

CHOOSING THE RIGHT VALUE-BASED CARE MODEL

Value-based care continues to evolve, offering practices multiple pathways to participate in quality-driven, cost-conscious care delivery. The Medicare Shared Savings Program (MSSP) remains the foundation for many organizations, while alternative models provide different levels of financial risk and reward. Key considerations when evaluating these options include:

✓ **Financial Risk Level**

Models range from upside-only arrangements where practices can only earn bonuses, to two-sided risk where practices may owe money if they don't meet benchmarks. Your organization's financial stability and experience with value-based care should guide which risk level is appropriate.

✓ **Attributed Patient Population Size**

Different models have varying requirements for minimum patient panels, which affects whether smaller practices can participate independently or need to join larger ACOs. A larger attributed population can provide more stable performance data but requires greater care coordination resources.

✓ **Performance Benchmarking Methods**

Some models compare your performance against national or regional benchmarks, while others use your own historical data as the baseline. Understanding how your success will be measured is critical to predicting potential savings and bonus payments.

✓ **Quality Measure Requirements**

The number and type of quality metrics vary significantly across models, from basic reporting to complex clinical outcome measures. More stringent quality requirements demand greater investment in data infrastructure and care management programs.

✓ **Administrative Burden and Reporting**

Models differ in their documentation requirements, claims submission processes, and audit frequency. Practices should assess whether they have adequate staff and technology to handle the administrative workload without overwhelming their operations.

✓ **Provider Autonomy and Flexibility**

Some models impose stricter rules around network participation, prior authorizations, and care protocols, while others allow more clinical freedom. Consider how much control you want to maintain over referral patterns and treatment decisions.



AMERICAN CHOICE HEALTHCARE:

American Choice Healthcare brings deep expertise in value-based care delivery. As a physician-led organization with leadership representing more than 250 years of combined healthcare experience, ACH has a proven track record in population health management.

With our help, you can better navigate the world of value-based care and have more time to focus on what really matters: your patients. Partnering with a value-based care organization is a big decision, which is why you can join ACH at **no cost to you**. Here's what you can expect as our partner:

Guidance from a dedicated Provider Success Specialist, who creates solutions customized to a practice's specific needs

Advanced analytics and decision support tools to optimize the health of chronic disease patient populations

Medicare Risk Adjustment expertise from coding specialists

Transitional Care Management support to help reduce hospital readmission rates

Patient outreach support to deliver health-literate education and encourage patient engagement in their own care

Access to high-quality providers across the full spectrum of care through the ACH Preferred Provider Network

Revenue opportunities are also higher for practices participating in ACH compared with other models: The numbers speak for themselves. Participating providers can earn:

More revenue vs traditional Medicare FFS

More revenue than other models

More revenue than Enhanced ACOs

ARE YOU READY TO TAKE THE NEXT STEP IN PARTNERING WITH ACH?

Visit AmericanChoiceHealthcare.com to get started.

