

One View, Better Outcomes

Integrating MSSP and EHR Data

azara2026

USER CONFERENCE APRIL 13-15 | BOSTON, MA





Project Background & Goals

Program Drivers, Objectives, and Expected Outcomes



Using MSSP Data in DRVS

Identifying MSSP Care Opportunities in DRVS



Network Rollout Strategy

Implementation Plan and Long-Term Success Strategy



Closing & Discussion

Key Takeaways, Next Steps, and Open Discussion



Today's Presenters

15



Michael Edwards
Director, Training & Quality
Mississippi Health Safe Nets



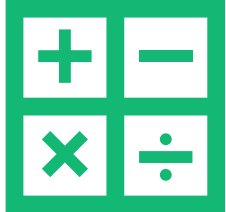
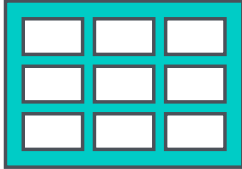
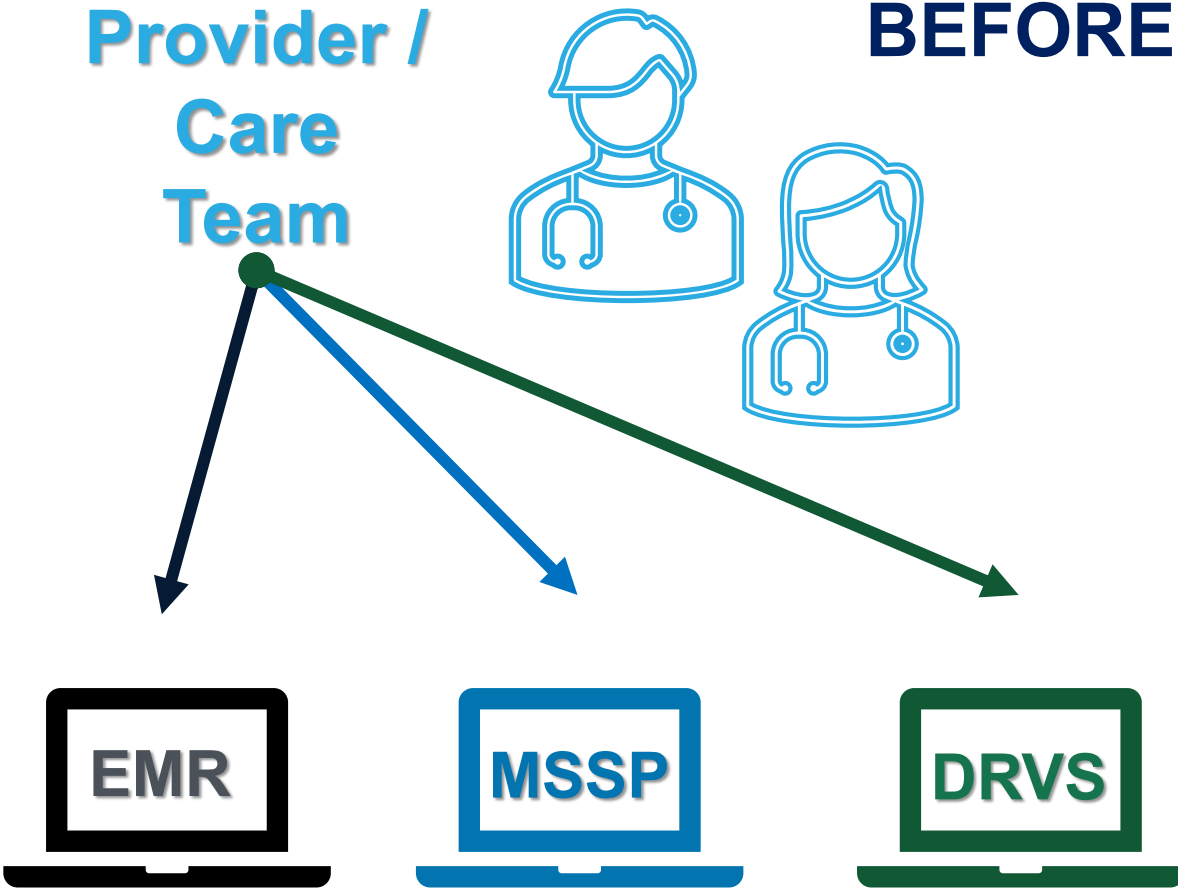
Carrie Taylor
Sr. Director, Clinical
Transformation
Azara Healthcare



Project Background and Goals

Program Drivers, Objectives, and Expected Outcomes

Project Background



Project Kickoff / Implementation

**September
2025
(Kickoff)**



**Monthly
Monitoring
Calls**

(MHSN + Azara + Aledade)

**CHCAMS
Conference**

(Azara MSSP in DRVS)

**CHC Feedback
(1:1 meetings)**

DRVS User Segmentation



Using MSSP Data in DRVS

Identifying MSSP Care Opportunities in DRVS

2025 MSSP Focus Measures

Medicare Annual
Wellness Visit

Diabetes A1c or GMI
>9 or Untested
(CMS 122v13)

Screening for
Depression and
Follow-Up Plan
(CMS 2V14)

Hypertension
Controlling High
Blood Pressure
(CMS 165V13)

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





MSSP Point of Care Tools

Patient Visit Planning Report

15

Efficient, actionable to-do list of alerts and other meaningful patient information that can be used to facilitate huddling & high-quality care delivery. Benefits include:

- Automated chart scrubbing to identify care gaps
- Displays relevant information beyond clinical factors
- Highly configurable to align with practice's unique priorities, workflows, and populations
- Can be generated for same-day/walk-in patients



Patient Visit Planning



Attributed members are clearly marked with “Aledade_MSSP” on the PVP in DRVS, enabling care teams to easily identify and prioritize them while receiving MSSP alerts and RAF gap notifications that integrate EHR and claims data to support timely interventions and improved performance.

2:00 PM Friday, August 1, 2025 Visit Reason: AWW

MRN: DOB:	Sex at Birth: F GI: Female SO: straight (not lesbian or gay)	Phone: Lang: English Risk: Low (8)	Portal Access: N Plan: Aledade_MSSP ★	PCP: Payer: Medicare CM: Unassigned
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DIAGNOSES (2)	ALERT	MESSAGE	DATE	RESULT
CKD Stg3-4 HTN-E	LDL	Overdue	7/8/2024	105
RISK FACTORS (1)	Alcohol Screening	Missing		
ASCVD High (22.36)	★ Depression Screen	Overdue	7/8/2024	Negative
SDOH (1)	Drug Screening	Missing		
RACE	PHO-9	Overdue	12/14/2023	0
RAF GAP DISEASE GROUPS	★ BP	Out of Range	6/12/2025	140/86
Musculoskeletal	Tetanus	Due		Due Date: 1968-02-18 Most Recent: None
	Zoster RZV/ZVL	Missing		
	Adv Care Plan Obt	Missing		
	★ Medicare AWW	Overdue	7/8/2024	



Care Management Passport



Aledade Plan



Open Alerts



Risk Adjustment Factor (RAF)



2:00 PM Friday, August 1, 2025 Visit Reason: AWV

MRN:	Sex at Birth: F	Phone:	Portal Access: N	PCP:
DOB:	GT: Female	Lang: English	Plan: Aledade_MSSP ★	Payer: Medicare
	SO: straight (not lesbian or gay)	Risk: Low (B)		CM: Unassigned

Alerts (10)

ALERT	MESSAGE	DATE	RESULT
LDL	Overdue	7/8/24	105
Alcohol Screening	Missing		
★ Depression Screen	Overdue	7/8/24	Negative
Drug Screening	Missing		
PHQ-9	Overdue	12/14/23	0
★ BP	Out of Range	6/12/25	140/86
Tetanus	Due		Due Date: 1968-02-18 Most Recent: None
Zoster RZV/ZVL	Missing		
★ Medicare AWV	Overdue	7/8/24	BOOKER, WILLIAM
Adv Care Plan Obt	Missing		

RAF Gaps (1)

DISEASE GROUP	DESCRIPTION	CONTEXT/ACTIONS	BILLED CY	UNBILLED CY
Musculoskeletal	Systemic Lupus Erythematosus and Other...	Dx Not Billed Add to Chg Next Visit		EHR: M31.6 (07/08/24)

Total RAF Risk Score

MAX TOTAL SCORE	GAP SCORE	ACTUAL SCORE
0.860	0.268	0.592



Care Management Passport AI Smart Summary



08:00 AM Monday, March 30, 2026

PROVIDER:

VISIT REASON: 1 yr

Last Phys: 2/2/2026

PCP:

Portal Access: N

Payer:

Plan: Aledade MSSP ★

CM: Unassigned

Smart Summary

This is a 70-year-old male patient with multiple chronic conditions including diabetes, hypertension, heart failure, atrial fibrillation, hyperlipidemia, and obesity, who is actively managed in primary care.

1. The patient has a **high ASCVD risk score of 19%** as of Mar 2026 and a BMI of **35.3** recorded in Feb 2026, indicating obesity class II.
2. Recent labs show controlled diabetes with HbA1c at 6.5% (Jan 2026) and LDL cholesterol at 68 mg/dL (Jan 2026), but persistently low HDL around 30 mg/dL.
3. He has a history of heart failure and atrial fibrillation, with ongoing anticoagulant therapy and multiple cardiovascular medications documented through early 2026.
4. The patient's last encounter was a walk-in visit on Feb 2, 2026, and he has a Medicare Annual Wellness Visit scheduled for today, Mar 30, 2026.
5. Preventive care gaps include overdue seasonal flu vaccine (due Oct 2025), missing eye and foot exams, and a very outdated tetanus vaccine (due since 1975).

Today's Recommended Action Items

1. Complete the Medicare Annual Wellness Visit today, focusing on updating preventive screenings including eye and foot exams, and address overdue vaccinations such as flu and tetanus.
2. Review and optimize management of cardiovascular risk factors given high ASCVD risk and obesity, including lifestyle counseling and medication adherence.
3. Coordinate care for chronic conditions, ensuring follow-up plans for heart failure and atrial fibrillation are up to date and patient education on anticoagulation is reinforced.

AI-generated content — please review for accuracy



EHR Plug-In | Alerts



Open alerts are integrated into the EHR Plug-In, allowing providers to review directly within the patient's chart at the point of care.

High (16)

MRN:
DOB:
(68 yrs)
CM: Unassigned

ALERTS 8

RAF GAPS 2

DOCUMENTS:
No documents available

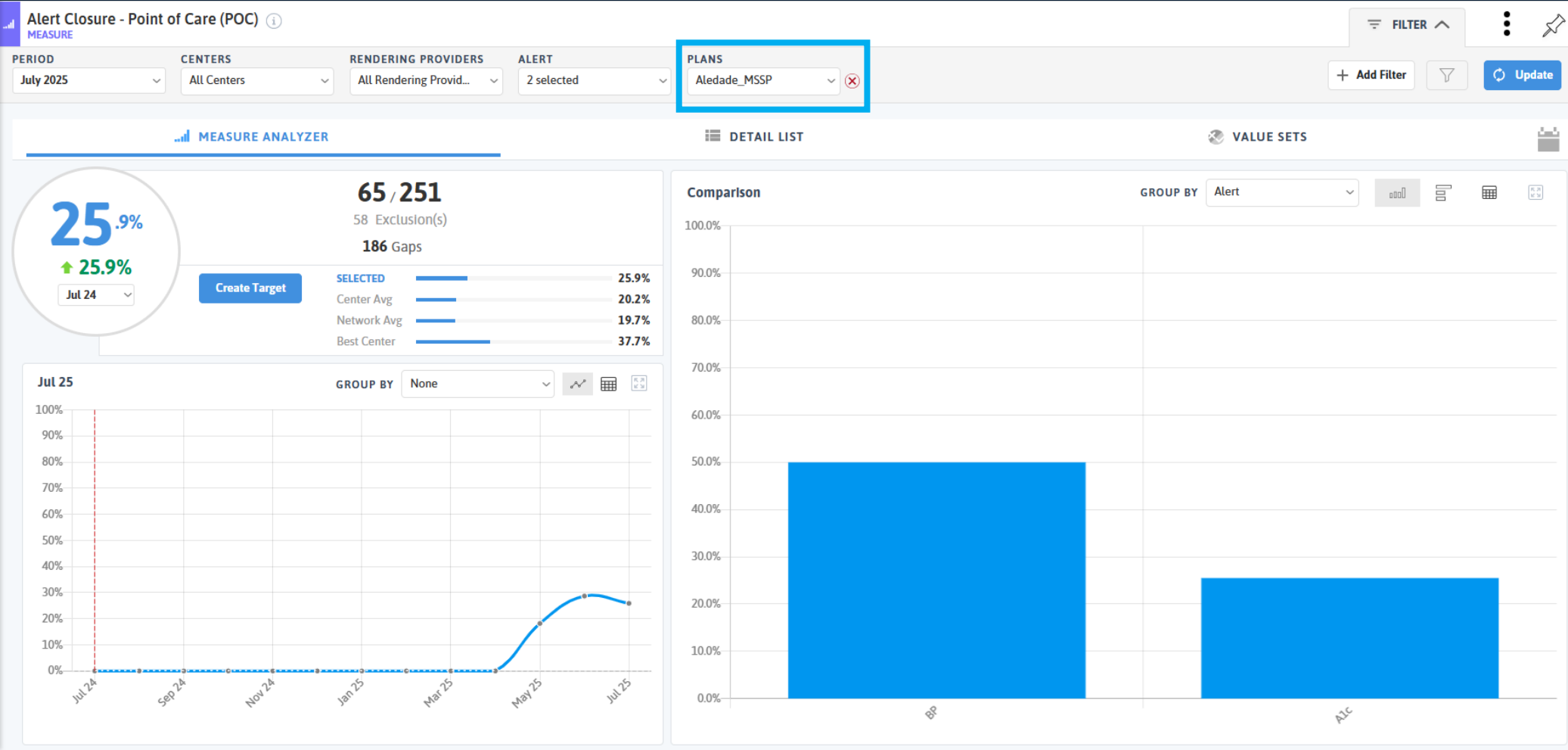
Alert	Message	Date	Most Recent Result
Colon CA 45+	Missing		
★ Mammo	Missing		
LDL	Out of Range	9/18/24	100
Drug Screening	Missing		
Flu - Seasonal	Refused		Refused: 2020-10-02
Tetanus	Refused		Refused: After Dose 0
Eye	Overdue	7/28/21	See scanned report
Foot	Overdue	10/24/23	



Point of Care Alert Closure Measure

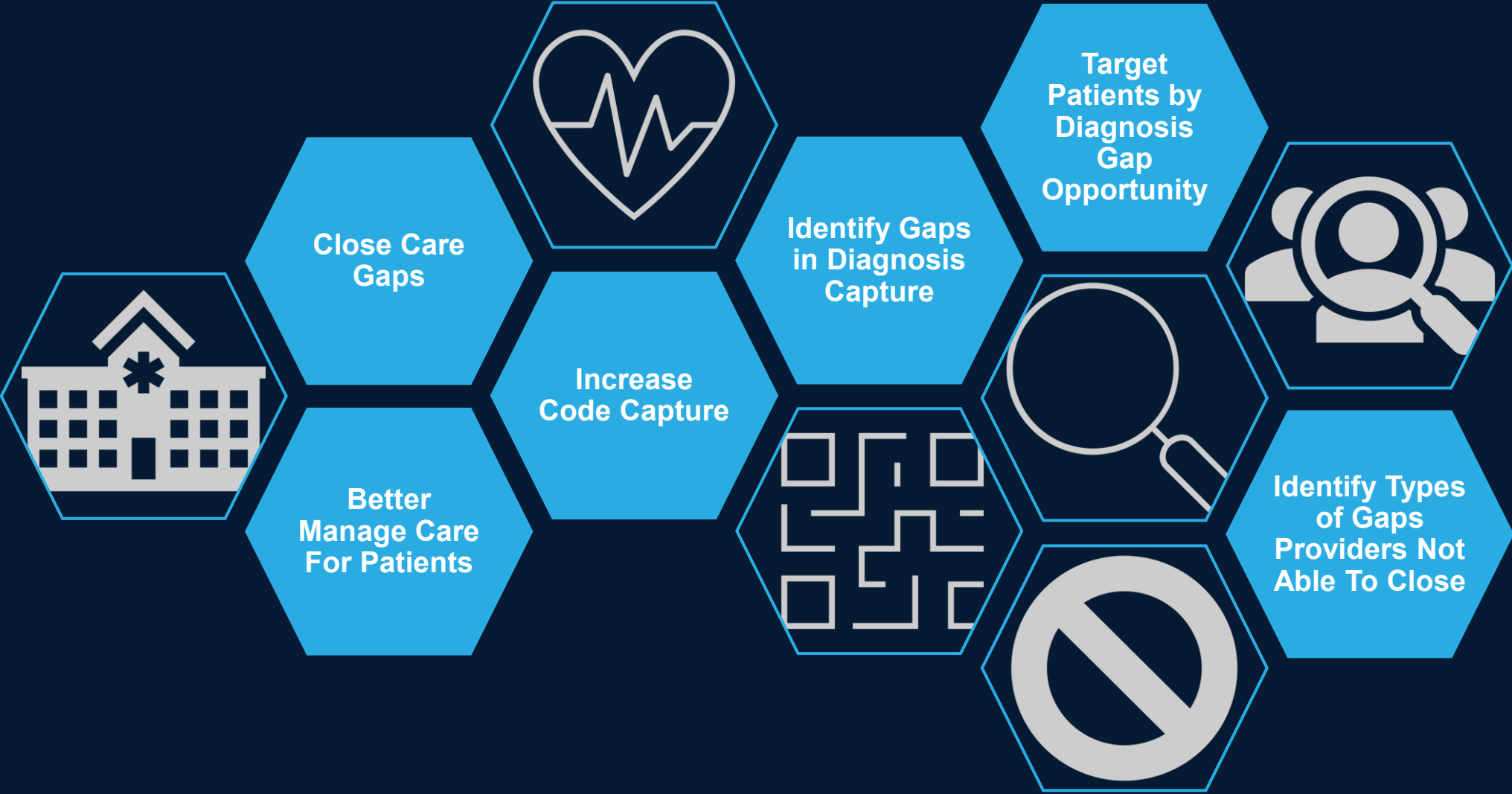


Percentage of alerts closed after firing in the PVP and CMP, enabling care team members to monitor the effectiveness of their interventions.



Risk Adjustment Factor Tools

RAF Usage in DRVS



RAF Tools in DRVS



Patient Visit Planning
(PVP)

Care Management
Passport (CMP)

EHR Plug-In

Measures

Reports

Dashboards



RAF Gap Reporting in DRVS



Measures and Reports available for both Medicare and Medicaid populations.

Tool	Type	Reporting Focus
RAF Gaps – Diagnosis Categories	PVP	Patient
RAF Gaps Details and RAF Score	CMP	Patient
RAF Gaps Medicare, RAF Gaps Medicaid	Report	Population + Patient
HCC RAF Gap Closure* <small>*Only available for HCC Medicare, does not include Claims data</small>	Report	Patient + Appointment + RAF Gap
Plug-In RAF Actions	Report	Patient + Gap + Provider Action
Average Risk Score	Measure	Population
Percent of Patients w/ RAF Gap	Measure	Population
RAF Gaps Per Patient	Measure	Population
RAF Gap Value Per Patient	Measure	Population
RAF Gap Value Per RAF Gap	Measure	Population
RAF Gaps Per Patient w/ Gap	Measure	Population
RAF Gap Value per Patient w/ Gap	Measure	Population
RAF Recapture – <i>*Claims based</i>	Measure	Population



RAF Gaps on the PVP



8:15 AM Wednesday, May 28, 2025 Visit Reason: FOLLOW UP 15 f/u DM/non-TCM follow up ER 5/11/25 low back pain CP/MA CC

DOE, JOHN MRN: 12345 DOB: 7/12/1957 (67)	Sex at Birth: M (He/him) GI: Male SO: straight or heterosexual	Phone: (000) 000-0000 Lang: English Risk: High (15)	Portal Access: N Plan: MHN REACH	PCP: AUGUSTINE, GREG Payer: MEDICARE B-OK: NOVITAS SOLUTIONS - OKLAHOMA CM: Unassigned
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DIAGNOSES (4)	ALERT	MESSAGE	DATE	RESULT
COPD	A1c	Out of Range	2/20/2025	8.4
DM I or II	Hep C - Baby Boomer	Missing		
HTN-E	HIV	Missing		
HyLip				

RISK FACTORS (1)
ASCVD High (27.37)

SDOH (1)
FPL<200%

RAF GAP DISEASE GROUPS		
Diabetes	Heart CLM	Vascular

Help organizations alert providers about RAF gaps that exist for a patient based on EHR and Claims data*



Customize RAF on the PVP



⚙️ PVP Layouts ⓘ
Cancel Save

PVP CONFIGURATION
Aaron E. Henry Community Health Center

LAYOUT NAME
PVP w RAF

DESCRIPTION

SHOW IN PVP YES NO

SET TO DEFAULT YES NO

SECTIONS

- ALERTS
- DIAGNOSES
- OPEN REFERRALS
- RAF GAP CATEGORIES
- RAF GAP DETAILS
- RAF SCORE
- RISK FACTORS
- SDOH
- VISITS AT OTHER PLACES

Use the layout builder to customize what displays on the PVP. Elements with a lock (🔒) cannot be updated or removed.

DEMOGRAPHIC INFORMATION

COLUMN 1

- Name
- MRN
- DOB (With age)
- Gestational Weeks
- Options Available*

COLUMN 2

- Sex at Birth
- Gender Identity
- Sexual Orientation
- Options Available*
- Options Available*

COLUMN 3

- Phone
- Language
- Risk Level
- Options Available*
- Options Available*

COLUMN 4

- Portal Access
- Plan
- Cohort
- Options Available*
- Options Available*

COLUMN 5

- Payer
- PCP
- Care Manager
- Options Available*
- Options Available*

Diagnoses

DIAGNOSES (5)		
AMI	ASCVD	Asthma
CAD	Cancer	

Alerts

ALERT	MESSAGE	DATE	RESULT	OWNER
Pap HPV	Missing	3/30/2026		MA
Depression Screen	Missing	3/29/2026		MA
Tobacco Scr	Missing	3/28/2026		CM
BMI & FU	Missing	3/27/2026		CM

Risk Factors

RISK FACTORS (5)		
Anticoag	MSM	SED
SMI	TOB	

RAF Gap Details

RAF DISEASE GROUP	DESC	CONTEXT/ACTIONS	BILLED CY	UNBILLED CY
Diabetes	Diabetes	Dx Not Billed Add to Chg Next Visit		EHR E11.9 (07/24/24)
Kidney	Kidney	Dx Not Billed Add to Chg Next Visit		CHG N18/31 (07/24/24)



RAF Gaps on the CMP



Allergies (2, last reviewed 5/28/24)				
START	DESCRIPTION	REACTION	SEVERITY	SOURCE
5/28/24	CODEINE			
5/28/24	PENICILLINS			

Medications (10)		
ACTIVE AS OF	NAME	SOURCE
5/22/25	oseltamivir 75 MG Oral Capsule	
5/22/25	acetaminophen 325 MG / oxycodone hydrochloride 10 MG Oral Tablet	
3/27/25	24 HR glipizide 10 MG Extended Release Oral Tablet	
3/27/25	baclofen 10 MG Oral Tablet	
3/5/25	empagliflozin 25 MG Oral Tablet	
1/11/25	aspirin 81 MG Delayed Release Oral Tablet	
1/11/25	amlodipine 10 MG Oral Tablet	

View more information on a patient's open RAF Gaps in the CMP



Diagnoses	Diabetes	2.00
Diagnoses	Hyperlipidemia	1.00
Diagnoses	COPD	2.00
SDOH	SDOH Count 1-2	0.00
Labs & Vitals	ASCVD Risk Score >= 20%	8.00
Utilization	1-2 E/D Episodes in last 6-mos	0.00

Alerts (6)			
ALERT	MESSAGE	DATE	RESULT
HIV	Missing		
Hep C - Baby Boomer	Missing		
Nephropathy	Missing		
A1c	Out of Range	2/27/25	8.4
Tetanus	Due		Due Date: 1976-07-31 Most Recent: None
Eye	Missing		

RAF Gaps (2)				
DISEASE GROUP	DESCRIPTION	CONTEXT/ACTIONS	BILLED CY	UNBILLED CY
Heart	Acute Myocardial Infarction	Dx Not Billed Add to Chg Next Visit		CLM: 121.9 (09/05/24)
Heart	Heart Failure, Except End-Stage and Acute	Dx Not Billed Add to Chg Next Visit		CLM: 150.9 (05/23/24)
Total RAF Risk Score				
MAX TOTAL SCORE		GAP SCORE	ACTUAL SCORE	
2.425		0.360	2.065	



RAF Gaps Within the EHR Plug-In



RAF Gaps are available directly in the EHR Plug-In, allowing providers members to review, dismiss, or defer gaps to a future date.

Dismiss

Defer

Add to EHR

Alonso Larrow

Low (14)

MRN: 1102568
DOB: 5/1/1974 (51 yrs)
CM: Renata Fritz

ALERTS 5

RAF GAPS 2

REFERRALS 2

CARE MGMT

DOCUMENTS:
No documents available

Disease Group	Description	Context/Actions	Billed CY	Unbilled CY	Action
Cardiovascular	Cardiovascular, medium	Dx Not Billed Add to Chg Next Visit		EHR: I11.0 (11/11/24)	- + ↺
Diabetes	Diabetes, type 1	Dx Not Billed Add to Chg Next Visit		EHR: E10.21 (11/11/24)	- + ↺
GAP DEFERRED					
	Need labs to reconfirm diagnosis	Dx Not Billed Add to Chg Next Visit		EHR: J80 (11/11/24)	- + ↺
	↺ 7/23/25 Rachel Hutcherson				
Substance abuse	Substance abuse, low	Dx Not Billed Add to Chg Next Visit		EHR: F15.951 (11/11/24)	- + ↺
	- 7/16/25 Madhuri Gaddam				

Demo Data

*The EHR Plug-in is an additional add-on product.

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Plug-In RAF Actions Report



Review provider actions in evaluating patients and diagnoses, and share the results with payers and other stakeholders.

Plug-In RAF Actions REPORT

FILTER 1

FILTERS: 01/01/2025-07/25/2025

REPORTS VALUE SETS

Search ...

Reset Columns SAVED COLUMNS

PATIENT DEMOGRAPHICS		RAF								DISMISS
USUAL PROVIDER	PRIMARY PAYER	DISEASE GROUP	DESCRIPTION	BILLED CY	UNBILLED CY	GAP ACTION	USER	DATE OF ACTION	REASON	COMMENT
Provider, Paul	Medicare	Metabolic	Morbid Obesity		EHR: E66.01	Dismissed	Paul Provider	7/23/2025	Suggested coding does not apply	BMI no longer in the morbid range
Taylor, Carrie	Medicare	Psychiatric	Psychosis, Except Schizophrenia		EHR: F31.2	Deferred	Carrie Taylor	7/21/2025	Dx Category no longer applies to patient	following up w psych



Available EHR Plug-In Integrations

15

AthenaOne



eCW



Epic

NetSmart/GEHRIMED

NextGen



Coming Soon

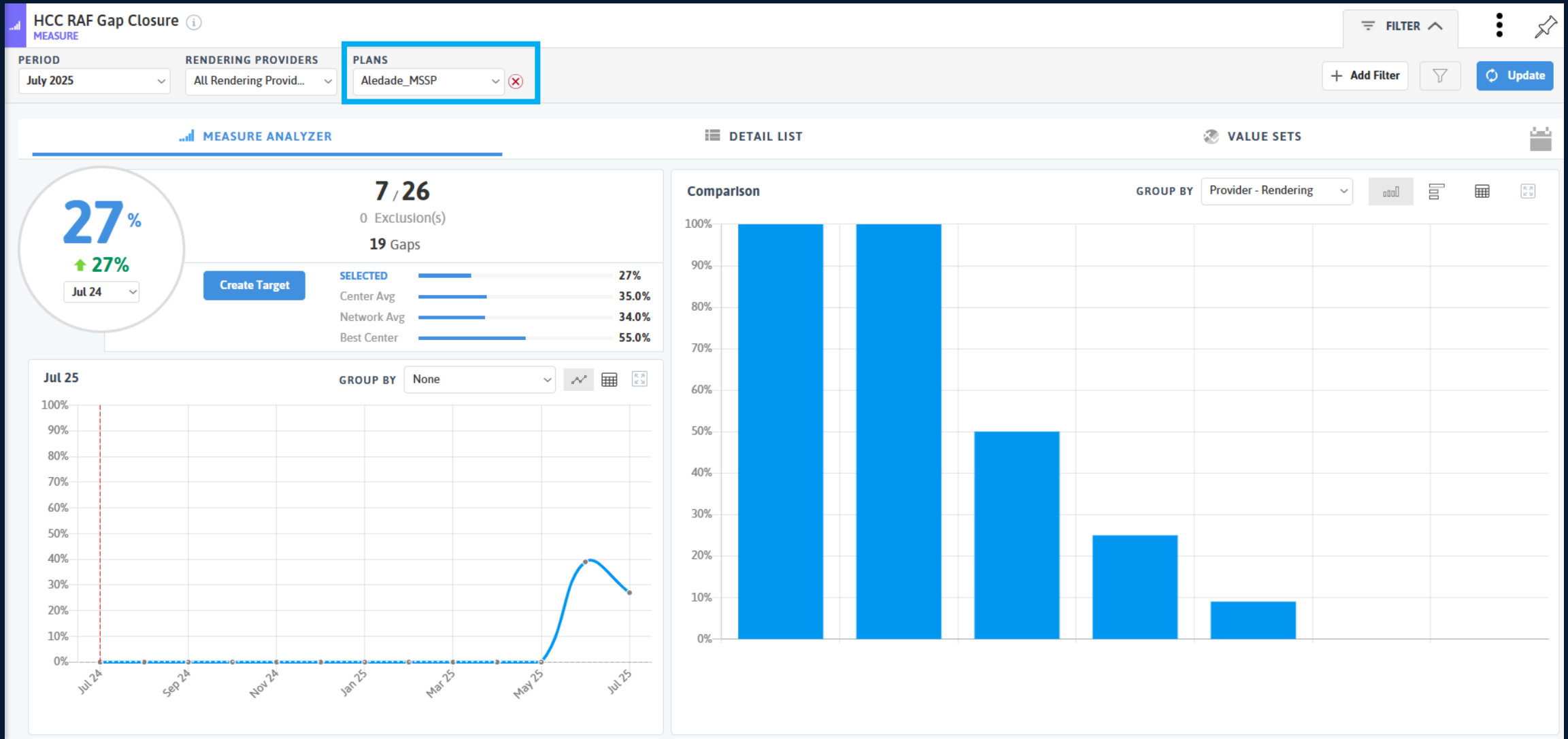
- Touchworks
- MedEnt
- Oracle/Cerner
- Trubridge
- Meditech



Seamless RAF diagnosis code writebacks to the EHR



Monitor RAF GAP Closure



HCC RAF Gap Closure Details



Review patients who had gaps at the time of their visit and whether the gap was closed at the point of-care, including columns for encounter type, usual provider, rendering provider, and encounter location.

Search ? RH

HCC RAF Gap Closure MEASURE FILTER ^

PERIOD: Q1 2025 | RENDERING PROVIDERS: All Rendering Provid... | **PLANS: Aledade_MSSP** + Add Filter | Update

MEASURE ANALYZER | **DETAIL LIST** | VALUE SETS

All | Gaps | Num | Excl
Reset Columns
SAVED COLUMNS

USUAL PROVIDER	ENCOUNTER APPT	HCC	GAP	EHR PLUG-IN ACTION	CHG RECEIVED			
DATE	DISEASE GROUP	DESCRIPTION	CODE	DATE CLOSED	DISMISSED	Y/N	DATE	CODE
Doe, Jane	1/1/2025	Diabetes	HCC Diabetes with Glycemic Unspecified or No Complications	EHR: E11.65		N	N	
Doe, Jane	1/1/2025	Kidney	HCC Chronic Kidney Disease Moderate Stage 3B	EHR: N18.32	1/1/2025	N	Y	1/1/2025 N18.32
Doe, Jane	3/8/2025	Diabetes	HCC Diabetes with Glycemic Unspecified or No Complications	EHR: E11.65	3/8/2025	N	Y	3/8/2025 E11.65

Demo Data



RAF Gaps Medicare Report



RAF Gaps Medicare REPORT

PERIOD: 2025 | LAST VISIT CY: Current Year | PLANS: Aledade_MSSP

REPORTS | VALUE SETS

Search ... | NEXT APPT: All, No Appt, Upcoming Appt | SAVED COLUMNS

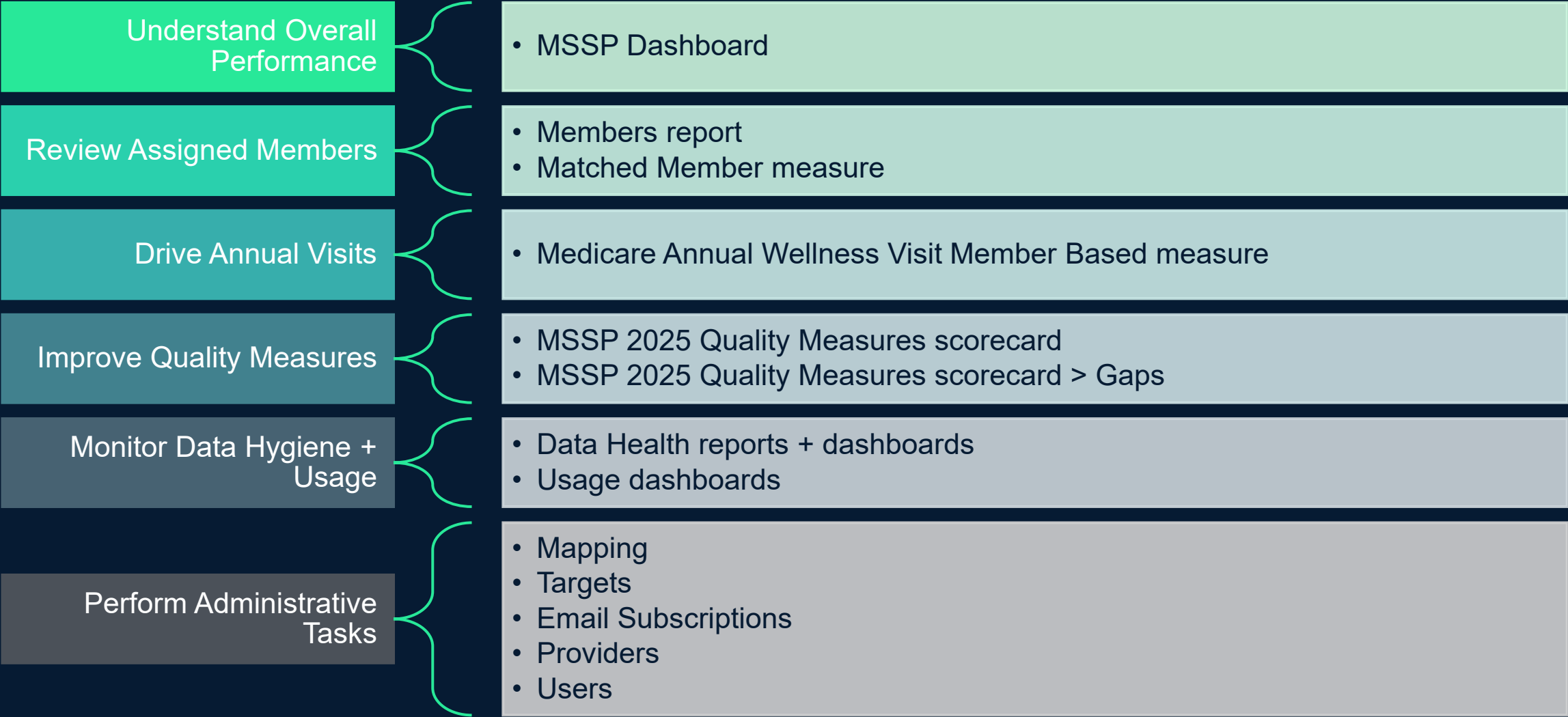
TOTAL HCC MEDICARE RISK			GAP SUMMARY HCC		GAP SUMMARY		
MAX	GAP	ACTUAL	DISEASE GROUP	DESCRIPTION	GAP DESCRIPTION	MAX RISK	RISK GAP
1.873	1.136	0.737	Neoplasm	Lung and Other Severe Cancers	No code has been billed yet this year	1.136	1.136
1.768	0.968	0.8	Injury	Vertebral Fractures without Spinal Cord Injury	No code has been billed yet this year	0.522	0.522
2.075	1.132	0.943	Injury	Vertebral Fractures without Spinal Cord Injury	No code has been billed yet this year	0.522	0.522
1.084	0.522	0.562	Injury	Vertebral Fractures without Spinal Cord Injury	No code has been billed yet this year	0.522	0.522
0.511	0.511	0	Psychiatric	Schizophrenia	No code has been billed yet this year	0.511	0.511
2.075	1.132	0.943	Substance Use Disorder	Drug Use Disorder, Moderate Severe, or Drug Use with Non-Psychotic Complications	No code has been billed yet this year	0.424	0.424
0.819	0.424	0.395	Substance Use Disorder	Drug Use Disorder, Moderate Severe, or Drug Use with Non-Psychotic Complications	No code has been billed yet this year	0.424	0.424
1.238	0.659	0.579	Heart	Heart Failure, Except End-Stage and Acute	No code has been billed yet this year	0.36	0.36
1.187	0.487	0.7	Heart	Heart Failure, Except End-Stage and Acute	No code has been billed yet this year	0.36	0.36
1.664	0.36	1.304	Heart	Heart Failure, Except End-Stage and Acute	No code has been billed yet this year	0.36	0.36
1.768	0.968	0.8	Lung	Chronic Obstructive Pulmonary Disease, Interstitial Lung Disorders, and Other Chronic Lung Disorders	No code has been billed yet this year	0.319	0.319
1.556	0.618	0.938	Lung	Chronic Obstructive Pulmonary Disease, Interstitial Lung Disorders, and Other Chronic Lung Disorders	No code has been billed yet this year	0.319	0.319
1.238	0.659	0.579	Heart	Specified Heart Arrhythmias	No code has been billed yet this year	0.299	0.299
0.815	0.299	0.516	Psychiatric	Major Depression, Moderate or Severe, without Psychosis	No code has been billed yet this year	0.299	0.299
1.556	0.618	0.938	Heart	Specified Heart Arrhythmias	No code has been billed yet this year	0.299	0.299

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MSSP Performance Tracking Tools

DRVS Reporting Tools for MSSSP Success



MSSP 2025 Quality Measures Scorecard



The MSSP 2025 Quality Measures Scorecard offers a clear snapshot of performance across focus measures, displaying progress toward targets, total eligible population, compliance rates, and the number of patients on the gap list.

The screenshot shows the MSSP 2025 Quality Measures Scorecard interface. At the top, there are filters for PERIOD (2025), RENDERING PROVIDERS (All Rendering Provid...), and PLANS (Aledade_MSSP). Below the filters, there are options for GROUPING (No Grouping), TARGETS (Primary, Secondary, Not Met), and REPORT FORMAT (Scorecard). The main table displays four measures with their respective results, targets, numerator, denominator, exclusions, and gap counts. The 'GAP' column is highlighted with a blue box.

MEASURE	RESULT	TARGET	NUMERATOR	DENOMINATOR	EXCLUSIONS	GAP
Diabetes A1c or GMI > 9 or Untested (CMS 122v13)	13.1%	23.0%	21	160	4	21
Hypertension Controlling High Blood Pressure (CMS 165v13)	71.3%	70.0%	273	383	17	110
Screening for Depression and Follow-Up Plan (CMS 2v14)	96.4%	93.0%	537	557	16	20
Breast Cancer Screening Ages 50-74 (CMS 125v13)	60.4%	50.0%	125	207	5	82



MSSP 2025 Quality Measures Scorecard



The gap list shows patient compliance with measures and prioritizes those with the highest number of open gaps, guiding care teams to where they can make the greatest impact.

MSSP 2025 Quality Measures REPORT

PERIOD: 2025 | RENDERING PROVIDERS: All Rendering Provid... | PLANS: Aledade_MSSP

REPORT | CARE GAPS

Search ... | Non-Compliant (Gap) | Compliant | All | Has Appt | No Appt | Reset Columns | SAVED COLUMNS

GAP	COUNT	DESCRIPTION	MEASURES			
			DM A1C OR GMI > 9 OR UNTESTED (CMS 122V13)	HTN CONTROLLING HIGH BP (CMS 165V13)	DEPR SCRIN & FOLLOW-UP (CMS 2V14)	BREAST CANCER SCREENING (CMS 125V13)
	3	DM A1C, HTN BP, Mammo	Gap	Gap	✓	Gap
	2	DM A1C, Mammo	Gap	✓	✓	Gap
	2	HTN BP, Mammo		Gap	✓	Gap
	2	HTN BP, Mammo		Gap	✓	Gap
	2	DM A1C, HTN BP	Gap	Gap	✓	
	2	DM A1C, HTN BP	Gap	Gap	✓	
	2	HTN BP, Mammo		Gap	✓	Gap
	2	HTN BP, Mammo		Gap	✓	Gap
	2	DM A1C, Depr Scrn	Gap		Gap	
	2	DM A1C, HTN BP	Gap	Gap	✓	
	2	HTN BP, Mammo	✓	Gap	✓	Gap
	2	Depr Scrn, Mammo			Gap	Gap
	1	HTN BP	✓	Gap	✓	
	1	Mammo				Gap
	1	HTN BP	✓	Gap	✓	

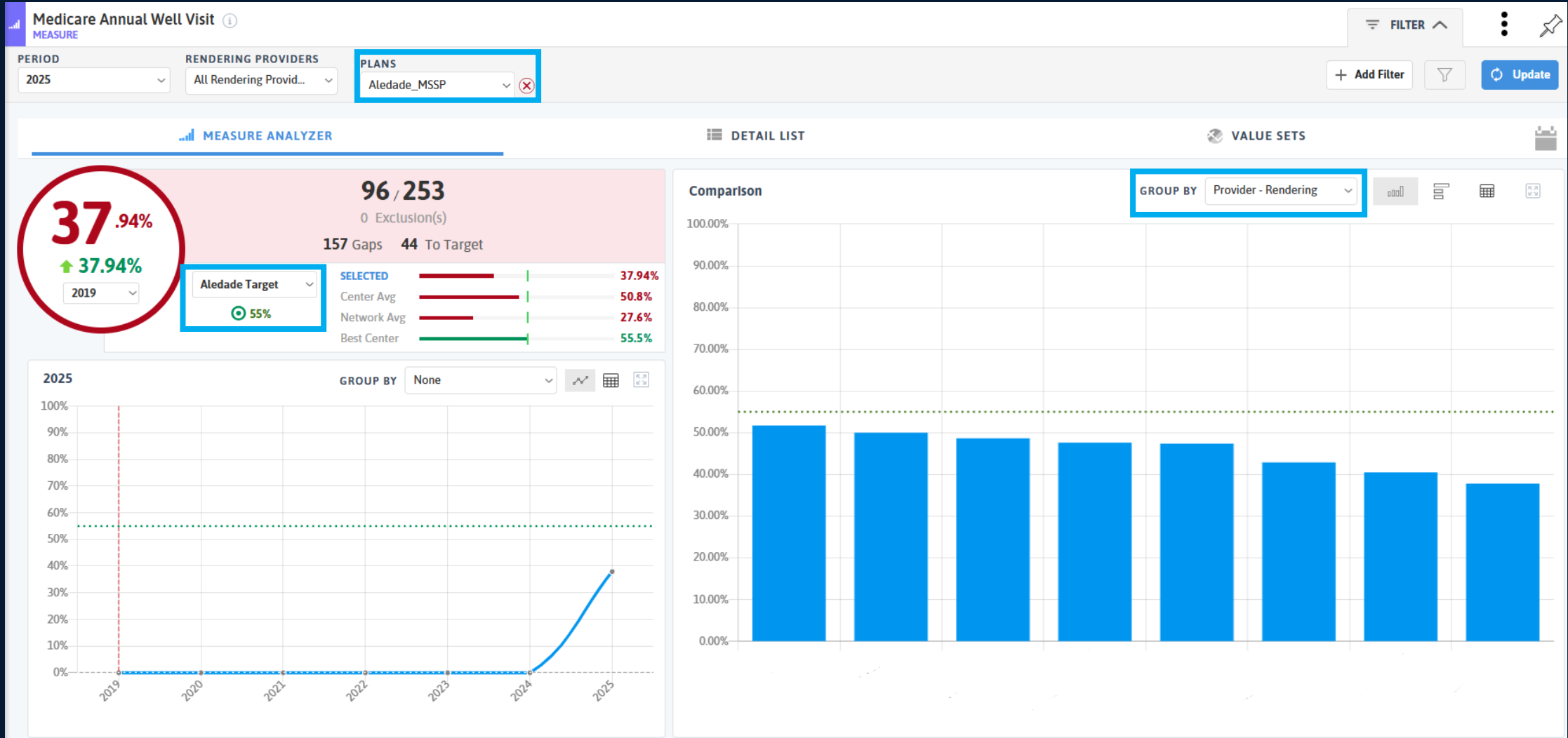
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Identify Patients Needing Outreach



Patients with Medicare who have had an Annual Well Visit (AWV) completed in the last year.



Medicare Annual Well Visit Gap List



Medicare Annual Well Visit MEASURE

PERIOD: 2025 | RENDERING PROVIDERS: All Rendering Provid... | PLANS: Aledade_MSSP

MEASURE ANALYZER | DETAIL LIST | VALUE SETS

Search Patients ... | All | Gaps | Num | Excl | Measure Investigation Tool

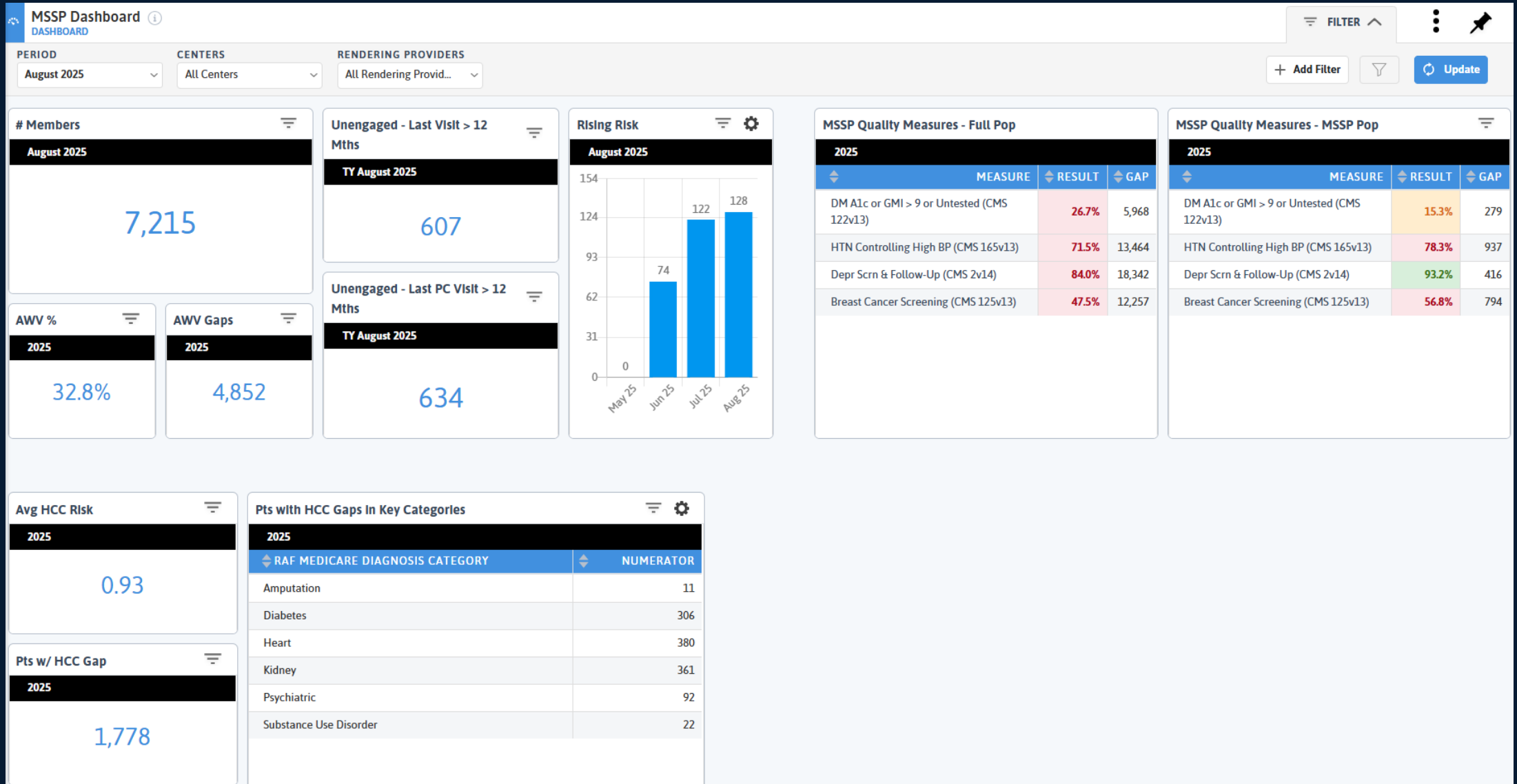
MRN	DEMOGRAPHICS >				USUAL				MOST RECENT ENCOUNTER		
	NAME	SEX AT BIRTH	DATE OF BIRTH	MEDICAID-NUMBER	PROVIDER	LOCATION	INACTIVE	DECEASED	DATE	PROVIDER	LOCATION
1103273	Boissy, Jeannie	F	2/8/1986	2850398	Decelles, Larry	ACH - Needs Update	N	N	5/7/2025	Smith, Joe	Main St. Office
1103276	Shonda, Bartlome	M	11/8/1971	6665805	Fritz, Renata	ACH - Needs Update	N	N	2/11/2024	Fritz, Renata	1400 Cambridge St.
1103718	Melrose, Lila	F	4/1/1941	8773912	Smith, Joe	ACH - Needs Update	N	N	1/1/2025	Augustine, Greg	70 Blanchard Rd.
1103734	Lesslie, Mario	M	7/11/1994	8724468	Gunther, Eric	ACH - Needs Update	N	N	12/23/2024	Augustine, Greg	1400 Cambridge St.
1103740	Garbarini, Jorge	M	9/22/1947	4377785	Fritz, Renata	ACH - Needs Update	N	N	10/31/2024	Augustine, Greg	70 Blanchard Rd.
1103744	Chikko, Lucius	M	4/24/1982	6163468	Smith, Joe	ACH - Needs Update	N	N	3/8/2024	Doe, Jane	70 Blanchard Rd.
1103745	Blada, Adriene	F	8/23/1980	5192762	Fritz, Renata	ACH - Needs Update	N	N	12/15/2025	Black, Ronda	1400 Cambridge St.
1103749	Edmundo, Akuna	M	2/5/1993	7926992	Winslow, Francine	ACH - Needs Update	N	N	5/13/2025	Bridgewater, Bill	70 Blanchard Rd.
1103756	Bundick, Brady	M	11/27/1986	8487625	Bridgewater, Bill	ACH - Needs Update	N	N	9/2/2025	Augustine, Greg	70 Blanchard Rd.
1103711	Dunken, Max	M	3/14/1972	7338248	Crowley, Patrick	ACH - Needs Update	N	N	3/13/2024	Gunther, Eric	1400 Cambridge St.
1103766	Flebbe, Alpha	F	12/10/1991	2848480	Augustine, Greg	ACH - Needs Update	N	N	10/6/2025	Crowley, Patrick	70 Blanchard Rd.
1101130	Blackshire, Ligia	F	11/28/1995	4498627	Augustine, Greg	ACH - Needs Update	N	N	8/17/2025	Crowley, Patrick	Main St. Office
1101146	Buffkin, Colton	M	8/28/2005	6980888	Doe, Jane	ACH - Needs Update	N	N	1/15/2025	Bridgewater, Bill	1400 Cambridge St.
1101151	Dsaachs, Kim	F	11/20/1993	9473721	Winslow, Francine	ACH - Needs Update	N	N	3/24/2025	Winslow, Francine	1400 Cambridge St.
1101157	Collura, Dorsey	F	9/5/2019	2558422	Winslow, Francine	ACH - Needs Update	N	N	3/23/2025	Decelles, Larry	1400 Cambridge St.

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Demo Data



Monitor Performance with MSSP Dashboard



Azara Patient Outreach | Available Campaigns

15

DRVS can automatically text Aledade members about open care gaps helping drive patient engagement and improved MSSP measure performance.

Medicare AWW

Diabetes A1C

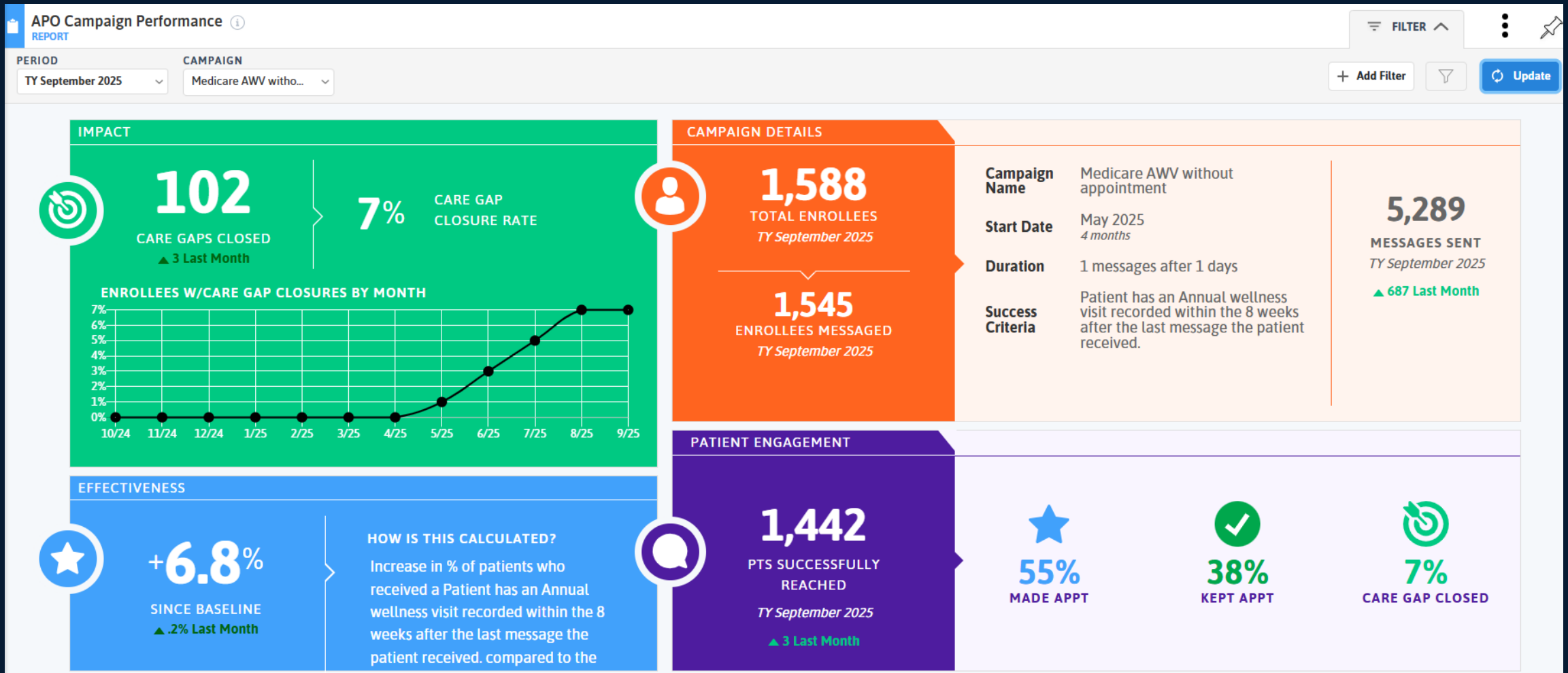
Hypertension
Control

Breast Cancer
Screening

Colorectal Cancer
Screening



APO Campaign Performance Report



Network Rollout Strategy

Implementation Plan and Long-Term Success Strategy



MHSN monthly
DRVS user calls

CHC feedback



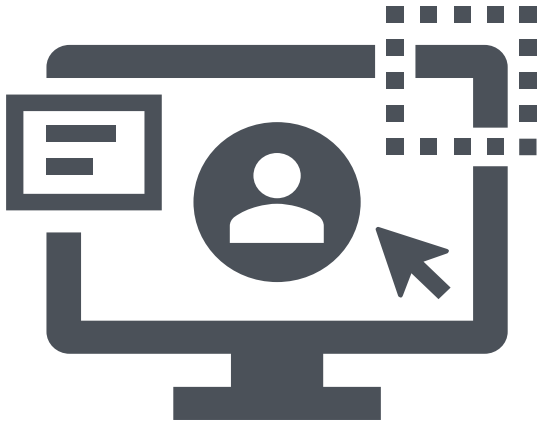
Project Learning Curve



Terminology Differences



PVP Engagement Impacts MSSP Insights



Ensuring RAF Visibility in Daily Workflows



Project Learning Curve

Terminology Differences

Tag vs.
Alert

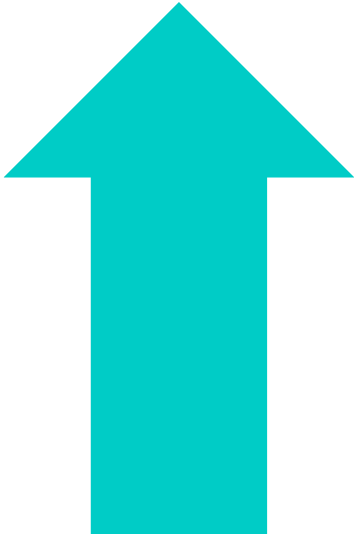


Login vs.
Utilization



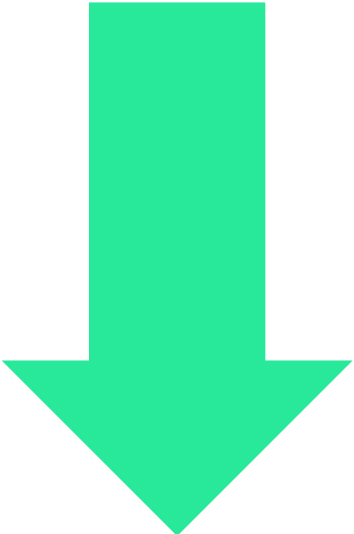
Project Learning Curve

**PVP
Engagement
Impacts MSSSP
Insights**



High PVP Utilization

- Clear visibility into RAF, alerts, and care gaps



Low PVP Utilization

- Limited understanding of MSSSP terms, measures, AWWs



Project Learning Curve

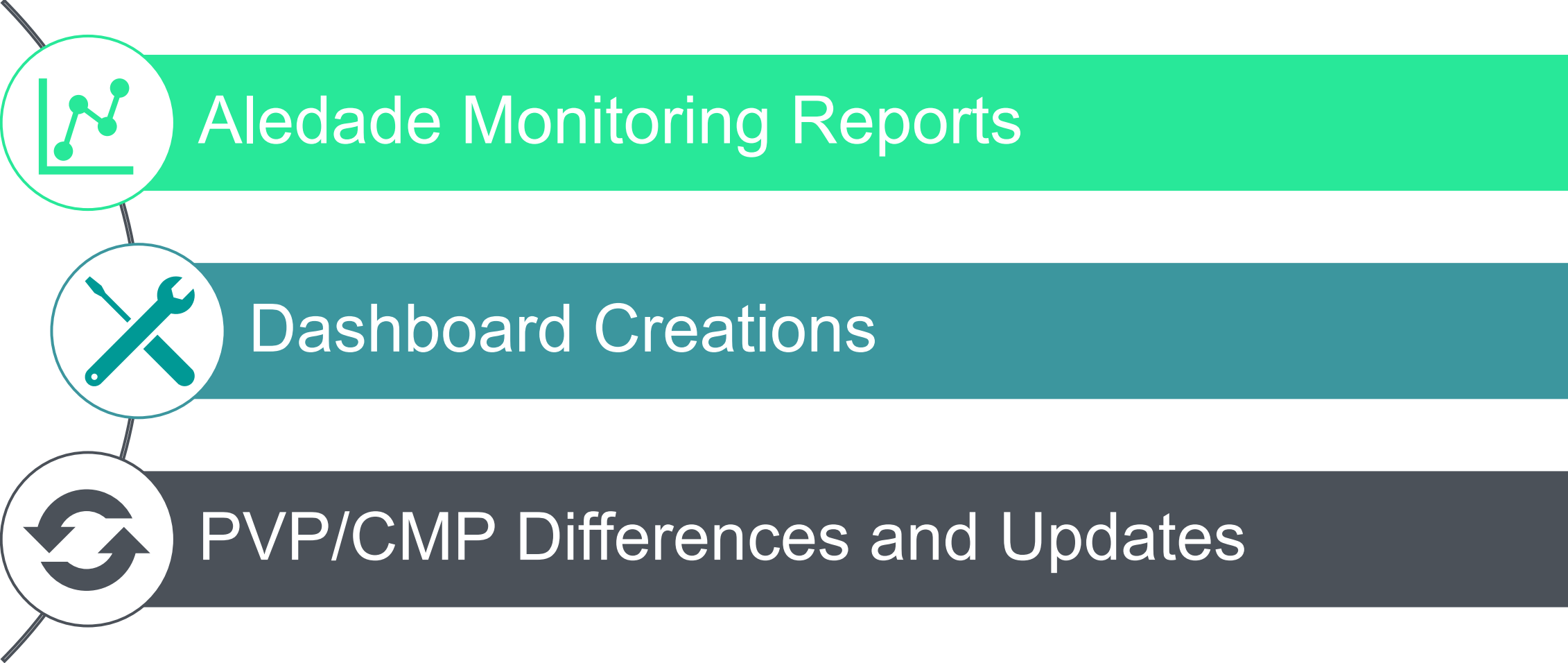
Ensuring RAF Visibility in Daily Workflows

BEFORE: RAF more prominent on CMP (less used by centers)

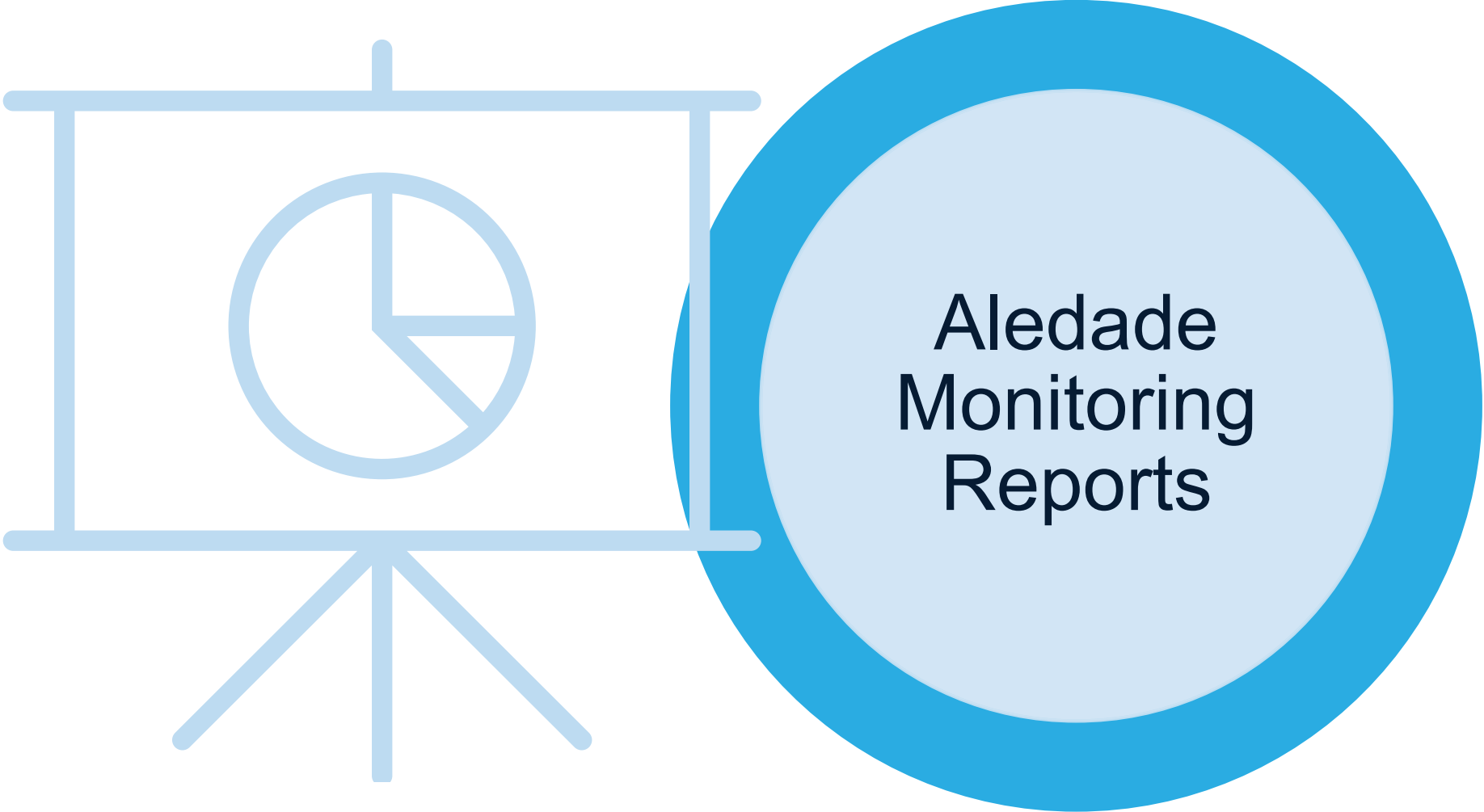
AFTER: RAF default on PVP (more used method), actionable and front-facing



Ongoing Project Status



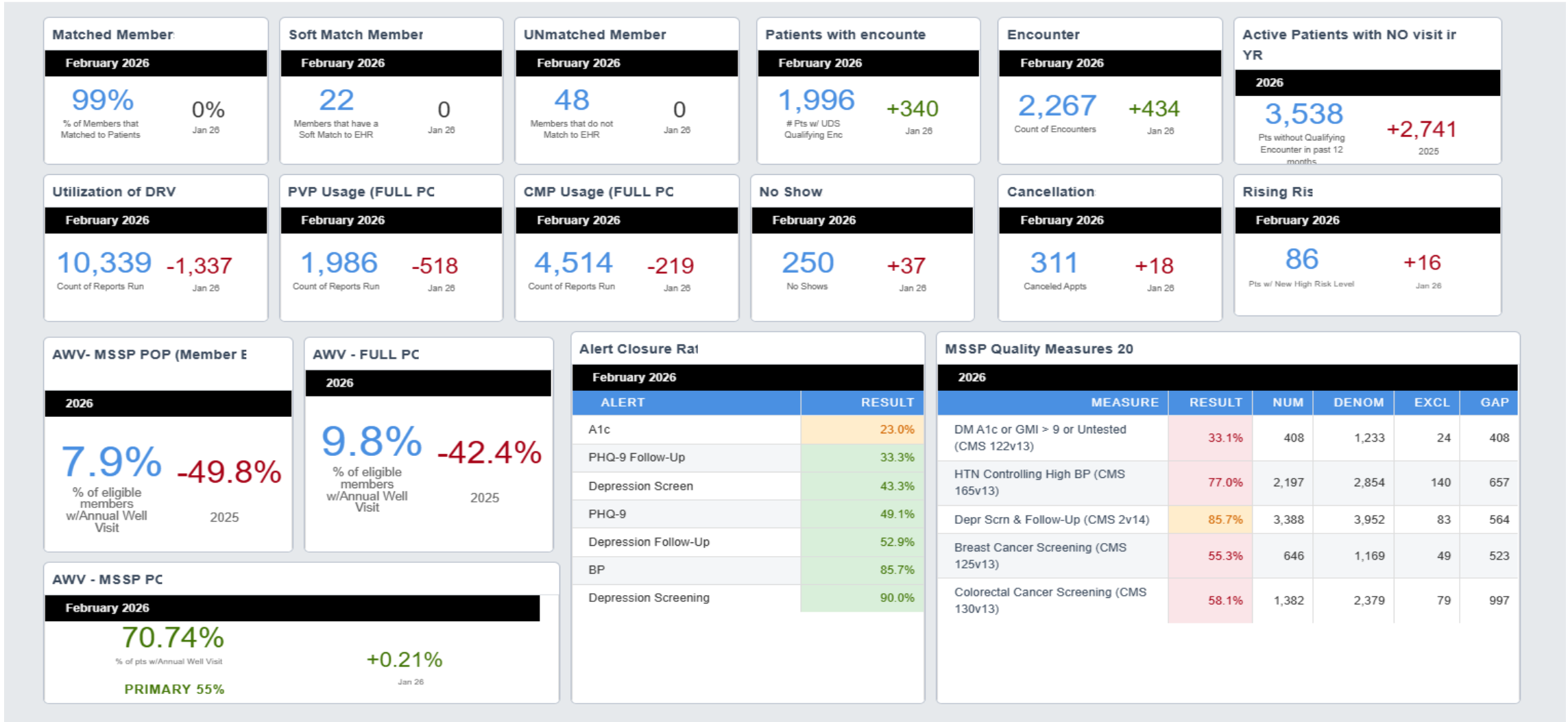
Ongoing Project Status



Custom MSSP Tracking Dashboard



MSSP 2026 Tracking



MSSP Tracking Dashboard Widget Details

Key to each Widget on the “MSSP 2026 Tracking” Dashboard

Widget Title: **Matched Members**

Filtered: **YES**

Timeframe: **Month**

Description:

- Percentage of eligible members who have a matched patient record in the EHR.
 - Numerator:
 - All members that match to a patient record.
 - DOB match
 - Policy number match
 - Denominator:
 - All members eligible at the end of the reporting period.

Widget Title: **Soft Matched Members**

Filtered: **YES**

Timeframe: **Month**

Description:

- Percentage of eligible members who have a soft matched patient record in the EHR.
 - Numerator:
 - All members that have a soft match to a patient record.
 - Denominator:
 - All members eligible at any point during the reporting period.

Widget Title: **Unmatched Members**

Filtered: **YES**

Timeframe: **Month**

Description:

- Percentage of eligible members who have no matched patient record in the EHR.
 - Numerator:
 - All members that do not match to a patient record.
 - Denominator:
 - All members eligible at any point during the reporting period.

Widget Title: **Patients with encounters**

Filtered: **YES**

Timeframe: **Month**

Description:

- Patients with encounters identified as qualifying
 - Numerator:
 - Patients who had an encounter identified as qualifying during the reporting period
 - Most recent encounter in the last 12 months identified as an encounter between a patient and a licensed or credentialed provider who exercises independent professional judgment in providing services
 - Denominator:
 - Patients who have had at least one encounter record during the last 12 months
 - Most recent encounter of any type during the last 12 months

Widget Title: **Encounters**

Filtered: **YES**

Timeframe: **Month**

Description:

- Total number of UDS qualifying encounters in the filtered period. A UDS qualifying encounter is defined by each center in the Mapping Administration in DRVS. Encounter types or codes can be mapped to either Qualifying Encounter = Yes or No. All encounter types or codes mapped to Yes are included in the total count on this measure.

Widget Title: **Active Patients with NO visit in the Past YR**

Filtered: **YES**

Timeframe: **Calendar Year**

Description:

- Patients seen in the last 3 years who did not have a visit in the last year.
 - Numerator:
 - Count of patients in the denominator without a UDS qualifying face-to-face encounter in the 12 months prior to the end of the selected period.
 - Denominator:
 - Count of patients with a UDS qualifying face-to-face encounter in the 3 years prior to the end of the selected period.

Widget Title: **Utilization of DRVS**

Filtered: **NO**

Timeframe: **Month**

Description:

- Count of reports run in the measurement period

Widget Title: **PVP Usage (FULL POP)**

Filtered: **NO**

Timeframe: **Month**

Description:

- Count of reports run in the measurement period
 - Filtered to PVP only.

Widget Title: **CMP Usage (FULL POP)**

Filtered: **NO**

Timeframe: **Month**

Description:

- Count of reports run in the measurement period
 - Filtered to CMP only.



Patient Visit Report (PVP)

8:00 AM Monday, March 30, 2026 Visit Reason: MEDICARE ANNUAL WELLNESS 1 yr

PLAN on PVP and ★ helps to create awareness and engagement

Portal Access: N
Plan: Aledade MSSP ★

PCP:
Payer:
CM: Unassigned

DIAGNOSES (4)

CHF	DM I or II	HTN
HyLip		

RISK FACTORS (3)

ANTICOAG	ASCVD Intermediate (16.13)	BMI
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SDOH (1)

RACE

RAF GAP DISEASE GROUPS

ALERT	MESSAGE	DATE	RESULT
Flu - Seasonal	Due Seasonal		Due Date: 2025-10-01
Tetanus	Due		Due Date: 1975-03-27 Most Recent: None
Eye	Missing		
Foot	Missing		
★ Medicare AWW	Overdue	2/14/2025	



Care Management Passport (CMP)



08:00 AM Monday, March 30, 2026

PROVIDER: |

VISIT REASON: 1 yr

PLAN and ★ recently released on the CMP

Last Phys: 2/2/2026

Portal Access: N

Plan: Aledade MSSP ★

PCP:

Payer:

CM: Unassigned

Assessments (Last 10 of 18)

CODE	DESCRIPTION	LAST ASSESSED	# ASSESSED TY
I50.9	Heart failure, unspecified	2/2/26	5
Z13.31	Encounter for screening for depression	2/2/26	7
I10	Essential (primary) hypertension	2/2/26	7
Z71.82	Exercise counseling	2/2/26	7
Z71.3	Dietary counseling and surveillance	2/2/26	7
E11.9	Type 2 diabetes mellitus without complications	2/2/26	7
I48.0	Paroxysmal atrial fibrillation	2/2/26	5
K21.9	Gastro-esophageal reflux disease without esophagitis	2/2/26	5
E78.2	Mixed hyperlipidemia	2/2/26	6
Z68.35	Body mass index [BMI] 35.0-35.9, adult	2/2/26	2

Active Problems (Last 10 of 12)

CODE	DESCRIPTION	MOST RECENT
714628002	Prediabetes	5/21/25
68496003	Polyp of colon	2/15/23
Z13.31	Encounter for screening for depression	2/15/23
Z71.82	Exercise counseling	2/15/23
Z71.3	Dietary counseling and surveillance	2/15/23

Alerts (5)

ALERT	MESSAGE	DATE	RESULT
Flu - Seasonal	Due Seasonal		Due Date: 2025-10-01
Tetanus	Due		Due Date: 1975-03-27 Most Recent: None
Eye	Missing		
Foot	Missing		
★ Medicare AWW	Overdue	2/14/25	



Closing & Discussion

Key Takeaways, Next Steps, and Open Discussion

Aligning Objectives to Achieve Collaborative Success

Support FQHC partners by combining Aledade and Azara's strengths to improve data integration, insight sharing, and workflow efficiency.

Enhance ACO performance outcomes through better alignment of practice workflows and actionable data.

Improve engagement and action on Aledade patients by enabling seamless identification of these patients within Azara tools.

Integrate Aledade patient management into existing Azara workflows to reduce friction for practices.

Strengthen HCC coding capture and recapture for FQHCs by leveraging Azara's HCC functionality.



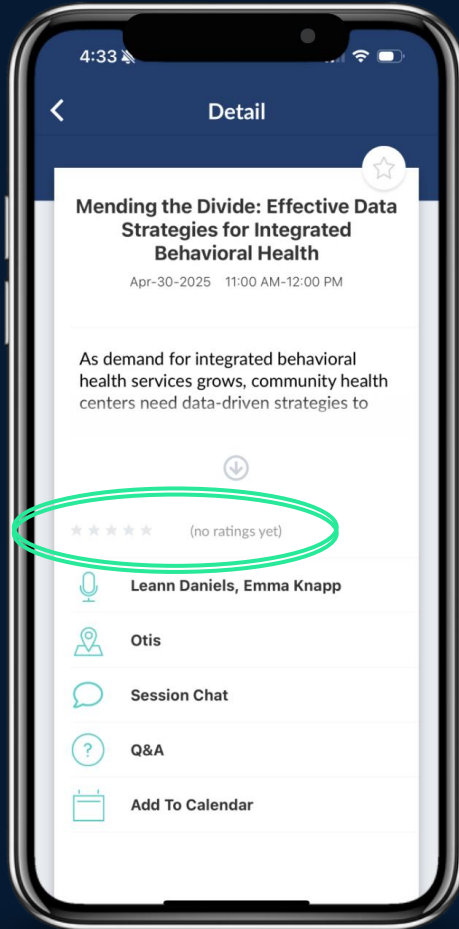


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We want to hear from you!

Click on the session from your agenda in the conference app.
Click the stars in the center of your screen to rate and provide feedback.



Quick and Easy



Provide brief feedback or ideas



Rate the session and the speaker(s)



Help us continue to improve



azara2026

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Thanks for attending!

