Justice AOC Quality Improvement Collaborative Session #2: 12/10/25

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Arizona State University

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Targeted Investment Team

ASU TIPQIC

- William Riley, PhD
- George Runger, PhD
- Matthew Martin, PhD
- Kailey Love, MBA, MS
- Taylor Vaughan, MPH
- El-Ham Ismail
- Samantha Basch, MS
- Francisca Dibarrart, PhD
- Min Jang, PhD

AHCCCS Targeted Investment

- Julie Ambur
- Christina Quast
- Jane Otenyo

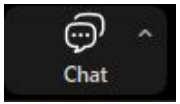
Agenda

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	Kailey Love, MBA, MS 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

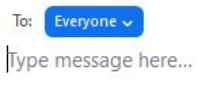


Do not enter your name or organization in the Chat. Zoom will automatically record your attendance. Please only use the chat for questions and comments.

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	JUSTICE INCENTIVE % OF ANNUAL PAYMENT		
M1. Performance Measures	50		
	IET-E	FUA7	FUM7
	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		

Justice QIC Curriculum Overview

Justice AOC Measures	TI Year 4: 10/1/2025 - 9/30/2026											
	O	N	D	J	F	M	A	M	J	J	A	S
IET-E	QIC						QIC					
FUA			QIC						QIC			
FUM					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

Justice

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					
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment-Engagement (IET-E) ✲ ✯ + ✪ ❋	The percentage of patients 18 years and older with any substance use disorder event who initiated treatment and engaged in ongoing treatment within 34 days of the initiation visit.	46%	19.5%	16.9%	14.8%
Follow-Up After Emergency Department Visit for Substance Use within 7 Days (FUA7) ✱ + ✪	**Percentage of ED visits among adult beneficiaries with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up within seven days**	**42.7%**	**34.2%**	**35.2%**	**24.1%**
Follow-Up After Emergency Department Visit for Mental Illness within 7 Days (FUM7) ✷ ✲ ✯ + ✪	Percentage of adult beneficiaries with a follow-up visit seven days after an ED visit for mental illness	43.8%	45.3%	44.9%	39.6%

*Report period ending June 30, 2025

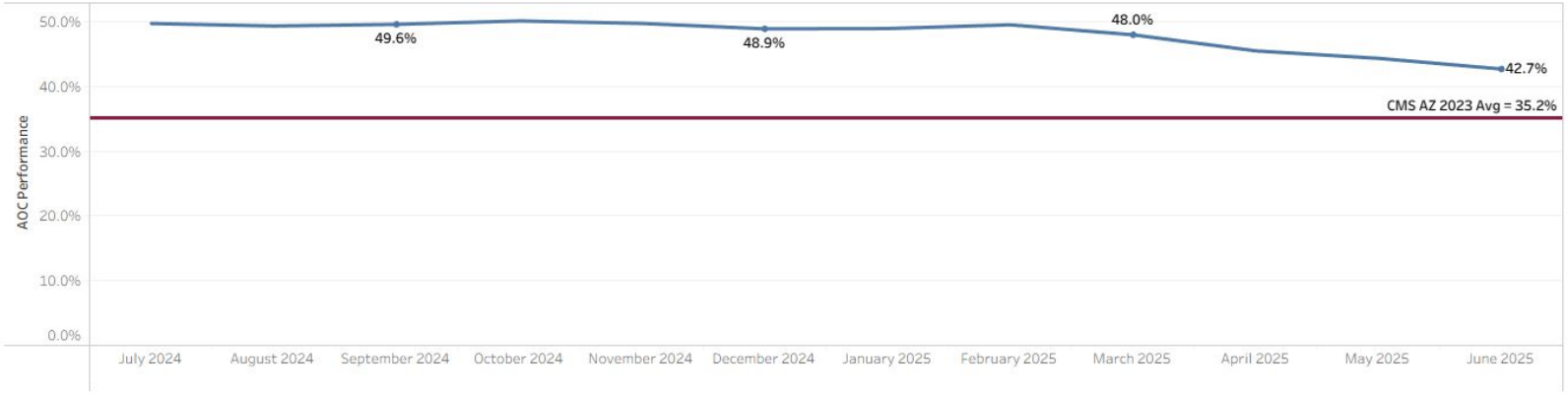
1. https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/main?focusStates=%5B%22AZ%22%5D
2. https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/

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.

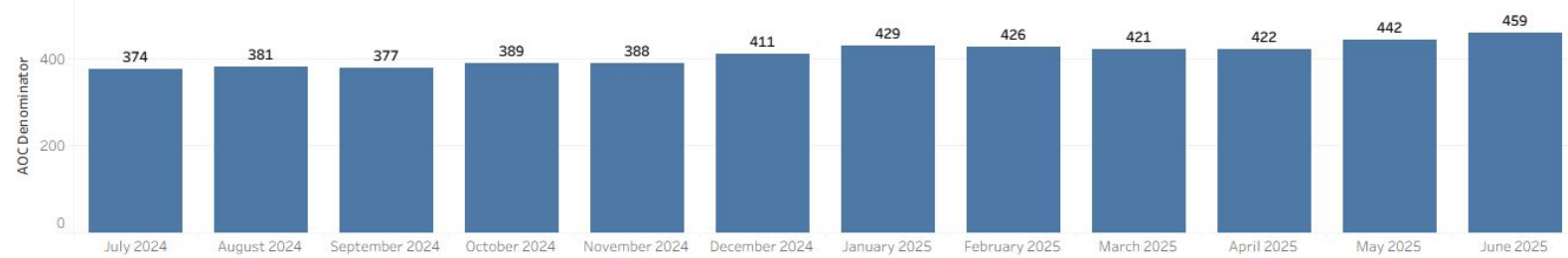
FUA7 Network Performance

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

JUSTICE



Measure Denominator



Measure Details

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Follow-Up After Emergency Department Visit for Substance Use within 7 Days (FUA7) Definition

FUA7: The percentage of ED visits among Justice-referred members age 18 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up within 7 days after discharge.

Quality Alignment

JUSTICE AOC									
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
Follow-Up After Emergency Department Visit for Substance Use within 7 Days (FUA7)	Percentage of ED visits among adult beneficiaries with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up within seven days	42.7%			✻		+	✪	

*Report period ending June 30, 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

Why FUA-7 Follow-Up Matters

- Ensures continuity of care after crisis-driven ED visits
- Improves recovery and medication adherence
- Reduces repeat ED visits and hospitalizations
- Strengthens coordination across medical and behavioral health providers
- Helps address stigma and access barriers
- Promotes equity for disproportionately affected populations
- Serves as an indicator of system quality and accountability

Follow-Up After Emergency Department Visit for Substance Use within 7 Days (FUA7)

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

TI Area of Concentration	Measure	Denominator Definition	Numerator Definition
Justice	Follow-Up After Emergency Department Visit for Substance Use within 7 Days (FUA7)	ED visits for Justice-referred members 18 years and older for treatment of substance use disorder in the reporting period.	ED visits in the denominator where the member had a qualifying follow-up visit within 7 days after discharge.

Note: For the FUA7 measure, the member must be continuously enrolled in medical benefits from the episode end date through 30 days after the episode end date with no breaks in enrollment.

Attribution

- Justice attribution is based on member referral lists (i.e., Justice Referral Lists). **Members are included in a TI provider's denominator if they meet all measure denominator criteria and were referred to a TI-participating organization within the two years prior to the end of the report period.**
- Justice providers are required to submit referral lists to ASU on a monthly basis.
- Provider Justice referral files should include all AHCCCS members released from incarceration who are referred to a TI Justice Clinic, as well as members referred through Diversion Programs

MCO Referral Files

- MCOs are required to submit referral lists to AHCCCS on a monthly basis.
- MCO Justice referral files include members who are within 30 days of release, were referred to a TI Justice Clinic, and have a scheduled appointment.
- Provider organizations should contact the Justice Liaison at their contracted MCO(s) to reconcile any referrals.

MCO Justice Contacts

MCO	Name	Position	Email
AzCH	Juston Knight	Justice System Liaison	Juknight@azcompletehealth.com
BUFC	Denise Beagley	Justice System Liaison	Denise.Beagley@bannerhealth.com
Health Choice	Joia Friedrich	Justice System Liaison	Joia.Friedrich@AZBlue.com
Molina	Leonardo David	Justice System Liaison & Court Coordinator	leonardo.david@molinahealthcare.com
Mercy Care	Paula Krasselt	Justice System Liaison	KrasseltP@mercycareaz.org
UHC	Mary Krawczyk	Justice System Liaison	mary_krawczyk@uhc.com

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 (above), as well as the AHCCCS member population assessed, and the attribution method used.

Member Population Assessed (Justice AOC)

- Members referred to a TI Justice Clinic in the two years prior to the end of the reporting period who are enrolled in one of the six AHCCCS Complete Care (ACC) health plans. Members with SMI who meet the referral and health plan enrollment stated above are included.
- TI Justice Clinics and AHCCCS health plans provide the ASU TIP team with monthly referral lists. Instructions on Justice Referral Lists are on the TIPQIC website.

Member Population and Event Exclusions (Justice AOC)

- ACC and ACC-RBHA Justice members who utilized hospice services or died
- Event where there is an inpatient stay (FUM, FUA) or a residential treatment stay (FUA) during the follow-up period

Note: These measures are based on the number of ED visits, not the number of members. Members with multiple ED visits (with sufficient time between them) are counted multiple times in the denominator.

What Services Qualify for the Numerator?

Provider Types & Specialties

- Certain AHCCCS provider types and specialties qualify as mental health providers. With the exception of CoCM services, qualified follow-up services only count in the numerator if the “Service” provider (box 32a) is credentialed as a qualified mental health provider.

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
  - 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.
- Note: While the FUH, FUA, and FUM measures are similar, the numerator-qualifying criteria differ. Carefully review the linked measure guides for differences in qualifying billing codes.

FUA Accommodations

- In addition to the billing codes listed in the guides linked, the following accommodations have been made for TI performance measurement:
  - The measure's numerator-qualifying telehealth services will get credit if they follow AHCCCS's telehealth billing guidelines allowed on the date of service.
  - Psychiatric Collaborative Care Model (CoCM) services (i.e., codes 99492, 99493, and 99494) will count as a numerator-qualifying visit for all servicing provider types (licensed and non-licensed).
    - CoCM is an approach to behavioral health integration recognized by CMS. Please see TIPQIC.org for billing guidance to maximize CoCM services for FUH compliance and a list of TIP Providers who deliver CoCM services.

What Services Do Not Qualify for the Numerator?

- Day 0 (Zero) is the day of discharge and is not eligible to be included in the FUH, FUM, and FUA measures. This is a CMS and NCQA policy. AHCCCS seeks to align with the national standards to the greatest extent possible.
- Reach-in (i.e., non-billable) services do not qualify for the numerator. Any procedure code not listed in the previous section does not qualify.

Data Harmonization

- Due to 45 CFR Part 2 regulations, we cannot accept protected health information at this time for the Engagement of Alcohol and Other Drug Dependence Treatment (IET-E) measure or the Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence – 7 Day (FUA7) measure.

Target Setting

- Two tiers were set for the FUA7 measure
  - AHCCCS emailed 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 Justice 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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FUA7 Common Barriers

1. Care Coordination and Transition Barriers

- Limited ED-to-outpatient linkage
- Poor cross-system communication
- Incomplete or unstable patient contact information
- Inadequate discharge planning and referral networks

2. Patient-Level and Social Barriers

- Housing instability and homelessness
- Transportation challenges
- Stigma and mistrust of healthcare systems
- Low motivation or readiness for treatment
- Limited health literacy about follow-up needs

3. System and Access Barriers

- Behavioral health provider shortages
- Few same-week SUD appointment slots
- Insurance gaps during transitions
- Limited 24/7 or walk-in SUD options

FUA7 Common Barriers Cont.

4. Justice-Involved Population–Specific Barriers

- Complex transitions between custody and community
- Interrupted access to MAT and other medications
- Data silos between correctional and healthcare systems
- Limited reentry supports or navigation services
- Conflicts with court or probation obligations

5. Structural and Equity Barriers

- Socioeconomic instability and limited support
- Stigma related to addiction and justice involvement
- Racial and ethnic disparities in access and outcomes

FUA7 Best Practices

1. Strengthen ED Care Transitions

- Provide warm handoffs before discharge
- Use peer navigators or recovery coaches
- Initiate MAT in the ED
- Ensure complete EHR documentation and HEDIS-ready coding

2. Enhance Cross-System Coordination

- Build partnerships across ED, behavioral health, and justice systems
- Establish MOUs with jails, probation, and reentry programs
- Use care coordinators to track justice-involved patients
- Implement secure data-sharing agreements

3. Reduce Access and Logistical Barriers

- Offer same-day or walk-in follow-up slots
- Expand telehealth options
- Co-locate behavioral health and case management services
- Provide transportation supports

FUA7 Best Practices Cont.

4. Justice-Involved Population–Specific Strategies

- Use reentry navigation to link individuals to care
- Ensure MAT continuity upon release
- Schedule community follow-up before jail or prison discharge
- Collaborate with probation and courts on follow-up expectations
- Embed behavioral health liaisons in justice settings

5. Engage Patients and Address Social Determinants

- Use motivational interviewing to build readiness
- Provide trauma-informed, culturally responsive care
- Offer wraparound supports for housing, employment, and peers

6. Monitor and Use Data for Improvement

- Use real-time dashboards to track follow-up
- Generate outreach lists for missed FUA-7 appointments
- Create feedback loops with ED, BH, and justice partners

FUA7 Non-Medical Drivers and Closed Loop Referral Systems

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Non-Medical Drivers of Health (NMDOH) G/Z Codes

- Between May 2024 and June 2025, TI providers screened 28,328 unique patients for non-medical drivers of health, submitting 33,350 G codes via claims.
  - 81 TINs submitted at least one G code during this time period.
- The most commonly identified needs were employment, housing, and larger economic conditions. Over 4,500 NMDOH referrals were given to help patients meet these needs.
- Year 4 Milestone 2B: **ATTEST** to documenting NMDOH screening and referral results via consistent submission of claims using G procedure codes (G9919 and G9920), V4 modifier, and Z diagnosis codes as appropriate.

https://www.azahcccs.gov/PlansProviders/Downloads/TI/Milestone/Year4MilestoneRequirements.pdf

Advantages of Providers Screening for Non-Medical Drivers of Health for FUA7

Why It Matters

- Identifies social and justice-related barriers to follow-up
- Supports individualized discharge plans
- Improves communication across ED, behavioral health, and justice partners
- Builds trust by acknowledging real-world challenges
- Prioritizes high-risk individuals for rapid outreach
- Reduces missed appointments by addressing barriers early

Impact on FUA-7 Performance

- Increases timely 7-day follow-up
- Reduces no-shows and care gaps
- Strengthens continuity across justice and health systems

Closed Loop Referral Systems and FUA7

What Closed-Loop Referrals Enable

- Verify completion of behavioral health, SUD, housing, or reentry referrals
- Provide real-time updates on barriers and next steps
- Improve coordination across ED, behavioral health, community, and justice systems
- Allow rapid intervention when referrals fail
- Create shared accountability across partners

Impact on FUA-7 Performance

- Increases successful follow-up connections within 7 days
- Prevents individuals from getting lost between systems
- Strengthens continuity and supports stabilization after ED visits

Provider Discussant & Respondent

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Provider Discussant & Respondent

- Provider Discussant
  - Jessica Gleeson & Genoveva Castro, Community Intervention Associates

- Provider Respondent
  - Katherine Marwitz & Jennifer Nye, Terros

Provider Discussant Questions

- What is your current process for the FUA7 measure?
- What factors seem to impact the success of your process performance on the FUA7 measure?
- What QI methods or techniques have you used to improve your process (if any)?
- What is your plan to improve your performance on the FUA7 measure?
- What is your process for non-medical drivers in relation to the FUA7?

Discussion

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Discussion Questions

Understanding Barriers

- What are the most common barriers justice-involved persons face in completing follow-up care after an ED visit for substance use?
- How do factors such as probation requirements, transportation challenges, or unstable housing impact the likelihood of timely follow-up?
- Where do communication gaps typically occur between EDs, justice system partners, and behavioral health providers?

Care Coordination & Communication

- What processes are currently in place to notify probation officers, case managers, or detention facility staff when a justice-involved person has an ED visit for substance use?
- How can we streamline communication pathways so providers know immediately when follow-up is needed?
- What information-sharing agreements or workflows are missing that would help improve FUA7 performance?

Engagement Strategies

- What strategies have been effective in engaging justice-involved persons in follow-up care?
- How do we ensure follow-up appointments are trauma-informed and feasible for justice-involved individuals?
- How can motivational interviewing or relationship-based approaches be integrated into post-ED follow-up processes?

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.
- Register for the February QIC session(s)