The Challenge

Through alternative payment models, CMS is creating a new framework that rewards providers not for the volume of services they provide but for the value of care they deliver. To optimize these financial incentives, providers will need to closely manage performance measures for shared risk and savings—with a focus on patient satisfaction and preventive care quality.

For more information, go to innovation.cms.gov.

The Solution

Automated technology for patient engagement, continual monitoring, and virtual visits to demonstrate high-value care.

Enhanced clinical, financial, and patient satisfaction outcomes that meet the requirements of risk-sharing and value-based programs.

- Improve clinical, financial, and patient satisfaction outcomes—with a robust return on investment through a technology-enabled care model.
- Support risk-sharing and value-based programs while managing total cost of care.
- Exceed performance and compliance goals and increase market share with a focus on patient-centered care and patient outcomes.
- Enhance operational efficiencies.

By 2019, half of Medicare fee-for-service payments will be tied to quality or value through alternative payment models.