OVERVIEW AND OBJECTIVES
Upon completion of this session, participants will be able to:

- Identify government requirements, payer parameters and standards of care impacting clinical services.
- Explain the development, structure and implementation of alternative payment models.
- Identify resources for additional information and clarification.

CHANGE IS CONSTANT: HEALTHCARE SERVICE AND DELIVERY IS TRANSFORMING

FEDERAL LAWS & VALUE-BASED PROGRAMS

THE GAME CHANGER: DATA COLLECTION AND REPORTING

QUALITY REPORTING

HAS ACA GONE AWAY?

CMS TRIPLE AIM: THE MASTER PLAN

CMS INITIATIVES & PRACTICE

VALUE BASED CARE: WHERE ARE WE TODAY?
VALUE BASED CARE: DEVELOPMENT, IMPLEMENTATION, EVOLUTION, 2016 -2020

MORE TO COME FOR ALL PRACTICE SETTINGS

VALUE BASED CARE IS EVERYWHERE...

ALTERNATIVE PAYMENT MODELS

EPISODE OF CARE

BUNDLED PAYMENT

ACCOUNTABLE CARE ORGANIZATIONS

ACCORDING TO THE AFFORDABLE CARE ACT

PATIENT-CENTERED MEDICAL HOME (PCMH)

PATIENT DRIVEN PAYMENT MODEL: PDPM
PATIENT GROUPINGS PAYMENT MODEL: PGPM

EVOLUTION OF DIAGNOSTIC PRACTICE

WHAT DOES EVOLVING PRACTICE LOOK LIKE?

MANAGING EVOLVING PRACTICE

KEYS TO SUCCESS

REFERENCES AND RESOURCES
Accountable Care Organizations
https://www.cms.gov/medicare/medicare-fee-for-service-payment/aco/

IMPACT Act of 2014

Centers for Medicare and Medicaid Services – Home Health QRP Training

Centers for Medicare and Medicaid Services – Skilled Nursing Facility QRP Training

Centers for Medicare and Medicaid Services – Value Based Program