

Targeted Investments Participant User Acceptance Agreement

Terms of Use

Please read these *Terms of Use* carefully before entering into this Agreement. The Targeted Investments (“TI”) participant (“you”) consents to these *Terms of Use* which signifies an agreement with AHCCCS to abide by all the rules and conditions set forth herein. By applying for and accepting entry into the TI Program, you are acknowledging and accepting these *Terms of Use* and agreeing to each of the items set forth in this Agreement.

TI Participants must upload a signed copy of this Agreement when attesting for each physical site that been accepted into the TI Program, in order for it to meet or satisfy the TI Program Milestones.

AHCCCS may, at any time, amend these *Terms of Use* with or without notice. Any change to the Agreement will become effective immediately and notice of change will be provided to all TI Participants by AHCCCS through electronic mail.

Each TI Participant is required to complete attestations regarding the achievement of Milestones at each of the individual physical site(s) you operate in order to receive the corresponding incentive payments. These attestations must be completed and submitted by the TI Participant under the area of concentration for which they applied and were accepted by AHCCCS.

By signing this Agreement the TI Participant agrees, certifies and/or warrants as follows:

- That the TI Participant will accurately, honestly and completely report and attest regarding each of the Milestones for each identified area of concentration for which it participates;
- The foregoing is a material requirement to the TI Participant receiving payment for attesting that it has reached a Milestone and applies to each participating physical site;
- It is the responsibility of the TI Participant to oversee and monitor the accuracy and compliance, with respect to each of the attestation statements;
- Payment to the TI Participant under the TI Program will be paid from Federal funds and that by filing this attestation the TI Participant is submitting a claim for Federal funds.

The TI Participant will notify AHCCCS of any unauthorized use of its account, including any security or data breach.

The TI Participant will periodically review the *Terms of Use* to ensure it is in compliance;

- AHCCCS reserves the right to perform an audit of this information, which may include an on-site visit by AHCCCS staff or its designee, to gather supporting data to verify compliance; The TI Participant understands that any attestations which materially misrepresent or falsely state information to obtain a TI incentive payment constitutes a false claim and may result in denial of payment, civil and/or criminal penalties, immediate removal from the TI Program, or other action as deemed appropriate by AHCCCS.
- Should an unauthorized employee, contractor or other individual falsely submit an attestation for any Milestone, the TI Participant is to immediately notify AHCCCS by e-mail at the following e-mail address: targetedinvestments@azahcccs.gov.
- The TI Participant shall retain all records relevant to each attestation statement for a period of ten (10) years from the date of participation in the TI Program. Furthermore, the TI Participant agrees to furnish those records to AHCCCS upon request.
- The TI Participant agrees that there are [process eligibility requirements, Health Information Exchange connection requirements, and milestone requirements](#) that must be met throughout the period of the TI 2.0 program. Failure to meet these requirements constitutes a material breach of participation in the program. AHCCCS may exercise their right to recoup funds already paid out for the program, in its discretion, if a TI Participant fails to meet these requirements.

Authorized Signatory Position

By signing this document, I agree to all terms contained herein.

Name of TI Participant Organization/Practice: _____

Tax ID of TI Participant Organization/Practice: _____

Contact email of Authorized Signatory: _____

Print Name of Authorized Signatory: _____

Signature of Authorized Signatory: _____

Date: _____

TI Delegate(s) Position

I _____ (Authorized Signatory) permit the following individual(s) to perform duties and responsibilities on behalf of the Authorized Signatory for the TI Organization/Practice.

	Name of TI Delegate(s)	Email of TI Delegate(s)
#1		
#2		
#3		
#4		