

Value Based Care and Alternative Payment Models: *Where We Are, Where We Are Going and the Impact to the Provider*

Presentation & Panel Discussion by:

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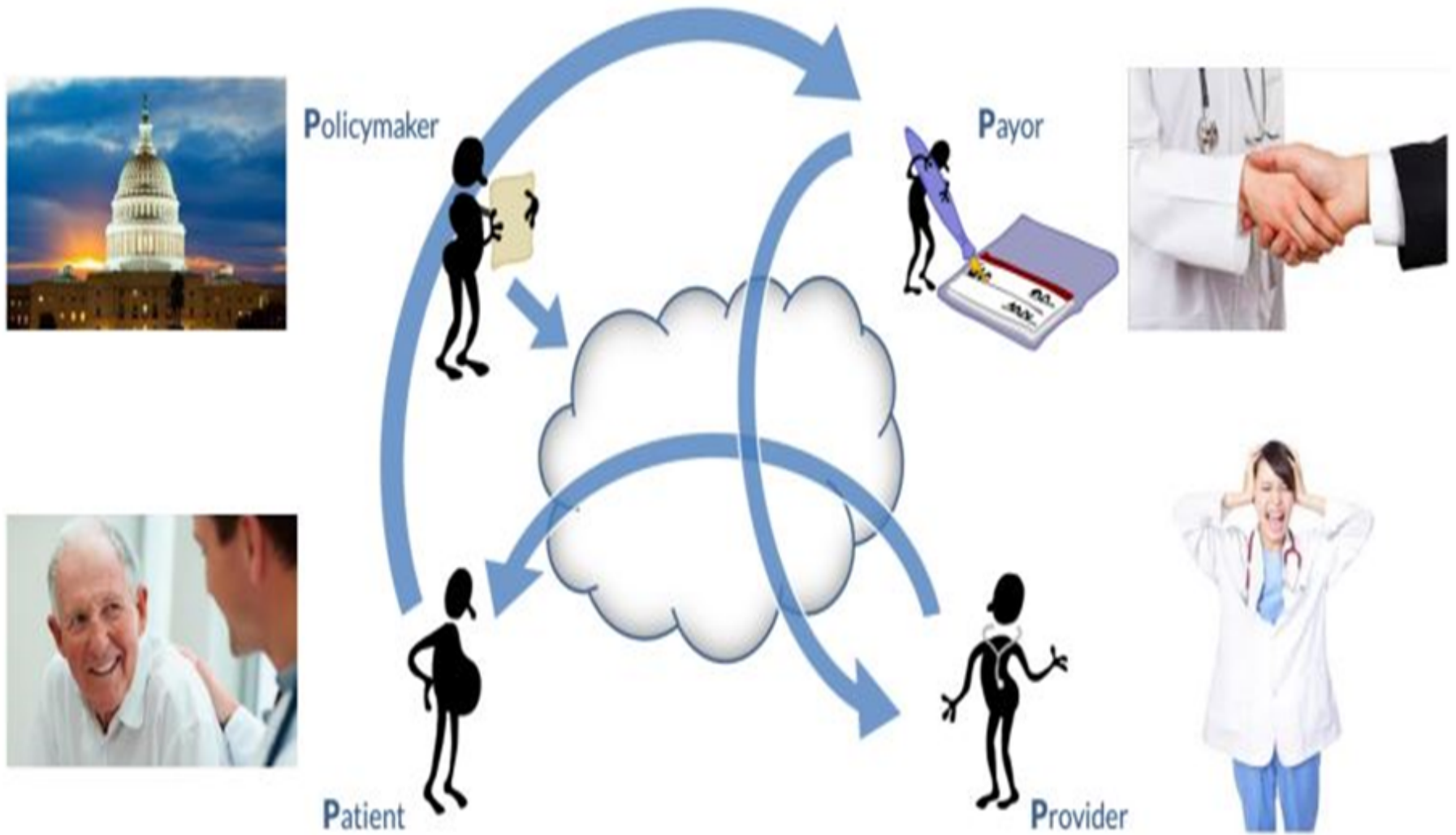
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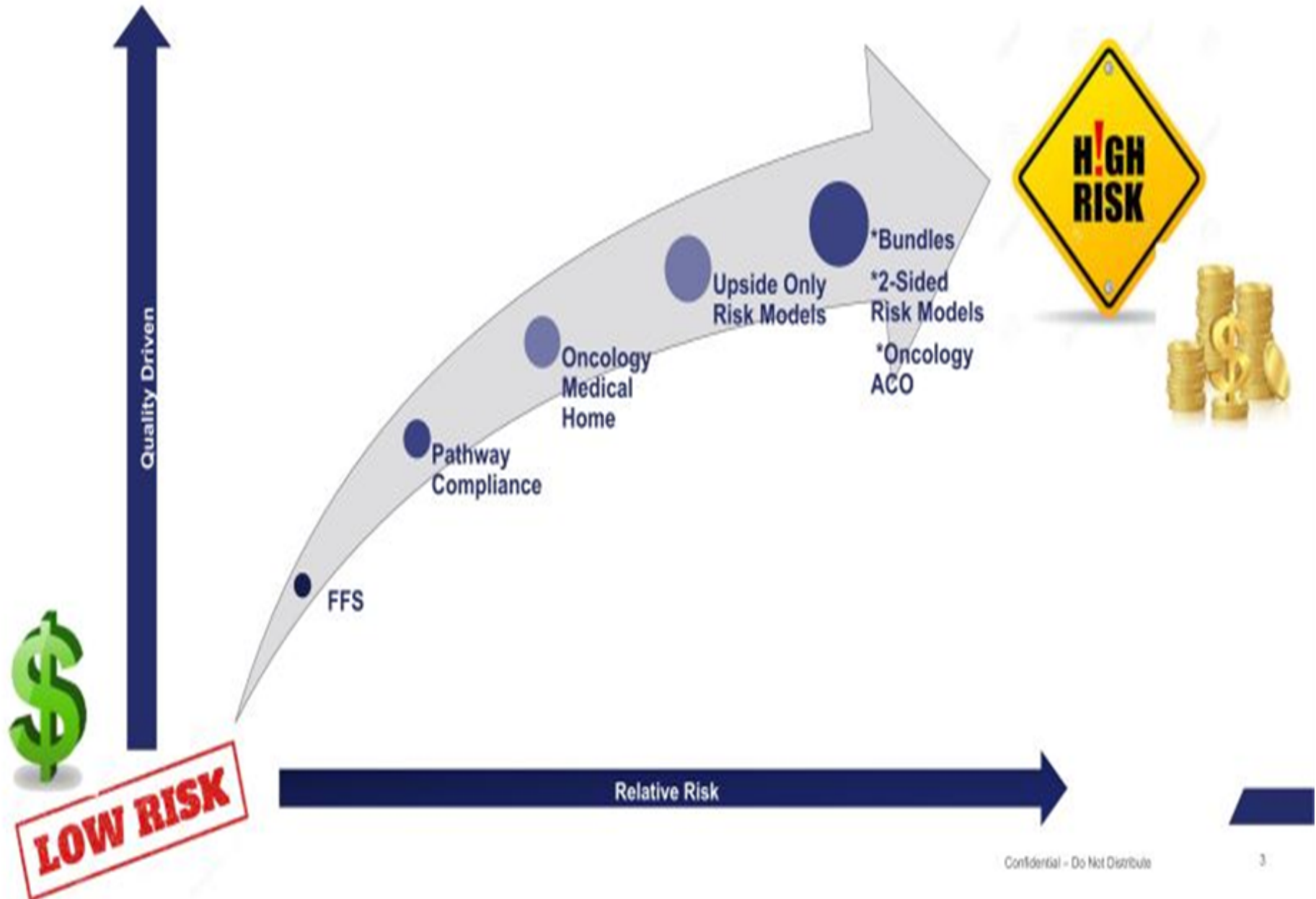
Alternative Payment Models: The Hope



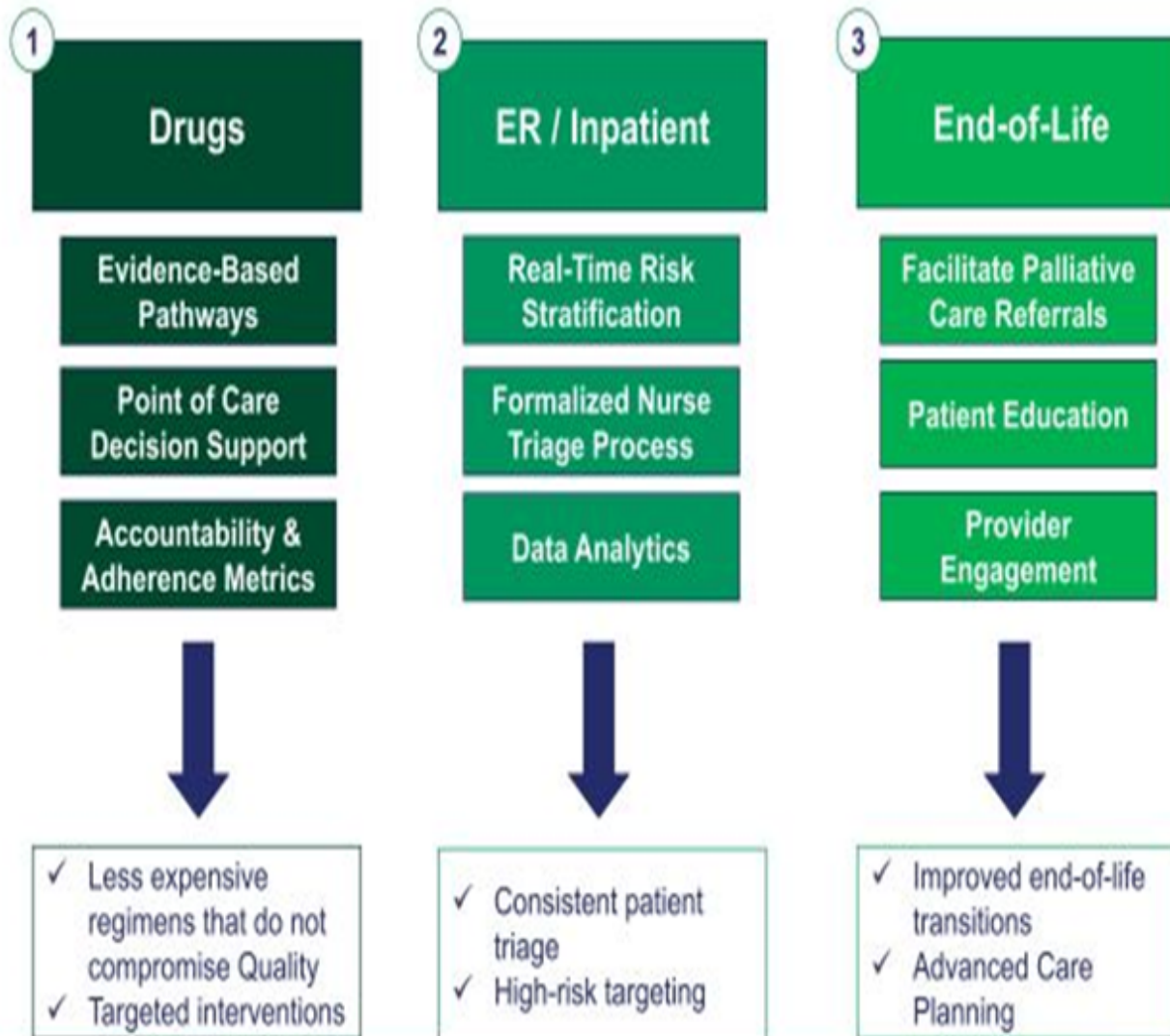
Alternative Payment Models: The Reality



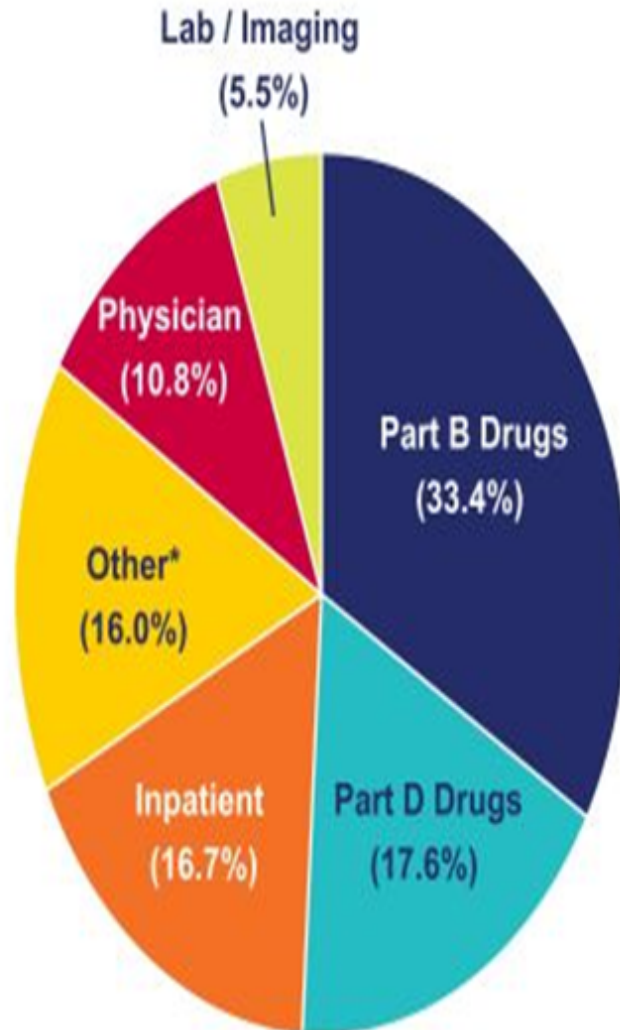
APM & RISK LEVELS



APM Performance Drivers- What really impact APM Success



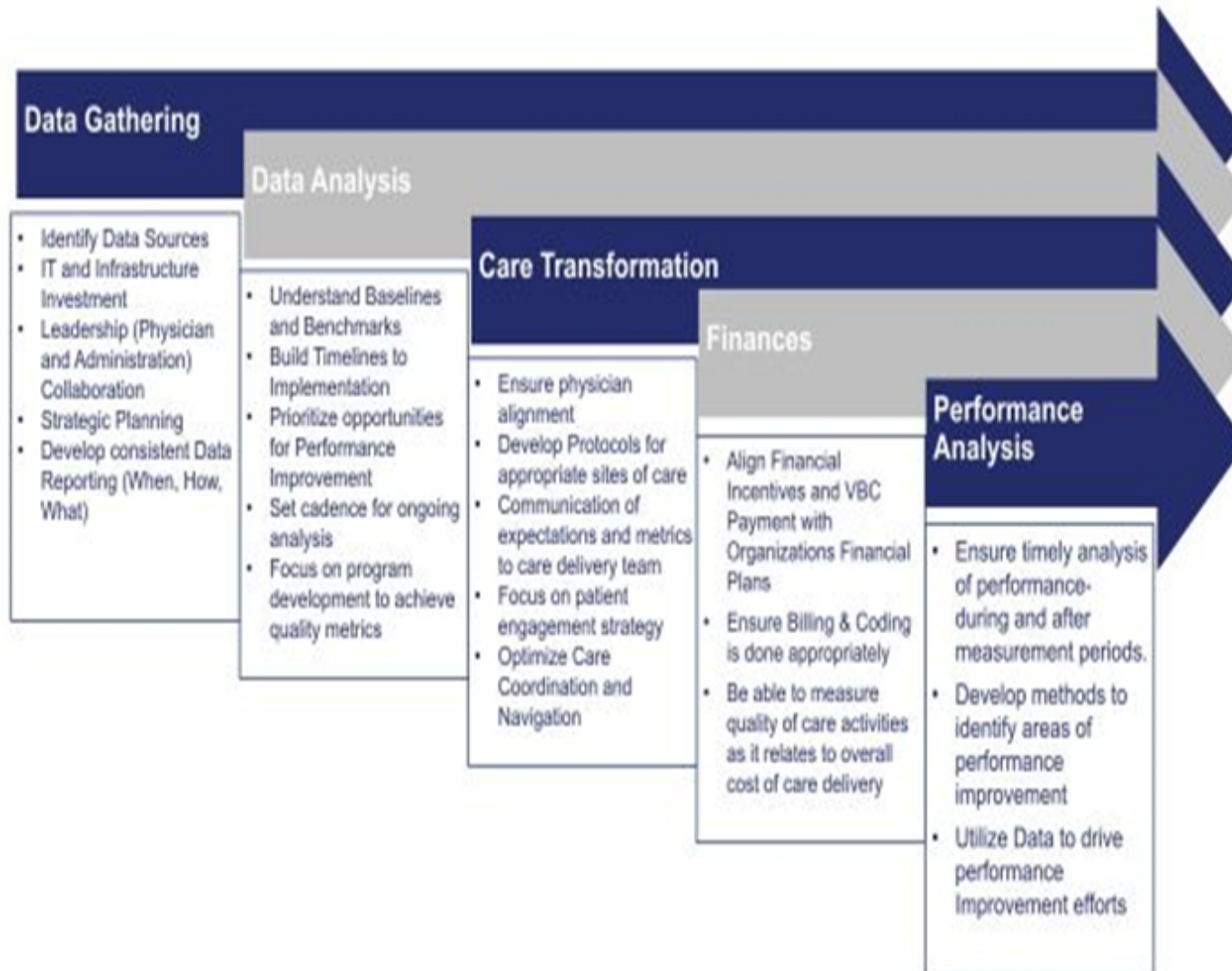
Cost Breakdown



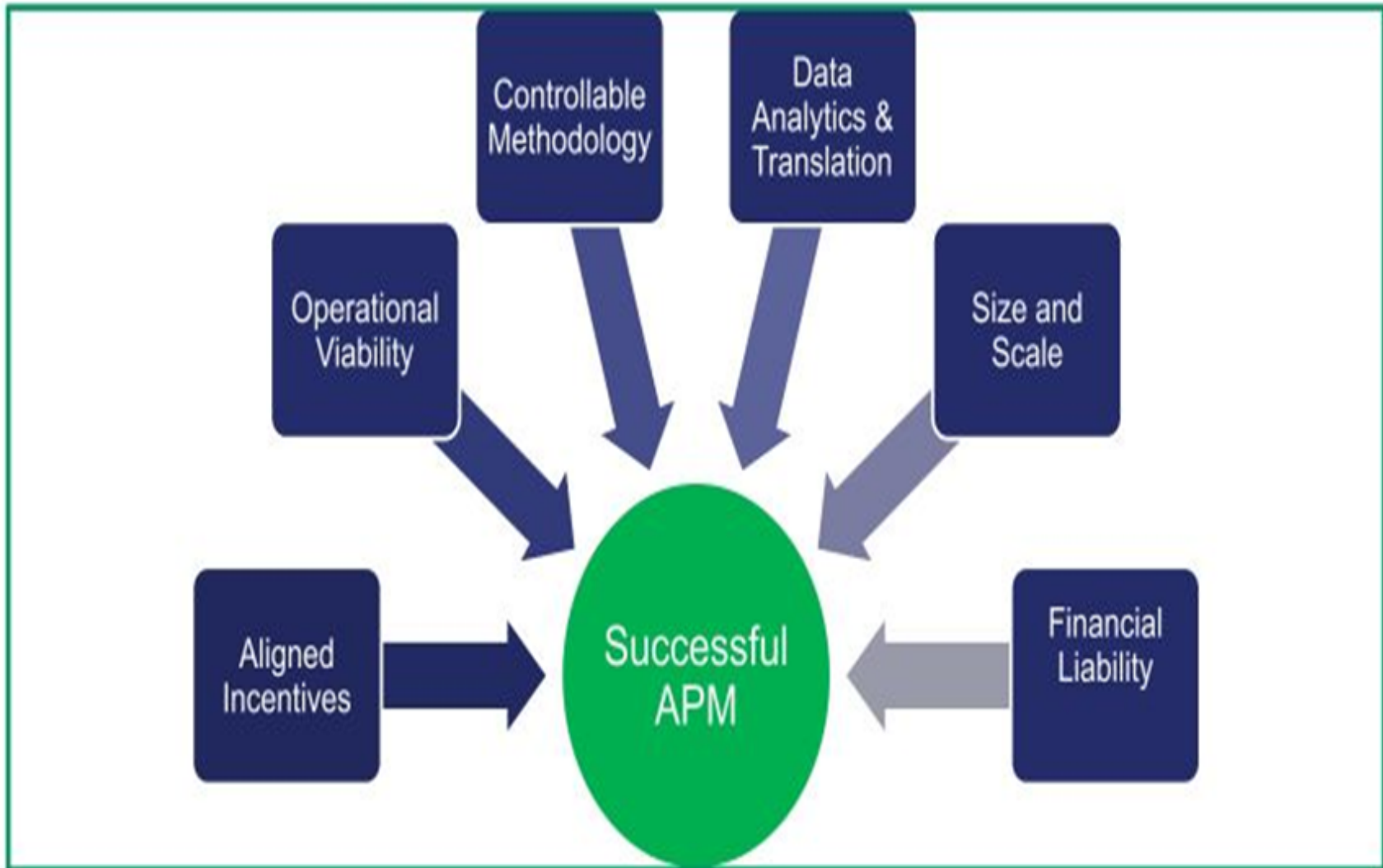
Category of Spend	% Cost
Drugs (Part B + D)	~50%
ER / IP	~15-20%
Other*	Varies

*Includes Post-Acute, Hospice, Radiation, and End-of-Life

Successfully Transforming Into a Value Based Care Model: What does it take?



Commercial Payers: Provider Led APMs



CMS's Oncology Care First Proposed Core Elements



CMS's Radiation Oncology Model Proposed Core Elements

- Possible Summer 2020 start
- Mandatory participation for ~40% of centers
- 90-day bundles, set per disease (i.e. modality independent, facility-type independent)
- Predominately factors in your historical rate, rather than national averages
- Automatic savings through discount factor
- PLUS, quality withhold and payment issues withhold = 8% less revenue in year one
- Advanced APM

The graphic features a light gray background on the left and a green-to-yellow gradient on the right, separated by a diagonal white line. The text "PANEL DISCUSSION" is centered in the gray area.

PANEL DISCUSSION



Questions???