Community Quality Forum

July 15, 2021
3-5pm
Community Quality Forum
Agenda

• Purpose and Objectives: Dr. Sara Salek
• Telehealth Update: Dr. Sara Salek & Justin Bayless
• ARPA Update: Alex Demyan
• Crisis Utilization Trending Update: CJ Loiselle
• CALOCUS Update: Dr. Megan Woods
• State Opioid Response Grant Update: Hazel Alvarenga
• Quality Improvement Update: Georgette Kubrussi Chukwuemeka
• Targeted Investments 2.0: George Jacobson
• Meeting Recap and Next Steps: Dr. Salek
Community Quality Forum

**Goal/Purpose**
The AHCCCS Community Quality Forum evaluates physical and behavioral health system performance in alignment with our integrated care model in collaboration and consultation with community stakeholders to drive system improvement efforts.

**Objectives**
1. Finalize the development of Statewide physical and behavioral health dashboards;
2. Evaluate dashboard data metrics and provide feedback for performance improvement efforts including performance improvement projects (PIPs); and
3. Evaluate observed community-based trend concerns by leveraging data analytics to drive policy change.
Technology's influence on Bayless Integrated Care Model
According to the CDC, over 40% of US adults currently report at least one adverse mental or behavioral health condition and over 25% of young adults (ages 18-24) have seriously considered suicide in the past 30 days. Yet, barriers to accessing proper mental health services (provider shortages, lack of affordable care, stigma, and fragmented delivery of physical and behavioral care) typically prevent many from receiving treatment. Not only is this staggering unmet need detrimental to patients and families, but it is also incredibly costly to healthcare systems as approximately 1 in 8 emergency department visits are associated with behavioral health needs.

Bayless, founded in 1982, is committed to disrupting this status quo with a comprehensive integrated healthcare delivery system that combines the need for mental health and primary care in an interconnected ecosystem where patients receive all care under one roof. Bayless’s URAC accredited technology-driven practice platform contributes to better health outcomes for patients by ensuring better care coordination between teams, standardizing best-practice clinical protocols, and providing patients virtual access to licensed providers for all levels of care when an in-person visit is not necessary. The Bayless integrated care model not only drives improved health outcomes for each patient, but it also produces lower medical costs per member.

Bayless entered into a strategic partnership in December 2020 with Magellan Health Inc acquiring 70% of Bayless parent organization Aurelia Health LLC. In January 2021, Magellan and Centene signed a merger agreement with closing expected in 2H 2021.
Executive Team

Proven Track Record in a Competitive Market with an Innovative Model

**Justin M. Bayless**
Chief Executive Officer

- President and CEO (2010 - Present), VP and CFO (2008 - 2009)
- Son of Dr. Michael Brad Bayless, founder of Bayless Integrated Healthcare
- Focuses on developing new contractual relationships with diversified payer types while continually expanding the Bayless service array, locations, and brand
- Former board member of Dignity Health St. Joseph's Hospital, former board member of Delta Dental Arizona, previously appointed to African American Affairs Commission and Arizona Board of Behavioral Health Examiners by Governor Doug Ducey.
- Prior to Bayless, Investment Banker at Morgan Stanley (2006-2008)

**Graham B. Johnson, CPA**
Chief Financial Officer

- 5 years at Bayless
- Responsible for managing the finance department, managing vendor relationships, budgeting, forecasting, and overseeing the Company's IT needs
- Previously an auditor at Deloitte & Touche for 15 years

**Danielle Sink, MD**
Chief Medical Officer

- Started at Bayless in January 2020
- Board Certified in Internal Medicine and Lifestyle Medicine
- Founded Acacia Internal Medicine and sold to Optum Care in 2017
- Member of Humana Western Region Peer Review Quality Committee for Primary Care, Humana National Peer Review Quality Committee for Behavioral Health, and Banner Health Network PCP Clinical Governance Committee

**Andrea Raby, DO**
Vice President, Psychiatry

- 6 years at Bayless
- Oversees the treatment of the outpatient psychiatry population while creating robust mental health programs and supervising physician assistants
- Provides forensic evaluations and numerous other services for the acutely ill for over 10 years

**Arthur Pelberg, MD**
Chief Advisor

- 8 years at Bayless
- Responsible for assisting in the development of an integrated service delivery program
- Previously CMO at INSPIRIS (2008 - 2011) (complex Medicare/Medicaid members health plan acquired by UnitedHealth); President and CMO (1999 - 2007) and VP and National Medical Director (1988 - 1995) at Schaller Anderson (acquired by Aetna)
Patient expectations had evolved prior to COVID-19…

**What do consumers want?**

- Seamless access
- Personalized experience
- Integration
- Affordable options

77% Are frustrated when scheduling
83% Expect Amazon-like experience
73% Of Gen Z would use telehealth for low acuity
16% Self-identify as comparison shoppers

Prior to COVID-19 only 14% of physicians offered virtual visits

Source: Sg2 National Health Care Consumerism and Insurance Coverage Survey, 2018
### Mental Health in the US: By the Numbers

**Pandemic Has Exacerbated Mental Health Epidemic**

<table>
<thead>
<tr>
<th>An Epidemic...</th>
<th>That Continues to Go Untreated...</th>
<th>At a Great Human and Financial Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>100 Million</strong></td>
<td>25%</td>
<td>60%</td>
</tr>
<tr>
<td>adults reported they were struggling with mental health or substance use in June 2020</td>
<td>suicide ideation in young adults ages 18-24 in the past 30 days in June 2020</td>
<td>1 in 8</td>
</tr>
<tr>
<td>59%</td>
<td>60%</td>
<td>1 in 8</td>
</tr>
<tr>
<td>of all patients with a diagnosed any mental illness did not receive mental health care in 2018</td>
<td>of US counties have no practicing psychiatrists</td>
<td>of all visits to EDs are related to mental and substance use</td>
</tr>
<tr>
<td>$200 billion</td>
<td></td>
<td>$200 billion</td>
</tr>
<tr>
<td>in lost productivity each year</td>
<td></td>
<td>in lost productivity each year</td>
</tr>
</tbody>
</table>

**Notes:**
Source: CDC, SAMHSA, NAMI
Post-COVID, Telehealth is no Longer Primarily Just a Mental Health Tool

Dichotomy of Top-Ranked Telehealth Diagnoses from Pre-Covid to Post-Covid

Notes:
1. As of Week ended March 27, 2020.
Bayless is poised for substantial growth. By focusing on an integrated patient experience to organically build its business and attract the best providers, Bayless has created a feedback loop that will continue to grow the top and bottom lines as the company expands.

Bayless is the first and the only provider group in Arizona (and one of only thirteen in the US) with URAC telehealth accreditation. As a result, the company was well positioned to succeed when COVID hit and telehealth visits have increased substantially since the middle of March 2020.

Bayless still has room to grow in the local AZ market, but it believes strongly that its proprietary provider platform is scalable on a national basis.

As a diverse organization, Bayless is committed to embracing and celebrating individuals from all backgrounds.

Bayless is a market leader that is unwavering in its commitment to improve healthcare and disrupt the status quo and welcomes anyone who feels the same to partner with them – and change the world of healthcare.

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**Key Stats as of 6/30/2021:**

**Employees**
- 418 Employees / 218 Providers
  - 17 Primary Care Providers
  - 28 Psychiatry Providers
  - 173 Behavioral Health Providers
  - 200 Clinical Support / Admin

**Existing Footprint**
- 6 integrated clinics
- 2 mental health counseling clinics
- 1 corporate/support office location

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**Payor Mix**
- % Behavioral: 85%
- % Psych: 84%
- % Medical: 78%

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**Average Weekly Visits**
- % Virtual: 80%
Telemedicine Program: URAC Accredited

Bayless is the first and the only provider group in Arizona to receive this designation and 1 of 13 in the US.

As the only telemedicine or telehealth accreditation program approved by the American Telemedicine Association, the URAC (Formerly CHQI) Telemedicine Accreditation Program (TAP) seal provides consumers with an easy-to-identify confirmation of quality from an independent third-party organization – a patient and consumer benefit that had previously been unavailable for telehealth care.

TAP's goal is to promote access to safe, quality, and competent health care regardless of the telemedicine model or modality being deployed, or the type of clinical services being provided to patients.

Bayless provides 10.5 hours of telehealth clinical training for licensed behavioral health clinicians which qualifies them to become board eligible for tele-mental health (BC-TMH).

Companies with URAC Accreditation

<table>
<thead>
<tr>
<th>Company</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbleTo</td>
<td>New York</td>
</tr>
<tr>
<td>Alicare Medical Manage-</td>
<td>Massachusetts</td>
</tr>
<tr>
<td>ment</td>
<td>Arizona</td>
</tr>
<tr>
<td>Amwell</td>
<td>Texas</td>
</tr>
<tr>
<td>Bayless Integrated Health-care</td>
<td>California</td>
</tr>
<tr>
<td>CHRISTUS Good Shepherd</td>
<td>California</td>
</tr>
<tr>
<td>Doctor on Demand</td>
<td>Pennsylvania</td>
</tr>
<tr>
<td>InTouch Health</td>
<td>Virginia</td>
</tr>
<tr>
<td>InnovaTel Telepsychiatry</td>
<td>New York</td>
</tr>
<tr>
<td>SOC Telemedicine</td>
<td>New York</td>
</tr>
<tr>
<td>Teledoc Health</td>
<td>New York</td>
</tr>
<tr>
<td>United Concierge Medicine</td>
<td>New York</td>
</tr>
<tr>
<td>United Health Services Hospitals</td>
<td>New York</td>
</tr>
<tr>
<td>UC San Diego Health System</td>
<td>California</td>
</tr>
</tbody>
</table>
COVID-19 Catalyst for Virtual Care

Weekly Visits

(000s)

[Bar chart showing weekly visits by Behavioral, Psych, Medical, and % Virtual for years 2020 and 2021]

Bayless Integrated Healthcare
Many Patients Prefer Virtual Care to In-Person Visits

Bayless Has Seen an Increase in Patient Satisfaction Post Transition to All Virtual Care

<table>
<thead>
<tr>
<th>Bayless Patient Satisfaction Rating (Out of 5)</th>
<th>% of 3,675 Unique Responses</th>
<th>% of 13,836 Unique Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2019 – March 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.71</td>
<td>7%</td>
<td>93%</td>
</tr>
<tr>
<td>1-3 Stars</td>
<td>3%</td>
<td>97%</td>
</tr>
<tr>
<td>4-5 Stars</td>
<td></td>
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</tr>
<tr>
<td>Bayless Patient Satisfaction Rating (Out of 5)</td>
<td></td>
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<tr>
<td>April 2020 – June 2021</td>
<td></td>
<td></td>
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<tr>
<td>4.83</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-3 Stars</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-5 Stars</td>
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</tbody>
</table>

Responses are received directly from patients after provider encounters through text message star rating system through Advanced MD rhythm suite.
In their own words...

### Patient Feedback and Reviews on Google

As of 4/22/21, Bayless has 1,450 verified google reviews averaging 4.67 out of 5 stars across its metro Phoenix locations.

In their own words...

**5 stars 6 days ago**

My life has changed over the last couple years and I don't know exactly what I did that made a difference but I will tell you that I started going to Bayless when I got sober two years ago. I have gone to other places similar and have never had the success I have had these last two years. I am about to get off probation early and have been sober over two years now. I never once have felt judged or unsafe going here they have done nothing but support and build me up.

**5 stars 3 weeks ago**

Everyone at Bayless has helped me so much. My psychiatrist has helped me find meds that have helped balance me out, my therapist is helping me with my triggers and I always feel better after a session with her. My PCP is amazing too! Everyone that I've worked with cares about the patient more than the profit ; they listen to you and are pretty accommodating as well. I've gotten the best medical care from this Healthcare facility and I highly recommend them. They've changed my life for the better and I'm so thankful that I was introduced to them.

**5 stars a week ago**

Or whole family goes through bayless. They have pop, pediatrics, mental health, you name it they got it. And have all your doctor's and all your records under one umbrella is so convenient and keeps the different doctors from prescribing meds that don't work well together as well as other procedures. I wouldn't go to anyone anywhere else.

**5 stars 4 months ago**

They are always available and listen to me. I don't ever get spoken down to when I explain to them my symptoms and what I know based on my personal illness history. A doctor that is willing to listen and genuinely wants to help you get better is the best kind of doctor to have. I am blessed to be a patient of Bayless.

**5 stars a month ago**

Dr. Robert James has been my children's pediatrician since birth. He is the very best I trust him completely. When he left his previous practice and joined Bayless we followed him and that was the best decision we've made.

As of 4/22/21, Bayless has 390 verified reviews on Facebook with an average of 4.9 out of 5 stars. ([Link](https://www.facebook.com/BaylessIntegratedHealthcare/reviews/?ref=page_internal))
“Our Moment in Time”

83% of US workers suffer from work-related stress

Pandemic Stress - 7/10 employees indicated that this is the most stressful time of their entire professional career

Nearly 1 in 5 adults live with a mental illness

6 in 10 adults in the US have a chronic disease

US businesses lose up to $300 billion yearly as a result of workplace stress

Depression leads to $51 billion in costs due to absenteeism

The leading causes of death and disability are

- Heart disease
- Cancer
- Chronic Lung disease
- Stroke
- Alzheimer’s disease
- Diabetes
- Chronic Kidney Disease
- COVID-19

...But we offer an EAP?
Employee Wellness and Counseling Program (EWCP)

Bayless partners with employers to ensure their employees have access to quality wellness and counseling services.

Our commitment is to help each employee navigate the challenges they experience both at work and at home.

Our approach is: virtual, individualized, and easily accessible.
The Traditional EAP

**The current model**

- Nearly all companies offer an EAP
- EAPs give employees access to a counselor, a limited number of free sessions, and referrals
- Recent additions to EAP programs include financial health, legal assistance, and self-paced educational modules
- Already included in benefits package to the employer or very inexpensive (75 cents-$2 per member per month)

**But it’s not working**

- Utilization averages below 10%
- Median usage in 2018 was 5.5%
- Mental Health stigma
- Fears of non-confidentiality
- Lack of advertising/sharing the resource with employees
- Long waiting times to access licensed professionals in a network

97% of large employers offer EAPs

5.5% of employees used EAPs in 2018

$3-$10 ROI for every $1 that companies invest in EAPs
Key Points

Employer is paying for wellness services.

All services are done virtually through Bayless Accredited Tele-Health Platform.

Bayless providers are available 24/7.

Alorica employees are asked to attend at least 1 service for at least 30 minutes per month.

Services are completed during the work shift (wellness breaks).
EWCP Service Menu

**Assessment**
- Release of Information
- 30-45 minutes
- Health history/health goals/current health status

**Wellness Coaching**
- Mindfulness, Smoking Cessation, Weight Management, Nutrition
- 30 minutes

**Therapy**
- Depression, Anxiety, Trauma, ADHD, etc.
- 30 mins.-50 mins.

**Learning Sessions**
- Small groups
- 30 mins.
- Various health topics (healthy desserts, desk exercises, etc.)

**Individual**
- Counseling or health coaching
- Specific health goals

**Group**
- Small groups
- Drop-in/Special topics
- Stress, Relationships, LGBTQ+, Trauma, Leadership, Parenting
Lifestyle Medicine Certification

**Lifestyle Medicine: What is It?**
It is an evidence-based approach to treating, reversing, and preventing chronic disease through non-drug means, including:

- Plant-Predominant Diet
- Regular Physical Activity
- Adequate Sleep
- Stress Management
- Cultivating Relationships
- Avoiding Risky Substances

**Meaningful Savings Opportunity**

$20,000

Spent annually by US employers for each family’s healthcare costs

80%

Of heart disease, stroke, and type 2 diabetes (and 40% of cancer) could be prevented, primarily with improvements to diet and other lifestyle factors, according to the WHO

210% ROI

during a six-month, diabetes-focused lifestyle medicine pilot at Vanderbilt University

Notes:
Source: American College of Lifestyle Medicine.
What makes our EWCP different?

No waiting times
• Therapy
• Drop-in learning sessions

Lifestyle Medicine Curriculum
• Addresses the leading causes of death and disability through:
  – Healthful Eating
  – Increase Physical Activity
  – Develop strategies to Manage Stress
  – Form/Maintain Relationships
  – Improve Sleep
  – Avoid Risky Substances

Individualized Treatment
• Weekly feedback loop w/ employer leadership, patient satisfaction survey
• Curriculum added based on feedback from employees and leadership
  – Examples: Grief, Civil Unrest, LGBTQ+, and Leading During Difficult Times
• Family/Couples Counseling
### Current Alorica Arizona Employees - 605 as of 7/14/21

<table>
<thead>
<tr>
<th>Most common identified issues</th>
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</thead>
<tbody>
<tr>
<td>Anxiety</td>
</tr>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>Stress Management</td>
</tr>
<tr>
<td>Weight Management</td>
</tr>
<tr>
<td>Trauma</td>
</tr>
</tbody>
</table>

- **Group/Learning sessions**: average 84 employees per week
- **An average of 86% of employees have had at least 1 wellness service since March 2021**
- **27% employees have engaged in individual or family therapy**
Bayless Future: Technology Enabled, Hybrid Delivery Model

- Direct to Consumer (Online-Telehealth)
- Employer Based Satellite Clinic
- Clinicians at Local Based Clinics
  - Bayless Behavioral Health and Wellness Therapists
- Clinicians at Home
  - Bayless Psychiatry Providers
- Virtual Care Satellite Clinic
- AMD Platform
- Patient Health Data & History
- HealthCurrent HIE Garage 360
Success Goes Beyond Well-Planned Clinic Assets Towards an Interconnected Ecosystem

Leverage Brand and “Strategic” Locations
- Attract consumers and connect to the Bayless system of care.
- Hardwire a consistent and high-value consumer experience.
- “Retail” locations to foster connectivity and consumer appeal.

Seamless Access
- Ensure a consumer-focused triage process across the low-acuity ecosystem.
- Build one-stop scheduling
- Integrate technology and patient to provider interaction processes

Enhance Culture and Measure Impact
- Build provider leadership into the redesign process.
- Understand incentives that drive success.
- Break down primary and specialty care silos.
- Outcomes data
Questions?
The American Rescue Plan Act Update

Alex Demyan
Deputy Assistant Director
Division of Community Advocacy and Intergovernmental Relations
THE AMERICAN RESCUE PLAN ACT OF 2021

Learn more about Medicaid funding opportunities.
# American Rescue Plan Act of 2021

<table>
<thead>
<tr>
<th>COVID-19 Vaccine Administration</th>
<th>Mobile Crisis Services</th>
<th>Elimination of Medicaid Drug Rebate Cap</th>
<th>100% FMAP for Urban Indian Health Program</th>
<th>10% Increase to FMAP for HCBS</th>
<th>Twelve Months Postpartum Coverage</th>
</tr>
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</table>

American Rescue Plan Act of 2021

- **COVID-19 Vaccine Administration**
- **Mobile Crisis Services**
- **Elimination of Medicaid Drug Rebate Cap**
- **100% FMAP for Urban Indian Health Program**
- **10% Increase to FMAP for HCBS**
- **Twelve Months Postpartum Coverage**
American Rescue Plan Act of 2021 - Section 9817

- Provision offers temporary 10 percentage point bump in federal funds for certain HCBS services
- **State Medicaid Director Letter** issued on May 13, 2021
  - Services eligible for the enhancement
  - Examples of activities that enhance, expand, or strengthen HCBS
  - Maintenance of Effort requirement
  - Requirement that states submit initial and quarterly HCBS spending plans
    - Initial narrative and spending plan due July 12, 2021
Key Parameters - ARP/HCBS Provision

- Funding is short-term and must be spent by March 31, 2024
- Broader definition of HCBS - includes services such as home health, personal care services, attendant care services, case management and rehabilitative services (mental health and substance use treatment services)
- Cannot use funds to pay for HCBS available under the Medicaid program as of April 1, 2021
  - Funds must be used to enhance, expand, or strengthen existing HCBS program
- Strategies employed under the plan cannot negatively impact current HCBS program
  - Prohibited from imposing stricter eligibility standards
  - Must preserve covered HCBS
  - Must maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021
- Nothing will be included which creates a long-term funding obligation without a sustainable funding source after March 31, 2024
ARPA HCBS Funding Timeline

- **April 1, 2021**: Time the state can save the 10% FMAP increase
- **May 13 - July 12, 2021**: Amount of time the state has to submit the initial spending plan
- **March 31, 2022**: Time the state has to spend ARPA HCBS reinvestment funds
- **March 31, 2024**:
Funding Enhancement & Reinvestment Opportunity

- AHCCCS estimates it will expend approximately $3.5 billion on HCBS that qualify for the temporary 10 percentage point FMAP increase (expenses during April 1, 2021 through March 31, 2022)
- Enhanced match rate is expected to increase federal spending on currently covered HCBS by approximately $350 million during that time to be used as reinvestment funds for the strategies proposed in ARP HCBS spending plan
- Reinvestment funds then leverage additional federal funds = to a total of $1.6 billion to be spent throughout the period from April 1, 2021 through March 31, 2024
  - Enhance or strengthen Medicaid HCBS
  - Subject to CMS approval and legislative expenditure authority
  - Estimates subject to change due to various factors
Member Focus

• Seniors
• Individuals with Disabilities
• Individuals Living with Serious Mental Illness
• Individuals Accessing General Mental Health and Substance Use Services
• Children with Behavioral Health Needs
Funding Priority #1:

Strengthening and Enhancing Arizona’s Home and Community Based System of Care

- Expanding access to care from a well-trained, highly-skilled workforce
- Funding local initiatives and community-specific programming to improve member health
- Assessing member engagement and satisfaction to better understand needs, prevent abuse and neglect, and identify opportunities for improvement
- Empowering parents and families to provide care and meet the needs of their children
- Promoting stabilization, access to supportive services, and workforce retention/consistency to improve member outcomes
Funding Priority #2:

Advancing Technology to Support Greater Independence and Community Connection

- Utilizing new technology to promote care coordination and seamless communication
- Creating tools that strengthen quality monitoring and prevent abuse and neglect
- Supporting individual self-sufficiency by connecting members to technological tools and resources that promote independence
Crisis Utilization Trending Update

CJ Loiselle
Quality Management Manager
Division of Health Care Management
Crisis Call Center - Top Reasons for Calls
May 2021
(By RBHA/GSA, Rate Per 100 Calls)

- Coordination of Care
- Self-Harm/Giuldel
- Anxiety
- Psychosis
- Substance Use/Abuse
- Social Concerns
- Aggression/DTS
- Depression
- Medical/Medications
- All Other

- Central GSA: Mercy (10,020 Calls)
- South GSA: AzCH (7,374 Calls)
- North GSA: HCA (1,523 Calls)
AHCCCS began standardizing call reason categories in October 2020.
CALOCUS Update

Dr. Megan Woods
Integrated Care Administrator
Division of Health Care Management
CALOCUS Implementation Updates

- Announcement letter sent to plans and stakeholders June 1, 2021
- Providers have begun registering for access to the online version of the tool and online training
- AHCCCS is working with Deerfield and providers to integrate the CALOCUS tool into provider EHRs
- AHCCCS is also working with Health Current to automate CALOCUS data extracts to minimize provider reporting through separate mechanisms
- AHCCCS is working with AACP and Workforce Development to re-initiate Train-the-Trainer this Fall
State Opioid Response Grant

Hazel Alvarenga
Grants Administrator
Division of Grants Administration
Phase 1

1. Provide a “one-stop” portal that houses a daily census and capacity for available OUD service options

2. Build an electronic system for agencies to update their available capacity in real-time. E.g.:
   - number of slots in local OTPs for Office Based Opioid Treatment (OBOTs)
   - number of available residential beds
   - psychosocial services
   - Naloxone
Opioid Services Locator Timeline

- **Jan - May**: Build & Deploy Locator
- **June**: User Testing & Provider Training
- **July**: Soft Launch
- **August**: Launch
- **Sept & On**: Phase 2
Quality Improvement Updates

Georgette Kubrussi Chukwuemeka
Performance Strategy Administrator
Division of Health Care Management
Quality Strategy Updates

Quality Strategy & Quality Strategy Evaluation

• 2021 Quality Strategy:
  o AHCCCS posted a Notice of Public Information on 5/28/21 seeking public comment and feedback on its 2021 Quality Strategy.

• CYE 2018 - CYE 2020 Quality Strategy Evaluation:
  o The AHCCCS Quality Strategy Evaluation accompanies the AHCCCS Quality Strategy and is used to evaluate the effectiveness of the AHCCCS Quality Strategy.

• The Quality Strategy and Quality Strategy Evaluation were submitted to CMS on 7/1/21 and are available on the AHCCCS website.
Consumer Assessment of Healthcare Providers & Systems (CAHPS) Survey

AHCCCS requests feedback from members on experiences and satisfaction with healthcare services utilizing the CAHPS survey.

- CYE 2020 survey administration for the ACC, KidsCare, DCS CHP, and the RBHA-SMI integrated populations was delayed due to the COVID-19 public health emergency.
- Administration efforts resumed in early 2021 and AHCCCS anticipates the availability of final reports in November/December 2021.
- Results will be made available via the Health Plan Report Card on the AHCCCS website.
Performance Improvement Projects (PIPs)

MCOs are required to participate in AHCCCS-mandated PIPs and implement PIPs based on self-identified opportunities for improvement. The following AHCCCS-mandated PIPs have been implemented:

<table>
<thead>
<tr>
<th>PIP Topic</th>
<th>Applicable Line(s) of Business</th>
<th>Years Implemented</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-Prescribing</td>
<td>RHBA (SMI Integrated)</td>
<td>CYE 2014 - CYE 2019</td>
<td>Closed</td>
</tr>
<tr>
<td>Developmental Screening</td>
<td>ACC/Acute, DCS CHP, ALTCS DD</td>
<td>CYE 2016 - CYE 2019</td>
<td>Open, CYE 2019 final results pending</td>
</tr>
<tr>
<td>Back to Basics</td>
<td>ACC/KidsCare, DCS CHP, ALTCS DD</td>
<td>CYE 2019 - CY 2023</td>
<td>Open</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>ALTCS EPD</td>
<td>CYE 2019 - CY 2023</td>
<td>Open</td>
</tr>
<tr>
<td>Preventive Screening</td>
<td>RHBA (SMI Integrated)</td>
<td>CYE 2019 - CY 2023</td>
<td>Open</td>
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</tbody>
</table>

**Notes:**
- PIP methodologies and previous years’ PIP results within [External Quality Review Annual Reports](https://www.ahcccs.gov) are available on the AHCCCS website.
Targeted Investments 2.0

George Jacobson
Project Administrator
Office of the Director
TI 2.0 Program

- AHCCCS seeks waiver authority to extend the TI Program from 2021 through 2026, known as the TI Program 2.0
- This extension request was submitted to CMS in December 2020 with Arizona’s Waiver renewal packet
- AHCCCS developed a concept paper to supplement the waiver renewal request to provide further details on the structure and requirements of the TI Program 2.0
TI 2.0 Program Structure

TI Program 2.0 will include two distinct cohorts:

- **Extension cohort** will include TI Program providers that completed participation in the current TI Program
- **Expansion cohort** will include primary care practices and behavioral health providers, integrated clinics with no prior TI participation
TI 2.0 Extension Cohort

- Align and complement AHCCCS’ Whole Person Care Initiative
- Continue key TI 1.0 requirements
- Incorporate non-clinical or social needs into point of care systems to provide a more holistic, person-centered approach to care while addressing health disparities
- The Quality Improvement Collaborative will support and assist TI Program participants with meeting core components and milestones and facilitate peer learning.
TI 2.0 SDOH & Health Equity

- SDOH Screening - upload the results to NowPow and submit Z codes on claims for all social risk factors identified by the tool.
- Develop and implement SDOH workflows
  - How the SDOH screen is performed, including the screening instrument, available languages
  - Referral & follow up procedures with CBO partners, including through NowPow
  - Incorporates results of the SDOH screen into clinical care
TI 2.0 SDOH & Health Equity

Connect and demonstrate effective use of NowPow to connect members to community resources by:

• Completing a NowPow Scope of Work;
• Demonstrating workflow systems that effectively use NowPow, including EHR system interface
• Entering SDOH screening results and generating referrals, if desired by the member, to community based organizations;
• Demonstrating effective follow up on SDOH referrals consistent with CBO communication protocols utilizing NowPow
TI 2.0 SDOH & Health Equity

● Data and Analytics
  ○ Perform analytics to assess the prevalence of social risk factors and to identify health disparities by
  ○ Aggregating and analyzing SDOH screening results to assess the prevalence of SDOH within the organization’s member population
  ○ Stratifying screening results by race, ethnicity, and language to identify and intervene upon health disparities.
Ti 2.0 SDOH & Health Equity

● Develop and implement a Health Equity Plan
  ○ Identify health disparities prevalent with AHCCCS members served, and address the disparities
  ○ Implement a quality improvement initiative to address identified health disparities

● Develop protocols to provide patient-centered, culturally competent services
  ○ Develop protocols and implement practices in line with the National Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care
  ○ Train staff members in cultural competency
Meeting Recap and Next Steps
Thank You.

Next Meeting: November 18th