



MCO Performance

Dr. Sara Salek,
Chief Medical Officer

Reaching across Arizona to provide comprehensive
quality health care for those in need

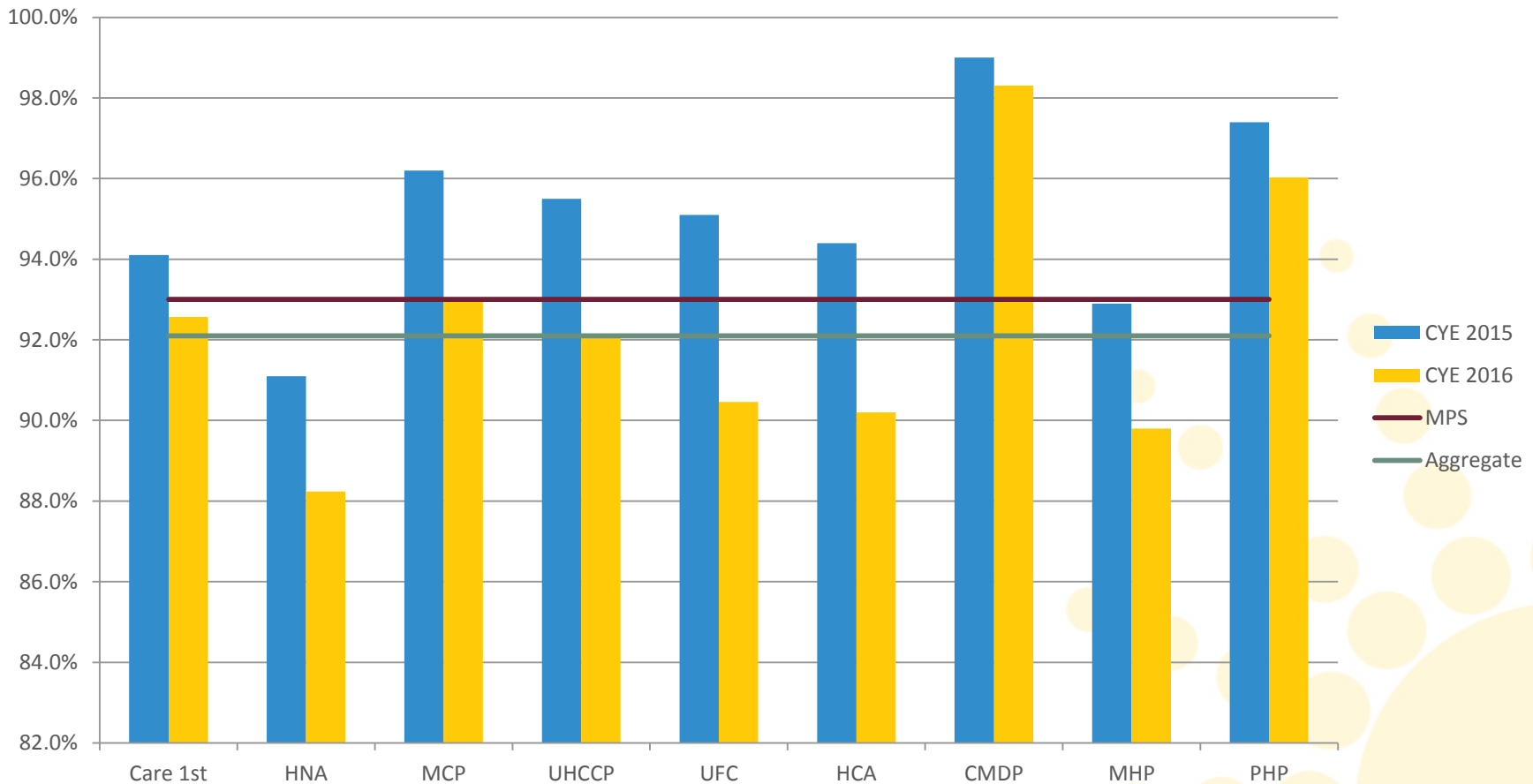
Data Sets

- Reflective of CYE 2016 performance
- Select group of measures; not all-inclusive
- MCOs have received all data from the AHCCCS Quality Improvement team
 - Some will be required to attend mandatory Technical Assistance
 - Corrective Action Plans being developed by MCOs
 - Additional regulatory actions are forthcoming

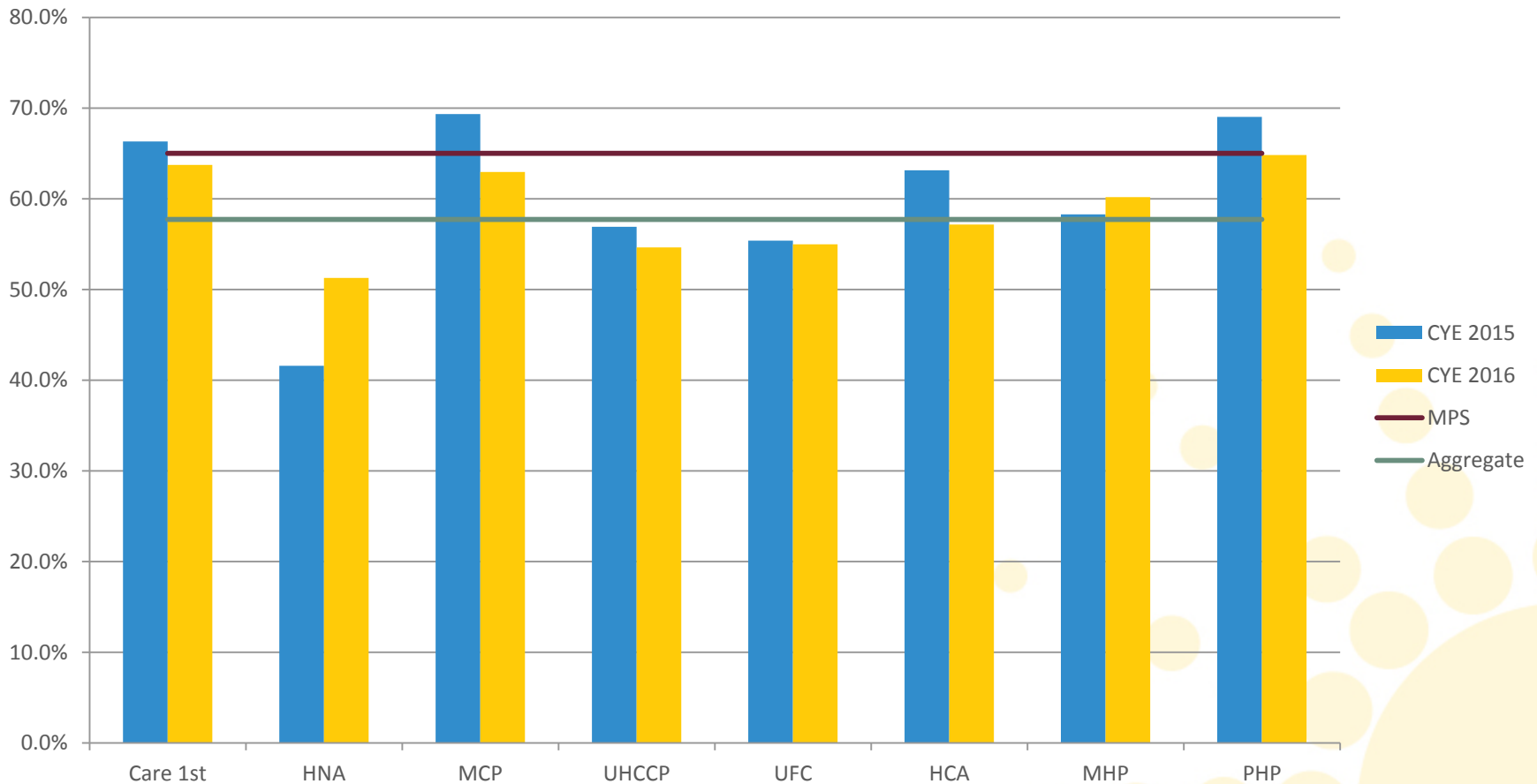
Acute Measures



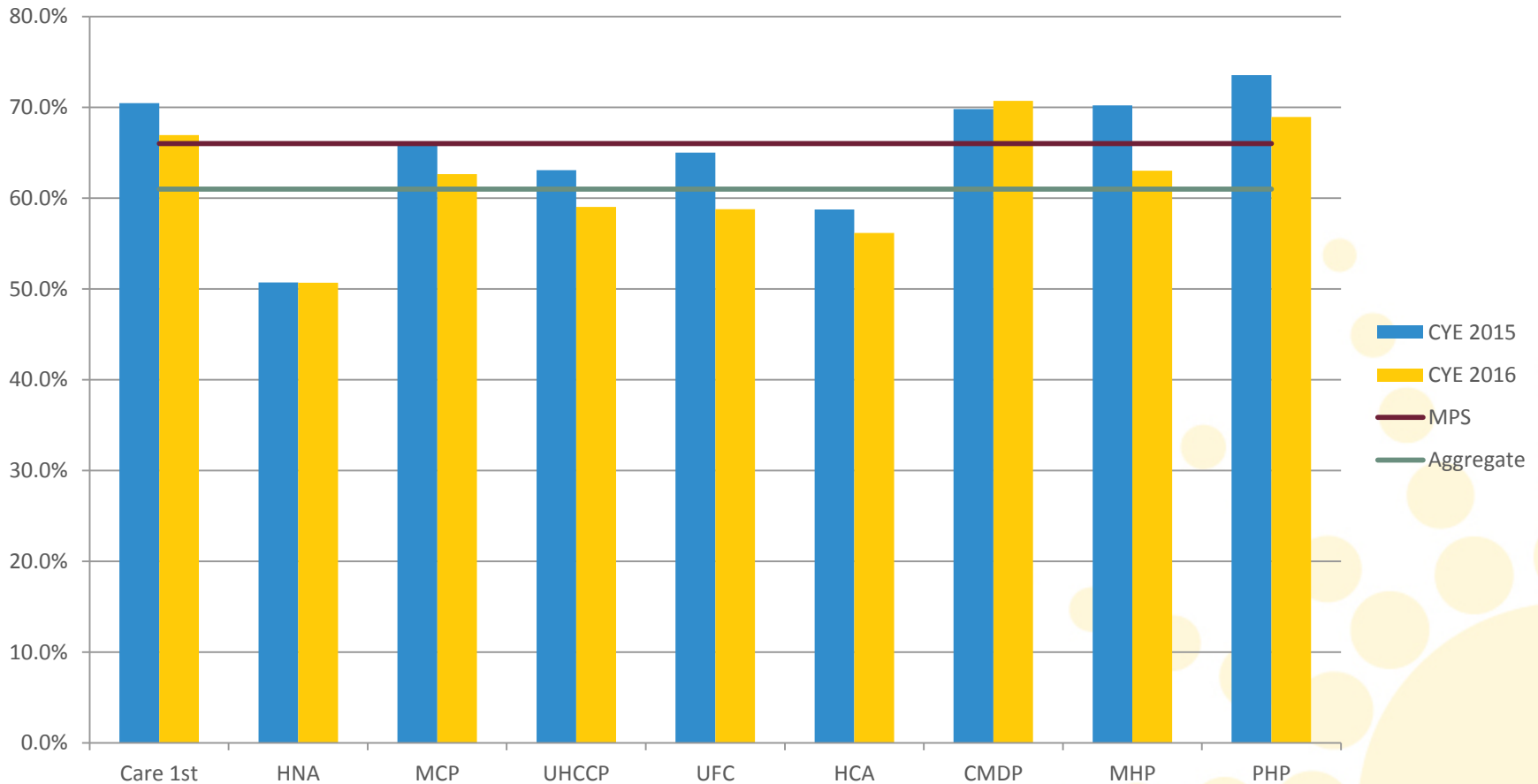
Access to PCPs, 12-24 Months



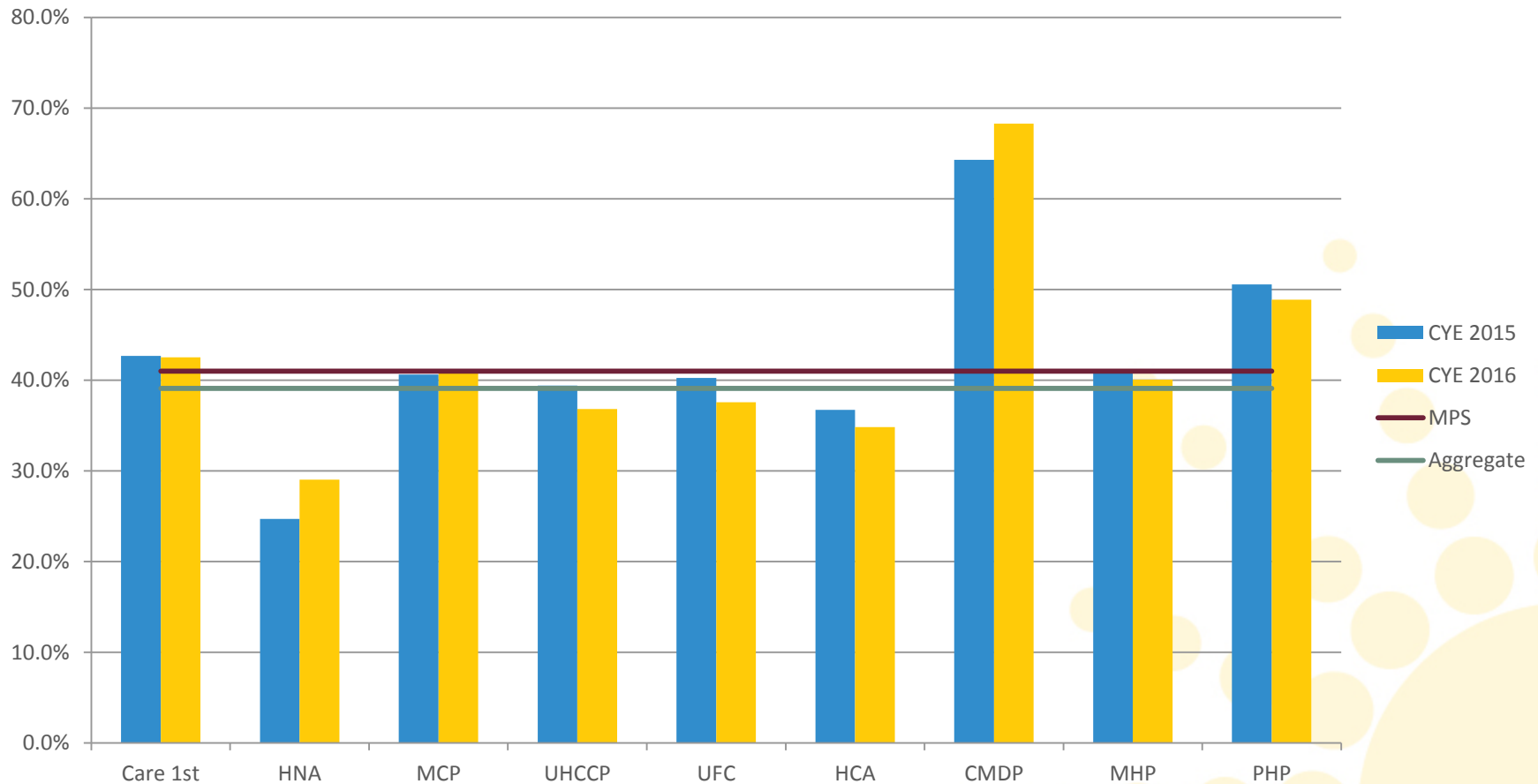
Well Child, 15 months (6+ visits)



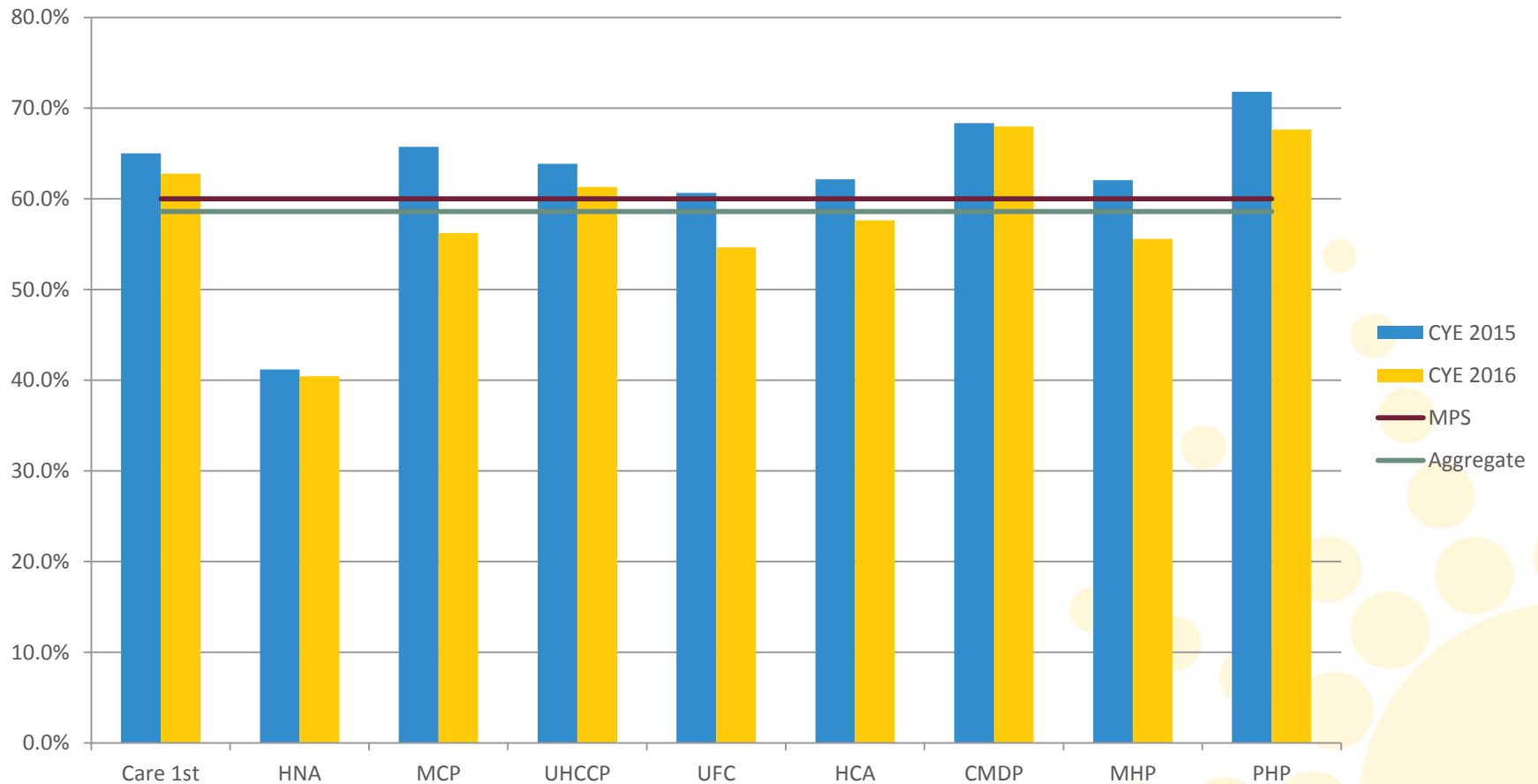
Well Child, 3-6 Years



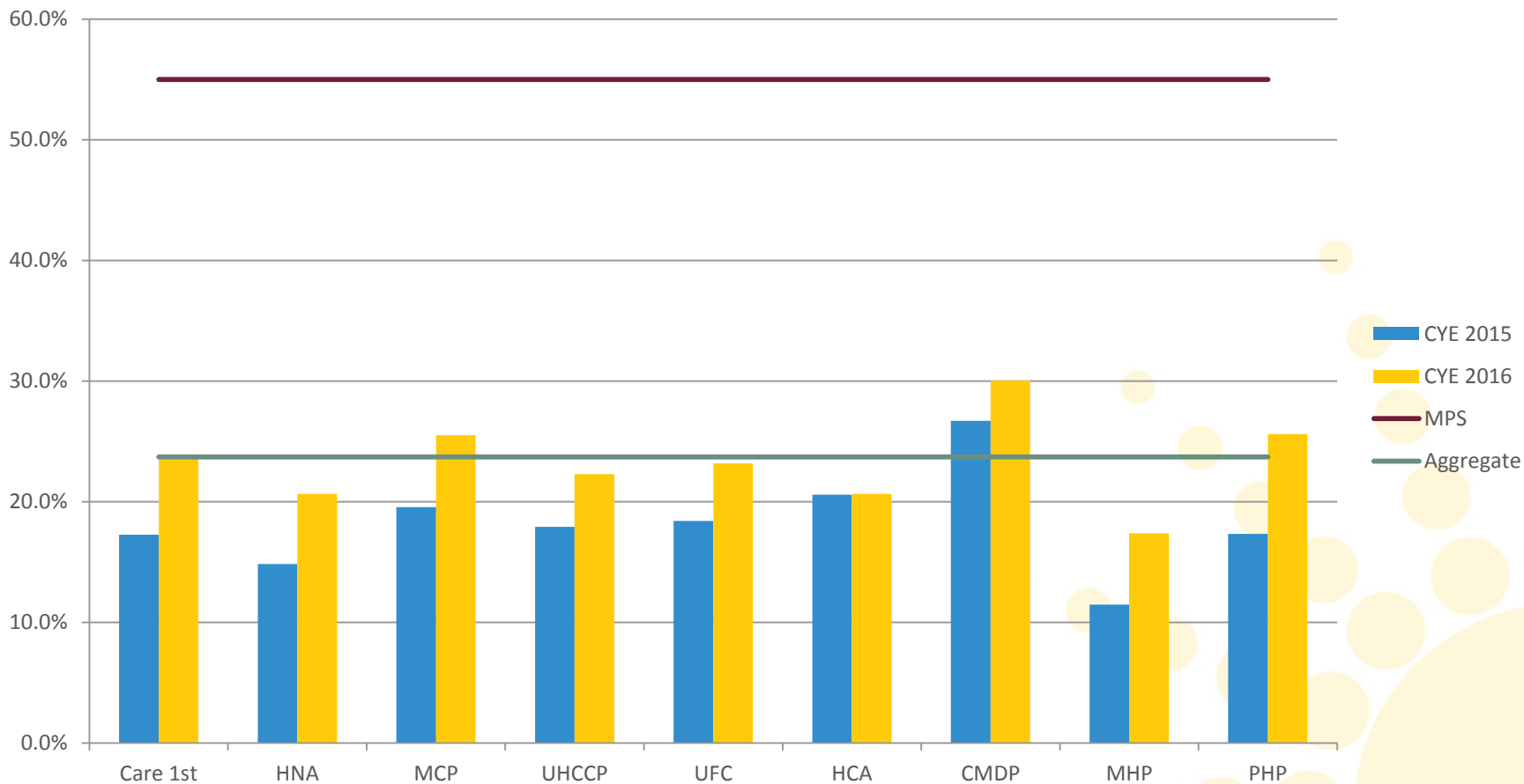
Adolescent Well Care



Annual Dental Visits



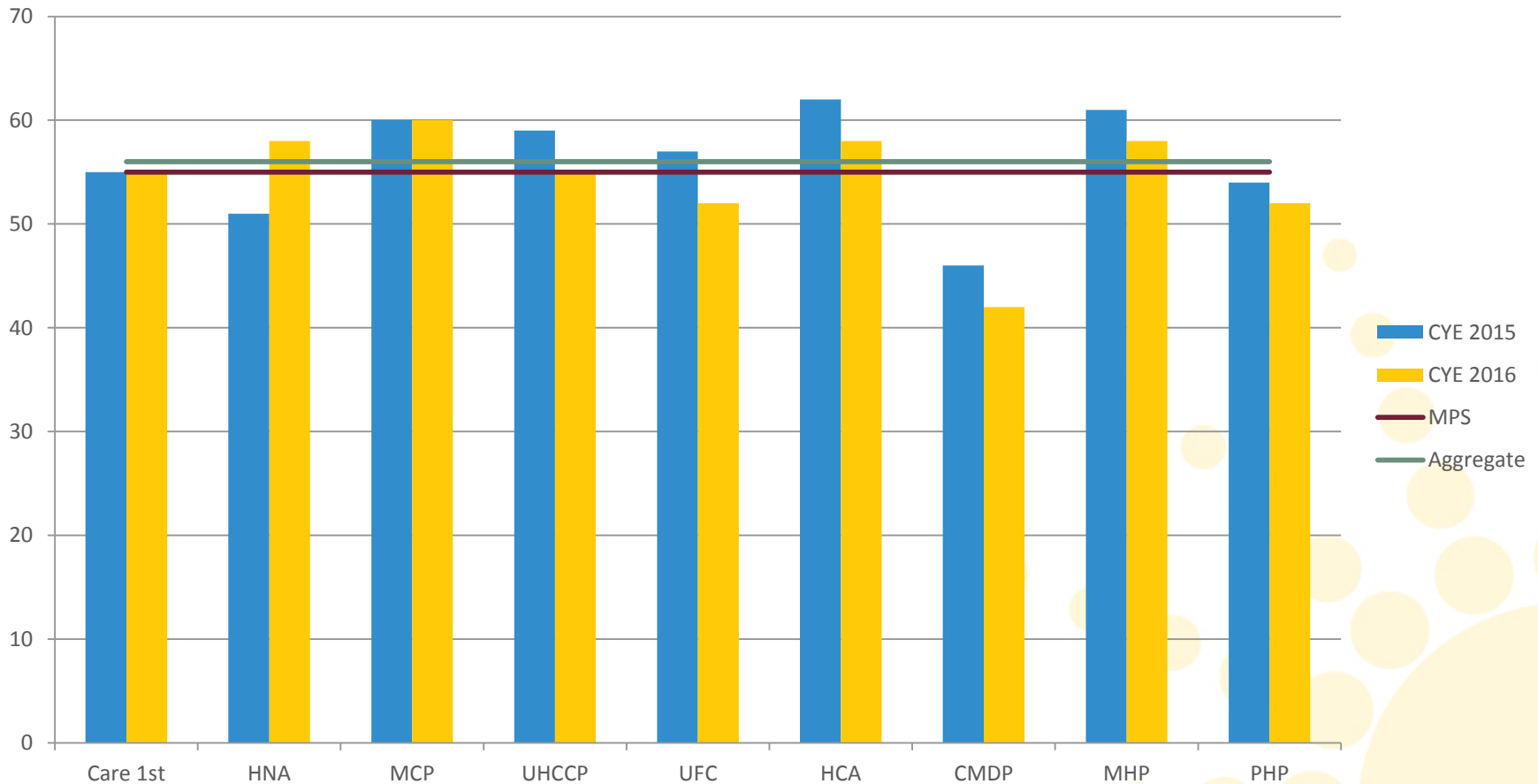
Developmental Screening



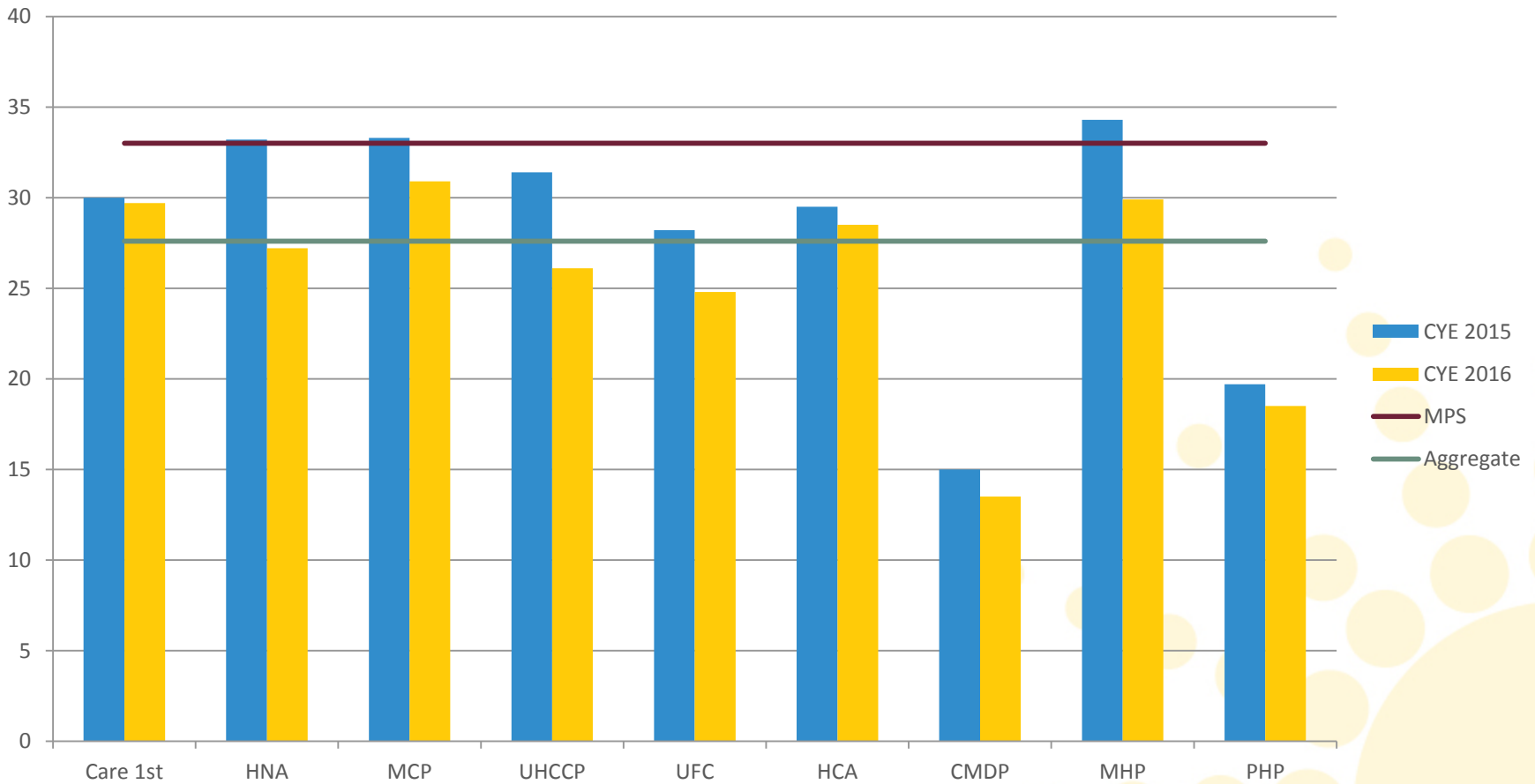
Breast Cancer Screening



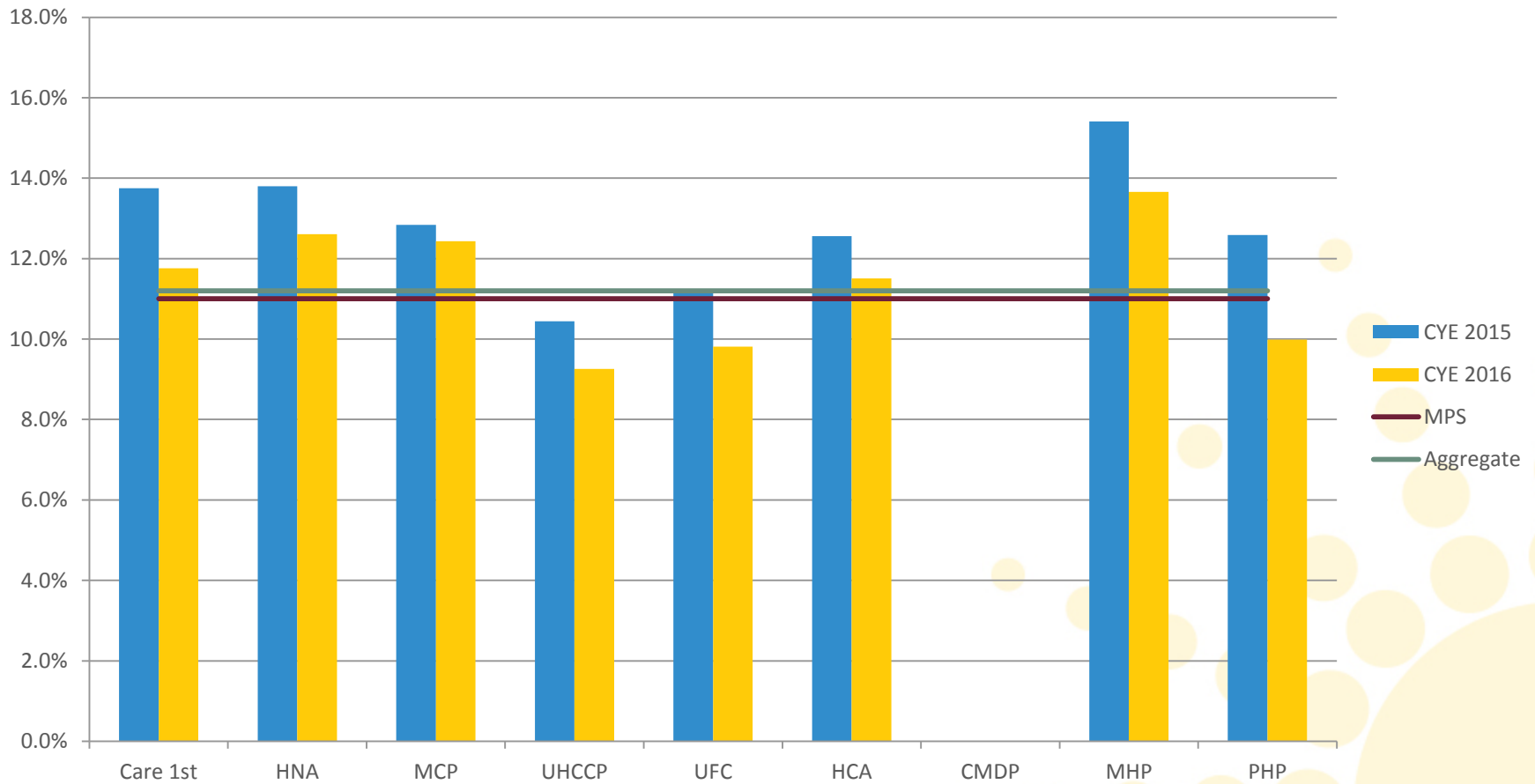
Emergency Department Visits



Inpatient Utilization



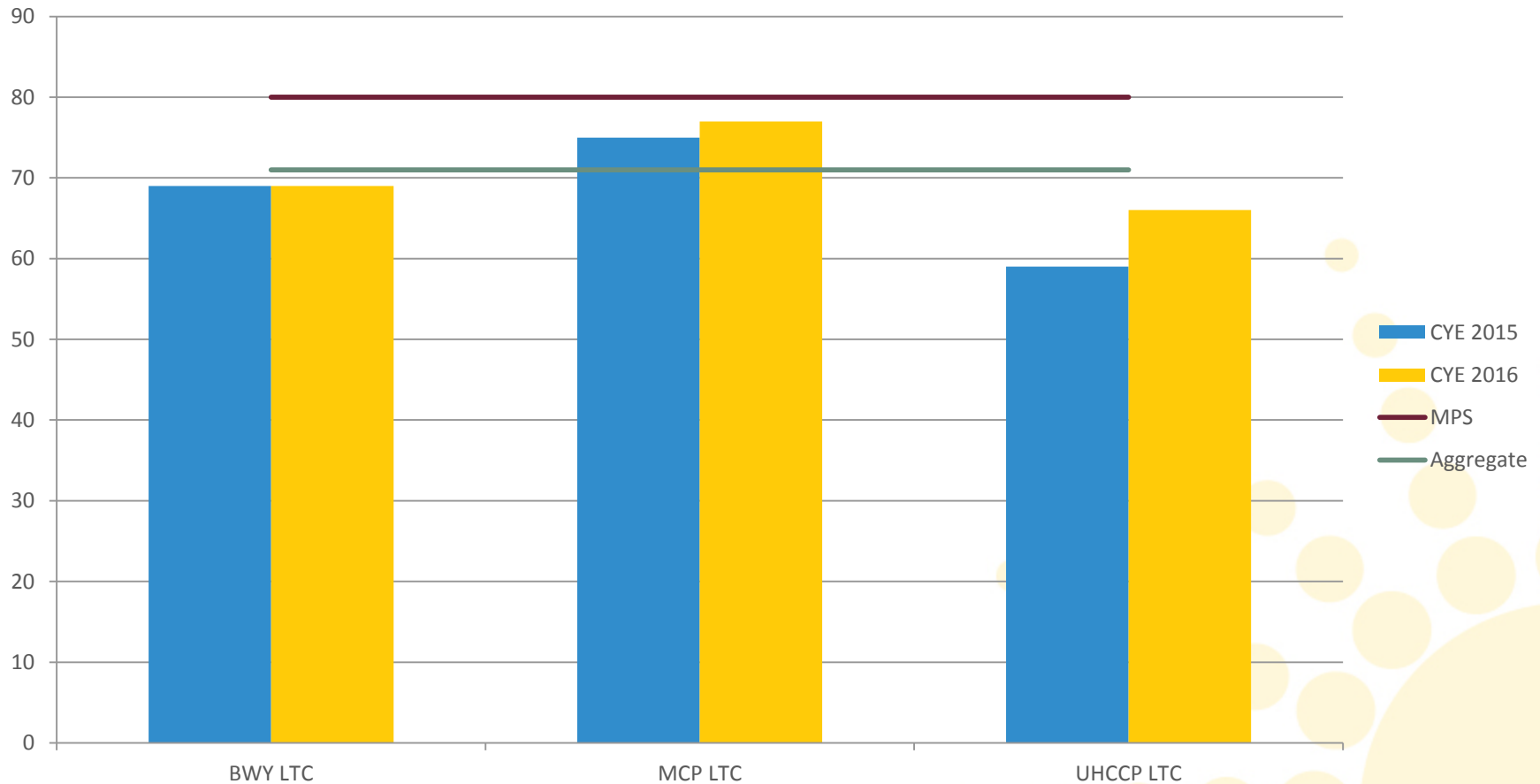
Readmissions



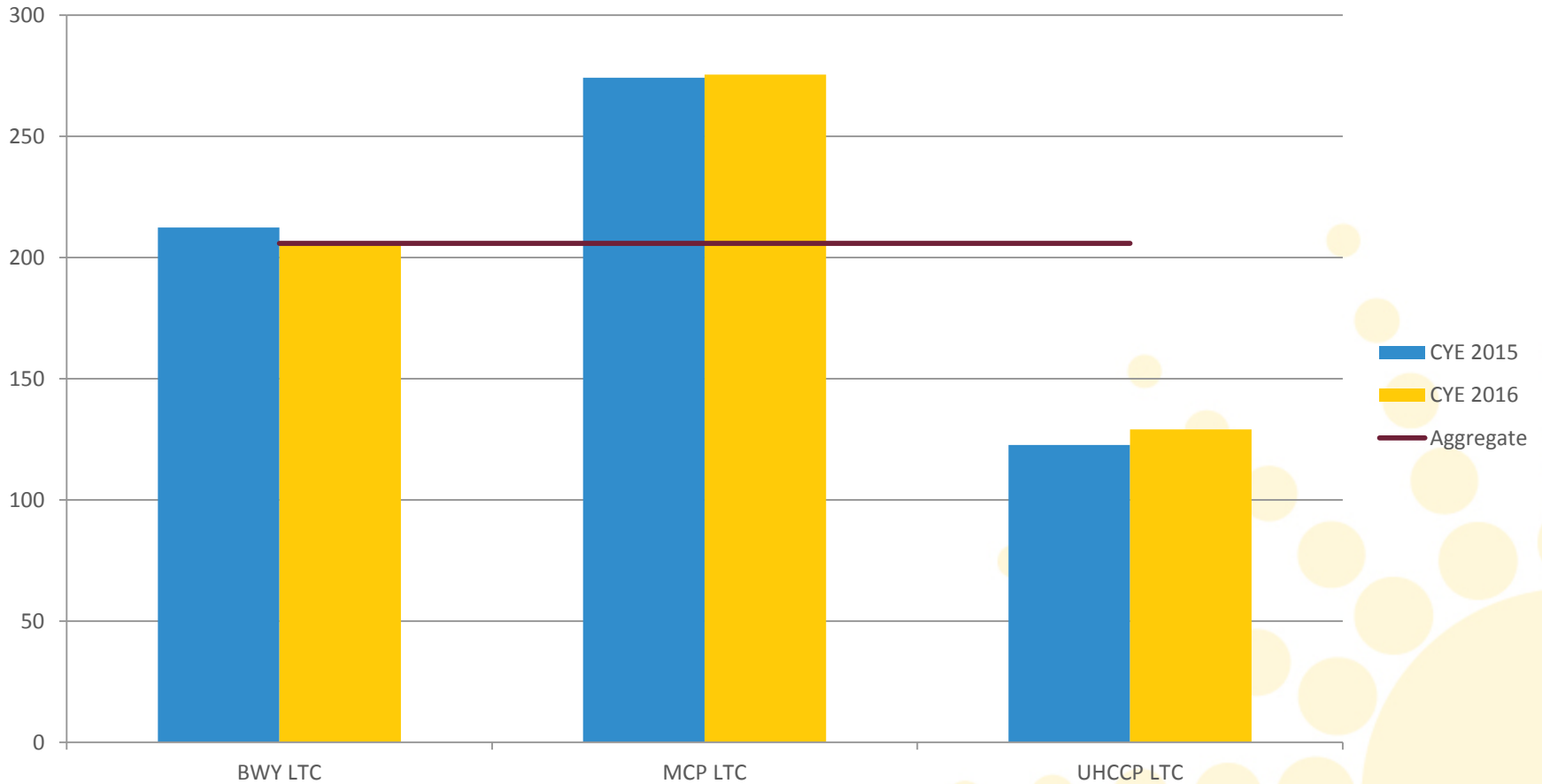
ALTCS E/PD Measures



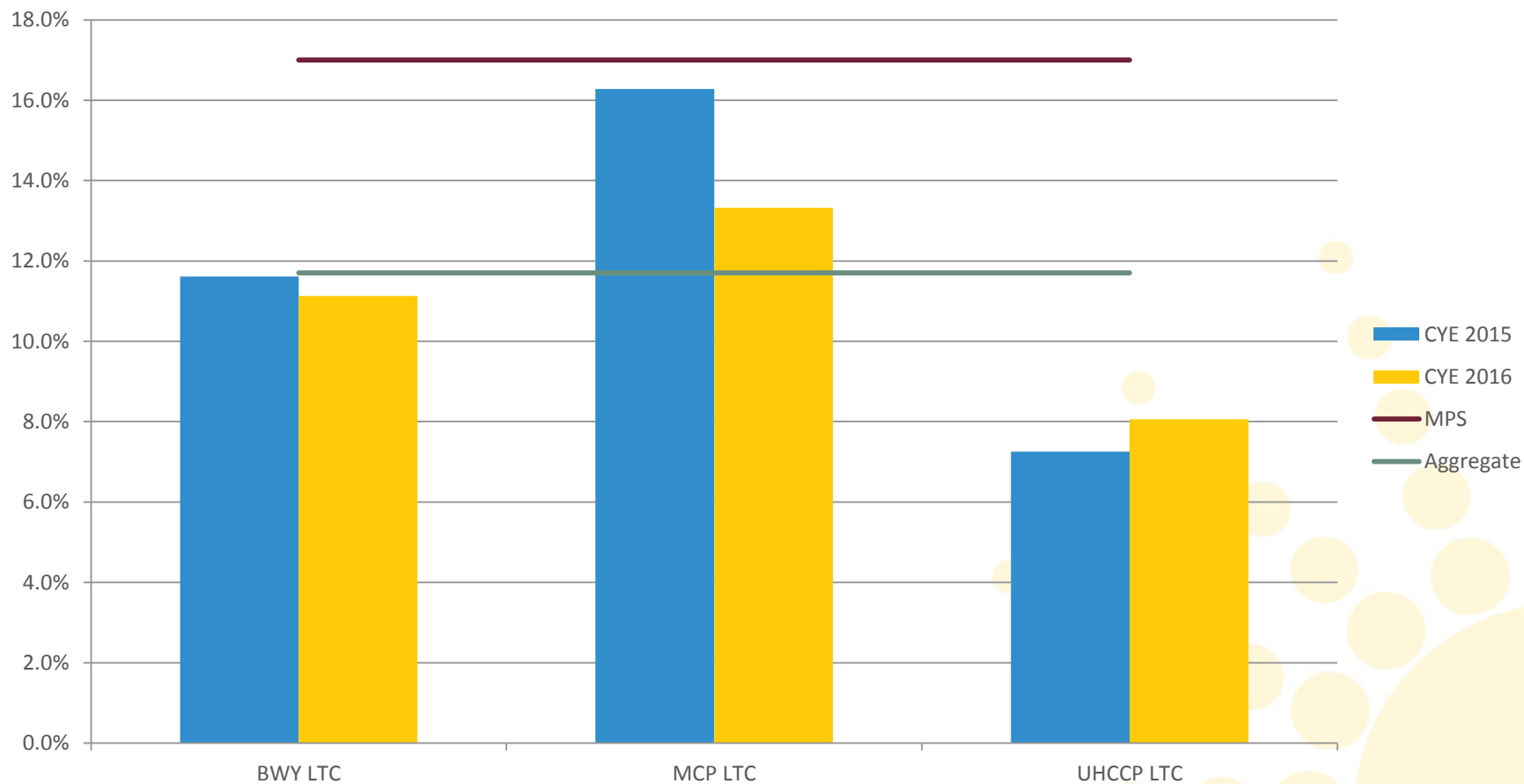
Emergency Department Visits



Inpatient Utilization



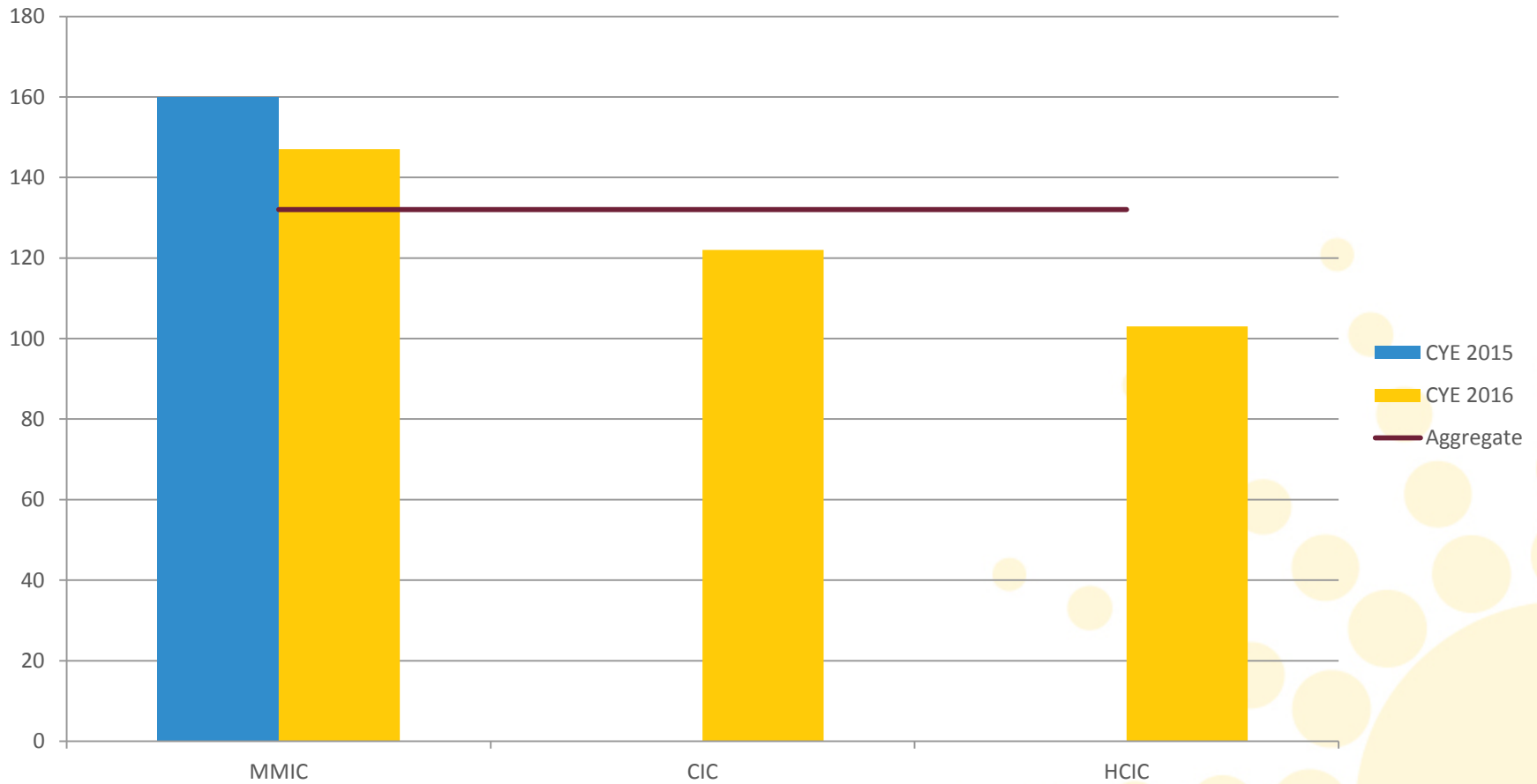
Readmissions



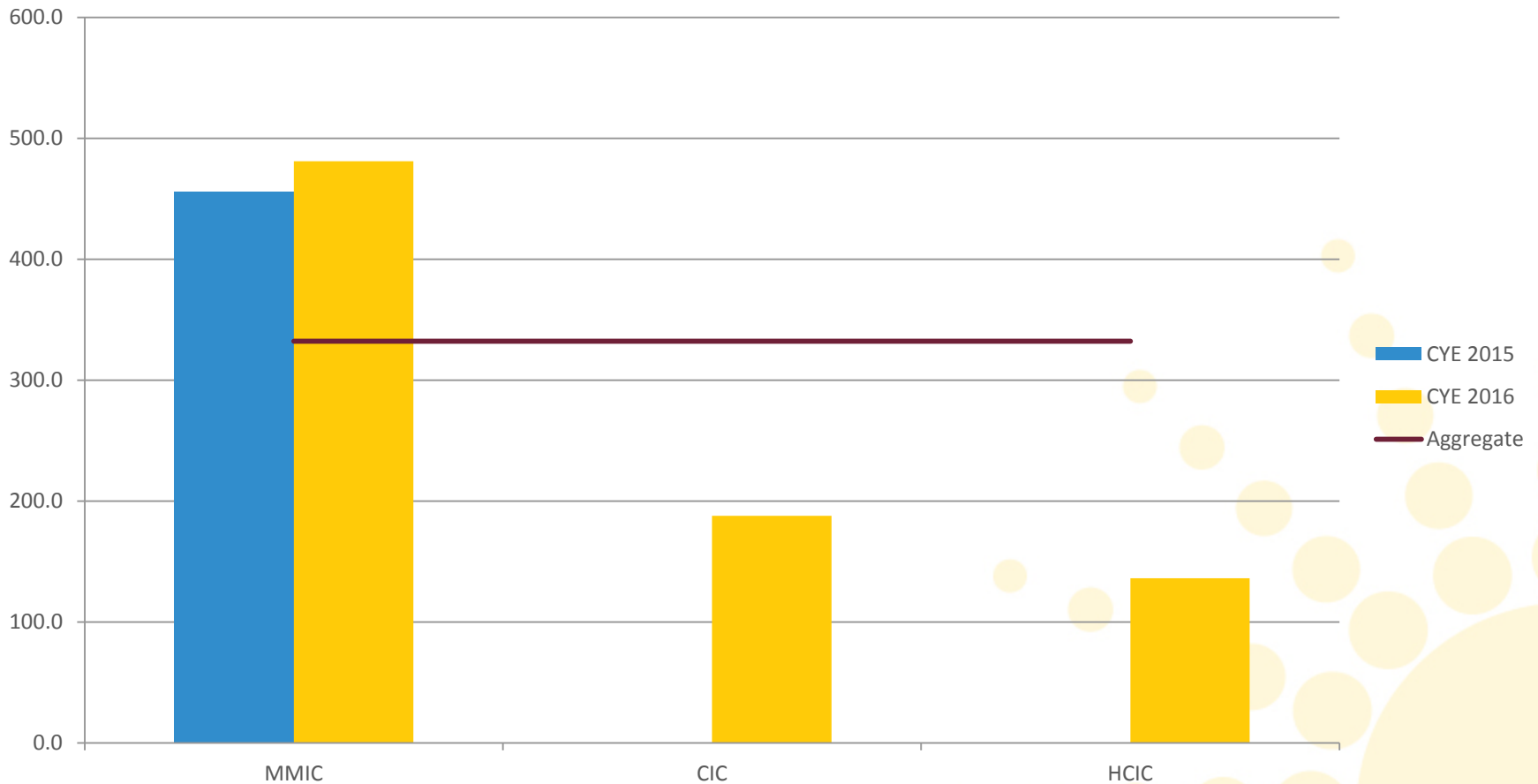
SMI Measures



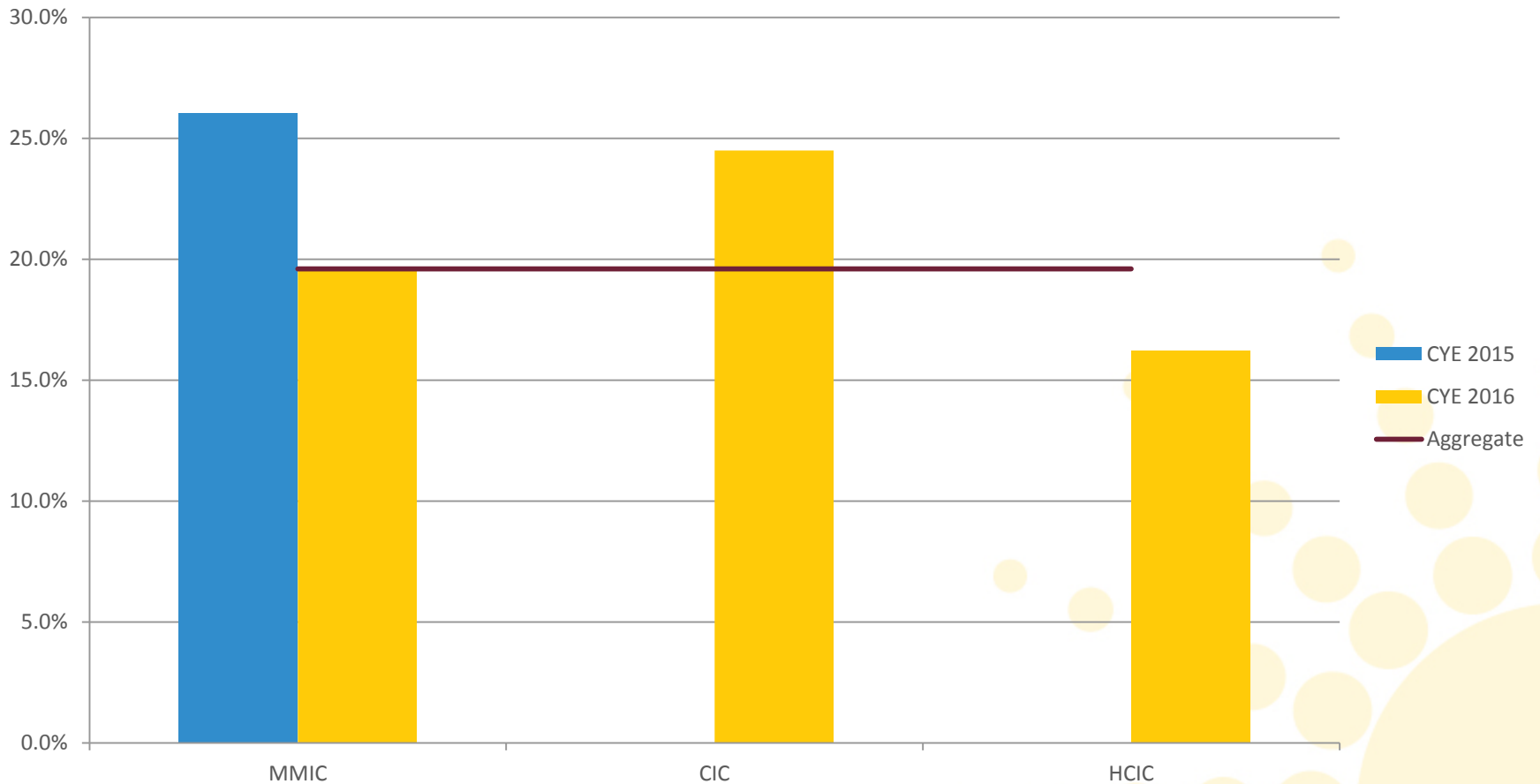
Emergency Department Visits



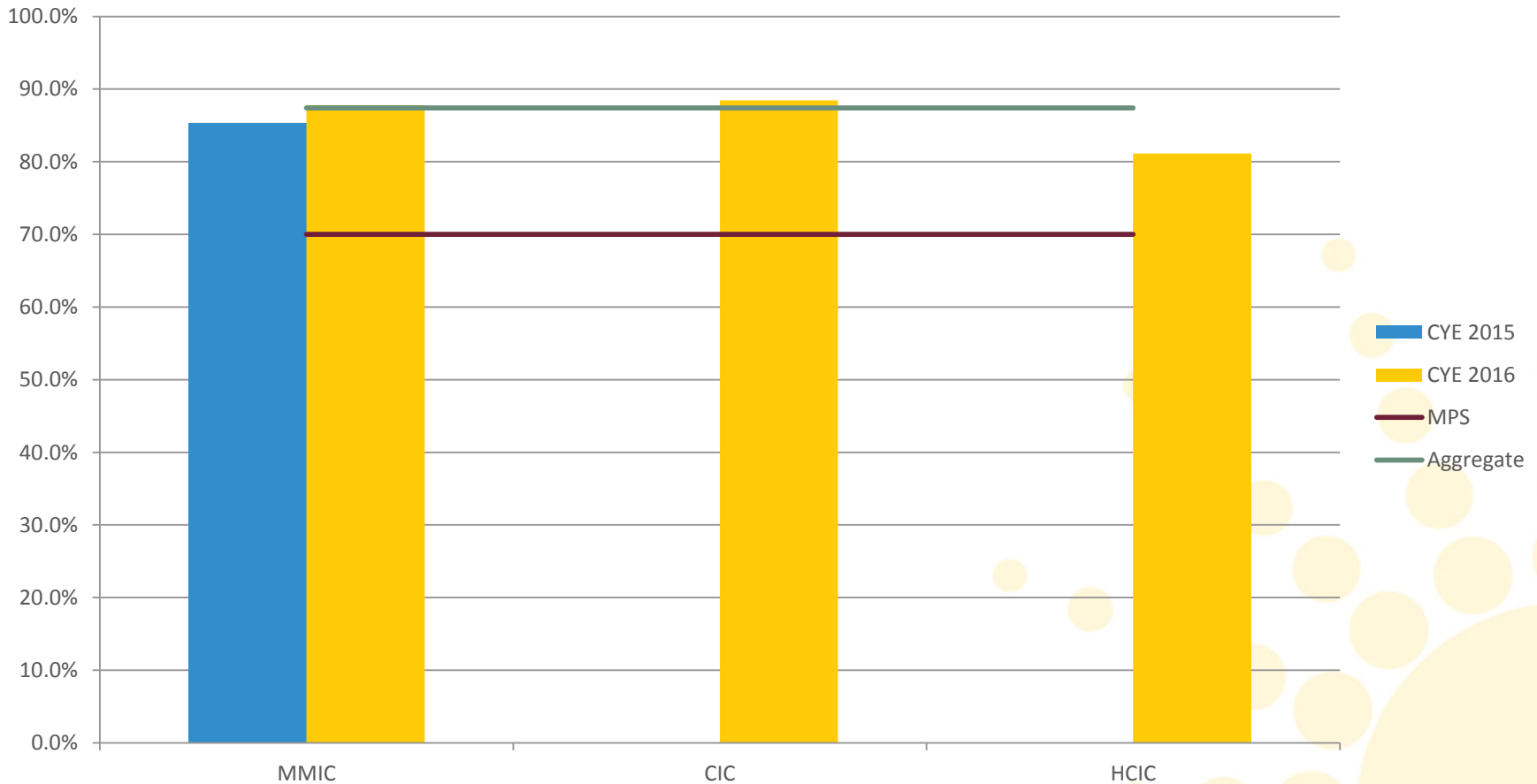
Inpatient Utilization



Readmissions



Follow-Up After Hospitalization for Mental Health, 30 Days



Back to Basics



Next Steps

- “Back to Basics” – fundamentals are of critical importance
 - MCOs need to assess internal protocols and rates related to service delivery
 - Take advantage of AHCCCS technical assistance and be mindful of Agency priorities

AHCCCS “Back to Basics” Initiative

- Back to Basics is being promoted across the clinical team
- Targeted priorities being established by each clinical unit
- Timely and appropriate member care is the foundation of success
 - Examples: well child visits, developmental screening, immunizations

Integration: examples of impact to PCPs and member care



Non Dual GMH/SA—MAT for OUD

Prior to 1/1/18

Acute health plans
not reimbursing
PCPs for med
management

RBHAs traditionally
did not enter into
contracts with PCPs
for this service

Post 1/1/18

Acute health
plans reimbursing
PCPs for med
management

Other services
being provided
through RBHA
contracted
providers

Post 10/1/18

ACC contractors
responsible for all
medically necessary
services

Non Dual GMH/SA—MAT for OUD

Post 10-1-18

- PCP scope of practice
- Health plan credentialing role
- Services apart from PCP services offered in clinic (PT 05 vs. IC): other independent billers in practice (PT 11- psychologist, etc)

Clinical Example: OUD

- 42 year old male with HCV, cirrhosis, and OUD
- PCP is family practice physician with bup waiver who works in outpatient clinic (PT 05) with psychologist and LICSW
- Outpatient MAT services offered that support member in their recovery (medication management, individual therapy, group, case management)

PCP: Acute member with ASD

Pre 10/1/18

- Pediatricians not reimbursed through acute health plans for ASD (RBHA responsibility)
- RBHAs traditionally did not contract with PCPs for this treatment

Post 10/1/18

- Pediatricians can be reimbursed from ACC for serving member with ASD
- Examples include evaluation and management, medication management, other services offered in clinic depending on provider type

Clinical example: ASD

- 13 year old acute member with ASD
- Presents to pediatrician with increase in aggressive behaviors at home towards mother with consideration of out of home BH placement

Thank You.

