

Your ACO May Already Be Late for APP Reporting. Here's How to Catch Up!

written by Theresa Hush | November 11, 2024



With one year remaining before mandatory APP Reporting in 2026, the idea that you're already late may sound exaggerated. But consider the significance of what you're undertaking: This is your first effort to report quality on *all* your beneficiaries, not just a tiny sliver of patients. It's a huge leap that requires a lot of advance work. Throughout the 2025 Performance Year data for reporting in 2026, you will be accumulating measure data—or not. You have no chance to improve your quality metrics once 2025 is closed.

For your ACO to be ready for APP Reporting in 2026, you must make and implement numerous decisions and strategies, starting with aggregation of data. These require a series of steps, then tests, to put you at the starting line.

Let's see if your ACO is running late. Here are the signs that you are not well-positioned for APP Reporting and still have a lot to do:

You've been waiting for the Final Rule to prove that you must change from the Web Interface method of reporting (which you *can* use for 2025 reporting on Performance Year 2024).

You're still confused about what you need to do for APP Reporting.

You don't have an APP Reporting vendor.

You haven't decided on your best method for APP Reporting.

You don't have information on your participating practice EHRs.

You haven't collected any data.

Roji TIPS Are Here to Help Your ACO Ramp Up for APP Reporting

If you've been avoiding APP Reporting throughout 2024, you need a latecomer's ACO strategy for PY 2025 APP Reporting in 2026. We are launching a series of concise Roji TIPS to address issues and questions specific to APP Reporting, beginning with *How to Untangle the Optimal Method for APP Reporting*. [You can download free TIPS here.](#)

Our goal is to educate, share our insights into the pros and cons of different approaches, and make your decisions easier—particularly given the tight time frame.

Especially if you are new to data and data-driven strategies, we will be integrating approaches to position your ACO for data sufficiency for quality reporting and more.

Our focus will be on resolving the obstacles standing in your way to APP Reporting. Roji TIPS will help you understand the basic (and evolving) requirements around data aggregation. For example, CMS recently clarified that even Medicare CQMs in APP Reporting will require validation of the patients eligible for the measure, such as the aggregation of data from billing and practice management systems or EHRs. Prior to this, most in the industry assumed that the CMS patient eligibility lists would suffice for the denominator of measures. No longer.

We'll also demystify the selection of reporting method, which will include either eCQMs or MIPS CQMs for all patients, or Medicare CQMs for Medicare beneficiaries only. The Final Rule re-establishes MIPS CQMs for APP Reporting for PY 2025 and 2026.

There's no need to panic or avoid what's coming. In fact, we see positive outcomes for ACOs that are early adopters of APP Reporting. Remember what's essential in today's highly competitive health care environment: You must understand your patient data and how it can enable you to improve your ACO strategies for population health, cost management, health

equity, and measuring and reporting quality.

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: Andy Beales