



# ARTICLE

## REVENUE CYCLE TRANSFORMATION: CONVERTING DATA COLLECTION INTO A PROFIT CENTER

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For healthcare providers, the process of clinical data collection has historically functioned as a significant administrative burden with no direct financial return. Under legacy models, clinicians often enter data into electronic health records (EHR) only for that information to be siphoned by third-party brokers who monetize it without compensating the source. Furthermore, failure to meet evolving quality reporting standards can lead to severe financial consequences, including negative payment adjustments from the Centers for Medicare & Medicaid Services (CMS).

## THE BURDEN OF QUALITY COMPLIANCE

Modern reimbursement is increasingly tied to value-based metrics. Providers who fail to satisfy CMS quality requirements—such as those under the Merit-based Incentive Payment System (MIPS) or Hospital Value-Based Purchasing—face negative payment adjustments of up to 9%. Conversely, those who demonstrate high-quality outcomes through standardized data are eligible for positive bonuses. However, the manual effort required to aggregate and verify this data often offsets the potential financial gains.

## THE CIRCLE DATASET INTERVENTION: DIRECT LICENSE REVENUE

A primary feature of **Circle Datasets** is the transformation of data collection from an administrative cost into a **diversified revenue stream**. By utilizing the **Split-IP model**, participating physicians maintain majority ownership of the data they generate.

When these datasets are licensed for regulatory, scientific, or commercial use, the platform contractually assigns the majority share of the licensing fees back to the contributing providers. This creates a profit center independent of fee-for-service reimbursement. Additionally, because the platform utilizes a standardized **Observational Protocol**, it automatically generates the deterministic evidence required to satisfy CMS quality incentives, enabling providers to secure positive payment adjustments while reducing the internal labor costs associated with registry participation.

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

## GET INVOLVED OR LEARN MORE – CONTACT US TODAY!

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