Peds PCP Quality Improvement Collaborative Session #5: 6/9/26

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Arizona State University

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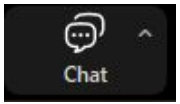
Agenda

Time	Topic	Presenter
12:00 PM to 12:03 PM	Opening	Matthew Martin, PhD
12:03 PM to 12:05 PM	Updates & Reminders	Taylor Vaughan, MPH
12:05 PM to 12:45 PM	Performance Review & Discussion	Matthew Martin, PhD
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. Critically analyze trends in HEDIS quality metrics for the area of concentration.
2. Discuss and identify potential failure modes related to HEDIS performance.
3. Explore process improvement strategies for population health management

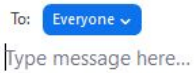
Guidelines



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 & Reminders

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AHCCCS Reminders

AHCCCS Office Hours

- AHCCCS-Led Office Hours are general meetings hosted by AHCCCS to address concerns, questions and comments regarding TI 2.0.
- Upcoming General Office Hours:
  - Monday, June 15, 2026 at 12 PM (Arizona Time) - **Register Here**

AHCCCS TI Year 3 Application

- Closes June 22 at 5 PM

For meeting information including meeting materials, contact the TI Team at the following email: targetedinvestments@azahcccs.gov

ASU TIPQIC Reminders

- ASU TIPQIC has upgraded 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
  - Updated dashboards can be found at data.tipqic.org
- The AHCCCS TI team has approved counting Physician Assistants (PAs) as PCPs for the Peds PCP performance measures without requiring an official AHCCCS PCP specialty designation. This change will be reflected in the next dashboard update (late June/early July).
- Want to know who is in your numerator and denominator? Complete **data harmonization** with ASU TIPQIC!
  - Email tipqic@asu.edu and follow the naming instructions listed on the “Data Harmonization” section on the webpage here: tipqic.org/perfimp

Table 1 Targeted Investments (TI) 2.0 Year 4 Milestones and Incentive Percentages			
MILESTONES	**PEDS PCP** **INCENTIVE % OF ANNUAL PAYMENT**		
M1. Performance Measures	**50**		
	W30 - Part 1	W30-Part 2	WCV
	15	20	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		

NMDOH Data & System Status

- A total of 26,821 NMDOH screenings were completed for 23,515 unique pediatric patients by 32 Peds PCP providers between February 1, 2025, and January 31, 2026.
  - **11 Peds PCP TINs have not yet submitted a G code for a pediatric patient in Program Year 4.**
    - ASU TIPQIC will continue to follow up with these providers to help them achieve this milestone.
- Most screenings were negative (80%; N = 21,451), while 20% (N = 5,370) identified at least one NMDOH need.
- Among screenings with an identified need, 74.9% (N = 4,021) resulted in a referral.

NMDOH G/Z code results were calculated using claims and MCO supplemental claim files submitted between February 1, 2025, and January 31, 2026. This analysis is limited to G code claims submitted by Peds PCP providers for patients under 21 years old.

TIPQIC NMDOH Coding Dashboard

TIP QIC Targeted Investments Program Quality Improvement Collaborative

Provider Name: (All)

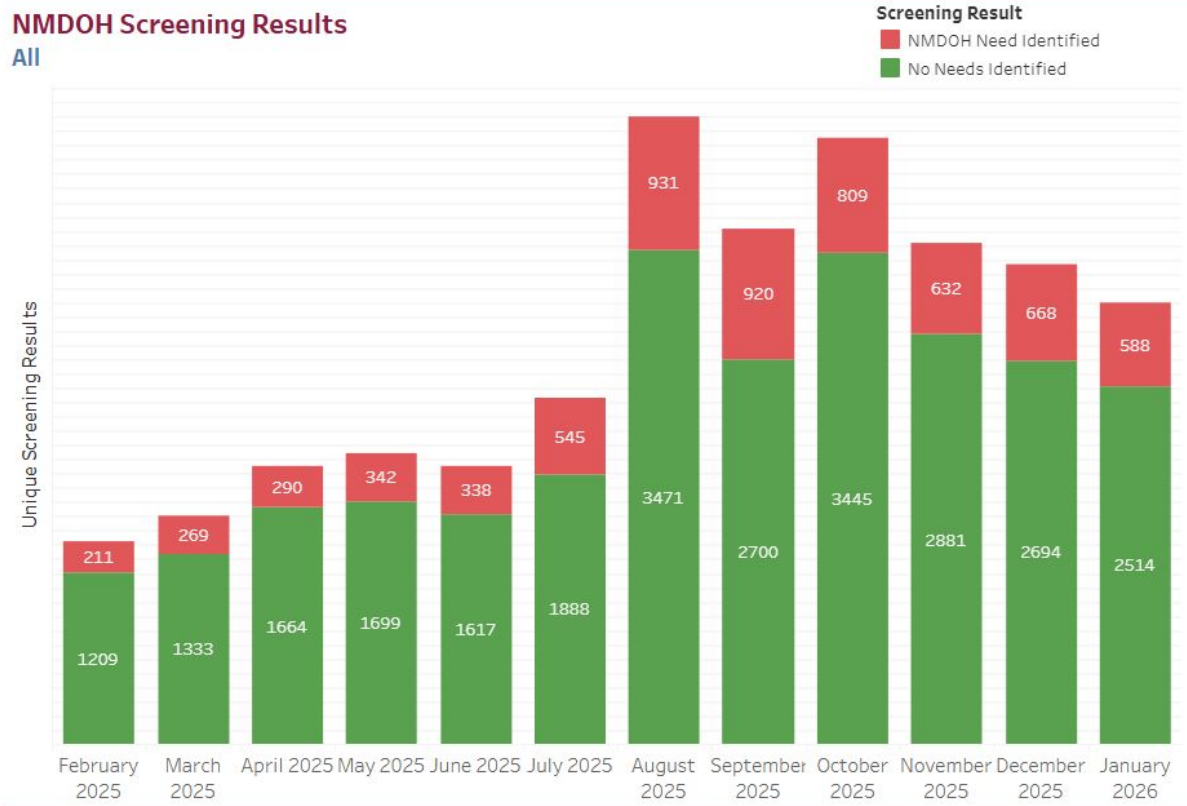
Month: (All)

Patient Population: Pediatric

Total NMDOH Needs Identified by Provider Organization: 4,241

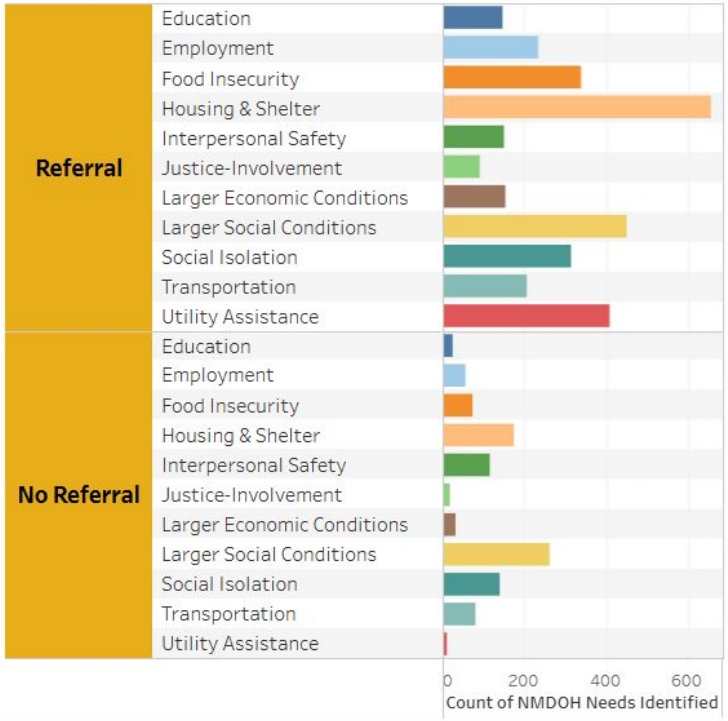
NMDOH Screening Results

All



NMDOH Needs Identified by Referral Status

All



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 **May 19, 2026**. Analysis performed with claims and MCO supplemental file data adjudicated through **April 30, 2026**. Counts less than 10 are suppressed (*).

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

Network Performance Snapshot

- TI 2.0 Peds PCP providers are performing higher than their non-TI counterparts on the W30 Part 2 and WCV measures
  - Also outperforming the WCV national average
- W30 Part 1 remains a focus area

Measure	AOC Performance	Non-TI Performance
W30 Pt 1	56%	57.8%
W30 Pt 2	66.6%	64.9%
WCV	54.7%	48.6%

HEDIS MY 2025 performance for the report period ending January 31, 2026 is calculated with claims/encounter data adjudicated through April 30, 2026.

Network HEDIS Performance Snapshot

- Among the 43 unique TINs participating in the Peds PCP AOC,
  - W30 Part 1:
    - 8 are currently exceeding their target
    - 17 are exceeding or within 5% of meeting their target
    - 20 are exceeding or within 10% of meeting their target
  - W30 Part 2:
    - 13 are currently exceeding their target
    - 20 are exceeding or within 5% of meeting their target
    - 22 are exceeding or within 10% of meeting their target
  - WCV:
    - 14 are currently exceeding their target
    - 25 are exceeding or within 5% of their target
    - 29 are exceeding or within 10% of meeting their target

HEDIS MY 2025 performance for the report period ending January 31, 2026 is calculated with claims/encounter data adjudicated through April 30, 2026. Please note that these counts are cumulative and will not equal 43.

Performance Review

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Peds PCP					
Performance Measure	**Measure Description**	**TI AOC Performance ***	**All AHCCCS Performance ***	**2024 AZ Medicaid Average[1]**	**2024 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					
Well Child Visits (W30) - Part 1 ✲ ✾ ✪ ❋	The percentage of child beneficiaries who had 6 or more well-child visits with PCP in the first 15 months of age.	56%	57.2%	60.5%	61.9%
Well Child Visits (W30) - Part 2 ✷ ✲ ✾ ✪ ❋	Percentage of child beneficiaries that had two well-child visits with a PCP between ages 15 months and 30 months	66.5%	65.4%	62.3%	72.8%
Child and Adolescent Well Care Visits (WCV) ✷ ✲ ✪ ❋	Patient(s) 3 - 21 years that had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner in the last 12 reported months	54.7%	50.1%	48.6%	55.4%

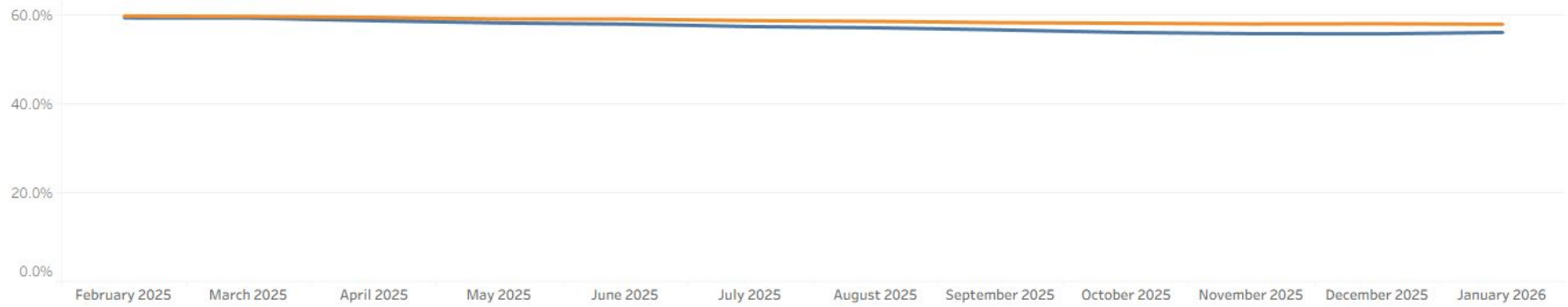
*Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 9, 2026.
1. https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/main?focusStates=%5B%22AZ%22%5D
2. https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/

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.

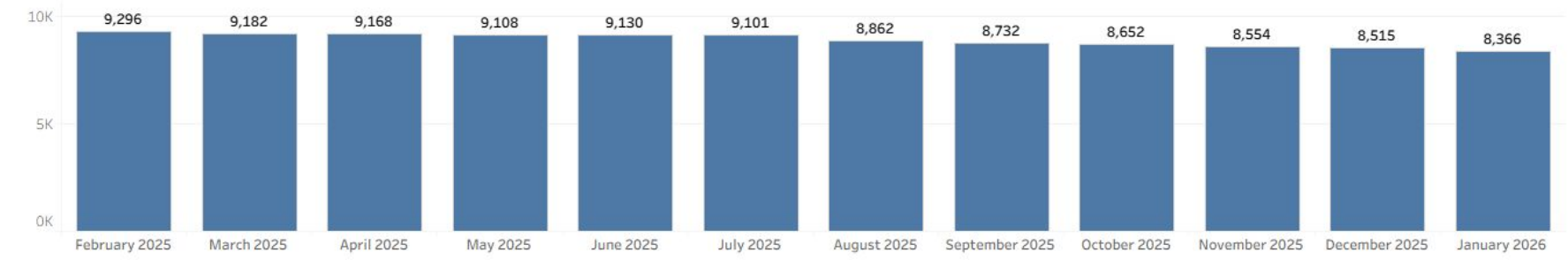
Well-Child Visits in the First 15 Months of Life (W30 Part 1)

Measure	Target
W30 - Part 1	57% | 72%

W30 - Part 1 Measure Performance (each month is a 12-month report period)
TI PEDS PCP vs. Non-TI



W30 - Part 1 Measure Denominator
TI PEDS PCP



Well-Child Visits in the First 15 Months of Life (W30 Part 1)

Measure	Target
W30 - Part 1	57% | 72%

Provider Performance Percentile	Performance (%)
75th Percentile	69.4%
50th Percentile (Median)	62.2%
25th Percentile	37.3%

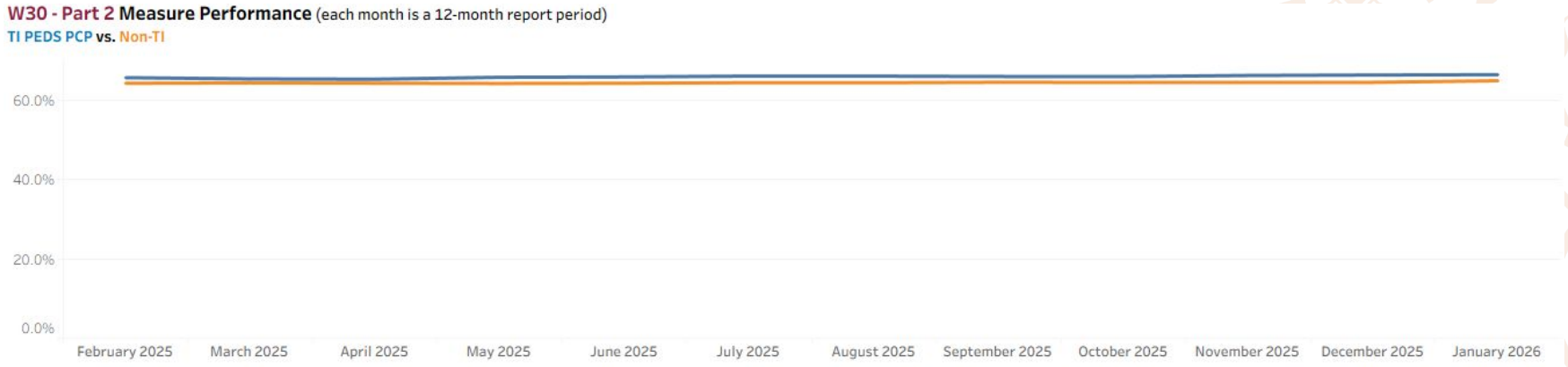
Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 9, 2026.

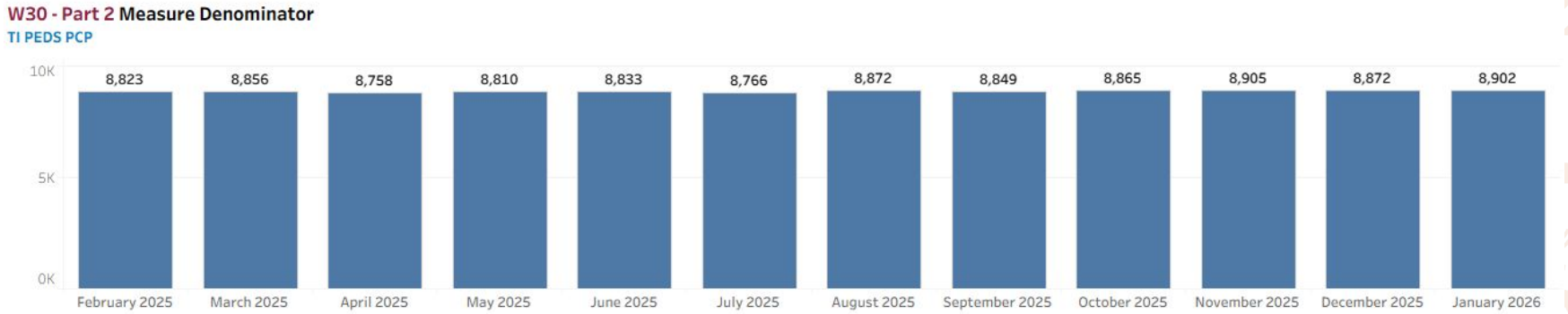
W30 - Part 1: Discussion

1. Any insights to explain why the performance is trending downward for both the TI and non-TI groups?
2. In your organization, is your performance going up or down? Do you have insights into what could be happening?
3. Are there any external factors occurring in the healthcare environment associated with this downward trend?

Well Child Visits in the First 30 Months (W30 - Part 2)

Measure	Target
W30 - Part 2	60% | 77%





Well Child Visits in the First 30 Months (W30 – Part 2)

Measure	Target
W30 - Part 2	60% | 77%

Provider Performance Percentile	Performance (%)
75th Percentile	79.6%
50th Percentile (Median)	69.5%
25th Percentile	53.6%

Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 9, 2026.

W30 - Part 2: Discussion

1. What are the facilitators that have helped achieve your performance?
2. Have there been any barriers to achieving your target?
3. Have you identified any effective solutions for the barriers?

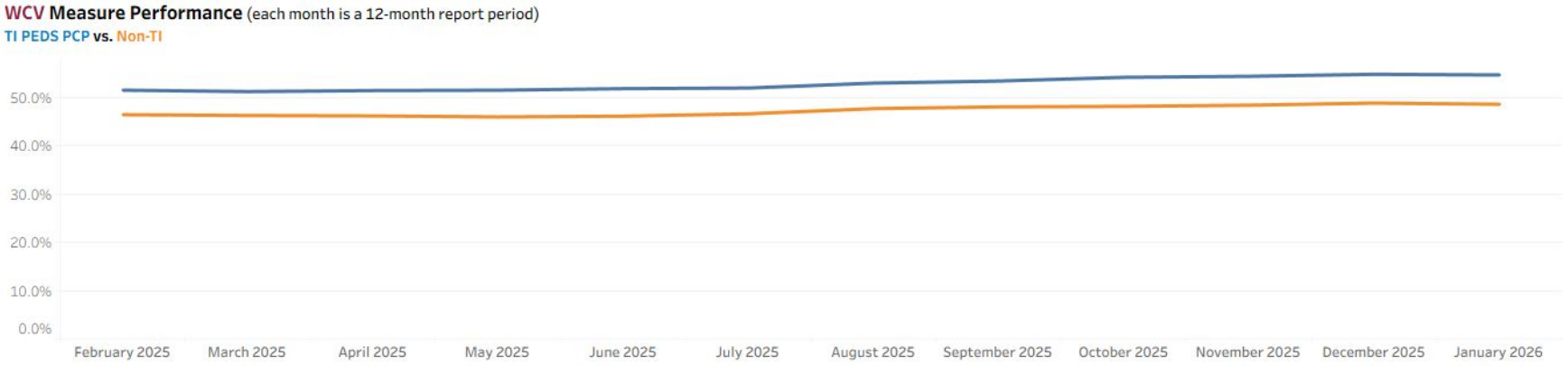
W30 - Part 1 and 2: Best Practices

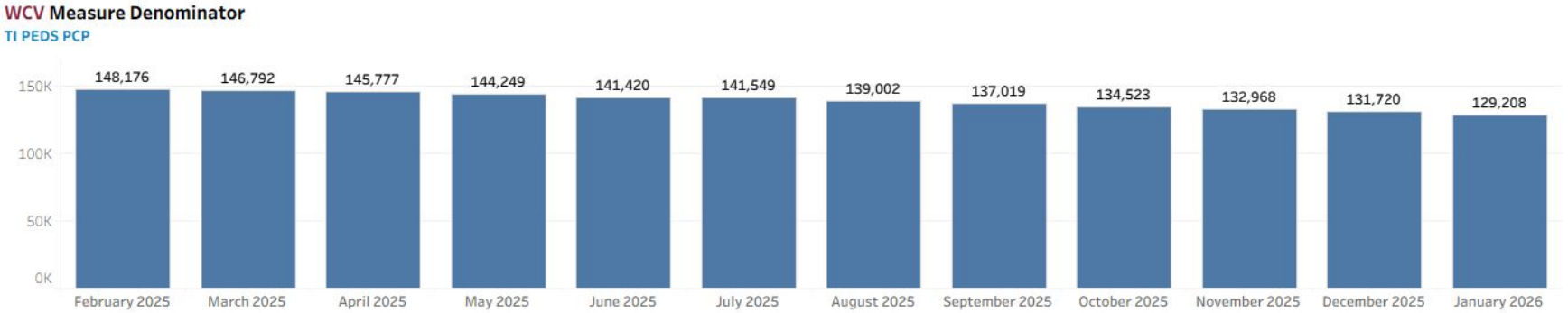
- Encourage parents to set up care with a PCP and educate parents on the importance of having preventive care visits.
- Educate parents on the importance of screening and counseling on healthcare topics done at each well-child visit.
- Educate parents on the importance of a well-child visits
- Make outreach calls and/or send letters to advise members of the need for a visit.
- Provide education on well-child visits or complete the well-child visit during a sick visit.
- Remind patients of their appointment by making calls, sending text messages or utilizing patient portal messaging.
- Promote signing up for patient portal if facility provides it (i.e., MyChart).
- Schedule subsequent well-child visits at completion of current visit. Consider implementing an appointment scheduler to come to the patient room.
- Distribute resources that provide the importance of well-child visits.

Source: BCBS

Child and Adolescent Well-Care Visits (WCV)

Measure	Target
WCV	40% | 52% | 65%





Child and Adolescent Well-Care Visits (WCV)

Measure	Target
WCV	40% | 52% | 65%

Provider Performance Percentile	Performance (%)
75th Percentile	61.8%
50th Percentile (Median)	53.8%
25th Percentile	40.7%

Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 9, 2026.

WCV: Discussion

1. Are there any barriers or any advantages to serving your patients?
2. Is your organization satisfied with the ability to get patients the care that you want for the WCV measure?
3. Has the performance for your organization on WCV followed similar patterns as the overall AHCCCS network?

WCV: Best Practices

- Encourage parents to establish care with a PCP and educate parents on the importance of preventive care visits.
- Educate patients/parents on the importance of screening and counseling on healthcare topics done at each well-care visit.
- Make outreach calls and/or send letters to advise members of the need for a visit.
- Remind parents of the upcoming appointment for their child or adolescent by making calls, sending text messages or utilizing patient portal messaging.
- Promote signing up for patient portal if facility provides it (i.e., MyChart).
- Consider completing Well-Care visit during sick visits.
- Incorporate well-care visits with sports physicals.
- Schedule subsequent well-child visits at completion of current visit.
- Consider implementing an appointment scheduler to come to the patient room.
- Consider hosting a Well-Care visit blitz after hours.

Source: BCBS

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)
  - Final QIC sessions for TI Year 4 will be hosted in August 2026

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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