

Where Does Each of Your Value-Based Contracts Stand Right Now?

Ten questions. Three positions. Five minutes.

Every value-based contract is in one of three positions. It will pay. It will not. Or nobody will know until the numbers settle. Two of those three need action now, and the first move is seeing which contracts sit where. Answer the ten questions below for the value-based contracts you are accountable for. Most of them have a yes, a no, or a “we would have to check.” That third answer is the one to watch. If someone on your team owns the contracts day to day, forward this and compare answers.

How to answer. Answer for your portfolio as it stands today. If the honest answer differs by contract, answer for the contract with the most money on the table.

		Yes	No	We would have to check
1	Across your payer contracts, can you see today how each one is performing against its quality and risk incentive targets?	☐	☐	☐
2	When a contract drifts off pace, do you find out while there is still time to change the result in the same measurement year?	☐	☐	☐
3	Do you and each payer work from the same gap list and the same score?	☐	☐	☐
4	At last year's reconciliation, did you and every payer accept the number the first time?	☐	☐	☐
5	Is every payer's data feed, together with your own clinical data, in one place, under one set of measure definitions?	☐	☐	☐
6	Are undocumented risk conditions surfaced before they lower next year's benchmark?	☐	☐	☐
7	How many payer portals does your team log into to see where you stand? Answer Yes if it is one.	☐	☐	☐
8	Do your physicians get a prioritized worklist with the whole patient in front of them, including care delivered outside the practice?	☐	☐	☐
9	Can you see avoidable cost and rising-risk patients by site and physician, next to the quality and risk gaps that decide whether the contract pays?	☐	☐	☐
10	Could you tell your CFO, this week, which contracts will pay and which will not?	☐	☐	☐

Count Your Answers

Three answers, three positions. The count decides where your portfolio sits today.

On Track

Eight or more Yes

You see your contracts in time to act. Any No is worth a second look before the measurement window closes.

Off Track

Three or more No

At least one contract is drifting and the people who could fix it do not have the number in front of them. That incentive is already at risk.

In the Dark

Three or more We would have to check

The costliest position: A contract that cannot be seen cannot be managed. Reconciliation will deliver the answer, too late to change it.

If you answered “we would have to check” more than twice, the next section is for you.



They See Every Contract All Year

Performance against every payer’s targets runs in one view all year, and you see which contracts are drifting while the result can still change. You know where you stand before the payer’s number is final.



They Work From One Number

Your evidence and each payer’s evidence come from the same certified logic, an engine NCQA has certified for 26 consecutive years and validated for digital quality measures. When both sides are looking at the same number, the conversation at reconciliation is about care instead of whose spreadsheet is right.



They Put the Gaps Where the Care Happens

Your physicians get a prioritized worklist with the whole patient in front of them, including care delivered outside the practice, and every closure counts toward every contract at once. Nothing is ripped out; it sits alongside the EHR you already run.

The Engine Behind the Number

This check comes from Inovalon®, whose quality and risk analytics run behind more than 70% of Medicare Advantage enrollees in 4+ star plans.¹ Inovalon’s Converged Quality™ measure engine holds NCQA HEDIS® Measure Certification for the 26th consecutive year and NCQA validation for digital quality measures,² and it was named 2026 Best in KLAS for Quality Measurement and Reporting.³ Geisinger Health Plan replaced an in-house provider portal and was live on Converged Provider Enablement within six months. “Our providers are now more engaged and more involved.”⁴

1. “Inovalon Powers 70% of Medicare Advantage Enrollees in 4+ Star Plans, Continuing to Outperform National Averages in 2026 CMS Star Ratings,” Inovalon, BusinessWire, October 30, 2025, businesswire.com/news/home/20251030059564/en/ 2. “Inovalon’s Converged Quality Achieves 26th Consecutive NCQA HEDIS Certification and Earns NCQA Validation for Its Digital Quality Measure Engine,” Inovalon, July 23, 2026, inovalon.com/news/ 3. “2026 Best in KLAS Winners: Full List (Software & Services),” HIT Consultant, February 4, 2026, hitconsultant.net 4. “How Geisinger Health Plan Enhanced Provider Trust and Engagement to Achieve Value-Based Care Excellence,” Inovalon, July 25, 2025, inovalon.com/blog/; Anthony Graboski, Provider Engagement Liaison.

Pick One Contract

Pick the payer contract you are least sure about. In one working session, we will pressure-test it with you: where you stand against that payer’s targets today, what their number is likely to say, and what changes when your evidence and theirs come from the same logic. You bring the contract. We bring the view.

Map One Contract With Us