

AHCCCS Differential Adjusted Payment (DAP) Activity  
CYE 2020 Final Public Notice  
Originally Posted April 30, 2019  
**Revised May 21, 2019**

Overview & Purpose

AHCCCS is providing the following Differential Adjusted Payment decisions:  
For the contracting year October 1, 2019 through September 30, 2020 (CYE 2020), select AHCCCS-registered Arizona providers which meet agency established performance criteria will receive Differential Adjusted Payments (DAP). The AHCCCS Administration is implementing these DAP rates 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:<sup>1</sup>

1. Hospitals Subject to APR-DRG Reimbursement, excluding Critical Access Hospitals
2. Critical Access Hospitals
3. Other Hospitals and Inpatient 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. Unless otherwise specified, AHCCCS managed care organizations (MCOs; including Regional Behavioral Health Authorities - RBHAs) will be required to pass-through DAP increases to their contracted rates to match the corresponding AHCCCS FFS rate increase percentages.

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

---

<sup>1</sup> IHS and 638 tribally owned and/or operated facilities are exempt from this initiative based on payments primarily at the federally-mandated all-inclusive rate.

## Provider Types

### **1. Hospitals Subject to APR-DRG Reimbursement (Up to 4.0%)**

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

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

Participation in a qualifying Health Information Exchange (HIE) organization qualifies the hospital for a 2.5% 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.

For criteria (i)(3), (i)(4), and (ii)(2), 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 the 2.5% 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 at the following email addresses:

[FFSRates@azahcccs.gov](mailto:FFSRates@azahcccs.gov), and  
[ceo@healthcurrent.org](mailto:ceo@healthcurrent.org)

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 2.5% 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 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/-/media/Files/CHA/Main/Quality\\_and\\_Performance/Sepsis/2018-IPSO-Enrolled-Hospitals.pdf](https://www.childrenshospitals.org/-/media/Files/CHA/Main/Quality_and_Performance/Sepsis/2018-IPSO-Enrolled-Hospitals.pdf).

c. 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).

AHCCCS does not intend to consider this metric for a DAP increase for CYE 2021.

**2. Critical Access Hospitals** (Up to 28.5%)

Hospitals designated as a Critical Access Hospital (CAH) by May 1, 2019 are eligible for DAP increases under the following criteria.

a. Health Information Exchange Participation (8.0%)

Participation in a qualifying HIE organization qualifies the CAH for a 8.0% DAP increase for both inpatient and outpatient services. Participation means that by May 15, 2019, the CAH 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:

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.

For criteria (i)(3), (i)(4), and (ii)(2), 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 the 8.0% DAP increase for HIE participation a hospital must submit an LOI to the HIE and AHCCCS by May 15, 2019 at the following email addresses:

[FFSRates@azahcccs.gov](mailto:FFSRates@azahcccs.gov), and  
[ceo@healthcurrent.org](mailto:ceo@healthcurrent.org)

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 8.0% 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 DAP for dates of service from October 1, 2020 through September 30, 2021 (CYE 2021) if a DAP is available at that time.

- b. Level I-IV Trauma Center located less than five miles from Interstate 10 (20.0%)

Critical Access Hospitals which meet all of the criteria in subsection (a) above, have a Level I-IV trauma center, and are located less than five miles from Interstate 10 will receive an additional 20.0% DAP increase for both inpatient and outpatient services.

- c. 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 AzAAP.

AHCCCS does not intend to consider this metric for a DAP increase for CYE 2021.

### **3. 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.

- 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.
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 CYE 2019 DAP requirements throughout CYE 2020.
2. Milestone #1: 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.
3. Milestone #2: No later than January 1, 2020 the hospital must complete the initial data quality profile with a qualifying HIE organization.

For criteria (i)(3), (i)(4), and (ii)(2), 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 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 at the following email addresses:

[FFSRates@azahcccs.gov](mailto:FFSRates@azahcccs.gov), and

[ceo@healthcurrent.org](mailto:ceo@healthcurrent.org)

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 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.

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

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

a. Pressure Ulcer Performance Measure (1.0%)

Nursing facilities that meet or fall below the state-wide average percentage for the Pressure Ulcer 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 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.

b. Urinary Tract Infection Performance Measure (1.0%)

Nursing facilities that meet or fall below the state-wide average percentage for the Urinary Tract Infection (UTI) 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 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 40.0%

Behavioral health services for the provider must account for at least 40.0% of total AHCCCS claims and encounters. Utilizing claims and encounter data for dates of service from October 1, 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.



If a clinic is in the process of integrating a new Practice Management and Electronic Health Record system, then it may have until September 1, 2019 to electronically submit 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 information transferred to the qualifying HIE organization must be actual patient data; the transfer of test data does not fulfill this requirement. It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2.

The DAP rates will be paid for select physical health services and will provide an increase of 10.0% 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 7.0%)**

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 15, 2019 that allow for the clinic to provide behavioral health services to school-aged children in the school setting. On May 15, 2019, AHCCCS will review such documents as have been submitted by each provider by e-mail to [FFSRates@azahcccs.gov](mailto:FFSRates@azahcccs.gov) 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.

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

A clinic that meets the criteria for provision of services to members in a difficult to access location that cannot be accessed by ground transportation due to the nature and extent of the surrounding Grand Canyon terrain will qualify for a DAP increase of **3.0%**

on all claims **and encounters**. Provision of services is defined as a provider that has an 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 **May 31, 2019** and submitted to AHCCCS by e-mail to [FFSRates@azahcccs.gov](mailto:FFSRates@azahcccs.gov). On **May 31, 2019**, 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.

AHCCCS intends to consider this initiative for inclusion as a DAP in CYE 2021.

## **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 through 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 through 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 Survey (1.0%)

AHCCCS has requested HCBS Providers respond to an Electronic Visit Verification (EVV) readiness survey. A provider that completes the EVV survey in its entirety **by May 28, 2019** will qualify for a 1.0% DAP increase. 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 **(code list updated May 20, 2019)**.

The DAP increase will be applicable to the specified services provided either on a FFS basis, or 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 could include meeting first-year HIE participation criteria as described in 1(a)(i). Qualifying HIE organization services are available on a first come, first serve basis; therefore, initiating activity in CYE 2019 is encouraged if achievement of the proposed CYE 2021 DAP criteria is desired.
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 the 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.
  - b. CYE 2021 – Meet Leapfrog Hospital Safety Grade, qualifying criteria to be specified.
2. Critical Access Hospitals
  - a. CYE 2021 – Enter into a Care Coordination Agreement with IHS/638 Facility.
3. Other Hospitals and Inpatient Facilities
  - a. CYE 2021 – Enter into a Care Coordination Agreement with IHS/638 Facility.
4. Nursing Facilities
  - a. CYE 2021 – Nursing facilities that achieve at least a 4-star rating for the Staffing Rating performance measure.
5. Physicians, Physician Assistants, and Registered Nurse Practitioners
  - a. CYE 2021 – E-prescribing, increase criteria from 65% to 70%.
6. 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

7. 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
4/30/2019	Final Public Notice (This Document)
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.

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 ESTABLI  
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 INDIVI  
99382 INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI  
99383 INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI  
99384 INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI  
99385 INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI  
99391 Established patient periodic preventive medicine examination infant younger than  
99392 Established patient periodic preventive medicine examination, age 1 through 4 ye  
99393 Established patient periodic preventive medicine examination, age 5 through 11 y  
99394 Established patient periodic preventive medicine examination, age 12 through 17  
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 Survey

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.

<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 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

<b>Service</b>	<b>Service Codes</b>
Attendant Care	S5125
Companion Care	S5135
Habilitation	<b>T2016 and T2017</b>
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
Integrated Clinics (Ics)			Milestones	Milestones	Data Prep	Data Quality	Data Quality	Data Quality	Data Quality
BH OP Clinics & Ics					Data Access	Milestones	Data Prep	Data Quality	Data Quality
Nursing Facilities						Milestones	Data Prep	Data Quality	Data Quality
HCBS Providers							Data Access	Milestones	Data Prep
Physicians, PAs, etc.							Data Access	Milestones	Data Prep

Agreement	Execute agreement and electronically submit information.
Milestones	LOI with milestones for: execute agreement, approve SOW, transmit ADT, 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.