

Navigating the V28 transition: Lessons from the frontline

Presented By:

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Webinar participant tips

- All participant lines are muted. To protect your privacy, you will only see your name and the presenters' names in the participant box.
 - You can submit a question to the presenters at any time during the event, to be answered by the panelists
 - In the Event window, in the Panels drop-down list, select Q&A. Type your question in the Q&A box and click "Send".
 - The chat feature is turned on to enable further conversations among attendees and presenters.

Today's panel



Dana McCalley, MBA

VP Value Based Care
Navina



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with me



Joseph Hafner, CPC, CRC

Vice President of Risk
Adjustment
Upperline Health



Connect
with me



Yair Lewis, MD, PhD

Chief Medical Officer
Navina



Connect
with me

V24 to V28: Why the Shift?

- ICD-9 to ICD-10
- CMS data shows the new model can more accurately predict cost of care of patients.



V28 updates

- ✓
- ✓
- ✓

Poll

Do you have a comprehensive strategy in place for a successful transition to V28?



V28 implementation challenges

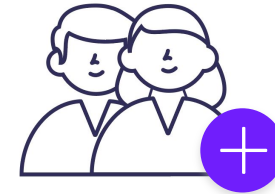


New workflows

- Education
- Systems



Analytics/ Reporting



Forecasting severity of patients

Tell us in the chat

What initiatives are you prioritizing to succeed during the transition and to mitigate its impact?

Engagement: A four-pronged approach



Organizational
engagement



Patient
engagement



Coder
engagement



Provider
engagement

The importance of clinical documentation



Ensuring that all relevant diagnoses are captured and coded



Improved risk adjustment accuracy



Audit readiness with clinical evidence

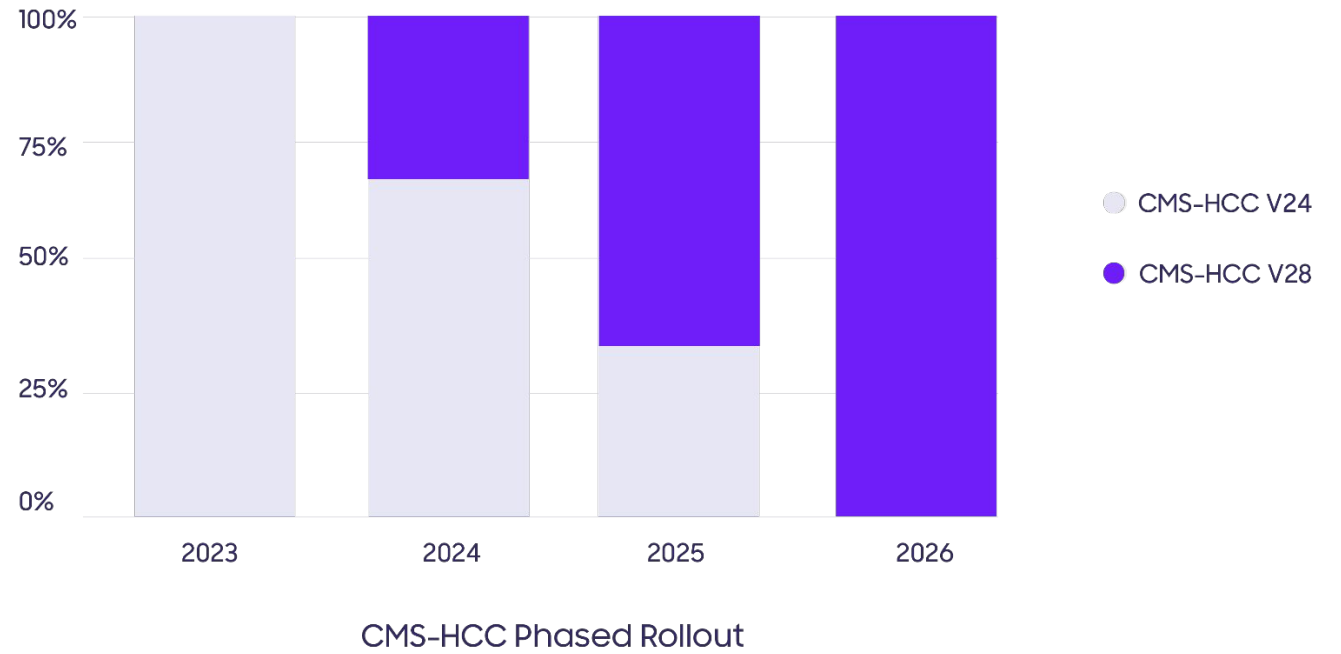
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**Is the RxHCC model on your roadmap
for the next year?**



3-Year Blended Model

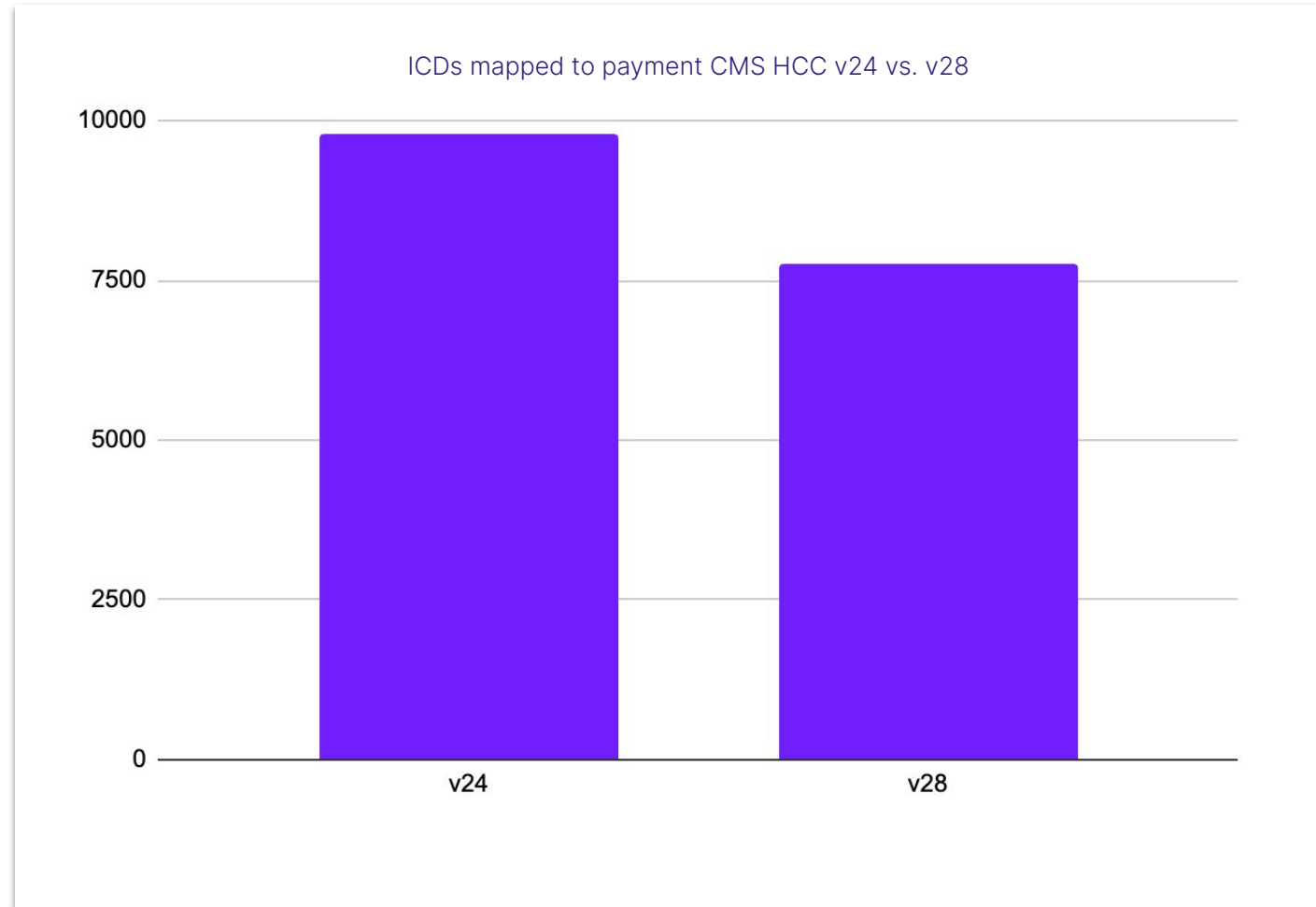
Relative weights of V24 and V28 in HCC-RAF calculation



Poll

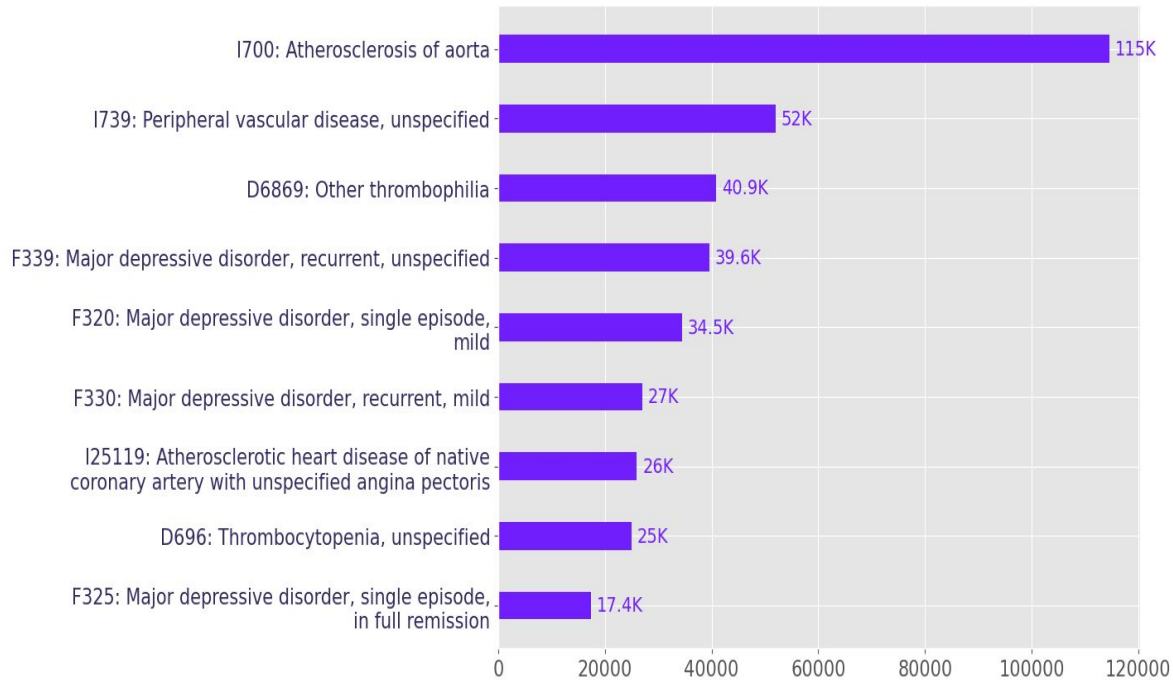
Are you interested in a customized V28 Impact Analysis for your organization?

**CMS HCC v28
reduced the
number of
conditions
carrying HCC
weight**

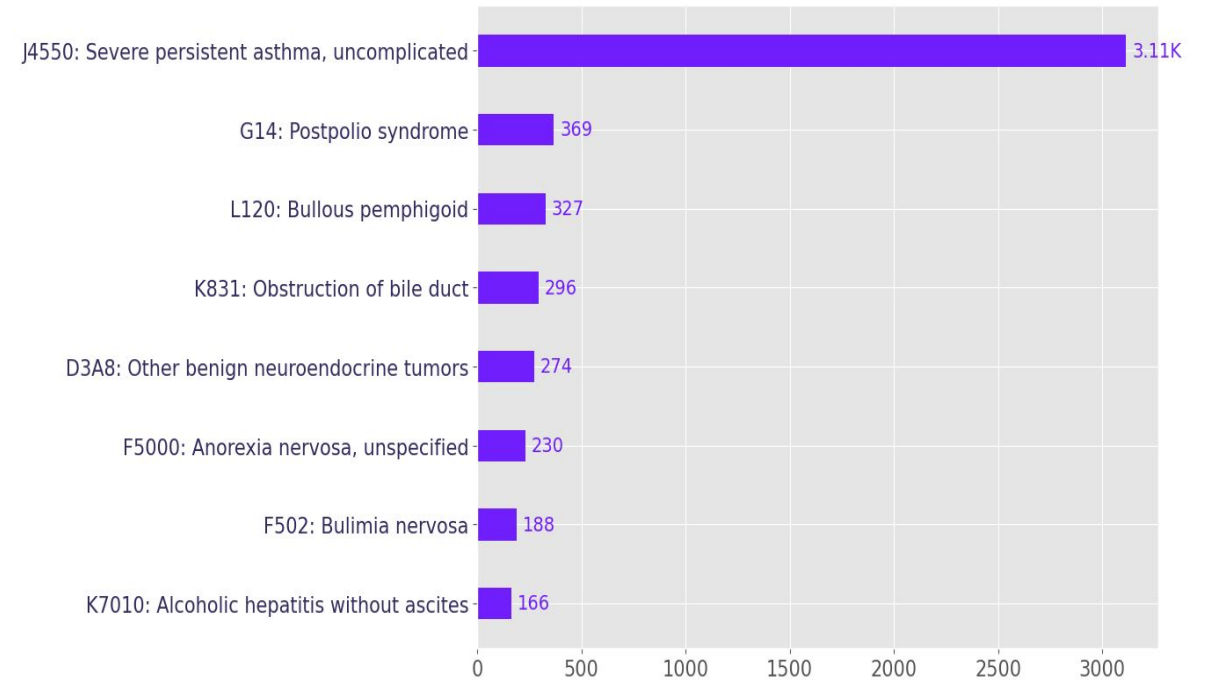


V28 Changes: Most Common Conditions Removed and Added Based on Coding Frequency in 2023

Top conditions removed

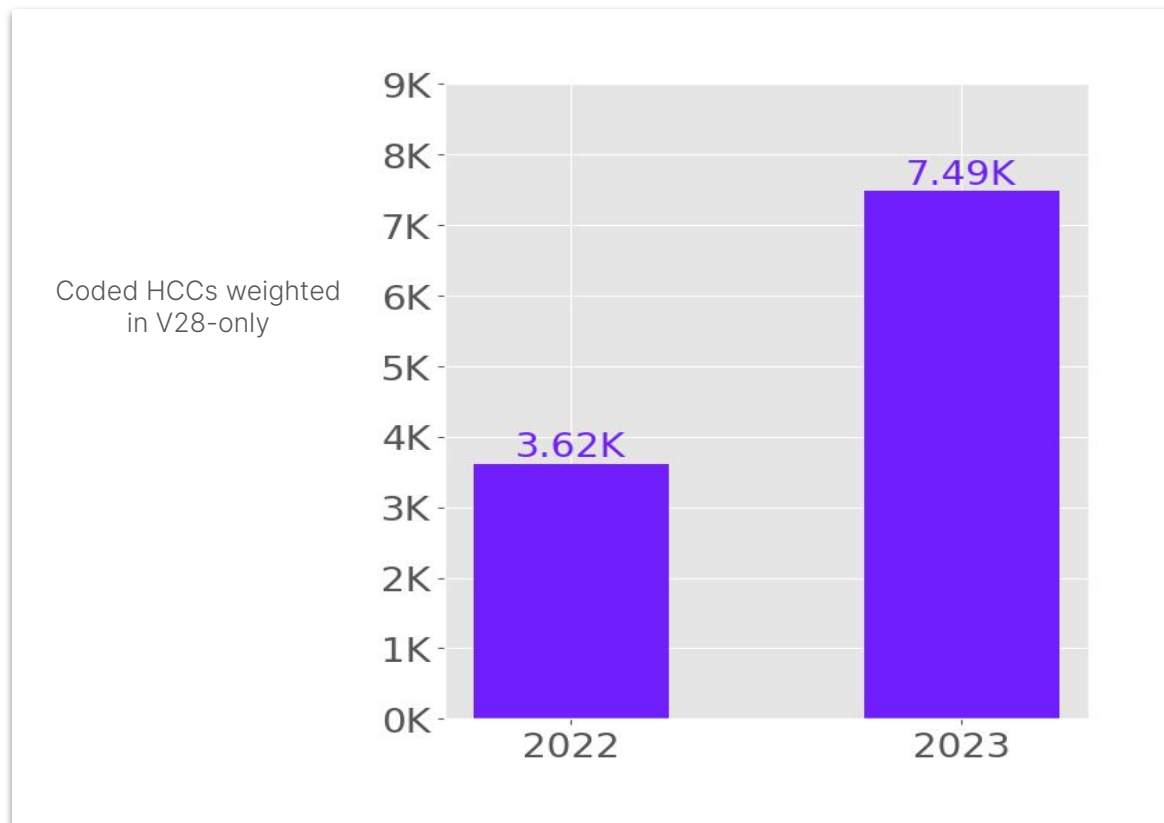


Top conditions added

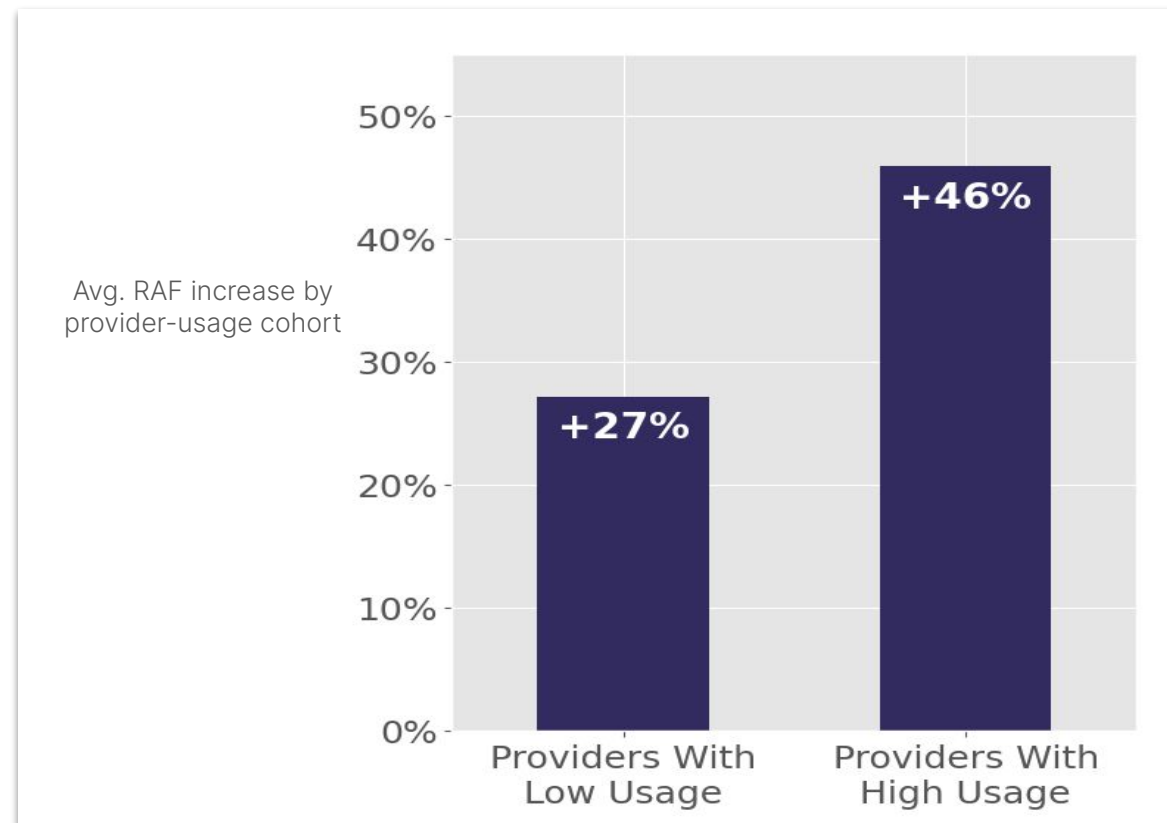


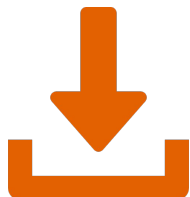
Case study:

Navina helps clinicians code all conditions precisely and accurately - offsetting the impact of v28



Patients had at least 1 visit per year in 2022 and 2023.
Calculated RAF per CMS HCC v28 weights





Download our white paper to learn strategies for a successful transition to V28



or visit:

navina.ai/v28

Strategies to help prepare medical groups for V28:

As medical groups will need to simultaneously operate with V24 and V28 for at least the next three years, it is crucial to invest in technologies that can analyze patient data comprehensively, capture all relevant diagnoses, and make actionable recommendations. Adopting artificial intelligence (AI) platforms and fostering

The following strategies can help medical groups take a proactive approach to navigating the regulatory changes effectively.

1

Advocate for investment in comprehensive patient record analysis technologies:

Medical groups should invest in technologies that

2

Future-proof your group by adopting Artificial Intelligence for immediate success:

Advanced technologies, such as AI can quickly assess and learn the changes associated with and generate insights appropriate to the new. Medical groups leveraging platforms with capable AI, such as Navina, will be able to rely capture and code patients' diagnoses using the appropriate companion codes such as ICD-2 diabetes mellitus with diabetic chronic disease (E11.22) and chronic kidney disease, stage 3a (N18.31). The ability to code during the transition period and beyond with confidence will amount to success for medical groups participating in or planning to participate in APHs serving MA patients.

The Impact of HCC V28 on Medical Groups: Strategies for a Successful Transition



The Essence of Primary Care. Advanced by AI.

THANK YOU