

325 – TARGETED INVESTMENTS 2.0 PROGRAM

EFFECTIVE DATES: 10/01/23, 08/22/24, 10/01/24

APPROVAL DATES: 05/11/23, 05/15/24, 01/07/25

I. PURPOSE

This Policy applies to ACC and ACC-RBHA Contractors. This Policy establishes requirements for the Contractor regarding Targeted Investments 2.0 (TI 2.0) Program.

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy.

For purposes of this Policy, the following terms are defined as:

TARGETED INVESTMENT (TI) PROGRAM	A strategy managed by AHCCCS to provide financial incentives to participating AHCCCS providers to develop systems for integrated care that address members’ medical, behavioral, and health-related social needs.
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III. POLICY

The Targeted Investments 2.0 (TI 2.0) Program provides financial incentives to participating AHCCCS providers to develop systems for integrated care that address members’ medical, behavioral, and health-related social needs. Provider payments will be based on requirements that vary over the five years of the TI 2.0 Program, which runs from October 1, 2022, through September 30, 2027. Through the TI 2.0 Program, the Contractor shall make specific payments to certain Medicaid providers pursuant to 42 CFR 438.6(c), with such payments processed as a separate lump sum payment to the Contractor outside of the monthly capitation payments consistent with the approved state directed payment preprint. The Contractor shall supplement, not supplant, contracted reimbursement rates with payments made for TI.

These payments are intended to incentivize providers to:

1. Develop closed-loop referral processes with Community-Based Organizations (CBOs).
2. Provide culturally and linguistically appropriate services.
3. Reduce healthcare disparities evident within their AHCCCS member population. For Primary Care Provider (PCP) participants, this includes members assigned to a PCP that have not received PCP services since October 1, 2022.

The Contractor shall direct payments to primary care and behavioral health providers that are participating in the TI 2.0 Program at the direction of AHCCCS.

A. PROGRAM DESCRIPTION

1. The TI 2.0 Program aims to:
 - a. Enhance care coordination processes with healthcare and CBOs to identify and address each member’s Health-Related Social Needs (HRSNs),
 - b. Provide culturally and linguistically appropriate services aligned with the member’s cultural preferences,
 - c. Identify and address health inequities, and
 - d. Improve health outcomes for the targeted populations.
2. The Eligible TI 2.0 provider types can be located on the AHCCCS Targeted Investments web page at <https://www.azahcccs.gov/PlansProviders/TargetedInvestments/>.

B. TARGETED INVESTMENTS 2.0 PROJECTS

The TI Program requires participating providers to complete specific projects in order to receive incentive payments. The projects include:

1. Primary Care:
The PCP and/or Integrated Clinics serving adults and/or children.
2. Behavioral Health:
The Behavioral Health providers and/or Integrated Clinics serving adults and/or children.
3. Justice:
The PCP and/or Behavioral Health providers serving adults who are reentering the community following incarceration.

C. TARGETED INVESTMENTS 2.0 PAYMENTS

1. AHCCCS Responsibilities:
 - a. AHCCCS shall communicate registration information for the Targeted Investments Program Quality Improvement Collaborative (TIPQIC) sessions to the Contractor’s identified Quality Improvement Collaborative (QIC) contact each quarter to confirm awareness of the QIC sessions,
 - b. AHCCCS shall compute a directed payment on an annual basis for each of the five TI 2.0 years which correspond to Contract Years Ending (CYE) 2023 through 2027:
 - i. These direct payments will occur after the completion of each contract year, and
 - ii. The directed payment shall be in the form of a single, lump-sum payment to each Contractor which includes the total funding needed to make TI 2.0 payments to providers.

- c. AHCCCS shall set a minimum payment threshold for a particular provider by Contractor. When the minimum threshold per provider by Contractor is met, funding will be included in the directed payment,
 - d. The Administrative funding for each Contractor will be added to each annual lump-sum payment as follows:
 - i. Year one: \$10,000, and
 - ii. Years two through five: \$17,000, where \$5,000 of the Contractor's annual payment will be deducted if the Contractor does not sufficiently attend the TIPQIC meetings in that program year. Sufficient attendance is achieved by the Contractor's QIC representative, or their delegate, attending all QIC sessions during each year:
 - 1) Year two: one in-person meeting, two virtual meetings,
 - 2) Year three: two virtual meetings,
 - 3) Year four: two virtual meetings, and
 - 4) Year five: two virtual meetings.
 - e. Other adjustments associated with these lump-sum payments are as follows:
 - i. Premium tax funding is included, and
 - ii. Risk contingency is not included in the directed payment.
2. Contractor Responsibilities:
- a. The Contractor shall make TI 2.0 payments at least on an annual basis to participating providers in the amounts by payee as prescribed by AHCCCS,
 - b. Each provider payment shall be accompanied by a clear written explanation that the payment is for the TI 2.0 Program. The Contractor may determine the method used to communicate this written explanation,
 - c. The Contractor shall make TI 2.0 payments to providers within 30 days of receipt of funds and payment detail from AHCCCS,
 - d. The Contractor shall notify AHCCCS, Division of Business and Finance (DBF) Incentives Unit, when distribution of payments are completed, including the amount of each payment by provider, check number, and payment status,
 - e. As specified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables, the Contractor shall identify and provide TI Contacts, contact information for staff responsible for:
 - i. Attending the TIPQIC meetings or identifying staff that will attend,
 - ii. Assisting TI 2.0 PCP participants with concerns regarding assignment panels that relate to payment and attribution methodologies, and
 - iii. Assisting TI 2.0 participants with alternative payment models, such as Value-Based Purchasing (VBP) arrangements.
 - f. The Contractor shall provide a current file of TI Member PCP Assignments, as specified in AMPM Policy 510 and provide related information, as specified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables,
 - g. The Contractor shall provide a TI Justice Referral that will include a list of justice-involved members as specified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables,

- h. The Contractor shall, on at least a quarterly basis, reconcile TI 2.0 PCP participants' assignment rosters with both the member's chosen PCP, as determined by the member's PCP utilization or directly communicated request, and provider credentialing to ensure value in PCP provider efforts to engage their assigned population for services that address health inequities. This ensures members are assigned to a PCP that is actively working for the organization as indicated by provider credentialing via Arizona Association of Health Plans (AzAHP) form or other agreed-upon means and that is either:
 - i. A PCP employed by a provider organization that has provided any service for the member in the previous 36 months, and/or
 - ii. A PCP working at an outpatient clinic within 10 miles (Maricopa or Pima) or 30 miles (all other Arizona counties) of the member's residence when the member has not received any service from a qualified PCP in the past 36 months.
- i. The Contractor shall provide a supplemental file to identify non-billable encounters that are not already submitted to AHCCCS as specified on the TI 2.0 web page <https://www.azahcccs.gov/PlansProviders/TargetedInvestments/>, and
- j. The Contractor shall coordinate efforts and support TI 2.0 program participants and sub-contracted networks, when appropriate, to administer processes related to TI 2.0 initiatives.