



ARTICLE

AVOIDING THE 9% PENALTY: SATISFYING CMS QUALITY REQUIREMENTS VIA STANDARDIZED DATA

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Healthcare delivery organizations currently operate under a reimbursement framework that increasingly ties financial performance to clinical quality metrics. Programs administered by the Centers for Medicare & Medicaid Services (CMS), such as the Merit-based Incentive Payment System (MIPS) and Hospital Value-Based Purchasing, utilize data-driven assessments to determine annual payment adjustments. For providers, the inability to demonstrate high-quality outcomes through verifiable data represents a direct threat to the bottom line.

THE FINANCIAL RISK OF DATA FRAGMENTING

Under current regulatory standards, healthcare providers face significant financial volatility based on their quality reporting. Organizations that fail to meet specific benchmarks or fail to provide sufficient documentation can face negative payment adjustments of up to 9%. Conversely, those who successfully demonstrate high performance are eligible for positive payment bonuses.

The primary obstacle to securing these bonuses is the administrative burden of data collection. Traditional methods of satisfying quality requirements often rely on manual data entry into clinical registries or the retrospective "scraping" of unstructured electronic health record (EHR) data. This process is not only resource-intensive but also prone to error, as fragmented EHR records often contain significant missing information that fails to meet the threshold for regulatory audit.

THE CIRCLE DATASET INTERVENTION: AUTOMATED INTEROPERABILITY MAPPING

A primary feature of **Circle Datasets** is the use of **Pre-Set OP Attributes** to automate the satisfaction of CMS quality requirements. Unlike legacy registries that require retrospective data cleaning, the Circle Platform utilizes a standardized Observational Protocol (OP) that integrates data-interoperability mapping from the moment of inception.

Each protocol includes a broad variety of prospectively assigned characteristics, including:

- **Medical Coding:** Precise mapping to CPT, ICD, SNOMED, and LOINC codes.
- **Interoperability Standards:** Integration with USCDI and FHIR frameworks to ensure data can be seamlessly transmitted to regulatory bodies.
- **Outcome Measures:** Standardized tracking of long-term patient results.

By defining these specifications before data collection begins, Circle Datasets ensure that all captured clinical information is "regulatory-ready" upon completion. This structural advantage allows healthcare providers to earn positive payment adjustments and avoid the 9% penalty without the high administrative costs associated with manual registry participation. The platform transforms a complex compliance requirement into a streamlined operational process.

Download RegenMed white paper "[Bridging The 17 Years Evidence to Practice Gap](#)" to go deeper.

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