Three Tips for Choosing Your APP Reporting Approach

written by Theresa Hush | August 11, 2023



If CMS’s new proposed option for APP Reporting becomes part of

the Final Rule, ACOs will have the ability to limit quality reporting to Medicare patients only. Your ACO must now determine whether reporting Medicare-only patients saves work and money and best demonstrates your quality. Use these Roji TIPS to decide what approach will work for you.

Considerations for Choosing Medicare CQMs versus All-Patient Reporting

ACOs have resisted APP Reporting to avoid data aggregation from different physician EHRs. ACOs also want to limit their work to the core of Medicare patients included in the ACO. The following considerations are key to your decision about your APP Reporting approach:

Eligible Patients: Medicare CQMs still include 100 percent of eligible patients in the denominator of measures. If CMS provides a claims-based list of eligible patients after the performance year, that will amount to less than 100 percent. Why? Because the 3-month claims run-out period will exclude many fourth quarter services. CMS may try to fix this, but as it stands in the Proposed Rule, you may need to aggregate data to ensure inclusion of all Medicare patients.

Size of Your Patient Population: Volume of attributed patients determines if you can potentially avoid data aggregation to satisfy measure values. However, without aggregated data you must manually look up the latest value for each quality measure, for every patient and for each seen provider. That’s many lookups. You will need technology to track your measures, and cost is not zero.

Large Organizations or ACOs Aggregating Data: If you intend to

aggregate data anyway because of your size, understand that the option to use Medicare CQM or All-Patient Reporting gives you the advantage of using your performance to make a good choice. Make Certain that your Qualified Registry or Qualified Clinical Data Registry will show both alternatives. Then choose to report your best scores publicly.

Three Tips to Make Your Quality Stand Out with Reporting

Prepare for the future of data aggregation, regardless of your APP Reporting method. Your ACO will ultimately need aggregated data to deploy data-driven tools to manage costs, outcomes, and health equity. You can also work with your practices to centralize them on fewer and more compatible EHRs.

For small ACOs using Medicare CQMs, invest in a system to store Medicare CQM data to track values by patients across practices. You need a method to withstand an audit and ensure that you are reporting the latest single value for your patients seeing multiple physicians. Choose a technology interface to store values by patient that optimizes both aggregated and input data. It’s also best if data is visible to practices so they can access and add to the measures. An authorized Registry should be able to do this for you.

For all ACOs aggregating data, track both Medicare and All-Patient Measures, and choose your APP Reporting approach when the Performance Year data is complete. CMS is putting greater emphasis on publicly reporting scores. Tracking all-patient quality is a key performance activity for your overall patient quality and will also contribute to your

ability to successfully undertake private health plan contracting.

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