ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

TARGETED INVESTMENTS (TI) 2.0
YEAR 5 MILESTONES

DRAFT

EFFECTIVE OCTOBER 1, 2026

TI Organizations may submit comment to this Year 5 Milestones Document

Comments are due no later than September 15, 2025; 5:00PM

Submit to the Targeted Investments Team email at:
targetedinvestments@azahcccs.gov.

Utilize "Year 5 Milestone Feedback" in the Subject Line.

TABLE OF CONTENTS

TI 2.0 YEAR 5 INFORMATION 3

GENERAL INFORMATION 3

APPLICATION PORTAL 3

TI 2.0 YEAR 5 MILESTONES REQUIREMENTS 5

TABLE 1 – TI 2.0 YEAR 5 MILESTONES AND INCENTIVE PERCENTAGES BY AOC 5

MILESTONE 1 – PERFORMANCE MEASURES 6

TABLE 2 – TI 2.0 YEAR 5 PERFORMANCE MEASURES 7

TABLE 3 – TI 2.0 YEAR 5 PERFORMANCE MEASURE TARGETS 9

MILESTONE 2 – SCREENING FOR NONMEDICAL DRIVERS OF HEALTH 10

MILESTONE 3 – REFERRAL SYSTEMS FOR NONMEDICAL DRIVERS OF HEALTH 11

MILESTONE 4 – QUALITY IMPROVEMENT COLLABORATIVES (QICs) 12

MILESTONE 5 – NCQA HEALTH OUTCOMES ACCREDITATION 13

TI 2.0 YEAR 5 INFORMATION

GENERAL INFORMATION

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.

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

AHCCCS may conduct pre-payment and/or post-payment audits.

Although strongly encouraged, participants are not required to meet all milestones each year. 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 5 of TI 2.0, participants will need to meet or exceed performance measures targets to earn payment. Year 5 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 only.

For all Milestone requirements activities must be achieved within TI Year 5 Program Year (October 1, 2026 – September 30, 2027) to be considered for incentive payment.

The Milestones for TI 2.0 Year 5 are as follows:

- Milestone 1 – Performance Measures
- Milestone 2 – Screening for Nonmedical Drivers of Health (NMDOH)
- Milestone 2 – Referral Systems for Nonmedical Drivers of Health (NMDOH)
- Milestone 4 – Quality Improvement Collaboratives (QICs)
- Milestone 5 – NCQA Health Outcomes Accreditation

APPLICATION PORTAL

Participants shall utilize the AHCCCS Online TI 2.0 Application Portal (TI Portal) to apply for Year 5 and to ATTEST to and/or 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 5 of the TI Portal is open and available for participants to ATTEST

and UPLOAD to Year 5 Milestones. Refer also to the Targeted Investments 2.0 webpage for updates.

Organizations do not need to upload documentation to the TI 2.0 Year 5 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 AHCCCS ONLINE 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 5 TI PORTAL IS OPEN.

TI 2.0 YEAR 5 MILESTONES REQUIREMENTS

Table 1 indicates the TI 2.0 Year 5 Milestones and Incentive Percentages by AOC.

TABLE 1 – TI 2.0 YEAR 5 MILESTONES AND INCENTIVE PERCENTAGES BY AOC															
Targeted Investments (TI) 2.0 Year 5 Milestones and Incentive Percentages															
MILESTONES	ADULT PCP			ADULT BH			PEDS PCP			PEDS BH			JUSTICE		
	INCENTIVE % OF ANNUAL PAYMENT														
M1. Performance Measures	60			60			60			60			60		
	CCS	PPC	AAP	SAA	FUH7	FUM7	W30 - Part 1	W30 - Part 2	WCV	FUH7	FUH30	APM	IET-E	FUA7	FUM7
	15	20	25	15	25	20	15	20	25	25	20	15	40	10	10
M2. Screening for Nonmedical Drivers of Health (NMDOH)	15			15			15			15			15		
M3. Referral Systems for Nonmedical Drivers of Health (NMDOH)	15			15			15			15			15		
M4. Quality Improvement Collaboratives (QICs)	10			10			10			10			10		
M5. NCQA Health Outcomes Accreditation	$10,000														

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). Performance measure targets are forthcoming and will be communicated when available. Measure calculation and target methodology will be available at TIPQIC.org.

Table 2 indicates the TI 2.0 Year 5 Performance Measures and Incentive Percentages by AOC.

TI 2.0 YEAR 5 MILESTONE 1 (M1) PERFORMANCE MEASURES 60% of Annual Payment	
Core Component	**Attestation and Document Validation**
M1. Performance Measures	**M1A - ATTEST** through the TI 2.0 Year 5 Application Portal, once available, that the Organization acknowledges the Performance Measures selected for TI 2.0 Year 5 and the associated Targets set for each Performance Measure. **Organizations do not need to upload documentation to the TI 2.0 Year 5 Application Portal for this Milestone; AHCCCS will utilize claims/encounters data to verify M1A Milestone attainment.**

TABLE 2 – TI 2.0 YEAR 5 PERFORMANCE MEASURES

		TI Area of Concentration				
		Adult PCP	Adult BH	Peds PCP	Peds BH	Justice
Performance Measure						
	Incentive %	60	60	60	60	60
CCS	**Cervical Cancer Screening** The percentage of women 21–64 years of age who were screened for cervical cancer.	15				
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.	20				
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.	25				
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.		15			
FUH7	**Follow-Up After Hospitalization for Mental Illness – 7 Days** 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.		25			
FUM7	**Follow-Up After Emergency Department Visit for Mental Illness – 7 Days** 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			

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.			**25**		
Peds FUH7	**Follow-Up After Hospitalization for Mental Illness – 7 Days** 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.				**25**	
Peds FUH30	**Follow-Up After Hospitalization for Mental Illness – 30 Days** 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.				**15**	
IET-E	**Initiation and Engagement of Substance Use Disorder Treatment** The percentage of justice-involved 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.					**40**
FUA7	**Follow-Up After Emergency Department Visit for Substance Use – 7 Days** The percentage of justice-involved 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.					**10**
FUM7	**Follow-Up After Emergency Department Visit for Mental Illness – 7 Days** The percentage of justice-involved 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.					**10**

TABLE 3 – TI 2.0 YEAR 5 PERFORMANCE MEASURE TARGETS

AOC	PERFORMANCE MEASURE	YEAR 5 PM TARGETS BOLD INDICATES TARGET CHANGE FROM YEAR 4	YEAR 4 PM TARGETS
Adult PCP	CCS	45% | 57%	45% | 57%
	PPC	48% | 61% | 75%	48% | 61% | 75%
	AAP	73% | 82%	73% | 82%
Adult BH	SAA	**46%** | **65%** | 85%	46% | 62% | 85%
	FUH7	**75% | 85%**	70% | 83%
	FUM7	58% | 80%	58% | 80%
Peds PCP	W30 – Part 1	57% | 72%	57% | 72%
	W30 – Part 2	60% | 77%	60% | 77%
	WCV	40% | 52% | 65%	40% | 52% | 65%
Peds BH	FUH7	**90%**	75% | 85%
	FUH30	93%	93%
	APM	35% | 50%	35% | 50%
Justice*	IET-E	45% | 60%	45% | 60%
	FUM7	**52%** | 70%	70%
	FUA7	55% | 75%	55% | 75%

*Justice AOC - Y5 Targets set using current attribution methodology including the 2-year look back period and referral listings. AHCCCS and ASU TIPQIC are evaluating change in attribution methodology for Justice Performance Measures for Y4 and Y5.

MILESTONE 2 – SCREENING FOR NONMEDICAL DRIVERS OF HEALTH

TI 2.0 YEAR 5 MILESTONE 2 (M2) SCREENING FOR NONMEDICAL DRIVERS OF HEALTH (NMDOH) 15% of Annual Payment	
Core Component	**Attestation and Document Validation**
M2. Screening for Nonmedical Drivers of Health (NMDOH) **Milestone 2 requirements apply to all Organizations, regardless of whether they use CommunityCares or another NMDOH referral system.**	**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 through regular and sustained claims submission throughout the program year, with meaningful reach across the patient populations served (pediatric, adult, and justice-involved), using G procedure codes (G9919 and G9920), the 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 and ASU TIPQIC continue to evaluate the criteria for consistent, ongoing, G code claims submission throughout the program year and meaningful coverage of the patient populations served. Providers will be notified once the criteria are finalized.** **Organizations do not need to upload documentation to the TI 2.0 Year 5 Application Portal for this Milestone; AHCCCS will utilize claims/encounters data including Supplemental File information from the Health Plans to verify M2B Milestone attainment.**

MILESTONE 3 – REFERRAL SYSTEMS FOR NONMEDICAL DRIVERS OF HEALTH

TI 2.0 YEAR 5 **MILESTONE 3 (M3)** **REFERRAL SYSTEMS FOR NONMEDICAL DRIVERS OF HEALTH (NMDOH)** **15% of Annual Payment**	
Core Component	**Attestation and Document Validation**
M3. Referral Systems for Nonmedical Drivers of Health (NMDOH) **Milestone 3 requirements apply to all Organizations regardless of whether they use CommunityCares or another NMDOH referral system.**	**M3A - ATTEST** through the TI 2.0 Year 5 Application Portal, once available, to use of Community Cares or another NMDOH referral system. **M3B - ATTEST** through the TI 2.0 Year 5 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: ○ Housing instability ○ Utility assistance ○ Food insecurity ○ Transportation needs ○ Interpersonal safety ○ Social isolation/support ○ Employment ○ Justice involvement 2. These protocols are implemented at the Tax Identification Number (TIN) level. If an Organization is utilizing CommunityCares or ACO/CIN, that Organization is **still required** to attest and hold documentation (i.e., protocols) that satisfies this Milestone 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 do not need to upload documentation to the TI 2.0 Year 5 Application Portal for this Milestone.**

MILESTONE 4 – QUALITY IMPROVEMENT COLLABORATIVES (QICs)

<table>
<tr><th colspan="2">TI 2.0 YEAR 5
MILESTONE 4 (M4)
QUALITY IMPROVEMENT COLLABORATIVES (QICs)
10% of Annual Payment</th></tr>
<tr><th>Core Component</th><th>Attestation and Document Validation</th></tr>
<tr><td>M4. Quality Improvement Collaboratives (QICs)</td><td>
M4A - ATTEST through the TI 2.0 Year 5 Application Portal, once available, that the Organization's representative has met Year 5 QIC requirements as described herein.

Year 5 QIC Requirements: Each Organization is required to attend at least four QICs in Year 5 for at least one of its applicable AOCs. Each Organization must attend at least one Year 5 QIC per quarter including the Kick-Off QIC (refer to schedule below). The four Year 5 QIC meetings will be held in:

<table>
<tr><td>• October 2026
○ (Kick-Off QIC for ALL AOCs)</td><td>• April 2027
○ 1 QIC for PCP (Adults and Peds)
○ 1 QIC for BH (Adults and Peds)
○ 1 QIC for Justice</td></tr>
<tr><td>• January 2027
○ 1 QIC for PCP (Adults and Peds)
○ 1 QIC for BH (Adults and Peds)
○ 1 QIC for Justice</td><td>• August 2027
○ 1 QIC for PCP (Adults and Peds)
○ 1 QIC for BH (Adults and Peds)
○ 1 QIC for Justice</td></tr>
</table>
Organizations may refer to the TIPQIC website for the more detailed QIC schedule: https://tipqic.org/qic/TIP2_0.html

Makeup of One Missed QIC
If one of the four required QICs is missed, the Organization may participate in one individualized Technical Assistance (TA) session with ASU TIPQIC to fulfill the missed QIC requirement. Organizations may participate in an individualized TA session with ASU TIPQIC to make up one missed QIC in the year. Organizations that miss two or more required QICs are not eligible to make up the missed QICs through individualized TA. The make-up TA session must occur within the TI 2.0 Program Year 5 (10/01/26-09/30/27); therefore, if the October kick-off QIC is missed the TA session must occur after October 1, 2026, to fulfill the missed QIC.

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 do not need to upload documentation to the TI 2.0 Year 5 Application Portal for this Milestone; AHCCCS will utilize Year 5 QIC meeting and TA attendance records to verify 100% attendance M4A Milestone attainment.
</td></tr>
</table>

MILESTONE 5 – NCQA HEALTH OUTCOMES ACCREDITATION

AHCCCS paid the initial NCQA Health Equity Accreditation survey fees for TI 2.0 participating Organizations that committed to earning Accreditation. AHCCCS will not pay for subsequent survey fees. Additionally, AHCCCS established, subject to good financial standing and other TI 2.0 eligibility criteria, including, but not limited to the requirement to meet at least one Year 5 Milestone in the program year, that Organizations that earn the full 3-year Health Outcomes Accreditation (Accredited Status) by September 30, 2027, are eligible for additional incentive funds in TI 2.0 Year 5. NCQA *Provisional* Status is a reduced accreditation level that signifies that the Organization did not attain full accreditation or maximum scoring standards; as such Organizations with *Provisional* status are not eligible for an additional incentive amount unless the Organization elects to pursue, and meets, full accreditation status by September 30, 2027. Refer to AHCCCS TI2.0 Program NCQA HEA Opportunity. Refer to Year 5 Milestone 4 in this document for determined incentive amount.

TI 2.0 YEAR 5 **MILESTONE 5 (M5)** **NCQA HEALTH OUTCOMES ACCREDITATION** **AMOUNT** **$10,000 FOR ACCREDITED STATUS**	
Core Component	**Attestation and Document Validation**
M5. NCQA HEALTH OUTCOMES ACCREDITATION (Milestone 5 is applicable **only** to Organizations that obtained **Accredited** Status for NCQA Health Outcomes Accreditation)	**M5A - UPLOAD** through the TI 2.0 Year 5 Application Portal, once available, NCQA Accreditation Decision Letter indicating that the Organization obtained **Accredited** status for NCQA Health Outcomes Accreditation (previously Health Equity Accreditation). ***Provisional* status does not constitute receipt of Accredited status and will not be considered for this Milestone.** ***Denied* status does not constitute receipt of Accredited status and will not be considered for this Milestone.** **Organizations are required to upload documentation to the TI 2.0 Year 5 Application Portal for this Milestone; AHCCCS will verify M5A Milestone attainment through NCQA'S MYNCQA Report Card.**