



## 2024 Medicare CQMs for Shared Savings Program Accountable Care Organizations Checklist

In Performance Year (PY) 2024, the Centers for Medicare & Medicaid Services (CMS) established a new quality measure collection type for Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs): Medicare Clinical Quality Measures for Accountable Care Organizations Participating in the Medicare Shared Savings Program (Medicare CQMs). Shared Savings Program ACOs have the option to report on the Medicare CQMs within the Alternative Payment Model (APM) Performance Pathway (APP) measure set and must administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for Merit-based Incentive Payment System (MIPS) Survey to meet reporting requirements under the APP.<sup>1</sup> Medicare CQM and MIPS standards are aligned for data completeness, measure benchmarking, and scoring policies. This resource provides steps that ACOs may take to prepare for and successfully complete quality reporting via the Medicare CQM collection type.

### Preparation Checklist:

- Decide whether your ACO will report one or more measures via Medicare CQMs. CMS encourages ACOs to evaluate all quality reporting options based on the ACO's unique composition and technical infrastructure to determine which collection type is most appropriate. Access and review the [Medicare CQM measure specifications](#):
  - Quality ID #001: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
  - Quality ID #134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
  - Quality ID #236: Controlling High Blood Pressure
- Ensure you can log into the Quality Payment Program (QPP) [website](#). ACO representatives with QPP [Security Official or QPP Staff User roles](#) in ACO-MS can log into the QPP website with their ACO-MS username and password.
- Ensure you have the ability to use the QPP [JSON templates](#) to submit your ACO's Medicare CQM data to CMS. CMS encourages ACOs to watch [an APP submission using JSON](#) by attending the

<sup>1</sup> In performance year 2024, ACOs also have the option to report quality data utilizing the CMS Web Interface measures, eCQMs, and/or MIPS CQMs.

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JSON submission demo during Quarter 3 of 2024. More information on the JSON submission demo will be provided in a future ACO Spotlight Newsletter article.

- Ensure you have login access to the ACO Management System ([ACO-MS](#)). Here you will be able to access your ACO's cumulative quarterly updated list of beneficiaries eligible for Medicare CQMs. The Quarterly List of Beneficiaries Eligible for Medicare CQMs data file is made available as part of your ACO's Quarterly Reports Package and delivered to ACOs via the data hub in ACO-MS (see below for details about what is included in this data file).

**Implementation Checklist:**

- Download and review the Quarterly List of Beneficiaries Eligible for Medicare CQMs. The list will contain beneficiaries eligible for Medicare CQM reporting, including beneficiary-level age, diagnosis, encounter, and measure exclusion information. These files are cumulative (year to date) and updated quarterly to reflect the most recent quarter's data. For example, encounters with dates of service January 1<sup>st</sup> through March 31<sup>st</sup> of 2024 will be included in the Q1 list.



Quarter 1 (Q1) 2024 Reports Package: May 2024

Quarter 2 (Q2) 2024 Reports Package: August 2024

Quarter 3 (Q3) 2024 Reports Package: November 2024

Quarter 4 (Q4) 2024 Reports Package: February 2025

- ACOs can use the quarterly files to confirm measure denominator eligibility and collect measure data throughout the performance year. The Q4 data file will be the full list of ACO beneficiaries, based on the available claims data (for encounters with dates of service January 1<sup>st</sup> through December 31<sup>st</sup> of 2024), to complete Medicare CQM reporting. ACOs can partially supplement the quarterly files with the following to identify beneficiaries eligible for Medicare CQMs:

- ACO participants clinical data system files
- Claim and Claim Line Feed (CCLF) files
- [Beneficiary Claims Data Application Programming Interface](#) (BCDA) files

- Use the above data sources to identify beneficiaries and validate your quality measure data. The Medicare CQM specifications will allow for the use of multiple sources of data (e.g., multiple EHRs, paper records, registries, patient management systems) to compile a measure's numerator and denominator. Assess your ACO participants' clinical workflows and provider clinical data (e.g., charts, systems data) to ensure measure inclusion and exclusion criteria are recorded and captured accurately.

- Use the Q4 data file to validate the completeness of Medicare CQM denominators that ACOs have accrued through prior quarterly data files and reports and other internal and external resources.

- For PY 2024, the data completeness threshold is 75%. This means that ACOs must report performance data (performance met or not met, or denominator exceptions) for at least 75% of the total eligible population (excluding denominator exclusions). Evaluate your patient population against each Medicare CQM Specification prior to submission, including confirming that beneficiaries meet the numerator and denominator criteria for the measure. Once confirmed for inclusion, this patient population will be used to determine whether your ACO meets the MIPS data completeness requirement. The data completeness requirement is calculated by using both the total number of patients eligible for the measure, and the number of patients for which you report performance data.

- Report Medicare CQMs using the QPP JSON format during the open submission period, January to March 2025. When reporting Medicare CQMs, an ACO must include the submission file identifier, which reflects the Quality ID number associated with a quality measure (that is, Q001, Q134, and Q236) followed by the letters “SSP”. For the reporting of Medicare CQMs, the submission file identifiers are as follows: 001SSP, 134SSP, and 236SSP, which correspond to the Quality ID numbers noted above. The Medicare CQM identifiers **must** be included in the submission files. Ensure you submit your quality data as [an APP submission](#) by choosing the APP option in the QPP user interface as your submission type and then [identifying your data files](#) correctly.
- For questions regarding Medicare CQMs, contact the QPP Service Center at 1-866-288-8292 or [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).