Adult BH Quality Improvement Collaborative Session #5: 6/25/26

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

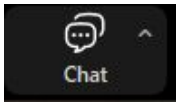
Agenda

Time	Topic	Presenter
12:00 PM to 12:03 PM	Opening	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

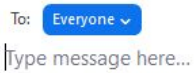
Guidelines



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 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 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 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**		

NMDOH Data & System Status

- A total of 19,881 NMDOH screenings were completed for 16,360 unique adult patients by 38 Adult BH providers between March 1, 2025, and February 28, 2026.
  - **19 Adult BH 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.
- Most screenings identified at least one NMDOH need (56%; N = 11,141), while 44% (N = 8,740) were negative.
- Among screenings with an identified need, 77.4% (N = 8,619) resulted in a referral.

NMDOH G/Z code results were calculated using claims adjudicated through May 31, 2026, and MCO supplemental claim files with a DOS 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 25, 2026.

TIPQIC NMDOH Coding Dashboard

TIP QIC Targeted Investments Program Quality Improvement Collaborative

Provider Name: (All)

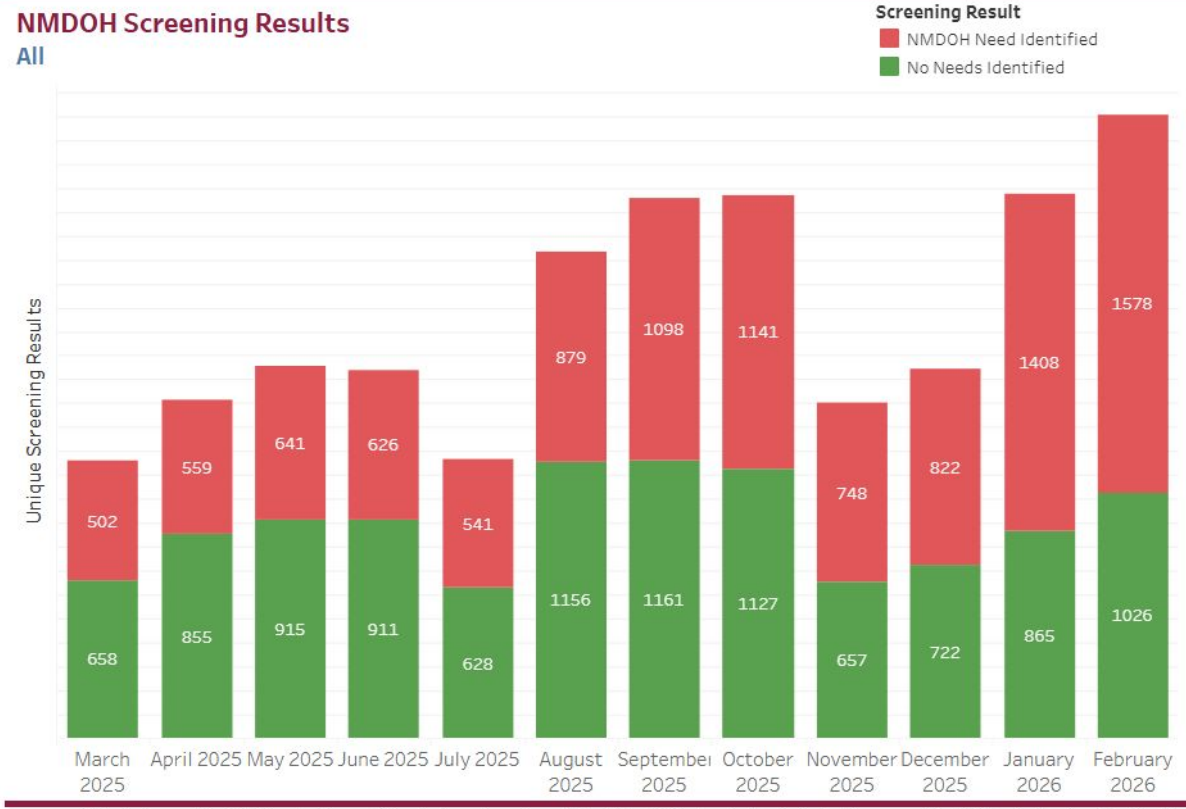
Month: (All)

Patient Population: Adult

Total NMDOH Needs Identified by Provider Organization: 9,836

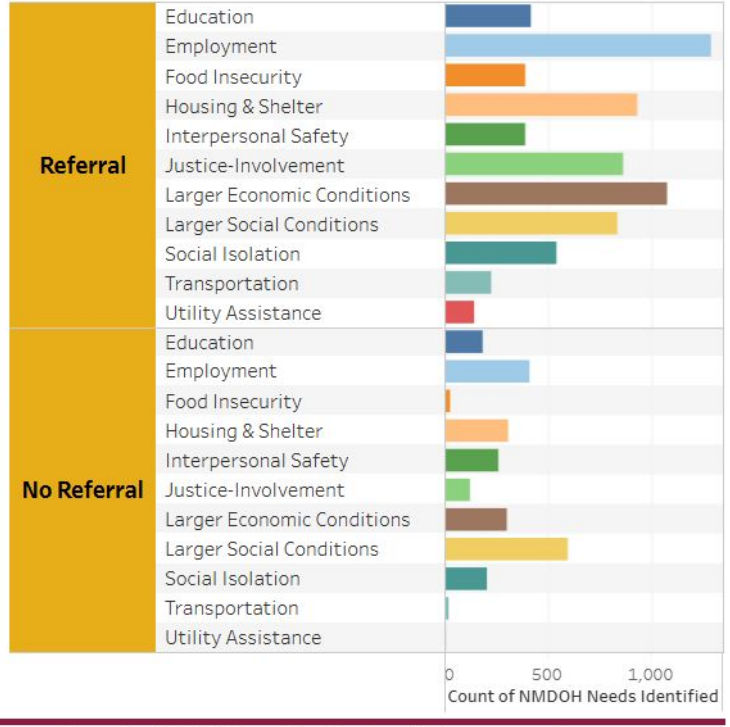
NMDOH Screening Results

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 **June 24, 2026**. Analysis performed with claims and MCO supplemental file data adjudicated through **May 31, 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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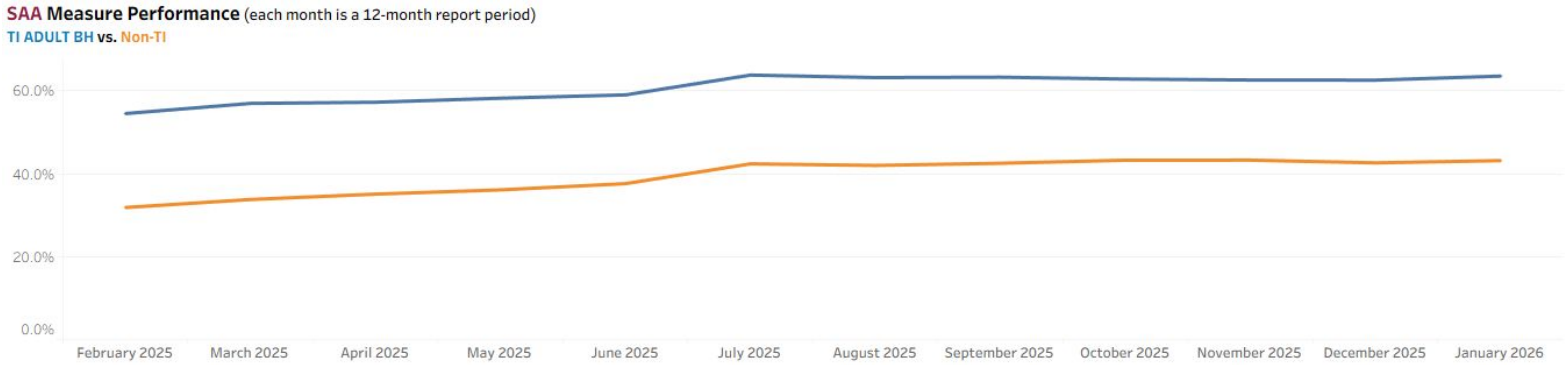
ADULT BH					
Performance Measure	**Measure Description**	**TI AOC Denominator***	**TI AOC Performance***	**Non-TI Performance***	**2024 HEDIS National Average[1]**
✷ = Proposed 2026 ACOM306 Measure; ✻ = MAC 2024 Scorecard Measure; ❦ = 2025 CMS Core Set Measure; ✱ = 2024 UDS Quality of Care Measure; + = 2024 SAMHSA CCBHC Quality Measure; ✪ = NCQA HEDIS Stratified Measure; ❋ = MAC QRS Measure					
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) ✷ ❦ +	Percentage of adult beneficiaries with schizophrenia who were dispensed and remained on antipsychotic medication for at least 80% of their treatment period	6,747	63.6%	43.2%	64.9%
Follow-Up After Hospitalization for Mental Illness within 7 Days (FUH7) ✻ ❦ + ✪ ❋	Percentage of adult beneficiaries with a follow-up visit seven days after hospitalization for mental illness	7,277	92.7%	58.1%	40.7%
Follow-Up After Emergency Department Visit for Mental Illness within 7 Day (FUM7) ✷ ✻ ❦ + ✪	Percentage of adult beneficiaries with a follow-up visit seven days after an ED visit for mental illness	735	85.2%	40.5%	42.6%

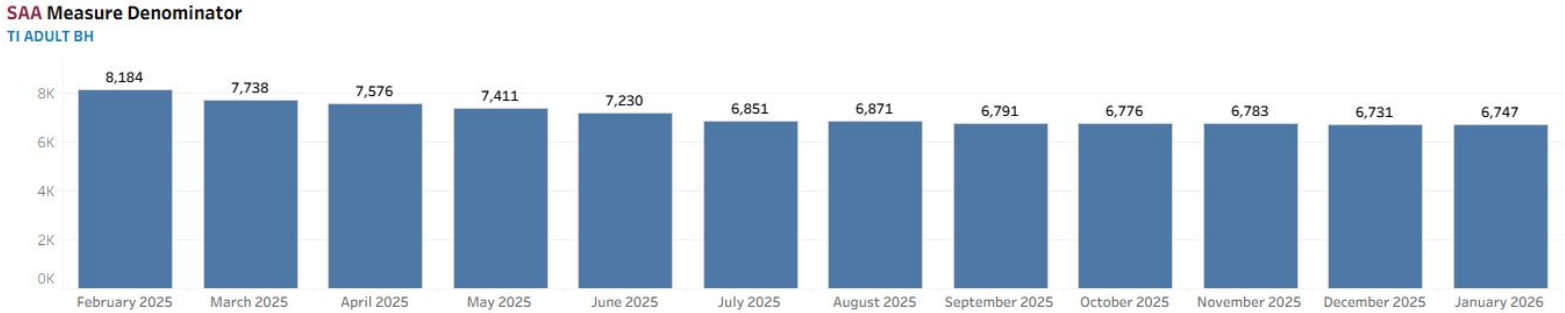
*Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 23, 2026.

[1] The HEDIS national average refers to performance under 'Medicaid HMO.' The national FUH and FUM averages do not have age-stratified rates, so the reported figures represent the aggregate performance rates across all age groups. https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Measure	AOC Performance*	Target
SAA	63.6%	46% | 62% | 85%





Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 25, 2026.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) - Discussion

1. The TI network is performing at 63.6% (compared to 43.2% for non-TI)
   a. What are the factors contributing to this performance?
2. The TI targets for this metric are 46%, 62%, and 85%
   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 SAA patients, what would it be?

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) - Best Practices

- Encourage patients to take medications as prescribed
- Offer tips to patients such as:
  - Take medication at the same time each day
  - Use a pill box
  - Enroll in a pharmacy automatic-refill program

Source: UHC

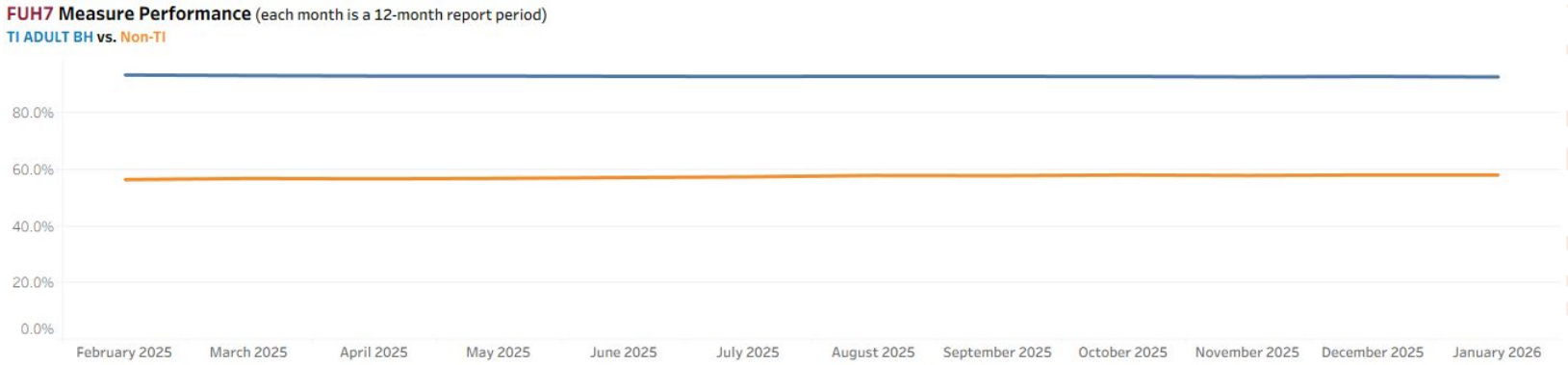
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
Population Health Best Practices

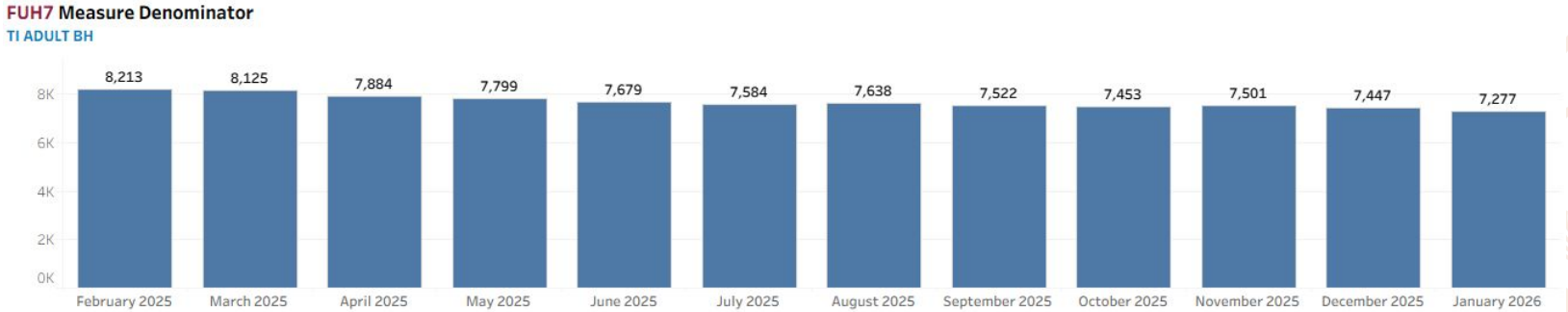
- Are there any population health best practices?

Source: UHC

Follow-Up After Hospitalization for Mental Illness within 7 Days (FUH7)

Measure	AOC Performance*	Target
FUH7	92.7%	70% | 83%





Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 25, 2026.

Follow-Up After Hospitalization for Mental Illness within 7 Days (FUH7) - Discussion

1. The TI network is performing at 92.7% (compared to 58.1% for non-TI and 40.7%)
    a. What are the factors contributing to this performance?
2. The TI targets for this metric are 70% and 83%
    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 FUH7 patients, what would it be?

Follow-Up After Hospitalization for Mental Illness within 7 Days (FUH7) - 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 rescheduling 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

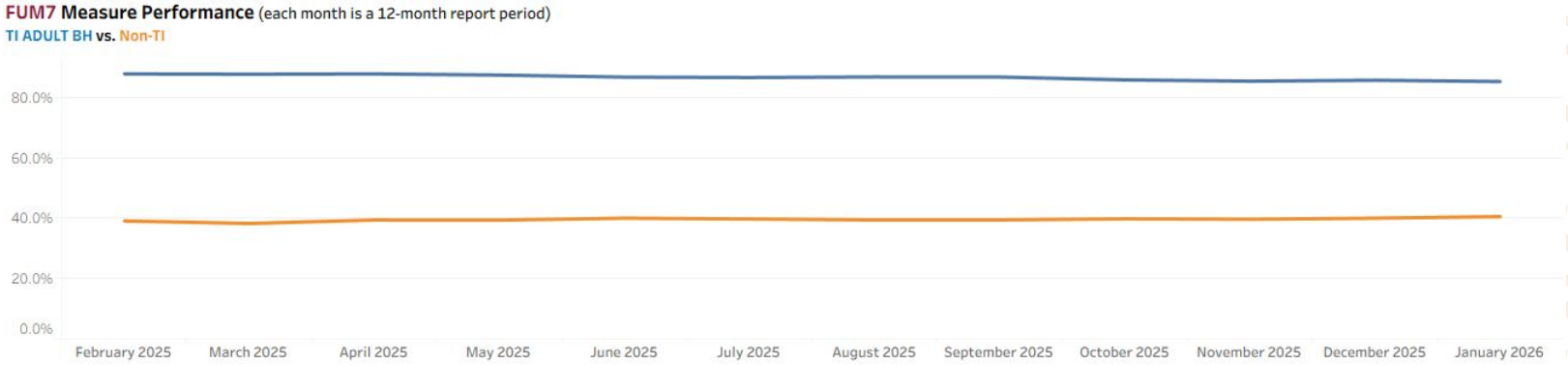
Follow-Up After Hospitalization for Mental Illness within 7 Days (FUH7)
Population Health Best Practices

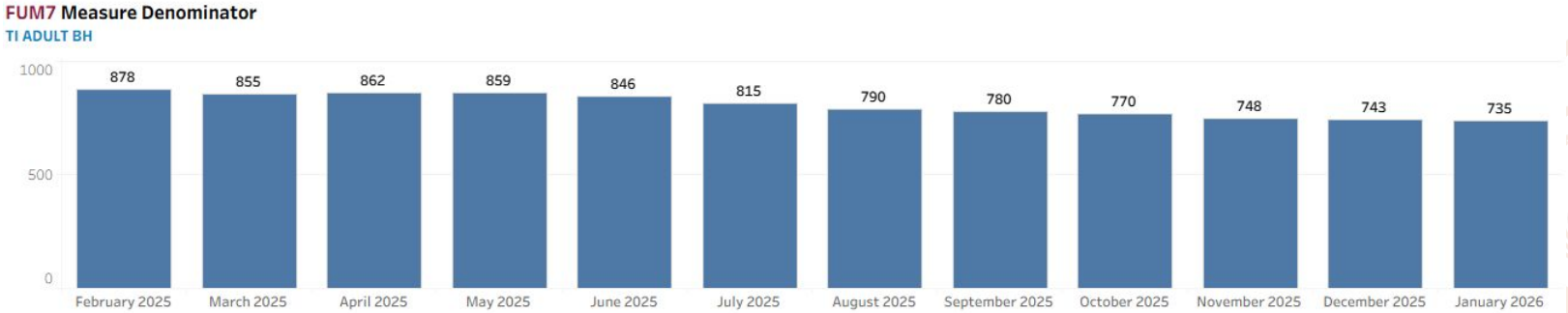
- Are there any population health best practices?
  - Hospital and/or MCO notification of admission
  - Hospital reach-in
  - Clinic slots held open for discharges
  - Transportation

Source: BCBS

Follow-Up After Emergency Department Visit for Mental Illness within 7 Day (FUM7)

Measure	AOC Performance*	Target
FUM7	85.2%	58% | 80%





Report period ending January 31, 2026. Performance was calculated using claims/encounter data adjudicated through April 30, 2026. Results presented June 25, 2026.

Follow-Up After Emergency Department Visit for Mental Illness within 7 Day (FUM7) - Discussion

1. The TI network is performing at 85.2% (compared to 40.5% for non-TI)
   a. What are the factors contributing to this performance?
2. The TI targets for this metric are 58% and 80%
   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 Day (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 Mental Illness within 7 Day (FUM7)
Population Health Best Practices

- Are there any population health best practices?
  - Emergency Department and/or MCO notification
  - Clinic slots held open for discharges
  - Transportation

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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