



# Medicare CQM Reporting by Shared Savings Program ACOs: Frequently Asked Questions

Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) have the option to report the Medicare Clinical Quality Measures for Accountable Care Organizations Participating in the Medicare Shared Savings Program (Medicare CQMs) under the Alternative Payment Model (APM) Performance Pathway (APP) beginning in performance year 2024. Medicare CQMs are a quality data collection type reported on the ACO's eligible Medicare Fee-for-Service (FFS) beneficiary population.

## 1.) How does CMS identify beneficiaries eligible for Medicare CQMs?

CMS uses Medicare Part A and Part B claims to identify beneficiaries eligible for Medicare CQMs in order to generate the *Quarterly List of Beneficiaries Eligible for Medicare CQMs*.

A beneficiary eligible for Medicare CQMs is defined as a beneficiary<sup>1</sup> who is either of the following:

1. A Medicare fee for service beneficiary<sup>2</sup> who -
  - Meets the criteria for a beneficiary to be assigned to an ACO<sup>3</sup>, i.e. at least one month of Part A and B enrollments; no months of Part A only, Part B only or Medicare Advantage enrollment; not assigned to other Medicare savings initiatives; and lives in the United States or U.S. territory and possessions; and
  - Had at least one claim with a date of service during the measurement period from an ACO professional who is a primary care physician or who has one of the specialty designations used in assignment, such as cardiology, neurology and pulmonary disease<sup>4</sup>, or who is a physician assistant, nurse practitioner, or clinical nurse specialist.
2. A Medicare fee-for-service beneficiary who designated an ACO professional participating in an ACO as responsible for coordinating their overall care.<sup>5</sup>

## 2.) What does the *Quarterly List of Beneficiaries Eligible for Medicare CQMs* provide?

The *Quarterly List of Beneficiaries Eligible for Medicare CQMs* includes Medicare FFS beneficiaries who are eligible for Medicare CQM reporting. The Quarter 4 List includes all Medicare CQM eligible beneficiaries based on available claims data for encounters with dates of service from January 1 through December 31. The list includes beneficiaries that meet any of the measure-specific eligibility criteria. Therefore, an ACO's *Quarterly List of Beneficiaries Eligible for Medicare CQMs* may include Medicare FFS beneficiaries who are not eligible for inclusion in any of the three Medicare CQMs in the APP quality measure set.

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<sup>1</sup> Defined at 42 CFR 425.20

<sup>2</sup> Defined at 42 CFR 425.20

<sup>3</sup> Described at 42 CFR 425.401(a)

<sup>4</sup> For a complete list of specialty designations used in this definition, please refer to the list in 42 CFR 425.402(c) or Appendix C of the [Shared Savings and Losses and Assignment Methodology and Quality Performance Standard Specifications](#).

<sup>5</sup> See 42 CFR 425.402(e)

The following information, based on Medicare claims data, is incorporated into the variables that are provided in the *Quarterly List of Beneficiaries Eligible for Medicare CQMs* and may help with identification of patients per the measure specifications:

- Eligible age
- Eligible diagnosis (e.g., diabetes, hypertension, depression)
- Eligible encounter
- Met at least one eligible exclusion

These variables indicate whether there was a claim that matched the measure specification's diagnosis, encounter, or exclusion codes at the beneficiary-level (i.e., there was at least 1 code that matched the measure specifications at some point during the specified time frame). The age variable indicates that the beneficiary met the age requirement for at least one day of the reporting period (for HTN\_AGE and DM\_AGE) or the first day of the reporting period (for DEP\_AGE). The quarterly lists can be filtered by the variables as indicator flags to identify beneficiaries with the age, encounter, and diagnoses for the measure.

Reminders when using these indicator flags:

- Claims used to create the indicator flags are not restricted to claims made by the ACO, but rather use all available Medicare FFS claims.
- The indicator flags are at the beneficiary-level, not the encounter level. The ACO will need to apply the measure specifications, which have encounter-level requirements, to determine eligibility for measure denominators.
- The indicator flags can be used together to identify the subset of beneficiaries that are potentially eligible for a given measure. For example, for 236SSP: Controlling High Blood Pressure, beneficiaries with indicator variables of HTN\_AGE =1, HTN\_DX=1, HTN\_ENCOUNTER =1, and HTN\_EXCLUSION="". "may be eligible for the HTN measure denominator. The ACO will determine beneficiary denominator eligibility.

Please review the *Quarterly List of Beneficiaries Eligible for Medicare CQMs* data dictionary for specifics for each measure, as there is some variation across measures that reflects differences in their specifications.

### 3.) Can an ACO identify beneficiaries that are eligible for Medicare CQM reporting using the Quarterly List?

Yes, the Quarter 4 List includes all Medicare CQM eligible beneficiaries based on available claims data. ACOs must determine eligibility for each Medicare CQM by applying the measure specifications to the Quarterly 4 List, if they choose to use it, to ensure measure inclusion and exclusion criteria are captured accurately. The Quarterly List is intended to be a tool or resource for identifying beneficiaries eligible for Medicare CQM reporting, and ACOs must determine eligibility for the beneficiaries that meet each measure denominator for reporting.

### 4.) Can an ACO identify beneficiaries that are eligible for Medicare CQM reporting without using the Quarterly List?

Yes. ACOs may identify beneficiaries that are eligible for Medicare CQM reporting without using the

Quarterly List. To remain aligned to the measure specifications, ACOs should use the most complete and accurate data to determine denominator eligibility and meet the measure numerator criteria.

As stated in the calendar year (CY) 2024 Medicare Physician Fee Schedule (PFS) final rule, a Medicare CQM is essentially a Merit Based Incentive Payment System (MIPS) clinical quality measure (CQM) reported by an ACO under the APP on only the ACO's Medicare FFS beneficiaries, instead of its all payer/all patient population (88 FR 79098). ACOs with the experience or technical infrastructure to report MIPS CQMs may employ the same processes used to report MIPS CQMs to report Medicare CQMs so long as the Medicare CQM population meets the definition of beneficiaries eligible for Medicare CQMs as defined at [42 CFR 425.20](#).

#### 5.) Is the *Quarterly List of Beneficiaries Eligible for Medicare CQMs* enough to determine if a beneficiary meets a measure criteria?

The *Quarterly List of Beneficiaries Eligible for Medicare CQMs* is not sufficient alone to determine if the beneficiary meets measure criteria. The Quarterly List does not provide encounter-specific information that is necessary for an ACO to determine if a beneficiary is eligible for inclusion in the denominator, nor if the beneficiary met the numerator criteria.

For example, *236SSP: Controlling High Blood Pressure* requires a beneficiary's most recent blood pressure reading to be adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period. The beneficiaries' blood pressure readings are not included in the Quarterly List. The ACO would need to use other sources of data and information (e.g., EHRs, paper records, registries, patient management systems) to compile the measure's numerator.

The ACO must apply each Medicare CQM's measure specification to determine if a beneficiary meets the criteria for the denominator and the numerator response for each respective Medicare CQM measure.

#### 6.) Is the *Quarterly List of Beneficiaries Eligible for Medicare CQMs* using the same format that an ACO would use for reporting Medicare CQMs?

The *Quarterly List of Beneficiaries Eligible for Medicare CQMs* is not in the format of your ACO's final Medicare CQM submission. ACOs should report Medicare CQMs using the Quality Payment Program (QPP) Java Script Object Notation (JSON) format. For additional guidance in preparing to submit Medicare CQMs, please refer to the [JSON template](#) and the [APP Data Submission User Guide](#).

#### 7.) What resources has CMS provided for Medicare CQMs?

CMS has provided the following resources to assist ACOs in reporting Medicare CQMs:

- 2024 Medicare CQM Measure Specifications and Supporting Documents for ACOs Participating in the Medicare Shared Savings Program: (<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2626/2024%20Medicare%20CQM%20Specifications.zip>)
  - This set of files includes a PDF with the measure specifications for each Medicare CQM and an excel file with instructions and code sets for reporting Medicare CQMs.
- 2024 Reporting eCQMs, MIPS CQMs, and Medicare CQMs in the Alternative Payment Model

(APM) Performance Pathway (APP) (guidance document) (<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/3124/MSSP-2024-Reporting-eQCMs-MIPS-CQMs-and-Medicare-CQMs-in-the-APP.pdf>)

- This guidance document describes reporting information specific to Shared Savings Program ACOs reporting eQCMs, MIPS CQMs, and Medicare CQMs, provides guidance on patient matching and data aggregation, and explains the data submission process.
- 2024 Medicare CQMs for Shared Savings Program Accountable Care Organizations Checklist: <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2679/2024SSPACOMedicareCQMChecklist.pdf>
  - This resource provides steps that ACOs may take to prepare for and successfully complete quality reporting via Medicare CQMs.
- The 2024 *Quarterly List of Beneficiaries Eligible for Medicare CQMs* are provided to ACOs as a CSV file included in the ACO's quarterly reports package and delivered to ACOs via the data hub tab in the ACO Management System ACO-MS (<https://acoms.cms.gov>).
  - The list contains beneficiaries eligible for Medicare CQM reporting, including beneficiary-level age, diagnosis, encounter, and measure exclusion information.
- Medicare CQM and Data Dictionary Template Webinar available in ACO-MS (<https://acoms.cms.gov/knowledge-management/view/8282>) or Vimeo (<https://vimeo.com/949156162/fd25e45c8b>)
  - This webinar provides an overview of the Medicare CQM Data Dictionary, which defines the variables present in the *Quarterly List of Beneficiaries Eligible for Medicare CQMs*
- 2025 Medicare CQM Measure Specifications and Supporting Documents for ACOs Participating in the Medicare Shared Savings Program: (<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/3101/2025-Medicare-CQM-Specifications-and-Supporting-Documents-for-ACOs.zip>)
  - This set of files includes a PDF with the measure specifications for each Medicare CQM and an excel file with instructions and code sets for reporting Medicare CQMs for performance year 2025.