Arizona Health Care Cost Containment System

Contract Year Ending 2022 External Quality Review Annual Technical Report

for

AHCCCS Complete Care (ACC) Program and the Department of Child Safety Comprehensive Health Plan (DCS CHP) Program

April 2023

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

Background

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, required states that contract with managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), and prepaid ambulatory health plans (PAHPs) for administering Medicaid and Children's Health Insurance Program (CHIP) programs to contract with a qualified external quality review organization (EQRO) to provide an independent external quality review (EQR) of the Quality, Timeliness, and Access to services provided by the contracted MCOs. Revisions to the regulations originally articulated in the BBA were released in the May 2016 Medicaid and CHIP Managed Care Regulations,[1-1] with further revisions released in November 2020.[1-2] The final rule is provided in Title 42 of the Code of Federal Regulations (CFR) Part 438 and cross-referenced in the CHIP regulations at 42 CFR Part 457. To comply with 42 CFR §438.358, the Arizona Health Care Cost Containment System (AHCCCS) has contracted with Health Services Advisory Group, Inc. (HSAG), a qualified EQRO. This technical report is intended to help AHCCCS:

- Identify areas for quality improvement
- Ensure alignment among the Contractors' quality assessment and performance improvement (QAPI) requirements, the State's Quality Strategy, and the annual EQR activities
- Provide high-value care
- Enhance performance of its healthcare delivery system for Medicaid and CHIP members
- Improve AHCCCS' ability to oversee and manage the contracted MCOs (also referred to as Contractors in this report)
- Help Contactors improve their performance with respect to quality, timeliness, and accessibility of care

This report addresses the AHCCCS Complete Care (ACC) Program and the Department of Child Safety Comprehensive Health Plan (DCS CHP) Program.

[1-1] Centers for Medicare & Medicaid Services. Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability. Available at: https://www.federalregister.gov/documents/2016/05/06/2016-09581/medicaid-and-childrens-health-insurance-program-chip-programs-medicaid-managed-care-chip-delivered. Accessed on: July 27, 2022.

[1-2] Centers for Medicare & Medicaid Services. Medicaid Program; Medicaid and Children's Health Insurance Program (CHIP) Managed Care. Available at: https://www.federalregister.gov/documents/2020/11/13/2020-24758/medicaid-program-medicaid-and-childrens-health-insurance-program-chip-managed-care. Accessed on: July 27, 2022.

Contractors Reviewed

ACC Program

The **ACC Program** provides integrated care addressing the physical and behavioral health needs for the majority of Medicaid (Title XIX) eligible children and adults as well as addressing the physical and behavioral health needs for the majority of CHIP KidsCare (Title XXI) eligible children (under age 19).

Table 1-1—ACC Program Contracted MCOs

ACC Program Contractors	
Contractor Name	**Contractor Abbreviation**
Arizona Complete Health – Complete Care Plan	AzCH-CCP ACC
Banner-University Family Care	BUFC ACC
Care 1st Health Plan	Care 1st ACC
Health Choice Arizona	HCA ACC
Mercy Care	Mercy Care ACC
Molina Complete Care	MCC ACC
UnitedHealthcare Community Plan	UHCCP ACC

DCS CHP Program

The **DCS CHP Program** provides medical, dental, and behavioral health services for children and youth in foster care throughout the state of Arizona.

Table 1-2—DCS CHP Program Contracted MCO

DCS CHP Program Contractor	
Contractor Name	**Contractor Abbreviation**
Arizona Department of Child Safety Comprehensive Health Plan	DCS CHP*

*DCS CHP provides services through a subcontracted MCO, Mercy Care Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP). This report uses DCS CHP to refer to activities conducted by the Comprehensive Medical and Dental Program (CMDP) prior to April 1, 2021, and/or the DCS CHP Program beginning April 1, 2021. The report uses DCS CHP when referring to the DCS CHP Contractor, and Mercy Care DCS CHP when referring to activities conducted by the DCS CHP subcontracted health plan (Mercy Care), beginning April 1, 2021.

Program-Level Summary of Findings and Assessment

In this section, HSAG presents program-level strengths, weaknesses (referred to in this report as opportunities for improvement), and recommendations. Each strength, opportunity for improvement, and recommendation is derived from HSAG's review of the EQR activity results.

ACC Program

Table 1-3 presents program-level strengths, opportunities for improvement, and recommendations for the ACC Program based on all EQR activities conducted. Contractor-specific strengths, opportunities for improvement, and recommendations by EQR activity are provided in Section 5. ACC Program Contractor-Specific Results.

Table 1-3—ACC Program Strengths, Opportunities for Improvement, and Recommendations

Strengths, Opportunities for Improvement, and Recommendations
Strengths
HSAG identified the following strengths related to performance measure validation (PMV): • The rates for all seven ACC Program Contractors and the ACC Program Aggregate rate met or exceeded the National Committee for Quality Assurance (NCQA) Quality Compass®, [1-3] national Medicaid health maintenance organization (HMO) mean for Healthcare Effectiveness Data and Information Set (HEDIS®)[1-4] measurement year (MY) 2021 for the: – *Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment—Engagement of AOD—Total and Initiation of AOD—Total* measure rates **[Quality, Timeliness, Access]** – *Immunizations for Adolescents—Combination 1* measure rate **[Quality]** – *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total and Blood Glucose and Cholesterol Testing—Total* measure rates **[Quality]** • The rates for six of seven ACC Program Contractors and the ACC Program Aggregate rate met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021 for the: – *Follow-Up After Emergency Department (ED) Visit for Mental Illness—7-Day Follow-Up—Total* measure rate **[Quality, Timeliness, Access]** – *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total* measure rate **[Quality]**

[1-3] Quality Compass® is a registered trademark of NCQA.
[1-4] HEDIS® is a registered trademark of NCQA.

Strengths, Opportunities for Improvement, and Recommendations
HSAG identified the following strengths related to performance improvement projects (PIPs): • The ACC Program Contractors developed and implemented PIP interventions that may lead to improvement in select PIP indicator outcomes **[Quality, Access]** • The *Back to Basics* PIP is in an intervention phase and will offer an opportunity to improve select performance measures related to preventive healthcare for AHCCCS members **[Quality, Access]** HSAG identified the following strengths related to compliance reviews: • The ACC Program Contractors' average compliance score was at or above 95 percent in the following compliance Focus Areas: – Corporate Compliance (CC) **[Quality, Access]** – Claims and Information Standards (CIS) **[Access]** – General Administration (GA) **[Timeliness, Access]** – Grievance Systems (GS) **[Timeliness, Access]** – Member Information (MI) **[Quality]** – Reinsurance (RI) **[Quality]** – Third-Party Liability (TPL) **[Quality, Timeliness, Access]** – Integrated Systems of Care (ISOC) **[Quality, Access]** HSAG identified the following strengths related to network adequacy validation (NAV): • The applicable ACC Program Contractors met all minimum time/distance network standards during both quarters in Mohave, Navajo, and Yavapai Counties **[Access]** • The ACC Program Contractors consistently met the Behavioral Health Residential Facility; Cardiology, Adult and Pediatric; Hospital; Obstetrics/Gynecology (OB/GYN); and Primary Care Provider (PCP), Adult standards **[Access]** HSAG identified the following strengths related to the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[1-5] results for the KidsCare Program's member experience rating: • *Family Centered Care (FCC): Getting Needed Information* met or exceeded the 90th percentile for the CCC population **[Quality]** • *Rating of Health Plan* and *Getting Needed Care* met or exceeded the 75th percentiles for both the CCC and general child populations **[Quality, Access]**
Opportunities for Improvement and Recommendations
HSAG identified the following opportunities for improvement related to PMV: • The rates for all seven ACC Program Contractors and the ACC Program Aggregate rate did not meet or exceed the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021 and fell below the 25th percentile for the:

[1-5] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Strengths, Opportunities for Improvement, and Recommendations

  - *Prenatal and Postpartum Care—Postpartum Care* measure rate **[Quality, Timeliness, Access]**
  - *Antidepressant Medication Management—Effective Continuation Phase Treatment* measure rate **[Quality]**

- The rates for six of seven ACC Program Contractors and the ACC Program Aggregate rate did not meet or exceed the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021 and fell below the 25th percentile for the:
  - *Antidepressant Medication Management—Effective Acute Phase Treatment* measure rate **[Quality]**
  - *Child and Adolescent Well-Care Visits* measure rate **[Quality, Access]**

    Recommendation: HSAG recommends the ACC Program Contractors conduct a root cause analysis, which could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, the ACC Program Contractors should implement appropriate interventions to improve performance.

- For CY 2022 performance measure reporting, race and ethnicity stratifications (RES) will be required based on NCQA HEDIS specifications

  Recommendation: HSAG recommends that the ACC Program Contractors explore data sources for the capture of race/ethnicity data to support future performance measure reporting that may require stratifications related to RES. The ACC Program Contractors should continue working with AHCCCS on collaborative efforts to improve the completion and accuracy of race/ethnicity data and explore other methods to augment enrollment data information.

HSAG identified the following opportunities for improvement related to PIPs:

- Overall, the indicator rates for the intervention years demonstrated a decline compared to baseline rates. The noted decline in indicator rates may indicate that the coronavirus disease 2019 (COVID-19) public health emergency (PHE) had a significant impact on the rates of compliance with well-child and dental visits. **[Quality, Access]**

  Recommendation: To support successful progression of the PIP in the next calendar year, HSAG recommends the ACC Program Contractors:

  - Review intervention year indicator rates and adjust interventions to facilitate improvement, as necessary
  - Continue to implement identified interventions and assess the impact and effectiveness of the interventions

Strengths, Opportunities for Improvement, and Recommendations

- Develop and document plans for sustaining the improvement for any demonstrated improvement in indicator rates

HSAG identified the following opportunities for improvement related to compliance reviews:

The ACC Program Contractors' average score was below 95 percent in the following compliance Focus Areas:

- Delivery Systems (DS) **[Timeliness, Access]**
- Adult; Early and Periodic Screening, Diagnostic, and Treatment (EPSDT); and Maternal Child Health (MCH) **[Quality, Timeliness, Access]**
- Medical Management (MM) **[Timeliness, Access]**
- Quality Management (QM) **[Quality]**
- Quality Improvement (QI) **[Quality, Access]**

Recommendations: HSAG recommends that the ACC Program Contractors consider conducting a self-assessment of the DS, MCH, MM, QM, and QI Focus Area requirements.

HSAG identified the following opportunities for improvement related to NAV:

- Isolated data issues may have contributed to specific instances affecting ACC Program Contractors' compliance with time/distance standards **[Access]**
- Based on the biannual NAV results, ACC Program Contractors struggled to meet the standards for Dentist, Pediatric and Pharmacy **[Access]**

Recommendations: HSAG recommends that:

- The ACC Program Contractors seek support from AHCCCS when needed to ensure ongoing monitoring of their processes for creating the Provider Affiliation Transmission (PAT) file
- Review the PAT file for accuracy prior to submitting to AHCCCS
- The ACC Program Contractors seek support from AHCCCS when needed to monitor and maintain its contract year ending (CYE) 2022 Quarter 4 (Q4) provider network coverage, with specific attention to ensuring the availability of the following provider types among the applicable ACC Program Contractors:
  - Pediatric dentists in Apache, Coconino, Gila, and La Paz counties
  - Pharmacies in Apache and La Paz counties

Strengths, Opportunities for Improvement, and Recommendations
HSAG identified the following opportunities for improvement related to the CAHPS®[1-6] results for the KidsCare Program's member experience ratings: • *Rating of All Health Care* was between the 25th and 49th percentiles for the general child population **[Quality]** • *Access to Prescription Medicines* was between the 25th and 49th percentiles for the CCC child population **[Quality, Access]** • *Rating of Personal Doctor*, *FCC: Personal Doctor Who Knows Child*, and *Access to Prescription Medicines* were between the 25th and 49th percentiles the CCC child population **[Quality, Access]** Recommendation: HSAG recommends that the KidsCare Program Contractors explore what may be driving lower experience scores and develop initiatives to improve parents'/caretakers' overall experiences with the healthcare.

DCS CHP Program

Table 1-4 presents program-level strengths, opportunities for improvement, and recommendations for the DCS CHP Program based on all EQR activities conducted. DCS CHP strengths, opportunities for improvement, and recommendations by EQR activity are provided in Section 6. DCS CHP Program Results.

Table 1-4—DCS CHP Program Strengths, Opportunities for Improvement, and Recommendations

Strengths, Opportunities for Improvement, and Recommendations*
Strengths
HSAG identified the following strengths related to PMV: • DCS CHP met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021 for the: – *Annual Dental Visit—Total* measure rate **[Timeliness]** – *Child and Adolescent Well-Care Visits—Total* measure rate **[Quality, Timeliness]** – *Childhood Immunization Status—Combination 3* and *Combination 10* measure rates **[Quality, Timeliness]** – *Immunizations for Adolescents—Combination 1* and *Combination 2* measure rates **[Quality]** • DCS CHP's performance measure rates were at or above the 90th percentile for the: – *Child and Adolescent Well-Care Visits—Total* measure rate **[Quality, Timeliness]**

[1-6] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Strengths, Opportunities for Improvement, and Recommendations*
– *Annual Dental Visit—Total* measure rate **[Quality, Timeliness]** – *Immunizations for Adolescents—Combination 1* and *Combination 2* measure rates **[Quality]** HSAG identified the following strengths related to PIPs: • DCS CHP developed and implemented PIP interventions that may lead to improvement in select PIP indicator outcomes **[Quality, Access]** • The *Back to Basics* PIP is in an intervention phase and will offer an opportunity to improve select performance measures related to preventive healthcare for AHCCCS members **[Quality, Access]** HSAG identified the following strength related to NAV: • Mercy Care DCS CHP met all time/distance network standards in assigned counties for CYE 2022 Q4, except for Coconino, La Paz, and Pima counties **[Access]**
Opportunities for Improvement and Recommendations
HSAG identified the following opportunities for improvement related to PMV: • DCS CHP's performance measure rates fell below the 25th percentile for the: – *Childhood Immunization Status—Combination 7* measure rate **[Quality, Access]** – *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* measure rate **[Quality, Access]** Recommendations: DCS CHP was unable to report valid rates for six of the AHCCCS-required performance measures. The audit identified the following considerations and recommendations for future years' reporting **[Quality]**: • The audit found that DCS CHP generally had appropriate data systems, processes, oversight, and the measure knowledge to report performance measures. • Capacity prevented the completion of some of the performance measures. DCS CHP increased its number of measures that received a *Reportable* designation[1-7] compared to CY 2020; however, the full scope and requirements could not be completed in time to report the full set of AHCCCS CY 2021 performance measures. • Resource limitations prevented completion of all measure source code that was under development or required correction. **[Quality]** • DCS CHP contracted with Mercy Care as its subcontracted health plan to produce future AHCCCS-required performance measures; however, due to the look-back periods for many measures, Mercy Care did not produce the DCS CHP measure rates in CY 2021. **[Quality]**

[1-7] A *Reportable* designation indicates the measure was reported in compliance with the applicable technical specifications.

Strengths, Opportunities for Improvement, and Recommendations*

Recommendation: Mercy Care is an established and existing AHCCCS Contractor that already submits the same AHCCCS performance measures and an extended measure set, so its experience offers DCS CHP an increased likelihood of reporting reliable rates. Therefore, HSAG recommends that DCS CHP identify a method by which it can provide the required administrative data to Mercy Care so that Mercy Care can leverage its HEDIS Certified Measures[SM, 1-8] vendor to produce future DCS CHP rates. HSAG further recommends that DCS CHP monitor and trend its subcontracted health plan's performance as part of its oversight activities and finalize the matrix of responsibilities and oversight plan that DCS CHP had indicated was in the process of being drafted for CY 2021.

- For CY 2022 performance measure reporting, RES will be required based on NCQA HEDIS specifications

Recommendation: HSAG recommends that DCS CHP explore data sources for the capture of race/ethnicity data to support future performance measure reporting that may require stratifications related to RES. DCS CHP should continue working with AHCCCS on collaborative efforts to improve the completion and accuracy of race/ethnicity data and explore other methods to augment enrollment data information.

HSAG identified the following opportunities for improvement related to PIPs:

- For indicator 2 in the *Back to Basics* PIP, the intervention year indicator rate demonstrated a decline compared to the baseline rate. The noted decline in the indicator 2 rate may indicate that the COVID-19 PHE had a significant impact on the rates of compliance with the *Child and Adolescent Well-Care Visits* (*WCV*) measure for DCS CHP. [Quality]

Recommendations: To support successful progression of the PIPs in the next calendar year, HSAG recommends that DCS CHP:

- Review intervention year indicator rates and adjust interventions to facilitate improvement, as necessary
- Continue to implement identified interventions and assess the impact and effectiveness of the interventions after the validated indicator rates for the first remeasurement year become available
- Develop and document plans for sustaining the improvement for any demonstrated improvement in indicator rates

[1-8] HEDIS Certified Measures[SM] is a service mark of NCQA.

Strengths, Opportunities for Improvement, and Recommendations*
HSAG identified the following opportunities for improvement related to NAV: • Mercy Care DCS CHP failed to meet the Dentists, Pediatric Standard in La Paz County and the Pharmacy Standard in Coconino County for CYE 2022 Q4 **[Access]** • Mercy Care DCS CHP failed to meet the Behavioral Health Residential Facility Standard in Pima County for both quarters **[Access]** Recommendation: HSAG recommends that Mercy Care DCS CHP maintain current compliances, but continue to address network gaps, as applicable.

* As CMDP transitioned to DCS CHP since the last compliance review, HSAG has no strengths or opportunities for improvement related to compliance at this time.

2. Introduction to the EQR Technical Report

This section provides the purpose and overview of this annual EQR technical report; Centers for Medicare & Medicaid Services (CMS) definitions for Quality, Timeliness, and Access; and an overview of how this EQR technical report is organized.

Description of EQR Activities

Table 2-1 and Table 2-2 describe the activities conducted for each Contractor in the ACC Program and DCS CHP Program.

ACC Program

Table 2-1 presents the EQR activities reviewed in this report for ACC Program Contractors. In addition to the activities listed in the table below, KidsCare CAHPS survey results are presented at the aggregate level for the KidsCare Program in Section 4. ACC Program-Level Comparative Results—Consumer Assessment of Healthcare Providers and Systems Results.

Table 2-1—EQR Activities Presented in the CYE 2022 External Quality Review Annual Technical Report for the ACC Program

Contractors Reviewed	Performance Measure Validation (PMV)*	*Back to Basics* Performance Improvement Project (PIP) Validation**	Compliance Reviews (Operational Reviews)**	Network Adequacy Validation (NAV)**
AzCH-CCP ACC	✓	✓	✓	✓
BUFC ACC	✓	✓	✓	✓
Care 1st ACC	✓	✓	✓	✓
HCA ACC	✓	✓	✓	✓
Mercy Care ACC	✓	✓	✓	✓
MCC ACC	✓	✓	✓	✓
UHCCP ACC	✓	✓	✓	✓

*See performance measure list on page 4-1.
**For additional information and Contractor-specific findings for PIP validation, compliance reviews, and network adequacy validation, see Section 5. ACC Program Contractor-Specific Results.

DCS CHP Program

Table 2-2 presents the EQR activities reviewed in this report for the DCS CHP Program.

Table 2-2—EQR Activities Presented in the CYE 2022 External Quality Review Annual Technical Report for the DCS CHP Program

Contractors Reviewed	Performance Measure Validation*	*Back To Basics* PIP Validation**	Compliance Reviews (Operational Reviews)**	Network Adequacy Validation**
DCS CHP	✓	✓	✓	✓

*See performance measure list on page 6-2.

**For additional information and Contractor-specific findings for PIP validation, compliance reviews, and network adequacy validation, see Section 6. DCS CHP Program Results.

Assessing Quality, Timeliness, and Access

HSAG used the following CMS definitions to evaluate and draw conclusions about the performance of the Medicaid Contractors in each of the domains of Quality, Timeliness, and Access. For more information on how HSAG assessed the Quality, Timeliness, and Access domains for each activity, see Appendix A. Methodology—How Conclusions Were Drawn.

Quality

CMS defines "Quality" in 42 CFR §438.320 as follows:

> Quality, as it pertains to external quality review, means the degree to which an MCO, PIHP, PAHP, or PCCM entity (described in 438.310[c][2]) increases the likelihood of desired outcomes of its enrollees through:
>
> - Its structural and operational characteristics
> - The provision of services that are consistent with current professional, evidence-based knowledge
> - Interventions for performance improvement[2-1]

[2-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Federal Register. Code of Federal Regulations*. Title 42, Volume 81, May 6, 2016.

Timeliness

NCQA defines "Timeliness" relative to utilization decisions as follows:

> "The organization makes utilization decisions in a timely manner to accommodate the clinical urgency of a situation."[2-2] NCQA further states that the intent of this standard is to minimize any disruption in the provision of healthcare. HSAG extends this definition of "Timeliness" to include other managed care provisions that impact services to enrollees and that require timely response by the MCO/PIHP—e.g., processing appeals and providing timely care.

Access

CMS defines "Access" in the 2016 regulations at 42 CFR §438.320 as follows:

> Access, as it pertains to external quality review, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under 42 CFR §438.68 (Network adequacy standards) and 42 CFR §438.206 (Availability of services).[2-3]

Overview of the Report Sections

Section 1—Executive Summary describes the authority under which the report must be provided, as well as the Contractors reviewed during CYE 2022. In addition, this section includes a program-level summary of strengths, opportunities for improvement, and recommendations for program-level performance improvement.

Section 2—Introduction to the EQR Technical Report provides the purpose and overview of this annual EQR technical report; CMS definitions for Quality, Timeliness, and Access; and an overview of how this EQR technical report is organized.

Section 3—Overview of AHCCCS provides a description of AHCCCS':

- Medicaid Managed Care Program History
- Waivers and Legislative Updates
- Strategic Plan
- Quality Initiatives

[2-2] National Committee for Quality Assurance. 2013 Standards and Guidelines for the Accreditation of Health Plans.
[2-3] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Federal Register. Code of Federal Regulations*. Title 42, Volume 81, May 6, 2016.

- Medicaid and CHIP Quality Strategy as well as HSAG's recommendations for targeting goals and objectives for quality improvement

Section 4—ACC Program-Level Comparative Results includes comparative results organized by EQR-related activity, strengths, opportunities for improvement, and recommendations for program-level performance improvement. This section also includes aggregate CAHPS findings for the KidsCare population.

Section 5—ACC Program Contractor-Specific Results provides (by Contractor) activity-specific strengths, opportunities for improvement, and HSAG's recommendations for performance improvement. This section also includes information about the extent to which each Contractor was able to address prior year's recommendations and Contractor best practices.

Section 6—DCS CHP Program Results provides, by EQR activity, activity-specific strengths, opportunities for improvement, and HSAG's recommendations for performance improvement. This section also includes information about the extent to which DCS CHP was able to address prior year's recommendations and DCS CHP's best practices.

Appendix A—Methodology presents, for each EQR activity:

- Objectives
- Technical methods of data collection
- Description of data obtained
- How data were aggregated and analyzed
- How conclusions were drawn

In addition, this section includes information about how program-level data were aggregated and analyzed.

Appendix B—Acknowledgements and Copyrights

3. Overview of AHCCCS

This section provides a description of AHCCCS':

- Medicaid Managed Care Program History
- Waivers and Legislative Updates
- Strategic Plan
- Quality Initiatives
- Medicaid and CHIP Quality Strategy, as well as HSAG's recommendations for targeting goals and objectives for quality improvement

AHCCCS Medicaid Managed Care Program History

Since 1982, AHCCCS, the single state Medicaid agency for Arizona, has operated under the authority of the federal Medicaid Demonstration 1115 Waiver under Section 1115 of the Social Security Act, which has allowed for the operation of an integrated managed care model. AHCCCS uses State, federal, and county funds to administer pediatric, acute, long-term, and behavioral healthcare programs to the State's Medicaid members. AHCCCS has an appropriated budget of approximately $18.3 billion to administer its programs, which provide services for over two million individuals and families in Arizona through a provider network credentialed and contracted by its Contractors. The AHCCCS Acute Care Program began in 1982 and in 1988, AHCCCS added the Arizona Long Term Care System (ALTCS) Program for individuals with developmental disabilities, and then expanded the program in January 1989 to include the elderly and/or physical disabilities (EPD) populations. ALTCS provides acute care, behavioral health services, LTC, and case management to AHCCCS members who are elderly, physically disabled, or developmentally disabled and who meet the criteria for receiving care in a home and community based setting. Services for individuals with developmental disabilities in ALTCS are offered through the Arizona Department of Economic Security, Division of Developmental Disabilities (DES/DDD). The ALTCS members account for less than 4.0 percent of the AHCCCS population, with approximately 28 percent of the costs. American Indian/Alaskan Native (AI/AN) members may choose to receive services through the managed care structure or may opt to receive services through the fee-for-service program. Services for children in the foster care system are offered through the DCS CHP Program (previously Comprehensive Medical and Dental Program or CMDP).

In October 1990, AHCCCS began coverage of comprehensive behavioral health services for children with a serious emotional disturbance (SED) younger than 18 years of age who required residential care. Through further expansion, AHCCCS added comprehensive behavioral health coverage for all Medicaid-eligible individuals. CHIP was incorporated in Arizona in 1998 and is known as KidsCare. In 2009, due to a persistently severe budget shortfall, a freeze was placed on enrollment in KidsCare. In 2016, Governor Ducey signed Senate Bill (SB) 1457 into law, ending the enrollment freeze on the KidsCare Program. Children who qualify for this program receive care through AHCCCS Contractors. In October 2013, children enrolled in the Acute Care Program who had a Children's Rehabilitative

Services (CRS) qualifying diagnosis were enrolled into one integrated CRS Contractor, UHCCP. This was done to decrease fragmentation and reduce member confusion; ensure optimal access to primary, specialty, and behavioral care; enhance coordination of all service delivery; improve member outcomes and satisfaction; and streamline administration. At the same time, children with CRS qualifying conditions and enrolled in the ALTCS Program, other than in DDD, were fully integrated into their ALTCS Contractors' provided services, including all primary, specialty, long-term, and behavioral healthcare related to the members' CRS conditions.

Before the integration of services into a single health plan that began in April 2014, a member with general mental health needs and those with a serious mental illness (SMI) designation had to coordinate with several healthcare systems to obtain services. As such, the physical health services were provided through the acute health plan; the behavioral health services through the Regional Behavioral Health Authority (RBHA) contracted through the Division of Behavioral Health Services (DBHS); the Medicare system, if the member was also eligible for Medicare; and Medicare Part D for medications.

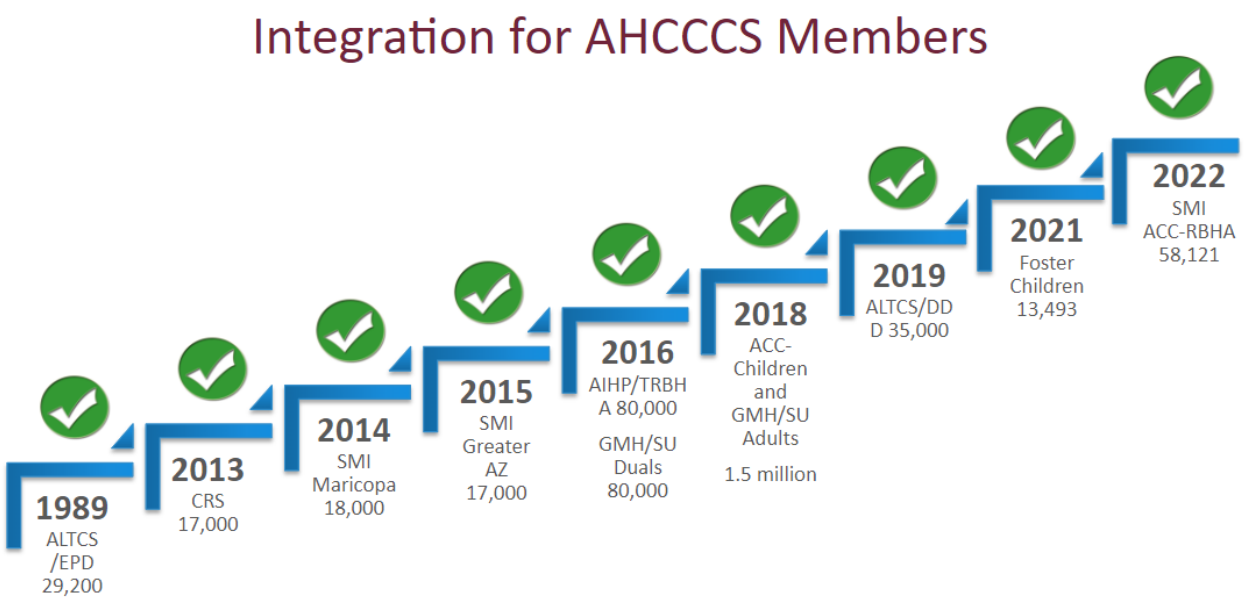
On April 1, 2014, approximately 17,000 members with SMI residing in Maricopa County were transitioned to a single plan, Mercy Maricopa Integrated Care, to manage both their behavioral and physical healthcare needs. Beginning October 1, 2015, members residing in other counties were transitioned to one of two additional integrated health plans to provide both physical and behavioral healthcare services. RBHAs were also providing general behavioral health and substance use services to individuals in the DCS/CMDP foster care system and to DDD members. Beginning July 1, 2016, DBHS merged with AHCCCS, moving contractual oversight of the RBHAs to AHCCCS.

In March of 2017, new contracts were awarded to three MCOs throughout Arizona to administer Arizona's integrated long-term care system for individuals who are elderly and/or physically disabled (ALTCS-EPD). Awards were based on the bidder's proposed approaches for care and treatment of ALTCS individuals using a fully integrated care perspective at both the systemic and direct care levels (e.g., use of health homes, electronic health records [EHRs], coordinated case management, and collaboration between behavioral and physical health). Although Arizona's ALTCS model has historically provided integrated care that included behavioral health treatment, emphasis was added to promote greater use of Arizona's behavioral health model, particularly regarding individuals who have been determined to have SMI. The newly awarded long-term care system contracts were implemented on October 1, 2017.

Effective October 1, 2018, AHCCCS implemented a delivery system reform that allows members who are not enrolled in an ALTCS-EPD Program to access physical as well as general mental health and substance use behavioral healthcare services, previously provided through a RBHA, through a single integrated delivery system model, ACC, with seven health plans. In addition, on October 1, 2018, service delivery was restructured into three geographic service areas (GSAs): North, Central, and South. Members continue to have a choice of health plans in their geographic service areas and to have access to a network of providers and the same array of covered services.

Effective October 1, 2019, DDD began providing integrated behavioral health services to its members, including individuals with an SMI designation. Effective April 1, 2021, DCS/CMDP began providing integrated behavioral health services to its members and changed its program name to DCS CHP.

Effective October 1, 2022, AHCCCS expanded three ACC contracts to include RBHA services, thus furthering integration efforts, under the AHCCCS Complete Care – Regional Behavioral Health Agreement (ACC-RBHA) line of business (LOB). ACC-RBHAs continue to provide specific services to individuals with an SMI designation who are not in an ALTCS Program, as well as the first 24 hours of crisis services.[3-1]



American Indian members have the choice of enrolling in an ACC managed care plan or the American Indian Health Program (AIHP) and a Tribal RBHA when available. American Indian members have the same access to Indian Health Service (IHS) providers, Tribal 638 providers, and Urban Indian Health providers regardless of whether they are receiving services through managed care or the fee-for-service program.

[3-1] Effective October 1, 2022, the acronym 'RBHA' changed from Regional Behavioral Health Authority to Regional Behavioral Health Agreement. Services are provided by AHCCCS Complete Care Contractors with Regional Behavioral Health Agreements (ACC-RBHAs).

AHCCCS Waivers and Legislative Updates

1115 Waiver Update

CMS approved Arizona's request for a five-year extension of its 1115 Waiver. This 1115 Waiver approval continues the long-standing authorities and programs that have made Arizona's Medicaid program innovative, effective, and efficient, including integrated managed care for AHCCCS populations through ACC, ALTCS, the DCS CHP Program for children in foster care, and RBHAs, which provide integrated care for individuals with an SMI designation. In addition, CMS continued Arizona's waiver of retroactive eligibility, which authorizes AHCCCS to limit retroactive coverage to the first day of the month of application for all Medicaid members, except for pregnant women, women who are 60 days or less postpartum, and children under 19 years of age. In addition to renewing these historic programs, this 1115 Waiver includes approval for transformative projects intended to advance member health outcomes, including the 2.0 Targeted Investments Program (TI 2.0) and Housing and Health Opportunities (H2O) initiative.

Targeted Investments (TI) Program 2.0 Approved

AHCCCS partners with more than 120,000 registered providers across the state to provide healthcare services to Medicaid members. For the last five years, the Targeted Investments Program has helped providers integrate physical and behavioral healthcare at the point of service, increasing members' access to a full array of services and demonstrating significant improvements in health outcomes. TI 2.0 will extend the program to additional providers and continue provider incentive funding to further integration efforts, including a range of initiatives aimed at addressing social drivers of health and inequitable health outcomes.

Housing and Health Opportunities (H2O) Approved

CMS approved the new Housing and Health Opportunities project to further address health-related social needs for vulnerable populations and ensure their access to healthcare. For many years, Arizona has prioritized housing and used State General Fund dollars to support rental subsidies for nearly 3,000 individuals experiencing homelessness each year. AHCCCS and its contracted health plans have successfully leveraged this experience to expand the reach of housing opportunities, improve member health outcomes, and reduce overall healthcare costs. Recognizing that stable housing is an important component of overall health, CMS approved the H2O Program to strengthen outreach to vulnerable Medicaid members, including those experiencing homelessness, those living with an SMI, and young adults transitioning out of the foster care system. AHCCCS will be able to reimburse for up to six months of medically necessary transitional housing specifically for individuals transitioning out of institutional care or congregate settings such as nursing facilities, large group homes, congregate residential settings, institutions for mental diseases (IMDs), correctional facilities, and hospitals; individuals who are homeless, at risk of homelessness, or transitioning out of an emergency shelter as

defined by 24 CFR 91.5; and enhance those services that support a member's success in housing, like tenant rights education, eviction prevention, housing transition navigation services, and medically necessary home modifications.

Tribal Dental Benefit Added

In 2020, the Arizona State Legislature approved a dental benefit expansion for American Indian/Alaska Native (AI/AN) members over the age of 21 receiving dental services at Indian Health Service (IHS) or Tribal 638 facilities. The benefit expansion removes the $1,000 limit on both the adult emergency dental benefit and the separate $1,000 limit on routine dental services rendered to adult AI/AN members enrolled in the Arizona Long Term Care System (ALTCS), when these services are rendered by Indian Health Service or Tribal 638 facilities.

This waiver approval allows AHCCCS to reimburse Indian Health Services and Tribal 638 facilities for medically necessary, AHCCCS covered dental services provided to AI/AN adult members beyond the existing $1,000 limits. The $1,000 adult emergency benefit limit and the $1,000 ALTCS adult routine benefit limit remains in place for dental services provided to American Indian/Alaska Native (AI/AN) members outside of the Indian Health Service (IHS) or Tribal 638 system.

Negotiations Continue on Traditional Healing and In-Reach Services

In its approval notice, CMS recognized the State's continued interest in reimbursing for traditional healing services offered by tribal nations. In their approval letter, CMS committed to further conversations aimed at approval for Arizona's traditional healing waiver request. Additionally, CMS noted its willingness to further explore reimbursement for pre-release services for individuals in federal, state, local, and tribal correctional facilities.

The Waiver approval is effective October 14, 2022, through September 30, 2027. All documents, including the original and amended waiver applications and the approval letter from CMS, are posted on the AHCCCS 1115 Waiver web page.[3-2]

On March 17 and March 24, 2020, AHCCCS submitted requests to the CMS administrator to waive certain Medicaid and CHIP requirements in order to combat the continued spread of COVID-19. AHCCCS sought a broad range of emergency authorities to:

- Strengthen the provider workforce and remove barriers to care for AHCCCS members
- Enhance Medicaid services and supports for vulnerable members for the duration of the emergency period and
- Remove cost sharing and other administrative requirements to support continued access to services

[3-2] Arizona Section 1115 Demonstration Waiver. Available at: https://www.azahcccs.gov/Resources/Federal/waiver.html. Accessed on Nov 29, 2022.

CMS approved components of Arizona's requests under the 1135 Waiver, Appendix K, and the State Plan. Information regarding the status of AHCCCS Emergency Authority Requests (for the federally declared COVID-19 PHE) is available on the AHCCCS COVID-19 Federal Emergency Authorities Request web page.[3-3]

1115 Waiver Evaluation Update

In accordance with Special Terms and Conditions (STC) 59, AHCCCS must submit a draft Waiver Evaluation Design for its 1115 Waiver demonstration. In addition, AHCCCS is also required by CMS to submit an Interim Evaluation Report and a Summative Evaluation Report of the 1115 Waiver Demonstration by December 31, 2020, and March 30, 2023, respectively.

AHCCCS contracted with HSAG to serve as the independent evaluator for Arizona's 1115 Waiver Demonstration. In state fiscal year (SFY) 2019, AHCCCS worked with HSAG to develop Evaluation Design Plans for the following programs:

- ACC Program
- ALTCS Program
- CMDP
- RBHAs
- Targeted Investments (TI) Program
- Retroactive Coverage Waiver
- AHCCCS Works Program

On November 13, 2019, AHCCCS submitted an Evaluation Design Plan to CMS for Arizona's demonstration components noted above, with the exception of AHCCCS Works. Additionally, HSAG later developed, and AHCCCS submitted, a separate evaluation design plan to CMS for the AHCCCS Works Program. Arizona's waiver evaluation design plan was approved by CMS on November 19, 2020.

As required by the STCs of Arizona's approved demonstration, an Interim Evaluation Report must be submitted and discuss the evaluation progress and findings-to-date, in conjunction with Arizona's demonstration renewal application. Arizona's interim evaluation report was submitted with the waiver renewal application on December 22, 2020.

Due to data limitations and operational constraints imposed by the COVID-19 pandemic, Arizona's previous interim evaluation report did not include data from all sources described in Arizona's evaluation design plan. Qualitative data based on key informant interviews and focus groups, as well as beneficiary survey data, were not collected.

[3-3] COVID-19 Federal Emergency Authorities Request. Available at: https://www.azahcccs.gov/Resources/Federal/PendingWaivers/1135.html. Accessed on Nov 29, 2022.

For this reason, an updated interim evaluation report was developed and completed by August 30, 2021. HSAG's updated report contains results for additional years and includes findings-to-date from focus groups and qualitative interviews. In addition, the report used statistical techniques, where possible, to control for confounding factors and identify the impact of Arizona's demonstration initiatives on access to care, quality of care, and member experience with care. CMS approved AHCCCS' Interim Evaluation Report[3-4] on October 6, 2022.

Additionally, AHCCCS worked with HSAG on developing an Evaluation Design Plan for the COVID-19 section of Arizona's 1115 Waiver, in accordance with the guidance issued by CMS on COVID-19 Section 1115 Waiver Monitoring and Evaluation. AHCCCS submitted the design plan to CMS on July 31, 2021, and CMS approved the plan on February 1, 2022.

Going forward, AHCCCS will work with HSAG on the demonstration's Summative Evaluation Report, in alignment with the approved Evaluation Design. The Summative Evaluation Report will include a longer implementation period with more robust analysis and promises to provide additional evidence to support a fuller understanding of the effects of each of the programs included on the demonstration.

Legislative Update

The Arizona State Legislature passed a number of House Bills (HBs) in the 2022 legislative session that will have impacts on the agency including:

- HB 2157 (supplemental appropriations; community-based services) provided expenditure authority to AHCCCS for implementation of its American Rescue Plan Act HCBS spending plan for SFY 2022, with certain reporting requirements and other provisions. HB 2157 was signed into law and went into effect on March 1, 2022.
- HB 2551 (CHIP; redetermination) requires AHCCCS to allow a member who is determined eligible for CHIP to maintain coverage for a period of 12 months, unless the member exceeds the age of eligibility during that 12-month period, with additional specific exceptions. Contingent upon CMS approval.
- HB 2622 (eligibility; AHCCCS) requires AHCCCS to annually renew eligibility of individuals within the foster care system until age 26, with certain specific exceptions, contingent upon CMS approval.
- HB 2691 (healthcare workforce; grant programs) creates a variety of programs to promote healthcare workforce development, including certain grant programs to be administered through AHCCCS, including the Student Nurse Clinical Rotation and Licensed or Certified Nurse Training Pilot Program and the Behavioral Health Pilot Program.

[3-4] AHCCCS' Interim Evaluation Report. Available at: https://www.azahcccs.gov/Resources/Reports/federal.html. Accessed on Nov 29, 2022.

- HB 2862/HB 2863 (budget bills) contain appropriations for state agencies and programs. Specific to the AHCCCS Administration, the budget included the following items:
  - Additional funding for providers of services for elderly and physically disabled individuals
  - Additional funding for increased reimbursement rates for behavioral health outpatient services and the Global Obstetric Package
  - Expansion of covered services, to include chiropractic services and outpatient diabetes self-management training education, contingent upon CMS approval
  - Funding to extend postpartum eligibility to 12 months, contingent upon CMS approval
  - Funding for critical IT projects, such as a system integrator for AHCCCS' Medicaid Enterprise System (MES) Modernization, and funding to come into compliance with federal interoperability regulations

The Arizona Legislature adjourned Sine Die on June 24, 2022; the general effective date for legislation is September 24, 2022. The 2023 legislative session began January 9, 2023, and was underway at the time of writing this report.

AHCCCS' Strategic Plan

AHCCCS' Strategic Plan for SFY 2023[3-5] presents the strategy and direction for AHCCCS, including new programs, initiatives, and past accomplishments. The Strategic Plan identifies AHCCCS' mission, vision, and core values:

- AHCCCS Vision: Shaping tomorrow's managed healthcare…from today's experience, quality, and innovation
- AHCCCS Mission: Reaching across Arizona to provide comprehensive quality healthcare to those in need

The Strategic Plan offers three multi-year strategies:

1. Provide equitable access to high quality, whole-person care
   - Increase the amount of funding to direct care workers providing home and community based services
   - Reduce health disparities
   - Increase available housing and supports
   - Improve AHCCCS member connectivity to critical social services

[3-5] AHCCCS Fiscal Year 2023 Strategic Plan 2-pager. Available at: https://www.azahcccs.gov/AHCCCS/Downloads/Plans/FY2023_2-Page_StrategicPlan.pdf. Accessed on: Nov 29, 2022.

2. Implement solutions that ensure optimal member and provider experience
   - Finalize roadmap, detailing the modernization of AHCCCS' Medicaid Enterprise System
   - Improve transparency into delivery system performance
3. Maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations
   - Improve employee engagement
   - Reduce the amount of time that positions remain vacant

Key Initiatives and Accomplishments for AHCCCS

AHCCCS continued to demonstrate innovative and collaborative approaches to managing costs while improving the quality of systems, care, and services. AHCCCS provided the July 2022 enhanced Quality Strategy and Quality Strategy Evaluation, the AHCCCS Strategic Plan State Fiscal Years 2023–2027, and AHCCCS' quarterly quality assurance/monitoring activity reports. These documents provided compelling evidence of AHCCCS' vision and leadership in identifying and proactively pursuing opportunities to improve access to, and the quality and timeliness of care and services, as well as to improve member health outcomes.

AHCCCS has created a webpage to outline current initiatives[3-6] aimed at building a more cohesive and effective healthcare system in Arizona by reducing fragmentation, structuring provider reimbursements to incentivize quality outcomes, leveraging health information technology, and working with private sector partners to further innovation to the greatest extent. This web page highlights ongoing and completed initiatives with links to more detailed information, and is updated as more information becomes available.

Following are key AHCCCS accomplishments related to the AHCCCS SFY 2021 Strategic Plan.

Accessing Behavioral Health Services in School

AHCCCS partners with the Arizona Department of Education and others to ensure students, whether Medicaid-eligible or not, can receive behavioral health services either provided in a school setting or through a referral from a school.

[3-6] AHCCCS Initiatives and Best Practices. Available at: https://www.azahcccs.gov/AHCCCS/Initiatives/. Accessed on: Dec 3, 2022.

Jake's Law and The Children's Behavioral Health Services Fund[3-7]

In 2020, the Arizona State Legislature allocated $8 million for behavioral health services in school settings for students who are underinsured or uninsured. This special allocation of one-time state funding, known as the Children's Behavioral Health Services Fund or Jake's Law, allows schools to refer students for behavioral health services for anxiety, depression, social isolation, stress, behavioral issues, or any other mental health concern. Families will not receive a bill for these services; they are covered by tax dollars. Jake's Law requires that schools must develop a policy to refer students for behavioral health services, and to allow families to opt-in or opt-out of the referral process each year. In CYE 2022, behavioral health services under this funding were provided to students by participating healthcare providers contracted with the three RBHAs: Mercy Care (in Central Arizona), Arizona Complete Health Complete Care (in Southern Arizona), and Health Choice Arizona (in Northern Arizona).

Building A Healthcare System: Care Coordination and Integration

AHCCCS has various initiatives[3-8] designed to improve care coordination and communication while reducing fragmentation to create a healthcare system with more effective outcomes. AHCCCS continues to integrate the care delivery systems and align incentives that are designed to transform the structure of the Medicaid program, improve health outcomes, and better manage limited resources.

Improving Behavioral Health and Physical Healthcare Coordination for Individuals with an SMI Designation

On October 1, 2022, AHCCCS updated its contracts[3-9] with MCOs for health insurance coverage for individuals with an SMI designation. Three ACC Contractors now have expanded responsibilities as an ACC-RBHA Contractor[3-10] to include the provision of integrated care addressing physical health and behavioral health for members with an SMI designation and the first 24-hours of Crisis Services. AHCCCS will continue to work collaboratively with the ACC-RBHAs to evaluate methods to reduce program complexity, administrative burden, and unnecessary administrative and medical costs; and to improve care coordination and disease/chronic care management.

[3-7] Accessing Behavioral health in Schools. Available at: https://www.azahcccs.gov/AHCCCS/Initiatives/BehavioralHealthServices/. Accessed on: Dec 3, 2022.
[3-8] Building an Integrated Health Care System and Improving Care Coordination. Available at: https://www.azahcccs.gov/AHCCCS/Initiatives/CareCoordination/. Accessed on Dec 3, 2022.
[3-9] Behavioral Health Contracts. Available at: https://www.azahcccs.gov/AHCCCS/Initiatives/CareCoordination/behavioralhealth.html. Accessed on: Dec 3, 2022.
[3-10] Effective October 1, 2022, the acronym 'RBHA' changed from Regional Behavioral Health Authority to Regional Behavioral Health Agreement. Services are provided by AHCCCS Complete Care Contractors with Regional Behavioral Health Agreements (ACC-RBHAs).

Medicare and Medicaid Alignment for Dual Eligibles: Alignment Makes a Difference[3-11]

Medicare presents one of the greatest challenges to states serving individuals dually eligible for Medicaid and Medicare. Medicare is its own distinct, complex system of care operated by the federal government with little to no interface with state Medicaid programs. For the over 180,000 Arizonians who are eligible for both Medicare and Medicaid, navigating these two separate systems of care can be overwhelming. Under these circumstances, it is more likely for individuals to fall through the cracks, receive inefficient care, and not achieve optimal health outcomes.

AHCCCS continues developing integration initiatives to increase alignment and improve service delivery for individuals covered by both Medicare and Medicaid. This health system fragmentation often results in poor communication, uncoordinated healthcare decisions and a lack of a patient-centered perspective. AHCCCS moved toward increasing the coordination of health service delivery between the two health programs by contracting with Medicare Advantage Dual Special Needs Plans (D-SNPs) that are affiliated with its partner ACC Medicaid health plan. Requiring each ACC Medicaid health plan to offer a partner Medicare D-SNP promotes the enrollment or alignment of dual-eligible members in the same health plan for both Medicare and Medicaid services to the greatest possible extent. Enrolling in specialized Medicare plans allows dual-eligible members to receive all their healthcare services, including prescription drug benefits, from a single, integrated health plan.

Simplifying the System of Care for Children with Special Healthcare Needs: Children's Rehabilitative Services (CRS)

CRS was started in 1929 to serve children with complex healthcare needs who require specialized services. Services for the treatment of CRS qualifying conditions were previously managed solely through the CRS Program. Medicaid members would then have to access routine or other non-CRS specialty physical healthcare through their AHCCCS acute plan and behavioral health through the RBHA. For children who were Medicare eligible, the family had one additional hurdle. Arizona families attempting to care for their child with special healthcare needs were being asked to navigate up to four healthcare systems.

Beginning October 1, 2019, members enrolled with DES/DDD use their assigned DES/DDD plan for all of their non-CRS physical health and behavioral health services. DES/DDD continues to provide long-term care services for these members. Members who qualify for a CRS designation and are not enrolled with DES/DDD have a choice of ACC plans in their service area. The ACC plan manages care for all services[3-12] (including CRS, other non-CRS physical health services, and all covered behavioral health services).

[3-11] Individuals Covered By Both Medicare and Medicaid (Dual Eligible Members). Available at: https://www.azahcccs.gov/AHCCCS/Initiatives/CareCoordination/duals.html. Accessed on: Dec 3, 2022.
[3-12] What is Children's Rehabilitative Services (CRS) Designation? Available at: https://www.azahcccs.gov/AHCCCS/Initiatives/CareCoordination/CRS.html. Accessed on: Dec 3, 2022.

Foster care members receive CRS and non-CRS physical healthcare services from Mercy Care Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP) through the Department of Child Safety. American Indian and Alaska Native members with a CRS designation have a choice of an ACC Plan or the American Indian Health Program.

Justice System Transitions

AHCCCS has partnered with state and county governments to improve coordination within the justice system and create the most cost-effective and efficient ways to transition individuals[3-13] leaving the criminal justice system. A significant number of men, women, and children transitioning out of jail and prison into communities are in need of services for behavioral and physical health conditions. Many of these individuals are eligible for Medicaid.

To facilitate the transition, AHCCCS is engaged with the Arizona Department of Corrections Rehabilitation and Reentry (ADCRR), the Arizona Department of Juvenile Corrections (ADJC), and most Arizona counties covering the majority of the State's population, including the two largest—Maricopa and Pima—in a data exchange process that allows AHCCCS to suspend eligibility upon incarceration, rather than terminate coverage. This exchange allows ADCRR, ADJC, and county jails to electronically send discharge dates, which simplifies the process of transitioning directly into care. Through this enrollment suspension process, care can be coordinated by county jails or prisons upon discharge. To support this, AHCCCS Contractors are required to have a justice systems liaison that can ensure a connection to needed behavioral health services following release. In addition, AHCCCS medical management coordinates with counties to facilitate a transition of care into ACC health plans for persons being discharged with serious physical illnesses, such as cancer or other illnesses, that present public health concerns or require immediate attention.

Awards, Studies, and Highlights

Medicaid Innovator Award[3-14]

AHCCCS received a 2022 Medicaid Innovation Award presented by the Robert Wood Johnson Foundation and the National Academy for State Health Policy. The nonpartisan award recognizes states for demonstrating creativity, leadership, and progress in their Medicaid programs despite significant public health challenges in recent years.

AHCCCS received the award for its work on initiatives to address social determinants of health and their impact on whole person care. Specifically, AHCCCS was recognized for developing the Whole Person

[3-13] Support for Individuals Involved in the Justice System. Available at: https://www.azahcccs.gov/AHCCCS/Initiatives/CareCoordination/justiceinitiatives.html. Accessed on: Dec 3, 2022.
[3-14] States Recognized for Medicaid Program Innovations. Available at: https://www.rwjf.org/en/library/articles-and-news/2022/08/states-recognized-for-medicaid-program-innovations.html?cid=xrs_rss-nr. Accessed on: Dec 3, 2022.

Care Initiative, which offers a range of support services to members, including transitional housing; referrals for and transportation to community-based services such as employment and food assistance, and long-term care services to reduce social isolation.

Office of Individual and Family Affairs[3-15]

The AHCCCS Office of Individual and Family Affairs (OIFA) works to engage the community and ensure that members and their families have a voice in the agency's decisions. OIFA takes pride in helping members and family members in the behavioral public health system. The three core areas to which OIFA dedicates its efforts are:

- Bringing in the member and family member voice
- Helping individuals navigate the behavioral health system
- Ensuring peer support services and family support services are available throughout Arizona

State Efforts to Address Medicaid Home and Community Based Services[3-16]

The Medicaid and CHIP Payment and Access Commission (MACPAC) recognized Arizona's efforts to identify and manage barriers to home- and community-based worker recruitment and retention. by inviting AHCCCS to serve as a panelist for a workforce discussion. Arizona was recognized by CMS in the Direct Service Workforce Learning Collaborative - Summary Report study published in February 2023. This report summarized various innovative programs and approaches undertaken by state Medicaid programs that were designed to build capacity in the direct service workforce.

Two of Arizona's workforce development initiatives were cited in this report.

- The Arizona Department of Education's Home Health Aide/Direct Care Worker Training Program is a partnership with the Career and Technical Education Centers of 20 high schools across the state. The program is designed to create a pipeline of Direct Care Worker (DCW) qualified high school graduates into the DCW workforces. Like all DCW training programs, each high school program must be approved by AHCCCS and operate in accordance with the standards of the AHCCCS Contractor Operations Manual 429 Direct Care Worker Training and Testing Program. Currently the program graduates approximately 800 DCW qualified students annually.
- Mercy Care (AHCCCS MCO) and Solterra (a senior living company) were recognized by CMS for creating an innovative approach to recruiting DCWs. Called Careworks, this program has several aims:
  - Develop new DCW talent pools

[3-15] OIFA 2021 Year in Review. Available at: https://www.azahcccs.gov/shared/Downloads/News/2022/2021_OIFA_YearInReview.pdf. Accessed on: Dec 3, 2022.
[3-16] State Efforts to Address Medicaid Home and Community Based Services. Available at: https://www.azahcccs.gov/shared/Downloads/News/2022/220322_MACPAC-brief-on-HCBS-workforce.pdf. Accessed on: Dec 3, 2022.

- Shift social perceptions of caregiving
- Provide career counseling to middle and high school students about the value of beginning a health career as a DCW
- Develop an apprenticeship program for DCWs that will provide free tuition and hourly compensation for a caregiver certificate as well as a care-giving coach to every applicant

Additional Highlights

- During the COVID-19 PHE, AHCCCS used innovative approaches to expand telehealth utilization and allow providers to accept verbal consent to expedite service referrals supported ongoing delivery of services.
- AHCCCS continued collaborative efforts with Mercy Care through the RBHA in Maricopa County to ensure member access to needed services such as assertive community treatment (ACT). Maricopa County has greater capacity to provide ACT than most comparison communities. It is estimated that 4.3 percent of adults with an SMI need an ACT level of care. Few communities around the country provide ACT to 4.3 percent or more of their adults who have SMI, but 6.2 percent of adults with SMI in Maricopa County received ACT in 2021.[3-17]
- In part because of partnerships with AHCCCS and stakeholders, supportive housing and supported employment services are more available in Maricopa County (especially for Medicaid recipients) than nationwide.[3-15]
- Through ongoing efforts supported by AHCCCS, the supported employment utilization rate is 32 percent and the ongoing supported employment utilization rate is 5 percent, among the highest in a benchmark analysis of comparable service delivery systems nationwide. Utilization rates among adults with SMI in Maricopa County increased from 2.5 percent in 2013 to 7.0 percent in 2021.[3-15]
- AHCCCS continues to partner with Mercy Care and direct care providers to encourage positive health outcomes for members. In 2022, 91 percent of individuals responded that they felt comfortable talking to their doctor about medications and how it made them feel, a continued increase from the 2021 response rate (89 percent). Medication services are identified as one of the most readily available services within 15 days.[3-18]
- As part of continuous quality improvement efforts supported by AHCCCS and stakeholders, 86 percent of sampled member cases reviewed included an Individual Service Plan (ISP) with services based on the member's needs, a continued improvement since the 2020 review (70 percent).[3-16]

[3-17] Mercer Government Human Consulting Services, "Service Capacity Assessment Priority Mental Health Services 2022: Arizona Health Care Cost Containment System," Available at: www.azahcccs.gov/AHCCCS/Downloads/ArnoldVSarn/AnnualReports/2022/2022AnnualServiceCapacityAssessment.pdf. Accessed on: Nov 3, 2022.

[3-18] Mercer Government Human Consulting Services, "Quality Service Review 2022: Arizona Health Care Cost Containment System," Available at: www.azahcccs.gov/AHCCCS/Downloads/ArnoldVSarn/AnnualReports/2022/2022AnnualQSR_Report.pdf. Accessed on: Nov 3, 2022.

- AHCCCS provided ongoing support to direct service providers in the utilization of technical assistance related to ongoing fidelity reviews. All direct service providers reviewed in 2021 met Substance Abuse and Mental Health Services Administration (SAMHSA) fidelity review guidelines for evidence-based practice.[3-19]

2022 AHCCCS Year in Review

In 2022, AHCCCS enhanced healthcare service delivery, increased its use of technology to serve customers, and received national recognition for innovative work to address health-related social needs. During CY 2022[3-20], AHCCCS:

- Obtained 1115 Waiver renewal, sustaining historic innovations like managed care and the provision of home- and community-based services (HCBS) while extending the TI Program to offer incentive funding to providers who meet specific integrated care milestones and implementing the H2O demonstration.
- Received the 2022 Medicaid Innovations Award from the Robert Wood Johnson Foundation and the National Academy for State Health Policy, recognizing AHCCCS' work to advance whole-person care and address social drivers of health and inequitable health outcomes.
- Received CMS approval of the American Rescue Plan Act spending plan to allocate $1.5 billion to improving HCBS programs.
- Implemented the ACC-RBHA LOB serving individuals with an SMI designation and serving all Arizonans during the first 24 hours of crisis services. Efforts also included integrating the national 988 suicide and crisis hotline, and implementing a single, statewide crisis line (1-844-534-4673) and crisis text line (4HOPE).
- Integrated 424 American Indian and Alaska Native individuals with an SMI designation into the American Indian Health Program on October 1, 2022.
- Helped to create the Arizona Perinatal Access Line to provide real-time perinatal psychiatric consultation to primary care practitioners serving pregnant and postpartum members.
- Created a COVID-19 PHE vaccination dashboard and a performance measure data dashboard consistent with AHCCCS' commitment to enhance program performance transparency.
- Launched the AHCCCS Virtual Assistant (AVA) to handle the 25 most-asked eligibility-related questions, resulting in 12 percent fewer calls to the Division of Member and Provider Services member contact unit.

[3-19] WICHE Behavioral Health Program, "FY 2021-2022 (Year 8) Evidence Based Practices Fidelity Project: Arizona Health Care Cost Containment System," Available at: www.azahcccs.gov/AHCCCS/Downloads/ArnoldVSarn/AnnualReports/2022/WICHE_Year_8_EndOfYearReport-FINAL09072022.pdf. Accessed on: Nov 3, 2022.

[3-20] 2022 AHCCCS Year in Review. Available at: https://www.azahcccs.gov/shared/Downloads/News/2023/2022YearInReview_220111.pdf. Accessed on Jan 13, 2023.

- Allocated over $25 million in Substance Abuse Block Grant COVID-19 Supplemental Funds for substance use harm reduction efforts, treatment and recovery services, and primary prevention services and $30 million in Mental Health Block Grant funding to support and expand the spectrum of mental health services available to children and adults, including First Episode Psychosis programs and school-based youth engagement specialists.
- Expanded recovery housing options and funded the first mobile medication-assisted treatment (MAT) unit with State Opioid Relief grant dollars.
- Successfully negotiated revisions to a 20-year-old agreement between the Arizona and Hawaii Medicaid programs, allowing the longstanding partnership that shares a MES to continue. The MES handles functions such as claims payment, provider enrollment, and electronic visit verification.
- Engaged more than 50,000 members, families, and providers in stakeholder events, launched the AHCCCS Explains video series featuring employees, and enhanced social media platforms to increase reach by 71 percent.

AHCCCS' Quality Strategy

In accordance with 42 CFR §438.340 and 42 CFR §457.1240(e), AHCCCS created the AHCCCS Quality Strategy and Quality Strategy Evaluation. During CYE 2021, AHCCCS enhanced its Quality Strategy by reevaluating its structure, content, and data analysis. Part of the approach was to incorporate synchronized reporting processes to ensure alignment across various AHCCCS reports that relate to quality (e.g., Strategic Plan, Quality Strategy, and EQR Reports).

The AHCCCS Quality Strategy is a coordinated, comprehensive, and proactive approach to drive improved health outcomes by utilizing creative initiatives, ongoing assessment and monitoring, and result-based performance improvement. Members, the public, and stakeholders provide input and recommendations regarding the content and direction of the Quality Strategy through public comments and additional feedback obtained following stakeholder presentations.

- The AHCCCS Quality Strategy Evaluation is a companion document to the AHCCCS Quality Strategy for the purpose of evaluating the effectiveness of the AHCCCS Quality Strategy
- AHCCCS' enhanced Quality Strategy and Quality Strategy Evaluation were submitted to CMS in July 2021 and posted to AHCCCS' website

AHCCCS will initiate its efforts to update its Quality Strategy and Quality Strategy Evaluation in July 2023 in preparation for submitting the documents to CMS in July 2024.

Goals and Objectives

Quality Goal 1: Improve the member's experience of care, including quality and satisfaction

- Enrich the member experience through an integrated approach to service delivery

- Improve information retrieval and reporting capability by establishing new, and upgrading existing, information technologies, thereby increasing responsiveness and productivity
- Enhance current performance measures, PIPs, and best practice activities by creating a comprehensive quality of care assessment and improvement plan across AHCCCS programs
- Drive the improvement of member-centered outcomes using nationally recognized protocols, standards of care, and benchmarks, as well as the practice of collaborating with MCOs to reward providers based on clinical best practices and outcomes

Quality Goal 2: Improve the health of AHCCCS populations

- Increase member access to integrated care that meets the member's individual needs within their local community
- Support innovative reimbursement models, such as Alternative Payment Models (APMs), while promoting increased quality of care and services
- Build upon prevention and health maintenance efforts through targeted medical management:
  - Emphasizing disease and chronic care management
  - Improving functionality in activities of daily living
  - Planning patient care for special needs populations
  - Identifying and sharing best practices
  - Expanding provider development of Centers of Excellence (COEs)

Quality Goal 3: Reduce the growth in healthcare costs and lower costs per person

- Increase analytical capacity to make more informed clinical and policy making decisions
- Develop collaborative strategies and initiatives with state agencies and other external partners, such as:
  - Strategic partnerships to improve access to healthcare services and affordable healthcare coverage
  - Partnerships with sister government agencies, MCOs, and providers to educate Arizonans on health issues
  - Effective medical management for at-risk and vulnerable populations
  - Building capacity in rural and underserved areas to address both professional and paraprofessional shortages

Quality Goal 4: Enhance data system and performance measure reporting capabilities

- Evaluate current data system infrastructure
- Identify system and process limitations impacting performance measure reporting and analysis
- Leverage various data sources to produce comprehensive reliable data:
  - Collaborate with external stakeholders to facilitate access to supplemental data sources

  - Explore means for collecting and reporting performance measure data utilizing EHR methodologies
- Drive continuous delivery system performance through advanced data analytics and disparity analyses

Recommendations

- HSAG noted that, with few exceptions, the indicator rates related to the *Back to Basics* PIP for the ACC and DCS CHP Contractors declined during the intervention years when compared to the baseline year (CYE 2019). This decline may be due to the COVID-19 PHE. HSAG recommends that AHCCCS encourage the ACC and DCS CHP Contractors to leverage existing member and provider messaging to include education about the COVID-19 PHE and safely receiving these services moving forward. Messaging should consider any specific barriers in local communities to accessing these services and how to effectively manage those barriers in a way that will address members' individual needs, as needed, within their local community.
- HSAG also recommends that AHCCCS continue to seek Contractor input and proposals when developing value-based payment models.

4. ACC Program-Level Comparative Results

This section includes comparative results organized by EQR-related activity, strengths, opportunities for improvement, and HSAG's recommendations for program-level performance improvement. This section also includes aggregate CAHPS findings for the KidsCare population.

Performance Measure Validation

During CYE 2022, HSAG evaluated each ACC Program Contractor's data system for processing of each data type used for reporting the Contractor's CY 2021 performance measure data in alignment with the CMS EQR Protocol 2 audit requirements.[4-1] A summary of these findings by ACC Program Contractor is provided in Table 4-1. Table 4-1 also displays whether each ACC Program Contractor met the assessed Information Systems (IS) standards, which demonstrates whether the Contractor has effective IS practices and control procedures for data reporting. Additional information about each ACC Program Contractor's general findings for each data type reviewed can be found in Section 5. ACC Program Contractor-Specific Results. Additional information regarding the CMS EQR Protocol 2 audit requirements, including more information about the levels of scoring, can be found in Appendix A—Validation of Performance Measures.

Table 4-1—Performance Measures Validation Contractor Comparison: CMS EQR Protocol 2 Validation Results for ACC Program Contractors

Data Type	AzCH–CCP ACC	BUFC ACC	Care 1st ACC	HCA ACC	Mercy Care ACC	MCC ACC	UHCCP ACC
Medical Services Data	*Met*	*Met*	*Met*	*Met*	*Met*	*Met*	*Met*
Enrollment Data	*Met*	*Met*	*Met*	*Met*	*Met*	*Met*	*Met*
Provider Data	*Met*	*Met*	*Met*	*Met*	*Met*	*Met*	*Met*
Medical Record Review Processes	*Met*	*NA*	*Met*	*Met*	*Met*	*Met*	*Met*
Supplemental Data	*Met*	*Met*	*Met*	*Met*	*Met*	*Met*	*Met*
Data Preproduction Processing	*Met*	*Met*	*Met*	*Met*	*Met*	*Met*	*Met*
Data Integration and Reporting	*Met*	*Met*	*Met*	*Met*	*Met*	*Met*	*Met*

NA indicates that the ACC Program Contractor did not calculate measures using the hybrid methodology.

[4-1] The Centers for Medicare & Medicaid Services. *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, October 2019. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf. Accessed on: May 4, 2022.

ACC Program-Level Results

Performance Measure Results

Table 4-2 presents the CY 2021 performance measure rates for each ACC Program Contractor and the ACC Program Aggregate for measures that could be compared to the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021. Performance measure rate cells shaded green indicate that the Contractor met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021. 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 national Medicaid mean are shaded green. Measures reported using hybrid methodology are identified by a plus sign (+); measures without a plus sign (+) were reported using administrative methodology. ACC Program Aggregate rates denoted with a plus sign (+) indicate the measures were reported using a statewide weighted average that blended administrative and hybrid rates, since some ACC Program Contractors did not report the measure using hybrid methodology.

Table 4-2—CY 2021 Performance Measure Results for ACC Program Contractors

Measure	AzCH–CCP ACC	BUFC ACC	Care 1st ACC	HCA ACC	MCC ACC	Mercy Care ACC	UHCCP ACC	ACC Program Aggregate
Maternal and Perinatal Care								
Prenatal and Postpartum Care								
Timeliness of Prenatal Care	77.9%+	63.2%	82.7%+	77.6%+	75.4%+	84.2%+	86.4%+	79.4%+
Postpartum Care	67.9%+	50.7%	68.1%+	56.9%+	66.2%+	72.7%+	68.4%+	65.2%+
Behavioral Health								
Antidepressant Medication Management								
Effective Acute Phase Treatment	60.6%	60.3%	57.3%	56.3%	61.3%	56.7%	60.8%	59.1%
Effective Continuation Phase Treatment	42.7%	42.7%	38.9%	38.4%	43.9%	39.3%	43.1%	41.4%
Follow-Up After ED Visit for AOD Abuse or Dependence								
7-Day Follow-Up—Total	16.5%	15.6%	15.7%	15.9%	11.9%	20.7%	12.1%	15.8%
30-Day Follow-Up—Total	23.3%	21.1%	22.3%	22.4%	18.3%	27.0%	18.8%	22.2%
Follow-Up After ED Visit for Mental Illness								
7-Day Follow-Up—Total	47.7%	40.9%	39.0%	44.3%	52.3%	51.5%	44.7%	45.4%
30-Day Follow-Up—Total	57.7%	50.1%	51.9%	56.1%	59.5%	61.0%	54.8%	55.7%

Measure	AzCH–CCP ACC	BUFC ACC	Care 1st ACC	HCA ACC	MCC ACC	Mercy Care ACC	UHCCP ACC	ACC Program Aggregate
Follow-Up After Hospitalization for Mental Illness								
7-Day Follow-Up—Total	41.1%	34.9%	49.7%	41.7%	33.2%	44.0%	44.8%	42.5%
30-Day Follow-Up—Total	60.5%	50.2%	65.2%	57.1%	51.0%	59.6%	61.4%	58.8%
Initiation and Engagement of AOD Abuse or Dependence Treatment								
Initiation of AOD Treatment—Total	48.1%	46.6%	47.4%	45.4%	52.7%	51.5%	48.6%	48.4%
Engagement of AOD Treatment—Total	18.2%	18.5%	17.5%	16.6%	20.0%	18.5%	18.2%	18.1%
Care of Acute and Chronic Conditions								
Comprehensive Diabetes Care								
*Hemoglobin A1c (HbA1c) Poor Control (>9.0%)**	39.4%$^{+}$	56.3%	45.3%$^{+}$	42.6%$^{+}$	43.3%$^{+}$	40.6%$^{+}$	34.3%$^{+}$	42.1%$^{+}$
Controlling High Blood Pressure								
Controlling High Blood Pressure	51.1%$^{+}$	33.6%	16.5%	51.3%$^{+}$	54.7%$^{+}$	64.0%$^{+}$	67.4%$^{+}$	52.5%$^{+}$
Pediatric Health								
Child and Adolescent Well-Care Visits								
Child and Adolescent Well-Care Visits	41.5%	39.9%	46.6%	38.9%	34.2%	49.7%	47.9%	44.9%
Well-Child Visits in the First 30 Months of Life								
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	60.6%	57.2%	59.4%	51.9%	44.8%	64.3%	63.3%	59.8%
Annual Dental Visit								
Annual Dental Visit	49.9%	46.2%	49.5%	51.5%	45.5%	57.6%	55.0%	52.5%
Childhood Immunization Status								
Combination 3	65.7%$^{+}$	59.1%	56.4%$^{+}$	51.6%$^{+}$	56.2%$^{+}$	62.3%$^{+}$	65.7%$^{+}$	61.2%$^{+}$
Combination 7	59.4%$^{+}$	53.0%	49.4%$^{+}$	45.5%$^{+}$	49.6%$^{+}$	56.9%$^{+}$	59.4%$^{+}$	55.1%$^{+}$
Combination 10	38.2%$^{+}$	34.0%	24.8%$^{+}$	26.5%$^{+}$	25.1%$^{+}$	30.2%$^{+}$	37.5%$^{+}$	32.6%$^{+}$
Immunizations for Adolescents								
Combination 1	89.3%$^{+}$	83.9%	84.7%$^{+}$	80.3%$^{+}$	82.2%$^{+}$	84.4%$^{+}$	85.6%$^{+}$	84.7%$^{+}$
Combination 2	41.1%$^{+}$	39.5%	41.4%$^{+}$	30.4%$^{+}$	30.7%$^{+}$	40.9%$^{+}$	41.4%$^{+}$	39.4%$^{+}$
Metabolic Monitoring for Children and Adolescents on Antipsychotics								
Blood Glucose Testing—Total	63.4%	57.5%	59.6%	56.5%	53.5%	61.2%	58.1%	59.2%

Measure	AzCH–CCP ACC	BUFC ACC	Care 1st ACC	HCA ACC	MCC ACC	Mercy Care ACC	UHCCP ACC	ACC Program Aggregate
Cholesterol Testing—Total	52.4%	42.2%	43.0%	38.3%	40.2%	48.4%	49.3%	46.1%
Blood Glucose and Cholesterol Testing—Total	51.8%	41.3%	42.7%	36.9%	37.8%	47.6%	46.7%	44.8%
Preventive Screening								
Breast Cancer Screening								
Breast Cancer Screening	51.5%	50.8%	37.0%	39.6%	39.6%	52.0%	55.6%	49.4%
Cervical Cancer Screening								
Cervical Cancer Screening	55.5%+	38.5%	52.1%+	46.2%+	38.0%+	58.2%+	58.9%+	52.4%+
Appropriate Utilization of Services								
Ambulatory Care—Total								
*Ambulatory Care—ED Utilization**	38.9	36.2	36.8	41.7	39.9	41.5	39.2	39.3
Plan All-Cause Readmissions								
*O/E Ratio—Total**	0.9960	0.9679	0.9765	1.0901	0.8568	0.9810	1.0051	0.9985
Use of Opioids at High Dosage								
*Use of Opioids at High Dosage**	8.3%	6.6%	3.5%	4.5%	5.5%	9.3%	11.9%	8.6%

* A lower rate indicates better performance for this measure.

+ Indicates the measure was reported using hybrid methodology.

Cells shaded green indicate that the rate met or exceeded the MY 2021 national Medicaid mean.

Table 4-3 presents the CY 2020 and CY 2021 ACC Program Aggregate results for measures that could be compared to the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2020 and MY 2021. Performance measure rate cells shaded green indicate that the rate met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2020 and/or MY 2021. Of note, measures for which lower rates suggest better performance are indicated by an asterisk (*). ACC Program Aggregate rates denoted with a plus sign (+) indicate the measures were reported using a statewide weighted average that blended administrative and hybrid rates, since some ACC Program Contractors did not report the measure using hybrid methodology.

Table 4-3—CY 2020 and CY 2021 Performance Measure Aggregate Results for ACC Program Contractors

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]
Maternal and Perinatal Care			
Prenatal and Postpartum Care			
Timeliness of Prenatal Care	—	79.4%+	—

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]
Postpartum Care	64.6%+	65.2%+	↑
Behavioral Health			
Antidepressant Medication Management			
Effective Acute Phase Treatment	54.2%	59.1%	↑
Effective Continuation Phase Treatment	38.5%	41.4%	↑
Follow-Up After ED Visit for AOD Abuse or Dependence			
7-Day Follow-Up—Total	17.7%	15.8%	↓
30-Day Follow-Up—Total	24.3%	22.2%	↓
Follow-Up After ED Visit for Mental Illness			
7-Day Follow-Up—Total	47.6%	45.4%	→
30-Day Follow-Up—Total	58.0%	55.7%	↓
Follow-Up After Hospitalization for Mental Illness			
7-Day Follow-Up—Total	43.6%	42.5%	↓
30-Day Follow-Up—Total	59.8%	58.8%	→
Initiation and Engagement of AOD Abuse or Dependence Treatment			
Initiation of AOD Treatment—Total	46.8%	48.4%	↑
Engagement of AOD Treatment—Total	17.6%	18.1%	↑
Care of Acute and Chronic Conditions			
Comprehensive Diabetes Care—HbA1c Poor Control (>9%)			
*HbA1c Poor Control (>9.0%)**	45.8%+	42.1%+	↑
Controlling High Blood Pressure			
Controlling High Blood Pressure	—	52.5%+	—
Heart Failure Admission Rate			
Heart Failure Admission Rate	—	29.2	—
Diabetes Short-Term Complications Admission Rate			
Diabetes Short-Term Complications Admission Rate	—	15.5	—
Pediatric Health			
Child and Adolescent Well-Care Visits			
Child and Adolescent Well-Care Visits	42.8%	44.9%	↑
Developmental Screening in the First Three Years of Life			
Developmental Screening in the First Three Years of Life	35.4%	39.5%	↑
Well-Child Visits in the First 30 Months of Life			
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	60.6%	59.8%	↓
Annual Dental Visit			
Annual Dental Visit	—	52.5%	—

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]
Childhood Immunization Status			
Combination 3	—	61.2%+	—
Combination 7	—	55.1%+	—
Combination 10	—	32.6%+	—
Immunizations for Adolescents			
Combination 1	—	84.7%+	—
Combination 2	—	39.4%+	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics			
Blood Glucose Testing—Total	—	59.2%	—
Cholesterol Testing—Total	—	46.1%	—
Blood Glucose and Cholesterol Testing—Total	—	44.8%	—
Preventive Screening			
Breast Cancer Screening			
Breast Cancer Screening	49.5%	49.4%	→
Cervical Cancer Screening			
Cervical Cancer Screening	49.3%+	52.4%+	↑
Appropriate Utilization of Services			
Ambulatory Care—ED Utilization			
*Ambulatory Care—ED Utilization**	—	39.3	—
Plan All-Cause Readmissions			
*O/E Ratio—Total**	—	0.9985	—
Use of Opioids at High Dosage			
*Use of Opioids at High Dosage**	—	8.6%	—

* A lower rate indicates better performance for this measure.
+ Indicates the measure was calculated via mixed methodology in scenarios where one or more Contractors calculated the measure using administrative methodology.
Cells shaded green indicate that the rate met or exceeded the MY 2020 and/or MY 2021 and/or national Medicaid mean.
— Indicates the CY 2020 rate was not presented in the CYE 2021 Annual Technical Report; therefore, a 2020-2021 comparison is not presented in the CYE 2022 Annual Technical Report.
[1] Aggregated rates were calculated and compared from CY 2020 to CY 2021, and comparisons were based on a Chi-square test of statistical significance with a p value of <0.01 due to large denominators.
↑ Indicates improvement of measure rates.
↓ Indicates decline of measure rates.
→ Indicates stable measure rates.

Table 4-4 highlights the ACC Program Contractors' performance for the current year by measure group. The table illustrates the Contractors' CY 2021 measure rates and their performance relative to the NCQA national Medicaid Quality Compass HEDIS MY 2021 percentiles, where applicable. The performance level star ratings are defined as follows:

★★★★★ = 90th percentile and above
★★★★ = 75th percentile to 89th percentile

★★★ = 50th percentile to 74th percentile
★★ = 25th percentile to 49th percentile
★ = Below the 25th percentile

Table 4-4—CY 2021 National Percentiles Comparison for ACC Program Contractors

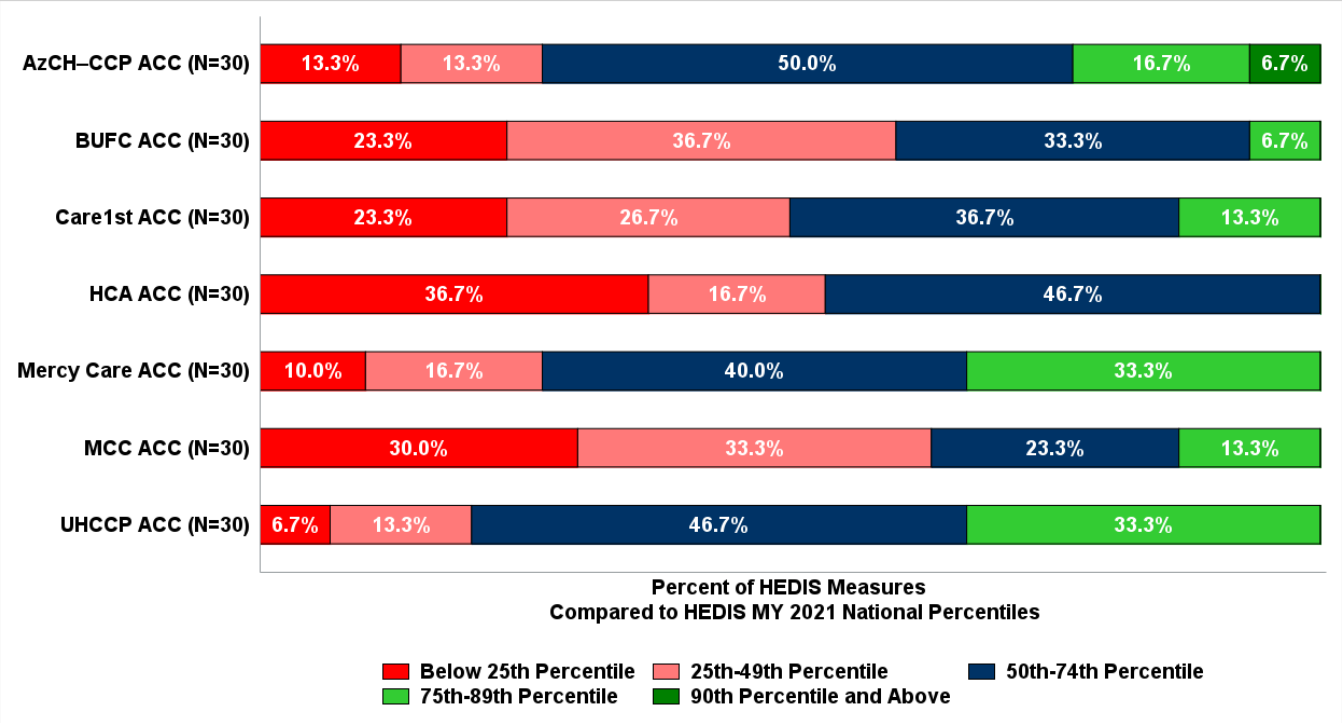
Measure	AzCH–CCP ACC	BUFC ACC	Care 1st ACC	HCA ACC	MCC ACC	Mercy Care ACC	UHCCP ACC	ACC Program Aggregate
Maternal and Perinatal Care								
Prenatal and Postpartum Care								
Timeliness of Prenatal Care	★	★	★★	★	★	★★	★★★	★
Postpartum Care	★	★	★	★	★	★	★	★
Behavioral Health								
Antidepressant Medication Management								
Effective Acute Phase Treatment	★★★	★★	★★	★★	★★★	★★	★★★	★★
Effective Continuation Phase Treatment	★★	★★	★	★	★★★	★	★★★	★★
Follow-Up After ED Visit for AOD Abuse or Dependence								
7-Day Follow-Up—Total	★★★	★★★	★★★	★★★	★★	★★★★	★★	★★★
30-Day Follow-Up—Total	★★★	★★	★★★	★★★	★★	★★★★	★★	★★★
Follow-Up After ED Visit for Mental Illness								
7-Day Follow-Up—Total	★★★	★★★	★★	★★★	★★★★	★★★★	★★★	★★★
30-Day Follow-Up—Total	★★★	★★	★★	★★★	★★★	★★★	★★★	★★★
Follow-Up After Hospitalization for Mental Illness								
7-Day Follow-Up—Total	★★★	★★	★★★★	★★★	★★	★★★	★★★	★★★
30-Day Follow-Up—Total	★★★	★	★★★	★★	★	★★★	★★★	★★
Initiation and Engagement of AOD Abuse or Dependence Treatment								
Initiation of AOD Treatment—Total	★★★	★★★	★★★	★★★	★★★★	★★★★	★★★★	★★★★
Engagement of AOD Treatment—Total	★★★★	★★★★	★★★	★★★	★★★★	★★★★	★★★★	★★★★
Care of Acute and Chronic Conditions								
Comprehensive Diabetes Care								
HbA1c Poor Control (>9.0%)	★★★	★	★★	★★	★★	★★	★★★★	★★

Measure	AzCH–CCP ACC	BUFC ACC	Care 1st ACC	HCA ACC	MCC ACC	Mercy Care ACC	UHCCP ACC	ACC Program Aggregate
Controlling High Blood Pressure								
Controlling High Blood Pressure	★	★	★	★	★★	★★★	★★★★	★
Pediatric Health								
Child and Adolescent Well-Care Visits								
Child and Adolescent Well-Care Visits	★	★	★★	★	★	★★★	★★	★★
Well-Child Visits in the First 30 Months of Life								
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	★★★	★★★	★★★	★★	★	★★★★	★★★★	★★★
Annual Dental Visit								
Annual Dental Visit	★★	★★	★★	★★★	★★	★★★★	★★★	★★★
Childhood Immunization Status								
Combination 3	★★★	★★	★	★	★	★★	★★★	★★
Combination 7	★★★★	★★	★★	★	★★	★★★	★★★★	★★
Combination 10	★★★	★★	★	★	★	★★	★★★	★★
Immunizations for Adolescents								
Combination 1	★★★★★	★★★	★★★	★★★	★★★	★★★	★★★★	★★★
Combination 2	★★★★	★★★	★★★★	★★	★★	★★★	★★★★	★★★
Metabolic Monitoring for Children and Adolescents on Antipsychotics								
Blood Glucose Testing—Total	★★★★	★★★	★★★	★★★	★★	★★★★	★★★	★★★
Cholesterol Testing—Total	★★★★	★★★	★★★	★★★	★★★	★★★★	★★★★	★★★★
Blood Glucose and Cholesterol Testing—Total	★★★★★	★★★	★★★★	★★★	★★★	★★★★	★★★★	★★★★
Preventive Screening								
Breast Cancer Screening								
Breast Cancer Screening	★★★	★★	★	★	★	★★★	★★★	★★
Cervical Cancer Screening								
Cervical Cancer Screening	★★	★	★	★	★	★★★	★★★	★★
Appropriate Utilization of Services								
Ambulatory Care—Total								
Ambulatory Care—ED Utilization	★★★	★★★★	★★★★	★★★	★★★	★★★	★★★	★★★

Measure	AzCH–CCP ACC	BUFC ACC	Care 1st ACC	HCA ACC	MCC ACC	Mercy Care ACC	UHCCP ACC	ACC Program Aggregate
Plan All-Cause Readmissions								
O/E Ratio—Total	★★★	★★★	★★★	★	★★★★	★★★	★★	★★
Use of Opioids at High Dosage								
Use of Opioids at High Dosage	★★	★★	★★★	★★★	★★	★	★	★

Figure 4-1 displays the ACC Program Contractors' HEDIS MY 2021 performance compared to NCQA MY 2021 National Percentiles. HSAG analyzed results from 19 performance measures for HEDIS MY 2021 for a total of 30 measure rates.

Figure 4-1—Comparison of Measure Rates to HEDIS Medicaid National Percentiles for ACC Program Contractors



ACC Program-Level Strengths, Opportunities for Improvement, and Recommendations Related to Performance Measure Validation

Table 4-5 presents program-level strengths, opportunities for improvement, and recommendations for the ACC Program related to performance measures.

Table 4-5—ACC Program Strengths, Opportunities for Improvement, and Recommendations Related to Performance Measures

Strengths, Opportunities for Improvement, and Recommendations
Strengths
In the Behavioral Health Care measure group: • The *Initiation and Engagement of AOD Abuse or Dependence Treatment—Engagement of AOD—Total* and *Initiation of AOD—Total* measure rates for all seven ACC Program Contractors and the ACC Program Aggregate met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021. These results may indicate that most members with a diagnosed AOD abuse disorder were obtaining AOD treatment, which, in conjunction with counseling or other behavioral therapies, has been shown to reduce AOD-associated morbidity and mortality; improve health, productivity, and social outcomes; and reduce healthcare spending.[4-2] **[Quality, Timeliness, Access]** • The *Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Total* measure rate for six of the seven ACC Program Contractors and the ACC Program Aggregate rate met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021. These results may indicate that members were possibly receiving timely follow-up visits for mental illness after an ED visit. Research suggests that follow-up care for people with mental illness is linked to fewer repeat ED visits, improved physical and mental function, and increased compliance with follow-up instructions.[4-3] **[Quality, Timeliness, Access]**
In the Pediatric Health measure group: • The *Immunizations for Adolescents—Combination 1* measure rate for all seven ACC Program Contractors and the ACC Program Aggregate met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021. These results may indicate that most adolescents were receiving their recommended vaccines. Receiving recommended vaccinations is the best defense against serious vaccine-preventable diseases, including meningococcal meningitis, tetanus, diphtheria, pertussis (whooping cough), and human papillomavirus (HPV).[4-4] [**Quality**] • The *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total* and *Blood Glucose and Cholesterol Testing—Total* measure rates for all seven ACC Program Contractors and the ACC Program Aggregate met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021. In addition, the rates for six of the

[4-2] National Committee for Quality Assurance. Initiation and Engagement of AOD Abuse or Dependence Treatment. Available at: https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/. Accessed on: Feb 21, 2023.

[4-3] National Committee for Quality Assurance Follow-Up After ED Visit for Mental Illness. Available at: https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-mental-illness/. Accessed on: Mar 9, 2023.

[4-4] National Committee for Quality Assurance. Immunizations for Adolescents (IMA). Available at: https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/. Accessed on: Mar 13, 2023.

Strengths, Opportunities for Improvement, and Recommendations
seven ACC Program Contractors and the ACC Program Aggregate rate met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021 for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total* measure indicator. These results may indicate that most children and adolescents with ongoing antipsychotic medication use were having metabolic testing performed. Antipsychotic prescribing for children and adolescents has increased rapidly in recent decades. These medications can elevate a child's risk for developing serious metabolic health complications associated with poor cardiometabolic outcomes in adulthood. Metabolic monitoring (blood glucose and cholesterol testing) is an important component of ensuring appropriate management of children and adolescents on antipsychotic medications.[4-5] [**Quality**]
Opportunities for Improvement and Recommendations
In the Maternal and Perinatal Health measure group, the rates for all seven ACC Program Contractors and the ACC Program Aggregate rate for the *Prenatal and Postpartum Care—Postpartum Care* measure indicator did not meet or exceed the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021 and fell below the 25th percentile, indicating an opportunity to increase access to timely postpartum care. Members may have had difficulties accessing care due to the COVID-19 PHE, as some in-person services were temporarily suspended. **[Quality, Timeliness, Access]** Recommendation: HSAG recommends the ACC Program Contractors conduct a root cause analysis to determine why some female members were not receiving timely postpartum care. This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, the ACC Program Contractors should implement appropriate interventions to improve performance related to access to postpartum care. The ACC Program Contractors should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of family planning service providers, or the need for improved community outreach and education). Additionally, the ACC Program Contractors should identify factors related to the COVID-19 PHE and how access to care was impacted.
In the Behavioral Health Care measure group, the rates for all seven ACC Program Contractors and the ACC Program Aggregate rate for the *Antidepressant Medication Management—Effective Continuation Phase Treatment* measure indicator fell below the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021. In addition, the rates for six of the seven ACC Program Contractors and the ACC Program Aggregate fell below the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021 for *Antidepressant Medication Management—Effective Acute Phase Treatment*, indicating that some members with a diagnosis of major depression were not receiving continuous medication treatment. Effective medication treatment of major depression can

[4-5] Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM). Available at: https://www.ncqa.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics/. Accessed on: Mar 13, 2023.

Strengths, Opportunities for Improvement, and Recommendations
improve a person's daily functioning and well-being, and can reduce the risk of suicide. With proper management of depression, the overall economic burden on society can be alleviated as well.[4-6] **[Quality]** Recommendation: HSAG recommends the ACC Program Contractors conduct a root cause analysis or focus study to determine why some members with a diagnosis of major depression were not receiving continuous medication treatment. This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, the ACC Program Contractors should implement appropriate interventions to improve performance related to antidepressant medication management.
In the Pediatric Health measure group: • The rates for six of the seven ACC Program Contractors and the ACC Program Aggregate rate for the *Child and Adolescent Well-Care Visits* measure did not meet or exceed the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021, indicating that some children and adolescents were not always receiving well-care visits. Well-care visits provide an opportunity for providers to influence health and development, and they are a critical opportunity for screening and counseling.[4-7] **[Quality, Access]** Recommendation: HSAG recommends that the ACC Program Contractors conduct a root cause analysis to determine why some children and adolescents did not receive well-care visits. This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, the ACC Program Contractors should implement appropriate interventions to improve the *Child and Adolescent Well-Care Visits* measure. (Of note, the ACC Program Contractors are currently conducting the *Back to Basics* PIP, which includes a root cause analysis and interventions to address this measure.)
For CY 2022 performance measure reporting, RES will be required based on NCQA HEDIS specifications. Recommendation: HSAG recommends that the ACC Program Contractors explore data sources for the capture of race/ethnicity data to support future performance measure reporting that may require stratifications related to RES. The ACC Program Contractors should continue working with AHCCCS on collaborative efforts to improve the completion and accuracy of race/ethnicity data and explore other methods to augment enrollment data information.

[4-6] National Committee for Quality Assurance. Antidepressant Medication Management (AMM). Available at: https://www.ncqa.org/hedis/measures/antidepressant-medication-management/. Accessed on: Feb 10, 2023.
[4-7] National Committee for Quality Assurance. Child and Adolescent Well-Care Visits (W30, WCV). Available at: https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/#:~:text=Well%2DChild%20Visits%20in%20the,first%2015%20months%20of%20life. Accessed on: Mar 6, 2023.

Performance Improvement Projects

Well-care and annual dental visits for children and adolescents aim to promote optimal health and development. Ensuring that children and adolescents receive regular well-care and dental visits is critical in disease prevention, early detection, and treatment. There are many benefits of well-child/well-care visits, including disease prevention, tracking growth and development, raising concerns, and establishing a team approach to assist with the development of optimal physical, mental, and social health of a child.[4-8] Adolescence is a critical stage of development during which physical, intellectual, emotional, and psychological changes occur.[4-9] Adolescent well-care visits assist with promoting healthy choices and behaviors, preventing risky behaviors, and detecting early the conditions that can inhibit an adolescent's development.

Maintaining good oral health is an essential component in the overall health of infants, children, and adolescents. Oral health addresses several disease prevention and health promotion topics including dental caries, tooth decay, and periodontal health. Tooth decay (or cavities) is one of the most common chronic conditions of childhood in the United States.[4-10] If untreated, tooth decay can lead to pain and infections that cause children and adolescents to experience problems with playing, learning, eating, and speaking.

In CYE 2019 (October 1, 2018, through September 30, 2019), AHCCCS implemented the *Back to Basics* PIP for the ACC/KidsCare population. The objective of the *Back to Basics* PIP is to increase the number of child and adolescent well-child/well-care visits, as well as increase the number of children and adolescents receiving annual dental visits.

ACC Program-Level Results

Based on HSAG's PMV for the ACC Program Contractors, HSAG determined that the CY 2021 indicator rates used for the *Back to Basics* PIP were valid and reliable.

Table 4-6 through Table 4-8 present indicator rates for each Contractor during the baseline year and intervention years. For a description of the indicators used for the *Back to Basics* PIP, see Appendix A. Methodology—Validation of Performance Improvement Projects—Description of Data Obtained.

[4-8] American Academy of Pediatrics. AAP Schedule of Well-Child Care Visits. Available at: https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx. Accessed on: Mar 19, 2021.
[4-9] Centers for Disease Control and Prevention. Adolescence: Preparing for Lifelong Health and Wellness. Available at: https://www.cdc.gov/grand-rounds/pp/2015/20150818-adolescent-wellness.html. Accessed on: Mar 19, 2021.
[4-10] Centers for Disease Control and Prevention. Children's Oral Health, Division of Oral Health. Available at: https://www.cdc.gov/oralhealth/children_adults/child.htm. Accessed on: Mar 19, 2021.

Table 4-6—ACC Program *Back to Basics* PIP Comparative Rates for Indicator 1

Contractor	PIP Indicator 1: *Well-Child Visits in the First 30 Months of Life* (*W30 Rate 1*)		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020	CY 2021
AzCH-CCP ACC	63.2%	61.5%	60.6%
BUFC ACC	63.5%	48.8%	57.2%
Care 1st ACC	70.5%	61.9%	59.4%
HCA ACC	59.4%	54.7%	51.9%
Mercy Care ACC	65.0%	66.8%	64.3%
MCC ACC	Not Reported	49.1%^	44.8%
UHCCP ACC	65.6%	65.0%	63.3%

*CYE 2019 indicator rates were calculated by HSAG utilizing AHCCCS data.

^In CYE 2019, the MCC ACC performance measure rate for indicator 1 had a small denominator, which did not allow for reporting of the measure. CY 2020 served as baseline for indicator 1 for MCC ACC.

Table 4-7—ACC Program *Back to Basics* PIP Comparative Rates for Indicator 2

Contractor	PIP Indicator 2: *Child and Adolescent Well-Care Visits* (*WCV*)		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020	CY 2021
AzCH-CCP ACC	46.9%	40.6%	41.5%
BUFC ACC	46.6%	34.0%	39.9%
Care 1st ACC	51.4%	45.6%	46.6%
HCA ACC	43.6%	36.9%	38.9%
Mercy Care ACC	52.9%	47.6%	49.7%
MCC ACC	33.9%	30.8%	34.2%
UHCCP ACC	52.7%	47.0%	47.9%

*CYE 2019 indicator rates were calculated by HSAG utilizing AHCCCS data.

Table 4-8—ACC Program *Back to Basics* PIP Comparative Rates for Indicator 3

Contractor	PIP Indicator 3: *Annual Dental Visits* (*ADV*)		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020*	CY 2021
AzCH-CCP ACC	55.8%	45.5%	49.9%

Contractor	PIP Indicator 3: *Annual Dental Visits* (*ADV*)		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020*	CY 2021
BUFC ACC	53.0%	41.9%	46.2%
Care 1st ACC	63.6%	54.3%	49.5%
HCA ACC	57.0%	50.8%	51.5%
Mercy Care ACC	63.1%	51.4%	57.6%
MCC ACC	37.5%	38.2%	45.5%
UHCCP ACC	62.2%	52.1%	55.0%

*CYE 2019 and CY 2020 indicator rates were calculated by HSAG utilizing AHCCCS data.

ACC Program-Level Interventions

For the *Back to Basics* PIP, all Contractors provided lists of interventions that were in place for CY 2022. These lists detailed the identified population, the intervention(s) in place, and whether the intervention(s) will be continued for CY 2023. The most common interventions across Contractors included targeting members and providers for outreach and education related to well-care and dental visits. Outreach methods included interactive voice response (IVR), person-to-person, and automated phone calls; text message campaigns; emails; and mailing materials. Additionally, several Contractors had physician and/or member incentives in place directly tied to closing gaps in care. These interventions may impact indicator performance, which will be evaluated after validated indicator rates for the first remeasurement year (CY 2022) become available. For further description of each Contractors' interventions, see Section 5. ACC Program Contractor-Specific Results.

ACC Program-Level Strengths, Opportunities for Improvement, and Recommendations Related to Validation of Performance Improvement Projects

Table 4-9 presents program-level strengths, opportunities for improvement, and recommendations for the ACC Program related to PIPs.

Table 4-9—ACC Program Strengths, Opportunities for Improvement, and Recommendations Related to PIPs

Strengths, Opportunities for Improvement, and Recommendations
Strengths
The ACC Program Contractors developed and implemented interventions that may lead to improvement in indicator outcomes. **[Quality, Access]**

Strengths, Opportunities for Improvement, and Recommendations
HSAG noted that intervention year 2 indicator rates showed a slight increase over intervention year 1 for indicator 2 for all ACC Program Contractors. Further, HSAG noted that intervention year 2 rates showed a slight increase over intervention year 1 for indicator 3 for all ACC Program Contractors, with the exception of one ACC Program Contractor. **[Quality, Access]**
Opportunities for Improvement and Recommendations
Program-level indicator rates demonstrated a decline compared to baseline rates for both intervention years, with some exceptions. For indicator 1, five ACC Program Contractors showed a decline in the rates between the baseline year and intervention year 1, with an average of approximately 6 percentage points of decline for the ACC Program. Exceptions were one ACC Program Contractor being unable to report a CYE 2019 indicator 1 rate due to a small denominator and one ACC Program Contractor showing an increase from the baseline year to intervention year 1. Between intervention year 1 and intervention year 2, the decline for six ACC Program Contractors slowed to a 2.4 percentage point average at the program level, with the exception of one ACC Program Contractor showing an 8.4 percentage point increase between intervention year 1 and intervention year 2. However, when compared to the baseline year, the intervention year 2 indicator rates for the ACC Program were an average of 5 percentage points below the baseline year indicator rates. For indicator 2, all ACC Program Contractors showed a decline in the indicator rates between the baseline year and intervention year 1, with an average of approximately 6 percentage points of decline for the ACC Program. Between intervention year 1 and intervention year 2, although all ACC Program Contractors showed a slight increase in indicator rates, the intervention year 2 indicator rates for six ACC Program Contractors were an average of 5 percentage points below the baseline year indicator rates, with the exception of one ACC Program Contractor. For indicator 3, six ACC Program Contractors showed a decline in the indicator rates between the baseline year and intervention year 1, with an average of approximately 10 percentage points of decline for the ACC Program. Between intervention year 1 and intervention year 2, all ACC Program Contractors showed a slight increase in indicator rates, with the exception of one ACC Program Contractor. When compared to the baseline year, the intervention year 2 indicator rates for six ACC Program Contractors were an average of 7 percentage points below the baseline year rates, with the exception of one ACC Program Contractor. The decline noted in the indicator rates may indicate that the COVID-19 PHE had an impact on the rates of compliance with well-child and dental visits. **[Quality, Access]** Recommendations: To support successful progression of the PIP in the next calendar year, HSAG recommends that the ACC Program Contractors: • Review intervention year indicator rates and adjust interventions to facilitate improvement, as necessary

Strengths, Opportunities for Improvement, and Recommendations
• Continue to implement identified interventions and assess the impact and effectiveness of the interventions after the validated indicator rates for the first remeasurement year become available • Develop and document plans for sustaining the improvement for any demonstrated improvement in indicator rates

Compliance Reviews

For the ACC Program, AHCCCS includes the following Focus Areas in its compliance review activity. Table 4-10 presents the Focus Areas, including each associated acronym used by AHCCCS during its compliance review.

Table 4-10—Focus Areas and Associated Acronyms

Focus Area	Acronym
Corporate Compliance	CC
Claims and Information Standards	CIS
Delivery Systems	DS
General Administration	GA
Grievance Systems	GS
Adult; EPSDT; and Maternal Child Health	MCH
Medical Management	MM
Member Information	MI
Quality Management	QM
Quality Improvement	QI
Reinsurance	RI
Third-Party Liability	TPL
Integrated Systems of Care	ISOC

For information about compliance activities for the DCS CHP Program, see Section 6. DCS CHP Program Results.

ACC Program-Level Results

In CYE 2022, AHCCCS conducted compliance reviews for BUFC ACC, HCA ACC, MCC ACC, and UHCCP ACC. Results from the HCA ACC and UHCCP ACC compliance reviews were not finalized in time for publication in this report. Results for BUFC ACC and MCC ACC are available in Section 5. ACC Program Contractor-Specific Results. In November 2021, AHCCCS awarded ACC-RBHA contracts to AzCH-CCP, Care 1st, and Mercy Care, expanding the current ACC contract. As a result, AHCCCS conducted an extensive readiness review process during CYE 2022. The ACC-RBHA contracts went into effect on October 1, 2022. Future compliance reviews for the ACC-RBHA Contractors will be conducted through the ACC-RBHA contract/LOB. Table 4-11 presents program-level and comparative results for the ACC Program for compliance reviews.

Table 4-11—ACC Program-Level Compliance Review Results

Focus Areas	AzCH-CCP ACC*	BUFC ACC	Care 1st ACC*	HCA ACC**	Mercy Care ACC*	MCC ACC	UHCCP ACC**	Program-Level Average
Year Reviewed	NA	CYE 2022	NA	CYE 2022	NA	CYE 2022	CYE 2022	CYE 2022
CC	TBD	100%	TBD	P	TBD	100%	P	100%
CIS	TBD	97%	TBD	P	TBD	92%	P	95%
DS	TBD	87%	TBD	P	TBD	84%	P	86%
GA	TBD	96%	TBD	P	TBD	93%	P	95%
GS	TBD	99%	TBD	P	TBD	99%	P	99%
MCH	TBD	70%	TBD	P	TBD	76%	P	73%
MM	TBD	90%	TBD	P	TBD	93%	P	92%
MI	TBD	100%	TBD	P	TBD	95%	P	98%
QM	TBD	80%	TBD	P	TBD	69%	P	75%
QI	TBD	96%	TBD	P	TBD	89%	P	93%
RI	TBD	100%	TBD	P	TBD	100%	P	100%
TPL	TBD	100%	TBD	P	TBD	100%	P	100%
ISOC	TBD	100%	TBD	P	TBD	97%	P	99%

* NA = "not applicable" and TBD = "to be determined." AHCCCS conducted an extensive readiness review for these Contractors during CYE 2022. The initial compliance reviews will be scheduled at a future date. See Section 5. ACC Program Contractor-Specific Results for additional details about the readiness review for each Contractor.

** P = "pending." AHCCCS conducted the HCA ACC and UHCCP ACC compliance reviews in CYE 2022; however, the final report was not finalized in time for the results to be published in this report. Results will be published in the CYE 2023 Annual Technical Report.

ACC Program-Level Strengths, Opportunities for Improvement, and Recommendations Related to Compliance Review

Table 4-12 presents program-level strengths, opportunities for improvement, and recommendations for the ACC Program related to compliance.

Table 4-12—ACC Program Strengths, Opportunities for Improvement, and Recommendations Related to Compliance

Strengths, Opportunities for Improvement, and Recommendations
Strengths
The ACC Program-level average score was at or above 95 percent in the following Focus Areas: • Corporate Compliance (CC) **[Quality, Access]** • Claims and Information Standards (CIS) **[Access]** • General Administration (GA) **[Timeliness, Access]** • Grievance Systems (GS) **[Timeliness, Access]** • Member Information (MI) **[Quality]** • Reinsurance (RI) **[Quality]** • Third-Party Liability (TPL) **[Quality, Timeliness, Access]** • Integrated Systems of Care (ISOC) **[Quality, Access]**
Opportunities for Improvement and Recommendations
The ACC Program-level average score was below 95 percent in the following Focus Areas: • Delivery Systems (DS) **[Timeliness, Access]** • Adult, EPSDT, and Maternal Child Health (MCH) **[Quality, Timeliness, Access]** • Medical Management (MM) **[Timeliness, Access]** • Quality Management (QM) **[Quality]** • Quality Improvement (QI) **[Quality, Access]** Recommendations: HSAG recommends that the ACC Program Contractors consider conducting a self-assessment of the DS, MCH, MM, QM, and QI Focus Area requirements.

Network Adequacy Validation

ACC Program-Level Results

HSAG's biannual validation of the ACC Program Contractors' results showed minor discrepancies between the Contractors' self-reported AHCCCS Contractors Operations Manual (ACOM) 436 results and HSAG's time/distance calculations for all Contractors and lines of business in each quarter for which data could be compared. While minor differences (i.e., less than 1 percentage point) between HSAG's time/distance calculation results and each Contractor's time/distance calculation results were common, these findings may be attributable to the timing of the input data, software versions used by each Contractor (refer to Table A-13), or due to a small number of members eligible for inclusion in time/distance calculations for the standard and county.

Table 4-13 summarizes HSAG's assessment of each ACC Program Contractor's compliance with AHCCCS' minimum time/distance network standards. A check mark indicates that the ACC Program Contractor met the minimum network standard for each Arizona county during the biannual assessments, and an "X" indicates that the ACC Program Contractor failed to meet one or more minimum network standards in any county or quarter. Section 5. ACC Program Contractor-Specific Results contains NAV results specific to each Contractor and biannual validation period.

Table 4-13—Summary of CYE 2022 Compliance with Minimum Time/Distance Network Requirements for ACC Program Contractors

Minimum Network Requirement	AzCH-CCP ACC	BUFC ACC	Care 1st ACC	HCA ACC	MCC ACC	Mercy Care ACC	UHCCP ACC
Behavioral Health Outpatient and Integrated Clinic, Adult	✓	✓	X	✓	✓	✓	✓
Behavioral Health Residential Facility (only Maricopa and Pima counties)	✓	✓	NA	✓	✓	✓	✓
Behavioral Health Outpatient and Integrated Clinic, Pediatric	✓	✓	X	✓	✓	✓	✓
Cardiologist, Adult	✓	✓	✓	✓	✓	✓	✓
Cardiologist, Pediatric	✓	✓	✓	✓	✓	✓	✓
Dentist, Pediatric	X	X	X	X	✓	✓	✓
Hospital	✓	✓	✓	✓	✓	✓	✓
OB/GYN	✓	✓	✓	✓	✓	✓	✓

Minimum Network Requirement	AzCH-CCP ACC	BUFC ACC	Care 1st ACC	HCA ACC	MCC ACC	Mercy Care ACC	UHCCP ACC
PCP, Adult	✓	✓	✓	✓	✓	✓	✓
PCP, Pediatric	✓	✓	X	✓	✓	✓	✓
Pharmacy	X	X	X	X	✓	✓	✓

NA indicates that the time/distance standard does not apply based on the LOB and county associated with each Contractor.

The ACC Program Contractors consistently met the Behavioral Health Residential Facility; Cardiologist; Adult and Pediatric; Hospital; OB/GYN; and PCP, Adult standards while struggling to meet standards for Dentist, Pediatric and Pharmacy. However, several Contractors demonstrated PAT data issues, which impacted HSAG's time/distance results and the validation of Contractors' ACOM 436 results, including BUFC ACC and MCC ACC in CYE 2022 Q2 and Q4.

Isolated data issues may have contributed to specific instances affecting ACC Program Contractors' compliance with time/distance standards. Specific examples include the following:

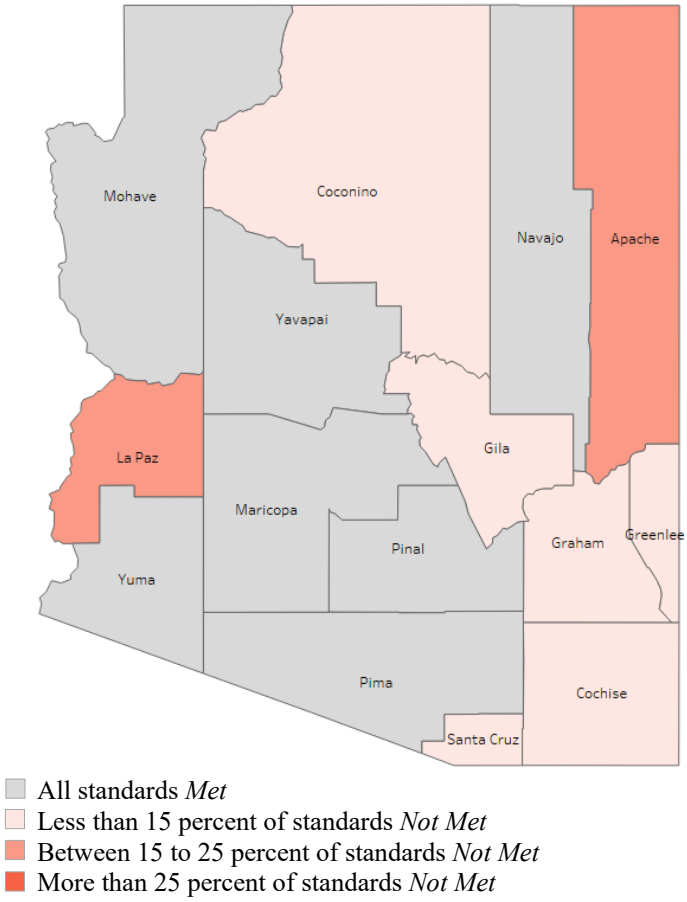
- In CYE 2022 Q2, BUFC ACC's data submitted did not include the majority of its subcontracted pharmacy benefit manager's and dental benefit manager's networks. This influenced the validated compliance for any calculations for these provider types. The error occurred when BUFC ACC merged its subcontracted benefits managers' network data with its network data files. BUFC ACC identified the cause and successfully tested the solution.
- In CYE 2022 Q4, BUFC ACC's data submitted did not include the majority of its subcontracted dental benefit manager's network. This influenced the validated compliance for this provider type.
- In CYE 2022 Q2, MCC ACC's data included substantially increased numbers of providers used to measure the adult and pediatric Behavioral Health Outpatient and Integrated Clinic standards, as compared to prior submissions. AHCCCS' review found that MCC ACC was duplicating records submitted for the same clinic address. This potentially influenced the validated compliance for these provider types. MCC ACC indicated that it was reviewing this issue, and AHCCCS is requesting a corrective action plan (CAP).
- In CYE 2022 Q2, MCC ACC's data included substantially decreased numbers of providers used to measure the Behavioral Health Residential Facility standard, as compared to prior submissions. This potentially influenced the validated compliance for these provider types. MCC ACC indicated that it was reviewing this issue, and AHCCCS is requesting a plan of correction.
- Since CYE 2021 Q4, MCC ACC's data included substantially increased numbers of providers used to measure the adult and pediatric Behavioral Health Outpatient and Integrated Clinic standards, as compared to prior submissions. AHCCCS' review found that MCC ACC was duplicating records submitted for the same clinic address. This potentially influenced the validated compliance for these provider types.

As part of the NAV, AHCCCS maintained its feedback process for ACC Program Contractors to review and improve the accuracy of their data submissions. Specifically, AHCCCS supplied each ACC

Program Contractor with a copy of HSAG's quarterly network adequacy analysis, a copy of the PAT file that HSAG used to conduct the analysis, and a copy of HSAG's saturation analysis results. When issues were identified, ACC Program Contractors were expected to research the instances and make corrections for future PAT data and/or ACOM 436 submissions.

As of CYE 2022 Q4, Figure 4-2 summarizes how ACC Program Contractors performed on meeting the time/distance standards by county. Red shading indicates the degree of noncompliance. Specifically, dark red shading indicates more than 25 percent of the standards were *Not Met*, medium red shading indicates between 15 and 25 percent of the standards were *Not Met*, and light red shading indicates less than 15 percent of the standards were *Not Met* in the given county. Gray shading indicates all ACC Program Contractors met all time/distance standards in the given county.

Figure 4-2—Summary of CYE 2022 Q4 Compliance with Minimum Time/Distance Network Requirements by County for ACC Program Contractors



Overall, for CYE 2022 Q4, the most recent biannual assessment, all applicable ACC Program Contractors met all minimum time/distance network requirements for Maricopa, Mohave, Pima, Pinal, Navajo, Yavapai, and Yuma counties.

Based on the biannual NAV results, Mercy Care ACC, MCC ACC, and UHCCP ACC each met all requirements for all standards across all quarters and counties. In Mohave, Navajo, and Yavapai counties, all applicable ACC Program Contractors met all standards in all quarters.

Each ACC Program Contractor should continue to monitor and maintain its existing provider network as of CYE 2022 Q4, with specific attention to ensuring the availability of the following provider types among the applicable ACC Program Contractors:

- Behavioral Health Outpatient and Integrated Clinic, Adult for Care 1st ACC in Apache County
- Behavioral Health Outpatient and Integrated Clinic, Pediatric for Care 1st ACC in Apache County
- Dentist, Pediatric for AzCH-CHP ACC, BUFC ACC, Care 1st ACC, and HCA ACC in all applicable counties
- Pharmacy for AzCH-CHP ACC and BUFC ACC in La Paz County and Care 1st ACC in Apache County

ACC Program Conclusions, Opportunities for Improvement, and Recommendations Related to Network Adequacy Validation

Table 4-14 presents program-level strengths, opportunities for improvement, and recommendations for the ACC Program related to NAV.

Table 4-14—ACC Program Strengths, Opportunities for Improvement, and Recommendations Related to NAV

Strengths, Opportunities for Improvement, and Recommendations
Strengths
HSAG identified the following strengths: • The applicable ACC Program Contractors met all minimum time/distance network standards during both quarters in Mohave, Navajo, and Yavapai Counties [Access] • The ACC Program Contractors consistently met the Behavioral Health Residential Facility; Cardiology, Adult and Pediatric; Hospital; OB/GYN; and PCP, Adult standards **[Access]**
Opportunities for Improvement and Recommendations
HSAG identified the following opportunities for improvement: • Isolated data issues may have contributed to specific instances affecting ACC Program Contractors' compliance with time/distance standards **[Access]** • Based on the biannual NAV results, ACC Program Contractors struggled to meet the standards for Dentist, Pediatric and Pharmacy **[Access]**

Strengths, Opportunities for Improvement, and Recommendations
Recommendations: • HSAG recommends that AHCCCS support the ACC Program Contractors in continuing to monitor their processes for creating the PAT file and review the PAT file for accuracy prior to submitting to AHCCCS • HSAG recommends that AHCCCS support each ACC Program Contractor in continuing to monitor and maintain its existing provider network coverage as of CYE 2022 Q4, with specific attention to ensuring the availability of the following provider types among the applicable ACC Program Contractors: – Pediatric dentists in Apache, Coconino, Gila, and La Paz counties – Pharmacies in Apache and La Paz counties

Consumer Assessment of Healthcare Providers and Systems Results

KidsCare Results

HSAG administered member experience surveys on AHCCCS' behalf to members enrolled in the AHCCCS' KidsCare Program. KidsCare is Arizona's CHIP for eligible children (under age 19) who do not qualify for other AHCCCS health insurance. AHCCCS contracted with HSAG to administer and report the results of the CAHPS Health Plan Survey for the KidsCare Program. The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and will aid in improving overall member experience.

HSAG calculated results for four global ratings, four composite measures, one individual item measure, three CCC composite measures (CCC population only), and two CCC individual item measures (CCC population only).

Table 4-15 shows the scores and overall member experience ratings on each CAHPS measure for both the general child and CCC populations.

Table 4-15—NCQA Comparisons

Measure	2022 General Child	2022 CCC Medicaid
Global Ratings		
Rating of Health Plan	★★★★ 77.0%	★★★★ 75.0%
Rating of All Health Care	★★ 72.7%	★ 63.8%

Measure	2022 General Child	2022 CCC Medicaid
Rating of Personal Doctor	★★★ 78.5%	★★ 76.0%
Rating of Specialist Seen Most Often	★★★ 76.0%+	★★★ 76.6%+
Composite Measures		
Getting Needed Care	★★★★ 89.1%	★★★★ 91.0%
Getting Care Quickly	★★★ 89.2%	★★★★ 93.9%+
How Well Doctors Communicate	★★★ 94.7%	★★★ 95.3%
Customer Service	★★★ 89.8%+	★ 89.4%+
Individual Item Measure		
Coordination of Care	★★★ 88.9%+	★ 81.8%+
CCC Composite Measures and Items		
Access to Specialized Services	NA	★★★ 75.4%+
FCC: Personal Doctor Who Knows Child	NA	★★ 90.4%
Coordination of Care for Children with Chronic Conditions	NA	★★ 77.2%+
Access to Prescription Medicines	NA	★★ 89.8%
FCC: Getting Needed Information	NA	★★★★★ 96.9%

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
Star Assignments Based on Percentiles:
★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
NA indicates that this measure is not applicable for the population.

Table 4-16 shows the results of the trend analysis where the 2022 CAHPS results were compared to their corresponding 2021 CAHPS results on each CAHPS measure for both the general child and CCC populations.

Table 4-16—Trend Analysis

Measure	General Child			CCC		
	2021	2022	Trend Results (2021–2022)	2021	2022	Trend Results (2021–2022)
Global Ratings						
Rating of Health Plan	70.5%	77.0%	—	73.8%	75.0%	—
Rating of All Health Care	66.8%	72.7%	—	62.1%	63.8%	—
Rating of Personal Doctor	74.0%	78.5%	—	74.4%	76.0%	—
Rating of Specialist Seen Most Often	73.0%+	76.0%+	—	77.5%	76.6%+	—
Composite Measures						
Getting Needed Care	87.2%	89.1%	—	86.6%	91.0%	—
Getting Care Quickly	88.2%	89.2%	—	92.4%	93.9%+	—
How Well Doctors Communicate	95.3%	94.7%	—	92.7%	95.3%	—
Customer Service	90.2%+	89.8%+	—	90.9%+	89.4%+	—
Individual Item Measure						
Coordination of Care	83.3%+	88.9%+	—	82.9%	81.8%+	—
CCC Composite Measures and Items						
Access to Specialized Services	NA	NA	NA	69.9%+	75.4%+	—
FCC: Personal Doctor Who Knows Child	NA	NA	NA	87.4%	90.4%	—
Coordination of Care for Children with Chronic Conditions	NA	NA	NA	80.4%+	77.2%+	—
Access to Prescription Medicines	NA	NA	NA	93.9%	89.8%	—
FCC: Getting Needed Information	NA	NA	NA	92.3%	96.9%	—

— Indicates the 2022 score is not statistically significantly higher or lower than the 2021 scores.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
NA indicates that this measure is not applicable for the population.

KidsCare Strengths, Opportunities for Improvement, and Recommendations Related to Consumer Assessment of Healthcare Providers and Systems Results

Table 4-17 presents program-level strengths, opportunities for improvement, and recommendations for the ACC Program related to the 2022 KidsCare program-level CAHPS results.

Table 4-17—ACC Program Strengths, Opportunities for Improvement, and Recommendations Related to CAHPS

Strengths, Opportunities for Improvement, and Recommendations
Strengths
HSAG identified the following strengths for the KidsCare Program: • The KidsCare Program's member experience ratings for *Rating of Health Plan* and *Getting Needed Care* met or exceeded the 75th percentiles for the general child population **[Quality, Access]** • The KidsCare Program's member experience ratings for *Rating of Health Plan*, *Getting Needed Care*, and *Getting Care Quickly*+ met or exceeded the 75th percentiles for the CCC population **[Quality, Timeliness, Access]** • The KidsCare Program's member experience rating for *FCC: Getting Needed Information* met or exceeded the 90th percentile for the CCC population **[Quality]** • The KidsCare Program's 2022 scores were not statistically significantly higher than the 2021 scores; therefore, no substantial strengths were identified for trend results+
Opportunities for Improvement and Recommendations
HSAG identified the following opportunities for improvement for the KidsCare Program: • The KidsCare Program's member experience rating for *Rating of All Health Care* was between the 25th and 49th percentiles for the general child population **[Quality]** • The KidsCare Program's member experience ratings for *Rating of Personal Doctor*, *FCC: Personal Doctor Who Knows Child*, *Coordination of Care for Children with Chronic Conditions*+, and *Access to Prescription Medicines* were between the 25th and 49th percentiles the CCC child population **[Quality, Access]** • The KidsCare Program's member experience ratings for *Rating of All Health Care*, *Customer Service*+, and *Coordination of Care*+ were below the 25th percentiles for the CCC child population **[Quality]** • The KidsCare Program's 2022 scores were not statistically significantly lower than the 2021 scores; therefore, no substantial opportunities for improvement were identified for trend results+ Recommendation: HSAG recommends that the KidsCare Program Contractors explore what may be driving lower experience scores and develop initiatives designed to improve quality and access to care, including a focus on improving parents'/caretakers' overall experiences with the healthcare, personal doctor, access to prescription medicines, coordination of care, and customer service for child members.

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

5. ACC Program Contractor-Specific Results

This section provides (by Contractor) activity-specific strengths, opportunities for improvement, and HSAG's recommendations for performance improvement. This section also includes information about the extent to which each Contractor was able to address prior year's recommendations and Contractor best practices.

AzCH-CCP ACC

Validation of Performance Measures

Results for Information Systems Standards Review

HSAG determined that AzCH-CCP ACC followed the measure specifications and produced reportable rates for all measures in the scope of the validation of performance measures.

Table 5-1 displays HSAG's PMV findings for each data type reviewed in alignment with the CMS EQR Protocol 2 audit requirements.

Table 5-1—CY 2021 PMV Findings

Data Type	HSAG Findings
Medical Services Data	*No identified concerns*
Enrollment Data	*No identified concerns*
Provider Data	*No identified concerns*
Medical Record Review Process	*No identified concerns*
Supplemental Data	*No identified concerns*
Data Integration	*No identified concerns*

Results for Performance Measures

Table 5-2 presents the MY 2020 and MY 2021 AzCH-CCP ACC performance measure results for measures that could be compared to the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2020 and MY 2021. Performance measure rate cells shaded green indicate that the rate met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2020 and/or MY 2021. Of note, measures for which lower rates suggest better performance are indicated by an asterisk (*). Measures reported using hybrid methodology are identified by a plus sign (+); measures without a plus sign (+) were reported using administrative methodology.

Table 5-2—CY 2020 and CY 2021 AzCH-CCP ACC Performance Measure Results

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Maternal and Perinatal Care				
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	—	77.9%+	—	★
Postpartum Care	71.8%+	67.9%+	→	★
Behavioral Health				
Antidepressant Medication Management				
Effective Acute Phase Treatment	54.5%	60.6%	↑	★★★
Effective Continuation Phase Treatment	39.7%	42.7%	↑	★★
Follow-Up After ED Visit for AOD Abuse or Dependence				
7-Day Follow-Up—Total	20.0%	16.5%	↓	★★★
30-Day Follow-Up—Total	27.0%	23.3%	↓	★★★
Follow-Up After ED Visit for Mental Illness				
7-Day Follow-Up—Total	48.9%	47.7%	→	★★★
30-Day Follow-Up—Total	59.4%	57.7%	→	★★★
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Total	40.9%	41.1%	→	★★★
30-Day Follow-Up—Total	62.6%	60.5%	→	★★★
Initiation and Engagement of AOD Abuse or Dependence Treatment				
Initiation of AOD Treatment—Total	46.8%	48.1%	→	★★★
Engagement of AOD Treatment—Total	17.6%	18.2%	→	★★★★
Care of Acute and Chronic Conditions				
Comprehensive Diabetes Care				
*HbA1c Poor Control (>9.0%)**	59.4%	39.4%+	↑	★★★
Controlling High Blood Pressure				
Controlling High Blood Pressure	—	51.1%+	—	★
Heart Failure Admission Rate				
Heart Failure Admission Rate	—	28.3	—	—
Diabetes Short-Term Complication Admission Rate				
Diabetes Short-Term Complications Admission Rate	—	14.5	—	—
Pediatric Health				
Child and Adolescent Well-Care Visits				
Child and Adolescent Well-Care Visits	40.6%	41.5%	↑	★

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Developmental Screening in the First Three Years of Life				
Developmental Screening in the First Three Years of Life	17.0%+	17.0%	→	—
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	61.5%	60.6%	→	★★★
Annual Dental Visit				
Annual Dental Visit	—	49.9%	—	★★
Childhood Immunization Status				
Combination 3	—	65.7%+	—	★★★
Combination 7	—	59.4%+	—	★★★★
Combination 10	—	38.2%+	—	★★★
Immunizations for Adolescents				
Combination 1	—	89.3%+	—	★★★★★
Combination 2	—	41.1%+	—	★★★★
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Total	—	63.4%	—	★★★★
Cholesterol Testing—Total	—	52.4%	—	★★★★
Blood Glucose and Cholesterol Testing—Total	—	51.8%	—	★★★★★
Preventive Screening				
Breast Cancer Screening				
Breast Cancer Screening	52.4%	51.5%	→	★★★
Cervical Cancer Screening				
Cervical Cancer Screening	49.9%	55.5%+	→	★★
Appropriate Utilization of Services				
Ambulatory Care—Total				
*Ambulatory Care—ED Utilization**	—	38.9	—	★★★
Plan All-Cause Readmissions				
*O/E Ratio—Total**	—	0.9960	—	★★★
Use of Opioids at High Dosage				
*Use of Opioids at High Dosage**	—	8.3%	—	★★

* A lower rate indicates better performance for this measure.
\+ Indicates the measure was reported using hybrid methodology.
Cells shaded green indicate that the rate met or exceeded the MY 2020 and/or MY 2021 national Medicaid mean.
[1] — Indicates the CY 2020 rate was not presented in the CYE 2021 Annual Technical Report; therefore, a 2020-2021 comparison is not presented in the CYE 2022 Annual Technical Report.

↑ Indicates improvement of measure rates.
↓ Indicates decline of measure rates.
→ Indicates stable measure rates.

[2]Performance Levels for CY 2021 were based on comparisons of the HEDIS MY 2021 measure rates to national Medicaid Quality Compass HEDIS MY 2020 benchmarks.
Performance Levels for 2021 represent the following percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Strengths, Opportunities for Improvement, and Recommendations

Table 5-3 presents strengths, opportunities for improvement, and recommendations for AzCH-CCP ACC related to performance measures, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-3—AzCH-CCP ACC Strengths, Opportunities for Improvement, and Recommendations Related to Performance Measures

Strengths, Opportunities for Improvement, and Recommendations
Strengths
In the Behavioral Health Care measure group: • Eight of 10 (80.0 percent) of AzCH-CCP ACC's measure rates met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021 **[Quality, Timeliness, Access]** • AzCH-CCP ACC's performance measure rate for *Initiation and Engagement of AOD Abuse or Dependence Treatment—Engagement of AOD Treatment—Total* was above the 75th percentile, indicating that most members with diagnosed AOD abuse dependence may have initiated in AOD treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit, which, in conjunction with counseling or other behavioral therapies, has been shown to reduce AOD-associated morbidity and mortality; improve health, productivity, and social outcomes; and reduce healthcare spending[5-1] **[Quality, Timeliness, Access]**
In the Pediatric Health measure group: • Ten of 12 (83.3 percent) of AzCH-CCP ACC's measure rates met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021 **[Quality, Timeliness, Access]** • AzCH-CCP ACC's performance measure rate for *Childhood Immunization Status—Combination 7* was above the 75th percentile, indicating that most children were getting their immunizations by

[5-1] National Committee for Quality Assurance. Initiation and Engagement of AOD Abuse or Dependence Treatment. Available at: https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/. Accessed on: Feb 21, 2023.

Strengths, Opportunities for Improvement, and Recommendations
their second birthday. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.[5-2] [**Quality, Access**] • AzCH-CCP ACC's performance measure rates for *Immunizations for Adolescents—Combination 1* and *Combination 2* were above the 75th percentile, indicating that most adolescents were receiving one dose of meningococcal vaccine, one Tdap [tetanus, diphtheria, pertussis] vaccine, and the complete HPV vaccine series by their 13th birthday. Receiving recommended vaccinations is the best defense against serious vaccine-preventable diseases, including meningococcal meningitis, tetanus, diphtheria, pertussis (whooping cough), and HPV.[5-3] [**Quality**] • AzCH-CCP ACC's performance measure rates for Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total, Cholesterol Testing—Total, and Blood Glucose and Cholesterol Testing—Total were above the 75th percentile, indicating that most children and adolescents with ongoing antipsychotic mediation use had metabolic testing performed. Metabolic monitoring (blood glucose and cholesterol testing) is an important component of ensuring appropriate management of children and adolescents on antipsychotic medications.[5-4] [**Quality**]
Opportunities for Improvement and Recommendations
While AzCH-CCP ACC was successful in reporting valid rates for all AHCCCS-required performance measures for its ACC population, the audit identified some considerations and recommendations for future years' reporting. **[Quality]** Recommendations: HSAG recommends that AzCH-CCP ACC continue to ensure compliance with AHCCCS' requirements for continuous enrollment criteria for AHCCCS PMV reporting. Additionally, HSAG recommends that AzCH-CCP ACC continue to conduct a formal review of its source code followed by a complete test plan, including live system validation of data, prior to reporting any performance measure data.
For CY 2022 performance measure reporting, RES will be required based on NCQA HEDIS specifications. **[Quality]** Recommendation: HSAG recommends that AzCH-CCP ACC explore data sources for the capture of race/ethnicity data to support future performance measure reporting that may require stratifications related to RES. AzCH-CCP ACC should continue working with AHCCCS on collaborative efforts to improve the completion and accuracy of race/ethnicity data and explore other methods to augment enrollment data information.

[5-2] National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: https://www.ncqa.org/hedis/measures/childhood-immunization-status/. Accessed on: Feb 3, 2022.
[5-3] National Committee for Quality Assurance. Immunizations for Adolescents (IMA). Available at: https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/. Accessed on: Feb 4, 2022.
[5-4] National Committee for Quality Assurance. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM). Available at: https://www.ncqa.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics/. Accessed on: Jan 30, 2023.

Strengths, Opportunities for Improvement, and Recommendations
In the Maternal and Perinatal Care measure group, AzCH-CCP ACC's performance measure rates for *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* fell below the 25th percentile, indicating an opportunity to increase access to timely prenatal and postpartum care. Members may have had difficulties finding access to care due to the COVID-19 PHE, or this weakness may be a result of disparities in the population served. **[Quality, Timeliness, Access]** Recommendation: While AzCH-CCP ACC conducted a root cause analysis and implemented targeted interventions specific to its CY 2020 *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* rates, its rates remained low in CY 2021; therefore, HSAG recommends that AzCH-CCP ACC continue to implement appropriate interventions to improve performance relative to prenatal and postpartum care. HSAG also recommends that AzCH-CCP ACC monitor and expand upon interventions currently in place to improve performance related to the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* measure indicators.
In the Pediatric Health measure group, AzCH-CCP ACC's performance measure rate for *Child and Adolescent Well-Care Visits* fell below the 25th percentile, indicating that children and adolescents were not always receiving well-care visits. Assessing physical, emotional, and social development is important at every stage of life, particularly for children and adolescents. Well-care visits provide an opportunity for providers to influence health and development, and they are a critical opportunity for screening and counseling.[5-5] **[Quality, Access]** Recommendation: HSAG recommends that AzCH-CCP ACC identify best practices to support children in receiving well-care visits. HSAG also recommends that AzCH-CCP ACC consider conducting a root cause analysis to identify barriers that members are experiencing in accessing care and services in order to implement appropriate interventions to improve performance related to timely well-care visits.
In the Care of Acute and Chronic Conditions measure group, AzCH-CCP ACC's performance measure rate for *Controlling High Blood Pressure* fell below the 25th percentile, indicating that some adult members with hypertension did not have adequately controlled blood pressure. Controlling high blood pressure is an important step in preventing heart attacks, stroke, and kidney disease, and in reducing the risk of developing other serious conditions.[5-6] **[Quality]** Recommendation: HSAG recommends that AzCH-CCP ACC conduct a root cause analysis to determine why some members were not managing their high blood pressure optimally. This could include conducting focus groups to identify barriers that members were experiencing in accessing

[5-5] National Committee for Quality Assurance. Child and Adolescent Well-Care Visits. Available at: https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/. Accessed on: Mar 7, 2023.

[5-6] National Committee for Quality Assurance. Controlling High Blood Pressure. Available at: https://www.ncqa.org/hedis/measures/controlling-high-blood-pressure/. Accessed on: Mar 7, 2023.

Strengths, Opportunities for Improvement, and Recommendations
care and services in order to implement appropriate interventions. AzCH-CCP ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of service providers, or the need for community outreach and education). Additionally, AzCH-CCP ACC should identify factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, HSAG recommends that AzCH-CCP ACC implement appropriate interventions to improve performance related to this chronic condition.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

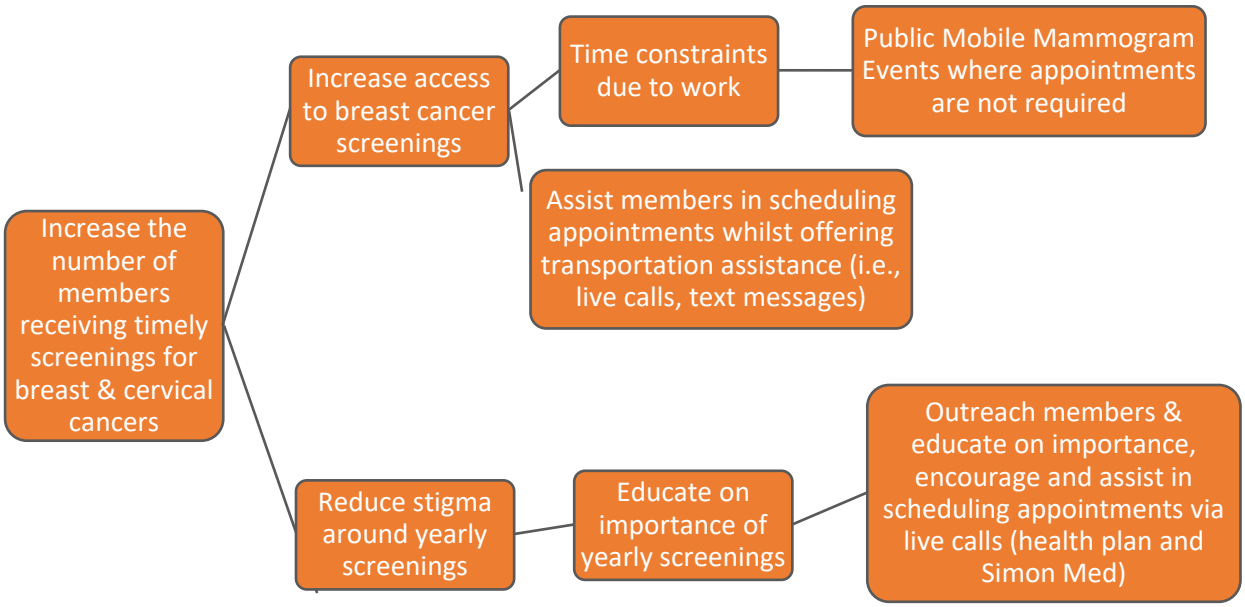
Table 5-4 presents performance measure recommendations made to AzCH-CCP ACC in the CYE 2021 Annual Technical Report[5-7] and AzCH-CCP ACC's follow-up to the recommendations, as well as an assessment of the degree to which AzCH-CCP ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-4—AzCH-CCP ACC Follow-Up to CY 2021 Performance Measure Recommendations

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
Recommendation 1:
HSAG recommended that AzCH-CCP ACC ensure that the mapping of provider specialties to HEDIS provider types was compliant with AHCCCS guidance for reporting performance measures where provider specialty type was required.
AzCH-CCP ACC's Response:
AzCH-CCP ACC has implemented mapping that is compliant with AHCCCS guidance for reporting performance measures of provider specialties.
HSAG's Assessment:
During CY 2021 PMV, AzCH-CCP ACC's provider mapping fully aligned with AHCCCS guidance for reporting performance measures where provider specialty type is required. HSAG has therefore determined that AzCH-CCP ACC has satisfactorily addressed the prior year's recommendation.
Recommendation 2:
HSAG recommended that AzCH-CCP ACC conduct a formal review of its source code followed by a complete test plan, including live system validation of data, prior to reporting any performance measure data.

[5-7] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
AzCH-CCP ACC's Response: AzCH-CCP ACC has implemented standardized processes for formal code reviewal, testing and verifications to ensure the performance measure data are reported correctly.
HSAG's Assessment: During CY 2021 PMV, AzCH-CCP ACC demonstrated implementation of a process to conduct formal source code review, followed by a complete test plan, including live system validation of data, prior to reporting any performance measure data. HSAG has therefore determined that AzCH-CCP ACC has satisfactorily addressed the prior year's recommendation.
Recommendation 3:
HSAG recommended that AzCH-CCP ACC conduct a root cause analysis or focus study to determine why its female members were not receiving timely screenings for breast and cervical cancers. This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, AzCH-CCP ACC should implement appropriate interventions to improve the performance related to preventive screenings.
AzCH-CCP ACC's Response: Performance measure rates for Breast Cancer Screening and Cervical Cancer Screening fell below the 50th and 25th percentiles, indicating that members were not receiving timely screenings for breast and cervical cancers. The root cause analysis focuses on increasing the number of members receiving timely screenings and looking at those barriers affecting members, such as access to care/services, scheduling of appointments, and education. Interventions in place in response to the barriers identified: • Mobile mammogram events increase access to members as they are open to the public • Collaboration with Simon Med imaging consisting of preconditioning texts and direct member outreach for scheduling • Pom calls and text messages; the roll out of the campaign showed a significant higher reach rate than live calls with a reach rate of 33 percent and text reach rate of 99 percent • Blitz call campaign served as an initiative to educate, encourage, and assist members to schedule necessary appointments with a successful reach rate of 11 percent

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
Root cause analysis as evidenced by the driver diagram below. 
HSAG's Assessment: AzCH-CCP ACC identified interventions that were implemented for CY 2021 as a result of conducting a root cause analysis; therefore, HSAG determined that AzCH-CCP ACC satisfactorily addressed the prior year's recommendation.
Recommendation 4:
HSAG recommended that AzCH-CCP ACC conduct a root cause analysis to determine why female members were not receiving timely postpartum care. AzCH-CCP ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of family planning service providers, or the need for improved community outreach and education). This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Additionally, AzCH-CCP ACC should identify factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, AzCH-CCP ACC should implement appropriate interventions to improve the performance related to postpartum care.

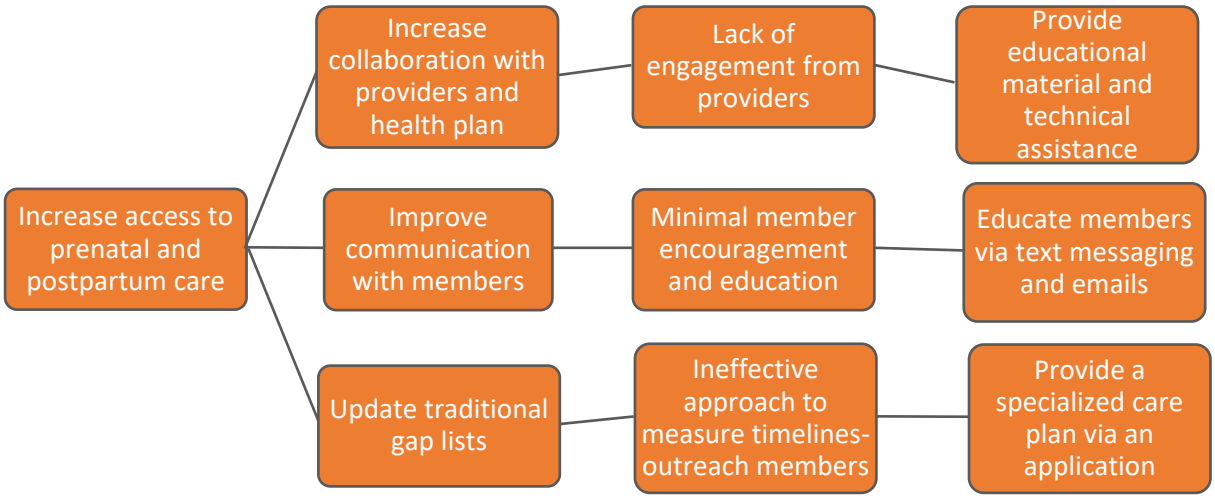
Prior Year's Recommendation from the EQR Technical Report for Performance Measures

AzCH-CCP ACC's Response:

Performance measure rate for Prenatal and Postpartum Care (PPC) fell below the 50th percentile, indicating an opportunity to increase access to timely postpartum care. The root cause analysis focuses on increasing access to postpartum care by identifying those barriers such as, collaboration with providers and the health plan, successful communication with members, and effective gap lists. Interventions in place include:

- Start Smart for you Baby effectively educate and encourage members via text messaging and emails. In CY 2021, a total of 434 members were engaged with a total of 38.3 percent successful completion of the program.
- PPC Provider Forum supplies providers with material and engages providers with education, technical assistance, and performance improvement.
- Wellframe mobile application provides a specialized care plan for members with tailored daily health check lists, providers alerts, care gaps, progress tracking to CMS, and allows for two-way video/text communication with Care Management.
- Envolve People Care (EPC) a self-management tool to increase members' confidence and positive improvement with member's health, showed over the course of CY 2021 a total of 62.8 percent of new users completed a health assessment through EPC with 33.1 percent enrolling into one of the self-guided behavioral change programs.

Root cause analysis as evidenced by the driver diagram below.



HSAG's Assessment:

AzCH-CCP ACC identified interventions that were implemented for CY 2021 as a result of conducting a root cause analysis, however the rates remained low in CY 2021. While opportunity remains to improve its rates, HSAG has determined that AzCH-CCP ACC satisfactorily addressed the prior year's recommendation.

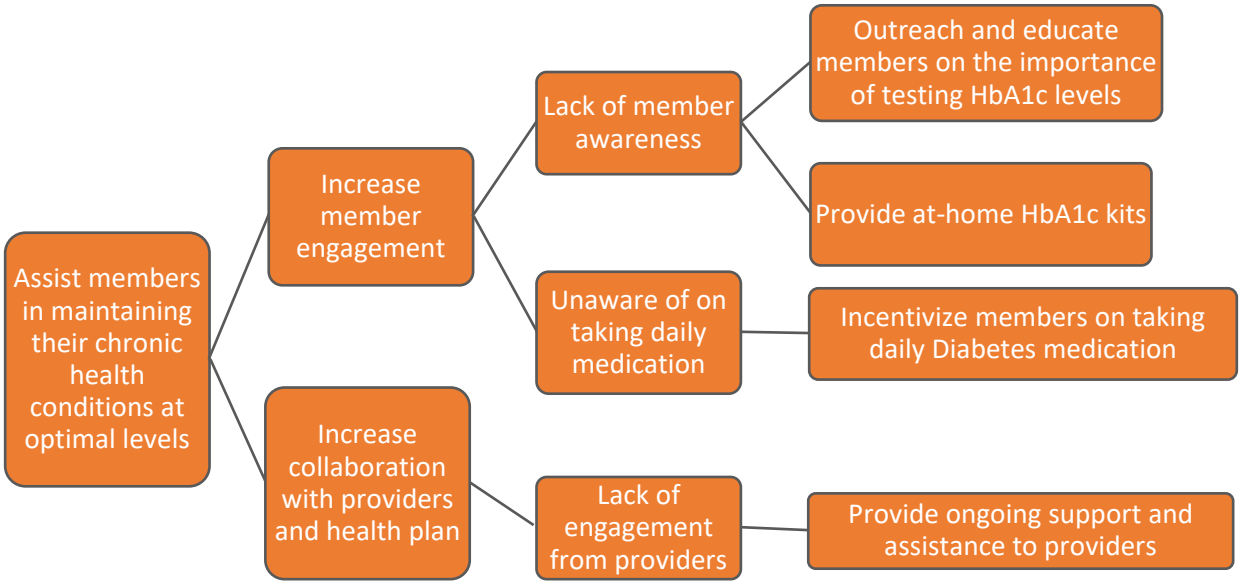
Prior Year's Recommendation from the EQR Technical Report for Performance Measures
Recommendation 5:
HSAG recommended that AzCH-CCP ACC conduct a root cause analysis or focus study to determine why members were not maintaining their chronic health conditions at optimal levels or why some adult members were experiencing issues with access to care. This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, AzCH-CCP ACC should implement appropriate interventions to improve the performance related to this chronic condition.

AzCH-CCP ACC's Response:

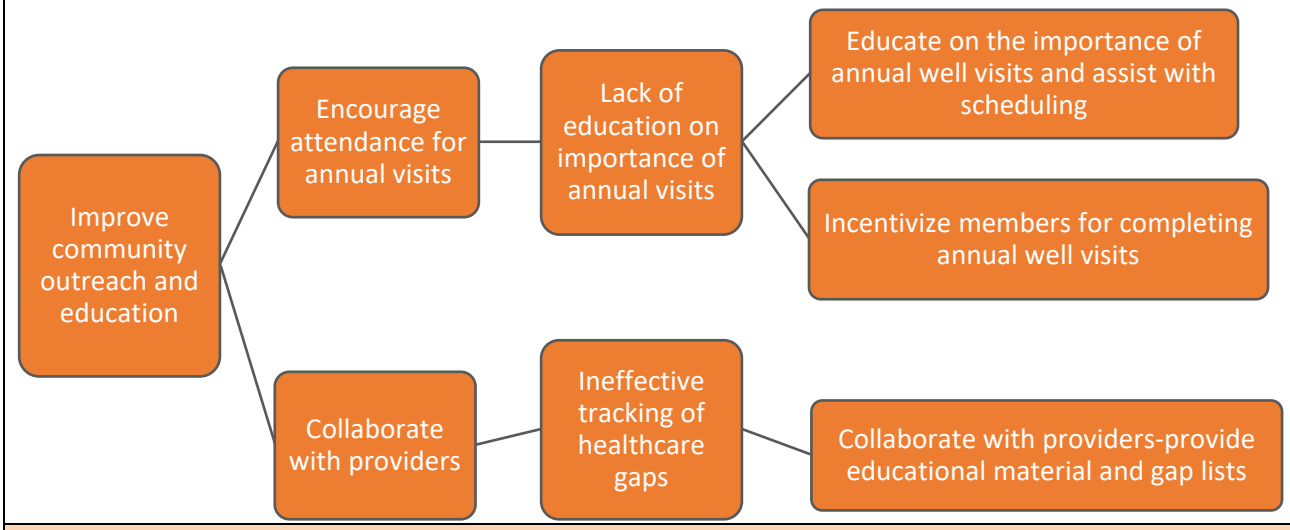
AzCH-CCP ACC's performance measure rate for Comprehensive Diabetes Care-HbA1c Poor Control (>9.0 percent) fell below the 25th percentile. The root cause analysis focuses on assisting members in maintaining their chronic health conditions at optimal levels. The barriers identified were member engagement and collaboration with providers and the health plan. In response to identified barriers the following interventions were implemented:

- The HbA1c testing kits: For CY 2021, the health plan sent out a total of 2,449 kits in September. This yielded the highest reduction in rate between Q3 and Q4.
- Wellth medication adherence program to incentivize members on taking daily Diabetes medication. Wellth had a total of 2,770 members enrolled at the end of CY 2021.
- Provider Quality Liaisons provide ongoing support and assistance to provider groups by building relationships to increase performance and member satisfaction.

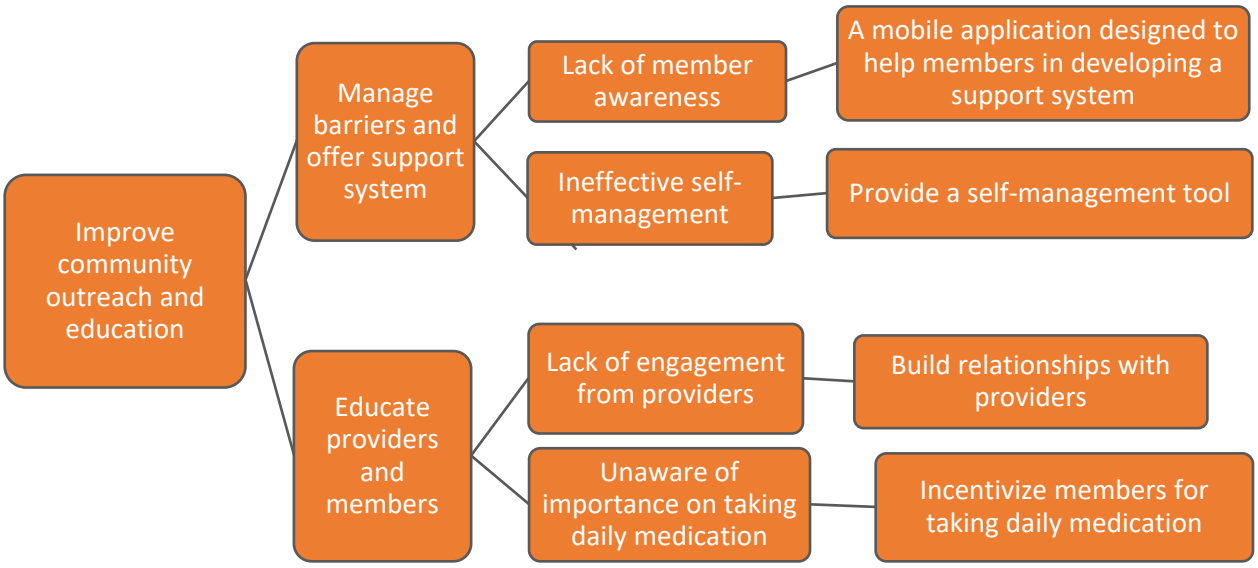
Root cause analysis as evidenced by the driver diagram below.



Prior Year's Recommendation from the EQR Technical Report for Performance Measures
HSAG's Assessment: AzCH-CCP ACC identified interventions that were implemented for CY 2021 as a result of conducting a root cause analysis; therefore, HSAG determined that AzCH-CCP ACC satisfactorily addressed the prior year's recommendation.
Recommendation 6:
HSAG recommended that AzCH-CCP ACC conduct a root cause analysis to determine why children and adolescents were not always accessing well-child visits. AzCH-CCP ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of PCP or OB/GYN service providers, or the need for community outreach and education). This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, AzCH-CCP ACC should implement appropriate interventions to improve the performance related to well-care visits.
AzCH-CCP ACC's Response: AzCH-CCP ACC's performance measure rate for Child and Adolescent Well-Care Visits-Total fell below the 50th percentile, indicating that children and adolescents were not always accessing well-child visits. The root cause analysis focuses on improving community outreach and education. The barriers identified were lack of encouragement and a need to increase collaboration with providers and the health plan. In response to identified barriers the following interventions were implemented: • Utilizing My Health Pays to incentivize members for completing annual well visits; in CY 2021 a total of 28,932 rewards were provided • Blitz Call Campaign to educate on the importance of annual well visits and assisting members with scheduling appointments • EPSDT Provider quick reference guide (QRG) allows for collaboration with providers and the health plan; providing educational material regarding how to reduce no shows and missed appointments Root cause analysis as evidenced by the driver diagram below.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures

HSAG's Assessment:
AzCH-CCP ACC identified interventions that were implemented for CY 2021 as a result of conducting a root cause analysis, however the rates remained low in CY 2021. While opportunity remains to improve its rates, HSAG has determined that AzCH-CCP ACC satisfactorily addressed the prior year's recommendation.
Recommendation 7:
HSAG recommended that AzCH-CCP ACC conduct a root cause analysis to determine why members taking an antidepressant were not receiving continuous medication treatment. This could include conducting focus groups to identify barriers that members were experiencing in maintaining a medication regime in order to implement appropriate interventions. AzCH-CCP ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care or the need for improved community outreach and education), including any factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, AzCH-CCP ACC should implement appropriate interventions to improve the performance related to medication management.
AzCH-CCP ACC's Response:
AzCH-CCP ACC's performance measure rates for Antidepressant Medication Management fell below the 50th percentile, indicating that most members with a diagnosis of major depression were not receiving continuous medication treatment. The root cause analysis focuses on improving community outreach and education. The barriers identified were need of a support system and lack of member education. Interventions in place in response to the barriers are: • Pyx Health, a mobile application designed to help members in developing a support system and support members with social determinants of health. At the end of CY 2021, a total of 1619 members were onboarded and active within the Pyx application

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
• EPC, a self-management tool that members can utilize through the AzCH-CCP ACC member portal. Over the course of CY 2021, a total of 62.8 percent (486) of new users completed a health assessment through EPC, with 33.1 percent enrolling into one of the self-guided behavioral change programs • Provider Quality Liaisons build relationships with providers to increase performance, member satisfaction and improve knowledge around medication management • Wellth, a medication adherence reward program which incentivizes members for taking daily medication. Wellth had a total of 2,770 members enrolled at the end of CY 2021 Root cause analysis as evidenced by the driver diagram below.



HSAG's Assessment:

AzCH-CCP ACC identified interventions that were implemented for CY 2021 as a result of conducting a root cause analysis; therefore, HSAG determined that AzCH-CCP ACC satisfactorily addressed the prior year's recommendation.

Validation of Performance Improvement Projects

In CY 2022, AzCH-CCP ACC continued the *Back to Basics* PIP, which was initiated in CYE 2019. As this PIP is in an intervention year, PIP validation activities focused on intervention analysis. AzCH-CCP ACC submitted interventions implemented during CY 2022 along with the intervention status, focus, and rationale for changes or discontinuation of the intervention for the following year.

AHCCCS will conduct an annual validation of the first remeasurement year reflective of CY 2022 (January 1, 2022, through December 31, 2022) using HSAG-calculated and validated indicator rates.

AHCCCS will evaluate AzCH-CCP ACC's performance based on an analysis of improvement strategies implemented and an assessment of statistically significant improvement as described in Appendix A. Methodology—Validation of Performance Improvement Projects—How Conclusions Were Drawn.

Results

HSAG determined that the PIP has a preliminary validation status of *Met*, based on valid and reliable rate calculation. Validation status based on whether significant or sustained improvement was achieved will be assessed following completion of interventions and final calculation of measures.

Table 5-5 through Table 5-7 provide the *Back to Basics* PIP baseline and intervention year rates for each indicator for AzCH-CCP ACC.

Table 5-5—AzCH-CCP ACC *Back to Basics* PIP Rates for PIP Indicator 1

Contractor	PIP Indicator 1: *W30 Rate 1*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020	CY 2021
AzCH-CCP ACC	63.2%	61.5%	60.6%

*The CYE 2019 indicator rate was calculated by HSAG utilizing AHCCCS data.

Table 5-6—AzCH-CCP ACC *Back to Basics* PIP Rates for PIP Indicator 2

Contractor	PIP Indicator 2: *WCV*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020	CY 2021
AzCH-CCP ACC	46.9%	40.6%	41.5%

*The CYE 2019 indicator rate was calculated by HSAG utilizing AHCCCS data.

Table 5-7—AzCH-CCP ACC *Back to Basics* PIP Rates for PIP Indicator 3

Contractor	PIP Indicator 3: *ADV*		
	Baseline Year	Intervention Year 1	Intervention Year2
	CYE 2019*	CY 2020*	CY 2021
AzCH-CCP ACC	55.8%	45.5%	49.9%

*CYE 2019 and CY 2020 indicator rates were calculated by HSAG utilizing AHCCCS data.

Interventions

Table 5-8 presents PIP interventions for AzCH-CCP ACC during CY 2022. Language in the PIP interventions section is minimally edited and generally reflective of the language provided by the Contractor.

Table 5-8—AzCH-CCP ACC *Back to Basics* PIP Interventions

Contractor	Interventions
AzCH-CCP ACC	• My Health Pays Rewards is a member incentive program that provides an annual reward for AzCH-CCP ACC members who obtain their well visits. • QM & CM Partnership to train staff on well child visits. • Promotoras are community service workers who conduct outreach to members in Yuma & Maricopa who have identified care gaps. They assist in scheduling appointments and manage barriers to completing those appointments. • Member Outreach campaigns that consist of direct phone calls (inclusive of barrier identification and removal), email and physical mailers and website posted information/newsletters. • Partnered with primary care clinics to imbed First Things First staff into their clinics. First Things First staff will provide preventive dental services, including oral health screenings during the member's well-visit appointment. • Utilize internal staff to conduct blitz call campaigns that educate, encourage and assist members to schedule necessary appointments. • Implemented Milestone Text Messaging to member's healthcare decision maker to encourage attendance for well visits. • Partnered with a Community Service Agency (CSA) for staff EPSDT Education and build an EPSDT member outreach program at the CSA level to target transition aged youth (13 to 21 years old). • EPSDT Provider Education & Training: Conducting provider on site or virtual education about well visits, developmental screening tools and Centers for Disease Control and Prevention (CDC)/World Health Organization (WHO) growth charts to providers. Provide developmental screening completion instructions and training via the provider website/portal, provider forums, essential monthly provider calls, and on-going EPSDT focused provider on-site/virtual visits. • Pyx Health, a mobile application to address loneliness, social isolation, assist in developing a support system and support with social determinants of health. • Inclusion of W30 information within the Start Smart For Your Baby (SSFB) Program. • Birth to Five Program: Coordination with a provider to directly outreach identified members up to the age of five with well care, dental, developmental and immunization care gaps. • Dental Program Oversight Workgroup

Strengths, Opportunities for Improvement, and Recommendations

Table 5-9 presents strengths, opportunities for improvement, and recommendations for AzCH-CCP ACC related to PIPs, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-9—AzCH-CCP ACC Strengths, Opportunities for Improvement, and Recommendations Related to PIPs

Strengths, Opportunities for Improvement, and Recommendations
Strengths
AzCH-CCP ACC developed and implemented interventions that may lead to improvement in indicator outcomes. **[Quality, Access]** HSAG noted that the intervention year 2 indicator rates showed a slight increase over intervention year 1 for indicators 2 and 3. **[Quality, Access]**
Opportunities for Improvement and Recommendations
For indicator 1, AzCH-CCP ACC showed a 1.7 percentage point decline in the indicator rate between the baseline year and intervention year 1. Between intervention year 1 and intervention year 2, the decline slowed to just under 1 percentage point. When compared to the baseline year, the intervention year 2 indicator rate was 2.6 percentage points below the baseline year indicator rate. For indicator 2, AzCH-CCP ACC showed a 6.3 percentage point decline in the indicator rate between the baseline year and intervention year 1. Between intervention year 1 and intervention year 2, the indicator rate increased by just under 1 percentage point; however, when compared to the baseline year, the intervention year 2 indicator rate was 5.4 percentage points below the baseline year rate. For indicator 3, AzCH-CCP ACC showed a 10.3 percentage point decline in the indicator rate between the baseline year and intervention year 1. Although the indicator rate for intervention year 2 increased 4.4 percentage points over the intervention year 1 indicator rate, when compared to the baseline year, the intervention year 2 indicator rate was 5.9 percentage points below the baseline year indicator rate. The decline noted in the indicator rates may indicate that the COVID-19 PHE had an impact on the rates of compliance with well-child and dental visits. **[Quality, Access]** Recommendations: As the PIP progresses, HSAG recommends that AzCH-CCP ACC: • Review intervention year indicator rates and adjust interventions to facilitate improvement, as necessary • Continue to implement identified interventions and assess the impact and effectiveness of the interventions after the validated indicator rates for the first remeasurement year become available • Develop and document a plan for sustaining the improvement for any demonstrated improvement in indicator rates

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-10 presents PIP recommendations made to AzCH-CCP ACC in the CYE 2021 Annual Technical Report[5-8] and AzCH-CCP ACC's follow-up to the recommendations, as well as an assessment of the degree to which AzCH-CCP ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-10—AzCH-CCP ACC Follow-Up to CY 2021 PIP Recommendations

Prior Year's Recommendation from the EQR Technical Report for PIPs
HSAG recommended that while the PIP is in an intervention year and no opportunities for improvement have yet been identified, AzCH-CCP ACC should continue to implement identified interventions and assess the impact and effectiveness of the interventions after the first remeasurement year.
AzCH-CCP ACC's Response: AzCH-CCP ACC did not provide a response to this recommendation; however, AzCH-CCP ACC continued to implement interventions as evidenced above in the AzCH-CCP ACC *Back to Basics* PIP Interventions table.
HSAG's Assessment: HSAG reviewed AzCH-CCP ACC's PIP intervention submission, which detailed interventions implemented in CY 2022, whether the intervention will be continued, and the rationale for intervention changes or discontinuation. HSAG has determined that AzCH-CCP ACC has satisfactorily continued to implement interventions, based on activities completed in CY 2022.

Compliance Reviews

Results

In November 2021, AHCCCS awarded AzCH-CCP a new ACC-RBHA contract, expanding the current ACC contract. As a result, the Contractor went through an extensive readiness review, which was conducted from April through October 2022.

AHCCCS stated that it recognizes the criticality of member transitions and the readiness of a Contractor to deliver care and services under a new contract award. The readiness review process is paramount to a successful implementation and seamless transition for members. To that end, AHCCCS has

[5-8] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

implemented an extensive readiness review process for all Contractors awarded new AHCCCS contracts.

AHCCCS stated that it views the readiness review process as an ongoing series of activities to monitor and ensure Contractor progress. AHCCCS initiates the readiness review process roughly six months prior to the contract effective date. These readiness activities are essential to establishing the capacity of the awarded Contractors to function in a number of critical areas, including operations and administration, service delivery, financial management, and systems management. The AzCH-CCP ACC-RBHA contract began October 1, 2022. Future compliance reviews will be for the ACC-RBHA contract/LOB.

Strengths, Opportunities for Improvement, and Recommendations

Table 5-11 presents strengths, opportunities for improvement, and recommendations for AzCH-CCP ACC related to compliance, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-11—AzCH-CCP ACC Strengths, Opportunities for Improvement, and Recommendations Related to Compliance

Strengths, Opportunities for Improvement and Recommendations
Strengths
AHCCCS conducted a readiness review for the new ACC-RBHA contract/LOB in CYE 2022, and future compliance reviews will be conducted for the new ACC-RBHA contract/LOB; therefore, HSAG did not provide any strengths.
Opportunities for Improvement and Recommendations
AHCCCS conducted a readiness review for the new ACC-RBHA contract/LOB in CYE 2022, and future compliance reviews will be conducted for the new ACC-RBHA contract/LOB; therefore, HSAG did not provide any opportunities for improvement. Recommendation: Although no compliance review was conducted for this reporting period, HSAG recommends that the Contractor use AHCCCS' findings from the readiness review and follow up with AHCCCS as requested to monitor ongoing compliance with federal regulations and State contract requirements.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-12 presents compliance recommendations made to AzCH-CCP ACC in the CYE 2021 Annual Technical Report[5-9] and AzCH-CCP ACC's follow-up to the recommendations, as well as an assessment of the degree to which AzCH-CCP ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-12—AzCH-CCP ACC Follow-Up to CY 2021 Compliance Recommendations

Prior Year's Recommendation from the EQR Technical Report for Compliance
Although no compliance review was conducted during CYE 2021, HSAG recommended that the Contractor conduct an internal review to monitor compliance with the requirements in each of the AHCCCS Focus Areas.
AzCH-CCP ACC's Response: AHCCCS conducted a readiness review for the new ACC-RBHA contract in CYE 2022.
HSAG's Assessment: HSAG has determined that through its readiness review, AzCH-CCP ACC has satisfactorily addressed the prior year's recommendation through its readiness review.

Network Adequacy Validation

Results

HSAG evaluated AzCH-CCP ACC's compliance results with AHCCCS' time/distance standards by GSA and county. This section presents biannual validation findings specific to the ACC LOB, with one results table for each of the following GSAs:

- Central GSA: Gila, Maricopa,[5-10] and Pinal counties
- South GSA: Cochise, Graham,[5-11] Greenlee, La Paz, Pima, Santa Cruz,[5-12] and Yuma counties

[5-9] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

[5-10] Maricopa County includes the 85342, 85358, and 85390 ZIP codes; these ZIP codes are physically located in both Maricopa and Yavapai counties.

[5-11] Graham County includes the 85542, 85192, and 85550 ZIP codes representing the San Carlos Tribal area; these ZIP codes are physically located in Gila or Pinal County.

[5-12] Santa Cruz County includes the 85645 ZIP code; this ZIP code is physically located in both Pima and Santa Cruz counties.

Each region-specific table summarizes biannual validation results containing the percentage of members meeting each time/distance standard by quarter and county, with color coding to identify whether the time/distance standard was *Met* or *Not Met.* The value "NA" is shown for time/distance standards that do not apply to the county or ACC LOB. The value "NR" is shown for time/distance standards in which no members met the network requirement denominator for the ACC LOB and county; therefore, HSAG calculated no corresponding time/distance result.

Yellow color coding identifies instances in which HSAG's time/distance results met the minimum network requirement but differed from the ACOM 436 results. Red color coding identifies instances in which HSAG's time/distance results that did not meet the compliance standard, regardless of the ACOM 436 results.

An asterisk (*) indicates that fewer than 10 members were included in the denominator of HSAG's results. A carat (^) indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.

Table 5-13—AzCH-CCP ACC Time/Distance Validation Results for Central GSA—Percentage of Members Meeting Minimum Network Requirements

	Gila		Maricopa		Pinal	
Minimum Network Requirement	**Q2**	**Q4**	**Q2**	**Q4**	**Q2**	**Q4**
Behavioral Health Outpatient and Integrated Clinic, Adult	100	100^	98.9	98.7^	100	100^
Behavioral Health Outpatient and Integrated Clinic, Pediatric	100	100^	99.0	98.8^	100	100^
Behavioral Health Residential Facility (only Maricopa and Pima counties)	NA	NA	98.7	98.8	NA	NA
Cardiologist, Adult	100	100^	99.4	99.7^	100	100^
Cardiologist, Pediatric	100	100^	100	100^	100	100^
Dentist, Pediatric	100	99.7	99.4	99.4	100	100
Hospital	100	100	99.8	99.8	100	100
OB/GYN	100	100	99.9	99.9	100	100
Pharmacy	100	100	99.1	99.0	100	100
PCP, Adult	100	100^	99.8	99.6^	100	100^
PCP, Pediatric	100^	100^	99.7	99.6^	100	100^

represents Contractor-reported results that differ from HSAG's results and meet the compliance standard based on HSAG's results.

^ indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.

NA indicates results are not applicable to the county.

Table 5-14—AzCH-CCP ACC Time/Distance Validation Results for South GSA—Percentage of Members Meeting Minimum Network Requirements

	Cochise		Graham		Greenlee		La Paz		Pima		Santa Cruz		Yuma	
Minimum Network Requirement	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4
Behavioral Health Outpatient and Integrated Clinic, Adult	100	100^	100	100^	99.6	99.6	100	100^	97.0	97.0^	100	100^	99.9	99.9^
Behavioral Health Outpatient and Integrated Clinic, Pediatric	100	100^	100	100^	100	100	100	100^	97.1	97.0^	100	100^	100	100^
Behavioral Health Residential Facility (only Maricopa and Pima counties)	NA	NA	NA	NA	NA	NA	NA	NA	93.2	93.1	NA	NA	NA	NA
Cardiologist, Adult	100	100^	100	100^	99.6	99.5	100	100^	99.2	99.3^	100	100	100	100^
Cardiologist, Pediatric	100	100^	100	100^	100	100	100	100^	99.9	99.8^	100	100	100	100^
Dentist, Pediatric	93.3	93.3	98.6	98.9	100	100	74.6	74.1	98.6	98.5	100	100	99.9	99.9
Hospital	100	100	100	100	100	100	100	100	99.5	99.5	100	100	100	100
OB/GYN	100	100	100	100	100	100	100	100	99.6	99.6	100	100	100	100
Pharmacy	99.7	99.7	99.3	99.2	99.8	99.7	90.0	88.8	98.1	98.3	100	100	99.8	99.8
PCP, Adult	99.7	99.7^	99.1	99.3^	99.6	99.5^	99.5	99.7^	99.7	99.7^	100	100^	99.8	99.8^
PCP, Pediatric	99.9	99.7^	98.8	99.4^	100	100^	90.9	91.4^	99.7	99.7^	100	100^	99.9	99.9^

represents Contractor-reported results that differ from HSAG's results and meet the compliance standard based on HSAG's results.
represents time/distance standard results that do not meet the compliance standard based on HSAG's results.
^ indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.
NA indicates results are not applicable to the county.

Strengths, Opportunities for Improvement, and Recommendations

Table 5-15 presents strengths, opportunities for improvement, and recommendations for AzCH-CCP ACC related to NAV, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-15—AzCH-CCP ACC Strengths, Opportunities for Improvement, and Recommendations Related to NAV

Strengths, Opportunities for Improvement, and Recommendations
Strengths
AzCH-CCP ACC met all time/distance network standards in assigned counties for both quarters in CYE 2022, except for La Paz County. **[Access]** Note: AzCH-CCP ACC provides coverage in the following counties: Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal, Santa Cruz, and Yuma.
Opportunities for Improvement and Recommendations
AzCH-CCP ACC failed to meet the time/distance standard for pediatric dentists in La Paz County. **[Access]** Recommendation: HSAG recommends that AzCH-CCP ACC maintain current compliances, but continue to address network gaps, as applicable.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-16 presents NAV recommendations made to AzCH-CCP ACC in the CYE 2021 Annual Technical Report[5-13] and AzCH-CCP ACC's follow-up to the recommendations, as well as an assessment of the degree to which AzCH-CCP ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-16—AzCH-CCP ACC Follow-Up to CY 2021 NAV Recommendations

Prior Year's Recommendation from the EQR Technical Report for NAV
HSAG recommended that: • ACC Program Contractors continue to monitor their processes for creating the PAT file and review the PAT file for accuracy prior to submitting to AHCCCS • AzCH-CCP ACC continue to monitor and maintain its existing provider network coverage with specific attention to ensuring the availability of pediatric dentists in Greenlee and La Paz counties
AzCH-CCP ACC's Response: AzCH-CCP ACC did not provide a response to the recommendation.

[5-13] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Prior Year's Recommendation from the EQR Technical Report for NAV
HSAG's Assessment: Based on the response that AzCH-CCP ACC provided, HSAG has determined that AzCH-CCP ACC has not satisfactorily addressed the prior year's recommendation.

AzCH-CCP ACC Best and Emerging Practices

Table 5-17 presents the best and emerging practices provided by AzCH-CCP ACC for CYE 2022. HSAG made only minor edits to AzCH-CCP ACC's submission to enhance readability. Best practice responses may be based on Contractor internal data and not EQR validated rates.

Table 5-17—AzCH-CCP ACC Best and Emerging Practices

AzCH-CCP ACC Best and Emerging Practices—Medical Report Case Logic Initiative
The Medical Record Chase Logic Initiative was implemented in CYE 2022 Q3 to increase the yield in medical record retrieval for quality gap closure by collaboratively working with internal teams such as the HEDIS team, Quality Analytics, and external provider groups. Rationale: The HEDIS team worked with Quality Analytics to adjust methodologies and derive a new report based on claims logic in an effort to increase the yield in medical record retrieval and subsequently increase quality measure performance. Reports included a focus on open care gaps with the associated provider along with specialty providers who may have seen the member anytime during the measurement year. Goal: To further advance medical record retrieval for the improvement of care gap closure on performance measures that can be impacted through hybrid methodology abstraction. Related Interventions: AzCH-CCP ACC has multiple interventions focused on improving medical record retrieval and member health outcomes with new reporting based on claims logic. • Increased efforts to maximize opportunities around electronic medical record system (EMR) access and supplemental data feeds from contracted provider groups, including: – Targeted outreach to provider groups to educate on impact of granting access to electronic medical record systems and establishing supplemental data feeds with the health plan – Increased opportunity for information sharing of member outcomes and care gap closure – Reduction in staff and provider burden of manually pulling medical records to supply to the health plan Outcomes: AzCH-CCP ACC has achieved a significant increase in the number of charts reviewed and care gaps closed during a three-month span in 2022. Through the implementation of new methodologies and

AzCH-CCP ACC Best and Emerging Practices—Medical Report Case Logic Initiative

collaborations with internal teams, AzCH-CCP ACC can identify those significant increases in measures like Breast Cancer Screening. Since adopting the new process, measures like Breast Cancer Screening have seen a significant increase in the number of charts reviewed and total number of gaps closed in 2022.

Breast Cancer Screening	Charts reviewed	Records Found	% Gap Closed
AzCH-CCP ACC	377	106	28.1%

Timespan Sep-Nov 2022

AzCH-CCP ACC had a significant increase in the percentage of positive evidence of completed breast cancer screenings within three months, with a rate of 28.1 percent for ACC. In comparison, for 2021, AzCH-CCP ACC had a rate of 16 percent return for all lines of business. As this new process has shown tremendous success in a short amount of time, AzCH-CCP ACC anticipates an increase in contracted performance measures across the board as well as positive member outcomes by the end of the MY 2022 HEDIS season.

AzCH-CCP ACC Best and Emerging Practices—Healthy Equity Committee

The Health Equity Committee has been created to assist in identifying health disparities and developing strategies to ensure health equity for served populations. The committee is responsible for overseeing and managing health equity considerations as they relate to policy, data, health plan oversight and emerging healthcare innovation strategies.

Rationale:
AzCH-CCP ACC understands that achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

The Agency for Health Care Research and Quality's (AHRQ's) 2022 National Healthcare Quality and Disparities Report determined "Overall, racial and ethnic minority communities have similar outcomes as White communities for just under half of quality-of-care measures. However, when disparities exist, racial and ethnic minority communities exhibit worse outcomes than White communities on a larger number of measures than better outcomes. For example, American Indian and Alaska Native communities have worse quality of care than White communities on 43 percent of measures and better outcomes on only 12 percent of measures."

Goal:
This committee strives for the attainment of the highest level of health for all served members by working to understand current initiatives, develop baseline data, make recommendations to decrease health disparities and promote health equity, while avoiding duplication of efforts.

Related Interventions:
Additional interventions in place are as follows:

- Community health workers (Promotoras) are a direct connection to the community and are instrumental in connecting members with open care gaps to needed services

AzCH-CCP ACC Best and Emerging Practices—Healthy Equity Committee
• Collaboration with Catalytic Health to target members experiencing homelessness who have been discharged from inpatient to complete follow-up visits • CARE Task Force which meets monthly for 90 minutes focusing on specific topics related to member experience and clinical performance measures Outcomes: The Health Equity Committee is evaluating the disparity data on an ongoing basis and working to effectively reduce disparities through a variety of interventions such as the ones listed within the related intervention section above. This committee also strives to increase staff awareness and knowledge of the health disparities effecting AzCH-CCP ACC populations, so a cross functional approach is ingrained into future analysis.

AzCH-CCP ACC Best and Emerging Practices—CARE Task Force
Communication, Access, Respect, Education (CARE) is a cross-functional task force focused on promoting agents of change, streamlining processes and resources to improve positive interactions and ease of contact internally and externally. CARE is a collaboration of departmental representatives from across the organization that meet monthly focusing on specific topics related to member experience and clinical performance measures. This group was designed with the intent to encourage discussions on impacting member experience as a department and an organization. Rationale: Increasing consistent and on-going internal cross-functional collaboration expands capabilities of all staff to ensure each member engaged is approached from the best possible position to ensure the best possible health outcome. As AzCH-CCP ACC works to transform the whole health of each member, building that mindset into company culture is a must to be successful. Goal: CARE Task Force focuses on promoting agents of change, streamlining processes, and providing resources to improve positive interactions and ease of contact both internally and externally. Related Interventions: • Health Equity Committee: This group will share best practices and lessons learned in health equity to be transparent and embrace continuous improvement • CAHPS Champions: mission is to educate on member experience & model positive interactions • Care Management & Quality Improvement Collaboration Workgroup Outcomes: CARE is a collaboration of departmental representatives with attendance ranging from 30 to 40 participants each month from across the organization and designed to encourage discussion on impacting member experience as a department and an organization. Regulatory standards for survey and clinical measures are reviewed, along with the purpose of the measure to provide whole picture understanding of each measure's impact on the member. Discussion topics for each focus includes current performance, barriers, current interventions, and brainstorming of additional interventions. Participants are asked to share information with their departments and report back to CARE Task

AzCH-CCP ACC Best and Emerging Practices—CARE Task Force
Force with any interventions or activities implemented in their department as a result of the discussion. Ideas originating from CARE Task Force are tracked and reviewed for efficacy.

AzCH-CCP ACC Best and Emerging Practices—References
2022 National Healthcare Quality and Disparities Report. Rockville, MD: Agency for Healthcare Research and Quality; October 2022. AHRQ Pub. No. 22(23)-0030. Accessed at https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2022qdr.pdf.

BUFC ACC

Validation of Performance Measures

Results for Information Systems Standards Review

HSAG determined that BUFC ACC followed the measure specifications and produced reportable rates for all measures in the scope of the validation of performance measures.

Table 5-18 displays HSAG's PMV findings for each data type reviewed in alignment with the CMS EQR Protocol 2 audit requirements.

Table 5-18—CY 2021 PMV Findings

Data Type	HSAG Findings
Medical Services Data	*No identified concerns*
Enrollment Data	*No identified concerns*
Provider Data	*No identified concerns*
Medical Record Review Process	*Hybrid review not performed for CY 2021; therefore, the medical record review process is not applicable*
Supplemental Data	*No identified concerns*
Data Integration	*No identified concerns*

Results for Performance Measures

Table 5-19 presents the CY 2020 and CY 2021 BUFC ACC performance measure results for measures that could be compared to the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2020 and MY 2021. Performance measure rate cells shaded green indicate that the rate met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2020 and/or MY 2021. Of note, measures for which lower rates suggest better performance are indicated by an asterisk (*).

Table 5-19—CY 2020 and CY 2021 BUFC ACC Performance Measure Results

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Maternal and Perinatal Care				
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	—	63.2%	—	★
Postpartum Care	49.1%	50.7%	→	★

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Behavioral Health				
Antidepressant Medication Management				
Effective Acute Phase Treatment	56.3%	60.3%	↑	★★
Effective Continuation Phase Treatment	41.4%	42.7%	→	★★
Follow-Up After ED Visit for AOD Abuse or Dependence				
7-Day Follow-Up—Total	14.3%	15.6%	→	★★★
30-Day Follow-Up—Total	19.8%	21.1%	→	★★
Follow-Up After ED Visit for Mental Illness				
7-Day Follow-Up—Total	42.9%	40.9%	→	★★★
30-Day Follow-Up—Total	53.5%	50.1%	→	★★
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Total	33.3%	34.9%	→	★★
30-Day Follow-Up—Total	48.1%	50.2%	→	★
Initiation and Engagement of AOD Abuse or Dependence Treatment				
Initiation of AOD Treatment—Total	45.2%	46.6%	→	★★★
Engagement of AOD Treatment—Total	17.8%	18.5%	→	★★★★
Care of Acute and Chronic Conditions				
Comprehensive Diabetes Care				
*HbA1c Poor Control (>9.0%)**	57.8%	56.3%	↑	★
Controlling High Blood Pressure				
Controlling High Blood Pressure	—	33.6%	—	★
Heart Failure Admission Rate				
Heart Failure Admission Rate	—	19.5	—	—
Diabetes Short-Term Complication Admission Rate				
Diabetes Short-Term Complications Admission Rate	—	15.3	—	—
Pediatric Health				
Child and Adolescent Well-Care Visits				
Child and Adolescent Well-Care Visits	34.0%	39.9%	↑	★
Developmental Screening in the First Three Years of Life				
Developmental Screening in the First Three Years of Life	33.3%	38.0%	↑	—

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	48.8%	57.2%	↑	★★★
Annual Dental Visit				
Annual Dental Visit	—	46.2%	—	★★
Childhood Immunization Status				
Combination 3	—	59.1%	—	★★
Combination 7	—	53.0%	—	★★
Combination 10	—	34.0%	—	★★
Immunizations for Adolescents				
Combination 1	—	83.9%	—	★★★
Combination 2	—	39.5%	—	★★★
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Total	—	57.5%	—	★★★
Cholesterol Testing—Total	—	42.2%	—	★★★
Blood Glucose and Cholesterol Testing—Total	—	41.3%	—	★★★
Preventive Screening				
Breast Cancer Screening				
Breast Cancer Screening	44.9%	50.8%	↑	★★
Cervical Cancer Screening				
Cervical Cancer Screening	33.9%	38.5%	↑	★
Appropriate Utilization of Services				
Ambulatory Care—Total				
*Ambulatory Care—ED Utilization**	—	36.2	—	★★★★
Plan All-Cause Readmissions				
*O/E Ratio—Total**	—	0.9679	—	★★★
Use of Opioids at High Dosage				
*Use of Opioids at High Dosage**	—	6.6%	—	★★

* A lower rate indicates better performance for this measure.

Cells shaded green indicate that the rate met or exceeded the MY 2020 and/or MY 2021 national Medicaid mean.

[1]— Indicates the CY 2020 rate was not presented in the CYE 2021 Annual Technical Report; therefore, a 2020-2021 comparison is not presented in the CYE 2022 Annual Technical Report.

↑ Indicates improvement of measure rates.

↓ Indicates decline of measure rates.

→ Indicates stable measure rates.

[2]Performance Levels for CY 2021 were based on comparisons of the HEDIS MY 2021 measure rates to national Medicaid Quality Compass HEDIS MY 2020 benchmarks.

Performance Levels for 2021 represent the following percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Strengths, Opportunities for Improvement, and Recommendations

Table 5-20 presents strengths, opportunities for improvement, and recommendations for BUFC ACC related to performance measures, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-20—BUFC ACC Strengths, Opportunities for Improvement, and Recommendations Related to Performance Measures

Strengths, Opportunities for Improvement, and Recommendations
Strengths
In the Behavioral Health Care measure group: BUFC ACC's performance measure rate for *Initiation and Engagement of AOD Abuse or Dependence Treatment—Engagement of AOD Treatment—Total* was above the 75th percentile, indicating that most members with diagnosed AOD abuse dependence may have initiated in AOD treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit, which, in conjunction with counseling or other behavioral therapies, has been shown to reduce AOD-associated morbidity and mortality; improve health, productivity, and social outcomes; and reduce healthcare spending.[5-14] **[Quality, Timeliness, Access]**
Opportunities for Improvement and Recommendations
BUFC ACC did not use the hybrid methodology for any performance measures eligible for hybrid reporting, as follows: • *Cervical Cancer Screening* • *Childhood Immunization Status* • *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* • *Controlling High Blood Pressure* • *Developmental Screening in the First Three Years of Life* • *Immunizations for Adolescents* • *Prenatal and Postpartum Care—Postpartum Care and Timeliness of Prenatal Care* The audit process revealed a misunderstanding by BUFC ACC related to the timing of when hybrid methodology could be used. The audit process clarified that as of CY 2020, Contractors are instructed

[5-14] National Committee for Quality Assurance. Initiation and Engagement of AOD Abuse or Dependence Treatment. Available at: https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/. Accessed on: Feb 21, 2023.

Strengths, Opportunities for Improvement, and Recommendations
to use hybrid methodology since Contractors are producing their own measure rates and that there is an audit process in place to review medical record abstraction and data integration practices. Additionally, there was some confusion between the hybrid methodology and BUFC ACC's nonstandard supplemental data process, which also used medical record data. BUFC ACC confirmed its understanding that it must use hybrid methodology, when applicable, for HEDIS MY 2022 reporting. **[Quality]** Recommendation: As BUFC ACC did not report any measures following the hybrid methodology, HSAG recommends that BUFC ACC review and clarify expectations related to hybrid/medical record review (MRR) requirements for future years' reporting to ensure it is able to align with the AHCCCS-required methodology for the specified hybrid measures. This should include the planning and development of abstraction tools, data capture and integration for non-HEDIS measures, if required.
While BUFC ACC was successful in reporting valid rates for all AHCCCS-required performance measures for its ACC population, the audit review identified some considerations and recommendations for future years' reporting. **[Quality]** Recommendation: While there were no concerns with the processing of practitioner data, the audit found that BUFC ACC could benefit from a practitioner credentialing software solution from the perspective of data processing and resource efficiency. HSAG recommends that BUFC ACC continue with its planned efforts related to increased supplemental data capture via its planned vendor project and integration of AHCCCS blind-spot data.
For CY 2022 performance measure reporting, RES will be required based on NCQA HEDIS specifications. **[Quality]** Recommendation: HSAG recommends that BUFC ACC continue to explore data sources for the capture of race/ethnicity data to support future performance measure reporting that may require race and ethnicity stratifications. BUFC ACC should continue to work with AHCCCS related to collaborative efforts to improve completion and accuracy of race/ethnicity data and explore other methods to augment enrollment data information.
In the Maternal and Perinatal Care measure group, BUFC ACC's performance measure rates for *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* fell below the 25th percentile, indicating an opportunity to increase access to timely prenatal and postpartum care. Members may have had difficulties finding access to care due to the COVID-19 PHE, or this weakness may be a result of disparities in the population served. **[Quality, Timeliness, Access]** Recommendation: While BUFC ACC implemented targeted interventions specific to its CY 2020 *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* rates, its rates remained low in CY 2021; therefore, HSAG recommends that BUFC ACC conduct a root cause analysis and continue to implement appropriate interventions based on the root cause analysis to

Strengths, Opportunities for Improvement, and Recommendations
improve performance relative to prenatal and postpartum care. HSAG also recommends that BUFC ACC monitor and expand upon interventions currently in place to improve performance related to the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* measure indicators.
In the Behavioral Health Care measure group, BUFC ACC's performance measure rate for *Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total* fell below the 25th percentile, indicating that members were not always accessing follow-up care with a mental health provider within 30 days following inpatient discharge. Individuals hospitalized for mental health disorders often do not receive adequate follow-up care. Providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes and decrease the likelihood of rehospitalization and the overall cost of outpatient care.[5-15] Members may have had difficulties finding access to care due to the COVID-19 PHE, as some in-person services were temporarily suspended. **[Quality, Timeliness, Access]** Recommendation: While BUFC ACC implemented targeted interventions specific to its CY 2020 *Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total* rate, its rate remained low in CY 2021; therefore, HSAG recommends that BUFC ACC conduct a root cause analysis to determine why some members were not receiving timely follow-up care with a mental health provider. BUFC ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of mental health service providers, or the need for community outreach and education). This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Additionally, BUFC ACC should identify factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, BUFC ACC should implement appropriate interventions to improve performance related to follow-up care following a hospitalization.
In the Care of Acute and Chronic Conditions measure group: • BUFC ACC's performance measure rate for *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* fell below the 25th percentile, indicating that some members with diabetes did not have controlled HbA1c levels. Proper diabetes management is essential to control blood glucose, reduce risks for complications, and prolong life.[5-16] [**Quality**] Recommendation: While BUFC ACC implemented interventions specific to its CY 2020 *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* rate, its CY 2021 rate remained low; therefore, HSAG continues to recommend that BUFC ACC conduct a root cause analysis or focus study to determine why some members with diabetes did not have controlled HbA1c levels.

[5-15] National Committee for Quality Assurance. Follow-Up After Hospitalization for Mental Illness (FUH). Available at: https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/. Accessed on: Jan 25, 2022.
[5-16] National Committee for Quality Assurance. Comprehensive Diabetes Care (CDC). Available at: https://www.ncqa.org/hedis/measures/comprehensive-diabetes-care/. Accessed on: Jan 30, 2023.

Strengths, Opportunities for Improvement, and Recommendations
This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, BUFC ACC should implement interventions that address the identified root cause of the low rate, targeting the interventions so that BUFC ACC improves performance related to diabetes management. • BUFC ACC's performance measure rate for *Controlling High Blood Pressure* fell below the 25th percentile, indicating that not all members were receiving appropriate screenings and treatment for managing blood pressure. Controlling high blood pressure is an important step in preventing heart attacks, stroke, and kidney disease, and in reducing the risk of developing other serious conditions.[5-17] **[Quality]** Recommendation: HSAG recommends that BUFC ACC conduct a root cause analysis or focus study to determine why some members are not managing their high blood pressure optimally. Upon identification of a root cause, HSAG recommends that BUFC ACC implement appropriate interventions to improve the performance related to this chronic condition.
In the Pediatric Health measure group: • BUFC ACC's performance measure rate for *Child and Adolescent Well-Care Visits* fell below the 25th percentile, indicating that children and adolescents were not always receiving well-care visits. Assessing physical, emotional, and social development is important at every stage of life, particularly for children and adolescents. Well-care visits provide an opportunity for providers to influence health and development, and they are a critical opportunity for screening and counseling.[5-18] **[Quality, Access]** Recommendation: HSAG recommends that BUFC ACC identify best practices to support children in receiving well-care visits according to recommended schedules. HSAG also recommends that BUFC ACC consider conducting a root cause analysis to identify barriers that members are experiencing in accessing care and services in order to implement appropriate interventions to improve performance related to timely well-care visits.
In the Preventive Screening measure group, BUFC ACC's performance measure rate for *Cervical Cancer Screening* fell below the 25th percentile, indicating that women were not always receiving timely screening for cervical cancer. Early detection reduces the risk of dying from this type of cancer and can lead to a greater range of treatment options and lower healthcare costs. Prolonged delays in screening related to the COVID-19 PHE may lead to delayed diagnoses, poor health consequences,

[5-17] National Committee for Quality Assurance. Controlling High Blood Pressure. Available at: https://www.ncqa.org/hedis/measures/controlling-high-blood-pressure/. Accessed on: Mar 7, 2023.
[5-18] National Committee for Quality Assurance. Child and Adolescent Well-Care Visits. Available at: https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/. Accessed on: Mar 7, 2023.

Strengths, Opportunities for Improvement, and Recommendations
and an increase in cancer disparities among women already experiencing health inequities.[5-19] **[Quality]** Recommendation: While BUFC ACC implemented interventions related to its CY 2020 *Cervical Cancer Screening* rate, HSAG continues to recommend that BUFC ACC conduct a root cause analysis or focus study to determine why its female members were not always receiving timely screening for cervical cancer. This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, BUFC ACC should implement appropriate interventions to improve performance related to preventive screenings. In doing so, BUFC ACC should consider the health literacy of the population served and their capacity to obtain, process, and understand the need to complete recommended cancer screenings and make appropriate health decisions.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-21 presents performance measure recommendations made to BUFC ACC in the CYE 2021 Annual Technical Report[5-20] and BUFC ACC's follow-up to the recommendations, as well as an assessment of the degree to which BUFC ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-21—BUFC ACC Follow-Up to CY 2021 Performance Measure Recommendations

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
Recommendation 1:
HSAG recommended that BUFC ACC clarify its understanding of any future State-specific guidance. To ensure all possible performance measure numerator compliant records are appropriately identified, HSAG further recommended that BUFC ACC document and submit its nonstandard supplemental data source for audit review and approval for future years' data integration, and continue to explore other potential data streams for future supplemental data submission. This may include electronic health record data feeds, lab result files, exclusion history files, etc.
BUFC ACC's Response:
BUFC ACC did not provide a response to the recommendation.

[5-19] Centers for Disease Control and Prevention. Sharp Declines in Breast and Cervical Cancer Screening. https://www.cdc.gov/media/releases/2021/p0630-cancer-screenings.html. Accessed on: Mar 7, 2023.

[5-20] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
HSAG's Assessment: During CY 2021 PMV, BUFC ACC submitted five supplemental data sources (four standard and one non-standard) that were used to support its performance measure rates. HSAG has therefore determined that BUFC ACC has satisfactorily addressed the prior year's recommendation.
Recommendation 2:
HSAG recommended that BUFC ACC review and clarify expectations related to hybrid/medical record review requirements for future years' reporting. HSAG recommended including the planning and development of abstraction tools, data capture, and integration for non-HEDIS measures, in accordance with State-specific guidance for measures required to be reported following hybrid methodology.
BUFC ACC's Response: BUFC ACC did not provide a response to the recommendation.
HSAG's Assessment: BUFC ACC did not report any CY 2021 measures following the hybrid data collection methodology. HSAG has therefore determined that BUFC ACC did not address the prior year's recommendation.
Recommendation 3:
HSAG recommended that BUFC ACC conduct a root cause analysis to determine why female members were not receiving timely postpartum care. BUFC ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of family planning service providers, or the need for improved community outreach and education). This could include conducting focus groups to identify barriers that their members were experiencing in accessing care and services in order to implement appropriate interventions. Additionally, BUFC ACC should also identify factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, BUFC ACC should implement appropriate interventions to improve the performance related to postpartum care.
BUFC ACC's Response: The following initiatives are part of BUFC ACC's workplan and will continue to be implemented and monitored. If consistent improvement is not identified, BUFC will slightly modify and/or implement additional interventions to improve rates. This will include a greater emphasis on strategies to regain consistency that may have been disrupted while navigating through a public health emergency. BUFC will continue to emphasize the importance of comprehensive visits for children and adolescents and women's screening for Breast Cancer, Cervical Cancer, and other routine and preventative care for all populations. Postpartum Care Initiatives: • Participate in the inter-departmental meeting series to develop new interventions to drive up both the Timeliness of Prenatal Care performance measure and Postpartum Care performance measure • Collaborate with the health plan's value based payment (VBP)/Contracting team to incorporate these rates into the developing VBP Program for member PCPs

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
• MCH leaders will continue participating in multi-departmental work groups to expand maternity, prenatal and family planning information provided on the health plan website and social media pages • MCH leaders will continue exploring options with our vendor partner Pyx Program, to provide our 18+ y/o members with a mobile platform to provide educational messages supporting the importance of maternity and prenatal care and family planning services • MCH leaders will continue exploring options to make a new platform, BabyScripts, available to our ACC members • MCH leaders will continue working with Marketing and Operations teams to research opportunities to place co-branded educational materials into partnering physician & behavioral health • The MCH and information technology (IT) teams will continue reviewing the weekly gap report using AHCCCS conditions data to help identify pregnant members for whom no notice of pregnancy (NOP) has been received from a prenatal care (PNC) provider
HSAG's Assessment: BUFC ACC identified interventions that were implemented for CY 2021, however did not provide evidence of a root cause analysis upon which the interventions were based; therefore, HSAG determined that BUFC ACC partially addressed the prior year's recommendation.
Recommendation 4:
HSAG recommended that BUFC ACC conduct a root cause analysis or focus study to determine why members were not maintaining their chronic health conditions at optimal levels or why some adult members were experiencing issues with access to care. This could include conducting focus groups to identify barriers that their members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, BUFC ACC should implement appropriate interventions to improve the performance related to this chronic condition.
BUFC ACC's Response: Comprehensive Diabetes Care: HBA1c Poor Control (>9 percent) Initiatives: • Provide ongoing education to providers and members through plan newsletters and social media • Provide education on importance of comprehensive care and routine A1c monitoring • Utilize telephonic outreach to members when gaps are identified to ensure routine testing is being completed
HSAG's Assessment: BUFC ACC identified interventions that were implemented for CY 2021, however did not provide evidence of a root cause analysis upon which the interventions were based; therefore, HSAG has determined that BUFC ACC partially addressed the prior year's recommendation.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
Recommendation 5:
HSAG recommended that BUFC ACC conduct a root cause analysis or focus study to determine why its female members were not receiving timely screenings for breast and cervical cancers. This could include conducting focus groups to identify barriers that their members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, BUFC ACC should implement appropriate interventions to improve the performance related to preventive screenings.
BUFC ACC's Response: Breast Cancer Screening Initiatives: • BUFC ACC will continue utilization of Breast Cancer Awareness month in October to provide member outreach and awareness • BUFC ACC has partnered with Assured Imaging, a mobile mammogram unit vendor, to host various mammogram events • BUFC ACC will continue to include this measure in its Value-Based Contracts to support members in receiving all preventative health services and to help increase mammogram screenings with providers • BUFC ACC will continue to educate providers and members through newsletters, social media, mailings, and telephone outreach efforts on the importance of early detection and maintaining scheduled appointments Cervical Cancer Screening Initiatives: • BUFC ACC will continue to educate providers and members through newsletters, social media, mailings, and telephone outreach efforts on the importance of early detection, maintaining scheduled appointments, preventative care, and keeping up with routine visits • BUFC ACC will update its member handbook for meeting the minimum performance standard on the cervical cancer screening requirements
HSAG's Assessment: BUFC ACC identified interventions that were implemented for CY 2021, however did not provide evidence of a root cause analysis upon which the interventions were based; therefore, HSAG determined that BUFC ACC partially addressed the prior year's recommendation.
Recommendation 6:
HSAG recommended that BUFC ACC conduct a root cause analysis to determine why members were not receiving timely follow-up care with a mental health provider. BUFC ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of mental health service providers, or the need for community outreach and education). This could include conducting focus groups to identify barriers that their members were experiencing in accessing care and services in order to implement appropriate interventions. Additionally, BUFC ACC should identify factors related to the COVID-19 PHE and how access to care was impacted. Upon

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
identification of a root cause, BUFC ACC should implement appropriate interventions to improve the performance related to follow-up visits for behavioral health-related hospitalizations.
BUFC ACC's Response: Antidepressant Medication Management; Effective Acute Phase and Effective Continuation Initiatives: • Provide information and education to members on the need for medication treatment to be consistent for 6-12 months to get an adequate response to symptoms. • Providers will continue to discuss the importance of medication adherence. • Educate providers and members through newsletters on the importance of the coordination of care with the member's behavioral health specialists, as effective care may require collaboration between the PCP, psychiatrist and psychologist. • Utilize the Pyx Application to address the importance of medication monitoring and management. Follow-up After ED Visit for AOD Abuse or Dependence; 7 Day and 30 Day Initiatives: • Utilize the Attribution Model to better align member with behavioral health and physical health providers. • Conduct member outreach on the importance of follow-up appointments. • Continue to work with AHCCCS to implement a health information exchange (HIE) alert for members that are discharged from the ED. Follow-up After ED Visit for Mental Illness; 7 and 30 Days Initiatives: • Ongoing tracking of data to identify trends. • Continue with ongoing discussions and shared information regarding follow-up scheduling and outreach reminders with providers. • Continued information sharing on performance measures and meeting minimum performance standards (MPS) when established. • Focus efforts and education on those populations that are less likely to follow up and engage. • Provide education to practitioners on scheduling multiple follow-up appointments. • Assess and provide proper educational materials on outpatient clinics and services to EDs. • Include member supports, caregivers and/or family if appropriate. Follow-Up After Hospitalization for Mental Illness; 7 and 30 Days Initiatives: • BUFC has made telehealth services available to all members. • These measures are included in the BUFC value-based purchasing program and are part of the AHCCCS Statewide Targeted Investment program. • Creation of the attribution model to better align members with health. • The establishment of new contracts with Terros to assist in closing gaps. • Continue to work with the Behavioral Health Affinity Workgroup at AHCCCS on implementing a HIE alert to better support the coordination of care amongst hospitals and providers.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
• Continue providing education to providers and members through newsletters on the importance of follow-up care after psychiatric hospitalizations. • Continue utilizing the Pyx App to support outreach to members on the importance of follow up after hospitalizations. • Continue tracking and trending claims data. • Implement the BLAZE platform to monitor and track outreach and engagement after hospitalization as well as follow up appointment scheduling and adherence for members. Initiation and Engagement of AOD: The data indicates that both the Total Initiations of AOD and the Total Engagement of AOD measure rates have met or exceeded the nation Medicaid mean for HEDIS MY 2020. Current strategies are positively affecting these rates and will continue to be implemented.
HSAG's Assessment: BUFC ACC identified interventions that were implemented for CY 2021, however did not provide evidence of a root cause analysis upon which the interventions were based; therefore, HSAG determined that BUFC ACC partially addressed the prior year's recommendations.

Validation of Performance Improvement Projects

In CY 2022, BUFC ACC continued the *Back to Basics* PIP, which was initiated in CYE 2019. As this PIP is in an intervention year, PIP validation activities focused on intervention analysis. BUFC ACC submitted interventions implemented during CY 2022 along with the intervention status, focus, and rationale for changes or discontinuation of the intervention for the following year.

AHCCCS will conduct an annual validation of the first remeasurement year reflective of CY 2022 (January 1, 2022, through December 31, 2022) using HSAG-calculated and validated indicator rates. AHCCCS will evaluate BUFC ACC's performance based on an analysis of improvement strategies implemented and an assessment of statistically significant improvement as described in Appendix A. Methodology—Validation of Performance Improvement Projects—How Conclusions Were Drawn.

Results

HSAG determined that the PIP has a preliminary validation status of *Met*, based on valid and reliable rate calculation. Validation status based on whether significant or sustained improvement was achieved will be assessed following completion of interventions and final calculation of measures.

Table 5-22 through Table 5-24 provide the *Back to Basics* PIP baseline and intervention year rates for each indicator for BUFC ACC.

Table 5-22—BUFC ACC *Back to Basics* PIP Rates for PIP Indicator 1

Contractor	PIP Indicator 1: *W30 Rate 1*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020	CY 2021
BUFC ACC	63.5%	48.8%	57.2%

*The CYE 2019 indicator rate was calculated by HSAG utilizing AHCCCS data.

Table 5-23—BUFC ACC *Back to Basics* PIP Rates for PIP Indicator 2

Contractor	PIP Indicator 2: *WCV*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020	CY 2021
BUFC ACC	46.6%	34.0%	39.9%

*The CYE 2019 indicator rate was calculated by HSAG utilizing AHCCCS data.

Table 5-24—BUFC ACC *Back to Basics* PIP Rates for PIP Indicator 3

Contractor	PIP Indicator 3: *ADV*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020*	CY 2021
BUFC ACC	53.0%	41.9%	46.2%

* CYE 2019 and CY 2020 indicator rates were calculated by HSAG utilizing AHCCCS data.

Interventions

Table 5-25 presents PIP interventions for BUFC ACC during CY 2022. Language in the PIP interventions section is minimally edited and generally reflective of the language provided by the Contractor.

Table 5-25—BUFC ACC *Back to Basics* PIP Interventions

Contractor	Interventions
BUFC ACC	• Conducted in person and web-based provider forums where providers were educated on Well-Child Visits in the First 15 Months of Life (CMS Child Core – W15), Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (CMS Child Core – W34), Adolescent Well-Care Visits (CMS Child Core- AWC), and Annual Dental Services (NCQA HEDIS–ADV). • EPSDT reminder post cards will remind healthcare decision makers / members identified as due for a well-child/well-care visit, within the measurement period.

Contractor	Interventions
	• Second EPSDT reminder post cards will remind healthcare decision makers/members identified as due for a well child/well-care visit, within the measurement period, 6 months after the member's birth month. • Well child/well-care visit reminder post cards will annually remind healthcare decision makers/ members identified as past due for a well child/well-care Visit within the measurement period. • Telephonic outreach to non-compliant members/ healthcare decision maker to assist in scheduling well-child visits. • Telephonic outreach to noncompliant members/ healthcare decision maker to assist in scheduling preventative dental visits. • Mailings to dental home providers, with eligible members, who need sealants and preventative services. • BUFC ACC Incentive will provide a monetary incentive to households with an eligible member that receives six or more Well-Child Visits in the First 15 Months of Life (CMS Child Core – W15). • Back to school campaign is a coordinated and strategic effort to address historical low rates in child and adolescent well-care visits. The campaign will be a collaboration with providers to promote completion of well-care visits and incentivize healthcare decision makers/ members in the form of backpacks and/or schools supplies.

Strengths, Opportunities for Improvement, and Recommendations

Table 5-26 presents strengths, opportunities for improvement, and recommendations for BUFC ACC related to PIPs, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-26—BUFC ACC Strengths, Opportunities for Improvement, and Recommendations Related to PIPs

Strengths, Opportunities for Improvement, and Recommendations
Strengths
BUFC ACC developed and implemented interventions that may lead to improvement in indicator outcomes. **[Quality, Access]** HSAG noted that the intervention year 2 indicator rates showed a slight increase over intervention year 1 for all three indicators. **[Quality, Access]**
Opportunities for Improvement and Recommendations
For indicator 1, BUFC ACC showed a 14.7 percentage point decline in the indicator rate between the baseline year and intervention year 1**.** Between intervention year 1 and intervention year 2, there was

Strengths, Opportunities for Improvement, and Recommendations
an 8.4 percentage point increase; however, when compared to the baseline year, the intervention year 1 indicator rate was 6.3 percentage points below the baseline year indicator rate. For indicator 2, BUFC ACC showed a 12.6 percentage point decline in the indicator rate between the baseline year and intervention year 1. Between intervention year 1 and intervention year 2, the indicator rate increased by 5.9 percentage points; however, when compared to the baseline year, the intervention year 2 indicator rate was 6.7 percentage points below the baseline year indicator rate. For indicator 3, BUFC ACC showed a 11.10 percentage point decline in the indicator rate between the baseline year and intervention year 1. Although the indicator rate for intervention year 2 increased 4.3 percentage points over the intervention year 1 indicator rate, when compared to the baseline year, the intervention year 2 indicator rate was 6.8 percentage points below the baseline year rate. The decline noted in the indicator rates may indicate that the COVID-19 PHE had an impact on the rates of compliance with well-child and dental visits. **[Quality, Access]** Recommendations: As the PIP progresses, HSAG recommends that BUFC ACC: • Review intervention year indicator rates and adjust interventions to facilitate improvement, as necessary • Continue to implement identified interventions and assess the impact and effectiveness of the interventions after the validated indicator rates for the first remeasurement year become available • Develop and document a plan for sustaining the improvement for any demonstrated improvement in indicator rates

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-27 presents PIP recommendations made to BUFC ACC in the CYE 2021 Annual Technical Report[5-21] and BUFC ACC's follow-up to the recommendations, as well as an assessment of the degree to which BUFC ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-27—BUFC ACC Follow-Up to CY 2021 PIP Recommendations

Prior Year's Recommendation from the EQR Technical Report for PIPs
HSAG recommended that while the PIP was in an intervention year and no opportunities for improvement had yet been identified, BUFC ACC should continue to implement identified

[5-21] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Prior Year's Recommendation from the EQR Technical Report for PIPs
interventions and assess the impact and effectiveness of the interventions after the first remeasurement year. Related to well-child visits, HSAG recommended that BUFC ACC conduct a root cause analysis to determine why children and adolescents were not always accessing well-child visits. BUFC ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of PCP or OB/GYN service providers, or the need for community outreach and education). This could include conducting focus groups to identify barriers that their members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, BUFC ACC should implement appropriate interventions to improve the performance related to well-care visits.
BUFC ACC's Response: • PIPs continue to be extremely important and valuable projects that maintain focus on a particular topic to its resolution or improvement. The PIPs are based upon internal and external trends, many include the health plans input and considers the members healthcare needs. PIPs are developed both internally at the Health Plan and externally from mandated AHCCCS PIPs. • Each PIP is designed to achieve demonstrable improvement, sustained over time, in significant aspects of clinical care and non-clinical services. Oftentimes the interventions are aimed at addressing systemic healthcare problems. • The health plan is expected to demonstrate statistically significant improvement and failure to do so could result in a CAP and extend the duration of the PIP. • BUFC participated in one AHCCCS mandated PIPs during CYE 2021: *Back to Basics*. • BUFC ACC implemented the following initiatives related to the *Back to Basics* PIP. *Well-Child Visits in the First 15 Months of Life* Initiatives: • BUFC will continue to educate providers and members through newsletters, social media, mailings, and telephone outreach efforts on the importance of well-care being critical to disease prevention, early detection, and treatment • BUFC will continue to review the Provider Quality Measure (PQM) reports that are provided to BUFC providers during site visits quarterly to inform aligned providers of BUFC members that have not had a well child visit or are past due for a well child visit during the current MY • BUFC will continue sending annual first and second EPSDT reminder cards to applicable members *Child and Adolescent Well-Care Visits* Initiatives: • BUFC will incorporate "Max-Packing" into its Best Practices Guidebook to share with providers • BUFC will continue sending annual first and second EPSDT reminder cards to applicable members • BUFC will continue telephonic outreach by the Quality team to assist healthcare decision makers in identifying member's PCP and schedule well-child visits and immunizations

Prior Year's Recommendation from the EQR Technical Report for PIPs
• BUFC will continue provider in-person and virtual site visits by Clinical Quality Analyst EPSDT coordinators to review EPSDT requirements and provide a member list of adolescents in need of an EPSDT visit • BUFC will continue to review submitted EPSDT forms to monitor contractor compliance with the AHCCCS EPSDT Periodicity Schedule • BUFC will partner with select VBP providers to support members in receiving all preventative health services • BUFC will update its member handbook and VBP agreements incentivizing providers for meeting the minimum performance standard on the adolescent well-care measure • BUFC will continue providing education to members through Facebook articles on the importance of preventative screenings
HSAG's Assessment: HSAG reviewed BUFC ACC's PIP intervention submission, which detailed interventions implemented in CY 2022, whether the intervention will be continued, and the rationale for intervention changes or discontinuation. HSAG has determined that BUFC ACC has satisfactorily continued to implement interventions, based on activities completed in CY 2022.

Compliance Reviews

Results

AHCCCS conducted a compliance review of BUFC ACC from June 6, 2022, through June 9, 2022. A draft version of the report was provided to the Contractor on July 22, 2022. On August 19, 2022, AHCCCS finalized the report findings and provided BUFC ACC with a CAP submission matrix and required a CAP for any standard with a total score of less than 95 percent. Table 5-28 presents BUFC ACC's scores for each of the 13 Focus Areas reviewed.

Table 5-28—BUFC ACC Compliance Review Scores for Each Focus Area

Compliance Focus Areas	BUFC ACC Scores	Program-Level Average
CC	100%	100%
CIS	97%	95%
DS	87%	86%
GA	96%	95%
GS	99%	99%
MCH	70%	73%
MM	90%	92%
MI	100%	98%
QM	80%	75%

Compliance Focus Areas	BUFC ACC Scores	Program-Level Average
QI	96%	93%
RI	100%	100%
TPL	100%	100%
ISOC	100%	99%

Strengths, Opportunities for Improvement, and Recommendations

Table 5-29 presents strengths, opportunities for improvement, and recommendations for BUFC ACC related to compliance, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-29—BUFC ACC Strengths, Opportunities for Improvement, and Recommendations Related to Compliance

Strengths, Opportunities for Improvement, and Recommendations
Strengths
BUFC ACC scored at or above 95 percent in the following Focus Areas: • Corporate Compliance (CC) **[Quality, Access]** • Claims and Information Standards (CIS) **[Access]** • General Administration (GA) **[Timeliness, Access]** • Grievance Systems (GS) **[Timeliness, Access]** • Member Information (MI) **[Quality]** • Quality Improvement (QI) **[Quality, Access]** • Reinsurance (RI) **[Quality]** • Third-Party Liability (TPL) **[Quality, Timeliness, Access]** • Integrated Systems of Care (ISOC) **[Quality, Access]**
Opportunities for Improvement and Recommendations
BUFC ACC scored below 95 percent in the following Focus Areas: • Delivery Systems (DS) **[Timeliness, Access]** • Adult, EPSDT and Maternal Child Health (MCH) **[Quality, Timeliness, Access]** • Medical Management (MM) **[Timeliness, Access]** • Quality Management (QM) **[Quality]** Recommendations: HSAG recommends that BUFC ACC consider conducting a self-assessment of the DS, MCH, MM, and QM Focus Area requirements.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-30 presents compliance recommendations made to BUFC ACC in the CYE 2021 Annual Technical Report[5-22] and BUFC ACC's follow-up to the recommendations, as well as an assessment of the degree to which BUFC ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-30—BUFC ACC Follow-Up to CY 2021 Compliance Recommendations

Prior Year's Recommendation from the EQR Technical Report for Compliance
Although no compliance review was conducted during CYE 2021, HSAG recommended that the Contractor conduct an internal assessment to monitor compliance with the requirements in each of the AHCCCS Focus Areas.
BUFC ACC's Response: BUFC ACC will continue to remedy any findings identified in its CAP to monitor compliance with the requirements in each of the AHCCCS Focus Areas. BUFC ACC is currently preparing for an NCQA accreditation audit scheduled for fall 2022.
HSAG's Assessment: Based on the results of the CY 2022 compliance review, HSAG has determined that BUFC ACC has satisfactorily addressed the prior year's recommendation.

Network Adequacy Validation

Results

HSAG evaluated BUFC ACC's compliance results with AHCCCS' time/distance standards by GSA and county. This section presents biannual validation findings specific to the ACC LOB, with one results table for each of the following GSAs:

- Central GSA: Gila, Maricopa,[5-23] and Pinal counties
- South GSA: Cochise, Graham,[5-24] Greenlee, La Paz, Pima, Santa Cruz,[5-25] and Yuma counties

[5-22] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

[5-23] Maricopa County includes the 85342, 85358, and 85390 ZIP codes; these ZIP codes are physically located in both Maricopa and Yavapai counties.

[5-24] Graham County includes the 85542, 85192, and 85550 ZIP codes representing the San Carlos Tribal area; these ZIP codes are physically located in Gila or Pinal County.

[5-25] Santa Cruz County includes the 85645 ZIP code; this ZIP code is physically located in both Pima and Santa Cruz counties.

Each region-specific table summarizes biannual validation results containing the percentage of members meeting each time/distance standard by quarter and county, with color coding to identify whether the time/distance standard was *Met* or *Not Met.* The value "NA" is shown for time/distance standards that do not apply to the county or ACC LOB. The value "NR" is shown for time/distance standards in which no members met the network requirement denominator for the ACC LOB and county; therefore, HSAG calculated no corresponding time/distance result.

Yellow color coding identifies instances in which HSAG's time/distance results met the minimum network requirement but differed from the Contractor's ACOM 436 results. Red color coding identifies instances in which HSAG's time/distance results that did not meet the compliance standard, regardless of the Contractor's ACOM 436 results.

An asterisk (*) indicates that fewer than 10 members were included in the denominator of HSAG's results. A carat (^) indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS. A dagger (†) identifies instances where under the terms of 42 CFR §438.68 and ACOM 436, AHCCCS has granted an exception to the time distance standards in this area. This was granted after the Contractor demonstrated that it had exhausted all efforts to build its network and has mechanisms in place to provide access to care.

Table 5-31—BUFC ACC Time/Distance Validation Results for Central GSA—Percentage of Members Meeting Minimum Network Requirements

	Gila		Maricopa		Pinal	
Minimum Network Requirement	Q2	Q4	Q2	Q4	Q2	Q4
Behavioral Health Outpatient and Integrated Clinic, Adult	100^	100^	99.3^	99.2^	100^	100^
Behavioral Health Outpatient and Integrated Clinic, Pediatric	100^	100^	99.3^	99.1^	100^	100^
Behavioral Health Residential Facility (only Maricopa and Pima counties)	NA	NA	99.2	99.2	NA	NA
Cardiologist, Adult	100	100^	99.7^	99.7^	100^	100^
Cardiologist, Pediatric	100	100^	100^	100^	100^	100^
Dentist, Pediatric	0.1[1]	55.8[2]	64.5[1]	99.1[2]	50.0[1]	98.0[2]
Hospital	100	100	99.9	99.9	100	100
OB/GYN	100	100	100	100	100	100
Pharmacy	100[1]	100	95.1[1]	99.1	100[1]	100
PCP, Adult	100^	100	99.8^	99.7^	100^	100^

Minimum Network Requirement	Gila		Maricopa		Pinal	
	Q2	Q4	Q2	Q4	Q2	Q4
PCP, Pediatric	100	100	99.7^	99.7^	100^	100

represents Contractor-reported results that differ from HSAG's results and meet the compliance standard based on HSAG's results.
represents time/distance standard results that do not meet the compliance standard based on HSAG's results.

^ indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.

NA indicates results are not applicable to the county.

[1] In CYE 2022 Q2, BUFC ACC's data submitted did not include the majority of its subcontracted pharmacy benefit manager's and dental benefit manager's networks. This influenced the validated compliance for any calculations for these provider types. The error occurred when BUFC ACC merged its subcontracted benefits managers' network data with its network data files. BUFC ACC identified the cause and successfully tested the solution.

[2] In CYE 2022 Q4, BUFC ACC's data submitted did not include the majority of its subcontracted dental benefit manager's network. This influenced the validated compliance for this provider type.

Table 5-32—BUFC ACC Time/Distance Validation Results for South GSA—Percentage of Members Meeting Minimum Network Requirements

Minimum Network Requirement	Cochise		Graham		Greenlee		La Paz		Pima		Santa Cruz		Yuma	
	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4
Behavioral Health Outpatient and Integrated Clinic, Adult	100^	100^	100^	100^	99.5	99.8	100^	100	97.3^	97.2^	100^	100^	99.7^	99.7^
Behavioral Health Outpatient and Integrated Clinic, Pediatric	100^	100^	100^	100^	99.5	99.5	100^	100	97.3^	97.2^	100^	100^	99.8^	99.8^
Behavioral Health Residential Facility (only Maricopa and Pima counties)	NA	NA	NA	NA	NA	NA	NA	NA	93.5	93.4	NA	NA	NA	NA
Cardiologist, Adult	100^	100^	100	100^	99.4	99.8^	100^	100^	99.4^	99.4^	100	100^	99.7^	100^
Cardiologist, Pediatric	100^	100^	100	100^	100	100	100	100	99.6	99.6^	100^	100	100^	100^
Dentist, Pediatric	0.1[1]	2.6[2]	0.0[1]	1.0[2]	0.0[1]	0.0[2]	0.1[1]	46.7†[2]	71.5[1]	94.3[2]	0.0[3]	4.0[2]	0.0[1]	99.2[2]
Hospital	100	100	100	100	100	100	100	100	99.6	99.5	100	100	100	100
OB/GYN	100	100	100	100	100	100	100	100	99.6	99.6	100	100	100	100
Pharmacy	99.4[1]	99.4	15.8[1]	96.8	0.0[1]	99.5	0.1[1]	75.1	91.9[1]	97.2	7.0[1]	100	99.1[1]	99.6
PCP, Adult	99.7^	99.6^	98.6^	99.4	99.4^	99.8^	100^	100^	99.8^	99.8^	100^	100^	99.7^	99.6^
PCP, Pediatric	99.8^	99.8^	97.8^	99.3	99.6^	99.5^	100^	100^	99.7^	99.7^	100^	100	99.8^	99.8

represents Contractor-reported results that differ from HSAG's results and meet the compliance standard based on HSAG's results.
represents time/distance standard results that do not meet the compliance standard based on HSAG's results.

^ indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.

† identifies instances where under the terms of 42 CFR §438.68 and ACOM 436, AHCCCS has granted an exception to the time distance standards in this area. This was granted after the Contractor demonstrated it had exhausted all efforts to build its network and has mechanisms in place to provide access to care.

NA indicates results are not applicable to the county.

[1] In CYE 2022 Q2, BUFC ACC's data submitted did not include the majority of its subcontracted pharmacy benefit manager's and dental benefit manager's networks. This influenced the validated compliance for any calculations for these provider types. The error occurred when BUFC ACC merged its subcontracted benefits managers' network data with its network data files. BUFC ACC identified the cause and successfully tested the solution.

[2] In CYE 2022 Q4, BUFC ACC's data submitted did not include the majority of its subcontracted dental benefit manager's network. This influenced the validated compliance for this provider type.

Strengths, Opportunities for Improvement, and Recommendations

Table 5-33 presents strengths, opportunities for improvement, and recommendations for BUFC ACC related to NAV, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-33—BUFC ACC Strengths, Opportunities for Improvement, and Recommendations Related to NAV

Strengths, Opportunities for Improvement, and Recommendations
Strengths
BUFC ACC met all time/distance network standards in Maricopa, Pima, Pinal, and Yuma counties for CYE 2022 Q4. **[Access]** Note: BUFC ACC provides coverage in the following counties: Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal, Santa Cruz, and Yuma.
Opportunities for Improvement and Recommendations
HSAG identified the following opportunities for improvement: • Isolated data issues may have contributed to specific instances affecting BUFC ACC's compliance with time/distance standards **[Access]** • BUFC ACC failed to meet the time/distance standard for pharmacies in La Paz County **[Access]** Recommendations: • BUFC ACC should continue to monitor its processes for creating the PAT file and review the PAT file for accuracy prior to submitting to AHCCCS • BUFC ACC should maintain current compliances, but continue to address network gaps, as applicable

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-34 presents NAV recommendations made to BUFC ACC in the CYE 2021 Annual Technical Report[5-26] and BUFC ACC's follow-up to the recommendations, as well as an assessment of the degree

[5-26] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

to which BUFC ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-34—BUFC ACC Follow-Up to CY 2021 NAV Recommendations

Prior Year's Recommendation from the EQR Technical Report for NAV
HSAG recommended that BUFC ACC continue to monitor: • Its processes for creating the PAT file and review the PAT file for accuracy prior to submitting to AHCCCS • And maintain its existing provider network coverage with specific attention to ensuring the availability of pediatric dentists in La Paz County • Its process for creating the PAT file and review the PAT file for accuracy prior to submitting to AHCCCS
BUFC ACC's Response: BUFC ACC covers the following counties: Central and Southern GSAs-Maricopa, Gila, Pinal, Pima, Yuma, Cochise, La Paz, Graham, Greenlee, and Santa Cruz. BUFC ACC provided a table that outlined BUFC ACC's time/distance requirement rates and the percent of members meeting requirement for HSAG's review.
HSAG's Assessment: Based on the CYE 2022 results and the table provided, HSAG determined that BUFC ACC has satisfactorily addressed the prior year's recommendation.

BUFC ACC Best and Emerging Practices

Table 5-35 presents the best and emerging practices provided by BUFC ACC for CYE 2022. HSAG made only minor edits to BUFC ACC's submission to enhance readability. Best practice responses may be based on Contractor internal data and not EQR validated rates.

Table 5-35—BUFC ACC Best and Emerging Practices

BUFC ACC Best and Emerging Practices	
Measure	**Description**
Annual Dental Visits 2 – 20 years Goal: 42.8%	The importance of oral health during childhood is well documented in many studies and reports including the 2000 Surgeon General's Report on Oral Health (SRROH). The following observation was made regarding this report: "The 2000 Surgeon General's Report on Oral Health (SGROH) included a limited discussion of the condition known as Early Childhood Caries (ECC). Because of its high prevalence, its impact on young children's quality of life and potential for increasing their risk of caries in the permanent dentition, ECC is arguably one of the most serious and costly

BUFC ACC Best and Emerging Practices	
	health conditions among young children." As recently as 2015, a CDC Brief Report found the following: • "Approximately 23 percent of children aged 2–5 years had dental caries in primary teeth • Untreated tooth decay in primary teeth among children aged 2–8 was twice as high for Hispanic and non-Hispanic black children compared with non-Hispanic white children • Among those aged 6–11, 27 percent of Hispanic children had any dental caries in permanent teeth compared with nearly 18% of non-Hispanic white and Asian children • About three in five adolescents aged 12–19 had experienced dental caries in permanent teeth, and 15 percent had untreated tooth decay • Dental sealants were more prevalent for non-Hispanic white children (44 percent) compared with non-Hispanic black and Asian children (31 percent each) aged 6–11" In addition, this same report states "Among adolescents aged 12–19, nearly three in five adolescents had experienced dental caries in permanent teeth, 15 percent had untreated tooth decay, and 43 percent had at least one dental sealant present". Given these facts, it is extremely important to continue to reach out and provide these preventive services to children, as early as possible to try to prevent these detrimental outcomes in children and positively impact some of this dental caries in permanent teeth prevalence rates seen in adolescents. Goal: The goal of this intervention is to increase the number of children ages 2-20 receiving a Preventive Dental Service at least once a year to potentially detect and treat some of these dental issues before they become worse and to potentially prevent more serious dental issues (e.g., periodontal disease). Intervention: BUFC ACC Maternal Child Health department monitors dental referrals. BUFC ACC also provides dental educational material through our member newsletter and social media. BUFC ACC partnered with its dental vendor to identify members who are due for a preventative treatment and/or sealants and remind them that children who receive routine preventative care are less likely to experience a major oral health issue in the future. The vendor also provides member educational material and appointment reminders. • Healthy Beginnings Congratulations at birth • Healthy Beginnings 1st Birthday • Healthy Beginnings 2nd Birthday

BUFC ACC Best and Emerging Practices	
	• Annual Dental Home Reminder • Dental Reminder to Schedule Preventative Appointment • Dental Reminder to Schedule Preventative Appointment if non-compliant • Broken Appointment Reminder to Reschedule Preventative Appointment BUFC ACC Quality Department conducts telephonic outreach to non-compliant members/caregivers to assist them with scheduling preventative dental visits. BUFC ACC has increased claims ingestion to include all claims statuses. Improvement: Despite ongoing concerns through 2021 regarding COVID – 19 the rates for this measure did slightly improve and met the MPS of 42% (based on the NCQA 2020 Mean). BUFC ACC will continue to work with its dental vendor and case managers on the implemented interventions and we anticipate an ongoing improvement in the rates. 2020 rate: 42% 2021 rate: 46.2%
Breast Cancer Screening Goal: 53.7%	Breast cancer remains the leading cause of death amongst women in the United States, with estimations of 276,480 new cases and 42,170 deaths in the year 2020. Mammogram screening has been recognized as a particularly useful tool in early disease detection, resulting in a better prognosis and diminished death rate from breast cancers. Despite the associated benefits, the overall coverage of mammogram screenings in the United States is still very low. A plethora of factors contribute to this low coverage among indigent women who lack health insurance coverage for screening mammography, with higher odds of these women diagnosed with advanced stages of the disease. Ethnicity, health, and socioeconomic disparities (e.g., poverty, cultural beliefs, and marital status) contribute to the low compliance with mammography screening and decreased access to prevention programs, thus increasing the disparity in breast cancer rates and outcomes amongst underserved women. Additional factors that have been noted to decrease compliance with screening mammography are the fear of pain or of a poor screening outcome, educational attainment, geographical location, lack of awareness, and co-morbidities. Studies have also shown that compliance with mammography screening varies greatly by age, educational level, access to a primary care physician, and insurance coverage status. Among the underserved population age and biopsy outcome were related to a previous lack of compliance with screening. Additionally, despite addressing the income and transportation barriers, a significant “no-show” rate persisted. This is may be due to cultural and other nonstructural barriers. An understanding of these sociodemographic determinants can enable healthcare providers and public health

BUFC ACC Best and Emerging Practices	
	workers to develop innovative strategies to increase breast cancer screening. The sociodemographic determinants most starkly impacted 40–49-year-old women who would not have been screened. This population was found to be at increased cancer risk and should be encouraged screening for breast cancer via mammography starting at age 40. Goal: The goal of this intervention is to increase the percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer to meet and/or exceed the 2020 NCQA HEDIS Medicaid Mean of 53.7%. Intervention: ACC Care Managers will ask their female members if they have had a mammogram completed during the assessment with the member and provide constant education and reflect on the importance of being compliant with their mammograms to get members to agree to get their mammograms scheduled. The information entered by the care managers are pulled monthly into a performance measure report. In the report members who are on hospice or have had complete mastectomies or are under the age of 50 and over the age of 74 are excluded. The report then focuses on female members who are within the age group of 50 and 74 years of age and need a mammogram or will become overdue soon. Care managers focus on those that have an overdue result or will be expiring soon and contact the member, or their representatives and offer to assist to schedule a mammogram appointment. Banner imaging collaborated with the ACC case management department and assist in scheduling members who needed a mammogram in Maricopa County. Those results were provided to Banner care managers by the Banner imaging center. • Care Managers mammogram check in during assessments • Member education • Mobile mammograms • Wellness events • Assistance in scheduling members Improvement: The rates for this measure have slightly improve YOY but has not met the MPS of 53.7% (based on the NCQA 2020 Mean). B-UFC ACC will continue to work with care managers on the implemented interventions and we anticipate an ongoing improvement in the rates.

BUFC ACC Best and Emerging Practices	
	2020 rate: 45.02% 2021 rate: 49.1% 2022 rate: 50.5%
Follow-Up After Hospitalization for Mental Illness (FUH) Goal: 7Day: 39.4% 30Day: 58.9%	Approximately one in four adults in the U.S. suffer from mental illness in a given year; nearly half will develop at least one mental illness in their lifetime.[1,2] There are over 2,000,000 hospitalizations each year for mental illness in the United States.3 Patients hospitalized for mental health issues are vulnerable after discharge and follow-up care by trained mental health clinicians is critical for their health and well-being. Goal: Increase the number of follow up appointments for members to provide better healthcare outcomes and to meet the HEDIS MPS. Interventions: • AHCCCS statewide Targeted Investment Program is yielding higher results as well, so we know that measures tied to financial incentive usually progress at a more rapid rate • BUFC ACC system of care has created the attribution model to better align members with health homes if they have utilized one to determine specific follow up • BUHP Behavioral Health Discharge Coordinators have team meetings/staffing's including Behavioral Health Medical Directors daily to support comprehensive discharge plans including access to post-acute 7 day follow up and other services as needed • Behavioral Health Care Managers are aware of multiple resources/providers in the community to access care for 7- and 30-day appointments • Readmission staffings take place and these members with complex needs have comprehensive services upon discharge as applicable • The behavioral healthcare managers reach out to members post discharge to support engagement in services including 7-day follow-up post discharge • BUFC ACC has new contracts with Terros Bridging the Gap Program to perform this outreach and follow up with this specific population • New AHCCCS/CMS/Health Plan shared project with focus on Follow-Up After Hospitalization for behavioral health issues begins 2021 • The importance of this measure and all performance measures is shared with providers and members consistently through newsletters • Strategies are discussed at provider behavioral health clinical/medical directors' meetings and CEO meetings

BUFC ACC Best and Emerging Practices	
	• These measures are included in the BUHP Behavioral Health Utilization Management meetings where opportunities for improvement are discussed across different areas across BUHP • Planning is taking place to implement an Integrated Network of Southern Arizona which will focus on strategies to maximize outcomes and adherence to treatment for complex members • Internal CAP for these measures includes interdepartmental strategies and committee work inclusive of the information shared here • Early Implementation strategy using Pyx App outreach and attempted phone call contact about the importance of follow up after all hospitalizations • Continued tracking and trending of claims data • 2022 implementation plan of BLAZE technical platform to support shared information regarding member discharge and outpatient appointment scheduling and adherence for members and providers Improvement: BUFC ACC continues to recognize an upward trend with this measure's rates. In 2021 there were ongoing concerns with the COVID-19 pandemic and new variances that were developing. Despite this there was an ongoing improvement and interventions implemented are having a positive impact and will continue to be utilized. CYE 2020 Rate: 7 Day: 33.4% 30 Day: 41.8% CYE 2021 Rate: 7 Day: 34.9% 30 Day: 50.2%
Poor HbA1c Control (>9.0%) Goal: 45.4%	Chronic diseases are a leading cause of morbidity and mortality worldwide, and preventative screenings are the most effective way to reduce the risk of developing a chronic disease. However, many individuals do not take advantage of preventative screening services for chronic diseases, especially in rural areas. This study also provided evidence that health behaviors are positively related to health attitudes and health awareness, which in turn motivate and/or prevent people from utilizing health screening services. When people are aware that they are at risk of a chronic disease, they are more likely to take steps to prevent that disease. In addition, most participants believed that being diagnosed with a chronic disease would be extremely difficult for their families, partly due to the significant financial impacts associated with such diseases. Participants also believed that a chronic disease diagnosis would significantly affect their emotions and behaviors, which

BUFC ACC Best and Emerging Practices	
	would in turn impact their social networks and family relationships. Finally, participants had incredibly low scores for knowledge of chronic diseases, and this could be the primary reason that people do not undergo important health screenings. Goal: To decrease the number of members between the ages of 18 and 75 with type 1 or 2 diabetes who are in Poor control, defined by HbA1C > 9 percent. Interventions: • Provide ongoing education to providers and members through plan newsletters and social media • Provide education on importance of comprehensive care and routine A1c monitoring • Utilize telephonic outreach to members when gaps are identified to monitor routine testing Improvement: BUFC ACC continues to recognize an upward trend with this measure's rates. In 2021 there were ongoing concerns with the COVID-19 pandemic and new variances that were developing. The data indicates that the goal was not met for this measure. However, current strategies are positively affecting the rate and will continue to be implemented. CYE 2020 Rate: 57.8% CYE 2021 Rate: 56.3%

BUFC ACC Best and Emerging Practices—References

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Care 1st ACC

Validation of Performance Measures

Results for Information Systems Standards Review

HSAG determined that Care 1st ACC followed the measure specifications and produced reportable rates for all measures in the scope of the validation of performance measures.

Table 5-36 displays HSAG's PMV findings for each data type reviewed in alignment with the CMS EQR Protocol 2 audit requirements.

Table 5-36—CY 2021 PMV Findings

Data Type	HSAG Findings
Medical Services Data	*No identified concerns*
Enrollment Data	*No identified concerns*
Provider Data	*No identified concerns*
Medical Record Review Process	*No identified concerns*
Supplemental Data	*No identified concerns*
Data Integration	*No identified concerns*

Results for Performance Measures

Table 5-37 presents the CY 2020 and CY 2021 Care 1st ACC performance measure results for measures that could be compared to the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2020 and MY 2021. Performance measure rate cells shaded green indicate that the rate met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2020 and/or MY 2021. Of note, measures for which lower rates suggest better performance are indicated by an asterisk (*). Measures reported using hybrid methodology are identified by a plus sign (+); measures without a plus sign (+) were reported using administrative methodology.

Table 5-37—CY 2020 and CY 2021 Care 1st ACC Performance Measure Results

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Maternal and Perinatal Care				
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	—	82.7%+	—	★★
Postpartum Care	61.8%+	68.1%+	→	★

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Behavioral Health				
Antidepressant Medication Management				
Effective Acute Phase Treatment	51.8%	57.3%	↑	★★
Effective Continuation Phase Treatment	36.0%	38.9%	↑	★
Follow-Up After ED Visit for AOD Abuse or Dependence				
7-Day Follow-Up—Total	17.1%	15.7%	→	★★★
30-Day Follow-Up—Total	24.7%	22.3%	→	★★★
Follow-Up After ED Visit for Mental Illness				
7-Day Follow-Up—Total	42.8%	39.0%	→	★★
30-Day Follow-Up—Total	53.1%	51.9%	→	★★
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Total	52.5%	49.7%	→	★★★★
30-Day Follow-Up—Total	68.0%	65.2%	→	★★★
Initiation and Engagement of AOD Abuse or Dependence Treatment				
Initiation of AOD Treatment—Total	46.0%	47.4%	→	★★★
Engagement of AOD Treatment—Total	17.6%	17.5%	→	★★★
Care of Acute and Chronic Conditions				
Comprehensive Diabetes Care				
*HbA1c Poor Control (>9.0%)**	46.2%+	45.3%+	→	★★
Controlling High Blood Pressure				
Controlling High Blood Pressure	—	16.5%	—	★
Heart Failure Admission Rate				
Heart Failure Admission Rate	—	31.2	—	—
Diabetes Short-Term Complication Admission Rate				
Diabetes Short-Term Complications Admission Rate	—	18.1	—	—
Pediatric Health				
Child and Adolescent Well-Care Visits				
Child and Adolescent Well-Care Visits	45.6%	46.6%	↑	★★
Developmental Screening in the First Three Years of Life				
Developmental Screening in the First Three Years of Life	3.4%	38.2%	↑	—

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	61.9%	59.4%	↓	★★★
Annual Dental Visit				
Annual Dental Visit	—	49.5%	—	★★
Childhood Immunization Status				
Combination 3	—	56.4%+	—	★
Combination 7	—	49.4%+	—	★★
Combination 10	—	24.8%+	—	★
Immunizations for Adolescents				
Combination 1	—	84.7%+	—	★★★
Combination 2	—	41.4%+	—	★★★★
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Total	—	59.6%	—	★★★
Cholesterol Testing—Total	—	43.0%	—	★★★
Blood Glucose and Cholesterol Testing—Total	—	42.7%	—	★★★★
Preventive Screening				
Breast Cancer Screening				
Breast Cancer Screening	39.5%	37.0%	↓	★
Cervical Cancer Screening				
Cervical Cancer Screening	46.5%+	52.1%+	→	★
Appropriate Utilization of Services				
Ambulatory Care—Total				
*Ambulatory Care—ED Utilization**	—	36.8	—	★★★★
Plan All-Cause Readmissions				
*O/E Ratio—Total**	—	0.9765	—	★★★
Use of Opioids at High Dosage				
*Use of Opioids at High Dosage**	—	3.5%	—	★★★

* A lower rate indicates better performance for this measure.
+ Indicates the measure was reported using hybrid methodology.
Cells shaded green indicate that the rate met or exceeded the MY 2020 and/or MY 2021 national Medicaid mean.
[1]— Indicates the CY 2020 rate was not presented in the CYE 2021 Annual Technical Report; therefore, a 2020-2021 comparison is not presented in the CYE 2022 Annual Technical Report.
↑ Indicates improvement of measure rates.
↓ Indicates decline of measure rates.
→ Indicates stable measure rates.

[2]Performance Levels for CY 2021 were based on comparisons of the HEDIS MY 2021 measure rates to national Medicaid Quality Compass HEDIS MY 2020 benchmarks.
Performance Levels for 2021 represent the following percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Strengths, Opportunities for Improvement, and Recommendations

Table 5-38 presents strengths, opportunities for improvement, and recommendations for Care 1st ACC related to performance measures, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-38—Care 1st ACC Strengths, Opportunities for Improvement, and Recommendations Related to Performance Measures

Strengths, Opportunities for Improvement, and Recommendations
Strengths
In the Behavioral Health Care measure group: • Care 1st ACC's performance measure rate for *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total* was above the 75th percentile, indicating that most members were accessing follow-up care with a mental health provider within seven days following inpatient discharge. Individuals hospitalized for mental health disorders often do not receive adequate follow-up care. Providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes and decrease the likelihood of rehospitalization and the overall cost of outpatient care.[5-27] **[Quality, Timeliness, Access]**
In the Pediatric Health measure group: • Care 1st ACC's performance measure rate for *Immunizations for Adolescents—Combination 2* was above the 75th percentile, indicating that most adolescents were receiving one dose of meningococcal vaccine, one Tdap vaccine, and the complete HPV vaccine series by their 13th birthday. Receiving recommended vaccinations is the best defense against serious vaccine-preventable diseases, including meningococcal meningitis, tetanus, diphtheria, pertussis (whooping cough), and HPV.[5-28] **[Quality]** • Care 1st ACC's performance measure rate for *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total* was above the 75th percentile, indicating that most children and adolescents with ongoing antipsychotic mediation use had metabolic testing performed. Metabolic monitoring (blood glucose and cholesterol testing) is an

[5-27] National Committee for Quality Assurance. Follow-Up After Hospitalization for Mental Illness (FUH). Available at: https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/. Accessed on: Jan 25, 2022.
[5-28] National Committee for Quality Assurance. Immunizations for Adolescents (IMA). Available at: https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/. Accessed on: Feb 4, 2022.

Strengths, Opportunities for Improvement, and Recommendations
important component of ensuring appropriate management of children and adolescents on antipsychotic medications.[5-29] **[Quality]**
In the Appropriate Utilization of Services measure group, all (100 percent) of Care 1st ACC's measure rates met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021. [**Access**]
Opportunities for Improvement and Recommendations
Care 1st ACC did not elect to use the hybrid methodology for some of the measures that AHCCCS requested be reported with hybrid methodology as follows: **[Quality]** • *Controlling High Blood Pressure* • *Developmental Screening in the First Three Years of Life* Recommendation: HSAG recommends that Care 1st ACC monitor that all measures that AHCCCS requires to be reported as hybrid are reported as hybrid in future performance measure reporting. This should include planning and development of abstraction tools as well as data capture and integration for non-HEDIS measures, as the Care 1st ACC MRR vendor currently only has standard abstraction tools available for the hybrid HEDIS measures.
While Care 1st ACC was successful in reporting valid rates for all AHCCCS-required performance measures for its ACC population, the audit identified some considerations and recommendations for future years' reporting. **[Quality]** Recommendation: HSAG recommends that Care 1st ACC continue to explore other potential data streams for future supplemental data submission, which could have a positive impact on multiple Care 1st ACC performance measure rates. This may include electronic health record data feeds, exclusion history files, year-round abstracted data, etc.
For CY 2022 performance measure reporting, RES will be required based on NCQA HEDIS specifications. **[Quality]** Recommendation: HSAG recommends that Care 1st ACC explore data sources for the capture of race/ethnicity data to support future performance measure reporting that may require stratifications related to RES. Care 1st ACC should continue working with AHCCCS on collaborative efforts to improve the completion and accuracy of race/ethnicity data and explore other methods to augment enrollment data information.

[5-29] National Committee for Quality Assurance. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM). Available at: https://www.ncqa.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics/. Accessed on: Jan 30, 2023.

Strengths, Opportunities for Improvement, and Recommendations
In the Maternal and Perinatal Health measure group, Care 1st ACC's performance measure rate for *Prenatal and Postpartum Care—Postpartum Care* fell below the 25th percentile, indicating an opportunity to increase access to timely postpartum care. Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.[5-30] **[Quality, Timeliness, Access]** Recommendation: While Care 1st ACC conducted root cause analyses and implemented interventions specific to its CY 2020 *Prenatal and Postpartum Care—Postpartum Care* rate, its rate remained low in CY 2021; therefore, HSAG recommends that Care 1st ACC continue to implement appropriate interventions to improve performance related to postpartum care. HSAG also recommends that Care 1st ACC monitor and expand upon interventions currently in place to improve performance for the *Prenatal and Postpartum Care—Postpartum Care* measure indicator.
In the Preventive Screening measure group, Care 1st ACC's performance measure rates for *Breast Cancer Screening* and *Cervical Cancer Screening* fell below the 25th percentile, indicating that some women were not receiving timely screening for breast and cervical cancers. Early detection reduces the risk of dying from these types of cancers and can lead to a greater range of treatment options and lower healthcare costs. A factor that may have contributed to low performance is the temporary suspension of nonurgent services and in-person PCP appointments due to the COVID-19 PHE. **[Quality]** Recommendation: While Care 1st ACC conducted root cause analyses and implemented interventions specific to its CY 2020 *Breast Cancer Screening* and *Cervical Cancer Screening* rates, its rates remained low in CY 2021; therefore, HSAG recommends that Care 1st ACC continue to implement appropriate interventions to improve performance related to its *Breast Cancer Screening* and *Cervical Cancer Screening* rates. HSAG also recommends that Care 1st ACC monitor and expand upon interventions currently in place to improve performance related to these screenings.
In the Behavioral Health Care measure group, Care 1st ACC's performance measure rate for *Antidepressant Medication Management—Effective Continuation Phase Treatment* fell below the 25th percentile, indicating that most members with a diagnosis of major depression were not receiving continuous medication treatment. Effective medication treatment of major depression can improve a person's daily functioning and well-being and can reduce the risk of suicide. With proper management of depression, the overall economic burden on society can be alleviated as well.[5-31] **[Quality]**

[5-30] National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC). Available at: https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/. Accessed on: Mar 7, 2023.
[5-31] National Committee for Quality Assurance. Antidepressant Medication Management (AMM). Available at: https://www.ncqa.org/hedis/measures/antidepressant-medication-management/. Accessed on: Jan 25, 2022.

Strengths, Opportunities for Improvement, and Recommendations
Recommendation: While Care 1st ACC conducted a root cause analysis and implemented interventions specific to its CY 2020 *Antidepressant Medication Management—Effective Continuation Phase Treatment*, its rate remained low in CY 2021; therefore, HSAG recommends that Care 1st ACC continue to implement appropriate interventions to improve performance related to its *Antidepressant Medication Management—Effective Continuation Phase Treatment* rate. HSAG also recommends that Care 1st ACC monitor and expand upon interventions currently in place to improve performance related to continuous medication treatment for members with a diagnosis of major depression.
In the Care of Acute and Chronic Conditions measure group, Care 1st ACC's performance measure rate for *Controlling High Blood Pressure* fell below the 25th percentile, indicating that not all members were receiving appropriate screenings and treatment for managing blood pressure. Controlling high blood pressure is an important step in preventing heart attacks, stroke, and kidney disease, and in reducing the risk of developing other serious conditions.[5-32] **[Quality]** Recommendation: HSAG recommends that Care 1st ACC conduct a root cause analysis to determine why some members were not managing their high blood pressure optimally. This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Care 1st ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of service providers, or the need for community outreach and education). Additionally, Care 1st ACC should identify factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, HSAG recommends that Care 1st ACC implement appropriate interventions to improve performance related to this chronic condition.
In the Pediatric Health measure group, Care 1st ACC's performance measure rates for *Childhood Immunization Status—Combination 3* and *Combination 10* fell below the 25th percentile, indicating that children were not always getting their immunizations by their second birthday. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.[5-33] **[Quality, Access]** Recommendation: HSAG recommends that Care 1st ACC conduct a root cause analysis to determine why some children were not always getting their immunizations by their second birthday. This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Care 1st ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of service providers, or the need for community outreach and education). Additionally, Care 1st ACC should identify factors related to the COVID-19 PHE and how access

[5-32] National Committee for Quality Assurance. Controlling High Blood Pressure. Available at: https://www.ncqa.org/hedis/measures/controlling-high-blood-pressure/. Accessed on: Mar 7, 2023.
[5-33] National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: https://www.ncqa.org/hedis/measures/childhood-immunization-status/. Accessed on: Feb 4, 2022.

Strengths, Opportunities for Improvement, and Recommendations
to care was impacted. Upon identification of a root cause, HSAG recommends that Care 1st ACC implement appropriate interventions to improve the performance related to childhood immunizations.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-39 presents performance measure recommendations made to Care 1st ACC in the CYE 2021 Annual Technical Report[5-34] and Care 1st ACC's follow-up to the recommendations, as well as an assessment of the degree to which Care 1st ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-39—Care 1st ACC Follow-Up to CY 2021 Performance Measure Recommendations

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
Recommendation 1:
HSAG recommended that Care 1st ACC review and clarify expectations related to hybrid/medical record review requirements for future years' reporting. This should include the planning and development of abstraction tools, data capture, and integration for non-HEDIS measures, in accordance with State-specific guidance for measures required to be reported following hybrid methodology.
Care 1st ACC's Response: For CY 2021 Care 1st ACC elected the hybrid methodology for some measures based on the anticipated impact of medical record data. While there were no significant concerns with rates being underreported due to Care 1st ACC inability to obtain medical record documentation, full medical record review could provide the Contractor with more robust and accurate data. Activities in CYE 2022 and Status as of November 2022: Care 1st ACC reviewed and clarified its internal policies and processes related to hybrid/medical review requirements for the CY 2021 Performance Measure record review requirements for: • Planning and development of abstraction tools • Data Capture • Integration for non-HEDIS measures In preparation for the CY 2021 Performance Measure Validation Audit, Care 1st ACC worked with its HEDIS certified vendor to institute new abstraction tools for the HEDIS and CMS Core Set measures requiring hybrid data collection. These tools helped to enhance the medical record documentation

[5-34] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
collection. New Sample Configuration worksheets were deployed and new Chase Configuration logic was instituted. Additionally, Care 1st adopted new policies related to medical reviews related to HEDIS chart chases. As part of the new processes Care 1st now requested full copies of medical records for the members in the samples for each of HEDIS and CMS Core Set measures being reviewed as part of the hybrid data collection. The goal of reviewing the member's full and complete medical record was to provide more robust data thus helping to increase the supporting documentation that impacted the rates for each of the measures. Care 1st also worked with providers to access complete medical records both through electronic medical record access and in-person medical record reviews. Care 1st is currently preparing for the CY 2022 Performance Measure record review. For CY 2022, Care 1st will perform hybrid data review for all the HEDIS and CMS Core Set measures that offer medical record reviews for data collection in order to increase its rates.
HSAG's Assessment: While Care 1st ACC did report certain measures as hybrid in CY 2021, Care 1st ACC did not elect to use the hybrid methodology for some of the CY 2021 measures that AHCCCS required be reported with hybrid methodology. HSAG has therefore determined that Care 1st ACC partially addressed the prior year's recommendation.
Recommendation 2:
HSAG recommended that Care 1st ACC conduct a root cause analysis to determine why female members were not receiving timely postpartum care. Care 1st ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of family planning service providers, or the need for improved community outreach and education). This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Additionally, Care 1st ACC should identify factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, Care 1st ACC should implement appropriate interventions to improve the performance related to postpartum care.
Care 1st ACC's Response: Care 1st ACC performance measure rate for Prenatal and Postpartum Care—Postpartum Care fell below the 25th percentile, indicating an opportunity to increase access to timely postpartum care. Members may have had difficulties finding access to care due to the COVID-19 PHE, as some in-person services were temporarily suspended, or this weakness may be a result of disparities in the population served. Activities during CYE 2022 and Status as of October 2022 – Care 1st ACC performed analysis of CY 2021 rates by GSA, county, age group, race/ethnicity and primary language spoken to identify disparities in utilization of services and identify opportunities for improvement. Analysis of why members were not receiving timely postpartum care provided no new barriers to meeting the goal. However, based on administrative data for CY 2022, opportunities for improvement have been identified in Coconino and Mohave counties, which are performing below the current aggregate rate.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
There was not enough data for members whose primary language was not English to conduct analysis of PPC postpartum rates by language. Data by race/ethnicity are of limited value because of missing values for a large portion of members included in the measure denominator; however, current data do not suggest any significant differences in rates among members based on race. Care 1st ACC implemented the following activities to impact the Prenatal and Postpartum Care—Postpartum Care measure: • Monitor administrative rates for the Postpartum Care sub-measure of the HEDIS Prenatal and Postpartum Care measure on a monthly basis, using NCQA-certified software. Year-end evaluation will include claims runout and hybrid measure data. • Educate pregnant members about family planning options and importance of postpartum visit beginning in the 2nd trimester through written material, texts and live phone outreach to help reinforce value of a postpartum visit. • Educate members that providers have instituted office procedures to help mitigate the spread of COVID-19. • Attempt to contact 3rd trimester and postpartum members by telephone, remind them of the importance of keeping postpartum visits, attempt to assist in making postpartum appointments and provide member education materials by mail whenever possible. • Send text messages to postpartum members, in order to reinforce value of a postpartum visit. • Promote the Care 1st ACC "Healthy Rewards" member incentive program by distributing information on the program to members and providers. This program includes a financial incentive for completion of the postpartum visit. • Attempt to enroll postpartum members in Pacify Program, which will provide push notifications to their phones about the importance of postpartum visits. The application also includes a custom button that provides a direct connection to the Care 1st ACC MCH team, which can help in making a postpartum appointment and arranging for transportation. • Offer members the opportunity to complete postpartum visits via telehealth if their providers offered the option. • Maintain contact with pregnant members at delivery and immediately post-delivery through text messaging, to educate members on the importance of the postpartum visit and promote attendance of postpartum visits. • Distribute Prenatal and Postpartum Care Measure Guides with appropriate billing codes, to providers, in order to capture more complete data. Work with provider offices on billing a separate, "zero-dollar" claim with the date of service for the postpartum visit. • Analyze, on a quarterly basis, rates of postpartum visits by race/ethnicity, language, county and other factors to identify subpopulations with lower-than-average rates of postpartum visits. • Work with high-volume contracted providers and community organizations, including tribal entities, to identify and manage barriers to completing postpartum visits, including those related to

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
race/ethnicity, language, and social determinants of health (low health literacy, unemployment, homeless/lack of stable housing, lack of social support systems, distance to services). • Share provider performance rate for this measure vs. other network providers with value-based groups on a monthly basis, along with member gaps in care for the measure. Identify any best practices by high-performing providers. • Reinforce the American College of Obstetricians and Gynecologists (ACOG) recommendation that providers develop a postpartum care plan during pregnancy, which addresses the transition to parenthood and well-woman care. Care 1st ACC's self-identified goal for MY 2021 was to achieve a rate of 60.0%, based on hybrid data collection. This is a realistic interim goal to narrow the gap between the most recent national Medicaid mean (MY 2020) of 75.0% and the Plan's current performance. The hybrid rate for CY 2021 was 68.1%, therefore Care 1st ACC met the CY 2021 goal based on hybrid data. The CY 2022 administrative rate as of October 2022 is 35.56% and is equal to the rate at this same time for CY 2021, indicating interventions are effective. However, evaluating the effectiveness of interventions for this measure is difficult based on administrative data alone as a final rate for CY 2022 will be calculated based on hybrid data. Care 1st ACC has increased the number of value-based PCP groups in the Northern GSA from 10 to 25 currently. Care 1st ACC is providing each group's performance on this measure, compared with all groups in the Care 1st ACC network and the Care 1st ACC goal, on a monthly basis, along with gaps in care. Quality Improvement staff meets with these groups at least quarterly to discuss performance, identify barriers and any best practices by high-performing providers. This measure is highlighted in discussions with providers in Coconino and Mohave Counties.
HSAG's Assessment: Care 1st ACC identified interventions that were implemented for CY 2021 as a result of conducting a root cause analysis, however the rates remained low in CY 2021. While opportunity remains to improve its rates, HSAG has determined that Care 1st ACC satisfactorily addressed the prior year's recommendation.
Recommendation 3:
HSAG recommended that Care 1st ACC conduct a root cause analysis or focus study to determine why members were not maintaining their chronic health conditions at optimal levels or why some adult members were experiencing issues with access to care. This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, Care 1st ACC should implement appropriate interventions to improve the performance related to this chronic condition.
Care 1st ACC's Response: Care 1st ACC performance measure rate for Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) fell below the 50th percentile, indicating that although members with chronic conditions may have had access to care, they were not able to manage their conditions according to evidence-based

Prior Year's Recommendation from the EQR Technical Report for Performance Measures

guidelines through the appropriate use of medications, diet and nutrition, or physical activity. A factor that may have contributed to low performance is the temporary suspension of nonurgent services and in-person PCP appointments due to the COVID-19 PHE.
Activities during CYE 2022 and Status as of October 2022—For CY 2022 NCQA changed this measure to Hemoglobin A1c Control for Patients With Diabetes (HBD) with the following subsets:

- HbA1c control (<8.0%).
- HbA1c poor control (>9.0%).

AHCCCS chose to have the Contractors report the HBD—HbA1c Control for Patients With Diabetes (<8.0%) measure, therefore Care 1st ACC will concentrate efforts on the outcome of HbA1c Control for Patients With Diabetes (<8.0%) for CY 2022 and beyond. By focusing on controlling HbA1c test results for members with diabetes Care 1st ACC is also impacting members with HbA1c Poor Control (>9.0%).

The Care 1st ACC hybrid rate for CY 2021 for Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) was 45%, which is 1.2% lower (lower is better) than the rate for CY 2020 which was 46.2%.

Care 1st ACC's self-identified goal for CY 2022 for Hemoglobin A1c Control for Patients with Diabetes (HBD): HbA1c Control (<8.0%) is to achieve a rate of 30.0%, based on hybrid data collection. This is a realistic interim goal to narrow the gap between the most recent (CY 2020) Medicaid national mean of 45.0% and the Plan's current performance. The CY 2022 administrative rate as of October 2022 for this measure is 23.74%.

Care 1st ACC implemented the following activities to impact the HBD - HbA1c Control for Patients With Diabetes (<8.0%) measure:

- Monitor administrative rates for the HEDIS Measure of HBD - HbA1c Control for Patients With Diabetes (<8.0%) on a monthly basis, using NCQA-certified software.
- Utilize predictive modeling and reporting tools under Medical Management to identify members with A1c of ≥9%, to work to lower their A1c.
- Assign identified members to Care Managers for disease management, including identification of barriers to care and creation of holistic and individualized care plans to address care gaps.
- Improve member compliance of diabetic management through education and application of evidenced based interventions.
- Utilize support of a Care 1st ACC Health Coach to assist in educating members on lifestyle modification through motivational interviewing and goal setting.
- Attempt to contact members with gaps in care (HbA1C and/or poor control) by phone to engage members about the need for regular testing and the importance of maintaining appointments with their diabetes care providers.
- Utilize Member Newsletter articles to educate members about the need for regular testing and the importance of maintaining appointments with their diabetes care providers, as well as lifestyle modifications to control HbA1c levels.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
• Continue sending text messages to adult members with gaps in care for this measure, in order to reinforce the value of preventive services. • Continue sending provider rosters identifying members with gaps in care for HbA1c testing and poor control. • Distribute Comprehensive Diabetes Care Measure Guides with appropriate billing codes to providers, in order to capture more complete data on visits. • Analyze, on a quarterly basis, rates of HBD poor control by race/ethnicity, language, county and other factors to identify subpopulations with lower-than-average rates of screening. • Work with high-volume contracted providers and community organizations, including tribal entities, to identify and manage barriers to completing screening, including those related to race/ethnicity, language, and social determinants of health (low health literacy, unemployment, homeless/lack of stable housing, lack of social support systems, distance to access services). • Share provider performance rate for this measure vs. other network providers with value-based groups on a monthly basis, along with member gaps in care for the measure. Identify any best practices by high-performing providers. • Send A1c home test kits to reduce the number of members who are not compliant with the numerator due to lack of a test. Care 1st ACC performed analysis of CY 2021 and CY 2022 (to date) rates by GSA, county, and age group to identify disparities in utilization of services and identify opportunities for improvement. Based on administrative data for CY 2022, opportunities for improvement in Apache, Coconino and Navajo counties have been identified, as rates are below the current overall Care 1st ACC rate. This indicates an opportunity for providers in those counties to increase use of Current Procedural Terminology (CPT) II codes for A1c control; thus, requiring less data to be collected from medical records when performing hybrid data collection. The rate among Native American (American Indian) members is only 12.7%, requiring action to address this disparity by engaging tribal and community-based organizations that serve this population in order to locate and assist these members in obtaining tests and/or taking steps to better control their A1c levels. Analysis of HBD control rates by language and race/ethnicity was not conducted, since administrative data do not include enough numerator hits to be useful. Care 1st ACC has increased the number of value-based PCP groups in the Northern GSA from 10 to 25 currently. Care 1st ACC is providing each group's performance on this measure, compared with all groups in the Care 1st ACC network and the Care 1st ACC goal, on a monthly basis, along with gaps in care. Quality Improvement staff will meet with those groups at least quarterly to discuss performance and identify barriers and any best practices by high-performing providers. This measure will be highlighted with providers in Apache, Coconino, and Navajo counties. Care 1st ACC will discuss current results for this measure with Apache and Navajo County VBPs in upcoming meetings to identify barriers and any opportunities for improvement. An updated Diabetes Performance Measure Guide with coding guidelines will be sent and providers will be encouraged to submit claims with CPTII codes to facilitate more complete data capture.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
HSAG's Assessment: Care 1st ACC identified interventions that were implemented for CY 2021 as a result of conducting a root cause analysis; therefore, HSAG determined that Care 1st ACC satisfactorily addressed the prior year's recommendation.
Recommendation 4:
HSAG recommended that Care 1st ACC conduct a root cause analysis or focus study to determine why its female members were not receiving timely screenings for breast and cervical cancers. This could include conducting focus groups to identify barriers that their members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, Care 1st ACC should implement appropriate interventions to improve the performance related to preventive screenings.
Care 1st ACC's Response: Breast Cancer Screening Care 1st ACC's performance measure rate for Breast Cancer Screening fell below the 25th percentile, indicating that women were not receiving timely screening for breast cancers. Early detection reduces the risk of dying from these types of cancers and can lead to a greater range of treatment options and lower healthcare costs. A factor that may have contributed to low performance is the temporary suspension of nonurgent services and in-person PCP appointments due to the COVID-19 PHE. Activities during CYE 2022 and Status as of October 2022 – Care 1st ACC performed analysis of this measure. Analysis identified the following barriers: • Lack of knowledge of breast cancer risks and screening methods is a continuing barrier cited in the literature • Fear of bad news; this barrier affects all women but may be a greater negative influence on American Indian (AI) women, along with uncertainty of resources for treatment if diagnosed • Other cultural factors may negatively influence AI members' decision to obtain mammograms, including traditional sense of female/body, modesty/respect among older generation, and discomfort with clinical setting • Belief that getting a mammogram is a time-consuming process • Travel time and distance to mammography facilities • Lack of a recommendation from a healthcare provider to get a mammogram also has been cited as a barrier in the literature Women's reluctance to obtain mammograms also appears to have been exacerbated during the COVID-19 PHE, since the service can only be rendered in close contact with a radiology technician. In addition, the rate in the Northern GSA has historically lagged behind the rate of the rest of the state, and quantitative and qualitative analyses indicate this is due to fewer mammogram facilities in the North and unwillingness to travel longer distances to obtain a mammogram.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures

Care 1st ACC's self-identified goal for MY 2022 for Breast Cancer Screening is to achieve a rate of 40.0%. This is a realistic interim goal to narrow the gap between the most recent national Medicaid mean (MY 2020) of 54.0% and the Plan's current performance in the North GSA.

Care 1st ACC implemented the following interventions for CY 2022:

- Monitor rates for the HEDIS Breast Cancer Screening measure on a monthly basis using NCQA-certified software.
- Attempt to contact members with gaps in care by phone to engage members about well visits and the importance of breast cancer screening. Attempt to make appointments for screening.
- Utilize Member Newsletter articles to educate members on the risks associated with breast cancer and importance of regular screening mammography.
- Work with mobile mammography vendor and community organizations to promote access to breast cancer screening and schedule appointments.
- Continue sending text messages to members with gaps in care, in order to reinforce the value of preventive services, including messages specific to breast cancer screening.
- Promote the Care 1st ACC "Healthy Rewards" member incentive program. This program is being expanded to include a financial incentive for completion of breast cancer screening. Distribute information on the program to members and providers.
- Continue sending provider rosters identifying members with gaps in care for breast cancer screening.
- Distribute Breast Cancer Screening Measure Guides with appropriate billing codes, to providers in order to capture more complete data on visits.
- Analyze, on a quarterly basis, rates of breast cancer screening by race/ethnicity, language, county and other factors to identify subpopulations with lower-than-average rates of screening.
- Work with high-volume contracted providers and community organizations, including tribal entities, to identify and manage barriers to completing screening, including those related to race/ethnicity, language, and social determinants of health (low health literacy, unemployment, homeless/lack of stable housing, lack of social support systems, distance to access services).
- Explore a partnership with the Arizona chapter of the American Cancer Society (ACS) on possible joint interventions, such as offering ACS training and resource materials to PCPs and OB/GYNs or co-branding ACS patient education materials.
- Share provider performance rate for this measure vs. other network providers with value-based groups on a monthly basis, along with member gaps in care for the measure. Identify any best practices by high-performing providers.

Care 1st ACC conducted analysis of Breast Cancer Screening rates by language and race/ethnicity to identify any additional opportunities for improvement. Analysis by language did not show significant opportunities among members whose primary language was not English. Data by race/ethnicity are of limited value because of missing values for a large portion of members included in the measure

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
denominator; however, data suggest there is an opportunity for improvement in closing gaps among members who are Native American. Opportunities for improvement have been identified in all counties of the Northern GSA. These opportunities include: • Seeking to engage tribal entities and community-based organizations to explore strategies to address language, cultural and physical barriers, including evidence-based approaches to increasing Breast Cancer Screening among American Indian women, such as those that incorporate interpersonal/social interactions and community health workers • Exploring culturally appropriate patient education, as well as culturally competent PCP training • Revising messaging that addresses members' concerns or fear of bad news and pain from the mammogram, as well as lack of knowledge about breast cancer risks and screening methods (e.g., mammogram technology has improved over the years so that getting a mammogram takes much less time than it used to) • Continuing discussing individual provider performance on this measure with VBPs in lowest performing counties and providing member gaps in care on a monthly basis Care 1st ACC has partnered with North Country Health Care and its mobile mammography vendor to utilize those mobile services throughout most of the Northern GSA to better address access barriers. Additional opportunities for improvement exist in Apache, Coconino, and Navajo counties, which are performing under the GSA average. The rate is especially low among members identified as Native American (American Indian), at 16.3%. Care 1st ACC has increased the number of value-based PCP groups in the Northern GSA from 10 to 25 currently. Care 1st ACC is providing each group's performance on this measure, compared with all groups in the Care 1st ACC network and the Care 1st ACC goal, on a monthly basis, along with gaps in care. QI staff will meet with those groups at least quarterly to discuss performance and identify barriers and any best practices. The Health Plan is also sharing resources such as mobile mammography schedules and information on the Healthy Rewards incentive for obtaining a mammogram with providers. This measure will be highlighted in discussions with providers in all counties. <u>Cervical Cancer Screening:</u> Care 1st ACC's performance measure rate for Cervical Cancer Screening fell below the 25th percentile, indicating that women were not receiving timely screening for cervical cancers. Early detection reduces the risk of dying from these types of cancers and can lead to a greater range of treatment options and lower healthcare costs. A factor that may have contributed to low performance is the temporary suspension of nonurgent services and in-person PCP appointments due to the COVID-19 PHE. Activities during CYE 2022 and Status as of October 2022: Care 1st ACC's self-identified goal for MY 2022 for Cervical Cancer Screening is to achieve a rate of 40.0%, based on hybrid data collection. This is a realistic interim goal to narrow the gap between the most recent national Medicaid mean (MY 2020) of 57.0% and the Plan's current performance in the North GSA.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures

The hybrid rate for CY 2021 is 52.1%, and the CY 2022 administrative rate as of October 2022 is 34.23%. A final rate for CY 2022 will be calculated based on hybrid data.

Care 1st ACC performed analysis of CY 2021 and CY 2022 (to date) rates by GSA, county, and age group to identify disparities in utilization of services and identify opportunities for improvement. No new barriers to meeting goal identified. However, based on administrative data for CY 2022, opportunities for improvement have been identified in all counties except Yavapai, which are performing under the current aggregate rate of 29.0%. The rate in Yavapai County, which accounts for 45% of the measure's total denominator, is 34.1%. Continued opportunities for improvement exist in Apache, Mohave and Navajo counties, which are performing under the GSA average. The rate is especially low among members identified as Native American (American Indian), at 16.3%. Analysis by age shows a significant decline in CCS after age 45 years, with the rate continuing to decline; the rate of screening among women after 55 years of age is about 22.0%.

Analysis by language did not show significant opportunities among members whose primary language was not English. Data by race/ethnicity are of limited value because of missing values for a large portion of members included in the measure denominator; however, data suggest there are opportunities for improvement in closing gaps among members who are Black and Native American.

Care began working with North Country Health Care, which sponsors mobile mammography events in several locations throughout the North, including Apache, Coconino, and Navajo Counties, to directly schedule members for those events, most of which also offer cervical cancer screening.

Analysis also identified the following barriers:

- The top reason why women do not get screened is because they do not think they will get cervical cancer, according to the CDC; citing evidence that women who have had a tubal ligation were about half as likely to be screened as women who have not and women who don't need to go to a doctor to get birth control may not talk to any provider about cervical cancer screening
- Another study found that some women do not continue to get screened for cervical cancer as they get closer to 65 years old, supporting Care 1st ACC's analysis by age

To achieve its goal for Cervical Cancer Screening Care 1st ACC implemented the following interventions for CY 2022:

- Monitor administrative rates for the HEDIS Cervical Cancer Screening measure on a monthly basis, using NCQA-certified software. Year-end evaluation will include claims runout and hybrid measure data.
- Attempt to contact members with gaps in care by phone to engage members about well visits and the importance of cervical cancer screening and attempt to make appointments for screening.
- Utilize Member Newsletter articles to educate members on the risks associated with human papillomavirus (HPV) and cervical cancer and importance of regular screening for HPV and cervical cancer. Explore messaging specific to older women, since the screening rate declines after age 50.
- Explore mailing a brochure or flyer to members about HPV and cervical cancer.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures

- Continue sending text messages to members with gaps in care, in order to reinforce the value of preventive services, including messages specific to cervical cancer screening.
- Continue sending provider rosters identifying members with gaps in care for cervical cancer screening.
- Distribute Cervical Cancer Screening Measure Guides with appropriate billing codes, to providers, in order to capture more complete data on visits.
- Analyze, on a quarterly basis, rates of cervical cancer screening by race/ethnicity, language, county and other factors to identify subpopulations with lower-than-average rates of screening.
- Work with high-volume contracted providers and community organizations, including tribal entities, to identify and manage barriers to completing screening, including those related to race/ethnicity, language, and social determinants of health (low health literacy, unemployment, homeless/lack of stable housing, lack of social support systems, distance to access services).
- Explore a partnership with the Arizona chapter of the American Cancer Society (ACS) on possible joint interventions, such as offering ACS training and resource materials to PCPs and OB/GYNs or co-branding ACS patient education materials.
- Share provider performance rate for this measure vs. other network providers with value-based groups on a monthly basis, along with member gaps in care for the measure. Identify any best practices by high-performing providers.

Analysis identified the following opportunities for improvement:

- Revise member messaging to stress that all women who have a cervix are at risk of cervical cancer
- Explore collaboration with tribal and community-based organizations to reach Native American women; participate in or sponsor event in conjunction with "Turquoise Thursday," a cervical cancer awareness day for American Indian women
- Continue discussing individual provider performance on this measure with VBPs in lowest performing counties and providing member gaps in care on a monthly basis

Care 1st ACC also increased the number of value-based PCP groups in the Northern GSA from 10 to 25 currently. Care 1st ACC is providing each group's performance on this measure, compared with all groups in the Care 1st ACC network and the Care 1st ACC goal, on a monthly basis, along with gaps in care. Quality Improvement staff will meet with those groups at least quarterly to discuss performance and identify barriers and any best practices by high-performing providers, particularly those in Yavapai County.

Additionally, Care 1st ACC partnered with North Country Health Care (NCHC) to utilize its mobile mammography services, which can also provide cervical cancer screenings by a NCHC provider, throughout most of the Northern GSA to improve the CCS rate. The Health Plan is also sharing resources such as mobile screening schedules with providers. This measure will be highlighted in discussions with providers in all counties.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
HSAG's Assessment: Care 1st ACC identified interventions that were implemented for CY 2021 as a result of conducting a root cause analysis, however the rates remained low in CY 2021. While opportunity remains to improve its rates, HSAG has determined that Care 1st ACC satisfactorily addressed the prior year's recommendation.
Recommendation 5:
HSAG recommended that Care 1st ACC conduct a root cause analysis to determine why members taking an antidepressant were not receiving continuous medication treatment. This could include conducting focus groups to identify barriers that members were experiencing in maintaining a medication regime in order to implement appropriate interventions. Care 1st ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care or the need for improved community outreach and education), including any factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, Care 1st ACC should implement appropriate interventions to improve the performance related to medication management.
Care 1st ACC's Response: Care 1st ACC's performance measure rates for Antidepressant Medication Management fell below the 25th percentile, indicating that most members with a diagnosis of major depression were not receiving continuous medication treatment. Effective medication treatment of major depression can improve a person's daily functioning and well-being and can reduce the risk of suicide. With proper management of depression, the overall economic burden on society can be alleviated as well. A factor that may have contributed to low performance is the temporary suspension of nonurgent services and in-person PCP appointments due to the COVID-19 PHE. Activities during CYE 2022 and Status as of October 2022 – Analysis of CY 2021 for this measure showed Care 1st ACC exceeded its set goal by 2.4%. The final rate is based on the combined data for the Central and North GSAs. The CY 21 year-end rate is 5.6% higher than the CY 20 year-end rate, a statistically significant improvement (p> 0.0001). These results indicate that interventions in CY 21 were effective. The rate for the North GSA was higher than for the Central GSA, at 59.2% compared with 54.3%. Analysis by county shows the lowest rate in Apache County, at 36.8%, although the denominator in that county accounts for only about 3% of the total denominator in the North GSA. While race/ethnicity data provided by AHCCCS are incomplete, analysis by race does not suggest any significant disparities by race. No significant disparities were identified between members whose primary language was English and those whose primary language was not English. To achieve its goal for Antidepression Medication Management, Care 1st ACC implemented the following interventions for CY 2022: • Monitor rates for the HEDIS Measure of Antidepressant Medication Management on a monthly basis, using NCQA-certified software

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
• Utilize Member Newsletter articles to educate members about the importance of continuing to take medications as prescribed and tips for medication adherence • Send text messages to members in the denominator for this measure on a quarterly basis, reminding them to not stop taking medication for depression unless their doctor says it's okay. Members who call the Care 1st ACC phone number provided on the text or respond with a text back will be referred to Care Management • Educate members about prescription refill options to help support members in having antidepressant medications as needed, including ask their doctors for a 90-day prescription and having prescriptions delivered to their homes by mail order • Include a "wellness message" in the Care 1st ACC health information system when members have gaps in care for this measure; Care 1st ACC staff having contact with members for any reason (e.g., QI outreach, care management staff) check the system for wellness messages and remind members of gaps in care/assist as needed • Share provider performance for this measure vs. other network providers with value-based groups on a monthly basis, along with member gaps in care for the measure. Identify any best practices by high-performing providers Care 1st ACC has increased the number of value-based PCP groups in the Northern GSA from 10 to 25 currently. Care 1st ACC is providing each group's performance on this measure, compared with all groups in the Care 1st ACC network and the Care 1st ACC goal, on a monthly basis, along with gaps in care. QI staff will meet with those groups at least quarterly to discuss performance and identify barriers and any best practices by high-performing providers. This measure will be highlighted in discussions with providers in Apache, Mohave, and Navajo counties. Based on CY21 performance by month, Care 1st ACC expects to meet the CY22 goal; however, opportunities for improvement in three counties, Apache, Mohave and Navajo, have been identified, as rates in these counties are at or below the 33.3rd percentile of Medicaid plans nationally (NCQA 2020 benchmarks). Combined, the counties currently comprise 38.4% of the total measure denominator. As noted, the CY 2021 year-end rate showed a statistically significant improvement over CY 2020. Monthly tracking of this measure is important since new members are added to the denominator when they receive a prescription for an antidepressant medication. Year-over-year comparison shows that the CY 2022 rate has remained several percentage points above the previous year's rate. The goal for CY 22 was increased to 57.0%; Care 1st ACC will retain the 57.0% goal for CY 23 and re-evaluate the goal when a final rate for CY 22 is available. Implemented interventions for this measure show to be effective as the rate has increased year over year. Quarterly text reminders to members with prescriptions for anti-depressant medications appears to have particularly proven useful in identifying members who are having trouble refilling their meds or need other assistance, as they sometimes text back questions or requests for help. These members/inbound messages are forwarded to Care Management for follow up.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
HSAG's Assessment: Care 1st ACC identified interventions that were implemented for CY 2021 as a result of conducting a root cause analysis, however the rates remained low in CY 2021. While opportunity remains to improve its rates, HSAG has determined that Care 1st ACC satisfactorily addressed the prior year's recommendation.

Validation of Performance Improvement Projects

In CY 2022, Care 1st ACC continued the *Back to Basics* PIP, which was initiated in CYE 2019. As this PIP is in an intervention year, PIP validation activities focused on intervention analysis. Care 1st ACC submitted interventions implemented during CY 2022 along with the intervention status, focus, and rationale for changes or discontinuation of the intervention for the following year.

AHCCCS will conduct an annual validation of the first remeasurement year reflective of CY 2022 (January 1, 2022, through December 31, 2022) using HSAG-calculated and validated indicator rates. AHCCCS will evaluate Care 1st ACC's performance based on an analysis of improvement strategies implemented and an assessment of statistically significant improvement as described in Appendix A. Methodology—Validation of Performance Improvement Projects—How Conclusions Were Drawn.

Results

HSAG determined that the PIP has a preliminary validation status of *Met*, based on valid and reliable rate calculation. Validation status based on whether significant or sustained improvement was achieved will be assessed following completion of interventions and final calculation of measures.

Table 5-40 through Table 5-42 provide the *Back to Basics* PIP baseline and intervention year rates for each indicator for Care 1st ACC.

Table 5-40—Care 1st ACC *Back to Basics* PIP Rates for PIP Indicator 1

Contractor	PIP Measure Indicator 1: *W30 Rate 1*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020	CY 2021
Care 1st ACC	70.5%	61.9%	59.4%

*The CYE 2019 indicator rate was calculated by HSAG utilizing AHCCCS data.

Table 5-41—Care 1st ACC *Back to Basics* PIP Rates for PIP Indicator 2

Contractor	PIP Measure Indicator 2: *WCV*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020	CY 2021
Care 1st ACC	51.4%	45.6%	46.6%

*The CYE 2019 indicator rate was calculated by HSAG utilizing AHCCCS data.

Table 5-42—Care 1st ACC *Back to Basics* PIP Rates for PIP Indicator 3

Contractor	PIP Measure Indicator 3: *ADV*		
	Baseline Year	Intervention Year 1	Intervention Year*
	CYE 2019*	CY 2020*	CY 2021
Care 1st ACC	63.6%	54.3%	49.5%

*CYE 2019 and CY 2020 indicator rates were calculated by HSAG utilizing AHCCCS data.

Interventions

Table 5-43 presents PIP interventions for Care 1st ACC during CY 2022. Language in the PIP interventions section is minimally edited and generally reflective of the language provided by the Contractor.

Table 5-43—Care 1st ACC *Back to Basics* PIP Interventions

Contractor	Interventions
Care 1st ACC	*W30 Rate 1:* • Conduct phone outreach and education to parents/healthcare decision makers of children under 24 months regarding the importance of Well-Child Visits. Calls will be made at: 6 weeks, 3m, 5m, 8m, 11m, 14m in advance of the month when a visit is recommended. • Previous Intervention) Utilize agreements/financial incentives with Patient-Centered Medical Homes (PCMHs) to reach out to assigned members to complete visits; share "gaps in care" and PCMH's rates for this measure on a monthly basis. • (Revised Intervention) Increase provider engagement and incentivize improved performance. This will be supported by monthly distribution of Quality Snapshots that show the provider's current performance rate compared with all Care 1st providers and number of closed care gaps needed to achieve the incentive, along with a list of their members with care gaps for outreach by the office. QI staff share analysis of performance with each

Contractor	Interventions
	provider during quarterly meetings and strategize activities to improve performance. • Continue text messaging program to parents/healthcare decision makers of members 0-15 months. • Increase provider engagement and incentivize improved performance by utilizing the Care 1st Quality Practice Advisors (QPAs) to implement a pay-for-quality (P4Q) Program. This will be supported by distribution of P4Q agendas (tools that specify members for whom providers may earn an additional incentive by closing care gaps) and the Care 1st EPSDT Provider Tool; education on performance rates; and best practices for improving completion rates. The QPAs will engage the providers and office staff via on-site visits and/or phone. • Partner with community organizations (county health departments, tribal entities, and private programs/providers) in Apache and Navajo Counties to implement educational outreach to hard-to-reach members/healthcare decision makers to assist them with accessing preventive care. *WCV:* • Identify non-compliant members ages 3-20 for telephone outreach through claims, provider no-show logs, calls from PCPs and/or EPSDT forms; continue phone education with parents/healthcare decision makers of children still missing services. • Previous Intervention) Utilize agreements/financial incentives with PCMHs to reach out to assigned members to complete visits; share "gaps in care" and PCMH's rates for this measure on a monthly basis. • (Revised Intervention) Increase provider engagement and incentivize improved performance. This will be supported by monthly distribution of Quality Snapshots that show the provider's current performance rate compared with all Care 1st providers and number of closed care gaps needed to achieve the incentive, along with a list of their members with care gaps for outreach by the office. QI staff share analysis of performance with each provider during quarterly meetings and strategize activities to improve performance. • Send rosters identifying members missing visits ("gaps in care") to assigned PCPs on a quarterly basis. • Increase provider engagement and incentivize improved performance by utilizing the Care 1st QPAs to implement a P4Q Program. This will be supported by distribution of P4Q agendas (tools that specify members for whom providers may earn an additional incentive by closing care gaps) and the Care 1st EPSDT Provider Tool; education on performance rates; and best

Contractor	Interventions
	practices for improving completion rates. The QPAs will engage the providers and office staff via on-site visits and/or phone. • Partner with community organizations (county health departments, tribal entities, and private programs/providers, including adolescent-focused programs) in Apache and Navajo Counties to implement educational outreach to hard-to-reach members/healthcare decision makers to assist them with accessing preventive care. *ADV:* • Continue telephone outreach to parents/healthcare decision makers of members in need of semiannual dental visits. Beginning by 11 months, EPSDT staff discuss starting routine dental visits at age 1. On every call, QI Care Engagement Specialists educate on dental services, review information for the assigned dental home and confirm that the dentist is the one the parent/healthcare decision maker wants to see, as well as transfer the call to member services to change the dental home assignment if parent/healthcare decision maker wishes. • (Previous Intervention) Continue utilizing agreements/financial incentive with PCMHs to reach out to assigned members to complete dental visits; share "gaps in care" and PCMH's rates for this measure on a monthly basis. • (Revised Intervention) Increase provider engagement and incentivize improved performance. This will be supported by monthly distribution of Quality Snapshots that show the provider's current performance rate compared with all Care 1st providers and number of closed care gaps needed to achieve the incentive, along with a list of their members with care gaps for outreach by the office. QI staff share analysis of performance with each provider during quarterly meetings and strategize activities to improve performance. • Continue providing quarterly rosters to PCPs. Rosters advise providers of members due for a dental visit and ask the PCP office to reach out to those parents/healthcare decision makers/members to schedule appointments. • Increase provider engagement and incentivize improved performance by utilizing the Care 1st QPAs to implement a P4Q Program. This will be supported by distribution of P4Q agendas (tools that specify members for whom providers may earn an additional incentive by closing care gaps) and the Care 1st EPSDT Provider Tool; education on performance rates; and best practices for improving completion rates. The QPAs will engage the providers and office staff via on-site visits and/or phone. • Targeted outreach to members 19 to 20 years of age to educate about the availability of dental benefits and encourage use of dental services before they age out of EPSDT coverage. This outreach will take place via enhanced

Contractor	Interventions
	text messaging and mailers to members with messaging relevant to their unique needs and concerns. • Partner with community organizations (county health departments, tribal entities, and private programs/providers, including oral health programs) in Apache and Navajo Counties to implement educational outreach to hard-to-reach members/healthcare decision makers to assist them with accessing preventive care.

Strengths, Opportunities for Improvement, and Recommendations

Table 5-44 presents strengths, opportunities for improvement, and recommendations for Care 1st ACC related to PIPs, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-44—Care 1st ACC Strengths, Opportunities for Improvement, and Recommendations Related to PIPs

Strengths, Opportunities for Improvement, and Recommendations
Strengths
Care 1st ACC developed and implemented interventions that may lead to improvement in indicator outcomes. **[Quality, Access]** HSAG noted that the intervention year 2 indicator rates showed a slight increase over intervention year 1 for indicator 2. **[Quality, Access]**
Opportunities for Improvement and Recommendations
For indicator 1, Care 1st ACC showed an 8.6 percentage point decline in the indicator rate between the baseline year and intervention year 1. Between intervention year 1 and intervention year 2, the decline slowed to 2.5 percentage points. When compared to the baseline year, the intervention year 2 indicator rate was approximately 11 percentage points below the baseline year rate. For indicator 2, Care 1st ACC showed a 5.8 percentage point decline in the indicator rate between the baseline year and intervention year 1. Between intervention year 1 and intervention year 2, the rate increased by 1 percentage point; however, when compared to the baseline year, the intervention year 2 indicator rate was 4.8 percentage points below the baseline year indicator rate. For indicator 3, Care 1st ACC showed a 9.3 percentage point decline in the rate between the baseline year and intervention year 1. Between intervention year 1 and intervention year 2, the decline slowed to 4.8 percentage points. When compared to the baseline year, the intervention year 2 indicator rate was just over 14 percentage points below the baseline year indicator rate. The decline noted in indicator rates may indicate that the COVID-19 PHE had an impact on the rates of compliance with well-child and dental visits. **[Quality, Access]**

Strengths, Opportunities for Improvement, and Recommendations
Recommendations: As the PIP progresses, HSAG recommends that Care 1st ACC: • Review intervention year indicator rates and adjust interventions to facilitate improvement, as necessary • Continue to implement identified interventions and assess the impact and effectiveness of the interventions after the validated indicator rates for the first remeasurement year become available • Develop and document a plan for sustaining the improvement for any demonstrated improvement in indicator rates

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-45 presents PIP recommendations made to Care 1st ACC in the CY 2021 Annual Technical Report[5-35] and Care 1st ACC's follow-up to the recommendations, as well as an assessment of the degree to which Care 1st ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-45—Care 1st ACC Follow-Up to CY 2021 PIP Recommendations

Prior Year's Recommendation from the EQR Technical Report for PIP
While the PIP was in an intervention year and no opportunities for improvement had yet been identified, HSAG recommended that Care 1st ACC continue to implement identified interventions and assess the impact and effectiveness of the interventions after the first remeasurement year.
Care 1st ACC's Response: The objective of the *Back to Basics* PIP is to increase the number of child and adolescent well-child/well-care visits, as well as increase the number of children and adolescents receiving annual dental visits. The goal is to demonstrate a statistically significant increase in the number and percentage of child and adolescent well-child/well-care visits, as well as a statistically significant increase in the number and percentage of children and adolescents receiving an annual dental visit, followed by sustained improvement for one consecutive year. To account for the impact of the COVID-19 PHE, this PIP includes two intervention years within its design, with CYE 2019 serving as the baseline year. CY 2020 served as an intervention year for this PIP; as the PIP is in the early stages of implementation, repeated measurements are not yet available. Improvement for subsequent remeasurement years in comparison to the baseline year will be evaluated using Contractor-calculated indicator rates that have undergone EQRO validation.

[5-35] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Prior Year's Recommendation from the EQR Technical Report for PIP
AHCCCS will then conduct annual measurements to evaluate Contractor performance, with remeasurement years aligning with calendar years: the first remeasurement year reflective of CY 2022 (January 1, 2022, through December 31, 2022) and the second remeasurement year reflective of CY 2023 (January 1, 2023, through December 31, 2023). Status as of November 2022: This PIP is in the middle of the first remeasurement reflective of CY 2022. Care 1st ACC will continue to implement identified interventions and assess the impact and effectiveness of the interventions after the first remeasurement year.
HSAG's Assessment: HSAG reviewed Care 1st ACC's PIP intervention submission, which detailed interventions implemented in CY 2022, whether the intervention will be continued, and the rationale for intervention changes or discontinuation. HSAG has determined that Care 1st ACC has satisfactorily continued to implement interventions, based on activities completed in CY 2022.

Compliance Reviews

Results

In November 2021, AHCCCS awarded Care 1st a new ACC-RBHA contract, expanding the current ACC Contract. As a result, the Contractor went through an extensive readiness review, which was conducted from April through October 2022.

AHCCCS stated that it recognizes the criticality of member transitions and the readiness of a Contractor to deliver care and services under a new contract award. The readiness review process is paramount to a successful implementation and seamless transition for members. To that end, AHCCCS has implemented an extensive readiness review process for all Contractors awarded new AHCCCS contracts.

AHCCCS stated that it views the readiness review process as an ongoing series of activities to monitor Contractor progress. AHCCCS initiates the readiness review process roughly six months prior to the contract effective date. These readiness activities are essential to establishing the capacity of the awarded Contractors to function in a number of critical areas, including operations and administration, service delivery, financial management, and systems management. The Care 1st ACC-RBHA contract began on October 1, 2022. Future compliance reviews will be for the ACC-RBHA contract/LOB.

Strengths, Opportunities for Improvement, and Recommendations

Table 5-46 presents strengths, opportunities for improvement, and recommendations for Care 1st ACC related to compliance, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-46—Care 1st ACC Strengths, Opportunities for Improvement, and Recommendations Related to Compliance

Strengths, Opportunities for Improvement, and Recommendations
Strengths
AHCCCS conducted a readiness review for the new ACC-RBHA contract/LOB in CYE 2022, and future compliance reviews will be conducted for the new ACC-RBHA contract/LOB; therefore, HSAG did not provide any strengths.
Opportunities for Improvement and Recommendations
AHCCCS conducted a readiness review for the new ACC-RBHA contract/LOB in CYE 2022, and future compliance reviews will be conducted for the new ACC-RBHA contract/LOB; therefore, HSAG did not provide any opportunities for improvement. Recommendation: Although no compliance review was conducted for this reporting period, HSAG recommends that the Contractor use AHCCCS' findings from the readiness review and follow up with AHCCCS as required to monitor ongoing compliance with federal regulations and State contract requirements.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-47 presents compliance recommendations made to Care 1st ACC in the CYE 2021 Annual Technical Report[5-36] and Care 1st ACC's follow-up to the recommendations, as well as an assessment of the degree to which Care 1st ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-47—Care 1st ACC Follow-Up to CY 2021 Compliance Recommendations

Prior Year's Recommendation from the EQR Technical Report for Compliance
Although no compliance review was conducted during CYE 2021, HSAG recommended that the Contractor conduct an internal assessment to monitor compliance with the requirements in each of the AHCCCS Focus Areas.
Care 1st ACC's Response: Care 1st conducts an internal Contract Assessment Review on a yearly basis to monitor compliance with the requirements in each of the AHCCCS Focus Areas.

[5-36] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Prior Year's Recommendation from the EQR Technical Report for Compliance
HSAG's Assessment: HSAG has determined that through its readiness review, Care 1st ACC has satisfactorily addressed the prior year's recommendation.

Network Adequacy Validation

Results

HSAG evaluated Care 1st ACC's compliance results with AHCCCS' time/distance standards by GSA and county. This section presents biannual validation findings specific to the ACC LOB, with one results table for the following GSA:

- North GSA: Apache, Coconino, Mohave, Navajo, and Yavapai counties

Each region-specific table summarizes biannual validation results containing the percentage of members meeting each time/distance standard by quarter and county, with color-coding to identify whether the time/distance standard was *Met* or *Not Met.* The value "NA" is shown for time/distance standards that do not apply to the county or ACC LOB. The value "NR" is shown for time/distance standards in which no members met the network requirement denominator for the ACC LOB and county; therefore, HSAG calculated no corresponding time/distance result.

Yellow color coding identifies instances in which HSAG's time/distance results met the minimum network requirement but differed from the Contractor's ACOM 436 results. Red color coding identifies instances in which HSAG's time/distance results that did not meet the compliance standard, regardless of the Contractor's ACOM 436 results.

An asterisk (*) indicates that fewer than 10 members were included in the denominator of HSAG's results. A carat (^) indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.

Table 5-48—Care 1st ACC Time/Distance Validation Results for North GSA—Percentage of Members Meeting Minimum Network Requirements

	Apache		Coconino		Mohave		Navajo		Yavapai	
Minimum Network Requirement	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4
Behavioral Health Outpatient and Integrated Clinic, Adult	77.0	78.3^	98.4^	97.7^	99.9^	99.9^	94.1^	94.4^	100^	100^
Behavioral Health Outpatient and Integrated Clinic, Pediatric	70.8	73.1^	97.6^	97.0^	99.9^	100^	91.2^	91.6^	100^	100^
Behavioral Health Residential Facility (only Maricopa and Pima counties)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Minimum Network Requirement	Apache		Coconino		Mohave		Navajo		Yavapai	
	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4
Cardiologist, Adult	90.4	90.7^	99.9^	99.9^	99.9^	99.9^	98.0^	98.0^	100^	100^
Cardiologist, Pediatric	98.2	98.4	100^	100^	100	100	100	100	100^	100^
Dentist, Pediatric	64.3	71.4	95.7	95.3	99.0	98.9	95.3	95.6	98.9	98.5
Hospital	96.2	96.5	100	100	99.9	99.9	99.9	99.8	100	100
OB/GYN	95.8	96.3	99.9	99.9	100	100	99.9	99.9	100	100
Pharmacy	85.0	79.8	91.2	92.4	98.8	98.9	97.2	97.4	98.7	98.7
PCP, Adult	91.5^	91.3^	98.8^	98.9^	98.9^	98.9^	96.9^	97.6^	100^	100^
PCP, Pediatric	88.8	90.0^	97.9^	97.8^	99.0^	99.0^	95.4^	96.8^	100^	100^

represents Contractor-reported results that differ from HSAG's results and meet the compliance standard based on HSAG's results.
represents time/distance standard results that do not meet the compliance standard based on HSAG's results.
^ indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.
NA indicates results are not applicable to the county.

Strengths, Opportunities for Improvement, and Recommendations

Table 5-49 presents strengths, opportunities for improvement, and recommendations for Care 1st ACC related to NAV, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-49—Care 1st ACC Strengths, Opportunities for Improvement, and Recommendations Related to NAV

Strengths, Opportunities for Improvement, and Recommendations
Strengths
Care 1st ACC met all time/distance network standards in assigned counties for both quarters in CYE 2022, except for Apache County. **[Access]** Note: Care 1st ACC provides coverage in the following counties: Apache, Coconino, Mohave, Navajo, and Yavapai.
Opportunities for Improvement and Recommendations
Care 1st ACC did not meet four of the 10 applicable standards in Apache County for CYE 2022 Q4. **[Access]** Recommendation: HSAG recommends that Care 1st ACC maintain current compliances, but continue to address network gaps, as applicable.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-50 presents NAV recommendations made to Care 1st ACC in the CYE 2021 Annual Technical Report[5-37] and Care 1st ACC's follow-up to the recommendations, as well as an assessment of the degree to which Care 1st ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-50—Care 1st ACC Follow-Up to CY 2021 NAV Recommendations

Prior Year's Recommendation from the EQR Technical Report for NAV
HSAG recommended that Care 1st ACC continue to monitor: • Its processes for creating the PAT file and review the PAT file for accuracy prior to submitting to AHCCCS • And maintain its existing provider network coverage with specific attention to ensuring the availability of behavioral health outpatient and integrated clinics for adults or children, pediatric dentists, pharmacies, and PCPs for adults or children in Apache County
Care 1st ACC's Response: During CYE 2022, Care 1st continued to use Quest Analytics software to verify the adequacy of the geographic distribution of its PCP, OB/GYN, dental, behavioral health, specialist, and pharmacy providers. Quest Analytics reports are run quarterly and map the existing membership against the contracted practice sites and locations of the identified providers. The results of the availability analysis are reviewed against AHCCCS standards outlined in Policy 436 of the ACOM and used to update the Network Needs List. The Network Needs List was and continues to be used throughout the year to correct network gaps through recruiting efforts focused on key areas without desired access to care. In addition to the specialties that are broken out in the analysis, Care 1st works to contract with all other available specialties in its geographic service areas. Through this analysis, Network Management targets zip codes and provider types identified as at risk for failure to meet AHCCCS and Care 1st standards. Following are updates on Care 1st's follow-up activities on EQRO findings and recommendations. <u>Behavioral Health Outpatient and Integrated Clinics, Adult:</u> According to HSAG's results, Care 1st's rate of compliance with ACC network time/distance standards for Behavioral Health Outpatient and Integrated Clinics, Adult in Apache County was 75.1% as of the CYE 2021 Q4. Activities during CYE 2022 and Status as of October 2022: Care 1st continued to perform analyses to identify gaps and will continue to closely monitor any changes in the network and potential recruitment opportunities. To support members in this county with receiving needed services,

[5-37] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Prior Year's Recommendation from the EQR Technical Report for NAV
outpatient behavioral health and integrated clinics have been providing telehealth services to adult members in Apache County. The other ACC Program Contractor in the North did not meet the time/distance standards for CYE 2021, underscoring the challenges of providing Behavioral Health Outpatient and Integrated Clinic services to adults in this area. While this rate was previously exceeding the goal, current results show that the rate of Care 1st members who have access to behavioral health services within the defined time/distance requirements has declined to below the standard and the plan's goal of 90%. Care 1st has multiple providers in Apache County, but they are outside the time/distance standards for some members. Based on claims utilization, more than 20 behavioral health and integrated clinics are currently providing telehealth services to adult members in Apache County. Behavioral Health Outpatient and Integrated Clinics, Pediatric: According to HSAG's results, Care 1st decreased its rate of compliance with ACC network time/distance standards for behavioral health outpatient and integrated clinics, pediatric providers in Apache County to 71.5%, as of CYE 2021 Q4. Activities during CYE 2022 and Status as of October 2022: Care 1st continued to perform analyses to identify gaps and will continue to closely monitor any changes in the network and potential recruitment opportunities. To support members in this county with receiving needed services, outpatient behavioral health and integrated clinics have been providing telehealth services to adult members in Apache County. The other ACC Program Contractor in the North did not meet the time/distance standards for CYE 2021, underscoring the challenges of providing behavioral health outpatient and integrated clinic services to children and adolescents in this area. While this rate was previously exceeding the goal, current results show that the rate of Care 1st members who have access to behavioral health services within the defined time/distance requirements has declined to below the standard and the plan's goal of 90%. Care 1st performed an analysis to identify impacted members and those members were referred to Flagstaff and Prescott Area due to limited services available in Apache County. Care 1st has additional providers in Apache County, but they are outside the time/distance standards for some members. Based on claims utilization, more than a dozen behavioral health and integrated clinics are currently providing telehealth services to pediatric members in Apache County. Pediatric Dentists: According to HSAG's results, Care 1st decreased its rate of compliance with ACC network time/distance standards for pediatric dental providers in Apache County to 63.6% as of CYE 2021 Q4. Results for pediatric dental providers in Coconino County improved to 95.9% as of CYE 2021 Q4. Activities during CYE 2022 and Status as of October 2022: Care 1st continues its search for dentists in Apache and Coconino Counties areas to add to its network. For CYE 2022 Care 1st partnered with a dental vendor to administer its dental program. The AHCCCS saturation data was used to identify any opportunities to recruit new providers and found that the Plan is already contracted with the providers or that the providers are not viable due to being IHS providers, providers are out of adequacy guidelines, or the data was incorrect. It should be noted that the other ACC Program Contractor in the north also fell short of the ACC time/distance standards for pediatric dentists in both Apache and Coconino counties indicating a shortage of dentists in those areas.

Prior Year's Recommendation from the EQR Technical Report for NAV
Pharmacies: According to HSAG's results, Care 1st decreased its rate of compliance with network time/distance standards for pharmacy providers in Apache County to 77.6% as of CYE 2021 Q4. Results for pharmacy providers in Coconino County improved to 90.4% therefore meeting the goal of 90% as of CYE 2021 Q4. Activities during CYE 2022 and Status as of October 2022: For CYE 2022, the pharmacy network was delegated and administered by CVS Caremark, our pharmacy benefit manager. CVS Caremark is responsible for the recruitment and management of the pharmacy network. As a national PBM, CVS Caremark maintains a large pharmacy network with most national pharmacy chains, as well as independent and in-store pharmacy providers. Similar to the efforts to ensure network adequacy as described above, Care 1st used Quest analytics reports and the AHCCCS Saturation data to identify gaps and any opportunities to recruit new providers. Both CVS Caremark and Care 1st continue to use geographic mapping software to assess for possible inadequacies in the pharmacy network. Here again, it should be noted that the other ACC Program Contractor in the North also fell short of the time/distance standards for pharmacists in Apache County for CYE 2021, indicating a shortage of dentists in that area. PCP, Adult: According to HSAG's results, Care 1st's rate of compliance with network time/distance standards for adult PCP providers in Apache County decreased to 86.8% as of CYE 2021 Q4. Activities during CYE 2022 and Status as of October 2022 – As described above, to ensure network adequacy Care 1st used Quest analytics reports and the AHCCCS Saturation data to identify gaps and any opportunities to recruit new providers. Extensive education has been rolled out to providers and members on the use of telehealth services. Based on claims utilization, more than 30 adult PCP providers are currently providing telehealth services to adult members in Apache County. Care 1st continued to perform analyses to identify gaps and will continue to closely monitor any changes in the network and potential recruitment opportunities. PCP, Pediatric: According to HSAG's results, Care 1st's rate of compliance with network time/distance standards for adult PCP providers in Apache County decreased to 84.0% as of CYE 2021 Q4. Activities during CYE 2022 and Status as of October 2022: To ensure network adequacy Care 1st used Quest analytics reports and the AHCCCS Saturation data to identify gaps and any opportunities to recruit new providers. Care 1st performed an analysis to identify impacted members and those members were referred to Flagstaff and Prescott Area due to limited services available in Apache County. Care 1st has additional providers in Apache County, but they are outside the time/distance standards for some pediatric members. Extensive education has been rolled out to providers and members on the use of telehealth services. Pediatric PCP providers are currently providing telehealth services to members under the age of 21 in Apache County. Care 1st has continued to perform analyses to identify gaps and will continue to closely monitor any changes in the network and potential recruitment opportunities.

Prior Year's Recommendation from the EQR Technical Report for NAV
HSAG's Assessment: Based on the CYE 2022 NAV results and the response provided by Care 1st ACC, HSAG determined that Care 1st ACC has satisfactorily addressed the prior year's recommendation.

Care 1st ACC Best and Emerging Practices

Table 5-51 presents the best and emerging practices provided by Care 1st ACC for CYE 2022. HSAG made only minor edits to Care 1st ACC's submission to enhance readability. Best practice responses may be based on Contractor internal data and not EQR validated rates.

Table 5-51—Care 1st ACC Best and Emerging Practices

Care 1st ACC Best and Emerging Practices— Promoting Healthy Pregnancy to Healthy Early Childhood with Tailored Outreach and through Personalized, Interactive and On-Demand Technology
This intervention is aimed at increasing timely access to prenatal and early well-child services, which are shown to improve perinatal health, birth outcomes and the health of babies and toddlers. Care 1st uses an exceptionally high-touch, tailored approach to outreach to pregnant women and parents/healthcare decision makers of EPSDT members in the first 30 months of life, with a goal of reaching all members/parents, not just those considered most at risk. This approach utilized tailored telephone counseling, which has been shown to improve adherence to obtaining preventive services (Miller S, et al, 2013; Rawl S, et al, 2015). During the most recent contract year and during prior years, this outreach has started as soon as a Care 1st member was identified as pregnant. Upon initial phone contact, a Maternal and Child Health Care Engagement Specialist assesses the member's needs based on her individual circumstances. Care 1st's protocol for initial phone contact with a pregnant member also includes asking PHQ2 questions to detect potential depression, which trigger referral to care management for potential behavioral health (BH) and/or substance use disorder (SUD) services. Assessment is followed by advising the member of services and assistance available, getting her agreement if help in obtaining services is needed, and providing assistance, including helping her arrange doctor appointments through three-way calls with a provider office and working with our transportation vendor to arrange for medically necessary transportation when needed. Care 1st also addresses social determinants of health that can impact optimal health and quality of life by linking members to community resources, such as nutrition assistance and food banks, and employment and legal assistance. This process aligns with the U.S. Public Health Service's five "A's" of promoting healthy behaviors: assess, advise, agree, assist and arrange (Agency for Healthcare Research and Quality, 2012), and continues in the third trimester and through the postpartum period. Members contacted will receive a maternity "welcome packet" with information to assist them on their pregnancy and postpartum journey. Upon completion of prenatal and postpartum visits, members are eligible for incentives. A newborn welcome call and postpartum calls continue the support to new moms. The intervention also reflects best practices for women's health, as cited by the Institute for Medicaid Innovation (IMI, 2020).

Care 1st ACC Best and Emerging Practices— Promoting Healthy Pregnancy to Healthy Early Childhood with Tailored Outreach and through Personalized, Interactive and On-Demand Technology
Because a positive birth outcome does not end at delivery, EPSDT Care Engagement Specialists outreach based on the AHCCCS EPSDT Periodicity Schedule during the baby's first two years, using the high-touch, tailored approach. EPSDT Specialists are assigned to a specific group of members to make outreach calls throughout the first 30 months, with calls made in the month before an EPSDT visit is due. This allows Health Plan staff to build trusting relationships with members. The same processes for assisting parents/healthcare decision makers with making appointments and arranging for transportation, as well as referral to community support services, is used during this period of engagement. Specific goals of the intervention include: a) improving the rate of timely prenatal visits b) improving the rate of postpartum visits c) improving well visits in the first 15 months of life and d) improving well visits from 15 to 30 months of life When assessing effectiveness of interventions and planning improvement strategies, Care 1st includes consideration of the unique characteristic of its membership. Care 1st experienced a notable change in membership during CYE 2022 from CYE 2021. Membership in the GSA was reassigned; resulting in Care 1st membership residing in the Northern GSA only. According to The Northern Rural Health Association, the five counites that comprise the Northern GSA are considered Frontier and Remote areas, with considerations that include population density, distance from and travel time to population center or specific service, and availability of paved roads. Care 1st notes that County Health Rankings of health outcomes are based on length of life and quality of life. According to County Health Rankings, four of the five counties are below the 50% percentile for health outcomes, with two counties ranking below the 25% percentile. To fully evaluate the effectiveness of the interventions, goals are assessed according to current specifications for related HEDIS measures. Care 1st then completes a baseline assessment breaking down the HEDIS measures to include only membership residing in the Northern GSA to reflect its' membership for CYE 2022.

Care 1st ACC Best and Emerging Practices—Pacify Mobile Application: Support that Never Sleeps
Care 1st was the first Arizona Health Plan to utilize Pacify, an innovative application for smart phones that allows members in the late stages of pregnancy or up to one year after baby's birth to instantly call a certified lactation consultant, registered dietitian, or registered nurse for help and advice at any time of the day or night, seven days a week. Pacify is an evidenced-based approach to improving health outcomes for new moms and babies: The U.S. Preventive Services Task Force recommends providing interventions during pregnancy and after birth to support breastfeeding, including professional support through home visits and telephone contact (USPSTF, 2016). The American Academy of Family Physicians supports this evidence-based recommendation breastfeeding, and the National Association of Pediatric Nurse Practitioners has stated that promoting and supporting

Care 1st ACC Best and Emerging Practices—Pacify Mobile Application: Support that Never Sleeps

breastfeeding is an integral component of pediatric healthcare (NAPNAP, 2018). Beginning in 2017 and continuing through the most recent contract year, Care 1st made the Pacify app available at no cost to members, in order to facilitate "virtual visits" with a lactation consultant or dietitian via video call at the touch of one-button on the app. The app also provides one-touch connection to registered nurses through the Health Plan's Nurse Line, assistance from the Care 1st Maternity/Postpartum staff, or connection to a Crisis Hotline for urgent behavioral health issues. After enrollment in Pacify, members also receive health messages/reminders via push notifications, which provide important health education and reminders, that are tailored to each member's delivery date or baby's date of birth.

As noted, the Pacify app allows new mothers to connect to a breastfeeding consultant or dietitian at any time of the day or night, seven days a week. This means that moms are able to get help from a competent professional outside of their normal pediatrician office hours. In 2021, 64% of clinical consultations occurred after normal clinic hours (evenings/nights and weekends). In addition, a 2020 survey conducted by the Pacify vendor found that nearly 60% of new moms expressed a strong preference to receive virtual lactation support as opposed to an in-person lactation consultation.

Goals of this intervention include:
a) improvements in infant healthcare utilization of ED visits and hospital stays, as well as total medical cost savings, and
b) member satisfaction with the virtual consults as demonstrated by an overall rating of at least 4.8 out of 5 stars.

Outcomes to date include:

- An evaluation that compared utilization in the first six months of life for Care 1st newborns of women enrolled in Pacify vs. non-Pacify newborns found reduced ED visits and inpatient stays among infants whose mothers were enrolled in the program
- Members engaging with lactation or nutritional consultants in 2021 gave a rating of 4.9 stars (327 ratings), which was an increase over the 2020 overall rating of 4.8 stars (359 ratings)

Care 1st ACC Best and Emerging Practices—Text Messaging: A Value-added Approach

In CY 2021, Care 1st continued to use an evidence-based approach to engage members through text messaging that goes beyond simply send messages with reminders of services needed or generic health education. Research shows that interactive and tailored text messages are successful in promoting self-activation among Medicaid members (Gates, et al, 2014; Ades J, 2016; Comstock J, 2014). A centerpiece of Care 1st's strategy to reach and activate members is sending tailored short message service (SMS), or text, messages to members. Text messages sent to pregnant and postpartum members, as well as parents/healthcare decision makers of members birth to 30 months of age, are enhanced with a "tiny URL" link in a brief intro message that connects the receiver to a visually engaging web page, with educational content aimed at the member's stage of pregnancy, based on weeks of gestation. The messages for members birth to 30 months have an educational focus on developmental milestones, as well as immunizations, well visits and parenting tips, based on the

Care 1st ACC Best and Emerging Practices—Text Messaging: A Value-added Approach

child's age in weeks. The link to engaging content adds value by providing easy access to information the member/parent/healthcare decision maker might not otherwise have and empowering them to take action to improve their or their child's health.

Under Telephone Consumer Protection Act (TCPA) regulations, introductory messages are sent to all enrolled members that meet the message criteria (recipients may opt out at any time). Care 1st opt-out rates for these messages were lower than reported opt-out rates for health-related mobile engagement campaigns. Members/parents/healthcare decision makers may call a dedicated Care 1st phone line for assistance or, if they text back a response requesting help, a Care 1st representative will follow up with them.

Specific goals of the intervention include those associated with Maternal and Child Health Outreach, as noted above:
a) improving the rate of timely prenatal visits,
b) improving the rate of postpartum visits,
c) improving well visits in the first 15 months of life, and
d) improving well visits from 15 to 30 months of life.

Goals are assessed according to current specifications for related HEDIS measures, and outcomes are discussed above.

Care 1st ACC Best and Emerging Practices—Community Partnerships: Going Beyond Healthcare

Care 1st employs a number of community partnership initiatives that go beyond traditional healthcare services to address social determinants of health and support improved member outcomes. These initiatives are based on evidence that connecting members to needed resources – from food and housing to financial assistance and childcare – can help eliminate barriers to care and pave a path toward better health and independence (Pruitt Z, et al, 2018; Pruitt Z, et al, 2018; Taylor L, 2018).

Care 1st community partnership initiatives in in the most recent contract year included:

- Community Connections Help Line – Peer Coaches provide a comprehensive needs assessment and then refer members to organizations that can address their needs. Additionally, during the call, Peer Coaches can check for and assist in closing care gaps. Within a couple weeks, they follow up to make sure that the member's needs were fulfilled. The Care 1st Member Advocacy Team also sends out a Resource Newsletter to Health Plan staff twice a month, which contains useful information on programs that may help members and contacts for these community resources.
- Pop-up "Welcome Rooms" were on hold early in CYE 2022 but resumed in the fourth quarter. Welcome Rooms were held at selected community organizations to provide information and assistance to visitors, regardless of whether they are Health Plan members, and serve as sites for special events, such as health screenings, job fairs and food box donation. Our Welcome Room strategy in Arizona also includes engagement efforts through Tribal Entities and Community Health Workers, peer and family support specialists and care coordinator staff. The Welcome Room is staffed by Care 1st associates who are trained to respond to current and prospective members.

Care 1st ACC Best and Emerging Practices—Community Partnerships: Going Beyond Healthcare
• Broadband Action Team, Care 1st has been a leader among Arizona Health Plans in driving access to increased broadband services in Arizona. Care 1st is an active member of the invitation-only Broadband Action Team and participates in the brainstorm and planning sessions focused on addressing infrastructure issues and needs. Care 1st made a large donation to the Arizona Broadband Stakeholder Network, which is focused on strategies to accelerate deployment of affordable and reliable broadband internet access throughout Arizona and has representation on the Southwest Telehealth Resource Center and the Northern Arizona Telehealth Alliance. Care 1st continues to be active in advocating for rural and tribal communities and their telehealth needs, hosting a Colorado City Community Broadband Stakeholders meeting, bringing together a variety of partners to support expanded access to broadband, including CBOs, healthcare providers, representatives of local, state and federal entities and broadband carriers. Care 1st's Member Advocacy Department is working with community-based organizations (CBOs) to promote the Emergency Broadband Benefit (EBB) to members, including households participating in Medicaid. • Mohave County Childhood Immunization Steering Committee—This committee is a joint effort of Care 1st, First Things First (FTF), Health Choice, Northern Arizona Healthcare and The Arizona Partnership for Immunization (TAPI). Due to the PHE, in-person outreach was on hold for CYE 2022. Planning for CYE 2023 continues and upon resuming in-person support, the focus is on community outreach and engagement for completion of dental visits, immunizations, and child well-care visits. Localized health fairs will include the support of community health clinics and individual providers. The health fairs are intended to be community events that will include services for dental and medical visits, activities such as bounce houses that engaged the whole family, and community resources for those in need. The goal of these community partnerships is to improve member engagement and satisfaction. Care 1st is in the process of collecting data on these outcomes.

Care 1st ACC Best and Emerging Practices—Provider Engagement
In CYE 2022, to expand access to quality care, Care 1st executed 30 new value-based contracts in the Northern GSA and an additional four contracts with a focus on behavioral health. In early CYE 2018 and continuing to current CYE, Care 1st implemented a multifunctional process that brings together department staff from Provider Engagement, Care Management, Quality Improvement, Risk, Network Management and Value Based Partnerships, along with its value-based provider groups for joint operating committee (JOC) meetings. At these regularly occurring meetings (monthly to quarterly depending on provider preference), key performance measure rates and other metrics by group are reviewed, as well as the current number of care gaps needing closure in order to meet performance thresholds. With input from front-line staff that interface with these provider groups, as well as directors and managers, any group-specific challenges or barriers to improvement are discussed and interventions to address those challenges/barriers are developed. Best practices utilized by high-performing practices are also shared with other providers. This collaborative process allows the Health Plan to support its provider groups in the most effective way—making them partners rather than customers—and ensure a consistent approach to interfacing

Care 1st ACC Best and Emerging Practices—Provider Engagement
and messaging across departments. This approach is based on the tenet that, when payers focus on strengthening patient engagement and improving care coordination, accountable care organizations and other providers with alternative payment models are likely to generate savings and greater patient satisfaction. Specific goals of the intervention include those associated with Maternal and Child Health Outreach, as noted above: a) improving the rate of timely prenatal visits, b) improving the rate of postpartum visits, c) improving well visits in the first 15 months of life, and d) improving well visits from 15 to 30 months of life. Goals are assessed according to current specifications for related HEDIS measures, and outcomes are discussed above.

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Care 1st ACC Best and Emerging Practices—References
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HCA ACC

Validation of Performance Measures

Results for Information Systems Standards Review

HSAG determined that HCA ACC followed the measure specifications and produced reportable rates for all measures in the scope of the validation of performance measures.

Table 5-52 displays HSAG's PMV findings for each data type reviewed in alignment with the CMS EQR Protocol 2 audit requirements.

Table 5-52—CY 2021 PMV Findings

Data Type	HSAG Findings
Medical Services Data	*No identified concerns*
Enrollment Data	*No identified concerns*
Provider Data	*No identified concerns*
Medical Record Review Process	*No identified concerns*
Supplemental Data	*No identified concerns*
Data Integration	*No identified concerns*

Results for Performance Measures

Table 5-53 presents the CY 2020 and CY 2021 HCA ACC performance measure results for measures that could be compared to the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2020 and MY 2021. Performance measure rate cells shaded green indicate that the rate met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2020 and/or MY 2021. Of note, measures for which lower rates suggest better performance are indicated by an asterisk (*). Measures reported using hybrid methodology are identified by a plus sign (+); measures without a plus sign (+) were reported using administrative methodology.

Table 5-53—CY 2020 and CY 2021 HCA ACC Performance Measure Results

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Maternal and Perinatal Care				
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	—	77.6%+	—	★
Postpartum Care	54.0%+	56.9%+	→	★

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Behavioral Health				
Antidepressant Medication Management				
Effective Acute Phase Treatment	51.3%	56.3%	↑	★★
Effective Continuation Phase Treatment	36.0%	38.4%	↑	★
Follow-Up After ED Visit for AOD Abuse or Dependence				
7-Day Follow-Up—Total	16.7%	15.9%	→	★★★
30-Day Follow-Up—Total	24.3%	22.4%	→	★★★
Follow-Up After ED Visit for Mental Illness				
7-Day Follow-Up—Total	45.9%	44.3%	→	★★★
30-Day Follow-Up—Total	57.0%	56.1%	→	★★★
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Total	44.3%	41.7%	→	★★★
30-Day Follow-Up—Total	60.2%	57.1%	↓	★★
Initiation and Engagement of AOD Abuse or Dependence Treatment				
Initiation of AOD Treatment—Total	44.1%	45.4%	→	★★★
Engagement of AOD Treatment—Total	16.0%	16.6%	→	★★★
Care of Acute and Chronic Conditions				
Comprehensive Diabetes Care				
*HbA1c Poor Control (>9.0%)**	46.7%+	42.6%+	→	★★
Controlling High Blood Pressure				
Controlling High Blood Pressure	—	51.3%+	—	★
Heart Failure Admission Rate				
Heart Failure Admission Rate	—	26.1	—	—
Diabetes Short-Term Complication Admission Rate				
Diabetes Short-Term Complications Admission Rate	—	12.7	—	—
Pediatric Health				
Child and Adolescent Well-Care Visits				
Child and Adolescent Well-Care Visits	36.9%	38.9%	↑	★
Developmental Screening in the First Three Years of Life				
Developmental Screening in the First Three Years of Life	38.7%+	36.3%	→	—

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	54.7%	51.9%	↓	★★
Annual Dental Visit				
Annual Dental Visit	—	51.5%	—	★★★
Childhood Immunization Status				
Combination 3	—	51.6%+	—	★
Combination 7	—	45.5%+	—	★
Combination 10	—	26.5%+	—	★
Immunizations for Adolescents				
Combination 1	—	80.3%+	—	★★★
Combination 2	—	30.4%+	—	★★
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Total	—	56.5%	—	★★★
Cholesterol Testing—Total	—	38.3%	—	★★★
Blood Glucose and Cholesterol Testing—Total	—	36.9%	—	★★★
Preventive Screening				
Breast Cancer Screening				
Breast Cancer Screening	43.1%	39.6%	↓	★
Cervical Cancer Screening				
Cervical Cancer Screening	45.0%+	46.2%+	→	★
Appropriate Utilization of Services				
Ambulatory Care—Total				
*Ambulatory Care—ED Utilization**	—	41.7	—	★★★
Plan All-Cause Readmissions				
*O/E Ratio—Total**	—	1.0901	—	★
Use of Opioids at High Dosage				
*Use of Opioids at High Dosage**	—	4.5%	—	★★★

* A lower rate indicates better performance for this measure.
+ Indicates the measure was reported using hybrid methodology.
Cells shaded green indicate that the rate met or exceeded the MY 2020 and/or MY 2021 national Medicaid mean.
[1] — Indicates the CY 2020 rate was not presented in the CYE 2021 Annual Technical Report; therefore, a 2020-2021 comparison is not presented in the CYE 2022 Annual Technical Report.
↑ Indicates improvement of measure rates.
↓ Indicates decline of measure rates.
→ Indicates stable measure rates.

[2]Performance Levels for CY 2021 were based on comparisons of the HEDIS MY 2021 measure rates to national Medicaid Quality Compass HEDIS MY 2020 benchmarks.
Performance Levels for 2021 represent the following percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Strengths, Opportunities for Improvement, and Recommendations

Table 5-54 presents strengths, opportunities for improvement, and recommendations for HCA ACC related to performance measures, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-54—HCA ACC Strengths, Opportunities for Improvement, and Recommendations Related to Performance Measures

Strengths, Opportunities for Improvement, and Recommendations
Strengths
Within the Behavioral Health Care measure group, seven of 10 (70.0 percent) of HCA ACC's measure rates met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021. **[Quality, Timeliness, Access]**
Opportunities for Improvement and Recommendations
HCA ACC did not elect to use the hybrid methodology to report *Developmental Screening in the First Three Years of Life.* **[Quality]** Recommendation: HSAG recommends that HCA ACC ensure that all measures that AHCCCS requires to be reported as hybrid are reported as hybrid in future performance measure reporting. This should include planning and development of abstraction tools as well as data capture and integration for all hybrid non-HEDIS measures, including *Developmental Screening in the First Three Years of Life.*
While HCA ACC was successful in reporting valid rates for all AHCCCS-required performance measures, the audit identified some considerations and recommendations for future years' reporting. **[Quality]** Recommendation: HSAG continues to recommend that HCA ACC maintain routine monitoring of its PCP mapping results in comparison to its known Federally Qualified Health Centers (FQHCs) to ensure that it identifies appropriate FQHCs as PCPs in final performance measure reporting, which could otherwise result in missed claims for numerator compliance. HCA ACC indicated that it focused on enhancing PCP mapping for CY 2021, yet measures dependent on PCPs did not demonstrate significant improvements. HSAG also recommends that HCA ACC prioritize prospectively monitoring its rates throughout the year, since it had multiple rate decreases or lower

Strengths, Opportunities for Improvement, and Recommendations
benchmarking rates, which were not readily identified by HCA ACC until HSAG conducted rate review. When questioned about reasons for the rate decreases, HCA ACC required some additional time to research the factors contributing to decreased rates or rates with lower benchmarking. If HCA ACC monitors its performance routinely throughout the year, it will not only be more likely to identify barriers in real time, but it will also have an opportunity to implement interventions to positively impact rates well before the close of the MY. Additionally, HCA ACC is encouraged to explore the use of other available supplemental data sources, as it indicated the potential for at least one nonstandard supplemental data source, but had not identified a large numerator impact, and therefore elected not to proceed with the source for CY 2021.
For CY 2022 performance measure reporting, RES will be required based on NCQA HEDIS specifications. **[Quality]** Recommendation: HSAG recommends that HCA ACC explore data sources for the capture of race/ethnicity data to support future performance measure reporting that may require stratifications related to RES. HCA ACC should continue to work with AHCCCS on collaborative efforts to improve the completion and accuracy of race/ethnicity data and explore other methods to augment enrollment data information.
In the Maternal and Perinatal Health measure group, HCA ACC's performance measure rates for *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* fell below the 25th percentile, indicating an opportunity to increase access to timely prenatal and postpartum care. Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.[5-38] **[Quality, Timeliness, Access]** Recommendation: While HCA ACC conducted a root cause analysis and implemented interventions specific to its *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* measure indicators, its rates remained low in CY 2021; therefore, HSAG recommends that HCA ACC continue to implement appropriate interventions to improve performance related to prenatal and postpartum care. HSAG also recommends that HCA ACC monitor and expand upon interventions currently in place to improve performance related to the *Prenatal and Postpartum Care* measure.
In the Care of Acute and Chronic Conditions measure group, HCA ACC's performance measure rate for *Controlling High Blood Pressure* fell below the 25th percentile, indicating that some adult members with hypertension did not have adequately controlled blood pressure. Controlling high blood pressure is an important step in preventing heart attacks, stroke, and kidney disease, and in reducing the risk of developing other serious conditions.[5-39] **[Quality]**

[5-38] National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC). Available at: https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/. Accessed on: Mar 7, 2023.
[5-39] National Committee for Quality Assurance. Controlling High Blood Pressure. Available at: https://www.ncqa.org/hedis/measures/controlling-high-blood-pressure/. Accessed on: Mar 7, 2023.

Strengths, Opportunities for Improvement, and Recommendations
Recommendation: HSAG recommends that HCA ACC conduct a root cause analysis or focus study to determine why some members were not managing their high blood pressure optimally. This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. HCA ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of service providers, or the need for community outreach and education). Additionally, HCA ACC should identify factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, HSAG recommends that HCA ACC implement appropriate interventions to improve performance related to this chronic condition.
In the Behavioral Health Care measure group, HCA ACC's performance measure rate for *Antidepressant Medication Management—Effective Continuation Phase Treatment* fell below the 25th percentile, indicating that most members with a diagnosis of major depression were not receiving continuous medication treatment. Effective medication treatment of major depression can improve a person's daily functioning and well-being, and can reduce the risk of suicide. With proper management of depression, the overall economic burden on society can be alleviated as well.[5-40] **[Quality]** Recommendation: While HCA ACC implemented interventions specific to its CY 2020 *Antidepressant Medication Management—Effective Continuation Phase Treatment* rate, its rate remained low in CY 2021; therefore, HSAG recommends that HCA ACC conduct a root cause analysis to determine why members with a diagnosis of major depression were not always receiving continuous medication treatment. Upon identification of a root cause, HCA ACC should continue to implement appropriate interventions to improve performance related to its *Antidepressant Medication Management—Effective Continuation Phase Treatment* rate. HSAG also recommends that HCA ACC monitor and expand upon interventions currently in place to improve performance related to continuous medication treatment for members with a diagnosis of major depression.
In the Pediatric Health measure group: • HCA ACC's performance measure rate for *Child and Adolescent Well-Care Visits* fell below the 25th percentile, indicating that children and adolescents were not always receiving their well-care visits. Assessing physical, emotional, and social development is important at every stage of life, particularly for children and adolescents. Well-care visits provide an opportunity for providers to influence health and development, and they are a critical opportunity for screening and counseling.[5-41] **[Quality, Access]**

[5-40] National Committee for Quality Assurance. Antidepressant Medication Management (AMM). Available at: https://www.ncqa.org/hedis/measures/antidepressant-medication-management/. Accessed on: Jan 25, 2022.
[5-41] National Committee for Quality Assurance. Child and Adolescent Well-Care Visits. Available at: https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/. Accessed on: Mar 7, 2023.

Strengths, Opportunities for Improvement, and Recommendations
Recommendation: While HCA ACC conducted a root cause analysis and implemented interventions specific to its CY 2020 *Child and Adolescent Well-Care Visits* rate, its rate remained low in CY 2021; therefore, HSAG recommends that HCA ACC identify best practices to support children in receiving well-care visits according to recommended schedules. Additionally, HSAG recommends that HCA ACC monitor and expand upon interventions currently in place to improve the performance related to well-care visits.
HCA ACC's performance measure rates for *Childhood Immunization Status—Combination 3*, *Combination 7*, and *Combination 10* fell below the 25th percentile, indicating that children were not always getting their immunizations by their second birthday. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.[5-42] **[Quality, Access]** Recommendation: HSAG recommends that HCA ACC conduct a root cause analysis to determine why some children were not always getting their immunizations by their second birthday. This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. HCA ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of service providers, or the need for community outreach and education). Additionally, HCA ACC should identify factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, HSAG recommends that HCA ACC implement appropriate interventions to improve performance related to childhood immunizations.
In the Preventive Screening measure group, HCA ACC's performance measure rates for *Breast Cancer Screening* and *Cervical Cancer Screening* fell below the 25th percentile, indicating that some women were not receiving timely screening for breast and cervical cancers. Early detection reduces the risk of dying from these types of cancers and can lead to a greater range of treatment options and lower healthcare costs. A factor that may have contributed to low performance is the temporary suspension of nonurgent services and in-person PCP appointments due to the COVID-19 PHE. **[Quality]** Recommendation: While HCA ACC implemented interventions specific to its CY 2020 *Breast Cancer Screening* and *Cervical Cancer Screening* rates, its rates remained low in CY 2021; therefore, HSAG recommends that HCA ACC conduct a root cause analysis for these measures and continue to implement appropriate interventions to improve performance related to its *Breast Cancer Screening* and *Cervical Cancer Screening* rates. HSAG also recommends that HCA ACC monitor and expand upon interventions currently in place to improve performance related to these screenings.

[5-42] National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: https://www.ncqa.org/hedis/measures/childhood-immunization-status/. Accessed on: Feb 4, 2022.

Strengths, Opportunities for Improvement, and Recommendations
In the Appropriate Utilization of Services measure group, HCA ACC's performance measure rates for *Plan All-Cause Readmissions O/E Ratio—Total* fell below the 25th percentile. **[Quality]** Recommendation: HSAG recommends that HCA ACC identify best practices for reducing unplanned acute readmissions within 30 days following an acute inpatient admission or observation stay. HSAG also recommends that HCA ACC consider conducting a root cause analysis to identify factors contributing to members experiencing unplanned acute readmissions, which should include evaluating that appropriate follow-up care is available to members upon discharge from an acute inpatient admission or observation.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-55 presents performance measure recommendations made to HCA ACC in the CYE 2021 Annual Technical Report[5-43] and HCA ACC's follow-up to the recommendations, as well as an assessment of the degree to which HCA ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-55—HCA ACC Follow-Up to CY 2021 Performance Measure Recommendations

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
Recommendation 1:
While HCA ACC was able to resolve the issues identified related to the four prevention quality indicators (PQI) measures, in order to avoid future performance measure reporting errors, HSAG recommended that HCA ACC take additional steps to ensure that all future performance measure data align with the appropriate technical specifications prior to producing performance measure rates. Additional steps included: • Identifying a second programmer as a peer reviewer to formally review any HCA-created source code • Creating and following a documented test plan to denote the expected and actual results prior to running the code • Conducting a live system validation of data to compare raw data to the source system data to ensure alignment with the applicable measure's technical specifications • Maintaining a log of any performance measure programming logic updates so any additional measures based on similar source data (e.g., inpatient claims) can be thoroughly evaluated to ensure programmatic errors are not repeated

[5-43] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
HCA ACC's Response: Since the reporting of CY 2020 data, Health Choice has incorporated a process of mapping all providers associated with the AHCCCS participating FQHCs and rural health clinics (RHCs) as PCPs. Health Choice references the AHCCCS website for annual updates of participating FQHCs and RHCs. Health Choice has also increased the frequency of the provider mapping refreshes to align with the monthly claims refresh.
HSAG's Assessment: During CY 2021 PMV, HCA ACC source code was approved for the measures where HCA ACC did not use a vendor. Additionally, HCA ACC demonstrated sufficient monitoring and oversight of HCA-created source code and programmers. HSAG has determined HCA ACC has satisfactorily addressed the prior year's recommendation.
Recommendation 2:
HSAG recommended that HCA ACC routinely monitor its PCP mapping results in comparison to its known FQHCs to ensure that it did not miss identification of certain FQHCs as PCPs in final performance measure reporting, which could result in missed claims for numerator compliance.
HCA ACC's Response: Since the reporting of CY 2020 data, Health Choice has incorporated a process of mapping all providers associated with the AHCCCS participating FQHCs and RHCs as PCPs. Health Choice references the AHCCCS website for annual updates of participating FQHCs and RHCs. Health Choice also plans to increase the frequency of the provider mapping refreshes to align with the monthly claims refresh.
HSAG's Assessment: HSAG continued to recommend that HCA ACC maintain routine monitoring of its PCP mapping results in comparison to its known FQHCs to ensure it does not miss identification of certain FQHCs as PCPs in final performance measure reporting, which could result in missed claims for numerator compliance. HCA ACC indicated that it focused on enhancing PCP mapping for CY 2021, yet measures dependent on PCPs did not demonstrate significant improvements. HSAG also recommends that HCA ACC prioritize prospectively monitoring its rates throughout the year, since it had multiple rate decreases or lower benchmarking rates, which were not readily identified by HCA ACC until HSAG conducted rate review. When questioned about reasons for the rate decreases, HCA ACC required some additional time to research the factors contributing to decreased rates or rates with lower benchmarking. If HCA ACC monitors its performance routinely throughout the year, it will not only be more likely to identify barriers in real time, but it will also have an opportunity to implement interventions to positively impact rates well before the close of the MY. HSAG has determined HCA ACC has partially addressed the prior year's recommendation.
Recommendation 3:
HSAG recommended that HCA ACC deploy stronger mechanisms to compare its performance measure extracts provided to its software vendor(s) to its source system data to more readily identify issues associated with data refresh timing.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
HCA ACC's Response: The issue with incomplete identification of mental health and chemical dependency benefit eligibility was resolved with the reporting of the CY 2020 data. Health Choice transitioned to Cotiviti as the HEDIS software vendor. Where the previous vendor did not include this functionality, the Cotiviti data build includes a member-level view of benefit flags that was previously not available for member-level review.
HSAG's Assessment: During CY 2021 PMV, HSAG confirmed that HCA ACC transitioned to Cotiviti as the HEDIS software vendor, and HCA ACC demonstrated adequate mechanisms to compare performance measure extracts for reasonability and accuracy. HSAG has determined HCA ACC has satisfactorily addressed the prior year's recommendation.
Recommendation 4:
HSAG recommended that HCA ACC conduct a root cause analysis to determine why female members were not receiving timely postpartum care. HCA ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of family planning service providers, or the need for improved community outreach and education). This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Additionally, HCA ACC should identify factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, HCA ACC should implement appropriate interventions to improve the performance related to postpartum care.
HCA ACC's Response: In response to these trends in prenatal and postpartum care, AHCCCS has initiated a state-wide PIP. The purpose of this PIP is to improve health outcomes for members and infants, this PIP focuses on increasing the number and percent of members with live birth deliveries that 1) received a prenatal care visit, and 2) received a postpartum visit. AHCCCS has initiated a statewide PIP to target Prenatal and Postpartum Care for pregnant members. This PIP is currently in the Baseline Year through the end of 2022. Health Choice is prepared to complete further root cause analysis and design interventions to be implemented during the intervention year of 2023. Health Choice has a number of interventions in place to target gaps in prenatal and postpartum care. Interventions include daily calls to all newly identified pregnant members, all unverified pregnant, review of the inpatient and MOPS reports, member prenatal education, Pyx Health, timely review and authorization of TOBs. The Maternal Dashboard includes findings of depression, social isolation, and SDOH needs in pregnant members. The maternal team offers to assist with transportation and contacting the provider for scheduling of the postpartum visit. All unsuccessful telephone attempts are followed by additional interventions to reach the members and identify if they sought postpartum care. Interventions to obtain alternate telephone numbers and identify if member accessed postpartum care are standard practice for the maternal team. An unable to contact letter is sent, claims data

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
reviewed, the hospital face sheet reviewed, and providers are called to obtain alternate contact information and identify if postpartum care was received.
HSAG's Assessment: HCA ACC identified interventions that were implemented for CY 2021 as a result of conducting a root cause analysis, however the rates remained low in CY 2021. While opportunity remains to improve its rates, HSAG has determined that HCA ACC satisfactorily addressed the prior year's recommendation.
Recommendation 5:
HSAG recommended that HCA ACC conduct a root cause analysis or focus study to determine why members were not maintaining their chronic health conditions at optimal levels or why some adult members were experiencing issues with access to care. This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, HCA ACC should implement appropriate interventions to improve the performance related to this chronic condition.
HCA ACC's Response: Health Choice expanded eligibility for our Wellth technology platform to our full membership with a focus on Dual Eligible Special Needs Plan (DSNP) members. The Wellth application directly reinforces adherence to diabetes care. 39% of members engaged with Wellth closed their HbA1c testing gap, an improvement of 40% as compared to a matched control group of ACC members not engaged with Wellth.
HSAG's Assessment: HCA ACC identified interventions that were implemented for CY 2021, however did not provide evidence of a root cause analysis upon which the interventions were based; therefore, HSAG determined that HCA ACC partially addressed the prior year's recommendation.
Recommendation 6:
HSAG recommended that HCA ACC conduct a root cause analysis to determine why children and adolescents were not always accessing well-child visits. HCA ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of PCP or OB/GYN service providers, or the need for community outreach and education). This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, HCA ACC should implement appropriate interventions to improve the performance related to well-care visits.
HCA ACC's Response: The COVID-19 PHE has impacted member access to care in many ways, especially in members completing well-child visits. In 2022, AHCCCS suggested that the Contractors initiate a project to improve well-child visit rates and coordinate this with children returning to school from summer break. Although AHCCCS chose to postpone the initiation of this campaign until 2023, HCA ACC initiated the project in 2022 and presented on our findings in the recent November 2022 AHCCCS MCO Quality Workgroup. The HCA ACC Back-to-School campaign targeted members identified in

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
gaps in care reports which list members who have not received necessary screenings or well-child visits, newly enrolled members, or members missing 1st or 2nd EPSDT Tracking Forms. This campaign was a multi-disciplinary campaign targeting members at multiple points of contact and included direct member outreach, coordination with provider practices, and coordination with community agencies. As part of our campaign, HCA ACC developed a new Back to School flyer to notify members of the initiative and emphasize the need for well-child visits. The flyer was mailed directly to members, shared with community partners, handed out at events, and faxed to dental providers and PCPs. HCA ACC coordinated this flyer with a member texting campaign and messaging on our social media and website. HCA ACC also completed telephonic outreach to a wide range of providers, notifying them of the names of assigned members that needed well-child visits or immunizations. Finally, HCA ACC completed direct member outreach to a subset of members and assisted them in scheduling well-child visits and immunizations. HCA ACC provided an incentive that members could use toward the purchase of back-to-school supplies. HCA ACC also partnered with community agencies and providers to sponsor and/or attend community events to provide incentives to members that attended and completed the required screenings. Further, HCA ACC participated in events in collaboration with Adelante Health Care, Colorado River Pediatrics, Pendergast Elementary School District and others.
HSAG's Assessment: HCA ACC identified interventions that were implemented for CY 2021 as a result of conducting a root cause analysis, however the rates remained low in CY 2021. While opportunity remains to improve its rates, HSAG has determined that HCA ACC satisfactorily addressed the prior year's recommendation.
Recommendation 7:
HSAG recommended that HCA ACC conduct a root cause analysis or focus study to determine why its female members were not receiving timely screenings for breast and cervical cancers. This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, HCA ACC should implement appropriate interventions to improve the performance related to preventive screenings.
HCA ACC's Response: For Breast Cancer Screening, gap rosters continue to be used to target gap closures for Breast Cancer Screening. The QI team conducted 193 practice meetings that addressed Breast Cancer Screening by discussing optimization of current workflows, offering outreach assistance, offering to support health fairs, assistance with closing mammogram referrals, education, and flyers on the HCA ACC healthy rewards program as well as VBP Program benefits when targets are met. The QI team continues to educate providers on the benefit of wellness exams which can assist with increased Breast Cancer

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
Screening rates. QI specialists promote/assist with scheduling of Medicare AWVs for HCA ACC D-SNP members. HCA ACC vendor, Wellth, began enrolling and engaging with members in June in an optional program to improve health habits and assist in uptake of preventive services including breast cancer screenings. For Cervical Cancer Screening, in the 3rd quarter the QI team sent 350 rosters that address gaps in care for *CCS*. The gap rosters consisted of 34,683 HCA members in need of cervical cancer screenings. The QI team conducted 193 practice meetings that addressed gaps in care and educate on gap closure. A QI team member attended one Health Fair Event in Coconino County, that was focused on Cervical cancer screenings. The Coconino County event was the 3rd Annual Well Women Check Event sponsored by North Country HealthCare. This was a grant-funded event for members to get their mammograms and cervical cancer screenings completed. A team member attended the event to represent the health plan, connecting with members of the community and providing health plan materials. This was a morning event, partnering with Assured Imaging, NCHC, and other vendors in the area. Practices participating in VBP with HCA ACC are reminded that *CCS* is a target measure in 2022.
HSAG's Assessment: HCA ACC identified interventions that were implemented for CY 2021, however did not provide evidence of a root cause analysis upon which the interventions were based; therefore, HSAG determined that HCA ACC partially addressed the prior year's recommendation.
Recommendation 8:
HSAG recommended that HCA ACC conduct a root cause analysis to determine why members taking an antidepressant were not receiving continuous medication treatment. This could include conducting focus groups to identify barriers that members were experiencing in maintaining a medication regime in order to implement appropriate interventions. HCA ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care or the need for improved community outreach and education), including any factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, HCA ACC should implement appropriate interventions to improve the performance related to medication management.
HCA ACC's Response: HCA ACC Care Management teams successfully provided care and disease management to members meeting high risk/high-cost program criteria. There were 6,269 care and disease management enrollments in total, and 2,569 enrollments specifically focused on behavioral health medications during that time period. HCA ACC expanded eligibility for our Wellth technology platform to our full membership with a focus on DSNP members. The Wellth application directly reinforces adherence to prescribed antidepressant medications through earned incentives. As of 9/30/22, 1,152 members in the ACC population had enrolled with Wellth, and 42% of Wellth users have a depressive disorder.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
HSAG's Assessment: HCA ACC identified interventions that were implemented for CY 2021, however did not provide evidence of a root cause analysis upon which the interventions were based; therefore, HSAG determined that HCA ACC partially addressed the prior year's recommendation.

Validation of Performance Improvement Projects

In CY 2022, HCA ACC continued the *Back to Basics* PIP, which was initiated in CYE 2019. As this PIP is in an intervention year, PIP validation activities focused on intervention analysis. HCA ACC submitted interventions implemented during CY 2022 along with the intervention status, focus, and rationale for changes or discontinuation of the intervention for the following year.

AHCCCS will conduct an annual validation of the first remeasurement year reflective of CY 2022 (January 1, 2022, through December 31, 2022) using HSAG-calculated and validated indicator rates. AHCCCS will evaluate HCA ACC's performance based on an analysis of improvement strategies implemented and an assessment of statistically significant improvement as described in Appendix A. Methodology—Validation of Performance Improvement Projects—How Conclusions Were Drawn.

Results

HSAG determined that the PIP has a preliminary validation status of *Met*, based on valid and reliable rate calculation. Validation status based on whether significant or sustained improvement was achieved will be assessed following completion of interventions and final calculation of measures.

Table 5-56 through Table 5-58 provide the *Back to Basics* PIP baseline and intervention year rates for each indicator for HCA ACC.

Table 5-56—HCA ACC *Back to Basics* PIP Rates for PIP Indicator 1

Contractor	PIP Indicator 1: *W30 Rate 1*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020	CY 2021
HCA ACC	59.4%	54.7%	51.9%

*The CYE 2019 indicator rate was calculated by HSAG utilizing AHCCCS data.

Table 5-57—HCA ACC *Back to Basics* PIP Rates for PIP Indicator 2

Contractor	PIP Indicator 2: *WCV*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020	CY 2021
HCA ACC	43.6%	36.9%	38.9%

*The CYE 2019 indicator rate was calculated by HSAG utilizing AHCCCS data.

Table 5-58—HCA ACC *Back to Basics* PIP Rates for PIP Indicator 3

Contractor	PIP Indicator 3: *ADV*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020	CY 2021
HCA ACC	57.0%	50.8%	51.5%

*CYE 2019 and CY 2020 indicator rates were calculated by HSAG utilizing AHCCCS data.

Interventions

Table 5-59 presents PIP interventions for HCA ACC during CY 2022. Language in the PIP interventions section is minimally edited and generally reflective of the language provided by the Contractor.

Table 5-59—HCA ACC *Back to Basics* PIP Interventions

Contractor	Interventions
HCA ACC	*W30:* • Ensure all members/guardians receive outreach regarding gaps in care via the EPSDT team or the Performance Improvement Coordination (PIC) team. • Ensure all clinics can access gaps in care reports on provider portal. • Retrieve medical record for all noncompliant members who appear to be overdue. Load compliance as supplemental data on monthly basis; cascade to PIC trackers. • Provide reports to practices that track members who are due within the open schedule timeframe, members who are overdue, members who need to be rescheduled, summary of completed members versus target. • Provider outreach to ensure that correct billing codes are utilized and submitted within claim data. • Ensure monthly refresh of gaps in care notifications for Care Radius users. • Continued EPSDT efforts; EPSDT Mailer to families; extended clinic hours for two large primary care groups.

Contractor	Interventions
	WCV: • Educate the member/ parents/guardians on the importance of EPSDT/ well visits through monthly member newsletters, birthday cards, reminder letters and phone communication. • Outreach to the member/parents/guardians of members with missed appointments to educate and assist in rescheduling. • Member incentive for obtaining an EPSDT/well visit. • Collaborate with the Community Relations Department to organize Health Fairs and assist with calls to schedule appointments. • EPSDT staff will utilize the gap in care list to conduct outreach calls to non-compliant members and providers. • To bridge the gaps in care for EPSDT members ages 3-21 and reduce barriers, we engaged with Matrix Medical Network to offer in-home well-child visits. • Blast fax to provider offices about the updated periodicity schedule, best practices to improve wellness visits rate, and access to care was sent in March. Additional education about the EPSDT visits was provided during the Q1 provider forum. HCA ACC continued to partner with Value-based providers by sharing performance data related to well-child visits and identifying priority target populations for outreach to support members in receiving all preventive services. *ADV:* • Collaborate with providers and Marketing Department to increase the number of oral health fairs. • Partner with Pediatric Dental provider to bring a mobile dental van to rural communities to close gap in care. • Deliver member roster with gaps in care to providers on a monthly basis. • Outreach members to educate about dental benefits as part of EPSDT services for all EPSDT members 0 ages to 21 and that benefits will not terminate after the member turn 18 years of age, through phone calls and written communication. • Identify EPSDT tracking forms with dental referrals and contact the member/ parents for follow up. • Monitor provider submission of Missed Dental Appointment logs and follow up on members with missed appointments to educate, manage barriers, and assist in rescheduling.

Strengths, Opportunities for Improvement, and Recommendations

Table 5-60 presents strengths, opportunities for improvement, and recommendations for HCA ACC related to PIPs, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-60—HCA ACC Strengths, Opportunities for Improvement, and Recommendations Related to PIPs

Strengths, Opportunities for Improvement, and Recommendations
Strengths
HCA ACC developed and implemented interventions that may lead to improvement in indicator outcomes. **[Quality, Access]** HSAG noted that the intervention year 2 indicator rates showed a slight increase over intervention year 1 for indicators 2 and 3. **[Quality, Access]**
Opportunities for Improvement and Recommendations
For indicator 1, HCA ACC showed a 4.7 percentage point decline in the indicator rate between the baseline year and intervention year 1. Between intervention year 1 and intervention year 2, the decline slowed to 2.8 percentage points. When compared to the baseline year, the intervention year 2 indicator rate was 7.5 percentage points below the baseline year rate. For indicator 2, HCA ACC showed a 6.7 percentage point decline in the indicator rate between the baseline year and intervention year 1. Between intervention year 1 and intervention year 2, the indicator rate increased by 2 percentage points; however, when compared to the baseline year, the intervention year 2 rate was 4.7 percentage points below the baseline year rate. For indicator 3, HCA ACC showed a 6.2 percentage point decline in the indicator rate between the baseline year and intervention year 1. Although the indicator rate for intervention year 2 increased by just over 1 percentage point over the intervention year 1 indicator rate, when compared to the baseline year, the intervention year 2 indicator rate was 5.5 percentage points below the baseline year rate. The decline noted in the indicator rates may indicate that the COVID-19 PHE had an impact on the rates of compliance with well-child and dental visits. [Quality, Access] Recommendations: As the PIP progresses, HSAG recommends that HCA ACC: • Review intervention year indicator rates and adjust interventions to facilitate improvement, as necessary • Continue to implement identified interventions and assess the impact and effectiveness of the interventions after the validated indicator rates for the first remeasurement year become available • Develop and document a plan for sustaining the improvement for any demonstrated improvement in indicator rates

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-61 presents PIP recommendations made to HCA ACC in the CYE 2021 Annual Technical Report[5-44] and HCA ACC's follow-up to the recommendations, as well as an assessment of the degree to which HCA ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-61—HCA ACC Follow-Up to CY 2021 PIP Recommendations

Prior Year's Recommendation from the EQR Technical Report for PIPs
While the PIP is in an intervention year and no opportunities for improvement had yet been identified, HSAG recommended that HCA ACC continue to implement identified interventions and assess the impact and effectiveness of the interventions after the first remeasurement year.
HCA ACC's Response: HCA ACC is working diligently to improve the measures associated with the *Back-To-Basics* PIP. These, as HSAG has noted in the EQR, have been negatively impacted by the COVID-19 PHE. This was one of the primary reasons that HCA ACC chose to initiate the Back-to-School Program in 2022 rather than in 2023 with the other AHCCCS Health Plans. HCA ACC is initiating a PIP to reduce polypharmacy use among our members. Polypharmacy places our members at inherent risks and our aim for this initiative is to reduce polypharmacy and thus prevent adverse outcomes. HCA ACC will gather data to identify members with medication combinations known to contribute to negative outcomes. We will target our ACC populations with varying polypharmacy risks and target these with individualized interventions to help reductions in multiple medication regimens.
HSAG's Assessment: HSAG reviewed HCA ACC's PIP intervention submission, which detailed interventions implemented in CY 2022, whether the intervention will be continued, and the rationale for intervention changes or discontinuation. HSAG has determined that HCA ACC has satisfactorily continued to implement interventions, based on activities completed in CY 2022.

[5-44] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Compliance Reviews

Results

AHCCCS conducted the HCA ACC compliance review in CYE 2022; however, the final report was not finalized in time for the results to be published in this report. Results will be published in the CYE 2023 EQR Annual Technical Report for the ACC Program and the DCS CHP Program.

Strengths, Opportunities for Improvement, and Recommendations

Table 5-62 presents strengths, opportunities for improvement, and recommendations for HCA ACC related to compliance, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-62—HCA ACC Strengths, Opportunities for Improvement, and Recommendations Related to Compliance

Strengths, Opportunities for Improvement, and Recommendations
Strengths
HCA ACC's compliance review results were not available in time to be published in this report; therefore, there are no strengths to report.
Opportunities for Improvement and Recommendations
HCA ACC's compliance review results were not available in time to be published in this report; therefore, there are no opportunities for improvement to report. Recommendations: HSAG has no recommendations for HCA ACC, as compliance results were not available.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-63 presents compliance recommendations made to HCA ACC in the CYE 2021 Annual Technical Report[5-45] and HCA ACC's follow-up to the recommendations, as well as an assessment of the degree to which HCA ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

[5-45] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Table 5-63—HCA ACC Follow-Up to CY 2021 Compliance Recommendations

Prior Year's Recommendation from the EQR Technical Report for Compliance
Although no compliance review was conducted during CYE 2021, HSAG recommended that the Contractor conduct an internal review to ensure that it remained compliant with the requirements in each of the AHCCCS Focus Areas.
HCA ACC's Response: AHCCCS conducted the compliance review for the ACC LOB in July of 2022, outside the reporting period for this response. HCA ACC is looking forward to discussing the results of the review in next year's HSAG EQR.
HSAG's Assessment: Based on the preparation HCA ACC conducted in advance of the CYE 2022 compliance review, HSAG determined that HCA ACC has satisfactorily addressed the prior year's recommendation.

Network Adequacy Validation

Results

HSAG evaluated HCA ACC's compliance results with AHCCCS' time/distance standards by GSA and county. This section presents biannual validation findings specific to the ACC LOB, with one results table for each of the following GSAs:

- Central GSA: Gila, Maricopa,[5-46] and Pinal counties
- North GSA: Apache, Coconino, Mohave, Navajo, and Yavapai counties

Each region-specific table summarizes biannual validation results containing the percentage of members meeting each time/distance standard by quarter and county, with color coding to identify whether the time/distance standard was *Met* or *Not Met.* The value "NA" is shown for time/distance standards that do not apply to the county or ACC LOB. The value "NR" is shown for time/distance standards in which no members met the network requirement denominator for the ACC LOB and county; therefore, HSAG calculated no corresponding time/distance result.

Yellow color coding identifies instances in which HSAG's time/distance results met the minimum network requirement but differed from the Contractor's ACOM 436 results. Red color coding identifies instances in which HSAG's time/distance results that did not meet the compliance standard, regardless of the Contractor's ACOM 436 results.

An asterisk (*) indicates that fewer than 10 members were included in the denominator of HSAG's results. A carat (^) indicates that meeting the network requirement for the specified Contractor, LOB,

[5-46] Maricopa County includes the 85342, 85358, and 85390 ZIP codes; these ZIP codes are physically located in both Maricopa and Yavapai counties.

county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.

Table 5-64—HCA ACC Time/Distance Validation Results for Central GSA—Percentage of Members Meeting Minimum Network Requirements

	Gila		Maricopa		Pinal	
Minimum Network Requirement	Q2	Q4	Q2	Q4	Q2	Q4
Behavioral Health Outpatient and Integrated Clinic, Adult	100^	100^	98.7^	98.7^	100^	100^
Behavioral Health Outpatient and Integrated Clinic, Pediatric	100^	100^	99.0^	99.1^	100^	100^
Behavioral Health Residential Facility (only Maricopa and Pima counties)	NA	NA	99.0	99.1	NA	NA
Cardiologist, Adult	100^	100^	100^	100^	100^	100^
Cardiologist, Pediatric	100^	100^	100^	100^	100^	100^
Dentist, Pediatric	100	59.2	99.5	99.5	100	100
Hospital	100	100	99.9	99.9	100	100
OB/GYN	100	100	100	100	100	100
Pharmacy	100	100	99.2	99.2	100	100
PCP, Adult	100^	100^	99.8^	99.8^	100^	100^
PCP, Pediatric	100^	100^	99.8^	99.8^	100^	100^

represents Contractor-reported results that differ from HSAG's results and meet the compliance standard based on HSAG's results.
represents time/distance standard results that do not meet the compliance standard based on HSAG's results.
^indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.
NA indicates results are not applicable to the county.

Table 5-65—HCA ACC Time/Distance Validation Results for North GSA—Percentage of Members Meeting Minimum Network Requirements

	Apache		Coconino		Mohave		Navajo		Yavapai	
Minimum Network Requirement	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4
Behavioral Health Outpatient and Integrated Clinic, Adult	85.4^	86.7^	97.4^	97.6^	99.9^	99.9^	95.4^	95.4^	100^	100^
Behavioral Health Outpatient and Integrated Clinic, Pediatric	85.6^	87.7^	96.1^	96.9^	100^	99.9^	94.6^	94.3^	100^	100^
Behavioral Health Residential Facility (only Maricopa and Pima counties)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Cardiologist, Adult	94.9^	95.3^	98.3^	98.5^	99.9^	99.9^	95.3^	95.4^	100^	100^
Cardiologist, Pediatric	99.2^	99.1^	100^	100^	100^	100^	100^	100^	100^	100^
Dentist, Pediatric	83.2	85.8	84.9	85.6	99.4	99.3	97.1	97.6	98.3	98.5

	Apache		Coconino		Mohave		Navajo		Yavapai	
Minimum Network Requirement	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4
Hospital	100	100	100	100	100	100	100	100	100	100
OB/GYN	100	100	100	100	100	100	100	100	100	100
Pharmacy	94.3	95.0	89.5	92.1	99.3	99.2	99.4	99.4	98.8	98.9
PCP, Adult	93.4^	93.1^	98.8^	98.9^	99.9^	99.9^	99.8^	99.8^	100^	100^
PCP, Pediatric	92.7^	94.0^	88.0^	88.2^	99.9^	99.9^	97.8^	97.8^	100^	100^

represents Contractor-reported results that differ from HSAG's results and meet the compliance standard based on HSAG's results.

represents time/distance standard results that do not meet the compliance standard based on HSAG's results.

^indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.

NA indicates results are not applicable to the county.

Strengths, Opportunities for Improvement, and Recommendations

Table 5-66 presents strengths, opportunities for improvement, and recommendations for HCA ACC related to NAV, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-66—HCA ACC Strengths, Opportunities for Improvement, and Recommendations Related to NAV

Strengths, Opportunities for Improvement, and Recommendations
Strengths
HCA ACC met all time/distance network standards in assigned counties for both quarters in CYE 2022, except for Apache, Coconino, and Gila counties. **[Access]** Note: HCA ACC provides coverage in the following counties: Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai.
Opportunities for Improvement and Recommendations
HCA ACC failed to meet the time/distance standard for pediatric dentists in Apache, Coconino, and Gila counties. **[Access]** Recommendation: HSAG recommends that HCA ACC maintain current compliances, but continue to address network gaps, as applicable.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-67 presents NAV recommendations made to HCA ACC in the CYE 2021 Annual Technical Report[5-47] and HCA ACC's follow-up to the recommendations, as well as an assessment of the degree to which HCA ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-67—HCA ACC Follow-Up to CY 2021 NAV Recommendations

Prior Year's Recommendation from the EQR Technical Report for NAV
HSAG recommended that HCA ACC continue to: • Monitor its processes for creating the PAT file and review the PAT file for accuracy prior to submitting to AHCCCS • Monitor and maintain its existing provider network coverage with specific attention to ensuring the availability of behavioral health outpatient and integrated clinics for adults and children, pediatric dentists, pharmacies, and PCPs for children in Apache County • Monitor and maintain its existing provider network coverage with specific attention to ensuring the availability of pediatric dentists and pharmacies in Coconino County
HCA ACC's Response: HCA ACC has implemented in 2022 a new provider data management system that serves as the principal source of all provider data. Beginning in 2023, HCA ACC will source the PAT file from this database to improve accuracy for providers of all types. The PAT file will drive network adequacy for ACC in AHCCCS deliverables moving forward. HCA ACC monitors and validates network adequacy for behavioral health outpatient (adult/pediatric), pharmacy, dentist and PCP (children) by confirming active AHCCCS registration, and directly contacting provider targets to ensure AHCCCS registrations, provider types, and addresses. When there are discrepancies, HCA ACC asks the providers to update their AHCCCS registration for any changes. HCA ACC continues to recruit in contiguous states Colorado, New Mexico, and Utah to cover any pharmacy and pediatric dental gaps. Apache county is classified as medically underserved for PCPs, dental and behavioral health. The HSAG EQR stated Pharmacy is not met for Apache and Coconino—HCA ACC identified PAT File matches to the HSAG File recommended pharmacies. Most Provider IDs matched between AHCCCS/HSAG files, but many addresses were incorrect, or the pharmacies were no longer in business; therefore, the HSAG recommendations were non-viable targets. A roster of these pharmacies can be provided upon request.

[5-47] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Prior Year's Recommendation from the EQR Technical Report for NAV
HCA ACC monitors and validates network adequacy for Pharmacy and Pediatric Dentist by confirming active AHCCCS Registration, and directly contacting Provider targets to ensure AHCCCS Registrations, Provider Types, and Addresses. When there are discrepancies, HCA ACC asks the providers to update their AHCCCS registration for any changes. HCA ACC continues to recruit in contiguous states Colorado, New Mexico, and Utah to cover any pharmacy and pediatric dental gaps.
HSAG's Assessment: HSAG has determined that HCA ACC has satisfactorily addressed the prior year's recommendation.

HCA ACC Best and Emerging Practices

Table 5-68 presents the best and emerging practices provided by HCA ACC for CYE 2022. HSAG made only minor edits to HCA ACC's submission to enhance readability. Best practice responses may be based on Contractor internal data and not EQR validated rates.

Table 5-68—HCA ACC Best and Emerging Practices

HCA ACC Best and Emerging Practices—Pyx Health Experience
Loneliness and social isolation are risk factors for poor health outcomes and have increased during the COVID pandemic. As a result, in 2021, HCA ACC contracted with Pyx Health to address loneliness and social isolation for members with an SMI designation, using Pyx's smart phone-based technology and live compassionate support. In addition, members with healthcare or social determinant of health needs are connected directly to the HCA ACC care management team, a member's provider/Health Home, or appropriate community-based agencies. To implement this program, HCA ACC identified members who had accessed crisis or ED services and members with a claim including ICD-10 Z-codes for social determinant issues. These subpopulations were identified for targeted phone outreach by the Pyx Compassionate Support Center due to higher risk of loneliness or social isolation. Since rollout in February 2021, 30% of HCA ACC Pyx users demonstrated an improvement in loneliness over time, with an average decrease of 2.0 points on the 6-point UCLA-3 loneliness scale (a significant improvement). 40% of Pyx users also experienced decreased depression scores as measured by a PHQ-2 depression screen. In addition, during a recent survey of HCA ACC Pyx Health users, 53% reported that Pyx helped them avoid an ED or crisis service. Based on these promising early outcomes, we decided to expand availability of the Pyx Health solution for HCA ACC members, with targeted outreach to specific populations most impacted by loneliness and social isolation. With the success of the Pyx Health program in this population, Health Choice began the work of implementing the program for broader populations in September of 2022. Since October 1, 2022, the Pyx targeted population has transitioned from primarily members with an SMI designation to adult

HCA ACC Best and Emerging Practices—Pyx Health Experience
ACC members and those that are dual-eligible (D-SNP) to address loneliness and social isolation. This also includes special focus on maternal health to improve prenatal and postpartum adherence. HCA ACC has received positive feedback from our members engaged in the Pyx Health Program. Independent of its work with HCA ACC, Pyx Health conducted an evaluation of their program. This study found that, among Medicaid users, 58% showed reduced feelings of loneliness and 67% showed a reduction in depression on the PHQ-9. HCA ACC hopes to continue our trend of reducing loneliness and depression for our members.

HCA ACC Best and Emerging Practices—Polypharmacy Performance Improvement Plan
Because polypharmacy can place members at increased risk of adverse drug interactions, HCA ACC is launching an interdisciplinary improvement initiative to reduce avoidable polypharmacy and thus prevent adverse health outcomes. As part of this initiative, HCA ACC will analyze data to identify members with medication combinations known to contribute to negative outcomes. We will engage with our ACC population at increased risk of adverse polypharmacy interactions, recommending individualized interventions to help reductions in multiple medication regimens. This work is best practice, as noted by the following recommendation from The Institute for Healthcare Improvement (IHI): "A multidisciplinary team of clinical experts in Ottawa, Canada, created a credible, low-cost process for developing and implementing evidence-based deprescribing guidelines and tools for assessing, tapering, and stopping medications that may cause harm or no longer benefit patients." As part of our interdisciplinary collaboration on this improvement effort, HCA ACC will identify members meeting specific polypharmacy criteria and then engage in multidisciplinary efforts to appropriately reduce or eliminate unnecessary medications. Best practices for safely reducing polypharmacy, as detailed by the IHI, include the following steps, which HCA ACC plans to implement through outreach and technical assistance to direct prescribers: • Review list of patients on targeted medication, indication, and assess if need is ongoing • Plan a taper schedule • Discuss deprescribing plans with patients and their families and/or power of attorneys to obtain consent to deprescribe • Initiate deprescribing • Monitor for effect and continue taper, or stop, or reintroduce medication as needed The research team listed in the IHI study conducted observations of and interviews with guideline development teams and implementation sites to identify factors contributing to an effective process. They conducted pre–post surveys to assess changes in physicians' perceived self-efficacy for tapering or stopping medications. Findings identified the importance of committed leadership and diverse expertise, including appropriate access to networks and resources, and a clearly defined process with specified roles, responsibilities, and timelines. HCA ACC will lead this collaborative improvement work until such a time that changes at prescriber sites become permanent and no longer require the continued support and technical assistance.

HCA ACC Best and Emerging Practices—Polypharmacy Performance Improvement Plan
Through these efforts, HCA ACC aims to reduce the morbidity potential for our population, through measurement of polypharmacy in categories determined to have high risk.

HCA ACC Best and Emerging Practices—Back-to-School Campaign
The COVID-19 PHE has impacted member access to care in many ways, especially in members completing well-child visits. In 2022, AHCCCS suggested that the MCOs initiate a project to improve well-child visit rates and coordinate this with children returning to school from summer break. Although AHCCCS chose to postpone the initiation of this campaign until 2023, HCA ACC initiated the project in 2022 and presented on our findings in the recent November 2022 AHCCCS MCO Quality Workgroup. The HCA ACC Back-to-School campaign targeted members identified in gaps in care reports which list members who have not received necessary screenings or well-child visits, newly enrolled members, or members missing 1st or 2nd EPSDT Tracking Forms. This campaign was a multi-disciplinary campaign targeting members at multiple points of contact and included direct member outreach, coordination with provider practices, and coordination with community agencies. As part of our campaign, HCA ACC developed a new Back to School flyer to notify members of the initiative and emphasize the need for well-child visits. The flyer was mailed directly to members, shared with community partners, handed out at events, and faxed to dental and PCPs. HCA ACC coordinated this flyer with a member texting campaign and messaging on our social media and website. HCA ACC also completed telephonic outreach to a wide range of providers, notifying them of the names of assigned members that needed well-child visits or immunizations. Finally, HCA ACC completed direct member outreach to a subset of members and assisted them in scheduling well-child visits and immunizations. HCA ACC provided an incentive that members could use toward the purchase of back-to-school supplies. HCA ACC also partnered with community agencies and providers to sponsor and/or attend community events to provide incentives to members that attended and completed the required screenings. HCA ACC participated in events in collaboration with Adelante Health Care, Colorado River Pediatrics, Pendergast Elementary School District, and others.

HCA ACC Best and Emerging Practices—References
Institute for Healthcare Improvement. https://www.ihi.org/resources/Pages/Publications/Evidence-Based-Medication-Deprescribing-Innovation-Case-Study.aspx?PostAuthRed=/resources/_layouts/download.aspx?SourceURL=/resources/Knowledge%20Center%20Assets/Publications%20-%20ReducingInappropriateMedicationUsebyImplementingDeprescribingGuidelines_7a4af662-5ca6-43bc-b9ac-55e5fae676fc/EvidenceBasedDeprescribing_InnovationCaseStudy.pdf. Pyx Health. https://www.pyxhealth.com/data-research/.

Mercy Care ACC

Validation of Performance Measures

Results for Information Systems Standards Review

HSAG determined that Mercy Care ACC followed the measure specifications and produced reportable rates for all measures in the scope of the validation of performance measures.

Table 5-69 displays HSAG's PMV findings for each data type reviewed in alignment with the CMS EQR Protocol 2 audit requirements.

Table 5-69—CY 2021 PMV Findings

Data Type	HSAG Findings
Medical Services Data	*No identified concerns*
Enrollment Data	*No identified concerns*
Provider Data	*No identified concerns*
Medical Record Review Process	*No identified concerns*
Supplemental Data	*No identified concerns*
Data Integration	*No identified concerns*

Results for Performance Measures

Table 5-70 presents the CY 2020 and CY 2021 Mercy Care ACC performance measure results for measures that could be compared to the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2020 and MY 2021. Performance measure rate cells shaded green indicate that the rate met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2020 and/or MY 2021. Of note, measures for which lower rates suggest better performance are indicated by an asterisk (*). Measures reported using hybrid methodology are identified by a plus sign (+); measures without a plus sign (+) were reported using administrative methodology.

Table 5-70—CY 2020 and CY 2021 Mercy Care ACC Performance Measure Results

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Maternal and Perinatal Care				
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	—	84.2%+	—	★★
Postpartum Care	69.8%+	72.7%+	→	★

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Behavioral Health				
Antidepressant Medication Management				
Effective Acute Phase Treatment	48.8%	56.7%	↑	★★
Effective Continuation Phase Treatment	33.3%	39.3%	↑	★
Follow-Up After ED Visit for AOD Abuse or Dependence				
7-Day Follow-Up—Total	22.5%	20.7%	→	★★★★
30-Day Follow-Up—Total	29.9%	27.0%	→	★★★★
Follow-Up After ED Visit for Mental Illness				
7-Day Follow-Up—Total	54.1%	51.5%	→	★★★★
30-Day Follow-Up—Total	65.4%	61.0%	→	★★★
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Total	46.7%	44.0%	↓	★★★
30-Day Follow-Up—Total	60.8%	59.6%	→	★★★
Initiation and Engagement of AOD Abuse or Dependence Treatment				
Initiation of AOD Treatment—Total	48.9%	51.5%	↑	★★★★
Engagement of AOD Treatment—Total	17.6%	18.5%	→	★★★★
Care of Acute and Chronic Conditions				
Comprehensive Diabetes Care				
*HbA1c Poor Control (>9.0%)**	38.2%+	40.6%+	→	★★
Controlling High Blood Pressure				
Controlling High Blood Pressure	—	64.0%+	—	★★★
Heart Failure Admission Rate				
Heart Failure Admission Rate	—	33.5	—	—
Diabetes Short-Term Complication Admission Rate				
Diabetes Short-Term Complications Admission Rate	—	15.2	—	—
Pediatric Health				
Child and Adolescent Well-Care Visits				
Child and Adolescent Well-Care Visits	47.6%	49.7%	↑	★★★

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Developmental Screening in the First Three Years of Life				
Developmental Screening in the First Three Years of Life	51.3%+	46.5%	→	—
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	66.9%	64.3%	↓	★★★★
Annual Dental Visit				
Annual Dental Visit	—	57.6%	—	★★★★
Childhood Immunization Status				
Combination 3	—	62.3%+	—	★★
Combination 7	—	56.9%+	—	★★★
Combination 10	—	30.2%+	—	★★
Immunizations for Adolescents				
Combination 1	—	84.4%+	—	★★★
Combination 2	—	40.9%+	—	★★★
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Total	—	61.2%	—	★★★★
Cholesterol Testing—Total	—	48.4%	—	★★★★
Blood Glucose and Cholesterol Testing—Total	—	47.6%	—	★★★★
Preventive Screening				
Breast Cancer Screening				
Breast Cancer Screening	54.8%	52.0%	↓	★★★
Cervical Cancer Screening				
Cervical Cancer Screening	59.6%+	58.2%+	→	★★★
Appropriate Utilization of Services				
Ambulatory Care—Total				
*Ambulatory Care—ED Utilization**	—	41.5	—	★★★
Plan All-Cause Readmissions				
*O/E Ratio—Total**	—	0.9810	—	★★★
Use of Opioids at High Dosage				
*Use of Opioids at High Dosage**	—	9.3%	—	★

* A lower rate indicates better performance for this measure.
+ Indicates the measure was reported using hybrid methodology.
Cells shaded green indicate that the rate met or exceeded the MY 2020 and/or MY 2021 national Medicaid mean.

[1]— Indicates the CY 2020 rate was not presented in the CYE 2021 Annual Technical Report; therefore, a 2020-2021 comparison is not presented in the CYE 2022 Annual Technical Report.

↑ Indicates improvement of measure rates.

↓ Indicates decline of measure rates.

⟶ Indicates stable measure rates.

[2]Performance Levels for CY 2021 were based on comparisons of the HEDIS MY 2021 measure rates to national Medicaid Quality Compass HEDIS MY 2020 benchmarks.

Performance Levels for 2021 represent the following percentile comparisons:

★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Strengths, Opportunities for Improvement, and Recommendations

Table 5-71 presents strengths, opportunities for improvement, and recommendations for Mercy Care ACC related to performance measures, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-71—Mercy Care ACC Strengths, Opportunities for Improvement, and Recommendations Related to Performance Measures

Strengths, Opportunities for Improvement, and Recommendations
Strengths
In the Behavioral Health Care measure group: • Eight of 10 (80.0 percent) of Mercy Care ACC's measure rates met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021. **[Quality, Timeliness, Access]** • Mercy Care ACC's performance measure rates for *Follow-Up After ED Visit for AOD Abuse or Dependence—7-Day Follow-Up—Total* and *30-Day Follow-Up—Total, Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Total*, and *Initiation and Engagement of AOD Abuse or Dependence Treatment—Initiation of AOD Treatment—Total* and *Engagement of AOD Treatment—Total* were above the 75th percentile, indicating strength in providing follow-up care for behavioral health to members. **[Quality, Timeliness, Access]**
In the Pediatric Health measure group: • Nine of 12 (75.0 percent) of Mercy Care ACC's measure rates met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021. **[Quality, Timeliness, Access]** • Mercy Care ACC's performance measure rate for *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* was above the 75th percentile, indicating that most children and adolescents were accessing well-care visits with a

Strengths, Opportunities for Improvement, and Recommendations
PCP. Well-care visits provide an opportunity for providers to influence health and development, and they are a critical opportunity for screening and counseling.[5-48] **[Quality, Access]** • Mercy Care ACC's performance measure rate for *Annual Dental Visit* was above the 75th percentile, indicating that most child and adolescent members received regular dental visits. Regular preventive dental care helps keep children's teeth healthy and allows providers to address any tooth decay or dental problems before they become more serious. **[Access]** • Mercy Care ACC's performance measure rates for *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total, Cholesterol Testing—Total*, and *Blood Glucose and Cholesterol Testing—Total* were above the 75th percentile, indicating that most children and adolescents with ongoing antipsychotic mediation use had metabolic testing performed. Metabolic monitoring (blood glucose and cholesterol testing) is an important component of ensuring appropriate management of children and adolescents on antipsychotic medications.[5-49] **[Quality]**
In the Preventive Screening measure group, all (100.0 percent) of Mercy Care ACC's measure rates met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021. **[Quality]**
Opportunities for Improvement and Recommendations
While Mercy Care ACC was successful in reporting valid rates for all AHCCCS-required performance measures for its ACC population, the audit identified some considerations and recommendations for future years' reporting. **[Quality]** Recommendation: HSAG recommends that Mercy Care ACC continue to ensure compliance with AHCCCS' requirements for continuous enrollment criteria for AHCCCS PMV reporting. Additionally, HSAG recommends that Mercy Care ACC continue to conduct a formal review of its source code followed by a complete test plan, including live system validation of data, prior to reporting any performance measure data.
For CY 2022 performance measure reporting, RES will be required based on NCQA HEDIS specifications**. [Quality]** Recommendation: HSAG recommends that Mercy Care ACC explore data sources for the capture of race/ethnicity data to support future performance measure reporting that may require stratification related to RES. Mercy Care ACC should continue working with AHCCCS on collaborative efforts to improve the completion and accuracy of race/ethnicity data and explore other methods to augment enrollment data information.

[5-48] National Committee for Quality Assurance. Child and Adolescent Well-Care Visits (W30, WCV). Available at: https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/. Accessed on: Mar 7, 2023.
[5-49] National Committee for Quality Assurance. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM). Available at: https://www.ncqa.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics/. Accessed on: Jan 30, 2023.

Strengths, Opportunities for Improvement, and Recommendations
In the Maternal and Perinatal Health measure group, Mercy Care ACC's rate for *Prenatal and Postpartum Care—Postpartum Care* fell below the 25th percentile, indicating an opportunity to increase access to timely postpartum care. Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.[5-50] **[Quality, Timeliness, Access]** Recommendation: While Mercy Care ACC conducted root cause analyses and implemented interventions specific to its CY 2020 *Prenatal and Postpartum Care—Postpartum Care* rate, its rate remained low in CY 2021; therefore, HSAG recommends that Mercy Care ACC continue to implement appropriate interventions to improve performance related to postpartum care. HSAG also recommends that Mercy Care ACC monitor and expand upon interventions currently in place to improve performance for the *Prenatal and Postpartum Care—Postpartum Care* measure indicator.
In the Behavioral Health Care measure group, Mercy Care ACC's performance measure rate for *Antidepressant Medication Management—Effective Continuation Phase Treatment* fell below the 25th percentile, indicating that most members with a diagnosis of major depression were not receiving continuous medication treatment. Effective medication treatment of major depression can improve a person's daily functioning and well-being, and can reduce the risk of suicide. With proper management of depression, the overall economic burden on society can be alleviated as well.[5-51] **[Quality]** Recommendation: While Mercy Care ACC conducted a root cause analysis and implemented interventions specific to its CY 2020 *Antidepressant Medication Management—Effective Continuation Phase Treatment* measure rate, its rate remained low in CY 2021; therefore, HSAG recommends that Mercy Care ACC continue to implement appropriate interventions to improve performance related to its *Antidepressant Medication Management—Effective Continuation Phase Treatment* rate. HSAG also recommends that Mercy Care ACC monitor and expand upon interventions currently in place to improve performance related to continuous medication treatment for members with a diagnosis of major depression.
In the Appropriate Utilization of Services measure group, Mercy Care ACC's performance measure rate for *Use of Opioids at High Dosage* fell below the 25th percentile. This result provides an opportunity for Mercy Care ACC to monitor prescribing and utilization data and to implement interventions to improve care and services around opioid prescribing. The CDC guideline on opioid prescribing for chronic, nonmalignant pain recommends the use of "additional precautions" when

[5-50] National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC). Available at: https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/. Accessed on: Mar 7, 2023.
[5-51] National Committee for Quality Assurance. Antidepressant Medication Management (AMM). Available at: https://www.ncqa.org/hedis/measures/antidepressant-medication-management/. Accessed on: Jan 25, 2022.

Strengths, Opportunities for Improvement, and Recommendations
prescribing dosages ≥50 morphine equivalent dose (MED) and recommends providers avoid or "carefully justify" increasing dosages ≥90 mg MED.[5-52] **[Quality]** Recommendation: HSAG recommends that Mercy Care ACC conduct a root cause analysis or focus study to determine why there was a higher proportion of members receiving prescriptions for opioids. Upon identification of a root cause, HSAG recommends that Mercy Care ACC implement appropriate interventions to help reduce the proportion of members who may be considered at high risk for opioid overuse and misuse.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-72 presents performance measure recommendations made to Mercy Care ACC in the CYE 2021 Annual Technical Report[5-53] and Mercy Care ACC's follow-up to the recommendations, as well as an assessment of the degree to which Mercy Care ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-72—Mercy Care ACC Follow-Up to CY 2021 Performance Measure Recommendations

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
Recommendation 1:
HSAG recommended that Mercy Care ACC ensure that the mapping of provider specialties to HEDIS provider types is compliant with AHCCCS guidance for reporting performance measures where provider specialty type is required
Mercy Care ACC's Response:
FQHCs, RHCs, integrated clinics, and multi-specialty interdisciplinary clinics are being aligned to continue to map to PCP and mental health provider types, and Mercy Care ACC will follow the most current AHCCCS guidance to ensure all provider mapping aligns with AHCCCS standards.
HSAG's Assessment:
The Mercy Care ACC CY 2021 provider mapping did not fully align with AHCCCS guidance for reporting performance measures where provider specialty type is required. HSAG has therefore determined that Mercy Care ACC did not address the prior year's recommendation.

[5-52] National Committee for Quality Assurance. Use of Opioids at High Dosage. Available at: https://www.ncqa.org/hedis/measures/use-of-opioids-at-high-dosage/. Accessed on: Mar 7, 2023.
[5-53] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
Recommendation 2:
HSAG recommended that Mercy Care ACC conduct a formal review of its source code followed by a complete test plan, including live system validation of data, prior to reporting any performance measure data.
Mercy Care ACC's Response: Formal source code review is not allowed with Mercy Care ACC's vendor software as it is a proprietary product, but the vendor's source code is reviewed and approved by HSAG auditors on a yearly basis. The National Medicaid Quality Data team does ensure that necessary source code changes are made by the software vendor with the release of any changes to event data, and rates are reviewed monthly. Any anomalies/discrepancies/outliers that are found are reviewed, researched, and tested thoroughly before any data are reported to regulatory bodies. The National Medicaid Quality Team will continue to follow the current plan. Continued progress will include monthly event checks using vendor resources as compared to any technical specifications to ensure that the vendor is accurately capturing the right reporting elements for all core and non-core activities, as well as higher monitoring of internal back-end system integrations to ensure that all data elements are within scope to be captured for reporting.
HSAG's Assessment: Considering this recommendation's intention to ensure ongoing oversight of the vendor generating its performance measure rates, which Mercy Care ACC has explained is conducted through its monthly event checks and monitoring efforts, HSAG has determined Mercy Care ACC has satisfactorily addressed the prior year's recommendation.
Recommendation 3:
HSAG recommended that Mercy Care ACC conduct a root cause analysis to determine why female members were not receiving timely postpartum care. Mercy Care ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of family planning service providers, or the need for improved community outreach and education). This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Additionally, Mercy Care ACC should identify factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, Mercy Care ACC should implement appropriate interventions to improve the performance related to postpartum care.
Mercy Care ACC's Response: As recommended, Mercy Care ACC conducted a root cause analysis for the postpartum care measure. This included trend review, as well as quantitative and qualitative data analysis. While Mercy Care ACC rates for postpartum care have demonstrated year over year improvement from MY 2017 through MY 2021, the goal of achieving the NCQA HEDIS Medicaid Mean continues to not be met. The completed analysis identified the following potential barriers: • Limited health plan resources to conduct member outreach calls post-delivery • Barriers to identifying delivery to initiate timely outreach

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
• Written member outreach process were not sent to members for whom a PCP was not assigned to the member or their newborn • Member utilization of ED or urgent care in the postpartum period without visits to their OB/GYN or PCP • Effects of the PHE, including: Postponement of many non "essential" health services; Clinics reduced hours, number of visitors permitted, and in-person visits during pregnancy limited; Social distancing and isolation/quarantine procedures; notable spikes in domestic violence rates • HEDIS audit factors including timely and complete receipt of requested medical records and challenges related to staff resignations Interventions implemented/planned as a result of this analysis along with Mercy Care ACC's progress in implementing the interventions can be found below: • Consider leveraging the ACOG data submitted to the perinatal intensive case management (ICM) team for low-risk pregnancy identification, in addition to use by perinatal CM team • Leverage newborn notifications for identification of pregnant members • Implement process to identify pregnant members through positive pregnancy tests in the HIE • Conduct digital outreach throughout the year to capture all postpartum members • Revise outreach process so that the postpartum mailing is sent to member regardless of whether or not the member's PCP or baby's PCP information is available (revise letter template & process) • Expand education to OB/GYNs by MCH Coordinators • Train two staff on the management of this measure to allow for knowledge and early intervention as well as supplying a back-up in the event of staff resignations • Medical Record Vendor challenges – address through work locally at the health plan and nationally in partnership with NMQM
HSAG's Assessment: Mercy Care ACC identified interventions that were implemented for CY 2021 as a result of conducting a root cause analysis, however the rate remained low in CY 2021. While opportunity remains to improve its rate, HSAG has determined that Mercy Care ACC satisfactorily addressed the prior year's recommendation.
Recommendation 4:
HSAG recommended that Mercy Care ACC conduct a root cause analysis to determine why members taking an antidepressant were not receiving continuous medication treatment. This could include conducting focus groups to identify barriers that members were experiencing in maintaining a medication regime in order to implement appropriate interventions. Mercy Care ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care or the need for improved community outreach and education), including any factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, Mercy Care ACC

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
should implement appropriate interventions to improve the performance related to medication management.
Mercy Care ACC's Response: Mercy Care ACC conducted a root cause analysis for the Antidepressant Medication Management measure. Identified root causes for why members were not receiving continuous medication treatment include: • Potential for lack of member understanding that most antidepressants require several weeks before the effects are seen • Potential for lack of member understanding of the risks of abruptly stopping medications • Current data and outreach processes may not identify members until they are already out of compliance with the Antidepressant Medication Management measure Interventions implemented/planned: • Data Review and Best Practice identification, presentation and distribution to Accountable Care Organizations and Clinically Integrated Networks • Inclusion of the Antidepressant Medication Management measure in the Mercy Care Value Based Program for 2023 contracts • Explore implementation of a digital member outreach campaign or the Quality Optimizer Program through Mercy Care ACC's pharmacy benefits manager, CVS; the Quality Optimizer Program is a member-facing adherence program, including face-to-face interventions at retail pharmacies, as well as via call center, IVR, text, and email which includes outreach to members with a diagnosis of depression, amongst others Goal achievement status: Mercy Care ACC has not yet achieved the goal of meeting the NCQA HEDIS Medicaid Mean for either sub-measure, however Mercy Care ACC's rate of compliance for both sub-measures have demonstrated substantive improvement and continue to demonstrate a positive trend.
HSAG's Assessment: Mercy Care ACC identified interventions that were implemented for CY 2021 as a result of conducting a root cause analysis, however the rate remained low in CY 2021. While opportunity remains to improve its rate, HSAG has determined that Mercy Care ACC satisfactorily addressed the prior year's recommendation.

Validation of Performance Improvement Projects

In CY 2022, Mercy Care ACC continued the *Back to Basics* PIP, which was initiated in CYE 2019. As this PIP is in an intervention year, PIP validation activities focused on intervention analysis. Mercy Care ACC submitted interventions implemented during CY 2022 along with the intervention status, focus, and rationale for changes or discontinuation of the intervention for the following year.

AHCCCS will conduct an annual validation of the first remeasurement year reflective of CY 2022 (January 1, 2022, through December 31, 2022) using HSAG-calculated and validated indicator rates. AHCCCS will evaluate Mercy Care ACC's performance based on an analysis of improvement strategies implemented and an assessment of statistically significant improvement as described in Appendix A. Methodology—Validation of Performance Improvement Projects—How Conclusions Were Drawn.

Results

HSAG determined that the PIP has a preliminary validation status of *Met*, based on valid and reliable rate calculation. Validation status based on whether significant or sustained improvement was achieved will be assessed following completion of interventions and final calculation of measures.

Table 5-73 through Table 5-75 provide the *Back to Basics* PIP baseline and intervention year rates for each indicator for Mercy Care ACC.

Table 5-73—Mercy Care ACC *Back to Basics* PIP Rates for PIP Indicator 1

Contractor	PIP Indicator 1: *W30 Rate 1*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020	CY 2021
Mercy Care ACC	65.0%	66.8%	64.3%

*The CYE 2019 indicator rate was calculated by HSAG utilizing AHCCCS data.

Table 5-74—Mercy Care ACC *Back to Basics* PIP Rates for PIP Indicator 2

Contractor	PIP Indicator 2: *WCV*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020	CY 2021
Mercy Care ACC	52.9%	47.6%	49.7%

*The CYE 2019 indicator rate was calculated by HSAG utilizing AHCCCS data.

Table 5-75—Mercy Care ACC *Back to Basics* PIP Rates for PIP Indicator 3

Contractor	PIP Indicator 3: *ADV*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020*	CY 2021
Mercy Care ACC	63.1%	51.4%	57.6%

*CYE 2019 and CY 2020 indicator rates were calculated by HSAG utilizing AHCCCS data.

Interventions

Table 5-76 presents PIP interventions for Mercy Care ACC during the Intervention Year 2. Language in the PIP interventions section is minimally edited and generally reflective of the language provided by the Contractor.

Table 5-76—Mercy Care ACC *Back to Basics* PIP Interventions

Contractor	Interventions
Mercy Care ACC	• HPV educational mailing to members turning 11 years of age. • Multi-modal member outreach to members who have gaps in care with well child visits and/or immunizations. Outreach includes motivational messaging distributed through email, text & IVR. • Incentive offer to members 7–11 years of age to encourage receipt of a well child visit. • During postpartum calls the outreach staff reviews the baby's PCP information on file and assistance is offered if parent has not made the baby's first appointment. • Proactive reminder calls to parents/guardians of 6, 9, and 11-month olds to remind them that their child is due for a well-child visit and immunizations (if appropriate) during the month. If the parent has not already made an appointment, a 3-way call is placed to the provider's office to schedule an appointment. • Mailing to parents/guardians of 1-month olds that includes a well-child magnet listing the ages that children need well visits and a booklet on immunizations and debunking immunization myths. • Incentive offer to parents of 3-month olds; if the member has 6 well child visits before they turn 15 months of age and all required immunizations prior to their 2nd birthday, Mercy Care will provide an incentive. • Immunization magnet mailing to parents of 6-month-old children listing the immunization schedule. • EPSDT Reminder cards, including information consistent with the AHCCCS periodicity schedule. • EPSDT 2nd reminder cards. • Written reminders: member handbook, member newsletters, and newborn booklets to promote well-child visits; EPSDT reminder cards; and well-child reminder letters. • Written provider outreach process which includes mailings to PCPs for members in need of an EPSDT visit; members 0–24 months of age in need of immunizations; adolescents in need of immunizations; a reminder on the requirement to conduct a developmental screening at the 9, 18 and 24 month

Contractor	Interventions
	visits; information pertaining to the members' historical dental care and whether or not the member is due for dental care. • Face-to-face contacts between the Mercy Care Coordinators and providers encouraging outreach efforts on members lacking childhood immunizations and/or well-child visits. • Providers pay for performance to PCMH/ACO groups for improving performance in the measure. • Telephone outreach to members turning 3–6 years of age during the MY. For members in need of an appointment, a 3-way call with their provider to schedule the visit will be conducted. • Member financial incentive offered to parents/guardians of members who have not yet had a well-child exam in during the contract year. • Outreach telephone calls to the member or the parent or guardian of members in need of a well exam to assist them in scheduling a visit with their PCP. • Missed dental appointment outreach calls to EPSDT members who appear on weekly dental vendor missed appointment report. • Adolescent immunization reminder card is mailed to the parents/guardians of members during the month of the member's 12th birthday, reminding them of the importance of obtaining immunizations. • 18–21-year-old members diagnosed with diabetes: written reminders to obtain diabetes related services. • Adolescents diagnosed with asthma will receive written reminders to obtain asthma related services and to obtain a corresponding well child visit. • Mailing to the Native American members in need of a well visit a cover letter and CDC brochure specific to the health of Native Americans. • Follow-up calls to members who were referred for dental screening or services via an EPSDT visit. • Dental mailing to members who were referred for dental screening or services via an EPSDT visit. • Self-mailer is sent to members 6–9 years of age and includes information on the importance of dental sealants. • Educate PCPs on the application of fluoride varnish, including the required training and the process for submission of the certificate of completion. • Incentivize the dental vendor to increase preventive dental care and dental sealant application rates. • The dental vendor is to send dental "gaps in care" letter to contracted dental providers who have members assigned to them through the dental home program who are in need of preventive dental care and/or dental sealant application.

Contractor	Interventions
	• Missed dental appointment outreach calls to EPSDT members who appear on weekly dental vendor missed appointment report. • MCH/EPSDT, Network Management and Care Management staff will develop a collaborative outreach and engagement strategy to improve surveillance adolescent well visits. • Care Management monitors gaps in care for all youth enrolled in Peds Care Management. • Leverage Tribal liaisons to engage members who might be difficult to engage or find, provide health information, offer referral, assist with navigation, etc. to assist in addressing health disparities. • Meet with Native Health and the Phoenix Indian Medical Center to determine if partnership opportunities exist.

Strengths, Opportunities for Improvement, and Recommendations

Table 5-77 presents strengths, opportunities for improvement, and recommendations for Mercy Care ACC related to PIPs, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-77—Mercy Care ACC Strengths, Opportunities for Improvement, and Recommendations Related to PIPs

Strengths, Opportunities for Improvement, and Recommendations
Strengths
Mercy Care ACC developed and implemented interventions that may lead to improvement in indicator outcomes. **[Quality, Access]** HSAG noted that the intervention year 2 indicator rates showed a slight increase over intervention year 1 for indicators 2 and 3. **[Quality, Access]**
Opportunities for Improvement and Recommendations
For indicator 1, Mercy Care ACC showed a slight increase of 1.8 percentage points in the indicator rate between the baseline year and intervention year 1. However, between intervention year 1 and intervention year 2, the indicator rate showed a decline of 2.5 percentage points. When compared to the baseline year, the intervention year 1 indicator rate was just under 1 percentage point below the baseline year indicator rate. For indicator 2, Mercy Care ACC showed a 5.3 percentage point decline in the indicator rate between the baseline year and intervention year 1. Between intervention year 1 and intervention year 2, the indicator rate increased by 2.1 percentage points; however, when compared to the baseline year, the intervention year 2 indicator rate was 3.2 percentage points below the baseline year rate. For indicator 3, Mercy Care ACC showed an 11.7 percentage point decline in the rate between the baseline year and intervention year 1. Although the rate for intervention year 2 increased by 6.2

Strengths, Opportunities for Improvement, and Recommendations
percentage points over the intervention year 1 rate, when compared to the baseline year, the intervention year 2 indicator rate was 5.5 percentage points below the baseline year rate. The decline noted in the indicator rates may indicate that the COVID-19 PHE had an impact on the rates of compliance with well-child and dental visits. **[Quality, Access]** Recommendations: As the PIP progresses, HSAG recommends that Mercy Care ACC: • Review intervention year indicator rates and adjust interventions to facilitate improvement, as necessary • Continue to implement identified interventions and assess the impact and effectiveness of the interventions after the validated indicator rates for the first remeasurement year become available • Develop and document a plan for sustaining the improvement for any demonstrated improvement in indicator rates

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-78 presents PIP recommendations made to Mercy Care ACC in the CYE 2021 Annual Technical Report[5-54] and Mercy Care ACC's follow-up to the recommendations, as well as an assessment of the degree to which Mercy Care ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-78—Mercy Care ACC Follow-Up to CY 2021 PIP Recommendations

Prior Year's Recommendation from the EQR Technical Report for PIPs
While the PIP is in an intervention year and no opportunities for improvement had yet been identified, HSAG recommended that Mercy Care ACC continue to implement identified interventions and assess the impact and effectiveness of the interventions after the first remeasurement year.
Mercy Care ACC's Response: Mercy Care ACC interventions to improve rates of compliance with well child and dental visits amongst children continue. Intervention progress: Interventions continued. Goal achievement status: The PIP goal is to demonstrate a statistically significant increase in the number and percentage of

[5-54] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Prior Year's Recommendation from the EQR Technical Report for PIPs
child and adolescent well-child/well-care visits, as well as a statistically significant increase in the number and percentage of children and adolescents receiving an annual dental visit, followed by sustained improvement for one consecutive year. While AHCCCS has indicated that they will be calculating the MY 2022 and MY 2023 ADV Rates (utilizing the MY 2022 specifications) on behalf of the Contractors, Mercy Care ACC is also continuing to track the plan's rates with this and the other *Back to Basics* PIP measures. Mercy Care ACC's analysis of the MY 2020 and MY 2021 rates demonstrates that the PHE had a significant impact on the rates of compliance with preventive health services, such as well child and dental visits. The MY 2020 rates across all indicators demonstrated a decline as compared to the baseline (CYE 2019) rates. MY 2021 rates improved for all indicators, with the exception of W30 Rate 1, as compared to MY 2020, however have not yet exceeded the baseline rates. Mercy Care ACC believes that the W30 Rate 1 will demonstrate delayed rate impact, due to the methodology by which members are included in the measure, and the look back period for visits.
HSAG's Assessment: HSAG reviewed Mercy Care ACC's PIP intervention submission, which detailed interventions implemented in MY 2022, whether the intervention will be continued, and the rationale for intervention changes or discontinuation. HSAG has determined that Mercy Care ACC has satisfactorily continued to implement interventions, based on activities completed in MY 2022.

Compliance Reviews

Results

In November 2021, AHCCCS awarded Mercy Care a new ACC-RBHA contract, expanding the current ACC Contract. As a result, the Contractor went through an extensive readiness review, which was conducted from April through October 2022.

AHCCCS stated that it recognizes the criticality of member transitions and the readiness of a Contractor to deliver care and services under a new contract award. The readiness review process is paramount to a successful implementation and seamless transition for members. To that end, AHCCCS has implemented an extensive readiness review process for all Contractors awarded new AHCCCS contracts.

AHCCCS stated that it views the readiness review process as an ongoing series of activities to monitor and ensure Contractor progress. AHCCCS initiates the readiness review process roughly six months prior to the contract effective date. These readiness activities are essential to establishing the capacity of the awarded Contractors to function in a number of critical areas, including operations and administration, service delivery, financial management and systems management. The Care 1st ACC-RBHA contract began October 1, 2022. Future compliance reviews will be with the ACC-RBHA contract/LOB.

Strengths, Opportunities for Improvement, and Recommendations

Table 5-79 presents strengths, opportunities for improvement, and recommendations for Mercy Care ACC related to compliance, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-79—Mercy Care ACC Strengths, Opportunities for Improvement, and Recommendations Related to Compliance

Strengths, Opportunities for Improvement, and Recommendations
Strengths
AHCCCS conducted a readiness review for the new ACC-RBHA contract/LOB in CYE 2022 and future compliance reviews will be conducted for the new ACC-RBHA contract/LOB; therefore, HSAG did not provide any strengths.
Opportunities for Improvement and Recommendations
AHCCCS conducted a readiness review for the new ACC-RBHA contract/LOB in CYE 2022 and future compliance reviews will be conducted for the new ACC-RBHA contract/LOB; therefore, HSAG did not provide any opportunities for improvement. Recommendation: Although no compliance review was conducted for this reporting period, HSAG recommends that the Contractor use AHCCCS' findings from the readiness review and follow up with AHCCCS where requested to ensure ongoing compliance with federal regulations and State contract requirements.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-80 presents compliance recommendations made to Mercy Care ACC in the CYE 2021 Annual Technical Report[5-55] and Mercy Care ACC's follow-up to the recommendations, as well as an assessment of the degree to which Mercy Care ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-80—Mercy Care ACC Follow-Up to CY 2021 Compliance Recommendations

Prior Year's Recommendation from the EQR Technical Report for Compliance
Although no compliance review was conducted during CYE 2021, HSAG recommended that the Contractor conduct an internal assessment to ensure that it remains compliant with the requirements in each of the AHCCCS Focus Areas.

[5-55] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Prior Year's Recommendation from the EQR Technical Report for Compliance
Mercy Care ACC's Response: Mercy Care ACC reported that in response to the HSAG compliance recommendation, annual and ad hoc reviews have been ongoing.
HSAG's Assessment: HSAG has determined that through its readiness review, Mercy Care ACC has satisfactorily addressed the prior year's recommendation.

Network Adequacy Validation

Results

HSAG evaluated Mercy Care ACC's compliance results with AHCCCS' time/distance standards by GSA and county. This section presents biannual validation findings specific to the ACC LOB, with one results table for the following GSA:

- Central GSA: Gila, Maricopa,[5-56] and Pinal counties

Each region-specific table summarizes biannual validation results containing the percentage of members meeting each time/distance standard by quarter and county, with color coding to identify whether the time/distance standard was *Met* or *Not Met.* The value "NA" is shown for time/distance standards that do not apply to the county or ACC LOB. The value "NR" is shown for time/distance standards in which no members met the network requirement denominator for the ACC LOB and county; therefore, HSAG calculated no corresponding time/distance result.

Yellow color coding identifies instances in which HSAG's time/distance results met the minimum network requirement but differed from the Contractor's ACOM 436 results. Red color coding identifies instances in which HSAG's time/distance results that did not meet the compliance standard, regardless of the Contractor's ACOM 436 results.

An asterisk (*) indicates that fewer than 10 members were included in the denominator of HSAG's results. A carat (^) indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.

[5-56] Maricopa County includes the 85342, 85358, and 85390 ZIP codes; these ZIP codes are physically located in both Maricopa and Yavapai counties.

Table 5-81—Mercy Care ACC Time/Distance Validation Results for Central GSA—Percentage of Members Meeting Minimum Network Requirements

	Gila		Maricopa		Pinal	
Minimum Network Requirement	Q2	Q4	Q2	Q4	Q2	Q4
Behavioral Health Outpatient and Integrated Clinic, Adult	100^	100^	98.8^	98.8^	100^	100^
Behavioral Health Outpatient and Integrated Clinic, Pediatric	100^	100^	98.8^	98.8^	100^	100^
Behavioral Health Residential Facility (only Maricopa and Pima counties)	NA	NA	99.5	99.5	NA	NA
Cardiologist, Adult	100^	100^	100^	100^	100^	100^
Cardiologist, Pediatric	100^	100^	100^	100^	100^	100^
Dentist, Pediatric	100	100	99.5	99.5	100	99.9
Hospital	100	100	99.9	99.9	100	100
OB/GYN	100	100	100	100	100	100
Pharmacy	100	100	99.2	99.2	100	100
PCP, Adult	100^	100^	99.7^	99.8^	100^	100^
PCP, Pediatric	100^	100^	99.7^	99.8^	100^	100^

represents Contractor-reported results that differ from HSAG's results and meet the compliance standard based on HSAG's results.

^ indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.

NA indicates results are not applicable to the county.

Strengths, Opportunities for Improvement, and Recommendations

Table 5-82 presents strengths, opportunities for improvement, and recommendations for Mercy Care ACC related to NAV, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-82—Mercy Care ACC Strengths, Opportunities for Improvement, and Recommendations Related to NAV

Strengths, Opportunities for Improvement, and Recommendations
Strengths
Mercy Care ACC met all time/distance network standards in all assigned counties for both quarters in CYE 2022. **[Access]** Note: Mercy Care ACC provides coverage in the following counties: Gila, Maricopa, and Pinal.

Strengths, Opportunities for Improvement, and Recommendations
Opportunities for Improvement and Recommendations
HSAG identified no opportunities for improvement. Recommendation: While HSAG did not have any recommendations specific to its existing provider network coverage, Mercy Care ACC should continue to maintain current compliances.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-83 presents NAV recommendations made to Mercy Care ACC in the CYE 2021 Annual Technical Report[5-57] and Mercy Care ACC's follow-up to the recommendations, as well as an assessment of the degree to which Mercy Care ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-83—Mercy Care ACC Follow-Up to CY 2021 NAV Recommendations

Prior Year's Recommendation from the EQR Technical Report for NAV
HSAG recommended that the ACC Program Contractors should continue to monitor their processes for creating the PAT file and review the PAT file for accuracy prior to submitting to AHCCCS. While HSAG did not have any recommendations specific to its existing provider network coverage, Mercy Care ACC should continue to monitor and maintain its existing provider network coverage.
Mercy Care ACC's Response: Mercy Care ACC continues to review the data provided in these reports to AHCCCS and find trends that can be corrected keeping the error ratios as low as possible. Efforts are ongoing. Mercy Care ACC routinely monitors our network for both reportable and perceived gaps. Utilizing reports from HSAG, in addition to other internal reporting methods, we review AHCCCS registered, non-participating providers to our existing network as a means to identify expansion opportunities. Mercy Care ACC will continue this process, as outlined in detail in our annual Network Plans. During FY 22, we added over 200 new providers, with various specialties, to our network which is evidentiary of our oversight and management in ensuring the most robust network of providers for our membership.
HSAG's Assessment: Based on the CYE 2022 NAV results and Mercy Care ACC's response, HSAG has determined that Mercy Care ACC has satisfactorily addressed the prior year's recommendation.

[5-57] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Mercy Care ACC Best and Emerging Practices

Table 5-84 presents the best and emerging practices provided by Mercy Care ACC for CYE 2022. HSAG made only minor edits to Mercy Care ACC's submission to enhance readability. Best practice responses may be based on Contractor internal data and not EQR validated rates.

Table 5-84—Mercy Care ACC Best and Emerging Practices

Mercy Care ACC Best and Emerging Practices—Assertive Community Treatment
Mercy Care ACC follows SAMHSA (ACT) criteria, inclusive of twenty-eight fidelity metrics. Utilization of ACT services demonstrates the applicability and meaningfulness of delivering ACT services in Maricopa County. ACT team capacity throughout 2021 has been ranged between 91%-94%. The 2020 Mercer reports that the population with an SMI receiving ACT services exceeds the national best estimates. Mercy Care ACC's ACT network consists of 24 ACT teams. Twenty-one ACT Teams have PCP Partnerships, and the network includes one Medical ACT Team (MACT) making twenty-two ACT teams integrated. In addition, there are three Forensic ACT Teams (FACT) which are also PCP Partnerships (inclusive of the twenty-one ACT with PCP). The MACT team has an enhanced admission criterion; in addition to ACT criteria MACT members must also have a chronic health condition that has not been managed. Similarly, the FACT team must meet ACT criteria in addition to demonstrating a high risk of recidivism using the Risk to Recidivate Score, Offender Screening Tool, Offender Re-Screening Tool and/or being released from Department of Corrections, after a minimum two years of incarceration. Mercy Care ACC has also established reporting to help better identify members for ACT/FACT teams that will be used in conjunction with training delivered to providers. ACT Teams have the highest penetration rate (31%) for integrated services across other integrated programs targeting members determined to be SMI. The goal of ACT is to provide a comprehensive array of services, including addressing the social determinants of health for each member receiving ACT services. Each ACT team is maximized at 100 members receiving services from a team of thirteen staff including (but not limited to): psychiatrists, nurses, housing specialists, employment specialists, rehabilitation specialists, peer support, substance abuse specialists, independent living specialist, ACT specialist, program assistant and a clinical coordinator, among other staff. It is an expectation that most, if not all, services provided to the member are delivered by the ACT team. Having a robust team provides the opportunity for a higher intensity of services for the most vulnerable members. ACT teams provide coverage 24/7 and are available to respond to crisis after hours. ACT teams are also able to provide routine services during nights and weekends. Mercy Care ACC is shifting to a claims-based approach for reporting ED visits, hospital admissions (behavioral and physical health), jail bookings as well as other demographic and social determinant of health information. Data are reviewed monthly with Mercy Care ACC Medical

Mercy Care ACC Best and Emerging Practices—Assertive Community Treatment
Directors. Claims-based reporting is reviewed with providers and coupled with provider data for validation.

Mercy Care ACC Best and Emerging Practices—Substance Use Disorder Cognitive Behavior Therapy
Mercy Care ACC will be partnering with the Beck Institute for Cognitive Behavior Therapy to deliver Substance Use Disorder Cognitive Behavior Therapy (SUD CBT) focused on increasing awareness of substance use disorders and evidence-based cognitive behavioral methods for helping individuals recover from substance use/opioid use disorders. This training was selected for licensed staff with clinical expertise with substance use and/or looking to expand specialties services for members across the state of Arizona. Goal for Initiative: Mercy Care ACC recognizes the importance of timely access to services for members diagnosed with a substance use diagnosis and responding to the national opioid crisis. Mercy Care ACC has continued to focus efforts on expanding evidence-based practices specifically designed for members seeking a diagnosis, and/or diagnosed with SUD that would benefit from a model geared toward reframing perception, addressing challenges with sobriety and healing past or current trauma that have a role in managing sobriety. Training Objectives: • Conceptualize clients' dysfunctional substance use via the cognitive model • Identify, evaluate, and moderate patients' dysfunctional substance use-related beliefs (including "permission-giving" beliefs) • Apply a range of cognitive-behavioral techniques to help patients choose not to use substances, even when they experience cravings or otherwise wish to self-medicate • Address "resistance" by integrating motivational interviewing strategies into CBT • Integrate cognitive-behavioral principles with mutual help groups (e.g., 12-step) ideas and values • Understand medication treatment options and how CBT can support patients receiving medication treatment for their opioid use Outcomes Resulting in Significant Improvement: Mercy Care ACC will increase expertise in SUD CBT practices within the provider network focused on recovery and treatment for individuals diagnosed with SUD. Mercy Care ACC will provide results from the training evaluations per training date upon request.

Mercy Care ACC Best and Emerging Practices— Trauma Informed Care for Child Welfare-Involved Children, Youth and Families
Mercy Care ACC developed two workshops geared toward enhancing Trauma Informed Care for Child Welfare-Involved Children, Youth and Families focused on understanding trauma and identify strategies for well-being and emotion-focused communication skills for those caring for individuals involved in child welfare. This training was selected for paraprofessionals including case managers, direct support workers, family support staff as well as individuals from tribal

Mercy Care ACC Best and Emerging Practices— Trauma Informed Care for Child Welfare-Involved Children, Youth and Families

regions across Arizona. Mercy Care ACC strives to ensure providers and community partners understand trauma exposure and prevalence of trauma in children and adolescents across all lines of business.

Goal for Initiative:
Mercy Care ACC continues to focus its efforts on expanding trauma services within the provider network to ensure providers and members understand how trauma impact a child's life. Mercy Care ACC focused primarily in 2022 on expanding the trauma training to paraprofessionals statewide to promote a culture of safety, common language and practice when serving children and adolescents.

Training Objectives:

- Trauma (what is it, prevalence, impact)
- Signs of post-traumatic stress or other trauma-related reactions that might require treatment
- Evidence-based mental health treatments that can help families and individuals involved with child welfare dealing with post-traumatic stress (what are they, questions to ask when seeking services or making referrals)
- Resilience (what is it, how can we cultivate it); Emphasis on the protective power of safe, stable and nurturing relationships
- Overview of specific strategies for caregivers/adults who care for individuals involved in child welfare to build:
  - Skills for self-care, emotional self-awareness and regulation (parents/caregivers/providers)
  - Skills for understanding and responding to child/youth/adult emotional needs:
    - Communicating about challenging topics (e.g. trauma, stressful events or family transition)
    - Addressing behavioral challenges

Outcomes Resulting in Significant Improvement:
With the roll-out of two Trauma Informed Care workshops, Mercy Care ACC saw an extensive amount of interest from the provider network for these trainings. Given the demand, we were able to create 5 training dates for paraprofessionals both in-person and virtual to capture statewide providers particularly in rural and tribal regions. Currently, Mercy Care ACC has 315 individuals registered to attend the trauma informed care workshops.

These trainings will result in an increase of trauma informed care, and how to incorporate both organizational and through clinical practice to improve awareness on trauma. Mercy Care ACC will provide results from the training evaluations per training date upon request.

Mercy Care ACC Best and Emerging Practices—Transition to Independence

Mercy Care ACC focused this year on expanding Transition to Independence (TIP) process, which is a youth-driven, strength-based, evidence-supported framework that was developed for working with youth and young adults (14-29 years old) with emotional/behavioral difficulties (EBD) to improve their real-life outcomes across Transition Domains such as Education, Employment,

Mercy Care ACC Best and Emerging Practices—Transition to Independence
Career Housing and Community Life Functioning. This training was selected based on the growing need for a transitional program focused on supporting youth and young adults with their progress and outcomes across transition domains and navigating the complex system of healthcare. Goal for Initiative: Mercy Care ACC recognizes the importance of specialty services for youth and young adults with a primary focus on assessment of needs and goals that allow young people the opportunity to achieve greater self-sufficiency and confidence. Mercy Care ACC will be completing Train the Trainer for the TIP program to ensure sustainability within the existing provider network. Mercy Care ACC staff will participate in the following fidelity and implementation areas and will monitor domains within the provider network. Training for High-Fidelity TIP Model Implementation: To achieve Full TIP Implementation, Trainees will also receive, training and consultation in the following areas: • Implementation Science • Coaching for Continuous Competency Enhancement • On-Going Consultation and Technical Assistance • TIP Model Fidelity Assessment Tool • Development of Certified TIP Site-Based Trainer Development • Development of Certified Regional TIP Fidelity Assessors Outcomes Resulting in Significant Improvement: With the additional focus on TIP expansion, Mercy Care ACC will be able to monitor effectiveness and fidelity of treatment, train and increase provider expertise with the TIP Model Transition Domains and support the unique needs of youth and young adults within the child welfare system and developmental disability community. TIP program is available for all lines of business but recognize the needs of specialty populations. Mercy Care ACC will provide results from the training evaluations per training date upon request.

Mercy Care ACC Best and Emerging Practices—References
Beck Institute. https://beckinstitute.org/blog/treating-substance-misuse-disorders-with-cbt/. Stars Training Academy. https://www.starstrainingacademy.com/transition-to-independence-process-tip-model/.

MCC ACC

Validation of Performance Measures

Results for Information Systems Standards Review

HSAG determined that MCC ACC followed the measure specifications and produced reportable rates for all measures in the scope of the validation of performance measures.

Table 5-85 displays HSAG's PMV findings for each data type reviewed in alignment with the CMS EQR Protocol 2 audit requirements.

Table 5-85—CY 2021 PMV Findings

Data Type	HSAG Findings
Medical Services Data	*No identified concerns*
Enrollment Data	*No identified concerns*
Provider Data	*No identified concerns*
Medical Record Review Process	*No identified concerns*
Supplemental Data	*No identified concerns*
Data Integration	*No identified concerns*

Results for Performance Measures

Table 5-86 presents the CY 2020 and CY 2021 MCC ACC performance measure results for measures that could be compared to the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2020 and MY 2021. Performance measure rate cells shaded green indicate that the rate met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2020 and/or MY 2021. Of note, measures for which lower rates suggest better performance are indicated by an asterisk (*). Measures reported using hybrid methodology are identified by a plus sign (+); measures without a plus sign (+) were reported using administrative methodology.

Table 5-86—CY 2020 and CY 2021 MCC ACC Performance Measure Results

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Maternal and Perinatal Care				
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	—	75.4%+	—	★
Postpartum Care	66.2%+	66.2%+	→	★

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Behavioral Health				
Antidepressant Medication Management				
Effective Acute Phase Treatment	62.8%	61.3%	→	★★★
Effective Continuation Phase Treatment	50.1%	43.9%	↓	★★★
Follow-Up After ED Visit for AOD Abuse or Dependence				
7-Day Follow-Up—Total	19.3%	11.9%	↓	★★
30-Day Follow-Up—Total	22.4%	18.3%	→	★★
Follow-Up After ED Visit for Mental Illness				
7-Day Follow-Up—Total	44.3%	52.3%	→	★★★★
30-Day Follow-Up—Total	52.2%	59.5%	→	★★★
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Total	28.9%	33.2%	→	★★
30-Day Follow-Up—Total	47.2%	51.0%	→	★
Initiation and Engagement of AOD Abuse or Dependence Treatment				
Initiation of AOD Treatment—Total	54.0%	52.7%	→	★★★★
Engagement of AOD Treatment—Total	22.2%	20.0%	→	★★★★
Care of Acute and Chronic Conditions				
Comprehensive Diabetes Care				
*HbA1c Poor Control (>9.0%)**	46.2%+	43.3%+	→	★★
Controlling High Blood Pressure				
Controlling High Blood Pressure	—	54.7%+	—	★★
Heart Failure Admission Rate				
Heart Failure Admission Rate	—	12.5	—	—
Diabetes Short-Term Complication Admission Rate				
Diabetes Short-Term Complications Admission Rate	—	17.9	—	—
Pediatric Health				
Child and Adolescent Well-Care Visits				
Child and Adolescent Well-Care Visits	30.8%	34.2%	↑	★
Developmental Screening in the First Three Years of Life				
Developmental Screening in the First Three Years of Life	10.5%+	42.6%	↑	—

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	49.1%	44.8%	→	★
Well-Child Visits for Age 15 to 30 Months—Two or More Well-Child Visits	—	47.8%	—	★
Annual Dental Visit				
Annual Dental Visit	—	45.5%	—	★★
Childhood Immunization Status				
Combination 3	—	56.2%+	—	★
Combination 7	—	49.6%+	—	★★
Combination 10	—	25.1%+	—	★
Immunizations for Adolescents				
Combination 1	—	82.2%+	—	★★★
Combination 2	—	30.7%+	—	★★
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Total	—	53.5%	—	★★
Cholesterol Testing—Total	—	40.2%	—	★★★
Blood Glucose and Cholesterol Testing—Total	—	37.8%	—	★★★
Preventive Screening				
Breast Cancer Screening				
Breast Cancer Screening	30.2%	39.6%	→	★
Cervical Cancer Screening				
Cervical Cancer Screening	34.5%+	38.0%+	→	★
Appropriate Utilization of Services				
Ambulatory Care—Total				
*Ambulatory Care—ED Utilization**	—	39.9	—	★★★
Plan All-Cause Readmissions				
*O/E Ratio—Total**	—	0.8568	—	★★★★
Use of Opioids at High Dosage				
*Use of Opioids at High Dosage**	—	5.5%	—	★★

* A lower rate indicates better performance for this measure.
\+ Indicates the measure was reported using hybrid methodology.
Cells shaded green indicate that the rate met or exceeded the MY 2020 and/or MY 2021 national Medicaid mean.
[1]— Indicates the CY 2020 rate was not presented in the CYE 2021 Annual Technical Report; therefore, a 2020-2021 comparison is not presented in the CYE 2022 Annual Technical Report.
↑ Indicates improvement of measure rates.
↓ Indicates decline of measure rates.

→ Indicates stable measure rates.

[2]Performance Levels for CY 2021 were based on comparisons of the HEDIS MY 2021 measure rates to national Medicaid Quality Compass HEDIS MY 2020 benchmarks.
Performance Levels for 2021 represent the following percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Strengths, Opportunities for Improvement, and Recommendations

Table 5-87 presents strengths, opportunities for improvement, and recommendations for MCC ACC related to performance measures, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-87—MCC ACC Strengths, Opportunities for Improvement, and Recommendations Related to Performance Measures

Strengths, Opportunities for Improvement, and Recommendations
Strengths
In the Behavioral Health Care measure group: • MCC ACC's performance measure rates for *Initiation and Engagement of AOD Abuse or Dependence Treatment—Initiation of AOD Treatment—Total* and *Engagement of AOD Treatment—Total* were above the 75th percentile, indicating that most members with diagnosed AOD abuse dependence may have initiated in AOD treatment, and had two or more additional AOD services or MAT within 34 days of the initiation visit, which, in conjunction with counseling or other behavioral therapies, has been shown to reduce AOD-associated morbidity and mortality; improve health, productivity, and social outcomes; and reduce healthcare spending.[5-58] **[Quality, Timeliness, Access]** • MCC ACC's performance measure rate for *Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Total* was above the 75th percentile, indicating that most members with a diagnosis of mental illness or intentional self-harm were receiving follow-up visits for mental illness within seven days after inpatient discharge. Research suggests that follow-up care for people with mental illness is linked to fewer repeat ED visits, improved physical and mental function, and increased compliance with follow-up instructions.[5-59] **[Quality, Timeliness, Access]**

[5-58] National Committee for Quality Assurance. Initiation and Engagement of AOD Abuse or Dependence Treatment. Available at: https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/. Accessed on: Feb 21, 2023.
[5-59] National Committee for Quality Assurance. Follow-Up After ED Visit for Mental Illness (FUM). Available at: https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-mental-illness/. Accessed on: Feb 21, 2023.

Strengths, Opportunities for Improvement, and Recommendations
In the Appropriate Utilization of Services measure group, all (100.0 percent) of MCC ACC's measure rates met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021. **[Quality]**
Opportunities for Improvement and Recommendations
During rate review, it was identified that while MCC ACC received and integrated dental claims data, it did not include specific tooth number information in its mapping, which is necessary for the production of the Core Set *Sealant Receipt on Permanent First Molars* (*SFM-CH*) measure, which resulted in a *Do Not Report* audit designation for CY 2021. **[Quality]** Recommendation: HSAG recommends that MCC ACC update its data mapping to include tooth numbers to support future valid rate reporting of the *Sealant Receipt on Permanent First Molars* (*SFM-CH*) measure.
For CY 2022 performance measure reporting, RES will be required based on NCQA HEDIS specifications. **[Quality]** Recommendation: HSAG recommends that MCC ACC continue to explore data sources for the capture of race/ethnicity data to support future performance measure reporting that may require stratifications related to RES. MCC ACC should continue working with AHCCCS on collaborative efforts to improve the completion and accuracy of race/ethnicity data and explore other methods to augment enrollment data information.
In the Maternal and Perinatal Health measure group, MCC ACC's performance measure rates for *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* fell below the 25th percentile, indicating an opportunity to increase access to timely prenatal and postpartum care. Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.[5-60] **[Quality, Timeliness, Access]** Recommendation: While MCC ACC conducted a root cause analysis and implemented interventions specific to its *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* measure indicators, its rates remained low in CY 2021; therefore, HSAG recommends that MCC ACC continue to implement appropriate interventions to improve performance related to prenatal and postpartum care. HSAG also recommends that MCC ACC monitor and expand upon interventions currently in place to improve performance related to the *Prenatal and Postpartum Care* measure.
In the Behavioral Health Care measure group, MCC ACC's performance measure rate for *Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total* fell below the 25th percentile, indicating that members were not always accessing follow-up care with a mental health provider

[5-60] National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC). Available at: https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/. Accessed on: Mar 7, 2023.

Strengths, Opportunities for Improvement, and Recommendations
within 30 days following inpatient discharge. Individuals hospitalized for mental health disorders often do not receive adequate follow-up care. Providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes and decrease the likelihood of rehospitalization and the overall cost of outpatient care.[5-61] Members may have had difficulties finding access to care due to the COVID-19 PHE, as some in-person services were temporarily suspended. **[Quality, Timeliness, Access]** Recommendation: While MCC ACC conducted a root cause analysis and implemented interventions specific to *Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total*, its rate remained low in CY 2021; therefore, HSAG recommends that MCC ACC continue to implement appropriate interventions to improve performance related to follow-up care following a hospitalization. HSAG also recommends that MCC ACC monitor and expand upon interventions currently in place to improve performance related to the *Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total* measure.
In the Pediatric Health measure group: • MCC ACC's performance measure rate for *Child and Adolescent Well-Care Visits* fell below the 25th percentile, indicating that children and adolescents were not always receiving their well-care visits. Assessing physical, emotional, and social development is important at every stage of life, particularly for children and adolescents. Well-care visits provide an opportunity for providers to influence health and development, and they are a critical opportunity for screening and counseling.[5-62] **[Quality, Access]** Recommendation: While MCC ACC conducted a root cause analysis and implemented interventions specific to *Child and Adolescent Well-Care Visits*, its rate remained low in CY 2021; therefore, HSAG recommends that MCC ACC continue to identify best practices to support children in receiving well-care visits according to recommended schedules. HSAG also recommends that MCC ACC monitor and expand upon interventions currently in place to improve performance related to well-care visits. • MCC ACC's performance measure rates for *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* fell below the 25th percentile, indicating that children and adolescents were not always accessing well-care visits with a PCP. Well-care visits provide an opportunity for providers to influence health and development, and they are a critical opportunity for screening and counseling. [5-63] **[Quality, Access]**

[5-61] National Committee for Quality Assurance. Follow-Up After Hospitalization for Mental Illness (FUH). Available at: https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/. Accessed on: Jan 25, 2022.
[5-62] National Committee for Quality Assurance. Child and Adolescent Well-Care Visits. Available at: https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/. Accessed on: Mar 7, 2023.
[5-63] National Committee for Quality Assurance. Child and Adolescent Well-Care Visits (W30, WCV). Available at: https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/. Accessed on: Mar 7, 2023.

Strengths, Opportunities for Improvement, and Recommendations
Recommendation: While MCC ACC conducted a root cause analysis and implemented interventions specific to the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* measure indicator, its rates remained low in CY 2021; therefore, HSAG recommends that MCC ACC continue to identify best practices to support children in receiving well-care visits according to recommended schedules. HSAG also recommends that MCC ACC monitor and expand upon interventions currently in place to improve performance related to well-care visits. • MCC ACC's rates for *Childhood Immunization Status—Combination 3* and *Combination 10* fell below the 25th percentile, indicating that children were not always getting their immunizations by their second birthday. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.[5-64] **[Quality, Access]** Recommendation: HSAG recommends that MCC ACC conduct a root cause analysis to determine why some children were not always getting their immunizations by their second birthday. This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. MCC ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of service providers, or the need for community outreach and education). Additionally, MCC ACC should identify factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, HSAG recommends that MCC ACC implement appropriate interventions to improve performance related to childhood immunizations.
In the Preventive Screening measure group, MCC ACC's performance measure rates for *Breast Cancer Screening* and *Cervical Cancer Screening* fell below the 25th percentile, indicating that some women were not receiving timely screening for breast and cervical cancers. Early detection reduces the risk of dying from these types of cancers and can lead to a greater range of treatment options and lower healthcare costs. A factor that may have contributed to low performance is the temporary suspension of nonurgent services and in-person PCP appointments due to the COVID-19 PHE. **[Quality]** Recommendation: While MCC ACC implemented interventions specific to its CY 2020 *Breast Cancer Screening* and *Cervical Cancer Screening* rates, its rates remained low in CY 2021; therefore, HSAG recommends that MCC ACC conduct a root cause analysis for these measures and continue to implement appropriate interventions to improve performance related to its *Breast Cancer Screening* and *Cervical Cancer Screening* rates. HSAG also recommends that MCC ACC monitor and expand upon interventions currently in place to improve performance related to these screenings.

[5-64] National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: https://www.ncqa.org/hedis/measures/childhood-immunization-status/. Accessed on: Feb 4, 2022.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-88 presents performance measure recommendations made to MCC ACC in the CYE 2021 Annual Technical Report[5-65] and MCC ACC's follow-up to the recommendations, as well as an assessment of the degree to which MCC ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-88—MCC ACC Follow-Up to CY 2021 Performance Measure Recommendations

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
Recommendation 1:
To ensure that all possible performance measure numerator compliant records are appropriately identified, HSAG recommended that MCC ACC continue to explore other potential data streams for future supplemental data submission. This may include electronic health record data feeds, lab result files, exclusion history files, etc.
MCC ACC's Response:
MCC ACC has improvement strategies in place to manage retrieval, abstraction and overread efforts for all numerator compliant medical records. Self-identified goals and objectives include ensuring that MCC ACC identifies and captures all possible performance numerator compliant records to increase submissions and streamline data retrieval, abstraction, and overread efforts. MCC ACC currently has a three-tiered collaborative approach for Supplemental Data Source processing and outreach to increase submissions. This offers a streamlined and targeted communication approach with the provider groups which will contribute to administrative compliance.
HSAG's Assessment:
Considering MCC ACC's improvement strategies that were put in place and that no findings were identified for CY 2021 reporting related to supplemental data, HSAG has determined MCC ACC has satisfactorily addressed the prior year's recommendation.
Recommendation 2:
HSAG recommended that MCC ACC ensure that it maintains data system transition implementation plan documentation while transitioning its systems to its parent company and platforms in July 2021. This should include results and reconciliation for any data migrated to new systems and ensuring that data extracts from both systems have documented organization-to-vendor mapping.
MCC ACC's Response:
Self-identified goals and objectives include ensuring that MCC ACC maintains data system transition implementation plan documentation while transitioning its systems to its parent company and

[5-65] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
platforms in July 2021 resulting in limited data gaps or issues identified as part of the 2022 PMV activities. MCC ACC implemented a robust transition plan and process in the summer of 2021 to ensure that data transition and HEDIS Engine transition was smooth and accurate. This involved many measure rate validations where the rates were run in both HEDIS Engines in parallel. The transition to the MCC ACC HEDIS Engine was finalized only after all rates were validated and approved. Any rate discrepancies were researched, validated, and resolved.
HSAG's Assessment:
Considering MCC ACC's implementation of a transition plan and process to ensure a smooth system transition along with the limited data gaps and issues that were identified, HSAG has determined MCC ACC has satisfactorily addressed the prior year's recommendation.
Recommendation 3:
HSAG recommended that MCC ACC conduct a root cause analysis to determine why female members were not receiving timely postpartum care. MCC ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of family planning service providers, or the need for improved community outreach and education). This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Additionally, MCC ACC should also identify factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, MCC ACC should implement appropriate interventions to improve the performance related to postpartum care.
MCC ACC's Response:
MCC ACC conducted a root cause analysis and identified that the current interventions are working well, but additional efforts are needed to engage members and providers. Self-identified goals and objectives include increase in timely postpartum care for female members above the 25th percentile of 71.11%. MCC ACC regularly conducts process audits to review and determine gaps and areas for improvement within the current maternity processes. MCC ACC uses the results from the process audit to inform interventions needed next. From that, MCC ACC is doing provider outreach and targeting PPC gap providers to secure EMR access and supplemental data sources (SDS). MCC ACC identified the need to receive more timely notifications of member pregnancy and has begun to engage high volume providers who submit claims/global billing for pregnant members to align their processes to the expectations of timely notification and to receive medical records documentation proactively. MCC ACC also conducts outreach to all newborns utilizing eligibility data. During this outreach, MCC ACC engages with members about the importance of postpartum care and helps members find a provider as needed. MCC ACC did identify factors related to COVID19's impact on members access to care. From those findings, MCC ACC has implemented more robust outreach to OB and PCP providers who offer maternity services. MCC ACC also has PPC telehealth appointments and coordination of care support internally to support members in need of care while also helping them find services with an OB or PCP. MCC ACC sends providers HEDIS tip sheets to ensure the understanding of requirements and to collaborate on best practices. MCC ACC also has multiple VBP programs and the P4Q Program to incentivize providers and partners to prioritize annual and preventive services.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
HSAG's Assessment:
MCC ACC identified interventions that were implemented for CY 2021 as a result of conducting a root cause analysis, however the rates remained low in CY 2021. While opportunity remains to improve its rate, HSAG has determined that MCC ACC satisfactorily addressed the prior year's recommendation.
Recommendation 4:
HSAG recommended that MCC ACC conduct a root cause analysis or focus study to determine why members were not maintaining their chronic health conditions at optimal levels or why some adult members were experiencing issues with access to care. This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, MCC ACC should implement appropriate interventions to improve the performance related to this chronic condition.
MCC ACC's Response:
MCC ACC conducted a root cause analysis and identified that additional efforts are needed to engage members and providers. Self-identified goals and objectives include helping members with chronic health conditions, specifically Comprehensive Diabetes Care-HbA1c Poor Control (>9.0%), have better access to care and maintain their health at optimal levels above the 50th percentile of 43.19%. MCC ACC is doing targeted outreach to providers who have a high volume of members with chronic conditions to support them to improve member engagement. MCC ACC conducts year-round medical records reviews and works to secure provider EMR access and supplemental data sources (SDS). MCC ACC also plans to initiate a more robust program for chronic conditions. MCC ACC also has VBP and the P4Q to incentivize providers to prioritize managing chronic conditions.
HSAG's Assessment:
MCC ACC identified interventions that were implemented for CY 2021 as a result of conducting a root cause analysis; therefore, HSAG determined that MCC ACC satisfactorily addressed the prior year's recommendation.
Recommendation 5:
HSAG recommended that MCC ACC conduct a root cause analysis to determine why children and adolescents were not always accessing well-child visits. MCC ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of PCP or OB/GYN service providers, or the need for community outreach and education). This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, MCC ACC should implement appropriate interventions to improve the performance related to well-care visits.
MCC ACC's Response:
MCC ACC conducted root cause analysis and determined that additional efforts are needed to engage members and providers. Self-identified goals and objectives include increasing child and adolescent well-care visits above the 25th percentile (39.41%) and 50th percentile (45.31%) and well-child visits in the first 30 months of life above the 25th percentile (44.99%) and 50th percentile (54.92%).

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
Through the root cause analysis MCC ACC also initiated a process to ensure the provider specialty mapping is accurate for all PCPs. MCC ACC also began auditing non-compliant cases to ensure appropriate claim submission to the medical record documentation of a comprehensive well-care visit vs. sick visit. MCC ACC started outreach on all members in CYE 2022 Q1 and identified the need to integrate a more targeted approach to outreach for WCV. MCC ACC is now utilizing a behavioral segmentation report which identifies members who are always, sometimes, and never compliant for the WCV measure. This effort has supported MCC ACC's efforts to implement data driven interventions. MCC ACC is also supporting providers that do not have an online scheduling option, by engaging them with our partner, Keona Health. MCC ACC also has multiple VBP programs and the P4Q Program to incentivize providers and partners to prioritize annual and preventive services.
HSAG's Assessment:
MCC ACC identified interventions that were implemented for CY 2021 as a result of conducting a root cause analysis, however the rates remained low in CY 2021. While opportunity remains to improve its rate, HSAG has determined that MCC ACC satisfactorily addressed the prior year's recommendation.
Recommendation 6:
HSAG recommended that MCC ACC conduct a root cause analysis or focus study to determine why its female members were not receiving timely screenings for breast and cervical cancers. This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, MCC ACC should implement appropriate interventions to improve the performance related to preventive screenings.
MCC ACC's Response:
MCC ACC conducted root cause analysis and determined that the current interventions are working well, but additional efforts are needed to engage members and providers. Self-identified goals and objectives include increasing timely screenings for breast cancer screening above the 25th percentile (48.07%) and cervical cancer screening (51.80%) for female members. For breast cancer screening, MCC ACC has identified a need to engage with not only PCPs, but also radiology vendors within the network. MCC ACC has started a P4Q program with a large radiology vendor, RADnet (AZ Diagnostic Radiology). This P4Q Program is focused on outreaching and engaging all members in need of a breast cancer screening. MCC ACC has also partnered with SimonMed to outreach for their mobile mammography events. For cervical cancer screening, MCC ACC identified the need to engage PCPs on their efforts and education for cervical cancer screenings. MCC ACC has also begun to utilize member facing materials from the American Cancer Society to educate members on the importance of preventive screenings. For breast cancer and cervical cancer screening, MCC ACC is working to start a program that offers tablets to members to close the gap for Medicaid member's access to technology. In the first phase of the program, MCC ACC will be targeting members with breast cancer and cervical cancer screening gaps in care. MCC ACC also has multiple VBP programs and the P4Q Program to incentivize providers and partners to prioritize preventive screenings.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
HSAG's Assessment: MCC ACC identified interventions that were implemented for CY 2021 as a result of conducting a root cause analysis, however the rates remained low in CY 2021. While opportunity remains to improve its rate, HSAG has determined that MCC ACC satisfactorily addressed the prior year's recommendation.
Recommendation 7:
HSAG recommended that MCC ACC conduct a root cause analysis to determine why members were not receiving timely follow-up care with a mental health provider. MCC ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of mental health service providers, or the need for community outreach and education). This could include conducting focus groups to identify barriers that their members were experiencing in accessing care and services in order to implement appropriate interventions. Additionally, MCC ACC should identify factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, MCC ACC should implement appropriate interventions to improve the performance related to follow-up visits for behavioral health-related hospitalizations.
MCC ACC's Response: MCC ACC conducted a root cause analysis to determine barriers that affected key areas why members were not receiving timely follow-up care with a mental health provider. Self-identified goals and objectives include increasing timely follow-up care with a mental health provider above the 25th percentile for 7-day follow-up (30.86%) and 30-day follow-up (51.9%). The top barriers included: • Late notification of discharge which greatly impacted the ability to assist with effective discharge planning and timely follow-up • COVID-19 Pandemic impacted providers' ability to have in-person visits • Members following up with mental health providers, but after the 7th or 30th day • Transportation concerns • Unable to contact members after discharge • Lack of education on the importance of timely follow-up appointments MCC ACC implemented a platform to monitor discharges, Transition of Care (ToC) outreach and engagement after hospitalization as well as reviewed discharge clinicals for timely follow up appointments and adherence from inpatient facilities. In an effort to best support our members and improve follow-up care with a mental health provider, MCC ACC has implemented the following interventions to improve follow-up care: • Continued programs, adapt as applicable to improve member outcomes • Care Management will continue outreaching members during Transition of Care to assist with arranging follow-up appointments and providing information for community-based services • MCC ACC collaborates with discharge planners to assist with timely post-discharge appointments

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
• Members not established with a Behavioral Health provider, receive outreach for coordination of a 7-day follow-up appointment via telehealth from our Care Connections team
HSAG's Assessment: MCC ACC identified interventions that were implemented for CY 2021 as a result of conducting a root cause analysis, however the rate remained low in CY 2021. While opportunity remains to improve its rate, HSAG has determined that MCC ACC satisfactorily addressed the prior year's recommendation.

Validation of Performance Improvement Projects

In CY 2022, MCC ACC continued the *Back to Basics* PIP, which was initiated in CYE 2019. As this PIP is in an intervention year, PIP validation activities focused on intervention analysis. MCC ACC submitted interventions implemented during CY 2022 along with the intervention status, focus, and rationale for changes or discontinuation of the intervention for the following year.

AHCCCS will conduct an annual validation of the first remeasurement year reflective of CY 2022 (January 1, 2022, through December 31, 2022) using HSAG-calculated and validated indicator rates. AHCCCS will evaluate MCC ACC's performance based on an analysis of improvement strategies implemented and an assessment of statistically significant improvement as described in Appendix A. Methodology—Validation of Performance Improvement Projects—How Conclusions Were Drawn.

Results

HSAG determined that the PIP has a preliminary validation status of *Met*, based on valid and reliable rate calculation. Validation status based on whether significant or sustained improvement was achieved will be assessed following completion of interventions and final calculation of measures.

Table 5-89 through Table 5-91 provide the *Back to Basics* PIP baseline and intervention year rates for each indicator for MCC ACC.

Table 5-89—MCC ACC *Back to Basics* PIP Rates for PIP Indicator 1

Contractor	PIP Indicator 1: *W30 Rate 1*	
	Baseline Year	Intervention Year
	CY 2020*	CY 2021
MCC ACC	49.1%	44.8%

*In CYE 2019, the MCC ACC performance measure rate for indicator 1 had a small denominator, which did not allow for reporting of the measure. CY 2020 served as baseline for indicator 1 for MCC ACC.

Table 5-90—MCC ACC *Back to Basics* PIP Rates for PIP Indicator 2

Contractor	PIP Indicator 2: *WCV*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020	CY 2021
MCC ACC	33.9%	30.8%	34.2%

*The CYE 2019 indicator rate was calculated by HSAG utilizing AHCCCS data.

Table 5-91—MCC ACC *Back to Basics* PIP Rates for PIP Indicator 3

Contractor	PIP Indicator 3: *ADV*		
	Baseline Year	Intervention Year 1	Intervention Year2
	CYE 2019	CY 2020	CY 2021
MCC ACC	37.5%	38.2%	45.5%

*CYE 2019 and CY 2020 indicator rates were calculated by HSAG utilizing AHCCCS data.

Interventions

Table 5-92 presents PIP interventions for MCC ACC during CY 2022. Language in the PIP interventions section is minimally edited and generally reflective of the language provided by the Contractor.

Table 5-92—MCC ACC *Back to Basics* PIP Interventions

Contractor	Interventions
MCC ACC	• Member Phone Outreach: MCC ACC outreached to members/legal guardians via telephone with gaps in care to educate them on the importance of *W30*, *WCV*, and *ADV* services and assisting members in scheduling appointments for needed service(s). • Clinic Days: MCC ACC organized clinic days, including back to school events and dental events, specifically for MCC ACC members. MCC ACC partnered with high volume provider groups to schedule clinic days for MCC ACC members to be seen during designated hours. • Broken Appointment Member Outreach: MCC ACC outreached to members/legal guardians via telephone who missed a scheduled dental appointment to assist with rescheduling appointments for needed service(s). • Provider Outreach: MCC ACC staff regularly met (in person and over the phone) with high volume practitioners to provide education around the importance of the recommended services for the target measures (*W30, WCV*) and delivered care gap lists to help providers outreach to members for education and scheduling.

Contractor	Interventions
	• Text Messaging: MCC ACC utilized a text messaging vendor (Welltok) to directly outreach to members and encourage them to call MCC ACC member services or their provider with any questions and to schedule an appointment for their needed service(s). • Supplemental Data: Additional MCC ACC resources were dedicated to collecting supplemental data from providers along with providing technical support for providers on claim submissions. • Provider P4Q: The P4Q Program was continued in CY 2021 as an incentive for providers to close quality care gaps. • Provider value-based purchasing: MCC ACC initiated several value-based purchasing agreements with providers to improve quality care gaps (*WCV* and *W30)*. • Member Incentives: MCC ACC members will be eligible to receive incentives based on preventative visits completed related to Child and Adolescent Well-Care Visits (*WCV*) and Well-Child Visits in the First 30 Months of Life (*W30*). • New Baby Outreach Program: MCC ACC is focused on contacting and educating parents of every newborn from birth to 15-months-old on the importance of well-care visits and immunizations, timely access to care, and establishing a pediatrician for their new baby. MCC ACC is also supporting mothers on receiving mental and/or physical health postpartum services. Following successful outreach, MCC ACC is sending handwritten "thank you" notes to parents to support ongoing engagement and access to care.

Strengths, Opportunities for Improvement, and Recommendations

Table 5-93 presents strengths, opportunities for improvement, and recommendations for MCC ACC related to PIPs, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-93—MCC ACC Strengths, Opportunities for Improvement, and Recommendations Related to PIPs

Strengths, Opportunities for Improvement, and Recommendations
Strengths
MCC ACC developed and implemented interventions that may lead to improvement in indicator outcomes. **[Quality, Access]** HSAG noted that the intervention year 2 indicator rates showed a slight increase over intervention year 1 for indicators 2 and 3. Further, HSAG noted that both intervention year indicator rates for indicator 3 showed an increase over the baseline year indicator rate. **[Quality, Access]**

Strengths, Opportunities for Improvement, and Recommendations
Opportunities for Improvement and Recommendations
For indicator 1, MCC ACC was unable to report a baseline year indicator rate in CYE 2019 due to a small denominator, so CY 2020 served as the baseline year. Between the baseline year and intervention year, the indicator rate showed a decline of 4.3 percentage points. The decline noted in the indicator 1 rate may indicate that the COVID-19 PHE had an impact on the rates of compliance for well-child visits in the first 15 months. **[Quality, Access]** Recommendations: As the PIP progresses, HSAG recommends that MCC ACC: • Review intervention year indicator rates and adjust interventions to facilitate improvement, as necessary • Continue to implement identified interventions and assess the impact and effectiveness of the interventions after the validated indicator rates for the first remeasurement year become available • Develop and document a plan for sustaining the improvement for any demonstrated improvement in indicator rates

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-94 presents PIP recommendations made to MCC ACC in the CYE 2021 Annual Technical Report[5-66] and MCC ACC's follow-up to the recommendations, as well as an assessment of the degree to which MCC ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-94—MCC ACC Follow-Up to CY 2021 PIP Recommendations

Prior Year's Recommendation from the EQR Technical Report for PIPs
While the PIP is in an intervention year and no opportunities for improvement have yet been identified, HSAG recommended that MCC ACC continue to implement identified interventions and assess the impact and effectiveness of the interventions after the first remeasurement year.
MCC ACC's Response: MCC ACC continues to implement interventions and assess the impact and effectiveness of interventions on a quarterly basis. Self-identified goals and objectives include implementation of PIP interventions based on the Plan-Do-Study-Act (PDSA) method to assess the impact and effectiveness of the interventions along with maintaining and/or exceeding the National Medicaid benchmark for

[5-66] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Prior Year's Recommendation from the EQR Technical Report for PIPs
well-care visits (WCV), well-child visits in the first 30 months of life (W30), and annual dental visits (ADV). Specifically, the goal is to maintain or exceed WCV at 46.12%, W30 at 52.93%, and ADV at 42.79%. Interventions include bi-weekly call outreach to members/legal guardians with gaps in care to establish engagement, discuss the importance of well-care visits (WCV), well-child visits in the first 30 months of life (W30), and annual dental visits (ADV), and assist with scheduling appointments. Another intervention includes sending all "unable to reach members" identified through the bi-weekly call campaign to PCPs in an effort to obtain better/alternate contact information and/or engage providers in outreaching directly to these members to establish engagement and discuss the importance of WCV, W30, and ADV. MCC ACC also regularly educates high volume practitioners and provides education around the importance WCV, W30, ADV and provides gap lists to help providers outreach to members for education and scheduling. MCC ACC initiated several value-based purchasing agreements with providers to improve quality care gaps (WCV and W30).
HSAG's Assessment: HSAG reviewed MCC ACC's PIP intervention submission, which detailed interventions implemented in CY 2022, whether the intervention will be continued, and the rationale for intervention changes or discontinuation. HSAG has determined that MCC ACC has satisfactorily continued to implement interventions, based on activities completed in CY 2022.

Compliance Reviews

Results

AHCCCS conducted a compliance review of MCC ACC from April 11, 2022, through April 14, 2022. A draft version of the report was provided to the Contractor on May 26, 2022. On June 24, 2022, AHCCCS finalized the report findings and provided MCC ACC with a CAP submission matrix and required a CAP for any standard with a total score of less than 95 percent. Table 5-95 presents MCC ACC's scores for each of the 13 Focus Areas reviewed.

Table 5-95—MCC ACC Compliance Review Scores for Each Focus Area

Compliance Focus Areas	MCC ACC Scores	Program-Level Average
CC	100%	100%
CIS	92%	95%
DS	84%	86%
GA	93%	95%
GS	99%	99%
MCH	76%	73%
MM	93%	92%

Compliance Focus Areas	MCC ACC Scores	Program-Level Average
MI	95%	98%
QM	69%	75%
QI	89%	93%
RI	100%	100%
TPL	100%	100%
ISOC	97%	99%

Strengths, Opportunities for Improvement, and Recommendations

Table 5-96 presents strengths, opportunities for improvement, and recommendations for MCC ACC related to compliance, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-96—MCC ACC Strengths, Opportunities for Improvement, and Recommendations Related to Compliance

Strengths, Opportunities for Improvement, and Recommendations
Strengths
MCC ACC scored at or above 95 percent in the following Focus Areas: • Corporate Compliance (CC) **[Quality, Access]** • Grievance Systems (GS) **[Timeliness, Access]** • Member Information (MI) **[Quality]** • Reinsurance (RI) **[Quality]** • Third-Party Liability (TPL) **[Quality, Timeliness, Access]** • Integrated Systems of Care (ISOC) **[Quality, Access]**

Strengths, Opportunities for Improvement, and Recommendations
Opportunities for Improvement and Recommendations
MCC ACC scored below 95 percent in the following Focus Areas: • Claims and Information Standards (CIS) **[Access]** • Delivery Systems (DS) **[Timeliness, Access]** • General Administration (GA) **[Timeliness, Access]** • Adult, EPSDT and Maternal Child Health (MCH) **[Quality, Timeliness, Access]** • Medical Management (MM) **[Timeliness, Access]** • Quality Management (QM) **[Quality]** • Quality Improvement (QI) **[Quality, Access]** Recommendations: HSAG recommends that MCC ACC consider conducting a self-assessment of the CIS, DS, GA, MCH, MM, QM, and QI Focus Area requirements.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-97 presents compliance recommendations made to MCC ACC in the CYE 2021 Annual Technical Report[5-67] and MCC ACC's follow-up to the recommendations, as well as an assessment of the degree to which MCC ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-97—MCC ACC Follow-Up to CY 2021 Compliance Recommendations

Prior Year's Recommendation from the EQR Technical Report for Compliance
Although no compliance review was conducted during CYE 2021, HSAG recommended that the Contractor conduct an internal assessment to ensure that it remains compliant with the requirements in each of the AHCCCS Focus Areas.
MCC ACC's Response: MCC ACC did not provide a response to this recommendation.
HSAG's Assessment: Based on the results of the CY 2022 compliance review, HSAG has determined that MCC ACC has satisfactorily addressed the prior year's recommendation.

[5-67] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Network Adequacy Validation

Results

HSAG evaluated MCC ACC's compliance results with AHCCCS' time/distance standards by GSA and county. This section presents biannual validation findings specific to the ACC LOB, with one results table for the following GSA:

- Central GSA: Gila, Maricopa,[5-68] and Pinal counties

Each region-specific table summarizes biannual validation results containing the percentage of members meeting each time/distance standard by quarter and county, with color coding to identify whether the time/distance standard was *Met* or *Not Met.* The value "NA" is shown for time/distance standards that do not apply to the county or ACC LOB. The value "NR" is shown for time/distance standards in which no members met the network requirement denominator for the ACC LOB and county; therefore, HSAG calculated no corresponding time/distance result.

Yellow color coding identifies instances in which HSAG's time/distance results met the minimum network requirement but differed from the Contractor's ACOM 436 results. Red color coding identifies instances in which HSAG's time/distance results that did not meet the compliance standard, regardless of the Contractor's ACOM 436 results.

An asterisk (*) indicates that fewer than 10 members were included in the denominator of HSAG's results. A carat (^) indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.

Table 5-98—MCC ACC Time/Distance Validation Results for Central GSA—Percentage of Members Meeting Minimum Network Requirements

	Gila		Maricopa		Pinal	
Minimum Network Requirement	Q2	Q4	Q2	Q4	Q2	Q4
Behavioral Health Outpatient and Integrated Clinic, Adult	100^[2]	100^[3]	98.8^[2]	98.8^[3]	100^[2]	100^[3]
Behavioral Health Outpatient and Integrated Clinic, Pediatric	100^[2]	100^[3]	98.6^[2]	98.6^[3]	100^[2]	100^[3]
Behavioral Health Residential Facility (only Maricopa and Pima counties)	NA	NA	95.4[1]	98.2	NA	NA
Cardiologist, Adult	100^	100^	100^	100^	100^	100^
Cardiologist, Pediatric	100^	100^	100^	100^	100^	100^
Dentist, Pediatric	100	100	99.1	99.1	100	99.8

[5-68] Maricopa County includes the 85342, 85358, and 85390 ZIP codes; these ZIP codes are physically located in both Maricopa and Yavapai counties.

Minimum Network Requirement	Gila		Maricopa		Pinal	
	Q2	Q4	Q2	Q4	Q2	Q4
Hospital	100	100	99.9	99.9	100	100
OB/GYN	100	100	99.9	100	100	100
Pharmacy	100	100	99.0	99.1	100	100
PCP, Adult	100^	100^	99.8^	99.8^	100^	100^
PCP, Pediatric	100^	100^	99.6^	99.6^	100^	100^

represents Contractor-reported results that differ from HSAG's results and meet the compliance standard based on HSAG's results.

^ indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.

NA indicates results are not applicable to the county.

[1] In CYE 2022 Q2, MCC ACC's data included substantially decreased numbers of providers used to measure the Behavioral Health Residential Facility standard, as compared to prior submissions. This potentially influenced the validated compliance for this provider type. MCC ACC indicated that it was reviewing this issue, and AHCCCS is requesting a CAP.

[2] In CYE 2022 Q2, MCC ACC's data included substantially increased numbers of providers used to measure the adult and pediatric Behavioral Health Outpatient and Integrated Clinic standards, as compared to prior submissions. AHCCCS' review found that MCC ACC was duplicating records submitted for the same clinic address. This potentially influenced the validated compliance for these provider types. MCC ACC indicated that it was reviewing this issue, and AHCCCS is requesting a plan of correction.

[3] Since CYE 2021 Q4, MCC ACC's data has included substantially increased numbers of providers used to measure the adult and pediatric Behavioral Health Outpatient and Integrated Clinic standards, as compared to prior submissions. AHCCCS' review found that MCC ACC was duplicating records submitted for the same clinic address. This potentially influenced the validated compliance for these provider types.

Strengths, Opportunities for Improvement, and Recommendations

Table 5-99 presents strengths, opportunities for improvement, and recommendations for MCC ACC related to NAV, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-99—MCC ACC Strengths, Opportunities for Improvement, and Recommendations Related to NAV

Strengths, Opportunities for Improvement, and Recommendations
Strengths
After accounting for data-related findings, MCC ACC met all time/distance network standards in all assigned counties for both quarters in CYE 2022. **[Access]** Note: MCC ACC provides coverage in the following counties: Gila, Maricopa, and Pinal.
Opportunities for Improvement and Recommendations
Isolated data issues may have contributed to specific instances affecting MCC ACC's compliance with time/distance standards. **[Access]** Recommendation: HSAG recommends that MCC ACC continue to monitor its processes for creating the PAT file and review the PAT file for accuracy prior to submitting to AHCCCS.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-100 presents NAV recommendations made to MCC ACC in the CYE 2021 Annual Technical Report[5-69] and MCC ACC's follow-up to the recommendations, as well as an assessment of the degree to which MCC ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-100—MCC ACC Follow-Up to CY 2021 NAV Recommendations

Prior Year's Recommendation from the EQR Technical Report for NAV
HSAG recommended that the ACC Program Contractors should continue to monitor their processes for creating the PAT file and review the PAT file for accuracy prior to submitting to AHCCCS. HSAG also recommended that MCC ACC continue to monitor its process for creating the PAT file and review the PAT file for accuracy prior to submitting to AHCCCS.
MCC ACC's Response: Self-identified goals and objectives include ensuring that MCC ACC continuously monitors its process for creating and receiving the PAT file for accuracy prior to submitting to AHCCCS by leveraging data directly from the latest State file, utilizing QNXT from the provider module, and ensuring cleanup activities are completed to safeguard utmost accuracy. One of the significant changes that MCC ACC made to its PAT file from the successful November 2021 submission to the successful April 2020 submission was to leverage the data directly from the latest State file for some fields rather than having the data loaded to QNXT. These fields include the following: • Board Certification Indicator using the Agency field from the state file • Specialty Codes 1, 2, and 3 • Provider Type • Provider License • Board Certification Indicator – American Board of Medical Specialties (ABMS) using the Agency field from the state file Otherwise, MCC ACC is utilizing QNXT data from the provider module with the same logic from the November 2021 submission. This also ensured that data cleanup activities have also had a positive impact on ensuring MCC ACC is submitting valid locations for the provider with the accurate associated group information.
HSAG's Assessment: Based on the CYE 2022 NAV results and the response from MCC ACCC, HSAG determined that MCC ACC has satisfactorily addressed the prior year's recommendation.

[5-69] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

MCC ACC Best and Emerging Practices

Table 5-101 presents the best and emerging practices provided by MCC ACC for CYE 2022. HSAG made only minor edits to MCC ACC's submission to enhance readability. Best practice responses may be based on Contractor internal data and not EQR validated rates.

Table 5-101—MCC ACC Best and Emerging Practices

MCC ACC Best and Emerging Practices—Cultural Competency Staff Training
In alignment with the National Culturally and Linguistically Appropriate Services (CLAS) standards, MCC ACC's Cultural Competency Program goal is to educate and train MCC ACC staff on culturally and linguistically appropriate policies and practices. During CYE 2022, MCC ACC's Cultural Competency Coordinator implemented an online Cultural Competency Staff Survey to identify knowledge gaps and determine MCC ACC's staff training needs. Survey results indicated the following: 50% of staff completed the survey; 53% of staff reported a request for additional training on American Sign Language and the Deaf and Hard of Hearing community. During this reporting period, MCC ACC partnered with the Arizona Commission for the Deaf and Hard of Hearing to provide education on the unique culture, applicability of Americans with Disabilities Act of 1990 (ADA), auxiliary aids, communication strategies, available resources and more. Post-training evaluation results from the 50% of staff who originally participated in the survey revealed the following: 80% of participants felt the training provided them with important information about their role; 94% of participants felt the training was helpful in explaining the importance of member's interaction with MCC ACC's staff. This best practice proactive approach aids and directs internal staff trainings to areas of greatest demand. The training plan prioritizes staff training needs, supports knowledge expansion, experience, and skills to ensure cultural sensitivity and awareness in our interactions with MCC ACC's members, colleagues, and the communities that MCC ACC serves.
MCC ACC Best and Emerging Practices—Peer Reach-In Program
MCC ACC's Peer Reach-In Program meets high needs members during behavioral health hospitalization or residential treatment with interventions prior to discharge, providing a care coordination safety net for General Mental Health/Substance Use (GMHSU) members new to AHCCCS and often unengaged in services. The program deploys peer support specialists (PSS) trained in Intentional Peer Support who screen members in real-time after admission, using a tool that assigns points for utilization, living situation, substance use, comorbid physical health conditions, suicidality and self-harm, trauma, and other SDOH and contributing factors. The program triages members for outreach with a top priority on hospitalization as a result of a suicide attempt, including communication with hospital social workers, in-person visits by PSS, coordination with care management, and connections to peer support and Peer Run Organizations providing peer support and social determinants of health interventions. Goals are measured by member engagement, provider engagement, and utilization of services based on level of care. In Contract Year 2022, the program saw a 29% increase in successful member engagement post-pandemic, a greater than 100% increase in the number of facility partnerships, decreases in inpatient and ED utilization, and a three-fold increase in utilization of supportive services for this population.

MCC ACC Best and Emerging Practices—OAR Partnership
MCC ACC has sustained partnership with the AZ Opioid Assistance and Referral Line (OAR Line), who calls members prescribed opioids and identified by MCC ACC as at-risk for overdose or substance abuse. The OAR Line team provides patient and provider education, and referral to treatment and SDOH services. MCCACC and OAR collaborated with Sonoran Prevention Works for program design, who offers consultation on overdose prevention and harm reduction/peer-delivered/street-based outreach and is a key community resource. Members are identified for outreach by Pharmacy each month based on clinically assessed risk with prescription morphine milligram equivalents, length of prescription, and drug combinations. Goals are measured by OAR effectiveness in members reached, resources provided, and member referrals care management or SDOH resources. During Contract Year 2022, MCC ACC and OAR adjusted interventions to focus the target population based on higher levels of risk and OAR Line capacity, in order to increase effectiveness. As a result, reached and referral percentages both increased and are trending up for 91 unique members to-date.
MCC ACC Best and Emerging Practices—Resilient Health Suicide Prevention Pilot
During Contract Year 2022, MCC ACC partnered with Resilient Health to proactively address suicide risk in a short-term pilot program focused on Zero Suicide. Even though suicide prevention was identified as a top priority by both the AZ Governor's Office and out state Medicaid program, until that time there was no targeted and coordinated suicide prevention screening and intervention program in managed care with a sole focus on GMSHU members. MCC ACC built a high risk, high needs cohort of adults, transition age youth, and those with little or no engagement in their healthcare. For outreach, Resilient built a specialized team of peer support specialists for telephonic engagement. For screening, they used the Columbia Suicide Severity Rating Scale (C-SSRS) with every enrolled participant to determine timeliness, level of intervention, and coordination with our health plan. During the project, MCC ACC and Resilient adjusted outreach methods and timing, and initially planned follow up requirements to follow member voice and choice. For outcomes, Resilient used the Daily Living Activities-20 (DLA-20), a one-of-a-kind, validated, comprehensive functional assessment tool conducted in partnership with the participant that measures changes in 20 domains. For those members outreached and enrolled in the pilot project, 89% agreed to and took a C-SSRS, and 100% of those scoring moderate or severe developed a crisis and safety plan with Resilient. 60% followed up with a psychiatric evaluation and other interventions for medication and counseling. For enrolled members who took two or more DLA-20 assessments, 73% showed an increased overall level of functioning. No pilot program participants attempted or died by suicide during the program.
MCC ACC Best and Emerging Practices—Pyx Health
MCC ACC has maintained an active partnership with Pyx Health, who utilizes technology designed specifically for the basic needs of loneliness and social isolation, along with highly prevalent behavioral health diagnoses. Pyx Health provides 24/7 companionship and support for patients via a mobile platform and a compassionate support center after members have been discharged from the emergency room or based on specific behavioral health diagnoses. During the times, members are at a higher risk for poor health outcomes due to loneliness and social isolation. Once the member has been on-boarded by Pyx Health, they receive companionship to help treat loneliness through a non-

MCC ACC Best and Emerging Practices—Pyx Health
clinical, whole-person care approach. Pyxir, an endearing chatbot personality, walks alongside members in their healthcare journey, checking in each day to encourage self-management to help with pain, loneliness, sleep, anxiety, and healthy habits. He also identifies social determinants of health needs, provides companionship, and helps patients navigate their health plan and available community resources. When urgent needs are identified on the platform, the compassionate support center intervenes with a direct call to the member to offer support or helpful resources. During contract year 2022, MCC ACC and Pyx Health maintained monthly meetings and collaborated on programing changes. Loneliness at onboarding for members declined from 50% to 39%. All enrolled members with at least 12 months pre-enrollment versus 12 months post enrollment paid claims that utilize Pyx showed a 36% reduction in overall medical cost after 12 months of post program enrollment, and a 31% reduction in Institutional cost (IP) after 12 months of post program enrollment.

UHCCP ACC

Validation of Performance Measures

Results for Information Systems Standards Review

HSAG determined that UHCCP ACC followed the measure specifications and produced reportable rates for all measures in the scope of the validation of performance measures.

Table 5-102 displays HSAG's PMV findings for each data type reviewed in alignment with the CMS EQR Protocol 2 audit requirements:

Table 5-102—CY 2021 PMV Findings

Data Type	HSAG Findings
Medical Services Data	*No identified concerns*
Enrollment Data	*No identified concerns*
Provider Data	*No identified concerns*
Medical Record Review Process	*No identified concerns*
Supplemental Data	*No identified concerns*
Data Integration	*No identified concerns*

Results for Performance Measures

Table 5-103 presents the CY 2020 and CY 2021 UHCCP ACC performance measure results for measures that could be compared to the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2020 and MY 2021. Performance measure rate cells shaded green indicate that the rate met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2020 and/or MY 2021. Of note, measures for which lower rates suggest better performance are indicated by an asterisk (*). Measures reported using hybrid methodology are identified by a plus sign (+); measures without a plus sign (+) were reported using administrative methodology.

Table 5-103—CY 2020 and CY 2021 UHCCP ACC Performance Measure Results

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Maternal and Perinatal Care				
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	—	86.4%+	—	★★★
Postpartum Care	73.0%+	68.4%+	→	★

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Behavioral Health				
Antidepressant Medication Management				
Effective Acute Phase Treatment	58.5%	60.8%	↑	★★★
Effective Continuation Phase Treatment	41.3%	43.1%	↑	★★★
Follow-Up After ED Visit for AOD Abuse or Dependence				
7-Day Follow-Up—Total	16.2%	12.1%	↓	★★
30-Day Follow-Up—Total	22.2%	18.8%	↓	★★
Follow-Up After ED Visit for Mental Illness				
7-Day Follow-Up—Total	49.5%	44.7%	→	★★★
30-Day Follow-Up—Total	58.6%	54.8%	→	★★★
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Total	47.4%	44.8%	↓	★★★
30-Day Follow-Up—Total	63.4%	61.4%	→	★★★
Initiation and Engagement of AOD Abuse or Dependence Treatment				
Initiation of AOD Treatment—Total	47.5%	48.6%	→	★★★★
Engagement of AOD Treatment—Total	17.8%	18.2%	→	★★★★
Care of Acute and Chronic Conditions				
Comprehensive Diabetes Care				
*HbA1c Poor Control (>9.0%)**	35.8%+	34.3%+	→	★★★★
Controlling High Blood Pressure				
Controlling High Blood Pressure	—	67.4%+	—	★★★★
Heart Failure Admission Rate				
Heart Failure Admission Rate	—	35.4	—	—
Diabetes Short-Term Complication Admission Rate				
Diabetes Short-Term Complications Admission Rate	—	16.6	—	—
Pediatric Health				
Child and Adolescent Well-Care Visits				
Child and Adolescent Well-Care Visits	47.0%	47.9%	↑	★★

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Developmental Screening in the First Three Years of Life				
Developmental Screening in the First Three Years of Life	45.3%	48.2%	→	—
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	65.0%	63.3%	↓	★★★★
Annual Dental Visit				
Annual Dental Visit	—	55.0%	—	★★★
Childhood Immunization Status				
Combination 3	—	65.7%+	—	★★★
Combination 7	—	59.4%+	—	★★★★
Combination 10	—	37.5%+	—	★★★
Immunizations for Adolescents				
Combination 1	—	85.6%+	—	★★★★
Combination 2	—	41.4%+	—	★★★★
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Total	—	58.1%	—	★★★
Cholesterol Testing—Total	—	49.3%	—	★★★★
Blood Glucose and Cholesterol Testing—Total	—	46.7%	—	★★★★
Preventive Screening				
Breast Cancer Screening				
Breast Cancer Screening	56.4%	55.6%	→	★★★
Cervical Cancer Screening				
Cervical Cancer Screening	56.5%+	58.9%+	→	★★★
Appropriate Utilization of Services				
Ambulatory Care—Total				
*Ambulatory Care—ED Utilization**	—	39.2	—	★★★
Plan All-Cause Readmissions				
*O/E Ratio—Total**	—	1.0051	—	★★
Use of Opioids at High Dosage				
*Use of Opioids at High Dosage**	—	11.9%	—	★

* A lower rate indicates better performance for this measure.
+ Indicates the measure was reported using hybrid methodology.
Cells shaded green indicate that the rate met or exceeded the MY 2020 and/or MY 2021 national Medicaid mean.

[1]— Indicates the CY 2020 rate was not presented in the CYE 2021 Annual Technical Report; therefore, a 2020-2021 comparison is not presented in the CYE 2022 Annual Technical Report.

↑ Indicates improvement of measure rates.

↓ Indicates decline of measure rates.

⟶ Indicates stable measure rates.

[2]Performance Levels for CY 2021 were based on comparisons of the HEDIS MY 2021 measure rates to national Medicaid Quality Compass HEDIS MY 2020 benchmarks.

Performance Levels for 2021 represent the following percentile comparisons:

★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Strengths, Opportunities for Improvement, and Recommendations

Table 5-104 presents strengths, opportunities for improvement, and recommendations for UHCCP ACC related to performance measures, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-104—UHCCP ACC Strengths, Opportunities for Improvement, and Recommendations Related to Performance Measures

Strengths, Opportunities for Improvement, and Recommendations
Strengths
In the Behavioral Health Care measure group, UHCCP ACC's performance measure rates for *Initiation and Engagement of AOD Abuse or Dependence Treatment—Initiation of AOD Treatment—Total* and *Engagement of AOD Treatment—Total* were above the 75th percentile, indicating that most members with diagnosed AOD abuse dependence may have initiated in AOD treatment, and had two or more additional AOD services or MAT within 34 days of the initiation visit, which, in conjunction with counseling or other behavioral therapies, has been shown to reduce AOD-associated morbidity and mortality, improve health, productivity and social outcomes and reduce healthcare spending.[5-70] **[Quality, Timeliness, Access]**
In the Care of Acute and Chronic Conditions measure group: • UHCCP ACC's performance measure rate for *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* was above the 75th percentile, indicating that most members with diabetes had controlled HbA1c levels most of the time. Proper diabetes management is essential to control blood glucose, reduce risks for complications, and prolong life.[5-71] [**Quality**]

[5-70] National Committee for Quality Assurance. Initiation and Engagement of AOD Abuse or Dependence Treatment. Available at: https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/. Accessed on: Feb 21, 2023.

[5-71] National Committee for Quality Assurance. Comprehensive Diabetes Care (CDC). Available at: https://www.ncqa.org/hedis/measures/comprehensive-diabetes-care/. Accessed on: Jan 30, 2023.

Strengths, Opportunities for Improvement, and Recommendations
• UHCCP ACC's performance measure rate for *Controlling High Blood Pressure* was above the 75th percentile, indicating that most members with a diagnosis of hypertension had controlled blood pressure. Controlling high blood pressure is an important step in preventing heart attacks, stroke, and kidney disease, and in reducing the risk of developing other serious conditions.[5-72] [**Quality**]
In the Pediatric Health measure group: • Ten of 12 (83.3 percent) of UHCCP ACC's measure rates met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021. **[Quality, Timeliness, Access]** • UHCCP ACC's rate for *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* was above the 75th percentile, indicating that most children and adolescents were accessing well-care visits with a PCP. Well-care visits provide an opportunity for providers to influence health and development, and they are a critical opportunity for screening and counseling.[5-73] **[Quality, Access]** • UHCCP ACC's rates for *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total* and *Blood Glucose and Cholesterol Testing—Total* were above the 75th percentile, indicating that most children and adolescents with ongoing antipsychotic mediation use had metabolic testing performed. Metabolic monitoring (blood glucose and cholesterol testing) is an important component of ensuring appropriate management of children and adolescents on antipsychotic medications.[5-74] **[Quality]** • UHCCP ACC's performance measure rate for *Childhood Immunization Status—Combination 7* was above the 75th percentile, indicating that most children were getting their immunizations by their second birthday. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.[5-75] [**Quality**] • UHCCP ACC's performance measure rates for *Immunizations for Adolescents—Combination 1* and *Combination 2* were above the 75th percentile, indicating that most adolescents were receiving one dose of meningococcal vaccine, one Tdap vaccine, and the complete HPV vaccine series by their 13th birthday. Receiving recommended vaccinations is the best defense against serious vaccine-preventable diseases, including meningococcal meningitis, tetanus, diphtheria, pertussis (whooping cough), and HPV.[5-76] [**Quality**]

[5-72] National Committee for Quality Assurance. Controlling High Blood Pressure (CBP). Available at: https://www.ncqa.org/hedis/measures/controlling-high-blood-pressure/. Accessed on: Jan 30, 2023.
[5-73] National Committee for Quality Assurance. Child and Adolescent Well-Care Visits (W30, WCV). Available at: https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/. Accessed on: Mar 7, 2023.
[5-74] National Committee for Quality Assurance. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM). Available at: https://www.ncqa.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics/. Accessed on: Jan 30, 2023.
[5-75] National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: https://www.ncqa.org/hedis/measures/childhood-immunization-status/. Accessed on: Feb 3, 2022.
[5-76] National Committee for Quality Assurance. Immunizations for Adolescents (IMA). Available at: https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/. Accessed on: Feb 4, 2022.

Strengths, Opportunities for Improvement, and Recommendations
In the Preventive Screening measure group, all (100.0 percent) of UHCCP ACC's measure rates met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021. **[Quality]**
Opportunities for Improvement and Recommendations
While UHCCP ACC was successful in reporting valid CY 2022 rates for all AHCCCS-required performance measures, the PMV audit identified some considerations and recommendations for future years' reporting. Recommendation: HSAG recommends that UHCCP ACC ensure compliance with AHCCCS' requirements for continuous enrollment criteria for AHCCCS PMV reporting. Additionally, HSAG recommends that UHCCP ACC continue to conduct a formal review of its source code followed by a complete test plan, including live system validation of data, prior to reporting any performance measure data.
For CY 2022 performance measure reporting, RES will be required based on NCQA HEDIS specifications. Recommendation: HSAG recommends that UHCCP ACC explore data sources for the capture of race/ethnicity data to support future performance measure reporting that may require stratifications related to RES. UHCCP ACC should continue working with AHCCCS on collaborative efforts to improve the completion and accuracy of race/ethnicity data and explore other methods to augment enrollment data information.
In the Maternal and Perinatal Health measure group, UHCCP ACC's performance measure rate for *Prenatal and Postpartum Care—Postpartum Care* fell below the 25th percentile, indicating an opportunity to increase access to timely postpartum care. Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.[5-77] **[Quality, Timeliness, Access]** Recommendation: While UHCCP ACC conducted a root cause analysis and implemented interventions specific to its CY 2020 *Prenatal and Postpartum Care—Postpartum Care* rate, its rate remained low in CY 2021; therefore, HSAG recommends that UHCCP ACC continue to implement appropriate interventions to improve performance related to postpartum care. HSAG also recommends that UHCCP ACC monitor and expand upon interventions currently in place to improve performance for the *Prenatal and Postpartum Care—Postpartum Care* measure indicator.
In the Appropriate Utilization of Services measure group, UHCCP ACC's performance measure rate for *Use of Opioids at High Dosage* fell below the 25th percentile. This result provides an opportunity

[5-77] National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC). Available at: https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/. Accessed on: Mar 7, 2023.

Strengths, Opportunities for Improvement, and Recommendations
for UHCCP ACC to monitor prescribing and utilization data and to implement interventions to improve care and services around opioid prescribing. The CDC guideline on opioid prescribing for chronic, nonmalignant pain recommends the use of "additional precautions" when prescribing dosages ≥50 MED and recommends providers avoid or "carefully justify" increasing dosages ≥90 mg MED.[5-78] **[Quality]** Recommendation: HSAG recommends that UHCCP ACC conduct a root cause analysis or focus study to determine why there was a higher proportion of members receiving prescriptions for opioids. Upon identification of a root cause, HSAG recommends that UHCCP ACC implement appropriate interventions to help reduce the proportion of members who may be considered at high risk for opioid overuse and misuse.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-105 presents performance measure recommendations made to UHCCP ACC in the CYE 2021 Annual Technical Report[5-79] and UHCCP ACC's follow-up to the recommendations, as well as an assessment of the degree to which UHCCP ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-105—UHCCP ACC Follow-Up to CY 2021 Performance Measure Recommendations

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
Recommendation 1:
HSAG recommended that UHCCP ACC conduct a formal review of its source code followed by a complete test plan, including live system validation of data, prior to reporting any performance measure data.
UHCCP ACC's Response:
The measures and source code are generated by our certified software vendor, who reviewed the source code directly with the auditor. UHCCP does perform quality assurance (QA) testing on the measures, comparing the results to previous years and other markets to confirm accuracy.
HSAG's Assessment:
Considering this recommendation's intention to ensure ongoing oversight of the certified software vendor, which UHCCP ACC has explained is conducted through quality assurance testing on the

[5-78] National Committee for Quality Assurance. Use of Opioids at High Dosage. Available at: https://www.ncqa.org/hedis/measures/use-of-opioids-at-high-dosage/. Accessed on: Mar 7, 2023.

[5-79] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
measures, HSAG has determined UHCCP ACC has satisfactorily addressed the prior year's recommendation.
Recommendation 2:
HSAG recommended that UHCCP ACC conduct a root cause analysis to determine why female members were not receiving timely postpartum care. UHCCP ACC should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of family planning service providers, or the need for improved community outreach and education). This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Additionally, UHCCP ACC should identify factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, UHCCP ACC should implement appropriate interventions to improve the performance related to postpartum care.
UHCCP ACC's Response:
UHCCP's Prenatal and Postpartum PIP workgroup conducted a root cause analysis in September 2022 to help determine why members may not receive timely prenatal and postpartum care visits. Identified factors impacting postpartum care visits included the following barriers: second-time mothers don't feel the need to get a postpartum visit, new mothers focused on needs of baby rather than own needs, and providers are not using CPT II code for postpartum visit. As a result of the root cause analysis findings, UHCCP has begun exploring improvement opportunities that can be implemented in CY2023 to address identified barriers.
HSAG's Assessment:
While UHCCP ACC began exploring potential intervention opportunities as a result of conducting a root cause analysis, no interventions were implemented for CY 2021 and the CY 2021 rate remains low. Therefore, HSAG has determined that UHCCP ACC partially addressed the prior year's recommendation.
Recommendation 3:
HSAG recommended that UHCCP ACC conduct a root cause analysis or focus study to determine why its female members were not receiving timely screenings for cervical cancer. This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. Upon identification of a root cause, UHCCP ACC should implement appropriate interventions to improve the performance related to preventive screenings.
UHCCP ACC's Response:
UHCCP improved its cervical cancer screening performance measure rate in CY 2021; the final rate exceeded the 2022 NCQA National Average Rate (CY 2021) by 2.6 percentage points. In CY 2022, UHCCP identified the following barriers impacting timely screenings for cervical cancer screenings: (1) Members may forget they are due for cervical cancer screening and (2) Financial incentives are not motivating providers to outreach members to close gaps in care. To address the first barrier, UHCCP sent members with gaps in care letters reminding them to schedule a visit. To address the

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
second barrier, UHCCP increased the financial incentive payment amounts for providers participating in the UHCCP Community Plan PCP Incentive (CP-PCPI) programs in 2022.
HSAG's Assessment: UHCCP ACC identified interventions that were implemented for CY 2021, as a result of barriers identified through a root cause analysis; therefore, HSAG determined UHCCP ACC has satisfactorily addressed the prior year's recommendation.

Validation of Performance Improvement Projects

In CY 2022, UHCCP ACC continued the *Back to Basics* PIP, which was initiated in CYE 2019. As this PIP is in an intervention year, PIP validation activities focused on intervention analysis. UHCCP ACC submitted interventions implemented during CY 2022 along with the intervention status, focus, and rationale for changes or discontinuation of the intervention for the following year.

AHCCCS will conduct an annual validation of the first remeasurement year reflective of CY 2022 (January 1, 2022, through December 31, 2022) using HSAG-calculated and validated indicator rates. AHCCCS will evaluate UHCCP ACC's performance based on an analysis of improvement strategies implemented and an assessment of statistically significant improvement as described in Appendix A. Methodology—Validation of Performance Improvement Projects—How Conclusions Were Drawn.

Results

HSAG determined that the PIP has a preliminary validation status of *Met*, based on valid and reliable rate calculation. Validation status based on whether significant or sustained improvement was achieved will be assessed following completion of interventions and final calculation of measures.

Table 5-106 through Table 5-108 provide the *Back to Basics* PIP baseline and intervention year rates for each indicator for UHCCP ACC.

Table 5-106—UHCCP ACC *Back to Basics* PIP Rates for PIP Indicator 1

Contractor	PIP Indicator 1: *W30 Rate 1*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020	CY 2021
UHCCP ACC	65.6%	65.0%	63.3%

*The CYE 2019 indicator rate was calculated by HSAG utilizing AHCCCS data.

Table 5-107—UHCCP ACC *Back to Basics* PIP Rates for PIP Indicator 2

Contractor	PIP Indicator 2: *WCV*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020	CY 2021
UHCCP ACC	52.7%	47.0%	47.9%

*The CYE 2019 indicator rate was calculated by HSAG utilizing AHCCCS data.

Table 5-108—UHCCP ACC *Back to Basics* PIP Rates for PIP Indicator 3

Contractor	PIP Indicator 3: *ADV*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020	CY 2021
UHCCP ACC	62.2%	52.1%	55.0%

*The CYE 2019 and CY 2020 indicator rates were calculated by HSAG utilizing AHCCCS data.

Interventions

Table 5-109 presents PIP interventions for UHCCP ACC during CY 2022. Language in the PIP interventions section is minimally edited and generally reflective of the language provided by the Contractor.

Table 5-109—UHCCP ACC *Back to Basics* PIP Interventions

Contractor	Interventions
UHCCP ACC	• UHCCP QM Provider Mailings: Newborn Provider Letter: W30 CIS • UHCCP QM Provider Mailings: Immunizations Provider Letter 13/14 Mos: CIS • On-Air – Provider education and training videos for staff and new hires which included training on oral healthcare for members • VBCARE Best Practices Webinar: Clinical Practice Consultant (CPC) led webinar presentation with VBCARE's FQHC to discuss best practices for converting sick visits into WCV • Pfizer Campaign: IVR Call: Missed Dose (CIS) 6/8/16 Mos • Pfizer Campaign: IVR Call: Well Visit W30 10 Mos • Pfizer Campaign: Postcard: Missed Dose CIS 6/8/16 Mos • Pfizer Campaign: Postcard: Well Visit W30 10 Mos • Email Campaigns: Virtual Visit All Members/Guardians • Provider Gaps in Care Mailing to Groups without an assigned Clinical Practice Consultant (CPC)

Contractor	Interventions
	• UHCCP QM Live Call: 4 Mos: W30 • UHCCP QM Live Call: 9 Mos: DEV & W30 • UHCCP QM Live Call: 12 & 24 Mos: CIS • UHCCP QM Live Call: Dental • UHCCP QM Live Call: WCV • UHCCP Annual Dental Home New Member Letter • UHCCP Annual Dental Home Reminder Letter • UHCCP Dental Dept Fluoride Varnish Letter • CPCs meet with providers monthly to discuss: Gaps in care, child and adolescent well-care visits, missed opportunities report, incentive opportunities (WCV &W30 Rate 1) • Reports to targeted dental providers (ADV) • FQHC/ACO medical and dental home roster alignment (ADV) • Special Needs Pilot Program (ADV) • EPSDT Annual Notifications (WCV & W30 Rate1) • Provider EPSDT Toolkit (WCV & W30 Rate 1) • Value based contracts incentives (WCV & W30 Rate 1) • Community Plan PCP Incentive (CP-PCPi) Program (WCV & W30 Rate 1) • Shared Saving Aggregation Model Program (WCV & W30 Rate 1) (AZ Medicaid Aggregation Letter)

Strengths, Opportunities for Improvement, and Recommendations

Table 5-110 presents strengths, opportunities for improvement, and recommendations for UHCCP ACC related to PIPs, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-110—UHCCP ACC Strengths, Opportunities for Improvement, and Recommendations Related to PIPs

Strengths, Opportunities for Improvement, and Recommendations
Strengths
UHCCP ACC developed and implemented interventions that may lead to improvement in indicator outcomes. **[Quality, Access]** HSAG noted that the intervention year 2 indicator rates showed a slight increase over intervention year 1 for indicators 2 and 3. **[Quality, Access]**

Strengths, Opportunities for Improvement, and Recommendations
Opportunities for Improvement and Recommendations
For indicator 1, UHCCP ACC showed just under a 1 percentage point decline in the indicator rate between the baseline year and intervention year 1. Between intervention year 1 and intervention year 2, there was a 1.7 percentage point decline in the indicator rate. When compared to the baseline year, the intervention year 2 indicator rate was 2.3 percentage points below the baseline year indicator rate. For indicator 2, UHCCP ACC showed a 5.7 percentage point decline in the indicator rate between the baseline year and intervention year 1. Between the intervention year 1 and intervention year 2, the indicator rate increased by just under 1 percentage point; however, when compared to the baseline year, the intervention year 2 indicator rate was 4.8 percentage points below the baseline year rate. For indicator 3, UHCCP ACC showed a 10.1 percentage point decline in the indicator rate between the baseline year and intervention year 1. Although the indicator rate for intervention year 2 increased by 2.9 percentage points over the intervention year 1 indicator rate, when compared to the baseline year, the intervention year 2 indicator rate was 7.2 percentage points below the baseline year indicator rate. The decline noted in the indicator rates may indicate that the COVID-19 PHE had an impact on the rates of compliance with well-child and dental visits. **[Quality, Access]** Recommendations: As the PIP progresses, HSAG recommends that UHCCP ACC: • Review intervention year indicator rates and adjust interventions to facilitate improvement, as necessary • Continue to implement identified interventions and assess the impact and effectiveness of the interventions after the validated indicator rates for the first remeasurement year become available • Develop and document a plan for sustaining the improvement for any demonstrated improvement in indicator rates

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-111 presents PIP recommendations made to UHCCP ACC in the CYE 2021 Annual Technical Report[5-80] and UHCCP ACC's follow-up to the recommendations, as well as an assessment of the degree to which UHCCP ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

[5-80] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Table 5-111—UHCCP ACC Follow-Up to CY 2021 PIP Recommendations

Prior Year's Recommendation from the EQR Technical Report for PIPs
While the PIP was in an intervention year and no opportunities for improvement have yet been identified, HSAG recommended that UHCCP ACC continue to implement identified interventions and assess the impact and effectiveness of the interventions after the first remeasurement year.
UHCCP ACC's Response: UHCCP has continued interventions implemented to improve PIP measure rates. UHCCP also performs monthly analyses of the PIP measure rates to evaluate the effectiveness of the implemented interventions. Interventions are adapted, adopted, or abandoned, if indicated by rate performance. Additional interventions are also implemented if new barriers are identified or if indicated by rate performance.
HSAG's Assessment: HSAG reviewed UHCCP ACC's PIP intervention submission, which detailed interventions implemented in CY 2022, whether the intervention will be continued, and the rationale for intervention changes or discontinuation. HSAG has determined that UHCCP ACC has satisfactorily continued to implement interventions, based on activities completed in CY 2022.

Compliance Reviews

Results

AHCCCS conducted the UHCCP ACC compliance review in CYE 2022; however, the final report was not finalized in time for the results to be published in this report. Results will be published in the CYE 2023 EQR Annual Technical Report for the ACC Program and the DCS CHP Program.

Strengths, Opportunities for Improvement, and Recommendations

Table 5-112 presents strengths, opportunities for improvement, and recommendations for UHCCP ACC related to compliance, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-112—UHCCP ACC Strengths, Opportunities for Improvement, and Recommendations Related to Compliance

Strengths, Opportunities for Improvement, and Recommendations
Strengths
UHCCP ACC's compliance review results were not available in time to be published in this report; therefore, there are no strengths to report.

Strengths, Opportunities for Improvement, and Recommendations
Opportunities for Improvement and Recommendations
UHCCP ACC's compliance review results were not available in time to be published in this report; therefore, there are no opportunities for improvement to report. Recommendations: HSAG has no recommendations for UHCCP ACC, as compliance results were not available.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-113 presents compliance recommendations made to UHCCP ACC in the CYE 2021 Annual Technical Report[5-81] and UHCCP ACC's follow-up to the recommendations, as well as an assessment of the degree to which UHCCP ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-113—UHCCP ACC Follow-Up to CY 2021 Compliance Recommendations

Prior Year's Recommendation from the EQR Technical Report for Compliance
Although no compliance review was conducted during CYE 2021, HSAG recommended that the Contractor conduct an internal assessment to ensure that it remains compliant with the requirements in each of the AHCCCS Focus Areas.
UHCCP ACC's Response: UHCCP had a review in 2022 and is currently remedying any identified CAPs to ensure the plan remains compliant with the requirements in each of the AHCCCS Focus Areas.
HSAG's Assessment: Based on the response provided by UHCCP ACC, HSAG determined that UHCCP ACC has satisfactorily addressed the prior year's recommendation.

[5-81] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Network Adequacy Validation

Results

HSAG evaluated UHCCP ACC's compliance results with AHCCCS' time/distance standards by GSA and county. This section presents biannual validation findings specific to the ACC LOB, with one results table for each of the following GSAs:

- Central GSA: Gila, Maricopa,[5-82] and Pinal counties
- South GSA: Pima County

Each region-specific table summarizes biannual validation results containing the percentage of members meeting each time/distance standard by quarter and county, with color coding to identify whether the time/distance standard was *Met* or *Not Met.* The value "NA" is shown for time/distance standards that do not apply to the county or ACC LOB. The value "NR" is shown for time/distance standards in which no members met the network requirement denominator for the ACC LOB and county; therefore, HSAG calculated no corresponding time/distance result.

Yellow color coding identifies instances in which HSAG's time/distance results met the minimum network requirement but differed from the Contractor's ACOM 436 results. Red color coding identifies instances in which HSAG's time/distance results did not meet the compliance standard, regardless of the Contractor's ACOM 436 results.

An asterisk (*) indicates that fewer than 10 members were included in the denominator of HSAG's results. A carat (^) indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.

Table 5-114—UHCCP ACC Time/Distance Validation Results for Central GSA—Percentage of Members Meeting Minimum Network Requirements

	Gila		Maricopa		Pinal	
Minimum Network Requirement	Q2	Q4	Q2	Q4	Q2	Q4
Behavioral Health Outpatient and Integrated Clinic, Adult	100^	100^	98.9^	98.8^	100^	100^
Behavioral Health Outpatient and Integrated Clinic, Pediatric	100^	100^	98.9^	98.9^	100^	100^
Behavioral Health Residential Facility (only Maricopa and Pima counties)	NA	NA	98.2	98.1	NA	NA
Cardiologist, Adult	100^	100^	100^	100^	100^	100^

[5-82] Maricopa County includes the 85342, 85358, and 85390 ZIP codes; these ZIP codes are physically located in both Maricopa and Yavapai counties.

Minimum Network Requirement	Gila		Maricopa		Pinal	
	Q2	Q4	Q2	Q4	Q2	Q4
Cardiologist, Pediatric	100^	100^	100^	100^	100^	100^
Dentist, Pediatric	100	100	99.5	99.5	100	100
Hospital	100	100	99.9	99.9	100	100
OB/GYN	100	100	100	100	100	100
Pharmacy	100	100	99.1	99.0	100	100
PCP, Adult	100^	100^	99.8^	99.7^	100^	100^
PCP, Pediatric	100^	100^	99.7^	99.7^	100^	100^

represents Contractor-reported results that differ from HSAG's results and meet the compliance standard based on HSAG's results.

^ indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.

NA indicates results are not applicable to the county.

Table 5-115—UHCCP ACC Time/Distance Validation Results for South GSA—Percentage of Members Meeting Minimum Network Requirements

Minimum Network Requirement	Pima	
	Q2	Q4
Behavioral Health Outpatient and Integrated Clinic, Adult	97.2^	95.3^
Behavioral Health Outpatient and Integrated Clinic, Pediatric	97.3^	95.7^
Behavioral Health Residential Facility (only Maricopa and Pima counties)	92.9	92.5
Cardiologist, Adult	99.8^	99.8^
Cardiologist, Pediatric	100^	100^
Dentist, Pediatric	98.8	98.4
Hospital	99.5	99.5
OB/GYN	99.8	100
Pharmacy	97.7	97.4
PCP, Adult	99.9^	99.9^
PCP, Pediatric	99.8^	99.8^

represents Contractor-reported results that differ from HSAG's results and meet the compliance standard based on HSAG's results.

^ indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.

Strengths, Opportunities for Improvement, and Recommendations

Table 5-116 presents strengths, opportunities for improvement, and recommendations for UHCCP ACC related to NAV, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 5-116—UHCCP ACC Strengths, Opportunities for Improvement, and Recommendations Related to NAV

Strengths, Opportunities for Improvement, and Recommendations
Strengths
UHCCP ACC met all time/distance network standards in all assigned counties for both quarters in CYE 2022. **[Access]** Note: UHCCP ACC provides coverage in the following counties: Gila, Maricopa, Pima, and Pinal.
Opportunities for Improvement and Recommendations
HSAG identified no opportunities for improvement. Recommendation: While HSAG did not have any recommendation specific to its existing provider network coverage, UHCCP ACC should continue maintain current compliances.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 5-117 presents NAV recommendations made to UHCCP ACC in the CYE 2021 Annual Technical Report[5-83] and UHCCP ACC's follow-up to the recommendations, as well as an assessment of the degree to which UHCCP ACC has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 5-117—UHCCP ACC Follow-Up to CY 2021 NAV Recommendations

Prior Year's Recommendation from the EQR Technical Report for NAV
HSAG recommended that the ACC Program Contractors continue to monitor their processes for creating the PAT file and review the PAT file for accuracy prior to submitting to AHCCCS. While HSAG did not have any recommendation specific to its existing provider network coverage, HSAG recommended that UHCCP ACC continue to monitor and maintain its existing provider network coverage.

[5-83] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Prior Year's Recommendation from the EQR Technical Report for NAV
UHCCP ACC's Response: UHCCP ACC will continue to monitor and review the PAT file process on a quarterly basis. Although UHCCP ACC only submits biannually to the state of AZ, we do run the PAT process quarterly to ensure we have addressed any data discrepancies, internal/external errors, and root cause analysis. The PAT file consists of running our reporting, comparing our data to the state of AZ and performing data remediation as needed. Once UHCCP ACC has remediated all errors, we then submit the PAT file to the state of AZ. In addition, UHCCP ACC performs monthly reviews and audits of our provider data to ensure the highest level of accuracy is maintained. UHCCP ACC will continue to evaluate the contracted network on a quarterly basis. When gaps in the network are identified, UHCCP ACC conducts a review of the area and category that has underperformed. A thorough audit of the provider community is conducted to include noncontracted providers and any new providers that enter the county.
HSAG's Assessment: Based on the CYE 2022 NAV results and UHCCP ACC's response, HSAG has determined that UHCCP ACC has satisfactorily addressed the prior year's recommendation.

UHCCP ACC Best and Emerging Practices

Table 5-118 presents the best and emerging practices provided by UHCCP ACC for CYE 2022. HSAG made only minor edits to UHCCP ACC's submission to enhance readability. Best practice responses may be based on Contractor internal data and not EQR validated rates.

Table 5-118—UHCCP ACC Best and Emerging Practices

UHCCP ACC Best and Emerging Practices—Missed Opportunities Report
UHCCP ACC's *Missed Opportunities Report* is a quality-improvement focused best practice initiative that supports primary care practice improvement by identifying children and adolescent members in the WCV quality measure that had one or more sick visits with their assigned provider group but have not had an annual well care visit (the report previously used the AWC and W34 to identify members with gaps in care). The report includes UHCCP ACC members across all lines of business. The *Missed Opportunities Report* is not a new best practice, but it remains one of the most effective tools UHCCP ACC has for communicating the benefits of turning sick visits into well care visits. UHCCP ACC Clinical Practice Consultants (CPCs) share the *Missed Opportunities Report* with their assigned provider groups and ACOs. This report lists members with gaps in care for the WCV measure that have had at least one visit, aka 'missed opportunity', with their assigned provider group during the MY. The report includes member addresses and phone numbers so provider groups can utilize it to outreach members.

UHCCP ACC Best and Emerging Practices—Missed Opportunities Report

When sharing the *Missed Opportunities Report* with provider groups, the CPCs may take the opportunity to engage in the following types of discussions with providers and/or staff:

- Review WCV measure technical specifications with providers and/or staff who are not familiar with it
- Challenges associated with getting children in for well child visits
- Tips for turning sick/other visits into well child visits
- If participating in the CP-PCPi Program, CPCs may show provider groups the potential financial impact of turning the 'missed opportunities' into well care visits
- ACO provider groups may check their Value Based Care (VBC) performance measures to see the potential financial incentives associated with turning 'missed opportunities' into well care visits
- What provider groups with few members in the Missed Opportunities Report and/or who have high WCV rates are doing to be successful

Rationale:
UHCCP ACC understands the importance of well child visits. According to the American Academy of Pediatrics (2021), the benefits of well child visits includes:

- Prevention: obtaining scheduled immunizations to prevent illness
- Tracking Growth and Development: ensuring the child reaches age-appropriate milestones physically and mentally
- Raising Concerns: ongoing dialogue with provider groups about the child's growth and development
- Team approach: creation of strong, trustworthy relationship between provider and parent

UHCCP ACC has found that contracted providers who perform well in the WCV measure have implemented processes in their practices to incorporate annual well care visits with sick visits. To increase well care visit rates for children and adolescents, UHCCP ACC is encouraging all providers to take the opportunity to turn sick visits into annual well care visits whenever possible.

Goal:
The goal of creating and sharing the *Missed Opportunities Report* with provider groups is to ensure that as many children and adolescents as possible are receiving annual well care visits.

Related Interventions:
UHCCP ACC has several other related interventions in place to increase WCV measure rates, including live and IVR reminder calls to members, reminder mailers and postcards to members, member incentives, provider gaps in care mailers, provider education materials, and provider incentive programs. UHCCP ACC CPCs also share Patient Care Opportunity Reports (PCOR) with provider groups when they meet with them each month. The PCOR shows provider groups which of their assigned members have quality measure gaps in care.

UHCCP ACC Best and Emerging Practices—Missed Opportunities Report
Outcome: UHCCP ACC first employed the *Missed Opportunities Report* in CYE 2019 using the 'AWC' and 'W34' measures to identify members with gaps in care. That year, both measure rates demonstrated significant increases from the CYE 2018 rates: W34 increased by 4.4 points and AWC increased by 6.2 points. While it is difficult to attribute those initial rate increases solely to the *Missed Opportunities Report*, it likely played a large role in the rate improvements. UHCCP ACC continues monthly monitoring of the WCV rate and implementation of the *Missed Opportunities Report* best practice and related interventions outlined above.

UHCCP ACC Best and Emerging Practices—AZ Provider Scorecards
UHCCP ACC's *AZ Provider Scorecard* is a quality-improvement focused best practice initiative that supports primary care practice improvement by providing them access to information on how their performance on quality measures compares to that of their peers. The *AZ Provider Scorecard* rates are reflective of UHCCP ACC members across all lines of business and includes quality measures in the following healthcare categories: • Behavioral Health • Diabetes/Hypertension • Women's Health • Maternity Care • Pediatric Preventive The *AZ Provider Scorecard* helps identify potentially unwarranted variations in care and provides an opening for discussions on how UHCCP ACC can support their efforts to achieve the Triple Aim of better care, better outcomes, and better costs for their patients. The CPCs use the *AZ Provider Scorecard* as an opportunity for further discussions with the provider groups on how to improve performance for measures where they may have scored lower than peers. CPCs meet with provider groups monthly. Prior to the meeting, the CPC applies the appropriate group-specific filters to the scorecard. It can be filtered by measure, membership tier (number of assigned members), FQHC/RHC, ACO, and CP PCPi incentive type. The scorecard uses a 1 to 5 scale to rank the groups by measure. Groups with a score of '1' would be performing below 80% of peers in their membership tier for the measure, and groups with a score of '5' would be performing above 80% of peers in their membership tier for the measure. Rationale: According to Wharton healthcare management professor Jonathon Kolstad, the desire to do well in their field and feel professional pride are strong intrinsic motivators for high-skilled professionals such as physicians and surgeons (Kolstad, J.T., 2013). Peer comparison reports like the *AZ Provider Scorecard* help providers better understand where they are performing relative to their peers and can be an effective motivator for improving performance.

UHCCP ACC Best and Emerging Practices—AZ Provider Scorecards
Goal: The goal in sharing the *AZ Provider Scorecard* is to support provider groups in identifying areas of variation in quality measures, both where they perform better than their peers or have an opportunity for improvement. Related Interventions: UHCCP ACC also has several related interventions in place to increase quality measure rates, including live and IVR reminder calls to members, reminder mailers and postcards to members, provider gaps in care mailers, provider education materials, and provider incentive programs. UHCCP ACC CPCs also share Patient Care Opportunity Reports (PCOR) with provider groups when they meet with them each month. The PCOR shows provider groups which of their assigned members have quality measure gaps in care. Outcome: The *AZ Provider Scorecard* has been available to share with the provider groups since July 2021. Qualitative feedback from provider groups has generally been positive. CPCs have reported the provider groups found the information interesting, and they like the comparison to groups of similar membership size because this type of information is not available to them otherwise.

UHCCP ACC Best and Emerging Practices—W15 Report for Providers
UHCCP ACC's W15 Report is a quality-improvement focused best practice initiative that supports primary care practice improvement by providing member specific information for members with gaps in care in the following quality measure: 'Well-Child Visits in the First 15 Months of Life: Children who turned 15 months old during the CY and had six or more well-child visits (W30-0-14Mos)'. The W15 Report includes UHCCP ACC members across all lines of business. The CPCs use the W15 Report to help provider groups prioritize member outreach activities. The CPCs may share the W15 Report with the provider and/or staff during monthly meetings. The report identifies children in the 'W30-0-14Mos' quality measure who are under 15 months of age and have not yet received six well care visits. The report includes the members' last visit date, the number of well child visits they have had, and the members' to-date age in months and days. It also includes members' addresses and phone numbers so providers can utilize the report to outreach members. When sharing the W15 Report, the CPCs may also take the opportunity to engage in the following types of discussions with providers and/or staff: • Review 'W30-0-14Mos' quality measure technical specifications with providers and/or staff who are not familiar with it • Challenges associated with getting children in for well child visits • Tips for turning sick/other visits into well child visits • If participating in the CP-PCPi Program, CPCs may show provider groups the potential financial impact of closing the gaps in care for members in the 'W30-0-14Mos' quality measure

UHCCP ACC Best and Emerging Practices—W15 Report for Providers
• ACO provider groups may check their Value Based Care (VBC) performance measures to see if they have financial incentives associated closing the gaps in care for members in the 'W30-0-14Mos' quality measure • What provider groups that are performing well in the measure are doing to be successful Rationale: UHCCP ACC understands the importance of well child visits. According to the American Academy of Pediatrics (2021), benefits of well child visits includes: • Prevention: obtaining scheduled immunizations to prevent illness • Tracking Growth and Development: ensuring the child reaches age-appropriate milestones physically and mentally • Raising Concerns: ongoing dialogue with provider groups about the child's growth and development • Team approach: creation of strong, trustworthy relationship between provider and parent UHCCP ACC understands why it is important for children to receive six or more well child visits in the first 15 months of life. UHCCP ACC also recognizes the window of time for provider groups to close gaps in care for children in the 'W30-15Mos' measure is narrow. The *W15 Report* allows provider groups to easily identify which of their members still have time to close gaps in care in the 'W30-0-14Mos' quality measure and makes it much easier for them to prioritize scheduling well care visits. Goal: The goal of creating and sharing the *W15 Report* with provider groups is to ensure that as many children as possible are receiving at least six well child visits before 15 months of age. Related Interventions: UHCCP ACC has several other related interventions in place to increase well child visits in the first 15 months of life, including: live and IVR reminder calls to members' guardians, reminder mailers and postcards to members' guardians, provider education materials, and provider incentive programs. Outcome: This report has had a significant impact in UHCCP ACC's 'W30-014Mos' rates. UHCCP ACC has exceeded the NCQA National Average rate for this measure by well over ten percentage points the last two years.
UHCCP ACC Best and Emerging Practices—References
Kolstad, Jonathan T. (2013). "Information and Quality When Motivation Is Intrinsic: Evidence from Surgeon Report Cards." *American Economic Review*, 103 (7): 2875-2910.DOI: 10.1257/aer.103.7.2875 prioritize scheduling well care visits.

6. DCS CHP Program Results

This section provides, by EQR activity, activity-specific strengths, opportunities for improvement, and HSAG's recommendations for performance improvement. This section also includes information about the extent to which DCS CHP was able to address prior year's recommendations and DCS CHP's best practices.

DCS CHP provides services through a subcontracted MCO, Mercy Care DCS CHP. This report uses DCS CHP to refer to activities conducted by CMDP prior to April 1, 2021, and/or the DCS CHP Program beginning April 1, 2021. The report uses DCS CHP when referring to the DCS CHP Contractor, and Mercy Care DCS CHP when referring to activities conducted by the DCS CHP subcontracted health plan (Mercy Care), beginning April 1, 2021.

DCS CHP Program

Validation of Performance Measures

Results for Information Systems Standards Review

HSAG determined that DCS CHP followed the measure specifications and produced reportable rates for all measures in the scope of the validation of performance measures.

Table 6-1 displays HSAG's PMV findings for each data type reviewed in alignment with the CMS EQR Protocol 2 audit requirements.

Table 6-1—CY 2021 PMV Findings

Data Type	HSAG Findings
Medical Services Data	*No identified concerns*
Enrollment Data	*No identified concerns*
Provider Data	*No identified concerns*
Medical Record Review Process	*Since DCS CHP did not identify any numerator positive cases through hybrid reporting, an MRR validation of abstraction accuracy could not be completed; however, HSAG was able to review DCS CHP's MRR processes. Based on a limited MRR scope, HSAG did not identify concerns with DCS CHP's MRR processes.*
Supplemental Data	*No identified concerns*

Data Type	HSAG Findings
Data Integration	*HSAG identified concerns with DCS CHP's procedures for data integration and measure production. Timely and accurate source code development and rate production was problematic for CY 2021 reporting. DCS CHP did not develop or complete source code for three measures that are not included in the CYE 2022 Annual Technical Report. DCS CHP did not have the capacity to complete source code revisions where issues were identified in the source code for another three measures not included in the CYE 2022 Annual Technical Report. All six measures therefore received a Do Not Report designation; however, AHCCCS calculated all six measures' rates through its EQRO.*

Results for Performance Measures

Table 6-2 presents the CY 2021 performance measure results for DCS CHP. Performance measure rate cells shaded green indicate that DCS CHP met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021. Measures reported using hybrid methodology are identified by a plus sign (+); measures without a plus sign (+) were reported using administrative methodology.

Table 6-2—CY 2021 Performance Measure Results for DCS CHP

Measure	CY 2021 Performance
Pediatric Health	
Child and Adolescent Well-Care Visits	
Child and Adolescent Well-Care Visits	66.9%
Well-Child Visits in the First 30 Months of Life	
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	46.7%
Annual Dental Visit	
Annual Dental Visit	91.5%
Childhood Immunization Status	
Combination 3	65.4%+
Combination 7	48.7%+
Combination 10	38.6%+
Immunizations for Adolescents	
Combination 1	98.5%+
Combination 2	70.9%+

+ Indicates the measure was reported using hybrid methodology.
Cells shaded green indicate that the rate met or exceeded the national Medicaid mean for HEDIS MY 2021.

Table 6-3 presents the CY 2020 and CY 2021 performance measure results for DCS CHP. Performance measure rate cells shaded green indicate that DCS CHP met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2020 and/or MY 2021. Measures reported using hybrid methodology are identified by a plus sign (+); measures without a plus sign (+) were reported using administrative methodology.

Table 6-3—CY 2020 and CY 2021 Performance Measure Results for DCS CHP

Measure	CY 2020 Performance	CY 2021 Performance	2020-2021 Comparison[1]	2021 Performance Level[2]
Pediatric Health				
Child and Adolescent Well-Care Visits				
Child and Adolescent Well-Care Visits	66.2%	66.9%	→	★★★★★
Developmental Screening in the First Three Years of Life				
Developmental Screening in the First Three Years of Life	—	51.9%	—	—
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	53.9%	46.7%	↓	★
Annual Dental Visit				
Annual Dental Visit	—	91.5%	—	★★★★★
Childhood Immunization Status				
Combination 3	—	65.4%+	—	★★★
Combination 7	—	48.7%+	—	★
Combination 10	—	38.6%+	—	★★★
Immunizations for Adolescents				
Combination 1	—	98.5%+	—	★★★★★
Combination 2	—	70.9%+	—	★★★★★

* A lower rate indicates better performance for this measure.
\+ Indicates the measure was reported using hybrid methodology.
Cells shaded green indicate that the rate met or exceeded the MY 2020 and/or MY 2021 and/or national Medicaid mean.
— Indicates the CY 2020 rate was not presented in the CYE 2021 Annual Technical Report; therefore, a 2020-2021 comparison is not presented in the CYE 2022 Annual Technical Report.
[1] Aggregated rates were calculated and compared from CY 2020 to CY 2021, and comparisons were based on a Chi-square test of statistical significance with a p value of <0.01 due to large denominators.
↑ Indicates improvement of measure rates.
↓ Indicates decline of measure rates.
→ Indicates stable measure rates.
Performance Levels for 2021 represent the following percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Table 6-4 highlights DCS CHP's performance for the current year by measure group. The table illustrates the CY 2021 measure rates and performance relative to the NCQA national Medicaid Quality Compass HEDIS MY 2020 percentiles, where applicable. The performance level star ratings are defined as follows:

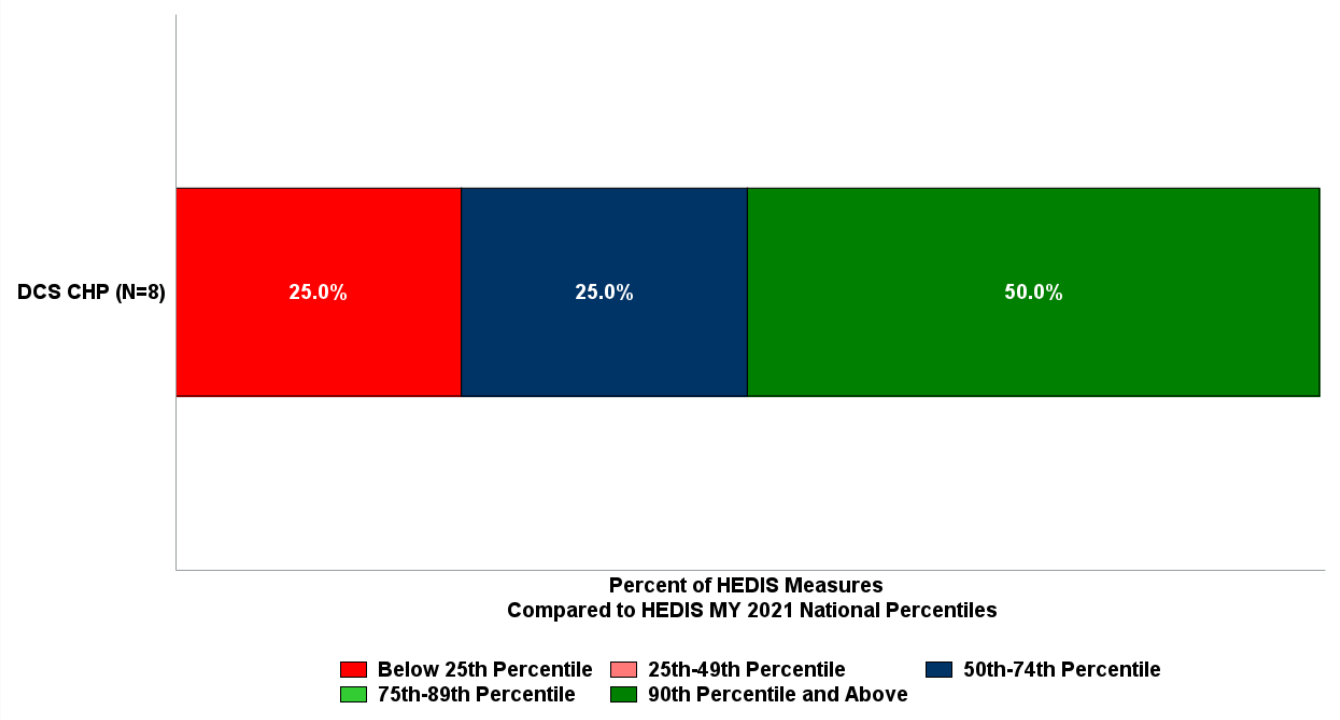
★★★★★ = 90th percentile and above
★★★★ = 75th percentile to 89th percentile
★★★ = 50th percentile to 74th percentile
★★ = 25th percentile to 49th percentile
★ = Below the 25th percentile

Table 6-4—CY 2021 Performance Measure Results for DCS CHP

Measure	CY 2021 Performance
Pediatric Health	
Child and Adolescent Well-Care Visits	
Child and Adolescent Well-Care Visits	★★★★★
Well-Child Visits in the First 30 Months of Life	
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	★
Annual Dental Visit	
Annual Dental Visit	★★★★★
Childhood Immunization Status	
Combination 3	★★★
Combination 7	★
Combination 10	★★★
Immunizations for Adolescents	
Combination 1	★★★★★
Combination 2	★★★★★

Figure 6-1 displays DCS CHP's HEDIS MY 2021 performance compared to HEDIS MY 2021 National Percentiles. HSAG analyzed results from five performance measures, and eight total measure rates for HEDIS MY 2021.

Figure 6-1—Comparison of Measure Indicators to HEDIS Medicaid National Percentiles for DCS CHP



Strengths, Opportunities for Improvement, and Recommendations

Table 6-5 presents strengths, opportunities for improvement, and recommendations for DCS CHP, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 6-5—DCS CHP Program Strengths, Opportunities for Improvement, and Recommendations Related to Performance Measures

Strengths, Opportunities for Improvement, and Recommendations
Strengths
In the Pediatric Health measure group: • Six of eight (75 percent) of DCS CHP's rates for the following measures met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS MY 2021: *Annual Dental Visit—Total, Child and Adolescent Well-Care Visits—Total, Childhood Immunization Status—Combination 3* and *Combination 10,* and *Immunizations for Adolescents—Combination 1* and *Combination 2.*

Strengths, Opportunities for Improvement, and Recommendations
• DCS CHP's performance measure rates for *Child and Adolescent Well-Care Visits—Total, Annual Dental Visit—Total,* and *Immunizations for Adolescents—Combination 1* and *Combination 2* were at or above the 90th percentile.
Opportunities for Improvement and Recommendations
DCS CHP was unable to report valid rates for six of the AHCCCS-required performance measures. The audit identified the following considerations and recommendations for future years' reporting **[Quality]**: • The audit found that DCS CHP generally had appropriate data systems, processes, oversight, and the measure knowledge to report performance measures. • Capacity prevented the completion of some of the performance measures. DCS CHP increased its number of measures that received a *Report* designation from CY 2020; however, the full scope and requirements could not be completed in time to report the full set of AHCCCS CY 2021 performance measures. • Resource limitations prevented completion of all measure source code that was under development or required correction. Also, due to resource limitations, DCS CHP did not produce hybrid rates for some of the measures AHCCCS required to be reported as hybrid. DCS CHP contracted with Mercy Care as its subcontracted health plan to produce future AHCCCS-required performance measures; however, due to the look-back periods for many measures, Mercy Care did not produce the DCS CHP measure rates in CY 2021. **[Quality]** Recommendation: Mercy Care is an established and existing AHCCCS Contractor that already submits the same AHCCCS performance measures and an extended measure set, so its experience offers DCS CHP an increased likelihood of reporting reliable rates. Therefore, HSAG recommends that DCS CHP identify a method by which it can provide the required administrative data to Mercy Care so that Mercy Care can leverage its HEDIS Certified Measures vendor to produce future DCS CHP rates. HSAG further recommends that DCS CHP monitor and trend its subcontracted health plan's performance as part of its oversight activities and finalize the matrix of responsibilities and oversight plan that DCS CHP had indicated was in the process of being drafted for CY 2021.
For CY 2022 performance measure reporting, RES will be required based on NCQA HEDIS specifications. Recommendation: HSAG recommends that DCS CHP explore data sources for the capture of race/ethnicity data to support future performance measure reporting that may require stratifications related to RES. DCS CHP should continue working with AHCCCS on collaborative efforts to improve the completion and accuracy of race/ethnicity data and explore other methods to augment enrollment data information.

Strengths, Opportunities for Improvement, and Recommendations
In the Pediatric measure group: • DCS CHP's performance measure rate for *Childhood Immunization Status—Combination 7* fell below the 25th percentile, indicating that children were not always getting their immunizations by their second birthday. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.[6-1] **[Quality, Access]** Recommendation: HSAG recommends that DCS CHP conduct a root cause analysis to determine why some children were not always getting their immunizations by their second birthday. This could include conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. DCS CHP should consider the nature and scope of the issues (e.g., are the issues related to barriers to accessing care, a lack of service providers, or the need for community outreach and education). Additionally, DCS CHP should identify factors related to the COVID-19 PHE and how access to care was impacted. Upon identification of a root cause, HSAG recommends that DCS CHP implement appropriate interventions to improve the performance related to childhood immunizations. • DCS CHP's performance measure rate for *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* fell below the 25th percentile, indicating that children and adolescents were not always accessing well-care visits with a PCP. Well-care visits provide an opportunity for providers to influence health and development, and they are a critical opportunity for screening and counseling.[6-2] **[Quality, Access]** Recommendation: HSAG recommends that DCS CHP identify best practices to support children in receiving well-care visits according to recommended schedules. HSAG also recommends that DCS CHP conduct a root cause analysis to determine why some children and adolescents were not always accessing well-care visits. Upon identification of a root cause, HSAG recommends that DCS CHP implement appropriate interventions to improve the performance related to well-care visits. (Of note, DCS CHP is currently conducting the *Back to Basics* PIP, which includes a root cause analysis and interventions to address this measure.)

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 6-6 presents performance measure recommendations made to DCS CHP in the CYE 2021 Annual Technical Report[6-3] and DCS CHP's follow-up to the recommendations, as well as an assessment of the

[6-1] National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: https://www.ncqa.org/hedis/measures/childhood-immunization-status/. Accessed on: Feb 4, 2022.

[6-2] National Committee for Quality Assurance. Child and Adolescent Well-Care Visits (W30, WCV). Available at: https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/. Accessed on: Mar 7, 2023.

[6-3] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

degree to which DCS CHP has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 6-6—DCS CHP Program Follow-Up to CY 2021 Performance Measure Recommendations

Prior Year's Recommendation from the EQR Technical Report for Performance Measures
HSAG recommended that DCS CHP ensure the accuracy of the source codes its subcontracted health plan will use to generate the full AHCCCS measure list. The ability to routinely produce AHCCCS measures through its subcontracted health plan's accurate source code will allow DCS CHP to monitor and trend its performance as DCS CHP oversees and verifies rates produced by its subcontracted health plan
DCS CHP's Response: DCS CHP has worked with Mercy Care DCS CHP to identify the measures that can be provided by Mercy Care DCS CHP's NCQA certified HEDIS software vendor to produce data for required performance measures. Additionally, Mercy Care DCS CHP contracts with an NCQA Licensed Organization to conduct the required HEDIS Compliance Audit, resulting in audited rates at the measure level which can then be publicly reported.
HSAG's Assessment: Considering that not all required CY 2021 measures were reported within the PMV and reporting timeframe and HSAG continues to support this recommendation for CY 2021, HSAG has determined that DCS CHP partially addressed the prior year's recommendation.

Validation of Performance Improvement Projects

In CY 2022, DCS CHP continued the *Back to Basics* PIP, which was initiated in CYE 2019. As this PIP is in an intervention year, PIP validation activities focused on intervention analysis. DCS CHP submitted interventions implemented during CY 2022 along with the intervention status, focus, and rationale for changes or discontinuation of the intervention for the following year.

AHCCCS will conduct an annual validation of the first remeasurement year reflective of CY 2022 (January 1, 2022, through December 31, 2022) using HSAG-calculated and validated indicator rates. AHCCCS will evaluate DCS CHP's performance based on an analysis of improvement strategies implemented and an assessment of statistically significant improvement as described in Appendix A. Methodology—Validation of Performance Improvement Projects—How Conclusions Were Drawn.

Results

HSAG determined that the PIP has a preliminary validation status of *Met*, based on valid and reliable rate calculation. Validation status based on whether significant or sustained improvement was achieved will be assessed following completion of interventions and final calculation of measures.

Table 6-7 and Table 6-8 provide the *Back to Basics* PIP baseline and intervention year rates for each indicator for DCS CHP. For a description of the indicators used for the *Back to Basics* PIP, see Appendix A. Methodology—Validation of Performance Improvement Projects—Description of Data Obtained.

Table 6-7—DCS CHP Program *Back to Basics* PIP Rates for Indicator 2

Contractor	PIP Indicator 2: *WCV*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020*	CY 2021
DCS CHP	72.6%	66.2%	66.9%

*CYE 2019 and CY 2020 indicator rates were calculated by HSAG utilizing AHCCCS data.

Table 6-8—DCS CHP Program *Back to Basics* PIP Rates for Indicator 3

Contractor	PIP Indicator 3: *ADV*		
	Baseline Year	Intervention Year 1	Intervention Year 2
	CYE 2019*	CY 2020*	CY 2021
DCS CHP	74.7%	69.2%	91.5%

*CYE 2019 and CY 2020 indicator rates were calculated by HSAG utilizing AHCCCS data.

Interventions

Table 6-9 presents PIP interventions for the DCS CHP Program during CY 2022. Language in the PIP interventions section is minimally edited and generally reflective of the language provided by the Contractor.

Table 6-9—DCS CHP Program *Back to Basics* PIP Interventions

Contractor	Interventions
DCS CHP	• Integrated Care management outreach members to focus on the provision of preventative EPSDT services and Routine Preventative Dental visits • HPV educational mailing to members turning 11 years of age • Mailing to parents/guardians of 1-month olds that includes a well-child magnet listing the ages that children need well visits and a booklet on immunizations and debunking immunization myths • EPSDT Reminder cards, including information consistent with the AHCCCS periodicity schedule • EPSDT 2nd reminder cards

Contractor	Interventions
	• Written reminders: member handbook, member newsletters, and newborn booklets to promote well-child visits; EPSDT reminder cards; and well-child reminder letters • Written provider outreach process which includes mailings to PCPs for members in need of an EPSDT visit; members 0-24 months of age in need of immunizations; adolescents in need of immunizations; a reminder on the requirement to conduct a developmental screening at the 9, 18 and 24 month visits; information pertaining to the members' historical dental care and whether or not the member is due for dental care • Face-to-face contacts between the Maternal Child Health (MCH) Coordinators and providers encouraging outreach efforts on members lacking childhood immunizations and/or well-child visits • Provider pay for performance to PCMH/ACO groups for improving performance in the measure • Adolescent immunization reminder card is mailed to the parents/guardians of members during the month of the member's 12th birthday, reminding them of the importance of obtaining immunizations • Mailing to the Native American members in need of a well visit a cover letter and CDC brochure specific to the health of Native Americans • Follow-up calls to members who were referred for dental screening or services via an EPSDT visit • Dental mailing to members who were referred for dental screening or services via an EPSDT visit • Self-mailer is sent to members 6-9 years of age and includes information on the importance of dental sealants • Educate PCPs on the application of fluoride varnish, including the required training and the process for submission of the certificate of completion • The dental vendor to send dental "gaps in care" letter to contracted dental providers who have members assigned to them through the dental home program who are in need of preventive dental care and/or dental sealant application • MCH/EPSDT, Network Management and Care Management staff will develop a collaborative outreach and engagement strategy to improve surveillance adolescent well visits • Care Management monitors gaps in care for all youth enrolled in Peds Care Management

Contractor	Interventions
	• Leverage Tribal liaisons to engage members who might be difficult to engage or find, provide health information, offer referral, assist with navigation, etc. to assist in addressing health disparities • Meet with Native Health and the Phoenix Indian Medical Center to determine if partnership opportunities exist

Strengths, Opportunities for Improvement, and Recommendations

Table 6-10 presents strengths, opportunities for improvement, and recommendations for DCS CHP, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 6-10—DCS CHP Program Strengths, Opportunities for Improvement, and Recommendations Related to PIPs

Strengths, Opportunities for Improvement, and Recommendations
Strengths
DCS CHP developed and implemented interventions that may lead to improvement in indicator outcomes. **[Quality, Access]** HSAG noted that for indicator 3, although DCS CHP's intervention year 1 indicator rate showed a 5.5 percentage point decline from the baseline year, the intervention year 2 indicator rate increased over intervention year 1 and baseline year indicator rates. **[Quality, Access]**
Opportunities for Improvement and Recommendations
For indicator 2, DCS CHP showed a 6.4 percentage point decline in the indicator rate between the baseline year and intervention year 1. Between intervention year 1 and intervention year 2, the indicator rate increased by just under 1 percentage point. When compared to the baseline year, the intervention year 2 indicator rate was 5.7 percentage points below the baseline year rate. The decline noted in the indicator 2 rate may indicate that the COVID-19 PHE had an impact on the rates of compliance with child and adolescent well-care visits. **[Quality, Access]** Recommendations: As the PIP progresses, HSAG recommends that DCS CHP: • Review intervention year indicator rates and adjust interventions to facilitate improvement, as necessary • Continue to implement identified interventions and assess the impact and effectiveness of the interventions after the validated indicator rates for the first remeasurement year become available • Develop and document a plan for sustaining the improvement for any demonstrated improvement in indicator rates

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 6-11 presents PIP recommendations made to DCS CHP in the CYE 2021 Annual Technical Report[6-4] and DCS CHP's follow-up to the recommendations, as well as an assessment of the degree to which DCS CHP has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor.

Table 6-11—DCS CHP Program Follow-Up to CY 2021 PIP Recommendations

Prior Year's Recommendation from the EQR Technical Report for PIPs
While the PIP is in an intervention year and no opportunities for improvement had yet been identified, HSAG recommended that DCS CHP continue to implement identified interventions and assess the impact and effectiveness of the interventions after the first remeasurement year.
DCS CHP's Response: Intervention progress: Interventions continued. Goal achievement status: The PIP goal is to demonstrate a statistically significant increase in the number and percentage of child and adolescent well-child/well-care visits, as well as a statistically significant increase in the number and percentage of children and adolescents receiving an annual dental visit, followed by sustained improvement for one consecutive year.
HSAG's Assessment: HSAG reviewed DCS CHP's PIP intervention submission, which detailed interventions implemented in CY 2022, whether the intervention will be continued, and the rationale for intervention changes or discontinuation. HSAG has determined that DCS CHP has satisfactorily continued to implement interventions, based on activities completed in CY 2022.

Compliance Reviews

Results

AHCCCS conducted an on-site compliance review[6-5] of Comprehensive Medical and Dental Program (CMDP), now DCS CHP, in July 2019. Following the review, AHCCCS finalized the report, which identified opportunities for improvement in 10 of the 11 Focus Areas reviewed. CMDP submitted CAPs for each of the 52 standards that were identified as noncompliant. AHCCCS accepted some of the proposed CAPs, but required additional information. In an updated resubmission, due June 18, 2020, the Contractor was required to submit additional information evidencing that policies, manuals, desktop

[6-4] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

[6-5] Contract Year Ending 2019 External Quality Review Annual Report For AHCCCS Complete Care and Comprehensive Medical and Dental Program. Available at: https://www.azahcccs.gov/Resources/Reports/federal.html. Accessed on: Dec 20, 2022.

procedures, and other vital documents were updated, and processes were enhanced and monitored appropriately to come into compliance with the requirements. On November 16, 2021, AHCCCS officially closed the CAP for DCS CHP.

Table 6-12 presents the compliance review results for DCS CHP.

Table 6-12—DCS CHP Program Compliance Review Results

Focus Areas	DCS CHP (Reviewed as CMDP)	DCS CHP
Year Reviewed	Reviewed as CMDP in CYE 2019	Projected CYE 2023
CC	92%	TBD
CIS	91%	TBD
DS	95%	TBD
GA	89%	TBD
GS	68%	TBD
MCH	76%	TBD
MM	85%	TBD
MI	78%	TBD
QM	62%	TBD
QI	NR+	TBD
RI	100%	TBD
TPL	86%	TBD
ISOC	NR+	TBD

Strengths, Opportunities for Improvement, and Recommendations

Table 6-13 presents strengths, opportunities for improvement, and recommendations for DCS CHP, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 6-13—DCS CHP Program Strengths, Opportunities for Improvement, and Recommendations Related to Compliance

Strengths, Opportunities for Improvement, and Recommendations
Strengths
As CMDP transitioned to DCS CHP since the last compliance review, HSAG has no strengths to provide to the new Contractor at this time.

Strengths, Opportunities for Improvement, and Recommendations
Opportunities for Improvement and Recommendations
As CMDP transitioned to DCS CHP since the last compliance review, HSAG has no opportunities for improvement to provide to the new Contractor at this time. Recommendation: HSAG recommends that DCS CHP review the findings from the report conducted for CMDP and conduct internal monitoring to ensure ongoing compliance.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 6-14 presents compliance recommendations made to DCS CHP in the CYE 2021 Annual Technical Report[6-6] and DCS CHP's follow-up to the recommendations, as well as an assessment of the degree to which DCS CHP has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 6-14—DCS CHP Program Follow-Up to CY 2021 Compliance Recommendations

Prior Year's Recommendation from the EQR Technical Report for Compliance
Although no CAP findings were provided for CYE 2021, HSAG recommended that DCS CHP continue working toward completing its CAP to ensure compliance with the AHCCCS Focus Areas.
DCS CHP's Response: DCS CHP is scheduled for their 2022 compliance review in October 2022. Mercy Care DCS CHP assisted and supported with this review as requested by DCS CHP. Both DCS CHP and Mercy Care DCS CHP will implement the recommendations from the compliance review.
HSAG's Assessment: Based on the preparation for the CY 2022 compliance review described by DCS CHP, HSAG has determined that DCS CHP has satisfactorily addressed the prior year's recommendation.

Network Adequacy Validation

HSAG's biannual validation of DCS CHP subcontracted health plan's results showed minor discrepancies between the Contractor's self-reported ACOM 436 results and HSAG's time/distance calculations in each quarter that data could be compared. While minor differences (i.e., less than 1 percentage point) between HSAG's time/distance calculation results and the Contractor's time/distance

[6-6] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

calculation results were common, these findings may be attributable to the timing of the input data, software versions used by the Contractor (refer to Table A-14), or due to a small number of members eligible for inclusion in time/distance calculations for the standard and county.

Table 6-15 summarizes HSAG's assessment of the DCS CHP subcontracted health plan's compliance with AHCCCS' minimum time/distance network standards. A check mark indicates that the DCS CHP subcontracted health plan met the minimum network standard for each Arizona county during the biannual assessment, and an "X" indicates that the DCS CHP subcontracted health plan failed to meet one or more minimum network standards in any assigned county or quarter.

Table 6-15—Summary of CYE 2022 Compliance with Minimum Time/Distance Network Requirements for the DCS CHP Subcontracted Health Plan

Minimum Network Requirement	Mercy Care DCS CHP
Behavioral Health Residential Facility (only Maricopa and Pima counties)	X
Behavioral Health Outpatient and Integrated Clinic, Pediatric	✓
Cardiologist, Pediatric	✓
Dentist, Pediatric	X
Hospital	✓
OB/GYN	✓
PCP, Pediatric	✓
Pharmacy	X

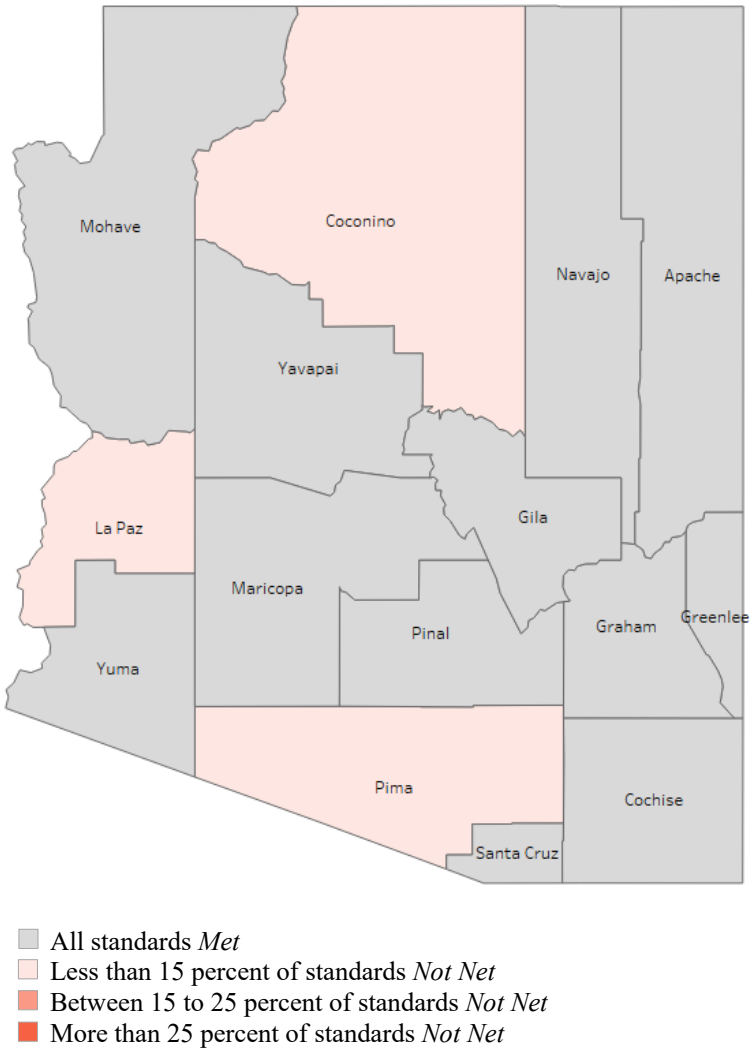
The DCS CHP subcontracted health plan met minimum network standards in all quarters for the Behavioral Health Outpatient and Integrated Clinic, Pediatric; Cardiologist, Pediatric; Hospital; OB/GYN; and PCP, Pediatric standards. Mercy Care DCS CHP failed to meet the Dentist, Pediatric; Pharmacy; and Behavioral Health Residential Facility across La Paz, Coconino, and Pima counties. Additionally, Mercy Care DCS CHP consistently struggled to meet the standard for Behavioral Health Residential Facility in both CYE 2022 Q2 and Q4 in Pima County.

As part of the NAV, AHCCCS maintained its feedback process for the DCS CHP subcontracted health plan to review and improve the accuracy of its data submissions. Specifically, AHCCCS supplied the DCS CHP subcontracted health plan with a copy of HSAG's quarterly network adequacy analysis, a copy of the PAT file that HSAG used to conduct the analysis, and a copy of HSAG's saturation analysis results. When issues were identified, the DCS CHP subcontracted health plan was expected to research the instances and make corrections for future PAT data and/or ACOM 436 submissions.

As of CYE 2022 Q4, Figure 6-2 summarizes how the DCS CHP subcontracted health plans performed on meeting the time/distance standards by county. Red shading indicates the degree of noncompliance.

Specifically, dark red shading indicates more than 25 percent of the standards were *Not Met*, medium red shading indicates between 15 and 25 percent of the standards were *Not Met*, and light red shading indicates less than 15 percent of the standards were *Not Met* in the given county. Gray shading indicates the DCS CHP subcontracted health plan met all time/distance standards in the given county.

Figure 6-2—Summary of CYE 2022 Q4 Compliance with Minimum Time/Distance Network Requirements by County for DCS CHP Subcontracted Health Plan



Overall, for CYE 2022 Q4, the most recent biannual assessment, the DCS CHP subcontracted health plan met all minimum time/distance network requirements except for Coconino, La Paz, and Pima counties.

The DCS CHP subcontracted health plan should continue to monitor and maintain its existing provider network as of CYE 2022 Q4, with specific attention to ensuring the availability of the following provider types:

- Dentist, Pediatric in La Paz County
- Pharmacy in Coconino County
- Behavioral Health Residential Facility in Pima County

Results

HSAG evaluated DCS CHP's compliance results with AHCCCS' time/distance standards by GSA and county. This section presents biannual validation findings specific to the DCS CHP LOB, with one results table for each of the following GSAs:

- Central GSA: Gila, Maricopa,[6-7] and Pinal counties
- North GSA: Apache, Coconino, Mohave, Navajo, and Yavapai counties
- South GSA: Cochise, Graham,[6-8] Greenlee, La Paz, Pima, Santa Cruz,[6-9] and Yuma counties

Each region-specific table summarizes biannual validation results containing the percentage of members meeting each time/distance standard by quarter and county, with color-coding to identify whether the time/distance standard was *Met* or *Not Met.* The value "NA" is shown for time/distance standards that do not apply to the county or DCS CHP LOB. The value "NR" is shown for time/distance standards in which no members met the network requirement denominator for the DCS CHP LOB and county; therefore, HSAG calculated no corresponding time/distance result.

Yellow color coding identifies instances in which HSAG's time/distance results met the minimum network requirement but differed from the Contractor's ACOM 436 results. Red color coding identifies instances in which HSAG's time/distance results did not meet the compliance standard, regardless of the Contractor's ACOM 436 results.

An asterisk (*) indicates that fewer than 10 members were included in the denominator of HSAG's results. A carat (^) indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified telehealth time/distance standard established by AHCCCS.

Table 6-16—DCS CHP Time/Distance Validation Results for Central GSA—Percentage of Members Meeting Minimum Network Requirements

	Gila		Maricopa		Pinal	
Minimum Network Requirement	Q2	Q4	Q2	Q4	Q2	Q4
Behavioral Health Outpatient and Integrated Clinic, Pediatric	100^	100^	97.3^	97.3^	100^	100^

[6-7] Maricopa County includes the 85342, 85358, and 85390 ZIP codes; these ZIP codes are physically located in both Maricopa and Yavapai counties.
[6-8] Graham County includes the 85542, 85192, and 85550 ZIP codes representing the San Carlos Tribal area; these ZIP codes are physically located in Gila or Pinal County.
[6-9] Santa Cruz County includes the 85645 ZIP code; this ZIP code is physically located in both Pima and Santa Cruz counties.

Minimum Network Requirement	Gila		Maricopa		Pinal	
	Q2	Q4	Q2	Q4	Q2	Q4
Behavioral Health Residential Facility (only Maricopa and Pima counties)	NA	NA	99.1	99.5	NA	NA
Cardiologist, Pediatric	100^	100^	100^	100^	100^	100^
Dentist, Pediatric	100	100	99.4	99.5	99.9	99.9
Hospital	100	100	99.9	99.9	100	100
OB/GYN	100*	100*	100	100	100	100
Pharmacy	100	100	99.1	99.2	100	100
PCP, Pediatric	100^	100^	99.6^	99.8^	100^	100^

represents Contractor-reported results that differ from HSAG's results and meet the compliance standard based on HSAG's results.

* indicates fewer than 10 members were included in the denominator of HSAG's results.

^ indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.

NA indicates results are not applicable to the county.

Table 6-17—DCS CHP Time/Distance Validation Results for North GSA—Percentage of Members Meeting Minimum Network Requirements

Minimum Network Requirement	Apache		Coconino		Mohave		Navajo		Yavapai	
	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4
Behavioral Health Outpatient and Integrated Clinic, Pediatric	82.5^	96.3^	100^	80.6^	100^	98.0^	96.1^	93.6^	100^	100^
Behavioral Health Residential Facility (only Maricopa and Pima counties)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Cardiologist, Pediatric	100^	100^	100^	100^	100^	100^	100^	100^	100^	100^
Dentist, Pediatric	77.5	92.6	100	100	95.6	96.6	99.0	97.4	98.4	98.5
Hospital	100	100	100	100	99.6	100	100	100	100	100
OB/GYN	100*	100*	100*	100*	100	100	100*	100*	100	100
Pharmacy	100	100	91.4	86.0	96.5	97.1	100	93.6	96.8	97.5
PCP, Pediatric	87.5^	96.3^	91.4^	87.0^	97.4^	98.5^	97.1^	96.2^	100^	100^

represents Contractor-reported results that differ from HSAG's results and meet the compliance standard based on HSAG's results.

represents time/distance standard results that do not meet the compliance standard based on HSAG's results.

* indicates fewer than 10 members were included in the denominator of HSAG's results.

^ indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.

NA indicates results are not applicable to the county.

Table 6-18—DCS CHP Time/Distance Validation Results for South GSA—Percentage of Members Meeting Minimum Network Requirements

	Cochise		Graham		Greenlee		La Paz		Pima		Santa Cruz		Yuma	
Minimum Network Requirement	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4	Q2	Q4
Behavioral Health Outpatient and Integrated Clinic, Pediatric	100^	100^	100^	100^	100*^	100*^	100^	100^	95.2^	95.2^	100^	100^	100^	100^
Behavioral Health Residential Facility (only Maricopa and Pima counties)	NA	NA	NA	NA	NA	NA	NA	NA	89.4	88.5	NA	NA	NA	NA
Cardiologist, Pediatric	100^	100^	100^	100^	100*^	100*^	100^	100^	100^	99.9^	100^	100^	100^	100^
Dentist, Pediatric	98.9	99.3	96.8	93.9	100*	100*	92.3	66.7	98.4	98.5	100	100	100	100
Hospital	100	100	100	100	100*	100*	100	100	99.9	99.4	100	100	100	100
OB/GYN	100	100	100*	100*	100*	NR*	100*	100*	100	100	100	100*	100	100
Pharmacy	98.9	99.3	96.8	93.9	100*	100*	92.3	93.3	98.3	98.3	100	100	100	100
PCP, Pediatric	98.9^	99.3^	96.8^	93.9^	100*^	100*^	100^	100^	99.5^	99.4^	100^	100^	100^	100^

represents Contractor-reported results that differ from HSAG's results and meet the compliance standard based on HSAG's results.

represents time/distance standard results that do not meet the compliance standard based on HSAG's results.

NR represents instances in which HSAG identified no members meeting the network requirements for the county and time/distance standard.

* indicates fewer than 10 members were included in the denominator of HSAG's results.

^indicates that meeting the network requirement for the specified Contractor, LOB, county, and provider category was evaluated using a modified Telehealth time/distance standard established by AHCCCS.

NA indicates results are not applicable to the county.

Strengths, Opportunities for Improvement, and Recommendations

Table 6-19 presents strengths, opportunities for improvement, and recommendations for DCS CHP, as well as the related domains (Quality, Access, and/or Timeliness) for each strength and opportunity for improvement.

Table 6-19—DCS CHP Program Strengths, Opportunities for Improvement, and Recommendations Related to NAV

Strengths, Opportunities for Improvement, and Recommendations
Strengths
Mercy Care DCS CHP met all time/distance network standards in assigned counties for CYE 2022 Q4, except for Coconino, La Paz, and Pima counties. **[Access]** Note: Mercy Care DCS CHP provides coverage statewide in the following counties: Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, and Yuma.

Opportunities for Improvement and Recommendations
HSAG identified the following opportunities for improvement: • Mercy Care DCS CHP failed to meet the Dentists, Pediatric Standard in La Paz County and the Pharmacy Standard in Coconino County for CYE 2022 Q4 **[Access]** • Mercy Care DCS CHP failed to meet the Behavioral Health Residential Facility Standard in Pima County for both quarters **[Access]** Recommendation: HSAG recommends that Mercy Care DCS CHP maintain current compliances, but continue to address network gaps, as applicable.

Follow-Up on Prior Year's Recommendations (Requirement §438.364[a][6])

Table 6-20 presents NAV recommendations made to DCS CHP in the CYE 2021 Annual Technical Report[6-10] and DCS CHP's follow-up to the recommendations, as well as an assessment of the degree to which DCS CHP has effectively addressed the recommendations. Language in the follow-up on prior year's recommendations section is minimally edited and generally reflective of the language provided by the Contractor. Follow-up responses may be based on Contractor internal data and not EQR validated rates.

Table 6-20—DCS CHP Program Follow-Up to CY 2021 NAV Recommendations

Prior Year's Recommendation from the EQR Technical Report for NAV
HSAG recommended the following for DCS CHP: • The DCS CHP subcontracted health plan should continue to monitor its processes for creating the PAT file and review the PAT file for accuracy prior to submitting to AHCCCS • The DCS CHP subcontracted health plan should continue to monitor and maintain its existing provider network coverage with specific attention to ensuring the availability of behavioral health outpatient and integrated clinics for children, pediatric dentists, and pharmacies in Apache County • The DCS CHP subcontracted health plan should continue to monitor and maintain its existing provider network coverage with specific attention to ensuring the availability of pediatric dentists in La Paz County
DCS CHP's Response: Mercy Care DCS CHP continues to review the data provided in these reports to AHCCCS and find trends that can be corrected keeping the error ratios as low as possible. Efforts are ongoing. Mercy Care DCS CHP routinely monitors our network for both reportable and perceived gaps. Utilizing reports from HSAG, in addition to other internal reporting methods, Mercy Care DCS CHP

[6-10] Contract Year Ending 2021 External Quality Review Annual Technical Report for AHCCCS Complete Care (ACC) and Department of Child Safety Comprehensive Health Plan (DCS CHP) Available at: https://www.azahcccs.gov/Resources/HPRC/. Accessed on: Dec 13, 2022.

Prior Year's Recommendation from the EQR Technical Report for NAV
reviews AHCCCS registered, non-participating providers to their existing network as a means to identify expansion opportunities. During FY22, Mercy Care DCS CHP added over 200 new providers, with various specialties, to their network which is evidentiary of their oversight and management in ensuring the most robust network of providers for our membership. While Mercy Care DCS CHP still maintains gaps in behavioral health outpatient and integrated clinics for children, pediatric dentists, and pharmacies in Apache County, much of those gaps are addressed through the expansion of telehealth services (up over 200% since 2020), tele/mobile dentistry, and their delegated agreement with CVS Caremark which includes mail order prescription options. While Mercy Care DCS CHP still maintains a gap in the area of pediatric dentists in La Paz County, they are being addressed through tele/mobile dentistry and routine recruitment and a delegated agreement with the dental vendor.
HSAG's Assessment: Based on the CYE 2022 NAV results and the response provided by the DCS CHP subcontracted health plan, HSAG determined that the DCS CHP subcontracted health plan has sufficiently addressed the prior year's recommendation.

DCS CHP Best and Emerging Practices

Table 6-21 presents the best and emerging practices provided by DCS CHP for CYE 2022. HSAG made only minor edits to DCS CHP's submission to enhance readability. Best practice responses may be based on Contractor internal data and not EQR validated rates.

Table 6-21—DCS CHP Best and Emerging Practices

DCS CHP Best and Emerging Practices— Trauma Informed Care for Child Welfare-Involved Children, Youth and Families
Mercy Care DCS CHP developed two workshops geared toward enhancing Trauma Informed Care for Child Welfare-Involved Children, Youth and Families focused on understanding trauma and identifying strategies for well-being and emotion-focused communication skills for those caring for individuals involved in child welfare. This training was selected for paraprofessionals including case managers, direct support workers, family support staff as well as individuals from tribal regions across Arizona. Mercy Care DCS CHP strives to ensure providers and community partners understand trauma exposure and prevalence of trauma in children and adolescents across all lines of business. Goal for Initiative: Mercy Care DCS CHP continues to focus its efforts on expanding trauma services within the provider network to ensure providers and members understand how trauma impact a child's life. Mercy Care DCS CHP focused primarily in 2022 on expanding the trauma training to paraprofessionals statewide to promote a culture of safety, common language and practice when

DCS CHP Best and Emerging Practices—
Trauma Informed Care for Child Welfare-Involved Children, Youth and Families

serving children and adolescents.

Training Objectives:

- Trauma (what is it, prevalence, impact)
- Signs of post-traumatic stress or other trauma-related reactions that might require treatment
- Evidence-based mental health treatments that can help families and individuals involved with child welfare dealing with post-traumatic stress (what are they, questions to ask when seeking services or making referrals)
- Resilience (what is it, how can we cultivate it); Emphasis on the protective power of safe, stable and nurturing relationships
- Overview of specific strategies for caregivers/adults who care for individuals involved in child welfare to build:
  - Skills for self-care, emotional self-awareness and regulation (parents/caregivers/providers)
  - Skills for understanding and responding to child/youth/adult emotional needs:
    - Communicating about challenging topics (e.g. trauma, stressful events or family transition)
    - Addressing behavioral challenges

Outcomes Resulting in Significant Improvement:
With the roll-out of two Trauma Informed Care workshops, Mercy Care DCS CHP saw an extensive amount of interest from the provider network for these trainings. Given the demand, we were able to create 5 training dates for paraprofessionals both in-person and virtual to capture statewide providers particularly in rural and tribal regions. Currently, Mercy Care DCS CHP has 315 individuals registered to attend the trauma informed care workshops.

These trainings will result in an increase of trauma informed care, and how to incorporate both organizational and clinical practice to improve awareness on trauma. Mercy Care DCS CHP will provide results from the training evaluations per training date upon request.

DCS CHP Best and Emerging Practices—Transition to Independence

Mercy Care DCS CHP focused this year on expanding Transition to Independence (TIP) process, which is a youth-driven, strength-based, evidence-supported framework that was developed for working with youth and young adults (14-29 years old) with emotional/behavioral difficulties (EBD) to improve their real-life outcomes across Transition Domains such as Education, Employment, Career Housing and Community Life Functioning. This training was selected based on the growing need for a transitional program focused on supporting youth and young adults with their progress and outcomes across transition domains and navigating the complex system of healthcare.

Goal for Initiative:
Mercy Care DCS CHP recognizes the importance of specialty services for youth and young adults with a primary focus on assessment of needs and goals that allow young people the opportunity to achieve greater self-sufficiency and confidence. Mercy Care DCS CHP will be completing Train the

DCS CHP Best and Emerging Practices—Transition to Independence
Trainer for the TIP program to ensure sustainability within the existing provider network. Mercy Care DCS CHP staff will participate in the following fidelity and implementation areas and will monitor domains within the provider network. Training for High-Fidelity TIP Model Implementation: To achieve Full TIP Implementation, Trainees will also receive, training and consultation in the following areas: • Implementation Science • Coaching for Continuous Competency Enhancement • On-Going Consultation and Technical Assistance • TIP Model Fidelity Assessment Tool • Development of Certified TIP Site-Based Trainer Development • Development of Certified Regional TIP Fidelity Assessors Outcomes Resulting in Significant Improvement: With the additional focus on TIP expansion, Mercy Care DCS CHP will be able to monitor effectiveness and fidelity of treatment, train and increase provider expertise with the TIP Model Transition Domains and support the unique needs of youth and young adults within the child welfare system and developmental disability community. TIP program is available for all lines of business but recognize the needs of specialty populations. Mercy Care DCS CHP will provide results from the training evaluations per training date upon request.
DCS CHP Best and Emerging Practices—Substance Use Disorder Cognitive Behavior Therapy
Mercy Care DCS CHP will be partnering with the Beck Institute for Cognitive Behavior Therapy to deliver, SUD CBT focused on increasing awareness of substance use disorders, evidence-based, cognitive behavioral methods for helping individuals recover from substance use/opioid use disorders. This training was selected for licensed staff with clinical expertise with substance use and/or looking to expand specialties services for members across the state of Arizona. Goal for Initiative: Mercy Care DCS CHP recognizes the importance of timely access to services for members diagnosed with a substance abuse diagnosis and responding to the national opioid crisis. Mercy Care DCS CHP has continued to focus efforts on expanding evidence-based practices specifically designed for members seeking a diagnosis, and/or diagnosed with SUD that would benefit from a model geared toward reframing perception, addressing challenges with sobriety and healing past or current trauma that plan a role in managing sobriety. Training Objectives: • Conceptualize clients' dysfunctional substance use via the cognitive model • Identify, evaluate, and moderate patients' dysfunctional substance use-related beliefs (including "permission-giving" beliefs)

DCS CHP Best and Emerging Practices—Substance Use Disorder Cognitive Behavior Therapy
• Apply a range of cognitive-behavioral techniques to help patients choose not to use substances, even when they experience cravings or otherwise wish to self-medicate • Address "resistance" by integrating motivational interviewing strategies into CBT • Integrate cognitive-behavioral principles with mutual help groups (e.g., 12-step) ideas and values • Understand medication treatment options and how CBT can support patients receiving medication treatment for their opioid use Outcomes Resulting in Significant Improvement: Mercy Care DCS CHP will increase expertise in SUD CBT practices within the provider network focused on recovery and treatment for individuals diagnosed with SUD. Mercy Care DCS CHP will provide results from the training evaluations per training date upon request.

DCS CHP Best and Emerging Practices—References
Beck Institute. https://beckinstitute.org/blog/treating-substance-misuse-disorders-with-cbt/. Stars Training Academy. https://www.starstrainingacademy.com/transition-to-independence-process-tip-model/.

Appendix A. Methodology

Appendix A—Methodology presents, for each EQR activity:

- Objectives
- Technical methods of data collection
- Description of data obtained
- How data were aggregated and analyzed
- How conclusions were drawn

In addition, this section includes information about how program-level data were aggregated and analyzed.

Validation of Performance Measures

Objectives

The primary objectives of the PMV process were to:

- Evaluate the accuracy of performance measure data collected by the Contractors
- Determine the extent to which the specific performance measures calculated by the Contractors (or on behalf of the Contractors) followed the specifications established for each performance measure
- Identify overall strengths and areas for improvement in the performance measure calculation process

Technical Methods of Data Collection

The CMS PMV protocol identifies key types of data that should be reviewed as part of the validation process. The following list describes the types of data collected and how HSAG analyzed these data:

- **Information Systems Capabilities Assessment Tool (ISCAT):** Contractors completed and submitted an ISCAT to address data collection and reporting specifics of their performance measures. HSAG used the responses from the ISCAT to complete the pre-on-site assessment of information systems.
- **Source code (programming language) for performance measures:** Contractors calculated, or contracted with vendors to calculate, the non-HEDIS performance measures using source code and were required to submit the source code used to generate non-HEDIS performance measures being validated. HSAG completed a line-by-line review of the supplied source code to ensure compliance

with the measure specifications required by AHCCCS. If NCQA Certified Measures[SM, A-1] vendors were used, HSAG reviewed a copy of the certified measures reports to confirm each measure's certification status. HSAG identified any areas of deviation from the specifications, evaluating the impact to the measure and assessing the degree of bias (if any).

- **Medical record documentation:** Contractors submitted the following documentation for review: medical record hybrid tools and instructions, training materials for MRR staff, and policies and procedures outlining the processes for monitoring the accuracy of the reviews performed by the review staff.
- **Supporting documentation:** HSAG requested documentation that would provide reviewers with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. HSAG reviewed all supporting documentation, identifying issues or areas needing clarification for further follow-up.

Pre-Review Activities:

In alignment with CMS Protocol 2, several steps and actions were involved in preparing both the EQRO and each Contractor to implement and conduct the PMV activity, including:

- **Define the scope of the validation**: HSAG worked with AHCCCS to identify the performance measures to be validated for each Contractor and to confirm all standardized measure specifications (e.g., sampling guidelines, eligible population criteria, and numerator and denominator identification). HSAG submitted final validated performance measure results in an agreed-upon AHCCCS-approved Microsoft (MS) Excel workbook format. HSAG provided AHCCCS with each Contractor's LOB-specific rate reporting template and provided AHCCCS with a consolidated view of the final validated rates as well. HSAG used Contractor-to-Contractor comparisons; comparisons to CY 2020 rates, where applicable; as well as comparisons to national Medicaid benchmarks, as reasonability checks.
  - A rate was considered materially biased and received a Do Not Report (DNR) designation if any identified error or errors impacted the performance measure rate by more than 5 percentage points.
  - For hybrid measure reporting, each Contractor's sampling and oversampling methodology was required to align with the measure steward's hybrid reporting specifications. If the Contractor used an oversampling rate larger than 20 percent, HSAG required the Contractor to provide evidence of NCQA approval. HSAG did not accept an oversampling rate larger than the established NCQA standard without the Contractor providing its evidence of NCQA approval.
  - HSAG followed CMS Protocol 2 in reviewing hybrid measures by conducting MRR validation of 30 records for at least two performance measures, across lines of business as applicable per Contractor, as selected by each Contractor's lead auditor.

[A-1] NCQA Measure Certification[SM] is a service mark of the National Committee for Quality Assurance (NCQA).

- **Audit preparation**: HSAG confirmed the final scope of the audit with AHCCCS to ensure all written communication to the Contractors contained accurate information on the measures being reported. Upon obtaining AHCCCS' approval of the document request packet templates, HSAG prepared customized document request packets for each Contractor. The memo accompanying the packet provided details of the audit process and requirements, including:
  - The audit timeline
  - Information about virtual review scheduling
  - A list of all measures under the scope of the audit
  - The ISCAT to complete and reference to appropriate use of the HEDIS MY 2021 Record of Administration, Data Management, and Processes (Roadmap)
  - Information on source code review, as well as medical record review validation and supplemental database review, as applicable
  - Information on where and how to submit performance measure rates and required documentation
  - Next steps and whom to contact for additional information
- **Assess the integrity of the Contractor's information systems (IS)**: As part of the ISCAT, HSAG received detailed information regarding all data systems that feed into the collecting and reporting of performance measures, including patient data, provider data, claims/encounter data, survey data, and data integration processes.

HSAG used the completed ISCATs to evaluate Contractors' IS and environments, identify any existing potential barriers to data collection and reporting, verify the use and oversight of contracted vendors, and review the medical record abstraction process. Upon completing its review of the ISCAT, HSAG prepared preliminary follow-up actions and items that needed clarification in an IS Tracking Grid. HSAG used the grid throughout the audit process to communicate with the Contractors about items that needed follow-up and to document resolution of each item.

If a Contractor had a recent (i.e., July 2021 or sooner) comprehensive, independent assessment of its information systems as conducted during an NCQA HEDIS Compliance Audit™, HSAG reviewed and assessed the Contractor's responses to NCQA's Roadmap and its associated attachments. Additionally, if the Contractor had not yet received its NCQA Medicaid Health Plan Accreditation but was working through a certified HEDIS Compliance Auditor specific to its Arizona Medicaid rates, HSAG accepted and reviewed the HEDIS Roadmap responses as applicable to the Contractor's Medicaid product.

- **Conduct detailed review of measures**: HSAG obtained from each Contractor the detailed source code and programming logic used to calculate each measure when NCQA Certified Measures vendors were not used. HSAG programmers, assigned according to familiarity and expertise with the programming language each Contractor used, conducted a detailed review of each line of code to ensure strict compliance with measure specifications, identifying and estimating any potential bias, and identifying any necessary corrections. As part of this step, HSAG provided each Contractor with feedback on each measure selected for source code review. HSAG's source code reviewers conducted a line-by-line review to meet the following three objectives:

1. Ensure strict compliance with current technical specifications, regardless of source (e.g., HEDIS or CMS) and the accuracy of programming logic. The reviewer documented any noted deviation from the specifications and provided detailed feedback to the Contractor's programmer.
2. Identify and estimate the potential for bias that each deviation can introduce to the measure calculation.
3. Flag issues requiring corrections to code, further investigation, or fixes to the sample. The reviewer documented each issue clearly and initiated discussion with the Contractor to determine action steps for resolving the identified issues.

HSAG made every attempt to identify all issues requiring action before the virtual audit so it could discuss specific strategies with the Contractor during the virtual review. After HSAG verified all corrections to code, it provided the Contractor with a final, written summary of the programming review findings and implications for measure designations. If NCQA Certified Measure vendors were used, HSAG requested the Contractors to provide a copy of the certified measures reports to confirm each measure's certification status.

- **Medical record review and validation (MRRV)**: HSAG provided the Contractors with guidance through each step of the medical record review to ensure all obstacles that potentially impact hybrid reported rates were identified and corrected early in the audit process. HSAG's medical record review team participated in each Contractor's kick-off call to discuss the medical record review process and answer any questions the Contractor had. HSAG did not request a convenience sample but conducted an over-read of approximately 30 records from two hybrid measures to ensure the accuracy of the medical record data abstracted by each Contractor. HSAG followed NCQA's guidelines to validate the integrity of the MRRV processes used by each Contractor and used the MRRV results to determine if the findings impacted the audit results for each performance measure rate. As part of the medical record review and validation, the medical record review team:
  - Reviewed and clarified all ISCAT responses (inclusive of the Roadmap, when applicable) pertaining to the Contractor's medical record review process, including reviewer training and quality assurance, the medical record procurement approach, data integration with administrative data, and medical record vendor oversight.
  - Conducted a thorough review of the Contractor's selected data abstraction tools, functionality, and reviewer instructions.
  - Conducted a final over-read review of a sample of 30 records from two hybrid measures and all medical record exclusions, inclusive of cases across the Contractors' applicable lines of business (when applicable), to ensure the accuracy of the medical record data abstracted.
  - Identified errors and determined if they were critical or noncritical based on the following definitions:
    - **Critical error**: Any finding that changed the compliance of a measure from numerator positive to numerator negative impacting the overall rate.
    - **Non-critical error**: Any finding that did not change the overall compliance of the member and resulted in zero change to the overall rate. (i.e., data entry errors, lab result date collected versus read by MD).
  - If errors were identified, a Contractor could be required to provide additional records for review, based upon the auditor's request. Samples with errors exceeding 10 percent were determined to

be materially biased, and HSAG reported the results to AHCCCS to consider adjusting the Contractor's reporting from hybrid to administrative in such instances (although none occurred during the CY 2021 PMV). Error rates less than 10 percent were evaluated for overall rate impact and hybrid data collection would be allowed if the rate was not materially biased, based upon an impact analysis.

- **Prepare for the contractor virtual audit**: HSAG worked with each Contractor to identify a date for the virtual audit that allowed for all appropriate Contractor staff to be present. Once the audit schedule was finalized, HSAG sent it to AHCCCS and coordinated for AHCCCS staff to observe audits based upon AHCCCS' request. HSAG produced a detailed agenda for the virtual audit and worked with each Contractor to ensure the agenda timeline included appropriate staff in the sessions for which they are responsible. Before the date of the virtual audit, HSAG sent the agenda to the Contractor and to AHCCCS, if applicable.
  - Before the virtual audit, HSAG scheduled and facilitated a kick-off call with each Contractor to:
    - Discuss the audit logistics, including virtual review hosting preferences (i.e., Contractor or HSAG), key Contractor attendees, and potential vendor and/or subcontractor attendance if applicable.
    - Review the draft agenda.
    - Discuss any changes in the Contractor's processes or systems since the previous year's PMV audit.
    - Discuss the medical record review process and timeline.
    - Discuss the timelines for ISCAT submission, use of the HEDIS Roadmap, identification of supplemental data, administrative rate review, preliminary rate review, and performance measure rate submission.
    - Remind the Contractor of the scope of the audit, including measures and primary source verification (PSV) processes.
    - Discuss supplemental databases.
    - Confirm the Contractor's vendor for certified measures, if applicable.
    - Address any Contractor questions or concerns.

Virtual Site Review Activities:

HSAG conducted a virtual on-site visit with each Contractor. HSAG collected information using several methods, including interviews, system demonstration, review of data output files, PSV, observation of data processing, and review of data reports. The virtual on-site visit activities are described as follows:

- **Opening meeting:** The opening meeting included an introduction of the validation team and key Contractor staff involved in the PMV activities. The review purpose, the required documentation, basic meeting logistics, and queries to be performed were discussed.
- **Review of ISCAT and Roadmap (if applicable) documentation:** This session was designed to be interactive with key Contractor staff so that the validation team could obtain a complete picture of all steps taken to generate responses to the ISCAT and evaluate the degree of compliance with written documentation. Additionally, to reduce the administrative burden on the Contractors, HSAG allowed

for submission of the same Roadmap used for the NCQA HEDIS Compliance Audit conducted by the Contractors' NCQA-licensed organizations, where appropriate and applicable as part of their ISCAT submissions. HSAG conducted interviews to confirm findings from the documentation review, expanded or clarified outstanding issues, and ascertained that written policies and procedures were used and followed in daily practice.

- **Evaluation of enrollment, eligibility, and claims systems and processes:** This evaluation included a review of the information systems focusing on the processing of claims, processing of enrollment and disenrollment data, and tracking of changes. The evaluation also encompassed a review of the Contractor's claims processing steps through its encounter data submissions to AHCCCS, reviewing for a general reconciliation. Throughout the evaluation HSAG conducted interviews with key staff familiar with the processing, monitoring, reporting, and calculating of the performance measures. Key Contractor staff included executive leadership, enrollment specialists, claims processors, business analysts, customer operations staff, data analytics staff, and other front-line staff familiar with the processing, monitoring, and generating of the enrollment, eligibility, and claims performance measure data.
- **Overview of data integration and control procedures:** The overview included discussion and observation of source code logic, a review of how all data sources were combined, and a review of how the analytic file was produced for the reporting of selected performance measure data. HSAG performed PSV to further validate the output files and reviewed backup documentation on data integration. HSAG also addressed data control and security procedures during this session.
- **Primary source verification:** HSAG performed additional validation using PSV to further validate the output files. PSV is a review technique used to confirm that the information from the primary source matches the output information used for reporting. Each Contractor provided a listing of the data that it had reported to HSAG from which HSAG selected a sample. These data included numerator positive records for HEDIS and Core Set measures. HSAG selected a random sample from the submitted data and requested that the Contractor provide proof of service documents or system screenshots that allowed for validation against the source data in the system. These data were also reviewed live in the Contractor's systems during the virtual on-site review for verification, which provided the Contractor with an opportunity to explain its processes as needed for any exception processing or unique, case-specific nuances that may not impact final measure reporting. There may be instances in which a sample case is acceptable based on virtual on-site clarification and follow-up documentation provided by the Contractor.

  Using this technique, HSAG assessed the processes used to input, transmit, and track the data; confirm entry; and detect errors. HSAG selected cases across measures to verify that the Contractor had system documentation which supported that it appropriately included records for measure reporting. This technique did not rely on a specific number of cases for review to determine compliance; rather, it was used to detect errors from a small number of cases. If errors were detected, the outcome was determined based on the type of error. For example, the review of one case may have been sufficient in detecting a programming language error and as a result, no additional cases related to that issue may have been reviewed. In other scenarios, one case error detected could result in the selection of additional cases to better examine the extent of the issue and its impact on reporting.

- **Closing conference:** The closing conference included a summation of preliminary findings based on the review of the ISCAT and virtual on-site visit, and revisited the documentation requirements for any post-virtual on-site activities.

Description of Data Obtained

As identified in the CMS EQR Protocol, HSAG obtained and reviewed the following key types of data for CY 2021 as part of the PMV:

1. **ISCAT:** This was received from each Contractor. The completed ISCAT provided HSAG with background information on the Contractor's IS, policies, processes, and data in preparation for the virtual validation activities.
2. **Source code (programming language) for performance measures:** This was obtained from each Contractor and was used to determine compliance with the performance measure definitions. If NCQA Certified Measures vendors were used, HSAG requested the Contractors to provide a copy of the certified measure reports to confirm each measure's certification status.
3. **Supporting documentation:** This provided additional information needed by HSAG reviewers to complete the validation process, including performance measure definitions, file layouts, system flow diagrams, system log files, policies and procedures, data collection process descriptions, and file consolidations or extracts.
4. **Current performance measure results:** HSAG obtained the results from the measures each Contractor reported and calculated.
5. **Virtual interviews and demonstrations:** HSAG obtained information through interaction, discussion, and formal interviews with key Contractor staff as well as through system demonstrations.

How Data Were Aggregated and Analyzed

HSAG also performed a performance validation audit of each Contractor for AHCCCS' selected measures. HSAG evaluated each Contractor's eligibility and enrollment data systems, medical services data systems, and data integration process through an ISCAT, source code review, virtual review of the Contractor, and PSV of a selected sample of measure data.

HSAG analyzed the quantitative results obtained from the above PMV activity to identify strengths and opportunities for improvement in each domain of Quality, Timeliness, and Access to services furnished by each Contractor. HSAG then identified common themes and the salient patterns that emerged across Contractors related to the PMV activity conducted.

How Conclusions Were Drawn

Information Systems Standards Review

Contractors were required to demonstrate compliance with IS standards. Contractors' compliance with IS standards is linked to the validity and reliability of reported performance measure data. HSAG reviewed and evaluated all data sources to determine Contractor compliance with *HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5*.[A-2] The IS standards are as follows:

- Medical Services Data (Claims/Encounters): Sound Coding Methods and Data Capture, Transfer, and Entry
- Enrollment Data: Data Capture, Transfer, and Entry
- Practitioner Data: Data Capture, Transfer, and Entry
- Medical Record Review Processes: Training, Sampling, Abstraction, and Oversight
- Supplemental Data: Capture, Transfer, and Entry
- Data Preproduction Processing: Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity
- Data Integration: Accurate Reporting, Control Procedures That Support Measure Reporting Integrity

HSAG used the following standardized rating methodology for PMV, as outlined in the current CMS Protocol 2:

- Reportable (R): The measure was compliant with the applicable technical specifications
- Do Not Report (DNR): The Contractor rate was materially biased and should not be reported
- Not Applicable (NA): The Contractor was not required to report the measure due to a small denominator

Based on all validation activities, HSAG determined results for each performance measure. According to the CMS EQR PMV protocol, the validation designation for each performance measure is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be noncompliant based on the review findings. Consequently, an error for a single audit element may result in a designation of "DNR" because the impact of the error biased the reported performance measure by more than 5 percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, leading to a designation of "R."

Any suggested corrective action that was closely related to accurate rate reporting that could not be implemented in time to produce validated results, rendered a particular measure as "DNR."

[A-2] National Committee for Quality Assurance. *HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5*. Washington D.C.

Performance Measure Results

Each Contractor's performance measure results for CY 2021 were compared to program-level aggregate rates, prior year's Contractor-specific performance, and NCQA's Quality Compass national Medicaid HMO mean for CY 2021, where applicable.

To draw conclusions about the quality and timeliness of, and access to care and services provided by the Contractors, HSAG assigned each of the performance measures to one or more of the three domains of care (i.e., Quality, Timeliness, and Access). This assignment to domains of care is depicted in Table A-1. The measure marked NA indicates the measure is related to utilization of services and, therefore, is not assigned to a domain of care.

Table A-1—Assignment of Performance Measures to the Quality, Timeliness, and Access Domains

Performance Measure	Quality	Timeliness	Access
Maternal and Perinatal Care			
Prenatal and Postpartum Care—Timeliness of Prenatal Care and *Postpartum Care*	✓	✓	✓
Behavioral Health			
Antidepressant Medication Management—Effective Acute Phase Treatment and *Effective Continuation Phase Treatment*	✓		
Follow-Up After ED Visit for AOD Abuse or Dependence—7-Day Follow-Up—Total and *30-Day Follow-Up—Total*	✓	✓	✓
Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Total and *30-Day Follow-Up—Total*	✓	✓	✓
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total and *30-Day Follow-Up—Total*	✓	✓	✓
Initiation and Engagement of AOD Abuse or Dependence Treatment—Initiation of AOD Treatment—Total—Total and *Engagement of AOD Treatment—Total—Total*	✓	✓	✓
Care of Acute and Chronic Conditions			
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)	✓		
Controlling High Blood Pressure	✓		
Heart Failure Admission Rate	✓		
Diabetes Short-Term Complications Admission Rate	✓		
Pediatric Health			
Child and Adolescent Well-Care Visits	✓		✓

Performance Measure	Quality	Timeliness	Access
Developmental Screening in the First Three Years of Life	✓	✓	✓
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	✓		✓
Annual Dental Visit			✓
Childhood Immunization Status—Combination 3, *7*, and *10*	✓		✓
Immunizations for Adolescents	✓		
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing, *Cholesterol Testing*, and *Blood Glucose and Cholesterol Testing*	✓		
Preventive Screening			
Breast Cancer Screening	✓		
Cervical Cancer Screening	✓		
Appropriate Utilization of Services			
*Ambulatory Care—ED Visits****	NA	NA	NA
Plan All-Cause Readmissions—Observed Readmissions and *O/E Ratio*	✓		
Use of Opioids at High Dosage	✓		

*Not assigned to a domain as a lower or higher rate does not indicate better or worse performance.

Validation of Performance Improvement Projects

Objectives

The purpose of PIPs is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in both clinical and nonclinical areas. For the projects to achieve real improvements in care and for interested parties to have confidence in the reported improvements, the PIPs must be designed, conducted, and reported using sound methodology and must be completed in a reasonable time. This structured method of assessing and improving health plan processes is expected to have a favorable effect on health outcomes and member satisfaction.

The primary objective of PIP validation is to determine the validity and reliability of a PIP through assessing a health plan's compliance with the requirements of 42 CFR §438.330(d)(2) including:

- Measurement of performance using objective quality indicators
- Implementation of systematic interventions to achieve improvement in quality
- Evaluation of the effectiveness of the interventions
- Planning and initiation of activities for increasing or sustaining improvement

In CYE 2019 (October 1, 2018, through September 30, 2019), AHCCCS implemented the *Back to Basics* PIP for the ACC/KidsCare and DCS CHP populations. The objective of the *Back to Basics* PIP is to increase the number of child and adolescent well-child/well-care visits, as well as increase the number of children and adolescents receiving annual dental visits. The goal is to demonstrate a statistically significant increase in the number and percentage of child and adolescent well-child/well-care visits, as well as a statistically significant increase in the number and percentage of children and adolescents receiving an annual dental visit, followed by sustained improvement for one consecutive year.

Technical Methods of Data Collection

AHCCCS established a process for selection and validation of clinical and non-clinical focused PIP topics that is based on *Protocol 1. Validation of Performance Improvement Projects (PIPs): A Mandatory EQR-Related Activity*, October 2019.[A-3] Table A-2 describes the nine protocol activities and the specific tasks that AHCCCS performed to complete each activity.

[A-3] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, October 2019. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf. Accessed on: Oct. 27, 2022.

Table A-2—Protocol Activities Performed for Validation of PIPs

For this protocol activity,	AHCCCS completed the following activities:
Activity 1:	**Select the Topic**
	PIP topics shall be selected to improve clinical and/or nonclinical services. Selected topics shall reflect the characteristics of AHCCCS members in terms of demographics, prevalence of disease, and potential consequences of the disease. Project topics and performance indicators used to assess each project are identified through data collection and analysis of member needs, care, and services. The selection of PIP topics shall consider: • Performance on standardized performance measures established by CMS, NCQA, SAMHSA, etc. • Feedback from members or providers • Care of special populations or high priority services, including behavioral health, children with special healthcare needs, Long-Term Services and Supports (LTSS), preventive care, continuity or coordination of care, etc. • Alignment with priority areas identified by CMS
Activity 2:	**Define the Aim statement**
	The PIP aim statement shall identify the focus of the PIP as well as establish the framework for data collection and analysis. The aim statement shall also be answerable and measurable. The aim statement shall clearly and concisely outline: • The improvement strategy • Population • Time period
Activity 3:	**Identify the Population**
	The PIP may be inclusive of the Contractor's entire enrolled population (based on the LOB) or a subset of the population. The included population shall be clearly defined by the following (as applicable): • Age • Length of enrollment • Diagnoses • Procedures • Other characteristics
Activity 4:	**Use Sound Sampling Methods**
	For PIPs which require a sampling methodology, appropriate sampling methods are required to ensure the collection of information produces valid and reliable results. PIP indicators which align with standardized performance measures shall adhere to

For this protocol activity,	AHCCCS completed the following activities:
	the sampling methodology outlined within the measure's associated technical specifications. The sampling methodology shall: • Outline the sampling frame that contains a complete, recent, and accurate list of the target population • Consider and specify the true or estimated frequency of the event, the confidence interval utilized, and the acceptable margin of error • Contain a sufficient number of members • Assess the representativeness of the sample according to subgroups (e.g., age, geographic location, health status) • Include valid sampling techniques utilized to protect against bias
Activity 5:	**Select the Indicators**
	The selected PIP indicator(s) shall: • Be objective, clearly defined, and time-specific • Reliably measure/answer the PIP aim statement • Be available to measure performance and track improvement over time For PIP indicators that are based on standardized performance measures, the indicators shall: • Assess an important aspect of care that will have meaningful impact on members' health or functional status • Be appropriate based on the availability of data and resources to collect the data • Be based on current clinical knowledge or health services research • Monitor performance at a point in time • Track performance over time • Compare performance over time • Inform the selection and evaluation of quality improvement activities The following shall also be considered when selecting PIP indicator(s) based on standardized performance measures: • The measure addresses accepted clinical guidelines relevant to the PIP question • The measure addresses an important aspect of care or operations that was meaningful to members • The available data sources allow for the reliable and accurate calculation of the measure • The criteria utilized in the measure were defined clearly • The measure captures changes in member satisfaction or experience of care

For this protocol activity,	AHCCCS completed the following activities:
Activity 6:	**Collect Valid and Reliable Data**
	Data collection procedures shall ensure that the data utilized to measure performance are valid and reliable. To ensure the validity and reliability of the PIP data collected, the data collection procedures shall specify: • The systematic method for collecting valid and reliable data that represents the population • The frequency of data collection • The data sources • The data elements to be collected The data collection plan shall link to the data analysis plan to ensure that appropriate data are available for the PIP. Additionally, the data collection instruments shall allow for consistent and accurate data collection over the studied time periods. For PIP indicators which utilize qualitative data collection methods, the methods shall be well-defined and designed to collect meaningful and useful information from respondents.
Activity 7:	**Analyze Data and Interpret Results**
	PIP data analysis includes measurements at multiple points in time and tests for statistical significance. Interpretation of the PIP results shall involve an assessment of performance. The PIP methodology shall ensure the analysis: • Is conducted in accordance with the data analysis plan • Includes baseline and repeated measurements of project outcomes • Assesses the statistical significance of any differences between the initial and repeat measurements • Accounts for factors that may influence the comparability of initial and repeat measurements • Accounts for factors that may threaten the internal or external validity of the findings • Compares the results across multiple entities (e.g., MCOs, member subgroups/subpopulations, provider sites, etc.), as applicable PIP results and findings shall be presented in a concise and easily understood manner. To promote continuous quality improvement, the analysis and interpretation of PIP data shall include lessons learned and opportunities for improvement.
Activity 8:	**Review Improvement Strategies**
	Based on the data analysis and interpretation of PIP results, the improvement strategies implemented as part of the PIP shall be reviewed. The selected improvement strategies shall be:

For this protocol activity,	AHCCCS completed the following activities:
	• Evidence-based (i.e., based on existing evidence that the test of change would be likely to lead to the desired improvement in processes or outcomes) • Designed to address root causes or barriers identified through data analysis and quality improvement processes • Culturally and linguistically appropriate PDSA cycles shall be utilized to test the selected improvement strategy. In addition, the implementation of the improvement strategy shall be designed to account or adjust for any major variables that could have an obvious impact on the PIP outcomes. Based on the findings from data analysis and interpretation of results, the PIP shall assess the extent to which the improvement strategy was successful and include potential follow-up activities.
Activity 9:	**Assess Whether Significant and Sustained Improvement Occurred**
	A PIP is intended to result in significant and sustained improvement in healthcare delivery processes and outcomes, rather than a short-term or random change. The PIP results shall be assessed to determine if the PIP resulted in statistically significant changes over time that could reasonably be attributed to the improvement strategy implemented as part of the PIP. In order to assess if significant and sustained improvement occurred, repeated measurements that utilize the same methodology as the baseline measurement are required. Tests of statistical significance are also required to assess if statistically significant improvement is demonstrated. The assessment shall consider: • The quantitative evidence of improvement in processes or outcomes of care • If the reported improvement is likely to be a result of the selected intervention • Statistical evidence/significance tests that the observed improvement is a result of the intervention • If sustained improvement was demonstrated through repeated measurements over time

Description of Data Obtained

Typically, PIPs include one intervention year; however, to account for the impact of the COVID-19 PHE, the *Back to Basics* PIP includes two intervention years within its design in which each Contractor will implement strategies and interventions to improve performance, with CYE 2019 serving as the baseline year, unless otherwise indicated. AHCCCS will then conduct annual measurements to evaluate Contractor

performance, with remeasurement years aligning with calendar years: the first remeasurement year reflective of CY 2022 (January 1, 2022, through December 31, 2022) and the second remeasurement year reflective of CY 2023 (January 1, 2023, through December 31, 2023).

In CY 2022, each Contractor submitted the PIP Intervention Year Attachment form to AHCCCS. The form described each intervention the Contractor implemented during the intervention year, along with the intervention status, focus, and rationale for changes or discontinuation of the intervention for the following year. Specific intervention information for each Contractor can be found in Section 5. ACC Program Contractor-Specific Results and Section 6. DCS CHP Program Results.

Table A-3 through Table A-5 show the indicators, numerators, and denominators that will be used to measure the baseline of this PIP.

Table A-3—*Back to Basics* PIP Indicator 1

PIP Indicator 1: ***Well-Child Visits in the First 30 Months of Life* (*W30 Rate 1*)**	
Indicator 1: Percentage of children who turned 15 months old during the MY and who had six or more well-child visits with a primary care practitioner (PCP) during their first 15 months of life. (*Not applicable for DCS CHP*)	**Numerator:** The total number of members receiving six or more well-child visits, on different dates of service, with a PCP during their first 15 months of life.
	Denominator: The eligible population.

*For indicator 1, the full measure includes two rates: one rate that evaluates well-child visits at 15 months and one rate that evaluates well-child visits at 30 months. For the purposes of this PIP, Contractors were focused only on the first rate, which evaluates well-child visits at 15 months (*W30 Rate 1*).

Table A-4—*Back to Basics* PIP Indicator 2

PIP Indicator 2: ***Child and Adolescent Well-Care Visits* (*WCV*)**	
Indicator 2: Percentage of children ages 3 years to 21 years who had one or more comprehensive well-care visits with a primary care practitioner (PCP) or an OB/GYN during the measurement period.	**Numerator:** The total number of members receiving at least one well-care visit with a PCP or OB/GYN during the measurement period.
	Denominator: The eligible population.

Table A-5—*Back to Basics* PIP Indicator 3

PIP Indicator 3: *Annual Dental Visits (ADV)*	
Indicator 3: Percentage of children and adolescents ages 2 years to 21 years who received at least one dental visit during the measurement period.	**Numerator:** The total number of members receiving at least one dental visit during the measurement period.
	Denominator: The eligible population.

Evaluation of Contractor performance on the selected PIP indicators is based on systematic, ongoing collection and analysis of accurate, valid, and reliable data, as collected and reported by AHCCCS or as validated by the AHCCCS' EQRO. For Contractor self-selected PIPs that are not based on standardized performance measures, the Contractor shall ensure collected data are accurate, valid, and reliable through internal processes.

How Data Were Aggregated and Analyzed

AHCCCS-mandated PIPs typically begin on a date that corresponds with a calendar year. Table A-6 presents the timeline for the *Back to Basics* PIP.

Table A-6—ACC Program Timeline for *Back to Basics* PIPs

PIP—*Back to Basics*				
CYE 2019	**CY 2020**	**CY 2021**	**CY 2022**	**CY 2023**
Baseline Measurement	Intervention Year 1	Intervention Year 2	Remeasurement Year 1	Remeasurement Year 2

Baseline data are collected and analyzed at the beginning of the PIP. During the Intervention Year[A-4], AHCCCS requires the Contractors to implement interventions to improve performance based on an evaluation of barriers to care/use of services and evidence-based approaches to improving performance. An intervention may consider any unique factors, such as a Contractor's membership, provider network, or geographic area(s) served.

AHCCCS requires Contractors to use the PDSA method to test changes (interventions) quickly and refine them, as necessary. AHCCCS expects that Contractors will implement this process in as short a time frame as is practical, based on the PIP topic. Contractors are expected to use several PDSA cycles within the PIP lifespan and include the PDSA in the annual and final PIP report submissions.

[A-4] To account for the impact of the COVID-19 PHE, the *Back to Basics* PIP, which began in CYE 2019, includes two intervention years within its design.

Annual measurements (Remeasurement Year 1, Remeasurement Year 2, as well as any subsequent Remeasurement Years necessary for the Contractor to meet the required criteria for PIP closure) are utilized to evaluate Contractor performance. AHCCCS may require interim measurements, depending on the resources required, to collect and analyze data. Annual measurements (rates and results) are used as the basis for quantitative and qualitative analysis, and the selection/modification of interventions.

Contractors are required to submit a formal PIP report to AHCCCS in accordance with the contract. AHCCCS reviews and validates each Contractor PIP Report submission to ensure alignment with AHCCCS PIP policy and checklist requirements are met. Following this review, each AHCCCS Contractor is provided formal feedback and may be required to resubmit its PIP report if such requirements are not met.

AHCCCS reviews Contractors' submissions to verify adequate participation in the PIP until Contractors demonstration of significant and sustained improvement is shown, as outlined below.

How Conclusions Were Drawn

AHCCCS ensures the validity and reliability of data submissions through verifying:

- Measurement of performance using objective quality indicators
- Evaluation of the effectiveness of the interventions based on indicators collected as part of the PIP

AHCCCS determines a Contractor has demonstrated sustained improvement when the Contractor achieves both of the following conditions:

- Establishes how the significant improvement can be reasonably attributable to interventions implemented by the Contractor (i.e., improvement occurred due to the project and its interventions, not another unrelated reason)
- Maintains, or increases, the improvements in performance for at least one year after the significant improvement in performance was first achieved

To draw conclusions about the quality and timeliness of, and access to care and services provided by the Contractors, HSAG assigned each of the components reviewed for PIP validation to one or more of the three domains (i.e., Quality, Timeliness, and/or Access). While the focus of a Contractor's PIP may have been to improve performance related to healthcare Quality, Timeliness, or Access, PIP validation activities were designed to evaluate the validity and quality of the Contractor's process for conducting valid PIPs. Therefore, HSAG assigns all PIPs to the Quality domain. In addition, the PIP topic was also assigned to other domains as appropriate. This assignment to domains is shown in Table A-7.

Table A-7—Assignment of PIPs to the Quality, Timeliness, and Access Domains

Performance Improvement Project	Quality	Timeliness	Access
Back to Basics PIP	✓		✓

Compliance Review

Objectives

AHCCCS' objectives for conducting compliance reviews are as follows:

- Determine if the Contractor satisfactorily met AHCCCS' requirements as specified in its contract, AHCCCS policies, Arizona Revised Statutes, the Arizona Administrative Code (AAC), and Medicaid managed care regulations (42 CFR §438)
- Provide technical assistance and identify areas in which the Contractor can improve as well as areas of noteworthy performance and accomplishments
- Review the Contractor's progress in implementing recommendations that AHCCCS made during prior compliance reviews
- Determine if the Contractor complied with its own policies and evaluate the effectiveness of those policies and procedures
- Determine Contractor compliance with commitments made during the request for proposal (RFP) process
- Perform oversight of the Contractor as required by CMS in accordance with AHCCCS' 1115 waiver
- Provide information to HSAG as AHCCCS' EQRO to use in preparing the annual EQR technical report as described in 42 CFR §438.364

Technical Methods of Data Collection

To assess for the Contractors' compliance with regulations, AHCCCS conducted the five activities described in CMS' EQR *Protocol 3. Review of Compliance with Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity,* October 2019.[A-5] Table A-8 describes the five protocol activities and the specific tasks that AHCCCS performed to complete each activity.

Table A-8—Protocol Activities Performed for Assessment of Compliance with Regulations

For this protocol activity,	AHCCCS completed the following activities:
Activity 1:	**Establish Compliance Thresholds**
	• AHCCCS determined the timing and scope of the reviews, as well as scoring strategies.

[A-5] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, October 2019. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf. Accessed on: Aug 10, 2021.

For this protocol activity,	AHCCCS completed the following activities:
	• AHCCCS developed monitoring tools and templates, agendas, and set review dates. • AHCCCS conducted training for all reviewers to ensure consistency in scoring across the Contractors.
Activity 2:	**Perform Preliminary Review**
	• AHCCCS notified the Contractors in writing of the request for desk review documents via email delivery of the compliance monitoring tool and an agenda. The desk review request included instructions for organizing and preparing the documents to be submitted. • Prior to the review, the Contractors provided data files from which AHCCCS chose samples to be reviewed, including grievance, appeal, and denial cases. AHCCCS provided the final samples to the Contractors via AHCCCS' secure file transfer protocol (FTP) site. Prior to the scheduled review, the Contractors provided documentation for the desk review, as requested. • Examples of documents submitted for the desk review and compliance review consisted of policies and procedures, staff training materials, administrative records, reports, minutes of key committee meetings, and member and provider informational materials. • The AHCCCS review team reviewed all documentation submitted prior to the scheduled webinar and prepared a request for further documentation, as needed, and an interview guide to use during the webinar.
Activity 3:	**Conduct the Review**
	• During the review, AHCCCS met with groups of the Contractors' key staff to obtain a complete picture of the Contractors' compliance with Medicaid and CHIP managed care regulations and contract requirements, explore any issues not fully addressed in the documents, and increase overall understanding of the Contractors' performance. • AHCCCS requested, collected, and reviewed additional documents, as needed. • At the close of the review, AHCCCS may provide the Contractors' staff with a high level overview of how the overall review process went.
Activity 4:	**Compile and Analyze Findings**
	• AHCCCS used a compliance report template to compile the findings and incorporate information from the compliance review activities. • AHCCCS analyzed the findings and calculated scores based on pre-determined scoring strategies. • AHCCCS determined opportunities for improvement, recommendations, and corrective actions required based on the review findings.

For this protocol activity,	AHCCCS completed the following activities:
Activity 5:	**Report Results**
	• AHCCCS populated the report template. • AHCCCS submitted the draft report to the Contractors for review and comment. • AHCCCS considered the Contractor's requests for reconsideration, as applicable, and finalized the report. • AHCCCS included a CAP template with the final report for all requirements determined to be out of compliance with managed care regulations (i.e., received a score less than 95%). • AHCCCS distributed the final report, scores, and CAP template to the Contractor.

Description of Data Obtained

The following are examples of documents reviewed and sources of the data obtained:

- Committee meeting agendas, minutes, and reports
- Policies and procedures
- Management/monitoring reports
- Quarterly reports
- Provider manual and directory
- Member handbook and informational materials
- Staff training materials and documentation of training attendance
- Applicable correspondence or template communications
- Records or files related to administrative tasks (grievances and appeals)
- Interviews with the Contractors' key staff

How Data Were Aggregated and Analyzed

The AHCCCS compliance review is organized into Focus Areas. Each Focus Area consists of several standards designed to measure the Contractor's performance and compliance with the federal managed care rules and the AHCCCS ACC contract provisions. A Contractor may receive up to a maximum possible score of 100 percent for each standard. Within each standard are specific scoring detail criteria worth defined percentages of the standard's total possible score.

Focus Areas include standards articulated at 42 CFR Part 438 as well as additional contractual requirements. In addition, there may be Focus Areas based solely on contract requirements.

AHCCCS included the following Focus Areas in its compliance review. Table A-9 includes a list of each Focus Area cross-walked with the related federal requirements found in 42 CFR Part 438.

Table A-9—Crosswalk of AHCCCS Focus Areas and Federal Requirements

Focus Areas	Federal Requirements Included
CC	438.242, 438.608, 438.610, 455.1, 455.17, 455.100-106, 455.436
CIS	433.135, 434.6, 438.242, 438.600
DS	438.12, 438.102, 438.206, 438.207, 438.214, 438.242
GA	164.530, 438.3, 438.224
GS	438.10, 438.228*, 438.400, 438.402, 438.404, 438.406, 438.408, 438.410, 438.414, 438.420, 438.424
MCH	441.56, 441.58
MM	438.62, 438.114, 438.136, 438.208, 438.210, 438.228, 438.230, 438.236, 438.240, 438.330, 438.404, 456.125-133
MI	438.10, 438.100, 438.206, 438.207, 438.208, 438.406
QM	438.3, 438.66, 438.206, 438.214, 438.228, 438.230, 438.402, 438.406, 438.408, 438.416, 438.330, 479.98, 476.160
QI	438.330, 438.240, 438.242
RI	This Focus Area reflects the Contractor's fulfillment of State requirements or regulations outside of CFR §438.
TPL	This Focus Area reflects the Contractor's fulfillment of State requirements or regulations outside of CFR §438.
ISOC	This Focus Area reflects the Contractor's fulfillment of State requirements or regulations outside of CFR §438.

*42 CFR §438.228: While not specifically cited within past compliance review tools, the State conducts random reviews of each MCO, its providers, and subcontractors through its OR process to ensure that they are notifying members of adverse decisions and benefit implications when required in a timely manner. For additional clarity, this citation will be added to future review tools.

AHCCCS conducts a review of Contractor information systems as part of its PMV process; therefore, there is not an IS component in the compliance review. In addition to the compliance review process, AHCCCS evaluates the Contractors' information systems through ongoing monthly deliverables, encounter editing process, and data validation processes. Further, as of CY 2020, AHCCCS transitioned to using Contractor-calculated performance measure rates that are validated by the Arizona EQRO. The EQRO PMV activities (detailed in Section 5. ACC Program Contractor-Specific Results and Section 6. DCS CHP Program Results) included a review of the Contractors' information systems.

AHCCCS includes the percentages awarded for each scoring detail in the Focus Area's total score. Using the sum of all applicable standard total scores, AHCCCS then develops an overall Focus Area

score. A standard is scored *Not Applicable (N/A)* if it does not apply to the Contractor and/or no instances exist in which the requirement is applied.

HSAG analyzed the quantitative results obtained from the above compliance activity to identify strengths and opportunities for improvement in each domain of Quality, Timeliness, and Access to services furnished by each Contractor. HSAG then identified common themes and the salient patterns that emerged across Contractors related to the compliance activity conducted.

Contractors must complete a CAP for any standard for which the total score is less than 95 percent. The report, based on the review and the findings, may contain one of the three following statements:

- *The Contractor must* …. This statement indicates a critical noncompliant area that must be corrected as soon as possible to comply with the AHCCCS contract
- *The Contractor should* …. This statement indicates a noncompliant area that must be corrected to comply with the AHCCCS contract but is not critical to the day-to-day operation of the Contractor
- *The Contractor should consider* …. This statement is a suggestion by the review team to improve the operations of the Contractor but is not directly related to contract compliance

How Conclusions Were Drawn

To draw conclusions about the quality and timeliness of, and access to care and services, AHCCCS assigned each of the components reviewed for assessment of compliance with regulations to one or more of the three domains (i.e., Quality, Timeliness, and/or Access). Each standard may involve assessment of more than one domain of care due to the combination of individual requirements within each standard. HSAG then analyzed, to draw conclusions and make recommendations, the individual requirements within each standard that assessed the quality and timeliness of, or access to care and services provided by the Contractors.

Table A-10 depicts assignment of the standards to the domains of care for both the ACC Program and DCS CHP Program.

Table A-10—ACC Program Assignment of Focus Areas to the Quality, Timeliness, and Access Domains

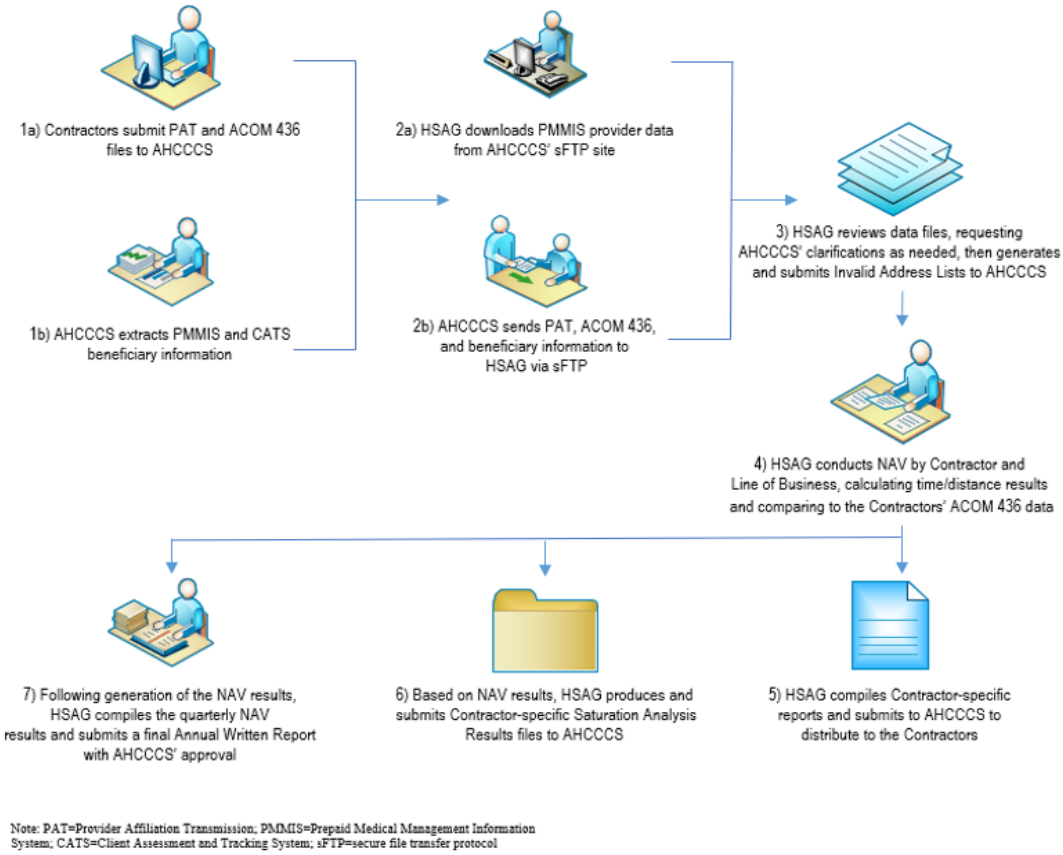
Focus Areas	Quality	Timeliness	Access
CC	✓		✓
CIS			✓
DS		✓	✓
GA		✓	✓
GS	✓	✓	✓
MCH		✓	✓
MM	✓	✓	✓

Focus Areas	Quality	Timeliness	Access
MI	✓		
QM	✓		
QI	✓		✓
RI	✓		
TPL	✓	✓	✓
ISOC	✓		✓

Network Adequacy Validation

CYE 2022 is the fourth year in which AHCCCS contracted with HSAG to support biannual analysis and validation of healthcare provider networks subcontracted to AHCCCS' ACC Program Contractors and the DCS CHP subcontracted health plan.[A-6] HSAG's biannual NAV considered each ACC Program Contractor's compliance with 11 AHCCCS-established time/distance standards and the DCS CHP subcontracted health plan compliance with 8 AHCCCS-established time/distance standards during the CYE 2022 measurement period.[A-7] Figure A-1 summarizes the biannual network adequacy data process and reporting products.

Figure A-1—CYE 2022 Biannual Network Adequacy Validation Process



Note: PAT=Provider Affiliation Transmission; PMMIS=Prepaid Medical Management Information System; CATS=Client Assessment and Tracking System; sFTP=secure file transfer protocol

[A-6] Validation of network adequacy is a mandatory EQR activity, and states must begin conducting this activity, described in CMS rule §438.358(b)(1)(iv), no later than one year from the issuance of the associated EQR protocol. While the protocol was not released during this study, HSAG's analysis of the Contractor's time/distance results aligns with current federal regulations.

[A-7] The AHCCCS Contractors Operations Manual (ACOM), Section 436—Network Standards defines time/distance standards, as well as provider identification and members' county assignment criteria. The ACOM is available at: https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/436_Network_Standards.pdf.

HSAG conducted biannual validation between the ACC Program Contractors' and the DCS CHP subcontracted health plan's self-reported ACOM 436 results and HSAG's time/distance calculations for all Contractors in each quarter that data could be compared.

Objectives

The NAV activities, in anticipation and release of the CMS protocol, were designed to help AHCCCS meet the NAV requirements once the EQR protocol is released. HSAG used data supplied by AHCCCS to calculate the number and percentage of ACC and DCS CHP members within a defined time or distance from up to 11 types of AHCCCS-defined providers. As Table A-11 describes, these time/distance standards vary by provider type and county, and some standards may not apply to every Contractor or subcontracted health plan.

Table A-11—Time/Distance Network Standards for AHCCCS Contractors by Provider Type and Geography

Provider Type	Member Population	Network Standard Maricopa and Pima Counties	Network Standard All Other Arizona Counties
Behavioral Health Outpatient and Integrated Clinic, Adult[2, 3]	Members aged 18 years and older	90 percent of members within 15 minutes or 10 miles	90 percent of members within 60 miles
Behavioral Health Outpatient and Integrated Clinic, Pediatric[3]	Members younger than 18 years	90 percent of members within 15 minutes or 10 miles	90 percent of members within 60 miles
Behavioral Health Residential Facility[1]	All members	90 percent of members within 15 minutes or 10 miles	Not Applicable
Cardiologist, Adult[2, 3]	Members aged 21 years and older	90 percent of members within 30 minutes or 20 miles	90 percent of members within 75 minutes or 60 miles
Cardiologist, Pediatric[3]	Members younger than 21 years	90 percent of members within 60 minutes or 45 miles	90 percent of members within 110 minutes or 100 miles
Dentist, Pediatric	Members younger than 21 years	90 percent of members within 15 minutes or 10 miles	90 percent of members within 40 minutes or 30 miles
Hospital	All members	90 percent of members within 45 minutes or 30 miles	90 percent of members within 95 minutes or 85 miles
OB/GYN	Female members aged 15 to 45 years	90 percent of members within 45 minutes or 30 miles	90 percent of members within 90 minutes or 75 miles

Provider Type	Member Population	Network Standard Maricopa and Pima Counties	Network Standard All Other Arizona Counties
Pharmacy	All members	90 percent of members within 12 minutes or 8 miles	90 percent of members within 40 minutes or 30 miles
PCP, Adult[2, 3]	Members aged 21 years and older	90 percent of members within 15 minutes or 10 miles	90 percent of members within 40 minutes or 30 miles
PCP, Pediatric[3]	Members younger than 21 years	90 percent of members within 15 minutes or 10 miles	90 percent of members within 40 minutes or 30 miles

1. Applies only to Maricopa and Pima counties.
2. Calculations for DCS CHP will not include standards applicable only to adults (i.e., Behavioral Health Outpatient and Integrated Clinic, Adult; Cardiologist, Adult; or PCP, Adult).
3. Services identified as eligible for a telehealth standard modification only require 80 percent of a county's membership to meet the time and distance standards where telehealth services are available for that provider category

Technical Methods of Data Collection

The biannual, Contractor-specific analysis of network adequacy includes study indicators from three analytic indicators:

1. **Time/Distance Calculation**: HSAG's calculation of results for all applicable AHCCCS-established time/distance standards by Contractor, LOB, and county, using member and PAT data.
   - Study indicators show the percentage of members assigned by AHCCCS to the specified county, with access to any provider location serving the LOB within the time/distance standard
2. **Time/Distance Validation**: Validation of each Contractor's compliance with the time/distance standards, based on HSAG's time/distance calculation results from #1 above.
   - Study indicators validate each Contractor's reported compliance with each time/distance standard applicable to the LOB and county. Scoring is as follows:
     - A score of *Met* indicates that HSAG's time/distance results show a percentage of members at or above the time/distance standard
     - A score of *Not Met* indicates that HSAG's time/distance results show a percentage of members below the time/distance standard
     - An asterisk (*) identifies standards with fewer than 10 members included in HSAG's time/distance calculation results
     - The value "NA" identifies standards not applicable to the LOB and/or geography
     - The value "NR" identifies standards for which no members met the network requirement denominator for the LOB and geography; therefore, HSAG calculated no corresponding time/distance result

- Study indicators also consider the degree to which HSAG's time/distance results align with the time/distance values reported in each Contractor's ACOM 436 submission
  - Shaded cells in the Findings tables identify notable differences between each Contractor's ACOM 436 time/distance calculation results and HSAG's results

3. **Provider Saturation Analysis**: HSAG's assessment of the degree to which each Contractor's provider network reflects available AHCCCS-contracted providers.
   - Study indicators include the number of AHCCCS-contracted provider locations not reflected in each Contractor's biannual PAT file for each applicable time/distance standard scored as *Not Met*

Description of Data Obtained

For each biannual measurement period, AHCCCS supplied HSAG with the following data files:

- Prepaid Medical Management Information System (PMMIS) provider data—Data files maintained by AHCCCS that list all AHCCCS-contracted providers and their corresponding addresses.
- AHCCCS member data—A data file compiled by AHCCCS from the PMMIS and Client Assessment and Tracking System (CATS) data. PMMIS data elements include the addresses and other necessary demographic information on AHCCCS members. Specific data elements from CATS identify all AHCCCS members who live in their own homes for calculation of the Nursing Facility time/distance standard.
- DCS CHP member data—A data file identifying the place of residence for DCS CHP members.
- Contractor-specific PAT files—An aggregated data file listing each Contractor's network providers, as identified to AHCCCS by each Contractor.
- Contractor-specific ACOM 436 submissions—One Microsoft (MS) Excel workbook for each Contractor and LOB with a tab listing the Contractor's results for compliance with county-level time/distance standards.

Table A-12 shows the effective dates for the data files supplied to HSAG in each measurement period.

Table A-12—Effective Dates for AHCCCS-Supplied Network Adequacy Data by Quarter and Data Type

Data Source	CYE 2022 Q2	CYE 2022 Q4
Measurement Period	April 2022	October 2022
PMMIS Providers	April 2022	October 2022
AHCCCS Members	April 2022	October 2022
Contractor-Specific PAT Providers	April 2022	October 2022
Contractor-Specific ACOM 436 Submissions	April 2022	October 2022

How Data Were Aggregated and Analyzed

HSAG used the Quest Analytics Suite software, version 2022.1 (Quest) to geocode the PAT and PMMIS addresses for members and providers, assigning each address to an exact geographic location (i.e., latitude and longitude). To facilitate geocoding, HSAG standardized member and provider address data to align with the United States Postal Service Coding Accuracy Support System (USPS CASS) to ensure consistent address formatting across data files.

HSAG assembled the geocoded member (PMMIS) and provider (PAT) addresses into datasets that were used with Quest to calculate the percentage of members meeting the time/distance standards described in Table A-11. Biannual county-specific time/distance calculations were conducted separately for each LOB and excluded less than one percent of members and providers with addresses that could not be geocoded or were geocoded to non-neighboring states. HSAG's time/distance calculations considered the driving time/distance between a member and the nearest provider location (i.e., the time or distance for the member to reach the provider using established roadways). Driving time calculations assumed 30 miles per hour (MPH) for Maricopa and Pima counties and 55 MPH for all other counties.

How Conclusions Were Drawn

To assess the validity of each Contractor's biannual ACOM 436 submission, HSAG compared the time/distance results calculated from the PMMIS and PAT data against the biannual ACOM 436 time/distance results submitted to AHCCCS by each Contractor.

Biannual analyses reflect the following measurement periods:

- CYE 2022 Q2: January 1–March 31, 2022
- CYE 2022 Q4: July 1–September 30, 2022

Additionally, detailed time/distance results were presented to AHCCCS and the Contractors each quarter as interactive Tableau dashboards containing the following information:

- Network Adequacy Assessment Comparison—Time and Distance: A dashboard assessing the differences between Contractors' network adequacy results and HSAG's results calculated for the time distance standards
- Network Adequacy Assessment Trending—Time and Distance: A dashboard comparing Contractor and HSAG Network Adequacy Assessment results across reporting periods by county, urbanicity, and provider category
- Time and Distance Standards Assessment: A dashboard assessing Contractors' compliance with time and distance standards by county, urbanicity, and provider category

HSAG deemed that all NAV activities were related to both the Access and Timeliness domains of care.

Analytic Considerations

AHCCCS does not define the software or process by which each ACC Program Contractor calculates the biannual ACOM 436 time/distance results. HSAG uses Quest to calculate time/distance results based on driving distances, and additional discrepancies may result if Contractors use different versions of Quest during each of the different data network validations.[A-8] Table A-13 describes each ACC Program Contractor's self-reported methods for calculating the ACOM 436 results, as of September 2022.

Table A-13—ACC Program Contractors' ACOM 436 Calculation Methods, as of September 2022

Contractor	ACOM 436 Calculation Method
AzCH-CCP ACC	Calculates time/distance results based on driving distances using Quest version 2021.4
BUFC ACC	Calculates time/distance results based on driving distances using Quest version 2021.4
Care 1st ACC	Calculates time/distance results based on driving distances using Quest version 2021.4
HCA ACC	Calculates time/distance results based on driving distances using Quest version 2022.1
MCC ACC	Calculates time/distance results based on driving distances using Quest version 2022.2
Mercy Care ACC	Calculates time/distance results based on driving distances using Quest version 2022.2
UHCCP ACC	Calculates time/distance results based on driving distances using Quest version 2022.1

Table A-14 describes the DCS CHP Program Contractor's self-reported methods for calculating the ACOM 436 results, as of September 2022.

Table A-14—DCS CHP Program Contractor's ACOM 436 Calculation Methods, as of September 2022

Contractor	ACOM 436 Calculation Method
DCS CHP	Calculates time/distance results based on driving distances using Quest version 2022.2

AHCCCS members may seek care from network providers practicing outside of the member's county of residence. As such, HSAG considered all applicable provider locations within a LOB when calculating time/distance results. This section presents, by LOB, the biannual validation results for Contractors' county-specific time/distance network standards. However, HSAG's time/distance calculations included all available provider locations noted in Contractors' PAT data files, without considering potential barriers to new patient acceptance or appointment availability at individual provider locations.

Additionally, HSAG's time/distance calculations did not include some facilities available to American Indian members enrolled with an ACC Program Contractor. American Indian members, Title XIX and Title XXI, on- or off-reservation, and eligible to receive services, may choose to receive services at any

[A-8] AHCCCS' member address data may not always reflect a member's place of residence (e.g., use of post office boxes), or be identifiable with mapping software (e.g., addresses reflecting local place designations, rather than street addresses). While mapping software may assign members to geographic coordinates, these coordinates may not align with the member's exact residential location for records that do not use a standard street address.

time from an American Indian Health Facility, IHS Facility, a Tribally-Operated 638 Health Program, or an Urban Indian Health Program (I/T/U) (American Reinvestment and Recovery Act of 2009 [ARRA] Section 5006[d], and State Medicaid Director Letter [SMDL] 10-001). These facilities are not included in the calculations in this report. As a result, member access may be under-reported, particularly in areas with high concentrations of these facilities.

Similarly, HSAG's validation included time/distance standards that do not reflect all potential healthcare needs or service delivery options for AHCCCS' ACC members. Selected time/distance standards may be addressed through telehealth, mobile service providers, mail delivery for prescriptions, or other emerging service delivery approaches that may be evaluated using metrics other than time/distance calculation results.

Consumer Assessment of Healthcare Providers and Systems Results

Objectives

The overarching objective of the KidsCare CAHPS surveys was to effectively and efficiently obtain information and gain understanding about parents'/caretakers' of child patients experience with healthcare. These surveys cover topics important to members, such as communication skills of providers and accessibility of services.

Technical Methods of Data Collection

To support the reliability and validity of the findings, standardized sampling and data collection procedures were followed for member selection and survey distribution. These procedures were designed to capture accurate and complete information to promote both the standardized administration of the instruments and the comparability of the resulting data.

The technical method of data collection for the KidsCare Program was through the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set (with the children with chronic conditions [CCC] measurement set). Child members included as eligible for the surveys were 18 years of age or younger (less than 19 years of age) as of December 31, 2021. Parents/caretakers of child members completed the surveys from March to June 2022.

An English or Spanish version of the cover letter was mailed to all sampled adult members and the parents/caretakers of all sampled child members that provided two options by which they could complete the survey: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey through the survey website with a designated login. The cover letters included a toll-free number that parents/caretakers could call to request a survey in another language (i.e., English or Spanish). A reminder postcard was sent to all nonrespondents, followed by a second survey mailing and a second reminder postcard. Finally, a third survey mailing was sent to all nonrespondents.

The surveys included a set of standardized items (76 items for the CAHPS 5.1 Child Medicaid Health Plan Survey that yield 14 measures of member experience) that assess respondents' perspectives on care. These measures included four global ratings, four composite scores, one individual item measure, and five CCC composites/items. The global ratings reflected parents'/caretakers' overall experience with their/their child's health plan, healthcare, personal doctors, and specialists. The composite scores were derived from sets of questions to address different aspects of care (e.g., *Getting Needed Care* and *Getting Care Quickly*). The individual item measure is an individual question that looked at coordination of care. The CCC composites and items are sets of questions and individual questions that looked at different aspects of care for the CCC population (e.g., *Access to Prescription Medicines* or *Access to Specialized Services*). If a minimum of 100 responses for a measure was not achieved, the result of the measure was denoted with a cross (+).

Description of Data Obtained

HSAG aggregated data from survey respondents into a database for analysis. Results of the CAHPS surveys are found in Section 4. ACC Program-Level Comparative Results—Consumer Assessment of Healthcare Providers and Systems Results.

For each of the four global ratings, the percentage of respondents who chose the top-box experience ratings (a response value of 9 or 10 on a scale of 0 to 10) was calculated. For each of the four composite measures, individual item measure, and CCC composites/items, the percentage of respondents who chose a positive or top-box response was calculated. Response choices for the CAHPS composite questions, individual item, and CCC composites/items in the child Medicaid surveys were: (1) "Never," "Sometimes," "Usually," and "Always" and (2) "Yes" and "No." A positive or top-box response for these measures was defined as a response of (1) "Usually" or "Always" and (2) "Yes." Responses of "Sometimes," "Usually," and "Always" were used to determine if the member qualified for inclusion in the numerator. The scores presented deviate from NCQA's methodology of calculating a rolling average using the current and prior years' results, since only the current year's results were available.

How Data Were Aggregated and Analyzed

HSAG performed comparisons of the results to NCQA's Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings.[A-9] Ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table A-15.

Table A-15—Percentile Distributions

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★ Fair	At or between the 25th and 49th percentiles
★ Poor	Below the 25th percentile

[A-9] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2021.* Washington, DC: NCQA, September 2021.

Also, HSAG performed a trend analysis that compared the 2022 general child and CCC scores to their corresponding 2021 scores to determine whether there were statistically significant differences. A *t* test was performed to determine whether results in 2022 were statistically significantly different from results in 2021. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than or equal to 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Scores that were statistically significantly higher in 2022 than in 2021 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2022 than in 2021 are noted with black downward (▼) triangles. Scores in 2022 that were not statistically significantly different from scores in 2021 are noted with a dash (—).

How Conclusions Were Drawn

To draw conclusions about the quality and timeliness of, and access to services provided by the KidsCare Program, HSAG assigned each of the measures to one or more of the three domains (i.e., Quality, Timeliness, and/or Access). The assignment to domains is depicted in Table A-16.

Table A-16—Assignment of CAHPS Measures to the Quality, Timeliness, and Access to Care Domains

CAHPS Topic	Quality	Timeliness	Access
Rating of Health Plan	✓		
Rating of All Health Care	✓		
Rating of Specialist Seen Most Often	✓		
Rating of Personal Doctor	✓		
Getting Needed Care	✓		✓
Getting Care Quickly	✓	✓	
How Well Doctors Communicate	✓		
Customer Service	✓		
Coordination of Care	✓		
Access to Specialized Services	✓		✓
FCC: Personal Doctor Who Knows Child	✓		
Coordination of Care for Children with Chronic Conditions	✓		
Access to Prescription Medicines	✓		✓
FCC: Getting Needed Information	✓		

Aggregating and Analyzing Program-Level Data

HSAG follows a four-step process to aggregate and analyze data collected from all EQR activities and draw conclusions about the Quality, Timeliness, and Access to care furnished by each MCO, as well as the program overall. To produce AHCCCS' Annual Technical Reports, HSAG performed the following steps to analyze the data obtained and draw program-level conclusions about the Quality, Timeliness, and Access to care and services provided by the Contractors:

Step 1: HSAG analyzed the quantitative results obtained from each EQR activity for each Contractor to identify strengths and opportunities for improvement in each domain of Quality, Timeliness, and Access to services furnished by the Contractor for the EQR activity.

Step 2: From the information collected, HSAG identified common themes and the salient patterns that emerged across EQR activities for each domain and drew conclusions about overall Quality, Timeliness, and Access to care and services furnished by the Contractor.

Step 3: From the information collected, HSAG identified common themes and the salient patterns that emerged across all EQR activities related to strengths and opportunities for improvement in one or more of the domains of, Quality, Timeliness, and Access to care and services furnished by the Contractor.

Step 4: HSAG identified any patterns and commonalities that exist across the program to draw conclusions about the Quality, Timeliness, and Access to care for the program.

Appendix B. Acknowledgements and Copyrights

CAHPS® refers to the Consumer Assessment of Healthcare Providers and Systems and is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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