

Guide to Medical Home Reimbursement

- ✓ Accountable Care Organizations
- ✓ Bundled Payments
- ✓ Contract Negotiation
- ✓ Risk Adjustment
- ✓ Shared Savings
- ✓ Multi-Payor Pilots

Note: This is an authorized excerpt from the *Guide to Medical Home Reimbursement*. To download the entire guide, go to <http://store.hin.com/product.asp?itemid=4066> or call 888-446-3530.

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Guide to Medical Home Reimbursement

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Note from the Executive Editor

Welcome to the Healthcare Intelligence Network's *Guide to Medical Home Reimbursement*. With data accumulating from dozens of pilots of the PCMH and federal legislation in place that will reward the PCMH and other team-based care delivery models in the months and years to come, healthcare organizations must be well-versed on reimbursement and physician incentive models that are driving results around the country.

Each chapter in the *Guide to Medical Home Reimbursement* is dedicated to an emerging payment model for patient-centered care from early adopters working overtime to put a fair price on care coordination tasks and adequately reward providers for medical home adoption:

Chapter 1: Overview

Chapter 2: From Pilot to Practice

Chapter 3: Multi-Stakeholder Collaborations

Chapter 4: Physician-Friendly Reimbursement

Chapter 5: Accountable Care Organizations

Chapter 6: Bundled Payments

Chapter 7: Preparing for PCMH Contract Negotiation

Chapter 8: Risk Adjustment

Chapter 9: Shared Savings and Cost-Effective Care

Chapter 10: Payment Reform in a Multi-Payor Pilot

Chapter 11: Physician Performance and Value-Based Reimbursement

Chapter 12: Q&A

Glossary/About the Authors

In the cases of the Colorado and New Hampshire initiatives profiled in this book, subject matter experts describe the framework of their programs, then provide updates and lessons learned 12 to 18 months into the program in subsequent chapters.

Don't miss this opportunity to learn about reimbursement options that can increase the financial health of your organization. The 2010 Patient Protection and Affordability Act will test payment models that seek to improve how the nation pays for healthcare and rewards quality and coordination of care. And CMS's new Center for Medicare and Medicaid Innovation will have the ability to green-light expansions of pilot programs that successfully control Medicare costs through these emerging payment methods.

Melanie Matthews, HIN executive vice president and chief operating officer

