

Helping Clients Succeed in Value Based Payments.

As Medicare, state Medicaid agencies, Medicare Advantage plans, Medicaid managed care organizations, and commercial insurers increasingly adopt alternative payment models (APMs), **Health Management Associates** (HMA) provides a range of innovative and successful approaches to value-based care (VBC). Our subject matter experts can help you succeed with value-based payments (VBP).

What We Do

- » Offer insights for transforming the care delivery model to efficiently deliver optimal patient and population-level health outcomes while successfully managing total cost of care
- » Ensure quality is the primary goal of VBP program design and implementation
- » Develop payment models that align the incentives of payers and providers
- » Integrate physical and behavioral healthcare, and close gaps related to social determinants of health and health equity
- » Help clients successfully transition from fee-for-service to value-based payments by providing expertise in change management, analytics, network engagement, and IT infrastructure
- » Improve the patient and provider experience
- » Quantify, manage, and monitor health insurance risk
- » Prepare for and succeed in accreditation for VBP capabilities



Organizations We Support

Those engaged in VBP or interested in engaging in VBP

- ⇒ Payers
- ⇒ Providers
- ⇒ Purchasers

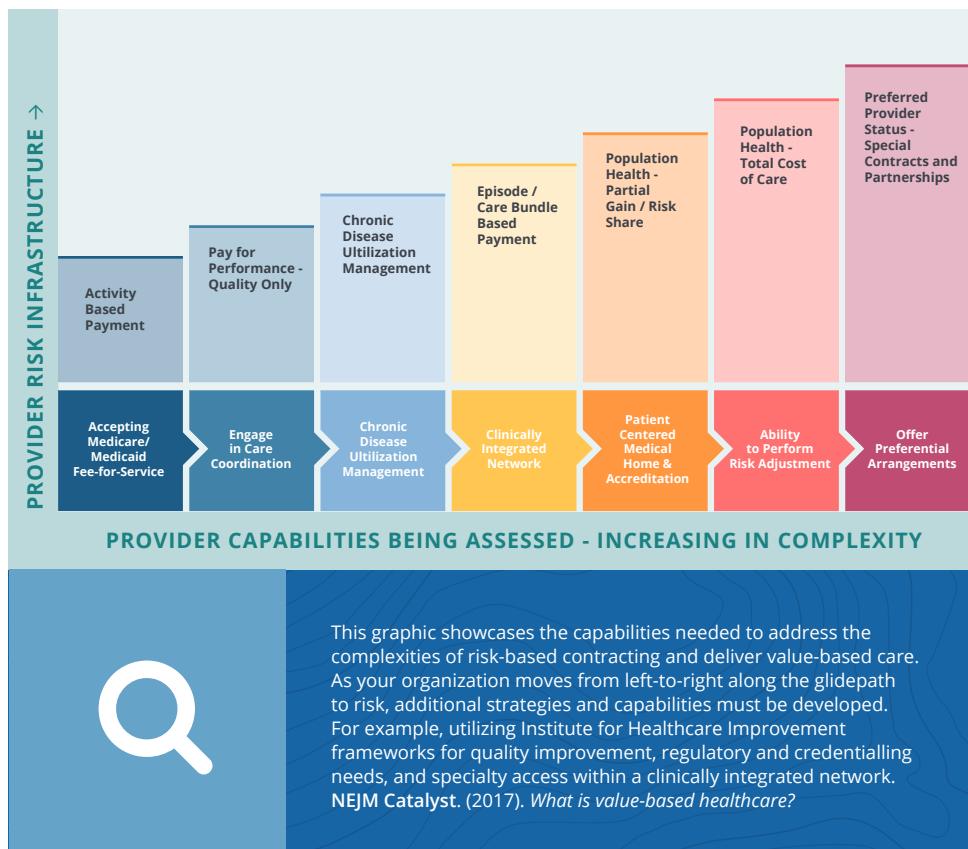
Those interested in advancing the broader movement to value

- ⇒ Federal, State & Local Governments
- ⇒ Associations
- ⇒ Foundations
- ⇒ Investment firms

HMA Can Support You Through All Phases of Value-Based Care

From contract to care plan, we have the experience and guidance tools to support your organization's move to value-based care and risk-based contracting.

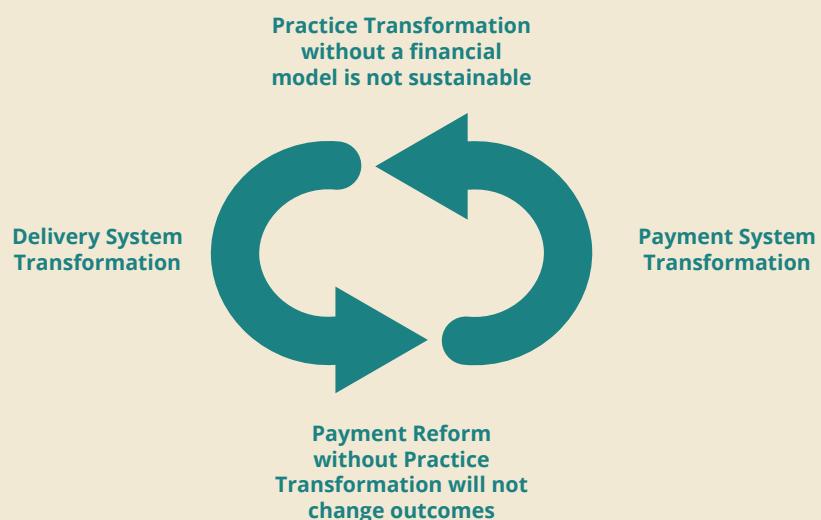
Our philosophy involves applying a health equity model to close social determinant gaps and health disparities. Value-based healthcare is all about the care delivery model. Under value-based care agreements, providers are rewarded for helping patients improve their health, reduce the effects of emerging/rising risks and incidence of chronic disease, and live healthier lives in an evidence-based way.



Our Comprehensive Approach

Our collaborative approach will be tailored and customized to your needs to help you successfully implement VBP.

Our integrated process is based on the following model:



WHAT HMA PROVIDES

Readiness assessment for participating in APMs and value-based contracting

Determine readiness across key building blocks for moving to value-based payments and achieving continuous improvement across healthcare organizations.

Strategic and operational plans

Implementation that includes benchmarks and measurements of success. We facilitate stakeholder input to capture and analyze data from these interactions through surveys, focus groups, and interviews.

Care coordination and clinician engagement

Aligning incentives with providers is key to successful value-based care strategies. Understanding methods for identifying and closing gaps in care pathways for common chronic conditions or addressing rising/emergent risks as well as how to create buy-in among providers and other members of the care team.

Tools necessary for providers and payers

Including actuarial expertise required for contracting in key areas such as financial projections, reserves, total cost of care analysis, and benchmarking. We provide an assessment of third-party software to support APMs.

Behavioral health adoption of VBC

Including methods for incorporating whole-person care into clinical algorithms that apply to every interaction with the patient and their families. Integrating behavioral health with physical health and addressing social determinants of health/health-related social needs into VBC programs.

Quality Measurements

Assist with identifying key performance indicators (KPIs) and quality measurement incentives for pay-for-performance or pay-for-value to support population health outcomes and support total cost of care in various VBP arrangements.

Delegation arrangements

Provide support and consultation on scope of requirements to ensure VBC contract meets delegation requirements for operational, state, CMS regulatory and accreditation requirements.



OUR EXPERTS INCLUDE

Former CEOs, COOs, CFOs, and chief medical officers and other physician executives as well as executive quality leaders of the following organizations:

» Providers including hospitals, academic medical centers, physician practices, community health centers, rural health centers, and federally qualified health centers

» Medicaid, Medicare, Marketplace and Commercial MCOs

» State and federal agencies



In addition, HMA offers expert actuaries, coders, analytic staff, and clinicians to support *your* transformation

Value Based Care:

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WWW.HEALTHMANAGEMENT.COM



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