

Value-Based Care Reporting with Payer Integration

Azara DRVS' Value-Based Care Reporting with Payer Integration functionality facilitates collaboration between providers and health plans in service of value-based care contracts. Through the ingestion of enrollment, care gaps, and claims data, alongside existing EHR data, DRVS can serve as the whole-population hub for providers' quality and risk-sharing initiatives. While the tools available depend on what data is shared by health plans, the goal is the same: unify and simplify the data care teams need to succeed in value-based care.

Attribution {	****	Enrollment	Rosters of members attributed to a given provider or practice
Clinical		Care Gaps	Identify members which have not received contracted services
Clinical Quality & ~ Patient Care		Supplemental Data	Screenings, lab results, vitals, and other EHR data elements not found in claims
Fatient Gale	Ę	Prescription Fills	Claims for medication fills/refills from pharmacies
		Professional Claims	Ambulatory services delivered including CPT, date, place of service, & ICD10
Cost Containment		Institutional Claims	Inpatient services delivered including CPT, date, place of service, and coding
		Cost	Health plan expenditures for members on claims

Azara solutions empower organizations to succeed in multi-payer value-based care environments by:

- Identifying attributed, but never seen, members and matching health plan enrollment to EHR medical records
- Reconciling care gaps between health plan and EHR data sources
- Surfacing risk-adjustment factor (RAF) gaps for a patient through either HCC or CDPS algorithms
- Calculating certified HEDIS measures from an integrated set of clinical and claims data
- Predicting which patients/members will be heavy utilizers and drive total cost of care
- Providing supplemental data to health plans via NCQA Data Aggregator Validation Program certified CCDs



Organizations use Azara solutions to engage with health plans and members – improving care by enabling providers to:

Unify member insights by aggregating and standardizing supplemental data directly from health plans– empowering care teams with a comprehensive and timely understanding of patients' conditions and risk factors.

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Value Based Care					3	FILTER ^		
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	CCS - Cervical Cancer Screening	56.0% 79	141 2	18 ED Utilization by Last Encounter				
	BCS - Breast Cancer Screening	52.2% 12	23 0	2 Assgunt 2023				
	COL - Colorectal Cancer Screening	47.4% 9	19 0	3 No Encounter				
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Significantly reduce wasted time and effort by closing care gaps with Azara's automated care gap reconciliation functionality which seamlessly matches payer-calculated gaps against EHR data–revealing the true status of gaps and ensuring resources are focused on the issues that matter most.

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1	Care Gap Reconciliation (CGR)						₹ FRITER ^			
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Azara DRVS supports value-based care success with an experienced Clinical Transformation team and a comprehensive library of over 600 measures – including over 50 certified HEDIS® measures, CMS eCQM measures used for MSSP, MCP, & PCF programs, and a broad range of other clinical quality measures, covering all health plan members.



azara

Interested in learning more about Value-Based Care Reporting with Payer Integration?

Contact your PCA, HCCN, your Azara Account Representative or solutions@azarahealthcare.com.