

REVENUE CYCLE MANAGEMENT IN A VALUE-BASED WORLD

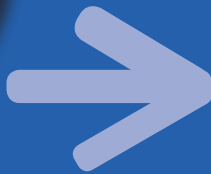


In 2013, the US spent more on healthcare than **A DOZEN** peers, yet had poorer health outcomes

NOW, the US Department of Health and Human Services (HHS) has set new goals to have Medicare payments in new alternative payment models:



30% BY END OF 2016



50% BY END OF 2018

MORE BROADLY, HHS wants to link fee-for-service payments directly to outcomes in Medicare payments:



85% BY END OF 2016



90% BY END OF 2018

Healthcare facilities must learn to **ENGAGE** in this new environment by understanding different payment models and reimbursement structures; and how they will impact revenue cycle management.