



Adult BH Quality Improvement Collaborative Session #3: 2/19/26

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Targeted Investment Team

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- Francisca Dibarrart, PhD
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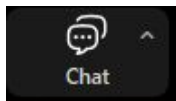
Agenda

Time	Topic	Presenter
12:00 PM to 12:03 PM	Opening & Y4 Performance Measure 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



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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 Adult BH AOC Year 4 performance measure calculations:
 - **T1016** (already part of MY HEDIS 2025 measure specifications) and **H0023** for FUM and FUH

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



Measure Overview & Network Performance

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

MILESTONES	ADULT BH		
	INCENTIVE % OF ANNUAL PAYMENT		
M1. Performance Measures	50		
	SAA	FUH7	FUM7
	10	20	20
M2. Screening and Referral Systems for Nonmedical Drivers of Health	25		
M3. Closed Loop Referral System (CLRS)	15		
M4. Quality Improvement Collaboratives (QICs)	10		

Adult BH QIC Curriculum Overview

Adult BH AOC Measures	TI Year 4: 10/1/2025 - 9/30/2026											
	O	N	D	J	F	M	A	M	J	J	A	S
SAA	QIC						QIC					
FUH7			QIC						QIC			
FUM7					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 BH

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					
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) * * +	Percentage of adult beneficiaries with schizophrenia who were dispensed and remained on antipsychotic medication for at least 80% of their treatment period	71.9%	54.7%	55.1%	61.1%
Follow-Up After Hospitalization for Mental Illness within 7 Days (FUH7) * ¶ + Ⓞ *	Percentage of adult beneficiaries with a follow-up visit seven days after hospitalization for mental illness	77.6%	54.2%	57.1%	38.5%
Follow-Up After Emergency Department Visit for Mental Illness within 7 Day (FUM7) * * * + Ⓞ	Percentage of adult beneficiaries with a follow-up visit seven days after an ED visit for mental illness	73.5%	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/>

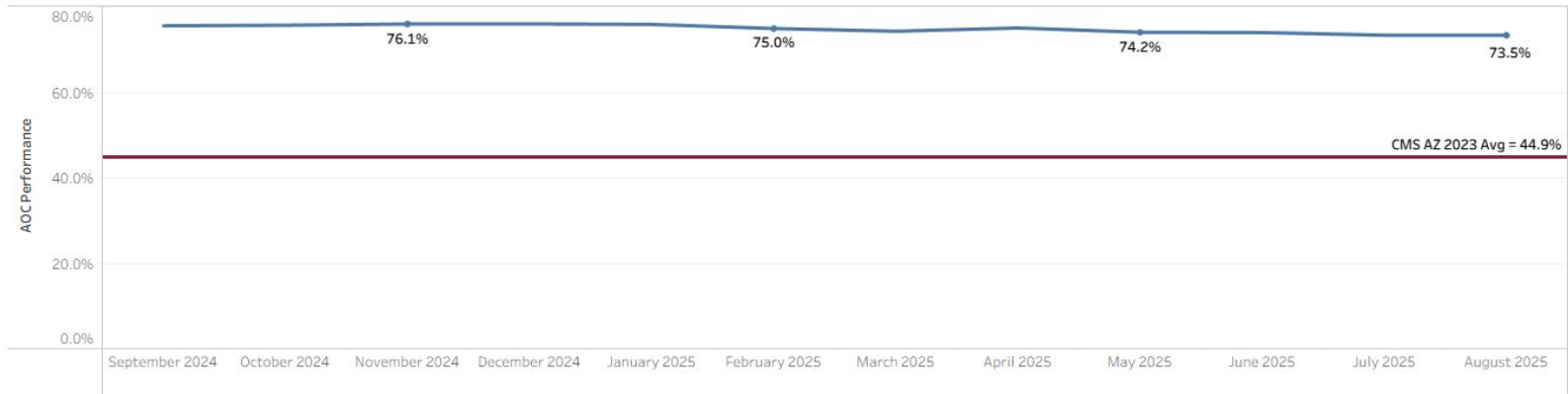
Note: The HEDIS national average refers to performance under 'Medicaid HMO'. Performance data highlighted in blue (IET, FUH, FUM, FUI, FUA) do not have age-stratified values, so the reported figures represent aggregate performance across all ages.



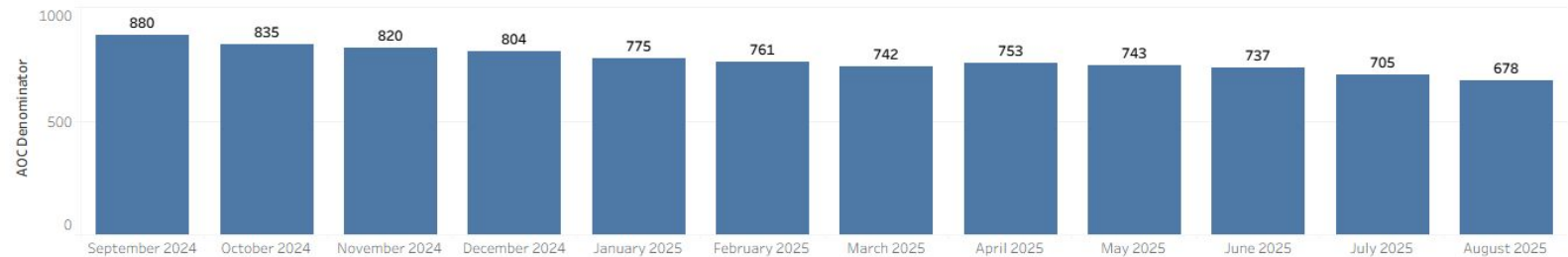
FUM7 Network Performance

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

ADULT BH



Measure Denominator





Measure Details

Follow-up After Emergency Department Visit 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.



Quality Alignment

ADULT BH									
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 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	73.5%	★	✿	✿		+	★	

FUM7 Importance

- Ensures rapid follow-up after mental health ED visits
- Reduces risk of relapse or repeated ED visits
- Promotes continuity of outpatient behavioral health care
- Supports patient engagement in treatment plans
- Tracks provider and system-level performance
- Enhances patient safety and mental health outcomes



Why the 7-Day Window Matters

- Early follow-up prevents gaps in care
- Reduces risk of symptom escalation and crisis
- Ensures timely intervention for ongoing mental health needs
- Reinforces treatment adherence and stabilization
- Improves patient engagement and connection with outpatient care
- Supports continuity between ED and outpatient behavioral health providers



FUM7

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

TI Area of Concentration	Measure	Denominator Definition	Numerator Definition
Adult BH	Follow-Up After Emergency Department Visit for Mental Illness (FUM7)	ED visits for 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.

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

- 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
- 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 have been 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 measure. This is a CMS and NCQA policy. AHCCCS seeks to align with the national standards to the greatest extent possible.
 - For measures FUM and FUA, follow-up visits that occur on the same day as the ED visit can count toward compliance.
- 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.

Attribution

- Members are attributed to their prescribing provider. If multiple prescribing providers are identified, attribution considers the strongest relationship based on the frequency and recency of dispensation.
- If there is no prescribing provider, members are attributed to the behavioral health provider with whom they have the strongest relationship with prior to the event or secondarily, the provider with the numerator qualifying services after the event.
- Interested providers can work with the ASU TIPQIC team to examine member events eligible for each measure and attributed to their organization through a member list comparison (Data Harmonization).

Target Setting

- Two tiers were 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 Adult BH providers need to exceed their target to achieve the incentives associated with this performance measure.



Username

Enter your username


Password

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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



FUM7 Non-Medical Drivers and Closed Loop Referral Systems

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

- Identifies social, housing, transportation, or financial barriers
- Detects psychosocial or behavioral factors affecting follow-up
- Enables targeted interventions to reduce missed visits
- Improves engagement, trust, and treatment adherence
- Supports care coordination and resolves preventable obstacles
- Directly improves FUM7 compliance by ensuring patients can access follow-up care

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.
 - Adult BH FUM7 performance among TI patients with a documented G code was 6.3% higher than among TI 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 for FUM7

- Confirms outpatient referrals are received and appointments scheduled
- Tracks whether follow-up visits are completed
- Resolves barriers in real time (transportation, social, logistical)
- Enhances accountability of care teams
- Strengthens communication between ED and outpatient behavioral health providers
- Improves FUM7 performance by closing gaps between ED discharge and follow-up



Case Study: FUM7

FUM7

- ED discharges for mental health crises are high-risk and time-sensitive
- Common FUM7 breakdowns:
 - No real-time notification of ED visits or discharges
 - Follow-up occurs, but outside the 7-day window
 - Visits completed but don't meet HEDIS criteria
- Result: Care happens—but not fast enough or not counted

Key message:

FUM7 is a speed, notification, and visit-eligibility challenge.

Case Study

Patient E (Age 28)

- Adult patient with a history of anxiety and prior engagement with outpatient BH services
- Presents to ED with acute anxiety sx and self-harm ideation
- BH evaluation completed in the ED; patient assessed as safe for discharge



Case Study

ED Discharge & Recommendations

- Patient discharged home with written instructions recommending outpatient therapy
- No f/u appointment scheduled prior to discharge
- Patient advised to contact a BH clinic to initiate care

Post-ED Communication Timeline

- BH clinic is notified of the ED visit on Day 6 (e.g., via delayed HIE alert, fax, or claims-based notification)

Case Study

Outpatient Engagement

- Day 9: Clinic initiates outreach, completes intake
- Day 14: First available therapy appointment occurs

FUM7 Result

- No qualifying mental health follow-up visit occurs within 7 days of the ED visit





Discussion

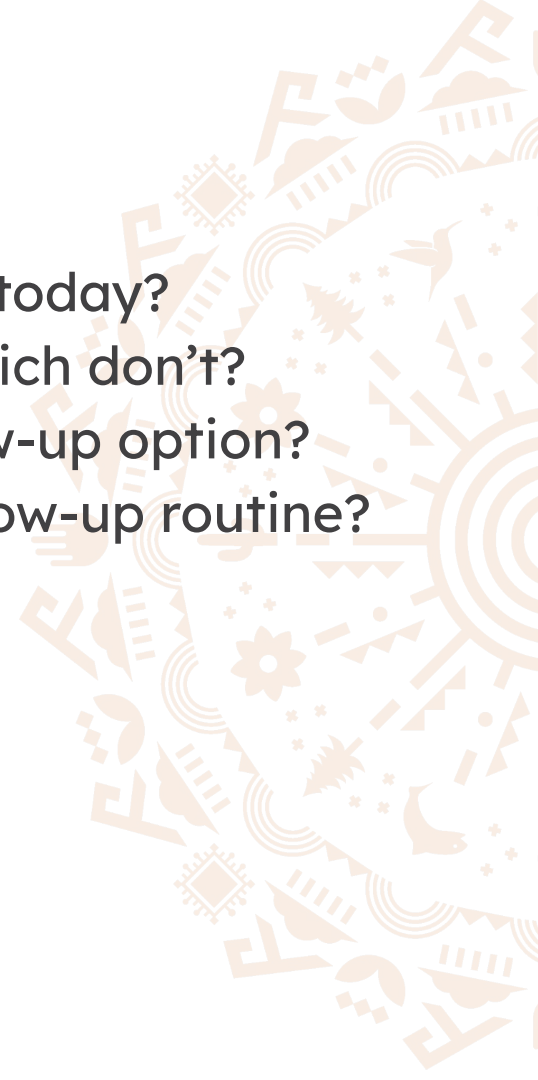
Peer Volunteers

- Changepoint Integrated Health
 - Melissa Hoyt
- Empact-SPC
 - Sarah Swonder



Discussion Questions

- How quickly do we learn about ED discharges today?
- Which BH encounters count for FUM7—and which don't?
- What is our fastest clinically appropriate follow-up option?
- What's one change that could make 7-day follow-up routine?





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 Optional QIC session(s)





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