

Arizona Health Care Cost Containment System



**Contract Year Ending 2019  
External Quality Review Annual Report**

*for*

**AHCCCS Complete Care and  
Comprehensive Medical and Dental  
Program**

*July 2020*



### Overview of the Contract Year Ending (CYE) 2019 External Review

The Code of Federal Regulations (CFR) at 42 CFR §438.3641<sup>1-1</sup> requires that states use an external quality review organization (EQRO) to prepare an annual technical report that describes how data from activities conducted for Medicaid managed care organizations (MCOs), in accordance with the CFR, were aggregated and analyzed. The annual technical report draws conclusions about the quality of, timeliness of, and access to healthcare services that MCOs provide.

According to 42 CFR, Part 438 Subpart E, External Quality Review, §438.358(b) and (c), the three mandatory activities for each MCO, prepaid inpatient health plan (PIHP), and prepaid ambulatory health plan (PAHP) are:

- Validation of performance improvement projects (PIPs).
- Validation of performance measures (PMs) required in accordance with §438.330(b)(2).
- A review conducted within the previous three-year period to determine the MCO's, PIHP's, or PAHP's compliance with the standards set forth in Subpart D of §438.

For contracts starting on or after July 1, 2018, and no later than one year from the issuance of the revised external quality review (EQR) protocol, according to requirements set forth in §438.68, the Centers for Medicare & Medicaid Services (CMS) has established validation of MCO, PIHP, or PAHP network adequacy as a mandatory activity.

In accordance with the 42 CFR §438.358(a), the state; its agent that is not an MCO, PIHP, PAHP, or primary care case management (PCCM) entity (described in §438.310[c][2]); or an EQRO may perform the mandatory and optional EQR-related activities.

As permitted by CMS and incorporated under federal regulation at 42 CFR Part 438, Arizona Health Care Cost Containment System (AHCCCS) elected to retain responsibility for performing the four EQR mandatory activities described in 42 CFR §438.358 (b). AHCCCS prepared Contractor-specific reports of findings related to each of the activities, and, as applicable, required Contractors to prepare and submit their proposed corrective action plans (CAPs) to AHCCCS for review and approval.

AHCCCS contracted with Health Services Advisory Group, Inc. (HSAG) as its CMS-required EQRO to prepare this annual EQR technical report. This report presents AHCCCS' findings from conducting each activity as well as HSAG's analysis and assessment of the reported results for each Contractor's performance and, as applicable, recommendations to improve Contractors' performance.

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<sup>1-1</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Federal Register* Vol. 81, No. 88/Friday, May 6, 2016, Rules and Regulations, p. 27886. 42 CFR §438.364 Medicaid Program; External Quality Review, Final Rule.

HSAG is an EQRO that meets the competence and independence requirements set forth in 42 CFR §438.354. HSAG has extensive experience and expertise in both conducting the mandatory activities and in analyzing information obtained from AHCCCS' reviews of the activities. Accordingly, HSAG uses the information and data to draw conclusions and make recommendations about the quality and timeliness of, and access to care and services that AHCCCS' Contractors provide.

To meet the requirements set forth in 42 CFR §438.364, as the EQRO, HSAG used information obtained from AHCCCS to prepare and provide a detailed annual technical report. The report summarizes findings on the quality of, timeliness of, and access to healthcare services, and includes the following:

- A description of the manner in which the data from all activities conducted were aggregated and analyzed.
- For each EQR-related activity conducted:
  - Objectives.
  - Technical method of data collection and analysis.
  - Description of the data obtained.
  - Conclusions drawn from the data.
- An assessment of each Contractor's strengths and weaknesses.
- Recommendations for improving the quality of care furnished by each Contractor including how the State can target goals and objectives in the quality strategy, under 42 CFR §438.340, to better support improvement in the quality, timeliness, and access to healthcare services furnished to Medicaid members.
- Methodologically appropriate comparative information about all Contractors (described in §438.310[c][2]), consistent with guidance included in the EQR protocols.
- An assessment of the degree to which each Contractor has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR.

HSAG has prepared the annual technical report for AHCCCS for 15 consecutive years. The report complies with all requirements set forth at 42 CFR §438.364.

This executive summary includes an overview of AHCCCS' EQR activities as provided to HSAG and a high-level summary of the results. The results include a description of HSAG's findings with respect to performance by the AHCCCS Contractors in complying with the AHCCCS contract requirements and the applicable federal 42 CFR §438 requirements for each activity. In addition, this executive summary includes an assessment of each Contractor's strengths and weaknesses related to the quality and timeliness of, and access to, healthcare services and HSAG's recommendations for improving the quality of services.

Additional sections of this annual EQR technical report include the following:

- Introduction to the Annual Technical Report: An introduction to the annual technical report, including a description of the EQR mandatory activities.

- **Overview of the Arizona Health Care Cost Containment System:** An overview of AHCCCS' background including the Medicaid managed care history, AHCCCS' strategic plan with key accomplishments for CYE 2019, AHCCCS' quality strategy, and waivers and legislative changes impacting AHCCCS' Medicaid programs.
- **Quality Initiatives:** An overview of AHCCCS' statewide quality initiatives across its Medicaid managed care program and those that are specific to the AHCCCS Complete Care (ACC) program for CYE 2019.
- **Contractor Best and Emerging Practices:** An overview of the Contractors' best and emerging practices for CYE 2019.
- **Network Adequacy Update:** A presentation of results for the network adequacy validation (NAV) and analysis conducted in CYE 2019 and HSAG's associated findings.
- **Organizational Assessment and Structure Performance:** A presentation of results for the Contractor-specific operational review (OR) conducted in CYE 2019 and HSAG's associated findings and recommendations.

Please see Appendix A for an overview of the AHCCCS methodology for the operational review activities, including objectives, descriptions of data obtained, technical methods of data collection and analysis, scoring methodology, and corrective action statements.

Appendix B includes the network adequacy validation study methodology and ACC Contractor results by quarter and county. Appendix C includes the complete text of AHCCCS' CYE 2019 Network Adequacy Report.

## **Contractors Reviewed**

During the CYE 2019 review cycle, AHCCCS contracted with the Contractors<sup>1-2</sup> listed below to provide services to members enrolled in the AHCCCS Complete Care (ACC) and Comprehensive Medical and Dental Program Medicaid managed care programs. Associated abbreviations are included.

- Arizona Complete Health – AHCCCS Complete Care (AzCH-ACC)
- Banner University Family Care – AHCCCS Complete Care (BUFC-ACC)
- Care1st of Arizona – AHCCCS Complete Care (Care1st-ACC)
- Magellan Complete Care – AHCCCS Complete Care (MCC-ACC)
- Mercy Care – AHCCCS Complete Care (MC-ACC)
- Steward Health Choice Arizona – AHCCCS Complete Care (SHCA-ACC)
- UnitedHealthcare Community Plan – AHCCCS Complete Care (UHCCP-ACC)
- Comprehensive Medical and Dental Program (CMDP)

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<sup>1-2</sup> Note: Title 42 CFR §438.2 defines “managed care organization (MCO),” in part, as “an entity that has or is seeking to qualify for a comprehensive risk contract.” CMS designates all AHCCCS Contractors as MCOs. Unless citing Title 42 CFR, this report will refer to AHCCCS' MCOs as Contractors.

## Findings, Conclusions, and Recommendations About the Quality of, Timeliness of, and Access to Care

The following section provides a high-level summary of HSAG's findings and conclusions about the quality of, timeliness of, and access to care provided to AHCCCS members.

### *Network Adequacy Validation*

Each quarter, each ACC Contractor submits its contracted network and its internal assessment of compliance with the applicable standards to AHCCCS. HSAG's analysis of network adequacy considered compliance with 11 AHCCCS-established time/distance standards for specific provider types and populations applicable to the ACC Contractors. Quarterly analytic results were assembled for the October 1, 2018, through June 30, 2019, measurement period for all beneficiary coverage areas for each ACC Contractor.

HSAG's quarterly network adequacy validation (NAV) determined that the ACC Contractors' provider networks generally met AHCCCS' minimum time/distance network requirements. Each ACC Contractor met the minimum network standards in all counties during all quarters for the following provider types: Cardiologist, Pediatric; Obstetrics/Gynecology (OB/GYN); and PCP, Adult. Additionally, one ACC Contractor, MC-ACC, met all applicable minimum network standards in its three covered counties during each quarter. Refer to Appendix B for the complete study methodology and ACC Contractor results by quarter and county. Refer to Appendix C for the complete text of AHCCCS' CYE 2019 Network Adequacy Report.

### *Organizational Assessment and Structure Standards*

An OR was conducted in CYE 2019 for one Contractor (CMDP). The strongest performance was in the Reinsurance (RI) standard areas, wherein CMDP received 100 percent standard area scores and no CAPs. Additionally, CMDP met the 95 percent threshold for the Delivery Systems (DS) standard area. Standard areas requiring the fewest CAPs were Corporate Compliance (CC), General Administration (GA), and Third-Party Liability (TPL) with one CAP required for each. Standard areas with greatest opportunity for improvement based on the number of CAPs required were Quality Management (QM), Grievance Systems (GS), Adult, Early and Periodic Screening, Diagnostic and Treatment and Maternal Child Health (MCH), and Medical Management (MM). For all standard areas except two, CMDP scored below the 95 percent threshold.

### *Performance Measures and Performance Improvement Projects*

For more information on the CYE 2018 performance measures and PIPs, please refer to the CYE 2019 Acute, Comprehensive Medical and Dental Program (CMDP), Children's Rehabilitative Services (CRS) and RBHA Report which details activities conducted in CYE 2018.

Arizona Health Care Cost Containment System



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**Arizona Long Term Care System  
(ALTCS) Contractors**

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- An assessment of the degree to which each Contractor has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR.

HSAG has prepared the annual technical report for AHCCCS for 15 consecutive years. The report complies with all requirements set forth at 42 CFR §438.364.

This executive summary includes an overview of AHCCCS' EQR activities as provided to HSAG and a high-level summary of the results. The results include a description of HSAG's findings with respect to performance by the AHCCCS Contractors in complying with the AHCCCS contract requirements and the applicable federal 42 CFR §438 requirements for each activity. In addition, this executive summary includes an assessment of each Contractor's strengths and weaknesses related to the quality and timeliness of, and access to, healthcare services and HSAG's recommendations for improving the quality of services.

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- **Quality Initiatives:** An overview of AHCCCS’ statewide quality initiatives across its Medicaid managed care program and those that are specific to the Arizona Long Term Care System (ALTCS) program for CYE 2019.
- **Contractor Best and Emerging Practices:** An overview of the Contractors’ best and emerging practices for CYE 2019.
- **Network Adequacy Update:** A presentation of results for the network adequacy validation (NAV) and analysis conducted in 2019 and HSAG’s associated findings.
- **Organizational Assessment and Structure Performance:** A presentation of results for the Contractor-specific operational review (OR) conducted in CYE 2019 and HSAG’s associated findings and recommendations.
- **Performance Measure Results:** A presentation of results for AHCCCS-selected performance measures for each ALTCS E/PD Contractor and the Department of Economic Security/Division of Developmental Disabilities (DES/DDD), as well as HSAG’s associated findings and recommendations for CYE 2018.
- **Performance Improvement Project Results:** A presentation of the CYE 2018 *Developmental Screening* PIP rates for DES/DDD.

Please see appendices A, B, and C for an overview of the AHCCCS methodology for the operational review, performance measure, and performance improvement project activities, including objectives, descriptions of data obtained, technical methods of data collection and analysis, scoring methodology, and corrective action statements.

Appendix D includes the network adequacy validation study methodology and ALTCS E/PD Contractor results by quarter and county. Appendix E includes the complete text of AHCCCS’ CYE 2019 Network Adequacy Report.

## **Contractors Reviewed**

During the CYE 2019 review cycle, AHCCCS contracted with the Contractors<sup>1-2</sup> listed below to provide services to members enrolled in the AHCCCS ALTCS Medicaid managed care program. Associated abbreviations are included.

- Banner University Family Care—Long Term Care (BUFC-LTC)

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<sup>1-2</sup> Note: Title 42 CFR §438.2 defines “managed care organization (MCO),” in part, as “an entity that has or is seeking to qualify for a comprehensive risk contract.” CMS designates all AHCCCS Contractors as MCOs. Unless citing Title 42 CFR, this report will refer to AHCCCS’ MCOs as Contractors.

- Mercy Care—Long Term Care (MC-LTC)
- UnitedHealthcare Community Plan—Long Term Care (UHCCP-LTC)
- Arizona DES/DDD\*

\*Note: In March 2017, AHCCCS issued a Notice to Cure to DES/DDD citing violations to Contract YH06-0014 related to DES/DDD's process for identification of qualified vendors to provide timely authorized care and services to members, stating that DES/DDD's failure resulted in significant delays in obtaining necessary services for members. In addition, in April 2017, AHCCCS issued a Notice to Cure to DES/DDD citing violations to Contract YH06-0014 related to the failure of DES/DDD's care coordination processes to address delivery of medically necessary care and services to members. In each case, DES/DDD was required to submit a CAP.

From June 28, 2018, to July 3, 2018, AHCCCS' Division of Health Care Management (DHCM) conducted an on-site audit of DES/DDD in response to identified patterns of noncompliance with quality management requirements. The audit findings identified significant noncompliance with AHCCCS contract and policy requirements, immediate concerns regarding members' health and safety, and fundamental concerns about DES/DDD's quality management structure and operations.

In October 2018, AHCCCS issued a Notice to Cure to DES/DDD citing violations to Contract YH06-0014 for critical and substantial failures identified by AHCCCS during the on-site audit by DHCM of DES/DDD's quality management activities. Specifically, DHCM identified quality incident reports (IRs), including medication errors that DES/DDD had not evaluated, triaged using a clinician, or investigated. DHCM found that, not only had these incidents created a substantial backlog, DES/DDD's failure to timely and thoroughly review these incidents placed the health and safety of members at risk. DES/DDD was required to develop an action plan to address the failures and to hire a third-party agency/consultants, with the appropriate clinical expertise and qualifications, to assist the Contractor in completing the identification and resolution of each IR. In addition, DES/DDD was required to perform tracking and trending of all IRs and develop a comprehensive tracking report. Finally, AHCCCS located its quality manager on-site at DES/DDD for 90 days to be directly responsible for the management and oversight of DES/DDD's quality management unit.

## Findings, Conclusions, and Recommendations About the Quality of, Timeliness of, and Access to Care

The following section provides a high-level summary of HSAG's findings and conclusions about the quality of, timeliness of, and access to care provided to AHCCCS members.

### Network Adequacy Validation

Each quarter, each ALTCS E/PD Contractor submits its contracted network and its internal assessment of compliance with the applicable standards to AHCCCS. HSAG's analysis of network adequacy

considered compliance with 12 AHCCCS-established time/distance standards for specific provider types and populations applicable to the ALTCS E/PD Contractors. Quarterly analytic results were assembled for the October 1, 2018, through June 30, 2019, measurement period for all beneficiary coverage areas for each ALTCS E/PD Contractor.

HSAG’s quarterly network adequacy validation (NAV) determined that the Contractors’ provider networks met AHCCCS’ minimum time/distance network requirements. Each of the three ALTCS E/PD Contractors met all applicable minimum network standards during all quarters. Refer to Appendix D for the complete study methodology and ALTCS E/PD Contractor results by quarter and county. Refer to Appendix E for the complete text of AHCCCS’ CYE 2019 Network Adequacy Report.

### Organizational Assessment and Structure Standards

AHCCCS conducted a comprehensive OR for each ALTCS E/PD Contractor during CYE 2019, and monitored the progress of all Contractors in implementing their CAPs. Overall, the strongest performance was in the Corporate Compliance (CC), General Administration (GA), and Reinsurance (RI) standard areas, wherein all ALTCS E/PD Contractors demonstrated compliance (standard area scores of 95 percent or above). Additionally, MC-LTC and UHCCP-LTC achieved full compliance (a standard area score of 100 percent) for five of the standard areas reviewed, and BUFC-LTC achieved full compliance for four standard areas. BUFC-LTC met compliance for seven of the 12 standard areas reviewed, and MC-LTC and UHCCP-LTC met compliance for six standard areas.

Standard areas with greatest opportunity for improvement include Case Management (CM); Adult, Early and Periodic Screening, Diagnostic and Treatment, and Maternal Child Health (MCH); Medical Management (MM); and Quality Management (QM). The ALTCS E/PD Contractors did not meet compliance and incurred the greatest number of CAPs during the CYE 2019 OR for these standard areas.

### Overall Compliance Scores for the CYE 2019 OR Review Cycle

AHCCCS conducted a comprehensive OR for the ALTCS E/PD Contractors in CYE 2019. Table 1-1 details the percentage score for each Contractor for each of the 12 standard areas.

**Table 1-1—ALTCS E/PD Contractors’ Standard Area Scores for the CYE 2019 OR Review Cycle**

Standard Area	BUFC-LTC	MC-LTC	UHCCP-LTC
Case Management (CM)	93%	82%	89%
Corporate Compliance (CC)	100%	100%	100%
Claims and Information Systems (CIS)	99%	98%	98%
Delivery Systems (DS)	87%	89%	90%
General Administration (GA)	100%	100%	100%

Standard Area	BUFC-LTC	MC-LTC	UHCCP-LTC
Grievance Systems (GS)	99%	100%	100%
Adult, Early and Periodic Screening, Diagnostic and Treatment (EPSDT), and Maternal Child Health (MCH)	72%	93%	75%
Medical Management (MM)	94%	94%	90%
Member Information (MI)	97%	100%	93%
Quality Management (QM)	83%	91%	86%
Reinsurance (RI)	100%	100%	100%
Third-Party Liability (TPL)	100%	87%	100%

As indicated in Table 1-1, all Contractors received 100 percent compliance for three standard areas (CC, GA, and RI) and met the 95 percent compliance threshold for two standard areas (CIS and GS). MC-LTC and UHCCP-LTC both received compliance scores of 100 percent for five standard areas, and BUFC-LTC received standard area scores of 100 percent for four standard areas. BUFC-LTC met the 95 percent compliance threshold on three standard areas, and MC-LTC and UHCCP-LTC both met the 95 percent threshold on one standard area. MC-LTC and UHCCP-LTC both received compliance scores below the 95 percent thresholds for six standard areas, and BUFC-LTC received compliance scores below the 95 percent thresholds for five standard areas.

Table 1-2 summarizes outcomes of the reviews conducted by AHCCCS related to the three Contractors' scores in the 12 standard areas. The table details the number, if any, of standards (within each standard area reviewed) with assigned corrective actions for each Contractor, as well as the total number of standards with assigned corrective actions for all three Contractors.

**Table 1-2—CAP Summary per Standard Area by Contractor**

Standard Area	BUFC-LTC	MC-LTC	UHCCP-LTC	Total Standards With Required Corrective Actions
Case Management	7	12	8	27
Corporate Compliance	0	0	0	0
Claims and Information Systems	1	1	1	3
Delivery Systems	4	4	2	10
General Administration	0	0	0	0

Standard Area	BUFC-LTC	MC-LTC	UHCCP-LTC	Total Standards With Required Corrective Actions
Grievance Systems	1	0	0	1
Adult, EPSDT, and Maternal Child Health	11	4	8	23
Medical Management	6	5	8	19
Member Information	1	0	2	3
Quality Management	11	8	10	29
Reinsurance	0	0	0	0
Third-Party Liability	0	1	0	1
<b>Total</b>	<b>42</b>	<b>35</b>	<b>39</b>	<b>116</b>

Table 1-2 details that, overall, there were 116 standards in which AHCCCS required the three Contractors to complete CAPs. Standard areas with the greatest opportunity for improvement, based on the number of standards with required CAPs, were CM, DS, MCH, MM, and QM. However, of the 27 standards in the CM standard area that AHCCCS assigned CAPs to, MC-LTC was required to complete 12.

### Overall Strengths

All ALTCS E/PD Contractors received full compliance (100 percent) standard area scores in the CC, GA, and RI standards. All Contractors scored at or above the 95 percent compliance threshold for the CIS and GS standards. For the MI and TPL standards, only one Contractor scored below the 95 percent compliance threshold.

### Overall Opportunities for Improvement and Recommendations

Contractors had the lowest performance in five standard areas (CM, DS, MCH, MM, and QM), as more than one Contractor scored below the 95 percent compliance threshold. The standard areas for which all three Contractors scored below the 95 percent compliance threshold were CM, DS, MCH, MM, and QM (three Contractors). Notably, the QM standard had the greatest number of standards in which scores were below the 95 percent threshold for all three Contractors. However, it is important to note that AHCCCS made extensive changes within its CYE 2019 Contract and Policy revision efforts specific to quality management and quality improvement. As a result of the policy changes, the QM standard area (inclusive of the quality management and quality improvement standards) underwent extensive review and revisions just prior to the CYE 2019 OR review cycle.

Based on the results from the CYE 2019 OR, HSAG makes the following general recommendations to ALTCS E/PD Contractors regarding ORs:

- Contractors should continue to conduct internal reviews of operational systems to identify barriers that affect compliance with AHCCCS standards, State rules, and federal regulations. Specifically, Contractors should cross-reference existing policies, procedures, and information distributed to providers, subcontractors, and members with AHCCCS requirements and ensure, at a minimum, alignment with both the intent and content of AHCCCS standards, State rules, and federal regulations.
- Contractors should continue to regularly monitor and ensure that updates are made to contracts with providers and that policy manual updates from AHCCCS are also included when issued in Contractors' policies, procedures, and manuals (if impacted by the updates). Contractors should also continue to ensure that communications to all areas directly and indirectly impacted by these updates (including Contractor staff members, providers, subcontractors, and members) are provided and documented. In addition, Contractors should continue to assess current monitoring processes and activities to identify strengths and opportunities for improvement within operational processes and implement periodic assessments of those standards reviewed by AHCCCS for which Contractors are found deficient.
- Contractors should continue to apply lessons learned from improving performance for one category of standards to other categories.

Based on AHCCCS' review of the ALTCS E/PD Contractors' performance in the comprehensive OR in CYE 2019, HSAG recommends the following:

- AHCCCS should consider implementing periodic assessments of those standards for which all Contractors did not meet the 95 percent threshold and providing technical assistance to all Contractors on identified areas of deficiency.
- AHCCCS should consider holding technical assistance meetings with Contractors that scored lowest in the ALTCS E/PD OR standards.
- AHCCCS should consider using the quarterly meetings with Contractors as forums in which to share lessons learned from both the State and Contractor perspectives. AHCCCS should present identified best practices on the ALTCS E/PD Contractors' predominant issues and facilitate a group discussion on Contractors' policies and procedures.

## **Performance Measures**

### **Aggregate Results for CYE 2018**

AHCCCS collected data and reported Contractor performance for a set of performance measures for the CYE 2018 measurement period. The following tables display the performance measure rates with established minimum performance standards (MPS). An MPS had not been established for all reported performance measure rates. Contractor-specific results for performance measures with an MPS are

included in Section 8, with additional performance measures (i.e., without an established MPS) included in Appendix B of this report.

Throughout the report, references to “significant” changes in performance indicate statistically significant differences between performance from CYE 2017 to CYE 2018. The threshold for a significant result is traditionally reached when the *p* value is  $\leq 0.05$ .

**Findings**

Table 1-3 and Table 1-4 present the CYE 2017 and CYE 2018 aggregate performance measure results with an MPS for the ALTCS E/PD Contractors and DES/DDD. Of note, the ALTCS E/PD aggregate rates include all members who met the enrollment criteria within the ALTCS E/PD line of business. The tables display the following information: CYE 2017 performance; CYE 2018 performance; the relative percentage change between CYE 2017 and CYE 2018 rates; the significance of the relative percentage change, where available; and the AHCCCS MPS. Performance measure rate cells shaded green indicate that aggregate performance met or exceeded the CYE 2018 MPS established by AHCCCS. Of note, measures for which lower rates suggest better performance are indicated by an asterisk (\*). For these measures, rates that fall at or below the established MPS are shaded green.

**Table 1-3—CYE 2017 and CYE 2018 Aggregate Performance Measure Results—ALTCS E/PD Contractors**

Performance Measure	CYE 2017 Performance	CYE 2018 Performance	Relative Percentage Change	Significance Level ( <i>p</i> value) <sup>1</sup>	MPS
<b>Behavioral Health</b>					
<i>Follow-Up After Hospitalization for Mental Illness</i>					
<i>7-Day Follow-Up</i>	30.3%	34.6%	14.2%	P=0.415	85.0%
<i>30-Day Follow-Up</i>	51.0%	52.4%	2.7%	P=0.810	95.0%
<b>Utilization</b>					
<i>Ambulatory Care (per 1,000 Member Months)</i>					
<i>ED Visits—Total*</i>	66.7	69.9	4.8%	—	80.0

\* A lower rate indicates better performance for this measure; therefore, an increase in the rate indicates a decline in performance.

<sup>1</sup> Significance levels (*p* values) noted in the table were calculated by AHCCCS and demonstrate whether the differences in performance between CYE 2017 and CYE 2018 were statistically significant. The threshold for a result being considered statistically significant is traditionally reached when the *p* value is  $\leq 0.05$ . Significance levels (*p* values) in bold font indicate statistically significant values.

— Indicates that a comparison of performance between CYE 2017 and CYE 2018 was not possible or appropriate.

 Cells shaded green indicate that the rate met or exceeded the CYE 2018 MPS established by AHCCCS.

**Table 1-4—CYE 2017 and CYE 2018 Performance Measure Results—DES/DDD**

Performance Measure	CYE 2017 Performance	CYE 2018 Performance	Relative Percentage Change	Significance Level (p value) <sup>1</sup>	MPS
<b>Access to Care</b>					
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Total	85.8%	87.3%	1.8%	<b>P&lt;0.001</b>	75.0%
<i>Annual Dental Visits</i>					
2–20 Years	56.5%	56.9%	0.7%	P=0.444	60.0%
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
12–24 Months	96.2%	100.0%	4.0%	P=0.238	93.0%
25 Months–6 Years	89.2%	87.4%	-2.0%	<b>P=0.030</b>	84.0%
7–11 Years	92.1%	92.2%	0.1%	P=0.918	83.0%
12–19 Years	89.6%	89.8%	0.2%	P=0.677	82.0%
<b>Pediatric Health</b>					
<i>Adolescent Well-Care Visits</i>					
Adolescent Well-Care Visits	43.4%	45.8%	5.5%	<b>P=0.001</b>	41.0%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	53.4%	55.2%	3.4%	P=0.154	66.0%
<b>Preventive Screening</b>					
<i>Breast Cancer Screening</i>					
Breast Cancer Screening	45.9%	45.1%	-1.7%	P=0.698	50.0%
<i>Cervical Cancer Screening</i>					
Cervical Cancer Screening	16.6%	16.3%	-1.8%	P=0.711	64.0%
<b>Utilization</b>					
<i>Ambulatory Care (per 1,000 Member Months)</i>					
ED Visits—Total*	39.1	44.0	12.8%	—	43.0

\* A lower rate indicates better performance for this measure; therefore, an increase in the rate indicates a decline in performance.

<sup>1</sup> Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrate whether the differences in performance between CYE 2017 and CYE 2018 were statistically significant. The threshold for a result being considered statistically significant is traditionally reached when the p value is ≤0.05. Significance levels (p values) in bold font indicate statistically significant values.

— Indicates that a comparison of performance between CYE 2017 and CYE 2018 was not possible or appropriate.

Cells shaded green indicate that the rate met or exceeded the CYE 2018 MPS established by AHCCCS.

## Conclusions

Compared to the CYE 2018 MPS, the ALTCS E/PD Contractors' aggregate performance in the **quality**, **access**, and **timeliness** areas indicated opportunities for improvement as both *Follow-Up After Hospitalization for Mental Illness* measure indicator rates fell below the MPS.

Performance for DES/DDD within the **quality** area indicated opportunities for improvement, with three of four (75.0 percent) measure rates (*Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; Breast Cancer Screening; and Cervical Cancer Screening*) falling below the MPS. *Adolescent Well-Care Visits* was the only performance measure rate within the **quality** area that exceeded the MPS for DES/DDD.

DES/DDD demonstrated positive performance in the **access** area, exceeding the MPS for five of six (83.3 percent) performance measure rates (*Adults' Access to Preventive/Ambulatory Health Services* and all four *Children and Adolescents' Access to Primary Care Practitioners* indicators).

Additionally, the ALTCS E/PD Contractors' aggregate and DES/DDD's performance measure rates in the Utilization domain (*Ambulatory Care [per 1,000 Member Months]*) should be monitored for informational purposes.

Please see Table B-1 in Appendix B for more information about the assignment of performance measures with an MPS to the Quality, Timeliness, and Access areas.

## Recommendations

HSAG recommends that AHCCCS work with the ALTCS E/PD Contractors to increase rates for both measure indicators in the Behavioral Health domain that failed to meet the CYE 2018 MPS. AHCCCS and the ALTCS E/PD Contractors should conduct root cause analyses for the low rates of follow-up visits after hospitalization for mental illness to determine the nature and scope of the issue (e.g., barriers to care, lack of continuity of care, transportation issues, ineffective communication). Effective transition of care programs have been shown to reduce readmissions and exacerbation of symptoms related to mental illness by engaging the patient and family members (e.g., structured discharge checklist for accountability, awareness of red flags), establishing clear transition and care plans (e.g., follow-up appointments scheduled prior to discharge), utilizing transition coaches and providers (e.g., visits and phone calls to review illness management and questions), and ensuring effective provider communication (e.g., healthcare professionals' understanding of transition and care plan).<sup>1-3</sup> After the key factors related to the low rates are identified, AHCCCS and the ALTCS E/PD Contractors should work with providers and members to establish potential performance improvement strategies and solutions to increase follow-up visits and improve member transitions of care.

Additionally, HSAG recommends that AHCCCS work with DES/DDD to increase preventive screenings for women. To understand the cause of the low rates, AHCCCS and DES/DDD should examine potential barriers to women receiving breast cancer and cervical cancer screenings (e.g., provider misconceptions, lack of education, member anxiety) and implement multicomponent interventions to reduce structural barriers. Evidence suggests multicomponent interventions lead to greater effects when they combine strategies to increase community demand for, and access to, cancer

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<sup>1-3</sup> Viggiano T, Pincus HA, and Crystal S. Care Transition Interventions in Mental Health. *Current Opinion in Psychiatry*. Vol. 25. No. 6. Nov. 2012.

screening.<sup>1-4,1-5</sup> AHCCCS and DES/DDD should ensure that members receive screenings in accordance with the United States (U.S.) Preventive Services Task Force (USPSTF) screening recommendations for breast cancer and cervical cancer.<sup>1-6,1-7</sup>

## Performance Improvement Projects

In CYE 2015, AHCCCS implemented the *E-Prescribing* PIP for all lines of business. The baseline year for this PIP was CYE 2014. The subsequent year was an “Intervention” year in which each Contractor implemented strategies and interventions to improve performance. AHCCCS conducted annual measurements to evaluate Contractor performance, with the first remeasurement reflective of CYE 2016 and the second reflective of CYE 2017. As of CYE 2017, AHCCCS considers the *E-Prescribing* PIP closed for the ALTCS Contractors.

AHCCCS implemented the *Developmental Screening* PIP for the AHCCCS Complete Care (ACC), Comprehensive Medical and Dental Program (CMDP), and the DES/DDD lines of business. Early identification of developmental delays is important when providing effective interventions. During well-child visits, pediatricians look for potential concerns using both developmental surveillance and discussions with parents about their concerns. If any issues are noted, pediatricians should follow through with a developmental screening. Thus, AHCCCS has approved developmental screening tools that should be utilized for developmental screenings by all participating primary care physicians who care for EPSDT-age members.

The purpose of the *Developmental Screening* PIP is to increase the number of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday. AHCCCS’ goal is to demonstrate a statistically significant increase in the number and percentage of children receiving a developmental screening, followed by sustained improvement for one year.

The baseline year for this PIP was CYE 2016. The subsequent year was an “Intervention” year in which each Contractor implemented strategies and interventions to improve performance. AHCCCS conducted annual measurements to evaluate Contractor performance, with the first remeasurement reflective of CYE 2018.

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<sup>1-4</sup> The Community Guide. *Cancer Screening: Multicomponent Interventions—Cervical Cancer*. Available at: <https://www.thecommunityguide.org/findings/cancer-screening-multicomponent-interventions-cervical-cancer>. Accessed on: Mar. 12, 2020.

<sup>1-5</sup> The Community Guide. *Cancer Screening: Multicomponent Interventions—Breast Cancer*. Available at: <https://www.thecommunityguide.org/findings/cancer-screening-multicomponent-interventions-breast-cancer>. Accessed on: Mar. 12, 2020.

<sup>1-6</sup> U.S. Preventive Services Task Force. *Breast Cancer: Screening*. Available at: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening>. Accessed on: Mar. 12, 2020

<sup>1-7</sup> U.S. Preventive Services Task Force. *Cervical Cancer: Screening*. Available at: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>. Accessed on: Mar. 12, 2020.

AHCCCS considered that a Contractor demonstrated improvement when it achieved one of the following:

- Met or exceeded the AHCCCS overall average for the baseline measurement if the baseline rate was below the average and the increase was statistically significant.
- Demonstrated a statistically significant increase if its baseline rate was at or above the AHCCCS overall average for the baseline measurement.
- Was the highest-performing plan in any remeasurement and maintained or improved its rate in a successive measurement.

AHCCCS considered that a Contractor demonstrated sustained improvement when it achieved one of the following:

- Demonstrated how the improvement could be reasonably attributable to interventions undertaken by the organization (i.e., improvement occurred due to the project and its interventions, rather than an unrelated reason).
- Maintained or increased improvements in performance for at least one year after those improvements were first achieved.

Although DES/DDD increased its rate of children receiving a developmental screening, DES/DDD did not demonstrate significant improvement from baseline to Remeasurement Year 1.

## Overall Assessment of Progress in Meeting EQRO Recommendations

During previous years, HSAG made recommendations in the annual reports for each activity conducted. Table 1-5 is a summary of the follow-up actions per activity that AHCCCS completed in response to HSAG’s recommendations during State fiscal year (SFY) 2017–2018. Some of the Contractors have included rates in their responses to the recommendations. Please note that AHCCCS has not approved or validated these rates.

**Table 1-5—HSAG Recommendations With AHCCCS Responses to HSAG Recommendations**

HSAG Recommendation	AHCCCS Activities
<b>Operational Review</b>	
<p>AHCCCS should consider distributing technical assistance documents to all Contractors and holding in-person meetings with Contractors that scored lowest in the ALTCS OR standards, including guidance on how to complete a CAP.</p>	<p>Scores can change drastically each OR cycle based upon changes made in the tool related to review criteria. However, AHCCCS does offer Technical Assistance for each individual standard that does not meet the criteria. The MCO may request Technical Assistance or AHCCCS may offer based upon outcomes of the OR score.</p>

HSAG Recommendation	AHCCCS Activities
<p>AHCCCS should consider using the quarterly meetings with Contractors as forums in which to share lessons learned from both the State and Contractor perspectives. AHCCCS should present identified best practices on the predominant issues for ALTCS Contractors’ issues and facilitate a group discussion on Contractors’ policies and procedures. In addition, AHCCCS should consider conducting a root cause analysis with the Contractors to determine why Contractors continue to have difficulty complying with specific standards.</p>	<p>AHCCCS has a variety of venues to share lessons learned with Contractors. OR lessons learned are often discussed at each Contractor's Exit Interview when the OR is completed.</p>
<p><b>Performance Measures</b></p>	
<p>HSAG recommends that AHCCCS work with the ALTCS Contractors to increase rates for the behavioral health performance measure that failed to meet the CYE 2017 MPS. AHCCCS and the ALTCS Contractors should conduct root cause analyses for the low rates of follow-up visits after hospitalization for mental illness to determine the nature and scope of the issue (e.g., barriers to care, lack of continuity of care, transportation issues, ineffective communication). Effective transition of care programs have been shown to reduce readmissions and exacerbation of symptoms related to mental illness by engaging the patient and family members (e.g., structured discharge checklist for accountability, awareness of red flags), establishing clear transition and care plans (e.g., follow-up appointments scheduled prior to discharge), utilizing transition coaches and providers (e.g., visits and phone calls to review illness management and questions), and ensuring effective provider communication (e.g., healthcare professionals’ understanding of transition and care plan). After the key factors related to the low rates are identified, AHCCCS and the ALTCS Contractors should work with providers and members to establish potential performance improvement strategies and solutions to increase</p>	<p>AHCCCS Contractors not meeting the MPS set forth in the Contract for CYE 2017 Performance Measures were required to submit a proposed CAP for AHCCCS review and approval. This included the <i>Follow-Up After Hospitalization for Mental Illness</i> measure. Contractors are required to conduct root cause analyses as part of its CAP proposal and implement interventions that are aimed at addressing the identified barriers.</p>

HSAG Recommendation	AHCCCS Activities
follow-up visits and improve member transitions of care.	
<p>HSAG recommends that AHCCCS work with DES/DDD to increase preventive screenings for women. To understand the cause of the low rates, AHCCCS and DES/DDD should examine potential barriers (e.g., provider misconceptions, lack of education, member anxiety) to women receiving breast cancer, cervical cancer, and chlamydia screenings. Once the causes are identified, AHCCCS and DES/DDD should ensure that members receive screenings in accordance with USPSTF screening recommendations for breast cancer, cervical cancer, and chlamydia in women.</p>	<p>AHCCCS Contractors not meeting the MPS set forth in the Contract for CYE 2017 Performance Measures were required to submit a proposed CAP for AHCCCS review and approval. This included <i>Breast Cancer Screening</i>, <i>Cervical Cancer Screening</i>, and <i>Chlamydia Screening</i> measures. Contractors are required to conduct root cause analyses as part of its CAP proposal and implement interventions that are aimed at addressing the identified barriers.</p>
<b>Performance Improvement Projects</b>	
<p>HSAG recommends that AHCCCS continue to encourage the collaboration among Contractors in the e-prescribing workgroup to improve these indicators.</p>	<p>Contractors demonstrate sustained improvement when they maintain, or increase, improvements in performance for at least one year after the improvement is first achieved. CYE 2017 reflected Remeasurement Year 2 data for all lines of business, with the exception of the Regional Behavioral Health Authorities (RBHAs) Contractors. Based on the CYE 2017 Rates, AHCCCS considered the <i>E-Prescribing</i> PIP closed for all Contractors with the exception of the before mentioned RBHAs. Therefore, this workgroup did not occur during CYE 2019.</p>

Table 1-6 presents a summary of the follow-up actions per activity that MC-LTC and UHCCP-LTC reported completing in response to HSAG’s recommendations included in the CYE 2018 ALTCS Technical Report. BUFC-LTC was not an ALTCS Contractor during the time the recommendations were applicable. AHCCCS did not require Bridgeway Health Solutions (BWY) to submit follow-up actions due to the close out of the Contractor, and DES/DDD was granted an extension to submit follow-up actions resulting in the receipt of the documents occurring outside of the review cycle for this annual report.

To note, all activities specific to the CYE 2016 OR and the *E-Prescribing* PIP for the ALTCS line of business were completed.

Additionally, the text located after each HSAG recommendation box was submitted by the Contractor. (HSAG only completed minor edits where it was appropriate.)

**Table 1-6—MC-LTC’s Responses to HSAG’s Follow-Up Recommendations**

MC-LTC
<b>Performance Measures</b>
<p><b>HSAG Recommendation:</b> Following a member’s discharge from an inpatient admission, Contractors should perform a follow-up call with that member within three days to address any questions or concerns and to discuss progress of the care plan. The ALTCS Contractors should ensure that these follow-up calls are being conducted and confirm during each call that the member has a follow-up visit scheduled with a mental health practitioner and access to necessary community resources.</p>
<p>MC-LTC implemented new interventions during CYE 2019, including the following:</p> <ul style="list-style-type: none"> <li>• Elected to utilize it for our self-selected PIP topic.</li> <li>• Implemented interventions aimed at addressing the identified barriers.</li> </ul> <p>Additionally, MC-LTC is implementing interventions that are carrying over into CYE 2020. The MC-LTC team has twice weekly Institution for Mental Disease (IMD) meetings where treatment and discharge planning are discussed. The LTC case manager and the IMD staff are instructed to arrange a post-discharge appointment within seven calendar days of discharge. Members discharge from the IMD with a follow-up appointment in hand. The LTC case manager follows up with the member to ensure that the member attends the appointment.</p> <p>MC-LTC will continue to monitor the <i>Follow-Up After Hospitalization for Mental Illness</i> measure rates quarterly for statistically significant changes. As needed, MC-LTC will apply the Plan-Do-Study-Act (PDSA) model to assess the need to modify existing interventions or implement new interventions.</p>
<b>Performance Improvement Projects</b>
<p><b>HSAG Recommendation:</b></p> <ul style="list-style-type: none"> <li>• HSAG recommends that MC-LTC conduct a current barrier analysis to determine what interventions might be prioritized to increase performance in both indicators.</li> <li>• HSAG recommends that MC-LTC request a meeting with AHCCCS to reconcile the PIP indicator data.</li> </ul>
<p>Although MC’s performance was below the AHCCCS aggregate, MC was successful in achieving the goal of increasing the number of prescribers electronically prescribing prescriptions and of increasing the percentage of prescriptions which are submitted electronically in order to improve patient safety. Improvements are evidenced in both the AHCCCS calculated data and the MC internal calculations.</p>

**Table 1-7—UHCCP-LTC’s Responses to HSAG’s Follow-Up Recommendations**

UHCCP-LTC
<b>Operational Reviews</b>
<p><b>HSAG Recommendation:</b> Contractors should continue to conduct internal reviews of operational systems to identify barriers that affect compliance with AHCCCS standards, State rules, and federal regulations. Specifically, Contractors should cross-reference existing policies, procedures, and information distributed to providers, subcontractors, and members with AHCCCS requirements and ensure, at a minimum, alignment with both the intent and content of AHCCCS standards, State rules, and federal regulations.</p>
<p>UHCCP-LTC adopts policies as needed and reviews said policies and procedures annually or as often as business or regulatory requirements dictate. UHCCP policies and procedures are instrumental in translating the laws and regulations as well as the company’s strategies, mission, and values into documented guidelines for management and staff to follow and act upon.</p>
<p><b>HSAG Recommendation:</b> Contractors should continue to regularly monitor and ensure that updates are made to contracts with providers and that policy manual updates from AHCCCS are also included when issued in Contractors’ policies, procedures, and manuals (if impacted by the updates). Contractors should also continue to ensure that communications to all areas directly and indirectly impacted by these updates (including Contractor staff members, providers, subcontractors, and members) are provided and documented. In addition, Contractors should continue to assess current monitoring processes and activities to identify strengths and opportunities for improvement within operational processes and implement periodic assessments of those standards reviewed by AHCCCS for which Contractors are found deficient.</p>
<p>UHCCP-LTC presents new and substantially revised policies and procedures to the Policy Committee. The Policy Committee recommends approval or denial to Contractor management. If approved by Contractor management, the Policy Committee finalizes approval of the policy and procedure. Policies and procedures are reviewed annually or as often as business needs or regulatory requirements dictate. The Policy Committee is comprised of a cross-functional team designated to provide oversight and to ensure that communication to all areas directly and indirectly impacted by these updates is provided and documented. Policies are then converted to Portable Document Format (PDF) and uploaded to the UHCCP HEART SharePoint, where they can be accessible.</p>
<p><b>HSAG Recommendation:</b> Contractors should continue to apply lessons learned from improving performance for one category of standards to other categories. Further, Contractors should continue to use opportunities to address and discuss issues identified during ORs.</p>
<p>The UHCCP Quality Management Committee is responsible for reviewing the findings from the AHCCCS OR and for overseeing the internal corrective actions led by the subject matter experts (SMEs) to address deficiencies. Oversight includes discussion and review of best practices as noted in previous ORs as a means to correct policies, procedures, and practices to address deficient standards.</p>

UHCCP-LTC
Performance Measures
<p><b>HSAG Recommendation:</b></p> <ul style="list-style-type: none"> <li>• ALTCS Contractors should conduct root cause analyses for the low rates of follow-up visits after hospitalization for mental illness to determine the nature and scope of the issue (e.g., barriers to care, lack of continuity of care, transportation issues, ineffective communication).</li> <li>• ALTCS Contractors should work with providers and members to establish potential performance improvement strategies and solutions to increase follow-up visits and improve member transitions of care.</li> </ul>
<p>UHCCP-LTC conducted a root cause analysis in CYE 2018 and identified the following factors negatively impacting the performance measure:</p> <ul style="list-style-type: none"> <li>• Long-term care (LTC) members discharged from an acute inpatient facility with a primary discharge diagnosis of “mental illness” are not referred directly to a mental health practitioner unless the discharge orders indicate that the members need further evaluation or treatment. Rather, when the case manager completes the post-hospital assessment (PHA) the member is referred to the assigned primary care physician for follow-up medical services and to coordinate care.</li> <li>• Often, medical conditions or admissions to hospitals may exacerbate mental health conditions, but the underlying issue of a member’s admission to a hospital may stem from medical etiology.</li> <li>• Members refuse a referral for behavioral health services (if they are not already established), preferring to seek treatment from their primary care physician or other specialty provider.</li> <li>• Technical specifications do not allow for an outpatient service by a mental health practitioner on the same day of the discharge from the acute inpatient facility.</li> <li>• Due to a change in the National Committee for Quality Assurance (NCQA) technical specifications for this measure, members are no longer considered compliant if the visit by a behavioral health professional occurred on the same day as discharge. National NCQA Healthcare Effectiveness Data and Information Set (HEDIS®)<sup>1-8</sup> rates as well as UHCCP rates dropped significantly as a result in this change in technical specification.</li> </ul>
<p><b>HSAG Recommendation:</b> Following a member’s discharge from an inpatient admission, Contractors should perform a follow-up call with that member within three days to address any questions or concerns and to discuss progress of the care plan. The ALTCS Contractors should ensure that these follow-up calls are being conducted and confirm during each call that the member has a follow-up visit scheduled with a mental health practitioner and access to necessary community resources.</p>
<p>During CYE 2018 and into CYE 2019, UHCCP-LTC implemented the following activities in order to improve the <i>Follow-Up After Hospitalization for Mental Illness</i> measure (including performing a follow-up call with the member):</p>

<sup>1-8</sup> HEDIS® is a registered trademark of NCQA.

**UHCCP-LTC**

- Updated the PHA instructions to expand upon a question in which the case manager asks the member “other reason that caused the member to be hospitalized” to include a question or discussion if the member had been discharged from an acute inpatient facility with a principle diagnosis of mental illness. If the answer is “yes,” the case manager refers the member to a mental health practitioner and documents their response. All case managers were trained on the PHA instructions by the LTC management team as well as ensuring the member is referred to a behavioral health professional and this training occurred in August 2018 and new hire training has incorporated this practice and continues today.
- Include, in its oversight process, the PHA visit within two days of notification with follow-up with a member that had a principle diagnosis of mental illness upon discharge from an acute inpatient facility to ensure the member had a follow-up outpatient visit with a mental health practitioner. The case manager will document referrals and, if applicable, refusal reasons in the member record. The intervention began in August 2018 and is continuing.

**HSAG Recommendation:** Although the *Plan All-Cause Readmissions* performance measure rates are considered an area of strength, the rates for all three Contractors and the ALTCS aggregate declined significantly from CYE 2016 to CYE 2017. Despite the high performance for this measure, the Contractors should assess the cause of this decline to ensure that performance stays above the MPS in future years.

UHCCP’s *Plan All-Cause Readmissions* measure rate for CYE 2017, as reported by AHCCCS, was 12.2 percent. This rate was below the AHCCCS MPS of 17 percent and below the statewide aggregate rate of 15.9 percent. UHCCP generates an internal report on the LTC performance measures and assesses the plan’s performance on each performance measure monthly. In the event UHCCP does not exceed the MPS, an internal CAP is brought forth to the UHCCP Quality Management Committee for review and approval. UHCCP will continue this internal monitoring to ensure the health plan continues to exceed the MPS.

**Performance Improvement Projects**

**HSAG Recommendation:** Contractors are encouraged to monitor the progress of the PIP interventions employed to increase providers prescribing electronically and prescriptions sent electronically, then adjust interventions as needed to ensure that the rates continue to increase by statistically significant amounts during the second remeasurement period.

During CYE 2019, UHCCP-LTC continued to monitor the e-prescribing rates of providers.

Arizona Health Care Cost Containment System



**Contract Year Ending 2019**  
**External Quality Review Annual Report**  
*for*  
**Regional Behavioral Health Authorities**

*July 2020*



### Overview of the Contract Year Ending (CYE) 2019 External Review

The Code of Federal Regulations (CFR) at 42 CFR §438.3641<sup>1-1</sup> requires that states use an external quality review organization (EQRO) to prepare an annual technical report that describes how data from activities conducted for Medicaid managed care organizations (MCOs), in accordance with the CFR, were aggregated and analyzed. The annual technical report draws conclusions about the quality of, timeliness of, and access to healthcare services that MCOs provide.

According to 42 CFR, Part 438 Subpart E, External Quality Review, §438.358(b) and (c), the three mandatory activities for each MCO, prepaid inpatient health plan (PIHP), and prepaid ambulatory health plan (PAHP) are:

- Validation of performance improvement projects (PIPs).
- Validation of performance measures (PMs) required in accordance with §438.330(b)(2).
- A review conducted within the previous three-year period to determine the MCO's, PIHP's, or PAHP's compliance with the standards set forth in Subpart D of §438.

For contracts starting on or after July 1, 2018, and no later than one year from the issuance of the revised external quality review (EQR) protocol, according to requirements set forth in §438.68, the Centers for Medicare & Medicaid Services (CMS) has established validation of MCO, PIHP, or PAHP network adequacy as a mandatory activity.

In accordance with the 42 CFR §438.358(a), the state; its agent that is not an MCO, PIHP, PAHP, or primary care case management (PCCM) entity (described in §438.310[c][2]); or an EQRO may perform the mandatory and optional EQR-related activities.

As permitted by CMS and incorporated under federal regulation at 42 CFR Part 438, Arizona Health Care Cost Containment System (AHCCCS) elected to retain responsibility for performing the four EQR mandatory activities described in 42 CFR §438.358 (b). AHCCCS prepared Contractor-specific reports of findings related to each of the activities, and, as applicable, required Contractors to prepare and submit their proposed corrective action plans (CAPs) to AHCCCS for review and approval.

AHCCCS contracted with Health Services Advisory Group, Inc. (HSAG) as its CMS-required EQRO to prepare this annual EQR technical report. This report presents AHCCCS' findings from conducting each activity as well as HSAG's analysis and assessment of the reported results for each Contractor's performance and, as applicable, recommendations to improve Contractors' performance.

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<sup>1-1</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Federal Register* Vol. 81, No. 88/Friday, May 6, 2016, Rules and Regulations, p. 27886. 42 CFR §438.364 Medicaid Program; External Quality Review, Final Rule.

HSAG is an EQRO that meets the competence and independence requirements set forth in 42 CFR §438.354. HSAG has extensive experience and expertise in both conducting the mandatory activities and in analyzing information obtained from AHCCCS' reviews of the activities. Accordingly, HSAG uses the information and data to draw conclusions and make recommendations about the quality and timeliness of, and access to care and services that AHCCCS' Contractors provide.

To meet the requirements set forth in 42 CFR §438.364, as the EQRO, HSAG used information obtained from AHCCCS to prepare and provide a detailed annual technical report. The report summarizes findings on the quality of, timeliness of, and access to healthcare services, and includes the following:

- A description of the manner in which the data from all activities conducted were aggregated and analyzed.
- For each EQR-related activity conducted:
  - Objectives.
  - Technical method of data collection and analysis.
  - Description of the data obtained.
  - Conclusions drawn from the data.
- An assessment of each Contractor's strengths and weaknesses.
- Recommendations for improving the quality of care furnished by each Contractor including how the State can target goals and objectives in the quality strategy, under 42 CFR §438.340, to better support improvement in the quality, timeliness, and access to healthcare services furnished to Medicaid members.
- Methodologically appropriate comparative information about all Contractors (described in §438.310[c][2]), consistent with guidance included in the EQR protocols.
- An assessment of the degree to which each Contractor has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR.

HSAG has prepared the annual technical report for AHCCCS for 15 consecutive years. The report complies with all requirements set forth at 42 CFR §438.364.

This executive summary includes an overview of AHCCCS' EQR activities as provided to HSAG and a high-level summary of the results. The results include a description of HSAG's findings with respect to performance by the AHCCCS Contractors in complying with the AHCCCS contract requirements and the applicable federal 42 CFR §438 requirements for each activity. In addition, this executive summary includes an assessment of each Contractor's strengths and weaknesses related to the quality and timeliness of, and access to, healthcare services and HSAG's recommendations for improving the quality of services.

Additional sections of this annual EQR technical report include the following:

- Introduction to the Annual Technical Report: An introduction to the annual technical report, including a description of the EQR mandatory activities.

- **Overview of the Arizona Health Care Cost Containment System:** An overview of AHCCCS' background including the Medicaid managed care history, AHCCCS' strategic plan with key accomplishments for CYE 2019, AHCCCS' quality strategy, and waivers and legislative changes impacting AHCCCS' Medicaid programs.
- **Quality Initiatives:** An overview of AHCCCS' statewide quality initiatives across its Medicaid managed care program and those that are specific to the behavioral health program for CYE 2019.
- **Contractor Best and Emerging Practices:** An overview of the Contractors' best and emerging practices for CYE 2019.
- **Network Adequacy Update:** A presentation of results for the network adequacy validation (NAV) and analysis conducted 2019 and HSAG's associated findings.
- **Organizational Assessment and Structure Performance:** An overview of the operational review (OR) activities conducted in CYE 2019 and HSAG's associated findings and recommendations.

Please see Appendix A for an overview of the AHCCCS methodology for the operational review activities, including objectives, descriptions of data obtained, technical methods of data collection and analysis, scoring methodology, and corrective action statements.

Appendix B includes the network adequacy validation study methodology and Regional Behavioral Health Authority (RBHA) Contractor results by quarter and county. Appendix C includes the complete text of AHCCCS' CYE 2019 Network Adequacy Report.

### **Contractors Reviewed**

During the CYE 2019 review cycle, AHCCCS contracted with the Contractors<sup>1-2</sup> listed below to provide services to members enrolled in the AHCCCS Regional Behavioral Health Authorities

- AzCH-RBHA
- MC-RBHA
- SHCA-RBHA

## **Findings, Conclusions, and Recommendations About the Quality of, Timeliness of, and Access to Care**

The following section provides a high-level summary of HSAG's findings and conclusions about the quality of, timeliness of, and access to care provided to AHCCCS members.

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<sup>1-2</sup> Note: Title 42 CFR §438.2 defines "managed care organization (MCO)," in part, as "an entity that has or is seeking to qualify for a comprehensive risk contract." CMS designates all AHCCCS Contractors as MCOs. Unless citing Title 42 CFR, this report will refer to AHCCCS' MCOs as Contractors.

## ***Network Adequacy Validation***

Each quarter, each RBHA Contractor submits its contracted network and its internal assessment of compliance with the applicable standards to AHCCCS. HSAG's analysis of network adequacy considered compliance with 12 AHCCCS-established time/distance standards for specific provider types and populations applicable to the RBHA Contractors. Quarterly analytic results were assembled for the October 1, 2018, through June 30, 2019, measurement period for all beneficiary coverage areas for each RBHA Contractor.

HSAG's quarterly Network Adequacy Validation (NAV) determined that the Contractors' provider networks generally met AHCCCS' minimum time/distance network requirements. Each of the three RBHA Contractors met all applicable minimum network standards during Quarter 3. MC-RBHA and SHCA-RBHA met all applicable standards during all quarters. RBHA Contractors met all minimum time/distance network standards during each quarter in all counties except Greenlee and La Paz. Refer to Appendix B for the complete study methodology and RBHA Contractor results by quarter and county. Refer to Appendix C for the complete text of AHCCCS' CYE 2019 Network Adequacy Report.

## ***Organizational Assessment and Structure Standards***

ORs were not conducted in CYE 2019 for the RBHA Contractors. Results for ORs conducted in CYE 2020 will be included in the CYE 2020 annual technical reports.

## ***Performance Measures and Performance Improvement Projects***

For more information on the CYE 2018 performance measures and PIPs, please refer to the CYE 2019 Acute, Comprehensive Medical and Dental Program (CMDP), Children's Rehabilitative Services (CRS) and RBHA Report, which details activities conducted in CYE 2018.

Arizona Health Care Cost Containment System



**Contract Year Ending 2019  
External Quality Review Annual Report**

*for*

**Acute Care and Comprehensive  
Medical and Dental Program**

**Regional Behavioral Health Authorities**

**Children's Rehabilitative Services**

*July 2020*



### Overview of the Contract Year Ending 2019 External Review

The Code of Federal Regulations (CFR) at 42 CFR §438.3641<sup>1-1</sup> requires that states use an external quality review organization (EQRO) to prepare an annual technical report that describes how data from activities conducted for Medicaid managed care organizations (MCOs), in accordance with the CFR, were aggregated and analyzed. The annual technical report draws conclusions about the quality of, timeliness of, and access to healthcare services that MCOs provide.

According to 42 CFR, Part 438 Subpart E, External Quality Review, §438.358(b) and (c), the three mandatory activities for each MCO, prepaid inpatient health plan (PIHP), and prepaid ambulatory health plan (PAHP) are:

- Validation of performance improvement projects (PIPs).
- Validation of performance measures (PMs) required in accordance with §438.330(b)(2).
- A review conducted within the previous three-year period to determine the MCO's, PIHP's, or PAHP's compliance with the standards set forth in Subpart D of §438.

For contracts starting on or after July 1, 2018, and no later than one year from the issuance of the revised external quality review (EQR) protocol, according to requirements set forth in §438.68, the Centers for Medicare & Medicaid Services (CMS) has established validation of MCO, PIHP, or PAHP network adequacy as a mandatory activity.

In accordance with the 42 CFR §438.358(a), the state; its agent that is not an MCO, PIHP, PAHP, or primary care case management (PCCM) entity (described in §438.310[c][2]); or an EQRO may perform the mandatory and optional EQR-related activities.

As permitted by CMS and incorporated under federal regulation at 42 CFR Part 438, Arizona Health Care Cost Containment System (AHCCCS) elected to retain responsibility for performing the four EQR mandatory activities described in 42 CFR §438.358 (b). AHCCCS prepared Contractor-specific reports of findings related to each of the activities, and, as applicable, required Contractors to prepare and submit their proposed corrective action plans (CAPs) to AHCCCS for review and approval.

AHCCCS contracted with Health Services Advisory Group, Inc. (HSAG) as its CMS-required EQRO to prepare this annual EQR technical report. This report presents AHCCCS' findings from conducting each activity as well as HSAG's analysis and assessment of the reported results for each Contractor's performance and, as applicable, recommendations to improve Contractors' performance.

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<sup>1-1</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Federal Register* Vol. 81, No. 88/Friday, May 6, 2016, Rules and Regulations, p. 27886. 42 CFR §438.364 Medicaid Program; External Quality Review, Final Rule.

HSAG is an EQRO that meets the competence and independence requirements set forth in 42 CFR §438.354. HSAG has extensive experience and expertise in both conducting the mandatory activities and in analyzing information obtained from AHCCCS' reviews of the activities. Accordingly, HSAG uses the information and data to draw conclusions and make recommendations about the quality and timeliness of, and access to care and services that AHCCCS' Contractors provide.

To meet the requirements set forth in 42 CFR §438.364, as the EQRO, HSAG used information obtained from AHCCCS to prepare and provide a detailed annual technical report. The report summarizes findings on the quality of, timeliness of, and access to healthcare services, and includes the following:

- A description of the manner in which the data from all activities conducted were aggregated and analyzed.
- For each EQR-related activity conducted:
  - Objectives.
  - Technical method of data collection and analysis.
  - Description of the data obtained.
  - Conclusions drawn from the data.
- An assessment of each Contractor's strengths and weaknesses.
- Recommendations for improving the quality of care furnished by each Contractor including how the State can target goals and objectives in the quality strategy, under 42 CFR §438.340, to better support improvement in the quality, timeliness, and access to healthcare services furnished to Medicaid members.
- Methodologically appropriate comparative information about all Contractors (described in §438.310[c][2]), consistent with guidance included in the EQR protocols.
- An assessment of the degree to which each Contractor has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR.

HSAG has prepared the annual technical report for AHCCCS for 15 consecutive years. The report complies with all requirements set forth at 42 CFR §438.364.

This executive summary includes an overview of AHCCCS' EQR activities as provided to HSAG and a high-level summary of the results. The results include a description of HSAG's findings with respect to performance by the AHCCCS Contractors in complying with the AHCCCS contract requirements and the applicable federal 42 CFR §438 requirements for each activity. In addition, this executive summary includes an assessment of each Contractor's strengths and weaknesses related to the quality and timeliness of, and access to, healthcare services and HSAG's recommendations for improving the quality of services.

Additional sections of this annual EQR technical report include the following:

- Introduction to the Annual Technical Report: An introduction to the annual technical report, including a description of the EQR mandatory activities.

- Overview of AHCCCS: An overview of AHCCCS’ background including the Medicaid managed care history, AHCCCS’ strategic plan with key accomplishments for contract year ending (CYE) 2019, AHCCCS’ quality strategy, and waivers and legislative changes impacting AHCCCS’ Medicaid programs.
- Performance Measure Results: A presentation of results for AHCCCS-selected performance measures for each Acute Contractor, the Comprehensive Medical and Dental Program (CMDP), and each KidsCare Contractor, as well as HSAG’s associated findings and recommendations for CYE 2018.
- Performance Improvement Project Results: A presentation of Contractor-specific CYE 2018 rates for the *E-Prescribing* PIP and *Developmental Screening* PIP as well as qualitative analyses and interventions for the Contractors and CMDP.
- CAHPS Results: A presentation of General Child and Children with Chronic Conditions (CCC) results for KidsCare, as well as HSAG’s associated findings and recommendations for CYE 2018.

Please see appendices A, B, and C for an overview of the AHCCCS methodology for the performance measures, performance improvement project, and Consumer Assessment of Healthcare Providers and Systems (CAHPS®)<sup>1-2</sup> activities, including objectives, descriptions of data obtained, technical methods of data collection and analysis, scoring methodology, and corrective action statements.

## Contractors Reviewed

During CYE 2018, AHCCCS contracted with the Contractors<sup>1-3</sup> listed below to provide services to members enrolled in the AHCCCS Acute Care, Behavioral Health, and Children’s Rehabilitative Services (CRS) Medicaid managed care programs. Associated abbreviations are included.

### Acute Contractors

- Care1st Health Plan Arizona, Inc. (Care1st)
- Health Choice Arizona (HCA)<sup>1-4</sup>
- Health Net Access (HNA)<sup>1-5</sup>
- Mercy Care Plan (MCP)
- University Family Care (UFC)<sup>1-6</sup>

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<sup>1-2</sup> CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

<sup>1-3</sup> Note: Title 42 CFR §438.2 defines “managed care organization (MCO),” in part, as “an entity that has or is seeking to qualify for a comprehensive risk contract.” CMS designates all AHCCCS Contractors as MCOs. Unless citing Title 42 CFR, this report will refer to AHCCCS’ MCOs as Contractors.

<sup>1-4</sup> Health Choice Arizona (HCA) is doing business as Steward Health Choice Arizona (SHCA).

<sup>1-5</sup> Health Net Access (HNA) is doing business as Arizona Complete Health-Arizona Complete Care (AzCH-ACC), a health plan owned by Centene Corporation of Health Net Inc.

<sup>1-6</sup> Banner merged with University Family Care (UFC) and is doing business as Banner University Family Care (BUFC).

- UnitedHealthcare Community Plan-Acute (UHCCP-Acute)<sup>1-7</sup>
- Arizona Department of Child Safety (DCS)/Comprehensive Medical and Dental Program (CMDP)

### **Regional Behavioral Health Authority (RBHA) Contractors**

- Cenpatico Integrated Care (CIC)<sup>1-8</sup>
- Health Choice Integrated Care (HCIC)<sup>1-9</sup>
- Mercy Maricopa Integrated Care (MMIC)<sup>1-10</sup>

### **CRS Contractor**

- UnitedHealthcare Community Plan-Children’s Rehabilitative Services (UHCCP-CRS)

## **Findings, Conclusions, and Recommendations About the Quality of, Timeliness of, and Access to Care**

The following section provides a high-level summary of HSAG’s findings and conclusions about the quality of, timeliness of, and access to care provided to AHCCCS members for the performance measure and CAHPS activities conducted in CYE 2018.

### **Organizational Assessment and Structure Standards**

All activities for the CYE 2016 operational review (OR) cycle have been closed.

### **Performance Measures**

#### **Aggregate Results for CYE 2018**

AHCCCS collected data and reported Contractor performance for a set of performance measures for the CYE 2018 measurement period.

Contractor-specific results for performance measures with a minimum performance standard (MPS) are included in Section 4, with additional performance measures (i.e., without an established MPS) included in Appendix A of this report.

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<sup>1-7</sup> UnitedHealthcare Community Plan-Acute (UHCCP-Acute) is doing business as UnitedHealthcare Community Plan-Arizona Complete Care (UHCCP-ACC).

<sup>1-8</sup> Cenpatico Integrated Care (CIC) is doing business as Arizona Complete Health-Regional Behavioral Health Authority (AzCH-RBHA), a health plan owned by Centene Corporation of Health Net Inc.

<sup>1-9</sup> Health Choice Integrated Care (HCIC) is doing business as Steward Health Choice Arizona (SHCA).

<sup>1-10</sup> Mercy Maricopa Integrated Care (MMIC) is doing business as Mercy Care-Regional Behavioral Health Authority (MC-RBHA).

Throughout the report, references to “significant” changes in performance indicate statistically significant differences between performance from CYE 2017 to CYE 2018. The threshold for a significant result is traditionally reached when the *p* value is ≤0.05.

**Findings**

Table 1-1 through Table 1-4 present the CYE 2017 and CYE 2018 aggregate performance measure results with an MPS for the Acute Care Contractors, CMDP, KidsCare Contractors, UHCCP-CRS, General Mental Health/Substance Use (GMH/SU), and RBHA Integrated SMI Contractors. Of note, the Acute Care aggregate rates include all members who met the enrollment criteria within the Acute Care Program line of business; therefore, members enrolled in CMDP were included in the Acute Care aggregate rate calculations in addition to those members enrolled in the six Acute Care Contractors. The GMH/SU aggregate rates include all members who met the eligibility criteria within the GMH/SU program (excluding SMI members).

The tables display the following information: CYE 2017 performance, where available; CYE 2018 performance; the relative percentage change between CYE 2017 and CYE 2018 rates, where available; the significance of the relative percentage change, where available; and the AHCCCS MPS. Performance measure rate cells shaded green indicate that aggregate performance met or exceeded the CYE 2018 MPS established by AHCCCS. Of note, measures for which lower rates suggest better performance are indicated by an asterisk (\*). For these measures, rates that fall at or below the established MPS are shaded green.

**Table 1-1—CYE 2017 and CYE 2018 Aggregate Performance Measure Results—Acute Care Contractors**

Performance Measure	CYE 2017 Performance	CYE 2018 Performance	Relative Percentage Change	Significance Level ( <i>p</i> value) <sup>1</sup>	MPS
<b>Access to Care</b>					
<i>Annual Dental Visits</i>					
2–20 Years	60.8%	61.1%	0.5%	<b>P=0.002</b>	60.0%
<i>Children and Adolescents’ Access to Primary Care Practitioners</i>					
12–24 Months	93.1%	94.8%	1.8%	<b>P&lt;0.001</b>	93.0%
25 Months–6 Years	82.9%	84.2%	1.6%	<b>P&lt;0.001</b>	84.0%
7–11 Years	89.0%	88.4%	-0.7%	<b>P&lt;0.001</b>	83.0%
12–19 Years	86.4%	86.1%	-0.4%	<b>P=0.003</b>	82.0%
<b>Pediatric Health</b>					
<i>Adolescent Well-Care Visits</i>					
Adolescent Well-Care Visits	39.2%	40.6%	3.6%	<b>P&lt;0.001</b>	41.0%
<i>Well-Child Visits in the First 15 Months of Life</i>					
Six or More Well-Child Visits	59.5%	61.5%	3.4%	<b>P&lt;0.001</b>	65.0%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>					

Performance Measure	CYE 2017 Performance	CYE 2018 Performance	Relative Percentage Change	Significance Level (p value) <sup>1</sup>	MPS
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	60.7%	61.4%	1.2%	<b>P&lt;0.001</b>	66.0%
<b>Preventive Screening</b>					
<b>Breast Cancer Screening</b>					
<i>Breast Cancer Screening</i>	54.4%	54.9%	0.9%	<b>P=0.035</b>	50.0%
<b>Cervical Cancer Screening</b>					
<i>Cervical Cancer Screening</i>	50.5%	50.8%	0.6%	<b>P=0.025</b>	64.0%
<b>Utilization</b>					
<b>Ambulatory Care (per 1,000 Member Months)</b>					
<i>ED Visits—Total*</i>	53.4	54.8	2.6%	—	55.0

\* A lower rate indicates better performance for this measure; therefore, an increase in the rate indicates a decline in performance.

<sup>1</sup> Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrate whether the differences in performance between CYE 2017 and CYE 2018 were statistically significant. The threshold for a result being considered statistically significant is traditionally reached when the p value is ≤0.05. Significance levels (p values) in bold font indicate statistically significant values.

— Indicates that a comparison of performance between CYE 2017 and CYE 2018 was not possible or appropriate.

Cells shaded green indicate that the rate met or exceeded the CYE 2018 MPS established by AHCCCS.

**Table 1-2—CYE 2017 and CYE 2018 Performance Measure Results—CMDP**

Performance Measure	CYE 2017 Performance	CYE 2018 Performance	Relative Percentage Change	Significance Level (p value) <sup>1</sup>	MPS
<b>Access to Care</b>					
<b>Annual Dental Visits</b>					
<i>2–20 Years</i>	73.8%	75.4%	2.2%	<b>P=0.034</b>	60.0%
<b>Children and Adolescents’ Access to Primary Care Practitioners</b>					
<i>12–24 Months</i>	97.9%	97.7%	-0.2%	P=0.804	93.0%
<i>25 Months–6 Years</i>	91.8%	92.9%	1.2%	P=0.196	84.0%
<i>7–11 Years</i>	96.8%	96.2%	-0.6%	P=0.447	83.0%
<i>12–19 Years</i>	97.1%	96.4%	-0.7%	P=0.337	82.0%
<b>Pediatric Health</b>					
<b>Adolescent Well-Care Visits</b>					
<i>Adolescent Well-Care Visits</i>	72.3%	72.4%	0.1%	P=0.954	41.0%
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>					
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	74.5%	72.6%	-2.6%	P=0.197	66.0%

<sup>1</sup> Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrate whether the differences in performance between CYE 2017 and CYE 2018 were statistically significant. The threshold for a result being considered statistically significant is traditionally reached when the p value is ≤0.05. Significance levels (p values) in bold font indicate statistically significant values.

Cells shaded green indicate that the rate met or exceeded the CYE 2018 MPS established by AHCCCS.

**Table 1-3—CYE 2017 and CYE 2018 Aggregate Performance Measure Results—KidsCare Contractors**

Performance Measure	CYE 2017 Performance	CYE 2018 Performance	Relative Percentage Change	Significance Level (p value) <sup>1</sup>	MPS
<b>Access to Care</b>					
<i>Annual Dental Visits</i>					
2–20 Years	74.3%	74.1%	-0.3%	P=0.847	60.0%
<i>Children and Adolescents’ Access to Primary Care Practitioners</i>					
12–24 Months	97.4%	98.6%	1.2%	P=0.610	93.0%
25 Months–6 Years	92.3%	93.1%	0.9%	P=0.499	84.0%
7–11 Years	100.0%	95.7%	-4.3%	P=0.388	83.0%
12–19 Years	95.1%	95.4%	0.3%	P=0.851	82.0%
<b>Pediatric Health</b>					
<i>Adolescent Well-Care Visits</i>					
Adolescent Well-Care Visits	61.1%	59.3%	-3.0%	P=0.269	41.0%
<i>Well-Child Visits in the First 15 Months of Life</i>					
Six or More Well-Child Visits	NA	28.9%	—	—	65.0%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	75.8%	75.7%	-0.1%	P=0.977	66.0%

NA indicates that the rate was withheld because the denominator was less than 30.

<sup>1</sup> Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrate whether the differences in performance between CYE 2017 and CYE 2018 were statistically significant. The threshold for a result being considered statistically significant is traditionally reached when the p value is ≤0.05. Significance levels (p values) in bold font indicate statistically significant values.

— Indicates that a comparison of performance between CYE 2017 and CYE 2018 was not possible or appropriate.

Cells shaded green indicate that the rate met or exceeded the CYE 2018 MPS established by AHCCCS.

**Table 1-4—CYE 2017 and CYE 2018 Performance Measure Results—UHCCP-CRS**

Performance Measure	CYE 2017 Performance	CYE 2018 Performance	Relative Percentage Change	Significance Level (p value) <sup>1</sup>	MPS
<b>Access to Care</b>					
<i>Annual Dental Visits</i>					
2–20 Years	67.4%	67.7%	0.5%	P=0.606	60.0%
<i>Children and Adolescents’ Access to Primary Care Practitioners</i>					
12–24 Months	96.9%	99.1%	2.3%	<b>P=0.042</b>	93.0%
25 Months–6 Years	92.7%	92.2%	-0.5%	P=0.422	84.0%
7–11 Years	95.8%	95.8%	0.0%	P=0.981	83.0%
12–19 Years	95.1%	95.1%	0.0%	P=0.912	82.0%
<b>Pediatric Health</b>					
<i>Adolescent Well-Care Visits</i>					

Performance Measure	CYE 2017 Performance	CYE 2018 Performance	Relative Percentage Change	Significance Level (p value) <sup>1</sup>	MPS
<i>Adolescent Well-Care Visits</i>	48.9%	48.1%	-1.6%	P=0.409	41.0%
<b>Well-Child Visits in the First 15 Months of Life</b>					
<i>Six or More Well-Child Visits</i>	49.2%	47.3%	-3.9%	P=0.690	65.0%
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>					
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	65.8%	63.8%	-3.0%	P=0.137	66.0%
<b>Utilization</b>					
<b>Ambulatory Care (per 1,000 Member Months)</b>					
<i>ED Visits—Total*</i>	55.4	55.2	-0.4%	—	43.0

\* A lower rate indicates better performance for this measure; therefore, an increase in the rate indicates a decline in performance.

<sup>1</sup> Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrate whether the differences in performance between CYE 2017 and CYE 2018 were statistically significant. The threshold for a result being considered statistically significant is traditionally reached when the p value is ≤0.05. Significance levels (p values) in bold font indicate statistically significant values.

— Indicates that a comparison of performance between CYE 2017 and CYE 2018 was not possible or appropriate.

Cells shaded green indicate that the rate met or exceeded the CYE 2018 MPS established by AHCCCS.

**Table 1-5—CYE 2017 and CYE 2018 Aggregate Performance Measure Results—GMH/SU**

Performance Measure	CYE 2017 Performance	CYE 2018 Performance	Relative Percentage Change	Significance Level (p value) <sup>1</sup>	MPS
<b>Behavioral Health</b>					
<b>Follow-Up After Hospitalization for Mental Illness</b>					
<i>7-Day Follow-Up</i>	48.1%	49.4%	2.7%	<b>P=0.034</b>	85.0%
<i>30-Day Follow-Up</i>	67.2%	67.1%	-0.2%	P=0.971	95.0%

<sup>1</sup> Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrate whether the differences in performance between CYE 2017 and CYE 2018 were statistically significant. The threshold for a result being considered statistically significant is traditionally reached when the p value is ≤0.05. Significance levels (p values) in bold font indicate statistically significant values.

Cells shaded green indicate that the rate met or exceeded the CYE 2018 MPS established by AHCCCS.

**Table 1-6—CYE 2017 and CYE 2018 Aggregate Performance Measure Results—RBHA Integrated SMI Contractors**

Performance Measure	CYE 2017 Performance	CYE 2018 Performance	Relative Percentage Change	Significance Level (p value) <sup>1</sup>	MPS
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
<i>Total</i>	92.2%	91.2%	-1.1%	<b>P&lt;0.001</b>	75.0%
<b>Preventive Screening</b>					
<b>Breast Cancer Screening</b>					
<i>Breast Cancer Screening</i>	38.7%	37.3%	-3.6%	P=0.170	50.0%

Performance Measure	CYE 2017 Performance	CYE 2018 Performance	Relative Percentage Change	Significance Level (p value) <sup>1</sup>	MPS
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	46.0%	44.8%	-2.6%	<b>P=0.030</b>	64.0%
<b>Behavioral Health</b>					
<b>Follow-Up After Hospitalization for Mental Illness</b>					
7-Day Follow-Up	71.8%	68.5%	-4.6%	<b>P&lt;0.001</b>	85.0%
30-Day Follow-Up	87.7%	85.6%	-2.4%	<b>P&lt;0.001</b>	95.0%

<sup>1</sup> Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrate whether the differences in performance between CYE 2017 and CYE 2018 were statistically significant. The threshold for a result being considered statistically significant is traditionally reached when the p value is ≤0.05. Significance levels (p values) in bold font indicate statistically significant values.

 Cells shaded green indicate that the rate met or exceeded the CYE 2018 MPS established by AHCCCS.

## Conclusions

### Acute Care Contractors

For CYE 2018, the Acute Care Contractors aggregate performance measure rates for the **quality** area indicated opportunities for improvement, with four of five (80.0 percent) measure rates (*Adolescent Well-Care Visits; Cervical Cancer Screening; Well-Child Visits in the First 15 Months of Life; and Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*) falling below the MPS. *Breast Cancer Screening* was the only performance measure rate within the **quality** area that exceeded the MPS for the Acute Care Contractors aggregate.

The Acute Care Contractors aggregate demonstrated positive performance in the **access** area, exceeding the MPS for all five performance measure rates (*Annual Dental Visits; and all four Children and Adolescents’ Access to Primary Care Practitioners* indicators). However, two of five (40.0 percent) performance measure rates (*Children and Adolescents’ Access to Primary Care Practitioners—7–11 Years and 12–19 Years*) demonstrated significant declines from CYE 2017 to CYE 2018.

There were no performance measure rates related to **timeliness** selected for the Acute Care Contractors; therefore, this area was not discussed. Additionally, the utilization performance measure rate (*Ambulatory Care*) should be monitored for informational purposes.

### CMDP

Compared to the CYE 2018 MPS, CMDP’s performance in the **quality** and **access** areas indicated strength as all seven performance measure rates exceeded the MPS.

There were no performance measure rates related to **timeliness** selected for CMDP; therefore, this area was not discussed.

## KidsCare Contractors

For CYE 2018, the KidsCare Contractors aggregate performance measure rates for the **quality** and **access** areas indicated strength as seven of eight (87.5 percent) performance measure rates exceeded the MPS. *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* was the only performance measure rate within the **quality** area that fell below the MPS.

There were no performance measure rates related to **timeliness** selected for the KidsCare Contractors; therefore, this area was not discussed.

## UHCCP-CRS

For CYE 2018, the UHCCP-CRS performance measure rates for the **quality** area indicated opportunities for improvement, with two of three (66.7 percent) measure rates (*Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*) falling below the MPS. *Adolescent Well-Care Visits* was the only performance measure rate within the **quality** area that exceeded the MPS.

UHCCP-CRS demonstrated positive performance in the **access** area, exceeding the MPS for all five performance measure rates (*Annual Dental Visits* and all four *Children and Adolescents' Access to Primary Care Practitioners* indicators).

There were no performance measure rates related to **timeliness** selected for UHCCP-CRS; therefore, this area was not discussed. Additionally, the utilization performance measure rate (*Ambulatory Care*) should be monitored for informational purposes.

## GMH/SU and RBHA Integrated SMI Contractors

Compared to the CYE 2018 MPS, the GMH/SU aggregate and RBHA Integrated SMI aggregate performance in the **quality**, **access**, and **timeliness** areas indicated opportunities for improvement as both *Follow-Up After Hospitalization for Mental Illness* measure rates fell below the MPS.

Performance for the RBHA Integrated SMI aggregate within the **quality** area indicated opportunities for improvement as both measure rates (*Breast Cancer Screening* and *Cervical Cancer Screening*) fell below the MPS. *Adults' Access to Preventive/Ambulatory Health Services* was the only performance measure rate within the **access** area and it exceeded the MPS for the RBHA Integrated SMI aggregate.

Please see Table A-1 in Appendix A for more information about the assignment of performance measures with an MPS to the Quality, Timeliness, and Access areas.

## Recommendations

HSAG recommends that AHCCCS work with the Acute Care Contractors and UHCCP-CRS to increase rates for the performance measures that failed to meet the CYE 2018 MPS related to pediatric health. AHCCCS, the Acute Care Contractors, and UHCCP-CRS should conduct root cause analyses for the

low rates of well-child and well-care visits to determine the nature and scope of the issue (e.g., provider billing issues, barriers to care, community perceptions, lack of continuity of care).<sup>1-11</sup> Once the causes are identified, AHCCCS, the Acute Care Contractors, and UHCCP-CRS should work with providers and members to establish potential performance improvement strategies and solutions to increase comprehensive visits for children and adolescents that follow the American Academy of Pediatrics' (AAP's) *Recommendations for Preventive Pediatric Health Care*.<sup>1-12</sup>

HSAG recommends that AHCCCS work with the GMH/SU and RBHA Integrated SMI Contractors to increase rates for the *Follow-Up After Hospitalization for Mental Illness* performance measure that failed to meet the CYE 2018 MPS. AHCCCS and the Contractors should conduct root cause analyses for the low rates of follow-up visits after hospitalization for mental illness to determine the nature and scope of the issue (e.g., barriers to care, lack of continuity of care, transportation issues, ineffective communication). Effective transition of care programs have been shown to reduce readmissions and exacerbation of symptoms related to mental illness by engaging the patient and family members (e.g., structured discharge checklist for accountability, awareness of red flags), establishing clear transition and care plans (e.g., follow-up appointments scheduled prior to discharge), utilizing transition coaches and providers (e.g., visits and phone calls to review illness management and questions), and ensuring effective provider communication (e.g., healthcare professionals' understanding of transition and care plan).<sup>1-13</sup> After the key factors related to the low rates are identified, AHCCCS and the Contractors should work with providers and members to establish potential performance improvement strategies and solutions to increase follow-up visits and improve member transitions of care.

Additionally, HSAG recommends that AHCCCS work with the Acute Care Contractors and RBHA Integrated SMI Contractors to increase preventive screenings for women. AHCCCS, the Acute Care Contractors, and the RBHA Integrated SMI Contractors should examine potential barriers to women receiving breast cancer (RBHA Integrated SMI Contractors only) and cervical cancer screenings and implement multicomponent interventions to reduce structural barriers. Evidence suggests multicomponent interventions lead to greater effects when they combine strategies to increase community demand for, and access to, cancer screening. Interventions include increasing community demand (e.g., patient reminders, one-on-one education, mass media [e.g., television, radio, newspapers]), increasing access to screenings (e.g., assisting with appointment scheduling, addressing transportation barriers, offering child care), and increasing provider participation (e.g., provider

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<sup>1-11</sup> The well-child and well-care visits rates for the Acute Care Contractors represent the administrative-only rates. The rates for these performance measures could increase following medical record review.

<sup>1-12</sup> American Academy of Pediatrics. *Recommendations for Preventive Pediatric Health Care*. Available at: [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf). Accessed on: Mar. 12, 2020.

<sup>1-13</sup> Viggiano T, Pincus HA, and Crystal S. Care Transition Interventions in Mental Health. *Current Opinion in Psychiatry*. Vol. 25. No. 6. Nov. 2012.

incentives and provider reminders).<sup>1-14,1-15</sup> AHCCCS, the Acute Care Contractors, and the RBHA Integrated SMI Contractors should ensure that members receive screenings in accordance with the United States (U.S.) Preventive Services Task Force (USPSTF) screening recommendations for breast cancer and cervical cancer.<sup>1-16, 1-17</sup>

## Performance Improvement Projects

In CYE 2015, AHCCCS implemented the *E-Prescribing* PIP for all lines of business. The baseline year for this PIP was CYE 2014. The subsequent year was an “Intervention” year in which each Contractor implemented strategies and interventions to improve performance. AHCCCS conducted annual measurements to evaluate Contractor performance, with the first remeasurement reflective of CYE 2016 and the second reflective of CYE 2017. As of CYE 2017, AHCCCS considers the *E-Prescribing* PIP closed for the ALTCS Contractors.

AHCCCS implemented the *Developmental Screening* PIP for the AHCCCS Complete Care (ACC), Comprehensive Medical and Dental Program (CMDP), and the DES/DDD lines of business. Early identification of developmental delays is important when providing effective interventions. During well-child visits, pediatricians look for potential concerns using both developmental surveillance and discussions with parents about their concerns. If any issues are noted, pediatricians should follow through with a developmental screening. Thus, AHCCCS has approved developmental screening tools that should be utilized for developmental screenings by all participating primary care physicians who care for EPSDT-age members.

The purpose of the *Developmental Screening* PIP is to increase the number of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday. AHCCCS’ goal is to demonstrate a statistically significant increase in the number and percentage of children receiving a developmental screening, followed by sustained improvement for one year.

The baseline year for this PIP was CYE 2016. The subsequent year was an “Intervention” year in which each Contractor implemented strategies and interventions to improve performance. AHCCCS conducted

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<sup>1-14</sup> The Community Guide. *Cancer Screening: Multicomponent Interventions—Cervical Cancer*. Available at: <https://www.thecommunityguide.org/findings/cancer-screening-multicomponent-interventions-cervical-cancer>. Accessed on: Mar. 12, 2020.

<sup>1-15</sup> The Community Guide. *Cancer Screening: Multicomponent Interventions—Breast Cancer*. Available at: <https://www.thecommunityguide.org/findings/cancer-screening-multicomponent-interventions-breast-cancer>. Accessed on: Mar. 12, 2020.

<sup>1-16</sup> U.S. Preventive Services Task Force. *Breast Cancer: Screening*. Available at: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening>. Accessed on: Mar. 12, 2020.

<sup>1-17</sup> U.S. Preventive Services Task Force. *Cervical Cancer: Screening*. Available at: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>. Accessed on: Mar. 12, 2020.

annual measurements to evaluate Contractor performance, with the first remeasurement reflective of CYE 2018.

AHCCCS considered that a Contractor demonstrated improvement when it achieved one of the following:

- Met or exceeded the AHCCCS overall average for the baseline measurement if the baseline rate was below the average and the increase was statistically significant.
- Demonstrated a statistically significant increase if its baseline rate was at or above the AHCCCS overall average for the baseline measurement.
- Was the highest-performing plan in any remeasurement and maintained or improved its rate in a successive measurement.

AHCCCS considered that a Contractor demonstrated sustained improvement when it achieved one of the following:

- Demonstrated how the improvement could be reasonably attributable to interventions undertaken by the organization (i.e., improvement occurred due to the project and its interventions, rather than an unrelated reason).
- Maintained or increased improvements in performance for at least one year after those improvements were first achieved.

Although DES/DDD increased its rate of children receiving a developmental screening, DES/DDD did not demonstrate significant improvement from baseline to Remeasurement Year 1.

## Overall Assessment of Progress in Meeting EQRO Recommendations

During previous years, HSAG made recommendations in the annual reports for each activity conducted. Below are summaries of the follow-up actions per activity in response to HSAG's recommendations. Some of the Contractors have included rates in their responses to the recommendations. Please note that AHCCCS has not approved or validated these rates.

### *Acute Line of Business*

Table 1-7 is a summary of the follow-up actions per activity that AHCCCS completed in response to HSAG's recommendations during state fiscal year (SFY) 2017–2018.

**Table 1-7—HSAG Recommendations With AHCCCS Responses to HSAG Recommendations**

HSAG Recommendation	AHCCCS Activities
<b>Operational Review</b>	
<p>AHCCCS should concentrate improvement efforts on the following standards: Corporate Compliance (CC); Claims and Information Systems (CIS); Adult, EPSDT, and Maternal Child Health (MCH); and Medical Management (MM) standards as these standards were problematic for Contractors during the three-year review cycle. For example, AHCCCS should consider distributing technical assistance documents to all Contractors and holding in-person meetings with Contractors that scored lowest in these standards.</p>	<p>Scores can change drastically each OR cycle based upon changes made in the tool related to review criteria. However, AHCCCS does offer technical assistance for each individual standard that does not meet the criteria. The MCO may request technical assistance or AHCCCS may offer technical assistance based upon outcomes of the OR score.</p>
<p>AHCCCS could consider using the quarterly meetings with Contractors as forums to share lessons learned from both the State and Contractor perspectives. For example, for the CC standard, four of seven Contractors did not meet the AHCCCS performance threshold. AHCCCS should present identified best practices regarding fraud, waste, and abuse issues and facilitate a group discussion related to Contractors’ policies and procedures. In addition, AHCCCS should consider conducting a root cause analysis with the Contractors to determine why Contractors continue to have difficulty with the CIS standard.</p>	<p>AHCCCS has a variety of venues to share lessons learned with Contractors. OR lessons learned are often discussed at each Contractor’s exit interview when the OR is completed.</p>
<p>AHCCCS could consider developing a template or checklist for the Contractors to ensure that Contractors include all minimum required information in remittance advice to providers. The element requiring that Contractors (and their subcontractors) must include the reason and detailed descriptions related to payments less than billed charges, denials, and adjustments on remittances has been out of compliance for both the CYE 2016 and CYE 2017 ORs. AHCCCS may</p>	<p>Items required to be reflected in the remittance advice sent to providers is clearly outlined in AHCCCS policy. For the ORs completed in CYE 2019, the scores for this element have been increased.</p>

HSAG Recommendation	AHCCCS Activities
<p>also consider reviewing the data capture and transfer processes used for the claims processing systems to ensure alignment with the requirements set forth in the CIS standard. AHCCCS will be working with Contractors (in some cases, new Contractors) that will be providing integrated services, working with new populations, and operating in new geographic service areas; therefore, this is an important standard to target for compliance.</p>	
<p><b>Performance Measures</b></p>	
<p>The utilization performance measure rate (<i>Ambulatory Care</i>) for the Acute Care aggregate should be monitored for informational purposes.</p>	<p>AHCCCS continues to run the ambulatory care performance measure and will continue its efforts to monitor Acute Care aggregate performance.</p>
<p>AHCCCS works with the Acute Care Contractors to increase rates for the performance measures that failed to meet the CYE 2017 MPS related to pediatric health and screenings for cervical cancer and chlamydia in women. AHCCCS and the Acute Care Contractors should conduct root cause analyses for the low rates of well-child and well-care visits and appropriate screenings for women to determine the nature and scope of the issue (e.g., provider billing issues, barriers to care, community perceptions). Once the causes are identified, AHCCCS and the Acute Care Contractors should work with providers and members to establish potential performance improvement strategies and solutions to increase comprehensive visits for children and adolescents that follow AAP’s <i>Recommendations for Preventive Pediatric Health Care</i>. Additionally, AHCCCS and the Acute Care Contractors should ensure that members receive screenings in accordance with USPSTF screening recommendations for cervical cancer and chlamydia in women.</p>	<p>AHCCCS Contractors not meeting the MPS set forth in the Contract for CYE 2017 Performance Measures were required to submit a proposed corrective action plan (CAP) for AHCCCS review and approval. This included the <i>Child and Adolescent Well Care, Cervical Cancer Screening, and Chlamydia Screening in Women</i> measures. Contractors are required to conduct a root cause analyses as part of their CAP proposals and implement interventions that are aimed at addressing the identified barriers.</p>

Table 1-8 presents a summary of the follow-up actions per activity that the Acute Contractors reported completing in response to HSAG’s recommendations included in the *CYE 2018 Acute Technical Report*.

Additionally, the text located after each HSAG recommendation box was submitted by the Contractor.

**Table 1-8—Care1st’s Responses to HSAG’s Follow-Up Recommendations**

Care1st
Performance Measures
<p><b>HSAG Recommendation:</b> Care1st’s reported rate for the <i>Cervical Cancer Screening</i> measure demonstrated a statistically significant increase for CYE 2017 (52.3 percent). Although there was an increase, the rate was below the AHCCCS MPS of 64.0 percent. HSAG recommends that Care1st focus efforts on identifying improvement strategies to increase screenings for cervical cancer in women.</p>
<p>As a result of these data and trends, Care1st implemented performance improvement activities that included the following:</p> <ul style="list-style-type: none"> <li>• In CYE 2014, Care1st executed value-based agreements with several patient-centered medical homes (PCMHs), with incentives to increase performance measure rates.</li> <li>• In CYE 2015, Care1st expanded the number of value-based purchasers with primary care incentives. Each year, once the performance reporting is final, Care1st adjusts the PCP auto-assignment algorithm to direct members to our highest-performing partners.</li> <li>• Education was provided to adult members on recommended preventative services through the member newsletter.</li> <li>• Continue to send quarterly gaps-in-care rosters to providers identifying members with missing visits.</li> <li>• Continue using “wellness messages” identifying member-specific gaps in care allowing for outreach by anyone within Care1st having contact with the member/family.</li> <li>• For CYE 2018, outreach to adults regarding preventive visits and services was expanded. Calls to adults were increased with follow-up letters for members who continued to be noncompliant with the measure.</li> <li>• For CYE 2019, Care1st dedicated a quality improvement (QI) full-time employee (FTE) to make outreach calls to adults. In addition, the Contractor plans a systemwide initiative to identify members and increase engagement with PCPs.</li> <li>• For CYE 2019, Care1st planned to deploy a new staff of Quality Practice Advisors (QPAs) to work with provider offices to close gaps in screenings and services, as well as correct coding. QPAs will use and distribute a new Healthcare Effectiveness Data and Information Set (HEDIS®)<sup>1-18</sup> Adult Resource Guide for providers.</li> <li>• For CYE 2019, WellCare planned to work on a systemwide initiative to better identify and reach members without visits (MWOV), to increase engagement with their PCPs.</li> </ul>

<sup>1-18</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Care1st
<ul style="list-style-type: none"> <li>• In CYE 2020, Care1st plans to provide education to members 21–64 years old on human papillomavirus (HPV) as a risk factor for cervical cancer and the importance of cervical cancer screening with HPV co-testing, and explore the use of a patient education flyer or brochure, such as the CDC’s <i>Inside Knowledge: Get the Facts About Gynecologic Cancer or Genital HPV: The Facts</i>.</li> <li>• In CYE 2020, Care1st plans to work with high-volume providers and/or community organizations to host community events to better engage and educate members.</li> </ul>
<p><b>HSAG Recommendation:</b> Care1st’s reported rate for the <i>Chlamydia Screening in Women</i> measure demonstrated an increase for CYE 2017 (51.2 percent). Although there was an increase, the rate was below the AHCCCS MPS of 63.0 percent. HSAG recommends that Care1st focus efforts on identifying the factors contributing to low rates for this measure and implement improvement strategies to increase screenings for chlamydia in women.</p>
<p>As a result of these data and trends, Care1st implemented performance improvement activities that included the following:</p> <ul style="list-style-type: none"> <li>• Education was provided to adult members on recommended preventative services through the member newsletter.</li> <li>• Continue to send quarterly gaps-in-care rosters to providers identifying members with missing visits.</li> <li>• Continue using “wellness messages” identifying member-specific gaps in care allowing for outreach by anyone within Care1st having contact with the member/family.</li> <li>• For CYE 2018, outreach to adults regarding preventive visits and services was expanded. Calls to adults were increased with follow-up letters for members that continued to be noncompliant with the measure.</li> <li>• Education on chlamydia screening in teens and young adults was sent to all PCPs serving members younger than 21 years of age in September 2018.</li> <li>• For CYE 2019, Care1st dedicated a QI FTE to make outreach calls to adults. In addition, the Contractor plans a systemwide initiative to identify members and increase engagement with PCPs.</li> <li>• For CYE 2019, Care1st planned to deploy a new staff of QPAs to work with provider offices to close gaps in screenings and services, as well as correct coding. QPAs will use and distribute a new <i>HEDIS Adult Resource Guide</i> for providers.</li> <li>• For CYE 2019, WellCare planned to work on a systemwide initiative to better identify and reach MWOV, to increase engagement with their PCPs.</li> <li>• In CYE 2020, Care1st plans to work with high-volume providers and/or community organizations to host community events to better engage and educate members.</li> </ul>
<p><b>HSAG Recommendation:</b> Care1st’s reported rate for <i>Children and Adolescents’ Access to Primary Care Practitioners—12–24 Months</i> measure decreased for CYE 2017 (91.7 percent) and did not meet the AHCCCS</p>

Care1st
MPS of 93.0 percent. HSAG recommends that Care1st continue efforts on identifying improvement strategies to raise rates for this measure.
<p>As a result of these data and trends, Care1st implemented performance improvement activities that included the following:</p> <ul style="list-style-type: none"> <li>• In CYE 2014, Care1st executed value-based agreements with several PCMHs, with incentives to increase performance measure rates.</li> <li>• In CYE 2015, Care1st expanded the number of value-based purchasers with primary care incentives. Each year, once the performance reporting is final, Care1st adjusts the PCP auto-assignment algorithm to direct members to our highest-performing partners.</li> <li>• In CYE 2015, Care1st began running reports twice a year to compare EPSDT tracking forms with claims for these visits, in order to determine whether physician offices are not correctly billing for EPSDT visits performed. The report matches up a claim for a visit with an EPSDT tracking form received from the provider with a date of service seven days before or after the date on the form to determine if a visit was billed. A list of providers who submitted an EPSDT tracking form but did not bill for a visit is forwarded to the Network Management (NM) department. An NM representative reaches out to the physician office to educate about billing for well visits and resubmitting a correctly coded claim. This monitoring and education process includes both acute and Division of Developmental Disabilities (DDD) claims.</li> <li>• Blast faxes reminding provider offices about correctly coding visits, including billing for a well visit performed in conjunction with a sick visit, were sent to all PCPs with assigned members &lt; 21 years.</li> <li>• Continue to send quarterly gaps in care rosters to providers identifying members with missing visits.</li> <li>• Continue using “wellness messages” identifying member-specific gaps in care, allowing for outreach by anyone within the health plan having contact with the member/family.</li> <li>• Continue intensive telephone outreach efforts to improve access to PCPs.</li> <li>• In Quarter 4 (Q4) of CYE 2017, Care1st implemented a new text messaging program to engage parents of AHCCCS members and remind them when their children are due for well visits and/or dental visits. Care1st was a leader in developing this text messaging approach to parents/guardians and adult Medicaid members that not only educates members of the importance of preventative services but provides regular reminders when visits are not completed. As part of this program, Care1st established a dedicated phone line to link members receiving texts to an EPSDT specialist if they needed help making an appointment or with other issues. The program is based on evidence that shows that interactive and tailored text messages are successful in promoting self-activation among Medicaid members.</li> <li>• Ten medical groups representing members have been recruited as value-based purchasers with Primary Care Incentives incorporated into contracts.</li> </ul>

Care1st
<ul style="list-style-type: none"> <li>• Care1st has sent more than 90,000 text reminders for medical and/or dental visits to parents/guardians. Overall, the response has been positive, with an opt-out rate of approximately 0.5 percent. Feedback from parents indicates that many appreciate the reminders and others are able to access assistance directly from EPSDT specialists.</li> <li>• Care1st runs semiannual reports to compare EPSDT claims with tracking forms to identify billing issues, educate providers, and encourage them to resubmit claims that were not coded as a preventive visit when EPSDT exams were completed. Care1st has been successful in getting claims resubmitted when an EPSDT tracking form indicated a comprehensive well visit in more than 70 percent of cases identified.</li> <li>• An EPSDT Workgroup was convened in February 2018, which included QI, Medical Management, Claims, and NM staff to discuss barriers to care and strategies to better close gaps and identify improvements in data upload processes. Additional activities included improved education for providers regarding performing and coding for EPSDT services during a sick visit and scheduling multiple members of a family on the same day for well visits.</li> <li>• For CYE 2019, Care1st planned to expand the text messaging program to members 0–15 months.</li> <li>• For CYE 2019, Care1st planned to continue and expand provider outreach through the QI team of QPAs, including distribution and the EPSDT Provider Toolkit and other materials.</li> <li>• In CYE 2020, Care1st plans to develop the WellCare “Healthy Rewards” member incentive program for implementation in Arizona. This program includes a financial incentive for completion of six well-child visits by 15 months.</li> </ul>
<p><b>HSAG Recommendation:</b> Care1st’s reported rate for the <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> measure demonstrated a decline from the previous year (CYE 2017 64.2 percent, CYE 2016 66.9 percent) and did not meet the AHCCCS MPS of 66.0 percent. HSAG recommends that Care1st focus efforts on identifying improvement strategies to raise rates for this measure.</p>
<p>Care1st has monitored <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> rates on a monthly basis for several years, using this and other data from its health information system to identify opportunities for improvement. Based on internal monitoring, Care1st’s <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> rate remained above the MPS of 66 percent through CYE 2016. Although the rate showed a decline in CYE 2017 (64.2 percent), Care1st had the highest rate for this measure among all the Contractors. Since then, internal monitoring has shown the following rates: 67.33 percent in CYE 2018 and 64.14 percent in CYE 2019 (CYE 2019 rate not final).</p> <p>As a result of these data and trends, Care1st implemented performance improvement activities that included the following:</p> <ul style="list-style-type: none"> <li>• In CYE 2014, Care1st executed value-based agreements with several PCMHs, with incentives to increase performance measure rates.</li> </ul>

Care1st
<ul style="list-style-type: none"> <li>• In CYE 2015, Care1st expanded the number of value-based purchasers with primary care incentives. Each year, once the performance reporting is final, Care1st adjusts the PCP auto-assignment algorithm to direct members to our highest-performing partners.</li> <li>• In CYE 2015, Care1st began running reports twice a year to compare EPSDT tracking forms with claims for these visits, in order to determine whether physician offices are not correctly billing for EPSDT visits performed. The report matches up a claim for a visit with an EPSDT tracking form received from the provider with a date of service seven days before or after the date on the form to determine if a visit was billed. A list of providers who submitted an EPSDT tracking form but did not bill for a visit is forwarded to the NM. An NM representative reaches out to the physician office to educate about billing for well visits and resubmitting a correctly coded claim. This monitoring and education process includes both acute and DDD claims.</li> <li>• Blast faxes reminding provider offices about correctly coding visits, including billing for a well visit performed in conjunction with a sick visit, were sent to all PCPs with assigned members under 21 years of age.</li> <li>• Continue to send quarterly gaps-in-care rosters to providers identifying members with missing visits.</li> <li>• Continue to send monthly “practice pointers” with timely topics related to the EPSDT program and the AHCCCS Periodicity Schedule.</li> <li>• Continue intensive telephone outreach efforts to improve access to PCPs.</li> <li>• Continue to educate parents and caregivers of the value of the well-child visits and the recommended interval for these visits through the member newsletter.</li> <li>• In Q4 of CYE 2017, Care1st implemented a new text messaging program to engage parents of AHCCCS members and remind them when their children are due for well visits and/or dental visits. Care1st was a leader in developing this text messaging approach to parents and guardians and adult Medicaid members that not only educates members of the importance of preventative services but provides regular reminders when visits are not completed. As part of this program, Care1st established a dedicated phone line to link members receiving texts to an EPSDT specialist if they needed help making an appointment or with other issues. The program is based on evidence that shows interactive and tailored text messages are successful in promoting self-activation among Medicaid members.</li> </ul>
Performance Improvement Projects
<p><b>HSAG Recommendation:</b> Care1st remains below the AHCCCS aggregate rate for the percentage of providers using e-prescribing (AHCCCS aggregate rate: 73.42 percent) and for the percentage of e-prescriptions (AHCCCS aggregate rate: 55.76 percent). Although this is the last measurement year, HSAG recommends that Care1st continue to monitor outcomes associated with the reported interventions, particularly provider education.</p>
<p>CYE 2014 was the baseline measurement period for the statewide <i>E-Prescribing</i> PIP. During the baseline period, 48.80 percent of Care1st’s providers prescribed at least one prescription</p>

Care1st
<p>electronically and 41.23 percent of prescriptions ordered by an AHCCCS-contracted provider were sent electronically.</p> <p>For Remeasurement 2, 62.47 percent of Care1st providers prescribed at least one prescription electronically and 54.18 percent of prescriptions ordered by an AHCCCS-contracted provider were sent electronically.</p> <p>Care1st demonstrated statistically significant and substantively large improvements in the performance of the indicators for this PIP.</p> <p>Care1st internal data showed that the current overall rate of prescriptions for AHCCCS members sent electronically is 54.7 percent. However, the rate for e-prescribing of non-controlled substances is higher, at 62.5 percent. Care1st concluded that increasing provider understanding of electronic prescribing of controlled substances (EPCS) represented an opportunity for improvement. Care1st addressed this barrier through consistent and sustained provider education focusing on EPCS in CYE 2018.</p> <p>Care1st implemented performance improvement activities that included the following:</p> <ul style="list-style-type: none"> <li>• Educating providers about the benefits of e-prescribing, how to get started, and solutions to barriers—including clarifying that EPCS is legal in Arizona and the specific requirements for EPCS.</li> <li>• Incorporating incentives into value-based purchasing (VBP) agreements to encourage providers—particularly physicians, physician assistants, and nurse practitioners—to improve rates of e-prescribing.</li> <li>• Educating members, via repeated communications in member newsletter articles, about the benefits of sending prescriptions electronically to pharmacies.</li> <li>• Engaging providers to educate members about the benefits of sending prescriptions electronically to pharmacies.</li> <li>• Educating members about the benefits of having their prescriptions sent electronically to related pharmacies.</li> <li>• Providing targeted education through meetings with high-volume providers, such as PCMHs and provider specialties via fax blasts and during provider forums.</li> </ul>

**Table 1-9—HNA’s Responses to HSAG’s Follow-Up Recommendations**

HNA
<b>Operational Review</b>
<b>No associated HSAG recommendation.</b>
<p>HNA’s OR conducted in calendar year (CY) 2017 identified issues in eight of the OR standard areas: MM, Delivery Systems (DS), Grievance Systems (GS), CIS, General Administration (GA), MCH, Quality Management (QM), and Third-Party Liability (TPL). Out of the eight OR standards identified, only three (CIS, GA, TPL) did not meet the 95 percent threshold. Due to these identified issues and scoring less than 95 percent in three standard areas, CAPs were</p>

HNA
<p>created and approved by AHCCCS immediately following the notification of results to HNA. All of the CAPs required have been subsequently approved and closed through AHCCCS. HNA created policies and procedures and continues to review them for ongoing training purposes to ensure full compliance with AHCCCS standards, State rules, and federal regulations.</p>
Performance Measures
<p><b>HSAG Recommendation:</b> Focus improvement efforts on well-care visits for children and adolescents and on recommended screenings for women. Monitor performance within the access domain as two measures demonstrated statistically significant declines from CY 2016 to CY 2017.</p>
<p>HNA relies on the Quality Management/Performance Improvement (QM/PI) Committee as the body that reviews, monitors, evaluates, and develops interventions targeted at performance measures. The QM/PI Committee is structured to ensure that data drill-down is completed with root cause analysis and Plan-Do-Study-Act (PDSA) cycles driving intervention development and implementation.</p> <p>HNA implemented a highly successful intervention in CYE 2018: follow-up on all EPSDT and dental appointment no-shows by the EPSDT team and follow-up on all specialist appointment no-shows conducted by the medical management team. PCPs send no-show reports on an ongoing daily or weekly basis; and outreach is done immediately, within 24 to 48 hours. If the EPSDT team is able to make contact with the member, the team attempts to have a conference call by contacting the member’s PCP to reschedule appointments and addressing any outstanding concerns that the member or physician may have. Additionally, during outreach calls, EPSDT team members question the family/parent of the child to determine what barriers or issues are encountered that prevent completing the appointment. A no-show letter is sent out to every member when a no-show is reported. If the EPSDT team is unable to make contact with the member, they coordinate with community-based health workers where possible to complete direct member outreach. The EPSDT team conducts provider site visits to educate providers about the children’s measures, dental measures, and how to complete a developmental screening using an approved tool. The EPSDT team meets with the health plan provider engagement department and the topic of EPSDT, dental, and developmental surveillance will be presented at all upcoming providers forums. HNA plans to begin provider outreach and education via fax blasts regarding the EPSDT measures and available screening tools. Focused interventions on improvement of well-care visits for children and adolescents are performed through the EPSDT team. The EPSDT Subcommittee met quarterly during CY 2019 and reported on new and ongoing interventions.</p> <p>HNA has instituted a member outreach program utilizing interactive voice recording (IVR) calls, email, and text (short message service [SMS]) messaging with campaigns directed at members with care gaps for preventive screenings and well visits. These campaigns have a two-pronged approach. The first set of outreach approaches consist of IVR calls and emails with the focus on education of the screenings and/or well visits and why the member should complete them. The second set of outreach approaches consist of emails and text (SMS)</p>

**HNA**

messages with the focus on reminding the member of the need to obtain their outstanding screenings and/or well visits.

HNA implemented a new member incentive program in the first quarter of CYE 2019, offering a \$25 member gift card per service (not to exceed \$75) when members receive a well visit or specific preventative screening. Both well visits and preventative screenings continue to be a focus in CYE 2019. QI has developed a calendar of interventions for these measures in partnership with care management, pharmacy, provider engagement, and the payment innovations teams. These interventions incorporate lessons learned from previous PDSA projects and target both member and provider interventions.

In conjunction with the case management team, the QI team created and instituted gap closure letters for adult preventive screenings. The letters are available within the electronic health record so the health plan case manager, when completing a call with a member, can send a screening reminder timely.

QM has instituted a multi-prong approach to utilize AHCCCS-approved letters, flyers, emails, and events to educate and remind members of the importance of getting needed health screenings. Quality management continues to develop and refine training materials, quick reference guides, and AHCCCS-approved member-facing materials for case management use when talking to members about care gaps.

Quality management created provider facing toolkits and HEDIS quick reference guides to assist providers with understanding performance measures and actions related to performance improvement for these measures. Quality management utilized provider forums, monthly medical director meetings, and site visits to provide TA and increase collaboration to launch initiatives geared toward improving performance measures. Targeted provider visits are conducted by the QI/EPSTDT team to provide education and distribute provider resources to improve performance measures. Education and resources are provided through a number of other modes including Joint Operating Committee (JOC) meetings, provider update calls, newsletters, and provider forums.

The interventions incorporate lessons learned from previous PDSA projects and target both member and provider interventions.

**Performance Improvement Projects**

**HSAG Recommendation:** Continue to monitor and evaluate the effectiveness of interventions for the *E-Prescribing* PIP. Identify and rank providers with the greatest volume of prescriptions and lowest e-prescribing rates. Incorporate e-prescribing education and presentations into provider forums and provider engagement meetings. Perform outreach to prescribers with low e-prescribing rates.

HNA has continued to show improvement in e-prescribing rates for both indicators tracked by AHCCCS: percentage of AHCCCS-contracted prescribers using e-prescriptions and percentage of prescriptions submitted by AHCCCS-contracted prescribers electronically. HNA engaged heavily in the *E-Prescribing* PIP and showed ongoing quarterly improvement over remeasurement periods 1 and 2. Interventions in CYE 2018 included targeted ongoing

HNA
<p>provider education. Beginning in February 2018, HNA actively engaged providers who encountered barriers or issues with e-prescribing through TA support and guidance.</p> <p>The <i>E-Prescribing</i> PIP was closed out in Quarter 1 (Q1) of CYE 2019, but interventions and processes established throughout the remeasurement periods will continue to be utilized within the pharmacy department. HNA continues monitoring and evaluation efforts to drive identification of provider deficiencies and best practices to ensure that targeted education and interventions are successful. The pharmacy department will also continue to partner with various HNA departments (e.g., Provider Engagement, Quality Management) to ensure that messaging and support to AHCCCS-contracted providers are consistent and ongoing.</p>

**Table 1-10—MCP’s Responses to HSAG’s Follow-Up Recommendations**

MCP
Performance Measures
<p><b>HSAG Recommendation:</b></p> <p>AHCCCS and the Acute Care Contractors should conduct root cause analyses for the low rates of well-child and well-care visits and appropriate screenings for women to determine the nature and scope of the issue (e.g., provider billing issues, barriers to care, community perceptions). Once the causes are identified, AHCCCS and the Acute Care Contractors should work with providers and members to establish potential performance improvement strategies and solutions to increase comprehensive visits for children and adolescents that follow AAP’s <i>Recommendations for Preventive Pediatric Health Care</i>. Additionally, AHCCCS and the Acute Care Contractors should ensure that members receive screenings in accordance with USPSTF screening recommendations for cervical cancer and chlamydia in women.</p> <p>For the <i>Cervical Cancer Screening</i> and <i>Chlamydia Screening in Women</i> performance measures, all six Contractors fell below the MPS by at least 8 percentage points.</p> <p>Contractors should work with providers to increase cervical cancer screenings, especially for women who have not been screened within the last five years, as 50 to 64 percent of cervical cancer cases occur among these women.</p> <p>AHCCCS and Acute Care Contractors should focus efforts on identifying the factors contributing to low rates for these measures and implement improvement strategies to increase screenings for cervical cancer and chlamydia in women.</p>
<p>MCP conducted a root cause analysis in CYE 2018 for the <i>Well-Child Visits in the First 15 Months of Life</i> and <i>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</i> measures, elected to utilize those for our self-selected PIP topic, and implemented interventions aimed at addressing the identified barriers.</p> <p>Interventions will be continued for those measures where improvement has been achieved and the minimum performance standard has been met.</p> <p>For the <i>Chlamydia Screening in Women</i> performance measure, MCP performance has improved as compared to previous years, and is now within 1 percentage point of the MPS.</p>

MCP
<p>Given that the implemented interventions have proven successful in achieving rate improvement, they will be continued.</p> <p>Additionally, MCP’s successes with performance measures were also highlighted in this paragraph of the report: “Care1st and MCP demonstrated strength for CYE 2017, with seven of 13 (53.8 percent) performance measure rates for both Contractors meeting or exceeding the MPS. Of note, Care1st and MCP were the only Acute Care Contractors to meet or exceed the MPS for any performance measure rate in the Pediatric Health domain (both Care1st and MCP met or exceeded the MPS for <i>Adolescent Well-Care Visits</i> and Care1st also exceeded the MPS for <i>Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits</i>). MCP was also the only Contractor to meet or exceed the MPS for all five performance measures within the Access to Care domain. Additionally, UHCCP-Acute exceeded six of 13 (46.2 percent) MPS, including four of five (80.0 percent) performance measure rates within the Access to Care domain.”</p>
Performance Improvement Projects
<p><b>HSAG Recommendation:</b></p> <p>Contractors are encouraged to monitor the progress of the PIP interventions employed to increase providers prescribing electronically and prescriptions sent electronically and to adjust interventions as needed to consolidate the gains made for this PIP.</p>
<p>CYE 2018 represented the final year for the PIP. MCP was successful in achieving the goal of increasing the number of prescribers electronically prescribing prescriptions and of increasing the percentage of prescriptions which are submitted electronically in order to improve patient safety. Those improvements are evidenced in both the AHCCCS calculated data and the MCP internal calculations.</p> <p>Current interventions will continue and new interventions may be developed if a new opportunity for improvement is identified, or if MCP begins to identify a decline in performance.</p>

**Table 1-11—UFC’s Responses to HSAG’s Follow-Up Recommendations**

UFC
Operational Review
<p><b>HSAG Recommendation:</b> Continue to conduct internal reviews of operational systems to identify barriers that impact compliance with AHCCCS standards, State rules, and federal regulations.</p>
<p>Banner UFC (BUFC) has continued to conduct internal reviews of barriers and continues to implement internal solutions to these barriers. Results of internal reviews are communicated internally at BUFC through metric-based dashboards and reported on in the appropriate forum (such as, but not limited to: Quality Management/Performance Improvement Committee, Compliance Committee, report to Health Plan Executives, or Board of Directors Report).</p>

UFC
<p>BUFC has also now restructured and increased its staffing to meet the demands of the ACC implementation. Highly qualified individuals have been incorporated into the overall structure. These new staff have also continued to infuse the organization with new ideas and ways of further streamlining processes.</p>
<p><b>HSAG Recommendation:</b> Pay particular attention to the DS and MCH standard areas as the Contractor scored 74 percent on each.</p>
<p>Great improvements have continued to be implemented in DS and MCH standards. Regarding Delivery of Service standards, policies, procedures, and desktops were all updated and continue to be updated annually. Improvements have been implemented and continue to be implemented to the Provider Manuals and the dissemination of the information to keep providers abreast of these changes.</p> <p>BUFC has also continued to refine and improve its information systems capabilities and a move from historically manual processes to automated processes. All CYE 2016 cycle CAP-related processes, documentation, tasks, and monitoring activities adopted by the BUFC MCH continue to be carried out by the health plan’s obstetrics (OB) and pediatric care management teams, ensuring the maintenance of successful program performance.</p> <p>Aside from this, based on the most recent CYE 2018 ALTCS OR, DS standards requiring CAPs decreased substantially in comparison to the previous OR. Similar findings were found with the MCH standards.</p>
<p><b>HSAG Recommendation:</b> Continue to regularly monitor and ensure that updates are made to contracts with providers and continue to ensure communication to all providers directly and indirectly impacted by these updates. Additionally, UFC should continue to assess current monitoring processes and activities to identify strengths and opportunities for improvement within operational processes.</p>
<p>BUFC has continued to regularly monitor and update its provider and vendor contracts. Communications with providers and vendors have increased substantially. Provider forums continue to be held as well as quarterly on-site meetings with all value-based providers.</p> <p>BUFC communicates with its vendors through Joint Oversight Committees and other ad-hoc communications. Vendors are monitored by BUFC with results reported internally through dashboards and internal committee, and directly with contracted vendors.</p>
Performance Measures
<p><b>No associated HSAG recommendation.</b></p>
<p>BUFC will work with providers and members to establish potential performance improvement strategies and solutions to increase comprehensive visits for children and adolescents that follow the AAP’s <i>Recommendations for Preventive Pediatric Health Care</i>.</p> <ol style="list-style-type: none"> <li>1. Enlist/partner with the Office of Individual and Family Affairs (OIFA) to elicit its assistance in obtaining provider and member feedback through formal mechanisms like focus groups as to strategies for improving and increasing comprehensive visits to children and adolescents.</li> </ol>

UFC
<ol style="list-style-type: none"> <li>2. Leverage existing committee engagement and participation activities, such as the Member Advocacy Committee, to capture member/family perspectives/experiences to inform system-level process improvement as it pertains to increasing comprehensive visits for children and adolescents.</li> <li>3. Present these recommendations at the QM/PI Committee for approval and implementation into the QM Work Plan.</li> <li>4. Implement the top three strategies.</li> <li>5. Measure the success of the strategies through the quarterly performance measure reports.</li> </ol>
<b>No associated HSAG recommendation.</b>
<p>BUFC will ensure that members receive screenings in accordance with USPSTF screening recommendations for cervical cancer and chlamydia in women.</p> <ol style="list-style-type: none"> <li>1. BUFC will review its screening criteria to ensure that these continue to adhere to USPSTF screening recommendations.</li> <li>2. Establish provider education materials to ensure that they are aware of the recommendations.</li> <li>3. Provide provider education by incorporating the materials and BUFC expectations into the provider visits.</li> <li>4. Include current information and expectations in the provider newsletter.</li> <li>5. Include updated information into the Provider Manual.</li> </ol>
Performance Improvement Projects
<p><b>HSAG Recommendation:</b> HSAG recommends Contractors to conduct another barrier analysis, prioritize the barriers, and develop interventions to increase the rate of Indicator 1 and maintain the momentum of Indicator 1.</p> <p><b>HSAG Recommendation:</b> HSAG recommended that UFC continue to monitor outcomes associated with the reported interventions as well as any new interventions that UFC were to develop as a result of further barrier prioritization and analysis.</p>
<p>BUFC conducted a barrier analysis based on the rates presented in the CYE 2018 Acute Annual Technical Report and compiled a table delineating identified barriers, overall improvements noted to-date, and summarized progress.</p>

**Table 1-12—UHCCP-Acute’s Responses to HSAG’s Follow-Up Recommendations**

UHCCP-Acute
Operational Review
<p><b>HSAG Recommendation:</b> Contractors should conduct internal reviews of operational systems to identify barriers that impact their compliance with AHCCCS standards, State rules, and federal regulations.</p>
<p>UHCCP-Acute adopts policies as needed and reviews said policies and procedures annually or as often as business or regulatory requirements dictate. UHCCP-Acute policies and procedures</p>

UHCCP-Acute
<p>are instrumental in translating the company’s strategies, mission, and values into documented guidelines for management and staff to follow and act upon.</p>
<p><b>HSAG Recommendation:</b> Contractors should regularly monitor and ensure that updates are made to contracts with providers and that policy manual updates from AHCCCS are also included in Contractors’ policies, procedures, and manuals (if impacted by the updates) in a timely manner. Contractors should ensure that communication to all areas directly and indirectly impacted by these updates (including Contractor staff, providers, subcontractors, and members) is provided and documented. In addition, Contractors should assess their current monitoring processes and activities to identify strengths and opportunities for improvement within their operational processes.</p>
<p>UHCCP-Acute presents new and substantially revised policies and procedures to the Policy Committee. The Policy Committee recommends approval or denial to health plan management. If approved by health plan management, the Policy Committee finalizes approval of the policy and procedure. Policies and procedures are reviewed annually or as often as business needs or regulatory requirements dictate. The Policy Committee is comprised of a cross-functional team designated to provide oversight and to ensure that communication to all areas directly and indirectly impacted by these updates is provided and documented. Policies are then converted to Portable Document Format (PDF) and uploaded to the UHCCP HEART SharePoint, where they can be accessible.</p>
<p><b>HSAG Recommendation:</b> Contractors should continue to implement control systems to address specific findings in the CIS standard related to the requirement that Contractors must pay applicable interest on all claims (including overturned claim disputes) and that Contractors’ remittance advice to providers must contain the minimum required information. This remains a consistent issue across Contractors.</p>
<p>UHCCP-Acute has a process in place that allows for payment of interest on all claims, including overturned claim disputes. Interest paid is reported to providers on the UHCCP-Acute provider remit. The response is broken down into two parts: 1) Claims and 2) Overturned Claim Disputes.</p> <ol style="list-style-type: none"> <li>1. If a clean claim is not paid to a healthcare professional or a hospital in a timely manner regardless of the provider’s contract status, we will pay interest to a healthcare professional or a slow payment penalty to a hospital. In the absence of a contract specifying other late payment terms, we will apply the following rules to pay interest on late payments: <ul style="list-style-type: none"> <li>• For hospital clean claims, in the absence of a contract specifying otherwise, we shall apply a quick pay discount of 1 percent on claims paid within 30 days of receipt of the clean claim. For hospital clean claims, in the absence of a contract specifying other late payment terms, we shall pay slow payment penalties (interest) on payments made after 60 days of receipt of the clean claim. Interest shall be paid at the rate of 1 percent per month for each month or portion of a month from the 61st day until the date of payment (Arizona Revised Statutes [ARS] §36-2903.01).</li> </ul> </li> </ol>

UHCCP-Acute	
<ul style="list-style-type: none"> <li>• For all non-hospital clean claims, in the absence of a contract specifying other late payment terms, we will pay interest on payments made after 45 days of receipt of the clean claim (as defined in the AHCCCS). Interest shall be at the rate of 10 percent per annum (prorated daily) from the 46th day until the date of payment.</li> <li>• In the absence of a contract specifying other late payment terms, a claim for an authorized service submitted by a licensed skilled nursing facility, assisted living ALTCS provider, or a home and community-based ALTCS provider shall be adjudicated within 30 calendar days after receipt. We will pay interest on payments made after 30 days of receipt of the clean claim. Interest shall be paid at the rate of 1 percent per month (prorated on a daily basis) from the date the clean claim is received until the date of payment (ARS §36-2943.D).</li> <li>• For non-claim dispute situations, interest shall be paid back to the date interest would have started to accrue. UHCCP-Acute’s claim system calculates and applies interest on non-hospital claims paid past the 45-day time limit at 10 percent per annum (calculated daily) unless a different rate is stated in a written contract. The interest is prorated on a daily basis and paid at the time the clean claim is paid. If interest is due, it is paid based on the date of the receipt of the initial claim submission. For hospital, licensed skilled nursing facility, assisted living ALTCS provider, or a home and community-based ALTCS provider, interest shall be paid at the rate of 1 percent per month for each month or portion of a month from the 61st day until the date of payment (ARS §36-2903.01).</li> </ul> <p>2. For claim dispute situations, interest shall be paid back to the date interest would have started to accrue. UHCCP-Acute’s claim system calculates and applies interest on non-hospital claims paid past the 45-day time limit at 10 percent per annum (calculated daily) unless a different rate is stated in a written contract. The interest is prorated on a daily basis and paid at the time the clean claim is paid. If interest is due, it is paid based on the date of the receipt of the initial claim submission.</p>	
Performance Measures	
<p><b>HSAG Recommendation:</b> Assess the cause of this decline in the two sub-measures, <i>Children and Adolescents’ Access to Primary Care Practitioners—7–11 Years</i> and <i>12–19 Years</i>.</p>	
<p>UHCCP-Acute analyzed the historical performance on the two sub-measures, <i>Children and Adolescents’ Access to Primary Care Practitioners—7–11 Years</i> and <i>12–19 Years</i>. Although the rates for the two sub-measures declined from CYE 2016 to CYE 2017, the rates appear to be relatively stable when assessing the rates over a 6-year time period.</p>	
<p><b>HSAG Recommendation:</b> The Acute Care Contractors should focus efforts on identifying the factors contributing to low rates for <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)</i>.</p>	
<p>UHCCP-Acute formed an internal work group and conducted a root cause analysis on well-child visits and identified the following factors negatively impacting well-care visits for children ages 3–6 years old:</p>	

## UHCCP-Acute

### Provider barriers

- Lack of member engagement
- Lack of member reminders
- Lack of interest in outreaching auto-assigned members
- Lack of resources and/or knowledge on how to incorporate well-care visits with sick visits
  - Lack of schedule flexibility
  - Lack of planning for well-care services
  - Lack of staff to do member prep for well-care services
- Lack of negative consequences for poor performance in measures
- Knowledge deficit about amount of money lost by not incorporating well-care visits with sick visits

### Member barriers

- Knowledge deficit on what constitutes a well-care visit
- Knowledge deficit on importance of well-care visits
- Lack of negative consequences for not scheduling well-care visit
- Lack of flexibility to take time off work
- Lack of compelling reason given by provider to get well-care visit
- Lack of transportation
- Cultural reasons
- Lack of motivation to get well-care visit
  - UHCCP-Acute \$50 incentive not motivating
    - Providers not aware of incentive
- Lack of understanding due to language/communication barriers
- Lack of education on value of well-care visit in member mailings sent by UHCCP-Acute
- Lack of timely reminders—UHCCP-Acute late with sending out letters to guardians—miss school vacation period
- Lack of extended provider hours
- Seeks services from non-contracted providers (e.g., Indian Health Services for Native Americans)
- Only utilize urgent care when sick

### System barriers

- Tech Specs disregards other insurance
- Assignment of rural members (2.5 percent drop)
- Lack of correct member contact information
  - Member not notifying AHCCCS of changes

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- Lack of ability to use hybrid data (NCQA hybrid rates are 7 percent higher)

UHCCP-Acute barriers

- Deficit in providing feedback on where member obtains services
- Lack of consistent message to providers on how to engage members
- Deficit receiving accurate claims—well-care services rendered but not reflected in HEDIS report
  - Issue with EPSDT screening modifier?
- Lack of education in member mailings to four- and six-year-olds regarding well-care visits
- Lack of effective member outreach
- Lack of members answering calls
- Lack of members who answer IVR calls listening to the message

UHCCP has experienced an improvement in measure, *Well Child Visits 3 Years to 6 Years of Age* (W34) in comparison between UHCCP-Acute’s internal rates with the previous year’s AHCCCS-generated rates. UHCCP-Acute implemented a number of member- and provider-based interventions that directly impacted and improved the performance on the W34 measure including:

- Member Initiatives
  - Member incentive for obtaining a well-child visit was offered to guardians of members 3–6 years of age, and 12–20 years of age. The incentive was a \$25 gift card in CYE 2017. In CYE 2018, the incentive for W34 was increased to \$50. The incentive was implemented in July 2018 and continues today. UHCCP-Acute’s Associate Director Quality Management is responsible for oversight of this intervention;
  - UHCCP-Acute revised the member letter at 4 years of age and 6 years of age that emphasized obtaining missing immunizations, to a letter sent to guardians of members 3–6 years of age stressing the importance of a well child visit, not limited to immunizations but developmental assessment as well. This was implemented in February 2019 and continues today. UHCCP-Acute’s Clinical Quality Analyst is responsible for this mailing.
- Provider Initiatives
  - Provider financial incentive to 100 groups that had a sizable Medicaid population under 21 years of age, offering a financial incentive on the group’s performance on the three well-child measures. The provider incentive was offered in October 2017 and continues today. UHCCP-Acute’s Associate Director Quality Management is responsible for oversight of this intervention;
  - UHCCP-Acute initiated a quarterly provider gaps-in-care mailing, and included in the gaps-in-care mailing are the measures W34 and AWC. The report was initiated in October 2018 and continues today. UHCCP-Acute’s Associate Director Quality Management is responsible for oversight of this intervention;

UHCCP-Acute
<ul style="list-style-type: none"> <li>○ UHCCP-Acute created a report of members who were missing a well-child visit, but, based on claims data had a sick visit with the assigned PCP. The report was reviewed by the assigned clinical practice consultant (CPC) with the providers to review “missed opportunities.” Best practices by groups who are able to integrate a well-child visit with a sick visit were shared by the CPC with other assigned groups.</li> </ul>
<p><b>HSAG Recommendation:</b> Acute Care Contractors should focus efforts on identifying the factors contributing to low rates within the women’s preventative screening measures and implement improvement strategies to increase screenings for cervical cancer and chlamydia in women.</p>
<p>UHCCP-Acute conducted a root cause analysis for cervical cancer screening and chlamydia screening in women. UHCCP-Acute identified the following root causes:</p> <ul style="list-style-type: none"> <li>● Not all provider groups with female members assigned to them were notified of gaps in care for screenings.</li> <li>● There was a lack of member education on the importance of obtaining the screenings.</li> </ul> <p>Based upon these findings, the following interventions were implemented in CYE 2017 and carried over into CYE 2018:</p> <ul style="list-style-type: none"> <li>● Approximately 90 percent of the Medicaid membership is assigned to groups that were assigned to CPCs. The CPCs review the adult gaps-in-care with their assigned providers.</li> <li>● UHCCP-Acute implemented a quarterly provider report that is mailed to providers that have fewer than 100 members assigned to their care. The gaps-in-care report includes women missing the cervical cancer screening or chlamydia screening.</li> <li>● UHCCP-Acute initiated IVR calls to women in need of a cervical cancer screening or chlamydia screening.</li> <li>● UHCCP-Acute has experienced marginal improvement in both measures, <i>Cervical Cancer Screening: Women Ages 21–64 (CCS)</i>, and <i>Chlamydia Screening in Women (CHL)</i> as noted in the table below comparing UHCCP-Acute internal rates with the previous year AHCCCS generated rates.</li> <li>● UHCCP-Acute has realized improvement in rates for the CCS and CHL measures; however, continued efforts are underway to increase the percentage of members who received these important services. UHCCP recognizes that not all members will listen to an IVR message in its entirety. Therefore, a new written notification to members will be implemented in 2020 encouraging members to obtain a cervical cancer screening or a chlamydia test.</li> </ul>
Performance Improvement Projects
<p><b>HSAG Recommendation:</b> Even though this is the last measurement period, HSAG recommends that UHCCP-Acute analyze this situation and develop interventions that alleviate the potential discrepancies between UHCCP-Acute and AHCCCS data.</p>
<p>UHCCP-Acute does not require prescribing providers be contracted with AHCCCS for a prescription claim to pay. To do so could cause access to care issues for our members that are</p>

UHCCP-Acute
new to AHCCCS having transitioned into the program or discharged from urgent/emergent care. For future measures, UHCCP-Acute will investigate the feasibility of accurately identifying prescriptions from non-AHCCCS-contracted prescribing providers and removing them from the claims universe and calculations.
<b>HSAG Recommendation:</b> UHCCP-Acute implemented a program called PreCheck MyScript that encourages providers to generate prescriptions electronically while giving real-time information regarding medication formulary status, need for prior authorization, and point of sale drug utilization information. To consolidate gains, HSAG recommends that UHCCP-Acute monitor whether PreCheck MyScript intervention makes a difference in the rates.
UHCCP-Acute is following up internally to see if these data can be extracted, measured, and monitored.

**Table 1-13—CMDP’s Responses to HSAG’s Follow-Up Recommendations**

CMDP
Performance Measures
<b>No associated HSAG recommendation.</b>
<p>As reflected in the latest EQR, “CMDP demonstrated overall strength for CYE 2017, exceeding the MPS for all seven performance measure rates with an established MPS. Of note, three performance measure rates (<i>Annual Dental Visits; Adolescent Well-Care Visits; and Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>) demonstrated significant improvements from CYE 2016 to CYE 2017. Additionally, CMDP’s performance for all eight performance measures exceeded the Acute Care aggregate.”</p> <p>CMDP is poised to apply continuous improvement practices to preventive services including adolescent engagement and services. CMDP will implement additional outreach interventions and build upon existing member outreach projects to support the health literacy of CMDP members and their caregivers as well as and healthcare engagement of CMDP members. In CYE 2020, interventions will be coordinated through the On-Boarding Unit. Tools for understanding developmental and age-specific needs will be developed and made available to member caregivers to support ongoing development of health literacy in caregivers and members. Additional adaptations for educative elements for any CMDP staff members coordinating or outreaching to members and their caregivers.</p> <p>CMDP’s executive management team is currently in the process of “converting” temporary positions into state positions. This will provide stability within in the Onboarding Coordinator team and will strengthen CMDP’s outreach documentation efforts. CMDP has also requested to hire a business analyst to assist in the tracking of preventative services and developing visual management tools for the Onboarding Unit to use on a weekly basis and implement interventions in a timelier manner.</p>

**Regional Behavioral Health Authority (RBHA) Line of Business**

Table 1-14 is a summary of the follow-up actions per activity that AHCCCS completed in response to HSAG’s recommendations during SFY 2017–2018.

**Table 1-14—HSAG Recommendations With AHCCCS Responses to HSAG Recommendations**

HSAG Recommendation	AHCCCS Activities
<b>Operational Review</b>	
<p>AHCCCS should concentrate improvement efforts on the CIS, GA, and MCH standards as most RBHA Contractors scored below the 95 percent compliance threshold. For example, AHCCCS should consider distributing TA documents to the RBHA Contractors and holding in-person meetings with RBHA Contractors. In particular, AHCCCS might want to meet with the RBHA Contractors to determine what issues each RBHA Contractor has in implementing these requirements.</p>	<p>Scores can change drastically each OR cycle based upon changes made in the tool related to review criteria. However, AHCCCS does offer TA for each individual standard that does not meet the criteria. The MCO may request TA or AHCCCS may offer TA based upon outcomes of the OR score.</p>
<p>AHCCCS should consider using the quarterly meetings with RBHA Contractors as forums in which to share lessons learned from both the State and RBHA Contractor perspectives. For example, all RBHA Contractors were required to submit a CAP for the same element in the MCH standard. AHCCCS should present identified best practices regarding developing and implementing a written process to inform all primary care physicians, obstetrician/gynecologist providers, and members of the availability of women’s preventative care services as this was problematic for all RBHA Contractors.</p>	<p>AHCCCS has a variety of venues to share lessons learned with Contractors. OR lessons learned are often discussed at each Contractor’s exit interview when the OR is completed.</p>
<b>Performance Measures</b>	
<p>HSAG recommends that AHCCCS work with the GMH/SU and RBHA Integrated SMI Contractors to increase rates for the <i>Follow-Up After Hospitalization for Mental Illness</i> performance measure that failed to meet the CYE 2017 MPS. AHCCCS and the</p>	<p>AHCCCS Contractors not meeting the MPS set forth in the Contract for CYE 2017 Performance Measures were required to submit a proposed CAP for AHCCCS review and approval. This included the <i>Follow-Up After Hospitalization for Mental Illness</i></p>

HSAG Recommendation	AHCCCS Activities
<p>Contractors should conduct root cause analyses for the low rates of follow-up visits after hospitalization for mental illness to determine the nature and scope of the issue (e.g., barriers to care, lack of continuity of care, transportation issues, ineffective communication). Effective transition of care programs have been shown to reduce readmissions and exacerbation of symptoms related to mental illness by engaging the patient and family members (e.g., structured discharge checklist for accountability, awareness of red flags), establishing clear transition and care plans (e.g., follow-up appointments scheduled prior to discharge), utilizing transition coaches and providers (e.g., visits and phone calls to review illness management and questions), and ensuring effective provider communication (e.g., healthcare professionals’ understanding of transition and care plan). After the key factors related to the low rates are identified, AHCCCS and the Contractors should work with providers and members to establish potential performance improvement strategies and solutions to increase follow-up visits and improve member transitions of care.</p>	<p>measure. Contractors are required to conduct root cause analyses as part of their CAP proposals and implement interventions that are aimed at addressing the identified barriers.</p>
<p>HSAG recommends that AHCCCS work with the RBHA Integrated SMI Contractors to increase preventive screenings for women. AHCCCS and the RBHA Integrated SMI Contractors should examine potential barriers to women receiving breast cancer and chlamydia screenings to understand the cause of the low rates (e.g., provider misconceptions, lack of education, member anxiety). Once the causes are identified, AHCCCS and the RBHA Integrated SMI Contractors should ensure that members receive screenings in accordance with USPSTF screening recommendations for breast cancer and chlamydia in women.</p>	<p>AHCCCS Contractors not meeting the MPS set forth in the Contract for CYE 2017 Performance Measures were required to submit a proposed CAP for AHCCCS review and approval. This included the <i>Breast Cancer Screening</i> and <i>Chlamydia Screening in Women</i> measures. Contractors are required to conduct root cause analyses as part of their CAP proposals and implement interventions that are aimed at addressing the identified barriers.</p>

HSAG Recommendation	AHCCCS Activities
<b>Performance Improvement Projects</b>	
<p>AHCCCS may want to consider offering and facilitating training opportunities to enhance the Contractors’ capacity to implement robust interventions and QI processes and strategies for the <i>E-Prescribing</i> PIP. Increasing the Contractors’ efficacy with QI tools such as root cause analyses, key driver diagrams, process mapping, failure modes and effects analysis (FMEA), and PDSA cycles should help to remove barriers to successfully achieving improvement in the PIP indicator rates.</p>	<p>Contractors demonstrate sustained improvement when they maintain, or increase, improvements in performance for at least one year after the improvement is first achieved. CYE 2017 reflected Remeasurement Year 2 data for all lines of business, with the exception of the RBHA Contractors. Based on the CYE 2017 rates, AHCCCS considered the <i>E-Prescribing</i> PIP closed for all Contractors with the exception of the aforementioned RBHAs. While the PIP remained open for the RBHAs, CYE 2018 rates demonstrated improvement from previous years (Baseline Year/ Remeasurement Year 1). Therefore, this workgroup did not occur during CYE 2019.</p>
<p>AHCCCS may want to use the quarterly meetings with Contractors as opportunities to identify and address, related to the PIP process, systemwide barriers which may be impacting the ability to achieve meaningful improvement.</p>	<p>Throughout CYE 2019, AHCCCS utilized the Quarterly Clinical Quality Management Meetings as a venue to conduct training in various focus areas that would support the Contractors’ efforts related to integrated care activities and included a focus on the following topics:</p> <ul style="list-style-type: none"> <li>• Arizona Department of Health Services (ADHS) Vaccines for Children (VFC) Program and KidsCare</li> <li>• Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</li> <li>• Arizona measles, mumps, and rubella (MMR)</li> <li>• Arizona Head Start</li> <li>• Pediatric oral health</li> </ul> <p>Throughout CYE 2019, AHCCCS also hosted the AHCCCS Community Forum, which AHCCCS Contractors, members, and community stakeholders are encouraged to attend. This meeting was conducted twice during the applicable year and included a focus on the following topics:</p>

HSAG Recommendation	AHCCCS Activities
	<ul style="list-style-type: none"> <li>AHCCCS crisis activities</li> <li>Behavioral health referral process</li> <li>AHCCCS updates</li> </ul> <p>The agendas outlining the focus areas/training topics included as part of these meetings can be found in the supporting documentation folder.</p>
<p>AHCCCS should continue the collaboration among RBHA Contractors in the workgroup to improve the PIP study indicator rates. AHCCCS should consider including in the workgroup additional stakeholders who may help with improvement of the PIP study indicator rates.</p>	<p>Contractors demonstrate sustained improvement when they maintain, or increase, improvements in performance for at least one year after the improvement is first achieved. CYE 2017 reflected Remeasurement Year 2 data for all lines of business, with the exception of the RBHA Contractors. Based on the CYE 2017 Rates, AHCCCS considered the <i>E-Prescribing</i> PIP closed for all Contractors with the exception of the aforementioned RBHAs. While the PIP remained open for the RBHAs, CYE 2018 rates demonstrated improvement from previous years (Baseline Year/ Remeasurement Year 1). Therefore, this workgroup did not occur during CYE 2019.</p>
<p>AHCCCS may want to consider requiring, for the RBHA Contractors, new PIPs that pertain to aspects of the ACC activities.</p>	<p>AHCCCS is currently considering potential PIP topics for the ACC and RBHA Contractors that will align with the behavioral health aspects of system integration and ACC.</p>

Table 1-15 presents a summary of the follow-up actions per activity that the RBHA Contractors reported completing in response to HSAG’s recommendations included in the *CYE 2018 RBHA Technical Report*.

Additionally, the text located after each HSAG recommendation box was submitted by the Contractor.

**Table 1-15—CIC’s Responses to HSAG’s Follow-Up Recommendations**

CIC
<b>Operational Review</b>
<p><b>HSAG Recommendations:</b></p> <ul style="list-style-type: none"> <li>Contractors should continue to conduct internal reviews of operational systems to identify barriers that impact compliance with AHCCCS standards, State rules, and federal</li> </ul>

CIC
<p>regulations. Specifically, Contractors should ensure that existing policies, procedures, and information distributed to providers, subcontractors, and members with AHCCCS requirements are cross-referenced with AHCCCS standards, State rules, and federal regulations.</p> <ul style="list-style-type: none"> <li>Contractors should continue to assess current monitoring processes and activities to identify strengths and opportunities for improvement within operational processes. In addition, Contractors should implement periodic assessments of those elements reviewed by AHCCCS for which Contractors are found deficient and develop mechanisms to address such areas and enhance existing procedures.</li> <li>Contractors should continue to implement control systems to address specific findings in the MCH standard related to women’s preventative care services to ensure that services are provided in accordance with the AHCCCS Medical Policy Manual as this was a finding for both RBHA Contractors.</li> </ul>
<p>The OR conducted for CYE 2018 identified issues in seven of the OR standard areas: CIS, DS, GA, MCH, MM, MI, and QM. Out of the seven OR standards identified, only three (CIS, GA, and MCH) did not meet the 95 percent threshold. Due to these identified issues and scoring less than 95 percent in three standard areas, CAPs were created and approved by AHCCCS immediately following the notification of results to AzCH-RBHA. All of the CAPs required have been subsequently approved and closed through AHCCCS. AzCH created policies and procedures and continues to review them for ongoing training purposes to ensure full compliance with AHCCCS standards, State rules, and federal regulations.</p>
Performance Measures
<p><b>HSAG Recommendations:</b></p> <ul style="list-style-type: none"> <li>Although the <i>Adults’ Access to Preventive/Ambulatory Health Services</i> performance measure rates are considered an area of strength, the rates for CIC and the RBHA Integrated SMI Contractors aggregate declined significantly from CYE 2016 to CYE 2017. Despite the high performance for this measure, the cause of this decline should be assessed to ensure that performance stays above the MPS in future years.</li> <li>The RBHA Integrated SMI Contractors should focus efforts on identifying the factors contributing to low rates for these measures and implement improvement strategies to increase screenings for breast cancer and chlamydia in women and follow-up visits after hospitalization for mental illness.</li> </ul>
<p>CIC relies on the QM/PI Committee as the body that reviews, monitors, evaluates, and develops interventions targeted at performance measures. The QM/PI Committee is structured to ensure data drill-down is completed with root cause analysis, and PDSA cycles are developed to drive intervention development and implementation. Focused interventions on improvement of performance measures are developed within the performance improvement team. The QI Subcommittee met quarterly during CY 2019 and reported on all AHCCCS-mandated performance standards, with particular focus and emphasis on interventions and</p>

**CIC**

impact to the *Breast Cancer Screening, Cervical Cancer Screening, and Chlamydia Screening in Women and Follow-Up After Hospitalization (FUH)* measures.

The Coordination of Care Performance Improvement Plan (COC-PIP), approved by AHCCCS, instituted the intervention year during CY 2018 and has continued through CY 2019.

Performance measures make up one indicator for this plan, for which we have included breast cancer, cervical cancer, and chlamydia screenings. CIC has implemented two specific system-level interventions to sustain performance measure impact through coordination of care including actively engaging PCPs into a collaborative AzCH Integrated Care COC process; and HIE implementation. Both of these interventions aim to ensure health homes, PCPs, and specialists remain connected and communicate the completion of, or barriers to, completing health screenings as well as ongoing communication for follow-up when members are due for breast cancer, cervical cancer, and chlamydia screenings or other performance measures. Additionally, through the Population Health Administer program, CIC provided best practices and technical guidance to providers on understanding and tracking which members are eligible for and need breast cancer, cervical cancer, and chlamydia screening(s) completed.

CIC has created the transitions of care management team (TCM), which provides intensive discharge planning assistance for high-risk members who do not have a case manager assignment. During the member's inpatient stay, the TCM team coordinates with both the member and the inpatient treatment team to develop a comprehensive and attainable discharge plan. The TCM team follows the member for up to seven days post discharge. If the team determines that the member needs additional support beyond the seven days, the TCM team will complete a warm handoff to care management. In addition to the TCM team's efforts, care management has two staff co-located at two high-volume hospitals to provide assistance in discharge planning and coordination of care. As a part of the COC-PIP, CIC identified a community agency with low FUH rates and partnered with that agency to pilot a program. Starting in June 2019, the health home opened a 23-hour facility, which they will utilize for members who present to the emergency department (ED) or the hospital but do not have acute symptoms to meet admission criteria. The health home will transport those members from the hospital to their facility and provide services, as well as assist in coordination with their care team for the following day. CIC developed provider materials containing information on the FUH measures and includes suggested best practices toward engaging the member to complete these follow-up appointments.

CIC has instituted a member outreach program utilizing IVR calls, email, and text (SMS) messaging with a specific campaign directed at members with care gaps for breast cancer, cervical cancer, and chlamydia screenings, as well as members who need preventive care visits. These campaigns have a two-pronged approach. The first set of outreach approaches consist of an IVR call and an email with the focus on education of what are the screenings and/or well visits and why the member should complete them. The second set of outreach approaches consist of an email and a text (SMS) message with the focus on reminding the members of the need to obtain their needed screenings and preventive care visits.

**CIC**

Quality management has instituted a multi-prong approach to utilize AHCCCS-approved letters, flyers, emails, and events to educate and remind members of the importance of getting needed health screenings and complete their preventive care visits. Quality management continues to develop and refine training materials, which include quick reference guides and AHCCCS-approved member-facing materials for case management use when talking to members about care gaps.

In conjunction with the case management team, the QI team created and instituted gap closure letters for adult preventive screenings, including, but not limited to breast and cervical cancer screenings. These letters are available within the electronic health record so the case manager, when completing a call with a member, can send a screening reminder timely.

CIC implemented a new member incentive program in the first quarter of CYE 2019 offering a \$25 member gift card per service (not to exceed \$75) when members complete specific healthy activities. Cervical cancer screenings are an eligible screening to receive the \$25 incentive. Because of the nature of well-woman exams, it is likely that a member will complete the chlamydia screening concurrently with an incentivized completion of the cervical cancer screening.

CIC set up a mobile mammogram event in Tucson, Arizona, to increase access for members who are in need of their mammogram. CIC plans to hold another event during Q1, CY 2020.

QI has developed a calendar of interventions for these measures in partnership with care management, pharmacy, provider engagement, and the payment innovations teams. These interventions incorporate lessons learned from previous PDSA projects and target both member and provider interventions.

**Performance Improvement Projects**

**HSAG Recommendations:**

- RBHA Contractors are encouraged to monitor the progress of the PIP interventions employed to increase providers prescribing electronically and prescriptions sent electronically, and then adjust interventions as needed to ensure that the rates continue to increase by statistically significant amounts during the second remeasurement period.
- HSAG recommends that CIC provide monthly updates on interventions at the chief executive officer (CEO) meetings, especially the financial incentive and CAP interventions.

Monitoring and evaluation efforts continue to drive identification of provider deficiencies and best practices to ensure targeted education and interventions are successful at continuing to improve e-prescribing metrics. The pharmacy department will also continue to partner with various CIC departments (e.g. Provider Engagement, Quality Management) to ensure messaging and support to AHCCCS contracted providers is consistent and ongoing.

CIC has continued to show improvement in e-prescribing rates for both indicators tracked by AHCCCS: percentage of AHCCCS-contracted prescribers using e-prescriptions and percentage of prescriptions submitted by AHCCCS contracted prescribers electronically. Compared to baseline year rates for both the GMH/SU and SMI populations, both AHCCCS

CIC
<p>tracking indicators showed improvement over Remeasurement Years 1 and 2. Both indicators for GMH/SU and SMI populations have exceeded the AHCCCS mandated minimum performance standards throughout CY 2019. Additionally, CIC has been tracking and targeting interventions surrounding indicators stratified by age and geographical county that address the percentage of prescriptions submitted electronically to a pharmacy. Again, all stratified indicators for both the SMI and GMH/SU populations have shown improvement over baseline rates in both Remeasurement Year 1 and Remeasurement Year 2.</p> <p>CIC engaged heavily in the <i>E-Prescribing</i> PIP and showed ongoing quarterly improvement over both remeasurement periods. Interventions in CY 2018 targeted ongoing provider education. Beginning in February 2018, CIC actively engaged providers who encountered barriers or issues with e-prescribing through TA support and guidance. The improvement in e-prescribing utilization can be reasonably attributed to interventions, including extensive and ongoing quarterly education of and TA to Medical Directors and individual prescribers by CIC pharmacy staff, and issuance of CAPs to providers in need of additional support. In addition, financial incentives supported improvement, notably inclusion of e-prescribing incentive as a value-based payment measure effective Quarter 3 (Q3) CY 2017.</p>

**Table 1-16—HCIC’s Responses to HSAG’s Follow-Up Recommendations**

HCIC
Operational Review
<p><b>HSAG Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Contractors should continue to conduct internal reviews of operational systems to identify barriers that impact compliance with AHCCCS standards, State rules, and federal regulations. Specifically, Contractors should ensure existing policies, procedures, and information distributed to providers, subcontractors, and members with AHCCCS requirements are cross-referenced with AHCCCS standards, State rules, and federal regulations.</li> <li>• Contractors should continue to assess current monitoring processes and activities to identify strengths and opportunities for improvement within operational processes. In addition, Contractors should implement periodic assessments of those elements reviewed by AHCCCS for which Contractors are found deficient and develop mechanisms to address such areas and enhance existing procedures.</li> <li>• Contractors should apply lessons learned from improving performance for one category of standards to other categories. For example, Contractors should look at CAPs completed from previous ORs to determine best practices specific to their organizations to identify and correct policies, procedures, and practices so as to address deficient standards and monitor subsequent compliance. Further, Contractors should use opportunities to address and discuss issues identified during ORs.</li> <li>• Contractors should continue to implement control systems to address specific findings in the MCH standard related to the women’s preventative care services to ensure that services</li> </ul>

HCIC
are provided in accordance with the AHCCCS Medical Policy Manual, as this was a finding for all RBHA Contractors.
<p>HCIC institutes a comprehensive compliance program, including the seven elements of a compliance program per industry standards (including internal monitoring and auditing). HCIC maintains a Compliance Committee Meeting template/format that includes a summary of tracking/monitoring of routine activities (such as deliverables, policies and procedures, fraud, waste, and abuse referrals, CAPs, and risk items). HCIC engages in various routine monitoring of operational functions (which ultimately are collectively reported to the State by way of scheduled deliverables). HCIC’s performance as reported via these deliverables is then rolled up into the Compliance Committee Meeting, reflected in each Compliance Committee Meeting packet.</p> <p>HCIC updated Policy IBH.7.113, Provider Service Rep Training, to reference training for provider inquiry handling and tracking (including resolution time frames), internal procedures for initiating contracting or AHCCCS registration, claim submission methods and resources, and claim dispute and appeal procedures.</p> <p>HCIC revised Policy IBH.16.013 to clarify that the AZ OB Ambulatory Medical Record Review audits conducted by the third-party vendor include both OB/GYN and PCP records in an effort to monitor the provision of well-woman services.</p> <p>HCIC addressed AHCCCS’ follow-up comments received and revised documents accordingly.</p> <ul style="list-style-type: none"> <li>• HCIC revised IBH.16.013 to: <ul style="list-style-type: none"> <li>– Ensure it accurately details the covered services included as part of the well-woman preventive care visit (in accordance with AMPM 411 Section C-1).</li> <li>– More specifically address provider monitoring activities. While cervical cancer screening and mammograms are HEDIS measures, HCIC still uses this data in part in its monitoring of well-woman service utilization.</li> <li>– Provide more information about the methods HCIC uses for member outreach related to women’s preventive benefits, including mention of services being available at no cost to the member and assistance with appointment scheduling and arrangement of medically necessary transportation.</li> <li>– Provide more information about the methods HCIC uses for provider education and outreach related to women’s preventive care.</li> </ul> </li> <li>• HCIC created a new chapter in the Provider Manual (Chapter 4.5) to address well-woman preventive care benefits, requirements, and provider monitoring.</li> <li>• HCIC drafted an informational handout about women’s preventive care benefits. Once approved, it will be mailed to members within 30 days of enrollment and annually to educate members about their well-woman benefits to comply with AMPM Policy 411 Section B-3.</li> <li>• Provider outreach was enhanced through the revision of the IBH.16.013—Women’s Preventive Care Services policy and procedure, the Provider Manual, Chapter 4.0—</li> </ul>

HCIC
<p>Covered Services, and through the Provider Newsletter sample addressing women’s preventive care services.</p> <ul style="list-style-type: none"> <li>• Monitoring included:               <ul style="list-style-type: none"> <li>– Revision of IBH.16.013—Women’s Preventive Care Services policy and procedure</li> <li>– Revision of IBH.9.002—Medical Record Review policy and procedure</li> <li>– Ambulatory Medical Record Review Tool: AZ OB Audit Tool 2017</li> </ul> </li> <li>• Member Outreach included:               <ul style="list-style-type: none"> <li>– Revision of IBH.16.013—Women’s Preventive Care Services policy and procedure</li> <li>– Member Newsletter addressing women’s preventive care services</li> </ul> </li> </ul>
Performance Measures
<p><b>HSAG Recommendations:</b></p> <ul style="list-style-type: none"> <li>• The Contractors should conduct root cause analyses for the low rates of follow-up visits after hospitalization for mental illness to determine the nature and scope of the issue (e.g., barriers to care, lack of continuity of care, transportation issues, ineffective communication). After the key factors related to the low rates are identified, the Contractors should work with providers and members to establish potential performance improvement strategies and solutions to increase follow-up visits and improve member transitions of care.</li> <li>• The RBHA Integrated SMI Contractors should examine potential barriers to women receiving breast cancer and chlamydia screenings to understand the cause of the low rates (e.g., provider misconceptions, lack of education, member anxiety). Once the causes are identified, AHCCCS and the RBHA Integrated SMI Contractors should ensure that members receive screenings in accordance with the U.S. Preventive Services Task Force (USPSTF) screening recommendations for breast cancer and chlamydia in women.</li> </ul>
<p>HCIC reviewed previous methods of tracking follow-up appointments; the review revealed that a number of members receive follow-up after hospitalization that does not meet the criteria to count in the numerator for this measure because they either take place with incorrect staff or are billed using codes that do not meet the criteria for the measure.</p> <p>A review of recently discharged members uncovered inconsistencies in appointments scheduled by discharging hospitals. It is not clear that all hospitals understand the requirements related to follow-up after discharge.</p> <p>A review of individual cases for purposes of root cause analysis was not able to uncover any single clear barrier to a member attending follow-up appointments, as each case is complex and the barriers unique. There also does not exist at this time a platform specifically designed for the discussion of these barriers within the system of care.</p>
Performance Improvement Projects
<p><b>HSAG Recommendations:</b></p>

HCIC
<ul style="list-style-type: none"> <li>• The RBHA Contractors may want to use the quarterly collaboration meetings with stakeholders as opportunities to identify and address systemwide barriers to the PIP process, which may be impacting ability to achieve meaningful improvement.</li> <li>• The RBHA Contractors should continue to identify and prioritize barriers so as to develop robust interventions for the <i>E-Prescribing</i> PIP.</li> <li>• The RBHA Contractors are encouraged to monitor the progress of the PIP interventions employed to increase providers prescribing electronically and prescriptions sent electronically, and then adjust interventions as needed to ensure that the rates continue to increase by statistically significant amounts during the second remeasurement period.</li> </ul>
<p>HCIC participated in Health Current (formerly AzHec) in order to discuss and identify statewide barriers to e-prescribing. This was targeted internally to help bring HCIC expectations in line with the expectations of the other health plans.</p> <p>As part of HCIC’s larger project to incentivize health homes and move toward value-based purchasing, HCIC started an incentive for health homes that e-prescribe 65 percent or more of their prescriptions. This is to encourage participation in e-prescribing. It is designed to encourage buy-in from agencies as a whole, and to encourage systems that support providers’ use of e-prescribing.</p> <p>HCIC’s overall number and percent of e-prescriptions from the first remeasurement to the second remeasurement showed a 10.81 percent increase in the rate of prescriptions sent electronically overall.</p>

**Table 1-17—MMIC’s Responses to HSAG’s Follow-Up Recommendations**

MMIC
Performance Measures
<p><b>HSAG Recommendations:</b></p> <ul style="list-style-type: none"> <li>• HSAG recommends that AHCCCS work with the GMH/SU and RBHA Integrated SMI Contractors to increase rates for the <i>Follow-Up After Hospitalization for Mental Illness</i> performance measure that failed to meet the CYE 2017 MPS. AHCCCS and the Contractors should conduct root cause analyses for the low rates of follow-up visits after hospitalization for mental illness to determine the nature and scope of the issue (e.g., barriers to care, lack of continuity of care, transportation issues, ineffective communication).</li> <li>• Following a member’s discharge from an inpatient admission, Contractors should perform a follow-up call with that member within three days to address any questions or concerns and to discuss progress of the care plan. AHCCCS and the GMH/SU Contractors should ensure that these follow-up calls are being conducted and confirm during each call that the member has a follow-up visit scheduled with a mental health practitioner and access to necessary community resources.</li> </ul>

**MMIC**

MMIC will continue to monitor the follow-up after hospitalization rates quarterly for statistically significant changes. As needed, MMIC will apply the PDSA model to assess the need to modify existing interventions or implement new interventions. Based on the improved outcomes, the current interventions will be continued.

**HSAG Recommendation:** Additionally, HSAG recommends that AHCCCS work with the RBHA Integrated SMI Contractors to increase preventive screenings for women. AHCCCS and the RBHA Integrated SMI Contractors should examine potential barriers to women receiving breast cancer and chlamydia screenings to understand the cause of the low rates (e.g., provider misconceptions, lack of education, member anxiety).

Based on the improved outcomes for the *Cervical Cancer Screening* and *Chlamydia Screening in Women* measures, the current interventions will be continued. MMIC will continue its current interventions for the *Breast Cancer Screening* measure, including sending birthday reminder notices to members needing well-woman screenings. MMIC has also recently included the SMI population in existing MMIC breast cancer screening interventions and outreaches, which MMIC has proven successful in improving rates for these measures in other populations, and will continue the interventions during CYE 2020.