

AHCCCS Differential Adjusted Payment (DAP) Activity
CYE 2020 Proposal
Preliminary Public Notice
January 31, 2019

Overview & Purpose

The AHCCCS Administration is publishing preliminary decisions for Differential Adjusted Payment (DAP) strategies to be implemented in the contracting year October 1, 2019 through September 30, 2020 (CYE 2020) for select AHCCCS registered Arizona providers, which meet Agency established performance criteria. This preliminary public notice also addresses future DAP reimbursement strategies that may be considered for implementation in CYE 2021 and thereafter.

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

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

The DAP rates currently in place expire after September 30, 2019 dates of service. The DAP rates in this notice for CYE 2020 will be effective with dates of service beginning October 1, 2019, through September 30, 2020, and all noted providers (based on distinct Provider Types) will have the opportunity to be considered for meeting the criteria described further below.

The DAP Schedule represents a positive adjustment to the AHCCCS Fee-For-Service (FFS) rates. The purpose of the DAP is to distinguish providers which have committed to supporting designated actions that improve patients' care experience, improve members' health, and reduce cost of care growth. These fee schedules will be limited to dates of service in CYE 2020. AHCCCS managed care organizations (MCOs; including Regional Behavioral Health Authorities - RBHAs) will be required to pass-through DAP increases to their contracted providers, maintaining rates to match the corresponding AHCCCS FFS rate increase percentages.

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

CYE 2020 Proposal

1. Hospitals Subject to APR-DRG Reimbursement (Up to 4.5%)

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

Facilities that have not submitted the Hospital Uniform Account Report (UAR) to the Arizona Department of Health Services (ADHS) by May 31, 2019 do not qualify for participation in any CYE 2020 DAP initiatives.

a. Health Information Exchange Participation (2.0%)

Participation in a qualifying Health Information Exchange (HIE) organization qualifies the hospital for a 2.0% DAP increase for both inpatient and outpatient services.

Participation means that by May 15, 2019, the hospital (both those addressed in sections i. and ii. below) must have submitted a Letter of Intent (LOI) to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

i. Providers That Did Not Participate in CYE 2019 DAP:

1. Milestone #1: No later than July 31, 2019 the hospital must execute an agreement with a qualifying HIE organization.
2. Milestone #2: No later than October 31, 2019 the hospital must approve and authorize a formal scope of work (SOW) with a qualifying HIE organization to develop and implement the data exchange necessary to meet the requirements of Milestones #3 and #4.
3. Milestone #3: No later than March 31, 2020 the hospital must electronically submit actual patient identifiable admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, to the production environment of a qualifying HIE organization.
4. Milestone #4: No later than June 30, 2020 the hospital must electronically submit actual patient identifiable laboratory and radiology information (if the provider has these services), transcription, medication information, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments/procedures conducted during the stay, active allergies, and discharge destination to the production environment of a qualifying HIE organization.

ii. Returning CYE 2019 DAP Participants:

1. Base requirement: The hospital must already have in place an active participation agreement with a qualifying HIE organization and must

maintain the data submission requirements of the CYE 2019 DAP requirements throughout CYE 2020.

2. Milestone #1: No later than July 1, 2019 the hospital must submit actual patient identifiable immunization data to the production environment of a qualifying HIE organization.
3. Milestone #2: No later than October 1, 2019 the hospital must approve and authorize a formal SOW with a qualifying HIE organization to initiate and complete a data quality profile to be produced by a qualifying HIE organization.
4. Milestone #3: No later than December 31, 2019 the hospital must complete the initial data quality profile with a qualifying HIE organization.
5. Milestone #4: No later than March 31, 2020 the hospital must complete the data quality scope of work by producing the final data quality profile with a qualifying HIE organization.

The information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill this requirement.

In order to receive the 2.0% DAP increase for HIE participation a hospital (both those addressed in sections i. and ii. above) must submit an LOI to the HIE and AHCCCS by May 15, 2019. If a hospital has already achieved one or more of the CYE 2020 milestones as of May 15, 2019, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period May 15, 2019 through September 30, 2020.

If a hospital submits an LOI and receives the 2.0% DAP increase for CYE 2020, 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 any DAP for dates of service from October 1, 2020 through September 30, 2021 (CYE 2021) if a DAP is available at that time.

b. Sepsis Care Performance Measure (1.0%)

Hospitals that meet or exceed the state-wide average for the Sepsis Care performance measure will qualify for a 1.0% DAP increase. On April 30, 2019, AHCCCS will download data from the Medicare Hospital Compare website for the Early Management Bundle, Severe Sepsis/Septic Shock (SEP-1) performance measure. This measure reflects the percentage of patients who received appropriate care for severe sepsis and septic shock. Facility results will be compared to the Arizona average results for the measure. Hospitals that meet or exceed the state-wide average percentage will qualify for the DAP increase.

A pediatric hospital will qualify to receive this DAP increase if it is a participant in the Improving Pediatric Sepsis Outcomes (IPSO) collaborative for 2019, as identified on April 30, 2019 on the following website:

<https://www.childrenshospitals.org/sepsiscollaborative>.

c. Serious Complications Performance Measure (1.0%)

Hospitals that receive a score that is less than or equal to the state-wide average for the Serious Complications performance measure will qualify for a 1.0% DAP increase. On April 30, 2019, AHCCCS will download data from the Medicare Hospital Compare website for the patient safety and adverse events composite (PSI-90-SAFETY) performance measure. This composite score measures hospital-level quality as it relates to a set of potentially preventable hospital-related events associated with harmful outcomes for patients. Facility results will be compared to the Arizona average results for the measure. Hospitals with scores less than or equal to the state-wide average score will qualify for the DAP increase.

d. Pediatric Preparedness Certification (0.5%)

Hospitals that hold a Pediatric-Prepared Emergency Care certification will qualify for a 0.5% DAP increase. By May 1, 2019, the hospital must have obtained a Pediatric-Prepared Emergency Care certification from the Arizona Chapter of the American Academy of Pediatrics (AzAAP).

2. Other Hospitals and Inpatient Facilities (Up to 4.0%)

Psychiatric Hospitals, with the exception of public hospitals, Provider Type 71; Subacute Facilities (1-16 Beds), Provider Type B5; Rehabilitation Hospitals, Provider Type C4; Long Term Acute Care Hospitals, Provider Type C4 are eligible for DAP increases under the following criteria.

Hospitals that have not submitted the Hospital UAR to the ADHS by May 31, 2019 do not qualify for participation in any CYE 2020 DAP initiatives.

a. Health Information Exchange Participation (2.0%)

Participation in a qualifying HIE organization qualifies the hospital for a 2.0% DAP increase for both inpatient and outpatient services. Participation means that by May 15, 2019, the hospital (both those addressed in sections i. and ii. below) must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

i. Providers That Did Not Participate in CYE 2019 DAP:

1. Milestone #1: No later than July 31, 2019 the hospital must execute an agreement with a qualifying HIE organization. No later than July 1, 2019, the hospital must submit immunization data to the HIE.
2. Milestone #2: No later than October 31, 2019 the hospital must approve and authorize a formal SOW with a qualifying HIE organization to develop and implement the data exchange necessary to meet the requirements of Milestones #3 and #4.

3. Milestone #3: No later than March 31, 2020 the hospital must electronically submit actual patient identifiable admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, to the production environment of a qualifying HIE organization.
4. Milestone #4: No later than June 30, 2020 the hospital must electronically submit actual patient identifiable laboratory and radiology information (if the provider has these services), transcription, medication information, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments/procedures conducted during the stay, active allergies, and discharge destination to the production environment of a qualifying HIE organization.

ii. Returning CYE 2019 DAP Participants:

1. Base requirement: The hospital must already have in place an active participation agreement with a qualifying HIE organization and must maintain the data submission requirements of the CYE2019 DAP requirements throughout CYE2020.
2. Milestone #1: No later than July 1, 2019 the hospital must submit actual patient identifiable immunization data to the production environment of a qualifying HIE organization.
3. Milestone #2: No later than October 1, 2019 the hospital must approve and authorize a formal SOW with a qualifying HIE organization to initiate and complete a data quality profile to be produced by a qualifying HIE organization.
4. Milestone #3: No later than January 1, 2020 the hospital must complete the initial data quality profile with a qualifying HIE organization.

The information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill this requirement.

In order to receive the 2.0% DAP increase for HIE participation a hospital (both those addressed in sections i. and ii. above) must submit an LOI to the HIE and AHCCCS by May 15, 2019. If a hospital has already achieved one or more of the CYE 2020 milestones as of May 15, 2019, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period May 15, 2019 through September 30, 2020.

If a hospital submits an LOI and receives the 2.0% DAP increase for CYE 2020, 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 any DAP for dates of service from October 1, 2020 through September 30, 2021 (CYE 2021) if a DAP is available at that time.

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

Hospitals that meet the Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) performance measure will qualify for a 2.0% DAP increase. On April 30, 2019, AHCCCS will download the most current data from the QualityNet.org website to identify Medicare's Annual Payment Update (APU) recipients. APU recipients are those facilities that satisfactorily met the requirements for the IPFQR program, which includes multiple clinical quality measures. Facilities identified as APU recipients will qualify for the DAP increase.

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

Hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for a 2.0% DAP increase. On April 30, 2019, AHCCCS will download the most current data from the Medicare Long Term Hospital Compare website for the rate of pressure ulcers that are new or worsened. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.

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

Hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for a 2.0% DAP increase. On April 30, 2019, AHCCCS will download the most current data from the Medicare Inpatient Rehabilitation Facility Compare website for the rate of pressure ulcers that are new or worsened. 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.

3. Indian Health Services (IHS) and 638 Tribally Owned and/or Operated Facilities (Up to 4.5%)

AHCCCS does not currently have authority to provide DAP increases to IHS/638 Tribally Owned and/or Operated Facilities, which ordinarily receive the federally-mandated all-inclusive rate (AIR). However, AHCCCS proposes to request this authority so that facilities may be eligible for DAP increases under the following criteria. Please note – The implementation of DAP for IHS/638 facilities is contingent upon and subject to approval by CMS via a State Plan Amendment (SPA).

a. Health Information Exchange Participation (2.0%)

Participation in a qualifying HIE organization qualifies the facility for a 2.0% DAP increase for both inpatient and outpatient services. Participation means that by May 15, 2019, the facility must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

- i. No later than July 31, 2019 the facility must execute an agreement with the HIE.

- ii. No later than October 31, 2019 the facility must approve and authorize a formal scope of work with the HIE to develop and implement the data exchange necessary to meet the requirements of Milestones #3 and #4.
- iii. No later than March 31, 2020 the facility must electronically submit actual patient identifiable admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, to the production environment of a qualifying HIE organization.
- iv. No later than June 30, 2020 the facility must electronically submit actual patient identifiable laboratory and radiology information (if the provider has these services), transcription, medication information, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments/procedures conducted during the stay, active allergies, and discharge destination to the production environment of a qualifying HIE organization.

The information transferred to the qualifying HIE organization must be actual patient data; the transfer of test data does not fulfill this requirement.

In order to receive the 2.0% DAP increase for HIE participation a facility must submit an LOI to the HIE and AHCCCS by May 15, 2019. If a facility has already achieved one or more of the milestones as of May 15, 2019, the LOI must include a commitment by the facility to maintain its participation in those milestone activities for the period May 15, 2019 through September 30, 2020.

If a facility submits an LOI and receives the 2.0% DAP increase for CYE 2020, 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 any DAP for dates of service from October 1, 2020 through September 30, 2021 (CYE 2021) if a DAP is available at that time.

b. Sepsis Care Performance Measure (1.0%)

Facilities that exceed the state-wide average for the Sepsis Care performance measure will qualify for a 1.0% DAP increase. On April 30, 2019, AHCCCS will download data from the Medicare Hospital Compare website for the Early Management Bundle, Severe Sepsis/Septic Shock (SEP-1) performance measure. This measure reflects the percentage of patients who received appropriate care for severe sepsis and septic shock. Facility results will be compared to the Arizona average results for the measure. Facilities that exceed the state-wide average percentage will qualify for the DAP increase.

c. Serious Complications Performance Measure (1.0%)

Facilities that receive a score that is less than or equal to the state-wide average for the Serious Complications performance measure will qualify for a 1.0% DAP increase. On April 30, 2019, AHCCCS will download data from the Medicare Hospital Compare

website for the patient safety and adverse events composite (PSI-90-SAFETY) performance measure. This composite score measures hospital-level quality as it relates to a set of potentially preventable hospital-related events associated with harmful outcomes for patients. Facility results will be compared to the Arizona average results for the measure. Facilities with scores less than or equal to the state-wide average score will qualify for the DAP increase.

d. Pediatric Preparedness Certification (0.5%)

Facilities that hold a Pediatric-Prepared Emergency Care certification will qualify for a 0.5% DAP increase. By May 1, 2019, the hospital must have obtained a Pediatric-Prepared Emergency Care certification from the AzAAP.

4. Nursing Facilities (Up to 2.0%)

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

a. Staffing Rating Performance Measure (1.0%)

Nursing facilities that achieve at least a 4-star rating for the Staffing Rating performance measure will qualify for a 1.0% DAP increase. On April 30, 2019, AHCCCS will download data from the Medicare Nursing Home Compare website for the Staffing Rating, which measures the number of hours of care provided on average to each resident each day by nursing staff. This rating considers differences in the levels of residents' care need in each nursing home. Facilities that receive at least 4 out of 5 stars will qualify for the DAP increase.

b. Pressure Ulcer Performance Measure (0.5%)

Nursing facilities that meet or fall below the state-wide average percentage for the Pressure Ulcer performance measure will qualify for a 0.5% DAP increase. On April 30, 2019, AHCCCS will download data from the Medicare Nursing Home Compare website for the percent of High-Risk Residents with Pressure Ulcers (Long Stay) based on the facility's performance results for long-stay, high-risk residents with Stage II-IV pressure ulcers reported in the Minimum Data Set (MDS) 3.0. Facility results will be compared to the Arizona Average results for the measure. Facilities with percentages less than or equal to the state-wide average score will qualify for the DAP increase.

c. Urinary Tract Infection Performance Measure (0.5%)

Nursing facilities that meet or fall below the state-wide average percentage for the Urinary Tract Infection (UTI) performance measure will qualify for a 0.5% DAP increase. On April 30, 2019, AHCCCS will download data from the Medicare Nursing Home Compare 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 state-wide average score will qualify for the DAP increase.

5. Integrated Clinics (Select 10.0%)

Integrated Clinics, Provider Type IC, are eligible for a DAP increase of 10.0% for select physical health 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 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, 2017 through September 30, 2018, AHCCCS will compute claims and encounters for behavioral health services as a percentage of total claims and encounters as of May 1, 2019 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. HIE Participation

By May 15, 2019, the clinic must have executed an agreement with a qualifying HIE organization and electronically submitted actual patient identifiable information, including both a registration event as well as an encounter summary, to the production environment of the qualifying HIE organization. The clinic must maintain this HIE requirement through September 30, 2020.

The information transferred to the qualifying HIE organization must be actual patient data; the transfer of test data does not fulfill this requirement.

The DAP rates will be paid for select physical health services and will provide an increase of 10% over the AHCCCS FFS rates for dates of service in CYE 2020

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

6. Behavioral Health Outpatient Clinics and Integrated Clinics (Up to 4.0%)

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

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

A clinic that meets the criteria for partnering with schools to provide behavioral health services will qualify for a 1.0% DAP increase. Partnership is defined as a provider that has memoranda of agreement or understanding (MOA or MOU) with three or more schools in place as of May 1, 2019 that allow for the clinic to provide behavioral health services to school-aged children in the school setting. On May 1, 2019, AHCCCS will review such documents as have been submitted by each provider in order to determine the number of qualifying MOAs or MOUs for each provider. Providers with three or more MOAs or MOUs that meet this requirement will qualify for the DAP increase.

b. Autism Centers of Excellence (3.0%)

A clinic that meets the criteria to be considered an Autism Center of Excellence (COE) will qualify for a 3.0% DAP increase. 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, 2018. Providers that have been identified as an Autism COE in this manner will qualify for the DAP increase.

7. Physicians, Physician Assistants, and Registered Nurse Practitioners (1.0%)

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

a. Electronic Prescriptions (1.0%)

Providers who have written at least 80 prescriptions for AHCCCS members, and who have written at least 65% of their 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, 2018 through December 31, 2018 dispense dates will be utilized in the computations.
- ii. AHCCCS will compute claims and encounters for this purpose as of May 1, 2019 to determine which providers meet the minimum threshold.
- iii. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.
- iv. E-Prescriptions include those prescriptions generated through a computer-to-computer electronic data interchange protocol, following a national industry standard and identified by Origin Code 3.
- v. Refills of original prescriptions whereby the original prescriptions meet the definition of E-Prescriptions shall not be counted as E-Prescriptions.

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

Due to operational issues related to contracting arrangements with entities rather than individual practitioners, AHCCCS' MCOs may pay the DAP in a manner other than on an individual claim basis, on at least a quarterly basis. In the event an expected quarterly payment to an entity is less than twenty five dollars, the MCOs will be permitted to delay payment to the entity until the earlier occurs: payments due of at least twenty-five dollars or final quarterly payment for CYE 2020.

8. Dental Providers (1.0%)

Dental Providers (Provider Types D1, D2, D3, D4, 07, 54) are eligible for a DAP increase 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. Providers that increased the number of AHCCCS child members from 5 to 15 years of age to whom they provided dental sealants from CYE 2017 to CYE 2018 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 to 15 years who received a dental sealant for each time period. AHCCCS will compute claims and encounters for this purpose as of May 1, 2019. Providers with a computed increase to their count will qualify for the DAP increase.

9. Home and Community Based Services Providers (1.0%)

Home and Community Based Services (HCBS) Providers (Provider Types A3, FI, IC, 23, 39, 40, 46, 77, and 95) are eligible for a DAP increase under the following criteria.

a. Electronic Visit Verification Readiness (1.0%)

A provider that submits an LOI in which it attests it will sign a data sharing agreement with AHCCCS and/or the vendor selected to administer the Electronic Visit Verification (EVV) system will qualify for a 1.0% DAP increase. In order to receive the 1.0% DAP increase for EVV readiness a provider must submit an LOI to AHCCCS in the prescribed format by May 15, 2019. The prescribed format will be published no later than April 30, 2019.

If a provider submits an LOI and receives the 1.0% DAP increase for CYE 2020, but fails to sign a data sharing agreement as required, that provider will be ineligible to receive any DAP for dates of service from October 1, 2020 through September 30, 2021 (CYE 2021) if a DAP is available at that time.

The DAP increase will be applicable to select Attendant Care, Companion Care, Habilitation, Home Health (aid, therapy, nursing services), Homemaker, Personal Care, Respite, and Skills Training services that are provided with place of service (POS) Home, Assisted Living Facility, and Other. See Attachment B for the specific list of codes which are proposed to increase for purposes of DAP.

The DAP increase will be applicable to the specified services provided by all AHCCCS Contractors, for all lines of business, including the Arizona Long Term Care System (ALTCS).

Future Health Information Exchange Initiatives

In partnership with the HIE, AHCCCS intends to implement DAP initiatives relative to HIE participation for different provider types as appropriate and consistent with organizational and provider resources and capacity. The HIE participation DAP strategy for CYE 2021 is described below. Please also see Attachment C for a high-level outline of the multi-year HIE participation DAP strategy by provider type.

1. AHCCCS anticipates CYE 2021 DAP criteria for hospitals and other inpatient facilities will include criteria directed at developing and executing a data quality improvement plan with a qualifying HIE organization built upon the data quality profiles produced under the CYE 2020 criteria. DAP incentives will be available for hospitals and other inpatient facilities that meet data quality standards as set by the HIE during the measurement period of January 1, 2020 to March 31, 2020. The data quality standards will be developed by the qualifying HIE in calendar year 2019 in consultation with the HIE's advisory councils, as appropriate, its board of directors, and with input by hospital and other inpatient facility stakeholders.
2. AHCCCS anticipates CYE 2021 DAP criteria for IHS/638 Tribally Owned and/or Operated Facilities and Integrated Clinics will include submitting immunizations to a qualifying HIE organization and completion of a data quality profile with a qualifying HIE organization, in addition to maintaining CYE 2020 data submission requirements.
3. AHCCCS anticipates CYE 2021 DAP criteria for Behavioral Health Outpatient Clinics will include signing a participation agreement with a qualifying HIE organization, as well as accessing patient data via the HIE services, including but not limited to HIE portal access and/or receiving alerts and notifications. Qualifying HIE organization services are available on a first come, first serve basis; therefore, initiating activity in CYE 2019 is encouraged if achievement of proposed CYE 2021 DAP criteria is desired.

Other Future Considerations

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

1. Hospitals Subject to APR-DRG Reimbursement
 - a. CYE 2021 – Enter into a Care Coordination Agreement with IHS/638 Facility
2. Other Hospitals and Inpatient Facilities
 - a. CYE 2021 – Enter into a Care Coordination Agreement with IHS/638 Facility
3. Physicians, Physician Assistants, and Registered Nurse Practitioners
 - a. CYE 2021 – E-prescribing, increase criteria from 65% to 70%
4. Home and Community Based Services Providers

- a. CYE 2021 – For providers that do not have an EVV system and use the statewide system, achievement of training objectives.
- b. CYE 2021 – For providers that do have an EVV system and use the statewide system as a data aggregator, submission and acceptance of data file transfers.
- c. CYE 2022 – Workforce Stability Activities
- d. CYE 2022 – Employment of AHCCCS Members as Direct Care Workers

5. Multiple Provider Types

- a. CYE 2021 – Completion of a Social Determinants of Health (SDoH) Screening Tool

Timeline

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

Date	Activity
1/31/2019	Preliminary Public Notice
3/4/2019	Public Notice Comments Due
4/25/2019	Tribal Consultation
4/30/2019	Final Public Notice
5/15/2019	Qualifying Providers Identified
Early June 2019	Post Notice of Proposed Rulemaking (NPRM)
Mid-July 2019	NPRM Public Comments Due
7/1/2019	438.6 (c) Request for Approval Due to CMS
8/15/2019	MCO Capitation Rates Due to CMS (including prospective funding for DAPs)

AHCCCS anticipates that the criteria for DAP could change for CYE 2021 and may differ for inpatient and outpatient services. AHCCCS also expects to expand DAP to other provider types for CYE 2021. DAP increases noted above may change based on budgetary considerations.

Comments

Written comments may be submitted to the following email address and must be received no later than 5:00 p.m. on March 4, 2019: FFSRates@azahcccs.gov.

Attachment A – Integrated Clinic Select Services

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

CPT DESCRIPTION

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

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

Attachment B – HCBS EVV Readiness Select Services

The HCBS EVV DAP is applicable the following Places of Service (POS), provider types, and service codes only when used in combination with each other. A qualifying service must be provided by a qualifying provider type with a qualifying POS in order to qualify for DAP.

Place of Service Description	POS Code
Home	12
Assisted Living Facility	13
Other	99

Provider Description	Provider Type
Attendant Care Agency	PT 40
Behavioral Outpatient Clinic	PT 77
Community Service Agency	PT A3
Fiscal Intermediary	PT FI
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

Service	Service Codes
Attendant Care	S5125
Companion Care	S5135
Habilitation	T2021
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 – HIE Strategy by Provider Type

HIE DAP Criteria	CYE 17	CYE 18	CYE 19	CYE 20	CYE 21	CYE 22	CYE 23	CYE 24	CYE 25
Hospitals	Agreement	Agreement	Milestones	Data Prep	Data Quality	Data Quality	Data Quality	Data Quality	Data Quality
IHS/638 Facilities				Milestones	Data Prep	Data Quality	Data Quality	Data Quality	Data Quality
Integrated Clinics (ICs)			Milestones	Milestones	Data Prep	Data Quality	Data Quality	Data Quality	Data Quality
BH OP Clinics					Milestones - DA	Milestones	Data Prep	Data Quality	Data Quality
Nursing Facilities						Milestones	Data Prep	Data Quality	Data Quality
HCBS Providers							Milestones - DA	Milestones	Data Prep
Physicians, PAs, etc.							Milestones - DA	Milestones	Data Prep

Agreement	Execute agreement and electronically submit information.
Milestones	LOI with milestones for: execute agreement, approve SOW, transmit ADT, and transmit lab/radiology data, etc. For non-inpatient facilities, transmit registration events and encounter summaries.
Milestones - DA	Execute agreement and access HIE data via HIE services.
Data Prep	LOI with milestones for: submit immunization data, 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.