

**325 – TARGETED INVESTMENTS 2.0 PROGRAM**

EFFECTIVE DATE: 10/01/23

APPROVAL DATE: 05/11/23

**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 including:

<b>FEDERALLY QUALIFIED HEALTH CENTER (FQHC)</b>	<b>MEMBER</b>	<b>PRIMARY CARE PHYSICIAN (PCP)</b>
<b>PROGRAM PREMIUM TAX</b>	<b>RURAL HEALTH CLINIC (RHC)</b>	<b>TARGETED INVESTMENT (TI)</b>

**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. 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 incorporated into actuarially sound capitation rates. These payments are intended to incentivize providers to: develop closed-loop referral processes with community based organizations; provide culturally and linguistically appropriate services; and reduce healthcare disparities evident within their AHCCCS patient population including members served by the provider and, for PCP participants, members assigned to the PCP that have not received PCP services from another PCP since October 1<sup>st</sup>, 2022. The Contractor will 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 community-based organizations to identify and address each member’s health-related social needs,
  - 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. Eligible TI 2.0 provider types include:
  - a. Outpatient Behavioral Health Clinic Type 77,
  - b. Integrated Clinic (IC),
  - c. Primary Care Organizations,
  - d. Provider Types 08 (M.D.) and 31 (D.O.) with Specialty Codes 050 (Family Practice), 055 (General Practice), 060 (Internal Medicine), 089 (Obstetrician and Gynecologist), 090 (Genecologist), 091 (Obstetrician), or 150 (Pediatrician), and 19 (Registered Nurse Practitioner), and
  - e. Federally Qualified Health Care Centers (FQHCs) (Type C2), Rural Health Clinics (RHCs) (Type 29) and Outpatient Behavioral Health Clinics (Type 77) participating in the criminal justice system area of concentration.

## **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:  
PCP and/or Integrated Clinics serving adults and/or children.
1. Behavioral Health:  
BH providers and/or Integrated Clinics serving adults and/or children.
2. Justice:  
PCP and/or BH 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. These directed payments will occur after the completion of each contract year,
    - i. 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. Administrative funding will be added to each annual lump-sum payment as follows:
    - i. ACC Contractors,
      - 1) Year one: \$10,000, and

- 2) Years two through five: \$17,000, where:
  - i. \$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 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. 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,
  - 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 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. At the beginning of each program year, the Contractor shall identify and provide 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 arrangements.
  - f. The Contractor shall provide PCP assignment, as specified in AMPM Policy 510 and provide related information, as specified in Contract,
  - g. The Contractor shall provide a list of justice-involved members as specified in Contract,
  - 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:
    - i. 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:
      - 1) A PCP employed by a provider organization that has provided any service for the member in the previous 36 months, and/or

- 2) 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 coordinate efforts and support TI 2.0 program participants and sub-contracted networks, when appropriate, to administer processes related to TI 2.0 initiatives.

#### **IV. OTHER GENERAL INFORMATION**

Comprehensive guidelines regarding the AHCCCS Targeted Investments Program are available on the AHCCCS Website within the Plans/Providers location.