

AHCCCS Differential Adjusted Payment (DAP) Activity  
CYE 2023 Preliminary Public Notice  
Original Date Posted January 28, 2022  
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## Overview & Purpose

The AHCCCS administration is publishing preliminary decisions for Differential Adjusted Payments (DAP) strategies to be implemented in the contracting year October 1, 2022 through September 30, 2023 (CYE 2023) for select AHCCCS registered Arizona providers that meet agency established performance criteria.

The DAP rates are to be implemented to ensure 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 same extent that they 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. Physicians, Physician Assistants, and Registered Nurse Practitioners Specialty Types (Obstetrics and Gynecology, Pediatrics, Cardiology and Nephrology),
11. Behavioral Health Providers,
12. Dental Providers,
13. Home and Community Based Services Providers,
14. Therapeutic Foster Homes, and
15. Multiple Provider Types.

The current DAP rates expire after September 30, 2022 dates of service. The DAP rates in this notice for CYE 2023 will be effective with dates of service beginning October 1, 2022 through September 30, 2023, 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 that 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 2023.

Unless otherwise specified, AHCCCS managed care organizations (MCOs) 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 CFR 438.6(c)(1)(iii), which provides states with the flexibility to implement provider payment initiatives, requires certain payment levels by MCOs to providers, and provides 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 based on a cost-to-charge ratio. Additionally, DAP increases are applied to claims after all the reimbursement rules are applied, but before the “Lesser Of” logic is determined. This notice describes how the DAP increase will be applied for each initiative.

Please note that funding for DAP rate increases is subject to the appropriation of State funds and 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 2.0%)

Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn up to a 2.0% DAP increase for both inpatient and outpatient services. In order to qualify, by April 1, 2022 the hospital must have submitted a Letter of Intent (LOI) to 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, 2022, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to 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, 2022, 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, 2022, 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, 2022, 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 September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital must regularly utilize the SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.~~
  - v. Milestone #5: No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate connectivity to and usage of the Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization
  - vi. Milestone #6: No later than November 1, 2022, 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.
  - vii. Milestone #7: No later than January 1, 2023, 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 #6.
  - viii. Milestone #8: No later than May 1, 2023, 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 #6.
  - 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.
    1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2021 data, to the final data quality profile based on March 2022 data.
    2. Meet a minimum performance standard of at least 60% based on March 2022 data.
    3. If performance meets or exceeds an upper threshold of 90% based on March 2022 data, the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
  - x. DAP HIE Data Quality Standards CYE 2023 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a 0.5% DAP percentage increase for select Data Quality Measures for a total of 2.0% if criteria are met for all categories indicating a 0.5% DAP.
    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%)

3. Patient class must be properly coded on all appropriate ADT transactions. (0%)
4. Patient demographic information must be submitted on all ADT transactions. (0%)
5. Race must be submitted on all ADT transactions. (0.5%)
6. Ethnicity must be submitted on all ADT transactions. (0.5%)
7. Diagnosis must be submitted on all ADT transactions. (0.5%)
8. Overall completeness of the ADT message. (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 CFR Part 2.

In order to receive up to a **2.0%** DAP increase for HIE performance a hospital **must** submit a LOI to the HIE by April 1, 2022 to the following email address: [DAP@healthcurrent.org](mailto:DAP@healthcurrent.org).

If a hospital has already achieved one or more of the CYE 2023 milestones as of April 1, 2022, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period April 1, 2022 through September 30, 2023. 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 **2.0%** DAP increase for CYE 2023 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 a DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) 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 2023 period in order to ensure that performance improvements are maintained.

**b. Social Determinants of Health Closed Loop Referral Platform 0.5%**

Hospitals that meet the following milestones are eligible to participate in this DAP initiative and earn a 0.5% DAP increase. In relation to this DAP initiative only, the qualifying HIE organization is designated as Contexture, the umbrella organization for Health Current, in alignment with AHCCCS' Whole Person Care Initiative. To qualify by April 1, 2022, the hospital must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates:

- i. Milestone #1: No later than April 1, 2022, submit registration form(s) for participation using the form(s) on the website of the qualifying HIE organization.
- ii. Milestone #2: No later than April 1, 2022:

1. For hospitals with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
  2. For hospitals without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
  3. For hospitals that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.
- iii. Milestone #3: No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital must regularly utilize the SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.

In order to receive a 0.5% DAP increase for SDOH Closed-Loop Referral Platform participation, hospitals must complete a registration form found on the website of the qualifying HIE organization and submit the form to the HIE by April 1, 2022 to the following email address: [DAP@healthcurrent.org](mailto:DAP@healthcurrent.org)

The registration form will include a commitment by the hospital to maintain its participation in any milestone activities already achieved as of April 1, 2022, for the period April 1, 2022, through September 30, 2023. Additionally, if a hospital submits a registration form and receives the 0.5% DAP increase for CYE 2023 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, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time.

The DAP will apply to all claims for covered AHCCCS services. The registration form must list each facility that the hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility.

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, 2022, 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, 2022, 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-upon claims operation process with AHCCCS for the review of medical records by May 31, 2022.
- v. The non-IHS/Tribal 638 facility will receive a minimum of one referral and any supporting medical documentation from the IHS/Tribal 638 facility and submit a minimum of one claim to AHCCCS under the CCA claiming guidelines, by September 1, 2022. During CYE 2023, from October 1, 2022 through September 30, 2023, submit an average of 10 CCA claims per month to AHCCCS.
- vi. Existing facilities with a CCA established in CYE 2022 will actively submit a minimum of 5 CCA claims to AHCCCS by March 15, 2022, and submit an average of 10 CCA claims per month to AHCCCS by May 31, 2022.

In order to meet the DAP criteria for CCA participation the facility must submit a LOI to AHCCCS by March 15, 2022 (or a fully signed CCA in lieu of a LOI) and a submit a fully signed CCA no later than April 30, 2022 to AHCCCS to both of the following email addresses:

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

If a facility participated in the CCA DAP in prior years and the CCA is still current, the facility may submit a letter acknowledging participation for CYE 2023, rather than submitting the CCA agreement.

If a facility receives the 0.5% DAP increase for CYE 2023 but fails to submit a minimum of one CCA claim by September 1, 2022 and fails to submit an average of 10 CCA claims per month to AHCCCS throughout CYE 2023, the facility may be ineligible to receive a DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.

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

Hospitals designated as a Critical Access Hospital (CAH) by March 15, 2022 are eligible for DAP increases under the following criteria.

### a. Health Information Exchange Participation (Up to 8.0%)

Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn up to a 8.0% DAP increase. In order to qualify, by April 1, 2022 the hospital must have submitted a LOI to 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, 2022, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to 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, 2022, 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, 2022, 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, 2022, 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 September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital must regularly utilize the SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.~~
- v. Milestone #5: No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate connectivity to and usage of the Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization.
- vi. Milestone #6: No later than November 1, 2022, 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.
- vii. Milestone #7: No later than January 1, 2023, 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 #6.
- viii. Milestone #8: No later than May 1, 2023, 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 #6.
- 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.

1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2021 data, to the final data quality profile, based on March 2022 data.
  2. Meet a minimum performance standard of at least 60% based on March 2022 data.
  3. If performance meets or exceeds an upper threshold of 90% based on March 2022 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
- x. DAP HIE Data Quality Standards CYE 2023 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a DAP percentage increase for select Data Quality Measures for a total of **8.0%** if criteria are met for all categories indicating a DAP.
1. Data source and data site information must be submitted on all ADT transactions. (1.0%)
  2. Event type must be properly coded on all ADT transactions. (1.0%)
  3. Patient class must be properly coded on all appropriate ADT transactions. (0%)
  4. Patient demographic information must be submitted on all ADT transactions. (0%)
  5. Race must be submitted on all ADT transactions. (2.0%)
  6. Ethnicity must be submitted on all ADT transactions. (2.0%)
  7. Diagnosis must be submitted on all ADT transactions. (2.0%)
  8. Overall completeness of the ADT message. (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 **an 8.0%** DAP increase for HIE performance a hospital must submit a LOI to the HIE by April 1, 2022 to the following email address: [DAP@healthcurrent.org](mailto:DAP@healthcurrent.org)

If a hospital has already achieved one or more of the CYE 2023 milestones as of April 1, 2022, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period April 1, 2022 through September 30, 2023. 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 **an 8.0%** DAP increase for CYE 2023 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, 2023 through September 30, 2024 (CYE 2024) 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 2023 period in order to ensure that performance improvements are maintained.



b. Social Determinants of Health Closed Loop Referral Platform (2.0%)

Hospitals that meet the following milestones are eligible to participate in this DAP initiative and earn a 2.0% DAP increase. In relation to this DAP initiative only, the qualifying HIE organization is designated as Contexture, the umbrella organization for Health Current, in alignment with AHCCCS' Whole Person Care Initiative. To qualify by April 1, 2022, the hospital must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates:

- i. Milestone #1: No later than April 1, 2022, submit registration form(s) for participation using the forms found on the website of the qualifying HIE organization.
- ii. Milestone #2: No later than April 1, 2022:
  1. For hospitals with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
  2. For hospitals without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
  3. For hospitals that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.
- iii. Milestone #3: No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital must regularly utilize the SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.

In order to receive a 2.0% DAP increase for SDOH Closed-Loop Referral Platform participation, hospitals must complete a registration form found on the website of the qualifying HIE organization and submit the form to the HIE by April 1, 2022 to the following email address: [DAP@healthcurrent.org](mailto:DAP@healthcurrent.org).

The registration form will include a commitment by the hospital to maintain its participation in any milestone activities already achieved as of April 1, 2022, for the period April 1, 2022, through September 30, 2023. Additionally, if a hospital submits a registration form and receives the 2% DAP increase for CYE 2023 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, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time.

The DAP will apply to all claims for covered AHCCCS services. The registration form must list each facility that the hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility.

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, 2022, 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, 2022, 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, 2022.
- v. The non-IHS/Tribal 638 facility will receive a minimum of one referral and any supporting medical documentation from the IHS/Tribal 638 facility and submit a minimum of one claim to AHCCCS under the CCA claiming guidelines, by September 1, 2022. During CYE 2023, from October 1, 2022 through September 30, 2023, submit an average of 10 CCA claims per month to AHCCCS.
- vi. Existing facilities with a CCA established in CYE 2022 will actively submit a minimum of 5 CCA claims to AHCCCS by March 15, 2022, and submit an average of 10 CCA claims per month to AHCCCS by May 31, 2022.

In order to meet the DAP criteria for CCA participation the facility must submit a LOI to AHCCCS by March 15, 2022 (or a fully signed CCA in lieu of a LOI) and a submit a fully signed CCA no later than April 30, 2022 to AHCCCS to both of the following email addresses:

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

If a facility participated in the CCA DAP in prior years and the CCA is still current, the facility may submit a letter acknowledging participation for CYE 2023, rather than submitting the CCA agreement.

If a facility receives the 0.5% DAP increase for CYE 2023 but fails to submit an average of 10 CCA claims per month to AHCCCS throughout CYE 2023, the facility may be ineligible to receive a DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.

### 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 (Up to 2.0%)

Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn up to a 2.0% DAP increase. In order to qualify, by April 1, 2022 the hospital must have submitted a LOI to 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, 2022, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to 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, 2022, 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, 2022, 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, 2022, 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 September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH~~

~~Closed Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital must regularly utilize SDOH Closed Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.~~

- v. **Milestone #5:** No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate connectivity to and usage of the Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization.
- vi. **Milestone #6:** No later than November 1, 2022, 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.
- vii. **Milestone #8:** No later than January 1, 2023, 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 #6**.
- viii. **Milestone #9:** No later than May 1, 2023, 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 #6**.
- 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.
  - 1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2021 data, to the final data quality profile based on March 2022 data.
  - 2. Meet a minimum performance standard of at least 60% based on March 2022 data.
  - 3. If performance meets or exceeds an upper threshold of 90% based on March 2022 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
- x. **DAP HIE Data Quality Standards CYE 2023 Measure Categories:** Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a 0.5% DAP percentage increase for select Data Quality Measures for a total potential increase of **2.0%** 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%)
  - 3. Patient class must be properly coded on all appropriate ADT transactions. (0%)
  - 4. Patient demographic information must be submitted on all ADT transactions. (0%)
  - 5. Race must be submitted on all ADT transactions. (0.5%)
  - 6. Ethnicity must be submitted on all ADT transactions. (0.5%)
  - 7. Diagnosis must be submitted on all ADT transactions. (0.5%)
  - 8. Overall completeness of the ADT message. (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 CFR Part 2.

In order to receive up to a **2.0%** DAP increase for HIE performance a hospital **must** submit a LOI to the HIE by April 1, 2022 to the following email address: [DAP@healthcurrent.org](mailto:DAP@healthcurrent.org).

If a hospital has already achieved one or more of the CYE 2023 milestones as of April 1, 2022, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period April 1, 2022 through September 30, 2023. 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 **2.0%** DAP increase for CYE 2023 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, 2023 through September 30, 2024 (CYE 2024) 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 2023 period in order to ensure that performance improvements are maintained.

b. Social Determinants of Health Closed Loop Referral Platform (0.5%)

Hospitals that meet the following milestones are eligible to participate in this DAP initiative and earn a 0.5% DAP increase. In relation to this DAP initiative only, the qualifying HIE organization is designated as Contexture, the umbrella organization for Health Current, in alignment with AHCCCS' Whole Person Care Initiative. To qualify by April 1, 2022, the hospital must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates:

- i. Milestone #1: No later than April 1, 2022, submit registration form(s) for participation using the form(s) on the website of the qualifying HIE organization.
- ii. Milestone #2: No later than April 1, 2022:
  1. For hospitals with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
  2. For hospitals without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
  3. For hospitals that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.
- iii. Milestone #3: No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital must regularly utilize SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date

through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.

In order to receive a 0.5% DAP increase for SDOH Closed-Loop Referral Platform participation, hospitals must complete a registration form found on the website of the qualifying HIE organization and submit the form to the HIE by April 1, 2022 to the following email address: [DAP@healthcurrent.org](mailto:DAP@healthcurrent.org)

The registration form will include a commitment by the hospital to maintain its participation in any milestone activities already achieved as of April 1, 2022, for the period April 1, 2022, through September 30, 2023. Additionally, if a hospital submits a registration form and receives the 0.5% DAP increase for CYE 2023 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, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time.

The DAP will apply to all claims for covered AHCCCS services. The registration form must list each facility that the hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility.

c. 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 March 15, 2022, 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.

d. 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, 2022, 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. 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, 2022, 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.

f. 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, 2022, 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, 2022, the facility must have entered into a CCA with a 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-upon claims operation process with AHCCCS for the review of medical records by May 31, 2022.
- v. The non-IHS/Tribal 638 facility will receive a minimum of one referral and any supporting medical documentation from the IHS/Tribal 638 facility and submit a minimum of one claim to AHCCCS under the CCA claiming guidelines, by September 1, 2022. During CYE 2023, from October 1, 2022 through September 30, 2023, submit an average of 10 CCA claims per month to AHCCCS.
- vi. Existing facilities with a CCA established in CYE 2022 will actively submit a minimum of 5 CCA claims to AHCCCS by March 15, 2022, and submit an average of 10 CCA claims per month to AHCCCS by May 31, 2022.

In order to meet the DAP criteria for CCA participation the facility must submit a LOI to AHCCCS by March 15, 2022 (or a fully signed CCA in lieu of a LOI) and a submit a fully signed CCA no later than April 30, 2022 to AHCCCS to both of the following email addresses:

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

If a facility participated in the CCA DAP in prior years and the CCA is still current, the facility may submit a letter acknowledging participation for CYE 2023, rather than submitting the CCA agreement.

If a facility receives the 0.5% DAP increase for CYE 2023 but fails to submit an average of 10 CCA claims per month to AHCCCS throughout CYE 2023, the facility may be ineligible to receive a DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.

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

Indian Health Service and/or Tribally owned and/or operated hospitals, Provider Type 02, by March 15, 2022 are eligible for a DAP increase 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 up to a 2.5% DAP increase for inpatient, outpatient, and ambulatory services. In order to qualify, by April 1, 2022 the hospital must have submitted a LOI to 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, 2022, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to 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, 2022, 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, 2022, 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, 2022, 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 data elements specific to individuals with a serious mental illness (SMI) designation, as defined by the qualifying HIE organization. For hospitals that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.
- v. Milestone #5: No later than November 1, 2022, 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, 2023, 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, 2023, 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.
- viii. 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 4.a.ix.
  - 1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2021 data, to the final data quality profile, based on March 2022 data.
  - 2. Meet a minimum performance standard of at least 60% based on March 2022 data.
  - 3. If performance meets or exceeds an upper threshold of 90% based on March 2022 data, the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
- ix. DAP HIE Data Quality Standards CYE 2023 Measure Categories: Hospitals that meet the standards, as defined in Attachment A-1 of this notice, qualify for a 0.5% DAP percentage increase for each Data Quality Measure 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 CFR Part 2.

In order to receive up to a 2.5% DAP increase for HIE participation a hospital must submit a LOI to the HIE by April 1, 2022 to the following email address: [DAP@healthcurrent.org](mailto:DAP@healthcurrent.org).

If a facility has already achieved one or more of the CYE 2023 milestones as of April 1, 2022, the LOI must include a commitment by the facility to maintain its participation in those milestone activities for the period April 1, 2022 through September 30, 2023. 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 2023 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, 2023 through September 30, 2024 (CYE 2024) 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, 2022, 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, 2022, 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, 2022.
- iv. The IHS/638 facility will submit a minimum of one referral and any supporting medical documentation to the non-IHS/Tribal 638 facility by September 1, 2022. During CYE 2023, from October 1, 2022 through September 30, 2023, submit an average of 10 CCA referrals per month to the non-IHS/Tribal 638 facility.
- v. Existing facilities with a CCA established in CYE 2022 will actively submit a minimum of 5 CCA referrals to the non-IHS/Tribal 638 facility by March 15, 2022, and submit an average of 10 CCA referrals per month by May 31, 2022.

In order to meet the DAP criteria for CCA participation an IHS/Tribal 638 facility must submit a LOI to AHCCCS by March 15, 2022 and a submit a signed CCA by April 30, 2022 to AHCCCS to both of the following email addresses:

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

If a facility participated in the CCA DAP in prior years and the CCA is still current, the facility may submit a letter acknowledging participation for CYE 2023, rather than submitting the CCA agreement.

If a facility receives the 0.5% DAP increase for CYE 2023 but fails to submit an average of 10 CCA referrals per month to the non-IHS/Tribal 638 facility throughout CYE 2023, the facility may be ineligible to receive a DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.

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, 2022 the facility must have submitted a LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates:

- i. Milestone #1: No later than April 1, 2022, the facility must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to 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 April 1, 2022, 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 April 1, 2022, the facility 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) from within the nursing facility; continuity of care documents reflecting a summary of care within the nursing facility including (if applicable): laboratory and radiology information; medication information; immunization data; active problem lists (diagnosis); social history; treatments and procedures conducted during the stay; advance directives; active allergies; and basic patient demographic data including assigned provider, emergency contact and payer. For facilities that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.
- iv. Milestone #4: 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.
- i. Milestone #5: No later than April 1, 2023, the facility 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 facility's EHR.

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 by April 1, 2022 to the following email address: [DAP@healthcurrent.org](mailto:DAP@healthcurrent.org).

If a facility has already achieved one or more of the CYE 2023 milestones as of April 1, 2022, the LOI must include a commitment by the facility to maintain its participation in those milestone activities for the period April 1, 2022 through September 30, 2023. 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 2023 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, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.

The DAP percentage is awarded to the nursing facility. For example, if an ownership change occurs during CYE 2023, the DAP percentage shall be applied to the new Provider ID for that facility.

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, 2022, 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 2023, the DAP percentage shall be applied to the new Provider ID for that facility.

**6. Integrated Clinics** (up to 1.0%)

Integrated Clinics, Provider Type IC, are eligible for a DAP increase of up to 1.0% on all services by meeting all of the following criteria for licensure, behavioral health utilization, and HIE participation.

a. Licensure

The provider must be licensed by the Arizona Department of Health Services (ADHS) as an Outpatient Treatment Center which provides both behavioral health services and physical health services.

b. Behavioral Health Services Utilization At Least 40%

Behavioral health services for the provider must account for at least 40% of total AHCCCS claims and encounters. Utilizing claims and encounter data for dates of service from October 1, 2020 through September 30, 2021, AHCCCS will compute claims and encounters for behavioral health services as a percentage of total claims and encounters as of April 1, 2022 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, 2022 the Integrated Clinic must have submitted a LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates:

- i. Milestone #1: No later than April 1, 2022, the clinic must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to 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, 2022.
- ii. Milestone #2: 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 data elements specific to individuals with a serious mental illness (SMI) designation, 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, 2022.
- iii. Milestone #3: No later than April 1, 2022, 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, 2023.
- iv. Milestone #4: No later than May 1, 2022, 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:
  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.
- v. Milestone #5: No later than May 1, 2022, 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.
  - vi. Milestone #6: No later than November 1, 2022, 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.
  - vii. Milestone #7: No later than January 1, 2023, the clinic must complete the initial data quality profile with a qualifying HIE organization.
  - viii. Milestone #8: No later than May 1, 2023, the clinic must complete the final data quality profile with a qualifying HIE organization
  - ix. Quality Improvement Performance Criteria: Clinics that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below in 6.c.x.
    1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2021 data, to the final data quality profile, based on March 2022 data.
    2. Meet a minimum performance standard of at least 60% based on March 2022 data.
    3. If performance meets or exceeds an upper threshold of 90% based on March 2022 data, the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
  - x. DAP HIE Data Quality Standards CYE 2023 Measure Categories: Clinics that meet the standards, as defined in Attachment A-2 of this notice, qualify for a 0.5% DAP percentage increase on all outpatient services delivered for select Data Quality Measures, for a total of 1.0% 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. Race must be submitted on all ADT transactions. (0%)
    4. Ethnicity must be submitted on all ADT transactions. (0%)
    5. Language preference must be submitted on all ADT transactions. (0%)
    6. Overall completeness of the ADT message. (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 CFR Part 2.

In order to meet the DAP criteria for HIE participation a clinic must submit a LOI to the HIE by April 1, 2022 to the following email address: [DAP@healthcurrent.org](mailto:DAP@healthcurrent.org).

If a clinic has already achieved one or more of the CYE 2022 milestones as of April 1, 2022, the LOI must include a commitment by the clinic to maintain its participation in those milestone activities for the period April 1, 2022 through September 30, 2023. 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 2023 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, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.

The DAP rates will be paid for all services and will provide an increase of up to 1.0% for dates of service in CYE 2023.

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

Behavioral Health Outpatient Clinics, Provider Type 77, as licensed by the ADHS, are eligible for a 1% 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, 2022, the clinic must have submitted a LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates:

- i. Milestone #1: No later than April 1, 2022, the clinic must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to 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, 2022.
- ii. Milestone #2: No later than April 1, 2022, 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, 2023.
- iii. Milestone #3: 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 data elements specific to individuals with a serious mental illness (SMI) designation, as defined by the qualifying HIE organization. For clinics that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.

- iv. Milestone #4: No later than May 1, 2022, 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.
- v. Milestone #5: 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:
  - 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.
- vi. Milestone #6: No later than November 1, 2022, 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.
- vii. Milestone #7: No later than January 1, 2023, the clinic 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 #6.
- viii. Milestone #8: No later than May 1, 2023, the clinic 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 #6.

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 by April 1, 2022 to the following email address: [DAP@healthcurrent.org](mailto:DAP@healthcurrent.org).

If a clinic has already achieved one or more of the CYE 2022 milestones as of April 1, 2022, the LOI must include a commitment by the clinic to maintain its participation in those milestone activities for the period April 1, 2022 through September 30, 2023. 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 2023 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, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.



## 8. Behavioral Health Outpatient Clinics and Integrated Clinics (Up to 8.5%)

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

### a. Social Determinants of Health Closed Loop Referral Platform (1.0%)

Clinics that meet the following milestones are eligible to participate in this DAP initiative and earn a 1.0% DAP increase. In relation to this DAP initiative only, the qualifying HIE organization is designated as Contexture, the umbrella organization for Health Current, in alignment with AHCCCS' Whole Person Care Initiative. To qualify by April 1, 2022, the clinic must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates:

- i. Milestone #1: No later than April 1, 2022, submit a registration form for participation using the website-based registration form(s) on the website of the qualifying HIE organization.
- ii. Milestone #2: No later than April 1, 2022:
  1. For clinics with an active Participation Agreement with a qualifying HIE organization, submit a signed **Participant** SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
  2. For clinics without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
  3. For clinics that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.
- iii. Milestone #3: No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the clinic must regularly utilize SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the clinic will be counted towards volume requirements.

In order to receive a 1.0% DAP increase for SDOH Closed-Loop Referral Platform participation, clinics must complete a registration form found on the website of the qualifying HIE organization and submit the form to the HIE by April 1, 2022 to the following email address: [DAP@healthcurrent.org](mailto:DAP@healthcurrent.org).

The registration form will include a commitment by the clinic to maintain its participation in any milestone activities already achieved as of April 1, 2022, for the period April 1, 2022, through September 30, 2023. Additionally, if a clinic submits a registration form and receives the 1% DAP increase for CYE 2023 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, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time.

The DAP will apply to all claims for covered AHCCCS services. The registration form must list each facility that the clinic requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility or the Provider ID for each qualified rendering provider.

b. 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 with schools is defined as providers that have 1) by June 30, 2022 signed a participation agreement with the Universal Educational Referral System and 2) by June 30, 2022 submitted an LOI indicating they will meet one of the following milestones by June 30, 2023:

i) have accepted at least 10 referrals from schools through the Universal Educational Referral System that led to subsequent service provision for the student, or

ii) have provided services on a school campus, as identified by the use of the CTDS number related to a Universal Educational Referral System referral.

In order to meet the DAP criteria a clinic must submit a LOI to the HIE by June 30, 2022 to the following email address: [DAP@healthcurrent.org](mailto:DAP@healthcurrent.org)

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, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.

c. 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, 2021. Providers that have been identified as an Autism COE in this manner will qualify for the DAP increase.

d. 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 3.0% DAP increase 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, 2022 and submitted to AHCCCS by email to [AHCCCSdap@azahcccs.gov](mailto:AHCCCSdap@azahcccs.gov).

On April 15, 2022, 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.

e. American Society of Addiction Medicine Continuum Software Integration (0.5%)

Clinics that bill for behavioral health assessments will be eligible for a 0.5% DAP increase on all provider claims by integrating their EHR system with the ASAM continuum software. By March 15, 2022, clinics need to submit an LOI to AHCCCS indicating they will contract with a vendor to complete integration of ASAM with their EHR system by April 30, 2022.

In order to receive the 0.5% DAP increase for ASAM integration with its EHR, the clinic must submit a LOI to AHCCCS by March 15, 2022 to the following email address: [AHCCCSdap@azahcccs.gov](mailto:AHCCCSdap@azahcccs.gov).

If a clinic submits an LOI and receives the 0.5% DAP increase for CYE 2023, but fails to integrate its system by April 30, 2022, that provider will be ineligible to receive **any** DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.

## 9. Physicians, Physician Assistants, and Registered Nurse Practitioners (Up to 3.5%)

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

### a. Social Determinants of Health Closed Loop Referral Platform (1.0%)

Providers that meet the following milestones are eligible to participate in this DAP initiative and earn a 1.0% DAP increase. In relation to this DAP initiative only, the qualifying HIE organization is designated as Contexture, the umbrella organization for Health Current, in alignment with AHCCCS' Whole Person Care Initiative. In order to qualify, by April 1, 2022, the provider must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates:

- i. Milestone #1: No later than April 1, 2022, submit a registration form for participation using the website-based registration form(s) on the website of the qualifying HIE organization.
- ii. Milestone #2: No later than April 1, 2022:
  1. For providers with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
  2. For providers without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
  3. For providers that have not participated in the DAP HIE requirements in 2022, the deadline for this Milestone will be November 1, 2022.
- iii. Milestone #3: No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the provider must regularly utilize SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the provider will be counted towards volume requirements. For providers that have not participated in the

DAP HIE requirements in CYE 2022, the deadline for this Milestone will be September 30, 2023 and no utilization requirements will be included.

In order to receive a 1.0% DAP increase for SDOH Closed-Loop Referral Platform participation, providers must complete a registration form found on the website of the qualifying HIE organization and submit the form to the HIE by April 1, 2022 at the following email address: [DAP@healthcurrent.org](mailto:DAP@healthcurrent.org).

The registration form will include a commitment by the provider to maintain its participation in any milestone activities already achieved as of April 1, 2022, for the period April 1, 2022, through September 30, 2023. Additionally, if a provider submits a registration form and receives the 1.0% DAP increase for CYE 2023 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 provider will be ineligible to receive DAP for dates of service from October 1, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time.

b. Electronic Prescriptions (1.0%)

A provider that has written at least 80 prescriptions for AHCCCS members, and has written at least 80% 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, 2021 through December 31, 2021 dispense dates will be utilized in the computations.
- ii. AHCCCS will compute claims and encounters for this purpose as of April 1, 2022 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.

c. Six-Week Postpartum Visits (1.0%)

An obstetrician or gynecologist that meets the criteria for provision of six-week postpartum visits will qualify for a 1.0% DAP increase on all claims. A provider qualifies if they have delivered and discretely billed for six-week postpartum visit services for at least 25% of the members for whom it delivered in the CYE 2021 period. AHCCCS will review claims and encounters for the period of October 1, 2020 through September 30, 2021 to determine eligibility for the DAP in CYE 2023. Only approved and adjudicated AHCCCS claims and encounters as of April 1, 2022 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.

d. American Society of Addiction Medicine (ASAM) Continuum Software Integration (0.5%)

Providers that bill for behavioral health assessments will be eligible for a 0.5% DAP increase on all provider claims by integrating their EHR system with the ASAM continuum software. By March 15, 2022, providers need to submit an LOI to AHCCCS indicating they will contract with a vendor to complete integration of ASAM with their EHR system by April 30, 2022.

In order to receive the 0.5% DAP increase for ASAM integration with its EHR, the provider **must** submit a LOI to AHCCCS by March 15, 2022 at the following email address:  
[AHCCCSdap@azahcccs.gov](mailto:AHCCCSdap@azahcccs.gov).

If a provider submits an LOI and receives the 0.5% DAP increase for CYE 2023, but fails to integrate its system by April 30, 2022, that provider will be ineligible to receive any DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.

The DAP will apply to all claims for covered AHCCCS services. The registration form must list each facility that the provider requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility or the Provider ID for each qualified rendering provider.

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 but the DAP must be paid on at least a quarterly basis. In the event an expected quarterly payment to an entity is less than \$25, the MCOs will be permitted to delay payment to the entity until the earlier occurs: payments due of at least \$25 or final quarterly payment for CYE 2023.

**10. Physicians, Physician Assistants, and Registered Nurse Practitioners Specialty Types (Obstetrics and Gynecology, Pediatrics, Cardiology and Nephrology) (1.0%)**

Physicians, Physician Assistants, and Registered Nurse Practitioners (Provider Types 08, 18, 19, and 31) specialty types obstetrics and gynecology, pediatrics, cardiology and nephrology are eligible for DAP increases under the following criteria.

- a. Health Information Exchange Participation (1.0%)
- i. Milestone #1: No later than April 1, 2022, the provider must submit a LOI to 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 August 1, 2022, the provider must have in place an active participation agreement with a qualifying HIE organization
  - iii. Milestone #3: No later than April 1, 2023, the provider 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 provider.

In order to receive a 1.0% DAP increase for HIE participation the provider must submit a LOI to the HIE by April 1, 2022 to the following email address: [DAP@healthcurrent.org](mailto:DAP@healthcurrent.org).

If the provider has already achieved one or more of the CYE 2023 milestones as of April 1, 2022, the LOI must include a commitment by the provider to maintain its participation in those milestone activities for the period April 1, 2022 through September 30, 2023. The LOI must include a list of the eligible clinicians that the provider requests to participate in this DAP initiative and must include the AHCCCS IDs for each clinician. In all cases, the provider must submit the AHCCCS IDs for each listed clinician as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

If the provider submits a LOI and receives a 1.0% DAP increase for CYE 2023 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 provider will be ineligible to receive DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.

## **11. Behavioral Health Providers (1.0%)**

Community Service Agencies (CSA), Independent Substance Abuse Counselors (LISAC), Behavioral Health Therapeutic Homes, and Rural Substance Abuse Transitional Agencies (Provider Types A3, A4, A5 and A6) are eligible for DAP increases under the following criteria.

### **a. Social Determinants of Health Closed Loop Referral Platform (1.0%)**

Providers that meet the following milestones are eligible to participate in this DAP initiative and earn a 1.0% DAP increase. In relation to this DAP initiative only, the qualifying HIE organization is designated as Contexture, the umbrella organization for Health Current, in alignment with AHCCCS' Whole Person Care Initiative. In order to qualify, by April 1, 2022, the provider must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates:

- i. Milestone #1: No later than April 1, 2022, submit a registration form for participation using the website-based registration form(s) on the website of the qualifying HIE organization.
- ii. Milestone #2: No later than April 1, 2022:
  1. For providers with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
  2. For providers without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement (if applicable) and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
  3. For providers that have not participated in DAP HIE requirements in CYE 2022, the deadline for this Milestone will be November 1, 2022.
- iii. Milestone #3: No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the provider must regularly utilize SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the provider will be

counted towards volume requirements. For providers that have not participated in the DAP HIE requirements in CYE 2022, the deadline for this Milestone will be September 30, 2023 and no utilization requirements will be included.

In order to receive a 1.0% DAP increase for SDOH Closed-Loop Referral Platform participation, providers must complete a registration form found on the website of the qualifying HIE organization and submit the form to the HIE by April 1, 2022 at the following email address: [DAP@healthcurrent.org](mailto:DAP@healthcurrent.org).

The registration form will include a commitment by the provider to maintain its participation in any milestone activities already achieved as of April 1, 2022, for the period April 1, 2022, through September 30, 2023. Additionally, if a provider submits a LOI and receives the 1.0% DAP increase for CYE 2023 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 provider will be ineligible to receive DAP for dates of service from October 1, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time.

The DAP will apply to all claims for covered AHCCCS services. The registration form must list each facility that the provider requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility or the Provider ID for each qualified rendering provider.

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 but the DAP must be paid on at least a quarterly basis. In the event an expected quarterly payment to an entity is less than \$25, the MCOs will be permitted to delay payment to the entity until the earlier occurs: payments due of at least \$25 or final quarterly payment for CYE 2023.

## **12. 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 to 15 years of age to whom they provided dental sealants from CYE 2020 (October 1, 2019 through September 30, 2020) to CYE 2021 (October 1, 2020 through September 30, 2021) 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 April 1, 2022 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, 2020 through September 30, 2021. Only approved and adjudicated AHCCCS claims and encounters as of April 1, 2022 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.

### **13. Home and Community Based Services Providers (Up to 3.0%)**

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 a FFS basis, or by all AHCCCS contractors, for all lines of business, including the Arizona Long Term Care System (ALTCSS).

a. Electronic Visit Verification Compliance (1.0%)

HCBS providers that participate in the Electronic Visit Verification (EVV) system will qualify for a DAP increase of 1.0% if the provider has logged at least one **verified** visit in the EVV system for at least 80% of its members from January 1, 2021 to March 31, 2022. **A visit is considered “verified” when it contains all of the required information under the 21st Century Cures Act, listed below:**

1. **Member ID**
2. **Provider Agency ID**
3. **Employee/Staff Providing the service**
4. **Service Provided**
5. **Date/Time Service Began**
6. **Date/Time Service Ended**
7. **Location of Service Delivery**

To determine the total membership for each provider, AHCCCS will review adjudicated AHCCCS claims and encounters for the period of June 1, 2020 through June 30, 2021. Visit data will be obtained from Sandata for both Sandata users and providers using alternate EVV systems.

The DAP increase will be applicable to all services as outlined in Attachment C.

b. Health Information Exchange Participation (1.0%)

Assisted Living (AL) Centers (Provider Type 49) that meet the following milestones are eligible to participate in this DAP initiative. In order to qualify, by April 1, 2022, the AL Center must have submitted a LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates:

- i. Milestone #1: No later than April 1, 2022, the AL Center must submit a LOI to 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 August 1, 2022, the AL Center must have in place an active participation agreement with a qualifying HIE organization
- iii. Milestone #3: No later than April 1, 2023, the AL Center 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 AL Center’s EHR.



In order to receive up to a 1.0% DAP increase for HIE performance an AL Center **must** submit a LOI to the HIE by April 1, 2022 to the following email address: [DAP@healthcurrent.org](mailto:DAP@healthcurrent.org).

If the AL Center has already achieved one or more of the CYE 2023 milestones as of April 1, 2022, the LOI must include a commitment by the AL Center to maintain its participation in those milestone activities for the period April 1, 2022 through September 30, 2023. The LOI must list each facility that the AL Center requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. In all cases, the AL Center 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 an AL Center submits a LOI and receives a 1.0% DAP increase for CYE 2023 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 AL Center will be ineligible to receive DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.

c. Social Determinants of Health Closed Loop Referral Platform (2.0%)

Providers that meet the following milestones are eligible to participate in this DAP initiative and earn a 2.0% DAP increase. The DAP increase will be applicable to all services as outlined in Attachment C-2.

In relation to this DAP initiative only, the qualifying HIE organization is designated as Contexture, the umbrella organization for Health Current, in alignment with AHCCCS' Whole Person Care Initiative. In order to qualify, by April 1, 2022, the provider must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates:

- i. Milestone #1: No later than April 1, 2022, submit a registration form for participation using the website-based registration form(s) on the website of the qualifying HIE organization.
- ii. Milestone #2: No later than April 1, 2022:
  1. For providers with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
  2. For providers without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement (if applicable) and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
  3. For providers that have not participated in DAP HIE requirements in CYE 2022, the deadline for this Milestone will be November 1, 2022.
- iii. Milestone #3: No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the provider must regularly utilize SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date

through the end of CYE 2023. All referrals entered into the system by the provider will be counted towards volume requirements.

In order to receive a 2.0% DAP increase for SDOH Closed-Loop Referral Platform participation, providers must complete a registration form found on the website of the qualifying HIE organization and submit the form to the HIE by April 1, 2022 at the following email address: [DAP@healthcurrent.org](mailto:DAP@healthcurrent.org).

The registration form will include a commitment by the provider to maintain its participation in any milestone activities already achieved as of April 1, 2022, for the period April 1, 2022, through September 30, 2023. Additionally, if a provider submits a LOI and receives the 2.0% DAP increase for CYE 2023 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 provider will be ineligible to receive DAP for dates of service from October 1, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time.

The DAP will apply to all claims for covered AHCCCS services. The registration form must list each facility that the provider requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility or the Provider ID for each qualified rendering provider.

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 but the DAP must be paid on at least a quarterly basis. In the event an expected quarterly payment to an entity is less than \$25, the MCOs will be permitted to delay payment to the entity until the earlier occurs: payments due of at least \$25 or final quarterly payment for CYE 2023.

#### **14. Therapeutic Foster Homes (Up to 20.0%)**

Therapeutic Foster Home providers (Provider Type A5) are eligible for DAP increases under the following criteria.

a. New Therapeutic Foster Homes (10.0%)

Newly-licensed Therapeutic Foster Homes will qualify for a DAP increase of 10.0% on codes S5140 and S5145 if the provider has an AHCCCS registration date between April 1, 2021 and March 31, 2022.

b. Therapeutic Foster Home Continuous Therapeutic Foster Care (TFC) Services (10.0%)

Therapeutic Foster Homes will qualify for a DAP increase of 10.0% on codes S5140 and S5145 if they provided at least 60 days of continuous TFC services to a member between October 1, 2020 and December 31, 2021.

#### **15. Multiple Provider Types**

The Provider Types included in Attachment D are eligible for DAP increases under the following criteria.

a. Providers That Have Submitted a Provider Workforce Development Plan (PWFD-P) (2.0%)

Providers that are currently required by MCOs to submit, and have submitted, a Provider Workforce Development Plan (PWFD-P) by February 28, 2022 (Provider Types 77, IC and CSA) will qualify for a DAP increase of 2.0% on claims for all AHCCCS covered services if the providers complete, sign and submit an attestation to AHCCCS by March 15, 2022.

The attestation template shall be created by AHCCCS, and completed by providers, and shall:

1. Restate the provider's current workforce metrics:
  - a. Retention and turnover,
  - b. Most difficult positions to fill, and
  - c. Average time to fill.
2. Indicate the improvement (or maintenance) goal for these metrics the provider intends to realize by April 30, 2023.
3. Acknowledge the provider is:
  - a. Required to report workforce metrics to the MCOs on an annual basis.
  - b. NOT required to submit an annual PWFD-P after 2022 contingent upon the success of its PWFD-P as evidenced by the Annual Workforce Metrics report.
  - c. Required to update its PWFD-P annually and produce the P-WFD-P if requested by an MCO.

In order to receive the 2.0% DAP increase for the PWFD-P the provider **must** submit an attestation to AHCCCS by March 15, 2022 at the following email address: [DCW@azahcccs.gov](mailto:DCW@azahcccs.gov).

The attestation can be found on the AHCCCS website at the following location: <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/qualifyingproviders.html>.

b. Providers That Have Not Submitted a PWFD-P (2.0%)

Providers that have not submitted a PWFD-P will qualify for a DAP increase of 2.0% on claims for all AHCCCS covered services if the providers complete, sign and submit an attestation to AHCCCS by March 15, 2022.

The attestation template shall be created by AHCCCS, and completed by providers, and shall indicate that the provider will submit a PWFD-P to MCOs, in the format specified, by April 30, 2023.

In order to receive a 2.0% DAP increase for Workforce Development, the provider must complete and return the appropriate attestation to AHCCCS by March 15, 2022 to the following email address: [DCW@azahcccs.gov](mailto:DCW@azahcccs.gov)

The attestation can be found on the AHCCCS website at the following location: <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/qualifyingproviders.html>.

If a provider submits an attestation and receives the 2.0% DAP increase for CYE 2023, but does not make progress toward improving their workforce metrics or fails to submit a Workforce Development plan by April 30, 2023, that provider will be ineligible to receive **any** DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time. Future considerations for a workforce development DAP include meeting specified target metric improvements in accordance with a provider's workforce development plan.

c. Employment Staff Training (2.0%)

Habilitation providers (Provider Type 39), Behavioral Health Outpatient Clinics (Provider Type 77), Community Service Agencies (Provider Type A3) and Integrated Clinics (Provider Type IC) meeting the following requirements are eligible for this DAP.

Providers that meet employment staff training requirements are eligible for a 2.0% DAP on employment codes, including employment supports (T2019, H2025, H2026) and psychoeducational/rehabilitation services (H2027). By May 31, 2022, providers must complete, sign and submit to AHCCCS an attestation indicating they will ensure dedicated employment provider staff are trained by April 30, 2023 to demonstrate specific competencies related to the provision of employment-related services and supports. The training must be provided by a single, third-party entity and must be, at a minimum, 40 hours in duration.

In order to receive a 2.0% DAP increase for employment staff training, the provider must complete and return the AHCCCS attestation by May 31, 2022 to the following email address: [AHCCCSdap@azahcccs.gov](mailto:AHCCCSdap@azahcccs.gov).

The attestation can be found on the AHCCCS website at the following location: <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/qualifyingproviders.html>.

If a provider submits an attestation and receives the 2.0% DAP increase for CYE 2023, but does not train its staff by April 30, 2023, that provider will be ineligible to receive any DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.

## Timeline

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

Date	Activity
1/28/2022	Preliminary Public Notice
1/31/2022	Tribal Consultation
2/10/2022	Revised Preliminary Public Notice (This document)
2/28/2022	Public Notice Comments Due
3/18/2022	Final Public Notice
Early June 2022	Post Notice of Proposed Rulemaking (NPRM)
Mid-July 2022	NPRM Public Comments Due
7/1/2022	Requests for Approval Due to CMS
8/15/2022	MCO Capitation Rates Due to CMS (including funding for DAPs)

AHCCCS anticipates that the criteria for DAP could change for CYE 2024. In the final version of this notice AHCCCS will provide guidance on potential CYE 2024 DAP modifications, including DAPs for other Provider Types. DAP increases noted above may change based on budgetary considerations and federal approvals.

## Public Comments

Written comments may be submitted to the following email address and must be received no later than 5:00pm on February 28, 2022: [AHCCCS DAP@azahcccs.gov](mailto:AHCCCS DAP@azahcccs.gov).

Attachment - A

CYE 2023 DAP HIE Data Quality Standards  
Types (02, CAH, 71, B1, B3, B5, B6, C4)

1. Measure 1: Data source and data site information must be submitted on all ADT transactions.
  - i. Standards: HL7
  - ii. Inclusions: MSH.4 and 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 Contexture.
  
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: Race
  - i. Standards: HL7 or CCD
  - ii. Inclusions: PID.10.1 and PID.10.2
  - iii. Exclusions: None
  - iv. Additional Notes: HL7 standard code sets will be used for race items outside of HL7 will be mapped when possible, to one of the HL7 excepted code sets. The following link will provide code set details <https://www.hl7.org/fhir/v2/0005/index.html>

6. Measure 6: Ethnicity
  - i. Standards: HL7 or CCDi
  - ii. Inclusions: PID.22.1 and PID.22.2
  - iii. Exclusions: None
  - iv. Additional Notes: HL7 standard code sets will be used for ethnicity, items outside of HL7 will be mapped when possible, to one of the HL7 excepted code sets. The following link will provide code set details <https://www.hl7.org/fhir/v2/0189/index.html>
  
7. Measure 7: Discharge Diagnosis
  - i. Standards: HL7
  - ii. Inclusions: DG1.3.1, DG1.3.2, DG1.3.3, DG1.5.1, DG1.6.1
  - iii. Exclusions: Admission, transfers
  - iv. Additional Notes: initial quality measure will only include diagnosis upon discharge A03
  
8. Measure 8: Overall completeness
  - i. Standards: HL7
  - ii. Inclusions: MSH.4 and PV.1.3.4; MSH.4, EVN.1, MSH.9.1, MSH.9.2; PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04), PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.11.1, PID.11.3, PID.11.4, PID,11.5; PID.10.1 and PID.10.2; PID.22.1 and PID.22.2; DG1.3.1, DG1.3.2, DG1.3.3, DG1.5.1, DG1.6.1
  - iii. Exclusions: None

Attachment - A-1  
CYE 2023 DAP HIE Data Quality Standards  
Type: Indian Health Services (IHS)

1. Measure 1: Data source and data site information must be submitted on all ADT transactions.
  - i. Standards: HL7
  - ii. Inclusions: MSH.4 and 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 Contexture, the umbrella organization for 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. Overall completeness
  - i. Standards: HL7
  - ii. Inclusions: MSH.4 and PV.1.3.4; ,EVN.1, MSH.9.1, MSH.9.2 PV.1.2 (associated with completion EVN,MH.9 with A0.1, A02, A03, A04) PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1, PID.10.2, PID.11.1, PID.11.3, PID.11.4, PID.11.5
  - iii. Exclusions: None



Attachment A -2  
CYE 2023 DAP HIE Data Quality Standards  
Type: Integrated Clinics (Type IC)

The following HIE data quality standards are recommended to set foundational measures that includes data source and patient demographic information as well as include CCD document standards as established by HL7 CDAR2 standards and validated through nationally excepted validation tools.

1. Measure 1: Data source and data site information must be submitted on all transactions.
  - i. Standards: HL7 or CCD
  - ii. Inclusions: MSH.4 and 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 source organization has multiple sites organization must work with Contexture, the umbrella organization for Health Current, to identify site information and mapping within PV1.3.4
  
2. Measure 2: Patient demographic information must be submitted on all transactions.
  - i. Standards: HL7 or CCD
  - ii. Inclusions: PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, 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).
  
3. Measure 3: Race
  - i. Standards: HL7 or CCD
  - ii. Inclusions: PID.10 and PID.10.2
  - iii. Exclusions: None
  - iv. Additional Notes: HL7 standard code sets will be used for race items outside of HL7 will be mapped when possible, to one of the HL7 excepted code sets the following link will provide code set details <https://www.hl7.org/fhir/v2/0005/index.html>
  
4. Measure 4: Ethnicity
  - i. Standards: HL7 or CCD
  - ii. Inclusions: PID.22.1 and PID.22.2
  - iii. Exclusions: None

- iv. Additional Notes: HL7 standard code sets will be used for ethnicity, items outside of HL7 will be mapped when possible, to one of the HL7 excepted code sets the following link will provide code set details <https://www.hl7.org/fhir/v2/0189/index.htm>

5. Measure 5: language preference

- i. Standards: HL7 or CCD
- ii. Inclusions: PID.15
- iii. Exclusions: None
- iv. Additional Notes: Language codes sets are mapped to ISO 639-2 language codes sets the following link will provide code set details  
[https://www.loc.gov/standards/iso639-2/php/code\\_list.php](https://www.loc.gov/standards/iso639-2/php/code_list.php)

6. Measure 6: Overall completeness

- i. Standard: HL7
- ii. Inclusions: MSH.4 and PV.1.3.4, PID.1.1, PID1.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5, PID.10.1, PID.10.2, PID.22.1, PID.22.2, PID.15
- iii. Exclusions: None
- iv. Additional Notes: Measure 5 is considered a pass-fail measure and will be included in overall completeness as either pass or fail.

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 2021. 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 2022 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 – Race	55%	60%	Must meet 90% upper threshold, not full 10% improvement
6 – Ethnicity	55%	60%	Must meet 90% upper threshold, not full 10% improvement
7 – Diagnosis	89%	90%	Must meet 90% upper threshold, not full 10% improvement
8 – Overall Completeness	77%	84.7%	10% improvement.

Attachment B-2 - Example DAP HIE Quality Performance  
Criteria

Example – Integrated Clinic A

Integrated clinic A receives an Initial Data Quality Profile with measurements for data submitted in July 2021. Based on clinic A’s initial measurements, the following table shows what measurements Clinic A must achieve on the Final Data Quality Profile that is based on March 2022 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 – Patient demographics	75%	82.5%	10% improvement.
3 – Race	95%	95%	No improvement needed - must maintain performance above 90% upper threshold.
4 – Ethnicity	95%	95%	No improvement needed - must maintain performance above 90% upper threshold.
5 – Language preference	95%	95%	No improvement needed - must maintain performance above 90% upper threshold.
6 - Overall Completeness	77%	84.7%	10% improvement.

Attachment C - HCBS EVV Compliance

The HCBS EVV 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 the 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 and S5136
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 C-2 - HCBS SDOH DAP

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

<b>Provider Description</b>	<b>Provider Type</b>
Attendant Care Agency	PT 40
<del>Behavioral Outpatient Clinic</del>	<del>PT 77</del>
Community Service Agency	PT A3
Fiscal Intermediary	PT F1
Habilitation Provider	PT 39
Home Health Agency	PT 23
<del>Integrated Clinic</del>	<del>PT 16</del>
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 and S5136
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 D - Workforce Development

The Workforce Development DAP is applicable to the following Provider Types.

<b>77</b>	BH OUTPATIENT CLINIC
<b>40</b>	ATTENDANT CARE
<b>IC</b>	INTEGRATED CLINICS
<b>36</b>	ASSISTED LIVING HOME (FORMERLY ACH)
<b>23</b>	HOME HEALTH AGENCY
<b>39</b>	HABILITATION PROVIDER
<b>A3</b>	COMMUNITY SERVICE AGENCY
<b>27</b>	ADULT DAY HEALTH
<b>95</b>	NON-MEDICARE CERTIFIED HOME HTH AGENCIES
<b>81</b>	EPD HCBS
<b>B5</b>	SUBACUTE FACILITY (1-16 BEDS)
<b>A6</b>	RURAL SUBSTANCE ABUSE TRANSITIONAL AGCY

## Attachment E - HIE Strategy by Provider Type

HIE Strategy by Provider Type Updated 1/7/2022									
Provider Types	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/638 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					Data Access	Milestones	Data Prep	Data Quality	Data Quality
Nursing Facilities						Milestones	Data Access	Data Prep	Data Quality
HCBS Providers (PT 49)							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 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), execute data quality SOW, and submit data quality profile.								
Data Quality	Measure data quality in first quarter of calendar year using a metric to be defined.								