Quality Payment
PROGRAM

2025 Medicare CQMs for Shared Savings Program Accountable Care Organizations Checklist

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 are required to report the four quality measures in the Alternative Payment Model (APM) Performance Pathway (APP) Plus quality 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 Shared Savings Program, using either electronic clinical quality measure (eCQM), MIPS CQM, and/or Medicare CQM collection types. 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, which is a quality data collection type reported on the ACO's eligible Medicare Fee-for-Service (FFS) beneficiary population.

☑ **Preparation Checklist:**

☐ Decide whether your ACO will report the four quality 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: Glycemic Status Assessment Greater Than 9%
- Quality ID #112: Breast Cancer Screening
- 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 Quality Payment Program (QPP) Security Official or QPP Staff User roles in the ACO Management System (ACO-MS) can log into the QPP website with their ACO-MS username and password.

☐ Ensure you are able to use the QPP JavaScript Object Notation (JSON) templates to submit your ACO's Medicare CQM data to CMS.

☐ Ensure you have login access to ACO-MS. Here you will be able to access your ACO's Quarterly List of Beneficiaries eligible for Medicare CQMs. The Quarterly List of Beneficiaries Eligible for Medicare CQMs is included in 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 all Medicare FFS beneficiaries who are eligible for Medicare CQM reporting based on available claims data for encounters during that quarter, including beneficiary-level age, sex, 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 1st through March 31st of 2025 will be included in the Q1 list.

Quarter 1 (Q1) 2025 Reports Package: May 2025

Quarter 2 (Q2) 2025 Reports Package: August 2025

Quarter 3 (Q3) 2025 Reports Package: November 2025

Quarter 4 (Q4) 2025 Reports Package: February 2026

☐ Use your ACO's available data sources to determine beneficiaries that meet the Medicare CQM numerator and denominator specifications for each measure. To aid in identifying the potential denominator population for each measure, the Medicare CQM Quarterly List includes an individual tab for each Medicare CQM in the APP Plus quality measure set. These tabs use the measure-specific indicator flags to filter the list to a smaller number of beneficiaries, based on claims and enrollment data. 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 Medicare CQMs in the APP Plus quality measure set. ACOs are not expected to report on beneficiaries who do not meet measure denominator criteria for any of the Medicare CQMs.

The Medicare CQM collection type 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. ACOs may find the following data sources valuable to identify beneficiaries that meet the Medicare CQM specifications:

- Quarterly List of 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

☐ For PY 2025, 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). Additionally, there were updates to the Quarterly List of Beneficiaries Eligible for Medicare CQMs to reflect the Calendar Year 2025 Medicare Physician Fee Schedule final rule changes to the Medicare CQM collection type which include new indicator variables for the Breast Cancer Screening measure and an update of the name of the Diabetes measure to Diabetes: Glycemic Status Assessment Greater Than 9% Measure. ACOs should evaluate the patient population against each Medicare CQM specification prior to submission to determine that beneficiaries meet the numerator and denominator criteria for the measure. The list has a new filter tab to allow ACOs to filter by various data elements to determine which patients may be eligible for a particular measure. Once identified for inclusion, this patient population will be used to assess if your ACO meets the MIPS data completeness requirement.

☐ Report Medicare CQMs using the QPP JSON format during the open submission period, January to March 31st annually. 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, Q112, Q134, and Q236) followed by the letters "SSP." For the reporting of Medicare CQMs, the submission file identifiers are as follows: 001SSP, 112SSP, 134SSP, and 236SSP, which correspond to the Quality ID numbers noted above. The Medicare CQM identifiers **must** be included in the submission files. The APP Data Submission User Guide which outlines how to submit your quality data will be forthcoming in the third quarter of PY 2025. For additional guidance in preparing to submit Medicare CQMs, please refer to the 2024 APP Data Submission User Guide, and look for program announcements regarding updated submission guidance for PY 2025.

☐ For questions regarding Medicare CQMs, contact the QPP Service Center at 1-866-288-8292 or QPP@cms.hhs.gov.

☐ For additional resources please reference:

- MIPS Data Submission Process Demonstration video
- Medicare CQM Reporting by Shared Savings Program ACOs: Frequently Asked Questions
- 2024 Reporting eCQMs, MIPS CQMs, and Medicare CQMs in the Alternative Payment Model (APM) Performance Pathway (APP)