From Reporting to Results:

Harnessing the Power of Your Quality Reporting Data

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Why Trust Roji? We're Pros

- One of the original CMS-qualified Registries in 2008
- Quality reporting for individuals, groups, APMs (e.g. ACOs) in Traditional MIPS, MVPs, the APP, and legacy programs
- Qualified to report all measures across all collection types (eCQM, MIPS CQM, Medicare CQM)
- Extensive experience in data aggregation, analytics and solutions for value
- Client base covers the spectrum, regardless of EHR(s)

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Today's Gameplan

- Why quality reporting exists (and why it matters)
- The "Reporting = Compliance" pitfall
- Successfully reporting in the APP, Traditional MIPS, and MVPs
- Achieving quality reporting excellence
- Avoiding the "Quality Reporting Paradox"

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My most recent quality reporting pain was caused by...

a) Variable documentation and missing data points

b) Absence of provider buy-in (or active dissent!)

c) Yearly administrative changes to measures and policies

d) Resources required compared to benefits earned

e) Not applicable to me

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Every organization in a value-based contract and/or accepting Medicare/Medicaid reports quality data

Almost none of them are getting full value from it

The question today isn't whether your organization can comply
The question is whether your reporting process is improving quality

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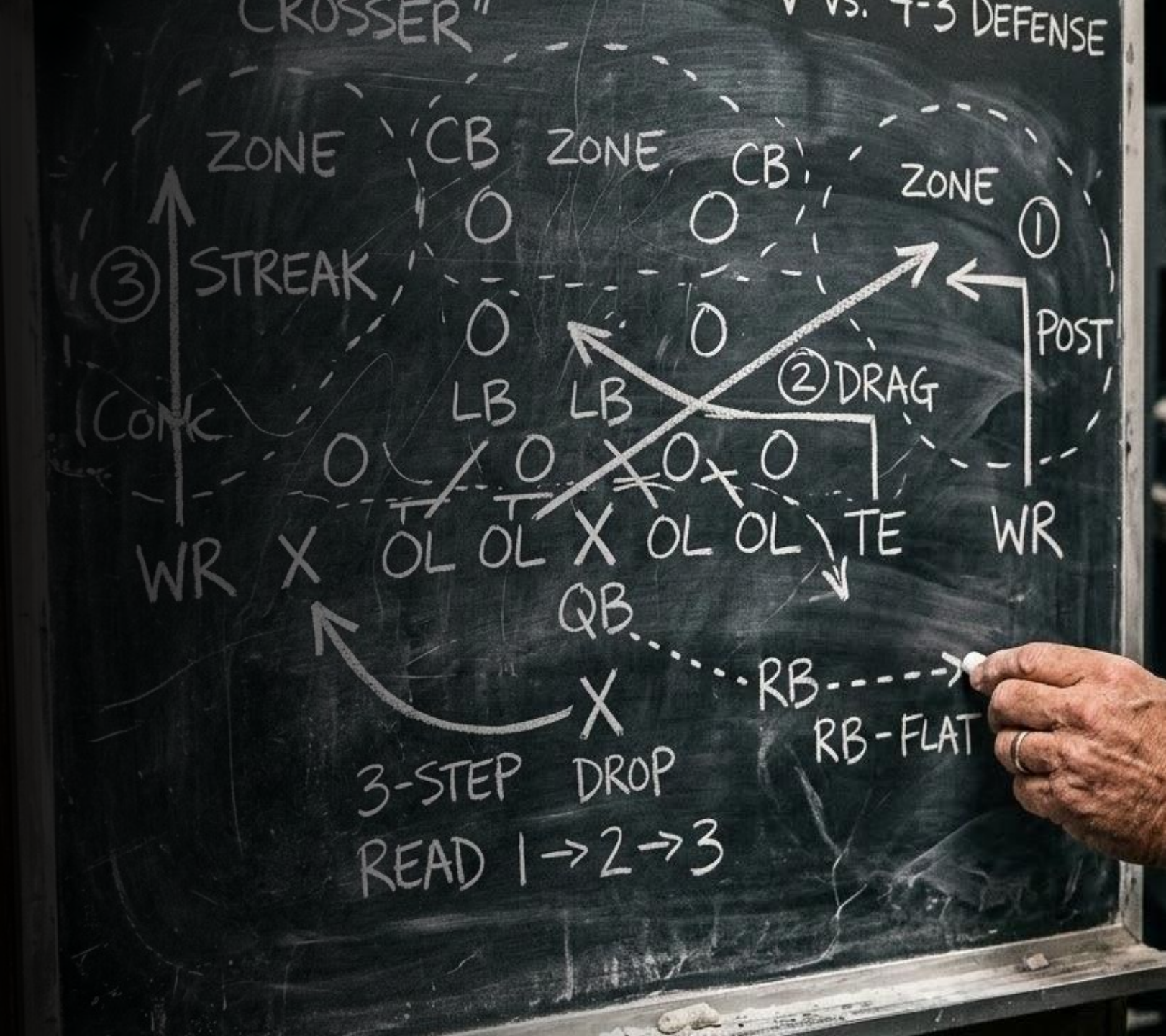
Quality Reporting, in Context



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From Volume to Value

What happened?

- 2015 MACRA ended SGR formula, created QPP
- Medicare payment shifts from volume to performance

What changed?

- 2 paths: MIPS or Alternate Payment Models (like ACOs)
- Performance tied to financial rewards or penalties

What remained?

- The good: The underlying goal: measure and improve care
- The bad: Inequity, admin burden, moving targets

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3 Paths to Differentiate and Drive Improvement

MIPS

- By NPI or TIN for a variable and malleable population
- At least 6 measures from a wide set
- Must include at least 1 outcome measure (for now)

MVPs

- By NPI or Spec., variable pop. defined by Dx or Procedure
- At least 4 measures from a narrow set
- Must include at least 1 outcome measure (for now)

APMs

- By organization for a set population
- All measures in APP Plus Set (5 for now)
- No option for selection

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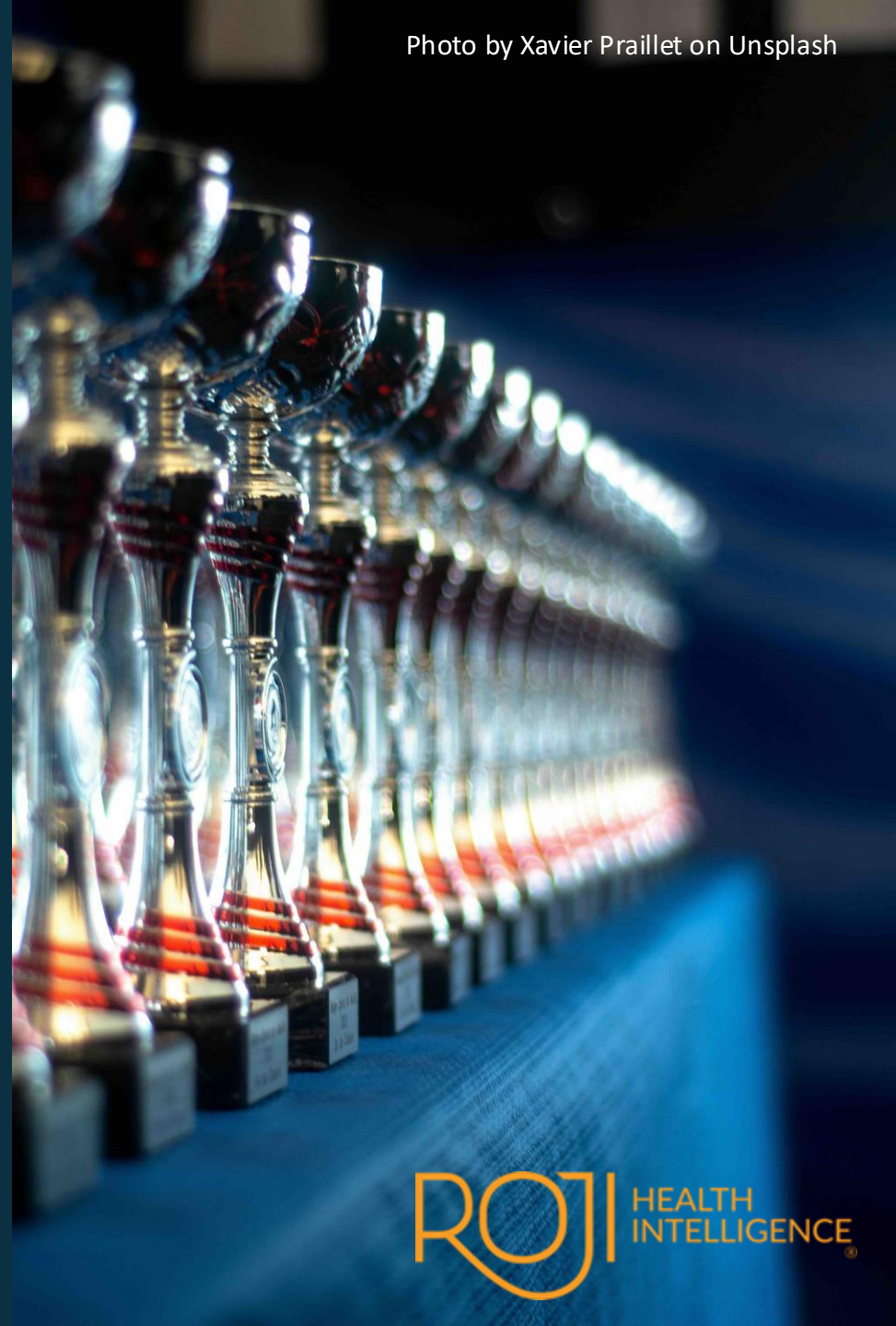
The Stakes are Rising

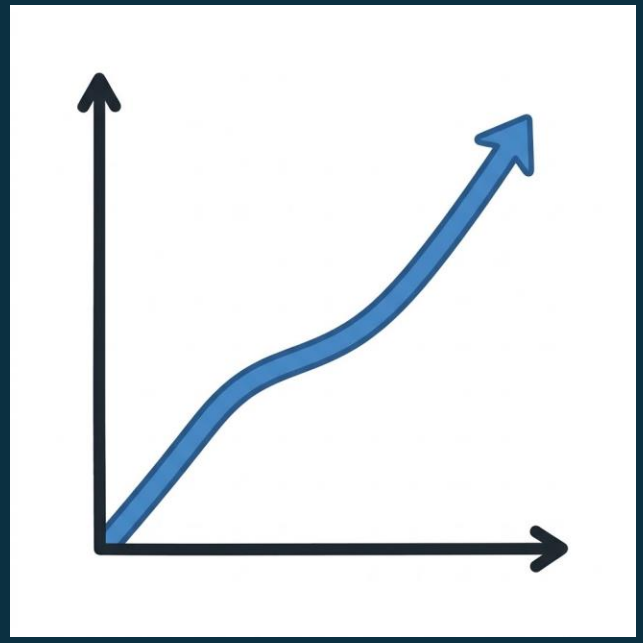
What's on the Line?

- MIPS performance-based payment adjustments
- Performance threshold for maximum ACO shared savings
- Public reporting data impacts referrals, status, reputation



What Are The Trends?

- CMS Web Interface eliminated
- APP Plus Measure Set expanding
- Traditional MIPS sunset proposed
- ASM and CJR-X spotlight specialists
- Digital Quality Measure development



The Bottom Line: Quality reporting is becoming more challenging, not less

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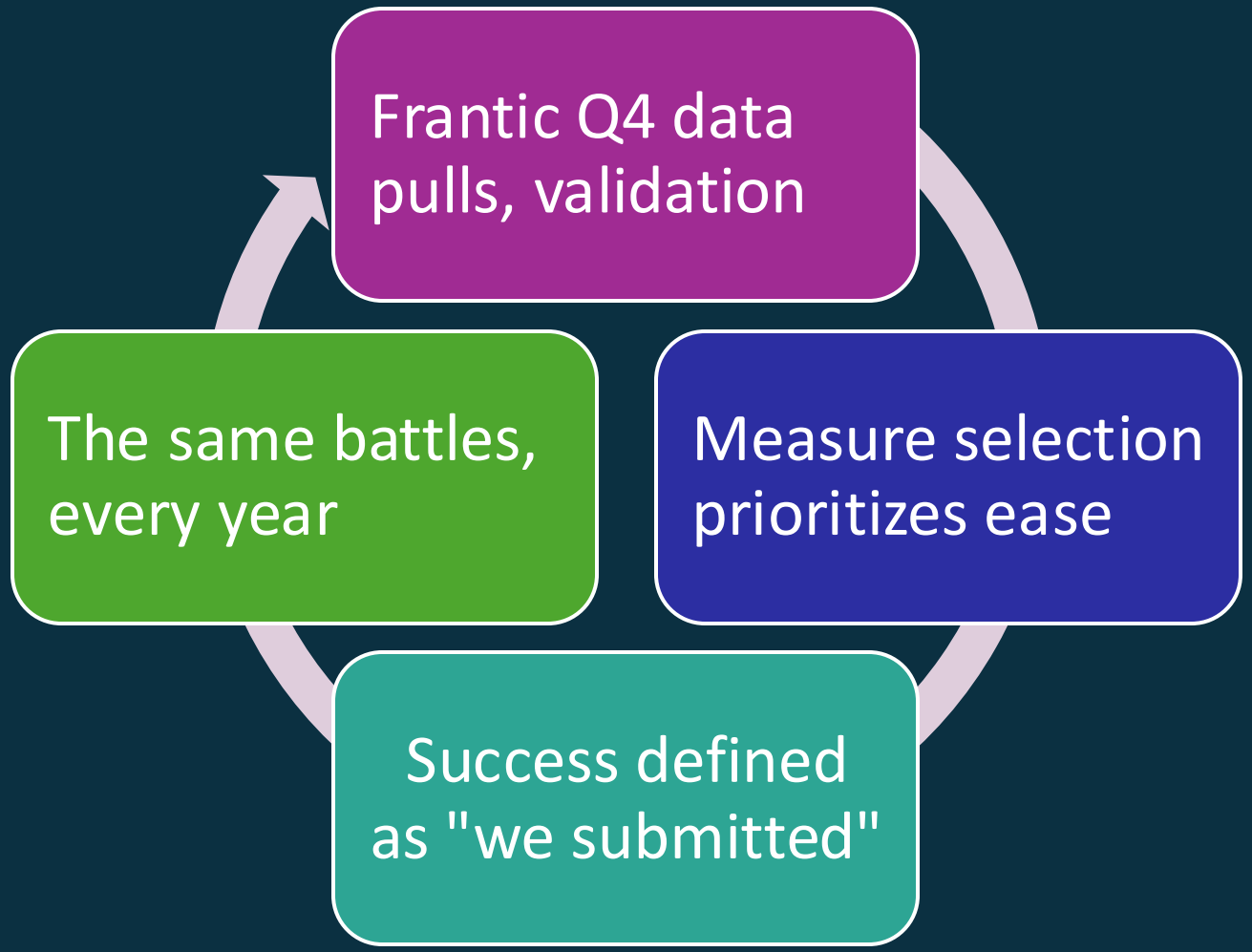
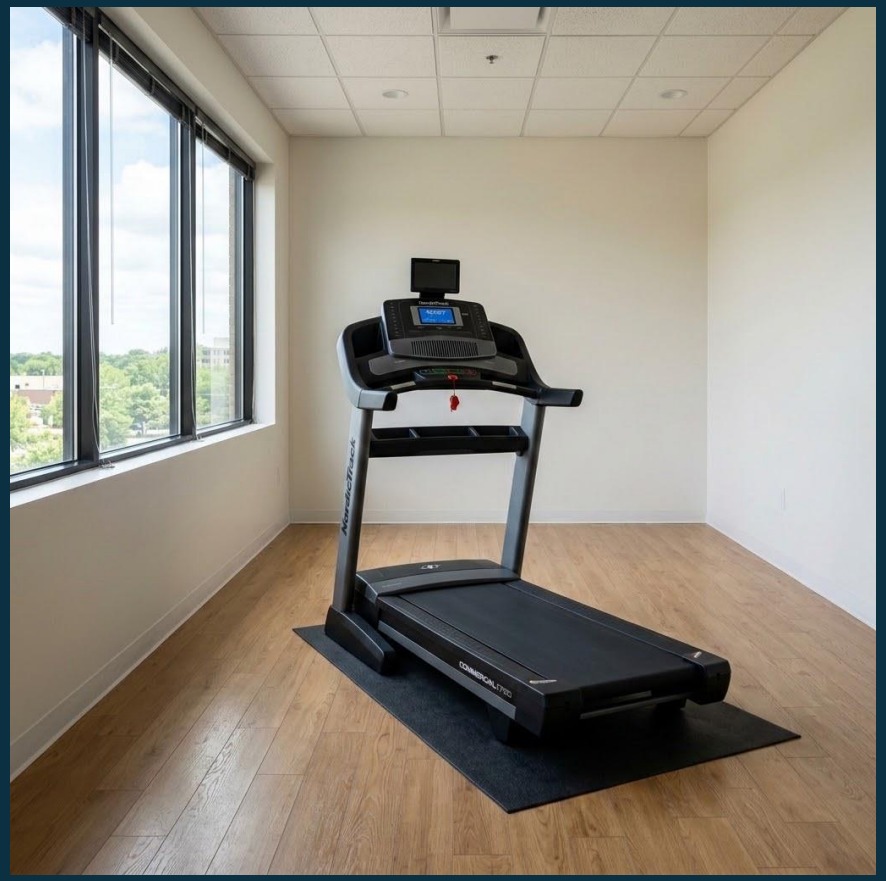
The Problem With "Compliance"

(Hint: You are here)

The Quality Reporting Compliance Cycle





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The Math Doesn't Reward "Compliant"

2026 MIPS Payment Adjustment Range

–9.00%

Maximum penalty:
Final Score at or below 10 points

+1.05%

Maximum possible bonus:
Perfect final of 100 points

The Bottom Line: Clearing the bar yields minimal incentive payments
The real upside comes from what you've learned and can apply

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The Penalties for "Just Complying"

- Staff hours shift from patient care to data entry
- Cannot trace causes of high-cost utilizations
- Gaps in care (or data) are invisible until it's too late
- MIPS Adjustments, Shared Savings lost at the margin

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Your Move: Flip The Narrative!

Compliance Objective		Improvement Objective
Event-based, annual submission	→	Continuous measurement
Measure selection favors ease	→	Selection favors clinical relevance
Success quantified by data volume	→	Success defined by improved outcomes
Retrospective, based on care delivered	→	Prospective, tied to actionable insights

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Muhammad Ali vs. George Foreman
"Rope-A-Dope" Bout, 1974
Image: Wikipedia Commons

Strategically Succeeding in Quality Reporting

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Choosing Your Path

	Traditional MIPS	APP	MVP
Who reports	NPIs, TINs, virtual groups	MSSP ACOs (mandatory)	Subgroups, NPIs, TINs, by specialty/condition
Measure flexibility	Broad menu of measures	Fixed "APP Plus" set (primary care focus)	Curated, specialty-aligned bundle
Measure types (as of 2026)	MIPS CQMs, eCQMs	MIPS CQMs, eCQMs, Medicare CQMs	MIPS CQMs, eCQMs
Direction of travel	Being phased out	Scope expanding	Becoming mandatory (proposed 2029)

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APM Performance Pathway (APP)

- Mandatory, no selection options
- High performance threshold for max savings
- Requires data aggregation for valid reporting

Call the right plays:

- **Assess practice systems, workflows**
- **Avoid interoperability assumptions**
- **Use (but don't overuse) CMS data sources**

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Traditional MIPS

- It's still in play!
- Cost measures signal CMS focus
- New measures prioritize outcomes
- Yearly changes can upend prior strategies

Get ready to make the jump:

- **Link quality and cost measures**
- **Keep submitting alongside MVPs**
- **Read the fine print (e.g. benchmarks)**

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MIPS Value Pathways

- Voluntary since 2023, but not for long
- Must be relevant for all clinicians
- Less to report, but greater impact
- "Do no harm" if w/ Traditional MIPS

Your training regimen:

- **Large multi-spec. groups prepare ASAP – Experience -> Success**
- **Prioritize workflow development for shared MVP measures**

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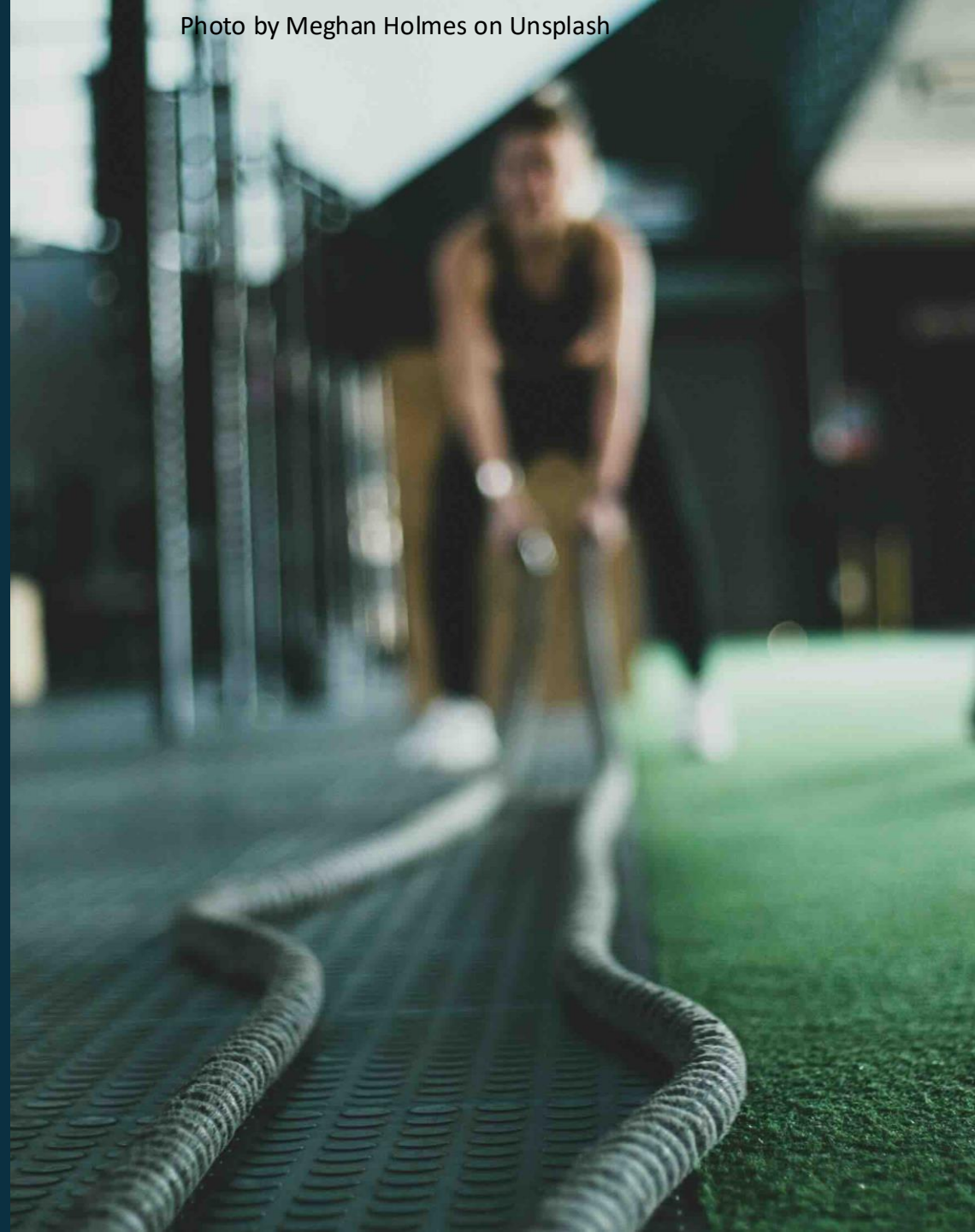

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Achieving Quality Reporting Excellence
II
I
III
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Use Reporting to Support Performance Strategy

Benefits of linking reporting to performance:

- Reduced administrative burden
- IT resources deduped, prioritized
- Opportunity for clinician feedback
- Facilitates Ongoing Improvement

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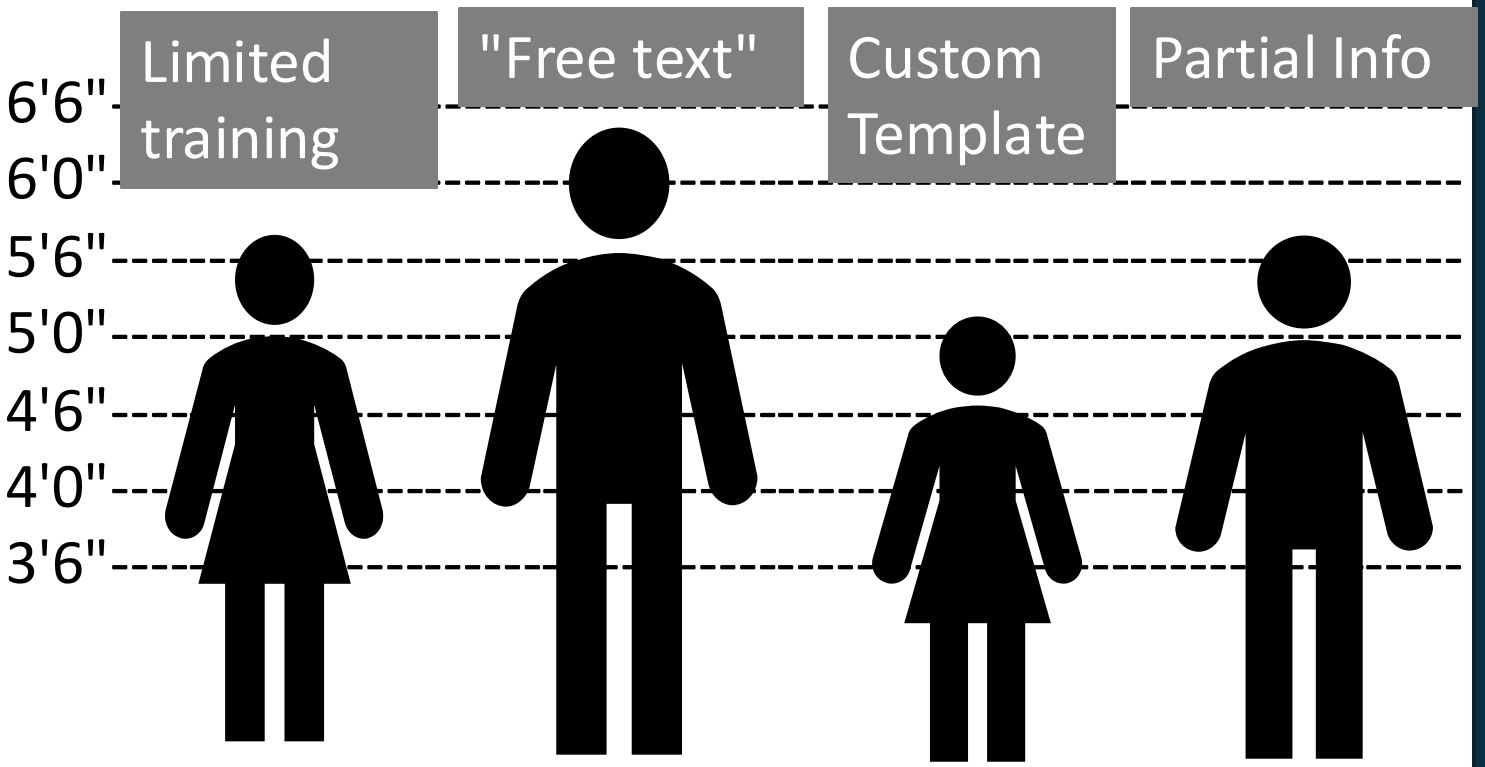
Closing Data Gaps

Step 1: Round up the usual suspects!



Step 2: Process Improvement

Export results → ID Gaps

ID Gaps → Walk it back

Walk it back → Review input

Review input → Adjust workflow

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Flexible Data Capture and Integration

- Building patient profiles is a solution
- Building measures is a patch
- Need flexible data ingestion for:
  - Claims (money and services)
  - EHR (raw clinical data)
- Is not a core EHR service

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Rack up More Data Sources

Comprehensive risk profiles require more

- Labs
- Meds
- Allergies
- Devices

- PROs
- Immunizations
- Vitals
- Social history
- SDOH

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Implement a High Single Standard of Care

"Teaching to the test" will not work

- Can't determine denominator on the fly
- Exclusions stemming from other care
- Fluctuating coverage

You need:

- Consistent workflow
- Standardized documentation
- Appropriate prompting

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What You Need in a Reporting Partner

- Comprehensive reporting, across programs
- Real world data aggregation experience
- Accessible patient-level details
- Ongoing updates that sync with program changes
- Reporting interface doubles as an improvement platform
- Program expertise—beyond the fact sheets
- Engagement, commitment, and integrity

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Addressing the Quality Reporting Paradox

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The Quality Reporting Paradox

Quality data is collected to **improve performance**, but by only analyzing it during the submission window, **the opportunity is gone.**

The Cost of the Paradox

Why are organizations content to spend so much money on quality reporting — and get so little in return?

This same data can also be used to:

- **Identify Variation**
- **Segment Populations**
- **Support Interventions**
- **Drive Improvement**

Sidestepping the Quality Reporting Paradox

Quality reporting only leads to continuous improvement when the last step feeds the first, throughout the year (not once at the end)

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RECAP

Five Things to Take Back to Your Organization

1. Quality reporting exists to drive better care, and should be treated that way.
2. "Compliant" is not the same as valuable; clearing the bar provides little financial upside
3. APP, MVP, and Traditional MIPS each demand a deliberate strategy, not a default one.
4. Excellence requires comprehensive data, continuous insight, and patient-level analytics.
5. Break the paradox by closing the loop: measure, act, and re-measure, all year long.

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Why Organizations Partner with Roji

20+ years aggregating clinical data across EHRs & other sources
Reconciled across every practice, for value-based care programs of every kind

Episode- and patient-level analanalytics
Beyond aggregate reporting, generating insight your teams can act on

Comprehensive quality reporting across the QPP
Built to expand as programs change, not to be rebuilt every year

Customizable solutions and support that drive better health
Data-driven, equity-focused value-based care is Roji's mission

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Let's Turn Your Reporting Into Results!

Schedule a quality reporting strategy session to see where your organization stands, and what a continuous improvement approach could unlock

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Questions and Answers

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Thank You!

Contact us to make your Quality Reporting strategy successful!

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