



How Your ACO Can Optimize APP Reporting Using Medicare CQMs

CMS's 2024 Physician Fee Schedule Final Rule enables ACOs to report in 2024 on Medicare patients only, based on CMS provision of eligible patient lists for three APP measures: screening for clinical depression, blood pressure control for patients with hypertension, and hemoglobin A1c control for patients with diabetes. If your ACO decides to delay aggregation of practice data for now, here's how to optimize APP Reporting of Medicare CQMs:

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

Make strategic choices. Using Medicare CQMs will redeploy your staff from existing ACO activities to pulling data for APP measures for part of the year. A qualified reporting registry will help to streamline this work. So will your choice of which measures to devote resources to. Data volume is key: more records equals higher cost.

TIP 1: Your registry must be able to aggregate flat files of numerator data when feasible. An experienced data aggregator should collect data in flat files for Medicare CQMs from most systems, sparing ACO or practice time staff in looking up and reporting values. That lower cost approach will give you valuable data for the majority of patients. 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. For systems that can't deploy TIP 1, the registry portal 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. You will eventually need to aggregate data. Use this time to plan for it.

TIP 3: Ensure that your registry is willing to help you organize your implementation and is vested in both your long term and immediate 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.