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### **HFMA Region 9 Free Webinar**

**Thursday, April 19, 2018 | 11:30am – 12:30pm CT**

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**WEBINAR TOPIC TITLE:** **Becoming a Value-Based Enterprise: Where Do We Start and How Do We Get There?**

**Course:** 1712W | **CPE:** 1.0 | **Level:** Intermediate | **Prerequisites:** None

#### **Topic Description:**

As the market environment continues to evolve across the Southeastern States and at a federal level, there has been and continues to be a great deal of *“reimbursement and care delivery model”* innovation and experimentation. The common goal across virtually all of these innovation models is to redesign and transform clinical care and payment models to develop, capture and deliver value to 3<sup>rd</sup> party payers and consumers. While many hospitals, physicians and other provider organizations have determined that they will need to become a value-based enterprise, there is no singular roadmap or guide for where to start the journey or a clear picture of what the final destination looks like from an operating, a clinical care or a payment model perspective.

Navigant’s point of view is that the “future state” value-based enterprise model will be one which represents an integrated payment/care delivery model that holds providers accountable for the total cost of care and patient outcomes. How provider organizations transition their organization’s revenue model to a risk sharing payment model while managing all associated financial, operational and competitive risks... is the focus of today’s presentation.

- Market dynamics impact on revenue model repositioning including potential future unknowns associated with the continuation of the Affordable Care Act
- Key strategic questions Re: your revenue model and total cost of care
  - Organizational preparedness for risk sharing contracts, funds flow management and population health management
- Future revenue model, risks and value-based payments
  - The levers that drive revenue
  - The levers that drive the total cost of care
- Operating and clinical models of tomorrow and risk management
  - Areas where 3rd party revenue disruption and service substitution risks are most likely to occur
  - Determining what provider alignment model is most appropriate for your organization (e.g., ACOs, CINS, PCMH, etc.)
- Provider-Payer alliances and revenue model strategies
- Building your strategic financial and operating model roadmaps

**Learning Objectives:**

- Identifying key strategic questions that need to be asked when considering a value-based environment
- Understanding potential future revenue and operational/clinical models your organization is likely to face in the future
- Developing a process for building strategic financial and operating models roadmaps for your organization

**Target Audience:**

CFOs, Revenue cycle leaders, everyone interested in understanding how to prepare for the shift to value-based innovation.

**Presenter:**

Christopher Kalkhof, Managing Director, Value Transformation, Navigant Consulting

**Presenter Bio:**

Chris is a senior healthcare executive with 30 years of provider and payer organization experience serving more than 200 hospitals, 20 + health plans and 30+ physician enterprises. Additionally, he leads Navigant's Payment Transformation, New Revenue Model, Pricing and Managed Care practice. More recently, he has worked on several large-scale pricing strategy and revenue at risk projects as well as a number of strategic growth and provider-payer alliance initiatives.

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