Targeted Investments (TI) 2.0 Proposal

(8/19/2022)

AHCCCS proposes a subsequent Targeted Investments Program (TI 2.0) for the 2022-2027 waiver period. TI 2.0 will support and incentivize providers to develop and enhance comprehensive whole person care systems that effectively address the social risk factors that adversely affect health. The Program aligns with and supports the AHCCCS strategic plan and related waiver programs, such as AHCCCS' Housing and Health Opportunities Demonstration (H2O), Whole Person Care Initiative, Care Coordination Initiative, eHealth Initiatives, and Health Equity Committee goals. TI 2.0 complements these activities without duplication by directly rewarding providers that establish new systems and robust processes for meaningful and sustainable system transformation.

TARGETED INVESTMENTS PROGRAM 2.0 PURPOSE AND GOALS

TI 2.0 supports Arizona's goal to fully transform the Medicaid delivery system to an integrated whole person care structure by encouraging providers to thoughtfully develop infrastructure and protocols to optimize coordination of services designed to meet the member's acute, behavioral, and health-related social needs and address identified health inequities amongst their patient population.
AHCCCS will achieve this goal by supporting providers throughout the state to develop and enhance care coordination processes with healthcare and community based organizations and provide guidance, tools, and technical assistance for internal population health analyses. This will be achieved by:

- Increasing the number of participants to expand AHCCCS members' accessibility to a highly coordinated provider network that can address healthcare-related needs at any of the anticipated 570 clinics (110 organizations) throughout the state.
- Promoting point of care integration and coordination systems that include enhanced capabilities to successfully identify and address social risk factors for each member.
- Developing and supporting strategies for effective and efficient use of technology including the health information exchange (HIE) and closed loop referral systems (CLRS) that facilitate the information sharing needed to provide whole person care and to identify and address social determinants of health.
- Identifying and addressing health inequities by leveraging features of EHR systems, the HIE, CLRS, and real-time dashboards with stratified performance measurement to assess health equity efforts within the organizations and inform protocols to provide culturally competent services.
- Engaging stakeholders from community based organizations, managed care organizations, and public and private sector subject matter experts to provide input on systems and strategies that enable comprehensive and coordinated whole person care integration opportunities, strategies, and implementation. This cross sector collaboration will help leverage resources to standardize data collection, storage, and analysis to effectively address health inequities and promote health equity.
- Supporting provider and other stakeholder peer learning and sharing of best practices and process improvement strategies through a quality improvement/learning collaborative.

- Incorporating emerging evidence-based practices into program participant requirements and aligning with current AHCCCS and community initiatives.

PARTICIPATION

AHCCCS anticipates participation for Primary Care and Behavioral Health programs will be at the organization (Tax ID) level. This means a multi-site provider practice or organization will apply for all eligible ambulatory sites, earning milestone achievement based on the organization's performance. Based on recent surveys, AHCCCS anticipates approximately 90 organizations participating in the previous program will participate in TI 2.0, resulting in about 420 clinics (including about 80 clinics that did not participate in the previous program). AHCCCS estimates another 20 organizations, approximately 150 clinics, will apply based on interested providers contacting the agency during the previous program. Additionally, AHCCCS intends to outreach to OB/GYN organizations and larger primary care networks to maximize the breadth and depth of program impact and reduce health inequities typically associated with prenatal and maternal health. Together, approximately 110 organizations, an estimated 570 clinics statewide, are anticipated to pursue TI 2.0 initiatives.

The TI 2.0 Justice program is the exception to this change, as participants will engage at the clinic-level to focus efforts due to the feasibility of developing meaningful collaboration.

TI 2.0 participation will be limited to specific provider types:

- **Primary Care:** includes pediatric, adult, and family practice MDs, DOs, and nurse practitioners. Based on public comment, physician assistants will be an additional eligible provider type. OB/GYNs, a specialty of these qualified provider types and de facto primary care provider for many AHCCCS members, will be encouraged to participate to significantly impact inequities in prenatal and maternal health.

- **Behavioral Health:** includes ambulatory behavioral health clinics and providers that serve children, adults, or both children and adults.

- **Integrated Clinics:** provider organizations that provide both primary care and behavioral health care, licensed by the Arizona Department of Health Services as integrated clinics, and registered with AHCCCS as integrated clinic provider type.

- **Co-located Justice Clinics:** licensed and registered integrated clinics co-located with or adjacent-to probation and/or parole facilities, or probation and/or parole offices are located with or adjacent to the integrated clinic. The application process (below) welcomes novel approaches to collaboration with a criminal justice partner apart from colocation.

ELIGIBILITY REQUIREMENTS- PRIMARY CARE AND BEHAVIORAL HEALTH

Any and all interested providers will be invited to apply. Qualified participants earn TI 2.0 Year 1 application/onboarding payment to fund infrastructure required for developing later years' initiatives if all of the following are met:

1. Applicant submits the application before the due date for a TIN with at least one eligible provider type applicable to the program (see above) actively enrolled with AHCCCS.

2. Applicant attests that all non-specialty outpatient clinics under the TIN utilize an EHR system capable of bidirectional data sharing with the Health Information Exchange (HIE) with either:
    - Demonstrated ability to send/receive minimum data elements, or
    - Complete related scope of work with the statewide HIE organization no later than application due date.
3. Applicant attests that all non-specialty outpatient clinics under the TIN have systems fundamental to successful implementation of TI 2.0 population health and social needs screening, referral, and coordination (as defined by AHCCCS) by the application due date, per participating program. To reduce barriers to entry, qualified applicants meet prerequisites and will not be required to submit for AHCCCS validation during Year 1. A sample of eligible participants and required systems will be audited prior-to Year 1 payment by the AHCCCS TI team, and again as part of AHCCCS' post-payment review. All prerequisites are foundational to successful implementation of TI 2.0 initiatives with flexibility to encourage non-integrated rural/ frontier primary care providers to participate.

Primary Care Program (Adult and Pediatric) Prerequisites

Attest to, maintain evidence of, and implement at least three of the following by 9/30/2023:

- Procedures for screening all patients for social risk and other conditions affecting whole person health, and coordinating referrals and engagement with other providers serving that member or available to provide needed services to members- including communication protocols with accessible resources to ensure effective care coordination to meet members' comprehensive health needs.
- Procedures for identifying, tracking, and coordinating care for high-risk members, particularly those with identified social risk factors, to best allocate resources, reduce redundancies, and improve member experience.
- Identification of accountable position(s) to pursue whole person care and population health initiatives.
- Protocols for utilizing member-centered, culturally sensitive, evidence-based practices in trauma-informed care.
- Procedures to implement the Collaborative Care Model (CoCM) or processes to otherwise collaborate with other providers to manage the patient's care, if not an AHCCCS provider type IC (Integrated Clinic).

Behavioral Health Program (Adult and Pediatric) Prerequisites

Attest to, maintain evidence of, and implement at least two of the following by 9/30/2023:

- Procedures for screening all patients for social risk and other conditions affecting whole person health, and coordinating referrals and engagement with other providers serving that member or available to provide needed services to members- including communication protocols with

accessible resources to ensure effective care coordination to meet members' comprehensive health needs.
- Identification of accountable position(s) to pursue whole person care and population health initiatives.
- Protocols for utilizing member-centered, culturally sensitive, evidence-based practices in trauma-informed care.

ELIGIBILITY REQUIREMENTS- JUSTICE

All clinics interested in participating in the TI 2.0 justice program must submit an application for AHCCCS consideration. Qualified clinics must, by 9/30/2023:

1. Contract with all AHCCCS Complete Care (ACC) plans servicing the site's GSA, and
2. Submit a commitment letter from a justice partner(s) including at least one county probation department(s) and/or Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR) for co-location, and, when feasible, with diversion-related court programs. The commitment letter must include:
    - a mission/goal statement;
    - an implementation plan including:
        - anticipated settings of community supervision requirements in the next 3-5 years,
        - timeline to achieve co-location or alternative arrangements,
        - collaboration expectations; and
    - data sharing arrangements.

Approaches to delivering evidence-based services that significantly improve health outcomes of individuals involved in the criminal justice system will be added to the application, including:

- ensuring access to multiple forensic peer and family support services when feasible,
- coordinating with release planning staff to engage the member prior to release from incarceration, and
- outreach to (engagement of) high-risk justice-involved members without utilization of preventative services.

Provision of these services demonstrates commitment to meeting the needs of this population.

AHCCCS will review and approve justice program applications that best satisfy these criteria in each region shortly after the TI 2.0 application deadline.

TARGETED INVESTMENTS PROGRAM 2.0 CONTENT AND STRUCTURE

AHCCCS selected TI 2.0 initiatives to complement other related AHCCCS, CMS, and NCQA programs. All participants will:

- **Implement CLAS standards** to promote staff cultural competency and tailor services to patients' culture and language preferences.

- **Implement procedures to use the closed loop referral system** to standardize referral and coordination protocols to and from community based organizations.
- **Conduct population health analyses related to health-related social needs** to identify prevalent social needs and correlated outcomes of patient population and address these needs via enhanced coordination with community based organizations and contracted MCOs.
- **Conduct population health analyses related to health inequities** to identify inconsistent health outcomes across the patient population and implement a health equity plan to address them.

Organizations participating in TI 2.0 Pediatric primary care program will also need to:

- **Screen birthparents for postpartum depression** to identify and intervene when appropriate.
- **Implement procedures to apply dental varnish** to prevent tooth decay.

Clinics participating in TI 2.0 Justice program will also need to:

- **Implement tobacco cessation programs** to reduce smoking rates and improve overall health of members transitioning from the criminal justice system.
- **Obtain medical records and coordinate with reach-in staff** to preemptively coordinate care and engage members during incarceration.
- **Conduct population health analyses for members transitioning from the criminal justice system** to reduce inequitable health outcomes and housing instability amongst various levels of criminogenic risk.

AHCCCS proposes a structure to meaningfully develop, implement, and evaluate the impact of required processes on health outcomes within the program period.

Year 1 (10/2022 - 9/2023)- Onboarding/Application Year
Any interested provider can participate in TI 2.0 if program eligibility requirements are met (including prerequisites by 9/30/2023). All eligible participants receive incentive to fund subsequent years' initiatives.

The Year 1 incentive payment supports infrastructure and staff enhancements critical to developing and implementing process-based milestones before they are paid for it (eg., EHR system enhancements to identify health inequities in Year 2).

Year 2 (10/2023 - 9/2024)- Develop and Implement Process/Procedures AND Meet Performance Measure Targets
Participants earn Year 2 incentives by developing processes and procedures related to TI 2.0 initiatives with minimum elements defined and validated by AHCCCS, and meeting performance measure targets for specific milestones. AHCCCS is exploring NCQA HEA and HEAPLUS accreditation as an alternative path to satisfying health equity milestones.

For additional Year 2 incentives, eligible participants must meet or exceed a performance measure target communicated at the beginning of the program year. Performance measures have not yet been selected. AHCCCS intends to monitor future activity by national stewards such as NCQA's proposed Social Needs Screening and Engagement measure, which would demonstrate activity related to social needs screening, referral, and coordination; EHR system interoperability with the closed loop referral system to send/receive electronic clinical data set that will be required for future electronic clinical quality measures; and activities to resolve inequities in population health. NCQA approached AHCCCS to pilot Patient Driven Outcome measures with Targeted Investments justice clinics, so a successful pilot may indicate feasibility for all TI 2.0 justice clinics.

Year 3 (10/2024 - 9/2025)- Demonstrate Process/Procedures AND Meet Performance Measure Targets

Participants will demonstrate that the procedures and processes developed in TI 2.0 Year 2 have been successfully implemented. This will be demonstrated through self-audit relative to an AHCCCS established target with supporting documentation submitted for validation. Each participant's incentive payments are determined by the processes and procedures associated with each passed milestone.

For additional Year 3 incentives, eligible participants must meet or exceed a performance measure target communicated at the beginning of the program year as a continuation of the Year 2 performance measure(s).

Year 4 (10/2025 - 9/2026)- Performance Measurement
Additional Year 4 performance measures will be selected in Year 3 to adopt the newest and most aligned measures with steward-backed criteria related to TI 2.0 initiatives.

Year 5 (10/2026 - 9/2027)- Performance Measurement
Continue Year 4 performance measures and incentive structure.

FUNDING

AHCCCS proposes that the maximum total funding for the TI 2.0 program not exceed $250 million over five years including state and federal match contributions, with funds distributed in proportion to the level of effort required of participants in each of the five years. AHCCCS proposes 8 percent of the total funding ($20 million) be allocated to administrative expenses.

AHCCCS proposes a bell-shaped curve to allocate programmatic dollars relative to the amount of effort and resources required by TI 2.0 participants in each program year.

AHCCCS anticipated a large administrative investment in Year 1 to develop secure dashboards that empower participants to stratify performance measures, drill into data, and identify attributed membership. Recent estimates indicate this development cost in Year 1 is less than anticipated, and lower than the cost of maintenance and technical assistance to optimize participants' use of the

dashboards in subsequent years. Therefore, AHCCCS proposes a relatively flat approach to allocate administrative dollars each year as depicted below.

Percent of Total Prog	*7%*	*26%*	*27%*	*22%*	*18%*	*100%*
Programs	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Totals**
Targeted Investments 2.0 (Prog)	$ 16,100,000	$ 59,800,000	$ 62,100,000	$ 50,600,000	$ 41,400,000	$ 230,000,000
Administration	$ 3,298,000	$ 4,078,000	$ 4,412,000	$ 3,925,000	$ 4,287,000	$ 20,000,000
Totals	$ 19,398,000	$ 63,878,000	$ 66,512,000	$ 54,525,000	$ 45,687,000	$ 250,000,000
Percent of Total Admin	16%	20%	22%	20%	21%	