

# TARGETED INVESTMENTS PROGRAM PROVIDER APPLICATION

## Application Instructions

The applications have been designed to be completed by provider types: Primary Care Organization/Practice, Behavioral Health Clinic, and Hospital. Some organizations may complete more than one application if they provide both primary care and behavioral health services and intend to complete the core components for multiple ambulatory and/or hospital projects.

A REPRESENTATIVE FOR THE APPLICANT MUST BE ENROLLED IN THE **AHCCCS ONLINE SYSTEM** <https://azweb.statemedicaid.us/> TO SUBMIT A TARGETED INVESTMENTS PROGRAM APPLICATION. That registered representative (account holder) will be the ongoing point of contact regarding Targeted Investments [TI] Program applications.

### Exclusions:

- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics are not eligible to participate in the TI Program. The only exception to this decision is related to FQHCs that are selected to participate in the Area of Concentration: Adults Transitioning from the Criminal Justice System. FQHCs that are selected by RBHAs to participate in the Justice Project will also be instructed to participate in the Adult Ambulatory Project.
- Behavioral Health Outpatient Clinics [Provider Type 77] whose services are limited to crisis line call centers do not provide the range of services necessary to meet the Targeted Investments requirements and are not eligible to participate in the TI Program.

### Application Completion Steps:

To start the application, please visit the [Targeted Investments Program webpage](#) and:

- Confirm that you use an Electronic Health Record that allows for use and exchange of electronic health information from other systems without special effort on the part of the user.
- Select the type of organization you are applying for.
- Confirm you have completed the self-assessment required by AHCCCS to apply for the TI program (excluding hospitals).
- Proceed to the application instructions below for your provider type (Hospital, Primary Care Practice, or Behavioral Health Clinic- Integrated Clinics can apply for either Primary Care, Behavioral Health, or submit a separate application for each).

**Note \* If you leave the application for any reason prior to submission, you must start from the beginning**

## ***Hospital Application Instructions***

*(Red asterisk\* next to a field identifies a required field)*

- **Provider Name:** Applicant should provide the legal name of the hospital.
- **AHCCCS Provider ID:** Applicant should provide its 6-digit AHCCCS provider number.
- **Hospital Service Address:** Applicant should provide the address of the hospital site, which will complete the work associated with the hospital core components.
- **Provider Type:** Select the appropriate hospital type.
- **Contracted AHCCCS Plans:** Applicant should select each of the AHCCCS MCOs with which the hospital has a provider contract through the list of MCOs listed in the application.
- **Click “Add Application” to confirm your entry for the selected service address. (If additional service addresses are needed, select an additional service address and repeat steps).**
- **Click “Continue” to move to Acknowledgement once all applications for each service address are added.**
- **Name of Person Completing the Application:** Please provide the name of the individual completing this application.
- **Application Completion Date:** Please enter the date in which the application was completed and submitted to AHCCCS.
- **Click the “Submit” to process your application.**

## ***Behavioral Health Clinics Application Instructions***

*(Red asterisk\* next to a field identifies a required field)*

- **Provider Name:** Applicant should provide the legal name of its organization
- **AHCCCS Provider ID:** Applicant should provide their 6-digit AHCCCS provider number.
- **Service Address:** Applicant should provide the address for which it is submitting the application and where it offers behavioral health outpatient counseling, medical (medication) management and/or case management services. If your service address is not listed or is incorrect, please contact AHCCCS Provider Registration at PH: (602) 417-7670 or email [TargetedInvestments@azahcccs.gov](mailto:TargetedInvestments@azahcccs.gov) to have it corrected.
- **Provider Type:** Indicate the AHCCCS Provider Type-BH Outpatient Clinic [77] or Integrated Clinic [IC]
- **Contracted AHCCCS Plans for the Clinic:** Applicant should identify each of the AHCCCS MCOs with which the applicant has a provider contract through the list of MCOs listed in the application.
- **Areas of Concentration Electing for Participation:** Applicant should select which area(s) of concentration it is electing for participation — adults with behavioral health needs and/or children/youth with behavioral health needs.
- **Click “Add Application” to confirm your entry for the selected service address. (If additional service addresses are needed, select an additional service address and repeat steps).**
- **Click “Continue” to move to Acknowledgement once all applications for each service address are added.**
- **Name of Person Completing the Application:** Please provide the name of the individual completing this application.
- **Application Completion Date:** Please enter the date in which the application was completed and submitted to AHCCCS.
- **Click the “Submit” to process your application.**

**Primary Care Organization/Practice Application Instructions**

(Red asterisk\* next to a field identifies a required field)

Please Complete One TI Application for each site that you wish to participate.

- **Provider Name:** Applicant should provide the legal name of its organization
- **Federal Provider Tax Identification Number (TIN):** Applicant should provide its tax identification number to enter site addresses for those locations the practice selects to participate in the Targeted Investments program.
- **ORGANIZATION/ENTITY SITES – SERVICE ADDRESS(ES):** Enter each organization/entity site address. You must complete a separate application for each service address.
- **Provider Types** (Check all that apply): The applicant should identify the type of primary care providers located at the participating site. Eligible primary providers include clinicians delivering primary care and individually or as part of a practice team assuming full responsibility for meeting all the primary care needs of a group of patients seen at the practice. Included are Targeted Investments Program-eligible AHCCCS primary care Provider Types:

Provider Type	Description
19	Registered Nurse Practitioner
08 and 31 with Specialty Code – General Practice	MD-Physician and DO-Physician Osteopath/General Practice
08 and 31 with Specialty Code – Internal Medicine	MD-Physician and DO-Physician Osteopath/Internal Medicine
08 and 31 with Specialty Code – Family Practice	MD-Physician and DO-Physician Osteopath/Family Practice Provider
08 and 31 with Specialty Code – Pediatrics	MD-Physician and DO-Physician Osteopath/Pediatrician

- **Number of Primary Care Provider:** The applicant should provide the number of primary care providers offering services at the site based on the ranges included in the drop down box.
- **Contracted AHCCCS Plans:** The applicant should identify each of its AHCCCS contracted MCOs from the list. The applicant should also provide the **number of**

**AHCCCS members assigned to the site** based on a range of members provided in the drop down box.

- **Percentage of AHCCCS Utilization Site:** The applicant should estimate the percentage of their practice that AHCCCS utilization comprises.
- **Areas of Concentration Electing for Participation:** The applicant should select the Area(s) of Concentration for participation within the TI Program. Primary care providers will be able to select a concentration with adults, with children/youth or with both.
- **Click “Add Application” to confirm your entry for the service address entered.** If additional service addresses are needed, **enter an additional service address** and repeat steps.
- **Click “Continue”** to move to Acknowledgement **once all applications for each service address are added.**
- **Name of Person Completing the Application:** Please provide the name of the individual completing this application.
- **Application Completion Date:** Please enter the date in which the application was completed and submitted to AHCCCS.
- **Click the “Submit” to process your application**

### ***Integrated Clinic Application Instructions***

- Provider type IC's will choose the “**Behavioral Health Clinics**” option and proceed to the Behavioral Health Clinic Application Instructions above for application steps.

#### **Additional Option:**

- IC's with AHCCCS MCO attributed primary care members wishing to participate in the Area of Concentration: Adult and/or children/youth with Behavioral Health Needs in primary care will choose and complete an additional “**Primary Care Organization/Practice**” application(s) along with the Behavioral Health Clinic application. Proceed to the Primary Care Practice Application Instructions above for application steps.