Adult PCP Quality Improvement Collaborative Session #5: 6/23/26

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Arizona State University

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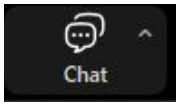
Agenda

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 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

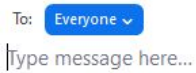
Guidelines



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 feel free to 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 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	**ADULT PCP** **INCENTIVE % OF ANNUAL PAYMENT**		
M1. Performance Measures	**50**		
	CCS	**PPC**	**AAP**
	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 17,679 NMDOH screenings were completed for 14,393 unique adult patients by 30 Adult PCP providers between March 1, 2025, and February 28, 2026.
  - **24 Adult PCP TINs have not yet submitted a G code for an adult patient in Program Year 4.**
    - ASU TIPQIC will continue to follow up with these providers to help them achieve this milestone.
- Approximately half of all screenings identified at least one NMDOH need (52.8%; N = 9,340), while 47.2% (N = 8,339) of screenings were negative.
- Among screenings with an identified need, 76.2% (N = 7,121) resulted in a referral.

NMDOH G/Z code results were calculated using claims and MCO supplemental claim files submitted between March 1, 2025, and February 28, 2026. This analysis is limited to G code claims submitted by Adult PCP providers for patients over 18 years old. Results reported June 23, 2026.

TIPQIC NMDOH Coding Dashboard

TIP QIC Targeted Investments Program Quality Improvement Collaborative

Provider Name: (All)

Month: (All)

Patient Population: Adult

Total NMDOH Needs Identified by Provider Organization: 8,413

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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ADULT PCP

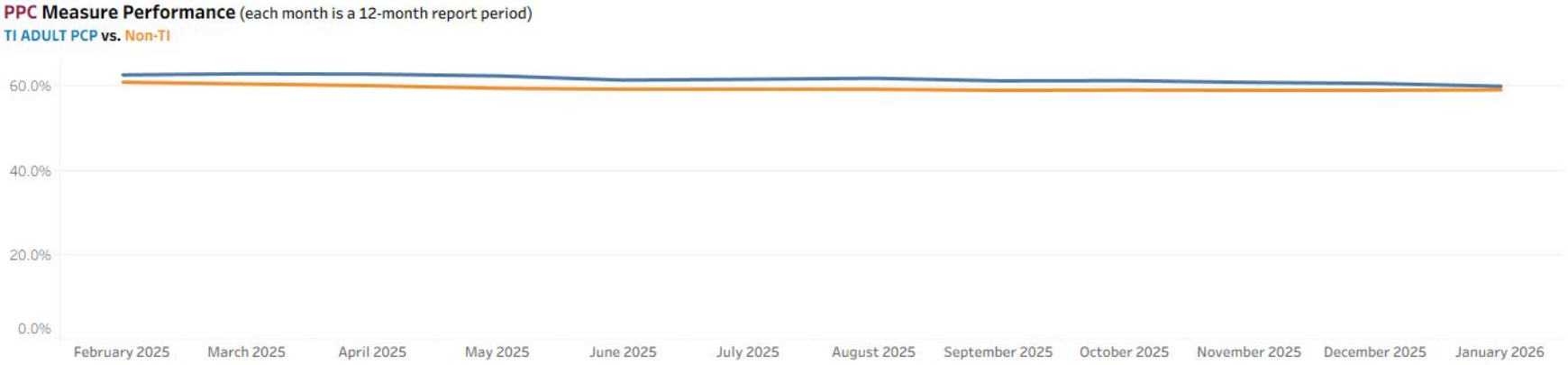
Performance Measure	Measure Description	TI AOC Denominator*	TI AOC Performance*	Non-TI Performance*	2024 HEDIS Nat'l Avg.1
✷ = Proposed 2026 ACOM306 Measure; ❊ = MAC 2024 Scorecard Measure; ✾ = 2025 CMS Core Set Measure; ✱ = 2024 UDS Quality of Care Measure; + = 2024 SAMHSA CCBHC Quality Measure; ✪ = NCQA HEDIS Stratified Measure; ❋ = MAC QRS Measure					
Prenatal and Postpartum Care - Timeliness of Prenatal Care (PPC-Pre) ✷ ✾ ✪ ❋	The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.	4,125	59.9%	59.1%	84.9%
Cervical Cancer Screening (CCS) ✷ ✾ ✱ ✪ ❋	The percentage of women 21–64 years of age who were screened for cervical cancer.	56,338	41.2%	43.6%	56.9%
Adults' Access to Preventive/ Ambulatory Health Services (AAP)	The percentage of members 20 years of age and older who had an ambulatory or preventive care visit.	96,317	77%	77.4%	77.8%

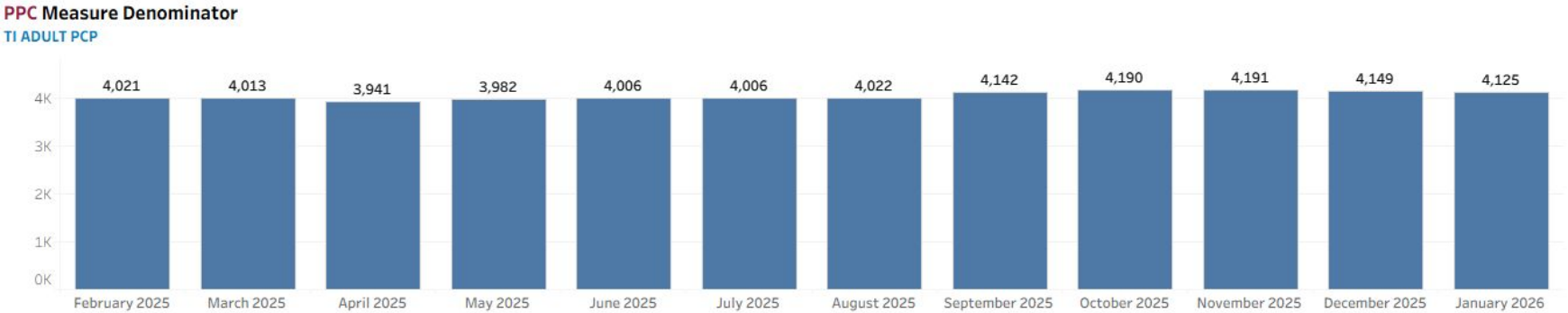
*Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 23, 2026.

[1] The HEDIS national average refers to performance under 'Medicaid HMO.' https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/

Prenatal and Postpartum Care - Timeliness of Prenatal Care (PPC-Pre)

Measure	AOC Performance*	Target
PPC	59.9%	48% | 61% | 75%





Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 23, 2026.

Prenatal and Postpartum Care - Timeliness of Prenatal Care (PPC-Pre) Discussion

1. The TI network is performing at 59.9% (compared to 59.1% for non-TI)
   a. What are the factors contributing to this performance?
2. The TI targets for this metric are 48%, 61%, 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 prenatal and postpartum patients, what would it be?

Prenatal and Postpartum Care - Timeliness of Prenatal Care (PPC-Pre) Best Practices

- Educate patients on the importance of the prenatal/initial visit.
- Connect patients to resources for family assistance programs.
- Encourage patients to maintain the relationship with an OB/GYN to promote consistent and coordinated health care.
- Educate patients on the importance of keeping each prenatal visit.
- Consider offering extended practice hours to increase care access.
- Remind patients of their appointment by making calls, sending texts, and their patient portal.

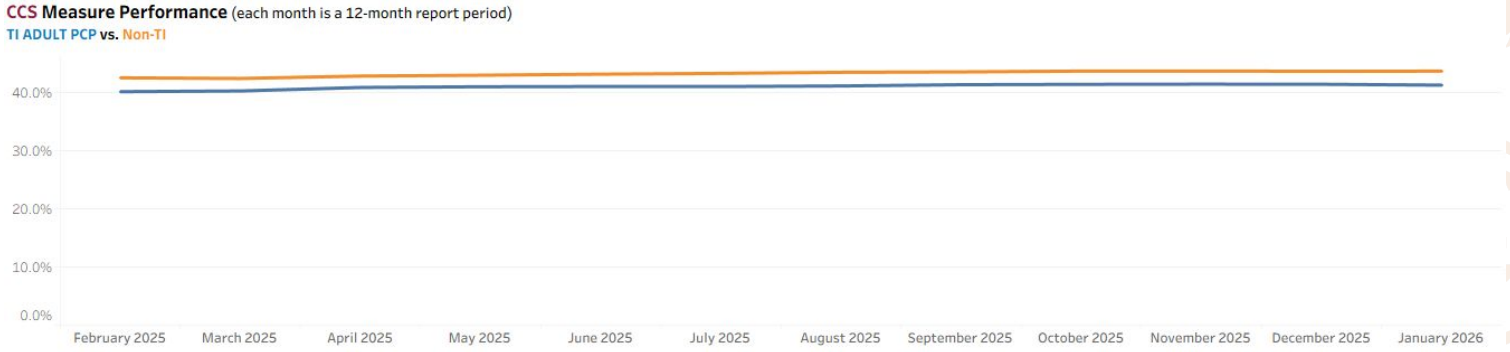
Source: BCBS

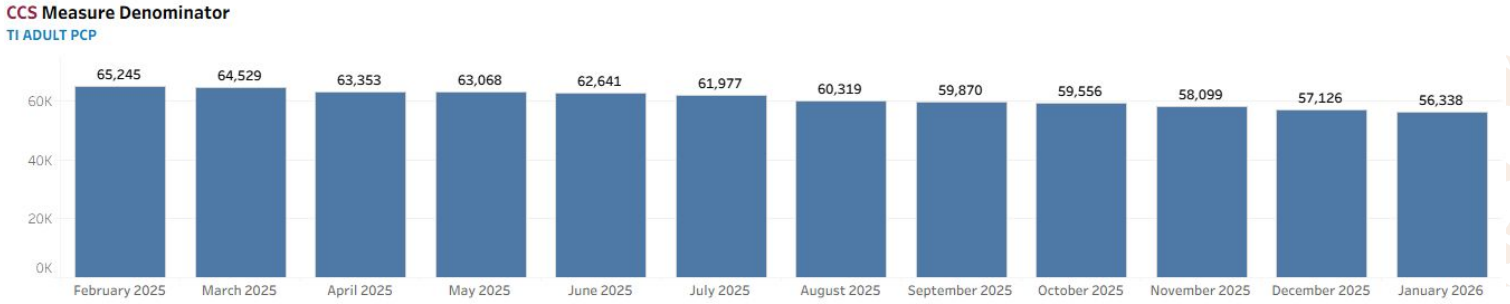
Prenatal and Postpartum Care - Timeliness of Prenatal Care (PPC-Pre) Population Health Management Discussion

- What are the major barriers to identify pregnancy?
- Does anyone have a process in place to reach out for newly enrolled women?
- Other

Cervical Cancer Screening (CCS)

Measure	AOC Performance*	Target
CCS	41.2%	45% | 57%





Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 23, 2026.

Cervical Cancer Screening (CCS) Discussion

1. The TI network is performing at 41.2% (compared to 43.6% for non-TI)
   a. What are the factors contributing to this performance?
2. The TI targets for this metric are 45% and 57%
   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 CCS patients, what would it be?

Cervical Cancer Screening (CCS) Best Practices

- Prepare charts prior to appointments each day, verifying last screening.
- Establish a standing order for eligible population. Utilize EMR to set gap in care alerts.
- Educate providers/patients of appropriate screening guidelines and importance of early detection.
- Create/participate in a Women's Health Event which includes cervical cancer screening.

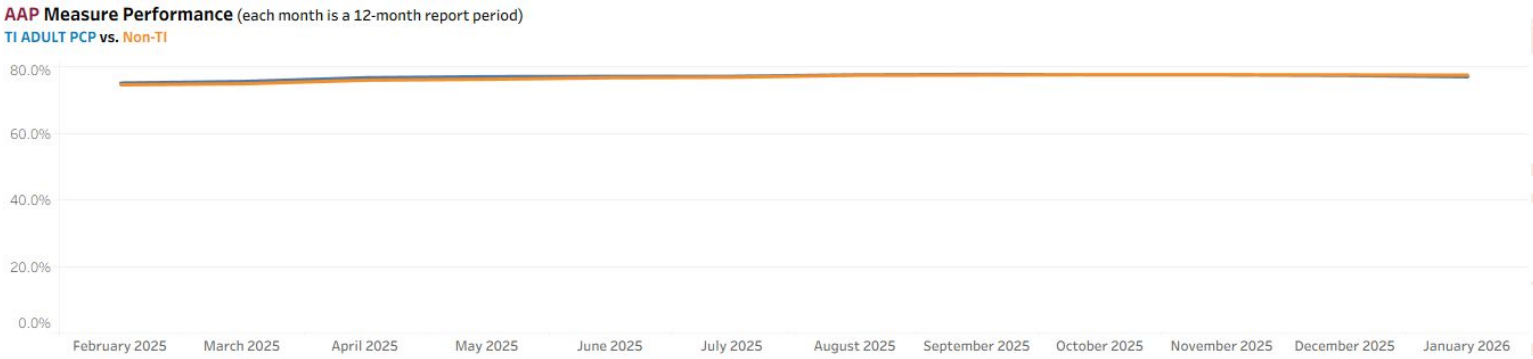
Source: BCBS

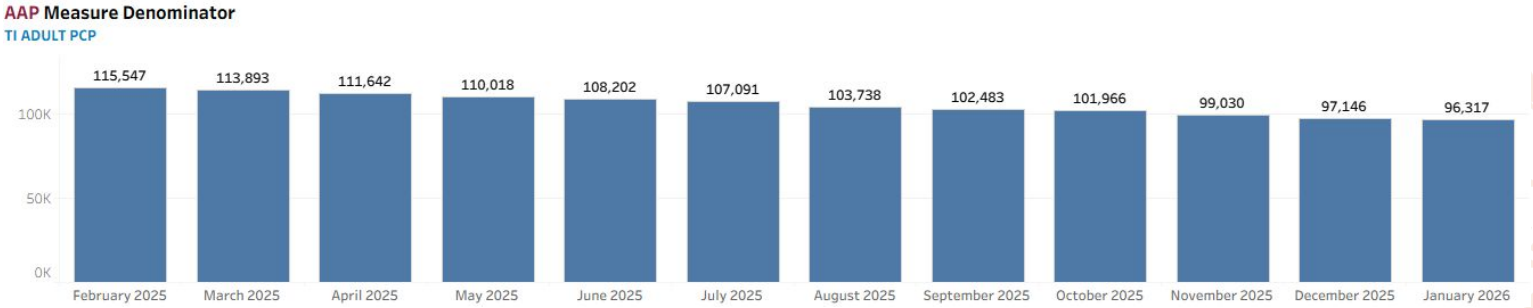
Cervical Cancer Screening (CCS)
Population Health Management Discussion

- What are the major barriers to scheduling a CCS?
- Is self-testing a possible solution?
- Other

Adults' Access to Preventive/Ambulatory Health Services (AAP)

Measure	AOC Performance*	Target
AAP	77%	73% | 82%





Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 23, 2026.

Adults' Access to Preventive/Ambulatory Health Services (AAP) Discussion

1. The TI network is performing at 77% (compared to 77.4% for non-TI)
   a. What are the factors contributing to this performance?
2. The TI targets for this metric are 73% and 82%
   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 AAP patients, what would it be?

Adults' Access to Preventive/Ambulatory Health Services (AAP) Best Practices

- Educate patients and providers on the importance of annual preventative care visits.
- Schedule the next appointment at completion of current visit.
- Establish and utilize a patient self-scheduling platform.
- Educate providers and staff to monitor and outreach to patients who are due for a preventive care visit.
- Utilize EMR reports and patient flags for those in need of preventive care visits.
- Contact patients to remind them of upcoming appointments.
- Keep appointment slots open each day to allow for same-day visits.
- Encourage use of a patient portal to schedule appointments and receive reminders.

Source: BCBS

Adults' Access to Preventive/Ambulatory Health Services (AAP) Population Health Management Discussion

- What are the major barriers to scheduling an AAP?
- Other

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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