





VBCExhibitHall
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Educational Webinar Series

An HCC V28 State of the Union: The Key to Excelling at VBC in 2024


We're Two Months into the V28 Transition: **How Has it Gone So Far?**

 29 HCCs have been added (and others changed or removed)

 Prioritization of certain HCC codes has shifted

 2000+ ICD-10 codes are being removed, so it's vital to code for all diagnoses

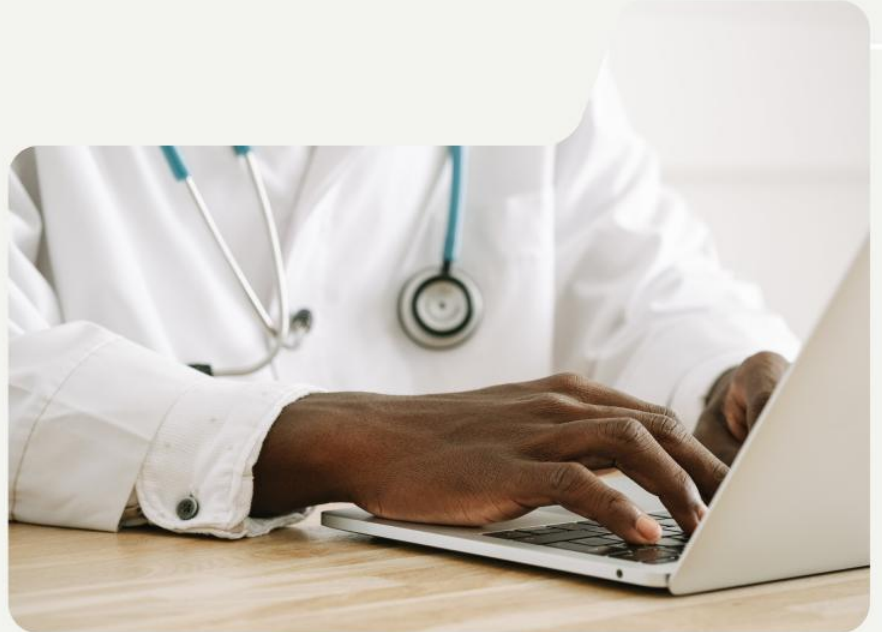
 We've seen revenue adjustments anywhere from 5-23%

 Many organizations are still calculating impact

Poll Question

How confident are you feeling in your organization's ability to financially succeed under V28?

- A. I do not think we'll financially succeed.
- B. I expect some revenue correction but feel prepared.
- C. I think we'll do even better under V28.
- D. I'm not sure.



3 Issues Limiting **VBC** **Success** in 2024



**Outdated/Paper-Based
Risk Adjustment
Processes**



**Absence of a
Comprehensive Risk
Adjustment Strategy**



**Lack of Integrations
Supporting Providers at
the Point of Care**

For the average VBC organization, the current risk adjustment process is **completely outdated.**

Front Desk

1.5hrs

Spent chasing charts per day

\$20

Average cost to send a fax

Provider

5hrs

Average time spent previewing patients each week*

10%

Records found prior to first visit

Risk Adjustment

0pgs

Of charts reviewed before the first visit

25%

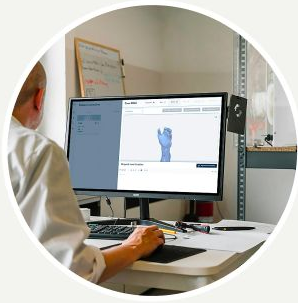
Missing reported conditions

The old way **isn't working** under V28



Front Desk

Manual, outdated tasks to obtain medical records hinder risk adjustment efforts.



Risk Adjusters

Outdated claims lead to delayed and inaccurate risk adjustment.



Clinicians

Multiple diagnosis and quality gap solutions leave providers overwhelmed.



Technology

Paper and portals are still the dominant solutions.

Poll Question

What is your VBC population growth strategy for 2024?

- A. We plan to shrink our population.
- B. We plan to stay steady state.
- C. We plan on growing through affiliate relationships only.
- D. We plan to grow through acquisition of net new or distressed practices.



Administrative Inefficiencies Increase **Provider Burnout**

49%

of providers report
feeling burned out in
2024.

62%

say administrative tasks
are the biggest
contributors to burnout.

48%

don't think their
employers recognize
their burnout.

Chart chasing, manual medical record reviews, and coding tasks are some of the leading causes of burnout in providers.

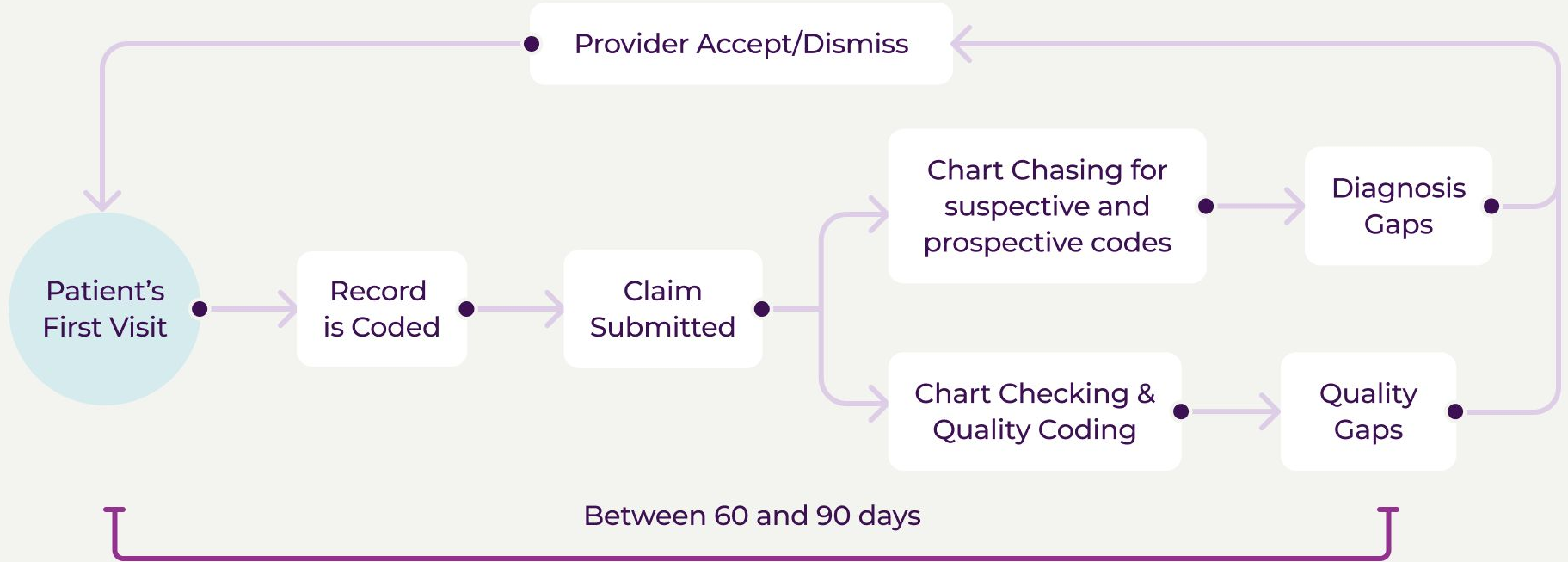
Poll Question

How many hours per day does your staff spend chasing charts and reviewing records?

- A. 0-1 hours per day
- B. 1-3 hours per day
- C. 3-5 hours per day
- D. 5+ hours per day



Traditional Risk Adjustment Provider Process



Introducing Credo PreDx

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

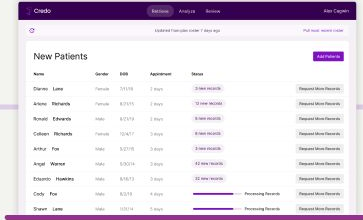


PreDx is the new model for VBC record retrieval & analysis

Clinic shares patient demographic data of upcoming appointments



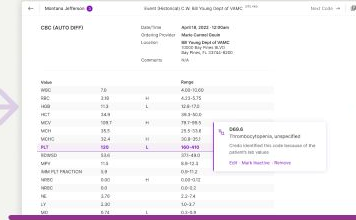
Records are processed through AI to find all potential HCC codes and evidence to close HEDIS Gaps



Name	Gender	DOB	Appointment	Notes
Clara Lee	Female	1/1/19	3 days	Preventative Services
Arline Roberts	Female	8/7/91	2 days	Preventative Services
Ronald Edwards	Male	8/27/91	2 days	Preventative Services
Clara Roberts	Female	12/4/17	3 days	Preventative Services
John Doe	Male	01/18/18	2 days	Preventative Services
April Miller	Female	03/11/18	2 days	Preventative Services
Charles Roberts	Male	04/12/18	2 days	Preventative Services
Carl Lee	Male	04/21/18	4 days	Preventative Services
Steve Lee	Male	10/24/18	2 days	Preventative Services

Records pulled from 100k+ Providers

Clinical information is summarized



Value	Range
HCC	430-500
HCC	4,250-5,000
HCC	10.0-11.0
HCC	100-100.0
HCC	78.7-88.5
HCC	175.0-175.0
HCC	30.0-30.0
HCC	300-400
HCC	200-400
HCC	0-10.0
HCC	0.0-1.0
HCC	0.0-1.0
HCC	2.2-2.4
HCC	10-17
HCC	0.0-0.0

Risk adjusters review records

Provider reviews clinical summary at the point of care



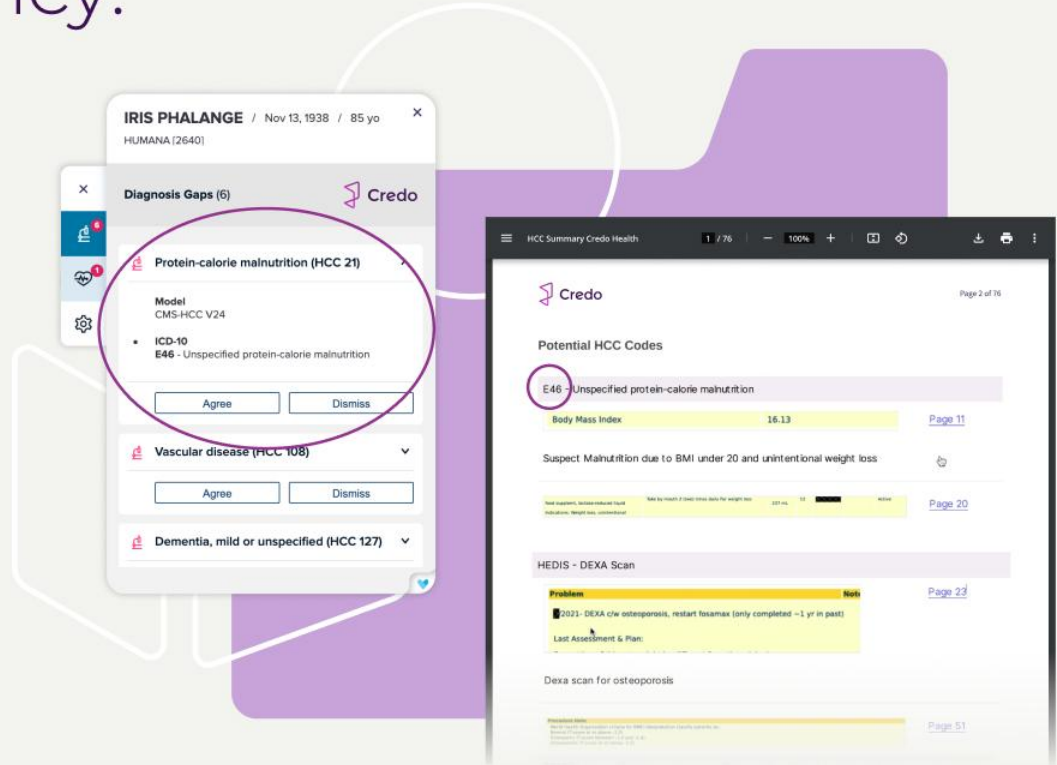
Provider reviews within EHR



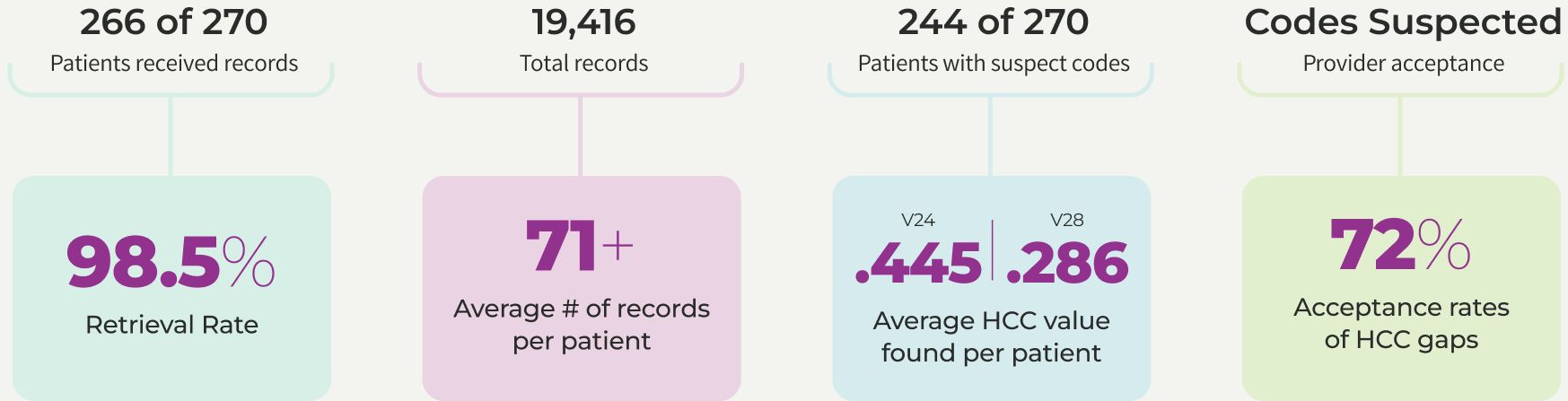
Maximizing Efficiency: Credo + Vim

Transforming clinical data into actionable insights at the point of care - all within the EHR.

- 70% more clinical data collected vs. using EHR alone
- 100% of conditions documented before the first visit
- 72% acceptance rate for diagnosis and care gaps



Client Case Study Results



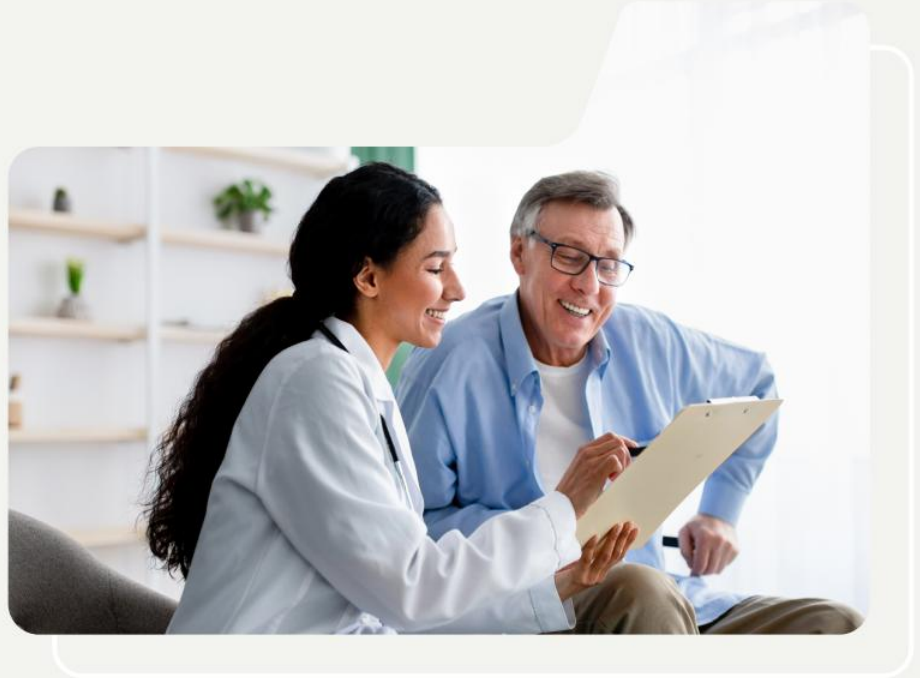
With Credo, eliminate all staff time on faxing records and coding review.

Full report of audited results available from Wakely.

Poll Question

Does your organization have any of the following capabilities?

- A. Digital medical record retrieval
- B. Pre-encounter medical record review
- C. EHR-integrated risk adjustment tools
- D. End-to-end tracking of diagnosis acceptance rates and quality gaps





Credo

Have
Questions?

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feature to ask them now!

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