



APM Performance Pathway (APP) Requirements: 2024 Quality Data Submission

Shared Savings Program ACOs Only

What Quality Data Submission Options are Available?

For performance year (PY) 2024, Shared Savings Program ACOs have two options (Option 2 and Option 3) for what collection types to use for their APP quality submissions.

If you participate at this level...	You can use this collection type set...
Individual, Group, APM Entity (All Models/Programs, Excluding Shared Savings Program ACOs)	<p>Option 1</p> <ul style="list-style-type: none"> eCQM, MIPS CQM, or Medicare Part B Claims* (3 measures), CAHPS for MIPS Survey and; Administrative Claims (2 measures). <p>Download the PY 2024 APP Quality Requirements (All Participants, Excluding SSP ACOs) zip file on the QPP Resource Library to view the 2024 APP quality measure set and measures specifications that are applicable for individuals, groups, and APM Entities, including all models and programs, except for Shared Savings Program ACOs.</p>
APM Entity (Shared Savings Program ACO Only)	<p>Option 2</p> <ul style="list-style-type: none"> CMS Web Interface (10 measures)**, CAHPS for MIPS Survey and; Administrative Claims (2 measures). <p>Option 3</p> <ul style="list-style-type: none"> eCQM, MIPS CQM, or Medicare CQM (3 measures)***, CAHPS for MIPS Survey and; Administrative Claims (2 measures).

*Only individuals, groups, and APM Entities with the small practice designation can report Medicare Part B claims measures.

**The 2024 performance period will be the final year for Shared Savings Program ACOs to report through the CMS Web Interface.

***Beginning with the 2024 performance year, Medicare CQMs for Accountable Care Organizations Participating in the Medicare Shared Savings Program (Medicare CQMs) have been established as a new collection type for Shared Savings Program ACOs that can only be reported under the APP. Under the Medicare CQM collection type, an ACO that participates in the Shared Savings Program is required to collect and report data on the ACO's Medicare fee-for-service beneficiaries that meet the definition of a beneficiary eligible for Medicare CQMs at 42 CFR 425.20, instead of reporting on their all payer/all patient population.

Version History

Date	Change Description
05/23/2024	Original version