

# Embracing New Payment Models

**Challenges,  
Opportunities,  
and Strategies  
for Improvement**

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Results from the 2017 HFMA Value-Based Payment Readiness Survey Sponsored by Humana

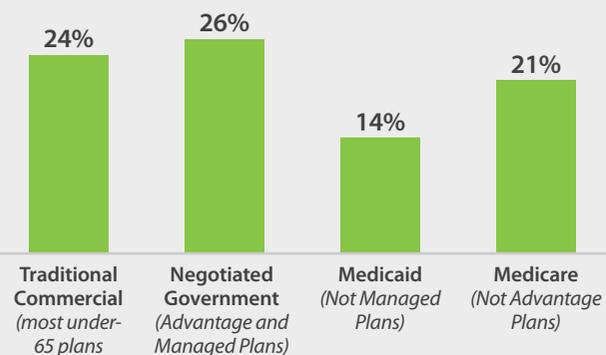
## The Current State

- Since 2015, commercial payers using value-based mechanisms have risen from 12 percent to 24 percent.
- Although positive, this roll-out appears to be slower than expected.
- Financial executives generally do not view their organizations as highly capable in most areas that support value-based payment.
- Some of the most significant challenges include poor data access, inconsistencies between payers, lack of physician buy-in and support.



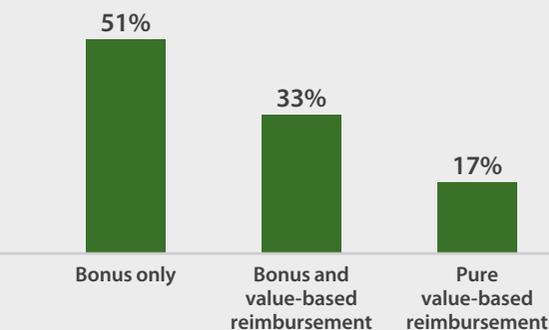
## Organizations are Continuing to Participate in Value-Based Reimbursement

Commercial and negotiated government plans are the most common



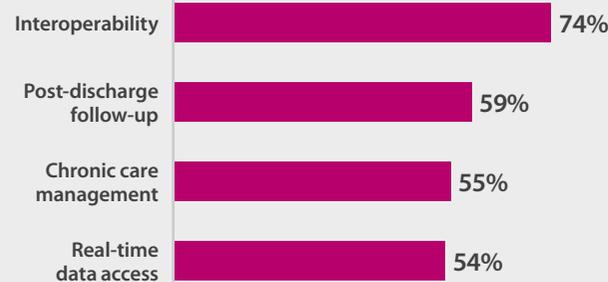
Most organizations are pursuing upside risk

*Within commercial plans, respondents receive payment from*



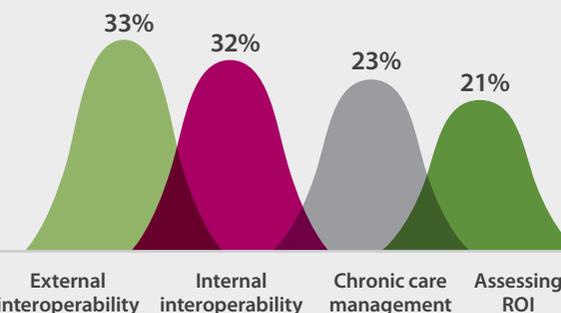
## Seizing Opportunities

Organizations anticipate several extremely important needs



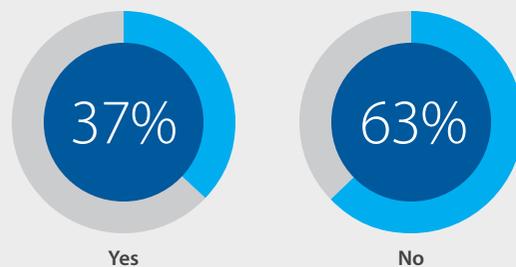
Closing readiness gaps will be critical

*Difference between projected needs and current capabilities*



## Consider Social Determinants of Care

Does your organization consider social determinants (e.g., food insecurity) in the overall strategy and cost planning?



## Value-based Models Yield Results

Most organizations are seeing positive financial outcomes



## Strategies for Facilitating Value-Based Payment

- Provide smarter incentives that align with provider needs and care objectives
- Share data with providers
- Be more transparent; act as a partner with all stakeholders
- Standardize programs, measures, and processes
- Consider social determinants of health when planning. Currently, only 37 percent of respondents consider these factors when designing value-based programs.

View the full research results

[hfma.org/ValueBasedPaymentReadiness](https://hfma.org/ValueBasedPaymentReadiness)



### **About Humana**

Humana Inc. (NYSE: HUM) is committed to helping our millions of medical and specialty members achieve their best health. Our successful history in care delivery and health plan administration is helping us create a new kind of integrated care with the power to improve health and well-being and lower costs. Our efforts are leading to a better quality of life for people with Medicare, families, individuals, military service personnel, and communities at large.



### **About HFMA**

With more than 40,000 members, the Healthcare Financial Management Association (HFMA) is the nation's premier membership organization for healthcare finance leaders. HFMA builds and supports coalitions with other healthcare associations and industry groups to achieve consensus on solutions for the challenges the U.S. healthcare system faces today. Working with a broad cross-section of stakeholders, HFMA identifies gaps throughout the healthcare delivery system and bridges them through the establishment and sharing of knowledge and best practices. We help healthcare stakeholders achieve optimal results by creating and providing education, analysis, and practical tools and solutions. Our mission is to lead the financial management of health care.