Justice Quality Improvement Collaborative Session #5: 6/17/26

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

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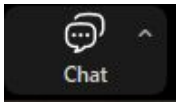
Agenda

Time	Topic	Presenter
12:00 PM to 12:03 PM	Opening	William Riley, PhD Samantha Basch, MS
12:03 PM to 12:05 PM	Updates & Reminders	Taylor Vaughan, MPH
12:05 PM to 12:45 PM	Performance Review & Discussion	William Riley, PhD
12:45 PM to 12:58 PM	Q&A	William Riley, PhD
12:58 PM to 1:00 PM	Closing	Samantha Basch, MS

Learning Objectives

1. Critically analyze Justice involved 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

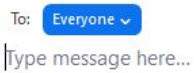
Guidelines



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:
  - 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

- A Justice referral end-date survey and an updated Justice clinic information spreadsheet have been sent to all Justice providers - we would appreciate your participation!
- 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
- Want to learn more about your eligible patient population and measure numerators and denominators? Email tipqic@asu.edu for guidance on next steps related to **Justice Referral List Reconciliation** and/or **Data Harmonization**.

Table 1 Targeted Investments (TI) 2.0 Year 4 Milestones and Incentive Percentages			
MILESTONES	**JUSTICE** **INCENTIVE % OF ANNUAL PAYMENT**		
M1. Performance Measures	**50**		
	IET-E	**FUA7**	**FUM7**
	20	**15**	**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 1,858 NMDOH screenings were completed for 1,344 unique justice-involved patients by 16 Justice providers between February 1, 2025, and January 31, 2026.
  - **1 Justice TIN has not yet submitted a G code for a Justice-involved patient in Program Year 4**
    - ASU TIPQIC will continue to follow up with all providers to help them achieve this milestone.
- Most screenings identified at least one NMDOH need (73.8%; N = 1,372), while 26.2% (N = 486) were negative.
- Among screenings with an identified need, 85.1% (N = 1,372) 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 Justice providers for Justice-involved patients. Results presented June 17, 2026.

TIPQIC NMDOH Coding Dashboard

TIP QIC Targeted Investments Program Quality Improvement Collaborative

Provider Name: (All)

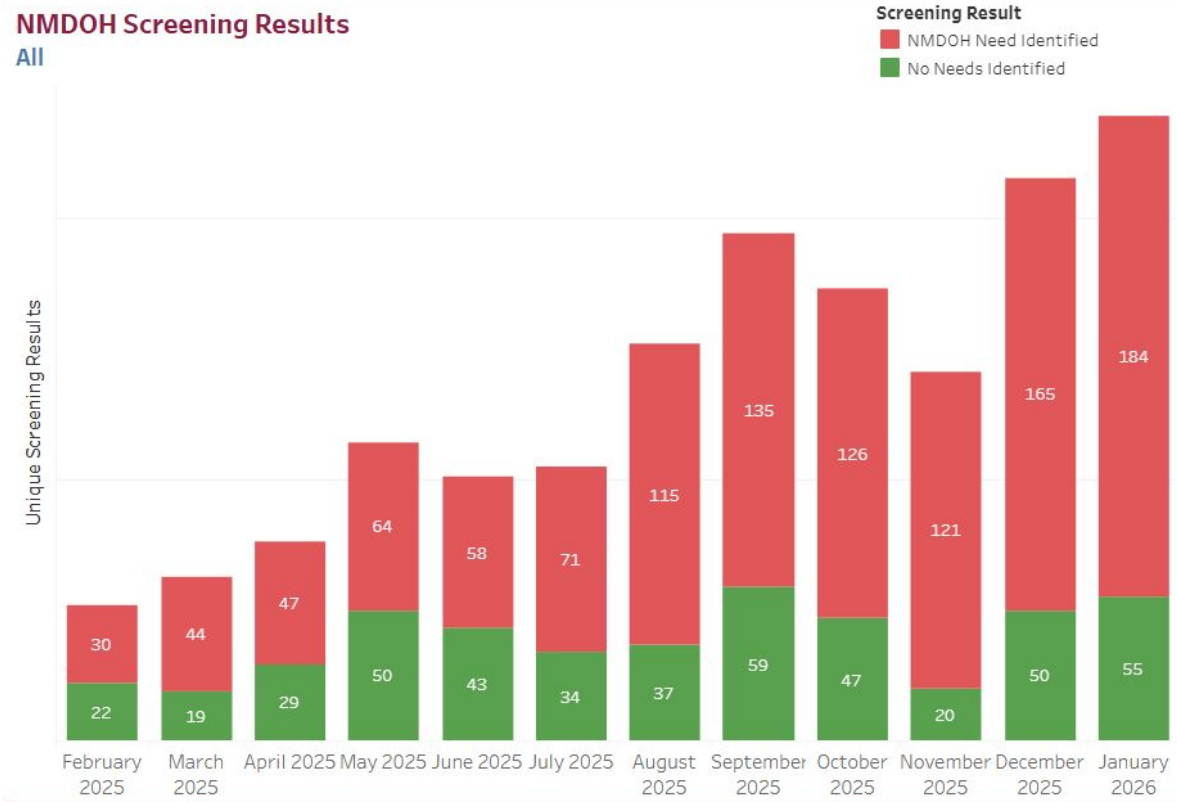
Month: (All)

Patient Population: Justice

Total NMDOH Needs Identified by Provider Organization: 1,342

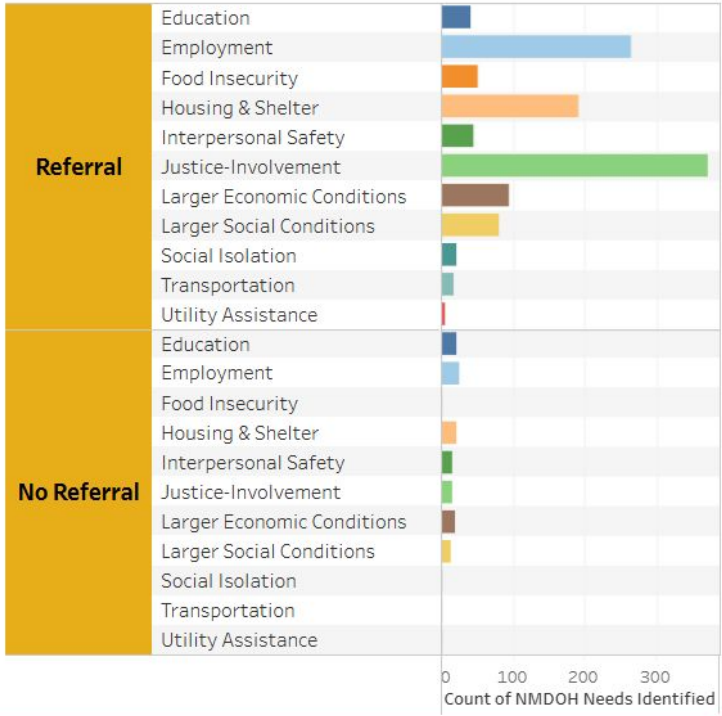
NMDOH Screening Results

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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Justice

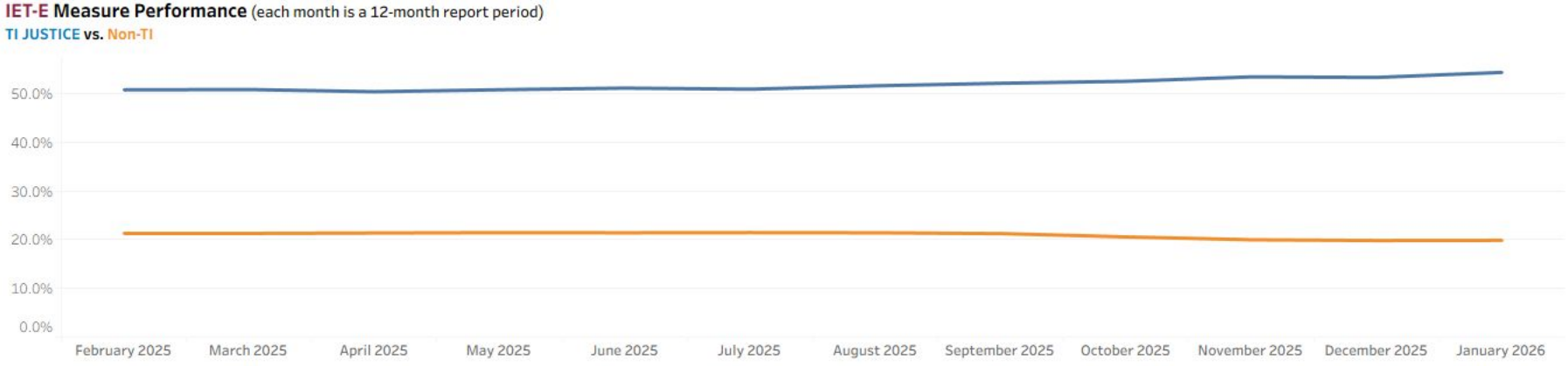
Performance Measure	Measure Description	TI AOC Denominator*	TI AOC Performance*	All AHCCCS Performance[1] *	2024 HEDIS Medicaid National Average[2]
✷ = Proposed 2026 ACOM306 Measure; ✲ = MAC 2024 Scorecard Measure; ❦ = 2025 CMS Core Set Measure; ✱ = 2024 UDS Quality of Care Measure; + = 2024 SAMHSA CCBHC Quality Measure; ✪ = NCQA HEDIS Stratified Measure; ❋ = MAC QRS Measure					
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.	2,100	54.4%	21.7%	16%
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	100	57%	53.4%	42.6%
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	572	44.8%	37.9%	26.9%

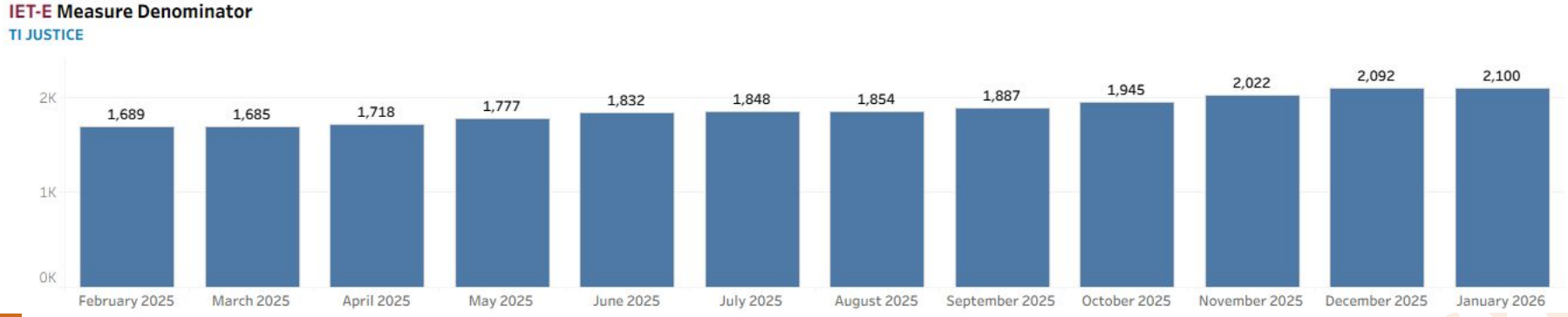
*Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 17, 2026.
1. All AHCCCS performance includes TI and non-TI performance.
2. https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/

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.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement (IET-E)

Measure	AOC Performance*	Target
IET-E	54.4%	45% | 60%





*Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 17, 2026.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement (IET-E) Discussion

1. The TI network is performing over three times better than the national Medicaid (54.4% compared to 16%).
   a. What are the factors contributing to this outstanding performance?
2. The TI targets for this metric are 45% and 60%.
   a. What are the facilitators that help your organization achieve your target for this metric?
   b. What are the barriers?
3. If there is one change you could make to provide better care for your IET-E patients, what would it be?

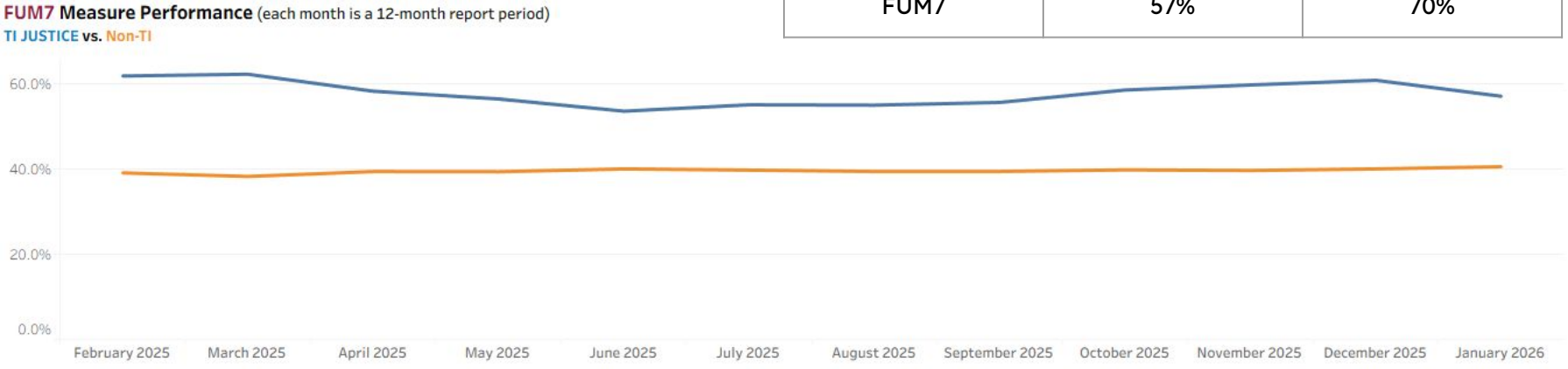
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement (IET-E) Best Practices

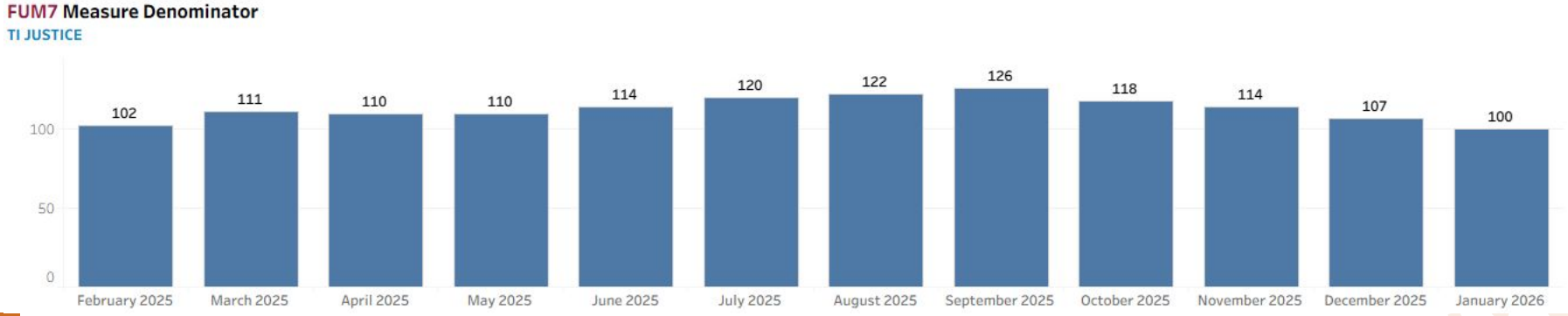
- Schedule an initial follow-up appointment within 14 days during the first service (initiation of treatment); **and** at least two follow-up visits within 34 days of treatment initiation (engagement of treatment).
- Discuss with the patient the importance of timely follow ups and what type of follow up visits are recommended.
- Behavioral Health and primary care providers work together on care coordination.
- Make follow up calls to assist with rescheduling patients who miss appointments.
- Telemedicine is approved for this measure. Ensure diagnosis code used for the visit is a substance use diagnosis code.
- Notify patients of Recovery Talk 24/7 Recovery Support. Utilize SAMHSA resources on substance abuse prevention.
- Educate patients on the importance of follow-up and adhering to treatment recommendations.
- Refer patients to community resources for support when appropriate.

Source: BCBS

Follow-up After Emergency Department Visit for Mental Illness within 7 days (FUM7)

Measure	AOC Performance*	Target
FUM7	57%	70%





*Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 17, 2026.

Follow-up After Emergency Department Visit for Mental Illness within 7 days (FUM7) Discussion

1. The TI network is performing 34 percent better than the national Medicaid (57% compared to 42.6%).
   a. What are the factors contributing to this favorable performance?
2. The TI target for this metric is 70%
   a. What are the facilitators that help your organization achieve your target for this metric?
   b. What are the barriers?
3. If there is one change you could make to provide better care for your FUM7 patients, what would it be?

Follow-up After Emergency Department Visit for Mental Illness within 7 days (FUM7) Best Practices

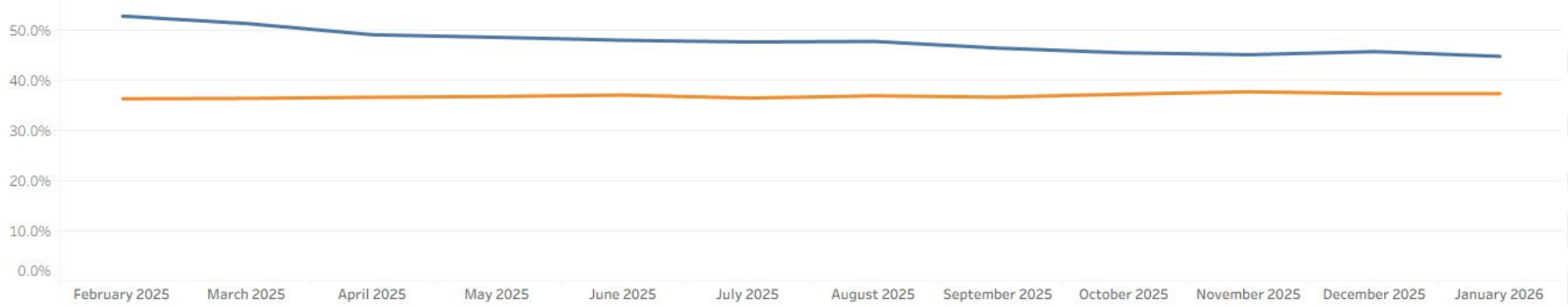
- Encourage use of telehealth appointments for follow-up visits.
- Educate patients on the importance of follow-up and adhering to treatment recommendations.
- Schedule follow up visits as soon as possible and educate patients, utilizing teach back methods, on the importance of keeping follow-up appointments.
- Include caregivers, if applicable, in understanding discharge and follow-up instructions.
- Utilize EMR flags and reporting reports to assist in tracking patients in need of follow-up visits and those who cancel or do not show up for appointments so appropriate outreach and referrals can be made. Assist members with scheduling an in-person or telehealth visit within 7 days of an ED visit.
- Consider referrals to case managers or social workers to help patients coordinate care.
- Provide mental health assessments at PCP visits.
- Refer patients to community resources for support when appropriate.

Source: BCBS

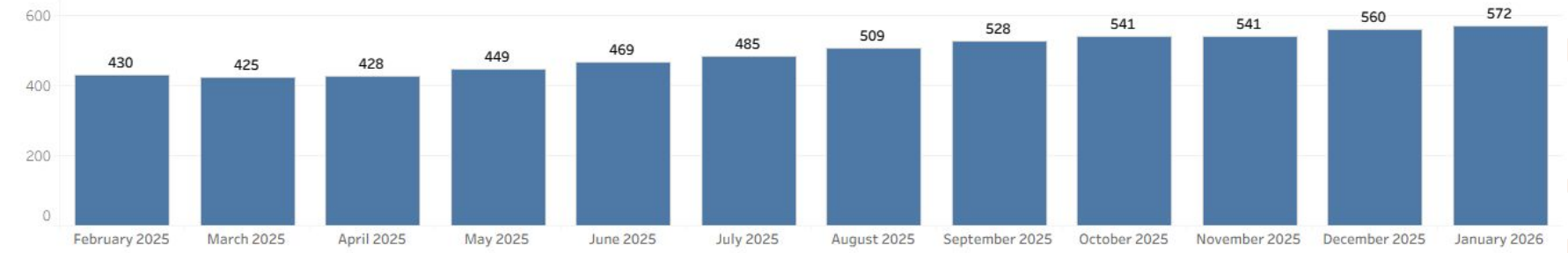
Follow-up After Emergency Department Visit for Substance Use within 7 Days (FUA7)

Measure	AOC Performance*	Target
FUA7	44.8%	55% | 75%

FUA7 Measure Performance (each month is a 12-month report period)
TI JUSTICE vs. Non-TI



FUA7 Measure Denominator
TI JUSTICE



*Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 17, 2026.

Follow-up After Emergency Department Visit for Substance Use within 7 Days (FUA7) Discussion

1. The TI network is performing 67% better than the national Medicaid (44.8% compared to 26.9%).
   a. What are the factors contributing to this favorable performance?
2. The TI targets for this metric are 55% and 75%
   a. What are the facilitators that help your organization achieve your target for this metric?
   b. What are the barriers?
3. If there is one change you could make to provide better care for your FUA7 patients, what would it be?

Follow-up After Emergency Department Visit for Substance Use within 7 Days (FUA7) Best Practices

- Encourage use of telehealth appointments with a mental health provider for follow-up visits.
- 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 discharge education and follow-up instructions.
- Utilize EMR flags and reporting to identify patients in need of follow-up visits, cancel their appointment, or no-show appointments. Follow up with these patients in a timely manner to assist with appointment booking within seven days of ED visit.
- Consider referrals to case managers or social workers to help with care coordination.
- Consistently use the same diagnosis for AOD abuse or dependence for subsequent follow-up visits (only a mental illness diagnosis code will fulfill this measure).
- Complete SUD assessments at PCP visits.

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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