

AHCCCS Differential Adjusted Payment (DAP) Activity  
CYE 2021 Final Public Notice  
Originally Posted May 27, 2020  
Revised Posted July 15, 2020  
**Revised Posted September 29, 2020**

Overview & Purpose

The AHCCCS Administration is publishing final decisions for Differential Adjusted Payments (DAP) strategies to be implemented in the contracting year October 1, 2020 through September 30, 2021 (CYE 2021) for select AHCCCS-registered Arizona providers, which meet agency established performance criteria. This revised final public notice also addresses future DAP reimbursement strategies that may be considered for implementation in CYE 2022 and thereafter.

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

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

The DAP rates currently in place expire after September 30, 2020 dates of service. The DAP rates in this notice for CYE 2021 will be effective with dates of service beginning October 1, 2020, through September 30, 2021, and all noted providers (based on distinct Provider Types) will have the opportunity to be considered for meeting the criteria described further below.

The DAP Schedule represents a positive adjustment to the AHCCCS Fee-For-Service (FFS) rates. The purpose of the DAP is to distinguish providers which have committed to supporting designated actions that improve patients' care experience, improve members' health, and reduce cost of care growth. These fee schedules will be limited to dates of service in CYE 2021. Unless otherwise specified, AHCCCS managed care organizations (MCOs; including Regional Behavioral Health Authorities - RBHAs) will be required to pass-through DAP increases to their contracted rates to match the corresponding AHCCCS FFS rate increase percentages. Under a given DAP initiative, the DAP increase may be applicable to all claims paid to a provider or may be limited to claims for a subset of select services. The DAP increases do not apply to payments made on the basis of a cost-to-charge ratio. This notice describes how the DAP increase will be applied for each initiative.

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

## Provider Types

### **1. Hospitals Subject to APR-DRG Reimbursement (Up to 3.5%; Up to 13.5% on Select Services)**

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

a. Health Information Exchange Participation (2.5%)

Hospitals that did not participate in CYE 2020 DAP, or Hospitals that were in the category of “Providers That Did Not Participate in CYE 2019 DAP” within the CYE 2020 DAP Final Public Notice, Section 1.a.i, are eligible to participate in this DAP initiative. Participants in this initiative cannot participate in the Health Information Exchange Performance initiative described in 1.b. of this Notice.

Participation in a qualifying Health Information Exchange (HIE) organization qualifies the hospital for a 2.5% DAP increase for both inpatient and outpatient services. Participation means that by May 27, 2020, the hospital must have submitted a Letter of Intent (LOI) to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

- i. Milestone #1: No later than May 27, 2020 the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved.
- ii. Milestone #2: No later than June 1, 2020 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department.
- iii. Milestone #3: No later than August 1, 2020 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: 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.
- iv. Milestone #4: Complete the following COVID-19 related milestones, if they are applicable:
  1. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system.
  2. By September 1, 2020, or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system.

3. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system.
4. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
- v. Milestone #5: No later than November 1, 2020 the hospital must approve and authorize a formal scope of work (SOW) with a qualifying HIE organization to initiate and complete a Phase 1 data quality improvement effort, as defined by the qualifying HIE organization in collaboration with the qualifying HIE organization.
- vi. Milestone #6: No later than January 1, 2021 the hospital must complete the Phase 1 initial data quality profile with a qualifying HIE organization.
- vii. Milestone #7: No later than May 1, 2021 the hospital must complete the Phase 1 final data quality profile with a qualifying HIE organization.

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.

In order to receive the 2.5% DAP increase for HIE participation a hospital must submit an LOI to the HIE and AHCCCS by May 27, 2020 at the following email addresses:

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

If a hospital has already achieved one or more of the CYE 2021 milestones as of May 27, 2020, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period May 27, 2020 through September 30, 2021. The LOI must list each facility that hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. If a LOI was submitted in alignment with the Preliminary Public Notice, dated March 6, 2020, a new LOI is not required; the hospital is presumed to be included in DAP under these Final Public Notice requirements unless the hospital submits a written request to AHCCCS and the HIE requesting that their LOI be retracted. In all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

If a hospital submits an LOI and receives the 2.5% DAP increase for CYE 2021, but fails to achieve one or more of the milestones by the specified date, or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive DAP for dates of service from October 1, 2021 through September 30, 2022 (CYE 2022) if a DAP is available at that time.

b. Health Information Exchange Performance (Up to 2.5%)

Hospitals that were in the category of “Returning CYE 2019 DAP Participants” within the CYE 2020 DAP Final Public Notice, Section 1.a.ii. are eligible to participate in this DAP initiative. Participants in this initiative cannot participate in the Health Information Exchange Participation initiative described in 1.a. of this Notice.

Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn up to a 2.5% DAP increase. In order to qualify, by May 27, 2020 the hospital must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

- i. Milestone #1: No later than May 27, 2020 the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved.
- ii. Milestone #2: No later than June 1, 2020 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
- iii. Milestone #3: Complete the following COVID-19 related milestones, if they are applicable:
  1. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system.
  2. By September 1, 2020, or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system.
  3. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system.
  4. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
- iv. Milestone #4: No later than November 1, 2020 the hospital must approve and authorize a formal SOW to initiate and complete a Phase 2 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with the qualifying HIE organization.
- v. Milestone #5: No later than January 1, 2021 the hospital must complete the Phase 2 initial data quality profile with a qualifying HIE organization.
- vi. Milestone #6: No later than May 1, 2021 the hospital must complete the Phase 2 final data quality profile with a qualifying HIE organization.
- vii. Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below in 1.b.vii of this Notice.

1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2019 data, to the final data quality profile, based on March 2020 data.
  2. Meet a minimum performance standard of at least 60% based on March 2020 data.
  3. If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
- viii. DAP HIE Data Quality Standards 2021 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a 0.5% DAP increase for each category of the five measure categories, for a total potential increase of 2.5% if criteria are met for all categories.
1. Data source and data site information must be submitted on all ADT transactions. (0.5%)
  2. Event type must be properly coded on all ADT transactions. (0.5%)
  3. Patient class must be properly coded on all appropriate ADT transactions. (0.5%)
  4. Patient demographic information must be submitted on all ADT transactions. (0.5%)
  5. Overall completeness of the ADT message. (0.5%)

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.

In order to receive up to a 2.5% DAP increase for HIE performance a hospital must submit an LOI to the HIE and AHCCCS by May 27, 2020 at the following email addresses:

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

If a hospital has already achieved one or more of the CYE 2021 milestones as of May 27, 2020, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period May 27, 2020 through September 30, 2021. The LOI must list each facility that hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. If a LOI was submitted in alignment with the Preliminary Public Notice, dated March 6, 2020, a new LOI is not required; the hospital is presumed to be included in DAP under these Final Public Notice requirements unless the hospital submits a written request to AHCCCS and the HIE requesting that their LOI be retracted. In all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

If a hospital submits an LOI and receives up to a 2.5% DAP increase for CYE 2021, but fails to achieve one or more of the milestones by the specified date, or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive DAP for dates of service from October 1, 2021 through September 30, 2022 (CYE 2022) if a DAP is available at that time.

AHCCCS anticipates that HIE Data Quality Standards, minimum performance standards, and upper thresholds will continue to be monitored and evaluated during the CYE 2021 period in order to ensure that performance improvements are maintained.

c. Sepsis Care Performance Measure (1.0%)

Hospitals that meet or exceed the state-wide average for the Sepsis Care performance measure will qualify for a 1.0% DAP increase. On May 12, 2020, AHCCCS will download data from the Medicare Hospital Compare website for the Early Management Bundle, Severe Sepsis/Septic Shock (SEP-1) performance measure. This measure reflects the percentage of patients who received appropriate care for severe sepsis and septic shock. Facility results will be compared to the Arizona average results for the measure. Hospitals that meet or exceed the state-wide average percentage will qualify for the DAP increase.

A pediatric hospital will qualify to receive this DAP increase if it submits a letter to AHCCCS attesting it is a participant in the Improving Pediatric Sepsis Outcomes (IPSO) collaborative for 2020 at the following address: [FFSRates@azahcccs.gov](mailto:FFSRates@azahcccs.gov).

d. Long-Acting Reversible Contraception (10.0%)

For dates of services from October 1, 2020 through September 30, 2021, hospitals subject to APR-DRG reimbursement (Provider Type 02) may qualify for a DAP on codes J7296 - J7298, J7300 - J7301, and J7307 billed on the 1500 or UB-04 forms for long-acting reversible contraception devices. The DAP represents a 10.0% increase on the specific codes.

**2. Critical Access Hospitals** (Up to 10.0%; Up to 20.0% on Select Services)

Hospitals designated as a Critical Access Hospital (CAH) by May 27, 2020 are eligible for DAP increases under the following criteria.

a. Health Information Exchange Performance (Up to 10.0%)

Hospitals that qualified under the category of “Health Information Exchange Participation” within the CYE 2020 DAP Final Public Notice, Section 2.a. are eligible to participate in this DAP initiative.

Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn up to a 10.0% DAP increase. In order to qualify, by May 27, 2020 the hospital must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

- i. Milestone #1: No later than May 27, 2020 the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved.
- ii. Milestone #2: No later than June 1, 2020 the hospital must electronically submit the following actual patient identifiable information to the production environment of a

- qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
- iii. Milestone #3: Complete the following COVID-19 related milestones, if they are applicable:
    1. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system.
    2. By September 1, 2020, or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system.
    3. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system.
    4. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
  - iv. Milestone #4: No later than November 1, 2020 the hospital must approve and authorize a formal SOW to initiate and complete a Phase 2 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with the qualifying HIE organization.
  - v. Milestone #5: No later than January 1, 2021 the hospital must complete the Phase 2 initial data quality profile with a qualifying HIE organization.
  - vi. Milestone #6: No later than May 1, 2021 the hospital must complete the Phase 2 final data quality profile with a qualifying HIE organization.
  - vii. Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below in 2.a.vii of this Notice.
    1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2019 data, to the final data quality profile, based on March 2020 data.
    2. Meet a minimum performance standard of at least 60% based on March 2020 data.
    3. If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
  - viii. DAP HIE Data Quality Standards 2021 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a 2.0% DAP increase for each category of the five measure categories, for a total potential increase of 10.0% if criteria are met for all categories.
    1. Data source and data site information must be submitted on all ADT transactions. (2.0%)

2. Event type must be properly coded on all ADT transactions. (2.0%)
3. Patient class must be properly coded on all appropriate ADT transactions. (2.0%)
4. Patient demographic information must be submitted on all ADT transactions. (2.0%)
5. Overall completeness of the ADT message. (2.0%)

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.

In order to receive up to a 10.0% DAP increase for HIE performance a hospital must submit an LOI to the HIE and AHCCCS by May 27, 2020 at the following email addresses:

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

If a hospital has already achieved one or more of the CYE 2021 milestones as of May 27, 2020, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period May 27, 2020 through September 30, 2021. The LOI must list each facility that hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. If a LOI was submitted in alignment with the Preliminary Public Notice, dated March 6, 2020, a new LOI is not required; the hospital is presumed to be included in DAP under these Final Public Notice requirements unless the hospital submits a written request to AHCCCS and the HIE requesting that their LOI be retracted. In all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

If a hospital submits an LOI and receives up to a 10.0% DAP increase for CYE 2021, but fails to achieve one or more of the milestones by the specified date, or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive DAP for dates of service from October 1, 2021 through September 30, 2022 (CYE 2022) if a DAP is available at that time.

AHCCCS anticipates that HIE Data Quality Standards, minimum performance standards, and upper thresholds will continue to be monitored and evaluated during the CYE 2021 period in order to ensure that performance improvements are maintained.

b. Long-Acting Reversible Contraception (Up to 10.0%)

For dates of services from October 1, 2020 through September 30, 2021, hospitals subject to APR-DRG reimbursement (Provider Type 02) may qualify for a DAP on codes J7296 - J7298, J7300 - J7301, and J7307 billed on the 1500 or UB-04 forms for long-acting reversible contraception devices. The DAP represents a 10.0% increase on the specific codes.

**3. Other Hospitals and Inpatient Facilities** (Up to 4.5%)

Psychiatric Hospitals, with the exception of public hospitals, Provider Type 71; Secure Residential Treatment Centers (17+ beds), Provider Type B1; Non-Secure Residential Treatment Centers (17+ beds),



Provider Type B3; Subacute Facilities (1-16 Beds), Provider Type B5; Subacute Facilities (17+ beds), Provider Type B6; Rehabilitation Hospitals, Provider Type C4; Long Term Acute Care Hospitals, Provider Type C4 are eligible for DAP increases under the following criteria. For purposes of Section 3 of this Public Notice, other inpatient facilities will be referred to as hospitals.

a. Health Information Exchange Participation (2.5%)

Hospitals that did not participate in CYE 2020 DAP, or Hospitals that were in the category of “Providers That Did Not Participate in CYE 2019 DAP” within the CYE 2020 DAP Final Public Notice, Section 3.a.i, are eligible to participate in this DAP initiative. Participants in this initiative cannot participate in the Health Information Exchange Performance initiative described in 3.b. of this Notice.

Participation in a qualifying Health Information Exchange (HIE) organization qualifies the hospital for a 2.5% DAP increase for both inpatient and outpatient services. Participation means that by May 27, 2020, the hospital must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

- i. Milestone #1: No later than May 27, 2020 the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved.
- ii. Milestone #2: No later than June 1, 2020 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department.
- iii. Milestone #3: No later than August 1, 2020 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: 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.
- iv. Milestone #4: Complete the following COVID-19 related milestones, if they are applicable:
  1. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system.
  2. By September 1, 2020, or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system.
  3. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system.

4. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
- v. Milestone #5: No later than November 1, 2020 the hospital must approve and authorize a formal SOW with a qualifying HIE organization to initiate and complete a Phase 1 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with the qualifying HIE organization.
- vi. Milestone #6: No later than January 1, 2021 the hospital must complete the Phase 1 initial data quality profile with a qualifying HIE organization.
- vii. Milestone #7: No later than May 1, 2021 the hospital must complete the Phase 1 final data quality profile with a qualifying HIE organization.

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.

In order to receive the 2.5% DAP increase for HIE participation a hospital must submit an LOI to the HIE and AHCCCS by May 27, 2020 at the following email addresses:

[FFSRates@azahcccs.gov](mailto:FFSRates@azahcccs.gov), and  
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If a hospital has already achieved one or more of the CYE 2021 milestones as of May 27, 2020, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period May 27, 2020 through September 30, 2021. The LOI must list each facility that hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. If a LOI was submitted in alignment with the Preliminary Public Notice, dated March 6, 2020, a new LOI is not required; the hospital is presumed to be included in DAP under these Final Public Notice requirements unless the hospital submits a written request to AHCCCS and the HIE requesting that their LOI be retracted. In all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

If a hospital submits an LOI and receives the 2.5% DAP increase for CYE 2021, but fails to achieve one or more of the milestones by the specified date, or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive DAP for dates of service from October 1, 2021 through September 30, 2022 (CYE 2022) if a DAP is available at that time.

b. Health Information Exchange Performance (Up to 2.5%)

Hospitals that were in the category of “Returning CYE 2019 Participants” within the CYE 2020 DAP Final Public Notice, Section 3.a.ii. are eligible to participate in this DAP initiative. Participants in this initiative cannot participate in the Health Information Exchange Participation initiative.

Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn up to a 2.5% DAP increase. In order to qualify, by May 27, 2020 the hospital must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the

following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

- i. Milestone #1: No later than May 27, 2020 the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved.
- ii. Milestone #2: No later than **June 1, 2020** the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
- iii. Milestone #3 Complete the following COVID-19 related milestones, if they are applicable:
  1. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system.
  2. By September 1, 2020, or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system.
  3. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system.
  4. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
- iv. Milestone #4: No later than November 1, 2020 the hospital must approve and authorize a formal SOW to initiate and complete a Phase 2 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with a qualifying HIE organization.
- v. Milestone #5: No later than January 1, 2021 the hospital must complete the Phase 2 initial data quality profile with a qualifying HIE organization.
- vi. Milestone #6: No later than May 1, 2021 the hospital must complete the Phase 2 final data quality profile with a qualifying HIE organization.
- vii. Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to DAP increases described below in 3.b.vii of this Notice.
  1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2019 data, to the final data quality profile, based on March 2020 data.

2. Meet a minimum performance standard of at least 60% based on March 2020 data.
  3. If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
- viii. DAP HIE Data Quality Standards 2021 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a 0.5% DAP increase for each category of the five measure categories, for a total potential increase of 2.5% if criteria are met for all categories.
1. Data source and data site information must be submitted on all ADT transactions. (0.5%)
  2. Event type must be properly coded on all ADT transactions. (0.5%)
  3. Patient class must be properly coded on all appropriate ADT transactions. (0.5%)
  4. Patient demographic information must be submitted on all ADT transactions. (0.5%)
  5. Overall completeness of the ADT message. (0.5%)

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.

In order to receive up to a 2.5% DAP increase for HIE performance a hospital must submit an LOI to the HIE and AHCCCS by May 27, 2020 at the following email addresses:

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

If a hospital has already achieved one or more of the CYE 2021 milestones as of May 27, 2020, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period May 27, 2020 through September 30, 2021. The LOI must list each facility that hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. If a LOI was submitted in alignment with the Preliminary Public Notice, dated March 6, 2020, a new LOI is not required; the hospital is presumed to be included in DAP under these Final Public Notice requirements unless the hospital submits a written request to AHCCCS and the HIE requesting that their LOI be retracted. In all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

If a hospital submits an LOI and receives up to a 2.5% DAP increase for CYE 2021, but fails to achieve one or more of the milestones by the specified date, or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive DAP for dates of service from October 1, 2021 through September 30, 2022 (CYE 2022) if a DAP is available at that time.

AHCCCS anticipates that HIE Data Quality Standards, minimum performance standards, and upper thresholds will continue to be monitored and evaluated during the CYE 2021 period in order to ensure that performance improvements are maintained.

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

Hospitals that meet the Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) performance measure will qualify for a 2.0% DAP increase. On May 12, 2020, AHCCCS will download the most current data from the QualityNet.org website to identify Medicare's Annual Payment Update (APU) recipients. APU recipients are those facilities that satisfactorily met the requirements for the IPFQR program, which includes multiple clinical quality measures. Facilities identified as APU recipients will qualify for the DAP increase.

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

Hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for a 2.0% DAP increase. On May 12, 2020, AHCCCS will download the most current data from the Medicare Long Term Hospital Compare website for the rate of pressure ulcers that are new or worsened. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.

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

Hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for a 2.0% DAP increase. On May 12, 2020, AHCCCS will download the most current data from the Medicare Inpatient Rehabilitation Facility Compare website for the rate of pressure ulcers that are new or worsened. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.

**4. IHS and 638 Tribally Owned and/or Operated Facilities** (2.5%)

Hospitals, Provider Type 02, owned and/or operated by Indian Health Services (IHS) or under Tribal authority by May 27, 2020 are eligible for a DAP increase under the following criteria.

a. Health Information Exchange Participation (2.5%)

Participation in a qualifying HIE organization qualifies the hospital for 2.5% DAP increase for inpatient, outpatient, and ambulatory services. Participation means that by May 27, 2020, the facility must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

- i. Milestone #1: No later than May 27, 2020 the facility must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved.
- ii. Milestone 2: By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.

- iii. Milestone #3: No later than December 1, 2020 the facility must approve and authorize a formal SOW with a qualifying HIE organization to develop and implement the data exchange necessary to meet the requirements of Milestones #4, #5 and #6.
- iv. Milestone #4: No later than April 1, 2021 the facility must electronically submit actual patient identifiable information to the production environment of a qualifying HIE organization, including admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the facility has an emergency department.
- v. Milestone #5: No later than June 1, 2021 the facility must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: 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.
- vi. Milestone #6: If the facility has ambulatory and/or behavioral health practices, then no later than June 1, 2021 the facility must submit actual patient identifiable information to the production environment of a qualifying HIE, including registration, encounter summary, and SMI data elements as defined by the qualifying HIE organization.

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.

In order to receive the 2.5% DAP increase for HIE participation a hospital must submit an LOI to the HIE and AHCCCS by May 27, 2020 at the following email addresses:

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

If a facility has already achieved one or more of the CYE 2021 milestones as of May 27, 2020, the LOI must include a commitment by the facility to maintain its participation in those milestone activities for the period May 27, 2020 through September 30, 2021. The LOI must list each facility that hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. If a LOI was submitted in alignment with the Preliminary Public Notice, dated March 6, 2020, a new LOI is not required; the hospital is presumed to be included in DAP under these Final Public Notice requirements unless the hospital submits a written request to AHCCCS and the HIE requesting that their LOI be retracted. In all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

If a facility submits an LOI and receives the 2.5% DAP increase for CYE 2021, but fails to achieve one or more of the milestones by the specified date, or fails to maintain its participation in the milestone activities, that facility will be ineligible to receive DAP for dates of service from October 1, 2021 through September 30, 2022 (CYE 2022) if a DAP is available at that time.

The proposed DAP for IHS/638 facilities would be applicable to the All-inclusive Rate (AIR), but is subject to, and contingent upon, separate State Plan Amendment (SPA) approval by the Centers for Medicare

and Medicaid Services (CMS). Since there is no current precedent for a DAP that is applicable to the AIR, the ability of AHCCCS to implement this initiative is uncertain at this time and dependent upon federal approval.

## 5. Nursing Facilities (Up to 2.0%)

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

### a. Pressure Ulcer Performance Measure (1.0%)

Nursing facilities that meet or fall below the state-wide average percentage for the Pressure Ulcer performance measure will qualify for a 1.0% DAP increase. On May 12, 2020, AHCCCS will download data from the Medicare Nursing Home Compare website for the percent of High-Risk Residents with Pressure Ulcers (Long Stay) based on the facility's performance results for long-stay, high-risk residents with Stage II-IV pressure ulcers reported in the Minimum Data Set (MDS) 3.0. Facility results will be compared to the Arizona Average results for the measure. Facilities with percentages less than or equal to the state-wide average score will qualify for the DAP increase.

### b. Urinary Tract Infection Performance Measure (1.0%)

Nursing facilities that meet or fall below the state-wide average percentage for the Urinary Tract Infection (UTI) performance measure will qualify for a 1.0% DAP increase. On May 12, 2020, AHCCCS will download data from the Medicare Nursing Home Compare website for the percent of long-stay residents with a UTI. Facility results will be compared to the Arizona Average results for the measure. Facilities with percentages less than or equal to the state-wide average score will qualify for the DAP increase.

## 6. Integrated Clinics (10.0% on Select Services)

Integrated Clinics, Provider Type IC, are eligible for a DAP increase of 10.0% for select physical health services by meeting all of the following criteria for licensure, behavioral health utilization, and HIE participation.

### a. Licensure

The provider must be licensed by the ADHS as an Outpatient Treatment Center which provides both behavioral health services and physical health services.

### b. Behavioral Health Services Utilization At Least 40.0%

Behavioral health services for the provider must account for at least 40.0% of total AHCCCS claims and encounters. Utilizing claims and encounter data for dates of service from October 1, 2018 through September 30, 2019, AHCCCS will compute claims and encounters for behavioral health services as a percentage of total claims and encounters as of May 12, 2020 to determine which providers meet the 40% minimum threshold.

- i. Only approved and adjudicated AHCCCS claims and encounters will be utilized in the computations.

- ii. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.

c. HIE Participation

Participation means that the clinic must achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved.

- i. Milestone #1: No later than May 27, 2020 the clinic must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved. If it is the clinic's first year in the DAP initiative, then it must meet the participation agreement requirement of this milestone by August 1, 2020.
- ii. Milestone #2: No later than May 27, 2020 the clinic must electronically submit actual patient identifiable information to the production environment of the qualifying HIE organization, including both a registration event and an encounter summary. If a clinic is in the process of integrating a new Practice Management and/or EHR system, or if it is the clinic's first year in the DAP initiative, then it must meet this milestone no later than January 1, 2021.
- iii. Milestone #3: Complete the following COVID-19 related milestones, if they are applicable:
  - 1. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system.
  - 2. By September 1, 2020, or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system.
  - 3. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system.
  - 4. By October 1, 2020, clinics that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
- iv. Milestone #4: No later than January 1, 2021, the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via a qualifying HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the clinic's electronic health record (EHR).
- v. Milestone #5: No later than April 1, 2021 the clinic must submit actual patient identifiable information to the production environment of a qualifying HIE, specifically including Seriously Mentally Ill (SMI) data elements, as defined by the qualifying HIE organization.

For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not



fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.

In order to meet the DAP criteria for HIE participation a clinic must submit an LOI to the HIE and AHCCCS by May 27, 2020 at the following email addresses:

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

If a clinic has already achieved one or more of the CYE 2021 milestones as of May 27, 2020, the LOI must include a commitment by the clinic to maintain its participation in those milestone activities for the period May 27, 2020 through September 30, 2021. The LOI must list each facility that clinic requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. If a LOI was submitted in alignment with the Preliminary Public Notice, dated March 6, 2020, a new LOI is not required; the clinic is presumed to be included in DAP under these Final Public Notice requirements unless the clinic submits a written request to AHCCCS and the HIE requesting that their LOI be retracted. In all cases, the clinic must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

If a clinic submits an LOI and receives the DAP increase for CYE 2021, but fails to achieve one or more of the milestones by the specified date, or fails to maintain its participation in the milestone activities, that clinic will be ineligible to receive DAP for dates of service from October 1, 2021 through September 30, 2022 (CYE 2022) if a DAP is available at that time.

The DAP rates will be paid for select physical health services and will provide an increase of 10.0% for dates of service in CYE 2021.

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

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

Behavioral Health Outpatient Clinics, Provider Type 77, as licensed by the ADHS, are eligible for a DAP increase under the following criteria.

### **a. Health Information Exchange Participation (1.0%)**

Participation in a qualifying HIE organization qualifies the clinic for a 1.0% DAP increase for all services. Participation means that by May 27, 2020, the clinic must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

- i. Milestone #1: No later than May 27, 2020 the clinic must submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved
- ii. Milestone #2: No later than August 1, 2020, the clinic must have in place an active participation agreement with a qualifying HIE organization.

- iii. Milestone #3: By October 1, 2020, providers that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
- iv. Milestone #4: No later than January 1, 2021 the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via a qualifying HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the clinic's EHR.

In order to meet the DAP criteria for HIE participation a clinic must submit an LOI to the HIE and AHCCCS by May 27, 2020 at the following email addresses:

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

If a clinic has already achieved one or more of the CYE 2021 milestones as of May 27, 2020, the LOI must include a commitment by the clinic to maintain its participation in those milestone activities for the period May 27, 2020 through September 30, 2021. The LOI must list each facility that clinic requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. If a LOI was submitted in alignment with the Preliminary Public Notice, dated March 6, 2020, a new LOI is not required; the clinic is presumed to be included in DAP under these Final Public Notice requirements unless the clinic submits a written request to AHCCCS and the HIE requesting that their LOI be retracted. In all cases, the clinic must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

If a clinic submits an LOI and receives the DAP increase for CYE 2021, but fails to achieve one or more of the milestones by the specified date, or fails to maintain its participation in the milestone activities, that clinic will be ineligible to receive DAP for dates of service from October 1, 2021 through September 30, 2022 (CYE 2022) if a DAP is available at that time.

## **8. Behavioral Health Outpatient Clinics and Integrated Clinics (Up to 7.0%)**

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

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

**A clinic that meets the criteria for partnering with schools to provide behavioral health services will qualify for a 1.0% DAP increase on all claims.** Partnership is defined as a provider with approved and adjudicated claims and encounters for at least one of the following behavioral health services with POS 03 for dates of service from October 1, 2018 through December 31, 2019:

- i. H0004 - Behavioral Health Counseling & Therapy
- ii. H0025 - Behavioral Health Prevention Education Service
- iii. H0031 - Mental Health Assessment by Non-Physician
- iv. H2014 - Skills Training & Development
- v. S5110 - Home Care Training, Family

vi. T1016 - Case Management

Only approved and adjudicated AHCCCS claims and encounters as of May 12, 2020 will be utilized in determining providers that meet this criteria. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.

b. Autism Centers of Excellence (3.0%)

A clinic that meets the criteria to be considered an Autism Center of Excellence (COE) will qualify for a 3.0% DAP increase on all claims. An Autism COE is defined as a provider that has been identified as such by any AHCCCS MCO in the "Value Based Providers/Centers of Excellence" attachment to its "Provider Network Development and Management Plan," submitted by November 15, 2019. Providers that have been identified as an Autism COE in this manner will qualify for the DAP increase.

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

A clinic that meets the criteria for provision of services to members in a difficult to access location that cannot be accessed by ground transportation due to the nature and extent of the surrounding Grand Canyon terrain will qualify for a DAP increase of 3.0% on all claims. Provision of services is defined as a provider that has a MOA or MOU with a tribal government to access tribal territory in order to provide behavioral health services to members located in the Grand Canyon. The signed MOA or MOU must be in place by May 15, 2020 and submitted to AHCCCS by email to [FFSRates@azahcccs.gov](mailto:FFSRates@azahcccs.gov). On May 27, 2020, AHCCCS will review such documents as have been submitted by each provider in order to determine providers that meet this requirement and will qualify for this DAP increase.

**9. Physicians, Physician Assistants, and Registered Nurse Practitioners (Up to 2.0%)**

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

a. Electronic Prescriptions (1.0%)

A provider that has written at least 80 prescriptions for AHCCCS members, and has written at least 70% of its total AHCCCS prescriptions as Electronic Prescriptions (E-Prescriptions) will qualify for a 1.0% DAP increase for all services billed on the CMS Form 1500. E-Prescription statistics will be identified by the AHCCCS provider ID for the prescribing provider, and computed by AHCCCS based on the following factors:

- i. Only approved and adjudicated AHCCCS claims and encounters for July 1, 2019 through December 31, 2019 dispense dates will be utilized in the computations.
- ii. AHCCCS will compute claims and encounters for this purpose as of May 12, 2020 to determine which providers meet the minimum threshold.
- iii. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.
- iv. E-Prescriptions include those prescriptions generated through a computer-to-computer electronic data interchange protocol, following a national industry standard and identified by Origin Code 3.

- v. Refills of original prescriptions whereby the original prescriptions meet the definition of E-Prescriptions shall not be counted as E-Prescriptions.

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

Due to operational issues related to contracting arrangements with entities rather than individual practitioners, AHCCCS' MCOs may pay the DAP in a manner other than on an individual claim basis, on at least a quarterly basis. In the event an expected quarterly payment to an entity is less than twenty five dollars, the MCOs will be permitted to delay payment to the entity until the earlier occurs: payments due of at least twenty-five dollars or final quarterly payment for CYE 2021.

b. 6-Week Postpartum Visits (1.0%)

An obstetrician or gynecologist that meets the criteria for provision of 6-week postpartum visits will qualify for a 1.0% DAP increase on all claims. A provider qualifies if it has delivered and discretely billed for 6-week postpartum visit services for at least 20% of the members for whom it delivered in the CYE 2019 period. AHCCCS will review claims and encounters for the period October 1, 2018 through September 30, 2019 to determine eligibility for the DAP in CYE 2021. Only approved and adjudicated AHCCCS claims and encounters as of May 12, 2020 will be utilized in determining providers that meet this criteria. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.

**10. Dental Providers** (Up to 2.0%)

Dental Providers (Provider Types D1, D2, D3, D4, 07, 54) are eligible for DAP increases under the following criteria.

a. Dental Sealants for Children Performance Measure (1.0%)

A provider that meets the criteria for the dental sealants for children performance measure will qualify for a 1.0% DAP increase on all claims. Providers that increased the number of AHCCCS child members from 5 through 15 years of age to whom they provided dental sealants from CYE 2018 to CYE 2019 are considered to meet this measure. AHCCCS will review only approved and adjudicated claims and encounter data in order to compute a count of the number of AHCCCS members who are children aged 5 through 15 years who received a dental sealant for each time period. AHCCCS will compute claims and encounters for this purpose as of May 21, 2020. Providers with a computed increase to their count will qualify for the DAP increase.

b. Provision of Dental Services on Weekends (1.0%)

A provider that meets the criteria for the provision of dental services on weekends will qualify for a 1.0% DAP increase on all claims. A provider qualifies if 1.0% or more of its services were incurred for dates of service on a weekend for the period October 1, 2018 through September 30, 2019. Only approved and adjudicated AHCCCS claims and encounters as of May 12, 2020 will be utilized in determining providers that meet this criteria. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.

## 11. Home and Community Based Services Providers (Up to 1.0%)

Home and Community Based Services (HCBS) Providers are eligible for DAP increases under the following criteria. The DAP increase will be applicable to the specified services described below when provided either on a FFS basis, or by all AHCCCS Contractors, for all lines of business, including the Arizona Long Term Care System (ALTCS).

### a. Electronic Visit Verification Readiness Participation (0.5%)

HCBS providers that agree to participate in key Electronic Visit Verification (EVV) readiness activities will qualify for a DAP increase of 0.5% on claims for select services as described below. Participation means that by May 29, 2020 the provider must have submitted a LOI to AHCCCS and the EVV vendor, in which it agrees to achieve the following milestones by the specified dates, as applicable to their category.

- i. For a provider with no EVV system currently in place that is choosing to use the state-wide EVV (Sandata) system, submit a LOI to AHCCCS and the EVV vendor by May 29, 2020 that includes an attestation that it has a plan to meet EVV compliance requirements and will register for required training on the State's prescribed timeline.
- ii. For a provider with an EVV system currently in place that is choosing to use an alternate EVV system, submit a LOI to AHCCCS and the EVV vendor by May 29, 2020 that includes an attestation that it has a plan to meet EVV compliance requirements and an acknowledgement it has received and reviewed the technical requirements for use of an alternate EVV vendor.

In order to meet the DAP criteria for EVV participation a provider must submit an LOI to the EVV vendor and AHCCCS by May 29, 2020 at the following email addresses:

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

The DAP increase will be applicable to Provider Types A3, F1, IC, 23, 39, 40, 46, 77, and 95 and select Attendant Care, Companion Care, Habilitation, Home Health (aid, therapy, nursing services), Homemaker, Personal Care, Respite, and Skills Training services that are provided with POS 12 - Home, 13 - Assisted Living Facility, and 99 - Other. See Attachment D for the specific list of codes which are proposed to increase for purposes of DAP.

### b. Home and Community Based Settings (HCBS) Rules Compliance Participation (0.5%)

HCBS providers that agree to participate in key HCBS Rules compliance activities will qualify for a DAP increase of 0.5% on claims for select services as described below. Participation means that by May 29, 2020 the provider must have completed the following activities:

- i. Submit a self-assessment pre-screening survey regarding compliance with the HCBS Rules.
- ii. Participate in the live webinar session or attest to reviewing the online recording of the webinar for each of the following specified HCBS Rules training sessions administered by AHCCCS.

1. Session 1 - HCBS Rules Overview held on January 30, 2020, and
2. Session 2 - Provider Self-Assessment Tool Training held on February 13, 2020.

The DAP increase will be applicable to all services provided by Provider Types 27, 36, 49, 50, and limited services provided by Provider Type 39 and 81, either on a FFS basis, or by all AHCCCS Contractors for all lines of business, including ALTCS. See Attachment E for the specific list of Provider Types and codes which are proposed to increase for purposes of DAP.

### Future Health Information Exchange Initiatives

In partnership with a qualifying HIE organization, AHCCCS intends to implement DAP initiatives relative to HIE participation and performance for different Provider Types as appropriate and consistent with organizational and provider resources and capacity. The HIE participation DAP strategy for CYE 2022 is described below. Please also see Attachment F for a high-level outline of the multi-year HIE participation DAP strategy by Provider Type.

1. AHCCCS anticipates CYE 2022 DAP criteria for hospitals and other inpatient facilities could include criteria directed at continuing the development and execution of a data quality improvement effort, as defined by a qualifying HIE organization and in collaboration with a qualifying HIE organization. DAP incentives would be available for hospitals and other inpatient facilities that meet data quality standards as set by the HIE. The measurement period for the CYE 2022 data quality standards is intended to be from July 1, 2020 to March 31, 2021. The data quality standards will be developed by the qualifying HIE in Calendar Year 2020 in consultation with the HIE's advisory councils as appropriate, its board of directors, and with input by hospital and other inpatient facility stakeholders.
2. AHCCCS anticipates CYE 2022 DAP criteria for IHS/638 Tribally Owned and/or Operated Facilities and Integrated Clinics could include the development of a data quality improvement plan with a qualifying HIE organization as well as accessing patient health information via a qualifying HIE organization utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the clinic's EHR. AHCCCS also anticipates DAP criteria could include measures that track the inclusion of CPT/HCPCS codes on UB-04 claim forms.
3. AHCCCS anticipates CYE 2022 DAP criteria for Integrated Clinics could include the development of a data quality improvement plan, as defined by a qualifying HIE organization and in collaboration with a qualifying HIE organization.
4. AHCCCS anticipates CYE 2022 DAP criteria for Behavioral Health Outpatient Clinics could include the electronic submission of actual patient identifiable information to the production environment of a qualifying HIE organization, including a registration event, an encounter summary, and SMI data elements as defined by the qualifying HIE organization. Qualifying HIE organization services are available on a first come, first serve basis; therefore, initiating activity in CYE 2021 is encouraged if achievement of the proposed CYE 2022 DAP criteria is desired.
5. AHCCCS anticipates CYE 2022 DAP criteria for Nursing Facilities could include the electronic submission of actual patient identifiable information to the production environment of a qualifying HIE organization, including a registration event, an encounter summary, and SMI data elements as defined by the qualifying HIE organization. Qualifying HIE organization services are available on a first come, first serve basis; therefore, initiating activity in CYE 2021 is encouraged if achievement of the proposed CYE 2022 DAP criteria is desired.

## Other Future Considerations

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

1. Hospitals Subject to APR-DRG Reimbursement
  - a. CYE 2022 – Enter into a Care Coordination Agreement with IHS/638 Facility.
2. Critical Access Hospitals
  - a. CYE 2022 – Enter into a Care Coordination Agreement with IHS/638 Facility.
3. Other Hospitals and Inpatient Facilities
  - a. CYE 2022 – Enter into a Care Coordination Agreement with IHS/638 Facility.
4. Physicians, Physician Assistants, and Registered Nurse Practitioners
  - a. CYE 2022 – E-prescribing, increase criteria from 70% to 75%.
5. Home and Community Based Services Providers
  - a. CYE 2022 – For providers that do not have an EVV system and use the state-wide system, meeting utilization standards for the percentage of members served with scheduled and completed visits and percentage of devices furnished in use by May 1, 2021.
  - b. CYE 2022 – For providers that do have an EVV system and use the state-wide system as a data aggregator, meeting utilization standards for the percentage of members served with scheduled and completed visits and timely submission of required data to the data aggregator by May 1, 2021.
  - c. CYE 2023 – Workforce Stability Activities.
  - d. CYE 2023 – Employment of AHCCCS Members as Direct Care Workers.
6. Multiple Provider Types
  - a. CYE 2022 – Completion of a Social Determinants of Health (SDoH) Screening Tool.

## Timeline

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

Date	Activity
3/6/2020	Preliminary Public Notice
By 3/31/2020	Tribal Consultation
4/6/2020	Public Notice Comments Due
5/27/2020	Final Public Notice
5/29/2020	Qualifying Providers Identified
7/1/2020	Requests for Approval Due to CMS
8/3/2020	MCO Capitation Rates Due to CMS (including funding for DAPs)
August 2020	Post Notice of Proposed Rulemaking (NPRM)
September 2020	NPRM Public Comments Due
9/29/2020	Revised Final Public Notice (This Document)

AHCCCS anticipates that the criteria for DAP could change for CYE 2022. AHCCCS may also consider DAP for other Provider Types for CYE 2022. DAP increases noted above may change based on budgetary considerations and federal approvals.

## Attachment A - CYE 2021 DAP HIE Data Quality Standards

1. Measure 1: Data source and data site information must be submitted on all ADT transactions.
  - a. Standards: HL7
  - b. Inclusions: MSH.4, EVN.7, PV1.3.4
  - c. Exclusions: None
  - d. Additional Notes: The source information can be derived from the MSH.4 segment, and the site information from one of the other inclusions. If both source and site information are sent in MSH.4, the sending organization must provide the required mapping details to Health Current.
  
2. Measure 2: Event type must be properly coded on all ADT transactions.
  - a. Standards: HL7
  - b. Inclusions: EVN.1, MSH.9.1, MSH.9.2
  - c. Exclusions: None
  
3. Measure 3: Patient class must be properly coded on all appropriate ADT transactions.
  - a. Standards: HL7
  - b. Inclusions: PV1.2 (associated with completed EVN.), MSH.9 with A01, A02, A03, A04)
  - c. Exclusions: None
  
4. Measure 4: Patient demographic information must be submitted on all ADT transactions.
  - a. Standards: HL7
  - b. Inclusions: PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1 PID.11.1, PID.11.3, PID.11.4, PID,11.5
  - c. Exclusions: None
  - d. Additional Notes: The patient demographic elements that will be evaluated for this measure are first name, last name, date of birth, gender and address (street address, city, state and zip). The patient demographic elements that have been removed from previous iterations of this measure include middle name, address type, county and country.
  
5. Measure 5: Overall completeness of the ADT message
  - a. Standards: HL7
  - b. Inclusions: MSH.4, MSH.9.1, MSH.9.2, EVN.1, EVN.7, PV1.3.4, PV1.2, PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1 PID.11.1, PID.11.3, PID.11.4, PID.11.5
  - c. Exclusions: None



Attachment B - Example DAP HIE Data Quality Standards

Example – Hospital A

Hospital A receives an Initial Data Quality Profile with measurements for ADT data submitted in July 2019. Based on Hospital A’s initial measurements, the following table shows what measurements Hospital A must achieve on the Final Data Quality Profile that is based on March 2020 data.

Measure	Initial Data Quality Profile Measurement	Measurement Target (10% Improvement or Minimum/Threshold Achievement)	Notes
1 - Data Source & Site	50%	60%	Must achieve a 20% improvement to meet the 60% minimum standard.
2 - Event Type	75%	82.5%	10% improvement.
3 - Patient Class	95%	95%	No improvement needed - must maintain performance above 90% upper threshold.
4 - Patient Demographics	88%	90%	Must meet 90% upper threshold, full 10% improvement not required.
5- Overall Completeness	77%	84.7%	10% improvement.

Attachment C - Integrated Clinic Select Services

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

CPT DESCRIPTION

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

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

Attachment D - HCBS EVV DAP

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

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

Provider Description	Provider Type
Attendant Care Agency	PT 40
Behavioral Outpatient Clinic	PT 77
Community Service Agency	PT A3
Fiscal Intermediary	PT F1
Habilitation Provider	PT 39
Home Health Agency	PT 23
Integrated Clinic	PT IC
Non-Medicare Certified Home Health Agency	PT 95
Private Nurse	PT 46

Service	Service Codes
Attendant Care	S5125
Companion Care	S5135
Habilitation	T2017
Home Health (aide, therapy, nursing services)	Nursing (G0299, G0300, S9123 and S9124) Home Health Aide (T1021) Therapies Physical Therapy (G0151 and S9131) Occupational Therapy (G0152 and S9129) Respiratory Therapy (S5181) Speech Therapy (G0153 and S9128)
Homemaker	S5130
Personal Care	T1019
Respite	S5150 and S5151
Skills Training	H2014

Attachment E - HCBS Rules DAP

The proposed HCBS Rules DAP is applicable to all services provided by the Provider Types 27, 36, 49 and 50 and limited services provided (specific below) by Provider Type 39, either on a FFS basis, or by all AHCCCS/ALTCS Contractors, for the Arizona Long Term Care System (ALTCS) line of business.

<b>Setting</b>	<b>Provider Types</b>	<b>Service Codes</b>
Adult Foster Care	PT 50	All services billed by the provider.
Assisted Living Home	PT 36	All services billed by the provider.
Assisted Living Center	PT 49	All services billed by the provider.
Adult Day Health	PT 27	All services billed by the provider.
DDD – Group Homes	PT 39	Transportation [A0080 – A0210, S0209, S0215]  Habilitation [T2016 - T2021– <i>excluding T2017</i> ]
DDD - Child and Adult Developmental Homes		
DDD- Day Program		
DDD- Center Based Employment		
DDD- Group Supported Employment		
EPD HCBS	PT 81	Day Care Services, Adult [S5101, S5102]

## Attachment F - HIE Strategy by Provider Type

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

Agreement	Execute agreement and electronically submit information.
Milestones	LOI with milestones for: execute agreement, approve SOW, transmit ADT, and transmit lab/radiology data. For non-inpatient facilities, transmit registration events and encounter summaries.
Data Access	Execute agreement and access HIE data via HIE services.
Data Prep	LOI with milestones for: submit immunization data (if applicable), execute data quality SOW, and submit data quality profile.
Data Quality	Measure data quality in first quarter of calendar year using a metric to be defined.