

White Paper

**From Fee-for-Service to Value-Based Care:** A Practical Transition Roadmap for Healthcare Leaders



## Executive Summary

There's a quiet tension building in healthcare. The old way of doing things—more visits, more tests, more revenue—no longer adds up. Budgets are tighter. Contracts are shifting. And leaders are being asked to do something far more complex than ever before: improve outcomes while controlling costs.

Maybe you've been staring at performance dashboards filled with numbers but still don't know why your RAF scores are flat. Or maybe you've been wondering if your team is documenting well enough to survive an audit, let alone thrive in a value-based contract. These roadblocks aren't uncommon. A lot of organizations are doing the work and still feeling like they're falling short. The truth is, value-based care (VBC) isn't easy, and the path to transition to it isn't always clear.

But with the right strategy and support, it is possible. And when it begins to work, the payoff is worth it: stronger clinical outcomes, more predictable revenue, and a care model that actually benefits patients and providers. That's what this white paper is all about.

We'll start by breaking down what value-based care really is and why the pressure to adopt it is increasing. Then we'll walk through the benefits, the top challenges leaders face when adopting a VBC model, and a 4-stage roadmap for how to make the transition. Lastly, we'll share GeBBS' own experience offering VBC-focused services along with a real-world case study showing what's possible when everything comes together.

Ultimately, VBC isn't just about payment reform. It's about building a system that's sustainable, equitable, and patient-centered. If your organization wants to be part of that future, there's no better time to start than now.

## What Is Value-Based Care (VBC)?



For years, healthcare reimbursement has followed a simple rule: the more you do, the more you get paid. More tests, more procedures, more visits equals more revenue. But that volume-first mindset has created a system where outcomes often take a back seat to procedures and paperwork.

Instead of rewarding volume, value-based care rewards results. Providers are reimbursed

based on the quality of care they deliver and the outcomes their patients achieve. That means preventive care is prioritized.

At its core, VBC is about doing what's best for the patient while also making the healthcare system more sustainable. Providers are expected to manage chronic conditions, close care gaps, avoid unnecessary hospitalizations, and deliver a better overall experience. And if they do all that well? They share in the savings.

### More Than Just Prevention and Better Outcomes

While preventative care and outcomes are prioritized in a value based system, success also depends on strong collaboration across the care continuum. Primary care physicians, specialists, post-acute providers, and home health teams are incentivized to work together. Why? Because fragmented care is expensive care. When teams aren't aligned, patients fall through the cracks and costs spike.

In a VBC model, painting a full picture of the patient is essential. Risk adjustment is key here. It ensures providers are compensated fairly based on the complexity of the population they serve. If your patient panel includes a high number of chronically ill or high-risk individuals, your reimbursement should reflect that.

So, what makes this shift so significant? Ultimately, VBC is a cultural reset. From leadership to frontline providers, everyone must embrace a new way of thinking—one that values outcomes over output, collaboration over silos, and long-term health over short-term fixes.

## Why the Shift to VBC Matters Now

Value-based care isn't some theoretical shift happening in the distant future. It's already here and accelerating fast. Healthcare costs are spiraling. Chronic conditions are rising. And patients, payers, and policymakers alike are all asking the same question: "How do we make this system work better for less?" Value-based care has emerged as the answer. And the pressure to move in this direction is coming from all sides.



It starts with policy. CMS has made it clear that by 2030, every Medicare beneficiary should be in an accountable care relationship. Commercial payers are also moving in this direction. Shared-risk contracts that reward outcomes over volume are quickly becoming standard. Meanwhile, quality programs like HEDIS and MIPS are evolving fast. What used to be optional checkboxes are now tied directly to reimbursement, which means healthcare leaders can't treat quality tracking as a back-office task anymore.

And let's not forget the patient. Today's healthcare consumers expect more. They want care that's both convenient and personalized. They want to feel empowered. They're not content to be passive recipients of treatment, but instead wish to be active participants in their care journey. That means providers must elevate their performance not just clinically but operationally.

## The Benefits of Value-Based Care for Healthcare Stakeholders

Value-based care is, of course, a win for patients. But when implemented well, it creates a ripple effect that benefits every part of the healthcare ecosystem.

For healthcare organizations, value-based care offers something fee-for-service rarely could—stability. When revenue isn't tied to unpredictable volume but to outcomes, forecasting gets easier. Why? VBC models offer more predictable revenue streams, especially through mechanisms like capitation, bundled payments, and quality-based incentives. VBC also reduces waste through better coordination, which means fewer duplicate tests and less back-and-forth between departments. And when providers consistently deliver quality and efficiency, payers take notice. This leads to stronger relationships and better contract terms.



For providers, the benefits are both professional and personal. Instead of being pressured to squeeze more visits into already-packed schedules, they can focus on managing conditions, building relationships, and guiding long-term outcomes. This shift from less transaction to more transformation can help reduce burnout and improve job satisfaction.



And while we've touched on the benefits for patients, it's worth exploring what that looks like. VBC means a system built around the patient. Instead of fragmented encounters with different doctors who don't communicate, patients get coordinated, continuous care. Instead of waiting until a condition worsens, they get proactive management. Better outcomes and a more streamlined experience. That's the promise.

While the benefits of VBC are real, so are the barriers. And for many organizations, the path forward feels murky.

## Top 5 Challenges Healthcare Leaders Face in the Move to VBC

While there are many challenges when transitioning to value-based care, the five below are among the most difficult to overcome.

### 1. Fragmented Data and Interoperability

Let's start with the elephant in the room: data. Value-based care relies on timely, accurate information across the entire care continuum. But for many organizations, that's still a fantasy. EHRs don't talk to each other. Systems inside the same network may use different coding conventions. And when care happens outside the organization (like at a post-acute facility), that data is often delayed or incomplete. Without consistent, real-time access to clinical and financial data, organizations can't accurately track performance or adjust workflows.

### 2. Risk Adjustment and CDI

Under VBC, fair reimbursement depends on accurately capturing patient complexity. That's what risk adjustment is all about. But too often, coding processes fall short. Chronic conditions get missed and documentation is vague or inconsistent. And when those gaps happen, revenue suffers. Clinical documentation improvement (CDI) programs are critical, not only to ensure that what's coded reflects what's true, but also to educate physicians on how to document more precisely.

### 3. Care Coordination Complexity

While VBC rewards care coordination, aligning multiple providers—across departments, specialties, and facilities— isn't easy. Primary care may be managing a diabetic patient's medications, while cardiology is monitoring related heart conditions and a home health team is tracking follow-ups. If those teams don't communicate, the care plan splinters. And without effective coordination, high-risk patients fall through the cracks and the very outcomes VBC is designed to improve start to decline.

#### 4. Quality Tracking and Analytics Talent

In a value-based environment, reporting is central to reimbursement. But many healthcare organizations still treat analytics as a side function rather than a strategic driver. Dashboards are great, but without people who know how to use them, they're just data displays collecting dust. You need analysts who can dig into raw data, surface patterns, and translate findings into action. You need leaders who can align care delivery with KPIs. Most organizations are still playing catch-up here. They may have access to data, but they lack the internal talent or means to do something meaningful with it.

#### 5. Compliance and Financial Risk Management

Finally, there's the compliance angle. As more money flows through risk-adjusted models, regulatory scrutiny and requirements intensify in the form of audits and increasingly complex documentation standards. What's often overlooked is how vulnerable organizations are when they try to transition to VBC too quickly. Inaccurate documentation or coding can become a liability. That's why organizations need proactive auditing, compliance tracking, and education to avoid being blindsided by regulations.

These challenges are real, but they're not insurmountable. In fact, organizations that succeed in VBC often face the same hurdles. The difference is how they respond and who they bring in to help. That's where the roadmap begins.

## The GeBBS Difference: for Your VBC Journey

Transitioning to value-based care is no doubt a major transformation for your organization. You'll need to rethink how you document, code, communicate, and ultimately deliver care. And that's where GeBBS stands out.

GeBBS supports healthcare organizations at every stage of their VBC journey, from early shared savings pilots to full-scale capitation models. What sets GeBBS apart is the breadth of VBC-focused RCM services, combined with smart technology that brings it all together.



## Comprehensive RCM Support for Value-Based Care

Value-based care impacts every corner of the revenue cycle, and GeBBS supports them all. We take a full-spectrum approach, offering specialized service in risk adjustment, CDI, audits, HIM solutions, and provider education in one connected effort. We bring together the essential services you need (all in one place) to thrive under a VBC model.

What's more, our experts work side by side with your clinical and administrative teams as we integrate our solutions into your existing workflows. Our goal is to ensure every part of the revenue cycle speaks the same language—and that language is value.

## A Tech-Enabled Partner, Not Just a Vendor

In addition to being a service provider, GeBBS is also a technology-enabled partner. Our platforms integrate across the revenue cycle, offering real-time dashboards, custom RAF tracking tools, and advanced analytics that help leadership teams see how they're performing and where to act.

Whether you need to monitor risk scores by provider group or track CDI impact over time, we give you the tools and insight to do it. And because we understand that no two organizations are exactly alike, our solutions are designed to adapt to your needs—whether you're a large health system or a small physician group just beginning the transition.

## Real Results: How GeBBS Helped a Multi-State IDN Succeed in Value-Based Care

Even with the best intentions, some organizations hit a wall. That's what happened to a large integrated delivery network serving more than a million lives across five states. On paper, they were doing everything right—participating in Medicare Advantage, MSSP ACOs, and commercial VBC contracts. But on the ground, performance wasn't meeting expectations.

RAF scores had plateaued, despite a growing population of complex patients, and the organization was consistently underperforming on shared savings targets. To make matters worse, CMS RADV audits had begun flagging documentation deficiencies, adding compliance and financial risk.

What followed wasn't a quick fix. It was a layered approach designed to correct what had been missed, reinforce what mattered most, and build a system that could actually sustain success.

GeBBS began by looking backward. Over 50,000 patient encounters were reviewed, revealing improperly linked diagnosis-treatment documentation and chronic conditions that hadn't been captured. Instead of just flagging errors, GeBBS worked with clinical and compliance teams to submit clean, compliant corrections where possible.

The real shift happened when GeBBS turned its focus to the present. CDI specialists were embedded directly into high-volume clinics, providing live feedback during patient visits. Documentation habits started to shift. Providers were trained to maintain problem lists in real time, link diagnoses clearly to treatment plans, and document complex disease interactions that had previously been overlooked. The goal? To help clinicians tell the full story of the patient's health.

To support these new habits, GeBBS added another layer: visibility. We built a custom RAF tracking dashboard, segmented by site, specialty, and provider. That gave leadership the kind of real-time insight they'd been missing. For the first time, they could see risk scoring trends and where care management resources needed to be reallocated.

**The results of our efforts speak for themselves:**

- ▶ **Coding accuracy rate improved to 98.7%**, reducing audit exposure and restoring confidence in the coding process.
- ▶ **Identified care gaps in 14% of reviewed records**, helping the clinical team close gaps through outreach.
- ▶ Primary care providers **increased documentation capture of key chronic conditions by over 35%** within three months.
- ▶ A 21% Increase in RAF Scores, which translated into **\$6.5M in incremental Medicare Advantage revenue**.

This is the power of doing value-based care right. It's a total transformation that can see your organization and patients flourish.

## Achieve Healthier Finances & Healthier Outcomes with VBC



The road to value-based care isn't easy. It's messy. It's uncertain. And at times, it can feel like you're doing everything right and still falling short. But when clinical practices align with financial strategy, the transformation is unmistakable.



You begin to see it in the rhythm of daily operations. Not all at once, but in small, meaningful shifts. Conversations between teams feel more purposeful, documentation improves, and data starts driving decisions instead of cluttering them. And compliance? It begins to feel like less of a burden and more like a natural part of the treatment process. Most importantly, the care patients receive begins to feel different: more precise, more personal.

As revenue stabilizes and your audit risk drops, your healthcare organization improves as a whole. You start making smarter decisions, faster. And that pressure you've been feeling? It begins to roll off your shoulders.

That's the power of getting value-based care right. When you build a system where clinical excellence and financial performance go hand in hand, you transform not just your organization but the lives of your patients.

*The transition to value-based care is coming. Are you ready to start your journey with a partner who can guide you every step of the way? That's what GeBBS can do for you. Our end-to-end RCM suite offers everything you need to thrive in VBC—from risk adjustment and autonomous coding to audits, HIM workflows, provider training, and smart automation. The result? Stronger RAF scores. Fewer denials. Less audit anxiety. And a care model that rewards quality and efficiency. Ready for the shift? GeBBS helps you make it confidently and seamlessly. Contact us today to learn more.*