



Welcome to the AHCCCS Community Forum

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

Please only join by phone or computer.

Please use the chat feature for questions or raise your hand.



Thank you.

Statewide Arizona Crisis Hotline

Call: 1-844-534-HOPE (4673) or

Text: 4HOPE (44673)

Chat: [Solari Crisis Response Network](#)



Arizona Crisis Hotlines by County

Local Suicide and Crisis Hotlines by County

Phone

Maricopa, Pinal, Gila Counties served by Mercy
Care: **1-800-631-1314** or **602-222-9444**

Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma Counties
served by Arizona Complete Health: **1-866-495-6735**

Apache, Coconino, Mohave, Navajo and Yavapai Counties served by Care1st:
1-877-756-4090

Gila River and Ak-Chin Indian Communities: **1-800-259-3449**

Especially for Teens

Teen Lifeline phone or text: **602-248-TEEN (8336)**



How to access the crisis line in your area

Statewide:

Call: **1-844-534-HOPE (4673)**, Text: **4HOPE (44673)** or

Chat: [Solari Crisis Response Network](#)

North GSA

- **Counties: Coconino, Mohave, Navajo, Yavapai:**
Health Choice Arizona: **1-877-756-4090**

Central GSA

- **Maricopa County, Pinal, Gila:** Mercy Care **1-800-631-1314**

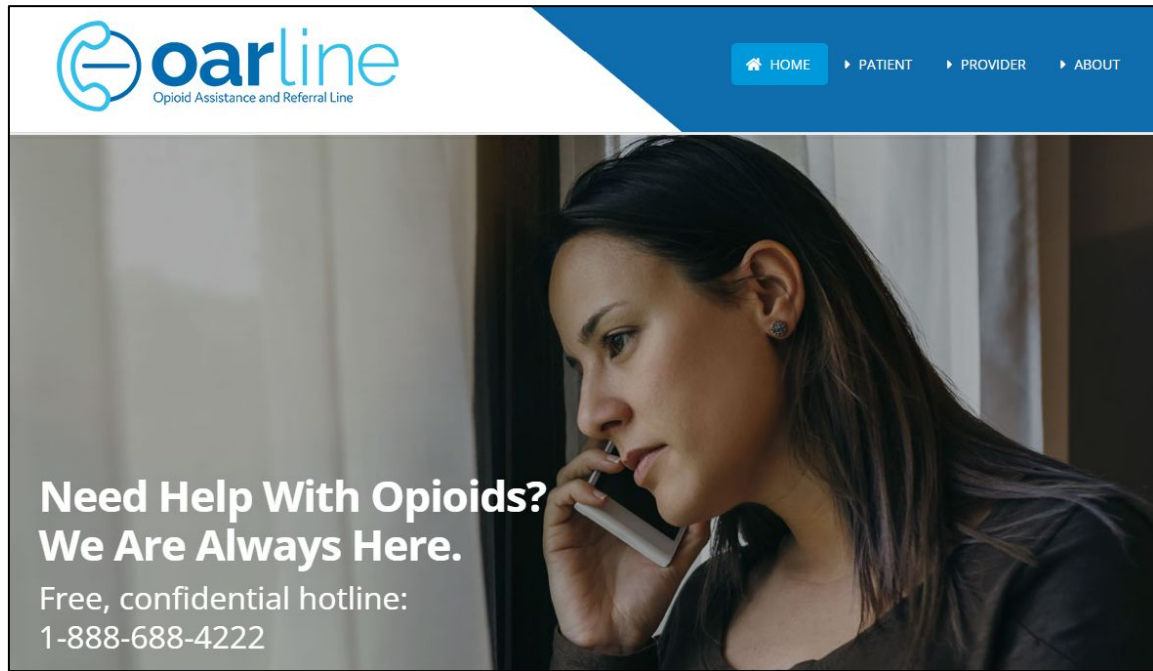
South GSA

- **Counties: Apache, Cochise, Graham, Greenlee, La Paz County, Pima, Santa Cruz, Yuma:**
Arizona Complete Health - Complete Care Plan
1-866-495-6735

Tribal

- **Ak-Chin Indian Indian Community:**
1-800-259-3449
- **Gila River Indian Community:**
1-800-259-3449
- **Salt River Pima Maricopa Indian Community:**
1-855-331-6432
- **Tohono O'odham Nation:**
1-844-423-8759

OARLine

The image shows a screenshot of the OARLine website. The top navigation bar is blue with white text for 'HOME', 'PATIENT', 'PROVIDER', and 'ABOUT'. The logo on the left consists of a stylized 'e' icon and the text 'oarline' in a sans-serif font, with 'Opioid Assistance and Referral Line' in smaller text below it. The main content area features a photograph of a woman with long dark hair talking on a mobile phone. Overlaid on the bottom left of the photo is the text: 'Need Help With Opioids? We Are Always Here. Free, confidential hotline: 1-888-688-4222'.

Email:

AzOarline@gmail.com

www.azdhs.gov/oarline

Members: Make Sure Your Contact Info Is Current In Health-e-Arizona PLUS

Need to report a change?

The screenshot shows the Health-e-Arizona PLUS website interface. The 'I Want To...' menu on the left has 'Report a Change' highlighted with a red box. The main content area shows 'My Account' information, including a verified ID, address (701 E Jefferson St, Phoenix, AZ, 85034-2215), and email. Below this is 'My Medical Assistance' with a table showing one entry: AHCCCS Medical Assistance, beginning on 09/01/2021. At the bottom, 'My Applications' shows a table with one application: Application Number 2021272000237, Date Started 9/30/2021, Date Sent MA 9/30/2021, Status Submitted, and a View link.

Name	Program	Begin Date	End Date
	AHCCCS Medical Assistance	09/01/2021	

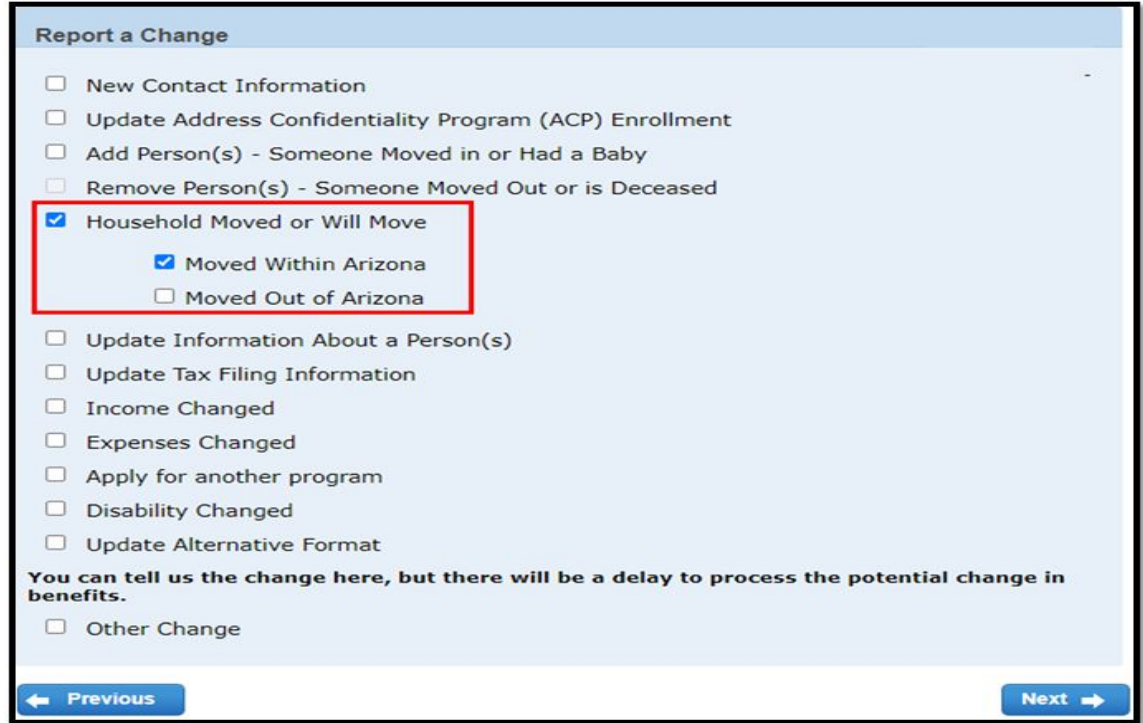
Application Number	Date Started	Date Sent	Status	View
2021272000237	9/30/2021	MA 9/30/2021	Submitted	Provide/View Documents View Application Summary

The graphic features a blue background with a search bar at the top containing the URL www.healthearizonaplus.gov. The main text reads 'UPDATE YOUR INFORMATION TODAY!' in large white letters. Below this, it says 'Make sure your contact information is up to date so AHCCCS can contact you, if needed.' To the right, a laptop displays the website's 'INDIVIDUAL AND FAMILY' section, which includes a 'Thank You for Connecting With Us' message and a 'My Account' icon. The AHCCCS logo is at the bottom left.

Log in or create an account today at www.healthearizonaplus.gov

Health-e-Arizona PLUS Address Changes

Address changes can be reported online using Health-e-Arizona PLUS.



Report a Change

- New Contact Information
- Update Address Confidentiality Program (ACP) Enrollment
- Add Person(s) - Someone Moved in or Had a Baby
- Remove Person(s) - Someone Moved Out or is Deceased
- Household Moved or Will Move
 - Moved Within Arizona
 - Moved Out of Arizona
- Update Information About a Person(s)
- Update Tax Filing Information
- Income Changed
- Expenses Changed
- Apply for another program
- Disability Changed
- Update Alternative Format

You can tell us the change here, but there will be a delay to process the potential change in benefits.

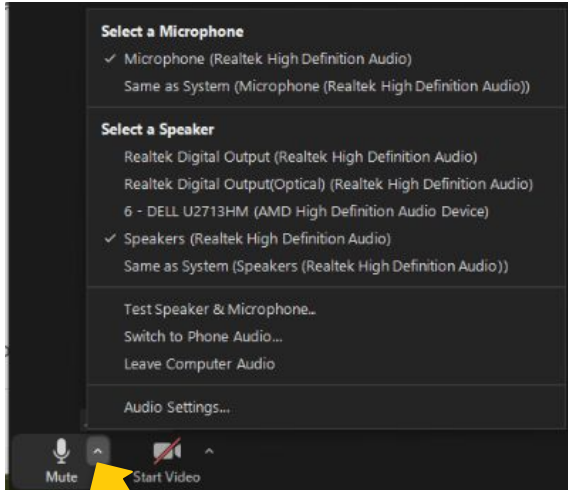
- Other Change

← Previous Next →

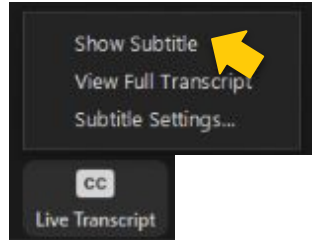
Zoom Webinar Controls

Navigating your bar on the bottom...

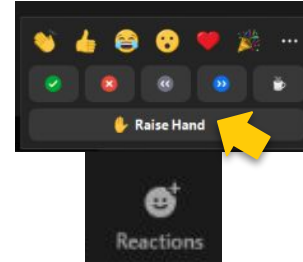
Audio Settings



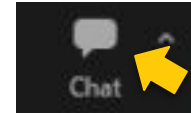
Turn on Closed Captioning



Raise Hand



Chat



KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

Tips for successful ZOOM PARTICIPATION



MUTE your mic
when you're not
speaking



BACKGROUND
NOISE watch when
turning on mic



Limit the
DISTRACTIONS
around you



Look at the
CAMERA
not your screen



PREPARE & queue
docs or links that
you plan to share



Stay FOCUSED by
not texting or side
conversations



Use GALLERY
VIEW to see all
participants



Use CHAT to ask
questions or share
resources

This Meeting Is Being Recorded

The recording shall be the sole property of AHCCCS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.

Please disconnect from this meeting if you do not agree to these terms.

Targeted Investments 2.0 Updates

Cameron Adams, Targeted
Investments Programs Administrator

Targeted Investments Programs

Initial Program (TI)

- 10/2016 - 9/2022
- 6 Years, \$350 M
- Reduce fragmentation of Behavioral Health (BH) and primary care (PCP)
- Increase provider integration, coordination
- Improve health outcomes for members with complex conditions

Renewal Program (TI 2.0)

- 10/2022 - 9/2028
- 5 Years, \$250 M
- Focus: Adult PCP, Adult BH, Peds PCP, Peds BH, Justice
- Identify and address health inequities
- Implement Culturally and Linguistically Appropriate Service (CLAS) standards
- Identify and address health related social needs (HRSN)

Payment

- Driven by the number of services provided (BH), empaneled members (PCP), or justice-involved individuals served (Justice)
- Lump-sum, distributed each fall from 2024 - 2028
- Incentive amount increases as level of effort increases



1115 Waiver Renewal Approval - Targeted Investments 2.0

Participation- TIN level

- **Primary Care:** ICs, PCP clinics **incl. OB/GYNs**
- **Behavioral Health:** 77s, ICs

Participation- Justice Clinics

- **Provider Types:** ICs, FQHCs, RHCs, 77s
- **Justice Partner:** County probation or State parole required, other justice agencies encouraged
- **Competitive:** Clinics that best meet the needs of the target population

Incentives

- **Y1:** Application throughout 2023
- **Y2 - Y3:** Implement required processes
- **Y3 - Y5:** Performance Measures, reduce disparities amongst patient population

Number of Participating TINs

Number of TINs Participating in TI 2.0 per Area of Concentration			
AOC	TI 1.0 Grad	TI 2.0 Newbie	Grand Total
ADULT BH**	41	23	64
ADULT PCP**	43	24	67
JUSTICE**	9	7	16
PEDS BH	32	13	45
PEDS PCP	36	19	55

Unique PCP & BH: 141 (86 Grads)

Goal: 110

*Some TINs participate in multiple AOCs

** 2-3 TINs pending AHCCCS review for these AOCs

TI 2.0 Justice- Participating

33 “Primary” Locations:

- Top-ranked in region
- \$120K - \$170K “Block” funding based on implementation plan

Up to 23 “Secondary” Locations:

- Organization Chooses if/how the site can support Primary Location this month
- No Y1 block funding, but eligible to count membership to Y2- Y5 Payment

Number of TINs* Participating in TI 2.0 Justice			
Unit	TI 1.0 Grad	2.0 Newbie	Grand Total
TINs*	9	7	16
Clinics**	13	43	56

*Two TINs pending AHCCCS review

**Up To 23 eligible as Secondary/Support clinics



[Check out our Map!](#)

Next Steps

January:

- Finalize & publish TIP 2.0 participating Justice clinics and contact information
- Finalize and publish annual milestones

February:

- TI 2.0 Kickoff Event 2/5/2023
- Launch QICs
- Participants begin developing Y2 policies and protocols

TI 2.0 Resources

Targeted Investments webpage:

www.azahcccs.gov/TargetedInvestments

Targeted Investments Team Inbox:

TargetedInvestments@azahcccs.gov

ASU TIPQIC webpage:

www.tipqic.org

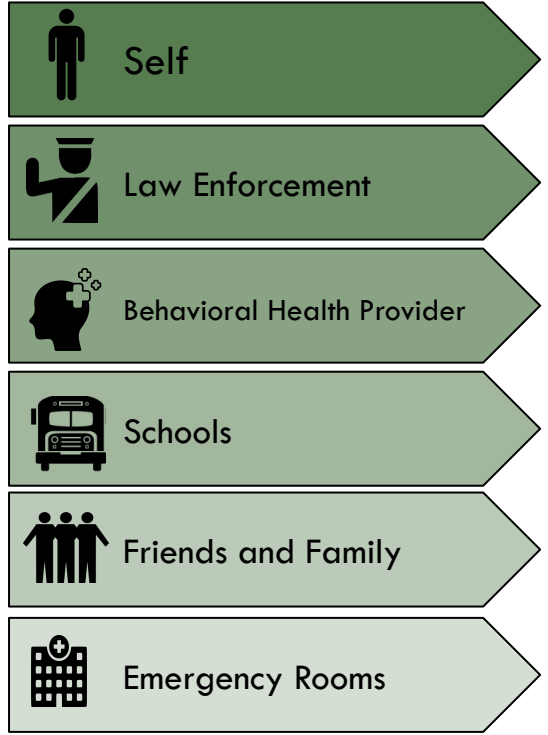
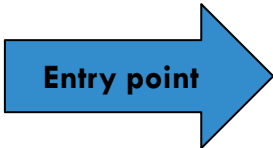
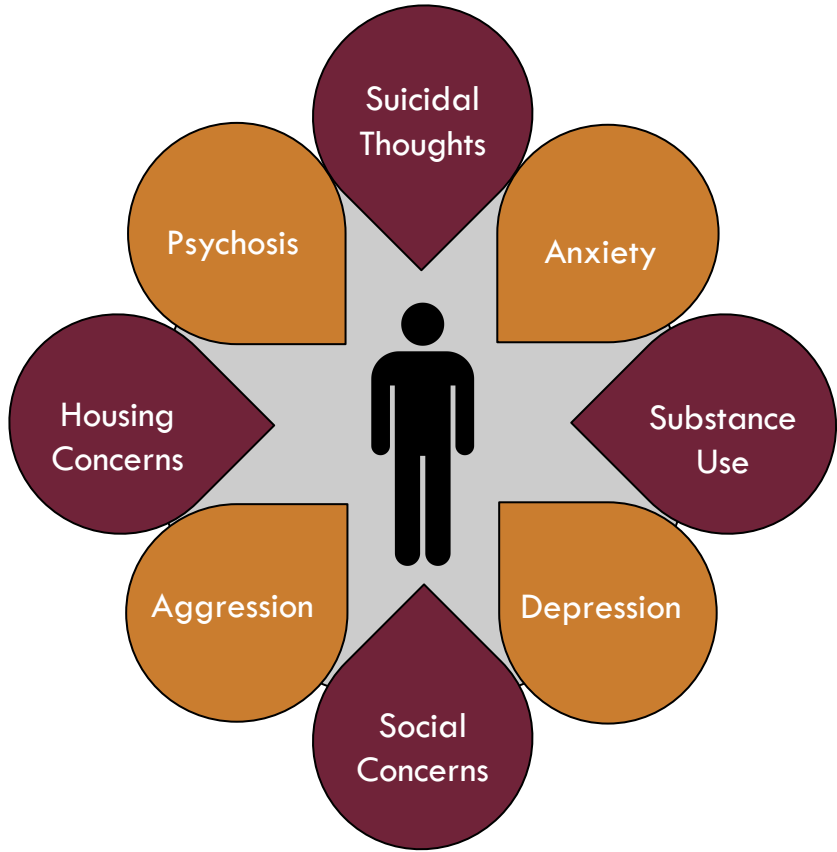
TI 2.0 Program Overview- Final Proposal to CMS:

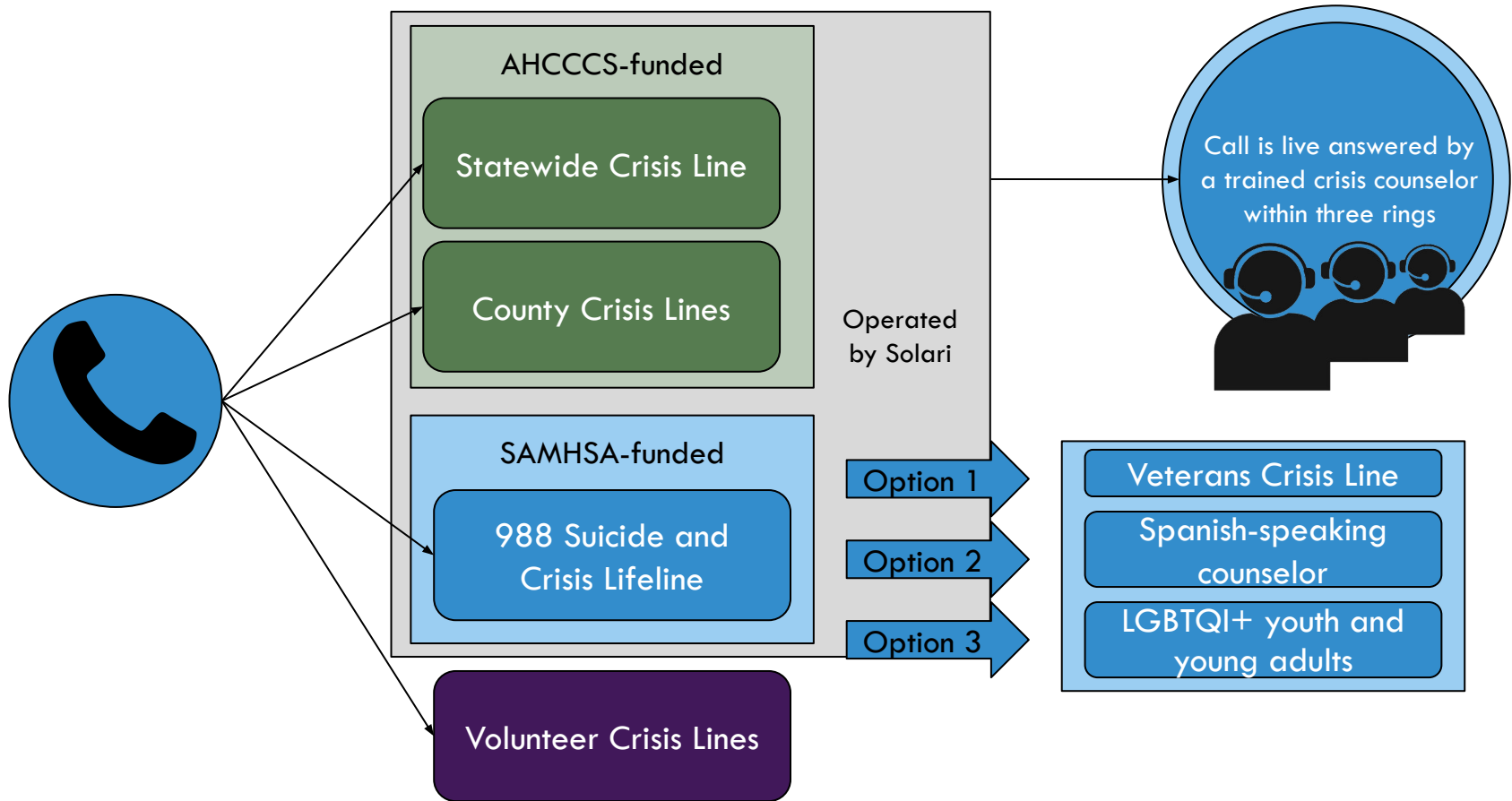
https://www.azahcccs.gov/PlansProviders/Downloads/TI/TargetedInvestmentsTI_2Proposal.pdf

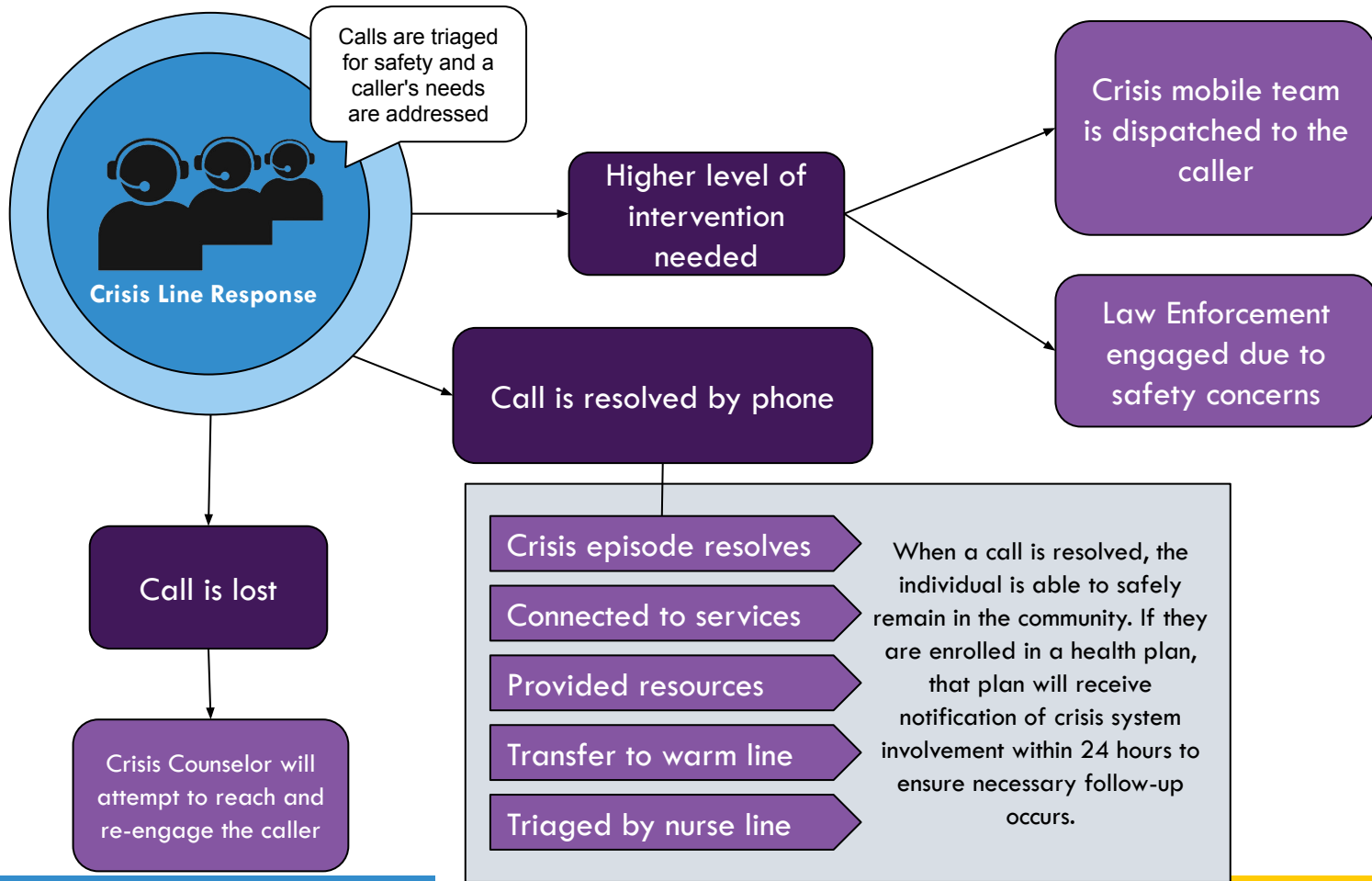
**Subscribe to the
TI Newsletter**

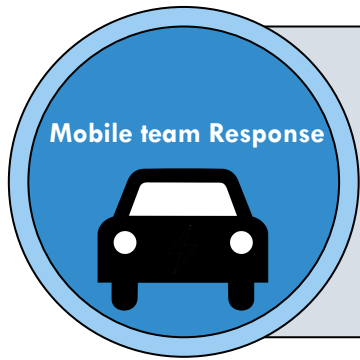
Arizona's Crisis System

Paloma Kwiedacz
Crisis Coordinator









Available mobile teams are identified and dispatched through the crisis line to meet the individual in crisis wherever they are in the community

Individual in crisis is unable or unwilling to engage and poses an imminent danger to themselves or others

Court Ordered Evaluation Petition Initiated

COE ordered: Individual deemed to need further assessment, pickup order is issued by a judge

COE not warranted: individual is deemed safe to remain in the community

Petition times out before evaluation can be completed.

Mobile crisis team engages with the individual to triage and provide further crisis intervention.

Possible Outcomes

Crisis episode is resolved on scene
Individual receives services that allow the crisis episode to safely resolve and remains in the community

Transport for detox services
In instances where substance use is the primary concern and the individual is seeking treatment

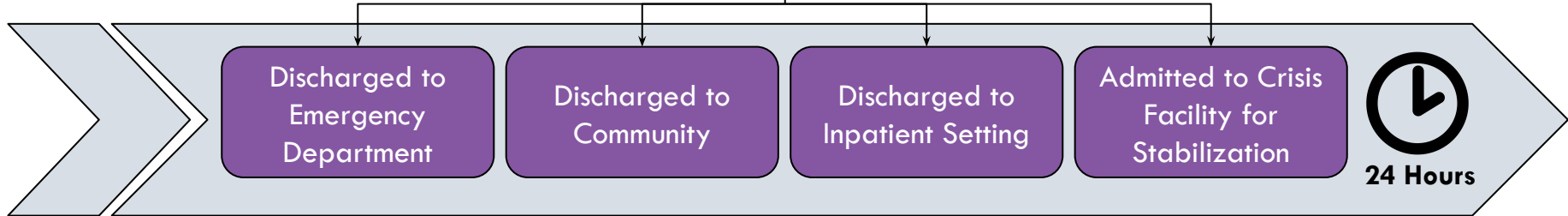
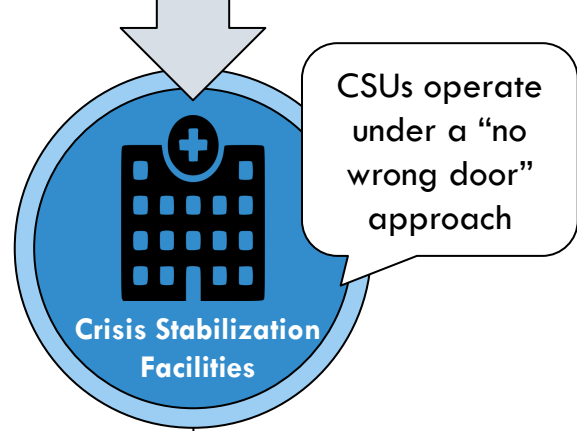
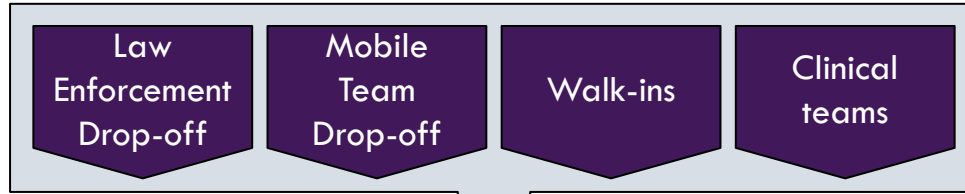
Mobile team cancellation
Caller cancellation, inability to locate or disposition of medical/public safety personnel

Remain with law enforcement
In rare instances it is possible an individual may remain in law enforcement custody

Medical care
Coordination with EMS is completed when a caller is determined to have a medical need

Transport to Crisis Stabilization Unit
Approximately 20% of calls are transported for additional stabilization services

Referral Source





Crisis Line Services

Someone to Talk To

35%
Title XIX/XXI

65%
NT XIX/XXI

26% of callers
remained anonymous

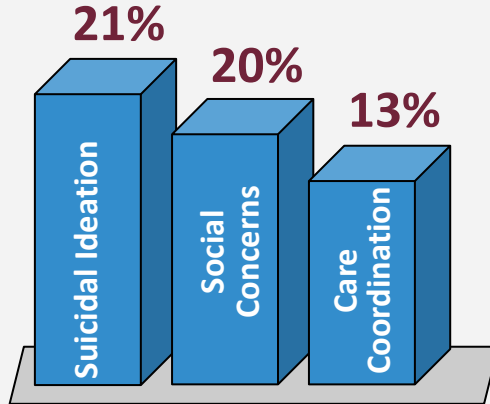
87%
Adults

13%
Children

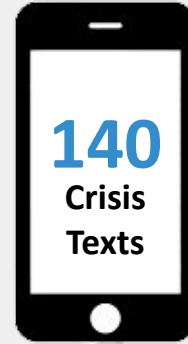
Call Sources:

16%	Statewide Line
20%	988
65%	RBHA Lines

Top 3 Reasons for Calls:



Last month, Arizona's crisis system responded to...



22,386
Crisis Calls



Resolved by
Phone*

79%



Dispatch
Initiated

21%

Outcomes

Public Safety
Involvement

.2%



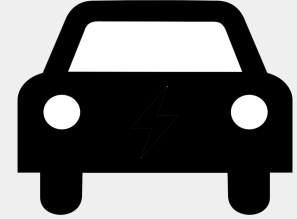
Crisis Mobile Teams

Someone to Respond

Last month, Arizona's crisis system dispatched...

4,690

Mobile teams across the state



In order to promote justice system diversion, requests for mobile teams from law enforcement are prioritized. The average time from dispatch to arrival for these calls is

35 minutes

10% of mobile team dispatches were in response to 988 calls

46%
Title XIX/XXI

54%
NT XIX/XXI

44 minutes
average time from dispatch to arrival

76%
Adults

24%
Children

Outcomes

Resolved*

74%

Petition Initiated

4%

Transported for stabilization

22%

Crisis Mobile teams are required to maintain a staffing ratio of at least

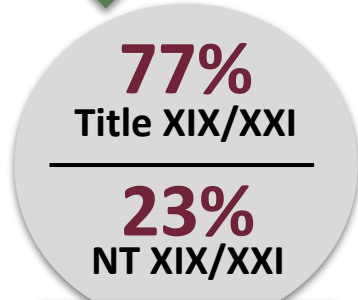


25%
peers

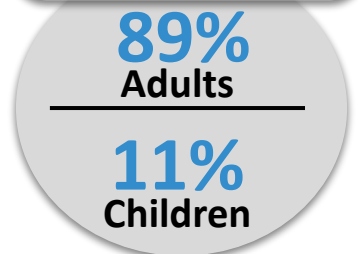


Crisis Stabilization Facilities

A Safe Place to Be



71% of individuals discharged remained community stabilized after 90 days



For an updated map of walk-in, 24/7 Crisis Stabilization Facilities across the state, [click here](#) or visit the AHCCCS Crisis Web Page



Crisis Stabilization Facilities provide a safe space for individuals in crisis, these centers provide a living room feel through the use of recliners instead of beds and operating under a “no wrong door” model.

Arizona Olmstead Plan

Adam Robson

Employment Administrator

Olmstead v. L.C. (1999)

- The story of the Olmstead case began with two women, Lois Curtis and Elaine Wilson.
- Both had diagnoses of mental health conditions and intellectual disabilities.
- Both voluntarily admitted to the psychiatric unit in the State-run Georgia Regional Hospital.
- Following the women's medical treatment there, mental health professionals stated that each was ready to move to a community-based program.
- Both remained confined in the institution, each for several years after the initial treatment was concluded.
- Both filed suit under the Americans with Disabilities Act (ADA) for release from the hospital.



Olmstead v. L.C. (1999)

- States are required to provide community-based services for individuals with disabilities who would otherwise be entitled to institutional services:
 - State's treatment professionals reasonably determine that such placement is appropriate,
 - The affected person is in agreement with the decision, and
 - The placement can be reasonably recommended, taking into account the resources available to the State and the needs of others who are receiving State-supported disabilities services.

Arizona's Approach

- The Court does not require states to develop a plan, but Arizona chose to do so.
- The population targeted to benefit from the Olmstead Plan are all individuals who may be at risk of institutionalization, including individuals with behavioral health needs and members of the ALTCS program, including Tribal ALTCS programs.



Olmstead Strategies

#	Strategy	Description
1	Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community	Increase housing choice and opportunities for individuals and ensure necessary support services are available to assist members to obtain and maintain the least restrictive, most integrated community setting possible.
2	Reach-in discharge planning for hospital settings	Increase the ease of access for care coordination and discharge planning for members in hospital settings, while reducing outpatient service barriers.
3	Reach-in discharge planning for the justice system	Improve discharge planning, reach-in care coordination, and service delivery for members exiting the justice system.
4	Expansion of Home and Community-Based Services (HCBS) for aging individuals with Serious Mental Illness (SMI) determinations	Explore the feasibility of expanding HCBS for the aging SMI population.

Olmstead Strategies

#	Strategy	Description
5	Workforce Development initiatives	Implement programs and systems that will enhance the capacity, capability, and commitment of the healthcare workforce.
6	High quality network to ensure members are served in the most effective and least restrictive manner	Ensure services are provided by high quality network providers in a timely manner.
7	Person-centered planning enhancements	Improve monitoring with service and treatment planning standards for Managed Care Organizations (MCOs)
8	Aggregated Population Data	Identify and monitor data to provide a systemic level review of members transitioning to least restrictive settings.

Olmstead Plan Quarterly Updates

AHCCCS has developed an internal process for Olmstead SMEs when providing quarterly updates. The first updates were due internally on 1/15/2024.

Updates do not need to be included for every Objective every quarter, just those areas with major accomplishments or updated data.

Updates due within 15 days after the end of each quarter (Jan, Apr, Jul, Oct)

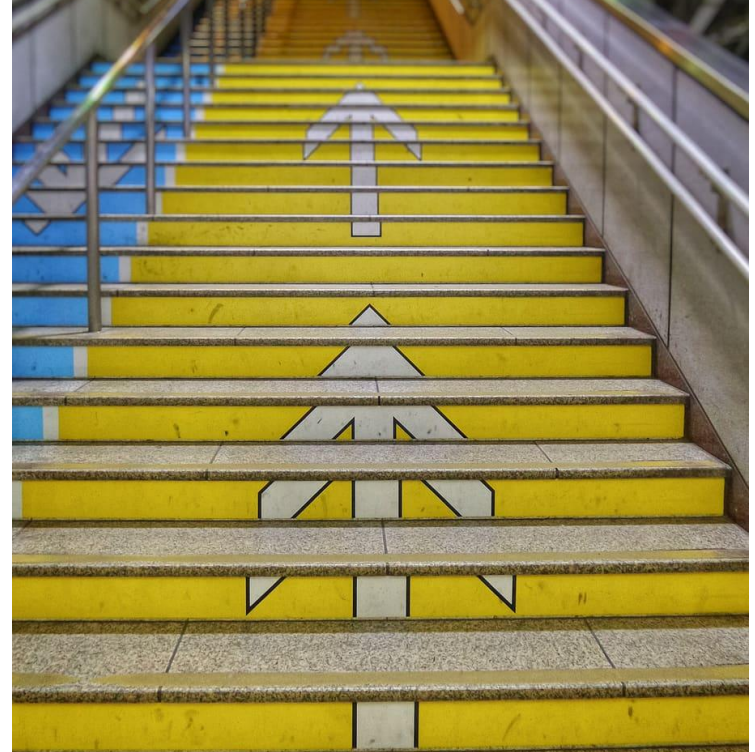
Updates reviewed/ finalized

Updated Olmstead Plan reposted to the Olmstead web page before the end of that month.

Email notification will be sent to those subscribed to Olmstead updates

Moving Forward.....

- For the first Progress Summary, a table has been inserted below each Strategy to accumulate a list of accomplishments.
- A parking lot has been created to track future considerations for Olmstead Planning.
- Hired consultant to help identify data to evaluate progress and reports to share that data with stakeholders.



How to Stay Connected With Olmstead

- Visit www.azahcccs.gov/Olmstead to:
 - Subscribe to updates to receive the latest news regarding the Olmstead Plan,
 - Receive information about open public comment periods, and
 - Locate the Olmstead email address to share input with AHCCCS at any time.
- Review quarterly updates in the Olmstead Plan. Find out when these updates occur by subscribing to updates via the Olmstead web page.
- Input and feedback on the Olmstead Plan may be provided during any of the above events or sent separately via the Olmstead email address throughout the year (Olmstead@azahcccs.gov).

Questions



Expanding Quality and Access to Services for Individuals with I/DD

Megan Woods

University of New Hampshire National Center for Start Services (NCSS)

- Initial sessions to summarize programming for NCSS training
 - Individuals with Intellectual/Developmental Disabilities and Mental Health (IDD-MH) (August - September)
- Core group of stakeholders from plans and advocacy community
- Statewide Participation
 - Core group of participants sent invitations to contacts with potential interest for statewide meeting
 - September 27, 2023 to provide detailed information regarding NCSS process and activities

Environmental Scan

- NCSS will conduct a collaborative environmental scan with a focus on service delivery for IDD-MH strengths and needs within Arizona and evaluation of current service delivery system including
 - [Online survey](#)
 - Discussion and focus groups
 - Family and caregiver interviews
 - Data analysis

Training and Professional Development

- Professional Evidence-based training including
 - Certification of completion
 - Possibility of CEUs through University of New Hampshire and
 - Supplemental technical assistance for enrolled trainees
- Training cohorts will include:
 - Crisis Responders
 - Care Coordination
 - Direct Support Professionals
 - Medical Providers/Prescribers
 - Other as identified via environmental scan

Care Coordination Training

- Initial cohort begins January 22, with a second cohort starting in March; Register [here](#)
 - This course is designed to improve knowledge for care coordinators and care managers to successfully support children and adults with IDD and mental health service needs (IDD-MH) and their families.
 - Speakers will include family members and people with lived experiences along with experts in the field.
 - Cost to participate is FREE with promo code AZACCC2024S

Mobile Crisis Responders

- Develop expertise needed to provide effective crisis supports to people with intellectual/developmental disability and mental health needs (IDD-MH)
 - Assist providers to develop best practices in crisis assessment, response strategies, and disposition recommendations.
 - Multiple Sessions designed to offer expert support and training for mobile crisis responders serving individuals with IDD-MH

988 Operators

- To provide improved support and assistance to people with IDD-MH needs (including Autism Spectrum Disorder), who contact the Lifeline for help.
 - Up to 40 participants
 - Asynchronous/On-Demand Training (one hour)
 - AHCCCS will receive unique coupon code that will allow course access.

centerforstartservices.org/988

Questions?

Legislative Outlook

Willa Murphy, Chief Legislative Liaison, and
Damien Carpenter, Legislative Liaison

2024 Legislative Session Timeline

- January 8 – Legislative Session began
 - State of the State address
- January 12th- Executive budget released
- January to March– Regular Committees
- April to June (approx.) – Budget negotiations, non-regular committees
- Adjournment sine die



AHCCCS Legislative Outlook and Priorities

Legislative Outlook:

- Revenue shortfall
- Divided government
- Election year dynamics

Executive priorities (AHCCCS-related):

- Healthcare workforce
- Licensure and accountability package for LTC/SLH
- Pharmacy affordability

AHCCCS-Related Bills

AHCCCS Agency Bills/Initiatives:

- Third Party Liability (TPL)

Additional bills/issues of note:

- Licensure/oversight
- Behavioral health system initiatives
- Modifications or expansions to covered services, such as dental or pharmacy benefit

Quality Strategy Update 2023-2024

Georgette Kubrussi Chukwuemeka
Strategic Performance Administrator

Quality Strategy: Definition and Requirements

Under Managed Care Regulations ([42 CFR § 438.340](#)):

- Each state contracting with Managed Care Organizations (MCOs) is required to develop and implement a written quality strategy for the purposes of describing, evaluating, and improving the quality of health care services provided by the MCO entities.
- States are required to:
 - Review and update its quality strategy as needed, but no less than once every three years,
 - Include an evaluation of the effectiveness of the quality strategy conducted within the previous three years, and
 - Post the results of the review on the state's website.

Quality Strategy: Elements

Per Managed Care Regulations ([42 CFR § 438.340](#)), the Quality Strategy must contain several elements, including but not limited to:

- Network adequacy and availability of services standards,
- Continuous quality improvement goals and objectives,
- Description of quality metrics and performance targets, including those the State will publish at least annually on its website,
- Description of performance improvement projects to be implemented,
- State's plan to identify, evaluate, and reduce health disparities, and
- Mechanisms to comply with additional services for enrollees with special health care needs or who need Long-Term Services and Supports (LTSS).

Quality Strategy: Current State

Current State: The State's Quality Strategy and Quality Strategy Evaluation were last published and submitted to CMS on July 1, 2021.

- The Quality Strategy Evaluation is intended as a companion document to the Quality Strategy and is meant to inform the Quality Strategy updates through the evaluation of the effectiveness of the Quality Strategy conducted within the previous three years.
- The July 2021 Quality Strategy and Quality Strategy Evaluation documents are available on the [AHCCCS Quality Strategy](#) web page.

Quality Strategy: Current Goals and Objectives

Current Goals and Objectives: The current Quality Strategy has four goals, each with several associated objectives. Please see the Appendix for details on the objectives.

- Quality Strategy Goal 1: Improve the member's experience of care, including quality and satisfaction.
- Quality Strategy Goal 2: Improve the health of AHCCCS populations.
- Quality Strategy Goal 3: Reduce the growth in health care costs and lower costs per person.
- Quality Strategy Goal 4: Enhance data system and performance measure reporting capabilities.

Quality Strategy: Next Steps

Next Steps: The next Quality Strategy and Quality Strategy Evaluation submissions are due to CMS no later than July 1, 2024.

- AHCCCS is in the process of updating both documents through collaboration with subject matter experts across the agency's divisions.
- AHCCCS is seeking input from members and other stakeholders in developing the Quality Strategy prior to finalizing it for CMS submission.
 - Please share any feedback on the current Quality Strategy, including feedback on the goals and objectives.

Quality Strategy: Feedback Request

For Discussion:

- Are the current Quality Strategy goals valuable?
 - Are there any changes to the goals that should be considered?
 - Are there any goals that should be added?
 - Are the associated objectives (found in the Appendix) valuable, or should any changes be considered?
- What quality-specific focus areas should be highlighted in the Quality Strategy?
- Feedback process: What feedback processes would be most effective in the future to collect feedback on the Quality Strategy?
 - How should changes to the Quality Strategy be communicated?
 - Ideally, how often should feedback be requested?

Quality Strategy: Key Dates

Activity	Dates*
AHCCCS internal review and updates	Ongoing
Stakeholder Presentations	October 2023 - February 2024
AHCCCS Executive Management review and approvals	April 2024
Public Comment	May - June 2024
Post Quality Strategy and Quality Strategy Evaluation on AHCCCS website	No later than July 1, 2024
Submit Quality Strategy and Quality Strategy Evaluation to CMS	No later than July 1, 2024

* Timeline generated based on three year review cycle and is subject to change.

Quality Strategy: Feedback Opportunities

AHCCCS requests feedback on its Quality Strategy via the following opportunities:

- Stakeholder presentations: ALTCS Advisory Committee, AHCCCS and MCO Chief Medical Officers' Meeting, QM/MM/MCH EPSDT Quarterly Contractor Meeting, State Medicaid Advisory Committee, AHCCCS Quarterly Tribal Consultation, AHCCCS Community Forum.
 - Please submit feedback or questions to Georgette.Chukwuemeka@azahcccs.gov.
- Public comment period: AHCCCS will notify stakeholders once the Quality Strategy is posted online for review and feedback.

Appendix

Current Quality Strategy Goal 1 and Objectives

Quality Strategy 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, and
- 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 (as funding allows).

Current Quality Strategy Goal 2 and Objectives

Quality Strategy 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, and
- 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, and
 - Expanding provider development of COE.

Current Quality Strategy Goal 3 and Objectives

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

Current Quality Strategy Goal 4 and Objectives

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

Follow & Support AHCCCS on Social Media

facebook



LinkedIn

YouTube

Handle:

[@AHCCCSgov](https://www.facebook.com/AHCCCSgov)

Handle:

[@AHCCCSgov](https://twitter.com/AHCCCSgov)

Handle:

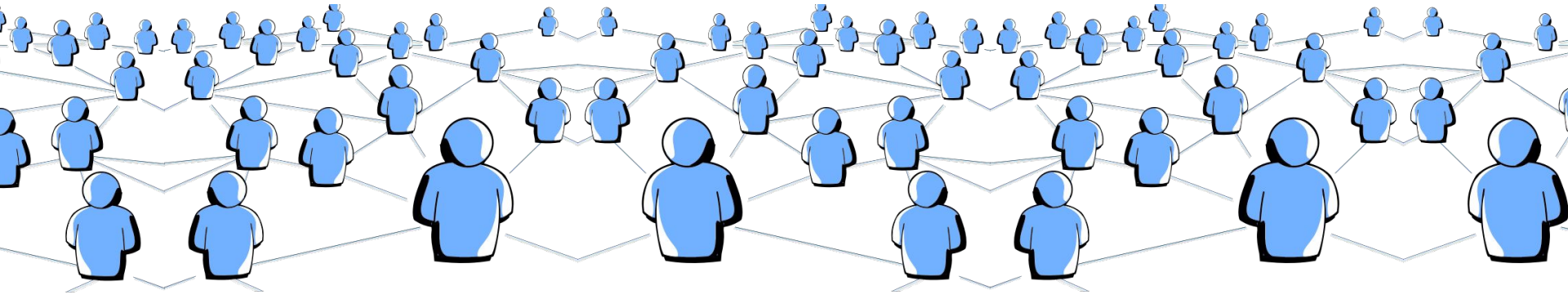
[@AHCCCSGov](https://www.instagram.com/AHCCCSGov)

Handle:

[@AHCCCS](https://www.linkedin.com/company/AHCCCS)

Channel:

[AHCCCSgov](https://www.youtube.com/channel/AHCCCSgov)



Learn about AHCCCS' Medicaid Program on YouTube!



Watch our Playlist:

[Meet Arizona's Innovative Medicaid Program](#)

Other Resources - Quick Links

- AHCCCS [Waiver](#)
- AHCCCS [State Plan](#)
- AHCCCS [Grants](#)
- AHCCCS [Whole Person Care Initiative \(WPCI\)](#)
- AHCCCS [Office of Human Rights](#)
- AHCCCS [Office of Individual and Family Affairs](#)



Please take the survey

to help us better
tailor meetings to
meet your needs.