



Adult PCP Quality Improvement Collaborative Session #1: 10/21/25

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Targeted Investment Team

ASU TIPQIC

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- Francisca Dibarrart, PhD
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- Jane Otenyo
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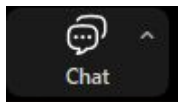
Agenda

Time	Topic	Presenter
12:00 PM to 12:03 PM	Opening	William Riley, PhD
12:03 PM to 12:15 PM	Measure Overview & Network Performance	William Riley, PhD
12:15 PM to 12:35 PM	Measure Details: Definition, Coding, Targets, Attribution	George Runger, PhD Taylor Vaughan, MPH
12:35 PM to 12:45 PM	Common Barriers & Best Practices	Matthew Martin, PhD
12:45 PM to 12:57 PM	Discussion	Matthew Martin, PhD
12:57 PM to 1:00 PM	Closing	Kailey Love, MBA, MS

Learning Objectives

1. Describe strategies to facilitate population health management improvement.
2. Critically analyze the application of improvement methods and techniques to improve HEDIS quality metrics.
3. Evaluate strategies to identify and address upstream drivers of health for high risk populations
4. Explore process improvement strategies for population health management

Guidelines



Do not enter your name or organization in the Chat. Zoom will automatically record your attendance. Please only use the chat for questions and comments.



At least one representative from each TI organization must have registered and attend the QIC session using that registration link for the required QIC sessions.



Participants will automatically be muted and videos off as they join.



When interested in participating in the discussion, please raise your hand and unmute yourself.

To: Everyone v

Type message here...

Please drop your questions into the Chat. If we do not have time to address your question, we will compile all questions into a FAQ document and distribute post-event.

Disclosure

This is a CME activity



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Acknowledgment: This CME event is not supported by any commercial entity.

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Credit Statement: Arizona State University designates this live activity for a maximum of 1-credit from the following:

- ***AMA PRA Category 1 Credit™ – CME – 1 credit hour per session***
- ***Nursing Continuing Professional Development – NCPD – 1 credit hour per session***
- ***Psychology – CEP – 1 credit hour per session***
- ***Social Work – ACE – 1 credit hour per session***
- ***Interprofessional Continuing Education – IPCE – 1 credit hour per session***

**Providers should only claim credit commensurate with the extent of their participation in the activity.*



Measure Overview & Network Performance

Table 1
Targeted Investments (TI) 2.0
Year 4 Milestones and Incentive Percentages

MILESTONES	ADULT PCP		
	INCENTIVE % OF ANNUAL PAYMENT		
M1. Performance Measures	50		
	CCS	PPC	AAP
	20	15	15
M2. Screening and Referral Systems for Nonmedical Drivers of Health	25		
M3. Closed Loop Referral System (CLRS)	15		
M4. Quality Improvement Collaboratives (QICs)	10		

Table 2
Targeted Investments (TI) 2.0
Year 4 QIC Schedule with Milestones and Incentive Percentages

MILESTONES	QIC Focus	ADULT PCP
		INCENTIVE % OF ANNUAL PAYMENT
M1. Performance Measures		50
	Oct QIC	Cervical Cancer Screening (CCS) - 20%
	Dec QIC	Prenatal and Postpartum Care - Prenatal Care in the First Trimester (PPC-Pre) - 15%
	Feb QIC	Adults' Access to Preventive/Ambulatory Health Services (AAP) - 15%

Adult PCP QIC Curriculum Overview

Adult PCP AOC Measures	TI Year 4: 10/1/2025 - 9/30/2026											
	O	N	D	J	F	M	A	M	J	J	A	S
CCS	QIC						QIC					
PPC-Pre			QIC						QIC			
AAP					QIC						QIC	
Optional Resources	Ongoing Performance Improvement Project (PIP)											
	Ongoing Technical Assistance & Consultation											

- **QIC's** in October, December, and February are **required**
 - Each QIC will focus on the a HEDIS measure as indicated in the above table
- **QIC's** in April, June, and August are **optional**
 - The focus of these sessions may shift based on performance and other priorities

ADULT PCP

Performance Measure	Measure Description	TI AOC Performance *	All AHCCCS Performance *	2023 CMS AZ Average ¹	2023 HEDIS National Average ²
* = Proposed 2026 ACOM306 Measure; * = MAC 2024 Scorecard Measure; * = 2025 CMS Core Set Measure; * = 2024 UDS Quality of Care Measure; + = 2024 SAMHSA CCBHC Quality Measure; * = NCQA HEDIS Stratified Measure; * = MAC QRS Measure					
Cervical Cancer Screening (CCS) * * * * *	The percentage of women 21–64 years of age who were screened for cervical cancer.	43.0%	42.0%	52.5%	55.4%
Prenatal and Postpartum Care - Prenatal Care in the First Trimester (PPC-Pre) * * * *	The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.	61.6%	59.6%	83.1%	83.1%
Adults' Access to Preventive/Ambulatory Health Services (AAP)	The percentage of members 20 years of age and older who had an ambulatory or preventive care visit.	74.7%	73.9%	N/A	74.2%

*Report period ending May 31, 2025

1. <https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/main?focusStates=%5B%22AZ%22%5D>

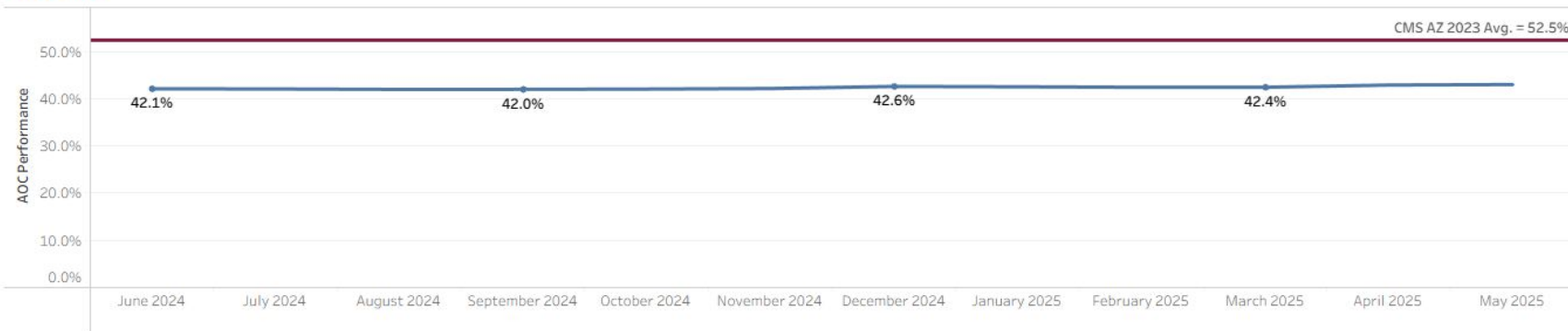
2. <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/>

Note: The HEDIS national average refers to performance under 'Medicaid HMO.'

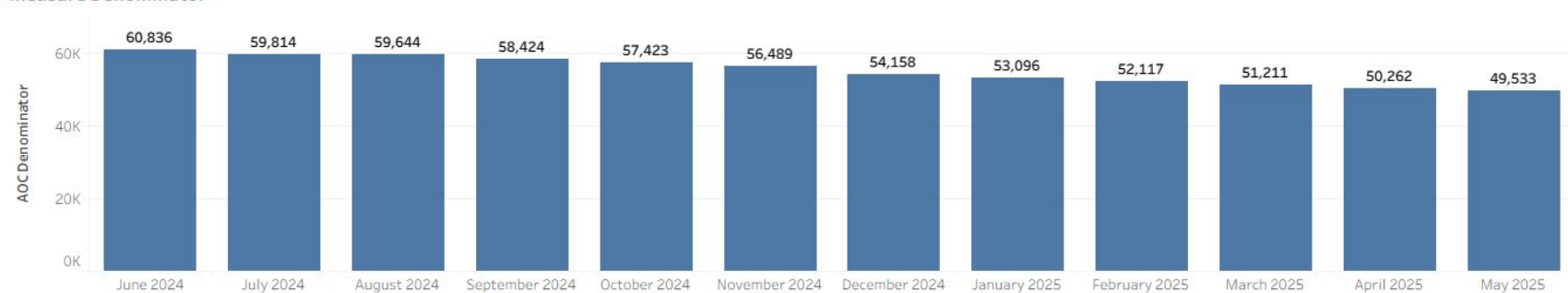
CCS Network Performance

Measure Performance (each month is a 12-month report period)

TI ADULT PCP



Measure Denominator



Target Setting

- An AHCCCS Committee, in consultation with ASU TIPQIC, established tiers and targets for each measure.
- The committee considered National Medicaid Performance, AHCCCS Historical Performance, TIP Historical Performance, AHCCCS Minimum Performance Standards (MPS), and previous TI Fiscal Year performances to determine TI tiers and targets.
- The identity of the TI participants was blinded.
- Tiers and targets may differ across AOCs for the same measure.
- These differences accommodate variation in attribution methodologies.

Attribution

- In TI 2.0 Year 4, attribution is done at the billing and servicing provider ID level. For a detailed explanation about the provider IDs used and examples, please see the [TI 1.0 Provider Identification Methodology video](#) and [slides](#).
 - If you have any questions about the billing and servicing provider IDs used for your organization, please contact the AHCCCS Targeted Investments team (targetedinvestments@azahcccs.gov).



Measure Details

Cervical Cancer Screening Definition

Percentage of female members ages 21–64 who were screened for cervical cancer using either of the following criteria:

- Women 21–64 years of age who had cervical cytology performed within the last 3 years.
- Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

Quality Alignment

ADULT PCP									
Performance Measure	Measure Description	TI AOC Performance*	Quality Alignment						
			2026 ACOM 306 Measure	MAC 2024 Scorecard Measure	2025 CMS Core Set Measure	2024 UDS Quality of Care Measure	2024 SAMHSA CCBHC Quality Measure	NCQA HEDIS Stratified Measure	MAC QRS Measure
Cervical Cancer Screening (CCS)	The percentage of women 21–64 years of age who were screened for cervical cancer.	43%	✱		✿	✱		★	✿

*Report period ending May 31, 2025

1. <https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/main?focusStates=%5B%22AZ%22%5D>

2. <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/>

Cervical Cancer Screening Importance

- **Prevention and Early Detection**
 - Cervical cancer is one of the most **preventable and treatable cancers** when detected early through routine screening. Screening identifies precancerous changes in the cervix, allowing for timely treatment before cancer develops.
- **Improved Health Outcomes**
 - Regular screening is linked to significant **reductions in cervical cancer incidence and mortality**. Ensuring women are screened appropriately improves survival rates and reduces the burden of advanced cancer treatment.



Cervical Cancer Screening Importance

- **Addressing Health Disparities:**
 - Certain populations (e.g., women with limited access to care, women of color, and low-income women) are less likely to receive timely screening. Monitoring performance with this HEDIS measure highlights **gaps in care and equity issues**, helping health systems target outreach and education.
- **Quality Improvement and Accountability:**
 - The CCS measure allows **health plans, providers, and policymakers** to evaluate how well preventive care guidelines are implemented. Performance on this measure is tied to **value-based care programs**, accreditation, and quality incentive payments, motivating healthcare organizations to improve preventive screening rates.



Cervical Cancer Screening

Your performance is reported as a percentage calculated as the = numerator / denominator

TI Area of Concentration	Measure	Denominator Definition	Numerator Definition
Adult PCP	Cervical Cancer Screening	Members aged 24 to 64 years old as of the report period end date.	Members in the denominator who received a cervical cancer screening, either: <ul style="list-style-type: none">• Cervical cytology within the last 3 years (ages 24–64), or• High-risk HPV (hrHPV) testing within the last 5 years (ages 30–64), or• Cervical cytology + hrHPV co-test within the last 5 years (ages 30–64).

What is the Reporting Period?

- A HEDIS® measure's reporting period is a continuous 12-month window.
- TIP Provider Dashboards show your organization's performance on the selected measure for 12 consecutive, overlapping report periods, where each report period is a 12-month period ending in the month and year shown on the X-axis.
- Your performance levels for 12 report periods are provided so you can track how your performance changes across time. TI incentive payments are based on your performance for the Federal Fiscal Years (October 1st September 30th).

Which Members Are in My Denominator?

To understand the members that you are accountable for and who are attributed to you (i.e., in your denominator) for this measure, you need to know the denominator definition (previous slide), as well as the AHCCCS member population assessed, and the attribution method used.

Member Population Assessed

- Members enrolled in one of the seven AHCCCS Complete Care (ACC) health plans
- Members with SMI enrolled in an ACC Regional Behavioral Health Agreement (RBHA) health plan are included

Member Population Exclusions

- ACC and ACC-RBHA members who utilized hospice services, received palliative care, or died
- ACC and ACC-RBHA members who have a diagnosis indicating absence of cervix or a history of hysterectomy with no residual cervix

What Services Qualify for the Numerator?

Billing Codes

- TI 2.0 Year 4 use HEDIS® Measurement Year 2023 measure definitions.
- Due to licensing agreements, we are not able to publish a list of all qualifying services codes. However, we can direct you to resources containing the billing codes.
 - Please see these Arizona Health Plan Measure Guides. You do not have to be contracted with these plans to access these resources.
 - United Healthcare - [HEDIS® MY 2023 Reference Guide](#)
 - Mercy Care - [HEDIS® Guide](#)
 - Definitions Only - Banner University Family Care - [HEDIS® Guide](#)
 - For more information on HEDIS measures or to get your own license, see the [NCQA HEDIS® site](#).
 - Value sets and codes used in HEDIS 2024 (Measurement Year 2023) measure calculations are available at no cost. Download the 2023 Quality Rating System (QRS) HEDIS Value Set Directory from the [NCQA store](#).

Attribution

- PCP attribution is based on claims and PCP-member assignments.
- Members are attributed to the PCP with whom they have the strongest relationship, as documented by claims, considering the frequency of visits, MCO PCP assignment, and the member's most recent PCP visit if multiple relationships exist. If no established relationship is documented, members are attributed to their MCO-assigned PCP. The most recent member assignments are used.
- These assignments are provided monthly by health plans and AHCCCS. Milestone performance is calculated based on member-level attribution aggregated to the Organizational (Tax ID) level for participating sites.

Username

Enter your username

Password

Sign In

[Forgot your password?](#)

Target Setting

- Two tiers were set for the CCS measure
 - AHCCCS will email each provider organization with individual target setting information
- For your organization's specific target, please see your dashboard or the email received from the AHCCCS TI team.
- TI Adult PCP providers need to exceed their target to achieve the incentives associated with this performance measure.

To log in to your dashboards, please visit data.tipqic.org.

If you would like to make any changes to your log-in or password, please email support@tipqic.org



Common Barriers & Best Practices

Common Barriers for CCS

1. Patient-Related Barriers

- Low health literacy and awareness
- Cultural beliefs and stigma
- Logistical challenges
- Fear and discomfort

2. System-Level Barriers

- Fragmented care and records
- EHR and data limitations
- Limited outreach and reminders
- Insurance coverage and cost concerns



Common Barriers for CCS Cont.

3. Clinician-Related Barriers

- Time constraints
- Lack of comfort in addressing sensitive topics
- Guideline confusion
- Referral and workflow challenges

4. Population-Specific Barriers

- Underserved and rural communities
- Immigrant and minority populations
- Younger and older women



Best Practices for CCS

- Patient reminders / recalls
- Provider reminders and EHR point-of-care prompts
- Provider assessment and feedback
- Patient navigation / outreach
- Mailed HPV self-sampling (home test kit)
- Reduce structural barriers
- Accurate documentation, coding, and data cleanup





Discussion

Discussion Questions

- 1. What are the biggest challenges your clinic faces in getting women screened for cervical cancer on time?**
- 2. How does your team currently track and follow up with patients who are overdue for cervical cancer screening?**
- 3. What communication approaches have you found most effective for talking with patients who are anxious, embarrassed, or hesitant about screening?**

Discussion Questions

4. Where do you see gaps in documentation or data accuracy that might make your screening rates look lower than the care you're actually providing?
5. Which of the best practices we reviewed—such as reminders, navigation, or mailed self-sampling—could be most feasible for your clinic to adopt?
6. How can we better coordinate with OB/GYNs, labs, or other external providers to ensure completed screenings are documented and counted in our performance data?



Closing

Closing & Next Steps

- For those interested in CME, an evaluation survey will be distributed following this event and CME certificates will be distributed to those who complete this survey at the end of the month.





Questions?

AHCCCS Questions: targetedinvestments@azahcccs.gov

ASU TIPQIC General Inquiries: TIPQIC@asu.edu

Support Tickets: support@TIPQIC.org

Relevant Websites:

- AHCCCS TI: <https://www.azahcccs.gov/PlansProviders/TargetedInvestments/>
- ASU TIPQIC: tipqic.org
- Dashboards: data.tipqic.org