

NOTICE OF PROPOSED RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

PREAMBLE

1. **Permission to proceed with this proposed rulemaking was granted under A.R.S. § 41-1039 by the governor on:**

May 27, 2026

2. **Article, Part, or Section Affected (as applicable)** **Rulemaking Action**

R9-22-712.35	Amend
R9-22-712.61	Amend
R9-22-712.71	Amend
R9-22-712.90	Amend

3. **Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**

Authorizing statute: A.R.S. § 36-2903.01(A)

Implementing statute: A.R.S. § 36-2903.01(G)(12)

4. **Citations to all related notices published in the *Register* that pertain to the current record of the proposed rule:**

Notice of Rulemaking Docket Opening: (volume #) A.A.R. (page #), Issue Date: (date published), Issue Number: (number), File number: (R2#-###)

5. **The agency's contact person who can answer questions about the rulemaking:**

Name: Sam McCue
Title: Senior Rules Analyst
Division: AHCCCS Office of the General Counsel
Address: 150 N. 18th Avenue
Phoenix, AZ 85007
Telephone: (602) 417-4116
Fax: (602) 253-9115
Email: AHCCCSRules@azahcccs.gov
Website: www.azahcccs.gov

6. **An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:**

The AHCCCS Differential Adjusted Payment (DAP) initiatives are strategically designed to reward quality outcomes and reduce growth in the cost of health care. The objective of DAP delineated in this proposed rulemaking is to reward

hospitals and hospital-based free standing emergency departments who have taken designated actions that improve patients' care experience, improve members' health, and reduce the cost of care. Hospitals and hospital-based emergency departments that meet the outlined criteria delineated in the proposed rule for the time period of October 1, 2026 through September 30, 2027 (CYE 2027), will be eligible for increased reimbursement from AHCCCS and its contracted health plans for both inpatient and outpatient services. This initiative reflects the AHCCCS Administration's continued commitment to promoting greater accountability within the health care system.

The proposed amendments to the rules will clarify the conditions under which hospitals and hospital-based emergency departments may qualify for DAP during the specified time frame. Key qualifying activities include participation in the Maternal Syphilis Program or Medications for Opioid Use Disorder Program, as well as includes a performance measure for long-term care and inpatient rehabilitation hospitals that meet or fall below the national average percentage for pressure ulcers. The proposed rulemaking will authorize AHCCCS to support the ongoing efforts to recognize innovation and expand the reach of its value-based care model, emphasizing improved patient care and reduced growth in the cost of care.

7. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

A study was not referenced or relied upon when revising these rules.

8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

n/a

9. The preliminary summary of the economic, small business, and consumer impact:

The Administration anticipates that the DAP rulemaking will result in approximately \$55 million of additional payments for the contract year October 1, 2026 through September 30, 2027, to 116 hospitals

10. The agency's contact person who can answer questions about the economic, small business and consumer impact statement:

Name: Sam McCue
Title: Senior Rules Analyst
Division: AHCCCS Office of the General Counsel
Address: 150 N. 18th Avenue
Phoenix, AZ 85007
Telephone: (602) 417-4116
Fax: (602) 253-9115

Email: AHCCCSRules@azahcccs.gov

Website: www.azahcccs.gov

11. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:

Written comments about this proposed rulemaking will be accepted in person at the address provided under Item #5, Monday through Friday from 8 a.m. to 5 p.m. except for state holidays. Comments will also be accepted via email at the email address provided under Item #5. Mailed written comments shall be postmarked within 30 days of this published notice.

An oral proceeding is scheduled for this proposed rulemaking.

Date: August 11, 2026

Time: 2:00 p.m.

Location: Virtual

Teams Meeting ID: 239 722 846 380 647

Passcode: w5NM7by3

Dial in by phone: +1 480-561-5941

Conf. ID: 451 637 554#

Nature: Oral Proceeding

Comment period ends: August 11, 2026 at 5:00 p.m.

Close of record: August 11, 2026 at 5:00 p.m.

12. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

There are no other matters prescribed by statute applicable specifically to the Administration or this specific rulemaking.

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

The rule does not require a permit.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

The rules are not more stringent than federal law.

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

n/a

13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

n/a

14. The full text of the rules follows:

Rule text begins on the next page.

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

ARTICLE 7. STANDARDS FOR PAYMENTS

Section

R9-22-712.35.	Outpatient Hospital Reimbursement: Adjustments to Fees
R9-22-712.61.	DRG Payments: Exceptions
R9-22-712.71.	Final DRG Payment
R9-22-712.90.	Reimbursement of Hospital-based Freestanding Emergency Departments

ARTICLE 7. STANDARDS FOR PAYMENTS

R9-22-712.35 Outpatient Hospital Reimbursement: Adjustments to Fees

- A. For all claims with a begin date of service on or before September 30, 2011, AHCCCS shall increase the Outpatient Capped Fee-for-service Schedule established under R9-22-712.20 (except for laboratory services and out-of-state hospital services) for the following hospitals submitting any claims:
1. By 48 percent for public hospitals on July 1, 2005, and hospitals that were public anytime during the calendar year 2004;
 2. By 45 percent for hospitals in counties other than Maricopa and Pima with more than 100 Medicare PPS beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
 3. By 50 percent for hospitals in counties other than Maricopa and Pima with 100 or less Medicare PPS beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
 4. By 115 percent for hospitals designated as Critical Access Hospitals or hospitals that have not been designated as Critical Access Hospitals but meet the criteria during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
 5. By 113 percent for a Freestanding Children's Hospital with at least 110 pediatric beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective; or
 6. By 14 percent for a University Affiliated Hospital which is a hospital that has a majority of the members of its board of directors appointed by the Board of Regents during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective.
- B. For all claims with a begin date of service on or after October 1, 2011, AHCCCS shall increase the Outpatient Capped Fee-for-service Schedule (except for laboratory services, and out-of-state hospital services) for the following hospitals. A hospital shall receive an increase from only one of the following categories:
1. By 73 percent for public hospitals;
 2. By 31 percent for hospitals in counties other than Maricopa and Pima with more than 100 licensed beds as of October 1 of that

contract year;

3. By 37 percent for hospitals in counties other than Maricopa and Pima with 100 or fewer licensed beds as of October 1 of that contract year;
 4. By 100 percent for hospitals designated as Critical Access Hospitals or hospitals that have not been designated as Critical Access Hospitals but meet the critical access criteria;
 5. By 78 percent for a Freestanding Children's Hospital with at least 110 pediatric beds as of October 1 of that contract year; or
 6. By 41 percent for a University Affiliated Hospital, this is a hospital that has a majority of the members of its board of directors appointed by the Arizona Board of Regents.
- C. In addition to subsections (A) and (B), an Arizona Level 1 trauma center as defined by R9-22-2101 shall receive a 50 percent increase to the Outpatient Capped Fee-for-service Schedule (except for laboratory services and out-of-state hospital services) for Level 2 and 3 emergency department procedures.
- D. Hospitals with greater than 100 pediatric beds not receiving an increase under subsection (B) shall receive an 18 percent increase to the Outpatient Capped Fee-for-service Schedule (except for laboratory services, and out-of-state hospital services).
- ~~E. For outpatient services with dates of service from October 1, 2024 through September 30, 2025 (CYE 2025), the payment otherwise required for outpatient hospital services provided by qualifying hospitals shall be increased by a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2024. If a hospital receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.~~
- ~~1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), (d) (e) or (f):~~
 - ~~a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.~~
 - ~~i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~
 - ~~ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.~~
 - ~~iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit~~

necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.

- iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); 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 a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
- v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE Platform.
- vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
- vii. No later than September 1, 2024, hospitals must launch the integration implementation project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); 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. The hospital is required to engage in interface testing as required by the HIE.
- ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CO-RHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
- x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via

- the HIE and complete the ONE Platform portal training prior to access being granted.
- xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform HIE portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
 - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
 - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CO-RHIO):
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
 - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
 - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
 - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: 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. The hospital is required to engage in interface testing as required by the HIE.

- e. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.
 - ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter.
 - iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment.
 - iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.
- d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
 - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned

SDOH Advisor.

- iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- e. Hospitals who have not participated in the DAP-SDOH program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP-SOW) to the HIE organization. The participant list attached to the DAP-SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings/referrals within CommunityCares per facility location.
 - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
 - iv. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - v. No later than November 30, 2024, the hospital must develop and submit a current facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
 - vi. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
- f. Hospitals with an Emergency Department that have not participated in the NDP-DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for an NDP.
 - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as

identified through the facilities' policy.

- iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS DAP@azaheccs.gov.
2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in (2)(a), (b), (c), (d), (e), (f), (g) or (h):
- a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's (EHR) system.
 - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); 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 a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
 - v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE platform.
 - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
 - vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in

the test environment.

- viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); 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. The hospital is required to engage in interface testing as required by the HIE.
- ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CO-RHIO):
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
- x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
- xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
 - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
 - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CO-RHIO):
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.

- ~~(3) Statement of Work (SOW) to send data to ONE Platform.~~
- v. ~~No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.~~
 - vi. ~~No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.~~
 - vii. ~~No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.~~
 - viii. ~~No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.~~
 - ix. ~~No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: 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. The hospital is required to engage in interface testing as required by the HIE.~~
- e. Hospitals who participated in the DAP AzHDR program in CYE 2023 and/or CYE 2024.
- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advanced directives per month per registered AHCCCS ID.
- d. Hospitals who have not participated in the DAP AzHDR program in CYE 2023 or CYE 2024.
- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP

- SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- ii. No later than November 1, 2024, the hospital must submit the AzHDR Subscription Agreement to the HIE organization.
 - iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
 - iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per AHCCCS ID.
- e. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
- i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
 - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
 - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- f. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
- i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
 - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares

- team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.
- iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist hospitals in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- g. Hospitals with an Emergency Department that participated in the NDP-DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azaheccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
 - iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azaheccs.gov.
 - h. Hospitals with an Emergency Department that have not participated in the NDP-DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azaheccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
 - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azaheccs.gov.
3. A hospital designated as type: hospital, subtype: long term, psychiatric, or rehabilitation by the Arizona Department of Health Services Division of Licensing Services will qualify for an increase if it meets the criteria specified in (3)(a), (b), (c), (d) or (e):
- a. Hospitals who participated in the DAP-HIE program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP-SOW) to the HIE organization. The participant list attached to the DAP-SOW must contain each facility, including AHCCCS ID(s) and corre-

- sponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.
 - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable), laboratory, and radiology information (if applicable), 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 a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
 - v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to the ONE platform.
 - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
 - vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); 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. The hospital is required to engage in interface testing as required by the HIE.
 - ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organi-

- zation as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CO-RHIO).
- (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
- x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
 - xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
 - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
 - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CO-RHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
 - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
 - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
 - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection

~~in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.~~

- ~~ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); 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. The hospital is required to engage in interface testing as required by the HIE.~~
- e. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI).
 - ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high risk (red) and moderate risk (orange) scores for each parameter.
 - iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high risk (red) test parameters prior to sending data into the HIE production environment.
 - iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.
- d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.

- iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screenings/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater.
- iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
 - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in network screenings and referrals within CommunityCares per facility location.
 - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
 - iv. Hospitals that meet or fall below the national average for the pressure ulcer performance measure will qualify for a 2.0% DAP increase. On March 15, 2024, 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.
 - v. Hospitals that meet or fall below the national average for the pressure ulcer performance measure will qualify for a 2.0% DAP increase. On March 15, 2024, 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.
- 4. A hospital designated as type: hospital by the Arizona Department of Health Services Division of Licensing Services and is

owned and/or operated by Indian Health Services (IHS) or under Tribal authority will qualify for an increase if it meets these criteria specified in (4)(a), (b), (c), (d), (e), (f), (g) or (h):

- a. ~~Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.~~
 - i. ~~No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~
 - ii. ~~No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.~~
 - iii. ~~No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.~~
 - iv. ~~No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); 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 patient identifiable information to the production environment of the HIE: registration, encounter summary, and data elements defined by the HIE specific to individuals with a serious mental illness. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.~~
 - v. ~~No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to the ONE Platform.~~
 - vi. ~~No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.~~
 - vii. ~~No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from~~

the hospital emergency department (if applicable); laboratory and radiology information (if applicable); 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 patient identifiable information to the production environment of the HIE: registration, encounter summary, and data elements defined by the HIE specific to individuals with a serious mental illness.

viii. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CO-RHIO).

- (1) HIE Participation Agreement for ONE Platform.
- (2) Statement of Work (SOW) to access the ONE Platform Portal.
- (3) Statement of Work (SOW) to send data to ONE Platform.

ix. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.

x. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.

b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.

i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.

iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.

iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CO-RHIO).

- (1) HIE Participation Agreement for ONE Platform.
- (2) Statement of Work (SOW) to access the ONE Platform Portal.

v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via

- the HIE and complete the ONE Platform portal training prior to access being granted.
- vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- e. Hospitals who participated in the DAP AzHDR program in CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCS ID.
 - d. Hospitals who have not participated in the DAP AzHDR program CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 1, 2024, the hospital must complete the AzHDR Subscription Agreement.
 - iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
 - iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per registered AHCCCS ID.
 - e. Hospitals who participated in the DAP SDOH program in CYE 2024.
 - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
 - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares

- by facilitating screenings/referrals. All screenings/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
- iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- f. Hospitals that have not participated in the DAP SDOH program in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
 - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.
 - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
 - g. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azaheccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
 - iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS DAP@azaheccs.gov.
 - h. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azaheccs.gov, indicating that they will participate in the Naloxone Distribution Program

~~(NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~

- ~~ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.~~
- ~~iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.~~
- ~~iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov.~~

~~**F.E.** For outpatient services with dates of service from October 1, 2025 through September 30, 2026 (CYE 2026), the payment otherwise required for outpatient hospital services provided by ~~qualifying hospitals~~ a qualifying hospital shall be increased by a percentage established by the Administration. The percentage is published on the Administration's ~~public~~ website as part of its fee schedule subsequent to the public notice published no later than September 1, 2025. If a hospital receives a ~~DAP~~ Differential Adjusted Payment (DAP) for CYE 2026 but fails to meet all of the requirements in subsection ~~(F), (E)~~, the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2026 through September 30, 2027 (CYE 2027), if a DAP ~~would be~~ is available at that time. ~~A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.~~~~

1. A hospital designated by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services as type: hospital, subtype: short-term or children's ~~will~~ shall qualify for an increase if ~~it~~ the hospital meets the criteria in ~~subsection (1)(a), (b), (c), (d), (e) and (f); subsections (E)(1)(a) through (f):~~
 - a. To be eligible for this DAP, ~~hospitals must~~ the hospital shall have participated in the DAP ~~HIE~~ Health Information Exchange (HIE) program in CYE 2024 ~~and/or~~ or CYE 2025.
 - b. No later than April 1, 2025, the hospital ~~must~~ shall have in place an active ~~Health Information Exchange (HIE)~~ HIE Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding National Provider ~~Identifier(s)~~ Identifier (NPI) that the hospital requests to participate in the DAP.
 - c. No later than September 30, 2025, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: including standard Admission, Discharge, and Transfer (ADT) information; data from the hospital emergency department ~~(if applicable)~~; laboratory and radiology information ~~(if applicable)~~; 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 a hospital is in the process of integrating a new EHR Electronic Health Record (EHR) system, the hospital ~~must~~ shall notify the HIE organization and have the implementation timeline approved to continue meeting DAP requirements.

- d. No later than March 1, 2026, the hospital ~~must~~ shall complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure categories ~~will~~ shall be included within the data quality profile and submitted on ADT transactions:
 - i. Data source and data site information ~~must be submitted on ADT transactions~~;
 - ii. Patient demographic information ~~must be submitted on ADT transactions~~;
 - iii. Race ~~must be submitted on ADT transactions~~;
 - iv. Ethnicity ~~must be submitted on ADT transactions~~; and
 - v. Language ~~must be submitted on ADT transactions~~.
 - e. No later than April 1, 2026, the hospital ~~must~~ shall complete a data quality improvement plan as defined by the HIE organization to improve the quality of data elements by ~~3.0%~~ 3.0 percent collectively over the March 1, 2026 data quality profile. The quality improvement plan ~~is not~~ shall not be required if the data quality profile results are greater than ~~90%~~ 90 percent for each measure.
 - f. No later than September 1, 2026, ~~the hospital shall complete~~ a final data quality profile ~~will be completed~~, based on July 2026 data to reassess data elements and performance improvement. ~~Hospitals must~~ The hospital shall have improved the quality of data elements by ~~3.0%~~ 3.0 percent collectively from ~~its~~ the hospital's March 2026 data quality profile. This requirement does not apply if the data quality profile results are greater than ~~90%~~ 90 percent for each measure.
2. A hospital designated by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services as type: hospital, subtype: critical access hospital ~~will~~ shall qualify for an increase if ~~#~~ the hospital meets the criteria in subsection ~~(2)(a)~~ (E)(2)(a) or (b):
 - a. ~~Hospitals~~ For a hospital that participated in the DAP HIE program in CYE 2024 ~~and/or~~ or CYE 2025:
 - i. No later than April 1, 2025, the hospital ~~must~~ shall have in place an active ~~Health Information Exchange (HIE)~~ HIE Participation Agreement and submit a signed ~~Differential Adjusted Payment Statement of Work (DAP SOW)~~ DAP SOW to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI), NPI~~, NPI, that the hospital requests to participate in the DAP.
 - ii. No later than March 1, 2025, the hospital ~~must~~ shall launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit test patient information to the HIE test environment. The hospital ~~is required to~~ shall engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - iii. No later than May 30, 2025, the hospital ~~must~~ shall have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, ~~utilizing~~ using one or more HIE services, such as the HIE ~~Portal, portal, standard Admission, Discharge, Transfer (ADT) Alerts, ADT alerts, standard Clinical Notifications, clinical~~

- notifications, or an interface that delivers patient data into the facility's ~~Electronic Health Record (EHR)~~ EHR system.
- iv. No later than September 30, 2025, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department ~~(if applicable)~~; laboratory and radiology information ~~(if applicable)~~; 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 a hospital is in the process of integrating a new EHR system, the hospital ~~must~~ shall notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
- b. ~~Hospitals that have~~ For a hospital that has not participated in the DAP HIE program in CYE 2024 or CYE 2025, ~~No~~ no later than April 1, 2025, the hospital ~~must~~ shall have in place an active ~~Health Information Exchange (HIE)~~ HIE Participation Agreement and submit a signed ~~Differential Adjusted Payment Statement of Work (DAP SOW)~~ DAP SOW to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI), NPI~~, that the hospital requests to participate in the DAP.
 - i. To request a HIE Participation Agreement and a DAP SOW, email DAP@contexture.org.
 - ii. No later than March 1, 2026, the hospital ~~must~~ shall have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization portal.
 - iii. No later than March 1, 2026, ~~hospitals that utilize~~ a hospital that uses an external reference ~~labs~~ lab for any lab result processing ~~must~~ shall submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on ~~their~~ the hospital's behalf.
 - iv. No later than March 1, 2026, the hospital ~~must~~ shall launch the integration implementations project, have a ~~Virtual Private Network (VPN)~~ VPN connection in place with the HIE, and electronically submit test patient information to the HIE test environment. The hospital ~~is required to~~ shall engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - v. No later than August 1, 2026, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: 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.
3. A hospital designated as type: hospital, subtype: long term, psychiatric, or rehabilitation by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services ~~will~~ shall qualify for an increase if ~~#~~ the hospital meets the criteria specified in

subsections ~~(3)(a), (b), (c), (d), (e) and (E)(3)(a) through (f)~~:

- a. To be eligible for this DAP, ~~Hospitals must~~ the hospital shall have participated in the DAP HIE program in CYE 2024 ~~and/or~~ or CYE 2025.
- b. No later than April 1, 2025, the hospital ~~must shall~~ have in place an active ~~Health Information Exchange (HIE)~~ HIE Participation Agreement and submit a signed ~~Differential Adjusted Payment Statement of Work (DAP-SOW)~~ DAP SOW to the HIE organization. The participant list attached to the DAP SOW ~~must shall~~ contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI)~~ NPI, that the hospital requests to participate in the DAP.
- c. No later than September 30, 2025, the hospital ~~must shall~~ electronically submit the following patient identifiable information to the production environment of the HIE organization: including standard ~~Admission, Discharge, and Transfer (ADT)~~ ADT information, data from the hospital emergency department ~~(if applicable)~~; laboratory and radiology information ~~(if applicable)~~; 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 a hospital is in the process of integrating a new EHR system, the hospital ~~must shall~~ notify the HIE organization and have the implementation timeline approved to continue meeting DAP requirements.
- d. No later than March 1, 2026, the hospital ~~must shall~~ complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure categories ~~will shall~~ be included within the data quality profile and submitted on ADT transactions:
 - i. Data source and data site information ~~must be submitted on ADT transactions~~;
 - ii. Patient demographic information ~~must be submitted on ADT transactions~~;
 - iii. Race ~~must be submitted on ADT transactions~~;
 - iv. Ethnicity ~~must be submitted on ADT transactions~~; and
 - v. Language ~~must be submitted on ADT transactions~~.
- e. No later than April 1, 2026, the hospital ~~must shall~~ complete a data quality improvement plan as defined by the HIE organization to improve the quality of data elements by ~~3.0%~~ 3.0 percent collectively over the March 1, 2026 data quality profile. The quality improvement plan ~~is not shall not be~~ required if the data quality profile results are greater than ~~90%~~ 90 percent for each measure, ~~the quality Improvement plan is not required~~.
- f. No later than September 1, 2026, ~~the hospital shall complete~~ a final data quality profile ~~will be completed~~, based on July 2026 data to reassess data elements and performance improvement. ~~Hospitals must~~ The hospital shall have improved the quality of data elements by ~~3.0%~~ 3.0 percent collectively from ~~its~~ the hospital's March 2026 data quality profile. This requirement does not apply if the data quality profile results are greater than ~~90%~~ 90 percent for each measure.

F. For outpatient services with dates of service from October 1, 2026 through September 30, 2027 (CYE 2027), the payment otherwise

required for outpatient hospital services provided by a qualifying hospital shall be increased by a percentage established by the Administration. The percentage is published on the Administration's website as part of its fee schedule subsequent to the public notice published no later than September 1, 2026. If a hospital receives a DAP for CYE 2027 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2027 through September 30, 2028 (CYE 2028), if a DAP is available at that time.

1. A hospital designated by the ADHS Division of Licensing Services as type: hospital, subtype: short-term or children's shall qualify for an increase if the hospital meets the criteria in subsections (F)(1)(a) through (d) or the criteria in subsections (F)(1)(e) through (h).

a. No later than April 1, 2026, the hospital shall submit a Letter of Intent (LOI) to AHCCCS at AHCCCS DAP@azahcccs.gov, indicating that the hospital has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP, and contact information for the hospital's MOUD Champion, as defined in subsection (F)(1)(a)(iii). The LOI shall further attest to the following:

i. The hospital shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis with clinical leadership;

ii. The hospital shall spend the majority of DAP funds to enhance, expand, or strengthen MOUD services to build long-term capacity; and

iii. The hospital shall assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.

b. No later than April 1, 2026, the hospital agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing any best practices and nonsensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants, including IT, medical coding specialist, quality improvement, addiction medicine, primary care, and operational specialists.

c. No later than November 30, 2026, the hospital shall develop and submit a facility policy that complies with AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The hospital shall submit the policy to AHCCCS at AHCCCS DAP@azahcccs.gov.

d. No later than January 1, 2027, the hospital shall develop and complete a project that fulfills one of the designated project types and presents the project and outcomes to the workgroup in the second quarter:

i. Quality Improvement Project of Recognition and Diagnosis of Opioid Use Disorders (OUD);

ii. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;

iii. Quality Improvement Project of the MOUD utilization rate;

- iv. EHR Buildout or Clinical Decision Support for MOUD initiation;
 - v. Quality Improvement Project to increase the number of prescribers of MOUD; or
 - vi. Bridge or Connector Program to facilitate transitions across care settings.
- e. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCS DAP@azahcccs.gov, indicating that the hospital has elected to participate in the Maternal Syphilis Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP.
- f. No later than November 30, 2026, the hospital shall develop and submit a facility policy that meets AHCCCS and ADHS Maternal Syphilis Program policy standards for testing individuals for syphilis. The hospital shall submit all required policies to AHCCCS at AHCCCS DAP@azahcccs.gov.
- g. No later than January 1, 2027, the hospital shall begin testing individuals for syphilis as outlined in the facility's policy.
- h. No later than March 31, 2027, the hospital shall submit metrics for the previous calendar year. The metrics shall serve as baseline data and shall include:
- i. Number of individuals of childbearing capacity (ages 15 through 50) tested for syphilis;
 - (1) Number of positive test results; and
 - (2) Number of negative test results.
 - ii. Number of individuals of childbearing capacity who initiated a dose of treatment;
 - iii. Number of individuals tested who were pregnant;
 - iv. Number of pregnant individuals who tested positive, including those with discordant results;
 - v. Number of pregnant individuals who tested positive that initiated a dose of treatment; and
 - vi. Number of individuals who opted out of testing and the reason for opting out.
2. A hospital designated by the ADHS Division of Licensing Services as type: hospital, subtype: critical access hospital shall qualify for an increase if it meets the criteria in subsections (F)(2)(a) through (d) or the criteria in subsections (F)(2)(e) through(h):
- a. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCS DAP@azahcccs.gov, indicating that the hospital has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP, and contact information for the hospital's MOUD Champion, as defined in subsection (F)(2)(a)(iii). The LOI shall further attest to the following:
 - i. The hospital shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis with clinical leadership;
 - ii. The hospital shall spend the majority of DAP funds to enhance, expand, or strengthen MOUD services to build long-term capacity; and
 - iii. The hospital shall assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality

improvement, and clinical improvement efforts.

- b. No later than April 1, 2026, the hospital agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing any best practices and nonsensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants, including IT, medical coding specialist, quality improvement, addiction medicine, primary care, and operational specialists.
- c. No later than November 30, 2026, the hospital shall develop and submit a facility policy that complies with AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The hospital shall submit the policy to AHCCCS at AHCCCS DAP@azahcccs.gov.
- d. No later than January 1, 2027, the hospital shall develop and complete a project that fulfills one of the designated project types and presents the project and outcomes to the workgroup in the second quarter:
 - i. Quality Improvement Project of Recognition and Diagnosis of Opioid Use Disorder (OUD);
 - ii. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
 - iii. Quality Improvement Project of the MOUD utilization rate;
 - iv. EHR Buildout or Clinical Decision Support for MOUD initiation;
 - v. Quality Improvement Project to increase the number of prescribers of MOUD; or
 - vi. Bridge or Connector Program to facilitate transitions across care settings.
- e. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCS DAP@azahcccs.gov, indicating that the hospital has elected to participate in the Maternal Syphilis Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP.
- f. No later than November 30, 2026, the hospital shall develop and submit a facility policy that meets AHCCCS and ADHS Maternal Syphilis Program policy standards for testing individuals for syphilis. The hospital shall submit all required policies to AHCCCS at AHCCCS DAP@azahcccs.gov.
- g. No later than January 1, 2027, the hospital shall begin testing individuals for syphilis as outlined in the facility's policy.
- h. No later than March 31, 2027, the hospital shall submit metrics for the previous calendar year. The metrics shall serve as baseline data and shall include:
 - i. Number of individuals of childbearing capacity (ages 15 through 50) tested for syphilis:
 - (1) Number of positive test results; and
 - (2) Number of negative test results;
 - ii. Number of individuals of childbearing capacity who initiated a dose of treatment;
 - iii. Number of individuals tested who were pregnant;
 - iv. Number of pregnant individuals who tested positive, including those with discordant results;

- v. Number of pregnant individuals who tested positive that initiated a dose of treatment; and
 - vi. Number of people who opted out of testing and if available, the reason for opting out.
3. A hospital designated as type: hospital, subtype: long term, psychiatric, or rehabilitation by the ADHS Division of Licensing Services shall qualify for an increase if the hospital meets the criteria specified in subsections (F)(3)(a) through (d), the criteria in subsections (F)(3)(e) through (h), or the criteria specified in subsections (F)(3)(i) or (j):
- a. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCS DAP@azahcccs.gov, indicating that the hospital has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP, and contact information for the hospital's MOUD Champion, as defined in subsection (F)(3)(a)(iii). The LOI shall further indicate that the hospital has elected to participate in the MOUD Enhancement Program. The LOI shall further attest to the following:
 - i. The hospital shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis with clinical leadership;
 - ii. The hospital shall spend the majority of DAP funds to enhance, expand, or strengthen MOUD services to build long-term capacity; and
 - iii. The hospital shall assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.
 - b. No later than April 1, 2026, the hospital agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing any best practices and nonsensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants, including IT, medical coding specialist, quality improvement, addiction medicine, primary care, and operational specialists.
 - c. No later than November 30, 2026, the hospital shall develop and submit a facility policy that complies with AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The hospital shall submit the policy to AHCCCS at AHCCCS DAP@azahcccs.gov.
 - d. No later than January 1, 2027, the hospital shall develop and complete a project that fulfills one of the designated project types and presents the project and outcomes to the workgroup in the second quarter:
 - i. Quality Improvement Project of Recognition and Diagnosis of Opioid Use Disorder (OUD);
 - ii. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
 - iii. Quality Improvement Project of the MOUD utilization rate;
 - iv. EHR Buildout or Clinical Decision Support for MOUD initiation;
 - v. Quality Improvement Project to increase the number of prescribers of MOUD; or
 - vi. Bridge or Connector Program to facilitate transitions across care settings.

- e. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCS DAP@azahcccs.gov, indicating that the hospital has elected to participate in the Maternal Syphilis Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP.
- f. No later than November 30, 2026, the hospital shall develop and submit a facility policy that meets AHCCCS and ADHS Maternal Syphilis Program policy standards for testing individuals for syphilis. The hospital shall submit all required policies to AHCCCS at AHCCCS DAP@azahcccs.gov.
- g. No later than January 1, 2027, the hospital shall begin testing individuals for syphilis as outlined in the facility's policy.
- h. No later than March 31, 2027, the hospital shall submit metrics for the previous calendar year. The metrics shall serve as baseline data and shall include:
 - i. Number of individuals of childbearing capacity (ages 15 through 50) tested for syphilis:
 - (1) Number of positive test results; and
 - (2) Number of negative test results;
 - ii. Number of individuals of childbearing capacity who initiated a dose of treatment;
 - iii. Number of individuals tested who were pregnant;
 - iv. Number of pregnant individuals who tested positive, including those with discordant results;
 - v. Number of pregnant individuals who tested positive that initiated a dose of treatment; and
 - vi. Number of people who opted out of testing and if available, the reason for opting out.
- i. A hospital that meets or falls below the national average for the pressure ulcer performance measure shall qualify for a DAP increase. On March 15, 2026, AHCCCS shall 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 shall be compared to the national average results for the measure.

R9-22-712.61. DRG Payments: Exceptions

- A. ~~Notwithstanding Section~~ Except as provided in R9-22-712.60, claims for inpatient services from the following hospitals shall be paid on a per diem basis, including provisions for outlier payments, where rates and outlier thresholds are included in the capped fee schedule published ~~by the Administration~~ on its the Administration's website and available for inspection during normal business hours at ~~801 E. Jefferson, 150 N. 18th Avenue,~~ Phoenix, Arizona. If the covered costs per day on a claim exceed the published threshold for a day, the claim is considered an outlier. ~~Outliers will~~ An outlier shall be paid by multiplying the covered charges by the outlier CCR. The outlier CCR ~~will shall~~ be the sum of the urban or rural default operating CCR appropriate to the location of the hospital and the statewide capital ~~cost to charge ratio~~ CCR in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS. The resulting amount ~~will shall~~ be the total reimbursement for the claim. There is no provision for outlier payments for ~~hospitals~~ a hospital described under subsection (A)(3).
 - 1. Hospitals designated as type: hospital, subtype; rehabilitation in the Provider & Facility Database for Arizona Medical Facilities

posted by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services on its website in March of each year;

2. Hospitals designated as type: hospital, subtype: long term in the Provider & Facility Database for Arizona Medical Facilities posted by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services on its website for March of each year;
3. Hospitals designated as type: hospital, subtype: psychiatric in the Provider & Facility Database for Arizona Medical Facilities posted by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services on its website for March of each year;

- B.** ~~Notwithstanding Section~~ Except as provided in R9-22-712.60, ~~claims a claim~~ for inpatient services that ~~are~~ is covered by a RBHA or TRBHA, where the principal diagnosis on the claim is a behavioral health diagnosis, shall be reimbursed as prescribed by a per diem rate described by a fee schedule established by the Administration; ~~however, if~~ If the principal diagnosis is a physical health diagnosis, the claim shall be processed under the ~~DRG~~ Diagnosis Related Group (DRG) methodology described in this Section, even if behavioral health services are provided during the inpatient stay.
- C.** ~~Notwithstanding Section~~ Except as provided in R9-22-712.60, ~~claims a claim~~ for services associated with transplant services shall be paid ~~in accordance with~~ under the terms of the contract between the AHCCCS ~~administration~~ Administration and the transplant facility.
- D.** ~~Notwithstanding~~ Except as provided in Section R9-22-712.60, ~~claims a claim~~ from an IHS facility or 638 Tribal provider shall be paid the all-inclusive rate on a per visit basis ~~in accordance with~~ using the rates published annually by IHS in the Federal Register.
- E.** For ~~hospitals that have contracts~~ a hospital that has a contract with the Administration for the provision of transplant services, inpatient days associated with transplant services ~~are paid in accordance with~~ shall be paid under the terms of the contract.
- F.** For inpatient services with a date of admission from October 1, 2024 through September 30, 2025 (CYE 2025), provided by a hospital in subsection (A) that qualifies, the administration shall pay the hospital an Inpatient Differential Adjusted Payment equal to the sum of the payment otherwise provided for in subsection (A) plus the product of the amount otherwise provided for in subsection (A) and a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2024. If a hospital receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes:
1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), (d), (e) or (f):
 - a. ~~Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.~~
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organiza-

tion. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. Hospitals must meet the following milestones in maintaining existing connections to the current HIE platform:

- ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.
- iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
- iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); 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 a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
- v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE Platform.
- vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
- vii. No later than September 1, 2024, hospitals must launch the integration implementation project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); 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. The hospital is required to engage in in-

terface testing as required by the HIE.

- ix. ~~No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CO-RHIO).~~
 - ~~(1) HIE Participation Agreement for ONE Platform.~~
 - ~~(2) Statement of Work (SOW) to access the ONE Platform Portal.~~
 - ~~(3) Statement of Work (SOW) to send data to ONE Platform.~~
- x. ~~No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.~~
- xi. ~~No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform HIE portal.~~
- b. ~~Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.~~
 - i. ~~No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~
 - ii. ~~No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.~~
 - iii. ~~No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.~~
 - iv. ~~No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CO-RHIO).~~
 - ~~(1) HIE Participation Agreement for ONE Platform.~~
 - ~~(2) Statement of Work (SOW) to access the ONE Platform Portal.~~
 - ~~(3) Statement of Work (SOW) to send data to ONE Platform.~~
 - v. ~~No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.~~
 - vi. ~~No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.~~
 - vii. ~~No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all~~

outsourced lab test results flow to the HIE on their behalf.

- viii. ~~No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.~~
- ix. ~~No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: 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. The hospital is required to engage in interface testing as required by the HIE.~~
- e. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
 - i. ~~No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.~~
 - ii. ~~Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high risk (red) and moderate risk (orange) scores for each parameter.~~
 - iii. ~~Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high risk (red) test parameters prior to sending data into the HIE production environment.~~
 - iv. ~~No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.~~
- d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
 - i. ~~No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~
 - ii. ~~No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Ad-~~

visor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.

- iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
- iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings/referrals within CommunityCares per facility location.
 - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
 - iv. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azaheecs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - v. No later than November 30, 2024, the hospital must develop and submit a current facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
 - vi. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS DAP@azaheecs.gov.

- f. ~~Hospitals with an Emergency Department that have not participated in the NDP-DAP in CYE 2024.~~
 - i. ~~No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azaheccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~
 - ii. ~~No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for an NDP.~~
 - iii. ~~No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.~~
 - iv. ~~No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azaheccs.gov.~~
- 2. ~~A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in (2)(a), (b), (c), (d), (e), (f), (g) or (h):~~
 - a. ~~Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.~~
 - i. ~~No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~
 - ii. ~~No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's (EHR) system.~~
 - iii. ~~No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.~~
 - iv. ~~No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); 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 a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP~~

requirements:

- v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE platform.
 - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
 - vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); 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. The hospital is required to engage in interface testing as required by the HIE.
 - ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CO-RHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
 - x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
 - xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information

- via the HIE and complete the HIE portal training prior to access being granted.
- iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
 - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CO-RHIO):
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
 - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
 - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
 - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: 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. The hospital is required to engage in interface testing as required by the HIE.
- e. Hospitals who participated in the DAP AzHDR program in CYE 2023 and/or CYE 2024.
- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI),

- that the hospital requests to participate in the DAP.
- ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCS ID.
- d. Hospitals who have not participated in the DAP AzHDR program in CYE 2023 or CYE 2024.
- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 1, 2024, the hospital must submit the AzHDR Subscription Agreement to the HIE organization.
 - iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
 - iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per AHCCCS ID.
- e. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
- i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
 - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
 - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to

review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).

- f. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
 - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.
 - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist hospitals in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- g. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azaheccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
 - iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS DAP@azaheccs.gov.
- h. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azaheccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.

- iv. ~~No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov.~~

~~G.F.~~ For inpatient services with a date of admission from October 1, 2024 2025 through September 30, ~~2025~~ 2026 (CYE ~~2025~~ 2026), provided by a hospital in subsection (A) that qualifies, the ~~administration~~ Administration shall pay the hospital ~~an Inpatient~~ a Differential Adjusted Payment (DAP) equal to the sum of the payment otherwise provided for in subsection (A) plus the product of the amount otherwise provided for in subsection (A) and a percentage established by the ~~administration.~~ Administration. The percentage is published on the Administration's ~~public~~ website as part of its fee schedule subsequent to the public notice published no later than September 1, ~~2024, 2025~~. If a hospital receives a DAP for CYE ~~2025 2026~~, but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, ~~2025 2026~~ through September 30, ~~2026 2027~~ (CYE ~~2026 2027~~), if a DAP ~~would be~~ is available at that time. ~~A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.~~

1. A hospital designated by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services as type: hospital, subtype: short-term or children's ~~will~~ shall qualify for an increase if ~~it~~ the hospital meets the criteria in ~~subsection (1)(a), (b), (c), (d), (e) and (f);~~ subsections (F)(1)(a) through (f):
 - a. To be eligible for this DAP, ~~hospitals must~~ the hospital shall have participated in the DAP HIE program in CYE 2024 or CYE 2025.
 - b. No later than April 1, 2025, the hospital ~~must~~ shall have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding National Provider ~~Identifier(s)~~ Identifier (NPI) that the hospital requests to participate in the DAP.
 - c. No later than September 30, 2025, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: including standard Admission, Discharge, and Transfer (ADT) information; data from the hospital emergency department ~~(if applicable)~~; laboratory and radiology information ~~(if applicable)~~; 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 a hospital is in the process of integrating a new ~~EHR~~ Electronic Health Record (EHR) system, the hospital ~~must~~ shall notify the HIE organization and have the implementation timeline approved to continue meeting DAP requirements.
 - d. No later than March 1, 2026, the hospital ~~must~~ shall complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure categories ~~will~~ shall be included within the data quality profile and submitted on ADT transactions:
 - i. Data source and data site information ~~must be submitted on ADT transactions~~;

- ii. Patient demographic information ~~must be submitted on ADT transactions;~~
 - iii. Race ~~must be submitted on ADT transactions;~~
 - iv. Ethnicity ~~must be submitted on ADT transactions;~~ and
 - v. Language ~~must be submitted on ADT transactions.~~
- e. No later than April 1, 2026, the hospital ~~must~~ shall complete a data quality improvement plan as defined by the HIE organization to improve the quality of data elements by ~~3.0%~~ 3.0 percent collectively over the March 1, 2026 data quality profile. The quality improvement plan ~~is not~~ shall not be required if the data quality profile results are greater than ~~90%~~ 90 percent for each measure.
- f. No later than September 1, 2026, a final data quality profile ~~will~~ shall be completed, based on July 2026 data to reassess data elements and performance improvement. ~~Hospitals must~~ The hospital shall have improved the quality of data elements by ~~3.0%~~ 3.0 percent collectively from ~~its~~ the hospital's March 2026 data quality profile. This requirement ~~does~~ shall not apply if the data quality profile results are greater than ~~90%~~ 90 percent for each measure.
2. A hospital designated by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services as type: hospital, subtype: critical access hospital ~~will~~ shall qualify for an increase if ~~it~~ the hospital meets the criteria in subsection ~~(2)(a)~~ (F)(2)(a) or (b):
- a. ~~Hospitals~~ For a hospital that participated in the DAP HIE program in CYE 2024 ~~and/or~~ or CYE 2025:
 - i. No later than April 1, 2025, the hospital ~~must~~ shall have in place an active ~~Health Information Exchange (HIE)~~ HIE Participation Agreement and submit a signed ~~Differential Adjusted Payment Statement of Work (DAP SOW)~~ DAP SOW to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI),~~ NPI that the hospital requests to participate in the DAP.
 - ii. No later than March 1, 2025, the hospital ~~must~~ shall launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit test patient information to the HIE test environment. The hospital ~~is required to~~ shall engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - iii. No later than May 30, 2025, the hospital ~~must~~ shall have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, ~~utilizing~~ using one or more HIE services, such as the HIE ~~Portal,~~ portal, standard ~~Admission, Discharge, Transfer (ADT) Alerts,~~ ADT alerts, standard ~~Clinical Notifications,~~ clinical notifications, or an interface that delivers patient data into the hospital's ~~Electronic Health Record (EHR)~~ EHR system.
 - iv. No later than September 30, 2025, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department ~~(if applicable);~~ laboratory and radiology information ~~(if applicable);~~ 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 a hospital is in the process of integrating a new EHR system, the hospital ~~must~~ shall notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.

- b. ~~Hospitals that have~~ For a hospital that has not participated in the DAP HIE program in CYE 2024 or CYE 2025:
- i. No later than April 1, 2025, the hospital ~~must~~ shall have in place an active ~~Health Information Exchange (HIE)~~ HIE Participation Agreement and submit a signed ~~Differential Adjusted Payment Statement of Work (DAP SOW)~~ DAP SOW to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI), NPI,~~ NPI, that the hospital requests to participate in the DAP. To request a HIE Participation Agreement and a DAP SOW, email DAP@contexture.org.
 - ii. No later than March 1, 2026, the hospital ~~must~~ shall have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization portal.
 - iii. No later than March 1, 2026, ~~hospitals that utilize~~ a hospital that uses an external reference ~~labs~~ lab for any lab result processing ~~must~~ shall submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on ~~their~~ the hospital's behalf.
 - iv. No later than March 1, 2026, the hospital ~~must~~ shall launch the integration implementations project, have a ~~Virtual Private Network (VPN)~~ VPN connection in place with the HIE, and electronically submit test patient information to the HIE test environment. The hospital ~~is required to~~ shall engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - v. No later than August 1, 2026, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: 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.

G. For inpatient services with a date of admission from October 1, 2026 through September 30, 2027 (CYE 2027), provided by a hospital in subsection (A) that qualifies, the Administration shall pay the hospital a DAP equal to the sum of the payment otherwise provided for in subsection (A) plus the product of the amount otherwise provided for in subsection (A) and a percentage established by the Administration. The percentage is published on the Administration's website as part of its fee schedule subsequent to the public notice published no later than September 1, 2026. If a hospital receives a DAP for CYE 2027 but fails to meet all of the requirements in subsection (G), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2027 through September

30, 2028 (CYE 2028), if a DAP is available at that time.

1. A hospital designated by the ADHS Division of Licensing Services as type: hospital, subtype: short-term or children's shall qualify for an increase if it meets the criteria in subsections (G)(1)(a) through (d) or the criteria in subsection (G)(1)(e) through (h):
 - a. No later than April 1, 2026, the hospital shall submit a Letter of Intent (LOI) to AHCCCS at AHCCSDAP@azahcccs.gov, indicating that the hospital has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP, and contact information for the hospital's MOUD Champion, as defined in subsection (G)(1)(a)(iii). The LOI shall further attest to the following:
 - i. The hospital shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis with clinical leadership;
 - ii. The hospital shall spend the majority of DAP funds to enhance, expand, or strengthen MOUD services to build long-term capacity; and
 - iii. The hospital shall assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.
 - b. No later than April 1, 2026, the facility agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing any best practices and nonsensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants (e.g., IT, medical coding specialist, quality improvement, addiction medicine, primary care, operational specialists).
 - c. No later than November 30, 2026, the hospital shall develop and submit a facility policy that complies with AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The hospital shall submit the policy to AHCCCS at AHCCSDAP@azahcccs.gov.
 - d. No later than January 1, 2027, the hospital shall develop and complete a project that fulfills one of the designated project types and presents the project and outcomes to the workgroup in the second quarter:
 - i. Quality Improvement Project of Recognition and Diagnosis of Opioid Use Disorder (OUD);
 - ii. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
 - iii. Quality Improvement Project of the MOUD utilization rate;
 - iv. EHR Buildout or Clinical Decision Support for MOUD initiation;
 - v. Quality Improvement Project to Increase the number of prescribers of MOUD; or
 - vi. Bridge/Connector Program to facilitate transitions across care settings.
 - e. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCSDAP@azahcccs.gov, indicating that

the hospital has elected to participate in the Maternal Syphilis Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP.

- f. No later than November 30, 2026, the hospital shall develop and submit a facility policy that meets AHCCCS and ADHS Maternal Syphilis Program policy standards for testing individuals for syphilis. The hospital shall submit all required policies to AHCCCS at AHCCCS DAP@azahcccs.gov.
 - g. No later than January 1, 2027, the hospital shall begin testing individuals for syphilis as outlined in the facility's policy.
 - h. No later than March 31, 2027, the hospital shall submit metrics for the previous calendar year. The metrics shall serve as baseline data and shall include:
 - i. Number of individuals of childbearing capacity (ages 15 through 50) tested for syphilis;
 - (1) Number of positive test results; and
 - (2) Number of negative test results.
 - ii. Number of individuals of childbearing capacity who initiated a dose of treatment;
 - iii. Number of individuals tested who were pregnant;
 - iv. Number of pregnant individuals who tested positive, including those with discordant results;
 - v. Number of pregnant individuals who tested positive that initiated a dose of treatment; and
 - vi. Number of people who opted out of testing and if available, reason for opting out.
2. A hospital designated by the ADHS Division of Licensing Services as type: hospital, subtype: critical access hospital shall qualify for an increase if it meets the criteria in subsections (F)(2)(a) through (d) or the criteria in subsections (F)(2)(e) through(h):
- a. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCS DAP@azahcccs.gov. indicating that the hospital has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the facility requests to participate in the DAP, and contact information for the facility's MOUD Champion, as defined in subsection (F)(2)(a)(iii). The LOI shall further attest to the following:
 - i. The hospital shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis with clinical leadership;
 - ii. The hospital shall spend the majority of DAP funds to enhance, expand, or strengthen MOUD services to build long-term capacity; and
 - iii. The hospital shall assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.
 - b. No later than April 1, 2026, the hospital agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing any best practices and nonsensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and

supporting relevant stakeholder participants including IT, medical coding specialist, quality improvement, addiction medicine, primary care, and operational specialists.

- c. No later than November 30, 2026, the hospital shall develop and submit a facility policy that complies with AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The hospital shall submit the policy to AHCCCS at AHCCSDAP@azahcccs.gov.
- d. No later than January 1, 2027, the hospital shall develop and complete a project that fulfills one of the designated project types and presents the project and outcomes to the workgroup in the second quarter:
 - i. Quality Improvement Project of Recognition and Diagnosis of OUD;
 - ii. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
 - iii. Quality Improvement Project of the MOUD utilization rate;
 - iv. EHR Buildout or Clinical Decision Support for MOUD initiation;
 - v. Quality Improvement Project to Increase the number of prescribers of MOUD; or
 - vi. Bridge/Connector Program to facilitate transitions across care settings.
- e. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCSDAP@azahcccs.gov, indicating that the hospital has elected to participate in the Maternal Syphilis Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP.
- f. No later than November 30, 2026, the hospital shall develop and submit a facility policy that meets AHCCCS and ADHS Maternal Syphilis Program policy standards for testing individuals for syphilis. The hospital shall submit all required policies to AHCCCS at AHCCSDAP@azahcccs.gov.
- g. No later than January 1, 2027, the hospital shall begin testing individuals for syphilis as outlined in the facility's policy.
- h. No later than March 31, 2027, the hospital shall submit metrics for the previous calendar year. The metrics shall serve as baseline data and shall include:
 - i. Number of individuals of childbearing capacity (ages 15 through 50) tested for syphilis:
 - (1) Number of positive test results; and
 - (2) Number of negative test results.
 - ii. Number of individuals of childbearing capacity who initiated a dose of treatment;
 - iii. Number of individuals tested who were pregnant;
 - iv. Number of pregnant individuals who tested positive, including those with discordant results;
 - v. Number of pregnant individuals who tested positive that initiated a dose of treatment; and
 - vi. Number of people who opted out of testing and if available, the reason for opting out.

R9-22-712.71. Final DRG Payment

- A. The final ~~DRG~~ Diagnosis Related Group (DRG) payment is the sum of the final DRG base payment, the final DRG outlier add-on

payment, and the Differential Adjusted Payment.

- B. The final DRG base payment is an amount equal to the product of the covered day adjusted DRG base payment and a hospital-specific factor established to limit the financial impact to individual hospitals of the transition from the tiered per diem payment methodology and to account for improvements in documentation and coding that are expected as a result of the transition.
- C. The final DRG outlier add-on payment is an amount equal to the product of the covered day adjusted DRG outlier add-on payment and a hospital-specific factor established to limit the financial impact to individual hospitals of the transition from the tiered per diem payment methodology and to account for improvements in documentation and coding that are expected as a result of the transition.
- D. The factor for each hospital and for each federal fiscal year is published as part of the AHCCCS capped fee schedule and is available on the AHCCCS ~~administration's~~ Administration's website and is on file for public inspection at the AHCCCS ~~administration~~ Administration located at ~~801 E. Jefferson Street, 150 N. 18th Avenue,~~ Phoenix, Arizona.
- E. ~~For inpatient services with a date of discharge from October 1, 2024 through September 30, 2025 (CYE 2025), the Inpatient Differential Adjusted Payment is the sum of the final DRG base payment and the final DRG outlier add-on payment multiplied by a percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2024. If a hospital receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.~~
 - I. ~~A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), (d), (e) or (f):~~
 - a. ~~Hospitals who participated in the DAP/HIE program in CYE 2023 and/or CYE 2024.~~
 - i. ~~No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~
 - ii. ~~No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.~~
 - iii. ~~No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.~~
 - iv. ~~No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the~~

production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); 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 a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.

- v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE Platform.
- vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
- vii. No later than September 1, 2024, hospitals must launch the integration implementation project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); 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. The hospital is required to engage in interface testing as required by the HIE.
- ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CO-RHIO):
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
- x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
- xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform HIE portal.

- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
 - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
 - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CO RHIO):
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
 - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
 - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
 - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: 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. The hospital

is required to engage in interface testing as required by the HIE.

- e. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.
 - ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high risk (red) and moderate risk (orange) scores for each parameter.
 - iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high risk (red) test parameters prior to sending data into the HIE production environment.
 - iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.
- d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
 - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
 - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written

- document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings/referrals within CommunityCares per facility location.
 - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
 - iv. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azaheecs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - v. No later than November 30, 2024, the hospital must develop and submit a current facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
 - vi. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS DAP@azaheecs.gov.
 - f. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azaheecs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for an NDP.
 - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
 - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS DAP@azaheecs.gov.

2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in subsections (2)(a), (b), (c), (d), (e), (f), (g) or (h):
- a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's (EHR) system.
 - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); 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 a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
 - v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE platform.
 - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
 - vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit

the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); 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. The hospital is required to engage in interface testing as required by the HIE.

- ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CO-RHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
- x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
- xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
 - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
 - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CO-RHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
 - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via

- the HIE and complete the ONE Platform portal training prior to access being granted.
- vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
 - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: 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. The hospital is required to engage in interface testing as required by the HIE.
- e. Hospitals who participated in the DAP AzHDR program in CYE 2023 and/or CYE 2024.
- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCSID.
- d. Hospitals who have not participated in the DAP AzHDR program in CYE 2023 or CYE 2024.
- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

- ii. ~~No later than November 1, 2024, the hospital must submit the AzHDR Subscription Agreement to the HIE organization.~~
 - iii. ~~No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.~~
 - iv. ~~No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per AHCCCS ID.~~
- e. ~~Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.~~
- i. ~~No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~
 - ii. ~~No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.~~
 - iii. ~~From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.~~
 - iv. ~~From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).~~
- f. ~~Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.~~
- i. ~~No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.~~
 - ii. ~~No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.~~

- iii. ~~From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist hospitals in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).~~
- g. ~~Hospitals with an Emergency Department that participated in the NDP-DAP in CYE 2024.~~
 - i. ~~No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azaheccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~
 - ii. ~~No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.~~
 - iii. ~~No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azaheccs.gov.~~
- h. ~~Hospitals with an Emergency Department that have not participated in the NDP-DAP in CYE 2024.~~
 - i. ~~No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azaheccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~
 - ii. ~~No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.~~
 - iii. ~~No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.~~
 - iv. ~~No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azaheccs.gov.~~

F.E. For inpatient services with a date of discharge service from October 1, 2025 through September 30, 2026 (CYE 2026), the ~~inpatient~~ Differential Adjusted Payment (DAP) is the sum of the final DRG base payment and the final DRG outlier add-on payment multiplied by a percentage established by the ~~administration.~~ Administration. The percentage is published on the Administration's ~~public~~ website as part of its fee schedule subsequent to the public notice published no later than September 1, 2025. If a hospital receives a DAP for CYE 2026 but fails to meet all of the requirements in subsection (E), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2026, through September 30, 2027 (CYE 2027), if a DAP ~~would be~~ is available at that time. ~~A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.~~

1. A hospital designated by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services as type: hospital,

subtype: short-term or children's ~~will~~ shall qualify for an increase if ~~it~~ the hospital meets the criteria in ~~subsection (1)(a), (b), (c), (d), (e) and (f);~~ subsections (E)(1)(a) through (f):

- a. To be eligible for this DAP, hospitals ~~must~~ shall have participated in the DAP HIE program in CYE 2024 ~~and/or~~ or CYE 2025.
- b. No later than April 1, 2025, the hospital ~~must~~ shall have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding National Provider ~~Identifier(s)~~ Identifier (NPI) that the hospital requests to participate in the DAP.
- c. No later than September 30, 2025, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: including standard Admission, Discharge, and Transfer (ADT) information; data from the hospital emergency department ~~(if applicable);~~ laboratory and radiology information ~~(if applicable);~~ 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 a hospital is in the process of integrating a new EHR Electronic Health Record (EHR) system, the hospital ~~must~~ shall notify the HIE organization and have the implementation timeline approved to continue meeting DAP requirements.
- d. No later than March 1, 2026, the hospital ~~must~~ shall complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure categories ~~will~~ shall be included within the data quality profile and submitted on ADT transactions:
 - i. Data source and data site information ~~must be submitted on ADT transactions;~~
 - ii. Patient demographic information ~~must be submitted on ADT transactions;~~
 - iii. Race ~~must be submitted on ADT transactions;~~
 - iv. Ethnicity ~~must be submitted on ADT transactions;~~ and
 - v. Language ~~must be submitted on ADT transactions.~~
- e. No later than April 1, 2026, the hospital ~~must~~ shall complete a data quality improvement plan as defined by the HIE organization to improve the quality of data elements by ~~3.0%~~ 3.0 percent collectively over the March 1, 2026 data quality profile. The quality improvement plan is not required if the data quality profile results are greater than ~~90%~~ 90 percent for each measure.
- f. No later than September 1, 2026, ~~the hospital shall complete~~ a final data quality profile ~~will be completed,~~ based on July 2026 data to reassess data elements and performance improvement. ~~Hospitals must~~ The hospital shall have improved the quality of data elements by ~~3.0%~~ 3.0 percent collectively from ~~its~~ the hospital's March 2026 data quality profile. This requirement ~~does~~ shall not apply if the data quality profile results are greater than ~~90%~~ 90 percent for each measure.

2. A hospital designated by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services as type: hospital, subtype: critical access hospital ~~will~~ shall qualify for an increase if ~~it~~ the hospital meets the criteria in subsection ~~(a)~~ (E)(2)(a) or (b):
 - a. ~~Hospitals~~ For a hospital that participated in the DAP HIE program in CYE 2024 ~~and/or~~ or CYE 2025:
 - i. No later than April 1, 2025, the hospital ~~must~~ shall have in place an active ~~Health Information Exchange (HIE)~~ HIE Participation Agreement and submit a signed ~~Differential Adjusted Payment Statement of Work (DAP SOW)~~ DAP SOW to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI),~~ NPI that the hospital requests to participate in the DAP.
 - ii. No later than March 1, 2025, the hospital ~~must~~ shall launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit test patient information to the HIE test environment. The hospital ~~is required to~~ shall engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - iii. No later than May 30, 2025, the hospital ~~must~~ shall have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE ~~Portal,~~ portal, standard ~~Admission, Discharge, Transfer (ADT) Alerts,~~ ADT alerts, standard ~~Clinical Notifications,~~ clinical notifications, or an interface that delivers patient data into the ~~facility's Electronic Health Record (EHR)~~ hospital's EHR system.
 - iv. No later than September 30, 2025, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department ~~(if applicable);~~ laboratory and radiology information ~~(if applicable);~~ 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 a hospital is in the process of integrating a new EHR system, the hospital ~~must~~ shall notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
 - b. ~~Hospitals that have~~ For a hospital that has not participated in the DAP HIE program in CYE 2024 or CYE 2025:
 - i. No later than April 1, 2025, the hospital ~~must~~ shall have in place an active ~~Health Information Exchange (HIE)~~ HIE Participation Agreement and submit a signed ~~Differential Adjusted Payment Statement of Work (DAP SOW)~~ DAP SOW to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI),~~ NPI that the hospital requests to participate in the DAP. To request a HIE Participation Agreement and a DAP SOW, email DAP@contexture.org.

- ii. No later than March 1, 2026, the hospital ~~must~~ shall have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization portal.
- iii. No later than March 1, 2026, ~~hospitals that utilize a hospital that uses an~~ external reference ~~labs lab~~ for any lab result processing ~~must~~ shall submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on ~~their~~ the hospital's behalf.
- iv. No later than March 1, 2026, the hospital ~~must~~ shall launch the integration implementations project, have a ~~Virtual Private Network (VPN)~~ VPN connection in place with the HIE, and electronically submit test patient information to the HIE test environment. The hospital ~~is required to~~ shall engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- v. No later than August 1, 2026, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: 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.

F. For inpatient services with a date of admission from October 1, 2026, through September 30, 2027 (CYE 2027), provided by a hospital in subsection (A) that qualifies, the Administration shall pay the hospital a DAP equal to the sum of the payment otherwise provided for in subsection (A) plus the product of the amount otherwise provided for in subsection (A) and a percentage established by the Administration. The percentage is published on the Administration's website as part of its fee schedule subsequent to the public notice published no later than September 1, 2026. If a hospital receives a DAP for CYE 2027 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2027, through September 30, 2028 (CYE 2028), if a DAP is available at that time.

1. A hospital designated by the ADHS Division of Licensing Services as type: hospital, subtype: short-term or children's shall qualify for an increase if it meets the criteria in subsections (F)(1)(a) through (d) or the criteria in subsections (F)(1)(e) through (h):

a. No later than April 1, 2026, the hospital shall submit a Letter of Intent (LOI) to AHCCCS at AHCCCSdap@azahcccs.gov, indicating that the hospital has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP, and contact information for the hospital's MOUD Champion, as defined in subsection (F)(1)(a)(iii). The LOI shall further attest to the following:

i. The hospital shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis with clinical leadership;

- ii. The hospital shall spend the majority of DAP funds to enhance, expand, or strengthen MOUD services to build long-term capacity; and
 - iii. The facility shall assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.
- b. No later than April 1, 2026, the hospital agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing any best practices and nonsensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants, including IT, medical coding specialist, quality improvement, addiction medicine, primary care, operational specialists.
- c. No later than November 30, 2026, the hospital shall develop and submit a facility policy that complies with AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The hospital shall submit the policy to AHCCCS at AHCCCS DAP@azahcccs.gov.
- d. No later than January 1, 2027, the hospital shall develop and complete a project that fulfills one of the designated project types and presents the project and outcomes to the workgroup in the second quarter:
 - i. Quality Improvement Project of Recognition and Diagnosis of Opioid Use Disorder (OUD);
 - ii. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
 - iii. Quality Improvement Project of the MOUD utilization rate;
 - iv. EHR Buildout or Clinical Decision Support for MOUD initiation;
 - v. Quality Improvement Project to increase the number of prescribers of MOUD; or
 - vi. Bridge or Connector Program to facilitate transitions across care settings.
- e. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCS DAP@azahcccs.gov, indicating that the hospital has elected to participate in the Maternal Syphilis Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP.
- f. No later than November 30, 2026, the hospital shall develop and submit a facility policy that meets AHCCCS and ADHS Maternal Syphilis Program policy standards for testing individuals for syphilis. The hospital shall submit all required policies to AHCCCS at AHCCCS DAP@azahcccs.gov.
- g. No later than January 1, 2027, the hospital shall begin testing individuals for syphilis as outlined in the facility's policy.
- h. No later than March 31, 2027, the hospital shall submit metrics for the previous calendar year. The metrics shall serve as baseline data and shall include:
 - i. Number of individuals of childbearing capacity (ages 15 through 50) tested for syphilis:
 - (1) Number of positive test results; and
 - (2) Number of negative test results;

- ii. Number of individuals of childbearing capacity who initiated a dose of treatment;
 - iii. Number of individuals tested who were pregnant;
 - iv. Number of pregnant individuals who tested positive, including those with discordant results;
 - v. Number of pregnant individuals who tested positive that initiated a dose of treatment; and
 - vi. Number of people who opted out of testing and if available, the reason for opting out.
2. A hospital designated by the ADHS Division of Licensing Services as type: hospital, subtype: critical access hospital shall qualify for an increase if the hospital meets the criteria in subsections (F)(2)(a) through (d) or the criteria in subsections (F)(2)(e) through (h):
- a. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCS DAP@azahcccs.gov. indicating that the hospital has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP, and contact information for the hospital's MOUD Champion, as defined in subsection (F)(2)(a)(iii). The LOI shall further attest to the following:
 - i. The hospital shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis with clinical leadership;
 - ii. The hospital shall spend the majority of DAP funds to enhance, expand, or strengthen MOUD services to build long-term capacity; and
 - iii. The hospital shall assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.
 - b. No later than April 1, 2026, the hospital agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing any best practices and nonsensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants including IT, medical coding specialist, quality improvement, addiction medicine, primary care, and operational specialists.
 - c. No later than November 30, 2026, the hospital shall develop and submit a facility policy that complies with AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The hospital shall submit the policy to AHCCCS at AHCCCS DAP@azahcccs.gov.
 - d. No later than January 1, 2027, the hospital shall develop and complete a project that fulfills one of the designated project types and presents the project and outcomes to the workgroup in the second quarter:
 - i. Quality Improvement Project of Recognition and Diagnosis of Opioid Use Disorder (OUD);
 - ii. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
 - iii. Quality Improvement Project of the MOUD utilization rate;
 - iv. EHR Buildout or Clinical Decision Support for MOUD initiation;

- v. Quality Improvement Project to Increase the number of prescribers of MOUD; or
- vi. Bridge/Connector Program to facilitate transitions across care settings.
- e. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCS DAP@azahcccs.gov, indicating that the hospital has elected to participate in the Maternal Syphilis Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP.
- f. No later than November 30, 2026, the hospital shall develop and submit a facility policy that meets AHCCCS and ADHS Maternal Syphilis Program policy standards for testing individuals for syphilis. The hospital shall submit all required policies to AHCCCS at AHCCCS DAP@azahcccs.gov.
- g. No later than January 1, 2027, the hospital shall begin testing individuals for syphilis as outlined in the facility's policy.
- h. No later than March 31, 2027, the hospital shall submit metrics for the previous calendar year. The metrics shall serve as baseline data and shall include:
 - i. Number of individuals of childbearing capacity (ages 15 through 50) tested for syphilis:
 - (1) Number of positive test results; and
 - (2) Number of negative test result.
 - ii. Number of individuals of childbearing capacity who initiated a dose of treatment;
 - iii. Number of individuals tested who were pregnant;
 - iv. Number of pregnant individuals who tested positive, including those with discordant results;
 - v. Number of pregnant individuals who tested positive that initiated a dose of treatment; and
 - vi. Number of people who opted out of testing and if available, the reason for opting out.

R9-22-712.90. Reimbursement of Hospital-based Freestanding Emergency Departments

- A. "Hospital-based freestanding emergency department" (~~hospital-based FSED~~) or "hospital-based FSED" means an outpatient treatment center, as defined in A.A.C. R9-10-101, that: ~~(1) provides~~
 - 1. Provides emergency room services under A.A.C. R9-10-1019; ~~(2) is~~
 - 2. Is subject to the requirements of ~~42 C.F.R. 489.24~~, 42 CFR 489.24; and ~~(3) shares~~
 - 3. Shares an ownership interest with a hospital, regardless of whether the outpatient treatment center operates under a hospital's single group license as described in A.R.S. § 36-422.
- B. A hospital-based FSED shall register with the Administration separately from the hospital with which an ownership interest is shared and shall obtain a separate ~~provider identification number~~. AHCCCS ID. The Administration shall not charge a separate provider enrollment fee for registration of a hospital-based FSED. The Administration shall accept a hospital's compliance with the provider screening and enrollment requirements of ~~42 CFR Part 455~~ 42 CFR 455 as compliance by the hospital-based FSED.
- C. For dates of service on and after March 1, 2017, and except as provided in subsection (D), services provided by a hospital-based FSED for evaluation and management CPT codes 99281 through 99285 shall be reimbursed at the following percentages of the amounts

otherwise reimbursable under R9-22-712.20 through R9-22-712.30. All other covered codes shall be reimbursed ~~in accordance with~~ under R9-22-712.20 through R9-22-712.30 without a percentage reduction.

1. 60 percent for a level 1 emergency department visit as indicated by CPT 99281.
2. 80 percent for a level 2 emergency department visit as indicated by CPT 99282.
3. 90 percent for a level 3 emergency department visit as indicated by CPT 99283.
4. 100 percent for a level 4 or 5 emergency department visit as indicated by CPT codes 99284 and 99285.

D. A hospital-based FSED located in a city or town in a county with less than 500,000 residents, where the only hospital in the city or town operating an emergency department closed on or after January 1, 2015, shall be reimbursed under R9-22-712.20 through R9-22-712.35 using the adjustment in R9-22-712.35 associated with the nearest hospital with which the freestanding emergency department shares an ownership interest.

E. Services provided by an outpatient treatment center that provides emergency room services under A.A.C. R9-10-1019 but does not otherwise meet the criteria in subsection ~~A~~, (A) shall be reimbursed based on the non-hospital AHCCCS capped fee-for-service schedule under R9-22-710.

F. The Administration shall not reimburse a hospital for services provided at a hospital-based FSED if the member is admitted directly from a hospital-based FSED to a hospital with an ownership interest in the hospital-based FSED. As provided in R9-22-712.60(B), payments made for the inpatient stay using the DRG methodology shall be the sole reimbursement.

~~G. For dates of service from October 1, 2024 through September 30, 2025 (CYE 2025), the payment otherwise required for hospital-based FSED services provided by qualifying hospital-based FSEDs shall be increased by a percentage established by the Administration and shall be applied to the payment methodology as described in subsection (C). The percentage is published on the Administration's public website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2024. A hospital-based FSED can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital-based FSED subtypes. If a hospital-based FSED receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (G), the hospital-based FSED shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A outpatient treatment center designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital-based freestanding emergency department will qualify for an increase if it meets the criteria in subsection (1) or (2):~~

1. ~~Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.~~
 - a. ~~No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~

- b. ~~No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.~~
 - e. ~~No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov.~~
2. Hospitals with an Emergency Department that have not participated in the NDP-DAP in CYE 2024.
- a. ~~No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~
 - b. ~~No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.~~
 - e. ~~No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.~~
 - d. ~~No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov.~~



For dates of service from October 1, 2025, through September 30, 2026 (CYE 2026), the payment otherwise required for hospital-based FSED services provided by qualifying hospital-based FSEDs shall be increased by a percentage established by the Administration and shall be applied to the payment methodology as described in subsection (C). The percentage is published on the Administration's ~~public~~ website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2025. A hospital-based FSED ~~can and will~~ shall qualify for an increase if ~~it~~ the hospital-based FSED meets the criteria specified ~~below in subsections (H)(1) and (2)~~ for any of the applicable hospital-based FSED subtypes. If a hospital-based FSED receives a DAP for CYE 2026 but fails to meet all of the requirements in subsection (G), the hospital-based FSED shall be disqualified from participating in a DAP for dates of service October 1, 2026, through September 30, 2027 (CYE 2027), if a DAP ~~would be~~ is available at that time. An outpatient treatment center designated by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services as type: hospital-based freestanding emergency department ~~will~~ shall qualify for an increase if ~~it~~ the hospital-based FSED meets the criteria in subsection ~~(H)~~ (G)(1) or (2):

1. Hospital-based FSEDs that participated only in CYE 2025. Hospital-based FSEDs that participated in CYE 2024 and CYE 2025 ~~will~~ shall not be eligible.
 - a. No later than April 1, 2025, the facility ~~must~~ shall submit a Letter of Intent (LOI) to AHCCCS ~~to the following email address: at~~ at AHCCCS DAP@azahcccs.gov, indicating that ~~they will~~ the facility has elected to participate in the Naloxone Distribution Program (NDP). The LOI ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) NPI(s), NPI,~~ that the facility requests to participate in the DAP.

- b. No later than November 30, 2025, the facility ~~must~~ shall develop and submit a facility policy that ensures facilities are purchasing Naloxone through standard routine pharmacy ordering.
 - c. No later than February 28, 2026, the facility ~~must~~ shall submit a ~~Naloxone Distribution Program Attestation~~ NDP attestation regarding the implementation of the NDP, to AHCCCS ~~to the following email address:~~ at AHCCCS DAP@azahcccs.gov.
2. Hospital-based FSEDs that have not participated in the NDP DAP.
- a. No later than April 1, 2025, the facility ~~must~~ shall submit a ~~Letter of Intent (LOI)~~ an LOI to AHCCCS ~~to the following email address:~~ at AHCCCS DAP@azahcccs.gov, indicating that ~~they will~~ the facility has elected to participate in the ~~Naloxone Distribution Program (NDP).~~ NDP. The LOI ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI),~~ NPI, that the facility requests to participate in the DAP.
 - b. No later than November 30, 2025, the facility ~~must~~ shall develop and submit a facility policy that meets ~~AHCCCS/ADHS~~ AHCCCS and ADHS standards for ~~a~~ an NDP.
 - c. No later than January 1, 2026, the facility ~~must~~ shall begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
 - d. No later than February 28, 2026, the facility ~~must~~ shall submit a ~~Naloxone Distribution Program Attestation~~ NDP attestation regarding the implementation of the NDP, to AHCCCS ~~to the following email address:~~ at AHCCCS DAP@azahcccs.gov.
 - e. No later than April 1, 2025, the facility ~~must~~ shall submit a ~~Letter of Intent (LOI)~~ an LOI to AHCCCS ~~to the following email address:~~ at AHCCCS DAP@azahcccs.gov, indicating that ~~they will~~ the facility has elected to participate in the Maternal Syphilis Program. The LOI ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI),~~ NPI, that the facility requests to participate in the DAP.
 - f. No later than November 30, 2025, ~~the facility shall~~ the facility shall develop and submit a facility policy that meets ~~AHCCCS/ADHS~~ AHCCCS and ADHS standards for testing individuals for syphilis.
 - g. No later than January 1, 2026, ~~the facility shall~~ the facility shall begin testing individuals for syphilis as identified through the facility's policy.
 - h. No later than April 1, 2025, the facility ~~must~~ shall submit a ~~Letter of Intent (LOI)~~ an LOI to AHCCCS ~~to the following email address:~~ at AHCCCS DAP@azahcccs.gov, indicating that ~~they will~~ the facility has elected to participate in the Medications for Opioid Use Disorder (MOUD) Enhancement Program. The LOI ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI),~~ NPI, that the facility requests to participate in the DAP. The LOI ~~must~~ shall further attest to the following:
 - i. The facility ~~will~~ shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis; and
 - ii. The facility ~~will~~ shall spend the ~~preponderance~~ majority of DAP funds to enhance, expand, ~~and/or~~ or strengthen MOUD services.

- i. No later than April 1, 2025, the facility agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ~~the Arizona Department of Health Services (ADHS)~~ ADHS in a centralized, and timely manner, providing any best practices and nonsensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants, ~~(e.g., including IT, quality improvement, addiction medicine, primary care, and operational specialists).~~
- j. No later than November 30, 2025, the facility ~~must~~ shall develop and submit a facility policy that meets ~~AHCCCS/ADHS~~ AHCCCS and ADHS standards for a ~~Hospital~~ hospital MOUD Enhancement Program that offers MOUD for eligible patients. The facility shall submit the policy ~~must be submitted~~ to AHCCCS at ~~the following email address:~~ AHCCSDAP@azahcccs.gov.
- k. No later than April 1, 2026, the facility ~~must~~ shall submit a concise narrative summarizing the salient highlights of the progress of their MOUD treatment enhancement and utilization of DAP funds. The facility shall submit the narrative ~~must be submitted~~ to AHCCCS at ~~the following email address:~~ AHCCSDAP@azahcccs.gov.

H. For dates of service from October 1, 2026, through September 30, 2027 (CYE 2027), the payment otherwise required for hospital-based FSED services provided by qualifying hospital-based FSEDs shall be increased by a percentage established by the Administration and shall be applied to the payment methodology as described in subsection (C). The percentage is published on the Administration's website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2026. A hospital-based FSED shall qualify for an increase if the hospital meets the criteria specified in subsections (H)(1) and (2) for any of the applicable hospital-based FSED subtypes. If a hospital-based FSED receives a DAP for CYE 2027 but fails to meet all of the requirements in subsection (H), the hospital-based FSED shall be disqualified from participating in a DAP for dates of service October 1, 2027, through September 30, 2028 (CYE 2028), if a DAP is available at that time. An outpatient treatment center designated by the ADHS Division of Licensing Services as type: hospital-based freestanding emergency department shall qualify for an increase if the hospital meets the criteria in subsection (H)(1) or (2):

1. Facilities that participated in the MOUD program in CYE 2026.

- a. No later than April 1, 2026, the facility shall submit an LOI to AHCCCS at AHCCSDAP@azahcccs.gov, indicating that the facility has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the facility requests to participate in the DAP, and contact information for the facility's MOUD Champion, as defined in subsection (H)(a)(1)(iii). The LOI shall further attest to the following:
 - i. The facility shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis with clinical leadership;
 - ii. The facility shall spend the majority of DAP funds to enhance, expand, or strengthen MOUD services to build long-term capacity; and
 - iii. The facility shall assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality

improvement, and clinical improvement efforts.

- b. No later than April 1, 2026, the facility shall participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing any best practices and non-sensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants, including IT, medical coding specialist, quality improvement, addiction medicine, primary care, and operational specialists).
 - c. No later than January 1, 2027, the facility shall develop and complete a project that fulfills one of the designated project types and present the project and outcomes to the workgroup in the second quarter:
 - i. Quality Improvement Project of Recognition and Diagnosis of Opioid Use Disorder (OUD);
 - ii. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
 - iii. Quality Improvement Project of the MOUD utilization rate;
 - iv. EHR Buildout or Clinical Decision Support for MOUD initiation;
 - v. Quality Improvement Project to increase the number of prescribers of MOUD; or
 - vi. Bridge or Connector Program to facilitate transitions across care settings.
2. Facilities that have not participated in the MOUD program.
- a. No later than April 1, 2026, the facility shall submit an LOI to AHCCCS at AHCCCS DAP@azahcccs.gov, indicating that the facility has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the facility requests to participate in the DAP. The LOI shall further attest to the following:
 - i. The facility shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis; and
 - ii. The facility shall spend the majority of DAP funds to enhance, expand, or strengthen MOUD services.
 - b. No later than April 1, 2026, the facility shall participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing any best practices and non-sensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants, including IT, quality improvement, addiction medicine, primary care, and operational specialists.
 - c. No later than November 30, 2026, the facility shall develop and submit a facility policy that meets AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The facility shall submit the policy to AHCCCS at AHCCCS DAP@azahcccs.gov.
3. Facilities that have participated in the Maternal Syphilis Program in CYE 2026.
- a. No later than April 1, 2026, the facility shall submit an LOI to AHCCCS at AHCCCS DAP@azahcccs.gov, indicating that

the facility has elected to participate in the Maternal Syphilis Program. The LOI must contain each facility, including AHCCCS ID and corresponding NPI, that the facility requests to participate in the DAP.

- b. No later than April 30, 2026, the facility agrees to participate in the Congenital Syphilis Collaborative Workgroup, hosted by ADHS, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing best practices and nonsensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants.
 - c. No later than November 30, 2026, the facility shall develop and submit a facility policy that meets AHCCCS and ADHS Maternal Syphilis Program Policy Standards for testing all individuals from ages 15 through 50 for syphilis.
 - d. No later than January 1, 2027, the facility shall begin testing individuals for syphilis as outlined in the facility's policy.
 - e. No later than March 31, 2027, submit metrics for the previous calendar year, that include, at a minimum:
 - i. Number of individuals of childbearing capacity (ages 15 through 50) tested for syphilis;
 - (1) Number of positive test results; and
 - (2) Number of negative test results;
 - ii. Number of individuals of childbearing capacity who initiated a dose of treatment;
 - iii. Number of individuals tested who were pregnant;
 - iv. Number of pregnant individuals who tested positive, including those with discordant results;
 - v. Number of pregnant individuals who tested positive that initiated a dose of treatment; and
 - vi. Number of people who opted out of testing and if available, the reason for opting out.
 - f. No later than April 30, 2027, submit a narrative report detailing successes, challenges, and opportunities for improvement, intended for public sharing with other facilities interested in implementing similar programs.
4. Facilities that have not participated in the Maternal Syphilis Program.
- a. No later than April 1, 2026, the facility shall submit an LOI to AHCCCS at AHCCCS DAP@azahcccs.gov, indicating that the facility has elected to participate in the Maternal Syphilis Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP.
 - b. No later than November 30, 2026, the facility shall develop and submit a facility policy that meets AHCCCS and ADHS Maternal Syphilis Program Policy Standards for testing individuals for syphilis.
 - c. No later than January 1, 2027, facility shall begin testing individuals for syphilis as outlined in the facility's policy
 - d. No later than March 31, 2027, the facility shall submit metrics for the previous calendar year. The metrics shall serve as baseline data and shall include:
 - i. Number of individuals of childbearing capacity (ages 15 through 50) tested for syphilis;
 - ii. Number of positive test results; and
 - iii. Number of negative test results.

- iv. Number of individuals of childbearing capacity who initiated a dose of treatment;
- v. Number of individuals tested who were pregnant;
- vi. Number of pregnant individuals who tested positive, including those with discordant results;
- vii. Number of pregnant individuals who tested positive that initiated a dose of treatment; and
- viii. Number of people who opted out of testing and if available, the reason for opting out.