HCC V28 is Coming!
Learn How to Strengthen Your Risk Adjustment Efforts

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What's Changing With HCC V28?

Changes To Diagnostic Codes

2,000+

ICD-10 Codes Removed

Hierarchical Condition Category Updates

29

HCCs Added (And Others Changed Or Removed)

Gradual Implementation As V24 Is Phased Out

v24
34%

v28
66%

Model Usage In 2024

V28 of the CMS-HCC Risk Adjustment Models introduces several key modifications aimed at improving coding accuracy.

Poll Question

CMS is expecting a 2% revenue correction with V28. How much do you expect your revenue to change?

a. <1%
b. 1-5%
c. 5-10%
d. 10% +
e. I don't know

*Please select one

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Poll Question

How Well is Your Organization Doing at Risk Adjustment?

a. Amazing. We perform better than others in our market

b. Average for our market

c. Below average for our market

d. Well below average with a lot to improve for our market

*Please choose one

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Traditional medical record processes limit success in VBC.

Front Desk

Manual and outdated tasks to obtain medical records.

Risk Adjusters

Delayed and inefficient code capture and review processes.

Clinicians

Overwhelmed when reviewing lengthy, incomplete medical records.

For The Average Payer Or Provider, The Current Medical Records Process Is Completely Broken.

Front Desk

$20

Average cost to send a fax

1.5 hrs

Spent chasing charts per day

Provider

5 hrs

Average time spent previewing patients each week**

10%

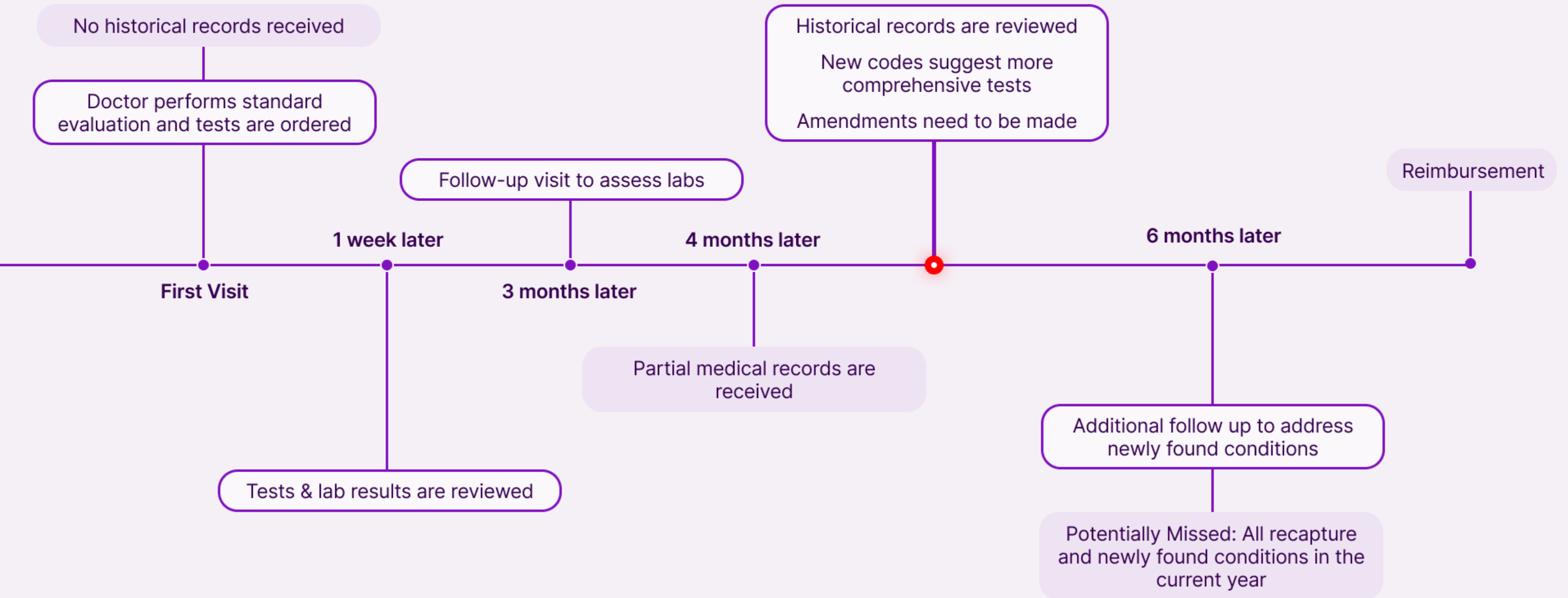Records found prior to first visit

Risk Adjustment

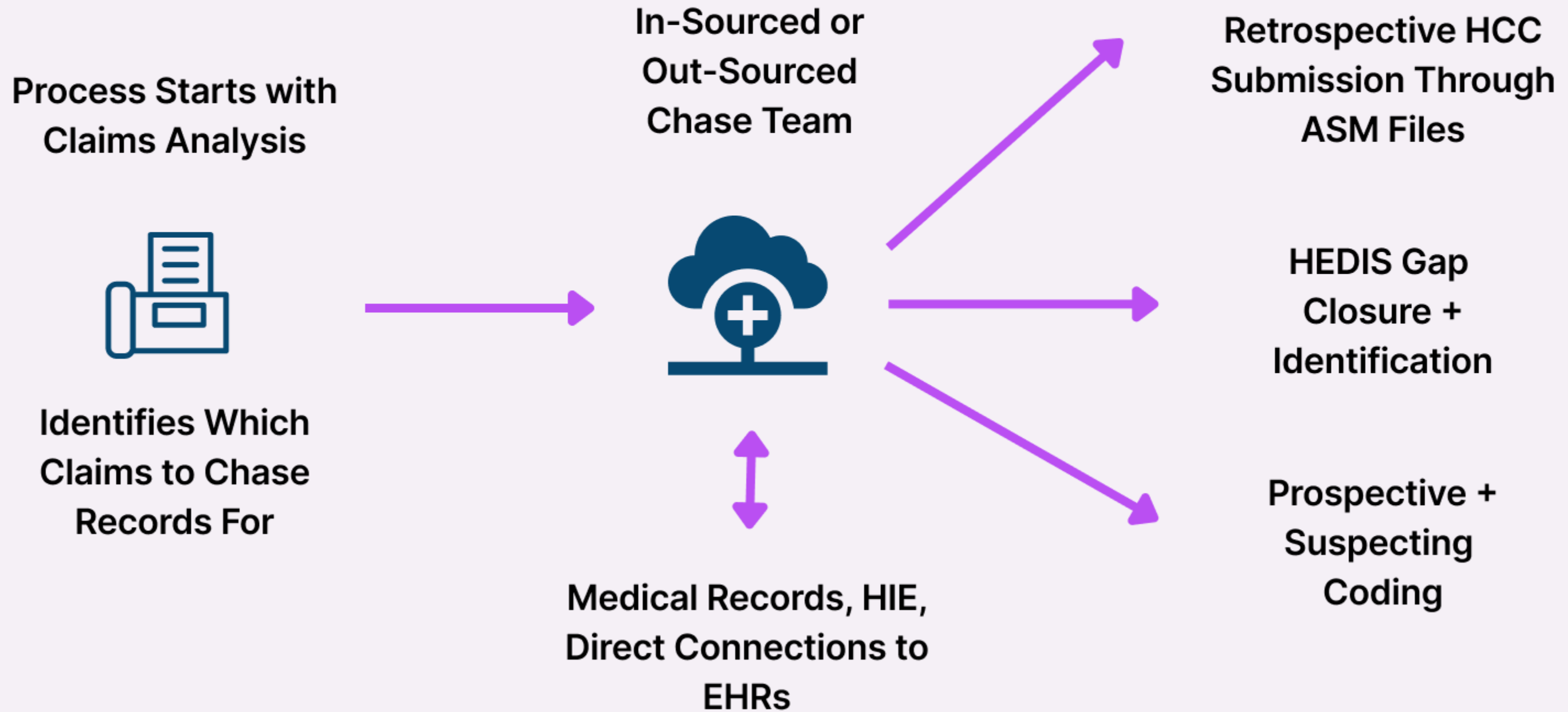**1000+**

Pages of records manually reviewed everyday

25%

Missing reported conditions

** Assumes 5 New Patients Per Week

The Current Process: Delayed coding and incomplete RAF scores.

No historical records received

Doctor performs standard evaluation and tests are ordered

Historical records are reviewed

New codes suggest more comprehensive tests

Amendments need to be made

Follow-up visit to assess labs

Reimbursement

1 week later

4 months later

6 months later

First Visit

3 months later

Partial medical records are received

Tests & lab results are reviewed

Additional follow up to address newly found conditions

Potentially Missed: All recapture and newly found conditions in the current year

Traditional Risk Adjustment Payer Process

Process Starts with Claims Analysis

Identifies Which Claims to Chase Records For

In-Sourced or Out-Sourced Chase Team

Medical Records, HIE, Direct Connections to EHRs

Retrospective HCC Submission Through ASM Files

HEDIS Gap Closure + Identification

Prospective + Suspecting Coding

Poll Question

What Gaps Do You Have in Your Current Risk Adjustment Process?

a. We struggle to get the charts we need for audits
b. We still do everything manually
c. We don't have good tools to analyze claims
d. We struggle to engage with providers to appropriately code members

*Select all that apply

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Poll Question

What Strategies Have You Implemented to Manage Risk Adjustment?

a. Retrospective chart chasing + analysis
b. Suspecting charts with NLP
c. Manual chart audits
d. Point of care tools to share HCC gap data
e. Prospective risk analysis from medical records

*Select all that apply

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How do we arm providers and payers with the data they need to be successful in V28?

Ensure every provider has a complete picture of the patient's medical history

Most accurate documentation to ensure RADV compliance

Help navigate V28 HCC rule changes

How to Prepare Your Organization for HCC V28

Know how common diagnoses map to new ICD-10 codes.

Prioritize provider education.

Identify patients with the greatest opportunity for gap closure and encourage them to book an annual wellness visit.

Begin the risk adjustment process before the patient's visit.

Automate your medical records retrieval and analysis.

The first digitally native, fully integrated medical records platform for VBC providers.

Credo PreDX

PreDx Retrieve

Chart CoPilot   **ChartFast**

PreDx Analyze

HCC CoPilot   **HEDIS CoPilot** (Coming 2024)

EHR

athenahealth   eClinicalWorks   **+ more**

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PreDx is the new model for VBC record retrieval & analysis

Records are processed through AI to find all potential HCC codes

Pushed to EHR

Clinical Information is summarized

Clinic shares patient demographic data of upcoming appointments

PreDx Retrieve pulls records from 85k+ Providers

Clinic or Credo risk adjusters use PreDx Analyze to review records

Provider reviews clinical summary at the point of care

This yields an average 0.3 increase in more accurate and compliant RAF lift — an annual $2,000 per patient

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PreDx

Retrieve all outside digital records

Immediate Response

Get patient records in less than 5 minutes – ensuring you always have a clinical history prior to the first patient visit.

No Release of Information

Thanks to the treatment use case, no more ROI's and need for patients to remember their care history.

Seamless Integration

Share your monthly plan roster and we'll take care of the rest.

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Retrieve   Analyze   Review

Updated from plan roster 7 days ago

New Patients

Name		Gender	DOB	Appintment	Status
Dianne	Lane	Female	7/11/19	2 days	3 new records
Arlene	Richards	Female	8/21/15	2 days	12 new records
Ronald	Edwards	Male	6/21/19	2 days	6 new records
Colleen	Richards	Female	12/4/17	3 days	8 new records
Arthur	Fox	Male	5/27/15	3 days	3 new records
Angel	Warren	Male	5/30/14	3 days	42 new records
Eduardo	Hawkins	Male	8/16/13	3 days	32 new records
Cody	Fox	Male	8/2/19	4 days	Processing Records
Shawn	Lane	Male	1/31/14	5 days	Processing Records

PreDx

Analyze & annotate to reduce the clinical noise

Straight to Evidence

Cut out the lengthy white space by annotating the specific clinical context to support HCCs.

Pre-processed with AI

Speed up risk adjustment by leveraging AI to identify all suspective codes. No more missing codes in a sea of documents.

Verified by Experts

Certified risk adjusters and auditors review all codes and evidence before sharing with your providers.

← Montana Jefferson ③   Event (Historical) C.W. Bill Young Dept of VAMC   245.4kb

CBC (AUTO DIFF)

Date/Time	**April 18, 2022 · 12:00am**
Ordering Provider	**Marie Carmel Gouin**
Location	**Bill Young Dept of VAMC** 10000 Bay Pines BLVD Bay Pines, FL 33744-8200
Comments	N/A

Value			Range
WBC	7.0		4.00-10.60
RBC	3.18	H	4.23-5.75
HGB	11.3	L	12.8-17.0
HCT	34.9		39.3-50.0
MCV	109.7	H	79.7-99.5
MCH	35.5		25.5-33.6
MCHC	32.4	H	30.9-35.1
PLT	**120**	**L**	**160-410**
RDWSD	53.6		37.1-49.0
MPV	11.5		8.9-12.3
IMM PLT FRACTION	5.9		0.9-11.2
NRBC	0.00	H	0.00-0.12
NRBC	0.0		0.0-0.2
NE	3.76		2.2-7.4
LY	2.30		1.0-3.7
MO	0.74	L	0.3-0.9

D69.6
Thrombocytopenia, unsp

Credo identified this code
patient's lab values

Edit · Mark Inactive · Rem

PreDx

Review a complete clinical picture at the point of care

Relevant Records, Summarized

An aggregated view of clinical info such as recent medications, the latest labs, all conditions, and direct access to disease evidence.

Complete Control

Providers dictate what's added to their patient chart.

Fully Integrated

Original Documents, HCC & ICD-10 codes directly pushed to a patient's chart.

athenahealth

eClinicalWorks

Exam: MR Cervical Spine
Date: 07/25/2019   9:32 AM
Reason: Cervicalgia

FINAL REPORT

MRI OF THE CERVICAL SPINE WITHOUT CONT

CLINICAL STATEMENT: Cervical radiculopathy

COMPARISON: 12/13/18

TECHNIQUE: Routine MRI pulse sequences were

FINDINGS: Cervical vertebral body heights are ma
discs are relatively desiccated. Mild-to-moderate C
space narrowing. No intrinsic cervical cord or crani
findings.

C2-3: Moderate left and mild right facet arthritis.

C3-4: Mild diffuse disc bulge. Small-to-moderate
Mild left and moderate right facet arthritis. Modera
foraminal stenosis.

C4-5: Mild left facet arthritis.

C5-6: Posterior endplate hypertrophy and posterior annular osteophyte formation better seen on CT. There is bulky right and moderate left uncovertebral hypertrophy. Severe right and moderate-to-severe left foraminal stenoses and moderate spinal stenosis with effacement of the anterior cervical cord. Mild ligamentum flavum thickening also contributes.

C6-7: Moderate   uncovertebral hypertrophy left greater than rig   ing and at least moderate spinal stenosis with fla
moderate right fora

C7-T1: 1.3 cm left f

The documents accompan
individual or entity named
recipent or the employee   d only for the use of the
prohibited. PLEASE NOT   are neither the intended
                                                               ATION IN ERROR.

Medications

Medication	Dispensed
atorvastatin (LIPITOR) 20 m... Take 20 mg by mouth nightly. Default ...	–
metFORMIN (GLUCOPHAGE)... Take 500 mg by mouth 2 (two) times ...	–
azithromycin (ZITHROMAX) 5... Take 1 tablet (500 mg total) by mouth ...	7 table
ciprofloxacin (Cipro) 500 MG ... Take 1 tablet (500 mg total) by mouth ...	14 tablet
guaiFENesin (MUCINEX) 600 ... Take 1 tablet (600 mg total) by mouth ...	60 tablet
oxycodone Take 1 tablet (20 mg total) by mouth ...	30 tablet

G95.20
Unspecified cord compression

Add to assessment   Dismiss

Review Complete

Montana Jefferson

- 3 Suspective HCC Codes
- 5 Confirmed HCC codes
- 12 conditions
- 19 Medications
- Lab Results: 1mo old
- 7 procedures
- 12 referrals

Pre-Populate Encounter Note

Wakely Validated Case Study

266 of **270**
Patients Received Records

98.5%
Retrieval Rate

19,416
Total Records

71+
Average # Of Records
Per Patient

244 of **270**
Patients With Suspect HCC Codes

v24
.445

v28
.286

Average HCC Value Found
Per Patient

PreDx would also drive bottom-line savings by reducing staff time on faxing records and coding review

** Full Report of audited results available from Wakely

Proven Value for Value-Based Care Organizations

"Working with Credo has transformed our practice. We improved our ability to engage providers through their actionable HCC summaries and supporting documentation that ensure conditions are assessed and coded appropriately."

Logan Steele, VP of Operations

PHYSICIAN CARE CENTERS

60+ Providers
30+ Locations
Operating in Florida, Georgia & South Carolina

Results from Working with Credo:

- 1-2 hours saved on chart chasing (per clinic, per doctor)

- 100% of conditions documented on the first visit

- 15% increase in RAF scores

- Improved quality of care, starting from the first visit

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Have Questions?
Please ask them using the Q&A feature

credohealth.com

info@credohealth.com

Stop by Our VBCExhibitHall Virtual Booth

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Thank You!
For more information, contact us at:

credohealth.com

info@credohealth.com