Targeted Investments 2.0 Program

TIP Measure Details Guide:

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

The AHCCCS Targeted Investments Program (TIP) Quality Improvement Collaborative (QIC) evaluates TI-participating Providers' performance on select quality measures and assists providers in performance improvement efforts. This guide is for TI-participating providers to help them understand the Adults' Access to Preventive/Ambulatory Health Services (AAP) measure. AAP is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure designed and maintained by the National Committee for Quality Assurance (NCQA).

Why It Matters

Regular access to preventive and ambulatory health services is crucial for adults to maintain overall health, manage chronic conditions, and detect potential health issues early. Members who do not access preventive health care are more likely to develop advanced or preventable disease at higher personal and financial cost.[1,2] Promoting routine access to preventive care is therefore essential for both individual well-being and the efficiency of the health care system.

What We Measure

Adults' Access to Preventive/Ambulatory Health Services (AAP): The percentage of patients 20 years of age and older who had an ambulatory or preventive care visit.

Your performance is reported as a percentage calculated as the $\frac{numerator}{denominator}$.

TI Area of Concentration	Denominator Definition	Numerator Definition
Adult PCP	Members aged 20 years old and older as of the report period end date.	Members in the denominator who had a preventive or ambulatory care visit during the last 12 months of the report period.

Note: The AAP measure requires members to be continuously enrolled in medical benefits without a break greater than 45 days.

What Is the Reporting Period?

- A HEDIS® measure's reporting period is a continuous 12-month window.
- TIP Provider Dashboards show your organization's performance on the selected measure for 12 consecutive, overlapping report periods, where each report period is a 12-month period ending in the month and year shown on the X-axis. Your performance levels for 12 report periods are provided so you can track how your performance changes across time.
- TI incentive payments are based on your performance for the Federal Fiscal Years (October 1st September 30th).

Which Members Are in my Denominator?

To understand the members that you are accountable for and who are attributed to you (i.e., in your denominator) for this measure, you need to know the denominator definition (above), as well as the AHCCCS member population assessed, and the attribution method used.

Member Population Assessed

- Members enrolled in one of the seven AHCCCS Complete Care (ACC) health plans
- Members with SMI enrolled in an ACC Regional Behavioral Health Agreement (RBHA) health plan are included

Member Population Exclusions

- ACC and ACC-RBHA members who utilized hospice services or died

Attribution Methods

- In TI 2.0 Year 4, attribution is done at the billing and servicing provider ID level. For a detailed explanation about the provider IDs used and examples, please see the TI 1.0 Provider Identification Methodology video and slides.

- If you have any questions about the billing and servicing provider IDs used for your organization, please contact the AHCCCS Targeted Investments team (targetedinvestments@azahcccs.gov).

- Attribution is re-evaluated each month for all report periods displayed on the dashboard. The attribution method used is specific to each AOC. Review the attribution method specific to the TI AOC you are enrolled in:

TI Area of Concentration	Attribution Method
Adult PCP	• PCP attribution is based on claims and PCP-member assignments. • Members are attributed to the PCP with whom they have the strongest relationship, as documented by claims, considering the frequency of visits, MCO PCP assignment, and the member's most recent PCP visit if multiple relationships exist. If no established relationship is documented, members are attributed to their MCO-assigned PCP. The most recent member assignments at the report period end are used. • These assignments are provided monthly by health plans and AHCCCS. Milestone performance is calculated based on member-level attribution aggregated to the Organizational (Tax ID) level for participating sites.

What Services Qualify for the Numerator?

Billing Codes

- TI 2.0 Year 4 use HEDIS® Measurement Year 2023 measure definitions.
- Due to licensing agreements, we are not able to publish a list of all qualifying services codes. However, we can direct you to resources containing the billing codes.
  - Please see these Arizona Health Plan Measure Guides. You do not have to be contracted with the plan to access these resources.

    - United Healthcare - HEDIS® MY 2023 Reference Guide
  - For more information on HEDIS measures or to get your own license, see the NCQA HEDIS® site.
  - Value sets and codes used in HEDIS 2024 (Measurement Year 2023) measure calculations are available at no cost. Download the 2023 Quality Rating System (QRS) HEDIS Value Set Directory from the NCQA store.

What Services Do Not Qualify for the Numerator?

Any procedure code not listed in the previous section does not qualify.

How Do I Document Services to Get Credit on the Measure?

TI performance measurement relies on claims data. Hybrid chart review does not apply.

What Is My TI Performance Target?

The table below shows the TI target set for the AAP measure. For your organization's specific target, please see your dashboard or the email received from the AHCCCS TI team.

TI Area of Concentration	Measure	Target
Adult PCP	AAP	73% | 82%

How Were the Performance Targets Determined?

Please see the TIPQIC website for details on target setting.

Additional TIP Guides

Please see the other TIP measure Details Guides on our website, as well as best Practice Audit Guides. For example, TIP Best Practice Audit: Building Capacity for Performance Excellence provides best practices for an organizational QI system, which is needed to optimize your organization's QI efforts for this measure.

Questions? Contact the ASU TIPQIC Team (TIPQIC@asu.edu) or AHCCCS Targeted Investments Team (targetedinvestments@azahcccs.gov) with questions or to request further assistance.

References

1. DeVoe, J. E., Fryer, G. E., Phillips, R., & Green, L. (2003). Receipt of preventive care among adults: Insurance status and usual source of care. *American Journal of Public Health, 93*(5), 786–791. https://doi.org/10.2105/AJPH.93.5.786
2. Agency for Healthcare Research and Quality. (2014, May). The Guide to Clinical Preventive Services: Recommendations of the U.S. Preventive Services Task Force (Report No. 14 05158). Rockville, MD. https://ajph.aphapublications.org/doi/full/10.2105/AJPH.93.5.786