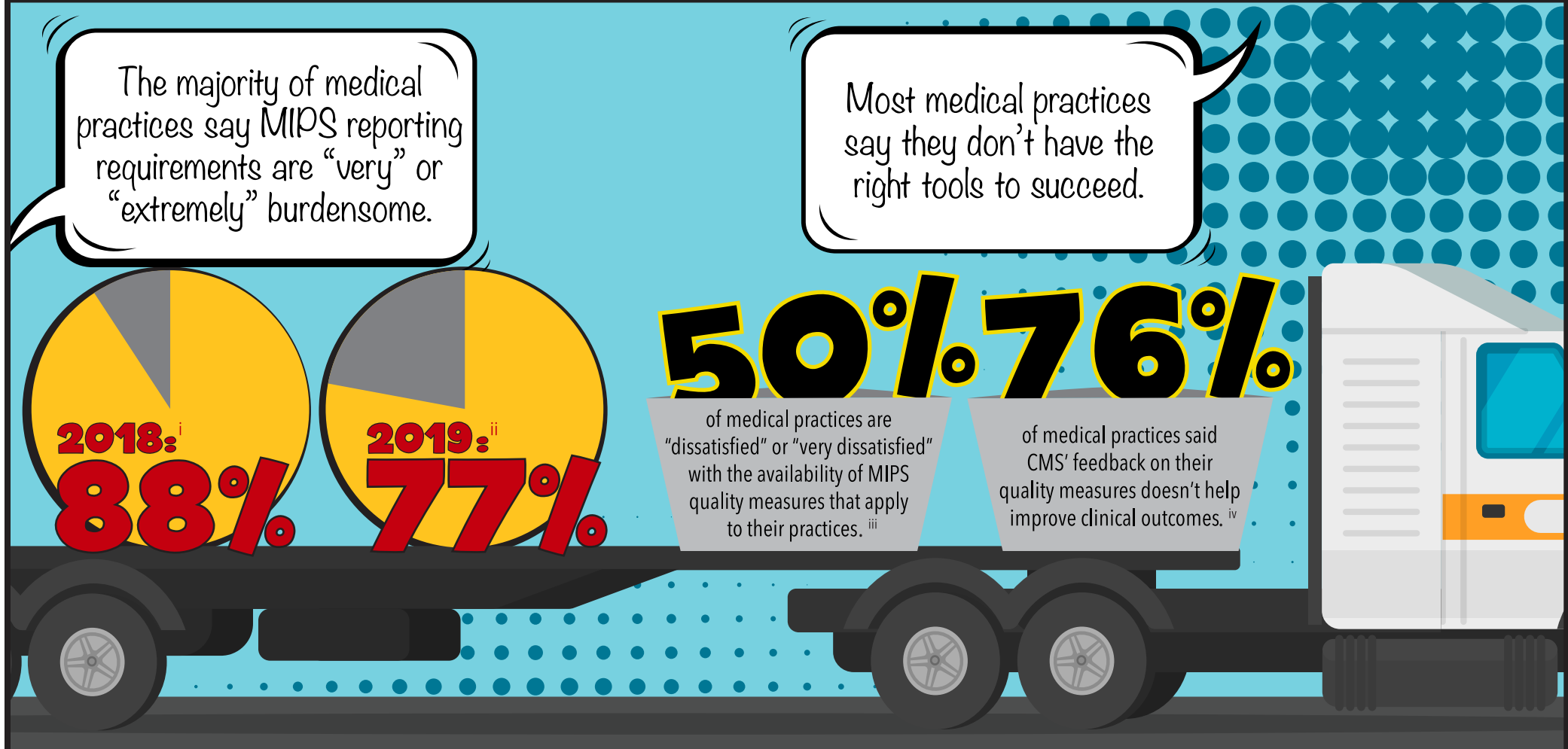
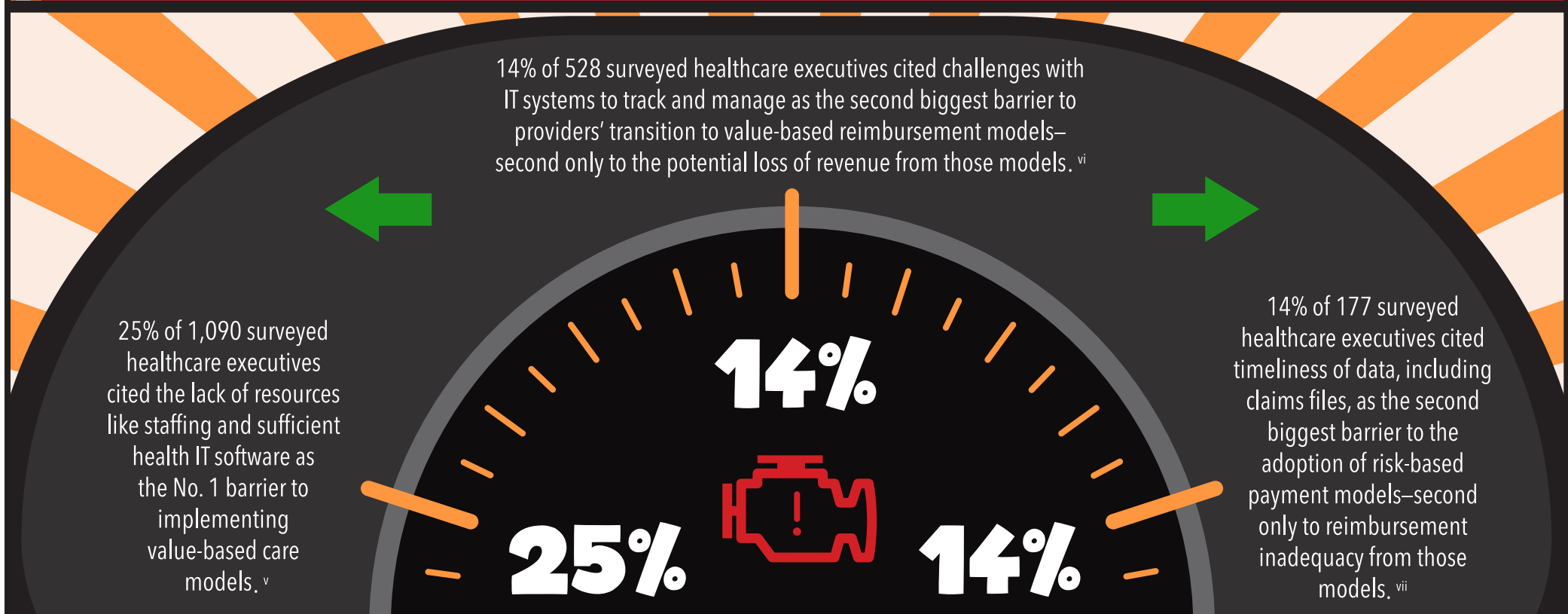


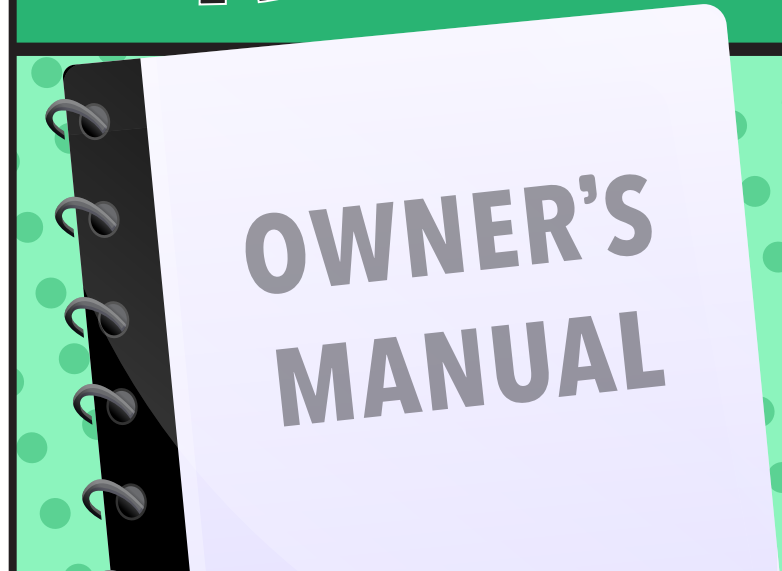
## YOU'RE HAULING A HEAVY LOAD



## YOUR "CHECK ENGINE" LIGHT GOES ON



## YOU CHECK THE OWNER'S MANUAL



### STEP 1

#### Standardize Quality Measures

**28%**

of 185 surveyed health executives cited "standardizing quality and outcome measures" as the No. 1 tactic payers can pursue to support providers' transition to value-based reimbursement models. <sup>viii</sup>

### STEP 2

#### Explore two-sided risk model options

**50.6%**

of hospital-owned practices that participate in Medicare ACOs versus 30.3 percent for physician-owned practices. <sup>ix</sup>

**42.9%**

of hospital-owned practices that participate in patient-centered medical homes versus 20.3 percent for physician-owned practices. <sup>xi</sup>

**36%**

of Medicare, Medicaid & commercial insurance payments to healthcare providers were tied to alternative payment models in 2018. <sup>xiii</sup>

**39%**

of 147 surveyed healthcare executives say 20-50 percent of their patient population will be covered by two-sided risk contracts within the next five years. <sup>xiv</sup>

### STEP 3

#### Adopt appropriate incentives and levels of compensation for providers who meet quality-improvement benchmarks

**45%**

of 1,090 surveyed healthcare executives who say incentives and compensation are the best ways to accelerate provider participation in value-based reimbursement programs. <sup>xv</sup>

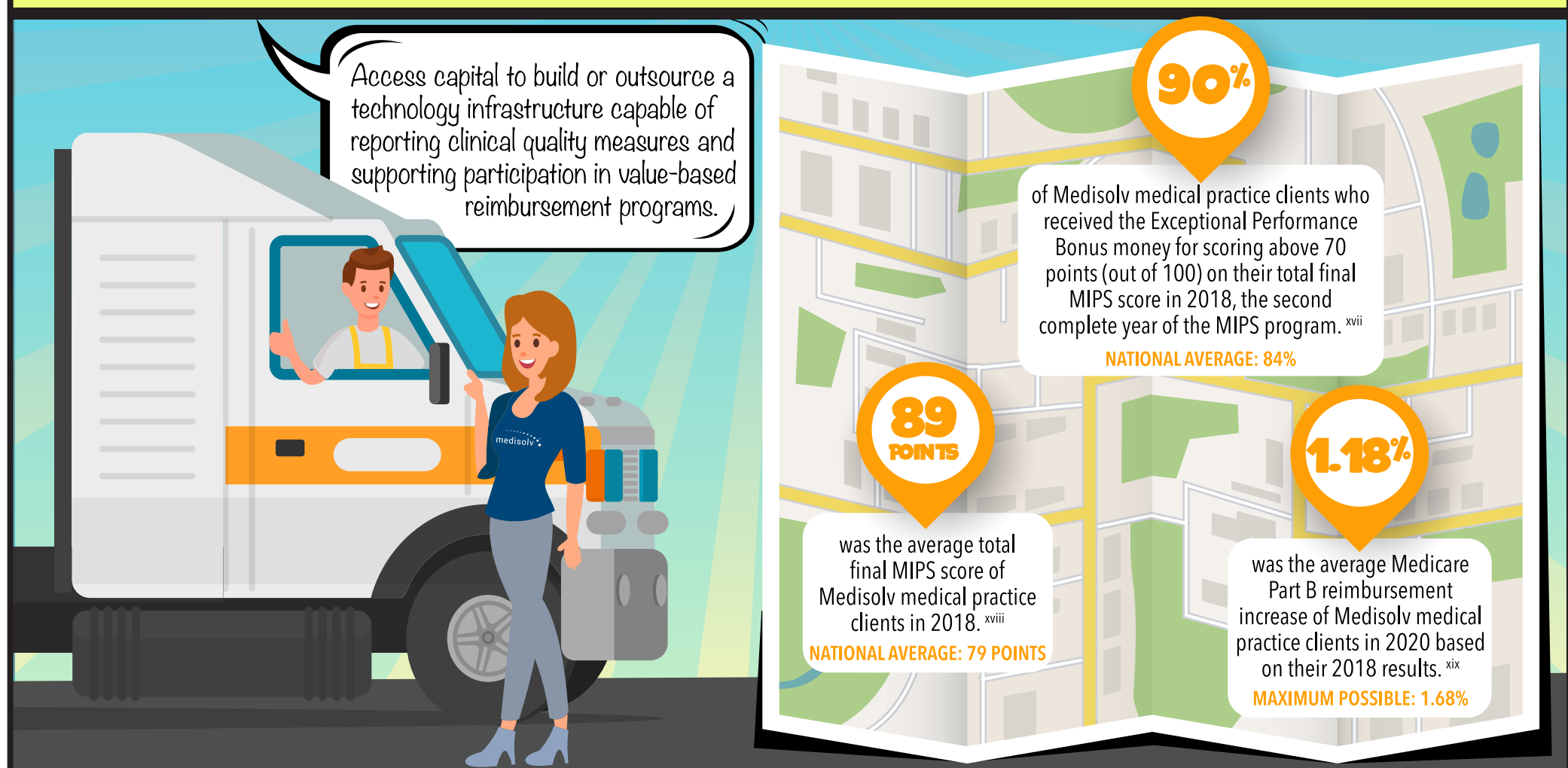
### STEP 4

#### Exit on to a MIPS value pathway that's right for your medical practice

**2021**

CMS will start implementing its new MIPS Value Pathway program in 2021. Your practice will be able to report on fewer measures and activities, because the MVPs allow physicians to choose the measures that are specific and more meaningful to their practice and report them to CMS. <sup>xvi</sup>

## GET BACK EN ROUTE WITH ROADSIDE ASSISTANCE



<sup>i</sup> Annual Regulatory Burden Report. Medical Group Management Association.

<sup>ii</sup> Regulatory Burden Survey. Medical Group Management Association.

<sup>iii</sup> Regulatory Burden Survey. Medical Group Management Association.

<sup>iv</sup> Regulatory Burden Survey. Medical Group Management Association.

<sup>v</sup> "The Future of Value-Based Care: 2019 Survey Results." Definitive Healthcare.

<sup>vi</sup> The State of Population Health: Fourth Annual Numerof Survey Report. Numerof & Associates 2019.

<sup>vii</sup> Risk-Based Payment Models: Current and Future State. Premier.

<sup>viii</sup> The 9th Annual Industry Pulse Survey. Change Healthcare; Healthcare Executive Group. 2019.

<sup>ix</sup> "Payment and Delivery in 2018: Participation in Medical Homes and Accountable Care Organizations on the Rise While Fee-for-Service Revenue Remains Stable." American Medical Association.

<sup>x</sup> "Payment and Delivery in 2018: Participation in Medical Homes and Accountable Care Organizations on the Rise While Fee-for-Service Revenue Remains Stable." American Medical Association.

<sup>xi</sup> "Payment and Delivery in 2018: Participation in Medical Homes and Accountable Care Organizations on the Rise While Fee-for-Service Revenue Remains Stable." American Medical Association.

<sup>xii</sup> "Payment and Delivery in 2018: Participation in Medical Homes and Accountable Care Organizations on the Rise While Fee-for-Service Revenue Remains Stable." American Medical Association.

<sup>xiii</sup> Measuring Progress: Adoption of Alternative Payment Models in Commercial, Medicare Advantage, and State Medicaid Programs. Health Care Payment Learning and Action Network. 2016.

<sup>xiv</sup> Risk-Based Payment Models: Current and Future State. Premier.

<sup>xv</sup> "The Future of Value-Based Care: 2019 Survey Results." Definitive Healthcare.

<sup>xvi</sup> MIPS Value Pathways. Centers for Medicare and Medicaid Services.

<sup>xvii</sup> "Medisolv's MIPS Reporting Results." Medisolv.

<sup>xviii</sup> "Medisolv's MIPS Reporting Results." Medisolv.

<sup>xix</sup> "Medisolv's MIPS Reporting Results." Medisolv.