Targeted Investments (TI) 2.0
Year 4 Milestones

Effective October 1, 2025

Targeted Investments 2.0 Year 4 Milestones

Table of Contents

TI 2.0 YEAR 4 MILESTONES

All TI 2.0 Participating Organizations (i.e. Participants or Organizations) will need to complete milestone requirements to earn incentive payment.

Each Milestone details the Milestone Core Component, Document Validation requirements, and payment percentage allocation. The values signify the percentage of payment (incentive) that will be allocated to the milestone per Area of Concentration (AOC) each year. Participants must satisfy all of the milestones for each AOC in a program year to receive the full payment. Participants will earn the percentage of incentive affiliated with the milestones passed that year. Milestones are legally binding and correspond directly with payment. In the event of the Office of Inspector General (OIG) audit, participants may be audited.

Participants are required to keep all documents and attestation records on file for a minimum of 7 years.

Although strongly encouraged, participants are not required to meet all milestones each year. Participants that do not meet at least one milestone in Year 2 or Year 3 will be removed from the program. Each milestone is associated with a percentage of payment, and failing to meet a milestone will forfeit that portion of that year's payment.

In Year 4 of TI 2.0, participants will need to meet quantitative performance measures to earn payment. Year 4 performance measures are identified under Milestone 1 (M1).

TI 2.0 participants also need to meet eligibility criteria yearly in order to earn incentive payment. Refer to the Targeted Investments web page for more information: Targeted Investments 2.0 Program Eligibility

The TI 2.0 Program applies for members served by AHCCCS Complete Care (ACC) and AHCCCS Complete Care-RBHA (ACC-RBHA) health plans.

For all Milestone requirements activities must be achieved within TI Year 4 (October 1, 2025 – September 30, 2026) to be considered for incentive payment.

There are four Milestones for TI 2.0 Year 4:
- ❖ Milestone 1 – Performance Measures
- ❖ Milestone 2 – Screening and Referral Systems for Nonmedical Drivers of Health
- ❖ Milestone 3 – Closed Loop Referral System (CLRS)
- ❖ Milestone 4 – Quality Improvement Collaboratives (QICs)

Table 1 below indicates the TI 2.0 Year 4 Milestones and Incentive Percentages by AOC.

Targeted Investments 2.0 Year 4 Milestones

Table 1															
Targeted Investments (TI) 2.0 Year 4 Milestones and Incentive Percentages															
MILESTONES	**ADULT PCP**			**ADULT BH**			**PEDS PCP**			**PEDS BH**			**JUSTICE**		
	INCENTIVE % OF ANNUAL PAYMENT														
	50			**50**			**50**			**50**			**50**		
	CCS	PPC	AAP	SAA	FUH7	FUM7	W30 - Part 1	W30-Part 2	WCV	FUH7	FUH30	APM	IET-E	FUA7	FUM7
M1. Performance Measures	20	15	15	10	20	20	15	20	15	20	20	10	20	15	15
M2. Screening and Referral Systems for Nonmedical Drivers of Health	**25**			**25**			**25**			**25**			**25**		
M3. Closed Loop Referral System (CLRS)	**15**			**15**			**15**			**15**			**15**		
M4. Quality Improvement Collaboratives (QICs)	**10**			**10**			**10**			**10**			**10**		

TI 2.0 YEAR 4 TI PORTAL

Participants shall utilize the AHCCCS Online TI 2.0 Application Portal (TI Portal) to ATTEST and UPLOAD documents as outlined in the Milestone requirements below.

Attestation is an annual process where participants log into TI Portal and select completed Milestones and upload supporting documentation for that program year. These milestones are legally binding and correspond directly with payment. Attestation is mandatory to receive the incentive payment.

AHCCCS will notify participants when Year 4 of the TI Portal is open and available for participants to ATTEST and UPLOAD to Year 4 Milestones. Refer also to the Targeted Investments 2.0 webpage for updates.

Organizations do not need to upload or provide documentation to the TI 2.0 Year 4 Application Portal for Milestones that require Attestation only.

Applications are legally binding and correspond with payment. Participants can review prior years' applications at any time.

REMINDER: PARTICIPANTS SHOULD SIGN INTO THE TI PORTAL WITH THEIR *USERNAME* AND *PASSWORD* INFORMATION EVERY 30 DAYS TO ENSURE THEIR USER ACCOUNT STAYS ACTIVE AND TO ENSURE THEIR ACCOUNT WILL BE ACCESSIBLE WHEN THE YEAR 4 TI PORTAL IS OPEN.

Targeted Investments 2.0 Year 4 Milestones

TI 2.0 YEAR 4 MILESTONES REQUIREMENTS

MILESTONE 1 – PERFORMANCE MEASURES

Participants will receive incentive payments based on their performance as calculated via claims/encounters on the selected measures specified by AOC (see Table 2 below) for dates of service from October 1, 2025, through September 30, 2026. Performance measure targets are forthcoming and will be communicated when available. Measure calculation and target methodology will be available at **TIPQIC.org**.

Table 2 — Targeted Investments (TI) 2.0 Year 4 Performance Measures		TI Area of Concentration				
		Adult PCP	Adult BH	Peds PCP	Peds BH	Justice
Performance Measure						
Incentive %		50	50	50	50	50
CCS	**Cervical Cancer Screening** The percentage of women 21–64 years of age who were screened for cervical cancer.	20				
PPC	**Prenatal and Postpartum Care - Timeliness of Prenatal Care** The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.	15				
AAP	**Adults' Access to Preventive/Ambulatory Health Services** The percentage of patients 20 years of age and older who had an ambulatory or preventive care visit.	15				
SAA	**Adherence to Antipsychotic Medications for Individuals with Schizophrenia** The percentage of patients 18 years and older with schizophrenia or schizoaffective disorder who were dispensed and remained on antipsychotic medication for at least 80% of their treatment period.		10			
FUH7	**Follow-Up After Hospitalization for Mental Illness (FUH)** The percentage of patients 18 years and older hospitalized for mental illness or intentional self-harm that had a follow-up encounter with a mental health practitioner within 7 days after discharge.		20			
FUM7	**Follow-Up After Emergency Department Visit for Mental Illness** The percentage of patients 18 years and older with an ED visit for mental illness or intentional self-harm that had a follow-up visit within 7 days.		20			

Code	Description					
W30 - Part 1	**Well Child Visits in the First 15 Months** The percentage of children who had 6 or more well-child visits with a primary care practitioner during the first 15 months of life.			15		
W30 - Part 2	**Well Child Visits for Age 15 Months–30 Months** The percentage of children who had 2 or more well-child visits with a primary care practitioner during the 15th to 30th months of life.			20		
WCV	**Child and Adolescent Well-Care Visits** The percentage of children and adolescents 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.			15		
Peds FUH7	**Follow-Up After Hospitalization for Mental Illness** The percentage of children and adolescents 6-17 years of age who were hospitalized for mental illness or intentional self-harm that had a follow-up encounter with a mental health provider within 7 days after discharge.				20	
Peds FUH30	**Follow-Up After Hospitalization for Mental Illness** The percentage of children and adolescents 6-17 years of age who were hospitalized for mental illness or intentional self-harm that had a follow-up encounter with a mental health provider within 30 days after discharge.				20	
APM	**Metabolic Monitoring for Children and Adolescents on Antipsychotics** The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had blood glucose and cholesterol testing.				10	
IET-E	**Initiation and Engagement of Substance Use Disorder Treatment** The percentage of patients 18 years and older with any substance use disorder event who initiated treatment and engaged in ongoing treatment within 34 days of the initiation visit.					20
FUA7	**Follow-Up After Emergency Department Visit for Substance Use** The percentage of patients 18 years and older with an ED visit for substance use that had a follow-up visit or pharmacotherapy dispensing event within 7 days.					15
FUM7	**Follow-Up After Emergency Department Visit for Mental Illness** The percentage of patients 18 years and older with an ED visit for mental illness or intentional self-harm that had a follow-up visit within 7 days.					15

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Targeted Investments 2.0 Year 4 Milestones

TI 2.0 YEAR 4	MILESTONE 1 (M1) PERFORMANE MEASURES 50% of Annual Payment	
Core Component	**Document Validation**	
M1. Targeted Investment Program Performance Measures & Targets	**M1A - ATTEST** through the TI 2.0 Year 4 Application Portal, once available, that the Organization acknowledges the Performance Measures selected for TI 2.0 Year 4 and the associated Targets set for each Performance Measure. **M1B is applicable for Justice Area of Concentration Organizations Only** **M1B – ATTEST** through the TI 2.0 Year 4 Application Portal, once available, that the Organization submitted monthly Justice Referral Lists to ASU. These lists must include ACC and ACC-RBHA members released from incarceration and referred to a TI-Justice Clinic, as well as ACC and ACC-RBHA members referred to a TI-Justice Clinic via diversion programs (e.g., drug court) for referrals made during the previous month. Refer to https://tipqic.org/measures.html for the Justice referral list submission requirements. **Organizations do not need to upload or provide documentation to the TI 2.0 Year 4 Application Portal for this Milestone.**	

MILESTONE 2 – SCREENING AND REFERRAL SYSTEMS FOR NONMEDICAL DRIVERS OF HEALTH

TI 2.0 YEAR 4	MILESTONE 2 (M2) SCREENING AND REFERRAL SYSTEMS FOR NONMEDICAL DRIVERS OF HEALTH 25% of Annual Payment
Core Component	**Document Validation**
M2. Implement a Process for Screening and Referring for Nonmedical Drivers of Health (NMDOH)	**M2A – ATTEST** to screening members annually using an evidence based, standardized screening tool that includes (at least) for all eight required domains: (Housing instability, Utility assistance, Food insecurity, Transportation needs, Interpersonal safety, Social isolation/support, Employment, and Justice involvement). **M2B - ATTEST** to documenting nonmedical drivers of health screening and referral results via consistent submission of claims using G procedure codes (G9919 and G9920), V4 modifier, and Z diagnosis codes as appropriate. Refer to the TIPQIC website for screening and referral guides for use of G and Z codes and V4 modifier https://tipqic.org/measures.html AHCCCS will utilize claims data to verify M2B Milestone attainment. **Organizations do not need to upload or provide documentation to the TI 2.0 Year 4 Application Portal for this Milestone.**

MILESTONE 3 – CLOSED LOOP REFERRAL SYSTEM (CLRS)

TI 2.0 YEAR 4	MILESTONE 3 (M3) CLOSED LOOP REFERRAL SYSTEM (CLRS) 15% of Annual Payment
Core Component	**Document Validation**

M3. Use of the Statewide CLRS (CommunityCares), or Other Closed Loop Referral System(s) and Demonstrate Member Referral Processes	**Milestone 3 requirements apply to all Organizations whether using CommunityCares or another nonmedical drivers of health referral system.**
	
	M3A - ATTEST through the TI 2.0 Year 4 Application Portal, once available, to use of Community Cares or another nonmedical driver of health referral system.
	
	M3B - ATTEST through the TI 2.0 Year 4 Application Portal, once available, to the following:
	1. The Organization has established, and is actively using, closed-loop referral protocols with at least one Community-Based Organization (CBO) in each of the eight required domains:
	   o Housing instability
	   o Utility assistance
	   o Food insecurity
	   o Transportation needs
	   o Interpersonal safety
	   o Social isolation/support
	   o Employment
	   o Justice involvement
	2. These protocols are implemented at the Tax Identification Number (TIN) level.
	
	Note: If an Organization is utilizing CommunityCares or ACO/CIN, that Organization is **still required** to attest and hold documentation (i.e., protocols) that satisfies the M3B requirement. An Organization utilizing CommunityCares or an ACO/CIN does not need to have separate agreements with a CBO for each of the eight required domains as it is expected these relationships are part of the Organization's agreement with CommunityCares. It is expected that these Organizations will make referrals in CommunityCares or the ACO/CIN for the eight required domains as appropriate.
	
	Organizations that have obtained NCQA Health Equity Accreditation by September 30, 2026 do not need to submit M3C and can skip to M3D.

M3C - UPLOAD through the TI 2.0 Year 4 Application Portal, once available a *Referral Report* that includes at least **five** de-identified nonmedical driver of health referral records. The *Referral Report* must pertain to AHCCCS members and include the following information. Note: This Report can be an aggregate referral report for all clinics rather than specific physician orders for referrals as long as the aggregate report includes the information listed below.

- o   Domain: Housing instability, Utility assistance, Food insecurity, Transportation needs, Interpersonal safety, Social isolation/support, Employment, and Justice involvement,
- o   Date of referral,
- o   Methods of referral, such as phone, CommunityCares, email, or other means, and
- o   Current status of the referral (i.e., sent or received).

M3C Document Naming Convention: Utilize the following naming convention for the document uploaded above: M3C CLRS Y4 Referral Report (TIN-Organization Name)

NCQA HEALTH EQUITY ACCREDITATION
M3D- ATTEST, through the TI 2.0 Year 4 Application Portal, once available, that the Organization has obtained NCQA Health Equity Accreditation by September 30, 2026. **Organizations that have NCQA Health Equity Accreditation do not need to submit M3C.** AHCCCS will confirm with NCQA that the Organization has received Accredited status to verify M3D Milestone attainment.

MILESTONE 4 – QUALITY IMPROVEMENT COLLABORATIVES (QICs)

TI 2.0 YEAR 4	MILESTONE 4 (M4) QUALITY IMPROVEMENT COLLABORATIVES (QICs) **10% of Annual Payment**
Core Component	**Document Validation**
M4. Participate in the Targeted Investment Program Quality Improvement Collaborative (QIC)	**M4A - ATTEST** through the TI 2.0 Year 4 Application Portal, once available, that the Organization's representative has attended all three Year 4 REQUIRED QIC group meetings for respective Area(s) of Concentration. The REQUIRED QIC meetings will be held in: 1. October 2025 (will hold one meeting for each of the 5 AOCs) 2. December 2025 (will hold one meeting for each of the 5 AOCs) 3. February 2026 (will hold one meeting for each of the 5 AOCs) **Organizations may refer to the TIPQIC website for the QIC schedule: https://tipqic.org/qic/TIP2_0.html** AHCCCS will review Year 4 QIC meeting attendance records to verify 100% attendance and to verify M4A Milestone attainment. **Participants may not utilize Artificial Intelligence (AI) in place of attendance.** **Participants may not utilize AI for note taking when PHI or PII is involved.** **Organizations will not be provided with makeup sessions for a missed QIC.** **Organizations do not need to upload or provide documentation to the TI 2.0 Year 4 Application Portal for this Milestone.**