Are You a Latecomer ACO to APP Reporting? Your Last Minute Options

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Educational Webinar Series

NASA Image – Folds of Iran

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About Roji Health Intelligence

- We provide Value-Based Care technology and services to providers.
- Our powerful tools identify patients at risk and target health interventions.
- Roji Health Intelligence is a CMS-qualified ONC-certified registry for QPP reporting, and we report eCQMs and CQMs.
- Roji Episodes reveal cost variations and drivers to generate strategies to address Total Cost of Care.

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You’re late if: The Train Is Leaving the Station

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Signals to Watch

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You been waiting for the Final Rule, because you want the Web Interface.

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You're still confused by what you need to do under the APP Reporting Rules.

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You don’t have an APP Reporting vendor yet.

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You can’t decide on a method for APP Reporting.

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You don’t have information about your practice EHRs.

You have not collected any data yet.

If your belief systems were driving your quality reporting strategy, you need a latecomers' strategy for year 1.

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POLLING QUESTION: Where are you?

1. We're late.

2. We're on target.

3. So what, there's still time.

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KEY FACTS: APP REPORTING 2025

- Final Rule within a few weeks
- Proposed Rule: 2 reporting methods, eCQM and Medicare CQM
- Both reporting methods require data collection for both numerator and denominator values
- One big question for Final Rule: will APP Reporting through MIPS CQMs be permitted, as in 2024?

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Measures in the APP

- Active reporting is required for 3 measures:
  - Diabetes Hemoglobin A1C Poor control (>9%) (Quality ID 001)
  - Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID 134)
  - Controlling High Blood Pressure (Quality ID 236)
- Measures Calculated by CMS and Survey Vendors
  - CAHPS Patient Experience Survey
  - Hospital-Wide 30-Day, All Cause Unplanned Readmission Rate
  - Risk-Standardized Admissions for Patients with Chronic Conditions

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How Reporting Options Compare

Measure Type	Eligible Patients	Allows Manual Intervention	Denominator Calculation
eCQM	All	No	Third-Party Intermediary
Medicare CQMs	Medicare Only	Yes	CMS plus data aggregated by Third Party Intermediary

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All APP Reporting Requires Data Collection

Measure Denominators

- APP Reporting via eCQMs: electronic collection of all data, both denominator and numerator

- APP Reporting via Medicare CQMs: CMS Quarterly Lists of eligible patients. NEW: ACOs must validate denominator data!

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All APP Reporting Requires Data Collection

Measure Numerators

- APP Reporting via eCQMs: electronic collection of all data, both denominator and numerator

- APP Reporting via Medicare CQMs: Either manually or aggregated by third-party intermediary

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eCQM: “All” Patients is an Exact Science

- All patients, regardless of coverage
- Patients are matched across practices to create unique patient ID

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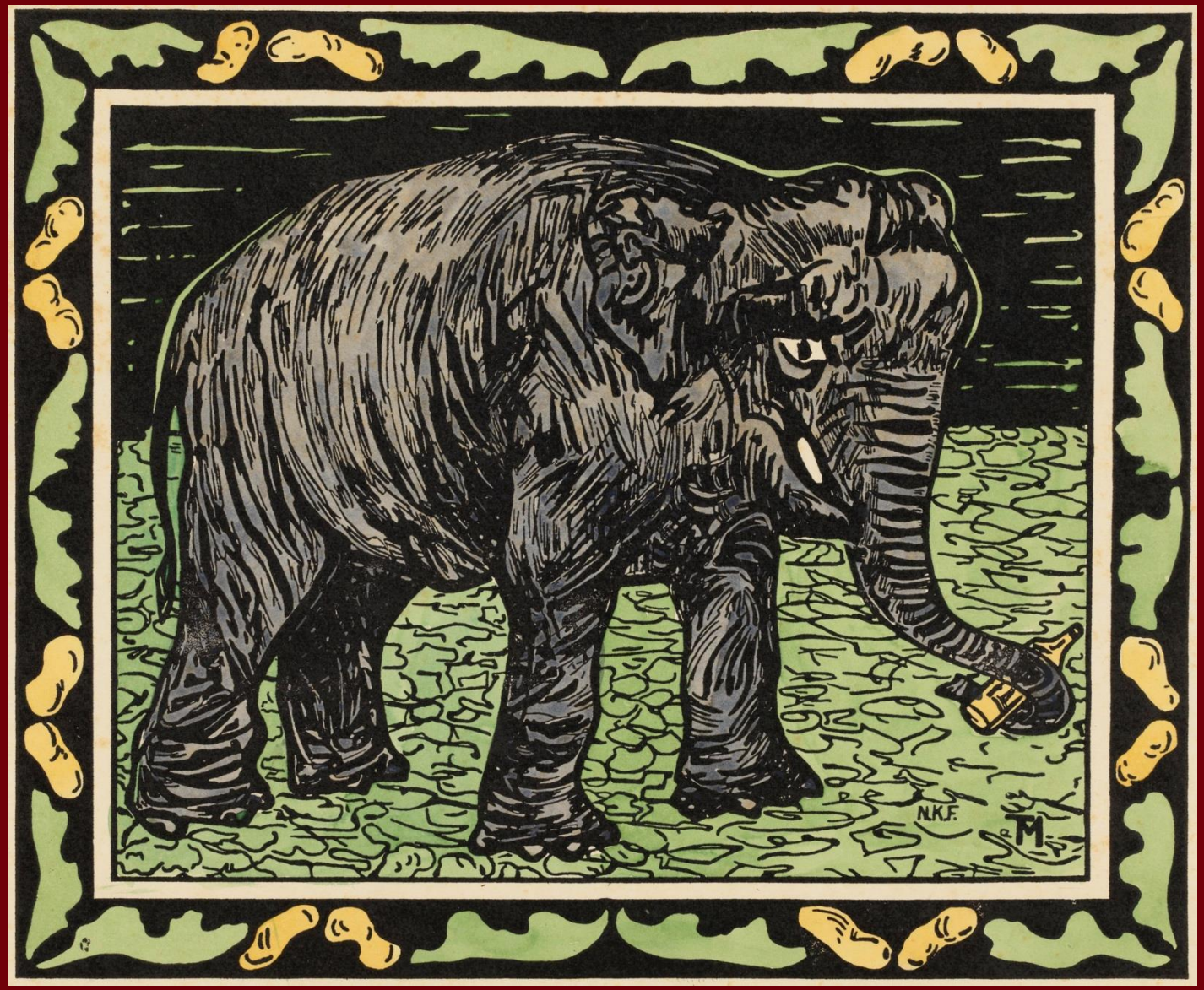
eCQM: QRDA I Data Source Issues



- There's an elephant in the room!
- Not all certified EHRs can produce QRDA I files for external use
- Practices with customized EHR templates may find clinical data absent in QRDA I files
- Most important: Every practice must be able to produce QRDA I files for APP Reporting w/ eCQMs.

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Don’t Let “Interoperable Data” Mislead You!

- QRDA I files are interoperable within the same EHR system – they don’t meet the test of interoperability system-to-system
- QRDA I files are tools for EHRs to collect measure data and convert to QRDA IIIs for MIPS Quality Reporting
- QRDA I files are not universally programmed to report data outside EHRs

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When eCQM Reporting Will Work Best

Who

- Larger ACOs
- Practices on one or more systems with tested capability to produce QRDA I files with data

How / Conditions

- Faster timeframe for APP Reporting with eCQM method
- More expensive – more patients, more data, more processing
- Data value limited to quality reporting; QRDA I only contains necessary data for measure

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Medicare CQM: Limited Patients, Data

- CMS identifies eligible patients quarterly
- ACO must validate denominator of patients with their data
- Can work for ACOs big and small – larger will require more data aggregation, smaller may require manual input of measure values
- Can use multiple electronic data sources as well.

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APP Reporting via Medicare CQMs

It’s a pack horse.

Weaving multiple data sources and capabilities requires innovative, flexible and opportunistic approach.

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Flexible Medicare CQM Data Strategy

- Variable sources of data
- Data aggregation should maximize electronic sources of easy-to-get data
- Demographic and billing data from available PMS
- CMS eligibility lists
- EHR systems with FHIR or flat files

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Reap Value through Medicare CQM Approach

- CMS intended to make a “lighter” approach for ACOs to transition to APP Reporting, but the reality is different.
- Smaller ACOs will have fewer patients to report, but there will be data challenges and some reporting burden.
- Large ACOs must aggregate major sources of data to be able to report numerators and validate CMS lists.

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Fact: *Neither* eCQMs nor CQMs are easier or better.

- Both are accurate
- Both are grounded in data that comes from EHR and, for CQMs, other valid sources
- Both have some challenges if they are not easily obtained electronically.
- The most valuable method of reporting is the approach will produce the best results for your ACO

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Practical Strategies for Latecomers to APP Reporting

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1. Get Experienced Help

10+ Yrs Experience, MIPS Preferred

Authorized for eCQMs and CQMS

Data Strategy

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How to Evaluate Experience in Quality Reporting

- Designation: CMS-Qualified Registry
  - 10+ years experience in MIPS Reporting
  - No CMS disciplinary actions
  - Data aggregation for organizations with multiple practices/systems
  - Environment most similar to ACOs and APP Reporting.

- Reporting capability: eCQMs or CQMs, regardless of what you will choose for APP Reporting.

- Other services included: Strategy for data aggregation, ability to provide info on integrity of your data, incidence of SDOH; FHIR readiness; Plug and play with your other software.

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2. Gather the Information You Need

- Volume metrics for vendor
- Practice systems & versions
- Data export capabilities of EHRs

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2. Gather the Information You Need

- What are your volume indicators: Practices, Providers, Patients

- What are your practice systems and versions – do a survey.

- Face the tiger: Verify and ensure the QRDA/ FHIR capabilities of your systems.

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3. Involve Your Clinicians in Workload Decisions

Not as messy as you think!

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3. Involve Your Clinicians in Workload Decisions

- Determine tolerance for manually imputing patient measure values
- Identify sources of electronic data to capture
- Tools at point of care if no EHR
- Press vendors for assistance

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4. Build for the Future

- Develop system strategy
- Test data exports
- Build internal consensus
- Pilot FHIR

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4. Build for the Future

- If settled on an APP Strategy because of limitations, build path to future
- Test your systems
- Examine a better system strategy
- Build internal consensus for adopting new systems
- Pilot FHIR

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5. Create More Value for your Investment

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5. Create More Value for your Investment

- Examine multiple uses for the quality data
- Look at how to improve cost performance
- Test different sources of data

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Wrap-Up

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If you have really put off APP Reporting…

- CQM Reporting will be your safest bet, without spade work on your practices' systems
- CQM can be done with lower reporting burden if your EHRs are modern and appropriately used
- Go with the advice of expertise based on a review of your organization
- Build for the future, not only for 2025

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Questions and Answers
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Stop by our ACO Exhibit Hall Virtual Booth

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Thank You

Contact us to make your APP Reporting a successful venture!

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