Peds BH Quality Improvement Collaborative Session #5: 6/11/26

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.

Arizona State University

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

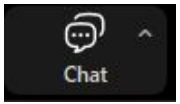
Agenda

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

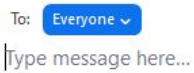
Guidelines



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

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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**
  - Friday, June 19, 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
- Providers in the TI 2.0 program participating in the PCP and BH AOCs may now submit updated AHCCCS billing and servicing provider IDs to ASU TIPQIC for performance measure calculations.
  - Please send updated information to tipqic@asu.edu and include targetedinvestments@azahcccs.gov
- 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	**PEDS BH** **INCENTIVE % OF ANNUAL PAYMENT**		
M1. Performance Measures	**50**		
	FUH7	FUH30	APM
	20	20	10
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 Peds BH providers are outperforming their non-TI counterparts on all Year 4 measures
  - Also outperforming the FUH7/FUH30 national average
- APM remains a focus area
  - Only 0.9% from the HEDIS APM national average

Measure	AOC Performance	Non-TI Performance
APM	38.2%	33.6%
FUH7	96.0%	59.9%
FUH30	98.9%	78%

HEDIS MY 2025 performance for the report period ending January 31, 2026 is calculated with claims/encounter data adjudicated through April 30, 2026. Results presented June 11, 2026.

Network HEDIS Performance Snapshot

- Among the 40 unique TINs participating in the Peds BH AOC,
  - APM:
    - 14 are currently exceeding their target
    - 22 are exceeding or within 5% of meeting their target
    - 25 are exceeding or within 10% of meeting their target
  - FUH7:
    - 36 are currently exceeding their target
  - FUH30:
    - 36 are currently exceeding 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 40. Results presented June 11, 2026.

NMDOH Data & System Status

- A total of 8,346 NMDOH screenings were completed for 6,850 unique pediatric patients by 32 Peds BH providers between February 1, 2025, and January 31, 2026.
  - **11 Peds BH 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 (69%; N = 5,762), while 31% (N = 2,584) identified at least one NMDOH need.
- Among screenings with an identified need, 73.4% (N = 1,897) 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 BH providers for patients under 18 years old. Results presented June 11, 2026.

TIPQIC NMDOH Coding Dashboard

TIP QIC Targeted Investments Program Quality Improvement Collaborative

Provider Name: (All)

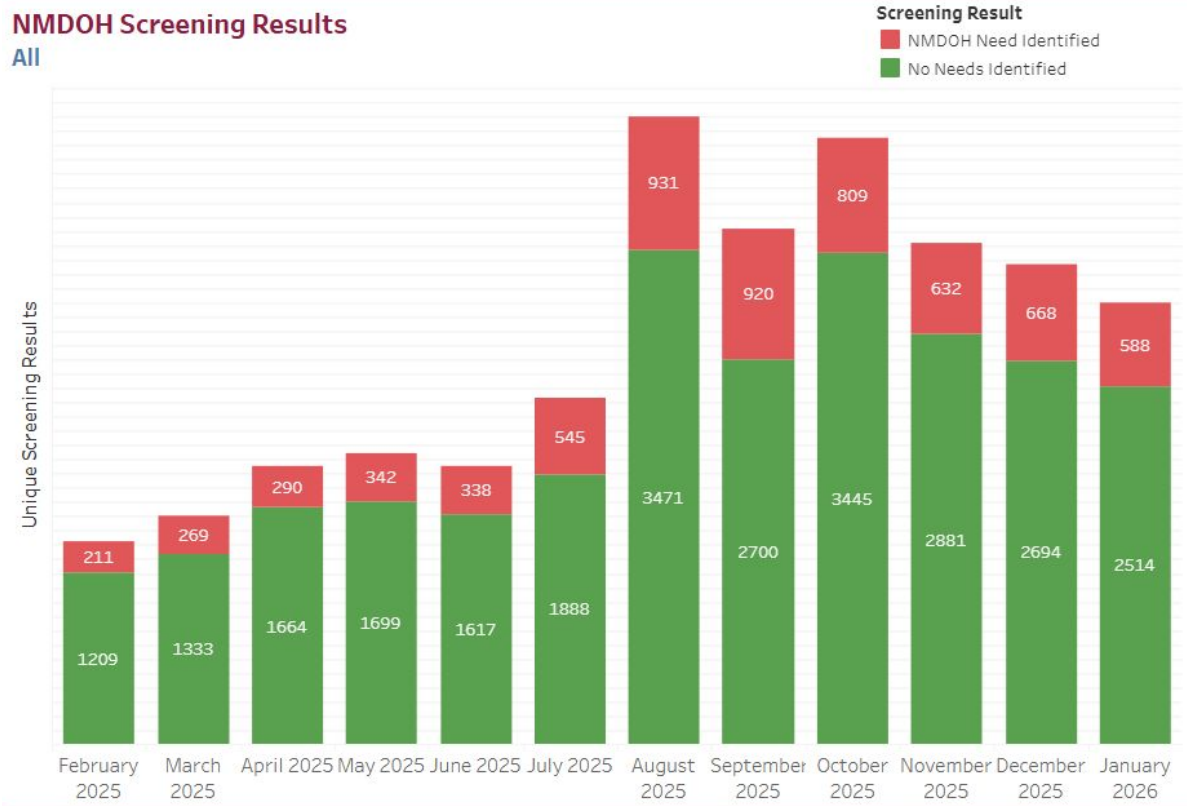
Month: (All)

Patient Population: Pediatric

Total NMDOH Needs Identified by Provider Organization: 4,241

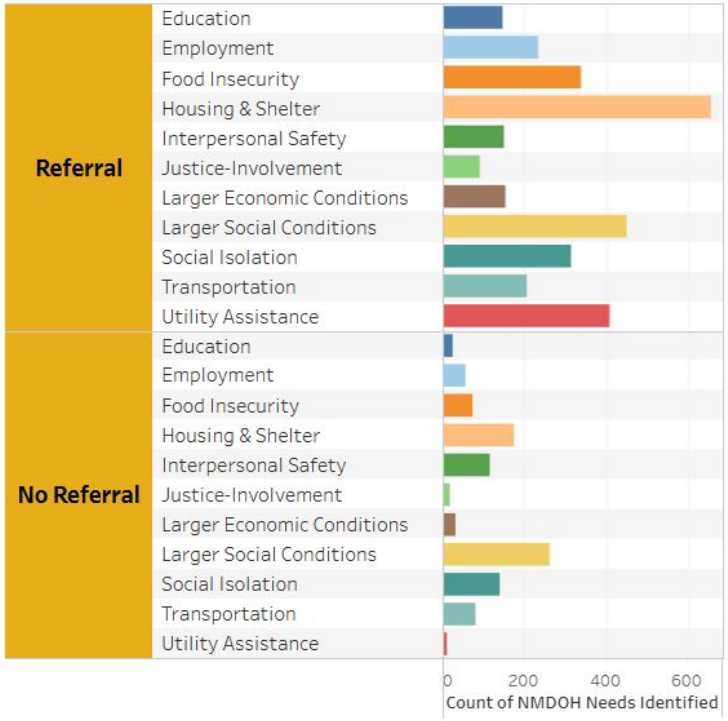
NMDOH Screening Results

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.

Performance Review

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Peds BH					
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					
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) ☣ +	Percentage of child and adolescent beneficiaries with ongoing antipsychotic medication use who have metabolic testing during the year	38.2%	36.2%	39.5%	39.1%
Follow-Up After Hospitalization for Mental Illness within 7 Days (FUH7) ✲ ☣ + ✪ ✱	Percentage of child and adolescent beneficiaries with a follow-up visit seven days after hospitalization for mental illness	96.0%	76.9%	63.9%	40.7%
Follow-Up After Hospitalization for Mental Illness within 30 Days (FUH30) ✲ ☣ + ✪ ✱	Percentage of child and adolescent beneficiaries with a follow-up visit thirty days after hospitalization for mental illness	98.9%	88.8%	81.6%	61.3%

*Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 11, 2026.

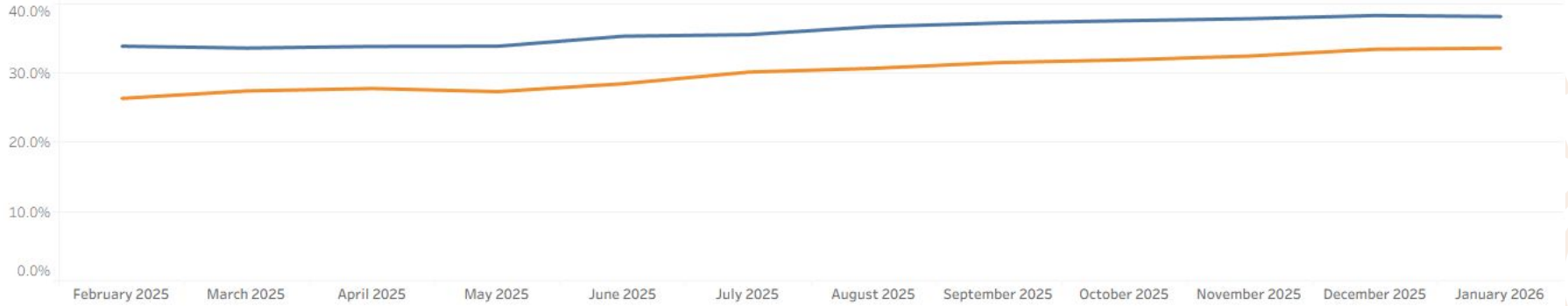
1. https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/main?focusStates=%5B%22AZ%22%5D
2. https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/

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.

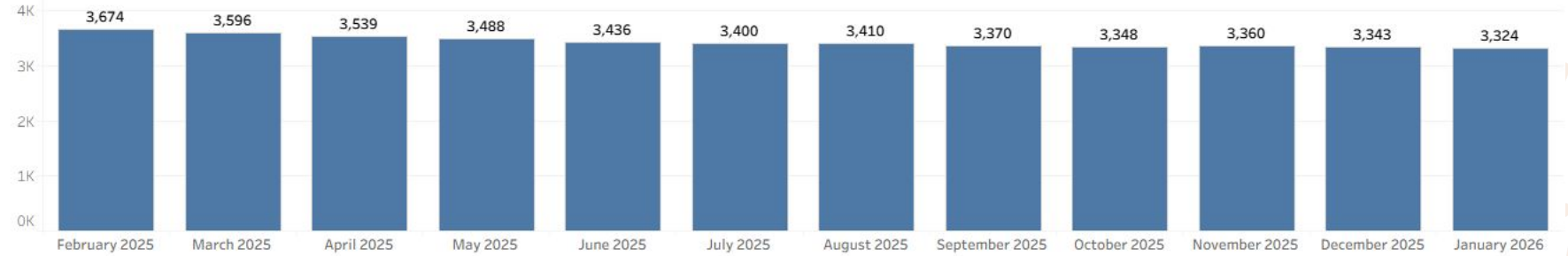
APM

Measure	AOC Performance*	Target
APM	38.2%	35% | 50%

APM Measure Performance (each month is a 12-month report period)
TI PEDS BH vs. Non-TI



APM Measure Denominator
TI PEDS BH



* Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 11, 2026.

APM

Measure	AOC Performance*	Target
APM	38.2%	35% | 50%

Provider Performance Percentile	Performance (%)*
75th Percentile	50%
50th Percentile (Median)	40.3%
25th Percentile	30.4%

Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 11, 2026.

APM: Discussion

1. Has your clinic experienced performance trends similar to the TI aggregate?
2. If yes, what have been the facilitators?
3. If no, what have been the barriers?

APM: Best Practices

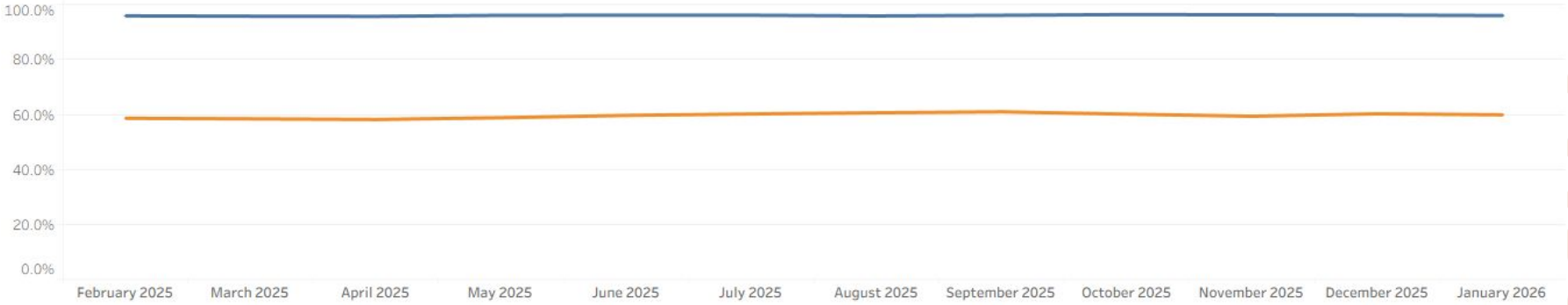
- Schedule an annual glucose or HbA1c and LDL-C or other cholesterol test
- Assist caregiver in understanding the importance of annual screening
- Schedule yearly glucose/HbA1c and cholesterol tests for children and adolescents on antipsychotic medications.
- Test blood glucose and cholesterol at a member's annual checkup or school physical to reduce additional visits
- Monitor children on antipsychotic medications to help to avoid metabolic health complications such as weight gain and diabetes
- Encouraging shared decision-making by educating members and caregivers about the increased risk of metabolic health complications from antipsychotic medications and importance of screening blood glucose and cholesterol levels
- Offer National Suicide Prevention Lifeline for patient to call, text or chat 988 when needed

Source: UHC

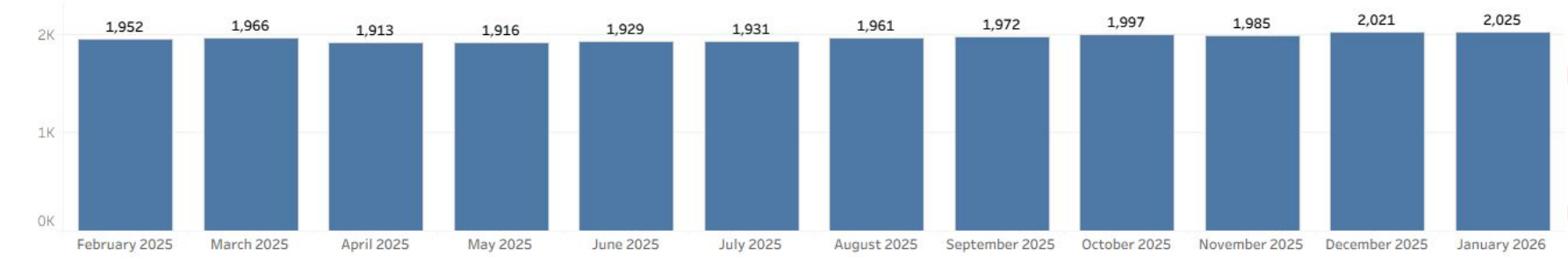
FUH7

Measure	AOC Performance*	Target
FUH7	96%	75% | 85%

FUH7 Measure Performance (each month is a 12-month report period)
TI PEDS BH vs. Non-TI



FUH7 Measure Denominator
TI PEDS BH



* Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 11, 2026.

FUH7

Measure	AOC Performance*	Target
FUH7	96%	75% | 85%

Provider Performance Percentile	Performance (%)*
75th Percentile	100%
50th Percentile (Median)	97.5%
25th Percentile	95.5%

* Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 11, 2026.

FUH7: Discussion

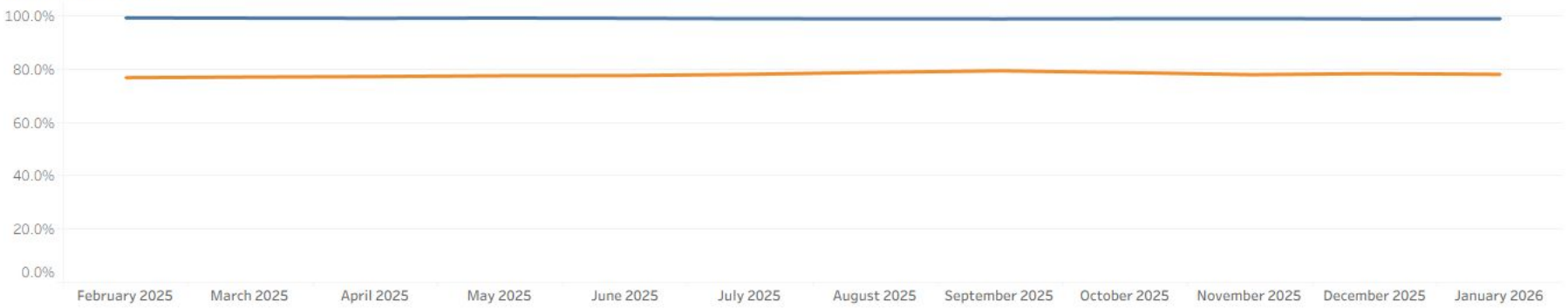
The entire TI network is at high reliability (90% or above)

1. What are the key success factors for your organization?
2. What efforts have been done to ensure sustainability?
3. How can your success on this measure be transferred to other HEDIS measures?

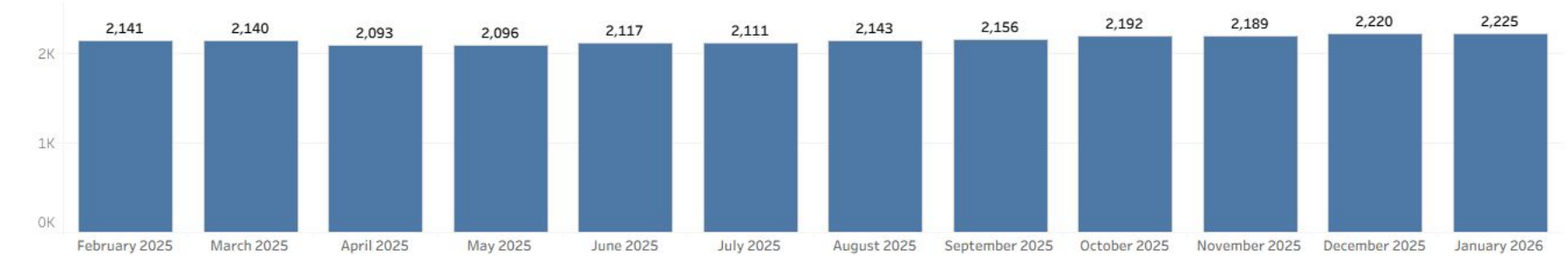
FUH30

Measure	AOC Performance*	Target
FUH30	98.9%	95%

FUH30 Measure Performance (each month is a 12-month report period)
TI PEDS BH vs. Non-TI



FUH30 Measure Denominator
TI PEDS BH



* Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 11, 2026.

FUH30

Measure	AOC Performance*	Target
FUH30	98.9%	95%

Provider Performance Percentile	Performance (%)*
75th Percentile	100%
50th Percentile (Median)	100%
25th Percentile	98.8%

* Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 11, 2026.

FUH30: Discussion

The FUH-30 patient care exceeds the FUH 7. It is a national best practice, involving complex handoffs between hospitals, MCO's, care coordinators, and clinicians.

Discussion:

1. Accomplishing this achievement required multiple steps involving many people. What is the process your organization designed to ensure a clinic visit is completed within 30 days?
2. Who was involved in putting the process together?
3. Who is involved that ensures it continues to perform?

FUH: Best Practices

- Utilize EMR and reports to assist in tracking patients in need of follow-up visits so appropriate outreach and referrals can be made.
- Schedule follow up visits as soon as possible and educate patients, utilizing teach back methods, on the importance of keeping follow-up appointments.
- Include caregivers, if applicable, in understanding discharge and follow-up instructions.
- Develop systems for outreach, such as case managers, to encourage follow-up appointments or assist with re-scheduling missed appointments.
- Assist patients to connect with behavioral health practitioners.
- Educate patients on the importance of follow-up and adhering to treatment recommendations.
- Refer patients to community resources for support when appropriate.

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)

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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