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VBCExhibitHall.com
Educational Webinar Series

The Missing Layer in Value-Based Care: Turning Performance into Financial Truth

February 26, 2026

Lightbeam
Health Solutions

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Website: www.lightbeamhealth.com

Meet Today's Speakers

Our experience as senior leaders across payers, providers, and value-based programs have shaped our perspectives on what actually works in value-based care.

Rachael Jones
CEO, Syntax Division

COTIVITI **Elevance Health** **healthfirst** Health Insurance for New Yorkers

cognizant

Rachael brings 25 years experience transforming healthcare through strategic leadership, operational oversight, product strategy, P&L management, and data-driven analytics.

Emily Walker
Chief Analytics Officer, Syntax Division

Elevance Health **Geisinger**

Emily Walker brings strong analytical skills with over 20 years of experience. At Elevance, Emily owned end to end design, implementation, monitoring, and reconciliation of alternative payment models across all lines of business and markets.

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Polling Questions

The Industry Reality

Value-based care is no longer experimental, but most organizations are still managing it with tools and processes designed for fee-for-service.

- Value-based contracts are expanding across **Medicare Advantage, Medicaid, and Commercial** with **real downside risk now required, not optional**
- Contract complexity has increased faster than internal capabilities to manage it
- Financial performance is still evaluated **after the performance year**, when it's too late to act
- Organizations are being asked to take on risk **without independent visibility into contract economics or payer calculations**
- Leadership teams are under pressure to grow value-based revenue **without exposing the organization to unmanaged downside**

This is no longer just an analytics challenge — it's a contract design, risk management, and execution problem.

You don't need more dashboards. You need clarity into contract economics before, during, and after performance.

Where Value-Based Care Breaks Down

Many organizations are deeply engaged in value-based care, but lack independent tooling to manage risk with confidence.

- Contract modeling and fee schedule math are managed through manual spreadsheets, making it difficult to scale or stress-test scenarios

- Providers are overly dependent on payer reporting and lack an independent way to validate shared savings or total cost of care calculations

- Limited access to claims data (particularly for providers), restricts transparency and negotiating leverage

- Downside exposure is increasing, including material commercial risk, without clear forward visibility into performance

- Leadership teams need clearer insight into risk reserves, stop-loss strategy, and downside probability

- Complex contract terms, attribution, exclusions, pharmacy treatment, corridors, materially impact economics but are hard to quantify before signing

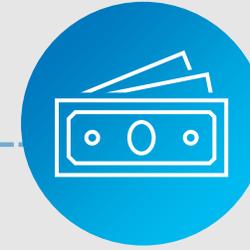# Performance Analytics ≠ Contract Intelligence

Value-based Care Execution Layers

Population Health Analytics

Contract Intelligence & Actuarial Modeling

Performance Monitoring & Financial Outcomes

| The missing layer |

Most organizations can see performance. Very few can translate it into **financial truth.**

Why Syntax for VBC?

Syntax is built to solve today's contracting and risk challenges before contracts are signed, while performance is underway, and when results are reconciled.

Replace Manual Contract Modeling

- Move beyond spreadsheet-driven CPT and fee schedule math

- Model complex payer contracts consistently across Medicare Advantage, Medicaid, and Commercial

- Stress-test scenarios before committing to downside risk

Create an Independent "Source of Truth"

- Validate shared savings, total cost of care, and payer reconciliation calculations

- Establish your own defensible numbers

- Walk into negotiations with confidence and leverage

Manage Downside Risk Proactively

- Forecast performance and downside exposure before the end of the year

- Model risk corridors, probability of loss, and multi-year scenarios

- Identify early warning signals vs. end-of-period surprises

Syntax is not **"another analytics tool."**
It is actuarial intelligence for the full VBC lifecycle.

An End-to-End VBC Operating System

From Contract Design to Performance to Payment

+

*Population health performance
and network optimization*

*Actuarial-grade modeling, negotiation
readiness, and lifecycle management*

One shared foundation across payers and providers

One source of truth. Fewer surprises.

Built for How VBC Actually Operates

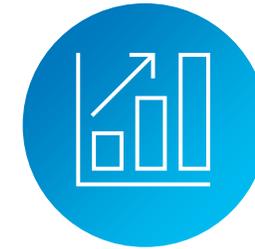**A practical operating flow for value-based contracts**

Model

- Shared savings, risk, quality incentives
- Expected value + downside scenarios

Negotiate & Govern

- Transparent assumptions
- Contract parameters & version control

Monitor

- Real-time performance vs targets
- Earnings potential and risk visibility

Value-Based Contracting Capabilities Matrix

Strategy & Program Design	Contract & Risk Modeling	Data Readiness & Trust	Performance Measurement	Insight → Action Enablement	Financial Reconciliation & Settlement	Incentives, Payments & Sustainability

Market Problem:

"What are we trying to achieve, and with whom?"	"What should this contract look like and is it worth it?"	"Can we agree on the numbers?"	"How are we actually doing?"	"What should we do differently?"	"Did we earn it — and can we prove it?"	"How do we make this work long-term?"

Good looks like:

• Clear VBC goals by line of business (MA, Medicaid, Commercial) • Defined risk appetite (upside-only vs. downside) • Explicit clinical + financial success definitions	• Actuarially credible modeling • Transparent assumptions (attribution, exclusions, benchmarks) • Ability to model multiple contract variants quickly and iterate over time	• Clean attribution logic • Claims + clinical data aligned • Version-controlled, auditable data sources • One source of truth across teams	• Defensible baseline accepted by both sides • Cost, quality, utilization tied to specific VBC terms • Drill-down from population to driver	• Identification of performance drivers • Prioritized intervention opportunities • Ability to simulate impact of clinical or operational changes	• Automated, auditable (defensible) VBC calculations • Reconciliation tied directly to contract logic • Reduced disputes • Shorter close cycles	• Timely incentive visibility • Predictable cash flow for providers • Optional advance payments or infrastructure funding • Reinforcement of desired behaviors

Embedded Expertise – Not External Dependency

Software and advisory work together to extend your internal capabilities without creating long-term reliance on outsourced consulting.

This enables:

- Continuity from strategy → contract design → live performance management

- Faster, more confident decisions during active VBC cycles

- One shared source of truth across contracting, finance, clinical and provider teams.

How Syntax Works with you

Advisory as a Force Multiplier

Syntax's advisory model is collaborative and team-centric, designed to meet you where you are on your VBC journey: from refining existing programs to expanding into more advanced, risk-bearing arrangements.
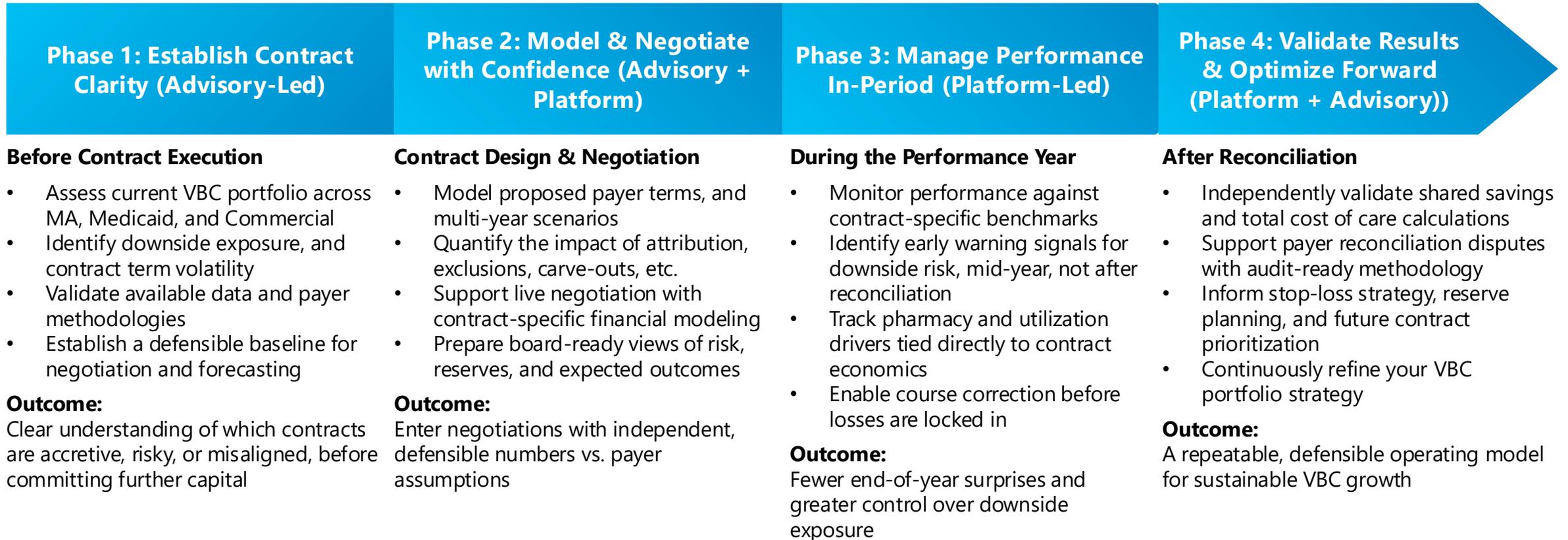
Built for Action, Not Just Insight

Syntax's advisory services reinforce the platform as living infrastructure, helping your teams not only analyze performance, but interpret it, communicate it, and act on it in real time.

Advisory is how the platform translates insight into execution, without slowing you down.

A Phased Approach Built for Risk-Bearing Value-Based Care

Advisory plus platform intentionally sequenced to reduce risk exposure

Phase 1: Establish Contract Clarity (Advisory-Led)	Phase 2: Model & Negotiate with Confidence (Advisory + Platform)	Phase 3: Manage Performance In-Period (Platform-Led)	Phase 4: Validate Results & Optimize Forward (Platform + Advisory))

Before Contract Execution

- Assess current VBC portfolio across MA, Medicaid, and Commercial
- Identify downside exposure, and contract term volatility
- Validate available data and payer methodologies
- Establish a defensible baseline for negotiation and forecasting

Outcome:
Clear understanding of which contracts are accretive, risky, or misaligned, before committing further capital

Contract Design & Negotiation

- Model proposed payer terms, and multi-year scenarios
- Quantify the impact of attribution, exclusions, carve-outs, etc.
- Support live negotiation with contract-specific financial modeling
- Prepare board-ready views of risk, reserves, and expected outcomes

Outcome:
Enter negotiations with independent, defensible numbers vs. payer assumptions

During the Performance Year

- Monitor performance against contract-specific benchmarks
- Identify early warning signals for downside risk, mid-year, not after reconciliation
- Track pharmacy and utilization drivers tied directly to contract economics
- Enable course correction before losses are locked in

Outcome:
Fewer end-of-year surprises and greater control over downside exposure

After Reconciliation

- Independently validate shared savings and total cost of care calculations
- Support payer reconciliation disputes with audit-ready methodology
- Inform stop-loss strategy, reserve planning, and future contract prioritization
- Continuously refine your VBC portfolio strategy

Outcome:
A repeatable, defensible operating model for sustainable VBC growth

Most vendors start at performance reporting.
Syntax starts at contract economics and stays through results.

What Organizations Are Achieving with Lightbeam + Syntax

Organizations reduced negotiation cycles from 3-6 months to under two weeks using transparent modeling and shared assumptions

MCR Health

- Used Syntax's actuarial intelligence to evaluate multiple Medicaid and commercial risk arrangements

- Identified contract structures that improved projected earnings while reducing downside exposure

Gained confidence entering negotiations with transparent, defensible assumptions

PanCare Health

- Clarified payer assumptions and incentive calculations that were previously obscured by fragmented reporting

- Discovered where performance was outperforming payer expectations

Strengthened VBC readiness by aligning finance, quality, and operations around a shared financial view

Brevard Health Alliance

- Leveraged Syntax's actuarial modeling and contract intelligence to support advanced VBC contracting strategy

- Improved contract structure, assumptions, and incentive design across arrangements

Resulted in $26 PMPM growth in value-based care revenue, creating durable, recurring financial impact

Low Friction. Near-Term Value. Built to Scale.

- Start with modeling and negotiation readiness
- Add performance monitoring as needed
- No "big bang" implementation required
- Designed to support today's contracts — and future risk

We start with **clarity.**

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Q&A

For More Information Scan the QR Code *or visit Lightbeamhealth.com*

See us in action:

Presentations:

Scaling Success in Value-Based Contracts with Copilot

Tuesday, March 10 at 2:00 PM

Speaker: Mike Hoxter, Lightbeam
Location: Microsoft Theatre Booth 2812

AI and SDOH Drive 7% ED Reduction at Saint Peter's

Wednesday, March 11 at 3:00 PM
Speaker: Ishani Ved, St. Peter's
Location: Business Operations Pavilion

Meet with us at HIMSS

HIMSS® 26

March 9–12 | Las Vegas

Booth #4053

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