

# Eleventh Hour TIPS for Ensuring ACO Performance on APP Quality Reporting

By Theresa Hush, CEO and Co-founder of Roji Health Intelligence

**D**o you have confidence in your ACO's ability to meet APP Quality Reporting? The 2025 Performance Year is the first year ACOs are required to report through the APM Performance Pathway (APP). Your ACO must transition to a proven technology-based solution to be successful.

If you previously used the CMS Web Interface, it was easy to fulfill reporting through manual chart audits collection for 248 patients in the CMS sample. The APP changes that. Now your ACO must calculate measure denominators and fill responses for at least 75 percent of eligible patients in each measure.

### Where You Should Be by December 1, 2025

If your data aggregation is not up to date by now, you are dangerously close to falling short of the Quality Standard required to earn your full share of savings. Likewise, if your measure performance is not at the 75 percent level for the patients currently eligible, this is a sign that you need to double down on quality reporting.

Calculating measure results is not as simple as adding eCQM results from your practices. Your ACO must calculate the numerator and denominator for each measure at the unique patient level. Adding results across practices duplicates patients and leads to erroneous results. CMS conducts randomized audits following submission. The discovery of invalid measure calculations entitles CMS to recoup shared savings payments from ACOs—and more.

### TIPS for Righting your Course

1. Determine whether incomplete data is a practice issue. If a practice cannot generate complete or correct data through QRDA's (common issue), engage your reporting vendor in other options, such as flat files, EHR reports, or even disparate data sources to fulfill the data. Manual data should only be considered as a last resort for low patient volumes.
2. If measure results are low across the ACO, audit data sources against the EHRs to find reasons for missing data. Missing data has many sources. It could reflect practice processes, or could be a technical problem within data feeds, or both.
3. Be very flexible in using available data sources at this point. You may have wanted to use QRDA-1s, but more important is getting the reporting done with the best measure results.
4. If your reporting vendor isn't pushing for the data, or is slow or unresponsive, consider another solution before the end of the year.
5. Engage your practices in checking their patient data to validate the measure results. Each practice matters in bringing your threshold up to the required standard, especially in this first year.

As the first APP reporting year comes to a close, ACOs should validate their data, shore up any gaps, and ensure their processes can withstand CMS audit scrutiny. When internal resources are stretched, outside quality reporting expertise can provide essential support.

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