Peds PCP Quality Improvement Collaborative Session #1: 10/28/25

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Arizona State University

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Targeted Investment Team

ASU TIPQIC

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AHCCCS Targeted Investment

- Julie Ambur
- Christina Quast
- Jane Otenyo
- Vishal Etikala

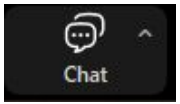
Agenda

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

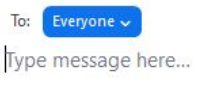


Do not enter your name or organization in the Chat. Zoom will automatically record your attendance. Please only use the chat for questions and comments.

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.



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

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

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Table 1 Targeted Investments (TI) 2.0 Year 4 Milestones and Incentive Percentages			
MILESTONES	**PEDS PCP** **INCENTIVE % OF ANNUAL PAYMENT**		
M1. Performance Measures	**50**		
	W30 - Part 1	W30-Part 2	WCV
	15	20	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**	**PEDS PCP** **INCENTIVE % OF ANNUAL PAYMENT**
M1. Performance Measures		**50**
	Oct QIC	Well Child Visits - Two Well-Child Visits Between 15 and 30 Months (W30-Part 2) - 20%
	Dec QIC	Well-Care Visits - Child and Adolescent Well-Care Visits (WCV) - 15%
	Feb QIC	Well Child Visits 6 or More Visits in First 15 Months (W30-Part 1) - 15%

Peds PCP QIC Curriculum Overview

Peds PCP AOC Measures	TI Year 4: 10/1/2025 - 9/30/2026											
	O	N	D	J	F	M	A	M	J	J	A	S
W30 - Part 2	QIC						QIC					
WCV			QIC						QIC			
W30 - Part 1					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

Peds 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					
Well Child Visits (W30) - Part 2	**Percentage of child beneficiaries that had two well-child visits with a PCP between ages 15 months and 30 months**	**65.8%**	**64.6%**	**59.2%**	**69.2%**
Child and Adolescent Well Care Visits (WCV)	Patient(s) 3 - 21 years that had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner in the last 12 reported months	51.4%	47.2%	45%	52.1%
Well Child Visits (W30) - Part 1	The percentage of child beneficiaries who had the 6 or more well-child visits with PCP in the first 15 months of age.	57.8%	58.4%	56.8%	59.0%

*Report period ending May 31, 2025

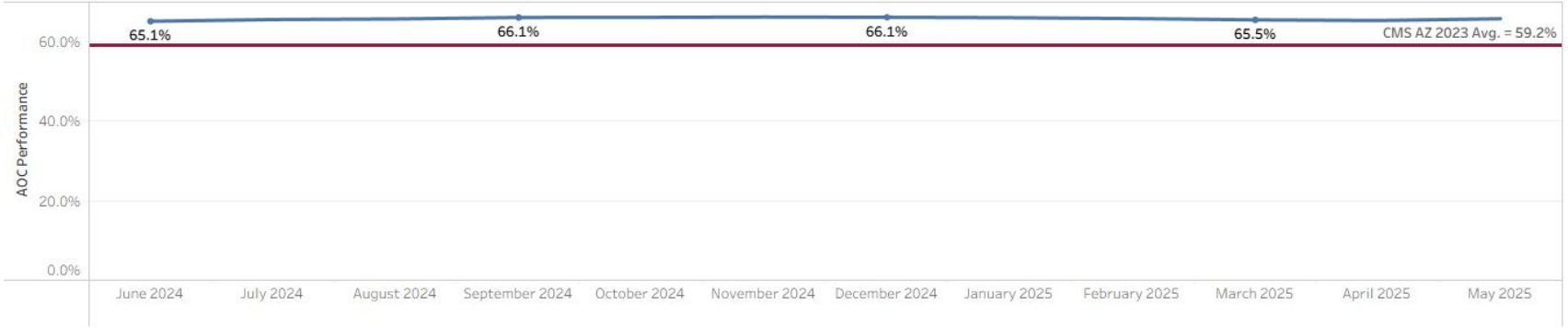
1. https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/main?focusStates=%5B%22AZ%22%5D
2. https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/

Note: The HEDIS national average refers to performance under 'Medicaid HMO.' Performance data highlighted in blue (IET, FUH, FUM, FUI, FUA) do not have age-stratified values, so the reported figures represent aggregate performance across all ages.

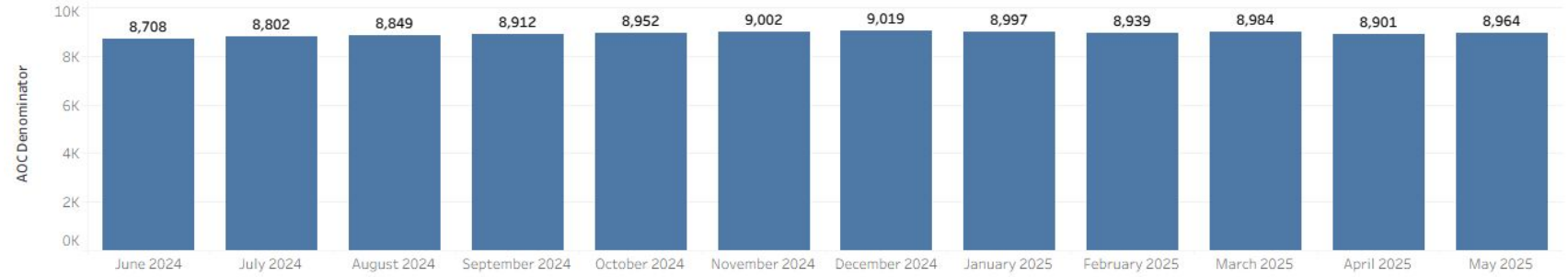
W30 Part 2 - Network Performance

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

TI PEDS 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

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Well-Child Visits for Age 15 Months to 30 Months Definition

- The percentage of children who had 2 or more well-child visits with a PCP during the 15th to 30th months of life.

Quality Alignment

Peds 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
Well Child Visits (W30) - Part 2	Percentage of child beneficiaries that had two well-child visits with a PCP between ages 15 months and 30 months	65.8%	✸	✻	✻			✪	✻

*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.' Performance data highlighted in blue (IET, FUH, FUM, FUI, FUA) do not have age-stratified values, so the reported figures represent aggregate performance across all ages.

Importance

- **Supports healthy development**: Ages 15–30 months are a pivotal period for physical growth, brain development, and early identification of developmental delays.
- **Enables early detection and intervention**: Regular well-child visits allow providers to screen for speech, behavioral, or developmental issues, which can significantly improve long-term outcomes if addressed early.
- **Promotes immunization and preventive care**: These visits ensure children stay on track with vaccines, nutrition counseling, injury prevention, and oral health guidance.

Importance (continued)

- **Strengthens family support**: Providers can educate caregivers on nutrition, safety, sleep, and parenting strategies while building trusted relationships that encourage continued engagement in care.

- **Reduces disparities**: Children in low-income or underserved communities are less likely to attend preventive visits, making this measure a key equity indicator.

- **Aligns with long-term health system goals**: Early, consistent preventive care reduces costly emergency visits and hospitalizations later in childhood.

Well-Child Visits for Age 15 Months to 30 Months

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

TI Area of Concentration	Measure	Denominator Definition	Numerator Definition
Peds PCP	Well-Child Visits for Age 15 Months to 30 Months (W30 - Part 2)	Members aged 30 months as of the report period end date.	Members in the denominator who had two well-child visits with a PCP between ages 15-30 months. Note: Visits must be 14 days apart.

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 to 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 or died

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 the plan to access these resources.
    - United Healthcare - HEDIS® MY 2023 Reference 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 at the report period end.
- 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.
- Interested providers can work with the ASU TIPQIC team to examine AHCCCS members who are eligible for each measure and attributed to their organization through a member list comparison (Data Harmonization).

Target Setting

- Two tiers were set for the W30 - Part 2 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 Peds 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

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Common Barriers W30 Part 2

Patient / Family-Level

- Parental awareness & knowledge
- Social determinants of health
- Cultural/language barriers
- Competing priorities

System-Level

- Appointment availability
- Care fragmentation
- Reminder system gaps
- EHR/data capture

Common Barriers W30 Part 2, continued

Clinician / Practice-Level

- Missed opportunities
- Workforce shortages
- Focus on acute care

Best Practices W30 Part 2

1. Appointment Scheduling & Follow-Up
   - Schedule before family leaves clinic, with reminder cards/texts.
   - Use standing orders, recall systems.
2. Client Reminders & Outreach
   - Multimodal reminders (texts, calls, letters, patient portal alerts) increase visit completion.
   - Automated EHR-driven reminders combined with personalized staff calls are most effective.
3. Care Coordination / Patient Navigation
   - Use care coordinators or navigators to assist families facing barriers (transportation, insurance, social needs).
   - Outreach to high-risk families (Medicaid, foster care, low-income).

Best Practices W30 Part 2

4. Reducing Structural Barriers
   - Offer extended hours, walk-in well-child clinics, and co-location with WIC or social services.
   - Partner with community organizations (daycare, Head Start, public health departments).
5. Provider Prompts & Performance Feedback
   - EHR alerts flag when children are due/overdue for visits.
   - Regular performance dashboards and provider feedback increase accountability.
6. Telehealth & Hybrid Models
   - Telehealth visits for anticipatory guidance paired with in-person visits for physical exams can improve access, especially in rural/underserved areas.
7. Multicomponent Interventions
   - Combining reminders, scheduling support, navigation, and structural changes produces greater improvements than single interventions.

Discussion

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Discussion Questions

1. What are the most common barriers your patients face in completing well-child visits between 15 and 30 months, and how have you or your team tried to address them?
2. How could your practice strengthen scheduling workflows to ensure the next well-child visit is booked before families leave the clinic?
3. What communication methods (e.g., texts, calls, patient portals) have been most effective for your population in reminding families about upcoming visits?

Discussion Questions

4. What opportunities exist within your organization or community to reduce access barriers—such as offering flexible hours, walk-in appointments, or partnerships with local programs like WIC or Head Start?
5. How do you currently use EHR alerts, dashboards, or performance feedback to track well-child visits, and what improvements could make this information more actionable for your team?
6. Which of the best practices discussed today could be most realistically implemented in your setting, and what support or collaboration would help you sustain those efforts over time?

Closing

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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

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