

Keeping Patients Covered

Leveraging Value-Based Care & Medicaid Redetermination

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Topics we'll cover

Connecting Coverage & Care

Why coverage continuity matters

Medicaid Redetermination & Patient Engagement

Why It Matters

Attribution & Outreach

Using data, prioritization, outreach, & follow-up to manage care & support better outcomes

Workflows & Measuring Impact

Bringing teams and workflows together



Journey to Value-Based Care

CMS Innovation Center Strategic Direction

Move Medicare and Medicaid beneficiaries to **accountable care arrangements** with providers who assume **global downside financial risk**.



Success in VBC | The Role of Data

Access to data is *essential* to advancing population health goals and achieving success in value-based care. With data insights, practices can:



Assess performance on priority measures



Simplify reporting to key stakeholders



Derive granular insights on care delivery to identify organizational strengths & opportunities for improvement



Evaluate the impact of interventions on health outcomes for patients



Harness data to tell a compelling story to secure buy-in & advance advocacy



The Medicaid Redetermination Challenge with HR-1 Implications



Constant eligibility reviews

Millions of members face ongoing reviews, more frequent redetermination cycles, and changing work-reporting requirements.



Coverage lost to red tape

Many members lose coverage due to administrative barriers — not actual ineligibility.



Outreach that doesn't scale

Traditional outreach is expensive, hard to scale, and delivers low response rates.



Churn disrupts everyone

Coverage churn creates disruption for members, providers, and health plans alike.



The Challenge

01 WHY IT HAPPENS



Medicaid Redetermination & Churn

Post-Public Health Emergency
unwinding puts millions of enrollees
through renewal cycles each year.

02 WHO IT HITS



When Eligible Patients Lose Coverage

Procedural terminations disenroll
patients who still qualify — often
without their knowing.

03 WHAT IT COSTS



Effects of Coverage Disruption

Delayed care, missed screenings,
gaps in chronic management, and
rising uncompensated care

72% of Medicaid/CHIP disenrollments were for procedural reasons – the burden is on the patient

Learning costs

Knowing if you qualify and how to apply.

Compliance costs

Paperwork, visits, waits, renewal steps.

Psychological costs

Stress, frustration, and stigma.

What is your biggest concern with the implementation of HR-1?



Key Take-aways



Coverage and value are linked

Medicaid Redetermination and Value-Based Care are closely connected



Continuity drives better outcomes

When patients maintain continuous coverage, community health centers can sustain access, strengthen care management, close care gaps, and improve outcomes tied to Value-Based Care initiatives





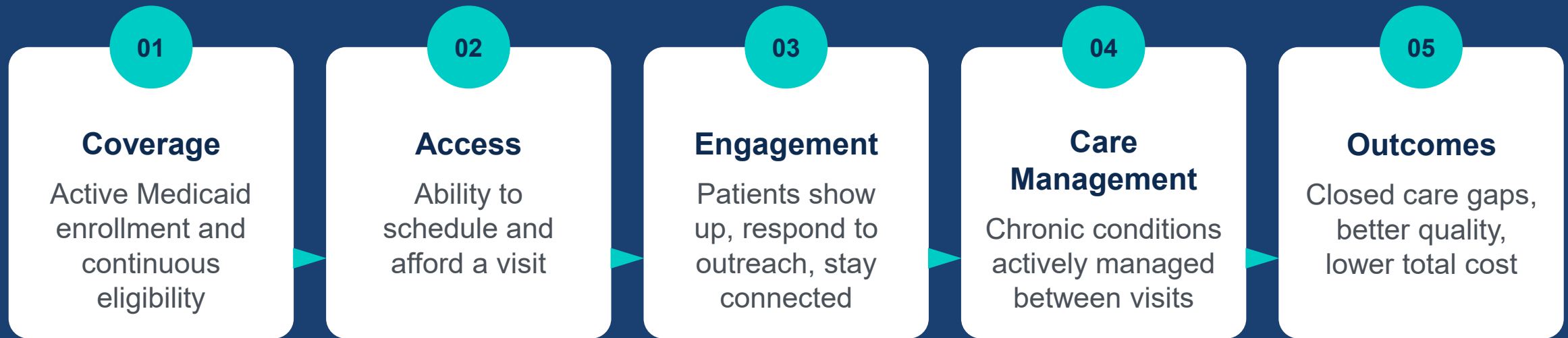
Why It Matters

Keeping Patients Covered: *Connecting Value-Based Care, Population Health, Care Management & Medicaid Redetermination*



The Relationship

Each link depends on the one before it — and coverage is where the chain begins.



Break the first link and the rest weaken: **a lost renewal becomes a missed screening, an open care gap, and an avoidable ED visit.**

Where does your organization see patients falling out of this journey?



Importance of Maintaining Coverage

Continuous coverage is the foundation for eight things health centers are already accountable for:



Continuity
with primary
care



Chronic
disease
management



Preventive
care



Care-gap
closure



Patient
engagement



Reduced
avoidable
utilization



Health equity



Value-based
care
performance

The opportunity is not to treat Medicaid redetermination and value-based care as two separate initiatives. **The opportunity is to connect them.**

Outcomes of Coverage Continuity



The Patient

- Fewer avoidable gaps in coverage
- Easier access to care
- Clearer next steps

Improved health



The Care Teams

- Earlier visibility into risk
- Better coordinated outreach
- Fewer disconnected handoffs

Satisfied and Effective Teams



The Health Centers

- More consistent follow-through
- Better alignment of clinical and operational work
- Stronger foundation for value-based care

Financial stability

Medicaid Enrollment Loss Risk Estimator

Impact of HR1 on Your Organization

See the financial impact of potential Medicaid enrollment losses and the value of Azara Benefit Screening.



Number of Medicaid Lives

Enter the total number of Medicaid patients your organization serves.

800

Update Impact

WHAT IS IT COSTING YOU?

Your Projected Impact*



Projected loss of Medicaid lives

10% estimated enrollment reduction

80

lives



Average Revenue per Covered Life

Based on 3 annual visits at \$225 PPS

\$675



Potential Annual PPS Revenue at Risk

Revenue impact due to enrollment loss

\$54,000



Revenue Retention Opportunity with Azara Benefits Screening

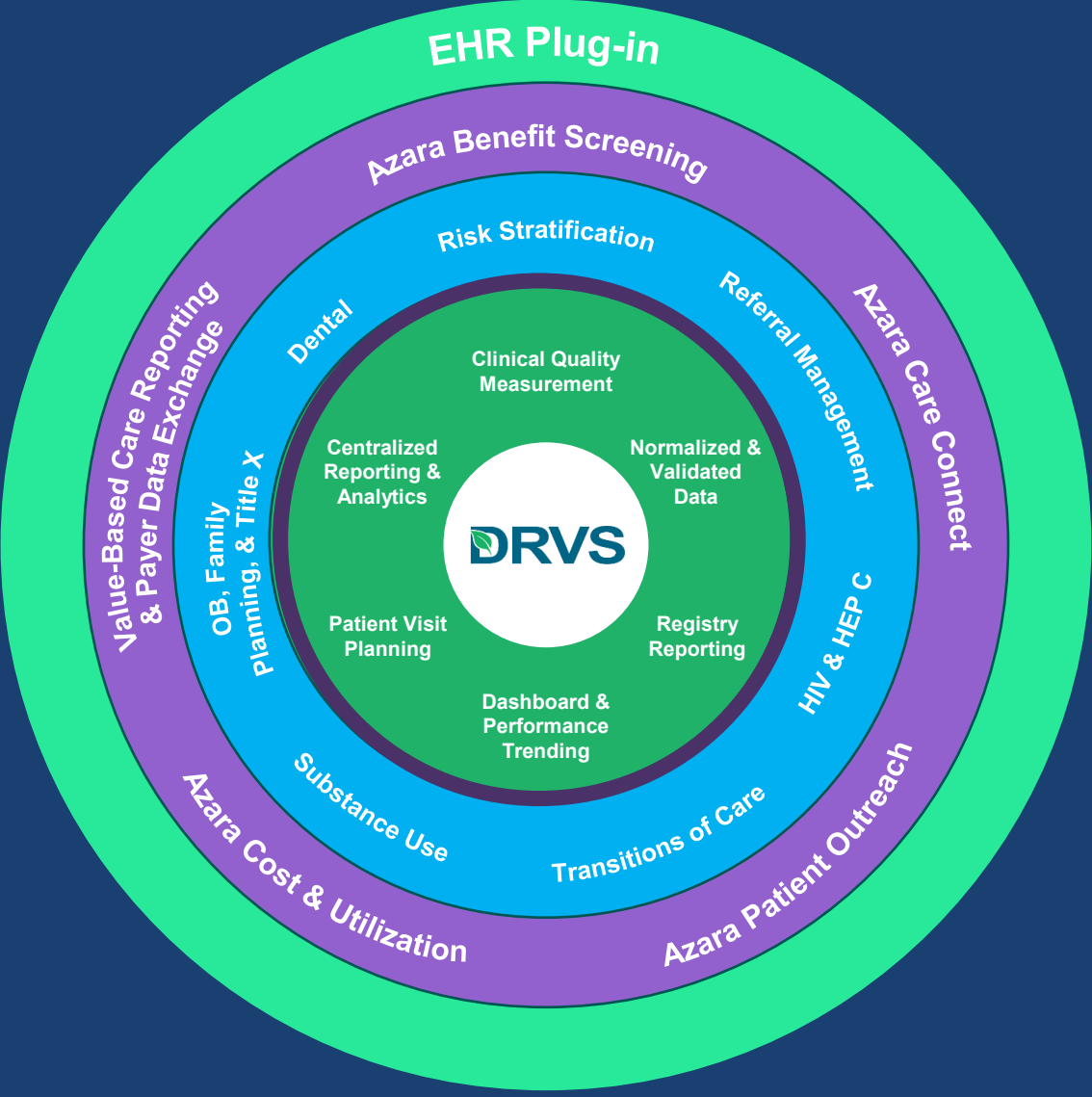
30% projected coverage retention with Azara Benefit Screening

\$16,200

retained revenue

Azara's Solution Suite

Azara DRVS is an AI/ML-enhanced centralized data reporting and analytics solution that facilitates care transformation, drives quality improvement, aids in cost reduction and simplifies mandated reporting



Key Features & Functionality

	Centralized Reporting & Analytics	Comprehensive reporting with multi-level drill down capabilities from network-level to patient detail
	Dashboards & Performance Trending	Provide insight into UDS, HEDIS, managed care contracts and other clinical quality initiatives
	Normalized & Validated Data	Ensure accurate benchmarking, comparative analytics, best practices and adoption monitoring
	Health Equity	Visualize and compare disease burden and SDoH thru a population lens
	Patient Visit Planning	Identify care gaps and provide critical data at the point of care, in advance of patient visits
	Clinical Quality Measurement	Evaluate clinical data with a comprehensive library of clinical quality measures (CQMs)
	Registry Reporting	Track specific populations of patients by chronic disease, co-morbidities and/or health disparities



Provider



Care Coordinator



Chief Medical Officer



VBC / Payer Relations



Clinical Quality Director

Strategic Pillars of VBC Success



Manage Attribution



**Optimize accurate
risk coding**



**Improve quality
performance**



Reduce Costs

Departments executing the work



**VBC
Management**



Operations



**Quality
Department**



**Clinical
Services**



**Care
Management**



**Population
Health**

Unified Data Solution: Integrated EHR, claims, and HIE data.



Redetermination

Screen & Identify



From Coverage to Contract Performance

1

Redetermination keeps patients covered

Every disenrolled patient is a gap in coverage — and a break in the payer relationship that drives your contracts.

2

Coverage drives accurate attribution

Attribution rosters are built from active enrollment. Lost coverage means patients fall off your panel and your denominators shrink.

3

Attribution drives VBC performance

Stable panels mean reliable quality measures, complete risk capture, and shared savings you actually earn.

Redetermination outreach isn't just coverage work —
it's how we protect the attributed panel our value-based contracts are measured on.

How do you manage this work now?

The Redetermination Challenge



Timing

Renewal deadlines can be missed.



Communication

Patients may not understand notices or next steps.



Documentation

Required information can be difficult to obtain.

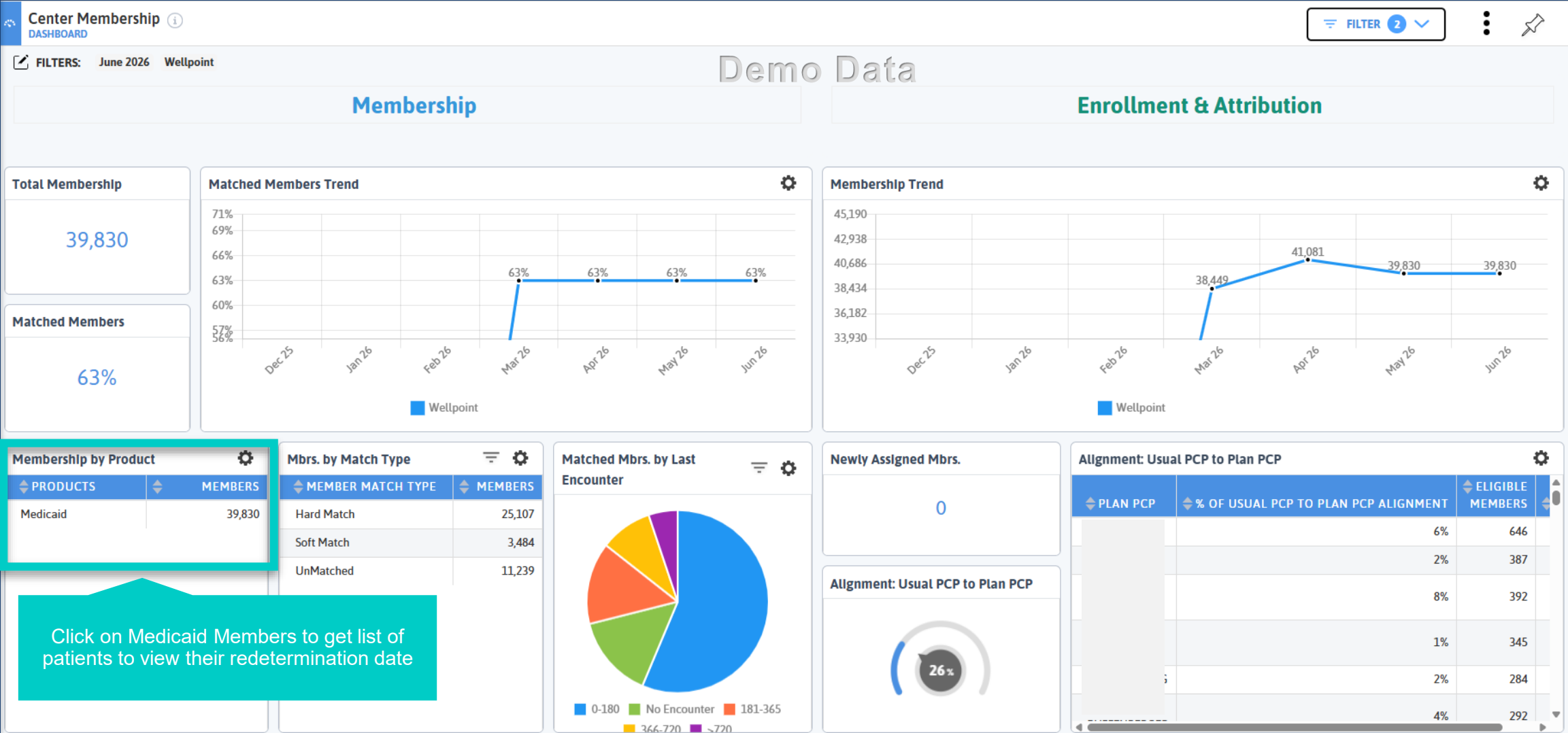


Follow-through

Organizations may not know whether the issue was resolved.

How do you manage this work now?

Insights to Manage Attribution & Redetermination



Member Reporting & Eligibility

Members

REPORT

PERIOD

September 2025

RENDERING PROVIDERS

All Rendering Provid...

PLANS

AZR Health Plan

Demo Data

REPORTS

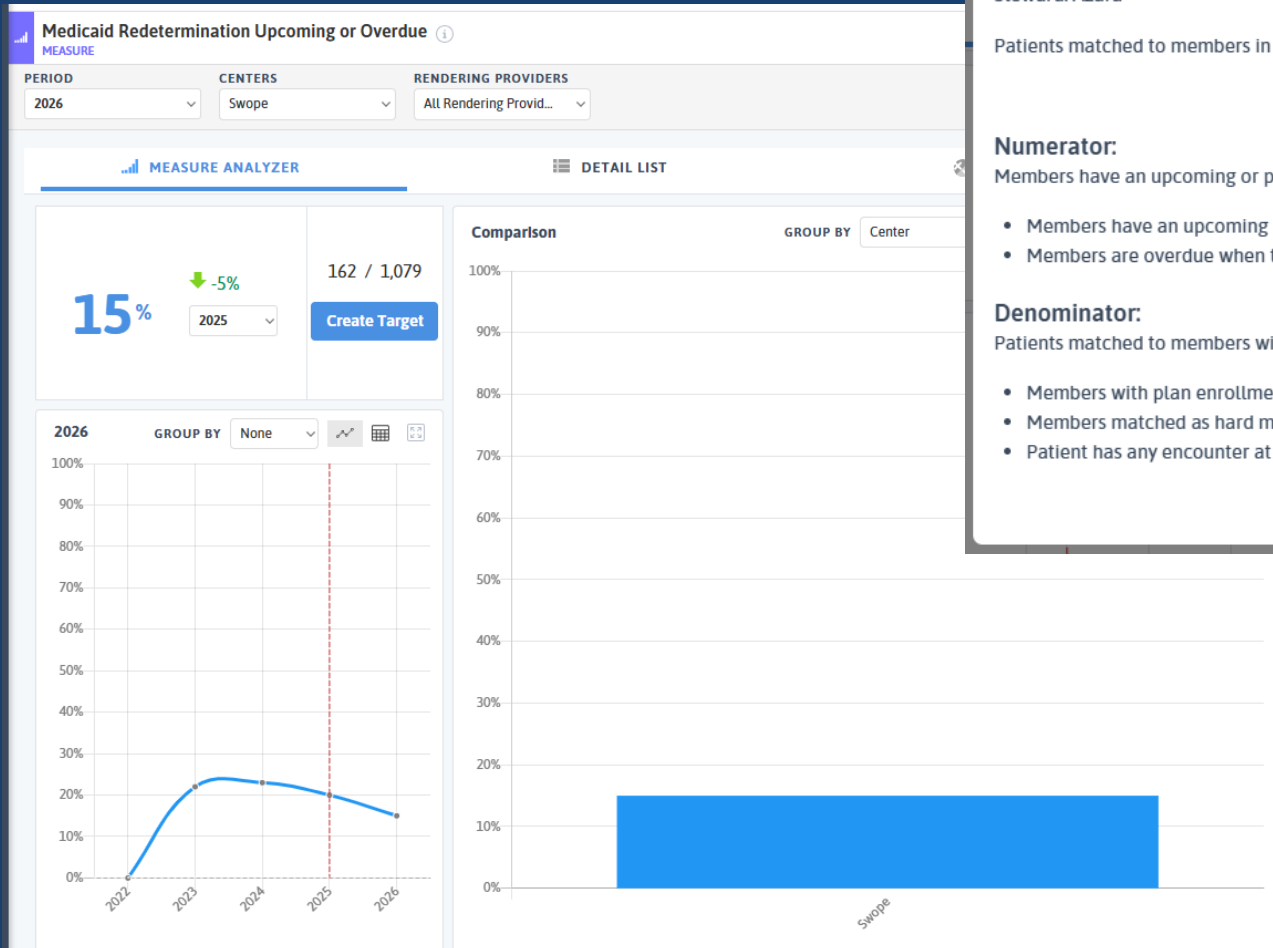
VALUE SETS

Search ...

DEMOGRAPHICS >		MEMBER				ELIGIBILITY		NEXT DETERMINATION DATE	AGE	DOB	AGE GROUP	SEX	LANGUAGE
TIN	NAME	PLAN	NUMBER	MEDICAID NUMBER	MEDICARE NUMBER	START	END						
200001	Hynd, Wally	AZR Health Plan	2432	555	888	6/5/2025	8/8/2026		46	6/30/1979	46-64	M	English
200001	Kukura, Lynn	AZR Health Plan	568	555	888	8/25/2025	6/22/2026	1/31/2026	3	4/13/2022	3-6	M	Spanish
200001	Lummis, Walker	AZR Health Plan	652	555	888	9/6/2025	4/26/2026	3/31/2027	37	7/12/1988	26-45	M	French
200001	Heiro, Lekisha	AZR Health Plan					3/22/2026	10/31/2026	2	3/15/2023	<- 2	F	English
200001	Steuber, Austin	AZR Health Plan					4/19/2026	2/28/2027	38	2/24/1987	26-45	M	English
200001	Gembarowski, Brooks	AZR Health Plan					3/6/2026	10/31/2026	55	7/1/1970	46-64	M	English
200001	Mattock, Andrew	AZR Health Plan						9/30/2026	45	12/21/1979	26-45	M	Portuguese
200001	Lars, Merlin	AZR Health Plan	1062	555	888	6/22/2025	6/11/2026	9/30/2026	2	7/26/2023	<- 2	M	Spanish
200001	Willena, Hamada	AZR Health Plan	3405	555	888	6/23/2025	7/25/2026	7/31/2026	31	3/8/1994	26-45	F	Arabic
200001	Larison, Charlena	AZR Health Plan	3468	555	888	7/4/2025	4/23/2026	12/31/2026	39	7/31/1986	26-45	F	French
200001	Hebner, Josef	AZR Health Plan	1664	555	888	8/1/2025	5/24/2026	1/31/2027	40	8/6/1985	26-45	M	German
200001	Bouvia, Lorrie	AZR Health Plan	1698	555	888	7/9/2025	12/28/2025	2/28/2026	10	8/20/2015	7-17	F	English
200001	Hopperstad, Johnnie	AZR Health Plan	4493	555	888	9/4/2025	11/20/2025	6/30/2026	45	6/28/1980	26-45	M	German
200001	Kemp, Marshall	AZR Health Plan	2050	555	888	9/13/2025	2/5/2026	11/30/2026	25	10/3/1999	18-25	F	English
200001	Baier, Jerald	AZR Health Plan	2073	555	888	8/12/2025	4/10/2026	12/31/2026	71	6/2/1954	65 +	M	English

CHW's can prioritize outreach based on redetermination date.

Know Who's at Risk - Before Coverage Is Lost



Medicaid Redetermination Upcoming or Overdue

Endorser: Azara
Steward: Azara

Patients matched to members in a medicaid plan who have an upcoming or past date for redetermination.

Numerator:
Members have an upcoming or past date for medicaid redetermination

- Members have an upcoming redetermination date within 60 days after the end of the month for the current date
- Members are overdue when the next medicaid redetermination date is in the 60 days before the end date of the end of the month for the current date

Denominator:
Patients matched to members with a medicaid redetermination date

- Members with plan enrollment record with next redetermination date
- Members matched as hard match to patient record
- Patient has any encounter at center in last 3 years

- Instantly identify individuals with upcoming or overdue Medicaid redetermination dates
- Standardized metrics eliminate manual tracking and spreadsheets

Patient Visit Planning (PVP)

FILTER

DATE RANGE
08/31/2026-09/14/2026

RENDERING PROVIDERS
All Rendering Provid...

MRN LIST

ALERT
4 selected

Demo Data

+ Add Filter

Update

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Total Providers: (10)

LAYOUTS
Default PVP

Augustine, Greg
47 Scheduled Appointments

Black, Ronda
38 Scheduled Appointments

8:48 AM Monday, August 31, 2026
Visit Reason: Injury Departure

Mcdole, Wesley
MRN: 1103947
DOB: 11/05/1989 (36)

Sex at Birth: F (He/Him/His)
GI: Transgender Male/ Female-to-Male
SO: Straight (not lesbian or gay)

Phone: 413-092-3006
Lang: Persian
Risk: Low (11)

Portal Access: 03/05/2024

PCP: Doe, Jane
Payer: Medicare
CM: Eric Gunther

DIAGNOSES (3)
CAD
HTN-E
HTN-NE

RISK FACTORS (3)
ANTICOAG
SMI
TOB

SDOH (4)
HISP/LAT
HOMELESS
MIGRANT
RACE

RAF GAP DISEASE GROUPS

ALERT
Pap HPV
Medicaid Redetermination
Anxiety Screen
Depression Screen
SDOH Needs Assessed
Tobacco Scr
BMI
BMI & FU

MESSAGE
Missing
Missing
Due
Overdue
Missing
Overdue
Overdue
Overdue
Overdue

DATE
10/4/26

RESULT

OWNER
Provider

Azara Point of Care Alerts- EHR Plug In

Abernathy, ColbyMRN: 000279887564DOB: 12/18/1996 (29 yrs)CM: Carrie TaylorPLAN: Medicaid

Moderate (12)Medicaid Redetermination

DOCUMENTS:  Care Mgmt Plan  Prenatal Passport 

Demo Data

Alerts 6RAF Gaps 3Referrals 7Care MgmtPlan Care Gaps 4

Alert	Message	Date	Most Recent Result	Alert Owner	Notes
A1c	Overdue	3/27/23	5.4	Provider	
Eye	Overdue	6/22/22	normal	Provider	
Medicaid Redetermination	Due	3/31/2026			
LDL	Overdue	8/28/22	190	RN	
Dental	Missing			Provider	
BP High Stage 1 or 2 No Dx	Missing	6/21/23	Stage 1	RN	

Capabilities:

- Embedded EHR Workflow Integration
- Payer Care Gap Alerts
- Clinical Quality Opportunity Notifications
- Medicaid Redetermination Alerts
- Risk Gaps (Add-on)
 - Recapture with Diagnosis Write-back
 - Risk Suspect Condition Visibility

Benefits:

- Increase visibility of care and risk opportunities at the point of care
- Enable intervention during the patient encounter
- Drive more complete risk and quality capture
- Strengthen care team engagement with priorities



Attribution & Outreach

And VBC Best Practices



Attribution & VBC Best Practices

5 Questions to Ask



Are all (or nearly all) payer rosters integrated into a population health platform?



Are processes in place to maintain accurate patient assignments and reconcile discrepancies with health plans?



Is Attribution data used to stratify and prioritize outreach to unmatched members?



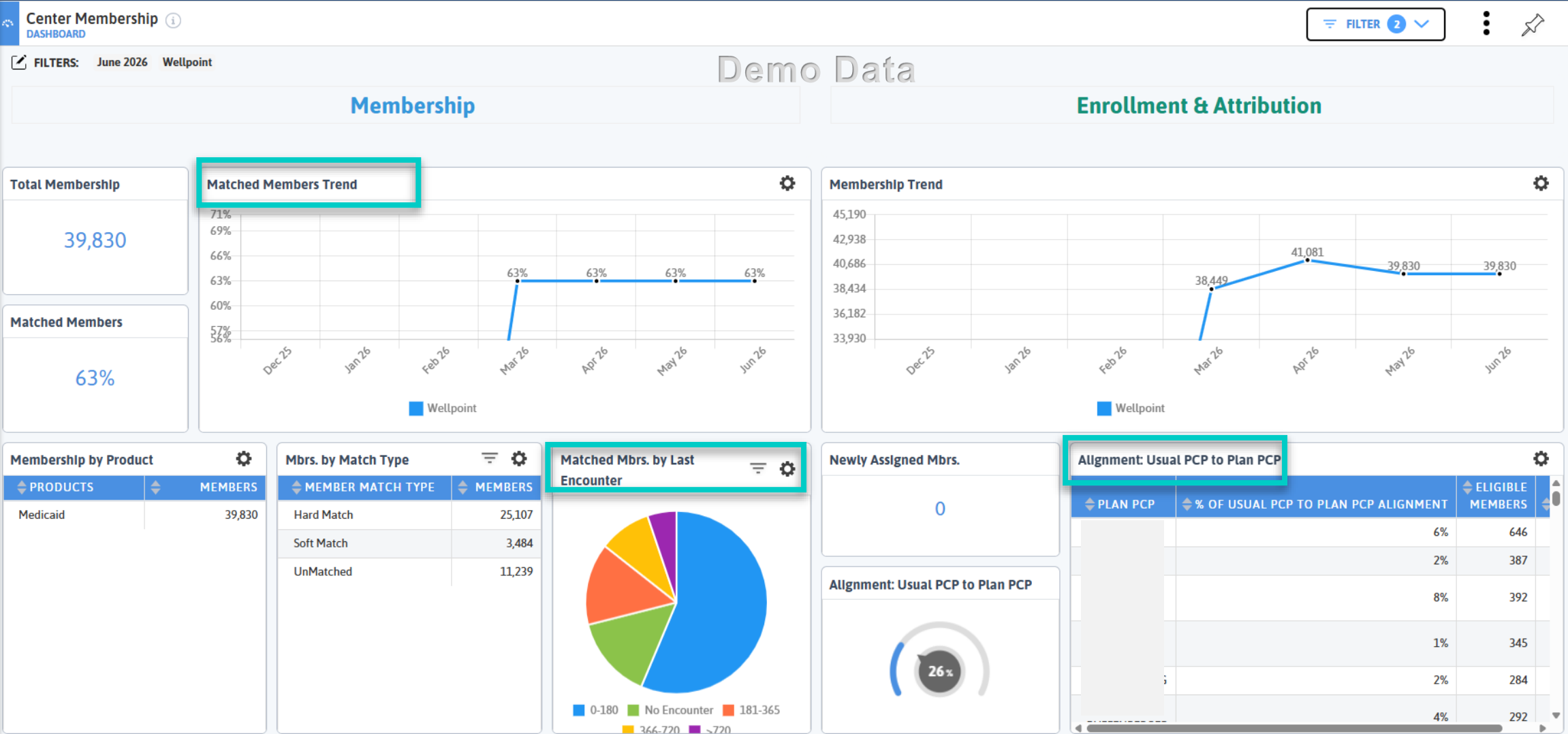
Is Outreach to unmatched members automated where possible?



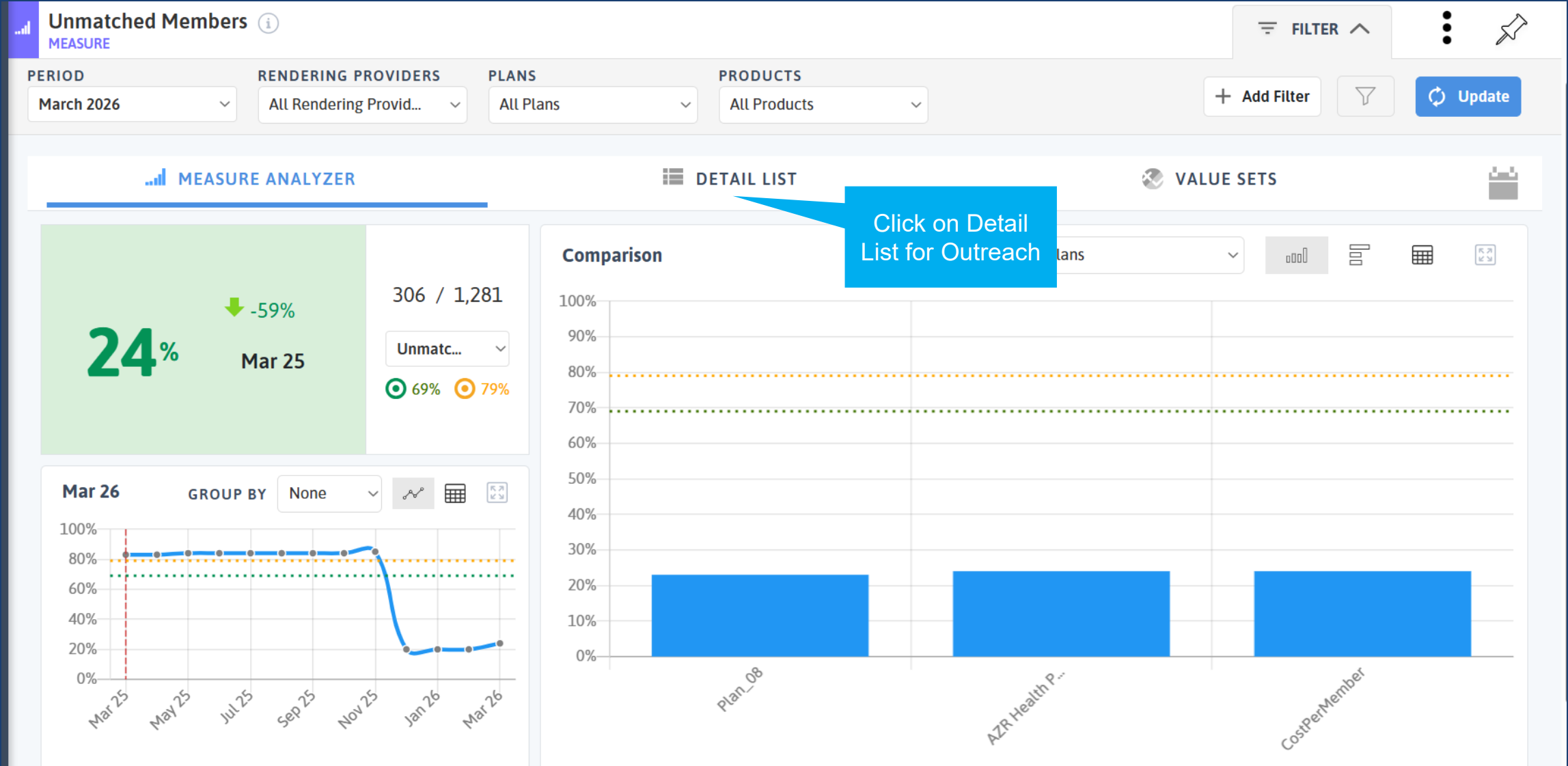
Are Outreach activities and match rate trends routinely monitored?



Insights to Manage Attribution & Redetermination



Attribution | Unmatched Members Measure



Unmatched Members | Outreach

Unmatched Members

MEASURE

PERIOD

March 2026

RENDERING PROVIDERS

All Rendering Provid...

PLANS

All Plans

PRODUCTS

All Products

Download list for outreach activities

Export Excel

Export CSV

Create Cohort

MEASURE ANALYZER

DETAIL LIST

VALUE SET

Search Patients ...

All

Num

MEMBER										
MRN	PLAN	PRODUCT	NUMBER	LAST NAME	FIRST NAME	SEX	DOB	ADDRESS	CITY	STATE
	CostPerMember	Medicare	3098	Brady	Harkley	M	4/13/2010	63 Oak St.	Fairfield	NH
	CostPerMember	Medicare	3105	Veldkamp	Gilberto	M	9/14/1986	180 North St.	Milford	MA
	AZR Health Plan	Medicare	3106	Zam	Leonard	M	1/22/2005	763 Park St.	Burlington	MA
	CostPerMember	Medicaid	3144	Vermilyea	Terence	M	3/30/2022	3 East St.	Ashland	MA
	AZR Health Plan	Medicare	3148	Zavesky	Maximo	M	6/23/1969	39 Fourth St.	Dover	MA
	Plan_08	Commercial	3149	Yozzo	Lilli	F	10/26/2022	229 East St.	Dover	NH

1 to 6 of 306

Page 1 of 51

Demo Data

Prioritize Outreach Methods



Unmatched Members



Unengaged Members

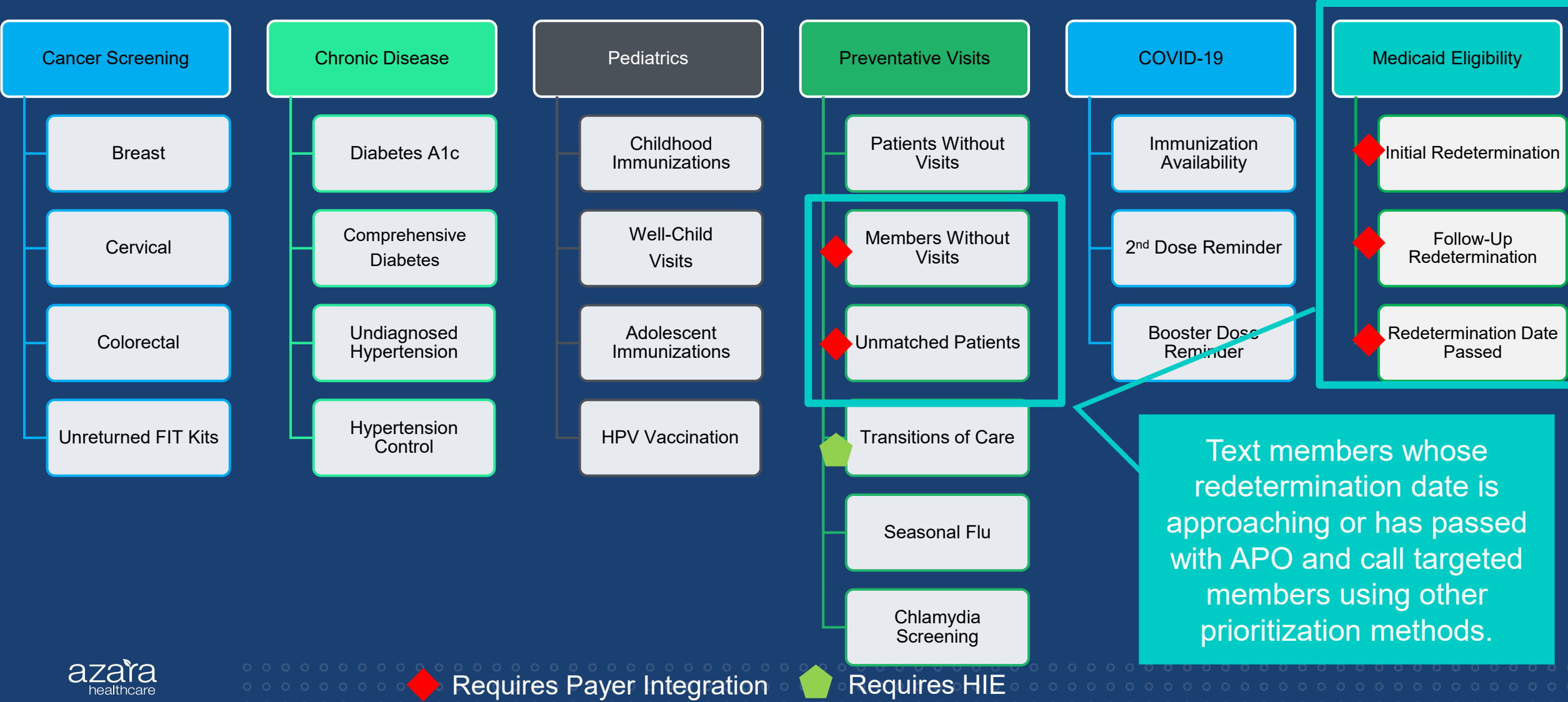


At risk for loss of coverage

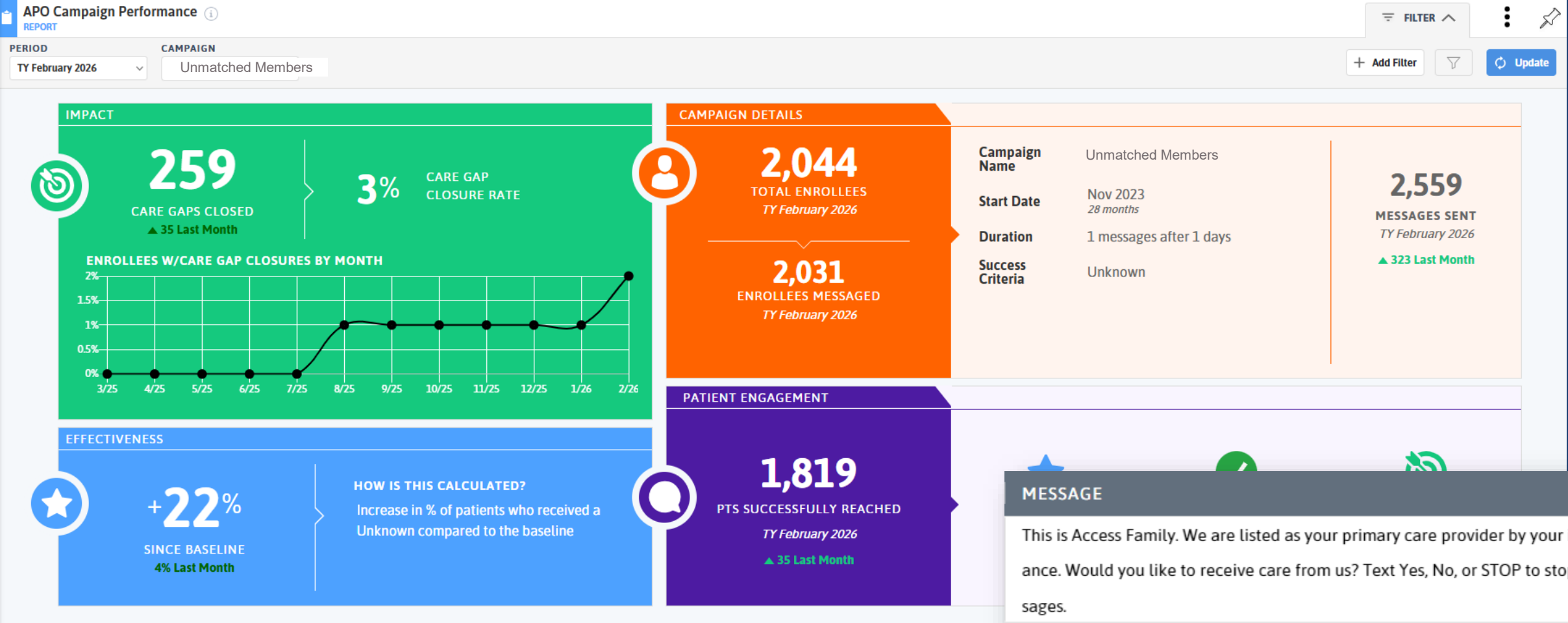


Azara Patient Outreach | Redetermination

Create consistency in outreach and engagement



Unmatched Members | Automate Outreach



azara
healthcare



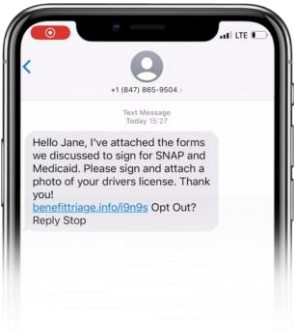
ADVOCATIA
an azara healthcare company



End-to-End Enrollment Platform



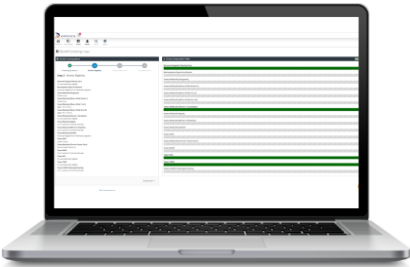
Benefit Screening empowers staff and members to engage, connect, and enroll in benefit programs.



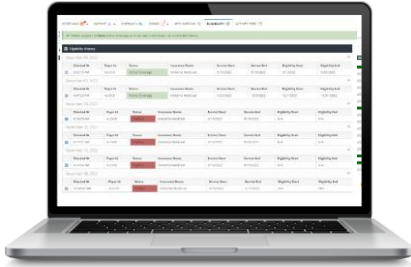
Text Message Engagement



Self- Service



Benefit Screening



Medicaid Verification



Data Ingestion
(DRVS, EMR,
.csv)



Screening
Algorithm for
multiple program
placement



Automated
Outreach
Campaign



Self-Service



E-Sign



Electronic
Document
Capture



Automatic
Application Fill



Medicaid
Coverage
Determinations

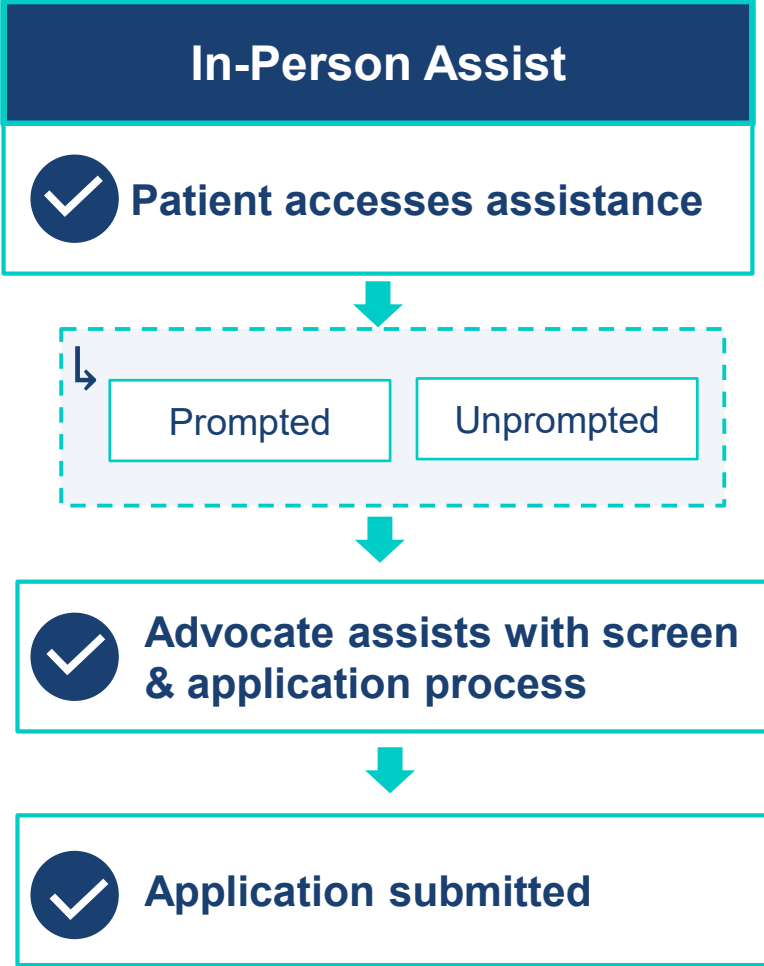
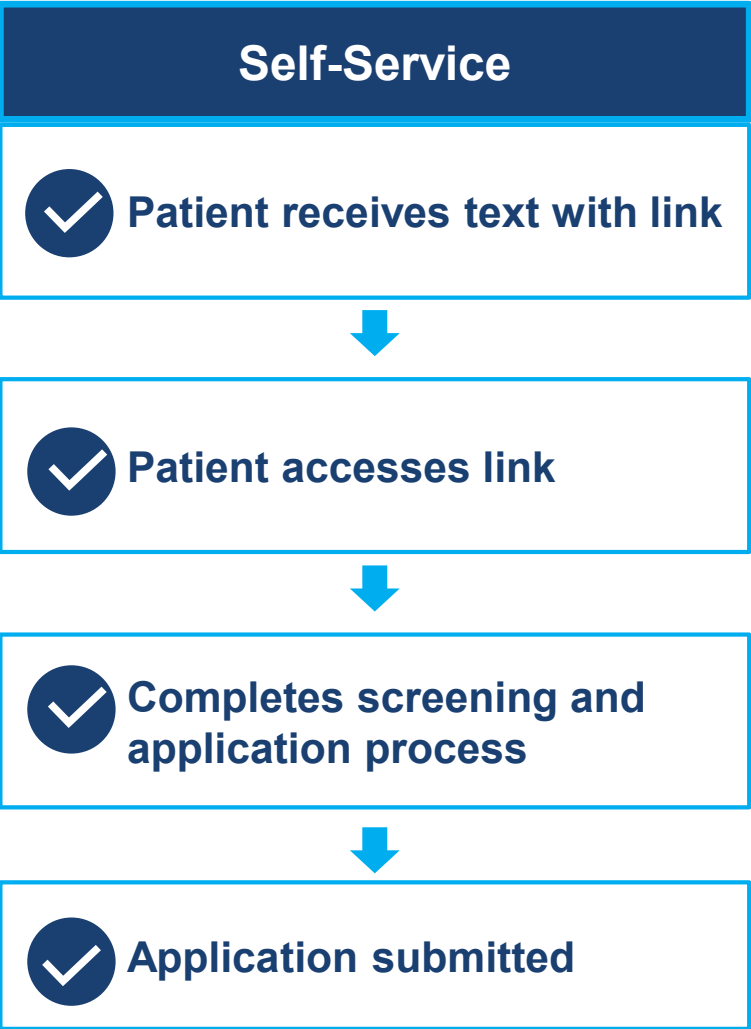




The Patient Experience



Example Workflows | Patient POV



Communication Plan | Best Practices



Proactive outreach approaches that keep patients covered



60 & 45 Days Out

Automated outreach launches ahead of the Medicaid expiration date



Multi-Source Dates

Payer rosters (DRVS or flat file), EHR records, and state Medicaid verification



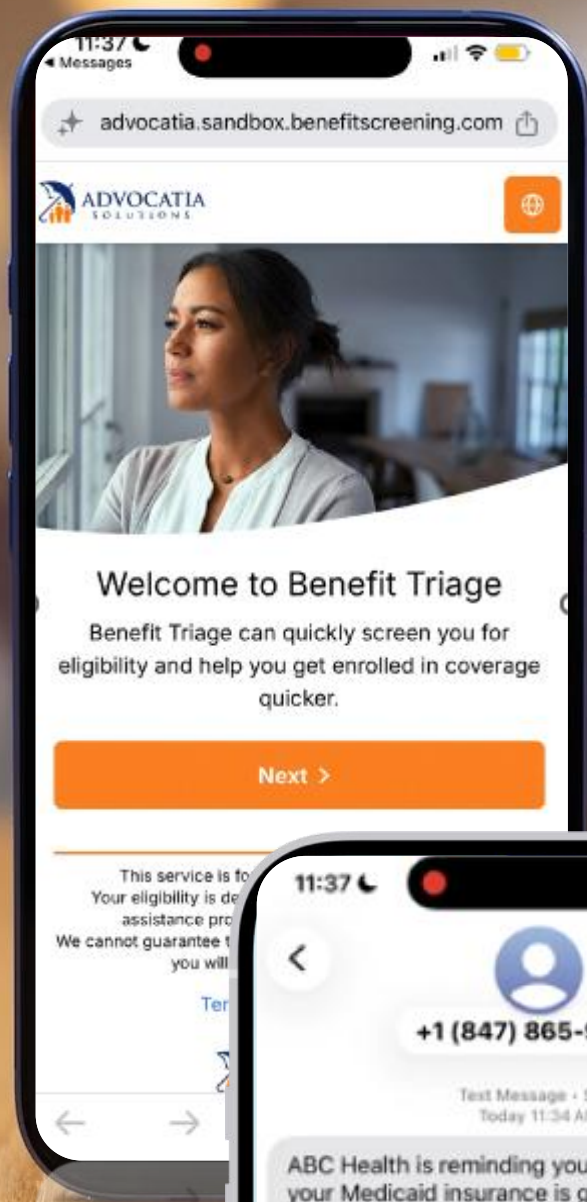
Trusted Scripting

Customized to the center or hospital brand, from phone numbers patients recognize



Advocate Follow-Up

Workflows close the loop so coverage is maintained without a gap



Self-Service



Mobile friendly, this intuitive self-service tool is available 24/7, empowers individuals to independently initiate eligibility screenings and complete applications for various benefit programs

- Streamlines access, enabling individuals to start the process anytime, anywhere
- Allows individuals to enter demographic information, complete eligibility screenings, capture documents securely, and e-sign
- Personalizes the questions asked to every individual, focusing only on those necessary to determine eligibility; the answers, combined with existing information already in the system, are used to automatically complete the applications
- Individuals can easily communicate their needs when and where they want, creating **increased levels of engagement for better outcomes**





The Advocate Experience

Tasks & Workflows | Advocate POV



Daily Tasks

- **Daily work lists based on patient need & priorities**
- **Review of alerts**
- **Application review**
- **Application submission**
- **Follow up**

Ad Hoc Assistance

- **Review patient appointments, admissions, etc.**
- **Provide assistance as needed**
**Via phone, walk-ins, scheduled appointments
- **Application review & submission**
- **Follow up**

Other Administrative

- **Performance review**
Cadence depending on goals, grants, etc.
**Outreach performance stats
**Re-enrollment stats
**Staff engagement stats
- **Strategic planning**
**Process improvement
**Staff productivity

Patients
Open Accounts
Closed Accounts
Applications
Tags

Filters:

Facility
Eligibility
Channel
Workflow
Status
Phone
Outreach Status

Facility	Eligibility	Name	MRN	DOB	Workflow	Status	Channel	Balance	Added	Updated
Caid Only (TX)	Screening Started	Elevance, Test1		01/01/1990	Pre-screen	Closed - Auto Renewed	Quick Screening	\$0.00	14 days ago	14 days ago
Caid Only (TX)	Screening Started	Train, Thomas		09/15/1985	Pre-screen	Closed - Application Submitted	Quick Screening	\$0.00	14 days ago	14 days ago
General Hospital Digital Outreach	Potentially Eligible	Checker, Income		05/22/1990	New Business	Pending Contact	Quick Screening	\$0.00	3 years ago	14 days ago
Caid Only (TX)	Screening Started	Bradley, Guy		01/01/1989	Pre-screen	Closed - Application Submitted	Quick Screening	\$0.00	14 days ago	14 days ago
Caid Only (TX)	Screening Started	Disney, Walt		06/01/1955	Pre-screen	Closed - Auto Renewed	Quick Screening	\$0.00	14 days ago	14 days ago
Caid Only (TX)	Screening Started	Mainard, Freddy		01/01/1966	Pre-screen	Closed - Application Submitted	Quick Screening	\$0.00	19 days ago	15 days ago
Caid Only (TX)	Screening Started	McFerron, Steven		01/01/2001	Pre-screen	Closed - Auto Renewed (Digital)	Quick Screening	\$0.00	1 month	15 days ago
Dual Aligned (TX)	Screening Started	Aligned, Dual		01/01/1990	Pre-screen	Pending Contact	Quick Screening	\$0.00	16 days ago	16 days ago
Dual Unaligned (TX)	Potentially Eligible	White, Snow		04/27/1955	Pre-screen	Pending Contact	Quick Screening	\$0.00	1 month	16 days ago
Caid Only (TX)	Screening Started	Garrett, Dudley		01/01/1966	Pre-screen	Pending Contact	Quick Screening	\$0.00	19 days ago	16 days ago
General Hospital	Potentially Eligible	Test, Nevada		01/01/2000	New Business	Pending Contact	Quick Screening	\$0.00	20 days ago	20 days ago
Caid Only (TX)	Potentially Eligible	Wellpoint, Young		01/01/2020	Pre-screen	Attempted to Contact	Quick Screening	\$0.00	1 month	21 days ago
Caid Only (TX)	Screening Started	Test, test		01/01/2001	Pre-screen	Pending Contact	Quick Screening	\$0.00	22 days ago	22 days ago
Caid Only (TX)	Screening Started	Test, test		01/01/2001	Pre-screen	Pending Contact	Quick Screening	\$0.00	22 days ago	22 days ago
Caid Only (TX)	Potentially Eligible	Barnes, Rick		04/01/1972	Pre-screen	Screening Complete - Eligible	Quick Screening	\$0.00	27 days ago	27 days ago

Showing 46 to 60 of 3089 entries

1
...
3
4

Benefit Screening Wizard



Step 2 - Review Eligibility

Michigan Medicaid (Minor Child 1 to 18)

Ages 1 thru 18 only.

Michigan Medicaid Aged or Disabled Care (Blind or Disabled)

Blind and Disabled patients only.

Healthy Michigan (ACA Adults)

You are potentially eligible.

Michigan Medicaid (Flint Water)

Must be ineligible for all other Medicaid programs.

Michigan Medicaid (Minor Child Under 1)

Infants only.

Michigan Medicaid (Parent / Caretaker)

You are potentially eligible.

Michigan MICHild

Under 19 only.

Michigan Medicaid (Former Foster Care)

Must be younger than 26 years old.

Michigan Medicaid (Pregnant)

Women only.

Michigan Medicaid Aged or Disabled Care (Aged)

Must be 65 years of age or older.

Michigan MOMs (Pregnant)

Women only.

General Hospital Charity Care

✓ Hynd, Wally (06/30/1979)

Screening Complete

Michigan Medicaid (Minor Child 1 to 18)

Michigan Medicaid Aged or Disabled Care (Blind or Disabled)

Healthy Michigan (ACA Adults)

Michigan Medicaid (Flint Water)

Michigan Medicaid (Minor Child Under 1)

Michigan Medicaid (Parent / Caretaker)

Michigan MICHild

Michigan Medicaid (Former Foster Care)

Michigan Medicaid (Pregnant)

Michigan Medicaid Aged or Disabled Care (Aged)

Michigan MOMs (Pregnant)

General Hospital Charity Care

Tags:

SCREENING

PATIENT

OUTREACH

FORMS

APPLICATIONS

INSURANCE

ELIGIBILITY

ASSIST

ACTIVITY FEED

JOBS

Patient Outreach

Send Outreach Request

☐ Send link via email

☐ Send link via text message

Supporting Documentation Request

Other Requests

☐ Identification

☐ Proof of Residence

☐ Proof of Income

☐ Social Security Card

☐ Bank Statement

☐ Tax Documents

☐ Additional Documents

☐ Self Screening

☐ View & Sign Forms

☐ Edit & Sign Forms

Message / Instructions

Outreach History

✓

April 19, 2026

	Sent	Status	Replied	Type ⓘ	Email	Phone	Sent By	Links
	8:21:37 AM	delivered	4/19/2026 8:22:00 AM		N/A	2152212863	abaidouri@advocatia.io	 
Message: TotalCare Health Patient, to avoid loss of Medicaid coverage, visit the Advocatia portal below to verify your information. Or call us at 1-855-789-4561.								
Replies:								
	8:16:43 AM	delivered	4/19/2026 8:19:43 AM		N/A	2152212863	abaidouri@advocatia.io	 
	8:10:37 AM	delivered			N/A	2152212863	abaidouri@advocatia.io	 

DOB: 6/30/1979 (46) Phone: (215) 221-2863 Language: EN Outreach Status: Document Uploaded 

Follow up on: 04/19/2026

MRN# 45897 Account #: 000045897-66 Channel: Quick Screening

Next Account →

Workflow: New Business Status: Pending Contact

Patient Type: N/A Financial Class: N/A Room #: N/A Charges: \$0.00 Admit: 04/16/26 Discharge: N/A

Tags:

SCREENING 
 PATIENT 
 OUTREACH 
 FORMS  3
 APPLICATIONS 
 INSURANCE 
ELIGIBILITY 
 ASSIST 
 ACTIVITY FEED 
 JOBS 

✓ Patient appears to **have** active coverage as of our last check 3 days ago. No scheduled checks.

Eligibility History

April 16, 2026

	Account Number	Last Checked	Status	Insurance Name	Service Start	Service End	Eligibility Start	Eligibility End
	000045897-66	3:35:53 PM	Active Coverage	Michigan Medicaid	4/16/2026	4/16/2026	N/A	N/A
	000045897-66	3:30:44 PM	Active Coverage	Michigan Medicaid	4/16/2026	4/16/2026	N/A	N/A

On Demand Eligibility Check

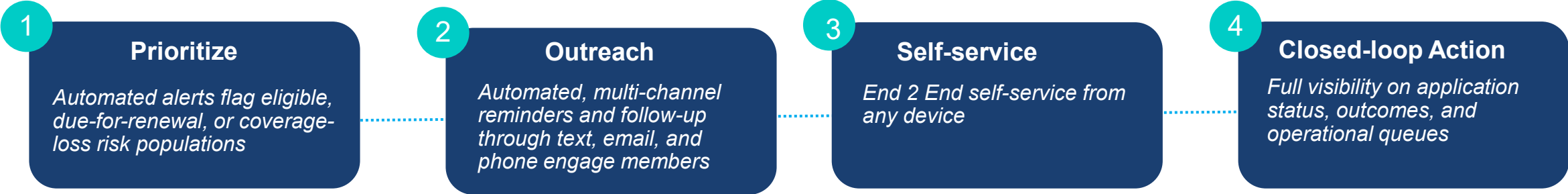
--Select Account--  

Upcoming Jobs

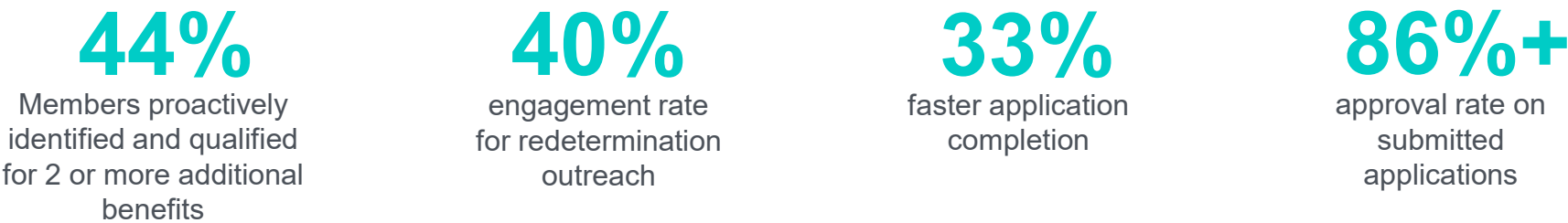
No scheduled jobs

Azara Benefit Screening removes barriers to enrollment

Capabilities



Impact



Quality Performance



Measure Consolidation: High-maturity practices don't try to move 50 needles at once. They identify the "High-Impact" measures that overlap across multiple contracts (e.g., A1c control or Colorectal Screening) and focus their energy there.



Top of Licensure: This is a "team sport" milestone. It moves the burden of gap closure off the doctor's shoulders and empowers Medical Assistants (MAs) and nurses to use Standing Orders (e.g., ordering a screening or giving a vaccine without waiting for the MD to ask).



Transparency as a Catalyst: Performance isn't only tracked by the Quality Manager. Data is shared openly so that teams can see how they compare to their peers, fostering healthy competition and accountability.



Pre-Visit Architecture: Success happens before the patient is in the exam room. Huddles and Clinical Decision Support (CDS) tools ensure the team is working proactively rather than reactively.



Custom Quality Scorecards

Quality Scorecard

PERIOD

2026

CENTERS

All Centers

RENDERING PROVIDERS

All Rendering Provid...

FILTER

+

Add Filter

Update

GROUPING

No Grouping

TARGETS

Primary

Secondary

Not Met

REPORT FORMAT

Scorecard

MEASURE	RESULT	TARGET	NUMERATOR	DENOMINATOR	GAP	TO TARGET	
Medicare Annual Well Visit	24.6%	45.0%	21,649	87,892	66,243	17,903	
Breast Cancer Screening Ages 40-74 (CMS 125v14)	42.7%	45.0%	33,899	79,352	45,453	1,810	
Colorectal Cancer Screening (CMS 130v14)	42.3%	45.0%	50,592	119,467	68,875	3,169	
Diabetes A1c or GMI > 9 or Untested (CMS 122v14)	28.3%	27.0%	14,110	49,909	14,110	635	
Diabetes: Eye Exam (CMS 131v13)	30.8%	Not Set	15,449	50,078	34,629		
Kidney Profile for Patients with Diabetes	46.6%	70.0%	24,715	52,988	28,273	12,377	
Hypertension Controlling High Blood Pressure (CMS165v14)	68.1%	70.0%	73,536	107,965	34,429	2,040	
Documentation of Current Medications in the Medical Record (CMS 68v14)	88.3%	Not Set	643,850	728,788	84,938		
Statin Therapy Diabetes Ages 40-75 (CMS 347v7 Breakout)	85.2%	Not Set	37,653	44,169	6,516		
Statin Therapy ASCVD (CMS 347v7 Breakout)	88.4%	Not Set	20,405	23,086	2,681		

Evaluate Center-Level Quality Performance

Quickly view overall and grouped measure performance + target achievement for your center.

UDS 2025 CQMs

REPORT

PERIOD

TY August 2025

RENDERING PROVIDERS

All Rendering Provid...

BASELINE PERIOD

TY May 2025

+ Add Filter

Update

REPORT

CARE GAPS

Demo Data

GROUPING

Rendering Providers

TARGETS

Primary

Secondary

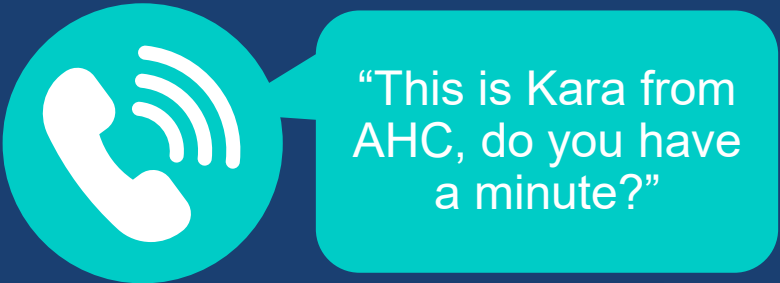
Not Met

REPORT FORMAT

CrossTab

RENDERING PROVIDERS	CHILDHOOD IMMZ STATUS (CMS 117V13)	CHILD WEIGHT ASSESSMENT (CMS 155V13)	BMI SCREEN & FOLLOW-UP 18+ (CMS 69V13)	DEPR REMISSION AT 12 MONTHS (CMS 159V13)	DEPR SCR N & FOLLOW-UP (CMS 2V14)	TOBACCO USE: SCREENING & CESSATION (CMS 138V13)	COLORECTAL CANCER SCREENING (CMS 130V13)	CERVICAL CANCER SCREENING (CMS 124V13)	BREAST CANCER SCREENING (CMS 125V13)	HTN CONTROLLING HIGH BP (CMS 165V13)	DM A1C OR GMI > 9 OR UNTESTED (CMS 122V13)	STATIN THERAPY CVD (CMS 347V8)	INITIATION OF SUD TREATMENT (CMS137V13A)	ENGAGEMENT OF SUD TREATMENT (CMS137V13B)
Augustine, Greg	0.0%	43.2%	90.9%	0.0%	81.5%	79.3%	81.8%	25.0%	25.0%	100.0%	62.9%	90.4%	100.0%	21.4%
Black, Ronda	0.0%	63.0%	80.5%	0.0%	79.4%	76.7%	75.0%	50.0%	87.5%	100.0%	61.1%	92.4%	86.7%	13.3%
Bridgewater, Bill	0.0%	79.1%	85.0%	16.7%	80.5%	78.9%	68.4%	50.0%	75.0%	100.0%	56.6%	89.7%	91.7%	16.7%
Crowley, Patrick	0.0%	65.5%	88.7%	0.0%	83.2%	82.2%	55.0%	33.3%	100.0%	100.0%	61.6%	91.4%	100.0%	0.0%
Decelles, Larry	0.0%	56.4%	78.4%	25.0%	81.5%	80.8%	78.3%	40.0%	66.7%	88.9%	56.3%	87.7%	100.0%	7.7%
Doe, Jane	0.0%	67.3%	85.2%	12.5%	80.0%	82.5%	65.2%	0.0%	75.0%	100.0%	52.9%	93.8%	75.0%	12.5%
Fritz, Renata	0.0%	66.0%	85.3%	18.2%	80.6%	85.3%	88.5%	62.5%	75.0%	100.0%	55.7%	85.4%	93.3%	0.0%
Gunther, Eric	0.0%	61.8%	85.7%	0.0%	84.3%	79.1%	81.0%	50.0%	75.0%	100.0%	60.6%	86.9%	93.3%	13.3%

DRVS Gap Lists can then be used to identify patients with high-priority care gaps, like breast cancer screenings, and make personalized phone calls to patients.



Breast Cancer Screening Ages 50-74 (CMS 125v13)

MEASURE

PERIOD

TY July 2025

RENDERING PROVIDERS

All Rendering Provid...

+

Add Filter

EXPORT

Export Excel

CSV

Export CSV

PERSON

Create Cohort

SAVED COLUMNS

Reset Columns

MEASURE ANALYZER

DETAIL LIST

VALUE SETS

Search Patients ...

All

Gaps

Num

Excl

Measure Investigation Tool

DEMOGRAPHICS			USUAL				MOST RECENT ENCOUNTER			
MRN	NAME	PHONE	PROVIDER	LOCATION	INACTIVE	DECEASED	DATE	PROVIDER	LOCATION	DATE
1102309	Darrel, Bandel	774-867-7907	Smith, Joe	ACH - Needs Update	N	N	2/3/2025	Fritz, Renata	Main St. Office	8/5/
1102505	Poullion, Margarita	339-030-2118	Crowley, Patrick	ACH - Needs Update	N	N	7/17/2025	Gunther, Eric	70 Blanchard Rd.	
1100990	Gajewski, Fredericka	978-211-0232	Gunther, Eric	ACH - Needs Update	N	N	5/15/2025	Bridgewater, Bill	70 Blanchard Rd.	8/7/
1103715	Jimmie, Kovacich	508-742-9462	Smith, Joe	ACH - Needs Update	N	N	12/24/2024	Augustine, Greg	70 Blanchard Rd.	
1102363	Dedeaux, Jonnie	413-740-1768	Doe, Jane	ACH - Needs Update	N	N	4/27/2025	Fritz, Renata	1400 Cambridge St.	9/1/
1100384	Jenni, Sofia	617-821-2980	Bridgewater, Bill	ACH - Needs Update	N	N	2/21/2025	Doe, Jane	1400 Cambridge St.	
1101615	Soraya, Mikowski	617-044-9572	Crowley, Patrick	ACH - Needs Update	N	N	12/25/2024	Augustine, Greg	1400 Cambridge St.	

1 to 7 of 9

Demo Data

Page 1 of 2

Why Use the PVP?



In 2023, DRVS users who utilized the Patient Visit Planning Report **closed 38% more gaps in care**



PVP users closed **>2M care gaps** in 2023



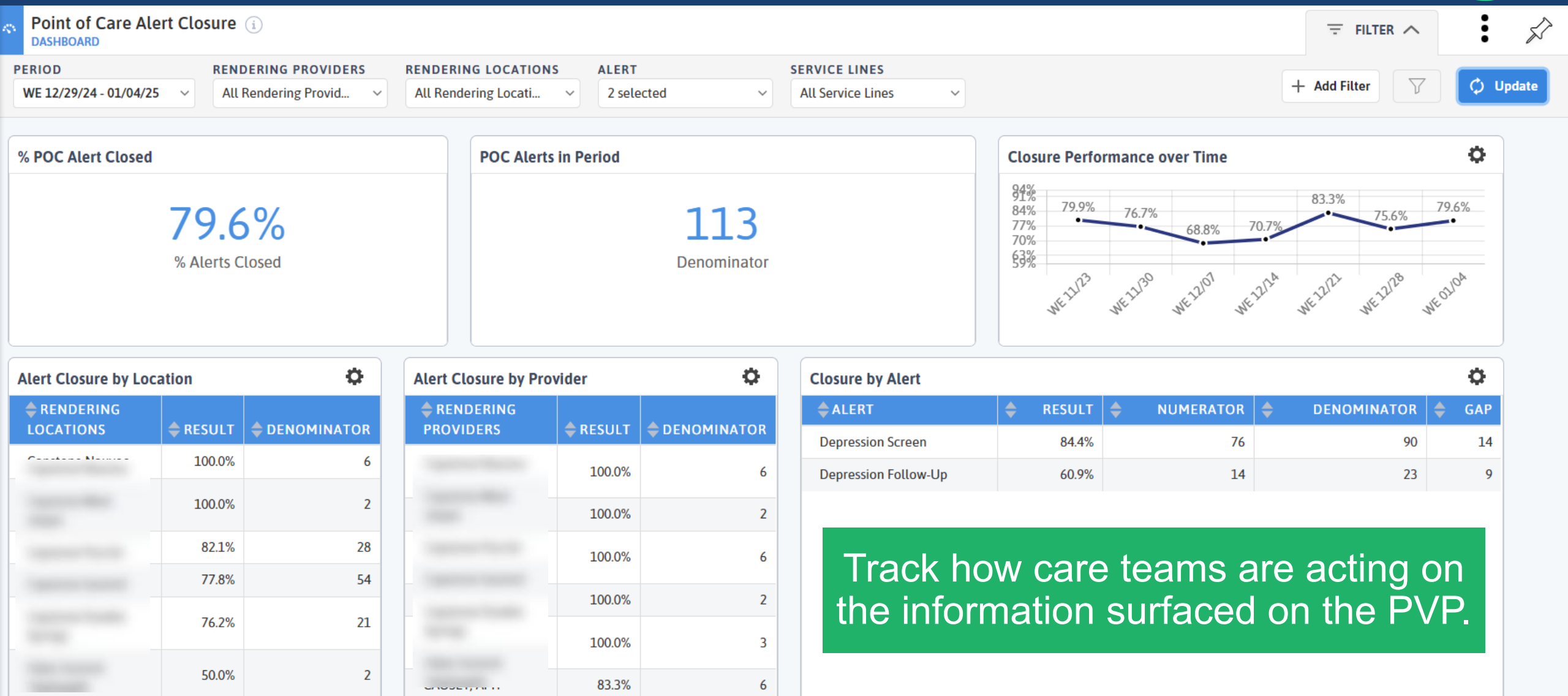
Providers report **significantly less time** spent chart prepping



Organizations using the PVP **meet PCMH requirements** for huddles and team-based care

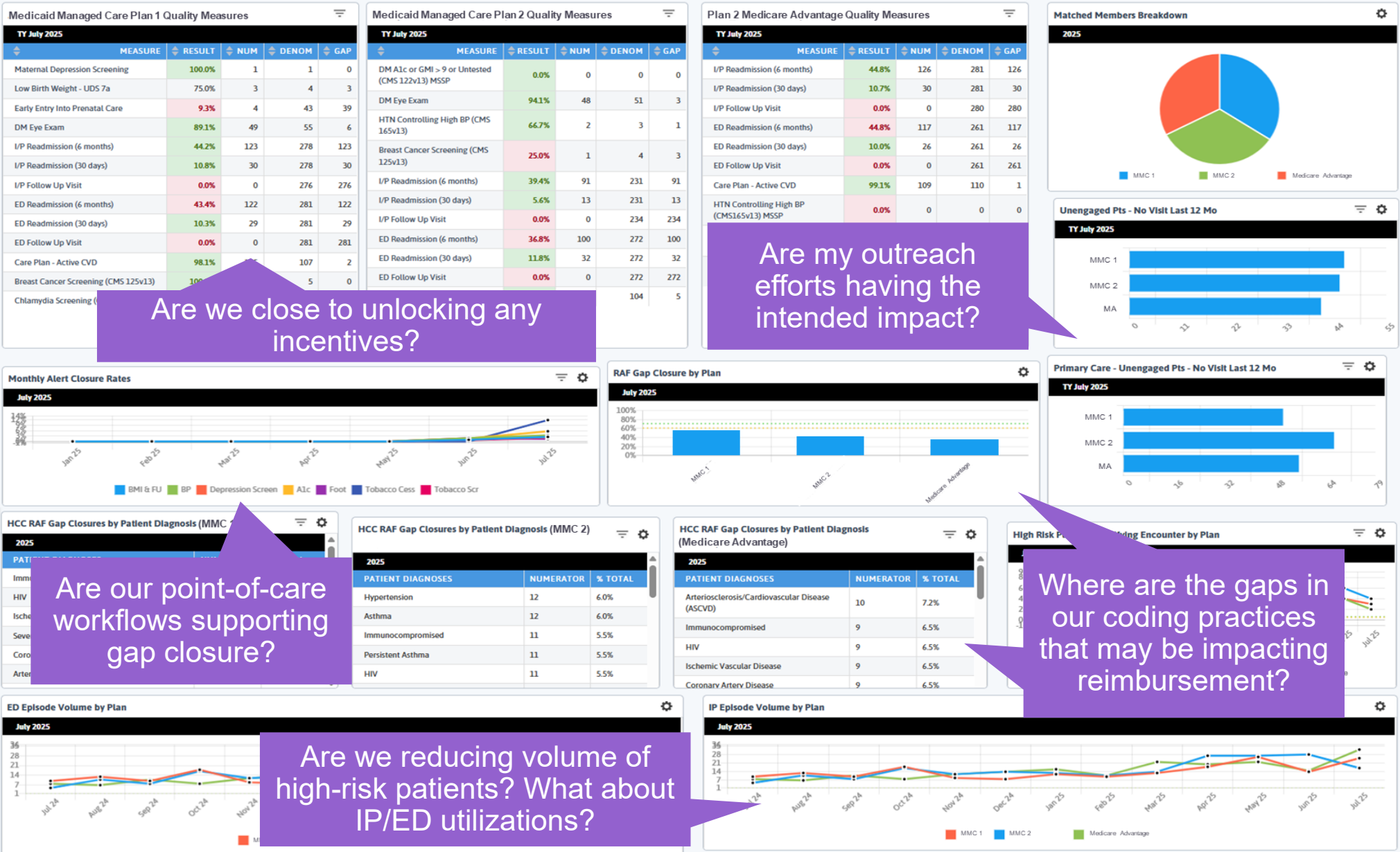


Track Efficacy of Point of Care Workflows

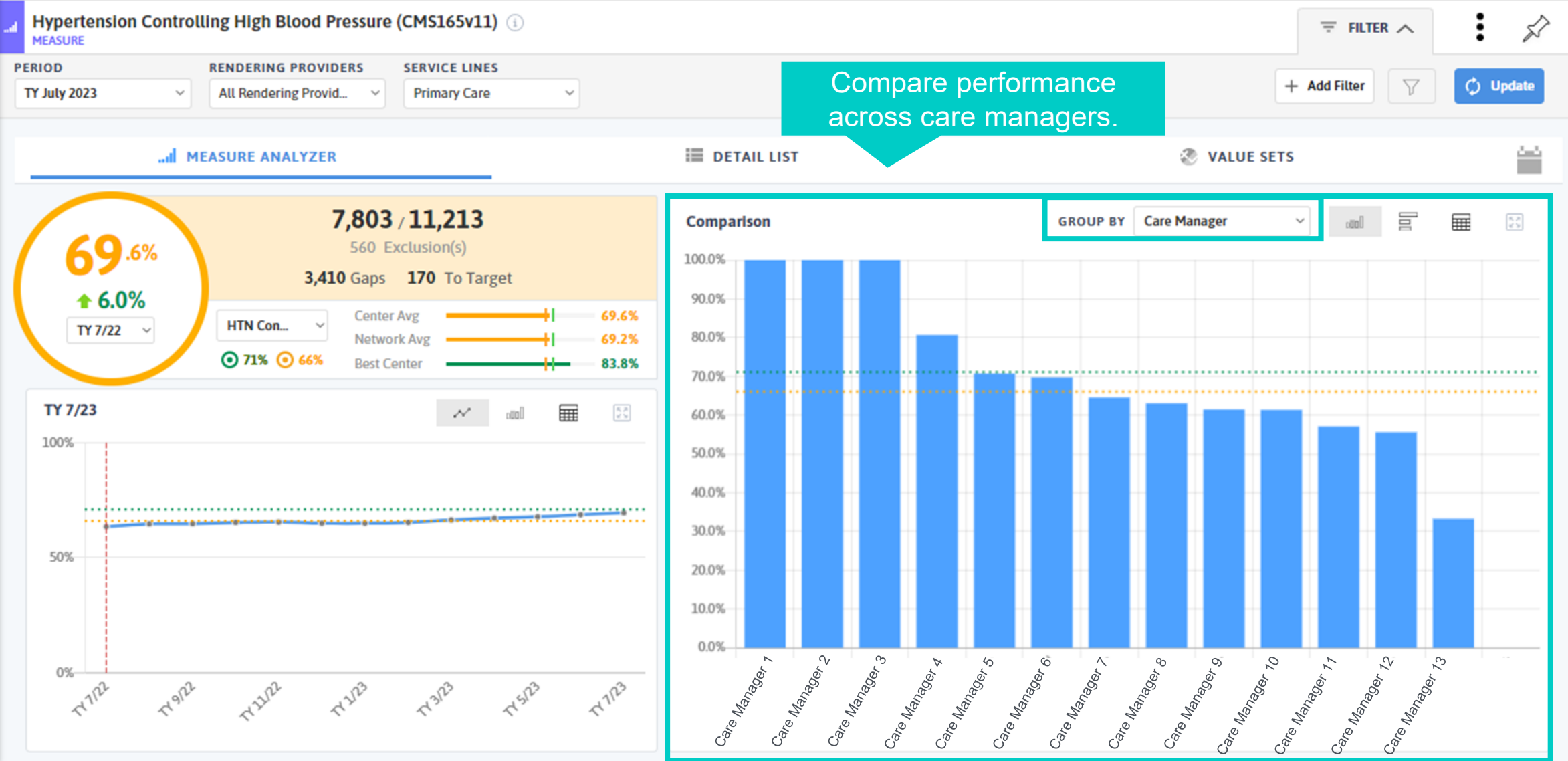


Track how care teams are acting on the information surfaced on the PVP.

Understanding Quality | Promoting Transparency



Understanding Impact by Care Manager



2026 MSSP Pulse Report

DASHBOARD

PERIOD

CENTERS

RENDERING PROVIDERS

August 2026

All Centers

All Rendering Provid...

FILTER

+ Add Filter

Update

Risk Adjustment

Quality Performance

PY Average HCC RAF Score

2026

1.30

Score

HCC Recapture Rate

2026

23%

% HCC Gaps closed

Absolute HCC Gap Count

2026

21,285

AWV Completion

2026

20.1%

% of eligible members w/Annual Well Visit

RAF Gaps Medicare Report

MSSP "Plan Filter" will need to be applied once you navigate to the report.

MSSP Target Achievement

2026

TARGET ACHIEVEMENT

122

PRIMARYSECONDARYNOT MET

5 Total Measures

MSSP Quality Measures

2026

MEASURE	RESULT	DENOM	GAP	2TGT
Colorectal Cancer Screening (CMS 130v14)	32.7%	174,771	117,629	86,695
DM A1c or GMI > 9 or Untested (CMS 122v14)	30.8%	84,833	26,138	8,493
HTN Controlling High BP (CMS 165v14)	68.6%	131,820	41,420	8,334
Breast Cancer Screening (CMS 125v14)	41.5%	126,041	73,731	53,817
Depr Scrn & Follow-Up (CMS 2v15)	77.8%	433,277	96,128	0

Quality Performance Peer Comparison

View your organization's performance against the CIN average.

MSSP primary and secondary targets are set at 40th and 70th percentile. Contract performance requires the CIN to achieve 10th percentile on one outcome measure and 40th percentile on one additional measure.



Wrap UP



Faster Reporting, Better Metrics, Stronger Care



Challenges

Limited staffing, competing projects, and inconsistent clinical documentation

Manual, labor-intensive reporting

Solution

Internal Learning & Development

Formed **internal DRVS Super User Team** to support Azara implementation.

Offer monthly provider/support **Lunch and Learn** sessions focused on Azara-related topics.

DRVS Tools Application

Used DRVS reports to pinpoint patient care gaps and support providers in addressing them.

Monthly email subscription of UDS CQM scorecards to staff and management.

Results

Significant improvement in all UDS CQMs from 2023 to 2025 with enhanced efficiency, transparency and decision making.

9 % ↑ Breast & CRC Screening

18% ↑ Cervical CA Screening

25% ↑ HIV Screening

40% ↑ BMI Screening & FU

Case Study: Southern Illinois University



Challenges & Goals

Address care gaps and enhance quality

Enhance patient engagement

Maximize incentives across 15 value-based care contracts



Post DRVS Implementation

Centralized dashboards for ongoing performance monitoring

Proactive care gap closure integrated into clinical operations

Real-time attribution tracking and panel management



The Results

6 months post PVP implementation

45% DM HbA1c <8

21% Controlling High BP

6% Adults Access to Care

4.9% Breast Cancer Screening

3.1% Cervical Cancer Screening

Financial benefits

27.3% improvement in overall performance

Increased earnings of \$67,760 on one Medicaid contract

Taking Action

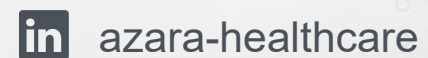
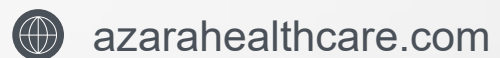
Data alone doesn't create value.

Value comes from turning data into timely action.

Start with keeping your patients covered.



Thank You!



Contact Information



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Patti Bisson

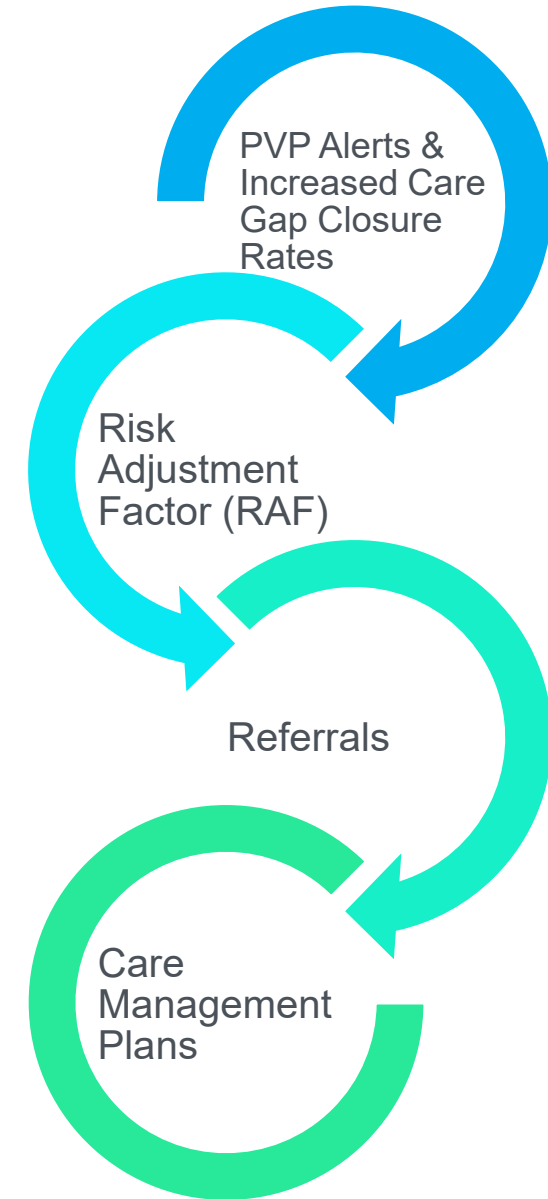
Senior Clinical Improvement Specialist

Patti.Bisson@azarahealthcare.com



EHR Plug-In

- ✓ Allows **direct access to patient information** and clinical alerts while in the patient electronic chart
- ✓ Helps identify **RAF Coding Diagnosis Gaps** opportunities at the point of care to support accurate risk adjustment
- ✓ Provides **visibility into open referrals*** so care teams can help patients complete recommended services
- ✓ Gives medical staff a **view into the Care Plan**, designed for the patient by the Care Management team without logging into a second system*



*The Referrals Module & Azara Care Connect (ACC) are additional add-on products.



Azara Patient Outreach

- Bidirectional' integration with CareMessage, Luma Health, and Artera
- Utilize existing trusted data within DRVS
- Pre-Configured “*Set It and Forget It*” (SIFI) Campaigns designed to address common Care Gaps
- Faster and less resource heavy than traditional methods
- Administer Outreach Campaigns from within Azara DRVS
- Review and track results and efficacy within Azara DRVS

“To have messages flow automatically to patients who need them and not to those who don’t, enables us to focus on higher priority outreach.”

- Azara Client



Supplemental Data – What & Why



- Payers' quality scores are determined by their performance in HEDIS® measures
- HEDIS® measures are traditionally calculated via claims data, but EHR data is allowed as “Supplemental Data”
- EHR data is more clinically rich than claims data, filling in many gaps

What's On the Claim

CPT: 99212 – Established patient, 10-19 minutes

CPT: 90700 – DTaP Immunization Administration

*ICD10: E11.65 – uncontrolled type 2 diabetes
without complications*

ICD10: I10 – Essential Hypertension

What's In the EHR

Largely everything on the claim (via charges).

160 mg/dL – Last LDL Reading

9.8% - Latest A1c Result

145/98 – Last Blood Pressure Reading

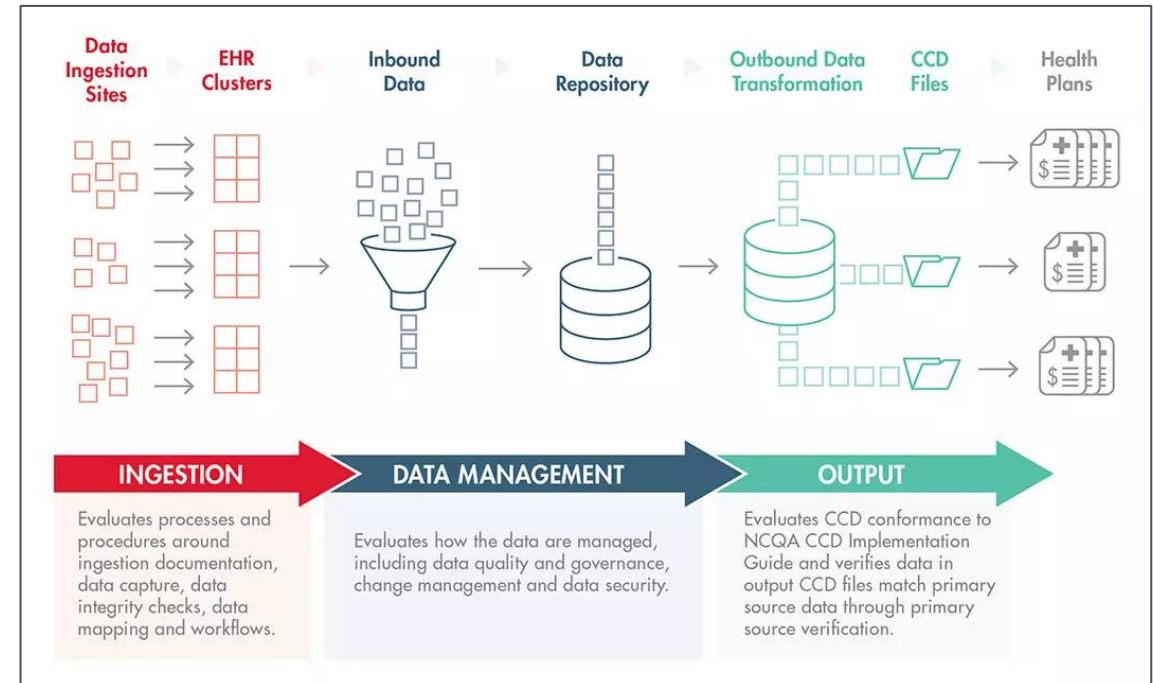
*2/5/2021 – Last Mammogram (Before the
patient was even on the plan)*



Supplemental Data Certified by DAV



- Azara earned Validated Data Stream status for the NCQA Data Aggregator Validation (DAV) in 2023
- Through DAV, supplemental clinical data from EHR can be used to close care gaps in health plan calculated HEDIS measures
- Supplemental data is provided to health plans in a CCD for matched members
- Reduces burden on provider and eliminates the need for time consuming primary source verification



VALIDATED DATA STREAM

Risk Adjustment Factor (RAF) Coding Gaps



- Use HCC or CDPS risk scoring to identify coding gaps
 - Higher risk code found in prior year EHR
 - Higher risk code found in current year EHR
 - Higher risk code found in prior year EHR billing
 - Higher risk code found in prior year claims billing
 - No code has been billed yet this year
- Integrate RAF gaps into provider workflow via point of care tools in Azara DRVS
 - Patient Visit Planning report
 - Care Management Passport
 - DRVS EHR Plug-in

Total RAF Risk Score

Max Total Score	Gap Score	Actual Score
17.732	17.733	-0.001

RAF Gaps (5)

Diagnosis Category	Context	Billed CY	Unbilled CY	Actions To Consider
Diabetes	More Complex Dx in EHRaaa	E11.9 (7/6/2022)	EHR: E11.649 (6/14/2021)	Evaluate Unbilled Codes
Morbid Obesity	Dx Not Billed		EHR: E66.01 (5/25/2021)	Add to Chg Next Visit
Other Significant Endocrine and Metabolic Disorders	Dx Not Billed		CLM: E21.3 (5/6/2021)	Add to Chg Next Visit
Seizure Disorders and Convulsions	Dx Not Billed		CHG: R56.9 (5/25/2021)	Add to Chg Next Visit
Vascular Disease	More Complex Dx in Billing	I82.A13 (7/12/2022)	CHG: I26.99 (3/1/2021)	Evaluate Unbilled Codes

Disease Group	Description	Context/ Actions	Billed CY	Unbilled CY	Action
Diabetes	Diabetes with Glycemic, Unspecified, or No Complications	Dx Not Billed Add to Chg Next Visit		EHR: E11.65 (01/15/24)	- + 🔄
Heart	Specified Heart Arrhythmias	Dx Not Billed Add to Chg Next Visit		EHR: I48.21 (05/29/24)	- + 🔄
Psychiatric	Bipolar Disorders without Psychosis	Dx Not Billed Add to Chg Next Visit		CLM: F31.30 (07/03/24)	- + 🔄



Scenario | A Favorite Patient Needs Assistance

Our favorite patient comes to our desk. She has been able to access the link and was able to get through the screening, but missed a couple of steps:

- She needs to upload her ID
- She needs to upload her W2

She has a photo of her ID on her phone, but has a paper copy of her W2

- We can guide her through the process of uploading her ID from the photo on her phone
- We can scan the W2 and can add that to her application while she's in front of us today



My Screenings

Q

Print

Priority	Eligibility	Name	MRN#	Account #	Type	FC	DOB	Balance	Workflow	Status	Added	Updated	Admit	Discharged	Follow Up
1	Potentially Eligible	Parton, Dolly		PENDING			01/01/2000	\$0.00	Daily Workflow	Screening Complete	34 days ago	TODAY	04/02/2026		04/05/2026
2	Screen Now	Doe, Jane	789456	000000321456			01/01/2000	\$0.00	New Business	Pending Contact	33 days ago	33 days ago	04/03/2026		04/06/2026
3	Potentially Eligible	Gibson, Angela	963852	000000147852			01/01/2000	\$0.00	Daily Workflow	Application Submitted	33 days ago	33 days ago	04/03/2026		04/06/2026
4	Potentially Eligible	Hynd, Wally	45897	000045897-66			06/30/1979	\$0.00	Daily Workflow	Pending Contact	20 days ago	16 days ago	04/16/2026		04/19/2026
5	Screen Now	Seymour, John		PENDING			01/01/2000	\$0.00	New Business	Pending Contact	15 days ago	15 days ago	04/21/2026		04/24/2026
6	Screen Now	Young, Bryce	23436	PENDING			01/01/2000	\$0.00	No Contact	Closed Public Charge	631 days ago	40 days ago	08/13/2024		

Showing 1 to 6 of 6 entries

Previous1Next

View As: abaidouri@advocatia.io

Reset

*Find all screenings with Follow-up dates using the smart search @FollowUp, @Overdue and @Upcoming
**Find all screenings with tags using #[TagName]