



## Targeted Investments (TI) 2.0 Year 4 Milestones

**Effective October 1, 2025**

Participating TI Organizations may submit comment to this Year 4 Milestones Document to the Targeted Investments Team email: [targetedinvestments@azahcccs.gov](mailto:targetedinvestments@azahcccs.gov) no later than September 16, 2025; 5:00PM.  
Please utilize "Year 4 Milestone Feedback" in the Subject Line

# Targeted Investments 2.0 Year 4 Milestones

## Table of Contents

TI 2.0 Year 4 Milestones.....	3
TI 2.0 YEAR 4 TI PORTAL.....	5
TI 2.0 Year 4 Milestones Requirements.....	6
MILESTONE 1 – PERFORMANCE MEASURES.....	6
MILESTONE 2 – SCREENING AND REFERRAL SYSTEMS FOR NONMEDICAL DRIVERS OF HEALTH .....	8
MILESTONE 3 – CLOSED LOOP REFERRAL SYSTEM (CLRS) .....	9
MILESTONE 4 – QUALITY IMPROVEMENT COLLABORATIVES (QICs).....	11

# Targeted Investments 2.0 Year 4 Milestones

## 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](#)**

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														
M1. Performance Measures	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
	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		

## Targeted Investments 2.0 Year 4 Milestones

### 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 for Milestones that require Attestation only.

**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](https://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	<b>Cervical Cancer Screening</b> Percentage of women between 18 and 64 years old who had an appropriate cervical cancer screening	20				
PPC	<b>Prenatal and Postpartum Care (PPC) - Prenatal Care in the First Trimester</b> 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	<b>Adults' Access to Preventive/Ambulatory Health Services</b> The percentage of members 20 years of age and older who had an ambulatory or preventive care visit.	15				
SAA	<b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia</b> Percentage of <b>adult</b> beneficiaries with schizophrenia who were dispensed and remained on antipsychotic medication for at least 80% of their treatment period		10			
FUH7	<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b> Percentage of <b>adult</b> beneficiaries with a follow-up visit seven days after hospitalization for mental illness		20			
FUM7	<b>Follow-Up After Emergency Department Visit for Mental Illness</b> Percentage of <b>adult</b> beneficiaries with a follow-up visit seven days after an ED visit for mental illness		20			
Peds FUH7	<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b> Percentage of <b>child and adolescent</b> beneficiaries with a follow-up visit seven days after hospitalization for mental illness				20	
Peds FUH30	<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b> Percentage of <b>child and adolescent</b> beneficiaries with a follow-up visit thirty days after hospitalization for mental illness				20	

## Targeted Investments 2.0 Year 4 Milestones

<b>APM</b>	<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b> Percentage of <b>child and adolescent</b> beneficiaries with ongoing antipsychotic medication use who have metabolic testing during the year				<b>10</b>	
<b>W30 - Part 1</b>	<b>Well Child Visits</b> The percentage of <b>child</b> beneficiaries who had the 6 or more well-child visits with PCP in the first 15 months of age.			<b>15</b>		
<b>W30 - Part 2</b>	<b>Well Child Visits</b> Percentage of <b>child</b> beneficiaries that had two well-child visits with a PCP between ages 15 months and 30 months			<b>20</b>		
<b>WCV</b>	<b>Well-Care Visits - Child and Adolescent Well-Care Visits</b> Patient(s) <b>3 - 21 years</b> that had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner in the last 12 reported months			<b>15</b>		
<b>IET-E</b>	<b>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment-Engagement</b> Percentage of <b>adults</b> who had engagement of SUD treatment					<b>20</b>
<b>FUA7</b>	<b>Follow-Up After Emergency Department Visit for Substance Use</b> Percentage of ED visits among <b>adult</b> beneficiaries with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up within seven days					<b>15</b>
<b>FUM7</b>	<b>Follow-Up After Emergency Department Visit for Mental Illness</b> Percentage of <b>adult</b> beneficiaries with a follow-up visit seven days after an ED visit for mental illness					<b>15</b>

<b>TI 2.0 YEAR 4</b>  <b>MILESTONE 1 (M1)</b> <b>PERFORMANCE MEASURES</b> <b>50% of Annual Payment</b>	
<b>Core Component</b>	<b>Document Validation</b>
<b>M1. Targeted Investment Program Performance Measures &amp; Targets</b>	<b>M1A - ATTEST</b> 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.  <b>Organizations do not need to upload or provide documentation for this Milestone.</b>

## Targeted Investments 2.0 Year 4 Milestones

### 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
<b>M2. Implement a Process for Screening and Referring for nonmedical drivers of health</b>	<p><b>M2A – ATTEST</b> 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).</p> <p><b>M2B - ATTEST</b> 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.</p> <p>Organizations may refer to the TIPQIC website for screening and referral guides for use of G and Z codes and V4 modifier  <a href="https://tipqic.org/measures.html">https://tipqic.org/measures.html</a></p> <p>AHCCCS will utilize claims data to verify M2B Milestone attainment.</p> <p><b>Organizations do not need to upload or provide documentation for this Milestone.</b></p>



## Targeted Investments 2.0 Year 4 Milestones

### 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
<b>M3. Use of the Statewide CLRS (CommunityCares), or Other Closed Loop Referral System(s) and Demonstrate Member Referral Processes</b>	<p><b>Milestone 3 requirements apply to all Organizations whether using CommunityCares or another nonmedical drivers of health referral system.</b></p> <p><b>M3A - ATTEST</b> through the TI 2.0 Year 4 Application Portal, once available, to use of Community Cares or another nonmedical driver of health referral system.</p> <p><b>M3B - ATTEST</b> through the TI 2.0 Year 4 Application Portal, once available, to use of established closed-loop referral protocols by Organization (TIN) with at least one Community-Based Organization (CBO) for all eight required domains (Housing instability, Utility assistance, Food insecurity, Transportation needs, Interpersonal safety, Social isolation/support, Employment, and Justice involvement).</p> <p><b>Organizations that have obtained NCQA Health Equity Accreditation by September 30, 2026 do not need to submit M3C and can skip to M3D.</b></p> <p><b>M3C - UPLOAD</b> through the TI 2.0 Year 4 Application Portal, once available a <i>Referral Report</i> that includes at least <b>five</b> de-identified nonmedical driver of health referral records. The <i>Referral Report</i> must pertain to AHCCCS members and include the following information:</p> <ol style="list-style-type: none"> <li>1. Member Identifier (e.g., AHCCCS ID number; AHCCCS ID number, First Name, Last Name, and Date of Birth; First Name, Last Name, and Social Security Number; System Generated Client ID)</li> <li>2. Domain (for all eight required domains): Housing instability, Utility assistance, Food insecurity, Transportation needs, Interpersonal safety, Social isolation/support, Employment, and Justice involvement</li> <li>3. Date of referral</li> <li>4. Methods of referral, such as phone, CommunityCares, email, or other means</li> <li>5. Current status of the referral (i.e., sent or received)</li> </ol> <p><b>M3C Document Naming Convention:</b> Utilize the following naming convention for the document uploaded above: M3C CLRS Y4 Referral Report (TIN-Organization Name)</p>

## Targeted Investments 2.0 Year 4 Milestones

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

## Targeted Investments 2.0 Year 4 Milestones

### 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
<b>M4. Participate in the Targeted Investment Program Quality Improvement Collaborative (QIC)</b>	<p><b>M4A - ATTEST</b> 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:</p> <ol style="list-style-type: none"> <li>1. October 2025 (will hold one meeting for each of the 5 AOCs)</li> <li>2. December 2025 (will hold one meeting for each of the 5 AOCs)</li> <li>3. February 2026 (will hold one meeting for each of the 5 AOCs)</li> </ol> <p><b>Organizations may refer to the TIPQIC website for the QIC schedule:</b>  <a href="https://tipqic.org/qic/TIP2_0.html">https://tipqic.org/qic/TIP2_0.html</a></p> <p>AHCCCS will review Year 4 QIC meeting attendance records to verify 100% attendance and to verify M4A Milestone attainment.</p> <p><b>Participants may not utilize Artificial Intelligence (AI) in place of attendance.</b></p> <p><b>Participants may not utilize AI for note taking when PHI or PII is involved.</b></p> <p><b>Organizations will not be provided with makeup sessions for a missed QIC.</b></p> <p><b>Organizations do not need to upload or provide documentation for this Milestone.</b></p>