQM/MIPS CQM measures and fields the CAHPS for MIPS Survey via the APP.

As a result of CMS' decision to forgo an application cycle for a January 1, 2021, agreement start date in the Shared Savings Program, there will be no ACOs whose first performance year of its first agreement period under the Shared Savings Program will begin on January 1, 2021. Therefore, this policy will be applicable for ACOs that are in the first performance year of their first agreement period in performance year 2022 or a subsequent performance year.



ACO Participants Reporting Outside of the ACO

Overview

Shared Savings Program ACOs will be required to report quality data via the APP on behalf of their participants beginning performance year 2021. If an ACO reports via the APP, then the ACO participants do not have to report quality separately to MIPS. If an ACO fails to report via the APP, or if a MIPS eligible clinician or group finds it is in their best interest to report separately, MIPS eligible clinicians in the ACO could report outside the ACO via the APP or a different MIPS reporting option, at the group (i.e. tax identification number (TIN)) or individual eligible clinician level. As noted earlier, an ACO that fails to report via the APP would not meet the Shared Savings Program quality performance standard.

For information on how groups, participant TINs or individuals reporting outside of the ACOs will be scored under the APP, and traditional MIPS, and how the MIPS Final Score will be calculated, please refer to the [2021 APM Performance Pathway \(APP\) for MIPS APM Participants Factsheet](#).

Note: The ACO reports the quality component of the APP, but MIPS eligible clinicians must still report promoting interoperability measures.

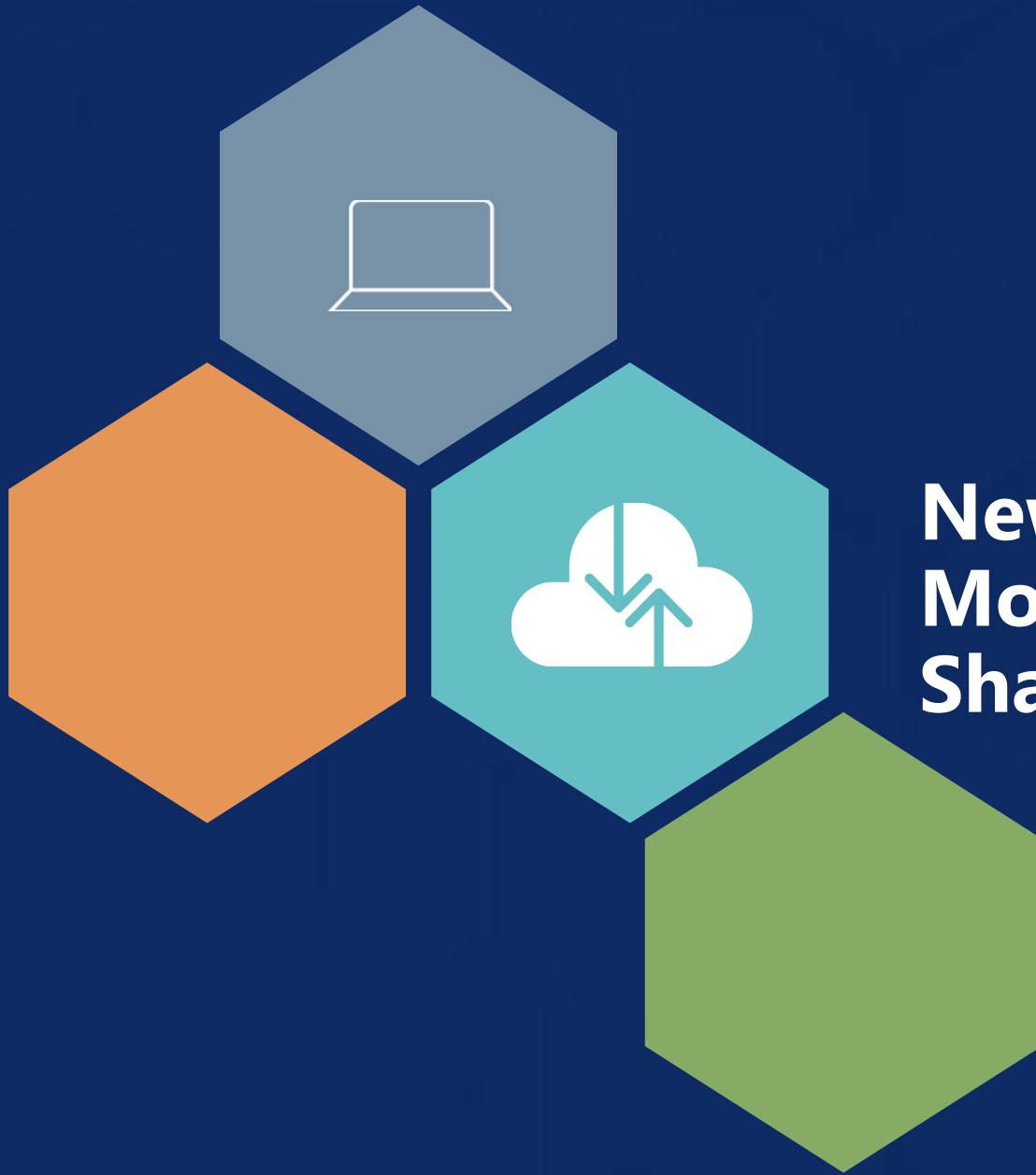


Shared Savings and Losses

Overview

The approach to determine an ACO's shared savings and shared losses will be based on its quality performance. For performance years beginning on or after 2021, ACOs that meet the quality performance standard are eligible to share in savings at the maximum sharing rate according to the applicable financial model, up to the performance payment limit. ACOs that do not meet the quality performance standard are ineligible to share in savings.

ACOs in two-sided models share in losses at a rate determined according to the ACO's track/level of participation, up to the applicable loss recoupment limit. For performance years beginning on or after January 1, 2021, under Track 2 and the ENHANCED track, ACOs that meet the quality performance standard share in losses based on their quality score, while ACOs that do not meet the quality performance standard owe the maximum amount of shared losses. ACOs in two-sided models of the BASIC track and the Track 1+ Model, share in losses at a fixed shared loss rate of 30 percent. Refer to the [Appendix A](#) for additional details on the use of quality performance in determining shared savings and shared losses for performance years beginning on or after January 1, 2021, and as compared to policies applicable to performance year 2020.



New Compliance Monitoring for the Shared Saving Program

Overview

CMS finalized policies to strengthen monitoring for compliance with the Shared Savings Program quality performance standard including updated ACO renewal eligibility criteria.

If the ACO fails to meet the quality performance standard, CMS may take one or more actions prior to termination specified in § 425.216. Depending on the nature and severity of the noncompliance, CMS may forgo pre-termination actions and may immediately terminate the ACO's participation agreement under § 425.218.

CMS will terminate an ACO's participation agreement under any of the following circumstances:

- The ACO fails to meet the quality performance standard for 2 consecutive performance years within an agreement period.
- The ACO fails to meet the quality performance standard for any 3 performance years within an agreement period, regardless of whether the years are in consecutive order.
- A renewing ACO or re-entering ACO fails to meet the quality performance standard for the last performance year of the ACO's previous agreement period and this occurrence was either the second consecutive performance year of failed quality performance or the third nonconsecutive performance year of failed quality performance during the previous agreement period.
- A renewing ACO or re-entering ACO fails to meet the quality performance standard for 2 consecutive performance years across 2 agreement periods, specifically the last performance year of the ACO's previous agreement period and the first performance years of the ACO's new agreement period.



Help and Version History

Where Can You Go for Help?

The following resources are available on the [QPP Resource Library](#) and other QPP and CMS webpages:

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8 a.m.-8 p.m. Eastern Time (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.

Connect with your [local Technical Assistance organization](#). We provide no-cost technical assistance to **small, underserved, and rural practices** to help you successfully participate in the Quality Payment Program.

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](#).

Version History

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

Date	Description
6/3/2021	Original Version



Appendix

Comparison Table

The table below compares the performance year 2020 Shared Savings Program quality-related policies to the new policies that are effective for performance year 2021 and subsequent performance years.

Policy Area	PY 2020	PY 2021 and Subsequent PYs
Quality Measure Set	<p>23 measures reported via CMS Web Interface, CAHPS for ACOs and administrative claims spanning four domains</p> <p>(In performance year 2020, ACOs were not required to field a CAHPS survey due to the public health emergency and will automatically receive full credit for the CAHPS measures.)</p>	<p><u>PY 2021</u> ACOs can choose one of two options for quality measures:</p> <p>Option 1:</p> <ul style="list-style-type: none"> • CAHPS for MIPS (Scored as a single measure) • 2 Administrative Claims measures • 3 eCQM/MIPS CQM measures <p>Option 2:</p> <ul style="list-style-type: none"> • CAHPS for MIPS (Scored as a single measure) • 2 Administrative Claims measures • 10 CMS Web Interface measures <p><u>PY 2022 and subsequent PYs</u> ACOs will be required to report the measures under Option 1 above. The CMS Web Interface will no longer be available as a collection type for PY 2022 and subsequent PYs.</p>
Data Completeness Requirements	<p>Completely and accurately report on CAHPS for ACOs and CMS Web Interface measures</p>	<p>To meet data completeness criteria, you must report performance data (performance met or not met, or denominator exceptions) for at least 70% of the eligible population (denominator).</p> <p>Case minimum requirements must be met for measures.</p>

Comparison Table (continued)

Policy Area	PY 2020	PY 2021 and Subsequent PYs
Quality Performance Standard	<p>ACOs in first PY of their first agreement period: complete and accurate reporting.</p> <p>All other ACOs: completely and accurately report all quality measure data and achieve $\geq 30^{\text{th}}$ percentile of the quality performance benchmark on at least one measure in each domain.</p>	<p>PY 2021 – PY 2022 (reporting in CY2022 – CY 2023)</p> <p>ACOs in first PY of their first agreement period: meet data completeness and case minimum requirements on measures the ACO is required to actively report and field a CAHPS for MIPS survey.</p> <p>All other ACOs: quality performance score $\geq 30^{\text{th}}$ percentile across all MIPS quality performance category scores.</p> <p>PY 2023 and subsequent PYs</p> <p>ACOs in first PY of their first agreement period: Same as above.</p> <p>All other ACOs: quality performance score $\geq 40^{\text{th}}$ percentile across all MIPS quality performance category scores.</p>
Scoring	<p>Domain-level scoring: the final quality score is made up of 4 equally-weighted domains.</p> <p>Quality improvement and minimum attainment are assessed at the domain-level.</p>	<p>Measure-level scoring: all measures contribute equally to the final quality score.</p> <p>Each ACO's MIPS quality performance category score will be calculated using the ACO's performance on the measures reported under the APP, any applicable MIPS bonus points, and quality improvement points.</p>
Determining Shared Savings	<p>ACOs that meet the quality performance standard are eligible to share in savings according to a final shared savings rate based on quality performance, up to the performance payment limit. The final shared savings rate is equal to the product of the ACO's quality score and the maximum sharing rate. The maximum sharing rate is specific to the ACO's track/level.</p> <p>ACOs that fail to meet the quality performance standard are ineligible to share in savings.</p>	<p>ACOs that meet the quality performance standard are eligible to share in savings at the maximum sharing rate according to the applicable financial model, up to the performance payment limit.</p> <p>ACOs that fail to meet the quality performance standard are ineligible to share in savings.</p>

Appendix A

Comparison Table (continued)

Policy Area	PY 2020	PY 2021 and Subsequent PYs
Determining Shared Losses	<p>ACOs participating in the Track 1+ Model, and Level C, D, or E of the BASIC track are subject to a fixed shared loss rate of 30 percent regardless of quality performance.</p> <p>Under Track 2 and the ENHANCED track, the shared loss rate is calculated as one minus the ACO's final shared savings rate based on quality performance, up to a maximum of 60 percent or 75 percent, respectively, and the shared loss rate may not be less than 40 percent for both tracks. ACOs that do NOT meet the quality performance standard share in losses at a shared loss rate of 60 percent or 75 percent, respectively.</p> <p>ACOs share in losses at the shared loss rate up to the loss recoupment limit.</p>	Same as PY 2020
Compliance with the Quality Performance Standard	For PY 2020, due to the public health emergency and Extreme and Uncontrollable Circumstances policy, the Shared Savings Program is not conducting compliance monitoring for 2020 quality reporting.	Starting with PY 2021 and subsequent PYs, CMS has broadened the conditions under which CMS may terminate an ACO's participation agreement when the ACO demonstrates a pattern of failure to meet the quality performance standard.
<p>Extreme and Uncontrollable Circumstance Policy⁴</p> <p>For an ACO affected by an extreme and uncontrollable circumstance during the performance year, including the applicable quality data reporting period for the performance year, the minimum quality performance score will be set based on the scenarios described in the PY 2020 and PY 2021 and Subsequent PYs columns.</p>	<p>If the ACO is able to report quality data and meet data completeness and minimum attainment requirements:</p> <ul style="list-style-type: none"> Higher of ACO's quality score or mean quality score for Shared Savings Program ACO <p>If the ACO is unable to report quality data and meet data completeness and minimum attainment requirements:</p> <ul style="list-style-type: none"> Mean quality score for Shared Savings Program ACOs 	<p>PY 2021 – PY 2022</p> <p>If the ACO is able to report quality data and meet the MIPS data completeness and case minimum requirements:</p> <ul style="list-style-type: none"> Higher of the ACO's MIPS quality performance category score or 30th percentile MIPS quality performance category score. <p>If the ACO is unable to report quality data and meet the MIPS quality data completeness and case minimum requirements:</p> <ul style="list-style-type: none"> The 30th percentile MIPS quality performance category score. <p>PY 2023 and subsequent PYs</p> <p>If the ACO is able to report quality data and meet the MIPS data completeness and case minimum requirements:</p> <ul style="list-style-type: none"> Higher of the ACO's MIPS quality performance category score or 40th percentile MIPS quality performance category score. <p>If the ACO is unable to report quality data and meet the MIPS quality data completeness and case minimum requirements:</p> <ul style="list-style-type: none"> The 40th percentile MIPS quality performance category score



⁴This mean quality score is calculated for all ACOs who met the quality performance standard before application of the EUC policy.

Quality Payment Program Shared Savings Program Interactions

ACO Termination Impact on MIPS APM Status

Situation	Action	Date	Result
Agreement Terminated	On or After	March 31, 2021	The eligible clinician will be a part of the ACO. The eligible clinician will be scored for MIPS as part of the ACO.
Agreement Terminated	Before	March 31	Eligible clinicians in ACO participant TINs must participate in MIPS either at the group or individual level and will be subject to regular MIPS scoring rules. For more information on MIPS scoring rules for an individual or group, please visit: https://qpp.cms.gov/mips/overview .

Qualifying APM Participant in Advanced APM Tracks

Snapshot Dates	Eligible clinicians who re-assign their billing rights to an ACO Participant TIN in an Advanced APM track and are included on at least one of the three Snapshot dates (March 31, June 30, and August 31) during the 2021 performance year may become Qualifying APM Participants (QPs), if they meet payment or patient count thresholds.
QP Threshold	Eligible clinicians who attain QP status for the year will receive an APM Incentive Payment and be excluded from MIPS scoring.
Losing QP Status	If an ACO in an Advanced APM track terminates its participation in a Shared Savings Program Advanced APM track after March 31st and before August 31st, its eligible clinicians will lose QP status and will be subject to MIPS, unless otherwise excluded.
Payment Adjustment	Participants in the Shared Savings Program who do not earn, or who lose QP status may receive a MIPS payment adjustment based on their MIPS final score, calculated as the sum of their quality, promoting interoperability, and improvement activities performance category scores—provided they are otherwise MIPS eligible.