



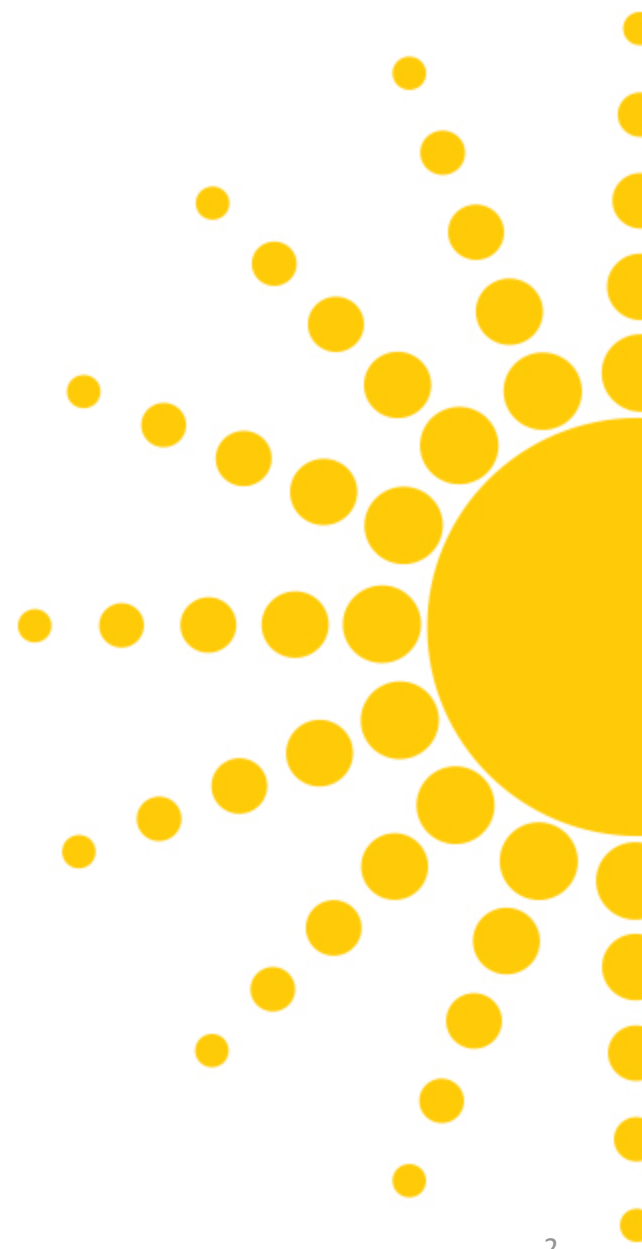
Clinical Update

Dr. Sara Salek

Dr. Eric Tack



Performance Measures



Performance Measure Updates

- CYE 2017 Performance Measures (administrative) are out for review by the MCOs
 - Feedback/challenges due on November 13 (date changed due to November 12 observed holiday)
 - CYE 2017 Hybrid Measures are currently under review by AHCCCS
 - If clarifying questions are received from the QI team, please ensure timely response

Performance Measure Updates

- CYE 2016 Performance Measures have been finalized
 - Sanctions are being issued; close to \$2 million
 - Letters have either been delivered or are forthcoming
- Major Concerns:
 - Children's access to care
 - Immunizations

MCH EPSDT TA

Back To Basics WebEx Sessions

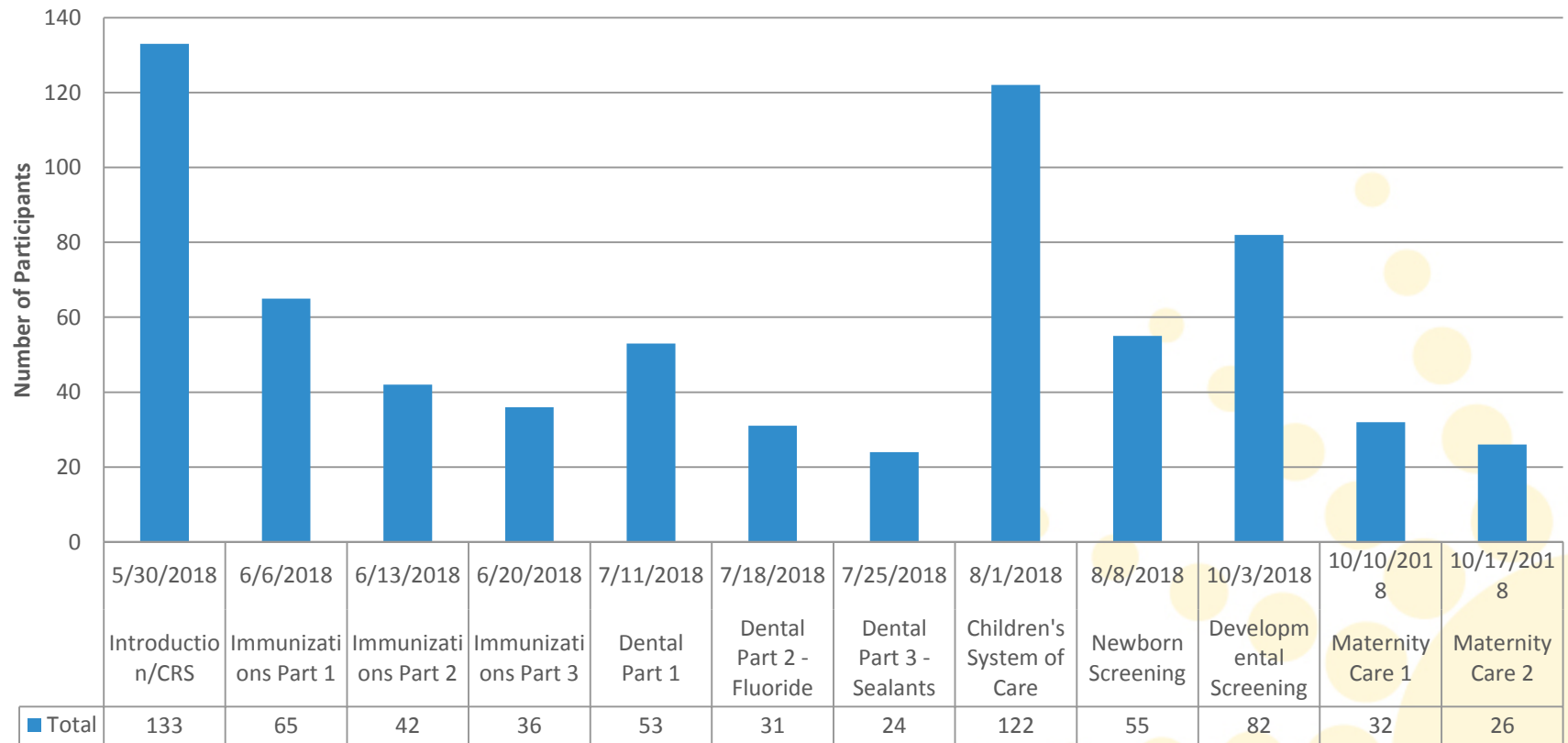


Background

- 55 minute sessions on Wednesdays
- Topics in response to data presented at AHCCCS Update May 16, 2018
- Pre-registration is free through Eventbrite
- Format:
 - Identify the issue
 - Review the medical impact to members
 - Review the measures and methodology
 - Look at AZ and AHCCCS specific data
 - Identify opportunities and strategies for improvement

Back to Basics WebEx Presentations

Back To Basics Presentations

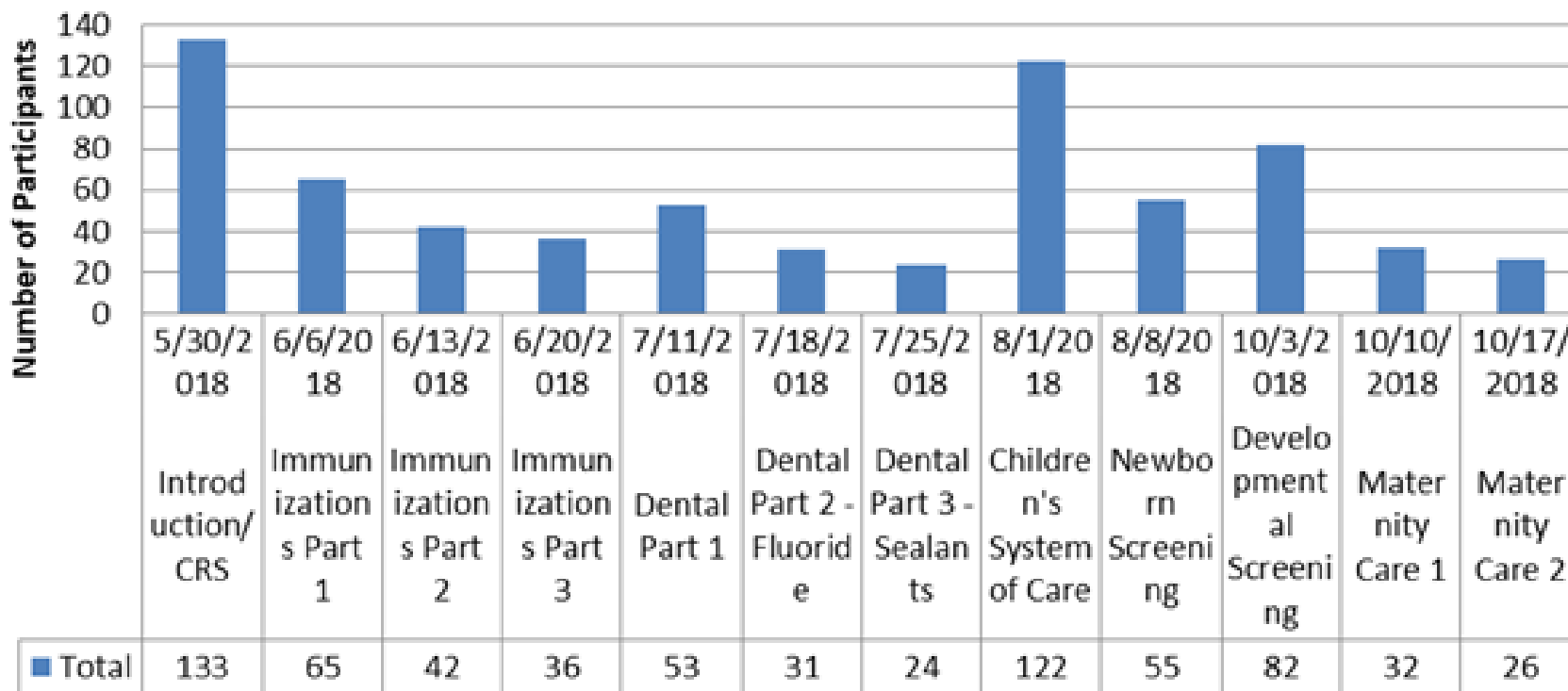


Proposed 2018 Schedule

DATE	TITLE
11/14	ANNUAL PLAN TA
11/21	HOLIDAY
11/28	POLICY UPDATE
12/5	EPSDT PART 1
12/12	EPSDT PART 2
12/19	AMPM 420 FAMILY PLANNING

Back to Basics

Back To Basics Presentations



New Performance Improvement Projects (PIPs)



Performance Improvement Projects

- Upcoming PIPs
 - Back to Basics
 - Lines of Business: Acute, CMDP, ALTCS DDD, and KidsCare
 - Reporting Periods

Baseline Measurement	October 1, 2018 through September 30, 2019
Intervention Year	October 1, 2019 through September 30, 2020
First Re-measurement	October 1, 2020 through September 30, 2021
Second Re-measurement	October 1, 2021 through September 30, 2022

Performance Improvement Projects

- Back to Basics (*aligns with Performance Measures*)

Study Question

What is the number and percent, overall and by Contractor, of:

- AHCCCS-enrolled children and adolescents receiving well-child visits, and
- AHCCCS-enrolled children and adolescents receiving at least one annual dental visit?

Goal

Demonstration of a statistically significant increase, followed by sustained improvement for one consecutive year.

Back to Basics Data

Measure	CYE 2015 Rate	CYE 2015 Medicaid Mean	CYE 2016 Rate	CYE 2016 Medicaid Mean	CYE 2017 <u>Draft</u> Rate	CYE 2017 Medicaid Mean
Well Care, First 15 Months (6+ visits)	62.1%	59.3%	57.7%	61.7%	59.5%	Not yet available
Well Care, Ages 3-6 Years	64.6%	71.3%	61.0%	72.2%	60.7%	Not yet available
Adolescent Well Care	39.9%	48.9%	39.2%	50.6%	39.2%	Not yet available
Annual Dental Visits	63.7%	N/A	58.6%	N/A	60.8%	Not yet available

Performance Improvement Projects

- Long Term Services and Supports - Assessment and Care Planning
 - Aligns with HCBS Rule and new MLTSS performance measures from CMS
 - Lines of Business: ALTCS E/PD and DDD
 - Reporting Periods:

Baseline Measurement	October 1, 2017 through September 30, 2018
Intervention Year	October 1, 2018 through September 30, 2019
First Re-measurement	October 1, 2019 through September 30, 2020
Second Re-measurement	October 1, 2020 through September 30, 2021

Performance Improvement Projects

- Long Term Services and Supports - Assessment and Care Planning

Study Question: For MLTSS plan members 18 years of age and older, what is the percent, overall and by Contractor, of:

- Members who have documentation of a comprehensive assessment in a specified timeframe that includes documentation of core elements,
- Members who have documentation of a comprehensive LTSS care plan in a specified timeframe that includes documentation of core elements, and
- Members with a care plan that was transmitted to their primary care practitioner (PCP) or other documented medical care practitioner identified by the plan member within 30 days its development.



Continuity of Care Expectations for ACC

Exhibit G – Transformation
Requirements



Exhibit G Transition requirements

- https://www.azahcccs.gov/AHCCCS/Downloads/ACC/EXHIBIT_G.pdf

Exhibit G Transition requirements

- Exhibit G is the Contractors requirement for transitioning members as part of continuity of care
- Providers must agree to serve the member and may participate as a network provider or sign a single case agreement
- Expectation of the plans to work with the providers to ensure continuity of care

Exhibit G Transition requirements

- Members receiving BH services from a Specialist- and it is identified on the service plan; may continue to see the provider for the duration of their treatment or six months; whichever occurs first
- Members with SHCN or a CRS designation-in active treatment and identified on the service plan may continue to receive services from their provider for the duration of their treatment or six months; whichever occurs first.

Exhibit G Transition requirements

- Members receiving care from a PCP who does not participate in the contractors network shall allow a minimum 90 day transition period; where the member may continue to seek care from the PCP while an alternative PCP is identified.
- Member in their 3rd trimester are authorized to receive services from their OB and deliver at the chosen delivery site regardless of whether or not they are in the contractor network.
- For services or medication that don't fall into those categories previously approved PA must be honored for a minimum of 30 days.

Questions?

