

AHCCCS Targeted Investments Program

# TI Program Justice Update:

Approach to Justice Attribution & Analysis

# Agenda

<b>TOPIC</b>	<b>PRESENTER</b>
Meeting Goals	George Jacobson
Year 4 Milestones	George Jacobson
Introduction to Year 5	George Jacobson
Overview of Attribution Methods Considered	Cameron Adams
Overview of Referral-Based Attribution & Required Referral List Submission	Cameron Adams
Details of Attribution Method, Performance Measurement	CHiR
Discussion	All

# Year 4 Milestones

**Project:** Ambulatory

**Area of Concentration:** Adults Transitioning from the Criminal Justice System

**Provider Type:** Integrated Clinics

**Objective:** To integrate primary care and behavioral health services for the purposes of better coordination of the preventive and chronic illness care for adults with behavioral health needs transitioning from the Criminal Justice System.

1. Participate in the Targeted Investments Program Quality Improvement Collaborative (QIC) offered by the Arizona State University College of Health Solutions. The QIC will support TI Program participants by providing interim updates on their Year 4 Milestone Performance Measures, assist with quality improvement, offer HEDIS™ technical assistance, and facilitate peer learning.

**Milestone #1**  
(October 1, 2019–September 30, 2020)  
◄→x10

By September 30, 2020, attest that:

A. The participating organization has registered both an administrative representative and licensed clinical representative to participate in the TI Program Quality Improvement Collaborative (QIC). Organizations with only one site participating in the TI Program may elect to have one representative if that person has both clinical and administrative Program responsibilities.

B. The organization's administrative and clinical QIC representatives (excepting one site participants as noted above) or their designees have attended the January 27, 2020 in-person kick-off meeting **and** 80% of the Year 4 Quality Improvement Collaborative virtual group meetings offered for the Area of Concentration.

2. Identify where along the Levels of Integrated Healthcare continuum the practice falls (see table below). To do so, please complete the Integrated Practice Assessment Tool (IPAT).

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some Systems Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed /Merged Integrated Practice

**Milestone #2**  
(October 1, 2019–September 30, 2020)  
◄→x10

Complete an updated IPAT score between August 1, 2020 and Sept 30, 2020 and report the practice site's level of integration using the results of the IPAT level of integration tool to AHCCCS (participants will be inputting the score in the Attestation Portal).

**\*20 Total Barbells\***

# Overview of Attribution Methods Considered

Goals	Considered Attribution Methodologies				
	Only Recently-Released Members Served by TIP-Org	All Recently-Released Members Living in TIP-Justice Org "Affiliated Zip Code"	Initial PCP Assignment (All Recently-Released in Affiliated Zip Code)	Revised PCP Assignment- High Risk Only	Referral-Based Attribution
Aligned with TIP-Justice Population (High/ Med-High Risk)	++	++	--	+	++
Covers All Members in TIP-Justice Zip Codes (STCs = CMS Funding)	+	+++	+++	++	+
Clear Impact to Dashboard/ Performance Measurement (Simple, Real-Time, Identify Denominator )	+ / -	---	+ / -	--	++
Transparent, Fair, and Manageable Process (All Stakeholders)	++	-	--	---	++
Preserve Flexibility for TIP-Justice Process Innovations (Identifying High-Risk Pop, Referrals, Engagement)	+	--	--	+	++
Lesson Learned	Unclear impact on engagement-related performance measures  Need to include members not-yet seen	Patient relationship required to identify members counted toward TIP-Justice Org performance	Too many members to effectively re-assign/ engage  Deconstructive to efforts engaging target population	Ineffective to re-create offender risk index with available information  Siloed databases require high level of coordination to join data (AHCCCS, Plans, TIP Justice Orgs)	Relies on various existing referral methods to engage high-risk population  Referral satisfies provider/member relationship  Encourages engagement processes

# Required Referral List Submission

## AHCCCS to Provide

- TIP-Historical Referrals
  - All members released from incarceration and referred to a TI-Justice Provider between October 1, 2018 – July 31, 2020
  - To be used as baseline for setting Year 5 targets
  - AHCCCS TI to complete missing required elements

## All Entities Tracking TIP-Justice Referrals (TIP-Justice Organizations, Health Plans)

- Ad-Hoc - Remaining Y4 Referrals **Due 10/15/2020**
  - All members released from incarceration and referred to a TI-Justice Provider between Aug 1, 2020 – Sept 30, 2020.
  - Start date is first of the previous month, and End date is the last day of the previous month.
- Ongoing - Monthly Referrals **Due 15<sup>th</sup> of Each Month**
  - All TIP-Justice referrals made during the previous month (first day of previous month through last day of previous month)
  - First file due 11/15/2020, includes TIP-Justice referrals 10/1/2020 – 10/31/2020

\*\*\*All Files must be submitted to CHiR through SFTP\*\*\*

# Consistent Referral Lists – Required Elements

Data Field	Description	Format
Source	Health Plan or TIP-Justice Organization providing the list	Drop down menu
Member AHCCCS ID	Referred Member's AHCCCS ID Number	A#####
Release Date	Date member was released from incarceration	MM/DD/YYYY
Referral Start Date	Date member was referred to TIP Justice Clinic	MM/DD/YYYY
Referral Source	Source of TIP-Justice referral (e.g., MCO, Justice partner, Probation department)	Drop down menu
Referred-To Organization	TIP-Justice organization the member is referred to	Drop down menu

# Measures & HEDIS Enrollment Minimum

Justice Measure	HEDIS Enrollment Minimum
<b>Initiation of AOD or Dependence Treatment, 14 day</b>	Member must be enrolled for the 60 days prior to episode end date through the 48 days following the episode end date.
<b>Engagement of AOD or Dependence Treatment, 34 day</b>	
<b>FUH for Mental Illness, 18 and older, 30 day</b>	Member must be enrolled on the episode end date (i.e., day of discharge) through 30 days post-hospitalization.
<b>FUH for Mental Illness, 18 and older, 7 day</b>	
<b>Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using antipsychotic medications</b>	Patient must have been continuously enrolled throughout the 12 months where there is no more than one break in continuous enrollment of up to 45 days and no breaks greater than 45 days.

# Justice Population – Definition

## TI Year 4

- All non-SMI AHCCCS members
  - Released from incarceration between October 1, 2018 – September 30, 2020 (a 24-month period) and
  - Referred to a TI-Justice participating provider at some point in the timeframe

## TI Year 5

- Performance for September 30, 2021 will be based on members released October 1, 2019 – September 30, 2021 (a 24-month period)
  - For interim reports, such as December 2020, measures based on Justice Providers' members released in the 24 months prior



# Justice Attribution

- Justice members will be attributed to all TI-Justice providers the member was referred to during the 24 months.

# Justice Population Approach

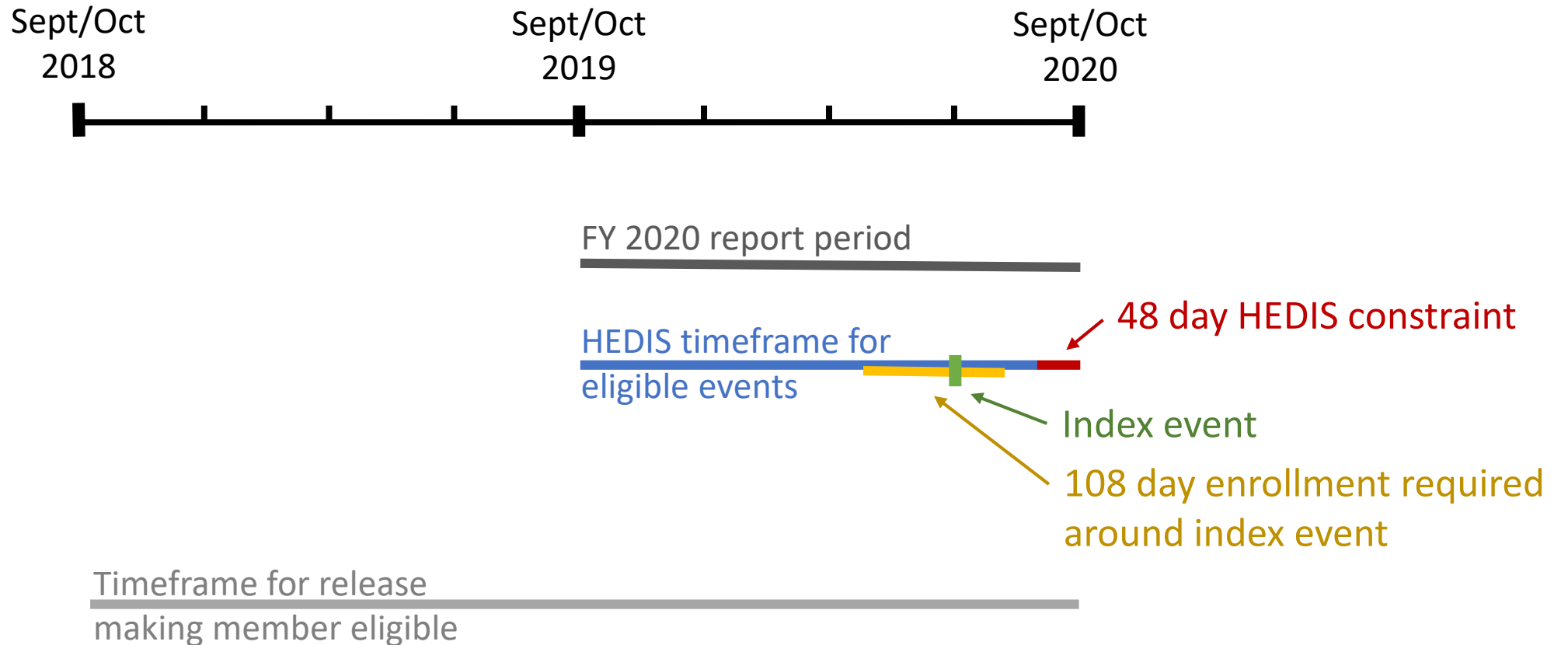
- Distinct population
  - Calculate measure performance for TI-Justice providers using Justice members only
  - Attribute Justice members to TI-Justice provider based on referrals
  - Remove any Justice members from all-AHCCCS PCP assignment file
- Implications
  - Non-Justice members will not be attributed to TI-Justice clinics
  - TI-Justice clinics will only have the referred Justice members in their denominator
  - Justice members' attribution not affected by which providers they see (would remove from PCP lists)

# FAQs

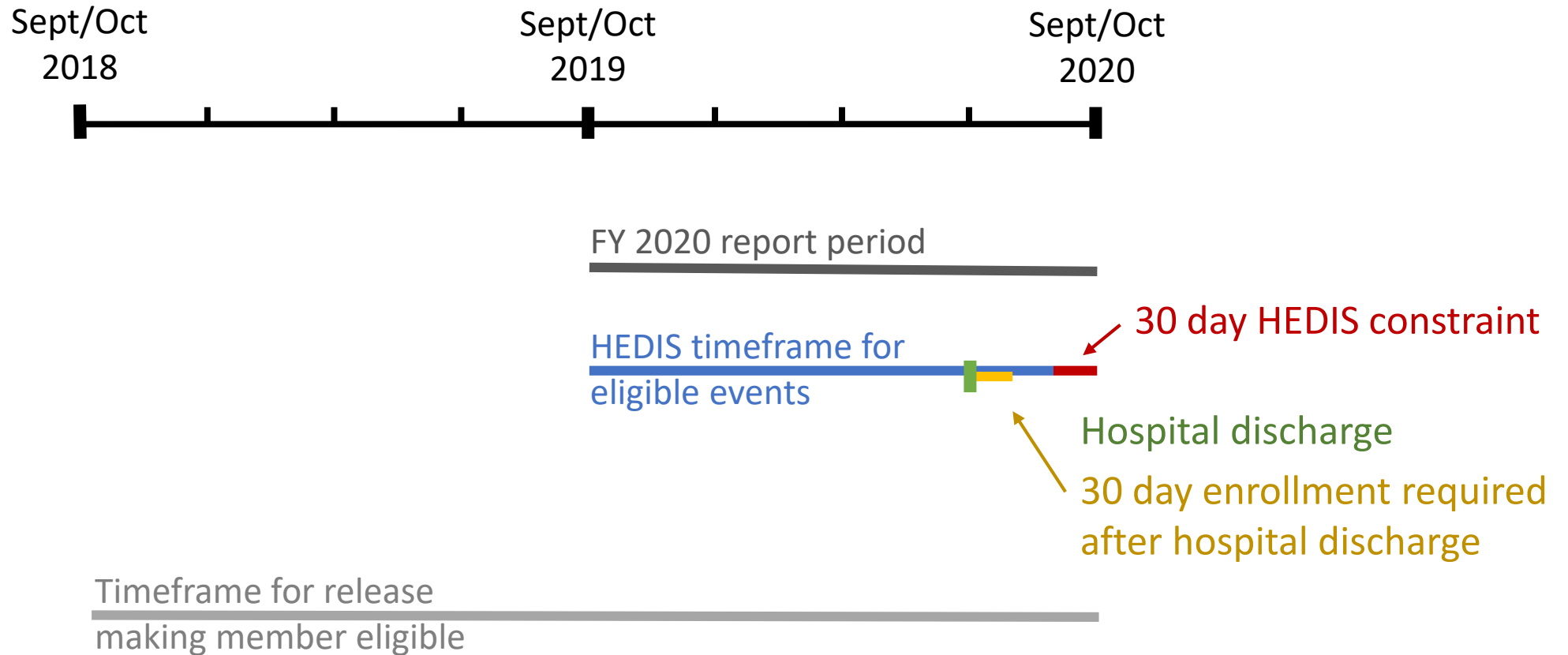
- If a member refuses services from a TI-Justice Provider, will the member still be attributed to the Provider?
  - Yes, the TI Program encourages TI-Justice providers to improve their engagement strategy.
- If a non-Justice member is seen by a TI-Justice provider, are they included in the TI-Justice provider's performance?
  - No, non-Justice members will not be attributed to TI-Justice clinics. TI-Justice clinics will only have the referred Justice members in their denominator.
- Are Justice members included in PCP and BH measure evaluation as well as the Justice measure evaluation?
  - No, Justice members are removed from PCP and BH measure evaluation.

Reference slides

# Initiation/Engagement of AOD Abuse or Dependence Treatment (14/34 day)



# FUH for Mental Illness, 18 and older (7/30 day)



# Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using antipsychotic medications



FY 2020 report period

HEDIS timeframe for eligible events

If medication dispensed at any point in report period, a screening is required

Timeframe for release making member eligible