TI Program STC Statewide Measures Revisions-Years 5 and 6

During the November 22, 2021 AHCCCS-CMS meeting, CMS presented the state with options for revising the Years 5 and 6 TI Program Statewide Focus Population measures and targets due to the impact of the coronavirus disease 2019 (COVID-19) public health emergency (PHE). Criteria specified by CMS for the revised proposal include:

- There must be a specific year over year numerical target proposed by AHCCCS and accepted by CMS.
- CMS is open to considering updating the baseline year.
- The analyses would be shared with CMS.

CMS accepted the state's request, allowing the state until 4/29/2022 to review metrics, and to propose different measures or the same metrics described in the Special Terms and Conditions (STCs) with different targets. AHCCCS contracted with the Health Services Advisory Group (HSAG) to calculate the statewide measures, and to analyze and suggest methodologically sound potential modifications to the measures that best demonstrate the impact of the TI Program.

AHCCCS believes that comparing to the CYE 2016 baseline alone for the measures' targets, as detailed in the STCs, does not accurately reflect the impact of the TI Program on the three populations. The COVID-19 PHE caused disruption to the health delivery system and affected performance on the originally proposed measures compared to the targets specified in the STCs. The CYE 2021 measurement year had significantly different healthcare delivery system conditions than the CYE 2016 baseline year (e.g., telehealth is more widely used).

Modified Measure Proposal - Well Child Visits (W34) & Follow-Up After Hospitalization MI (FUH 7)

AHCCCS proposes gauging the TI population's change in performance and establishing targets for the W34 and FUH 7 measures by comparing to the change in performance for the non-TI population (i.e., AHCCCS members **not** attributed to TI participating organizations and practices) from the CYE 2016 baseline. By calculating the difference in improvement between the TI and non-TI population, AHCCCS believes that this modification provides a more accurate picture of the TI Program's impact.[1] As a result, performance targets for W34 and FUH 7 will be set based on the difference in improvement between TI and non-TI populations instead of the rate of improvement for only the TI population. AHCCCS proposes that the difference in improvement from baseline for both cohorts serve as the comparison and establishment of the proposed performance targets for the W34 and FUH 7 measures.

[1] "Difference in improvements" is used throughout this document instead of "difference-in-difference" given that a difference-in-difference analysis typically involves a statistically matched population (though it is not required). The TI and non-TI populations are not statistically matched to account for any differences in the demographic or health conditions between groups.

The COVID-19 PHE resulted in a very large increase in the use of telehealth and AHCCCS believes a modification to reflect this demonstrates the impact of the Program more accurately. As such, the W34 analysis has been modified from the original statewide measure to include telehealth visits, online assessments, and ambulatory/preventive care telehealth visits with a PCP. The vast majority of visits added from the inclusion of the additional ambulatory /preventive care telehealth visits are Evaluation & Management (E&M) procedure codes (a review of the diagnosis codes indicated that a percentage of the visits are sick visits in addition to the well visits and chronic disease management visits). The analysis of the revised W34 Peds measure results in a 7.4 percentage point improvement for the TI group and a 5.5 percentage point improvement for the non-TI attributed members from CYE 2016 to CYE 2021. Additional information regarding the W34 TI and non-TI calculations is shown in the attached methodologies' description.

AHCCCS is not proposing any changes to the numerator and denominator methodologies for the FUH 7 metric.

For both the W34 and FUH 7 measures, the proposed target is .75 percentage points for Year 5 and 1.5 percentage points for Year 6 (i.e., the difference in improvement between the TI and non-TI rates).[2]

Modified Measure Proposal - Justice (AAP)

AHCCCS proposes a revision to the Justice statewide measure due to the impact of the COVID-19 PHE. The proposed measure expands upon justice members' access to preventive/ ambulatory health services and gauges the utilization of emergency department (ED) visit use for TI attributed members. AHCCCS believes the revised measure is more reflective of assessing quality of care than the original measure, which analyzes access to care for TI justice members. This proposed measure uses a rate of visits per member months; therefore, a relative difference is used to assess performance of the TI population. The relative difference approach for setting a performance target is more appropriate for this measure instead of the difference-in-difference given that it is difficult to determine if the non-TI justice population was not influenced by the TI program in other ways.

The TI population rate improved by a relative change of 25.36 percent from CYE 2016 to CYE 2021. This decline in ED utilization is not solely attributable to the impact of the PHE on ED utilization, as the non-TI justice population had only a 16.77 percent decline from CYE 2016 to CYE 2021. The proposed target for Year 5 is a 5 percent relative change from baseline to Year 5, while the proposed target for Year 6 is a 10 percent relative change from baseline to Year 6. Additional information regarding the AAP calculation methodology is included in the attached table.

[2] Given that a rate difference between two time periods for the same population can be influenced by external factors other than the program, it is expected that a rate difference for a single group would be larger than a difference in improvement between groups because a difference in improvement between groups removes any differences caused by external factors which affect both groups.

The attached analysis presents the CYE 2016 baseline and CYE 2021 for both the TI and non-TI attributed populations for the Adult, Pediatric, and Justice statewide measures, and the corresponding proposed Year 5 and Year 6 statewide measure targets.

Child Physical and Behavioral Health Integration Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life CYE 2016 Baseline Measurement Period: October 1, 2015 through September 30, 2016 CYE 2021 (Year Five) Measurement Period: October 1, 2020 through September 30, 2021 Measure Specification: Modified HEDIS 2017										
Reporting Category	**CYE 2016 Baseline Measurement Period**			**CYE 2021 (Year Five) Measurement Period**			**Difference From Baseline**	**Difference in Improvement Between TI and non-TI**	**Proposed Year 5 Target Using Difference in Improvement Between TI and non-TI**	**Proposed Year 6 Target Using Difference in Improvement Between TI and non-TI**
	Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**				
3 to 6 Years of Age with BH Diagnosis Attributed to TI PCP	7,332	5,606	76.5%	10,213	8,565	83.9%	7.4%	1.9%	0.75%	1.50%
3 to 6 Years of Age with BH Diagnosis and Had a Visit during the Prior Year to Only a Non-TI PCP	15,723	11,874	75.5%	19,227	15,581	81.0%	5.5%			

This measure includes telephone visits, online assessments, and ambulatory/preventive telehealth visits with a PCP in the numerator. Telephone visits, online assessments, and ambulatory/preventive telehealth visits were defined using the code sets for the Adults' Access to Preventive/Ambulatory Care measure in the MY 2020 Technical Specifications. In order to ensure the telehealth visits were ambulatory/preventive visits, HSAG required visits with a telehealth place of service (POS) code or telehealth modifier to also include an ambulatory/preventive visit code.

Adult Physical and Behavioral Health Integration
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up
CYE 2016 Baseline Measurement Period: October 1, 2015 through September 30, 2016
CYE 2021 (Year Five) Measurement Period: October 1, 2020 through September 30, 2021
Measure Specification: Modified HEDIS 2017

Reporting Category	CYE 2016 Baseline Measurement Period			CYE 2021 (Year Five) Measurement Period*			Difference From Baseline	Difference in Improvement Between TI and non-TI	Proposed Year 5 Target Using Difference in Improvement Between TI and	Proposed Year 6 Target Using Difference in Improvement Between TI and
	Denominator	Numerator	Rate	Denominator	Numerator	Rate				
18 Years of Age and Older and Discharged from a TI Hospital *and* Attributed to a TI PCP or BH Practitioner	5,339	3,777	70.7%	5,167	3,691	71.4%	0.7%	9.7%	0.75%	1.50%
18 Years of Age and Older and Not Discharged from a TI Hospital *and* Had a Visit during the Prior Year to Only a *Non-TI* PCP or BH Practitioner	2,489	1,530	61.5%	2,659	1,394	52.4%	-9.0%			

**For the CYE 2021 measurement period, telehealth or telephone visits counted towards numerator compliance.*

Medicaid Enrolled Released from Criminal Justice Facilities
Adults' Access to Preventive/Ambulatory Health Services and Emergency Department (ED) Utilization
CYE 2016 Baseline Measurement Period: October 1, 2015 through September 30, 2016
CYE 2021 (Year Five) Measurement Period: October 1, 2020 through September 30, 2021
Measure Specification: Modified HEDIS 2017

Relationship to AAP	TI Methodology	CYE 2016 Baseline Measurement Period			CYE 2021 (Year Five) Measurement Period			Difference From Baseline	Percent Change from Baseline	Difference in Improvement Between TI and non-TI	Percent Change Between TI and non-TI	Proposed Year 5 Target Using Percent Change from Baseline	Proposed Year 6 Target Using Percent Change from Baseline
		Denominator (Member Months [MM] for Members in the AAP Numerator)	Numerator (ED Visits)	ED Visits per 1,000 MM	Denominator (MM for Members in the AAP Numerator)	Numerator (ED Visits)	ED Visits per 1,000 MM						
Members in the AAP Numerator who had an ED Visit On/After Release	20 to 44 Years of Age and Enrolled 60 Days and Released from Incarceration to a Zip Code Associated with a Participating TI Clinic	22,304	6,022	270.00	40,702	8,202	201.51	-68.48	-25.36%	-28.36	-8.60%	5.00%	10.00%
	20 to 44 Years of Age and Enrolled 60 Days and Released from Incarceration to a Zip Code not Associated with a Participating TI Clinic	10,378	2,483	239.26	16,657	3,317	199.14	-40.12	-16.77%				

AZ TI Year Five Performance Measure Calculation Methodology

For purposes of conducting the Targeted Investments (TI) Program year five (i.e., October 1, 2020–September 30, 2021) performance measure calculations for the Arizona Health Care Cost Containment System (AHCCCS), Health Services Advisory Group, Inc. (HSAG) developed this document to outline how HSAG calculated each alternative performance measure, along with the applicable attribution methodology for each measure. For these alternative performance measures, HSAG calculated both a TI and non-TI rate in order to calculate the difference in improvement between the TI and non-TI rates to determine if the TI program is positively impacting the members receiving TI services compared to those who are not. All measures were calculated using modified HEDIS 2017 Technical Specifications, unless otherwise noted.

Peds Measure—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

TI Population

Denominator

Members three to six years of age with a behavioral health diagnosis attributed to a TI-participating primary care provider (PCP). Members must be three to six years of age as of the last calendar day (i.e., September 30, 2021) of the measurement year and continuously enrolled with no more than one gap of enrollment up to 45 days.

HSAG determined attribution to a TI-participating PCP by identifying members who had a claim during the year prior to the measurement period (i.e., October 1, 2019–September 30, 2020) where the billing provider ID matches with a PCP with a "Y" in the "Y5 Participant" column from the AHCCCS "TI_Participant_List-2022_03_30" file. Members with at least one identified claim were considered attributed to a TI provider. Members who did not have a visit with any PCP during the year prior to the measurement period were considered attributed to a TI provider if they were assigned to a provider in the "FFY21_Assignment_FileFinal" file.

Numerator

Members that met denominator criteria and had at least one well-child visit, telephone visit, online assessment, or ambulatory/preventive telehealth visit with any PCP during the measurement period.[1]

[1] Telephone visits, online assessments, and ambulatory/preventive telehealth visits were defined using the code sets for the Adults' Access to Preventive/Ambulatory Care measure in the MY 2020 Technical Specifications. In order to ensure the telehealth visits were ambulatory/preventive visits, HSAG required visits with a telehealth place of service (POS) code or telehealth modifier to also include an ambulatory/preventive visit code.

Non-TI Population

Denominator

Members three to six years of age with a behavioral health diagnosis and who had one or more PCP visits during the year prior to the measurement where all visits were to non-TI PCPs. Members must be three to six years of age as of the last calendar day (i.e., September 30, 2021) of the measurement year and continuously enrolled with no more than one gap of enrollment up to 45 days.

Numerator

Members that met denominator criteria and had at least one well-child visit, telephone visit, online assessment, or ambulatory/preventive telehealth visit with any PCP during the measurement period.[2]

Adult Measure—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up

TI Population

Denominator

Acute hospital discharges for members 18 years of age and older who were hospitalized for mental illness during the measurement year (i.e., October 1, 2020–September 30, 2021) where the discharge was from a TI-participating hospital, and the discharged member was attributed to TI-participating PCP or behavioral health (BH) practitioner. Additionally, members 18 years of age and older must be enrolled from the date of discharge through 30 days after discharge with no gaps in enrollment. If the discharge is followed by a readmission or direct transfer to an acute care setting for a principal diagnosis of mental health within 30 days, only the last discharge will be counted and assessed for inclusion in the denominator. The denominator for this measure is based on discharges, not members, so a member can be included in the denominator multiple times.

Discharges will be excluded from the denominator if they are followed by a readmission or direct transfer to a non-acute inpatient care setting within 30 days of the discharge date. Additionally, discharges will be excluded from the denominator if they are followed by a readmission or direct transfer to an acute inpatient care setting within 30 days of the discharge date if the principal diagnosis is not for mental health.

[2] Telephone visits, online assessments, and ambulatory/preventive telehealth visits were defined using the code sets for the Adults' Access to Preventive/Ambulatory Care measure in the MY 2020 Technical Specifications. In order to ensure the telehealth visits were ambulatory/preventive visits, HSAG required visits with a telehealth POS code or telehealth modifier to also include an ambulatory/preventive visit code.

In order to determine attribution to a TI-participating hospital and TI-participating PCP or BH practitioner, both of the following criteria must be met:

1. HSAG will identify all acute inpatient discharges for mental illness during the measurement period. Once these discharges are identified, HSAG will determine if the discharge occurred at a hospital with a "Y" in the "Y5 Participant" column in the "TI_Participant_List-2022_03_30" file. If a discharge is followed by a readmission or direct transfer to another acute inpatient care setting within 30 days of the discharge with a principal diagnosis of mental health, then the last discharge must be with a TI-participating hospital.
2. HSAG will attribute members to a TI-participating PCP or BH practitioner by identifying members who had a claim during the year prior to the measurement period (i.e., October 1, 2019 – September 30, 2020) where the billing provider ID matches with a PCP or BH practitioner with a "Y" in the "Y5 Participant" column from the "TI_Participant_List-2022_03_30" file. Members with at least one identified claim will be considered attributed to a TI provider. Members who did not have a visit with any PCP or BH practitioner during the year prior to the measurement period will be considered attributed to a TI provider if they are assigned to a provider in the "FFY21_Assignment_FileFinal" file.

Numerator

Members that met the denominator criteria and had a follow-up visit with any PCP or BH practitioner within 7 days of the denominator discharge during the measurement period. Follow-up visits that were a telehealth visit or a telephone visit will count toward the numerator.[3]

Non-TI Population

Denominator

Acute hospital discharges for members 18 years of age and older who were hospitalized for mental illness during the measurement year (i.e., October 1, 2020–September 30, 2021) where the discharge was *not* from a TI-participating hospital and the member had visits in the year prior to the measurement year with PCPs and/or BH practitioners where all visits were to non-TI participating PCPs and BH practitioners.

Additionally, members 18 years of age and older must be enrolled from the date of discharge through 30 days after discharge with no gaps in enrollment. If the discharge is followed by a readmission or direct transfer to an acute care setting for a principal diagnosis of mental health within 30 days, only the last discharge will be counted and assessed for inclusion in the denominator. The denominator for this measure is based on discharges, not members, so a member can be included in the denominator multiple times.

[3] Telehealth and telephone visits were defined using the code sets in the HEDIS MY 2020 Technical Specifications.

Discharges will be excluded from the denominator if they are followed by a readmission or direct transfer to a non-acute inpatient care setting within 30 days of the discharge date. Additionally, discharges will be excluded from the denominator if they are followed by a readmission or direct transfer to an acute inpatient care setting within 30 days of the discharge date if the principal diagnosis is not for mental health.

Numerator

Members that met the denominator criteria and had a follow-up visit with any PCP or BH practitioner within 7 days of the denominator discharge during the measurement period. Follow-up visits that were a telehealth visit or a telephone visit will count toward the numerator.[4]

Justice Measure—Adults' Access to Preventive/Ambulatory Health Services and Emergency Department (ED) Utilization

TI Population

Denominator

Step 1: Identify members who were released from a correctional facility to a ZIP Code associated with a participating TI clinic (with a "Y" in the "Assoc with TI Clinic Zip Code Indicator" column using the "FFY21_TI Releases from Incarceration" file) at least 60 days prior to the end of measurement year (i.e., between October 1, 2020 and July 31, 2021) that had one or more ambulatory or preventive care visits[5] on or after their earliest release date during the measurement year.

The member must be 20 to 44 years of age as of the date of release from the correctional facility and must be enrolled on the date of release and continuously enrolled with no gaps in enrollment for 60 days. Members who were incarcerated multiple times during the measurement year were only counted in the denominator once.

Step 2: Count the member months the member was enrolled from the month the member was released until the end of the measurement year (i.e., September 30, 2021).

Numerator

ED visits for members in the denominator that were on or after their release from a correctional facility through the end of the measurement year. Member must be enrolled on the date of the ED visit; limited to one visit per day. Only paid claims were used for the identification of ED visits.

[4] Telehealth and telephone visits were defined using the code sets in the HEDIS MY 2020 Technical Specifications.
[5] Telephone visits from the HEDIS MY 2020 Technical Specifications for this measure count toward numerator compliance. All other visits were defined using the HEDIS 2017 Technical Specifications.

Non-TI Population

Denominator

Step 1: Identify members who were released from a correctional facility to a ZIP Code *not* associated with a participating TI clinic (with a "N" in the "Assoc with TI Clinic Zip Code Indicator" column using the "FFY21_TI Releases from Incarceration" file) at least 60 days prior to the end of measurement year (i.e., between October 1, 2020 and July 31, 2021) that had one or more ambulatory or preventive care visits[6] on or after their earliest release date during the measurement year.

The member must be 20 to 44 years of age as of the date of release from the correctional facility and must be enrolled on the date of release and continuously enrolled with no gaps in enrollment for 60 days. Members who were incarcerated multiple times during the measurement year were only counted in the denominator once.

Step 2: Count the member months the member was enrolled from the month the member was released until the end of the measurement year (i.e., September 30, 2021).

Numerator

ED visits for members in the denominator that were on or after their release from a correctional facility through the end of the measurement year. Member must be enrolled on the date of the ED visit; limited to one visit per day. Only paid claims were used for the identification of ED visits.

[6] Telephone visits from the HEDIS MY 2020 Technical Specifications for this measure count toward numerator compliance. All other visits were defined using the HEDIS 2017 Technical Specifications.