ROJI HEALTH INTELLIGENCE® TIPS

How to Untangle the Optimal Method for APP Reporting

You haven't made a plan for APP Reporting that includes your optimal method of reporting? Don't despair! This is the time to finalize your plan. Your first essential step: Determine your reporting method.

Not sure of the best method for your ACO to perform APP Reporting? You have three reporting options—eCQMs, MIPS CQMs, and Medicare CQMs. Here are the differences between these approaches, and why the decision regarding "best method" is not automatic. It will depend on your participating physician practices, their EHRs, and your desire for data.

How APP Reporting Options Compare

Measure Type	Eligible Patients	Allows Manual Intervention	Denominator Calculation
eCQM	All	No	Third Party Intermediary
MIPS CQMs	All	Yes	Third Party Intermediary
Medicare CQMs	Medicare Only	Yes	CMS Lists + Third Party Intermediary

Knowing whether you have the ability to perform eCQM Reporting is an essential first strategy. Why? Many organizations want to use this approach because one electronic source document, a QRDA-I, captures both denominator and numerator of measures. If your system can do it, it's easy for the organization (but probably the most expensive method). If you can't meet the conditions, you will need to perform APP Reporting through either MIPS CQMs or Medicare CQMs. Let's examine the eCQM question first, because it is the most basic.

eCQMs: Issues for APP Reporting

eCQMs have a number of issues in APP Reporting because they require a standardized data source, called the QRDA-I, which certified EHRs use as a quality reporting tool to capture and report measures. To use eCQMs in APP Reporting, you need to meet two conditions that are challenges for multi-EHR ACOs:

1. **Each individual practice EHR must be able to generate a QRDA-I, the data format required for eCQM reporting.** If you have practices with systems that are not ONC-Certified, or if even one practice has no EHR, you will not be able to meet this condition. Even some certified EHRs are not able to export a QRDA-I outside the system. To be certain that you can meet this condition, you will need to test each practice EHR to validate that you can produce patient data in a QRDA-I from every practice.
2. **Patient data from QRDA-I files across all systems must be aggregated and patients must be de-duplicated through patient matching and integration of data.** APP Reporting requires that patients are uniquely reported only once. This will require technical work from your Qualified Registry vendor, if you have more than one EHR.

Are there similar conditions for MIPS or Medicare CQMs? Not exactly. CQMs can be reported using any kind of data format that can be validated by the patient's clinical record. But each has advantages and disadvantages.

MIPS CQMs: Higher Flexibility, Potentially Higher Cost and Reporting Burden

MIPS CQMs was a preferred choice of many ACOs, especially those with many systems, because of flexibility in data source formats for both numerators and denominators. Your ACO can aggregate QRDA-Is, flat files, and any external data to use in APP Reporting, as long as it is backed by the clinical record. That data is of high value for many other ACO purposes, such as population health, cost management, analytics, and health equity. EHRs must be able to produce reports from their systems, which most can do. This will involve ACO or practice staff to initially and intermittently.

Medicare CQMs: Data Aggregation Still Required, Highest Reporting Burden for Most ACOs

The Medicare CQM option is based on the desire to limit ACO workload in data aggregation. But CMS has modified its guidance here. While CMS will be providing quarterly lists of patients who are eligible for measures based on claims, these aren't enough. ACOs must validate eligibility with their own data, which means that ACOs will still need to aggregate data from practice management systems to verify patient coverage, visits, and diagnoses.

Like MIPS CQMs, Medicare CQMs has more flexible data sources for gathering clinical (numerator) data. But for ACOs seeking to lower their costs and depending on manually looking up and submitting values, this reporting method comes with a much higher staff burden.

Your Decision Criteria

Your ACO should ask which method will create the most accurate, complete reporting involving the least work for your organization. If you are a large organization with one or two big systems, you will be most likely able produce QRDA-Is or FHIR files to fulfill the requirements. If you are a smaller organization with multiple systems, you need to test your practice systems' results, first.

If your ACO has been struggling to decide which method is "superior" for APP Reporting, we can assure you that any of these methods can produce true and accurate results. Which is optimal, on the other hand, will depend on your ACO limits and goals:

- **If cost is your biggest concern,** use Medicare CQMs—but understand that, depending on your patient count, it might require staff work. As the number of measures grow, so will the work.
- **If your long-range goal is driving outcomes and health equity,** your solution will eventually need more data. You can start with Medicare CQMs, but plan to use eCQMs or MIPS CQMs for the following year.

Remember that the ultimate CMS plan is to require more measures and (interoperable) digital measures, which will build toward a more robust data solution in the future. Taking steps now is the best way to get started for long-term reporting solutions.

Get the best information you need for APP Reporting. Contact Roji Health Intelligence to get on the right track.

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