

AHCCCS Targeted Investments Program Milestone Changes Summary

Comparison between document versions- Milestones shared on August 11, 2025 and
Finalized milestones updated on August 12, 2025.

M1.1 & M1.2 – QIC Participation

Year 2 & Year 3

- No major change in milestone structure or expectations.

M2 – Language Access

Year 2 & Year 3

- Clarified definitions for translator types

M3 – HRSN Screening, Referral, & Reporting

Year 2

- Clarified that G and Z codes in Year 2 were not required.
- To improve consistency throughout the document, references to both "community-based organizations" and "community service providers" have been standardized. While both terms refer to similar entities, the document now exclusively uses Community-Based Organization (CBO) to maintain clarity and uniformity.
- *For Year 2 Milestone M3A, clarification has been added regarding patient consent. Practices are required to upload documentation that explains how they educate members, obtain consent, conduct Health-Related Social Needs (HRSN) screenings, and discuss the results with the member. AHCCCS acknowledges that while consent is typically obtained for referrals and treatment, it may not always be specifically obtained for HRSN screenings. This distinction is taken into consideration during the review process. ***UPDATED on 8/12/2025.**

Year 3

- *The M3H and M3I.a. requirements have been updated to broaden the options for identifying members (also impacts M4E.a requirement). Previously, it was labeled as "AHCCCS Provider ID Number," but it now includes multiple identifiers to improve flexibility and accuracy. The revised label reads as: "Member Identifier (e.g., AHCCCS ID number; First Name, Last Name and Date of Birth; First Name, Last Name, and Social Security Number; System Generated Client ID)." This change reflects a more inclusive approach to member identification across reporting systems. ***UPDATED on 8/12/2025.**

- *Clarified expectations for Milestone M3K: Communication protocols with community service providers.
 - All participating organizations must attest to having closed-loop referral and communication protocols with at least one community service provider that addresses all eight required domains. Organizations do not have to upload documentation for this, but have policy ready in case it requested in future.
 - The key is that each clinic must have at least one Community-Based Organization (CBO) available for referral in each of the eight required domains. Additionally, the referral and communication protocols should be tailored to the specific needs and processes of each individual CBO, where applicable. While organizations are not required to upload a list of CBOs, they must be aware of appropriate referral destinations for AHCCCS members and have a policy in place to guide referrals when needed.
 - This requirement applies to organizations leveraging CommunityCares or an ACO/CIN. These organizations must be able to demonstrate that there is a policy to support HRSN screenings, referrals, and reporting.
 - Multi-clinic organizations can have policies that are applicable across the entire organization (TIN).
- *UPDATED on 8/12/2025.**

M4 – Closed Loop Referral System (Closing the Loop)

Year 3

- *The M4E.a requirement, which also impacts the M3H and M3I.a, has been updated to broaden the options for identifying members. Previously, it was labeled as “AHCCCS Provider ID Number,” but it now includes multiple identifiers to improve flexibility and accuracy. The revised label reads as: “Member Identifier (e.g., AHCCCS ID number; First Name, Last Name and Date of Birth; First Name, Last Name, and Social Security Number; System Generated Client ID).” This change reflects a more inclusive approach to member identification across reporting systems. ***UPDATED on 8/12/2025.**
- *Requirements have been updated to include a request for uploading a sample report that reflects referral status (e.g., Sent vs. Received). The report must also contain the data elements outlined in Year 3 Milestone M4E, including *Member Identifier* (e.g., AHCCCS ID number; First Name, Last Name and Date of Birth; First Name, Last Name, and Social Security Number; System Generated Client ID), *HRSN domain*, *date domain*, *referral date*, and the *method* by which the referral was made. ***UPDATED on 8/12/2025.**
 - Reduced redundancy between Milestone 3 and Milestone 4

- The requirement to develop communication protocols with community service providers for Milestone 4 has been removed. This requirement is only required for Milestone 3.
- Participants are not required to upload the AHCCCS-provided CLRS Template for Milestone 4. It is only required for Milestone 3.
- Participants utilizing ACO/CINs are no longer required to upload the HRSN Delegation Form in Milestone 4. It is only required for Milestone 3.

M5 – Population Health

Year 2

- Removed NCQA documentation requirements for stronger alignment with NCQA HEA and federal guidance.
- The language for Year 2 Milestone M5E has been reworded and clarified to align with the attestation requirements outlined in Year 3 Milestone M5G. The updated verbiage restates the original requirement in a clearer and more concise format. No action is required from participants. The revised language emphasizes the Year 2 requirement for participants to upload documentation that outlines the practice's policies and procedures for identifying significant Health-Related Social Needs (HRSN) or subpopulations experiencing poorer health outcomes compared to their peers. This identification should be based on member-reported demographic data (as specified in Milestone 5.C) and/or HRSN data collected in Milestone 3 and recorded in the practice's electronic health record (EHR).

Year 3

- No major changes, added a few clarifications for the Population Health Action requirements.

Area of Concentration Specific Changes

Adult PCP M6

Year 2 & Year 3

- No major change in milestone structure or expectations.

Adult BH M6 .1 and M6.1

Year 3

- Expectations for completing Year 3 milestones M6.1 have been specified for participant Groups A and B, as well as Group C. Each group should refer to the

Document Validation and Milestone guidance to understand the distinct requirements and deliverables associated with their respective milestone tasks.

- **Group A:** Met original Year 2 milestone - Qualified for full 20% payment in
- Group B:** Met Year 2 milestone with 3/31/2025 extension - Qualified for 10% partial payment in Year 2
- **Group C:** Did not meet Year 2 milestone - No payment in Year 2

Pediatric PCP M6

Year 2

- *Updated the AHCCCS policy from AMPM 410 policy to AMPM 430 for Year 2 Milestone M6A. Find the policy linked here:
<https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/400/430.pdf>
*UPDATED on 8/12/2025.

Year 3

- No major change in milestone structure or expectations.

Pediatric PCP M7

- Year 2
 - Added footnote clarification for Year 2 Milestone M7B.
- Year 3
 - No major change in milestone structure or expectations.

Pediatric BH

Year 2 & Year 3

- No major change in milestone structure or expectations.

Justice M6

Year 3

- Removed M6E which previously required participants to attest to committing to electronic health record (EHR) system enhancements has been removed.
- Added note about state funding exploration and ASHLine support.
- Acknowledged postponement of broader implementation but maintains attestation and incentive structure.

Justice M7

Year 3

- Clarified that milestone is postponed but attestation remains, and incentive structure is maintained.

- Reflects alignment with federal initiatives (e.g., CAA, 1115 Reentry Waiver).