



Fast Focus

Provider-Payer Data Exchange



Building New Bridges for Trust in Provider and Payer Relationships

The relationship between healthcare providers and payers is filled with decades of finger pointing and administrative burdens. From payer denials to telephone tag, both sides of the healthcare reimbursement process experience unnecessary operational abrasion and laborious manual procedures.

MRO has witnessed the rocky relationship between providers and payers for decades. Through our work with hospitals, health systems, ACOs, and payer organizations, we know the rift runs deep. And there is no single answer to repair the relationship or improve collaboration.

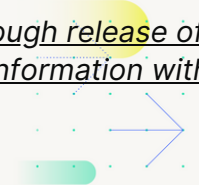
However, there are small steps both stakeholders can take to build new bridges with a common goal in mind: ease administrative burdens and smooth communications. One of these small steps is to automate the exchange of clinical data.

This fast focus brief introduces MRO's new solutions for closing the trust gap between healthcare providers and payers through enhanced clinical data exchange. These offerings are strategically designed to minimize administrative expenses while eliminating redundant tasks, fostering heightened efficiency within the healthcare ecosystem.

MRO's solutions optimize processes to elevate the quality of outcomes and expedite communication channels, ensuring seamless information flow. MRO's commitment to interoperable data exchange streamlines healthcare interactions, enhances collaboration, and builds trust between providers and payers.

"MRO has been a key player in clinical data exchange for over twenty years through release of information (ROI) services. Our new solutions balance payers' need for patient information with providers' mandate to protect the privacy of patients."

- Matt Wildman, Chief Commercial Officer, MRO



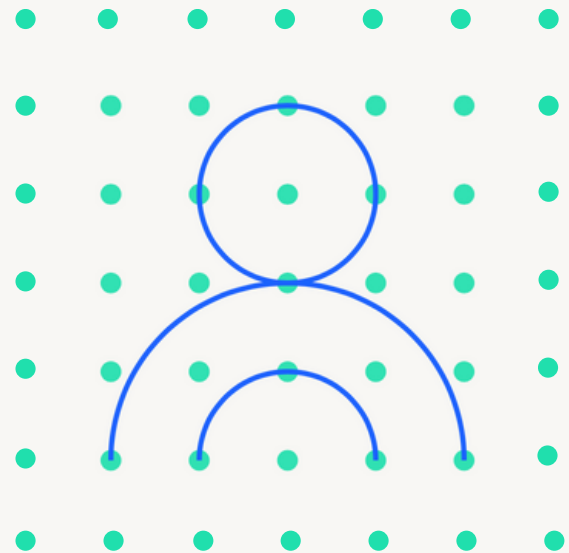
MRO streamlines the exchange of information between providers and payers. In doing so, both parties save time and money while eliminating process redundancies and improving performance. Communication channels between providers and payers open to ensure information is delivered to the correct recipient and with appropriate safeguards, thus also improving efficiency and patient care.

Two Points of Agreement: Administrative Costs are High and Patient Privacy is Paramount

A key driver of administrative cost is the inability to electronically exchange information between providers and payers. This one issue alone causes both parties to rely on manual, laborious, and costly processes despite the advancement of interoperability.

Make-shift solutions such as open access EHR systems may relieve administrative burdens, but they also increase patient privacy concerns. In contrast, MRO's new solutions only gather and send information payers need to help members with their healthcare needs or report quality results. Nothing more. By narrowing the amount of information shared, MRO addresses concerns providers have over sharing data with payers.

Open-access solutions also fail to provide the complete story necessary for achieving optimal quality payments. MRO's solution transforms unstructured and uncoded information into structured, coded data including CPT and LOINC codes needed for analytics and quality reporting.



“Administrative health-care costs are higher as a share of GDP in the United States than in other countries.”
- BROOKINGS INSTITUTE

“Through our research interviews, data security and privacy were top areas for every organization.”
- RESEARCHER, CULBERT HEALTHCARE SOLUTIONS

Data Exchange Solutions Support Both Providers and Payers

MRO's two new solutions – **Payer Exchange and Payer Hub**—provide valuable collaboration points to relieve administrative burdens, protect patient privacy and build trust between providers and payers.

Payer Exchange and Payer Hub come together in a complementary fashion to facilitate the exchange of data, standardize and normalize data, and make data searchable by provider and payer staff across a number of use cases.

Payer Exchange for Providers

- **Used** by providers to fully digitize the release of information process for payer requests.
- **Maintains** patient information privacy, security, and compliance.
- **Reduces** administrative burden associated with large volume payer audits and reviews.
- **Stabilizes** cost, improves data quality, and manages seasonality of Risk Adjustment (RADV) and HEDIS requests.



MRO Satisfies Payer Medical Record Requests Automatically.

Payer Hub for Payers

- **Utilized** by payers to acquire the required components of a patient's record and build a consolidated member profile.
- **Supports** end-to-end data acquisition, standardization, transformation, and storage.
- **Avoids** costs to aggregate EHR data from multiple sources.
- **Informs** better decisions about the health of patient populations.



MRO - Bridging the Trust Gap Between Providers and Payers, One Record at a Time

[Beyond Administrative Burden: Data Exchange Improves Quality Reporting](#)

To date, MRO has integrated with 250 different data sources, mostly EHRs. This level of integration builds a consolidated, longitudinal record for any at-risk healthcare provider or payer organization.

For example, [CareFirst Blue Cross Blue Shield](#), a regional health plan in Maryland, has worked with MRO for several years. They use MRO's Payer Hub solution to access up-to-date and consolidated medical record information from their contracted providers. As a result, the payer has improved HbA1c, blood pressure management, diabetes management, and immunization compliance and quality outcomes.



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QUALITY REPORTING THROUGH MRO TECHNOLOGY AND
PARTNERSHIPS](#)

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LifeBridge Health, a 1,200+ bed health system with 120 physicians, also realized quality reporting benefits through MRO's data exchange solution.

- 63 percent improvement in Healthcare Effectiveness Data and Information Set (HEDIS) quality measures through less manual intervention and finding additional data in the EHR
- Participating physicians outperformed control group physicians in five quality measures
- Mapped patients' longitudinal records across settings
- Ensured data integrity in compliance with the National Committee for Quality Assurance (NCQA)
- Built new best practices to achieve more efficient quality measure reporting

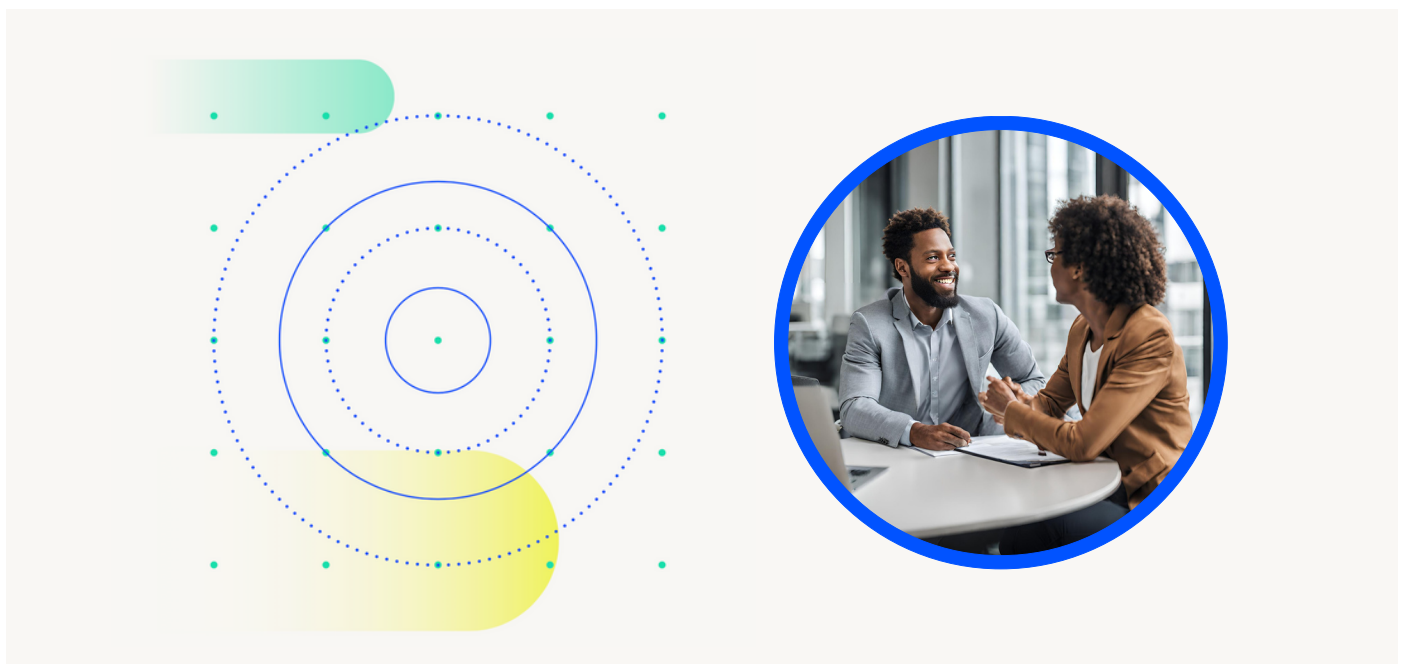
MRO accelerates the exchange of clinical data throughout the health care ecosystem on behalf of providers, payers, and other users of clinical data. By using industry leading solutions and incorporating the latest technology, MRO helps providers manage and release clinical data with a 20-year legacy in release of information (ROI) services. And as a ten-time KLAS winner, MRO brings a technology driven mindset built upon a customer first service foundation and a relentless focus on customer excellence.

To date, MRO connects over 200,000 providers, 35,000 practices and 900 hospitals while extracting more than 1.3 billion clinical records.

To learn more about MRO's provider and payer clinical data exchange solutions visit: www.mrocorp.com.

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U.S. Department of Health and Human Services 2019 Medicare Fee-for-Service Supplemental Improper Payment Data. <https://www.cms.gov/files/document/2019-medicare-fee-service-supplemental-improper-payment-data.pdf>



610.994.7500

www.mrocorp.com

sales@mrocorp.com