



# Adult PCP Quality Improvement Collaborative Session #2: 12/16/25

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 Arizona State  
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**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

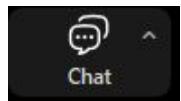
# Agenda

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

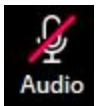
# Guidelines



**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.



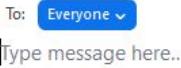
At least one representative from each TI organization must have registered and attend the QIC session using that registration link for the required QIC sessions.



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



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## 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

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

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

# 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 <sup>1</sup>	2023 HEDIS National Average <sup>2</sup>
<p>* = 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</p>					
Cervical Cancer Screening (CCS) * * * ⚪ *	The percentage of women 21–64 years of age who were screened for cervical cancer.	43.4%	42.6%	52.5%	55.4%
Prenatal and Postpartum Care - Timeliness of Prenatal Care (PPC-Pre) * * ⚪ *	<b>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.</b>	61.2%	59.5%	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.	74.9%	74.8%	N/A	74.2%

\*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>

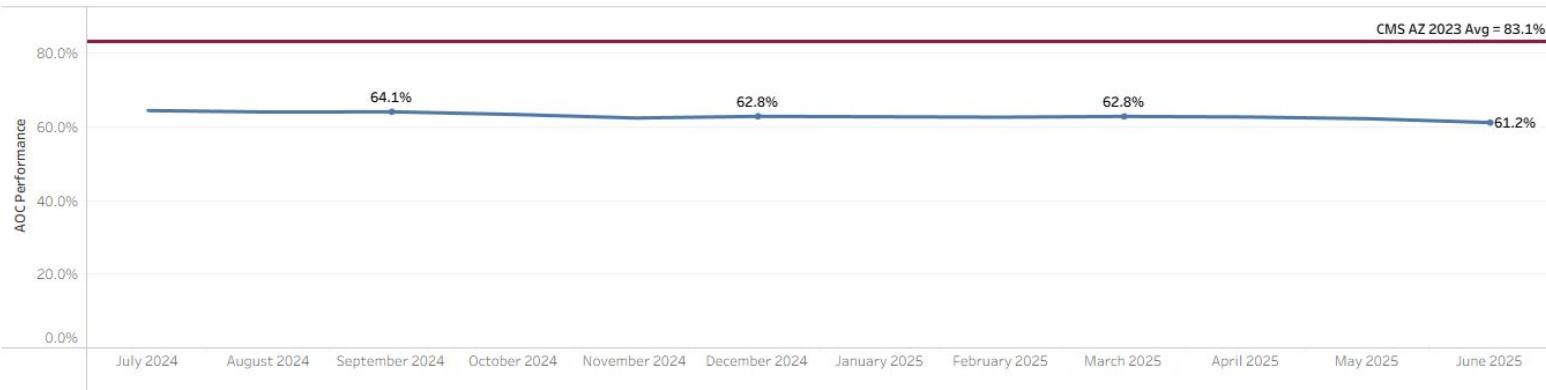
2. <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/>

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

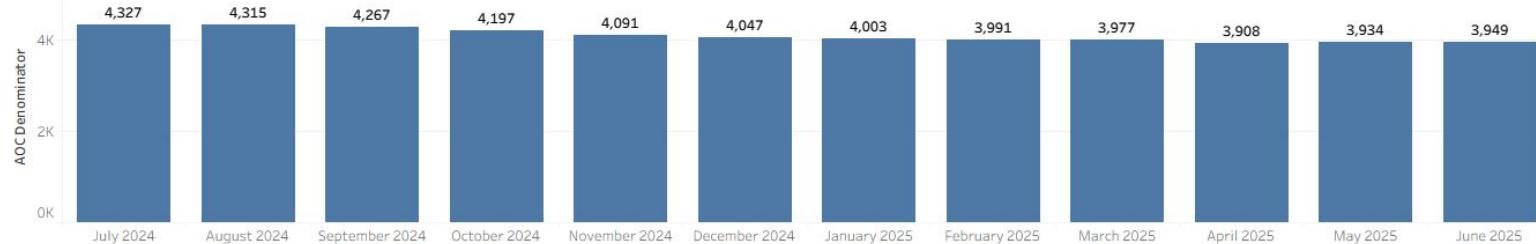
# PPC-Pre Network Performance

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

**ADULT PCP**



**Measure Denominator**





# Measure Details

# Prenatal and Postpartum Care

*PPC – Timeliness of Prenatal Care:* 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.



# 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
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.	61.2%	★	✿	✿		★	★

\*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/>

# PPC-Pre Importance

1. Supports Healthy Pregnancy Outcomes
2. Reduces Maternal and Infant Risk
3. Facilitates Health Education and Behavior Change
4. Supports Care Coordination
5. Promotes Health Equity
6. Indicator of Quality and Preventive Care



# PPC-Pre

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

TI Area of Concentration	Measure	Denominator Definition	Numerator Definition
Adult PCP	PPC - Pre	Deliveries for members who gave birth during the reporting period	Members in the denominator who received a prenatal care visit in the first trimester (280 to 176 days before delivery) or within 42 days of enrollment

Note: Members must be continuously enrolled for medical benefits 43 days prior to the episode start date through the 60 days after delivery.

# 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 six 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
- Non-live births
- Note: only one eligible delivery is allowed per each 150 day period.

# 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

- Prenatal and Postpartum Care - Timeliness of Prenatal Care attribution is based on claims and primary care provider-member assignments.
- Members are attributed to the primary care provider with whom they have the strongest relationship in the approximate 15-month period prior to the end of the first trimester, as documented by claims. If multiple relationships exist, attribution will consider the frequency of visits, MCO primary care provider assignment, and the member's most recent primary care provider visit during the 15-month period. If no established relationship is documented, members are attributed to their MCO-assigned primary care provider for the final month of the report period. The most recent member assignments at the report period end 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.
- 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).

Username  
 Enter your username

Password

**Sign In**  
Forgot your password?

# Target Setting

- Three tiers were set for the PPC-Pre 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 Adult PCP providers need to exceed their target to achieve the incentives associated with this performance measure.

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To log in to your dashboards, please visit [data.tipqic.org](http://data.tipqic.org).

If you would like to make any changes to your log-in or password, please email [support@tipqic.org](mailto:support@tipqic.org)



# Common Barriers & Best Practices

# PPC-Pre Common Barriers

## 1. Access and Scheduling Barriers

- Limited availability of early prenatal appointments
- Long wait times
- Clinic hours and flexibility
- Provider shortages

## 2. Patient-Level Barriers

- Delayed pregnancy recognition
- Health literacy
- Transportation challenges
- Financial barriers
- Social or psychosocial stressors

## 3. System and Coordination Barriers

- Fragmented care systems
- Incomplete patient data
- Limited proactive outreach
- Insurance verification delays

## 4. Equity and Social Determinant Barriers

- Language and cultural barriers
- Socioeconomic factors
- Geographic disparities

# PPC-Pre Best Practices

## 1. Early Identification of Pregnancy

- Proactive pregnancy screening
- Patient education
- Community outreach

## 2. Streamlined Scheduling and Access

- Prioritize early prenatal appointments
- Flexible clinic hours
- Same-day or rapid access visits
- Integration with OB/GYN services

## 3. Patient Engagement and Support

- Health education
- Navigation and care coordination
- Address social determinants
- Language and culturally appropriate care

## 4. System and Technology Solutions

- EHR alerts and reminders
- Population health dashboards
- Automated patient outreach
- Data sharing and coordination

## 5. Continuous Quality Improvement

- Monitor performance metrics
- Root cause analysis
- Staff training and education
- Incentives and recognition



# PPC-Pre Non-Medical Drivers and Closed Loop Referral Systems

# 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.

# Advantages of Providers Screening for Non-Medical Drivers of Health for PPC-Pre

## Why Screening Matters

- Identifies social and logistical barriers to early prenatal care
- Reveals housing, food, financial, and stigma-related challenges
- Guides tailored outreach and care coordination
- Improves communication by addressing language and digital access needs
- Promotes equity by highlighting disproportionately impacted groups
- Builds trust and supports earlier engagement with prenatal providers

## How This Drives PPC-Pre Performance

- Reduces delays in scheduling first prenatal visits
- Increases successful early-pregnancy outreach
- Improves timely completion of initial prenatal visits

# Closed Loop Referral Systems and PPC-Pre

## What Closed-Loop Referrals Accomplish

- Track and confirm completion of social service referrals
- Verify whether barriers to early prenatal care are resolved
- Enable rapid follow-up when referrals fail
- Strengthen partnerships with community organizations
- Provide real-time insight into patient needs

## How This Drives PPC-Pre Performance

- Removes barriers that delay prenatal scheduling
- Increases timely completion of first prenatal visits
- Reduces care gaps related to housing, transportation, or safety
- Improves coordination across primary care, OB, and community partners
- Supports high-touch outreach for patients with social risks



# Provider Discussant

# Provider Discussant

- Provider Discussant
  - Angela Roumain, Denova Collaborative Health



# Provider Discussant Questions

- What is your current process for the PPC-Pre measure?
- What factors seem to impact the success of your process performance on the PPC-Pre 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 PPC-Pre measure?
- What is your process for non-medical drivers in relation to the PPC-Pre?



# Discussion

# Discussion Questions

## Understanding Barriers & Access

- What are the most common barriers that prevent patients from entering prenatal care early in pregnancy?
- Which populations within your practice are most likely to have delayed initiation of prenatal care, and why?
- How do insurance changes, lack of coverage, or delays in coverage verification impact access to timely prenatal care?

## Screening, Identification & Early Engagement

- How does your practice currently identify patients who may be pregnant or at risk for pregnancy?
- What workflows exist (or are missing) to ensure newly pregnant patients are seen promptly?
- Do we have effective screening processes in place for social needs that may delay early prenatal care?

## Care Coordination & Communication

- What processes do we use to ensure rapid referral to OB/GYN or maternal health services when pregnancy is confirmed?
- How effective is our communication between primary care and OB providers in ensuring timely appointments?
- How do we track patients referred externally for prenatal care to confirm they received a timely visit?



# 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.
- Register for the February QIC session(s)



# Questions?

**AHCCCS Questions:** [targetedinvestments@azahcccs.gov](mailto:targetedinvestments@azahcccs.gov)

**ASU TIPQIC General Inquiries:** [TIPQIC@asu.edu](mailto:TIPQIC@asu.edu)

**Support Tickets:** [support@TIPQIC.org](mailto:support@TIPQIC.org)

## Relevant Websites:

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