DIY MSSP ACO Reporting: Requirements & Strategy Foundations

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Educational Webinar Series

Meet Today's Speakers

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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.
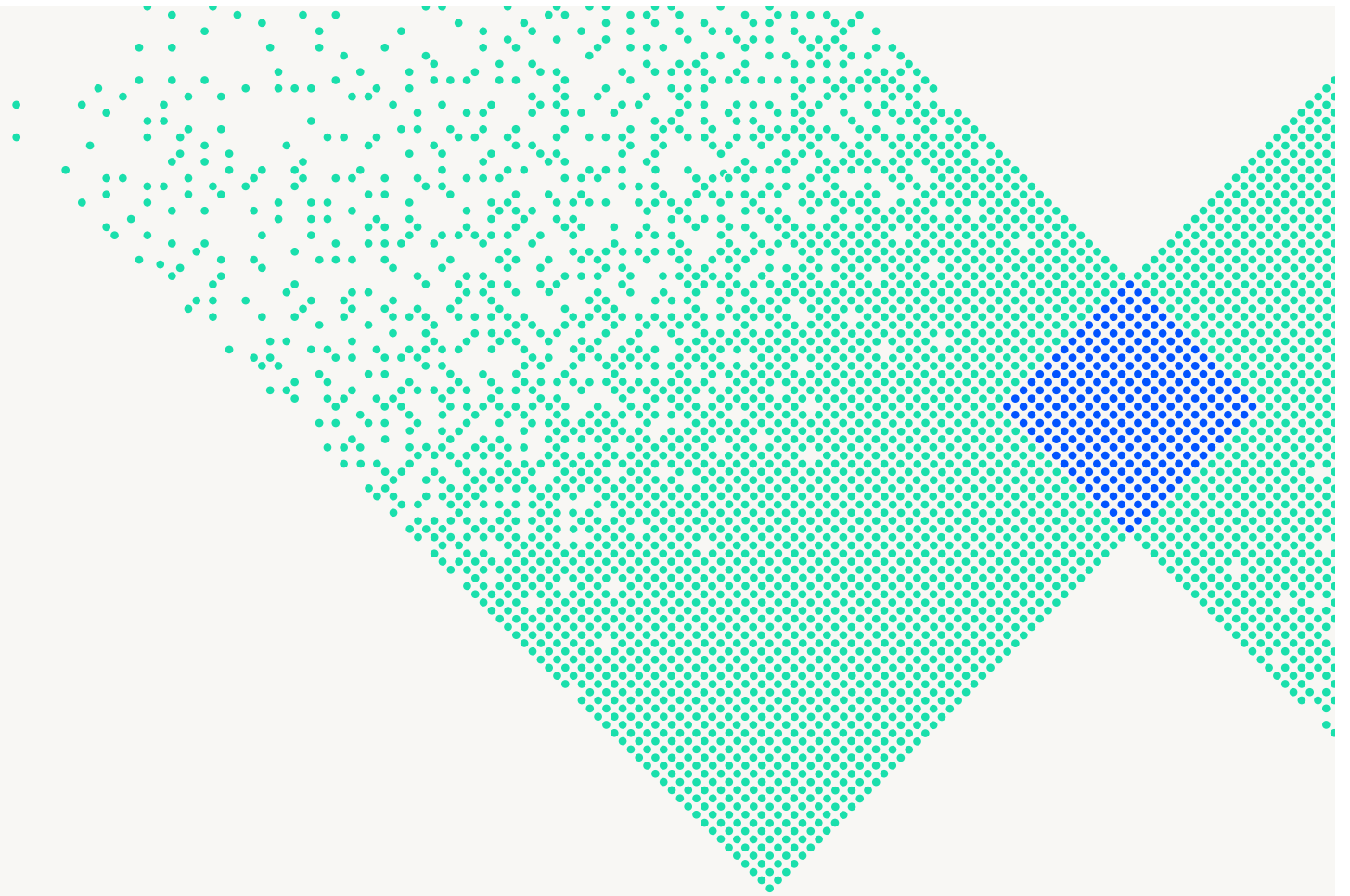
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Bhushan Kadu
Senior Manager, Account Manager at MRO

Bhushan Kadu is a recognized leader in healthcare management and a key architect of ACO success at MRO Corp.

- As Senior Manager – Account Management, he has led one of the first ACO initiatives to successfully report eCQMs across heterogeneous EHR and PM systems, bringing together complex data into a unified, actionable format.
- With deep expertise in health information exchange, population health, and value-based care, Bhushan is known for turning data challenges into opportunities for better patient outcomes.
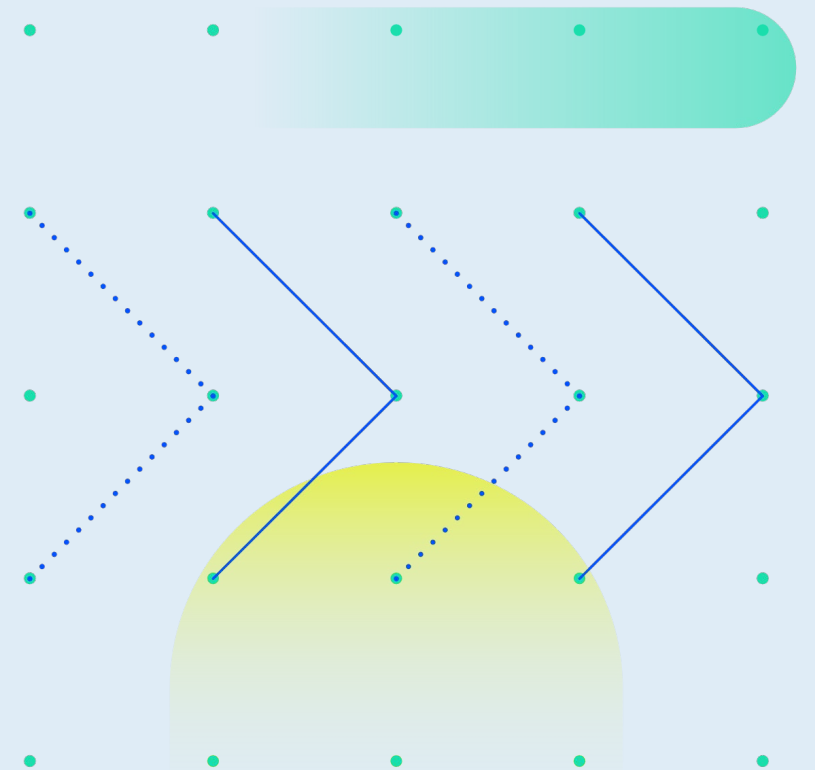
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Poll Question # 1

Polling Question #1

Are you an ACO with experience submitting eCQMs, MIPS CQMs, or Medicare CQMs?

A. Submitted successfully in prior years internally

B. Submitted successfully in prior years with vendor/Qualified Registry

C. Have not submitted yet but plan to submit ourselves

D. Have not submitted but plan to work with vendor/Qualified Registry

E. Unsure

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About MRO

Accelerating Clinical Data Exchange

Extensive Connectivity Across the Healthcare Ecosystem

1200+ Hospitals & Health Systems

250+ EHRs and Health IT Systems

170K Providers

35K Practices

200+ Payers

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Shaped by technology, built on service.

24K
provider submissions (PY2024)

23+ YRS
accelerating clinical data exchange

99%+
customer retention

3K
dedicated to the mission

Innovative Technology & Service

Our end-to-end solution aligns with your goals to <u>maximize</u> performance... and shared-savings!

160+
EHRs Connected

140
Measures including eCQMs and CQMs

Practice On-boarding & Support

- Practice sign-up and registration
- Measure set selection
- Ongoing support & troubleshooting at practice level

Data Collection & Processing

- Manage collection of the EHRs and extraction
- Data transformation
- Load into clinical data repository

Quality Performance Dashboard & Reporting

- Measure calculations and comparisons
- Various dashboard views for stakeholders
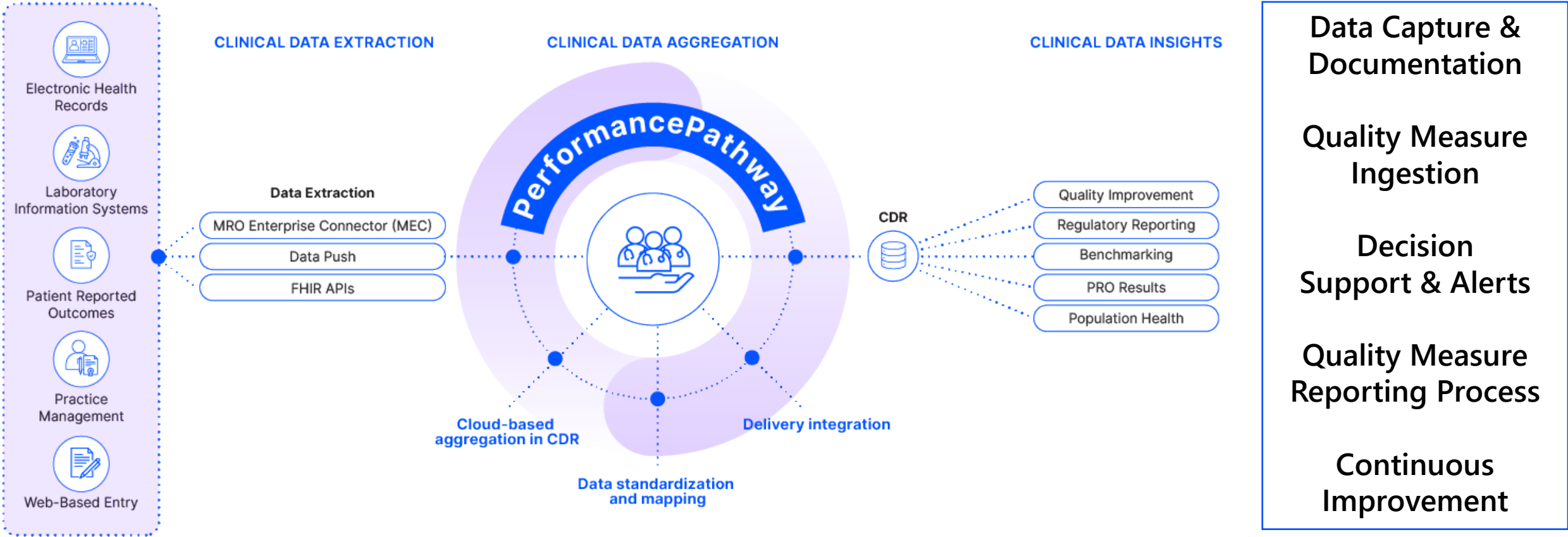- CMS program submission support

Population Health Management

- Design and implement care plans to specific patient groups.
- Monitor and manage chronic conditions
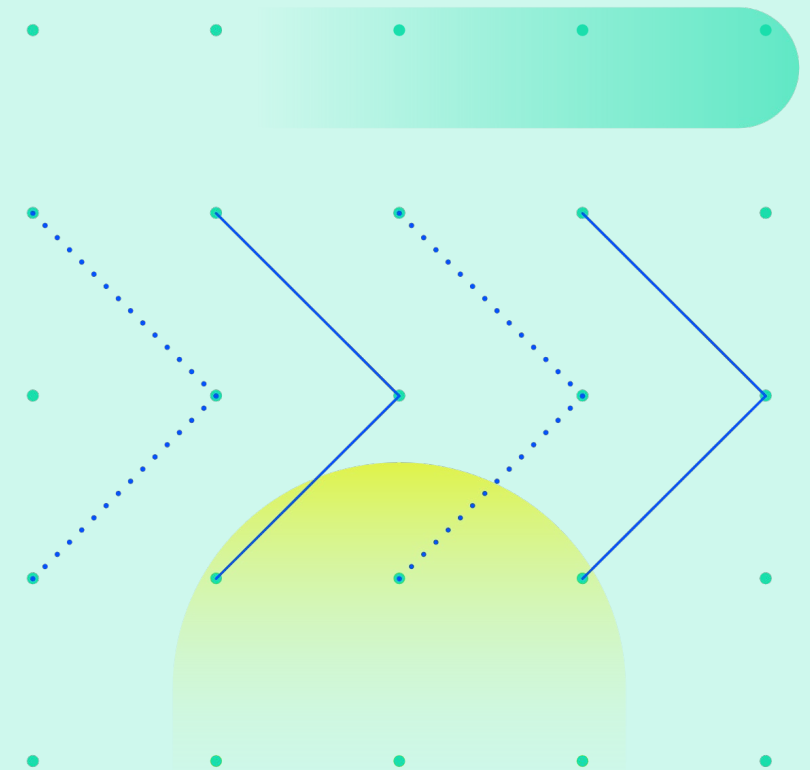- Allocate resources for better care and cost management.
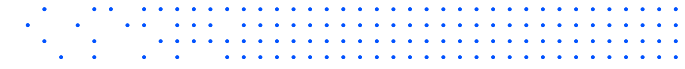
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Understand the EHR Workflow

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

2025's eCQM Landscape: What's at Stake

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MSSP ACOs must report four specific measures as part of the APP Plus quality measure set via either eCQM, MIPS CQM, or Medicare CQM:

- Other considerations
  - eCQM/ MIPS CQM – All Patient, All Payer
  - Medicare CQM – Medicare patients only

1 **Diabetes:** *Hemoglobin A1c (HbA1c) Poor Control*

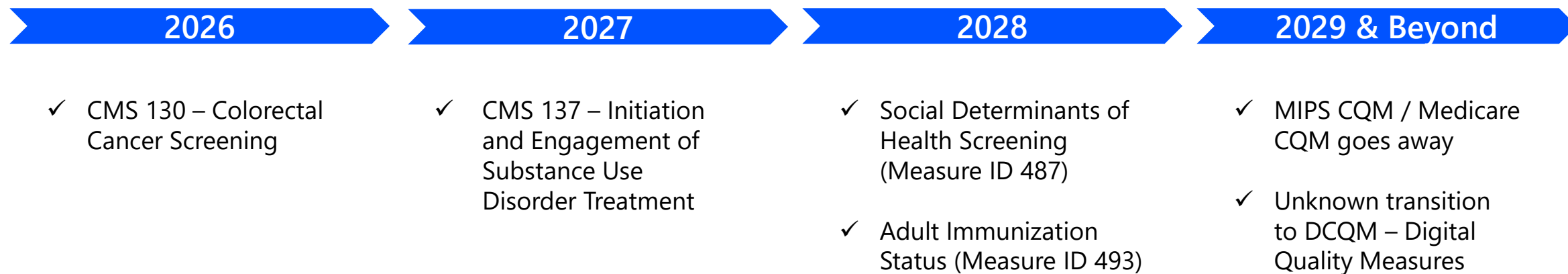**2** **Preventative Care and Screening:** *Depression Screening + Follow-Up Plan*

3 **Controlling High BP:** *% of patients age 18–85 with diagnosed hypertension whose bp is controlled*

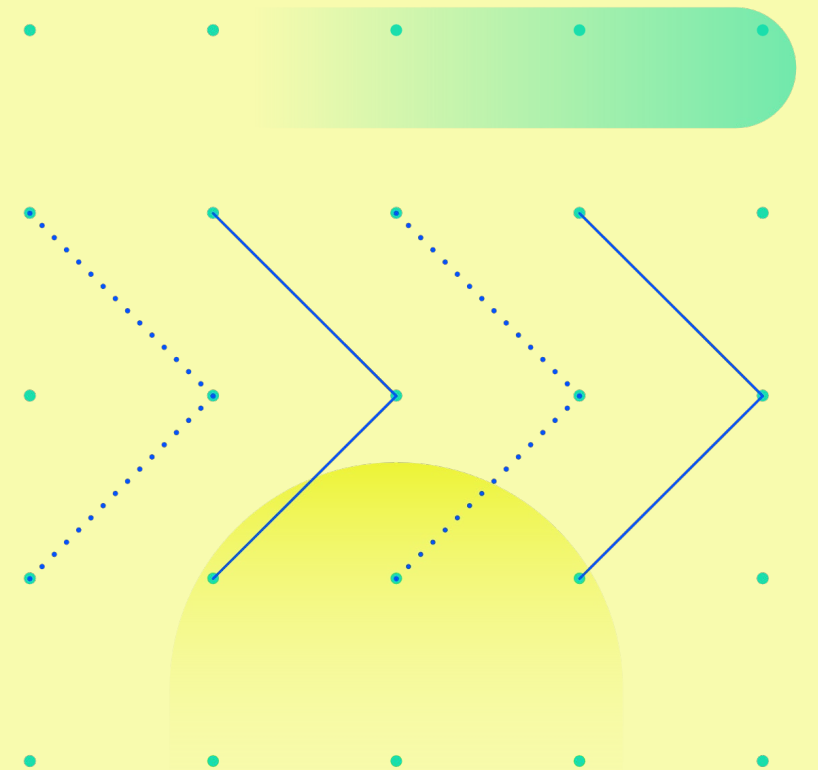**4** **Breast Cancer Screening:** % of women age 50–74 who received a mammogram every 1-2 years.

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Future Reporting Requirements

2026	2027	2028	2029 & Beyond

2026
- ✓ CMS 130 – Colorectal Cancer Screening

2027
- ✓ CMS 137 – Initiation and Engagement of Substance Use Disorder Treatment

2028
- ✓ Social Determinants of Health Screening (Measure ID 487)
- ✓ Adult Immunization Status (Measure ID 493)

2029 & Beyond
- ✓ MIPS CQM / Medicare CQM goes away
- ✓ Unknown transition to DCQM – Digital Quality Measures

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Acquire Comprehensive Data Across All Practices

Challenges of Multi-EHR Data Extraction

CEHRT version of EHR for all TINs

Unifying clinical data

QRDA-1 isn't available or reliable

Data validation

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Interoperability and Data Sharing

Access = Better Scores
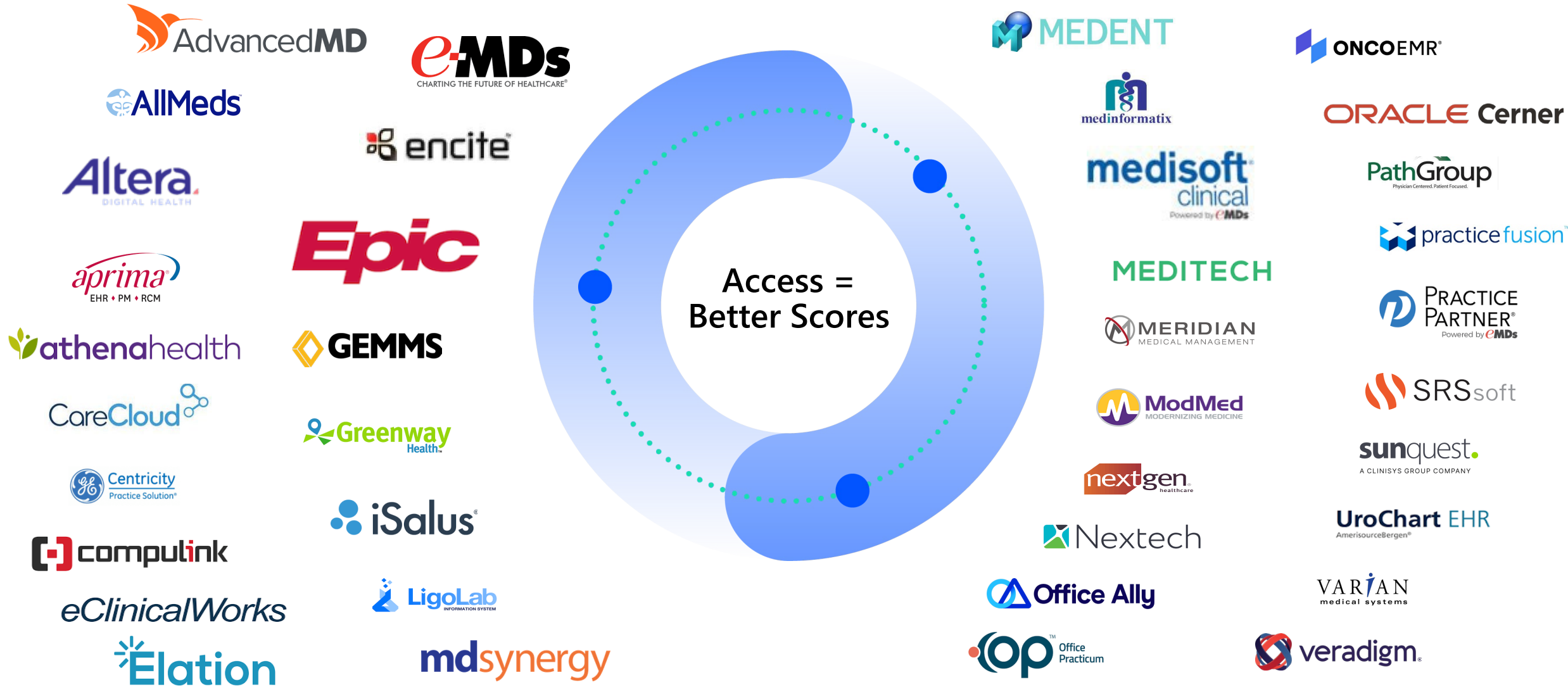
Data Validation & Gap Analysis: Chart review and patient attribution are essential tasks.
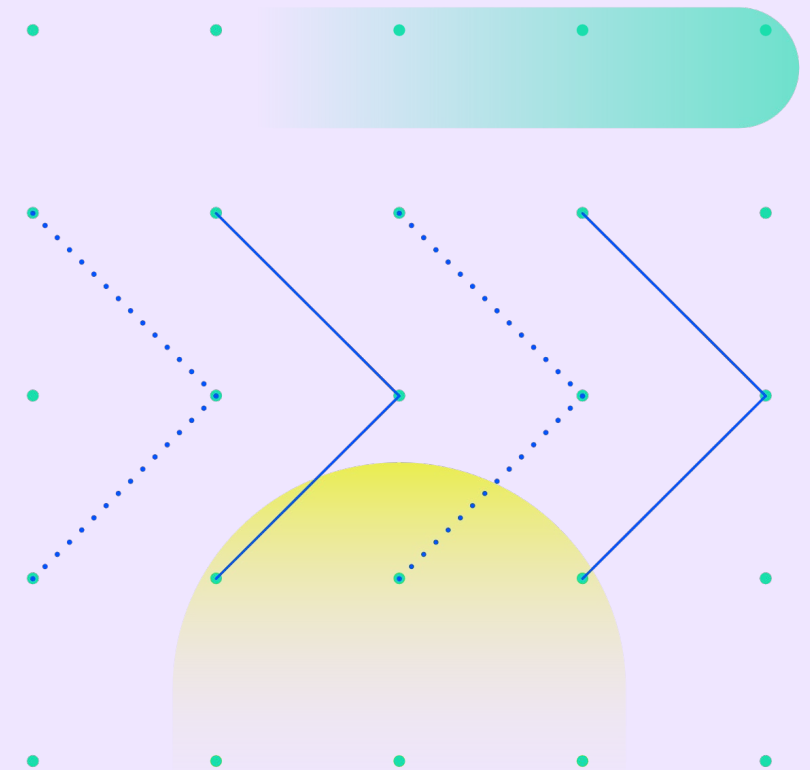
Missing Vitals

Tobacco use not recorded

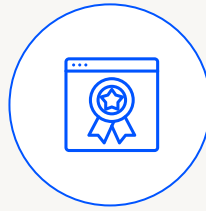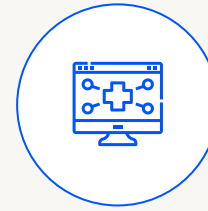External labs not in Primary EHR

Incomplete/ inconsistent DX codes

De-Duplicate and Link Patient Records

Address duplication using proven methodologies

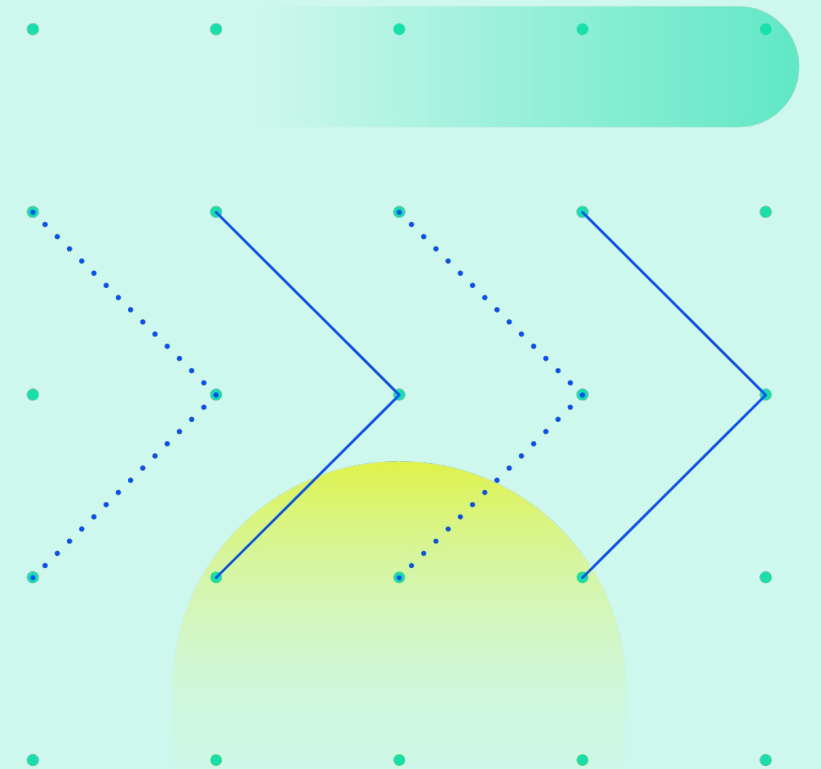**Master Patient Index (MPI) systems**

Unique patient identifiers

Manual review processes

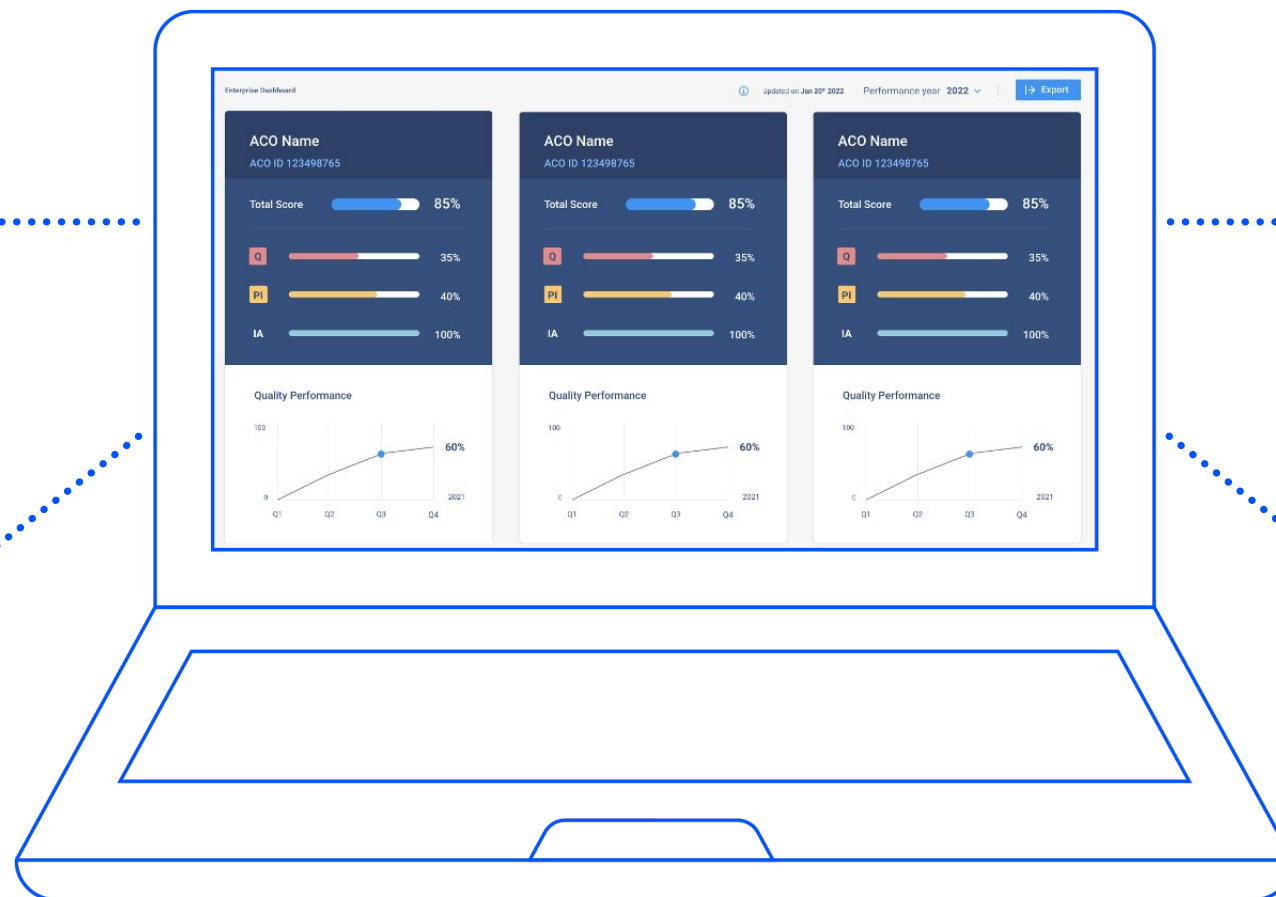# Continually Monitor ACO Quality Performance

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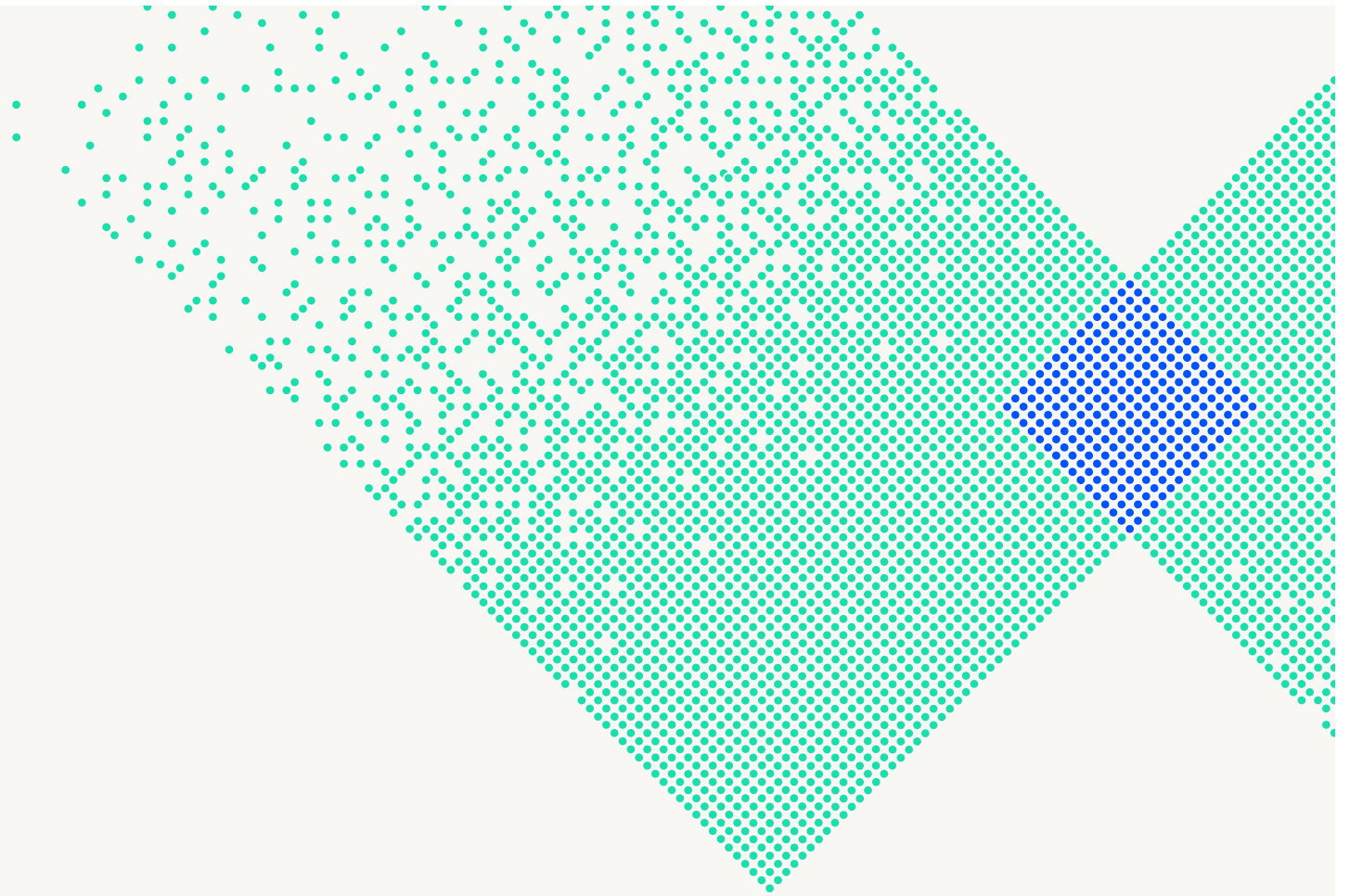
Performance Monitoring

Measure-level tracking

Provider and TIN-level analytics

Time-based trending

Continuous quality tracking
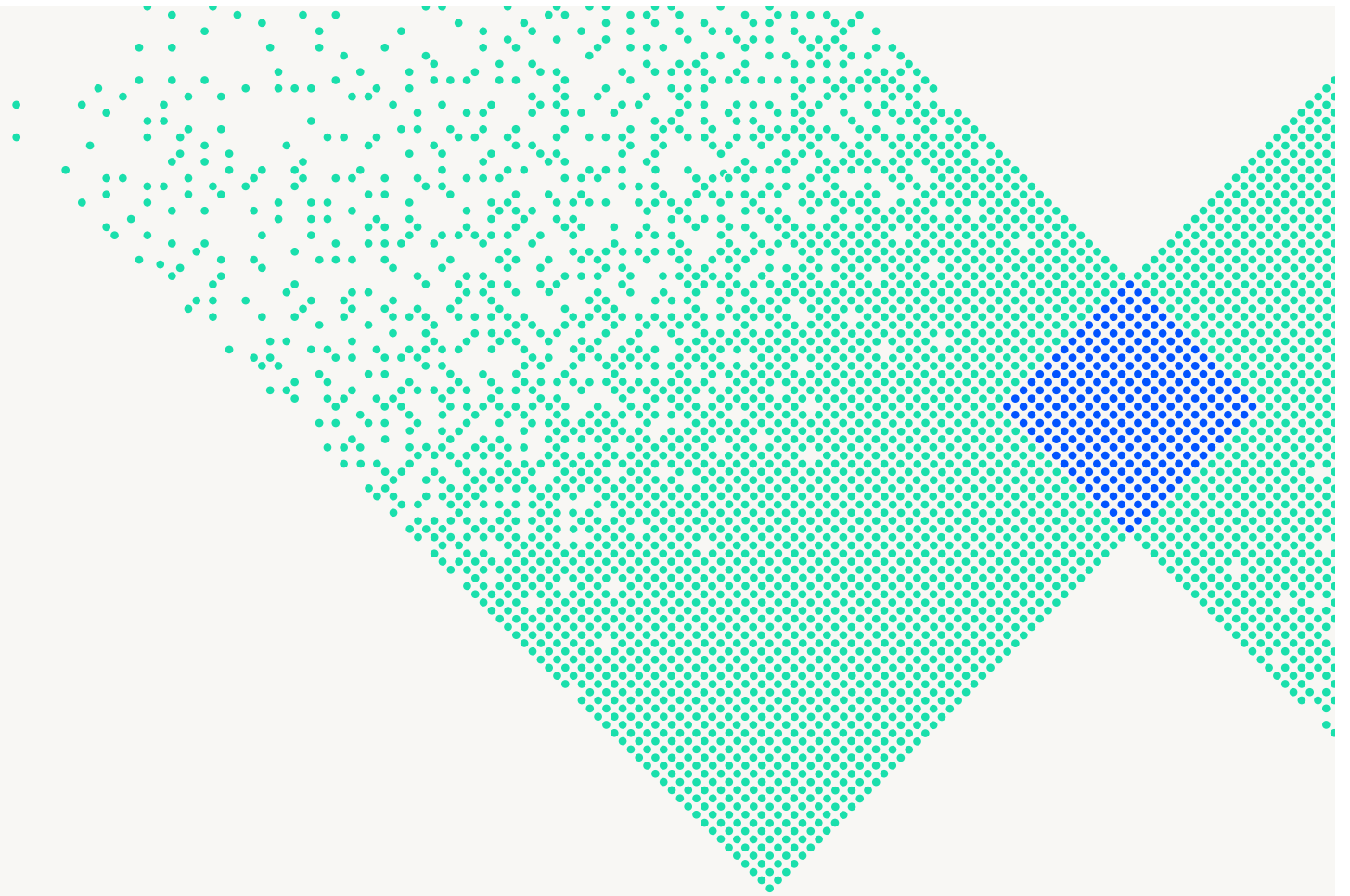
Poll Question # 2

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Polling Question

How many EHRs do you have in your ACO?

    A. 1

    B. 2-5

    C. 5-20
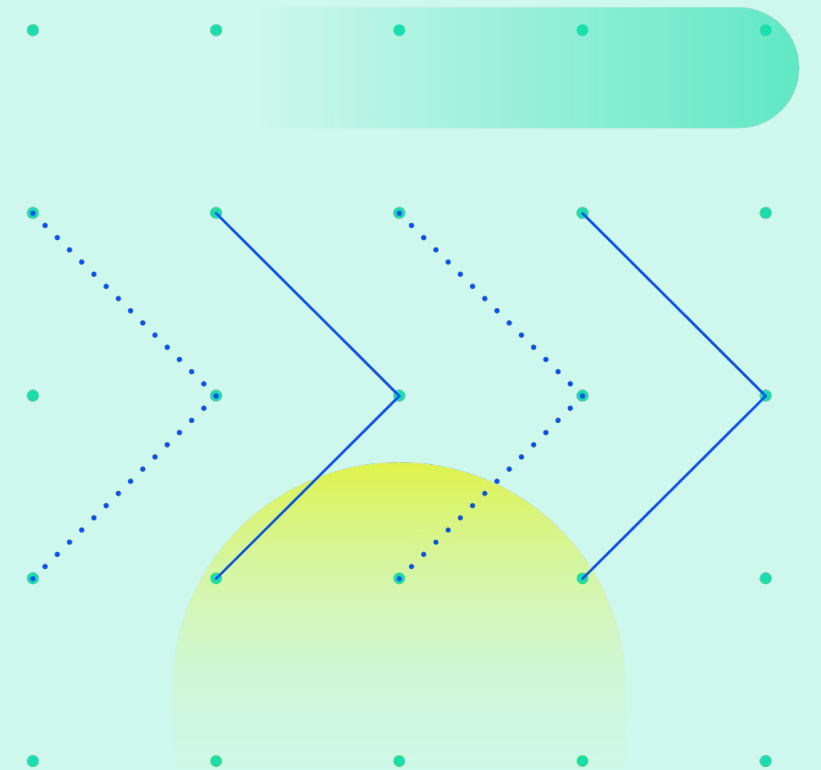
    D. 20+

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Poll Question # 3

Polling Question

What do you think is your biggest challenge to eCQM/ CQM reporting?

A. Acquiring EHR data

B. Validating data gaps

C. Deduplicating patients

D. Monitoring performance

E. Other (put answer in chat)

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# Build or Partner for eCQM Reporting

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Key Take Aways

Accurate Data Drives VBC Success: Reliable, validated data ensures ACOs can effectively measure and report on eCQM requirements.

Operational Efficiency Through Automation: Reduces administrative burdens, minimizes errors, and empowers ACOs with real-time data, leading to better decision-making and financial performance.

Data Validation and Standardization: Validated data, ensuring the accuracy of quality reporting and compliance with performance metrics, maximizing shared savings.
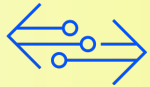
Interoperability for Seamless Care Coordination: Facilitates smooth data sharing, ensuring timely, actionable insights to improve care coordination and outcomes.

Centralized Repositories: Consolidating data into a single source reduces fragmentation, allowing a holistic view of patient care and performance tracking across critical VBC measures.

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Q&A

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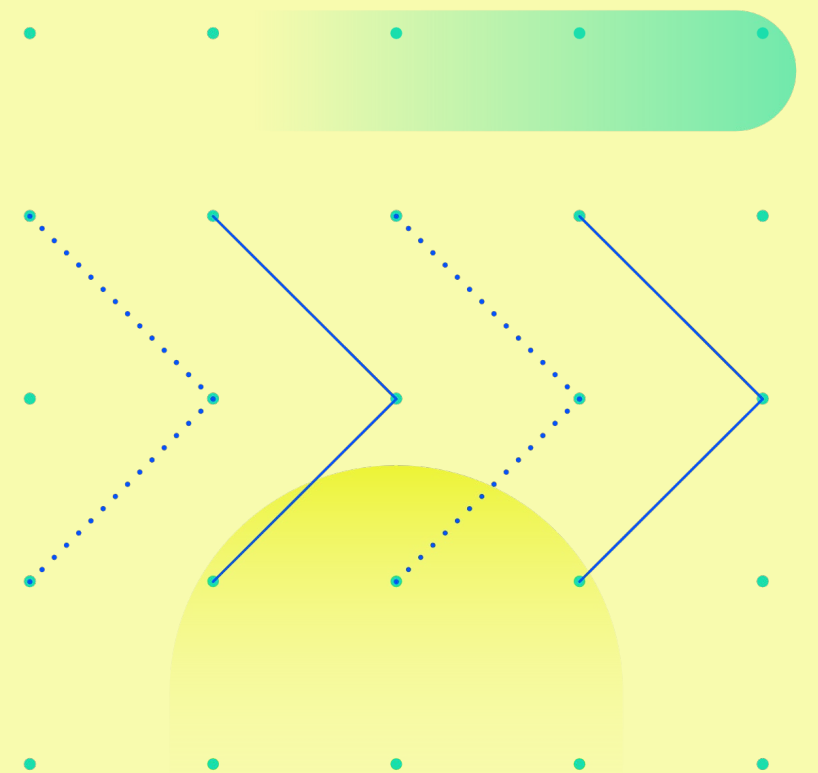
Additional Resources for ACOs

[2025 DIY Guide to MSSP ACO eCQM Reporting: From Clinical Data Chaos to Submission Success | MRO Corp](#)

[Unraveling the Financial Ramifications of MSSP ACO Reporting | MRO Corp](#)

[Choosing the Right QPP Reporting Method for MSSP ACOs in 2025 | MRO Corp](#)

[Navigating MSSP Quality Reporting | MRO Corp](#)

[The Power of Connection: How Clinical Data Registries, ACOs, and Payers Can Collaborate for Value-Based Care | MRO Corp](#)

[Navigating QPP Reporting in 2025: Finding the Best Path for Your ACO | MRO Corp](#)

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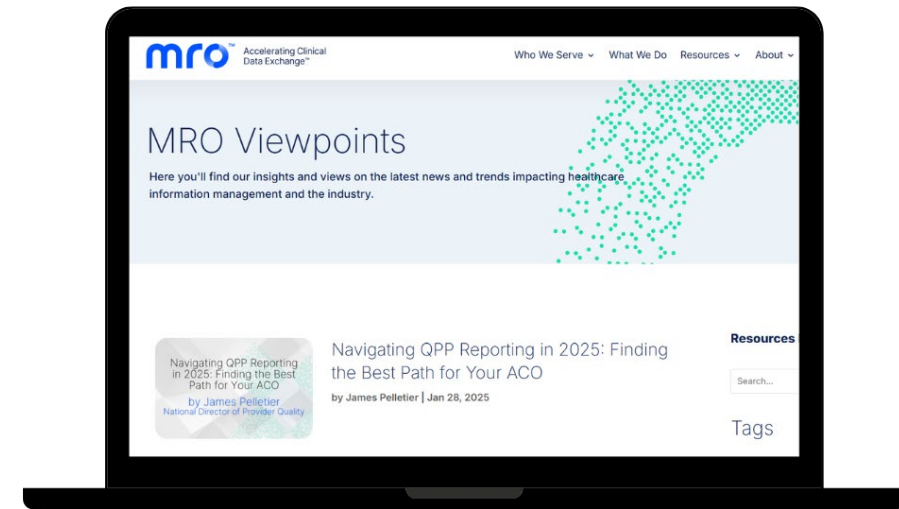
Visit our VBCExhibitHall.com Virtual Booth

Thank you!

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

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