

Advancing Oral Health through Quality Improvement:

Performance Improvement Projects (PIP) for States
and Health Plans - Planning Considerations

Wednesday, May 6th, 2015

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Welcome and Introductions

Wednesday, May 6th, 2015

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Welcome and Overview



**Medicaid Oral Health Performance
Improvement Projects:
A How-To-Manual for States**

May 2015

CMS will publish Oral Health
PIP Manuals and Template

Two webinars:

- May 6
- May 20

Today's Speakers

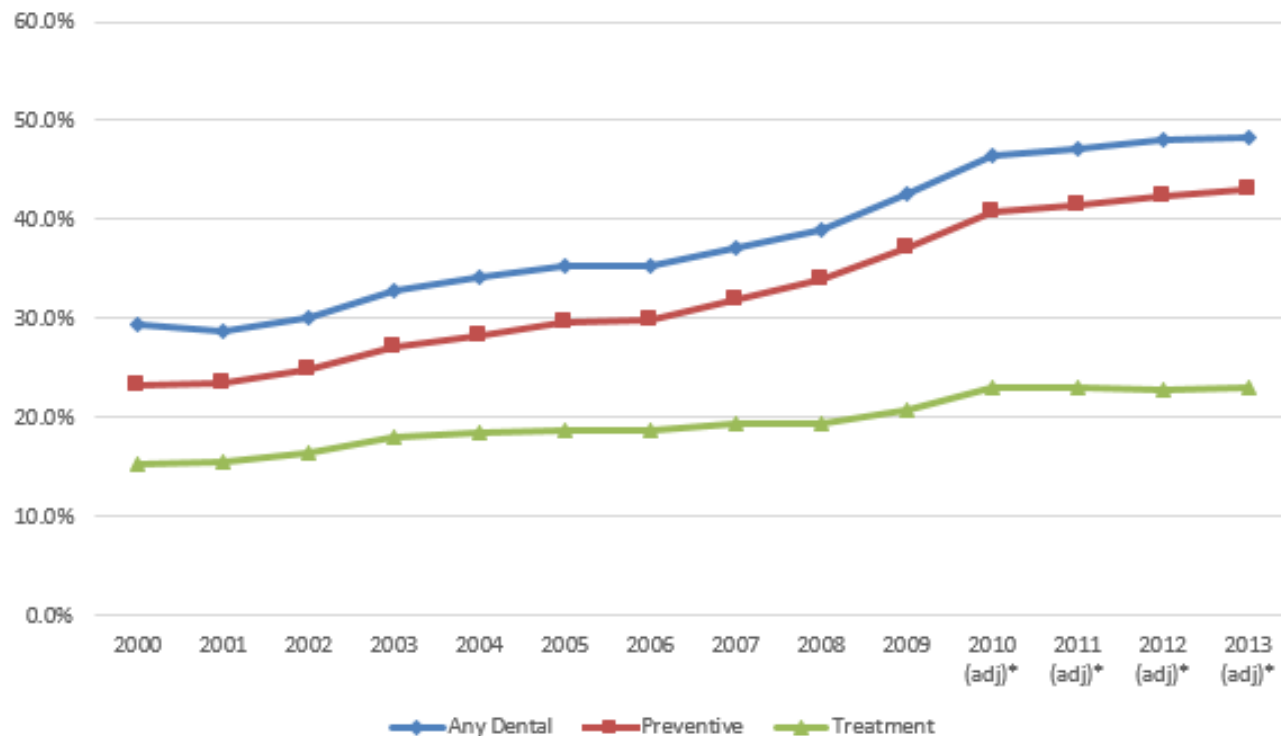
- **Laurie Norris, JD**, Senior Policy Advisor and Coordinator of the CMS Oral Health Initiative, CMS
- **Roopa Mahadevan, MA**, Program Officer, Center for Health Care Strategies (CHCS)
- **Kim Elliot, PhD, CPHQ**, Administrator, Clinical Quality Management, Arizona Health Care Cost Containment System
- **Gretchen Thompson, MBA, CPHQ**, Executive Director, State and Corporate Services, Health Services Advisory Group (HSAG)

CMS Oral Health Initiative

- Increase by **10 percentage points** the proportion of Medicaid and CHIP children ages 1 to 20 (enrolled for at least 90 days) who receive a **preventive dental service**.
 - Baseline year is FFY 2011. National baseline is 42%.
 - Progress in FFY 2013. National rate is 44%.
 - Goal year is FFY 2015. National goal is 52%.
 - Every state has its own baseline and goal.
- <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/OHIBaselineGoals.pdf>

Progress on Children's Use of Dental Services

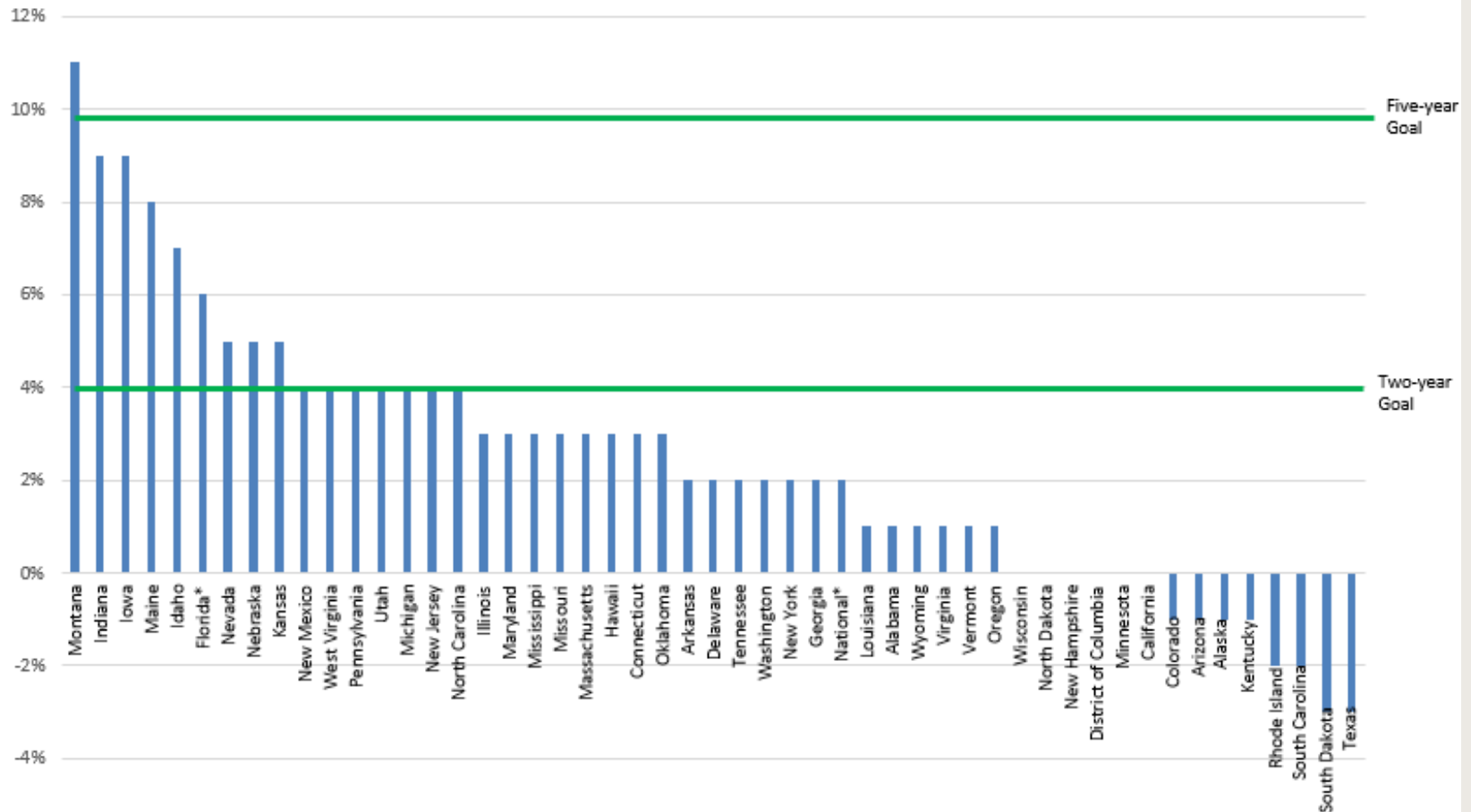
FFY 2000 – FFY 2013



Source: FFY 2000-2013 CMS-416 reports, Lines 1, 1b, 12a, 12b, and 12c.

Note: *FFY 2012 data for Connecticut is not available and was substituted with FFY 2011 data. Data reflects updates as of 10/22/14.

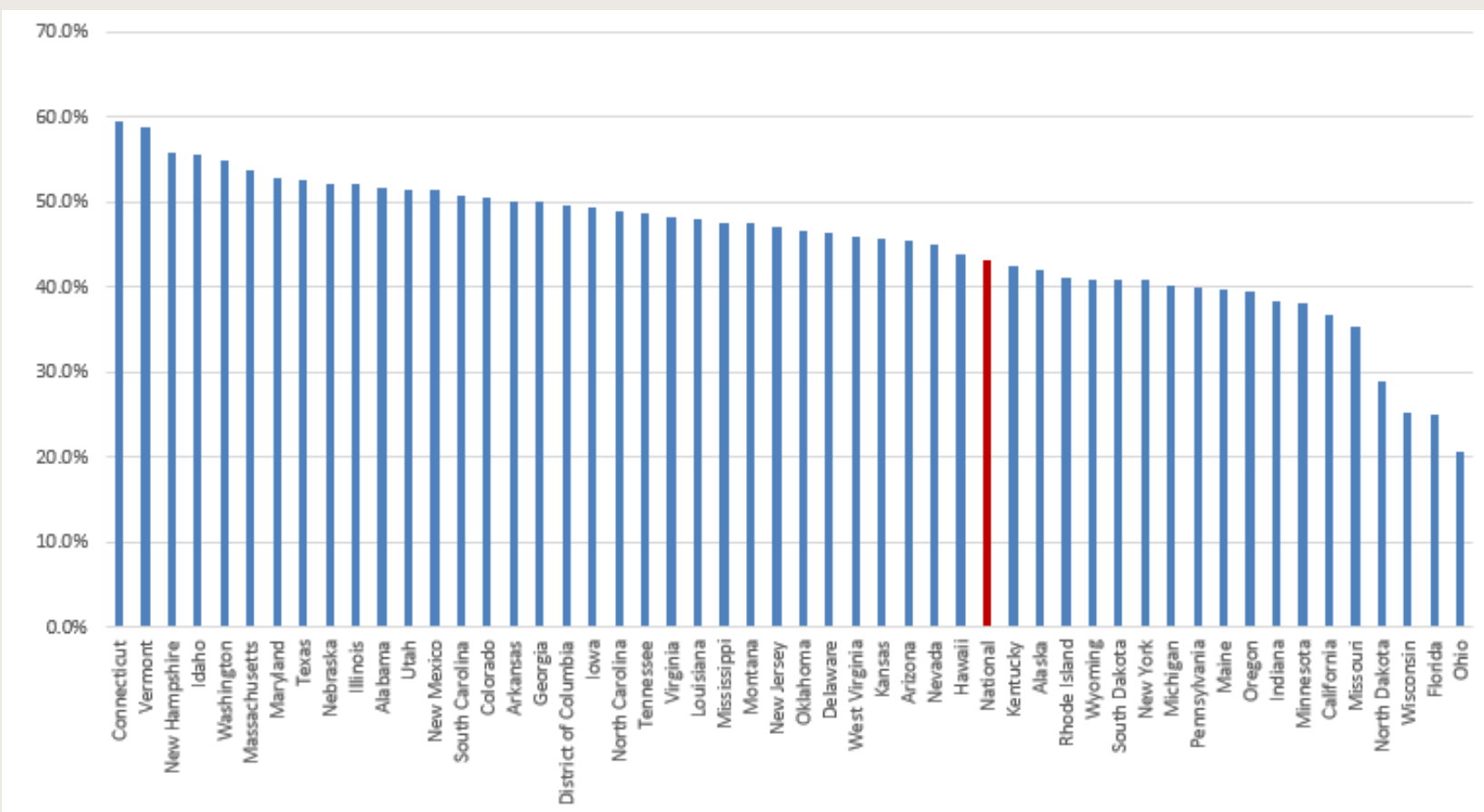
Progress on Preventive Dental Services Goal FFY 2011 – FFY 2013



Source: FFY 2011-2013 CMS-416 reports, Line 1b, 12b

Note: *FFY 2011 data for Ohio and Florida are not available. Data for Florida has been substituted with FFY 2012 data. Data for Ohio has been excluded. Estimates for Florida are included in the National figure. Data has been rounded.

Percentage of Children, Age 1-20, Who Received Any Preventive Dental Service, FFY 2013



Source: FFY 2013 CMS-416 reports, Line 1b, 12b
 Note: Data reflects updates as of 10/22/14.

Tools to Help States Improve

- Oral Health Performance Improvement Project (PIP) Manuals and Template for managed care
 - Webinars May 6, May 20
- Issue Briefs on Cost Effectively Addressing Early Childhood Caries
 - Webinar May 27
- Web-based learning modules on how to report dental data on the Form CMS-416
 - Will be released in July
- Medicaid Dental Contracting Toolkit
 - Will be released in October

CMS Oral Health Initiative

- One of a series of strategy guides to help states improve child health services delivered through Medicaid and CHIP
- Keep Kids Smiling provides:
 - An overview of the children's dental benefit in Medicaid,
 - Support for evidence-based policies at the state level, and
 - Details of successful strategies with state examples.



Keep Kids Smiling: Promoting Oral Health Through the Medicaid Benefit for Children & Adolescents



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Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

September 2013

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Keep-Kids-Smiling.pdf>

CMS Learning Labs

- Quarterly technical assistance webinars, targeted primarily to state Medicaid programs but open to all
- Successful Beneficiary Outreach Strategies
- Quality Improvement Processes: An Introduction for Medicaid and CHIP Dental Programs
- Engaging More General Dentists to Care for Young Children: Access to Baby and Child Dentistry (ABCD) in Washington and South Dakota
- Dental Sealants: An Effective State Strategy to Prevent Dental Caries in Children



- State Medicaid and CHIP Program Support of Sustainable Oral Health Care Delivery Models in Schools and Community-Based Settings
- Building a Partnership Between Medicaid and Head Start: the Pennsylvania Model

Slides and recordings available here: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Dental-Care.html>

Insure Kids Now Dentist Locator



Find a Dentist for Your Kid

Items with * are required

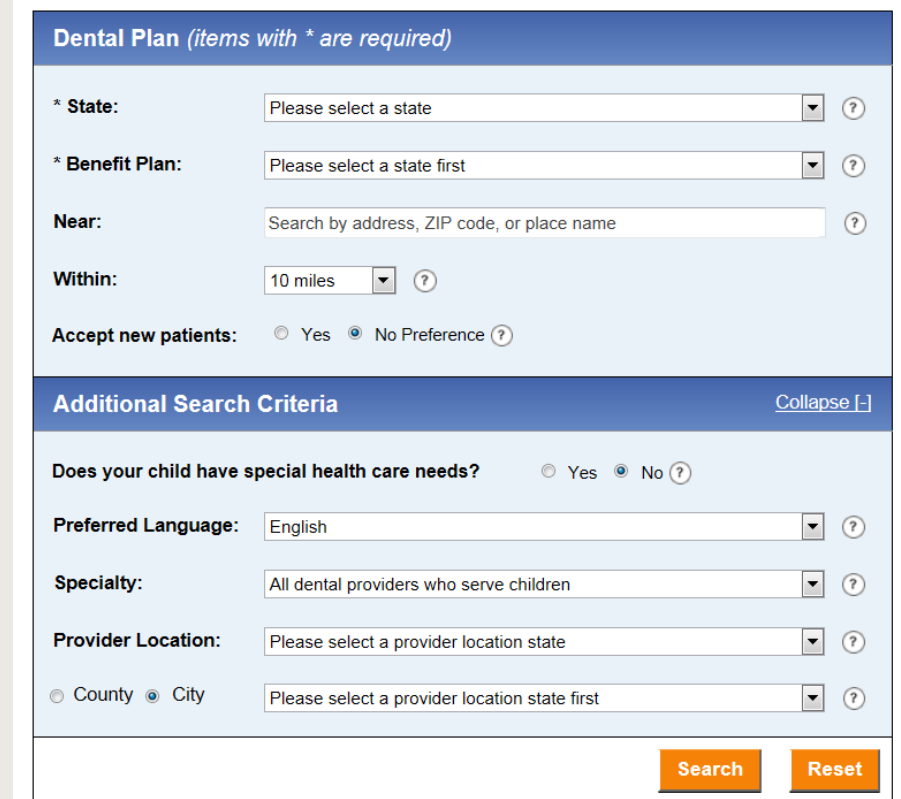
* Please select a state

* Please select a benefit plan

Search by address, ZIP code, or place name

Search

Search Share Embed



Dental Plan (items with * are required)

* **State:** Please select a state

* **Benefit Plan:** Please select a state first

Near: Search by address, ZIP code, or place name

Within: 10 miles

Accept new patients: Yes No Preference

Additional Search Criteria [Collapse \[-\]](#)

Does your child have special health care needs? Yes No

Preferred Language: English

Specialty: All dental providers who serve children

Provider Location: Please select a provider location state

County City Please select a provider location state first

Search Reset

Download the Widget: <http://datawarehouse.hrsa.gov/tools/widgets.aspx>

Use the Dentist Locator Tool: Go here

<http://www.insurekidsnow.gov/state/index.html> then click on your state

Think Teeth

Piense en sus dientes
Visite a su dentista durante su embarazo

Think Teeth
Every Step of The Way

Give your baby healthy teeth from the start.
It's easy!

- Gently brush baby's teeth twice a day. Use a tiny amount of fluoride toothpaste.
- Take your baby to the dentist by her first birthday. Continue regular check-ups as recommended.
- Tooth decay is caused by bacteria. Your baby can "catch" the bacteria from you.
 - Keep your mouth healthy.
 - Don't share cups or spoons.
- Put only water, milk or formula in bottles or sippy cups.
- Don't put your baby to bed with a bottle or sippy cup.
- Limit sweet snacks and sugary drinks, including juices.

Medicaid and CHIP cover children's dental services, such as teeth cleanings, check-ups, x-rays, fluoride, dental sealants and fillings. Your child could be eligible!

To enroll your child or find a dentist, call 1-877-KIDS-NOW or visit insurekidsnow.gov. For more information about new, affordable health insurance options for the whole family through the Health Insurance Marketplace, visit HealthCare.gov.

Health Insurance Marketplace | 1-877-KIDS-NOW | 2015-2016-10-10

- Three free materials:
 - For babies and toddlers up to age 3
 - For children of all ages
 - For pregnant women
- English/Spanish
- Can be bulk-ordered for free from CMS

<http://www.insurekidsnow.gov/professionals/dental/index.html>

Children with Special Needs

Dental Care for Children with Special Needs

If your child has a developmental disability, a behavioral issue or a physical limitation, it's important for you to find a dentist who can give dental care while accommodating your child's unique situation. Children with special needs — like mild anxiety disorders, Down syndrome and cerebral palsy — may need extra time or support when seeing a dentist.

Supports for Special Needs at the Dentist



- Flyer for parents of children with special needs
- How to find a dentist suitable for your child
- English/Spanish
- Can be downloaded from <http://www.insurekidsnow.gov/professionals/dental/index.html>

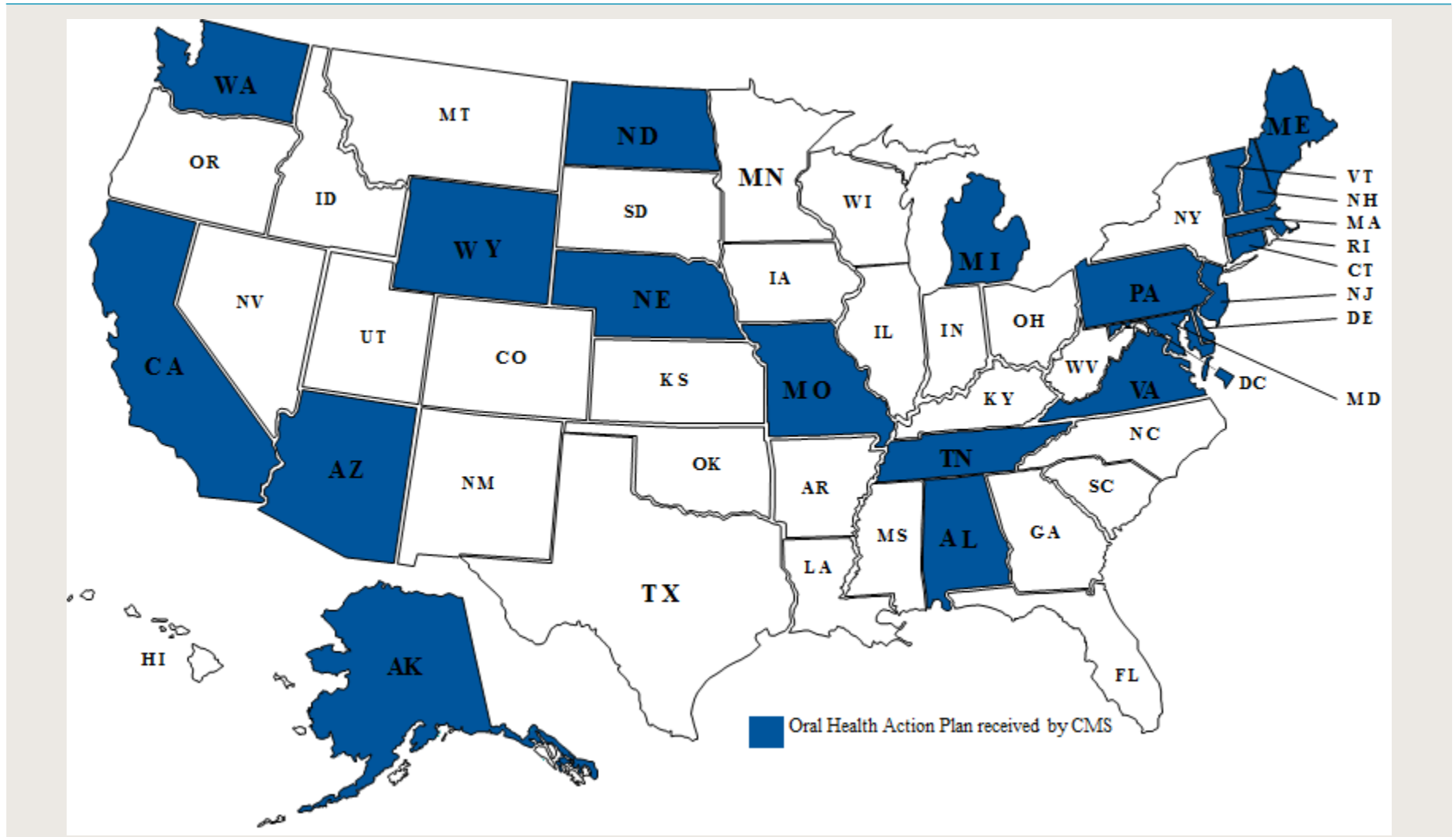
Oral Health Measures in Child Core Set

- P Dent – preventive dental service (since 2011)
 - Ages 1-20
 - Enrolled in Medicaid or CHIP for at least 90 continuous days
 - Received a preventive dental service from a dental professional (prophylaxis, fluoride, sealant)
- SEAL – sealant on a permanent molar (begins 2015)
 - Ages 6-9
 - Enrolled in Medicaid/CHIP for at least 180 continuous days
 - At elevated risk
 - Received a sealant on a permanent molar

More information on the Child Core Set is available here:

<http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/chipra-initial-core-set-of-childrens-health-care-quality-measures.html>

States with CMS Oral Health Action Plans



Any questions?

Key Considerations for Oral Health Performance Improvement Project (PIP) Planning

Wednesday, May 6, 2015

Roopa Mahadevan, BS, MA
Center for Health Care Strategies (CHCS)

What are Performance Improvement Projects (PIPs)

- **PIPs are projects designed to achieve, through ongoing measurements and intervention, significant improvement that is sustained over time in clinical and nonclinical areas.**
- **PIPs must involve:**
 - Measurement of performance using objective quality indicators
 - Implementation of system interventions to achieve improvement in quality
 - Planning and initiation of activities for increasing or sustaining improvement
 - Evaluation of the effectiveness of the interventions
- **PIPs can be conducted in any health care area, e.g., diabetes, behavioral health, oral health**

PIPs and Quality Improvement in Medicaid

Why conduct a PIP?

- To address a concern or problem;
- It is required by contract; and/or
- It is required by regulation

Who conducts a PIP? Any health plan:

- Managed care organizations (MCOs)
- Prepaid inpatient health plans (PIHPs)
- Non-comprehensive MCOs (e.g., carve-outs) such as Dental Maintenance Organizations (DMOs) or Behavioral Health Organizations (BHOs)
- Prepaid ambulatory health plans (PAHPs)
- *Only MCOs and PIHPs are required by federal regulation to conduct a PIP*

States provide the vision and oversight for a PIP program.

State Options for a PIP Program

- **States must include in their contracts with any MCO or PIHP the requirement to conduct PIPs.**
 - States may extend what they require of MCOs/PIHPs to other types of contracted plans (e.g., Dental Maintenance Organizations, Behavioral Health Organizations, Prepaid Ambulatory Health Plans).
 - For example, states may include PIP requirements in the contracts of plans that handle carved-out services such as behavioral health or oral health.
- **States can require separate PIPs for multiple focus areas (e.g., asthma and oral health) within or across health plans.**
- **States must validate the PIPs of MCOs and PIHPs based on CMS protocols.**
 - This may be done by the State, its agent that is not an MCO or PIHP, or an External Quality Review Organization (EQRO).
 - States can also use the EQRO to provide technical assistance to health plans around data collection, measurement, and evaluation for their PIPs.

Oral Health PIP Program Planning Steps

- **An oral health PIP can be a strong lever for improving oral health care among children and youth enrolled in Medicaid/CHIP in your state.**
- **Key steps for effectively planning an Oral Health PIP program include the following:**
 - Understand variation in oral health care in your state
 - Involve oral health stakeholders
 - Define scope of the oral health PIP program
 - Determine the PIP aim
 - Maximize health plan participation

Understand the Variation in Oral Health Care Within Your State

- **How does your state Medicaid's oral health performance compare to:**
 - National Medicaid average
 - Other states with similar delivery systems
 - Commercial performance in your state
 - Goals set by federal authorities (CMS, Centers for Disease Control)
- **The oral health PIP program should focus on a targeted issue or set of related issues. Consider the level of variation – i.e., where gaps lie – across your oral health care delivery system for children/youth.**

Understand the Variation in Oral Health Care Within Your State

How do key measures of oral health care vary by the following:

- **Type of service:** preventive, sealant applications, restorative.
- **Delivery system characteristics:** network adequacy, reimbursement method.
- **Member characteristics**
 - **Demographic:** age, gender, race/ethnicity, primary language, geography, length of enrollment, eligibility category (e.g., foster care).
 - **Health care status:** history of dental use, dental/medical/behavioral diagnoses, disability, special health care needs, high-risk for dental disease.
- **Health plan characteristics:** size, market share, benefit administration (e.g., comprehensive, carve-out)
- **Provider characteristics:** size, provider type, history of practice, geographic location, medical or dental

Involve Oral Health Stakeholders

Of the areas identified through analysis, which are high-priority to your stakeholders?

- **Convene conversations with and seek input from:**
 - Contracted health plans
 - Dental providers and provider associations, including safety-net
 - Consumer voices, e.g., advocates
 - Oral health coalitions
 - Public health and child-serving agencies
 - Community organizations
- **Use private meetings, public forums, surveys**
- **Create a PIP advisory committee that includes representatives from these stakeholders**

Define Scope of the Oral Health PIP program

Focus area(s):

- Age (e.g., children ages 6-9), Service (e.g., dental sealant application), Geography (rural areas)
- Other drivers of variation, and/or combinations of drivers

Health plan selection:

- All v. some plans
- Same v. customized focus area for each plan

Performance Measures:

- EPSDT oral health measures for CMS-416 reporting, Medicaid/CHIP Child Core Set, Dental Quality Alliance
- State- or plan-specific

Performance expectations:

- Minimum level (e.g., rate of 45% on preventive dental services utilization)
- Relative Improvement (e.g., 20% improvement on preventive dental service utilization)

Determine the PIP Aim

- **Create an aim for the PIP program that is aspirational, while feasible.**
 - Create a focus and sense of urgency, but be realistic based on performance to date.
- **Include the desired change, the degree of improvement, and the period of time over which this change is expected to take place.**
 - **Weak Aim:** *Improve utilization of preventive services among young children.*
 - **Strong Aim:** *In 12 months, increase the percentage of 6-9 year-old members who receive a dental sealant on a permanent molar tooth by 10 percentage points.*
- **Consider options for health plan choice and flexibility.**
 - Specific focus area within a broader aim
 - Number and type of performance measures
 - Timeline of project

Maximize Health Plan Participation

- **Align with existing quality measurement programs and reporting requirements.**
- **Share information with health plans to build interest and incentivize improvement.**
 - Performance of other states/health plans
 - Key legislation or support from state leaders and/or champions
 - News media stories
- **Build QI capacity at the health plan beyond the single PIP.**
- **Support health plans with technical assistance and resources.**
 - Key data and/or analysis tools
 - Intervention options
 - Training and/or peer learning
 - EQRO support

Key Considerations for Oral Health PIP Program Planning

- **In summary:**
 - Understand variation in oral health care in your state
 - Involve oral health stakeholders
 - Define scope of the oral health PIP program
 - Determine the PIP aim
 - Maximize health plan participation
- **For more strategies, look out for the following CMS resources:**
 - *Medicaid Oral Health PIPs: A Template*
 - *Medicaid Oral Health PIPs: A How-to Manual for States*
 - *Medicaid Oral Health PIPs: A How-to Manual for Health Plans*

Any questions?



Arizona's Strategies for Increasing Oral Health Access for Children

Wednesday May 6, 2015

Kim Elliott, Ph.D., C.P.H.Q.

Administrator, Clinical Quality Management

Arizona Health Care Cost Containment System (AHCCCS)

Arizona Overview

- **The Arizona Health Care Cost Containment System (AHCCCS) currently serves over 1.6 million members, over half of which are children**
- **90%+ are in managed care**
 - 15 Managed Care Organizations
 - American Indian Health Plan (Fee-for-Service)
- **AHCCCS-driven interventions**
 - Performance Improvement Project (PIP)
 - Dental Work Group
 - Dental Home Assignment
 - Fluoride Varnish in Primary Care

AHCCCS Oral Health Program Overview

- **Contracted provider networks**
 - Health Plan credentialing process for registered providers
 - Arizona is not an “any willing provider state”
 - Comprehensive dental benefits for children
 - Medicaid and CHIP have identical benefits
- **No capitation allowed at provider level**
- **Waiting lists for HP provider participation**
- **Dental Providers (2014)**
 - **3548 licensed dentists in Arizona (approximately)**
 - **1562 registered AHCCCS dental providers (approximately)**

Performance Improvement Project Development

- **Performance Improvement Projects are mandated Under the Balanced Budget Act, Managed Care Regulations (BBA)**
- **Arizona reviews and prioritizes quality improvement focus areas based on the following:**
 - What does the data show – trends, variances, etc.? Are we under-performing in an area of care or service?
 - What is the evidence base?
 - What does the research/literature show?
 - Are there potential actionable interventions?
 - Is it a focus area for the Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO), State, Advocates, Stakeholders, others?
 - Will implementing interventions result in improvement in outcomes, quality of life, program costs, member satisfaction?
 - Is there accurate, reliable and valid data – need to be able to measure improvement and calculate results?

Children's Oral Health Performance Improvement Project

Why did Arizona select the topic of oral health?

- Data indicated that utilization rates were being maintained but were not continuing to improve
- Oral health was becoming more of a focus area for the Centers for Medicare & Medicaid Services
- Current activities and interventions of Health Plans were not resulting in significant increases in utilization
- Literature and research review as well as a review of what may be working in other states identified potential intervention opportunities
- Continued focus area of stakeholders, oral health providers, legislators, etc.
- Developing and implementing new interventions could improve outcomes, utilization and member satisfaction
- Readily available data source to monitor and track improvement

Children's Oral Health Performance Improvement Project

- Implemented 2003
- Baseline measurement Contract Year End (CYE) 2002
- Purpose: Increase rate of annual dental visits
- Populations included in the Performance Improvement Project: Medicaid, CHIP and Division of Developmental Disabilities (Long Term Care Contractor)
- Focus age range: Children ages 3 through 8 years
- Goal:
 - 57% of AHCCCS members under 21 years of age receive an annual dental visit
- Measurement Methodology: HEDIS
- Re-measurement in 2005, 2006, 2007, and 2008

Increasing Oral Health Care PIP Process

- **Convene work group to discuss the scope of the PIP, identify barriers, identify opportunities**
- **Review of the data including county- and health plan-specific race/ethnicity to understand population specific opportunities for intervention**
- **Include representatives of:**
 - AHCCCS Health Plans (Acute, Developmentally Disabled and Foster Children)
 - Arizona Academy of Pediatrics
 - Arizona Dental Association
 - Community stakeholders (First Things First, Governor's School Readiness Board, Children's Action Alliance, HeadStart)
 - County and State Public Health representatives
- **Regular meetings to establish and maintain focus on project**
- **All data measurements by the state using contractor-submitted encounters**

Children's Oral Health Performance Improvement Project

- **Contract Year End (CYE) 2002: baseline 50.2% members received dental visit**
- **Contract Year End (CYE) 2007: 65.4 % members received dental visit**
 - Relative increase = + 25.3% (ages 3 -8)
 - All health plans showed significant and sustained improvements
 - Moved Arizona into 90th percentile of all Medicaid programs (1-20 yrs)

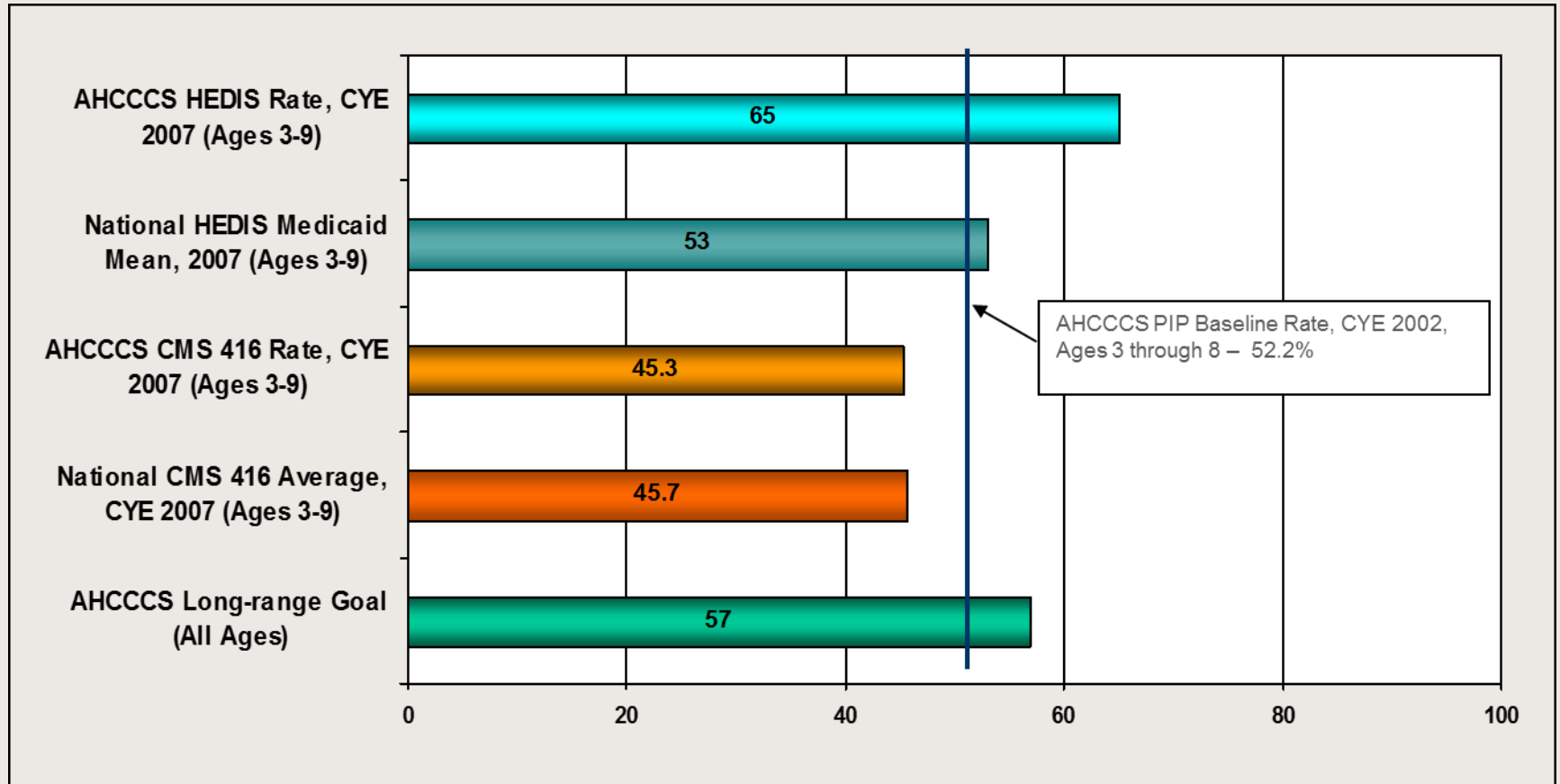
Health Plan Strategies - Chronic Care Model

- Collaboration with stakeholders (HeadStart, Public Health, etc.)
- Member survey to identify improvement opportunities
- “No-show” logs from dental providers – Health Plan outreach to members
- Primary Care Provider (PCP) to dentist referral data - follow up by case managers
- Recruiting dental providers to Health Plan networks
- Provider profiling – filling empty dental chairs
- Dental & medical chart audits
- Dedicating Health Plan staff for outreach

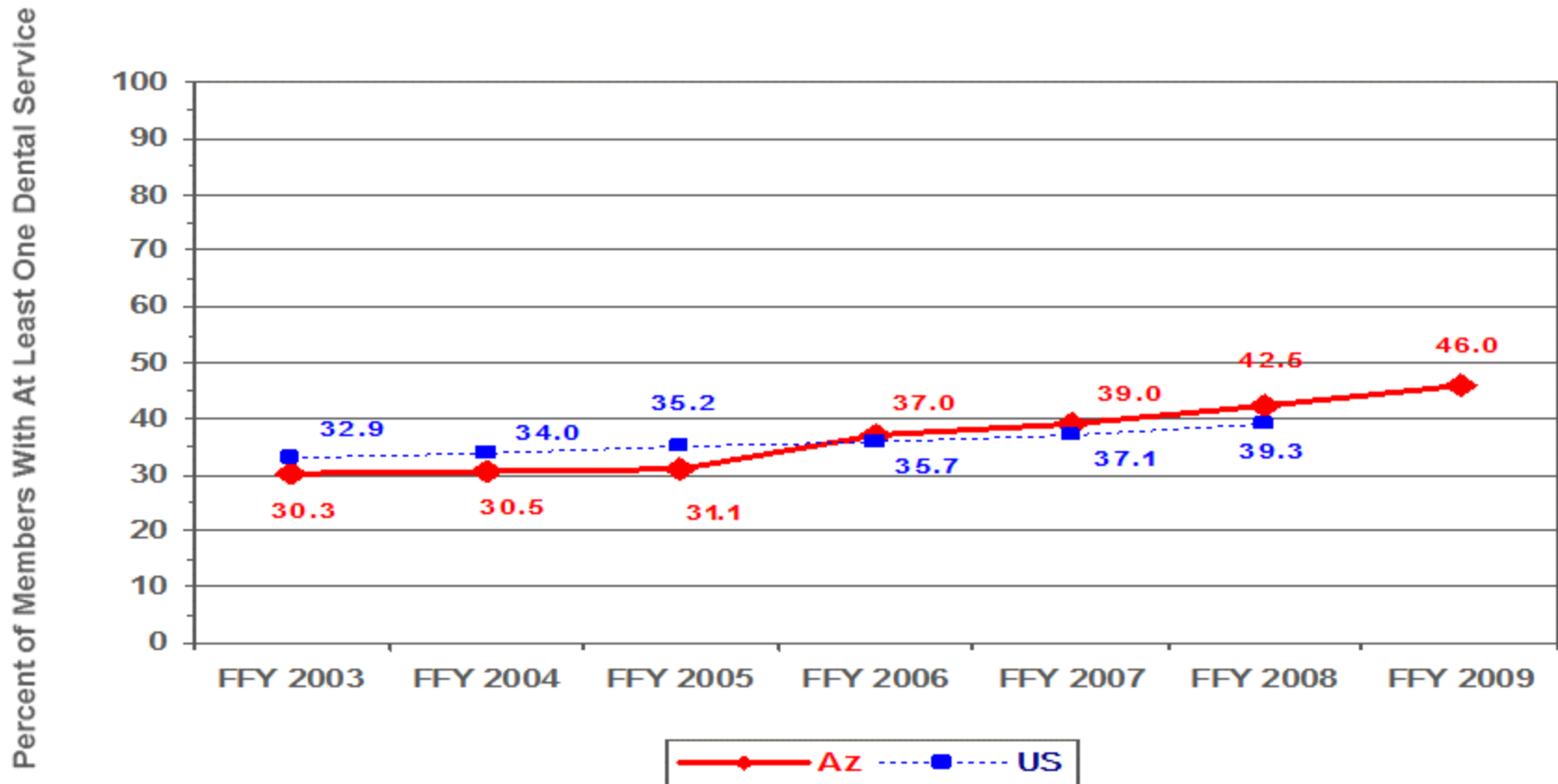
Annual Dental Visits

Children Ages 3 through 9

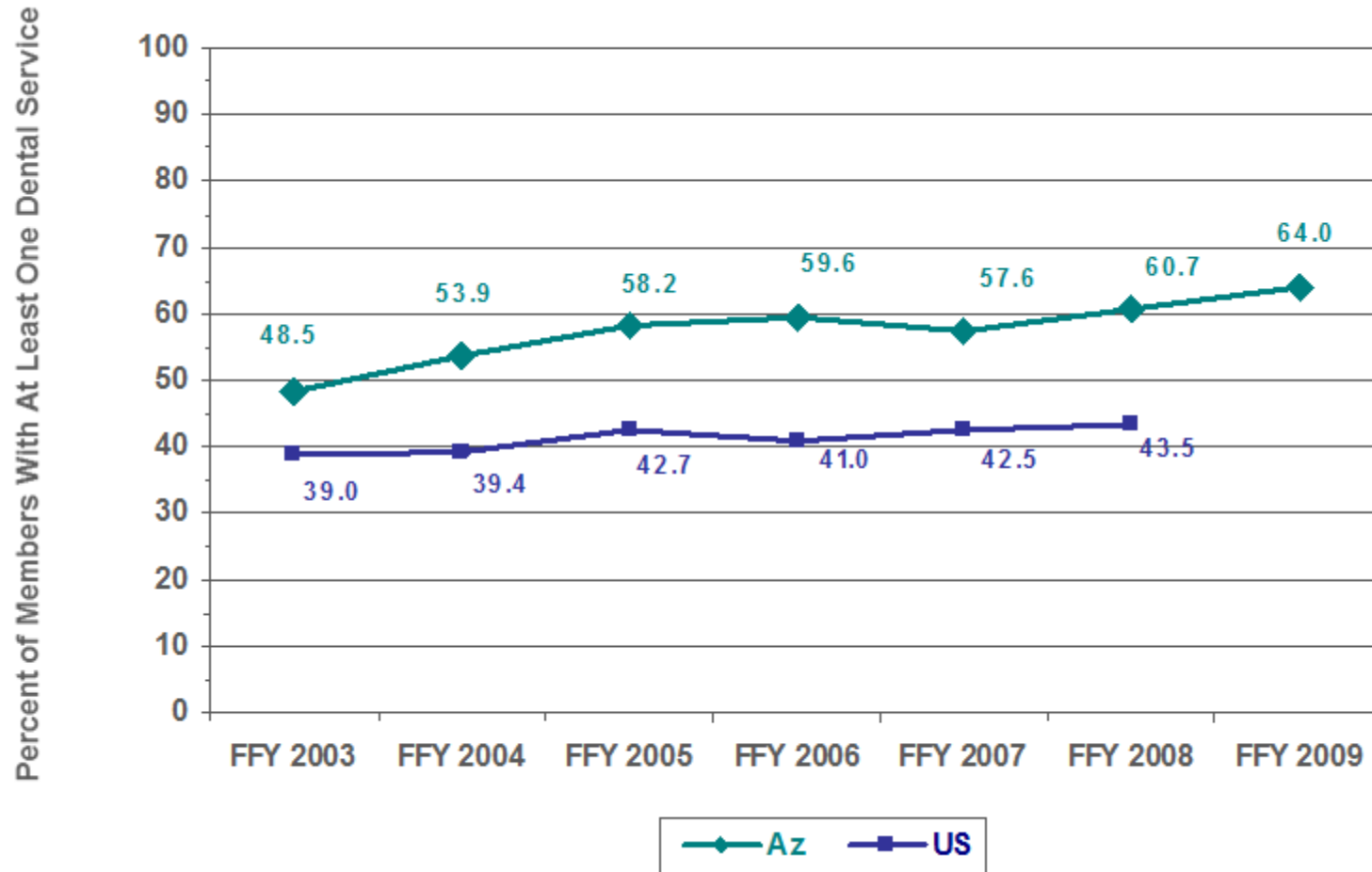
(HEDIS rates = 4 through 10 at the end of the measurement period)



Any Dental Service: 1 through 20 Years Old From CMS 416 Report (line 12a)



HEDIS Annual Dental Visits through 21 Years of Age



Lessons Learned

- **High level of communication is imperative**
 - *AHCCCS Admin - Contracted Health Plans*
 - Contractual expectations and accountability
 - Program oversight
 - *Health Plan dental provider networks*
 - *Critical partnerships*
 - Organized dentistry: Arizona Dental Association, Arizona Association of Pediatric Dentistry
 - HeadStart, Department of Health, Coalitions, Arizona Chapter of the American Academy of Pediatrics, The Centers for Medicare and Medicaid Services, etc.

Ongoing and Current Work After the Completion of the Performance Improvement Project

- After the completion of the Performance Improvement Project, the utilization rates again leveled off, some Health Plan performance showed slight declines
- AHCCCS increased Health Plan focus on oral health in the following ways:
 - Modified Health Plan contract language to increase minimum performance standards related to oral health utilization
 - Allowed for the application of up to a \$100,000 sanction if the Health Plan did not achieve the Minimum Performance Standard
- The topic was discussed several times each year at Health Plan Chief Executive Officer and Medical Director Meetings
- Convened a Health Plan and stakeholder workgroup focused on oral health
- Developed AHCCCS Medical Policy Manual language to require implementation of a Dental Home for all members under age 21 years
- Implemented policy language to allow fluoride varnish to be applied in the Primary Care Provider Office with the expectation that the provider will discuss the need for oral health with the family and refer to a dental home
- Results of these ongoing efforts will be measured during 2015....

Any questions?

Involving the External Quality Review Organization (EQRO)

Resources and Technical Assistance to Support Oral
Health Performance Improvement Projects (PIPs)

Wednesday May 6, 2015

Gretchen Thompson, MBA, CPHQ

Executive Director, State and Corporate Services

Health Services Advisory Group (HSAG)

Accessing the State's EQRO for PIPs

- **External quality review (EQR) is federally required for managed care programs**
 - EQROs may perform mandatory and optional activities outlined in federal regulations
 - Performance Improvement Project (PIP) Validation is a mandatory activity and Technical Assistance is an optional activity
 - A state may perform PIP validation; although, most states utilize the EQRO to perform PIP validation
- **Accessing services (PIP Validation and Technical Assistance) from the EQRO**
 - States have flexibility in structuring the EQR contract—just like Medicaid, no two EQR contracts are alike
 - States determine the level of involvement of the EQRO in PIP activities—ranges from reporting results only to full facilitation of work groups at each PIP stage
 - States may have EQRO calculate the PIP indicator rates for interim and final measurements, or validate the rates reported at interim and final measurements

EQRO Assistance – PIP Research

- **Generating and/or analyzing data**
 - Generating rates from health plan claims data
 - Generating rates from State encounter data
 - Reviewing existing reports of health plan and State data (e.g., performance measure or HEDIS reports, compliance reports, access analyses, etc.)
- **Identifying opportunities for improvement**
 - Rates compared to other health plans
 - Rates compared to national ranks and percentiles (i.e., HEDIS national Medicaid rates)
 - Disparities based on race/ethnicity, geography, age, gender
- **Facilitating work groups to discuss the analyses and the story being told by the data**
- **Assisting states to incorporate oral health improvement initiatives into the State's Quality Strategy (e.g., new goals or objectives to improve oral health outcomes)**

EQRO Assistance – PIP Planning

- **Structuring the methodology**

- Identifying an appropriate study topic
- Defining the PIP aim and main objective
- Defining the population to be studied
- *Selecting the performance measure(s) to evaluate performance*
 - Measure(s) must be specific to population studied (e.g., select a measure that targets ages 2-19 for children-specific oral health initiative)
 - National measures (e.g., CMS OHI, AHRQ, HEDIS, etc.)
 - State-specific measures (defining inclusion criteria)
 - Define numerator and denominator specifications
- Defining period of performance to be evaluated

- **Defining sampling, data collection plan, and statistical testing**

EQRO Assistance – PIP Initiation

- **Assisting with initial data analysis**

- Study the data generated during the research phase
- Identify barriers that have impacted performance to date, e.g., root cause analysis, driver diagram, fishbone diagram, etc.

- **Verifying intervention evaluation strategies**

- Mechanism used to test the successfulness of interventions, e.g., survey, interim claims analyses, focus group

- **Assisting with subsequent data analyses**

- Applying appropriate statistical testing
- Interpreting results

EQRO Assistance – PIP Validation

- **Developing validation tools to evaluate the structure and outcomes of PIPs**
 - Is the PIP studying what it is intended to study?
 - Do the interventions have the potential to drive real improvement?
 - Is the health plan appropriately interpreting results and using the lessons learned to drive enhanced interventions?
 - Did the health plan achieve real and sustained improvement?
 - What are the plans for standardizing successful interventions?
- **Developing the validation strategy**
 - Validating PIPs at regular intervals (quarterly, semi-annual, annual)
- **Facilitating work groups with State and health plan staff to discuss PIP outcomes and efficacy of interventions**
- **Reporting aggregate results**

Any questions?

Upcoming Webinars

- Wednesday, May 20, 12:30-2:00 pm EDT
Performance Improvement Projects (PIPs) for States and Health Plans – Implementation Considerations
[Register here!](#)
- Wednesday, May 27, 1:00-2:30 pm EDT
High-Value Oral Health Care in Early Childhood: Approaches in Medicaid
[Register here!](#)

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