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Breaking Down Barriers: Best Practices to Align with CMS Proposed Quality Initiatives for 2025 & Beyond

August 27, 2024

VBCExhibitHall.com

Educational Webinar Series

Meet Today's Speaker

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James Pelletier
## National Director Provider Quality at MRO

20+ years of experience in Healthcare IT, Population Health, Data and Analytics.

- An expert in the field of population health and healthcare technology.
- Experience working with disruptive and innovative healthcare solution companies to measurably improve care management, risk adjustment, patient engagement, and data insights.
- Wealth of experience working with Accountable Care Organizations on a variety of value-based care initiatives to improve patient outcomes and quality of care.
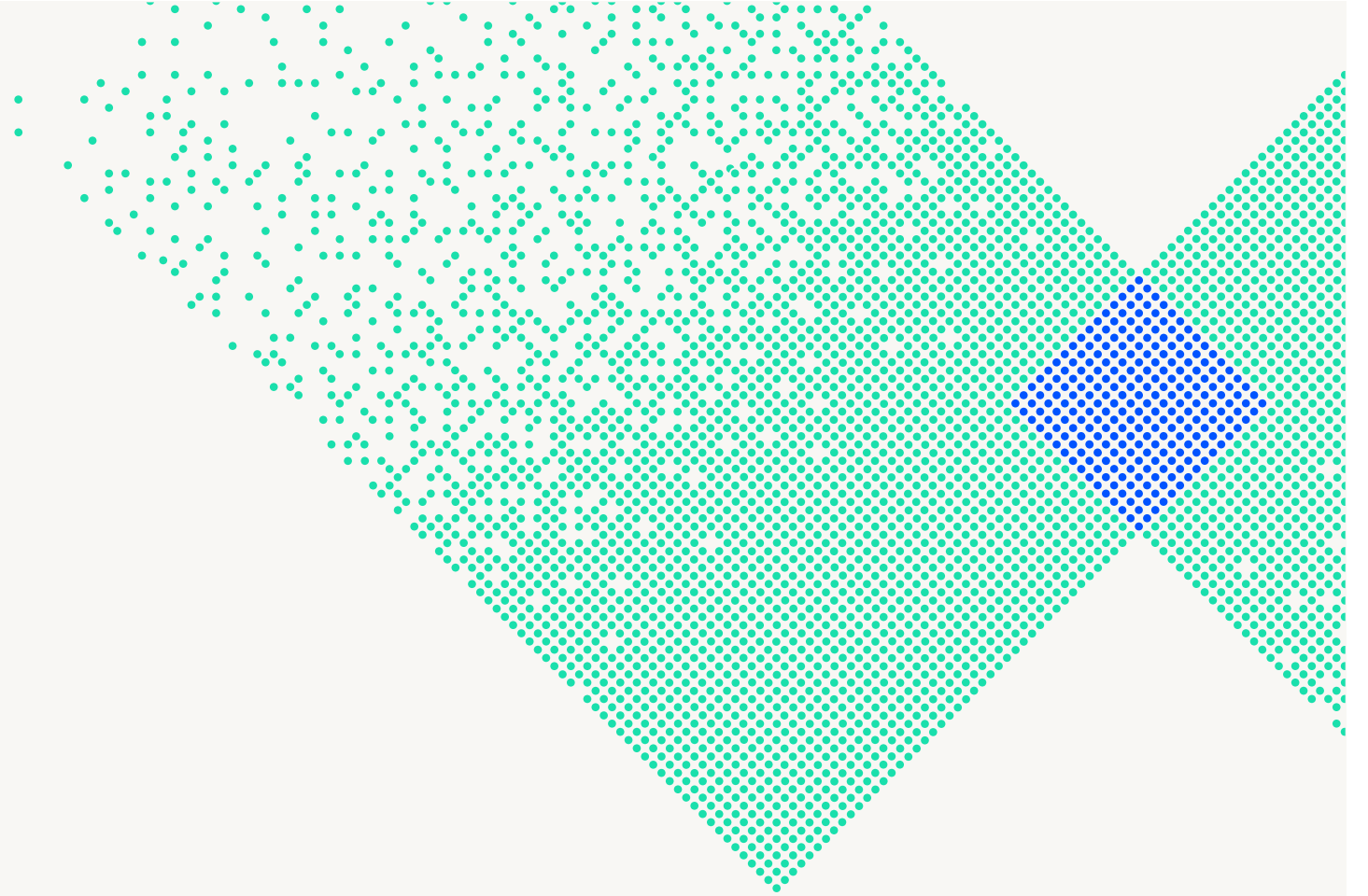
When James is not working, he loves the Maine outdoors, coaching hockey, and spending time with his 2 kids.
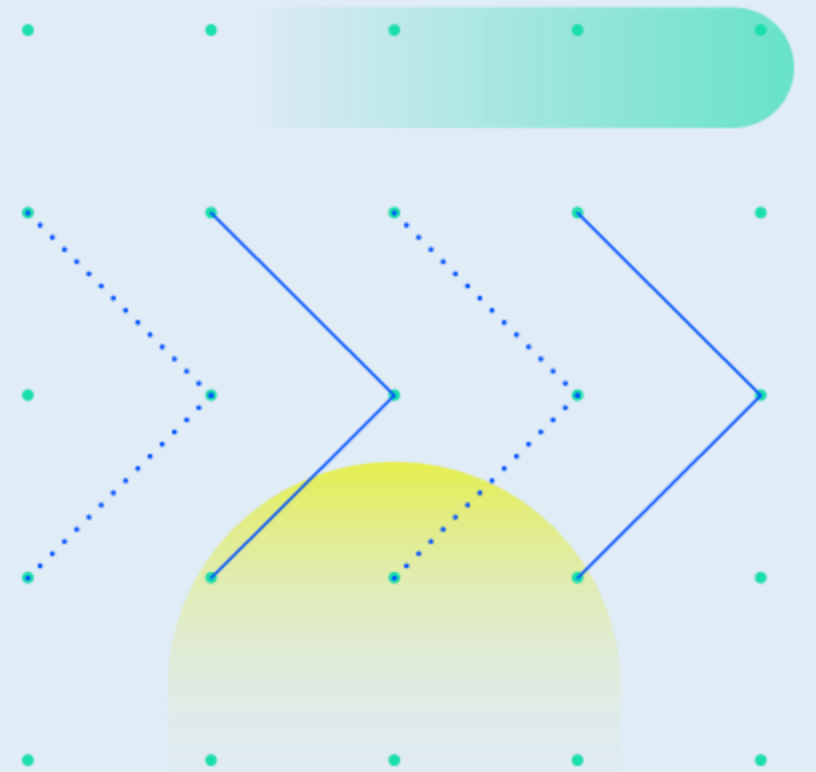
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Poll Question # 1

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Poll Question # 2

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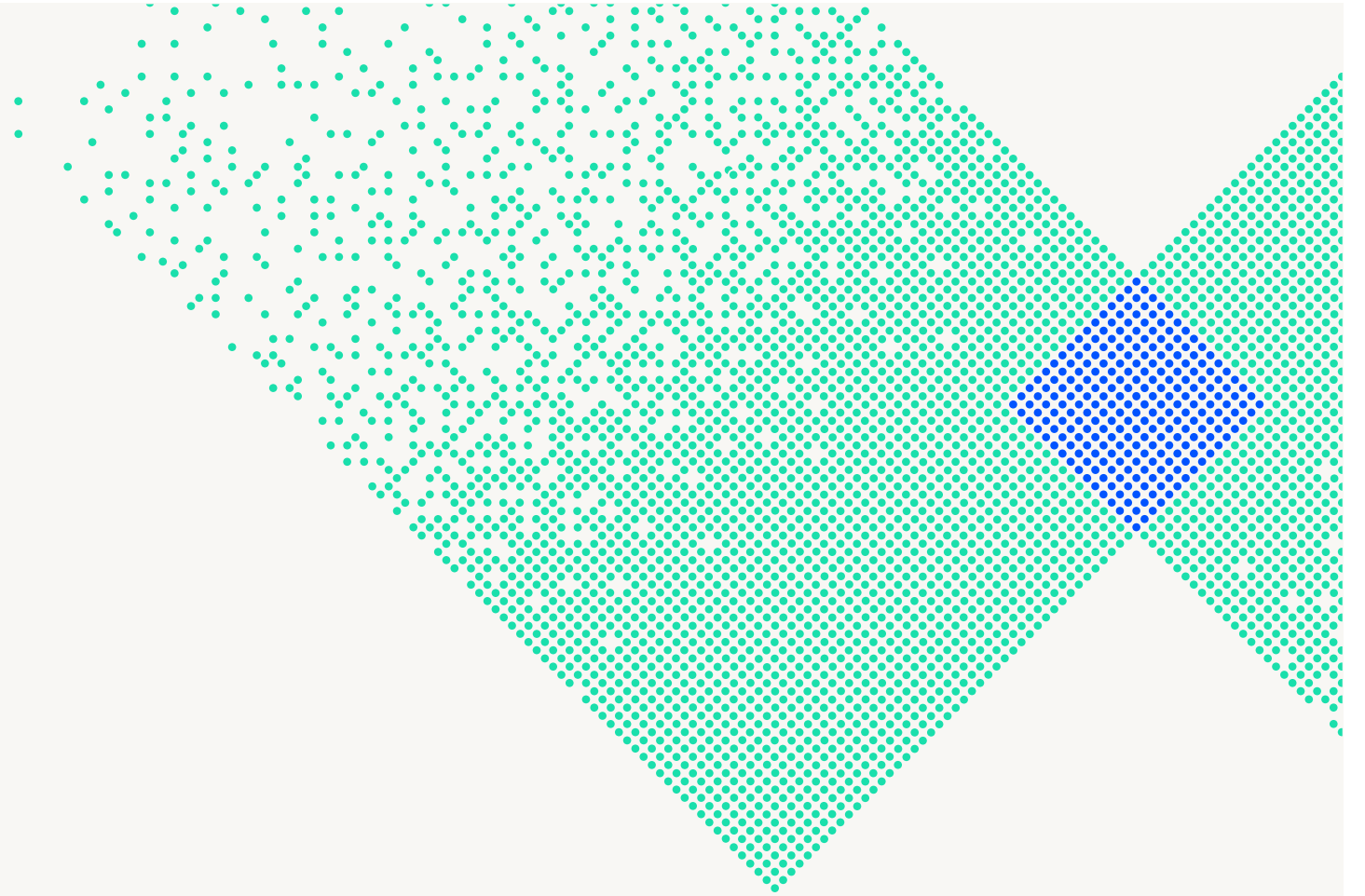
About MRO

Accelerating Clinical Data Exchange

One platform. And a multitude of tailor-made solutions.

Clinical Exchange

Exchange Connector
Exchange Services
Exchange Forms Services

Audit Manager
Institutional Audit Monitor
Professional Audit Monitor

CDXP
**Clinical Data
Exchange Platform**

Clinical Intelligence

Exchange Nexus
Clinical Gap Connector

ACO PerformancePathway
Registry PerformancePathway
Quality Analyzer
Polaris
Patient Reported Outcomes (PRO)

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Shaped by technology, built on service.

99.99%
accuracy

22+ YRS
accelerating clinical data exchange

99%+
customer retention

3K
dedicated to the mission

Experience across the enterprise for quality clinical data

150+
EHRs Connected

54
ACO Partners

12,000+
Data Elements Supported

3.2T+
Data Elements Extracted

121M+
Unique Patient Records Processed

20
Registries

680
QPP & Non-APP Measures Supported

200K+
Growing Network of Connected Providers

1,100+
Hospitals and Health Systems

1.3B+
Clinical Records Extracted

35k+
Practices Across Registries

18
HEDIS® Measures Supported

200+
Integrations with Payers

12M+
Member Records Retrieved

MRO has successfully reported quality measure results for multiple years, supporting multiple reporting pathways & is ahead of the regulations with support for reporting eCQMs for 8 of the first 11 ACOs via APP which is required for 2025.

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Additional Resources for ACOs

https://mrocorp.com/blog/financial-ramifications-of-mssp-aco-reporting/

https://mrocorp.com/blog/choosing-right-qpp-reporting-method-for-mssp-acos-2025/

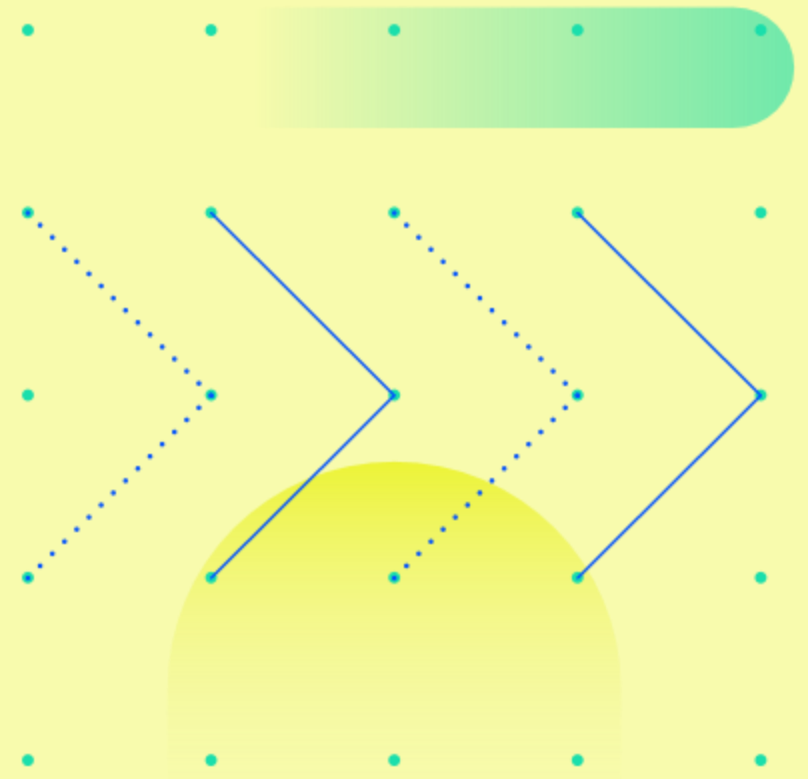https://mrocorp.com/blog/navigating-mssp-quality-reporting/

https://mrocorp.com/blog/the-power-of-connection-how-clinical-data-registries-acos-and-payers-can-collaborate-for-value-based-care/

https://mrocorp.com/blog/the-power-of-connection-how-clinical-data-registries-acos-and-payers-can-collaborate-for-value-based-care/

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CMS Proposed Rules Impacting MSSP

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CY 2024 CMS Proposed Rule

Comment Submissions to CMS due September 9, 2024

CY 2025 PFS Rate Setting and Conversion Factor

- **Avg payment rates reduced by 2.93% in CY 2025 compared to CY 2024**

Additional Areas for Comment include:

- Improving ambulatory Specialty Care
- Caregiver Training Services (CTS)
- Health-Related Social Needs
- O/O E/M Visits
- Telehealth Services
- APCM
- Cardiovascular Risk Assessment and Mgmt
- Improving Global Surgery Payment Accuracy
- Behavioral Health Services
- Opioid Treatment Programs (OTPs)
- Hospital I/O E/M Add-on for Infectious Disease
- PT & OT Supervision Policy
- Cert. of Therapy Plans of Treatment

- Dental & Oral Health Services
- Drugs and Biological Products – Medicare Part B
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
- Clinical Lab Fee Schedule (CLFS); Revised Data Reporting Period and Phase-in Payment Reductions
- Ambulance Fee Schedule Reimbursement
- Medicare Part B Payment for Preventive Services
- Expand Colorectal Cancer Screening
- Medicare Prescription Drug Inflation Rebate Program
- EPCS for a Covered Part D Drug under Prescription or MA Prescription Drug Plan

https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2025-medicare-physician-fee-schedule-proposed-rule

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Additional Quality Measures & Elimination MIPS Clinical Quality Measures

Additional Incentives for eCQM in 2025

Complex Organization Adjustment

Scoring of Medicare CQMs

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Additional Quality Measures & Elimination MIPS Clinical Quality Measures

Introducing the APP Plus quality measure set

- Goal: harmonize reporting across Medicaid Core Sets, the Marketplace Quality Rating System, and Medicare Advantage and Part D Star Ratings.
- Expand eight measures in 2025; 11 by 2028.

MIPS Clinical Quality Measures Eliminated

- Goal: drive adoption of eCQMs
- Streamline collection types for ACOs under MSSP to align with CMS's Digital Quality Measurement (dQM) Strategic Roadmap

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Additional Quality Measures & Elimination MIPS Clinical Quality Measures

Additional Incentives for eCQM in 2025

- eCQM data completeness requirements eligible for enhanced shared savings under MSSP

Additional Quality Measures & Elimination MIPS Clinical Quality Measures

Additional Incentives for eCQM in 2025

Complex Organization Adjustment
- Achievement points for each eCQM meeting specified criteria

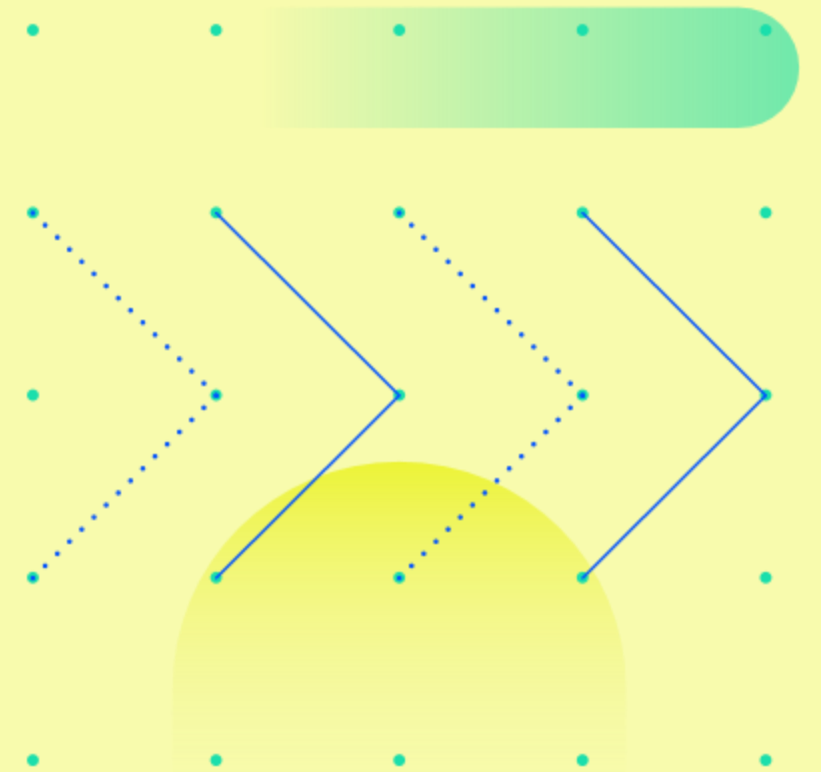**Additional Quality Measures & Elimination MIPS Clinical Quality Measures**

Additional Incentives for eCQM in 2025

Complex Organization Adjustment

Scoring of Medicare CQMs
- Use of flat benchmarks until historical data is available to establish performance benchmarks

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Impact for Clinicians Under Traditional MIPS/MVP

Additional Proposed QPP Changes

Gradual Phase-Out of MIPS

- 6 new MVPs in PY 2025

Updates to Quality Measures

- Additions, removals, and substantive changes
- Data completeness remains at 75% for 2027 and 2028

Improvement Activities
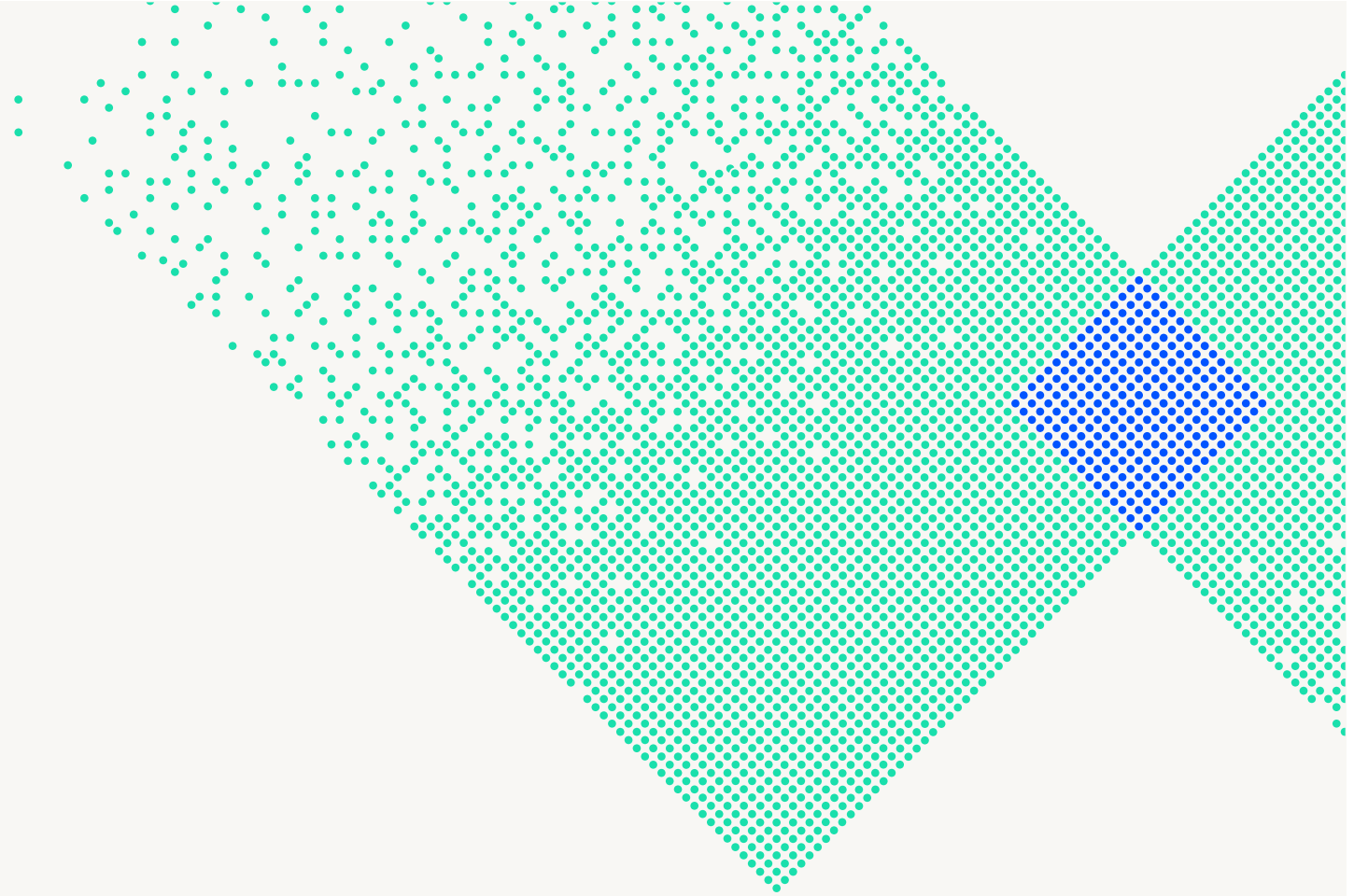
- Simplify scoring and decrease burden

Promoting Interoperability

- Removal of automatic reweighting for clinical social workers
- No penalty of multiple submissions in a category
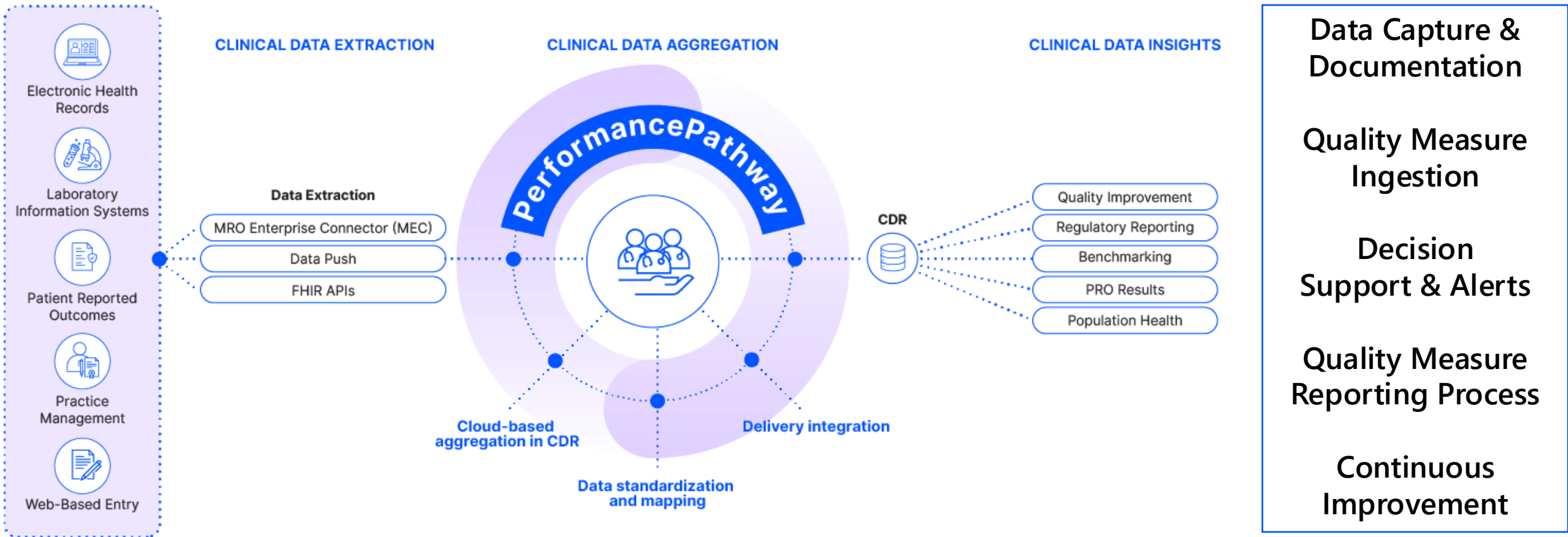 - Highest score assignment

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The Path Forward

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Poll Question # 3

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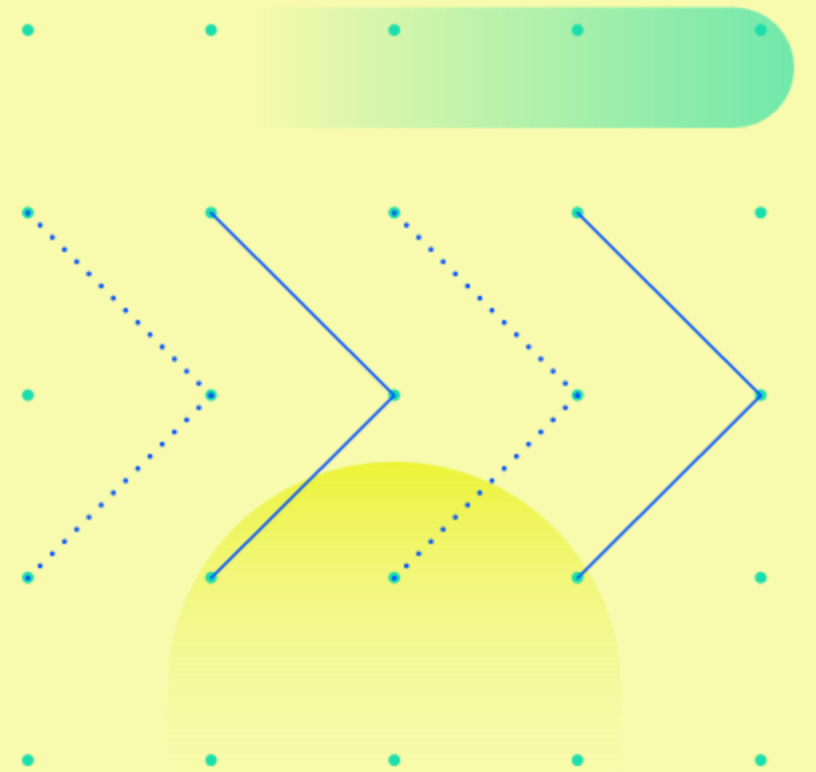
Understand the EHR Workflow

CLINICAL DATA EXTRACTION

Electronic Health Records

Laboratory Information Systems

Patient Reported Outcomes

Practice Management

Web-Based Entry

Data Extraction
- MRO Enterprise Connector (MEC)
- Data Push
- FHIR APIs

CLINICAL DATA AGGREGATION

PerformancePathway

Cloud-based aggregation in CDR

Data standardization and mapping

Delivery integration

CLINICAL DATA INSIGHTS

CDR
- Quality Improvement
- Regulatory Reporting
- Benchmarking
- PRO Results
- Population Health

Data Capture & Documentation

Quality Measure Ingestion

Decision Support & Alerts

Quality Measure Reporting Process

Continuous Improvement

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Provider Change Management

- Alignment with Evolving Requirements

- Workflow Optimization

- Training and Education

- Stakeholder Engagement

- Continuous Improvement

Regular Dashboard Updates

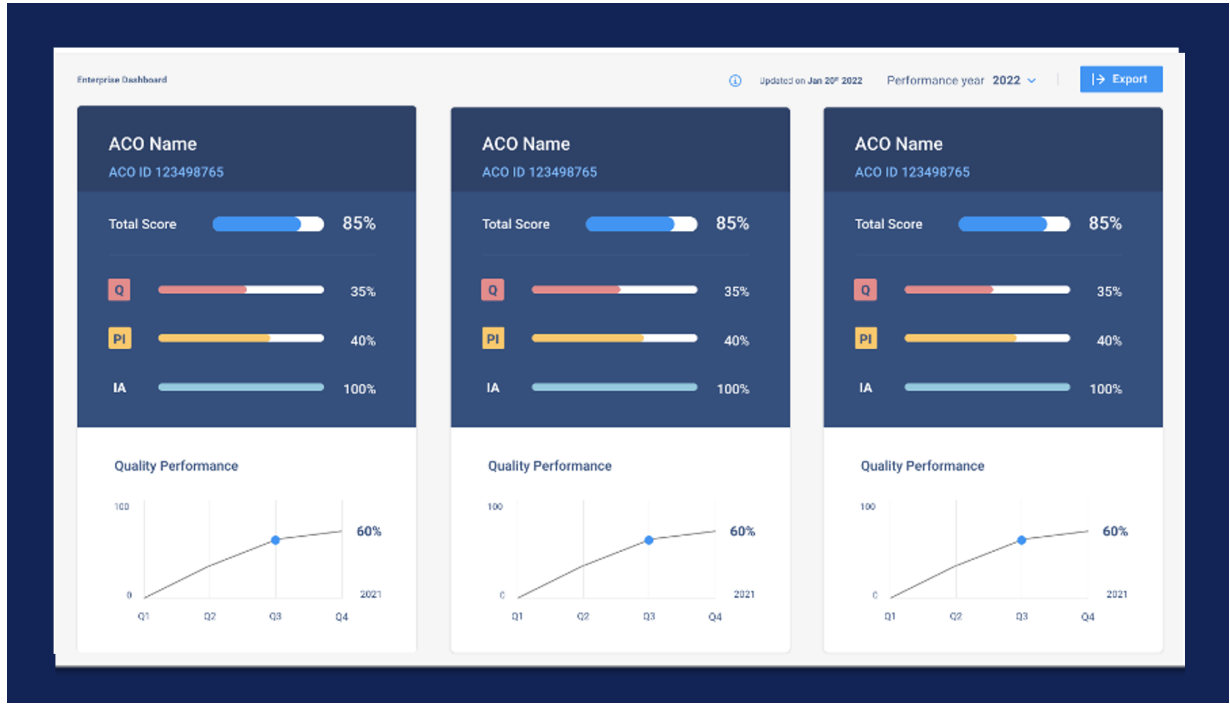Visibility into current performance

Informed Decision-Making

Performance Monitoring

Transparency and Accountability
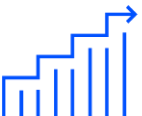
Agile Response to Changes

Leverage Technology to Identify Gaps

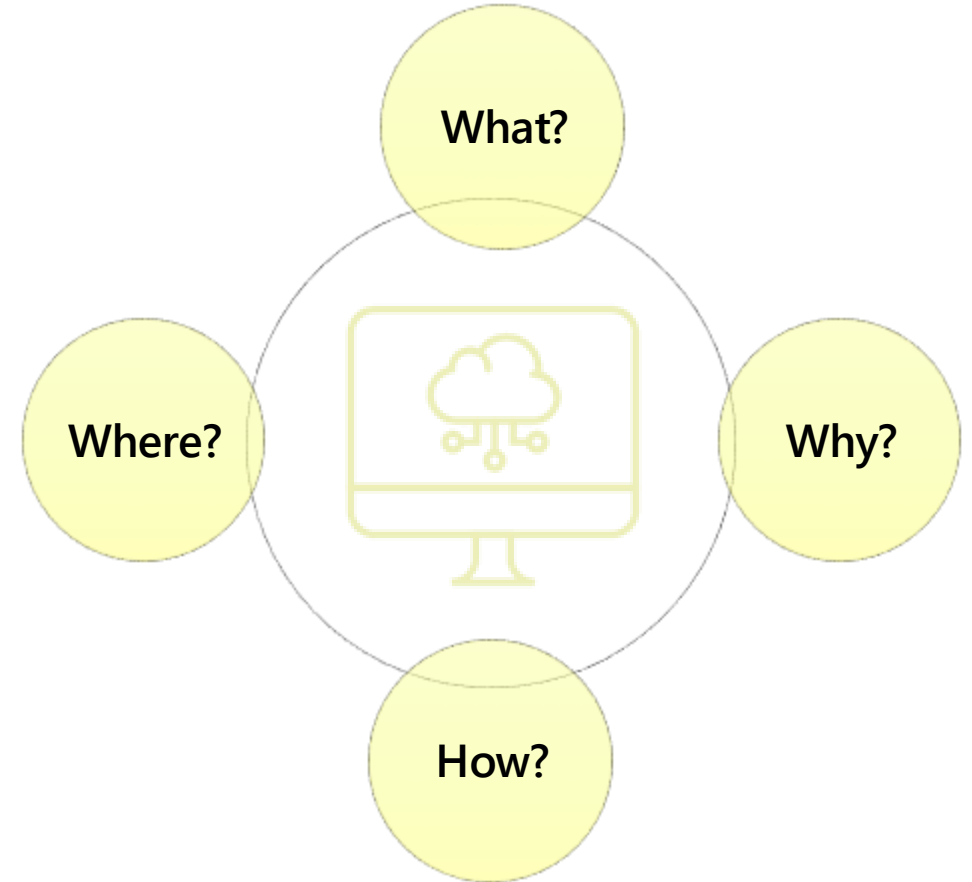Data Aggregation and Analysis

Automated Quality Measure Calculation

Real-time monitoring and Alerts

Predictive Analytics

Interactive Dashboards and Reporting Tools

What?

Where?

Why?

How?

Maximize Incentives

Financial Sustainability

Reinforcement of Value-based Care

Provider Engagement and Motivation

Competitive Advantage

Long-Term Success of ACOs

Costs Quality

Quarterly Quality Improvement trends

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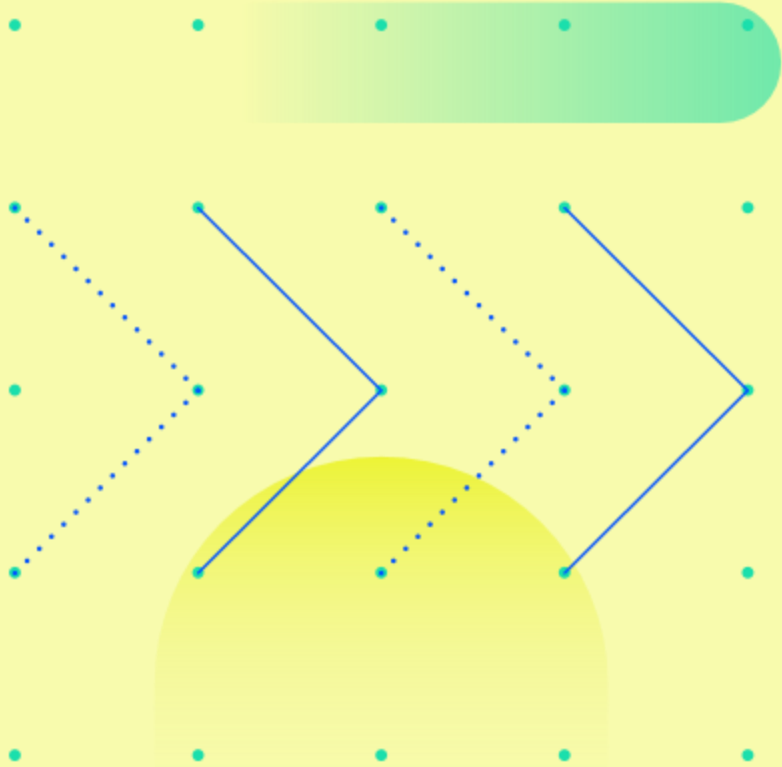# Decision Criteria: Factors to consider when choosing a reporting method.
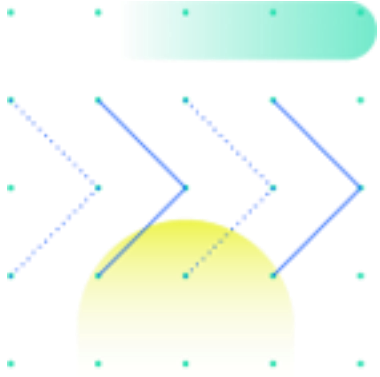
Your strategic decision should align with your organization's specific needs.

- *Size of your organization, the complexity of your data systems, and your performance goals.*

- *Impact on Quality Reporting: How the choice affects compliance, performance metrics, and organizational goals.*

- *Organizational Needs: Assessing the specific needs of your organization in terms of scale, complexity, and existing infrastructure.*

- *Performance Goals: Aligning your choice of reporting path with organizational performance metrics and goals.*

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Q&A

Visit our VBCExhibitHall.com Virtual Booth

Thank you!

Learn more about MRO on our website at www.mrocorp.com

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