

AHCCCS Differential Adjusted Payment (DAP) Activity  
CYE 2022 Preliminary Public Notice  
Originally Posted January 29, 2021  
**Revised Posted February 3, 2021**

Overview & Purpose

The AHCCCS Administration is publishing preliminary decisions for Differential Adjusted Payments (DAP) strategies to be implemented in the contracting year October 1, 2021 through September 30, 2022 (CYE 2022) for select AHCCCS-registered Arizona providers, which meet agency established performance criteria. This preliminary public notice also addresses future DAP reimbursement strategies that may be considered for implementation in CYE 2023 and thereafter.

DAP rates are proposed to be implemented to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general population in the geographic area. AHCCCS will implement DAP rates for the following providers:

1. Hospitals Subject to APR-DRG Reimbursement, excluding Critical Access Hospitals
2. Critical Access Hospitals
3. Other Hospitals and Inpatient Facilities
4. Indian Health Services (IHS) and 638 Tribally Owned and/or Operated Facilities
5. Nursing Facilities
6. Integrated Clinics
7. Behavioral Health Outpatient Clinics
8. Behavioral Health Outpatient Clinics and Integrated Clinics
9. Physicians, Physician Assistants, and Registered Nurse Practitioners
10. Dental Providers
11. Home and Community Based Services Providers

The DAP rates currently in place expire after September 30, 2021 dates of service. The DAP rates in this notice for CYE 2022 will be effective with dates of service beginning October 1, 2021, through September 30, 2022, and all noted providers (based on distinct Provider Types) will have the opportunity to be considered for meeting the criteria described further below.

The DAP Schedule represents a positive adjustment to the AHCCCS Fee-For-Service (FFS) rates. The purpose of the DAP is to distinguish providers which have committed to supporting designated actions that improve patients' care experience, improve members' health, and reduce cost of care growth. These fee schedules will be limited to dates of service in CYE 2022.

Unless otherwise specified, AHCCCS managed care organizations (MCOs; including Regional Behavioral Health Authorities (RBHAs)) will be required to pass-through DAP increases to their contracted rates to match the corresponding AHCCCS FFS rate increase percentages. DAPs with respect to MCOs are authorized under 42 C.F.R. 438.6(c)(1)(iii), which provides States with the flexibility to implement provider payment initiatives, which require certain payment levels by MCOs to providers, and which provide specific services critical to ensuring timely access to high-quality care. AHCCCS implements DAP as a uniform percentage increase under this authority. The Centers for Medicare and Medicaid Services (CMS) must approve all 438.6(c) payments prior to annual implementation.

Under a given DAP initiative, the DAP increase may be applicable to all claims paid to a provider or may be limited to claims for a subset of select services. The DAP increases do not apply to payments made on the basis of a cost-to-charge ratio. This notice describes how the DAP increase will be applied for each initiative.

Please note – Funding for DAP rate increases is subject to the appropriation of State funds and State budget constraints. Federal funding for DAP rate increases is contingent upon federal approval. All decisions or considerations included in this notice are therefore subject to the availability of funds and federal approval.

## Provider Types

### **1. Hospitals Subject to APR-DRG Reimbursement (Up to 3.0%)**

Hospitals, Provider Type 02, are eligible for DAP increases under the following criteria.

#### a. Health Information Exchange Participation (Up to 2.5%)

Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn up to a 2.5% DAP increase for both inpatient and outpatient services. In order to qualify, by April 1, 2021 the hospital must have submitted a Letter of Intent (LOI) to AHCCCS and the Health Information Exchange (HIE), in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

- i. Milestone #1: No later than April 1, 2021 the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
- ii. Milestone #2: No later than May 1, 2021, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:
  1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE organization to ensure proper processing of lab results within the HIE system.
  2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
  3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
- iii. Milestone #3: No later than May 1, 2021, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
- iv. Milestone #4: No later than May 1, 2021 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.

- v. Milestone #5: No later than November 1, 2021 the hospital must approve and authorize a formal statement of work (SOW) to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
- vi. Milestone #6: No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate connectivity to a Social Determinants of Health (SDOH) Closed Loop Referral Platform operated by the qualifying HIE organization.
- vii. Milestone #7: No later than January 1, 2022 the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.
- viii. Milestone #8: No later than May 1, 2022 the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.
- ix. Quality Improvement Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below in 1.a.x. of this Notice.
  - 1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2020 data, to the final data quality profile, based on March 2021 data.
  - 2. Meet a minimum performance standard of at least 60% based on March 2021 data.
  - 3. If performance meets or exceeds an upper threshold of 90% based on March 2021 data, the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
- x. DAP HIE Data Quality Standards CYE 2022 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a 0.5% DAP increase for each category of the five measure categories, for a total potential increase of 2.5% if criteria are met for all categories.
  - 1. Data source and data site information must be submitted on all ADT transactions. (0.5%)
  - 2. Event type must be properly coded on all ADT transactions. (0.5%)
  - 3. Patient class must be properly coded on all appropriate ADT transactions. (0.5%)
  - 4. Patient demographic information must be submitted on all ADT transactions. (0.5%)
  - 5. Overall completeness of the ADT message. (0.5%)

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.

In order to receive up to a 2.5% DAP increase for HIE performance a hospital must submit a LOI to the HIE and AHCCCS by April 1, 2021 at the following email addresses:

[AHCCSDAP@azahcccs.gov](mailto:AHCCSDAP@azahcccs.gov), and  
[DAP@healthcurrent.org](mailto:DAP@healthcurrent.org)

If a hospital has already achieved one or more of the CYE 2022 milestones as of April 1, 2021, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period April 1, 2021 through September 30, 2022. The LOI must list each facility that the hospital requests to participate in this DAP initiative and must include the

AHCCCS IDs for each listed facility. In all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

If a hospital submits a LOI and receives up to a 2.5% DAP increase for CYE 2022 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive DAP for dates of service from October 1, 2022 through September 30, 2023 (CYE 2023) if a DAP is available at that time.

AHCCCS anticipates that HIE Data Quality Standards, minimum performance standards, and upper thresholds will continue to be monitored and evaluated during the CYE 2022 period in order to ensure that performance improvements are maintained.

b. Long-Acting Reversible Contraception (0.0%/Not Renewed)

AHCCCS is not renewing the Long-Acting Reversible Contraception (LARC) DAP for CYE 2022. AHCCCS intends to increase the fee schedule effective October 1, 2021 by 10.0% on codes J7296 - J7298, J7300 - J7301, and J7307. LARC devices are permitted to be separately reimbursed outside of the DRG payment when billed by the hospital on a professional form 1500 or on an Outpatient form UB04 with the appropriate procedure code.

c. Enter into a Care Coordination Agreement with an IHS/Tribal 638 Facility (0.5%)

Hospitals will be eligible for this DAP by participating in a Care Coordination Agreement (CCA) with an IHS/Tribal 638 facility. By March 15, 2021, the facility must submit a LOI to enter into a CCA (a fully signed copy of a CCA with an IHS/Tribal 638 facility is also acceptable). By April 30, 2021, the facility must have entered into a CCA with an IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:

- i. The facility will have in place a signed CCA with an IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the [CMS SHO Guidance](#).
- ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be performed by the non-IHS/Tribal 638 facility.
- iii. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.
- iv. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2021.

In order to meet the DAP criteria for CCA participation the facility must submit a LOI to AHCCCS by March 15, 2021 (or a fully signed CCA in lieu of a LOI) and a submit a fully signed CCA no later than April 30, 2021 to AHCCCS to the following email addresses:

tribalcarecoordination\_fmap@azahcccs.gov, and  
[AHCCCSdap@azahcccs.gov](mailto:AHCCCSdap@azahcccs.gov).

## 2. Critical Access Hospitals (Up to 10.5%)

Hospitals designated as a Critical Access Hospital (CAH) by March 15, 2021 are eligible for DAP increases under the following criteria.

### a. Health Information Exchange Participation (Up to 10.0%)

Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn up to a 10.0% DAP increase. In order to qualify, by April 1, 2021 the hospital must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

- i. Milestone #1: No later than April 1, 2021 the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
- ii. Milestone #2: No later than May 1, 2021, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:
  1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
  2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
  3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
- iii. Milestone #3: No later than May 1, 2021, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.
- iv. Milestone #4: No later than May 1, 2021 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
- v. Milestone #5: No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.

- vi. Milestone #6: No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate connectivity to a SDOH Closed Loop Referral Platform operated by the qualifying HIE organization.
- vii. Milestone #7: No later than January 1, 2022 the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.
- viii. Milestone #8: No later than May 1, 2022 the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.
- ix. Quality Improvement Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below in 2.a.x. of this Notice.
  - 1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2020 data, to the final data quality profile, based on March 2021 data.
  - 2. Meet a minimum performance standard of at least 60% based on March 2021 data.
  - 3. If performance meets or exceeds an upper threshold of 90% based on March 2021 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
- x. DAP HIE Data Quality Standards CYE 2022 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a 2.0% DAP increase for each category of the five measure categories, for a total potential increase of 10.0% if criteria are met for all categories.
  - 1. Data source and data site information must be submitted on all ADT transactions. (2.0%)
  - 2. Event type must be properly coded on all ADT transactions. (2.0%)
  - 3. Patient class must be properly coded on all appropriate ADT transactions. (2.0%)
  - 4. Patient demographic information must be submitted on all ADT transactions. (2.0%)
  - 5. Overall completeness of the ADT message. (2.0%)

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.

In order to receive up to a 10.0% DAP increase for HIE performance a hospital must submit a LOI to the HIE and AHCCCS by April 1, 2021 at the following email addresses:

[AHCCSDAP@azahcccs.gov](mailto:AHCCSDAP@azahcccs.gov), and  
[DAP@healthcurrent.org](mailto:DAP@healthcurrent.org)

If a hospital has already achieved one or more of the CYE 2022 milestones as of April 1, 2021, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period April 1, 2021 through September 30, 2022. The LOI must list each facility that the hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. In all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

If a hospital submits a LOI and receives up to a 10.0% DAP increase for CYE 2022 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive DAP for dates of service from October 1, 2022 through September 30, 2023 (CYE 2023) if a DAP is available at that time.

AHCCCS anticipates that HIE Data Quality Standards, minimum performance standards, and upper thresholds will continue to be monitored and evaluated during the CYE 2022 period in order to ensure that performance improvements are maintained.

b. Long-Acting Reversible Contraception (0.0%/Not Renewed)

AHCCCS is not renewing the Long-Acting Reversible Contraception (LARC) DAP for CYE 2022. AHCCCS intends to increase the fee schedule effective October 1, 2021 by 10.0% on codes J7296 - J7298, J7300 - J7301, and J7307. LARC devices are permitted to be separately reimbursed outside of the DRG payment when billed by the hospital on a professional form 1500 or on an Outpatient form UB04 with the appropriate procedure code.

c. Enter into a Care Coordination Agreement with an IHS/Tribal 638 Facility (0.5%)

Hospitals will be eligible for this DAP by participating in a CCA with an IHS/Tribal 638 facility. By March 15, 2021, the facility must submit a LOI to enter into a CCA (a fully signed copy of a CCA with an IHS/Tribal 638 facility is also acceptable). By April 30, 2021, the facility must have entered into a CCA with an IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:

- i. The facility will have in place a signed CCA with an IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the [CMS SHO Guidance](#).
- ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be performed by the non-IHS/Tribal 638 facility.
- iii. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.
- iv. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2021.

In order to meet the DAP criteria for CCA participation the facility must submit a LOI to AHCCCS by March 15, 2021 (or a fully signed CCA in lieu of a LOI) and submit a fully signed CCA no later than April 30, 2021 to AHCCCS to the following email addresses:

tribalcarecoordination\_fmap@azahcccs.gov, and  
[AHCCSDAP@azahcccs.gov](mailto:AHCCSDAP@azahcccs.gov).



### 3. Other Hospitals and Inpatient Facilities (Up to 5.0%)

Psychiatric Hospitals, with the exception of public hospitals, Provider Type 71; Secure Residential Treatment Centers (17+ beds), Provider Type B1; Non-Secure Residential Treatment Centers (17+ beds), Provider Type B3; Subacute Facilities (1-16 Beds), Provider Type B5; Subacute Facilities (17+ beds), Provider Type B6; Rehabilitation Hospitals, Provider Type C4; Long Term Acute Care Hospitals, Provider Type C4 are eligible for DAP increases under the following criteria. For purposes of Section 3 of this Public Notice, other inpatient facilities will be referred to as hospitals.

#### a. Health Information Exchange Participation (2.5%)

Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn up to a 2.5% DAP increase. In order to qualify, by April 1, 2021 the hospital must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

- i. Milestone #1: No later than April 1, 2021 the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
- ii. Milestone #2: No later than May 1, 2021, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:
  1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
  2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
  3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
- iii. Milestone #3: No later than May 1, 2021, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.
- iv. Milestone #4: No later than May 1, 2021 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.

- v. Milestone #5: No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
- vi. Milestone #6: No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate connectivity to either a SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization or an Advance Directives Registry platform operated by the qualifying HIE organization.
- vii. Milestone #7: No later than January 1, 2022 the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.
- viii. Milestone #8: No later than May 1, 2022 the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.
- ix. Quality Improvement Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to DAP increases described below in 3.a.x. of this Notice.
  - 1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2020 data, to the final data quality profile, based on March 2021 data.
  - 2. Meet a minimum performance standard of at least 60% based on March 2021 data.
  - 3. If performance meets or exceeds an upper threshold of 90% based on March 2021 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
- x. DAP HIE Data Quality Standards CYE 2022 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a 0.5% DAP increase for each category of the five measure categories, for a total potential increase of 2.5% if criteria are met for all categories.
  - 1. Data source and data site information must be submitted on all ADT transactions. (0.5%)
  - 2. Event type must be properly coded on all ADT transactions. (0.5%)
  - 3. Patient class must be properly coded on all appropriate ADT transactions. (0.5%)
  - 4. Patient demographic information must be submitted on all ADT transactions. (0.5%)
  - 5. Overall completeness of the ADT message. (0.5%)

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.

In order to receive up to a 2.5% DAP increase for HIE performance a hospital must submit a LOI to the HIE and AHCCCS by April 1, 2021 at the following email addresses:

[AHCCCSdap@azahcccs.gov](mailto:AHCCCSdap@azahcccs.gov), and  
[DAP@healthcurrent.org](mailto:DAP@healthcurrent.org)

If a hospital has already achieved one or more of the CYE 2022 milestones as of April 1, 2021, the LOI must include a commitment by the hospital to maintain its participation in those

milestone activities for the period April 1, 2021 through September 30, 2022. The LOI must list each facility that the hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility in all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

If a hospital submits a LOI and receives up to a 2.5% DAP increase for CYE 2022 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive DAP for dates of service from October 1, 2022 through September 30, 2023 (CYE 2023) if a DAP is available at that time.

AHCCCS anticipates that HIE Data Quality Standards, minimum performance standards, and upper thresholds will continue to be monitored and evaluated during the CYE 2022 period in order to ensure that performance improvements are maintained.

b. Inpatient Psychiatric Facility Quality Reporting Program (2.0%)

Hospitals that meet the Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) performance measure will qualify for a 2.0% DAP increase. On February 15, 2021, AHCCCS will download the most current data from the QualityNet.org website to identify Medicare's Annual Payment Update (APU) recipients. APU recipients are those facilities that satisfactorily met the requirements for the IPFQR program, which includes multiple clinical quality measures. Facilities identified as APU recipients will qualify for the DAP increase.

c. Long-Term Care Hospital Pressure Ulcers Performance Measure (2.0%)

Hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for a 2.0% DAP increase. On March 15, 2021, AHCCCS will download the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.

d. Inpatient Rehabilitation Pressure Ulcers Performance Measure (2.0%)

Hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for a 2.0% DAP increase. On March 15, 2021, AHCCCS will download the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.

e. Enter into a Care Coordination Agreement with an IHS/Tribal 638 Facility (0.5%)

Hospitals will be eligible for this DAP by participating in a CCA with an IHS/Tribal 638 facility. By March 15, 2021, the facility must submit a LOI to enter into a CCA (a fully signed copy of a CCA with an IHS/Tribal 638 facility is also acceptable). By April 30, 2021, the facility must have entered into a CCA with an IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:

- i. The facility will have in place a signed CCA with an IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the [CMS SHO Guidance](#).
- ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be performed by the non-IHS/Tribal 638 facility.
- iii. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.
- iv. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2021.

In order to meet the DAP criteria for CCA participation the facility must submit a LOI to AHCCCS by March 15, 2021 (or a fully signed CCA in lieu of a LOI) and a submit a fully signed CCA no later than April 30, 2021 to AHCCCS to the following email addresses:

tribalcarecoordination\_fmap@azahcccs.gov, and  
[AHCCCS DAP@azahcccs.gov](mailto:AHCCCS DAP@azahcccs.gov).

**4. IHS and 638 Tribally Owned and/or Operated Facilities (3.0%)**

Indian Health Service and/or Tribally owned and/or operated hospitals, Provider Type 02, by March 15, 2021 are eligible for a DAP increase under the following criteria.

a. Health Information Exchange Participation (2.5%)

Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and a 2.5% DAP increase for inpatient, outpatient, and ambulatory services. In order to qualify, by April 1, 2021 the hospital must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

- i. Milestone #1: No later than April 1, 2021 the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
- ii. Milestone #2: No later than May 1, 2021, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:
  - 1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
  - 2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
  - 3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE

organization to ensure proper processing of immunizations within the HIE system.

- iii. Milestone #3: No later than May 1, 2021, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.
- iv. Milestone #4: No later than June 1, 2021 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the facility has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If the hospital has ambulatory and/or behavioral health practices, then the facility must submit the following actual patient identifiable information to the production environment of a qualifying HIE: registration, encounter summary, and SMI data elements as defined by the qualifying HIE organization. For hospitals that have not participated in DAP HIE requirements in CYE 2021, the deadline for this milestone will be November 1, 2021.
- v. Milestone #5: No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
- vi. Milestone #6: No later than January 1, 2022 the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.
- vii. Milestone #7: No later than May 1, 2022 the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.

In order to receive the 2.5% DAP increase for HIE participation a hospital must submit a LOI to the HIE and AHCCCS by April 1, 2021 at the following email addresses:

[AHCCSDAP@azahcccs.gov](mailto:AHCCSDAP@azahcccs.gov), and  
[DAP@healthcurrent.org](mailto:DAP@healthcurrent.org)

If a facility has already achieved one or more of the CYE 2022 milestones as of April 1, 2021, the LOI must include a commitment by the facility to maintain its participation in those milestone activities for the period April 1, 2021 through September 30, 2022. The LOI must list each facility that the hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. In all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

If a facility submits a LOI and receives the 2.5% DAP increase for CYE 2022 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the

milestone activities, that facility will be ineligible to receive DAP for dates of service from October 1, 2022 through September 30, 2023 (CYE 2023) if a DAP is available at that time.

b. Care Coordination Agreement with Non-IHS/Tribal 638 Facilities (0.5%)

IHS/Tribal 638 facilities will be eligible for this DAP by participating in a CCA with a non-IHS/638 facility. By March 15, 2021, the facility must submit a LOI to enter into a CCA with a non-IHS/638 facility (a fully signed copy of a CCA with a non-IHS/Tribal 638 facility is also acceptable). By April 30, 2021, the facility must have entered into a CCA with a non-IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:

The IHS/Tribal 638 facility will have in place a signed CCA with a non-IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the [CMS SHO Guidance](#).

- i. The IHS/Tribal 638 facility will have a valid referral template in place for requesting services to be performed by the non-IHS/Tribal 638 facility.
- ii. The IHS/Tribal 638 facility will continue to assume responsibility of the referred member, maintaining records and release of information protocol including clinical documentation of services provided by the non-IHS/Tribal 638 facility.
- iii. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the IHS/Tribal 638 facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2021.

In order to meet the DAP criteria for CCA participation an IHS/Tribal 638 facility must submit a LOI to AHCCCS by March 15, 2021 and a submit a signed CCA by April 30, 2021 to AHCCCS to the following email addresses:

tribalcarecoordination\_fmap@azahcccs.gov, and  
[AHCCCS DAP@azahcccs.gov](mailto:AHCCCS DAP@azahcccs.gov)

The proposed DAPs for IHS/Tribal 638 facilities would be applicable to the All-inclusive Rate (AIR), but is subject to, and contingent upon, separate State Plan Amendment (SPA) approval by CMS.

**5. Nursing Facilities** (Up to 2.0%)

Nursing Facilities, Provider Type 22, are eligible for DAP increases under the following criteria.

a. Health Information Exchange Participation (1.0%)

Nursing facilities that meet the following milestones are eligible to participate in this DAP initiative and earn a 1.0% DAP increase. In order to qualify, by April 1, 2021 the facility must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates:

- i. Milestone #1: No later than April 1, 2021 the Nursing Facility must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to

- AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
- ii. Milestone #2: No later than May 1, 2021, facilities that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.
  - iii. Milestone #3: No later than October 1, 2021 the facility must approve and authorize a formal SOW with a qualifying HIE organization to develop and implement the data exchange necessary to support transmission of certain data elements. Required data elements will be developed by the qualifying HIE organization in collaboration with Arizona Health Care Association by May 1, 2021.
  - iv. Milestone #4: No later than April 1, 2022 the Nursing Facility must electronically submit actual patient identifiable information to the production environment of a qualifying HIE organization, inclusive of the data elements required by the qualifying HIE organization, as referenced in Milestone #3.
  - v. Milestone #5: By the facility's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the facility must complete the following COVID-19 related milestones, if they are applicable:
    - 1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
    - 2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
    - 3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.

In order to receive the 1.0% DAP increase for HIE participation a facility must submit a LOI to the HIE and AHCCCS by April 1, 2021 at the following email addresses:

[AHCCCSdap@azahcccs.gov](mailto:AHCCCSdap@azahcccs.gov), and  
[DAP@healthcurrent.org](mailto:DAP@healthcurrent.org)

If a facility has already achieved one or more of the CYE 2022 milestones as of April 1, 2021, the LOI must include a commitment by the facility to maintain its participation in those milestone activities for the period April 1, 2021 through September 30, 2022. The LOI must list each facility that the Nursing Facility requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. In all cases, the Nursing Facility must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

If a facility submits a LOI and receives the 1.0% DAP increase for CYE 2022 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the

milestone activities, that facility will be ineligible to receive DAP for dates of service from October 1, 2022 through September 30, 2023 (CYE 2023) if a DAP is available at that time.

b. Urinary Tract Infection Performance Measure (1.0%)

Nursing facilities that meet or fall below the statewide average percentage for the Urinary Tract Infection (UTI) performance measure will qualify for a 1.0% DAP increase. On March 15, 2021, AHCCCS will download data from the Medicare Provider Data Catalog website for the percent of long-stay residents with a UTI. Facility results will be compared to the Arizona average results for the measure. Facilities with percentages less than or equal to the statewide average score will qualify for the DAP increase.

The DAP percentage is awarded to the nursing facility. For example, if an ownership change occurs during CYE 2022, the DAP percentage shall be applied to the new Provider ID for that facility.

**6. Integrated Clinics** (10.0% on Select Services)

Integrated Clinics, Provider Type IC, are eligible for a DAP increase of 10.0% for select physical health services by meeting all the following criteria for licensure, behavioral health utilization, and HIE participation.

a. Licensure

The provider must be licensed by the ADHS as an Outpatient Treatment Center which provides both behavioral health services and physical health services.

b. Behavioral Health Services Utilization At Least 40.0%

Behavioral health services for the provider must account for at least 40.0% of total AHCCCS claims and encounters. Utilizing claims and encounter data for dates of service from October 1, 2019 through September 30, 2020, AHCCCS will compute claims and encounters for behavioral health services as a percentage of total claims and encounters as of March 1, 2021 to determine which providers meet the 40% minimum threshold.

- i. Only approved and adjudicated AHCCCS claims and encounters will be utilized in the computations.
- ii. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.

c. Health Information Exchange Participation

Integrated Clinics that meet the following milestones are eligible to participate in this DAP initiative. In order to qualify, by April 1, 2021 the Integrated Clinic must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates:

1. Milestone #1: No later than April 1, 2021 the clinic must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved. If it is the clinic's first year in the DAP initiative, then it must meet the participation agreement requirement of this milestone no later than August 1, 2021.



2. Milestone #2: No later than April 1, 2021, the clinic must electronically submit actual patient identifiable information to the production environment of the qualifying HIE organization, including both a registration event and an encounter summary as well as specifically Seriously Mentally Ill (SMI) data elements, as defined by the qualifying HIE organization. If a clinic is in the process of integrating a new Practice Management and/or electronic health record (EHR) system, or if it is the clinic's first year in the DAP HIE initiative, then it must meet this milestone no later than November 1, 2021.
3. Milestone #3: No later than April 1, 2021, the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via a qualifying HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the clinic's EHR. If it is the clinic's first year in the DAP HIE initiative, then it must meet this milestone no later than January 1, 2022.
4. Milestone #4: No later than May 1, 2021, or by the clinic's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the clinic must complete the following COVID-19 related milestones, if they are applicable:
  - a. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
  - b. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
  - c. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
5. Milestone #5: No later than May 1, 2021, clinics that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.
6. Milestone #6: No later than November 1, 2021 the clinic must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with a qualifying HIE organization.
7. Milestone #7: No later than January 1, 2022 the clinic must complete the initial data quality profile with a qualifying HIE organization.
8. Milestone #8: No later than May 1, 2022 the clinic must complete the final data quality profile with a qualifying HIE organization.

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.

In order to meet the DAP criteria for HIE participation a clinic must submit a LOI to the HIE and AHCCCS by April 1, 2021 at the following email addresses:

[AHCCCS DAP@azahcccs.gov](mailto:AHCCCS DAP@azahcccs.gov), and  
[DAP@healthcurrent.org](mailto:DAP@healthcurrent.org)

If a clinic has already achieved one or more of the CYE 2021 milestones as of April 1, 2021, the LOI must include a commitment by the clinic to maintain its participation in those milestone activities for the period April 1, 2021 through September 30, 2022. The LOI must list each facility that the clinic requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. In all cases, the clinic must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

If a clinic submits a LOI and receives the DAP increase for CYE 2022 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that clinic will be ineligible to receive DAP for dates of service from October 1, 2022 through September 30, 2023 (CYE 2023) if a DAP is available at that time.

The DAP rates will be paid for select physical health services and will provide an increase of 10.0% for dates of service in CYE 2022.

Physical health services which qualify for the increase include Evaluation and Management (E&M) codes, vaccine administration codes, and a global obstetric code. See Attachment C for the specific list of codes which are proposed to increase for purposes of DAP.

## **7. Behavioral Health Outpatient Clinics (1.0%)**

Behavioral Health Outpatient Clinics, Provider Type 77, as licensed by the ADHS, are eligible for a DAP increase under the following criteria.

### **a. Health Information Exchange Participation (1.0%)**

Behavioral Health Outpatient Clinics that meet the following milestones are eligible to participate in this DAP initiative. In order to qualify, by April 1, 2021 the clinic must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates:

1. Milestone #1: No later than April 1, 2021 the clinic must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved. If it is the clinic's first year in the DAP initiative, then it must meet the participation agreement requirement of this milestone no later than August 1, 2021.
2. Milestone #2: No later than April 1, 2021 the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via a qualifying HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the clinic's EHR. If it is the clinic's first year in the DAP HIE initiative, then it must meet this milestone no later than January 1, 2022.
3. Milestone #3: No later than May 1, 2021, clinics that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.
4. Milestone #4: No later than October 1, 2021 the facility must approve and authorize a formal SOW with a qualifying HIE organization to develop and implement the data

exchange necessary to support transmission of data elements described in Milestone #5.

5. Milestone #5: No later than April 1, 2022 the clinic must electronically submit actual patient identifiable information to the production environment of the qualifying HIE organization, including both a registration event and an encounter summary, as well as SMI data elements, as defined by the qualifying HIE organization.
6. Milestone #6: By the clinic's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the clinic must complete the following COVID-19 related milestones, if they are applicable:
  - a. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
  - b. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
  - c. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.

In order to meet the DAP criteria for HIE participation a clinic must submit a LOI to the HIE and AHCCCS by April 1, 2021 at the following email addresses:

[AHCCCSdap@azahcccs.gov](mailto:AHCCCSdap@azahcccs.gov), and  
[DAP@healthcurrent.org](mailto:DAP@healthcurrent.org)

If a clinic has already achieved one or more of the CYE 2021 milestones as of April 1, 2021, the LOI must include a commitment by the clinic to maintain its participation in those milestone activities for the period April 1, 2021 through September 30, 2022. The LOI must list each facility that the clinic requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. In all cases, the clinic must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

If a clinic submits a LOI and receives the DAP increase for CYE 2022 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that clinic will be ineligible to receive DAP for dates of service from October 1, 2022 through September 30, 2023 (CYE 2023) if a DAP is available at that time.

## **8. Behavioral Health Outpatient Clinics and Integrated Clinics (Up to 7.0%)**

Behavioral Health Outpatient Clinics, Provider Type 77, and Integrated Clinics, Provider Type IC, are also eligible for DAP increases under the following criteria.

- a. Partnerships with Schools to Provide Behavioral Health Services (1.0%)

A clinic that meets the criteria for partnering with schools to provide behavioral health services will qualify for a 1.0% DAP increase on all claims. Partnership is defined as a provider with approved and adjudicated claims and encounters for at least one of the following behavioral health services with Place of Service (POS) 03 for dates of service from October 1, 2018 through December 31, 2020:

- i. H0004 - Behavioral Health Counseling & Therapy
- ii. H0025 - Behavioral Health Prevention Education Service
- iii. H0031 - Mental Health Assessment by Non-Physician
- iv. H2014 - Skills Training & Development
- v. S5110 - Home Care Training, Family
- vi. T1016 - Case Management

Only approved and adjudicated AHCCCS claims and encounters as of March 15, 2021 will be utilized in determining providers that meet this criteria. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.

b. Autism Centers of Excellence (3.0%)

A clinic that meets the criteria to be considered an Autism Center of Excellence (COE) will qualify for a 3.0% DAP increase on all claims. An Autism COE is defined as a provider that has been identified as such by any AHCCCS MCO in the "Value Based Providers/Centers of Excellence" attachment to its "Provider Network Development and Management Plan," submitted by November 15, 2020. Providers that have been identified as an Autism COE in this manner will qualify for the DAP increase.

c. Provision of Services to Members in a Difficult to Access Location (3.0%)

A clinic that meets the criteria for provision of services to members in a difficult to access location that cannot be accessed by ground transportation due to the nature and extent of the surrounding Grand Canyon terrain will qualify for a DAP increase of 3.0% on all claims. Provision of services is defined as a provider that has a MOA or MOU with a tribal government to access tribal territory in order to provide behavioral health services to members located in the Grand Canyon. The signed MOA or MOU must be in place by April 1, 2021 and submitted to AHCCCS by email to [AHCCCSdap@azahcccs.gov](mailto:AHCCCSdap@azahcccs.gov). On March 15, 2021, AHCCCS will review such documents as have been submitted by each provider in order to determine providers that meet this requirement and will qualify for this DAP increase.

**9. Physicians, Physician Assistants, and Registered Nurse Practitioners** (Up to 2.0%)

Physicians, Physician Assistants, and Registered Nurse Practitioners (Provider Types 08, 18, 19, and 31) are eligible for DAP increases under the following criteria.

a. Electronic Prescriptions (1.0%)

A provider that has written at least 80 prescriptions for AHCCCS members and has written at least 75% of its total AHCCCS prescriptions as Electronic Prescriptions (E-Prescriptions) will qualify for a 1.0% DAP increase for all services billed on the CMS Form 1500. E-Prescription

statistics will be identified by the AHCCCS provider ID for the prescribing provider, and computed by AHCCCS based on the following factors:

- i. Only approved and adjudicated AHCCCS claims and encounters for July 1, 2020 through December 31, 2020 dispense dates will be utilized in the computations.
- ii. AHCCCS will compute claims and encounters for this purpose as of March 15, 2021 to determine which providers meet the minimum threshold.
- iii. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.
- iv. E-Prescriptions include those prescriptions generated through a computer-to-computer electronic data interchange protocol, following a national industry standard and identified by Origin Code 3.
- v. Refills of original prescriptions whereby the original prescriptions meet the definition of E-Prescriptions shall not be counted as E-Prescriptions.

The DAP will apply to claims for covered AHCCCS services where the rendering provider ID on the claim is the same as the prescribing provider ID that was identified and found to meet the criteria described above.

Due to operational issues related to contracting arrangements with entities rather than individual practitioners, AHCCCS' MCOs may pay the DAP in a manner other than on an individual claim basis, on at least a quarterly basis. In the event an expected quarterly payment to an entity is less than twenty five dollars, the MCOs will be permitted to delay payment to the entity until the earlier occurs: payments due of at least twenty-five dollars or final quarterly payment for CYE 2022.

b. 6-Week Postpartum Visits (1.0%)

An obstetrician or gynecologist that meets the criteria for provision of 6-week postpartum visits will qualify for a 1.0% DAP increase on all claims. A provider qualifies if it has delivered and discretely billed for 6-week postpartum visit services for at least 20% of the members for whom it delivered in the CYE 2020 period. AHCCCS will review claims and encounters for the period October 1, 2019 through September 30, 2020 to determine eligibility for the DAP in CYE 2022. Only approved and adjudicated AHCCCS claims and encounters as of March 1, 2021 will be utilized in determining providers that meet this criterion. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.

**10. Dental Providers** (Up to 2.0%)

Dental Providers (Provider Types 07 and 54) are eligible for DAP increases under the following criteria.

a. Dental Sealants for Children Performance Measure (1.0%)

A provider that meets the criteria for the dental sealants for children performance measure will qualify for a 1.0% DAP increase on all claims. Providers that increased the number of AHCCCS child members from 5 through 15 years of age to whom they provided dental sealants from CYE 2019 to CYE 2020 are considered to meet this measure. AHCCCS will review only approved and adjudicated claims and encounter data in order to compute a count of the number of AHCCCS members who are children aged 5 through 15 years who received a dental sealant for each time

period. Only approved and adjudicated AHCCCS claims and encounters as of March 1, 2021 will be utilized in determining providers that meet this criteria. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.

b. Provision of Dental Services on Weekends (1.0%)

A provider that meets the criteria for the provision of dental services on weekends will qualify for a 1.0% DAP increase on all claims. A provider qualifies if 1.0% or more of its services were incurred for dates of service on a weekend for the period October 1, 2019 through September 30, 2020. Only approved and adjudicated AHCCCS claims and encounters as of March 1, 2021 will be utilized in determining providers that meet this criteria. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.

**11. Home and Community Based Services Providers** (Up to 1.0%)

Home and Community Based Services (HCBS) Providers are eligible for DAP increases under the following criteria. The DAP increase will be applicable to the specified services described below when provided either on an FFS basis, or by all AHCCCS Contractors, for all lines of business, including the Arizona Long Term Care System (ALTCS).

a. Electronic Visit Verification Claims Validation (0.5%)

HCBS providers that participate in the Electronic Visit Verification (EVV) system will qualify for a DAP increase of 0.5% if

1. The agency administrator completed training by December 31, 2020, and
2. The agency has recorded at least one visit in EVV for at least 85% of their membership by March 15, 2021.

b. Home and Community Based Settings (HCBS) Rules Training Participation (0.5%)

HCBS providers that participate in key HCBS Rules compliance activities will qualify for a DAP increase of 0.5% on claims for select services as described below. Participation means that by March 15, 2021 the provider must have completed two training sessions offered in 2021 specific to the provider's setting type.

The DAP increase will be applicable to all services provided by Provider Types 27, 36, 49, 50, and limited services provided by Provider Type 39 and 81, either on a FFS basis, or by all AHCCCS Contractors for all lines of business, including ALTCS. See Attachment E for the specific list of Provider Types and codes which are proposed to increase for purposes of DAP

## Future Health Information Exchange Initiatives

In partnership with a qualifying HIE organization, AHCCCS intends to implement DAP initiatives relative to HIE participation and performance for different Provider Types as appropriate and consistent with organizational and provider resources and capacity. The HIE participation DAP strategy for CYE 2023 is described below. Please also see Attachment F for a high-level outline of the multi-year HIE participation DAP strategy by Provider Type.

1. AHCCCS anticipates CYE 2023 DAP criteria for Hospitals and Other Inpatient Facilities could include criteria directed at continuing the development and execution of a data quality improvement effort, as defined by a qualifying HIE organization. DAP incentives would be available for hospitals and other inpatient facilities that meet data quality standards as set by the HIE. The measurement period for the CYE 2023 data quality standards is intended to be from July 1, 2021 to March 31, 2022. The data quality standards will be developed by the qualifying HIE in Calendar Year 2021 in consultation with the HIE's advisory councils as appropriate, its board of directors, and with input by hospital and other inpatient facility stakeholders.
2. AHCCCS anticipates CYE 2023 DAP criteria for IHS/638 Tribally Owned and/or Operated Facilities and Integrated Clinics could include the development and execution of a data quality improvement effort, as defined by a qualifying HIE organization. DAP incentives would be available for IHS/638 Tribally Owned and/or Operated Facilities and Integrated Clinics that meet data quality standards as set by the HIE. The measurement period for the CYE 2023 data quality standards is intended to be from July 1, 2021 to March 31, 2022. The data quality standards will be developed by the qualifying HIE in Calendar Year 2021 in consultation with the HIE's advisory councils as appropriate, its board of directors, and with input by IHS/638 Tribally Owned and/or Operated Facilities and Integrated Clinics stakeholders.
3. AHCCCS anticipates CYE 2023 DAP criteria for Integrated Clinics could include criteria directed at continuing the development and execution of a data quality improvement effort, as defined by a qualifying HIE organization. DAP incentives would be available for clinics that meet data quality standards as set by the HIE. The measurement period for the CYE 2023 data quality standards is intended to be from July 1, 2021 to March 31, 2022. The data quality standards will be developed by the qualifying HIE in Calendar Year 2021 in consultation with the HIE's advisory councils as appropriate, its board of directors, and with input by Integrated Clinic stakeholders.
4. AHCCCS anticipates CYE 2023 DAP criteria for Behavioral Health Outpatient Clinics could include the development of a data quality improvement plan, as defined by a qualifying HIE organization and in collaboration with a qualifying HIE organization.
5. AHCCCS anticipates CYE 2023 DAP criteria for Nursing Facilities could include the development of a data quality improvement plan, as defined by a qualifying HIE organization and in collaboration with a qualifying HIE organization.
6. AHCCCS anticipates CYE 2023 DAP criteria for Home and Community Based Service Providers could include accessing patient information via a qualifying HIE organization utilizing one or more HIE services, such as the HIE portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the entity's electronic health record (EHR). Qualifying HIE organization services are available on a first come, first serve basis, therefore, initiative activity in CYE 2021 is encouraged if achievement of the proposed CYE 2023 DAP criteria is desired.
7. AHCCCS anticipates CYE 2023 DAP criteria for Physicians, Physician Assistants, and Registered Nurse Practitioners could include accessing patient information via a qualifying HIE organization utilizing one or more HIE services, such as the HIE portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the entity's electronic health record (EHR). Qualifying HIE organization services are available on a first come, first serve basis, therefore, initiative activity in CYE 2021 is encouraged if achievement of the proposed CYE 2023 DAP criteria is desired.

## Other Future Considerations

AHCCCS will consider implementing other DAP initiatives in CYE 2023. The following items are areas of interest for future consideration.

1. Behavioral Health Outpatient Clinics
  - a. Participation in the statewide HIE and implementation of a bi-directional data exchange
  - b. Implementation of the Collaborative Care Model (CoCM)
2. Integrated Clinics
  - a. Participation in the statewide HIE and implementation of a bi-directional data exchange
  - b. Implementation of the Collaborative Care Model (CoCM)
  - c. Behavioral Health or Primary Care Services Utilization
3. Physicians, Physician Assistants, and Registered Nurse Practitioners
  - a. CYE 2023 – E-prescribing, increase criteria from 75% to 80%.
  - b. CYE 2023 - Participation in the statewide HIE and implementation of ADT alerts
  - c. CYE 2023 - Participation in the statewide HIE and implementation of a bi-directional data exchange
  - d. CYE 2023 - Screening of child and adolescent members for depression and/or anxiety when receiving an EPSDT/adolescent well visit
4. Home and Community Based Services Providers
  - a. For claims meeting EVV criteria, the provider meets the established percentage of claims passing EVV Claims Validation during the period April 21, 2021 through December 31, 2022
  - b. For providers required to comply with HCBS rules, passing the quality monitoring audit without a Corrective Action Plan (CAP).
5. Multiple Provider Types
  - a. CYE 2023 – Implementation of a Social Determinants of Health (SDoH) Screening Tool.



## Timeline

The following table is a summary of key activities in the DAP Strategies decision making and communication processes, including intended dates.

Date	Activity
2/3/2021	Revised Preliminary Public Notice (This Document)
By 2/26/2021	Tribal Consultation
2/26/2021	Public Notice Comments Due
3/15/2021	Qualifying Providers Identified
3/26/2021	Final Public Notice
Early June 2021	Post Notice of Proposed Rulemaking (NPRM)
Mid-July 2021	NPRM Public Comments Due
7/2/2021	Requests for Approval Due to CMS
8/13/2021	MCO Capitation Rates Due to CMS (including funding for DAPs)

AHCCCS anticipates that the criteria for DAP could change for CYE 2023. AHCCCS may also consider DAP for other Provider Types for CYE 2023. DAP increases noted above may change based on budgetary considerations and federal approvals.

## Comments

Written comments may be submitted to the following email address and must be received no later than 5:00pm on February 26, 2021: AHCCCS DAP@azahcccs.gov.

## Attachment A - CYE 2022 DAP HIE Data Quality Standards

1. Measure 1: Data source and data site information must be submitted on all ADT transactions.
  - i. Standards: HL7
  - ii. Inclusions: MSH.4, EVN.7, PV1.3.4
  - iii. Exclusions: None
  - iv. Additional Notes: The source information can be derived from the MSH.4 segment, and the site information from one of the other inclusions. If both source and site information are sent in MSH.4, the sending organization must provide the required mapping details to Health Current.
  
2. Measure 2: Event type must be properly coded on all ADT transactions.
  - i. Standards: HL7
  - ii. Inclusions: EVN.1, MSH.9.1, MSH.9.2
  - iii. Exclusions: None
  
3. Measure 3: Patient class must be properly coded on all appropriate ADT transactions.
  - i. Standards: HL7
  - ii. Inclusions: PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04)
  - iii. Exclusions: None
  
4. Measure 4: Patient demographic information must be submitted on all ADT transactions.
  - i. Standards: HL7
  - ii. Inclusions: PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1 PID.11.1, PID.11.3, PID.11.4, PID,11.5
  - iii. Exclusions: None
  - iv. Additional Notes: The patient demographic elements that will be evaluated for this measure are first name, last name, date of birth, gender, and address (street address, city, state, and zip). The patient demographic elements that have been removed from previous iterations of this measure include middle name, address type, county, and country.
  
5. Measure 5: Overall completeness of the ADT message
  - i. Standards: HL7
  - ii. Inclusions: MSH.4, MSH.9.1, MSH.9.2, EVN.1, EVN.7, PV1.3.4, PV1.2, PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1 PID.11.1, PID.11.3, PID.11.4, PID.11.5
  - iii. Exclusions: None

Attachment B - Example DAP HIE Data Quality Standards

Example – Hospital A

Hospital A receives an Initial Data Quality Profile with measurements for ADT data submitted in July 2020. Based on Hospital A’s initial measurements, the following table shows what measurements Hospital A must achieve on the Final Data Quality Profile that is based on March 2021 data.

Measure	Initial Data Quality Profile Measurement	Measurement Target (10% Improvement or Minimum/Threshold Achievement)	Notes
1 - Data Source & Site	50%	60%	Must achieve a 20% improvement to meet the 60% minimum standard.
2 - Event Type	75%	82.5%	10% improvement.
3 - Patient Class	95%	95%	No improvement needed - must maintain performance above 90% upper threshold.
4 - Patient Demographics	88%	90%	Must meet 90% upper threshold, full 10% improvement not required.
5- Overall Completeness	77%	84.7%	10% improvement.

Attachment C - Integrated Clinic Select Services

Integrated Clinic (IC) Physical Health Services Codes for AHCCCS Differential Adjusted Payments

CPT DESCRIPTION

59400 ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITH  
90471 IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,  
90472 IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,  
90473 IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR  
90474 IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL  
99201 New patient office or other outpatient visit, typically 10 minutes  
99202 New patient office or other outpatient visit, typically 20 minutes  
99203 New patient office or other outpatient visit, typically 30 minutes  
99204 New patient office or other outpatient visit, typically 45 minutes  
99205 New patient office or other outpatient visit, typically 60 minutes  
99211 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED  
99212 Established patient office or other outpatient visit, typically 10 minutes  
99213 Established patient office or other outpatient visit, typically 15 minutes  
99214 Established patient office or other outpatient, visit typically 25 minutes  
99215 Established patient office or other outpatient, visit typically 40 minutes  
99243 Patient office consultation, typically 40 minutes  
99244 Patient office consultation, typically 60 minutes  
99245 Patient office consultation, typically 80 minutes  
99381 INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL  
99382 INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL  
99383 INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL  
99384 INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL  
99385 INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL  
99391 Established patient periodic preventive medicine examination infant younger than 1 year  
99392 Established patient periodic preventive medicine examination, age 1 through 4 years  
99393 Established patient periodic preventive medicine examination, age 5 through 11 years  
99394 Established patient periodic preventive medicine examination, age 12 through 17 years  
99395 Established patient periodic preventive medicine examination age 18-39 years  
99403 PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)

\*Descriptions are truncated due to field length limitations in the AHCCCS mainframe

Attachment D - HCBS EVV Claims Compliance DAP

The HCBS EVV Claims Compliance DAP is applicable to the following POS, Provider Types, and service codes only when used in combination with each other. A qualifying service must be provided by a qualifying Provider Type with a qualifying POS in order to qualify for DAP.

<b>Place of Service Description</b>	<b>POS Code</b>
Home	12
Assisted Living Facility	13
Other	99

<b>Provider Description</b>	<b>Provider Type</b>
Attendant Care Agency	PT 40
Behavioral Outpatient Clinic	PT 77
Community Service Agency	PT A3
Fiscal Intermediary	PT F1
Habilitation Provider	PT 39
Home Health Agency	PT 23
Integrated Clinic	PT IC
Non-Medicare Certified Home Health Agency	PT 95
Private Nurse	PT 46

<b>Service</b>	<b>Service Codes</b>
Attendant Care	S5125
Companion Care	S5135
Habilitation	T2017
Home Health (aide, therapy, nursing services)	Nursing (G0299, G0300, S9123 and S9124) Home Health Aide (T1021) Therapies Physical Therapy (G0151 and S9131) Occupational Therapy (G0152 and S9129) Respiratory Therapy (S5181) Speech Therapy (G0153 and S9128)
Homemaker	S5130
Personal Care	T1019
Respite	S5150 and S5151
Skills Training	H2014

Attachment E - HCBS Rules Training DAP

The proposed HCBS Rules Training DAP is applicable to all services provided by the Provider Types 27, 36, 49 and 50 and limited services provided (specific below) by Provider Type 39, either on a FFS basis, or by all AHCCCS/ALTCS Contractors, for the ALTCS line of business.

<b>Setting</b>	<b>Provider Types</b>	<b>Service Codes</b>
Adult Foster Care	PT 50	All services billed by the provider.
Assisted Living Home	PT 36	All services billed by the provider.
Assisted Living Center	PT 49	All services billed by the provider.
Adult Day Health	PT 27	All services billed by the provider.
DDD – Group Homes	PT 39	Transportation [A0080 – A0210, S0209, S0215]  Habilitation [T2016 - T2021– <i>excluding T2017</i> ]
DDD - Child and Adult Developmental Homes		
DDD- Day Program		
DDD- Center Based Employment		
DDD- Group Supported Employment		
EPD- HCBS	PT 81	Day Care Services, Adult [S5101, S5102]

## Attachment F - HIE Strategy by Provider Type

HIE DAP Criteria	CYE 17	CYE 18	CYE 19	CYE 20	CYE 21	CYE 22	CYE 23	CYE 24	CYE 25
Hospitals	Agreement	Agreement	Milestones	Data Prep	Data Quality	Data Quality	Data Quality	Data Quality	Data Quality
IHS/G38 Facilities					Milestones	Data Prep	Data Quality	Data Quality	Data Quality
Integrated Clinics (ICs)			Milestones	Milestones	Data Prep	Data Prep	Data Quality	Data Quality	Data Quality
BH OP Clinics and ICs					Data Access	Milestones	Data Prep	Data Quality	Data Quality
Nursing Facilities						Milestones	Data Prep	Data Quality	Data Quality
HCBS Providers							Data Access	Milestones	Data Prep
Physicians, PAs, etc.							Data Access	Milestones	Data Prep

Agreement	Execute agreement and electronically submit information.
Milestones	Letter of Intent (LOI) with milestones for: execute agreement, approve scope of work (SOW), transmit admission, discharge and transfer information (known as ADT information), and transmit lab/radiology data. For non-inpatient facilities, transmit registration events and encounter summaries.
Data Access	Execute agreement and access HIE data via HIE services.
Data Prep	LOI with milestones for: submit immunization data (if applicable), executive data quality SOW, and submit data quality profile.
Data Quality	Measure data quality in first quality of calendar year using a metric to be defined.