



# Justice AOC Quality Improvement Collaborative Session #3: 2/11/26

**Disclosure:** There are no relevant financial relationships, sponsorships, or other disclosures from anyone in control of content associated with this activity. This program is designed to provide educational information and does not involve the promotion of any specific product or service.

# 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
- Norah Ylang

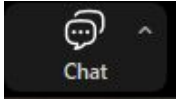
# Agenda

<b>Time</b>	<b>Topic</b>	<b>Presenter</b>
12:00 PM to 12:03 PM	Opening & Y4 Justice Updates	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.

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



**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.*

# Y4 Performance Measure Updates

- ASU is upgrading from the MY 2023 HEDIS specifications to the MY 2025 HEDIS specifications for TI 2.0 Year 4 performance measures.
- AHCCCS has approved the following codes for use in the TI 2.0 Justice AOC Year 4 performance measure calculations:
  - **T1016** (already part of MY HEDIS 2025 measure specifications) and **H0023** for FUM and FUA

ASU TIPQIC will retrospectively calculate performance with the updated measure specifications, using the above codes as numerator-qualifying criteria for the FUM/FUA measure. Updated performance will be reflected in the April/May dashboard. Please direct any data-related questions to [tipqic@asu.edu](mailto:tipqic@asu.edu).

# Justice Focus Group (1/30/26) Summary

- ASU hosted a Justice Focus Group on January 30, 2026 to gather provider feedback on obstacles, failure modes, and misalignments related to the Justice AOC measures and 42 CFR Part 2.
- Themes
  - Attribution and denominator transparency
  - Justice program design vs. care reality
  - Care transitions and handoffs
  - 42 CFR Part 2 and consent
  - Measurement fairness and accountability

# Justice Focus Group (1/30/26) Next Steps

Based on your feedback, the following actions are underway or under consideration:

1. Data Alignment
  - a. Conduct a comparison between provider referral files and MCO files to identify sources of denominator misalignment
  - b. Assess whether patients leaving programs or justice lists are contributing to discrepancies
2. 42 CFR Part 2 and Consent
  - a. Review 42 CFR Part 2 consent processes to address concerns
3. Attribution & Policy Exploration
  - a. Discuss attribution endpoints and explore episodic or time-limited justice attribution best practices
  - b. Examine potential processes for denominator removal when providers are no longer responsible for care
4. Documentation & Measure Clarity
  - a. Update TIP IET-E documentation to more clearly focus on Engagement Part 2
5. Payment & Program Alignment
  - a. Follow-up on DAP payment criteria to ensure consistency between DAP and TIP expectations
6. Provider Engagement Support
  - a. Offer 1:1 meetings with justice providers to conduct cause and effect analyses, identify failure models, and prioritize actionable solutions
  - b. Consider additional Justice-focused group discussions to continue this dialogue and validate processes



# Measure Overview & Network Performance

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

<b>MILESTONES</b>	<b>JUSTICE</b>		
	<b>INCENTIVE % OF ANNUAL PAYMENT</b>		
<b>M1. Performance Measures</b>	<b>50</b>		
	<b>IET-E</b>	<b>FUA7</b>	<b>FUM7</b>
	<b>20</b>	<b>15</b>	<b>15</b>
<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>		

# 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 <sup>1</sup>	2023 HEDIS National Average <sup>2</sup>
* = 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.	46.3%	19.6%	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	42.6%	33.8%	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	41.5%	44.6%	44.9%	39.6%

\*Report period ending August 31, 2025

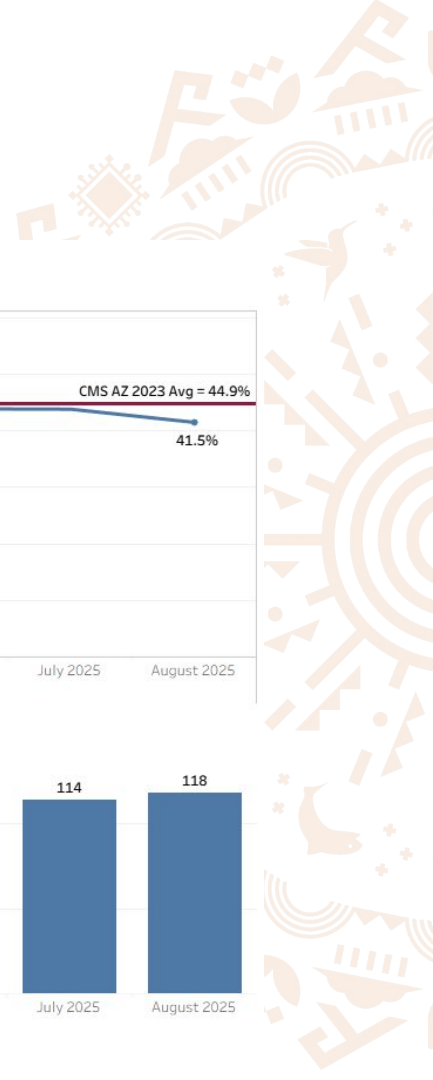
1. <https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/main?focusStates=%5B%22AZ%22%5D>

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.

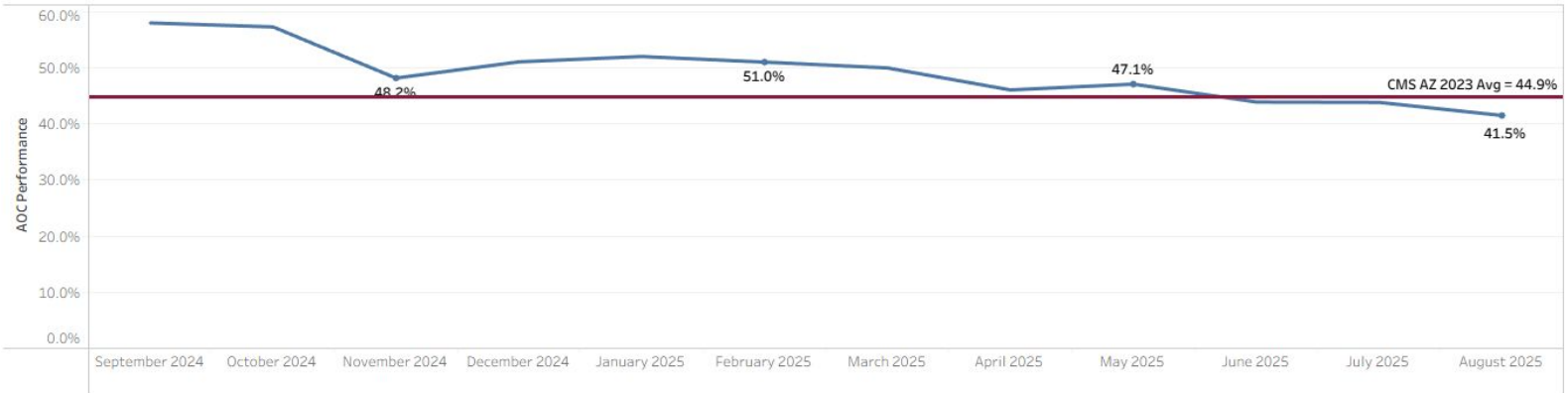


# FUM7 Network Performance

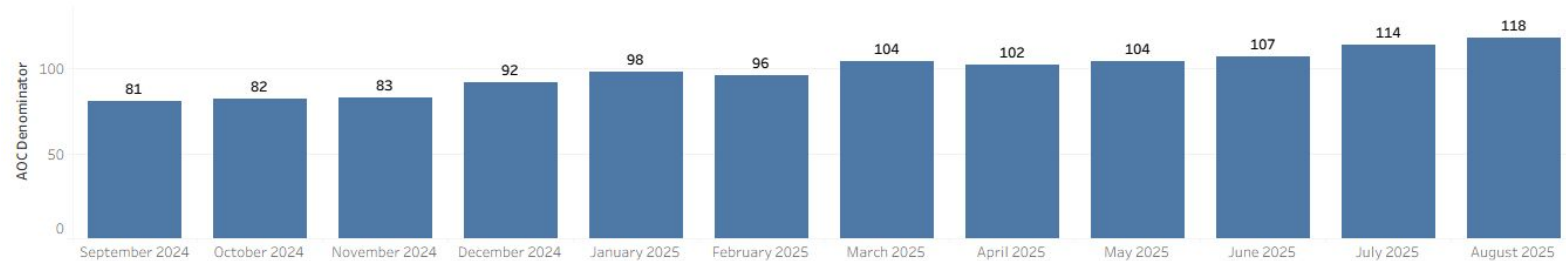


Measure Performance (each month is a 12-month report period)

## JUSTICE



## Measure Denominator





# Measure Details

# Follow-Up After Emergency Department Visit for Mental Illness within 7 Days (FUM7) Definition

*FUM7*: The percentage of emergency department (ED) visits for persons 18 years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service 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 Mental Illness within 7 Days (FUM7)	The percentage of emergency department (ED) visits for persons 18 years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service within 7 days after discharge.	41.5%	★	✿	✿			+	★	

\*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

- Ensures rapid follow-up after mental health ED visits
- Reduces risk of readmission or crisis recurrence
- Improves continuity of behavioral health care
- Supports timely engagement in outpatient services
- Tracks provider and system-level performance
- Enhances patient safety and recovery

# Follow-Up After Emergency Department Visit for Mental Illness within 7 Days (FUM7)

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 Mental Illness within 7 Days (FUM7)	ED visits for Justice members 18 years and older for treatment of selected mental illness or intentional self-harm in the reporting period.	ED visits in the denominator where the member had a qualifying follow-up visit within 7 days after discharge.

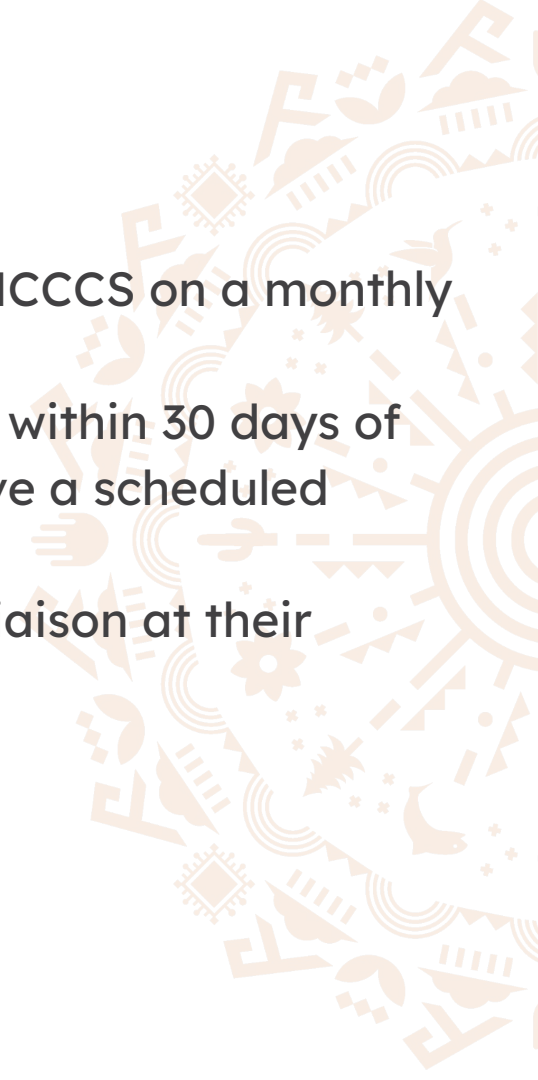
Note: For the FUM7 measure, the member must be continuously enrolled in medical benefits from the episode end date through 30 days after the episode end date with no breaks in enrollment.

# 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 also 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

<b>MCO</b>	<b>Name</b>	<b>Position</b>	<b>Email</b>
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 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?

## Billing Codes

- TI 2.0 Year 4 will now use HEDIS® Measurement Year 2025 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 2025 Reference Guide](#)
    - Mercy Care - [HEDIS® MY 2025 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 MY 2025 measure calculations are available at no cost. Download the 2025 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.

# New for MY2025

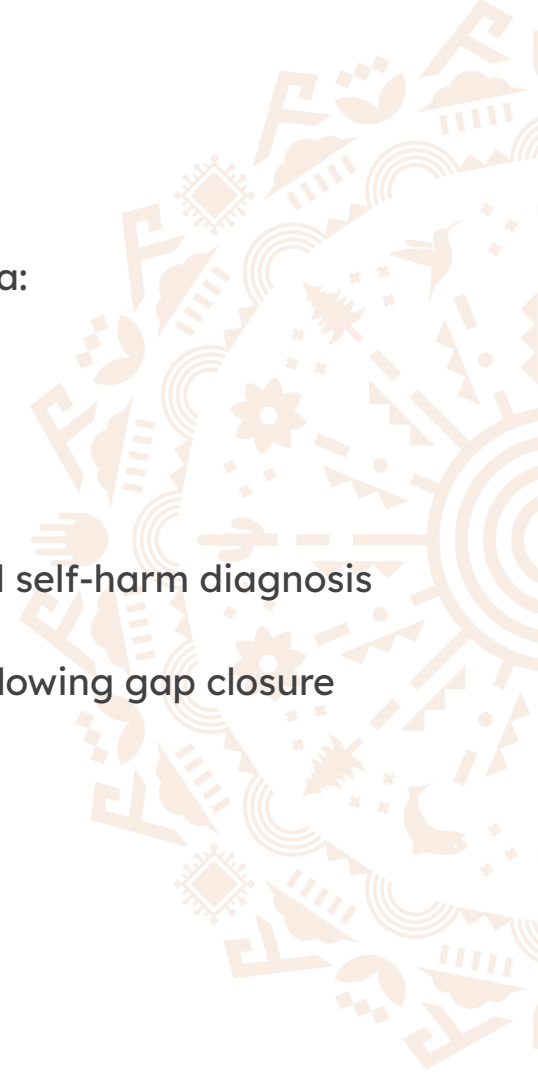
- **Added**

- The following scenarios were added to the gap closure criteria:
  - Peer support services
  - Residential treatment
  - Visits in a behavioral health care setting
  - Psychiatric collaborative care management services

- **Removed**

- Removed requirement of both a mental health diagnosis and self-harm diagnosis from gap closure criteria
- Removed the mental health diagnosis requirement for the following gap closure scenarios:
  - Partial hospitalization/intensive outpatient visits
  - Community mental health center visits
  - Electroconvulsive therapy

Measure detail guides will be revised to incorporate all updates.



# FUM 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](https://www.tipqic.org) for billing guidance to maximize CoCM services for FUM compliance and a list of TIP Providers who deliver CoCM services.
  - AHCCCS approved the use of **H0023** and **T1016** (already part of MY 2025 measure specifications) to close HEDIS numerator gaps in care for the FUM, FUA, and FUH measures.

# 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

- Interested Justice providers can work with the TIPQIC team to examine AHCCCS member events eligible for FUM7 and attributed to their organization through a member list comparison.
- Providers will receive a summary report that includes member-level details for each measure explored.
- Results will help to:
  - Explore and explain differences in denominators and performance to identify reporting gaps
  - Ensure consistent view of improved trends
  - Identify process errors
  - Identify additional members each practice is held accountable for

E-mail [tipqic@asu.edu](mailto:tipqic@asu.edu) for next steps

Username

Enter your username

Password

[Sign In](#)

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# Target Setting

- One tier was set for the FUM7 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.

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



# FUM7 Non-Medical Drivers and Closed Loop Referral Systems

# Advantages of Providers Screening for Non-Medical Drivers of Health for FUM7

- Identifies barriers such as transportation, housing, food insecurity, or legal obligations
- Detects psychosocial or caregiver stress that may prevent follow-up
- Enables targeted interventions to reduce missed appointments
- Improves engagement and trust with patients
- Supports care coordination across community, justice, and healthcare systems
- Directly improves FUM7 compliance by addressing preventable gaps

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

- Between May 2024 and August 2025, TI providers screened 35,721 unique patients for non-medical drivers of health, submitting 41,167 G codes via claims.
  - The most commonly identified needs were housing, employment, and larger economic conditions, with over 5,959 NMDOH referrals given to help patients meet these needs.
- NMDOH screening can be associated with higher performance across several HEDIS® quality measures.
  - FUM7 performance among TI Justice patients with a documented G code was 13.7% higher than among TI Justice patients without a G code.
- **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.

# Closed Loop Referral Systems and FUM7

- Confirms outpatient referrals are received and appointments scheduled
- Tracks whether follow-up visits actually occur
- Reduces missed care due to unresolved social or justice-related barriers
- Enhances accountability of care teams
- Strengthens coordination between ED, justice system, and outpatient providers
- Improves FUM7 performance by closing gaps between discharge and timely follow-up



# Case Study: FUM7 & Justice-Involved Patients

# FUM7 & Justice-Involved Patients

- Justice-involved patients face rapid, unplanned transitions after ED discharge
- Common challenges within the 7-day window:
  - Release to custody, jail, probation, or community supervision
  - No notification to outpatient providers of ED visit or release
  - Immediate priorities: housing, court dates, safety—not follow-up care
- Result: The 7-day clock runs out before care can reconnect

## Key message:

- FUM7 for justice-involved patients is a transition and notification challenge under extreme time pressure.

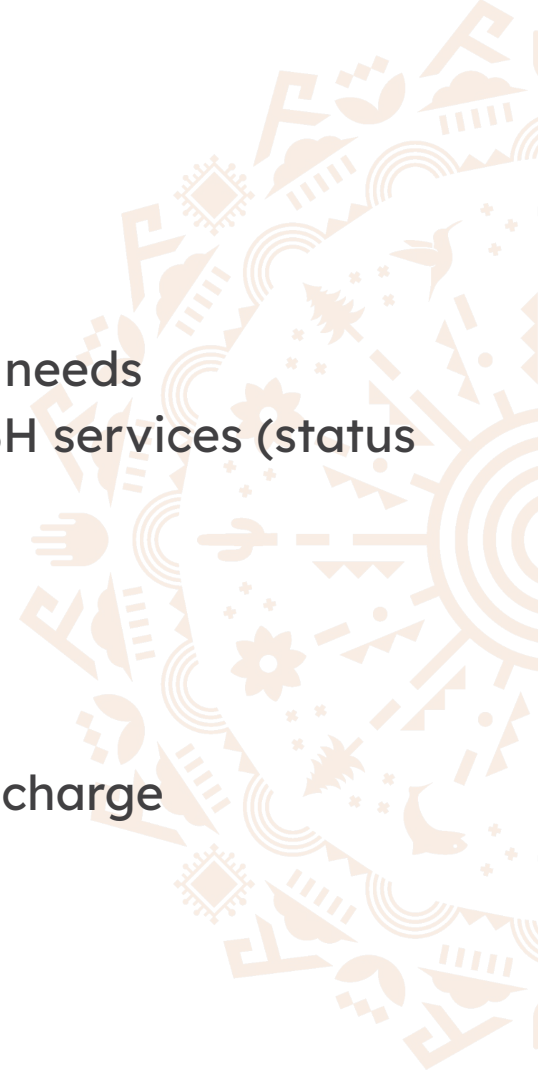
# Case Study

## Patient C (Age 32)

- Adult patient with a known history of mental health needs
- Previously engaged intermittently with outpatient BH services (status may be inactive or recent)

## Acute Event

- Patient presents to ED with SI
- BH evaluation completed in the ED
- Patient medically and psychiatrically cleared for discharge



# Case Study

## Disposition from the ED

- Rather than discharge to home or inpatient psychiatric care, patient is released into short-term county jail custody
- ED discharge focuses on transfer of custody rather than continuity of mental health care
- No formal notification sent to outpatient behavioral health providers, care coordinators, or primary care

## Custody Period

- Patient remains in county jail for 5 days
- No continuation of psychiatric medications initiated or reconciled
- No mental health follow-up appointment scheduled during custody
- Limited or no behavioral health assessment conducted while incarcerated

# Case Study

## Release from Custody

- Patient released on Day 5 without medications, discharge paperwork, or follow-up instructions
- No warm handoff to community-based behavioral health services
- Patient is expected to self-navigate care following release

## FUM7 Result

- No qualifying mental health follow-up visit occurs within 7 days of the ED visit
- No visit is documented or counted for FUM7



# Discussion

# Peer Volunteers

- Cope Community Services Inc
  - Siobhan O'Boyle
- Terros
  - Katie Marwitz



# Discussion Questions

- How do we learn about ED visits or releases for justice-involved patients?
- Who owns follow-up when patients move between ED, custody, and community?
- What can realistically happen within 7 days for this population?
- What's one workflow that could protect FUM7 during justice-system transitions?



# 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 upcoming Optional 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)