

Vim Company Overview

Founded in 2015, Vim connects data to workflow at healthcare's "last mile": within clinical operations at the point of patient care. Health plans, patients, and medical providers of every size – from independent practitioners to integrated delivery systems – use Vim software to connect data and care across the health system. Vim's mission is to power affordable, high-quality health care through seamless connectivity.

Vim Technology

Vim offers a point-of-care connection platform for U.S. healthcare. Its flagship technology, Vim Connect, is a scalable in-EHR provider enablement platform that powers value-based care models and reduces the administrative burden for physicians and care teams by placing relevant data directly at the point of care.

Vim's read-write applications engage providers at the point of care to:



Drive higher value specialist selection and other downstream care with Order Assist



Improve performance on Quality Gaps and Diagnosis Gaps through actionable insights



Reduce administrative burden involved in Prior Authorization through direct payer connections



Streamline other aspects of care delivery such as Eligibility and Patient Health History



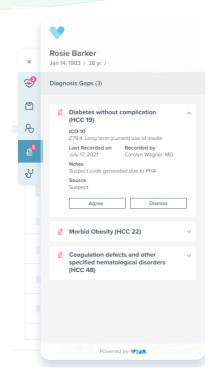
Automate workflows through full read and write capabilities

Learn more about Vim Connect on the pages that follow.



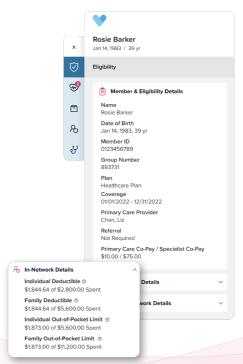
Vim Connect Application Overview

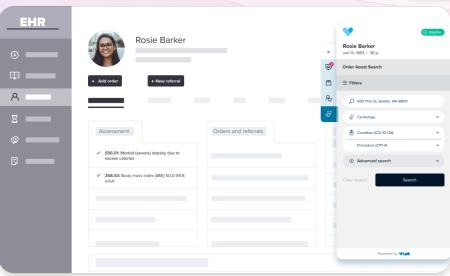
Vim places relevant data directly at the point of care for the following use cases:



Enhanced Eligibility offers at-a-glance confirmation of active insurance eligibility status as well as details on plan design saving pre-visit time and reducing visits to portals or calls to payer contact centers.

Diagnosis Gaps puts payer-sourced suspected diagnoses into EHRs to assist providers in quickly and easily taking appropriate actions for accurate and efficient risk adjustment processes.



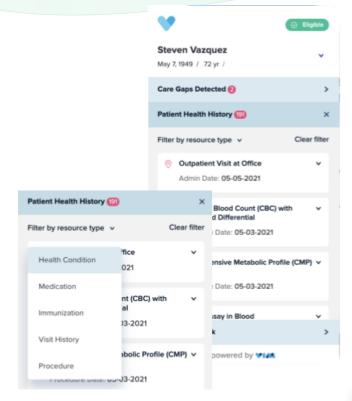


Order Assist helps with the selection of high-performing, in-network referral destinations (specialty physicians, radiology, labs, and ambulatory surgical centers) directly within EHR referral workflows.



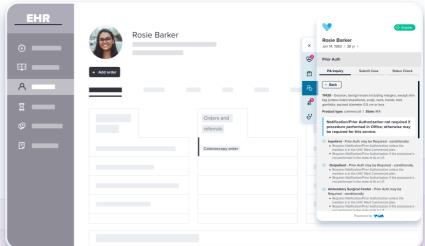
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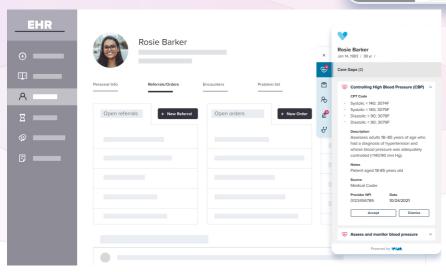
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Patient Health History expands care team awareness of a patient's health journey with payer claims-based data summaries including health conditions, medication, immunizations, visit history, and procedures.

Prior Authorization streamlines prior auth processes through direct connections to payer rulesets and systems. It includes prior auth check with code lookup, case submission, and status check functionality all in one place.





Quality Gaps places quality data, such as HEDIS, directly into EHR workflow for improved gap closure performance at the point of care.