



Roadmap For ACO Success

The Path Forward Requires Insight and Foresight - As the CMS Innovation Center moves into its second decade, CMS will focus on getting all Medicare Fee for Service beneficiaries into an accountable care relationship with providers by 2030.

CMS has set their goal to transform the healthcare system into one where providers can:

- Let people select their primary care providers
- Ensure health equity by giving your underserved beneficiaries more access to accountable, value-based care
- Holistically assess patient needs, preferences, values, and unique circumstances
- Reduce care fragmentation and costs
- Coordinate care within a broader total cost-of-care system
- Make medical records and facilities accessible after hours

The challenge is to maximize the efficiency and effectiveness of limited staffing resources.

The need is to monitor and manage the continuously changing metrics for value-based care contracts and identify new opportunities for success.

The rewards are improved access to high quality care for all Medicare and Medicaid beneficiaries and higher shared savings for the ACO.

To meet the new goals CMS has set to provide health equity the ACO will need actionable insights and care management workflows that enhance revenue and support effective outreach programs.

Get On The Path To ACO Success With The Tools And Strategies You Need

We provide data, data aggregation, predictive analytics, and care management automation so you can focus on the 5% of your population that accounts for over 50% of cost. Acclivity insights simplify value-based care reporting and drive action to ensure your physicians and care management team provide your highest need patients with the right care, at the right time, and in the right setting.

To learn more about how you can succeed and thrive with Acclivity Health, please contact us at 904 562 1368 or email info@acclivityhealth.com.

