

How Your ACO Can Optimize APP Reporting Using Medicare CQMs

written by Roji Health Intelligence | December 12, 2023



ACOs just gained a reprieve from implementing all-patient APP quality reporting in 2024. A provision in [CMS's Physician Fee Schedule Final Rule](#), which goes into effect on January 1, 2024, enables ACOs to report on Medicare patients only, based on CMS provision of eligible patient lists for three APP measures. If your ACO decides to delay aggregation of practice data for now, you need to consider how to optimize APP Reporting of Medicare CQMs.

Choose a qualified registry for APP Reporting that can reduce your workload for reporting Medicare CQM Measures.

Using CMS's list of patients eligible for measures will mean that your ACO will not need to aggregate data to determine who is eligible ("denominator" data). But make no mistake. Gathering measure responses ("numerator" data) from across your provider network will still

require work from ACO staff.

Unless you make strategic choices, understand that using Medicare CQMs will redeploy your staff from existing ACO activities to pulling data for APP measures for part of the year. Choosing a qualified reporting registry will help to streamline this work. So will your choice of which measures to devote resources to. Patient volume is largest for those eligible for depression screening and those with hypertension.

Specifically, of the three APP Reporting Measures for Medicare CQMs, here's what to expect:

- Screening for clinical depression (all Medicare patients with an annual visit);
- Blood pressure control for patients with hypertension (up to 50 percent of Medicare patients);
- Hemoglobin A1c control for patients with diabetes (up to 35 percent of Medicare patients).

Depending on the size of your ACO, the number of patients could be very large and require a lot of staff time.

Tip 1: Your registry must be able to aggregate flat files of numerator data when feasible.

That allows you to spend less ACO or practice staff-time gathering data. An experienced data aggregator should be able to collect data for Medicare CQMs from most systems for a much lower cost. Another bonus: the registry will also be able to align patient-centric data so that you're reporting the most recent value for the measure, as required by CMS.

Tip 2: Your qualified registry vendor must have an interface to allow direct input of measure data that cannot be aggregated.

The interface should have all the required information—including date—to ensure the correct value is reported. Roji Health Intelligence allows for individual patient data entry through a secure online portal, with immediate update of your measure results.

Choose a qualified reporting registry with a long-term advantage.

Without a plan for data aggregation, your ACO will struggle to compete with organizations that have data-driven strategies for controlling costs and improving outcomes and health equity, because improving savings returns more to clinicians and patients. Consider that you will eventually need to aggregate data, and use this time to plan for it. CMS strategies for all-payer

ACOs, along with the Rule's provision that ACOs require certified EHRs in ACO practices, all point to Medicare CQMs as a temporary solution.

A trusted and qualified CMS-approved registry can facilitate data processing and submission of performance measures. Choose a registry that has the breadth of experience in aggregating data in multiple formats, has a track record with CMS, and offers personal service.

Over 11 years, Roji Health Intelligence has built a proven record of quality reporting for CMS, [aggregating data](#) from all certified EHRs in all formats. If you are aggregating data from all sources, your registry should enable you to see the status of your patients throughout the year—regardless of whether they are Medicare-only or all patients. Your patient measure results should be patient-centric; collection of measure data by any eligible practitioner will be attached to the patient.

Tip 3: Ensure that your registry is willing to help you organize your implementation and is vested in your results.

Talk to references and make sure that you aren't buying software or a simple interface, and that the team has proven expertise and is committed to results.

Tip 4: Look for other features to improve your ACO results, in areas of cost control and outcomes improvement.

Your data should work hard for you to create opportunities. Once you are aggregating data, you can use it to create strategies to improve your patient outcomes, reduce cost variation, and target your population health activities. Roji Health Intelligence uses [episodes of care](#) to compare costs and services for patients in both chronic disease and specialty care, and to target interventions based on priority.

Founded in 2002, Roji Health Intelligence guides health care systems, providers and patients on the path to better health through [Solutions](#) that help providers improve their value and succeed in Risk.

Image: [Katya Ross](#)