

Innovative paths to success in today's MA market

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Webinar participant tips

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- To submit a question to the presenters any time during the event;
- In the Event window, in the Panels drop-down list, select Q & A.
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Agenda

- Introductions
- Today's MA market challenge and opportunities for innovation
- Case study
- What we do and what we've seen
- Steps for success
- Key takeaways
- Q & A

Today's MA market

Current environment

Risk-adjusted revenue (V28, IHAs)

New Stars cut points

Unit rate pressures

Regulatory scrutiny (IHAs, prior auth)

Providers shifting risk back to payers



Payer response

Market withdrawals/Terminating Health System Agreements

Vendor Consolidation

Internal Re-Organizations

Benefit reductions

Member out-of-pocket increases



RISE

Case study: \$1.4 b health system in the NE

For payer	For provider
Over \$4,500/patient revenue	\$1.6 m annual provider incentive
Over 13,000 HCCs captured	\$18m VBC revenue in first 2 years of partnership
Over 85% of all visit results in at least 1 HCC capture	Payer neutral
70% of health system's PCPs chose to use Vatica	7 payer partners: regionals, nationals and Blues
Increased condition coding accuracy (risk adjustment factor improvement)	
\$1,800 avg premium improvement/visit	

Vatica is the bridge between payers and providers

Vatica at a glance



Operating since

2011

Live in 39 states

Health plan partners, including
nationals, regional and Blues

14

2 nationally
recognized awards



HITRUST & SOC 2
certified



Client loyalty and satisfaction

Net promoter score: Excellent (73 NPS)

A Value | **A** Loyalty | **A+** Relationship

Rapid scale (2020-2024)

1.6m sponsored lives

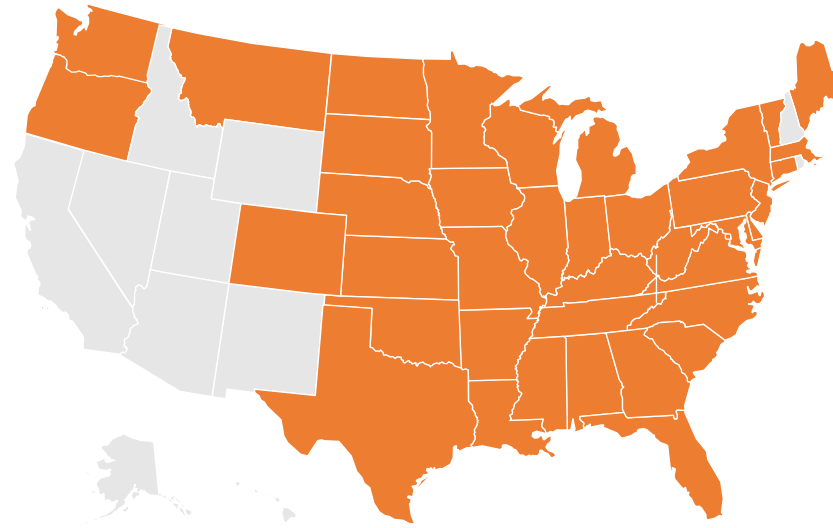
560% approved lives increase

\$240m provider incentive dollars

400%+ signed encounter growth

13,000+ contracted providers (NPIs)

450%+ growth contracted providers



Awards

Best in KLAS Risk Adjustment 2023
and 2024

KLAS Emerging Solutions Top 20
Award

- Reducing cost of care
- Improving the provider experience

KLAS Etech Spotlight Award

Core area of focus in payer world



Provider collaboration strategies to increase margin/member



Efficiency is an overarching goal



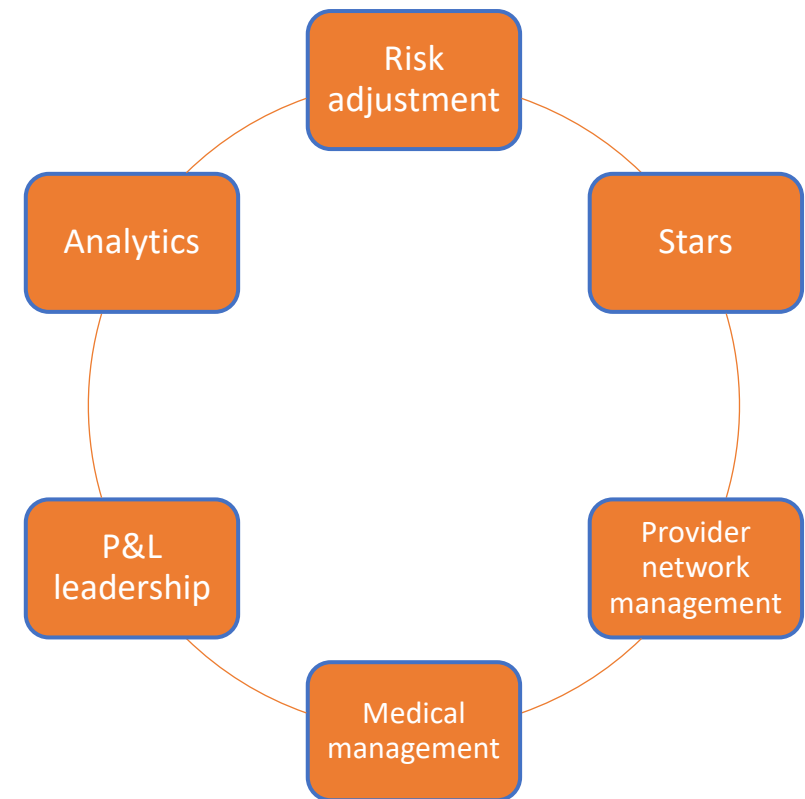
Improve communications among departments to increase number of departments with risk adjustment responsibility



RISE

How to get started

- Strong provider partnerships and engagement more important than ever
- Prioritize which providers to focus on for improved results
- Segment member populations
- Succeeding together is the only way to succeed: Wrap the right support around the arrangement
- Get the right people in the room



Key takeaways

- Accurate coding for risk factors is imperative to payer/provider collaboration (VBC contracting)
- Provider message: accurate risk adjustment ensures appropriate resource for patients. But providers can't do this work without additional resources
- Neutral third party that supports collaborative relationships to build trust between payers and providers
- Build provider trust by communicating clinical benefits

Collaboration improves care quality and access

“Vatica has helped immensely with our quality program and identifying gaps in care. We’ve seen an improvement in risk accuracy of about 10% per patient.”

Thanks to the incentive per completed visit and improvement in RAF accuracy, GPPC was able to hire:

- 2 nurses to assist with transitions of care
- 5 nurses to help patients with chronic conditions
- 2 pharmacists



Richard Charles, MD
Chief medical officer
General Physician, PC

Question and answer session



RISE

THANK YOU



RISE®