

CYE 2017	IC (Integrated Clinics)	(Physicians, PA's, and RNP's E-Prescribing)	02 (DRG Eligible)		71, B5, C4 (Other Hospitals and Inpatient Facilities)	22 (Nursing Facilities)
	All IC Providers		Qualified Provider List			
	10% increase		.5% increase			
Services:	Increased % on RF618		Inpatient and Outpatient			All services
How driven in PMMIS:	<i>System Logic and Table Driven - Systematically reflected as an increased % on RF618 for IC Provider Type</i>		<i>Rate Driven - Systematically reflected as increases to Provider Specific DRG Rates and OPFS PGM's for Eligible Providers on PR050</i>			<i>System Logic and Provider Rate Driven - Systematically reflected as increases to Provider Specific Rates for Eligible Providers on PR050</i>
Issues or Questions			to items paid at the Outpatient CCR.			

CYE 2018	IC (Integrated Clinics)	(Physicians, PA's, and RNP's E-Prescribing)	02 (DRG Eligible)		71, B5, C4 (Other Hospitals and Inpatient Facilities)	22 (Nursing Facilities)
	Qualified Provider List	Qualified Provider List	Qualified Provider List		Qualified Provider List	Qualified Provider List
Provider Flag:	for applicable year	for applicable year	Flagged on PR010 VBP = Y		Flagged on PR010 VBP = Y	Flagged on PR010 VBP = Y
	10% increase to FFS rates					
Services:	as VB2 on RF166	1500	Inpatient and Outpatient		Inpatient and Outpatient	All services
How driven in PMMIS:	<i>Driven - Systematically applied based on provider ID's for dates of service on the RF682 table as VB2 for codes and rates listed as VB2 on RF166 table</i>	<i>System Logic and Table Driven - Systematically applied as a 1% increase to the Capped Fee based on provider ID's for dates of service on the RF682 table as VB1</i>	<i>System Logic and Provider Rate Driven - Systematically reflected as increases to Provider Specific DRG Rates and OPFS PGM's for Eligible Providers on PR050</i>		<i>System Logic and Provider Rate Driven - Systematically reflected as increases to Provider Specific Rates for Eligible Providers on PR050</i>	<i>System Logic and Provider Rate Driven - Systematically reflected as increases to Provider Specific Rates for Eligible Providers on PR050</i>
Issues or Questions			to items paid at the Outpatient CCR; so these items are not subject to DAP			

CYE 2019	IC (Integrated Clinics)	(Physicians, PA's, and RNP's E-Prescribing)	02 (DRG Eligible)		71, B5, C4 (Other Hospitals and Inpatient Facilities)	22 (Nursing Facilities)
	Qualified Provider List	Qualified Provider List	Qualified Provider List		Qualified Provider List	Qualified Provider List
Provider Flag:	for applicable year	for applicable year	Flagged on PR010 VBP = Y		Flagged on PR010 VBP = Y	Flagged on PR010 VBP = Y
	10% increase to FFS rates					
Services:	as VB2 on RF166	1500	Inpatient and Outpatient		Inpatient and Outpatient	All services
How driven in PMMIS:	<i>Driven - Systematically applied based on provider ID's for dates of service on the RF682 table as VB2 for codes and rates listed as VB2 on RF166 table</i>	<i>System Logic and Table Driven - Systematically applied as a 1% increase to the Capped Fee based on provider ID's for dates of service on the RF682 table as VB1</i>	<i>System Logic and Provider Rate Driven - Systematically reflected as increases to Provider Specific DRG Rates and OPFS PGM's for Eligible Providers on PR050</i>		<i>Provider Rate Driven - Systematically reflected as increases to Provider Specific Rates for Eligible Providers</i>	<i>System Logic and Provider Rate Driven - Systematically reflected as increases to Provider Specific Rates for Eligible Providers on PR050</i>
Issues or Questions			to items paid at the Outpatient CCR; so these items are not subject to DAP			

CYE 2020	IC (Integrated Clinics)*	08, 18 and 19 (Physicians, PA's, and RNP's E-Prescribing)	02 (Acute Hospitals DRG Eligible)	02 (Acute Hospitals DRG Eligible Critical Access Hospitals)	Sub Acute Facility 1-16 beds, and Rehab/LTAC Hospitals)	22 (Nursing Facilities)	Clinics and Behavioral Health Outpatient Clinics)*/**/***	Dental Providers (Provider types 07 and 54)	HCBS Providers (Provider types A3, FI, IC, 23, 39, 40, 46, 77** and 95)
	Qualified Provider List	Qualified Provider List	Qualified Provider List	Qualified Provider List	Qualified Provider List	Qualified Provider List			Qualified Provider List
Provider Flag:	Provider ID listed on RF682 as VB2 for applicable year	Provider ID listed on RF682 as VB1 for applicable year	Provider ID flagged on PR010 VBP = Y/Qualified List provided; and Provider listed on RF682 as - VBD (HIE); VD1 (Sepsis Performance) and/or VD2 (Pediatric Preparedness) for applicable year.	Provider ID flagged on PR010 VBP = Y/Qualified List provided; and Provider listed on RF682 as - VBC (HIE); VC1 (Level I-IV Trauma < 5 miles from I10) and/or VC2 (Pediatric Preparedness) for applicable year.	VBP = Y/Qualified List provided; and Provider listed on RF682 as VBO (HIE); VO1 (Psych Facility Quality Reporting); VO2 (LTC Hospital Pressure Ulcer Performance); VO3 (Rehab Pressure Ulcers Performance) for applicable year.	Provider ID flagged on PR010 VBP = Y/Qualified List provided; and Provided listed on RF682 as VBN (Percentage of Residents with UTI); VN1 (Percentage of High Risk Residents with Pressure Ulcers) for applicable year.	Provider ID listed on RF682 as - VB3 (Schools Partnership); and/or VB4 (Autism Center for Excellence); and/or VB5 (Difficult to access location) for applicable year***	Provider ID listed on RF682 as VB6 for applicable year	Provider ID listed on RF682 as EVV for applicable year
% Increase:	10% increase to FFS rates/Regular Processing	1% increase to FFS rates/Regular Processing	provider specific rates - VBD 2.5% HIE; VD1 1% Sepsis Performance; VD2 .5% Pediatric Preparedness	to provider specific rates - VBC 8% HIE; VC1 20% Trauma; VC2 Pediatric Preparedness	specific rates - VBO 2% HIE; VO1 2% Psych FQR; VO2 2% LTC Pressure Ulcer; VO3 2% Rehab Pressure Ulcer	Up to a 2% increase to provider specific rates - VBN 1% UTI; VN1 1% Pressure Ulcer	VB3 1% Schools Partnership; VB4 3% Autism CE; VB5 3% Difficult to access location	1% increase to FFS rates/Regular Processing	1% increase to FFS rates/Regular Processing
Services:	as VB2 on RF166 (will be reflected as %'s for 10/1/20)	All services on a form 1500	Inpatient and Outpatient	Inpatient and Outpatient	Inpatient and Outpatient	All services	All Services	All services	Select Services reflected as EVV on RF166 (reflected as %)
How driven in PMMIS:	System Logic and Table Driven - Systematically applied to the FFS rates/Regular Processing based on provider ID's for dates of service on the RF682 table as VB2 for codes and services listed as VB2 on RF166 table	System Logic and Table Driven - Systematically applied as a 1% increase to the FFS rates/Regular Processing based on provider ID's for dates of service on the RF682 table as VB1	Provider Rate Driven - Systematically reflected as increases to Provider Specific DRG Rates and OPFS PGM's for Eligible Providers on PR050	Provider Rate Driven - Systematically reflected as increases to Provider Specific DRG Rates and OPFS PGM's for Eligible Providers on PR050	Provider Rate Driven - Systematically reflected as increases to Provider Specific Rates for Eligible Providers on PR050	System Logic and Provider Rate Driven - Systematically reflected as increases to Provider Specific Rates for Eligible Providers on PR050	System Logic and Table Driven - Systematically applied as applicable % increase to the FFS rates/Regular Processing based on provider ID's for dates of service on the RF682 table as applicable to each VB3, VB4, VB5 Indicators	System Logic and Table Driven - Systematically applied as applicable % increase to the FFS rates/Regular Processing based on provider ID's for dates of service on the RF682 table as VB6	System Logic and Table Driven - Systematically applied as applicable to the FFS rates/Regular Processing based on provider ID's for dates of service on the RF682 table as EVV and the services on RF166 table as EVV.

<p>Notes, Issues or Questions</p>	<p>*Note this increase for eligible IC providers may be in addition to BH OP Clinic DAP for eligible providers.</p>						<p>*Note this increase for eligible IC providers may be in addition to IC DAP for eligible providers. ** Note this increase of eligible 77 providers may be in addition to EVV DAP for eligible providers. ***Note a given provider may qualify for one or multiple of these increases and will be flagged for those applicable</p>	<p>Note Provider Types D1, D2, D3, D4 are listed in the Public Notice in addition to 07 and 54; however these provider types are not currently used by AZ</p>	<p>**Note this increase for eligible 77 providers may be in addition to BH OP Clinic DAP increase for eligible providers.</p>
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