Adult BH Quality Improvement Collaborative Session #4: 4/23/26

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.

Arizona State University

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

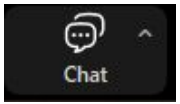
Agenda

Time	Topic	Presenter
12:00 PM to 12:05 PM	Opening & Updates	Matthew Martin, PhD
12:05 PM to 12:30 PM	Non-Medical Drivers of Health (NMDOH) • Network Status & Performance Implications • Dashboard	Taylor Vaughan, MPH
12:30 to 12:35 PM	NMDOH Polling	Matthew Martin, PhD
12:35 PM to 12:45 PM	Provider Spotlight Presentation on NMDOH	Kristin Ross, LMSw, La Frontera
12:45 PM to 12:58 PM	Q&A	Matthew Martin, PhD
12:58 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

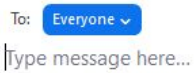
Guidelines



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.

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.*

Updates

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ASU TIPQIC Reminders

- ASU TIPQIC is upgrading to MY HEDIS® 2025 measure specifications for Year 4 performance measure calculations
  - Please visit tipqic.org/measures to see the measure detail guides and health plan billing guidance
- Want to know who is in your numerator and denominator? Complete **data harmonization** with ASU TIPQIC!
  - Email tipqic@asu.edu and following the naming instructions listed on the “Data Harmonization” section under tipqic.org/perfimp

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**		

Network Performance Snapshot

- TI 2.0 Adult BH providers are outperforming their non-TI counterparts on all measures
  - Also outperforming the national average on all measures

Measure	AOC Performance	Non-TI Performance
SAA	72.1%	37.7%
FUH7	76.9%	45.4%
FUM7	70.7%	35.2%

HEDIS MY 2023 performance for the report period ending October 31, 2025 is calculated with claims/encounter data adjudicated through January 31, 2026.

Network Performance Snapshot

- Among the 53 unique TINs participating in the Adult BH AOC,
  - SAA:
    - 24 are currently exceeding their target
    - 34 are exceeding or within 5% of meeting their target
  - FUH7:
    - 14 are currently exceeding their target
    - 27 are exceeding or within 5% of meeting their target
    - 37 are exceeding or within 10% of meeting their target
  - FUM7:
    - 13 are currently exceeding their target
    - 17 are exceeding or within 5% of their target
    - 21 are exceeding or within 10% of meeting their target

HEDIS MY 2023 performance for the report period ending October 31, 2025 is calculated with claims/encounter data adjudicated through January 31, 2026.

Non-Medical Drivers of Health (NMDOH)

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Importance of NMDOH

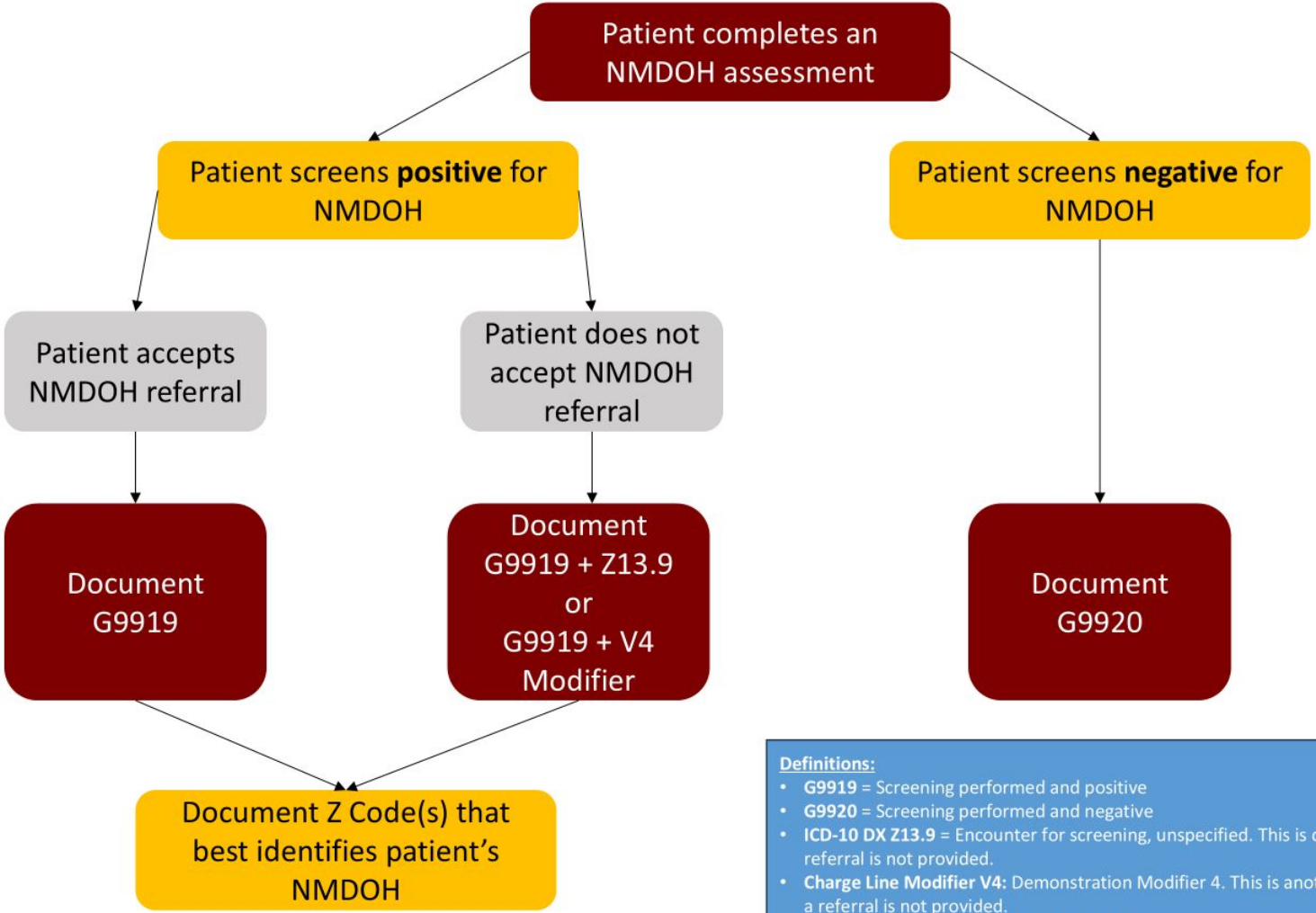
- Addressing NMDOH, along with clinical care, is important to improving HEDIS measure performance
- Unmet social needs contribute to:
  - Missed or delayed appointments
  - Gaps in continuity of care
  - Lower medication adherence
  - Reduced access to preventive services
- Integrating screening, referral, and follow-up for social needs can help:
  - Close care gaps
  - Improve engagement
  - Support sustained health outcomes

Addressing NMDOHs in the TI 2.0 Program

M2A – ATTEST to screening members annually using an evidence based, standardized screening tool that includes (at least) for all eight required domains: (Housing instability, Utility assistance, Food insecurity, Transportation needs, Interpersonal safety, Social isolation/support, Employment, and Justice involvement).

M2B - ATTEST to documenting nonmedical drivers of health screening and referral results via consistent submission of claims using G procedure codes (G9919 and G9920), V4 modifier, and Z diagnosis codes as appropriate.

Year 4 Milestone Requirements



Definitions:

- **G9919** = Screening performed and positive
- **G9920** = Screening performed and negative
- **ICD-10 DX Z13.9** = Encounter for screening, unspecified. This is one option to use when referral is not provided.
- **Charge Line Modifier V4:** Demonstration Modifier 4. This is another option to use when a referral is not provided.
- **NMDOH ICD-10 DX Z codes:** Z55x – Z65x.

Billing Reminders

- An NMDOH Z code (Z55x-Z65x) should always be reported with G9919
  - Only **42.6%** of positive screenings submitted by Adult BH providers follow this guideline.
- If a patient screens positive but declines a referral, do not submit G9919 + V4 modifier + Z139. **Choose either G9919 + V4 OR G9919 + Z139.** Submitting both will result in an error.
- See the “NMDOH* Screening & Referral Guides” section on the TIPQIC website at https://tipqic.org/measures.html

NMDOH G/Z code results were calculated using claims and MCO supplemental claim files submitted between November 1, 2024, and October 31, 2025. This analysis is limited to G code claims submitted by Adult BH providers for patients over 18 years old.

NMDOH Data & System Status

- A total of 16,474 NMDOH screenings were completed for 13,393 unique adult patients by 33 Adult BH providers between November 1, 2024, and October 31, 2025.
  - **16 Adult BH TINs have not yet submitted a G code for an adult patient.**
- 50.2% of screenings were negative (N = 8,269), while 49.8% (N = 8,205) identified at least one NMDOH need.
- Among screenings with an identified need, 73.5% (N = 6,033) resulted in a referral.

NMDOH G/Z code results were calculated using claims and MCO supplemental claim files submitted between November 1, 2024, and October 31, 2025. This analysis is limited to G code claims submitted by Adult BH providers for patients over 18 years old.

NMDOH Data & System Status

Domain	Count
Employment	**1,097**
Larger Economic Conditions	**1,077**
Larger Social Conditions	821
Housing	**786**
Social Isolation	418

NMDOH G/Z code results were calculated using claims and MCO supplemental claim files submitted between November 1, 2024, and October 31, 2025. This analysis is limited to G code claims submitted by Adult BH providers for patients over 18 years old.

HEDIS Performance and G Codes

- Analysis suggests that screening can positively impact performance for episodic Adult BH measures by up to 5%.
- Among screened patients for the Adult BH measures, the most frequently identified needs include employment, housing, and larger economic conditions

NMDOH G/Z code results were calculated using claims and MCO supplemental claim files submitted between November 1, 2024, and October 31, 2025. This analysis is limited to G code claims submitted by Adult PCP providers for patients over 18 years old. HEDIS MY 2023 performance for the report period ending October 31, 2025 is calculated with claims/encounter data adjudicated through January 31, 2026.

TI 2.0 NMDOH Dashboard

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Provider NMDOH Dashboard Overview

- Available now at: data.tipqic.org
- Newly developed dashboard displaying your provider organization's use of NMDOH G/Z codes
  - Claims are received monthly from the six ACC/ACC-RBHA health plans
- Dashboard features
  - Each time period reflects G/Z codes submitted for that month
  - The main bar chart displays total G codes submitted per month, color-coded by whether an NMDOH need was identified
  - Among positive screens, identified NMDOH needs in your patient population are shown, stratified by referral status
- Dashboard instructions are available at https://tipqic.org/dashboard.html

TIPQIC NMDOH Coding Dashboard

TIP QIC Targeted Investments Program Quality Improvement Collaborative

Definitions

Screening Results:

- NMDOH Need Identified: G9919, G9919 + V4 modifier, or G9919 + Z139
- No Needs Identified: G9920

NMDOH Need Identified	Z Codes
Education	Z55, Z550, Z551, Z552, Z553, Z554, Z555, Z556, Z558, Z559
Employment	Z560, Z561, Z562, Z563, Z564, Z565, Z566, Z5681, Z5682, Z5689, Z569, Z570, Z571, Z572, Z5731, Z5739, Z574, Z575, Z576, Z577, Z578, Z579
Food Insecurity	Z594, Z5941, Z5948
Housing & Shelter	Z5901, Z5902, Z5910, Z5911, Z5912, Z5919, Z592, Z593, Z59811, Z59812, Z59819
Interpersonal Safety	Z630, Z631, Z6372, Z638, Z639
Justice & Legal	Z650, Z651, Z652, Z653, Z654, Z655
Social Isolation	Z600, Z602, Z603, Z604, Z605, Z608, Z609, Z6379
Transportation	Z5982, Z758
Utility Assistance	Z5881, Z5889, Z5911, Z5912, Z599
Larger Economic Conditions	Z595, Z596, Z597, Z5986, Z5987, Z5989
Larger Social Conditions	Z620, Z621, Z6221, Z6222, Z6223, Z6224, Z6229, Z623, Z626, Z62810, Z62811, Z62812, Z62813, Z62814, Z62815, Z62819, Z62820, Z62821, Z62822, Z62823, Z62831, Z62832, Z62833, Z62890, Z62891, Z62892, Z62898, Z629, Z6331, Z6332, Z634, Z635, Z636, Z6371, Z640, Z641, Z644, Z658, Z659, Z733

Please contact us at tipqic@asu.edu with questions, feedback, or ideas about this dashboard.

TIPQIC NMDOH Coding Dashboard

TIP QIC Targeted Investments Program Quality Improvement Collaborative

Provider Name: TIPQIC Family Care

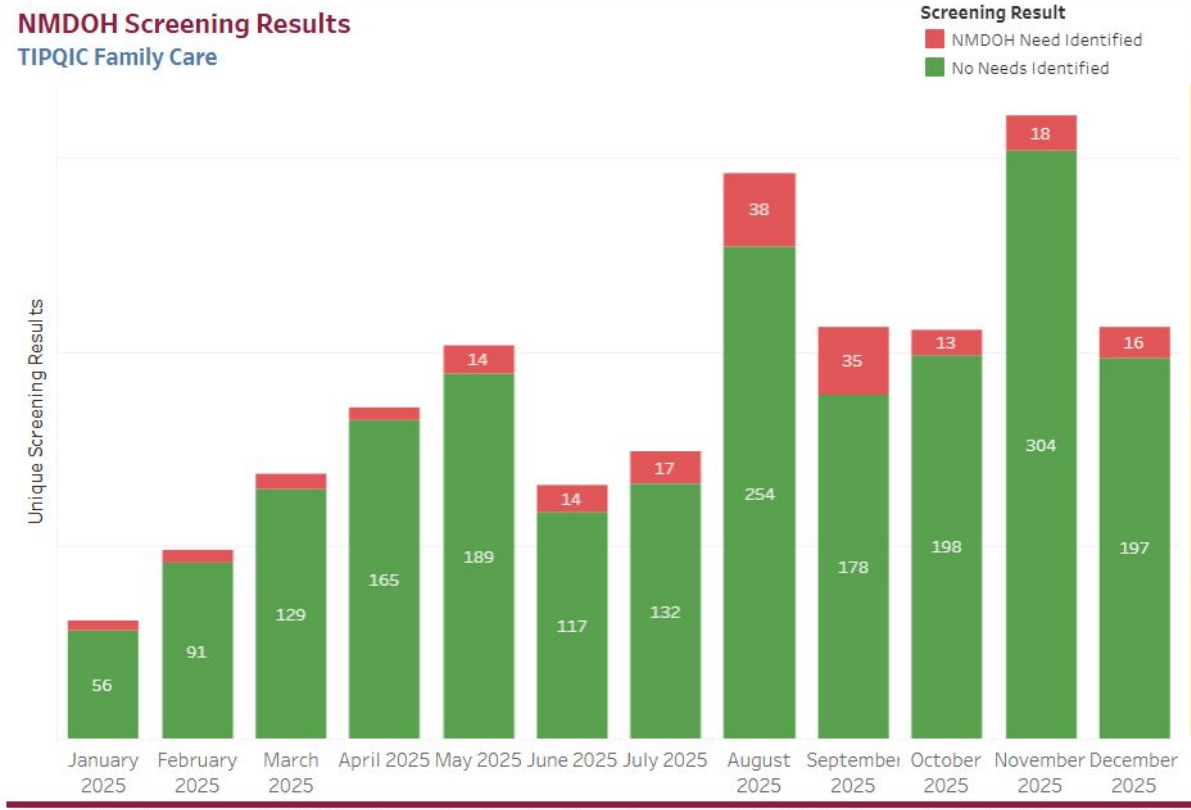
Month: (All)

Patient Population: Pediatric

Total NMDOH Needs Identified by Provider Organization: 105

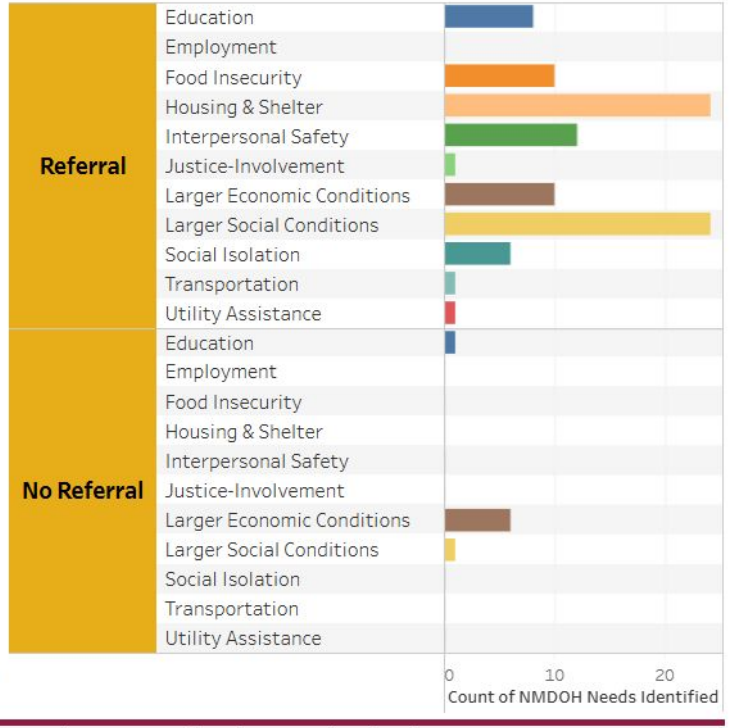
NMDOH Screening Results

TIPQIC Family Care



NMDOH Needs Identified by Referral Status

TIPQIC Family Care



The information in this dashboard is privileged and confidential. It is intended solely for the use of individuals designated by the named organization for informational and quality improvement purposes.

Dashboard last updated **April 17, 2026**. Analysis performed with claims and MCO supplemental file data adjudicated through **March 31, 2026**. Counts less than 10 are suppressed (*).

Please contact us at tipqic@asu.edu with questions, feedback, or ideas about this dashboard.

TIPQIC NMDOH Coding Dashboard

TIP QIC Targeted Investments Program Quality Improvement Collaborative

Provider Name: TIPQIC Family Care

Month: September 2025

Patient Population: Pediatric

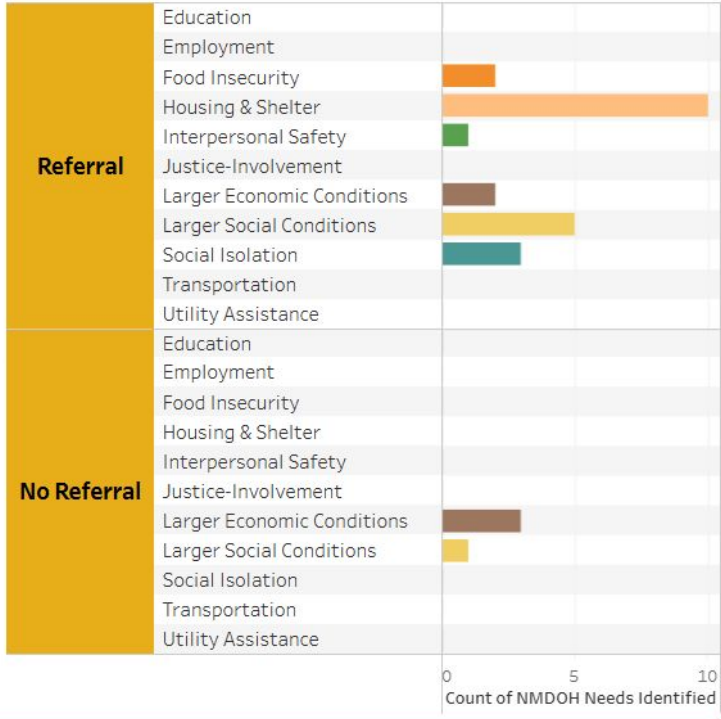
Total NMDOH Needs Identified by Provider Organization: 27

NMDOH Screening Results

TIPQIC Family Care

NMDOH Needs Identified by Referral Status

TIPQIC Family Care



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NMDOH Polling

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NMDOH Polling Questions

- Do you currently screen all patients for NMDOH at least once per year?
  - Yes / No / Only high-risk patients
- Does your team have a system to track closed-loop referrals for social needs?
  - Yes / No / Partially
- How confident are you that your current NMDOH screening and referral process impacts HEDIS performance?
  - Very confident / Somewhat confident / Not confident
- Which NMDOH domain most affects your AOC's HEDIS measures?
  - Transportation, Housing & Shelter, Food Insecurity, Employment, Other
- Are your staff consistently documenting NMDOH screenings in the EHR?
  - Always / Sometimes / Rarely / Never

Provider Spotlight

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LA FRONTERA ARIZONA

LA FRONTERA CENTER, INC.

Non-Medical Drivers of Health (NMDOH)

KRISTIN E. ROSS, LMSW
DIRECTOR OF QUALITY MANAGEMENT & UTILIZATION MANAGEMENT
KRISTIN.ROSS@LAFRONTERA.ORG

La Frontera Center, Inc. is…

- Integrated Care Health Home providing services to approximately 1,438 child/youth and 12,154 adult clients.
  - 2097 clients saw a LFC PCP in 2025
- Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for 20+ years.
- Part of the La Frontera Arizona family, which has La Frontera-EMPACT in Maricopa & Pinal Counties, Southeastern Behavioral Health Services (SEABHS) in Cochise and Graham counties

We're here for it all…

Psychiatric medication monitoring	PCP services and referral	Case management	Skills training	Counseling & Psychotherapy
Family support	Peer support and state approved peer certification training	Intensive outpatient programs (IOPs) focused on substance use and psychiatric symptoms	Therapeutic preschool services at our Child & Family Center	Employment services
Behavioral health residential facilities (BHRFs)	Psychiatric inpatient facility (PHF) and detox services	Medication Assisted Treatment (MAT)	Nursing administration of long-acting injectable medication	Transitional Housing

NMDOH (aka SDOH) screening tool

- Health Leads' screening toolkit
  - https://healthleadsusa.org/news-resources/the-health-leads-screening-toolkit/
- Why this one?
  - Short
  - Easily modified

Social Determinant of Health (SDOH)

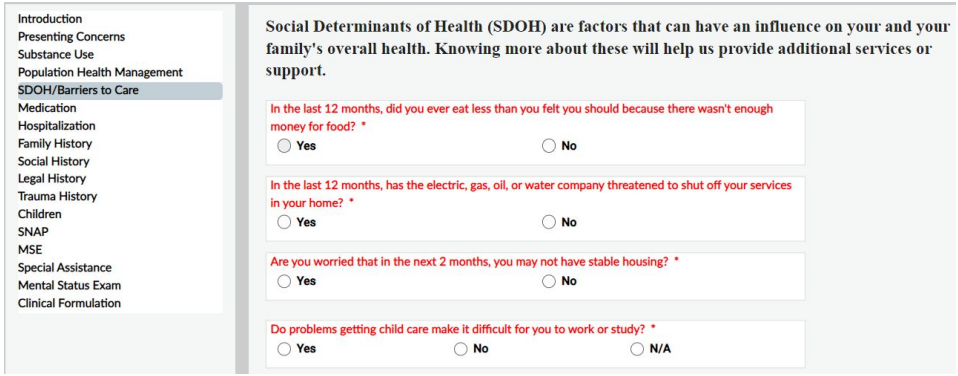
- This is where we shine!
- SDOH are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, and quality-of-life outcomes and risks.
- We use the Health Leads Screening tool and it is embedded into our Clinical Assessment.
- The implementation of a SDOH screening tool is part of our mission to provide whole person health care and is part of the AHCCCS Targeted Investments Program (TI or TIPs).

Social Determinant of Health (SDOH)

- Who am I screening?
  - If the client is a child is 0-5 you are asking the screening questions of the parent/guardian.
  - If the client is a child is older than 5 years, you are asking the child and parent/guardian. If there is a conflict between what each person is saying, you will assume there is a problem/need and select ‘Yes’ to the specific question.
  - If the client is 18 years or older without a guardian, you are asking the screening questions directly to them.
  - If the client is an adult with a guardian, you are asking the client and the guardian. If there is a conflict between what each person is saying, you will assume there is a problem/need and select ‘Yes’ to the specific question.

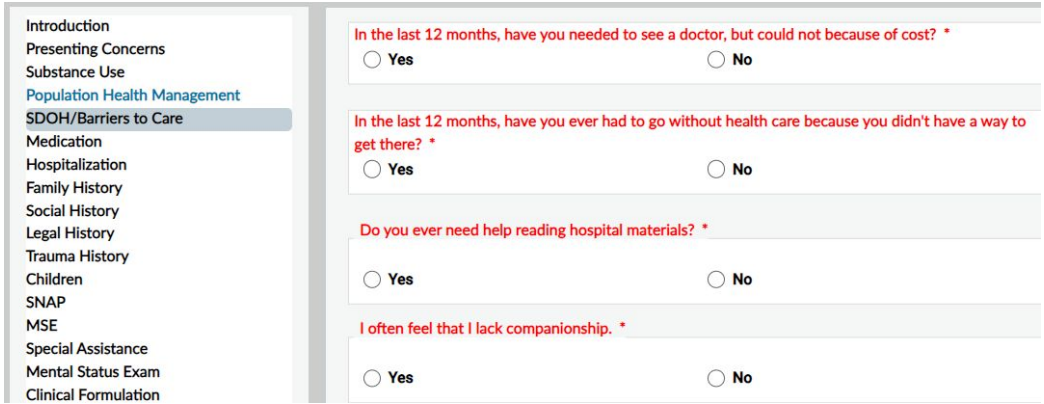
Section: SDOH

- Ask questions as written and clarify if your client/family doesn't understand.
- Add a Z code for any questions that the client/family says 'Yes' for.
- If a client/family says 'No,' but you have conflicting information, this is an opportunity to share your observations. For example, if a client says N to having enough money for food, but have been requesting food boxes, this is something to explore more in-depth.



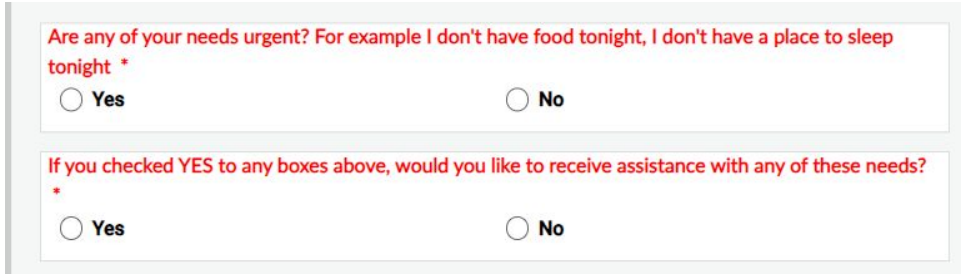
Section: SDOH

- Remember the goal is to identify needs our clients have and not only if we can solve them or if there's a resource available.
- Information from our Clinical Assessment is used for internal and external reporting.



Section: SDOH

- If any needs are urgent and the client wants assistance, please make sure the need and intervention make it to the Treatment plan and is documented in the progress note.
- If the referral source is in UniteUs, see the COSS at your site to complete the referral in the portal.
- If your client declines assistance and there is a concern for their safety, please review with a supervisor to consider a report to DCS or APS



SDOH Screening Question	Possible Z code
In the last 12 months, did you ever eat less and you felt you should because there wasn't enough money for food?	Z5941 Food insecurity
In the last 12 months, has the electric, gas, oil, or water company threatened to shut off your services in your home?	Z5986 Financial Insecurity Z596 Low income Z595 Extreme poverty
Are you worried that in the next two months, you may not have stable housing?	Z5901 Sheltered homelessness Z5902 Unsheltered homelessness Z5910 Inadequate housing
Do problems getting childcare make it difficult for you to work or study?	Z5986 Financial insecurity Z5987 Material hardship Z5989 Other problems related to housing and economic circumstances
In the last 12 months, have you needed to see a doctor but could not because of cost?	Z5971 Insufficient health insurance coverage Z5972 Insufficient welfare support Z5986 Financial insecurity
Do you ever need help reading hospital materials?	Z550 Illiteracy and low-level Z558 Other problems related to education and literacy
I often feel I lack companionship	Z602 Problems related to living alone Z604 Social exclusion and rejection Z608 Other problems related to social environment Z638 Other specified problems related to primary support group Z734 Inadequate social skills, not elsewhere classified

Barriers schmarriers…

- Remembering that identifying a NMDOH need is still helpful even if there isn't a known solution.
- Linking the results of the screening to the Treatment plan and services.
- Making sure staff select the correct service billing code/G code combo. For example, H0031 (assessment) plus G9919 for an identified NMDOH need and a referral or G9920 for no NMDOH need. We chose to keep G9921 in our EHR and have it mapped to G9919 plus modifier v4.
- Gap in communication between the clinical staff that complete the screening for NMDOH and staff that enter referrals.

Q&A

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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 upcoming 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

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