

**AHCCCS Differential Adjusted Payment (DAP)  
CYE 2026 Final Public Notice  
Posted December 18, 2025**

**Overview and Purpose**

The AHCCCS administration is publishing final decisions for Differential Adjusted Payment (DAP) strategies to be implemented in the contract year October 1, 2025, through September 30, 2026 (CYE 2026) for select AHCCCS registered Arizona providers that meet agency established performance criteria.

The DAP rates are to be implemented to ensure 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 same extent that they 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. [Psychiatric and Specialty Per Diem Hospitals,](#)
4. [Residential Treatment Centers and Subacute Facilities,](#)
5. [Freestanding Emergency Departments,](#)
6. [Indian Health Services \(IHS\) and 638 Tribally Owned and/or Operated Facilities,](#)
7. [Nursing Facilities,](#)
8. [Behavioral Health Outpatient Clinics and Integrated Clinics,](#)
9. [Behavioral Health Providers,](#)
10. [Dental Providers,](#)
11. [Home and Community Based Services Providers,](#)
12. [Therapeutic Foster Homes,](#) and
13. [Crisis Providers](#)

The DAP rates in this notice for CYE 2026 will be effective for dates of service beginning October 1, 2025, through September 30, 2026. All noted providers (based on distinct Provider Types) will have the opportunity to be considered for meeting the criteria described further below. All of these requirements are at the discretion of AHCCCS. **If a provider is receiving a DAP in CYE 2026 and cannot meet a milestone and/or cannot maintain its participation in milestone activities, the provider must immediately notify AHCCCS. This notification must be made before the milestone deadline and must state the reason the milestone cannot be met. When applicable, DAP participants are subject to audits, at the discretion of AHCCCS. Within 30 days of AHCCCS being notified of a missed milestone, becoming aware of the provider's failure to maintain participation, and/or determining that the provider has failed a DAP audit, AHCCCS will remove the participant's eligibility for the DAP, effective immediately and for the remainder of the year. If a provider receives a DAP increase for the entire CYE 2026 but it is determined subsequently that it did not meet the CYE 2026 milestones or failed to maintain its participation in the milestone activities in CYE 2026, the provider will be ineligible to receive the applicable DAP for CYE 2027, if a DAP is available at that time.**

The DAP schedule represents a positive adjustment to the AHCCCS Fee-for-Service (FFS) rates. The purpose of the DAP is to distinguish providers committed to supporting designated actions that improve patients' care experience, improve members' health outcomes, and reduce the cost of care. The fee schedules will be limited to dates of service in CYE 2026.

Unless otherwise specified, AHCCCS managed care organizations (MCOs) will be required to pass through DAP increases to their contracted rates to match the corresponding AHCCCS FFS rate increase percentages. This increase is limited to Title XIX/XXI funding only. DAPs, with respect to the MCOs, are authorized under 42 CFR 438.6(c)(1)(iii), which provides states with the flexibility to implement provider payment initiatives, requires certain payment levels by the MCOs to providers, and provides specific services critical to ensuring timely access to high-quality care. AHCCCS implements DAP as a uniform percentage increase under this authority. The Centers for Medicare and Medicaid Services (CMS) must approve all 438.6(c) payments prior to annual implementation.

Under a given DAP initiative, the DAP increase may be applicable to all claims and encounters paid to a provider or may be limited to claims for a subset of select services. DAP increases are limited to Title XIX/XXI claims and encounters only. The DAP increases do not apply to payments made based on a cost-to-charge ratio. Additionally, DAP increases are applied to claims after all the reimbursement rules are applied, but before the "Lesser Of" logic is determined. **For providers to receive the DAP, the provider must include the value of the additional DAP increase when billing directly to AHCCCS or an MCO for services.** This notice describes how the DAP increase will be applied for each initiative.

Please note that funding for DAP rate increases is subject to the appropriation of State funds and 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.

If a facility or a provider qualifies for one or more of the following DAPs, they will be added to a Qualifying Provider list that can be found on the AHCCCS website under Plans/Providers - Other Provider Programs and Initiatives - Differential Adjusted Payment (DAP). If there are any discrepancies or changes, they must be submitted to AHCCSDAP@azahcccs.gov prior to the start of CYE 2026. **All AHCCCS IDs must be active by April 1, 2025, to be eligible for the DAP in CYE 2026.**

In relation to the following DAPs, the qualifying Health Information Exchange (HIE) organization is designated as Contexture.

**1. Hospitals Subject to APR-DRG Reimbursement (2.0%)**

Hospitals (Provider Type 02) are eligible for a DAP increase on all inpatient and outpatient services under the following criteria.

**a. Health Information Exchange: Data Quality (2.0%)**

To be eligible for this DAP, hospitals must have participated in the DAP HIE program in CYE 2024 and/or CYE 2025. Hospitals that meet the following milestones are eligible to earn a 2.0% DAP.

- i. Milestone #1: No later than April 1, 2025, 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. Milestone #2: No later than January 23, 2026, the hospital must electronically submit the following patient identifiable information to the ONE Platform 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 system, the hospital must notify the HIE organization and have the implementation timeline approved to continue meeting DAP requirements.
- iii. Milestone #3: No later than March 1, 2026, the hospital must complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure categories will be included within the data quality profile:
  1. Measure 1: Data source and data site information must be submitted on ADT transactions;
  2. Measure 2: Patient demographic information must be submitted on ADT transactions;
  3. Measure 3: Race must be submitted on ADT transactions;
  4. Measure 4: Ethnicity must be submitted on ADT transactions; and
  5. Measure 5: Language must be submitted on ADT transactions.
- iv. Milestone #4: No later than April 1, 2026, the hospital must complete a data quality improvement plan as defined by the HIE organization to improve the quality of data elements by 3.0% 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% for each measure.
- v. Milestone #5: No later than September 1, 2026, a final data quality profile will be completed, based on July 2026 data to reassess data elements and performance improvement. Hospitals must have improved the quality of data elements by 3.0% collectively from its March 2026 data quality profile. This requirement does not apply if the data quality profile results are greater than 90% for each measure.

Quality improvement will be based on the HIE's Gold Standards. Refer to Attachment C for additional information.

## **2. Critical Access Hospitals (2.0%)**

Hospitals designated as Critical Access Hospitals (CAH), Non-IHS/638 hospitals, by March 15, 2025, are eligible for a DAP increase on all inpatient and outpatient services under the following criteria.

**a. Health Information Exchange Participation (2.0%)**

Hospitals that meet the following milestones are eligible to earn an 2.0% DAP.

Cohort 1: Hospitals that participated in the DAP HIE program in CYE 2024 and/or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, 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. Milestone #2: No later than March 1, 2025, the hospital must launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit patient information to the HIE 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.
- iii. Milestone #3: No later than May 30, 2025, 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 Electronic Health Record (EHR) system.
- iv. Milestone #4: No later than January 23, 2026, the hospital must electronically submit the following patient identifiable information to the ONE Platform 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.

Cohort 2: Hospitals that have not participated in the DAP HIE program in CYE 2024 or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, 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.
  1. To request a HIE Participation Agreement and a DAP SOW, email [DAP@contexture.org](mailto:DAP@contexture.org).

- ii. Milestone #2: No later than March 1, 2026, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization portal.
- iii. Milestone #3: No later than March 1, 2026, 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. Milestone #4: No later than May 1, 2026, the hospital must launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit patient information to the HIE 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.
- v. Milestone #5: No later than September 30, 2026, 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.

### **3. Psychiatric and Specialty Per Diem Hospitals (2.0%)**

Psychiatric Hospitals, with the exception of public hospitals (Provider Type 71), and Specialty Per Diem Hospitals (Provider Type C4) are eligible for a DAP increase on all inpatient and outpatient services under the following criteria.

#### **a. Health Information Exchange: Data Quality (2.0%)**

To be eligible for this DAP, Hospitals must have participated in the DAP HIE program in CYE 2024 and/or CYE 2025. Hospitals that meet the following milestones are eligible to earn a 2.0% DAP.

- i. Milestone #1: No later than April 1, 2025, 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. Milestone #2: No later than January 23, 2026, the hospital must electronically submit the following patient identifiable information to the ONE Platform 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 system, the hospital must notify the HIE organization and have the implementation timeline approved to continue meeting DAP requirements.
- iii. Milestone #3: No later than March 1, 2026, the hospital must complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure categories will be included within the data quality profile:
    - 1. Measure 1: Data source and data site information must be submitted on ADT transactions;
    - 2. Measure 2: Patient demographic information must be submitted on ADT transactions;
    - 3. Measure 3: Race must be submitted on ADT transactions;
    - 4. Measure 4: Ethnicity must be submitted on ADT transactions; and
    - 5. Measure 5: Language must be submitted on ADT transactions.
  - iv. Milestone #4: No later than April 1, 2026, the hospital must complete a data quality improvement plan as defined by the HIE organization to improve the quality of data elements by 3.0% 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% for each measure, the quality improvement plan is not required.
  - v. Milestone #5: No later than September 1, 2026, a final data quality profile will be completed, based on July 2026 data to reassess data elements and performance improvement. Hospitals must have improved the quality of data elements by 3.0% collectively from its March 2026 data quality profile. This requirement does not apply if the data quality profile results are greater than 90% for each measure.

Quality improvement will be based on the HIE's Gold Standards. Refer to Attachment C for additional information.

#### **4. Residential Treatment Centers and Subacute Facilities (Up to 1.25%)**

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), are eligible for a DAP increase on all inpatient and outpatient services under the following criteria.

##### **a. Health Information Exchange: Data Quality (0.75%)**

To be eligible for this DAP, Facilities must have participated in the DAP HIE program in CYE 2024 and/or CYE 2025. Facilities that meet the following milestones are eligible to earn a 0.75% DAP.

- i. Milestone #1: No later than April 1, 2025, the facility 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 facility requests to participate in the DAP.
- ii. Milestone #2: No later than January 23, 2026, the facility must electronically submit the following patient identifiable information to the ONE Platform production environment of the HIE organization: including standard Admission, Discharge, and Transfer (ADT) information, data from the facility 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 facility is in the process of integrating a new EHR system, the facility must notify the HIE organization and have the implementation timeline approved to continue meeting DAP requirements.
  - iii. Milestone #3: No later than March 1, 2026, the facility must complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure categories will be included within the data quality profile:
    - 1. Measure 1: Data source and data site information must be submitted on ADT transactions;
    - 2. Measure 2: Patient demographic information must be submitted on ADT transactions;
    - 3. Measure 3: Race must be submitted on ADT transactions;
    - 4. Measure 4: Ethnicity must be submitted on ADT transactions; and
    - 5. Measure 5: Language must be submitted on ADT transactions.
  - iv. Milestone #4: No later than April 1, 2026, the facility must complete a data quality improvement plan as defined by the HIE organization to improve the quality of data elements by 3.0% 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% for each measure, the quality improvement plan is not required.
  - v. Milestone #5: No later than September 1, 2026, a final data quality profile will be completed, based on July 2026 data to reassess data elements and performance improvement. Facilities must have improved the quality of data elements by 3.0% collectively from its March 2026 data quality profile. This requirement does not apply if the data quality profile results are greater than 90% for each measure.

Quality improvement will be based on the HIE's Gold Standards. Refer to Attachment C for additional information.

**b. Social Determinants of Health Closed Loop Referral System (0.5%)**

In relation to this DAP initiative only, the Social Determinants of Health (SDOH) Closed Loop Referral System is CommunityCares. Facilities that meet the following milestones are eligible to earn a 0.5% DAP.

Cohort 1: Facilities that participated in the DAP SDOH program in CYE 2024 and/or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, the facility 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 name, including AHCCCS ID(s), and corresponding National Provider Identifier(s) (NPI), that the facility requests to participate in the DAP.
- ii. Milestone #2: No later than September 30, 2025, the facility must participate in a post-live connection and/or SDOH DAP webinar with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, and implementation of an SDOH screening tool.
- iii. Milestone #3: From October 1, 2025, to September 30, 2026, the facility is required to engage with CommunityCares by conducting a combination of 15 screenings, in-network referrals, and resolved off-platform cases per month for each AHCCCS ID/Facility location. Screenings, referrals, and resolved off-platform cases entered into CommunityCares by the facility will count towards the utilization requirements and be tracked monthly. Facilities should prioritize sending in-network referrals before seeking off-platform resources and aim to achieve a resolved status for both in-network referrals and off-platform cases, ensuring the client's needs are met.
- iv. Milestone #4: From October 1, 2025, to September 30, 2026, the facility will receive quarterly SDOH DAP Worksheets via email. Facilities must review their goal performance. If goals are unmet, facilities may meet and consult their assigned SDOH Advisor to discuss barriers and complete an improvement plan. Goals must be achieved by August 15, 2026.

Cohort 2: Facilities that have not participated in the DAP SDOH program in CYE 2024 or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, the facility 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 facility requests to participate in the DAP.
  - 1. To request a CommunityCares Access Agreement and a DAP SOW, email [DAP@contexture.org](mailto:DAP@contexture.org).
- ii. Milestone #2: No later than January 1, 2026, the facility must complete onboarding with the CommunityCares Team, submitting all requirements before accessing the system.
- iii. Milestone #3: Upon going live, the facility is required to engage with CommunityCares by conducting a combination of 10 screenings, in-network referrals, and resolved off-platform cases per month for each AHCCCS ID/Facility location. Screenings, referrals, and resolved off-platform cases entered into CommunityCares by the facility will count towards the utilization requirements and be tracked monthly. Facilities should prioritize sending in-network referrals before seeking off-platform resources and aim to achieve a resolved status for both in-network referrals and off-platform cases, ensuring the client's needs are met.
- iv. Milestone #4: From the facility go-live, through September 30, 2026, the facility is required to review its quarterly SDOH DAP Worksheets to ensure its goals are being met. If goals are unmet, facilities are required to meet and consult with their assigned SDOH

Advisor to discuss barriers and complete an improvement plan. Goals must be achieved by August 15, 2026.

## 5. Freestanding Emergency Departments (Up to 15.0%)

Freestanding Emergency Departments (Provider Type ED) are eligible for a DAP increase on all services under the following criteria.

### a. Naloxone Distribution Program (5.0%)

Freestanding Emergency Departments that meet the following milestones are eligible to earn a 5.0% DAP.

Cohort 1: Hospitals with a Freestanding Emergency Departments that participated only in CYE 2025. Freestanding Emergency Departments that participated in CYE 2024 and CYE 2025 will not be eligible.

- i. Milestone #1: No later than April 1, 2025, the facility must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@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(s), that the facility requests to participate in the DAP.
- ii. Milestone #2: No later than November 30, 2025, the facility must develop and submit a facility policy that ensures facilities are purchasing Naloxone through standard routine pharmacy ordering.
- iii. Milestone #3: No later than February 28, 2026, the facility must submit a Naloxone Distribution Program Attestation regarding the implementation of the NDP, to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov.

Cohort 2: Freestanding Emergency Departments that have not participated in the NDP DAP.

- i. Milestone #1: No later than April 1, 2025, the facility must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@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 facility requests to participate in the DAP.
- ii. Milestone #2: No later than November 30, 2025, the facility must develop and submit a facility policy that meets AHCCCS/ADHS standards for NDP.
- iii. Milestone #3: No later than January 1, 2026, the facility must begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy
- iv. Milestone #4: No later than February 28, 2026, the facility must submit a Naloxone Distribution Program Attestation regarding the implementation of the NDP, to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov.

### b. Maternal Syphilis Program (5.0%)

Freestanding Emergency Departments that meet the following milestones are eligible to earn a 5.0% DAP.

- i. Milestone #1: No later than April 1, 2025, the facility must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Maternal Syphilis Program. The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the facility requests to participate in the DAP.
- ii. Milestone #2: No later than November 30, 2025, develop and submit a facility policy that meets AHCCCS/ADHS standards for testing individuals for syphilis.
- iii. Milestone #3: No later than January 1, 2026, begin testing individuals for syphilis as identified through the facility's policy.

**c. Medications for Opioid Use Disorder Enhancement Program (5.0%)**

Freestanding Emergency Departments that meet the following milestones are eligible to earn a 5.0% DAP.

- i. Milestone #1: No later than April 1, 2025, the facility must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Medications for Opioid Use Disorder (MOUD) Enhancement Program. The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the facility requests to participate in the DAP. The LOI must further attest to the following:
  1. The facility will implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis; and
  2. The facility will spend the preponderance of DAP funds to enhance, expand, and/or strengthen MOUD services.
- ii. Milestone #2: 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) 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, quality improvement, addiction medicine, primary care, operational specialists).
- iii. Milestone #3: No later than November 30, 2025, the facility must develop and submit a facility policy that meets AHCCCS/ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The policy must be submitted to AHCCCS at the following email address: AHCCSDAP@azahcccs.gov.
- iv. Milestone #4: No later than April 1, 2026, the facility must submit a concise narrative summarizing the salient highlights of the progress of their MOUD treatment enhancement and utilization of DAP funds. The narrative must be submitted to AHCCCS at the following email address: AHCCSDAP@azahcccs.gov.

## **6. IHS and 638 Tribally Owned and/or Operated Facilities (Up to 3.5%)**

Indian Health Service and/or Tribally owned and/or operated hospitals (Provider Type 02), by March 15, 2025, are eligible for a DAP increase on all inpatient and outpatient services under the following criteria.

### **a. Health Information Exchange Participation (1.5%)**

Hospitals that meet the following milestones are eligible to earn a 1.5% DAP.

Cohort 1: Hospitals that participated in the DAP HIE program in CYE 2024 and/or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, 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. Milestone #2: No later than March 1, 2025, the hospital must launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit patient information to the HIE 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.
- iii. Milestone #3: No later than May 30, 2025, 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.
- iv. Milestone #4: No later than January 23, 2026, the hospital must electronically submit the following patient identifiable information to the ONE Platform 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 applicable. 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.

Cohort 2: Hospitals that have not participated in the DAP HIE program in CYE 2024 or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, 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.
  1. To request a HIE Participation Agreement and a DAP SOW, email [DAP@contexture.org](mailto:DAP@contexture.org).
- ii. Milestone #2: No later than March 1, 2026, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization portal.

**b. Social Determinants of Health Closed Loop Referral System (0.5%)**

In relation to this DAP initiative only, the Social Determinants of Health Closed Loop Referral System is CommunityCares. Hospitals that meet the following milestones are eligible to earn a 0.5% DAP.

Cohort 1: Hospitals that participated in the DAP SDOH program in CYE 2024 and/or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, 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 name, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- ii. Milestone #2: No later than September 30, 2025, the hospital must participate in a post-live connection and/or SDOH DAP webinar with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, and implementation of an SDOH screening tool.
- iii. Milestone #3: From October 1, 2025, to September 30, 2026, the hospital is required to engage with CommunityCares by conducting a combination of 15 screenings, in-network referrals, and resolved off-platform cases per month for each AHCCCS ID/Facility location. Screenings, referrals, and resolved off-platform cases entered into CommunityCares by the hospital will count towards the utilization requirements and be tracked monthly. Hospitals should prioritize sending in-network referrals before seeking off-platform resources and aim to achieve a resolved status for both in-network referrals and off-platform cases, ensuring the client's needs are met.
- iv. Milestone #4: From October 1, 2025, to September 30, 2026, the hospital will receive quarterly SDOH DAP Worksheets via email. Hospitals must review their goal performance. If goals are unmet, hospitals may meet and consult their assigned SDOH Advisor to discuss barriers and complete an improvement plan. Goals must be achieved by August 15, 2026.

Cohort 2: Hospitals that have not participated in the DAP SDOH program in CYE 2024 or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, 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.
  1. To request a CommunityCares Access Agreement and a DAP SOW, email [DAP@contexture.org](mailto:DAP@contexture.org).
- ii. Milestone #2: No later than January 1, 2026, the hospital must complete onboarding with the CommunityCares Team, submitting all requirements before accessing the system.
- iii. Milestone #3: Upon going live, the hospital is required to engage with CommunityCares by conducting a combination of 10 screenings, in-network referrals, and resolved off-platform cases per month for each AHCCCS ID/Facility location. Screenings, referrals, and resolved off-platform cases entered into CommunityCares by the hospital will count towards the utilization requirements and be tracked monthly. Hospitals should prioritize sending in-network referrals before seeking off-platform resources and aim to achieve a resolved status for both in-network referrals and off-platform cases, ensuring the client's needs are met.
- iv. Milestone #4: From the hospital go-live, through September 30, 2026, the hospital is required to review its quarterly SDOH DAP Worksheets to ensure its goals are being met. If goals are unmet, hospitals are required to meet and consult with their assigned SDOH Advisor to discuss barriers and complete an improvement plan. Goals must be achieved by August 15, 2026.

**c. Naloxone Distribution Program (0.5%)**

Hospitals with an Emergency Department that meet the following milestones are eligible to earn a 0.5% DAP.

Cohort 1: Hospitals with an Emergency Department that participated only in CYE 2025. Hospitals that participated in CYE 2024 and CYE 2025 will not be eligible.

- i. Milestone #1: No later than April 1, 2025, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: [AHCCSDAP@azahcccs.gov](mailto:AHCCSDAP@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. Milestone #2: No later than November 30, 2025, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
- iii. Milestone #3: No later than February 28, 2026, the hospital must submit a Naloxone Distribution Program Attestation regarding the implementation of the NDP, to AHCCCS to the following email address: [AHCCSDAP@azahcccs.gov](mailto:AHCCSDAP@azahcccs.gov).

Cohort 2: Hospitals with an Emergency Department that have not participated in the NDP DAP.

- i. Milestone #1: No later than April 1, 2025, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@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. Milestone #2: No later than November 30, 2025, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for NDP.
- iii. Milestone #3: No later than January 1, 2026, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
- iv. Milestone #4: No later than February 28, 2026, the hospital must submit a Naloxone Distribution Program Attestation regarding the implementation of the NDP, to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov.

**d. Maternal Syphilis Program (0.5%)**

Hospitals with an Emergency Department that meet the following milestones are eligible to earn a 0.5% DAP.

- i. Milestone #1: No later than April 1, 2025, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Maternal Syphilis Program. 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. Milestone #2: No later than November 30, 2025, develop and submit a facility policy that meets AHCCCS/ADHS standards for testing individuals for syphilis.
- iii. Milestone #3: No later than January 1, 2026, begin testing individuals for syphilis as outlined in the facility's policy.

**e. Medications for Opioid Use Disorder Enhancement Program (0.5%)**

Hospitals with an Emergency Department that meet the following milestones are eligible to earn a 0.5% DAP.

- i. Milestone #1: No later than April 1, 2025, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Medications for Opioid Use Disorder (MOUD) Enhancement Program. 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. The LOI must further attest to the following:
  1. The hospital will implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis; and
  2. The hospital will spend the preponderance of DAP funds to enhance, expand, and/or strengthen MOUD services.
- ii. Milestone #2: No later than April 1, 2025, the hospital agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by

- the Arizona Department of Health Services (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, quality improvement, addiction medicine, primary care, operational specialists).
- iii. Milestone #3: No later than November 30, 2025, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The policy must be submitted to AHCCCS at the following email address: AHCCSDAP@azahcccs.gov.
  - iv. Milestone #4: No later than April 1, 2026, the hospital must submit a concise narrative summarizing the salient highlights of the progress of their MOUD treatment enhancement and utilization of DAP funds. The narrative must be submitted to AHCCCS at the following email address: AHCCSDAP@azahcccs.gov.

## **7. Nursing Facilities (Up to 2.0%)**

Nursing facilities (Provider Type 22) are eligible for a DAP increase on all services under the following criteria.

### **a. Health Information Exchange Participation (0.25%)**

Nursing facilities that meet the following milestones are eligible to earn a 0.25% DAP.

Cohort 1: Facilities that participated in the DAP HIE program in CYE 2024 and/or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, the facility 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 facility requests to participate in the DAP.
- ii. Milestone #2: No later than March 1, 2025, the facility must launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit patient information to the HIE test environment. The facility is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- iii. Milestone #3: No later than May 30, 2025, the facility 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 Electronic Health Record (EHR) system.
- iv. Milestone #4: No later than January 23, 2026, the facility must electronically submit the following patient identifiable information to the ONE Platform production environment of the HIE organization: ADT information from within the nursing facility; Continuity of

Care Documents (CCD) reflecting a summary of care within the nursing facility including (if applicable): laboratory and radiology information; medication information; immunization data; active problem lists (diagnosis); social history; treatments and procedures conducted during the stay; advance directives; active allergies; and basic patient demographic data including assigned provider, emergency contact and payer. If a facility is in the process of integrating a new EHR system, the facility must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.

Cohort 2: Facilities that have not participated in the DAP HIE program in CYE 2024 or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, the facility 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 facility requests to participate in the DAP.
  1. To request a HIE Participation Agreement and a DAP SOW email [DAP@contexture.org](mailto:DAP@contexture.org).
- ii. Milestone #2: No later than March 1, 2026, the facility must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization portal.
- iii. Milestone #3: No later than March 1, 2026, facilities 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. Milestone #4: No later than May 1, 2026, the facility must launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit patient information to the HIE test environment. The facility is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- v. Milestone #5: No later than September 30, 2026, the facility must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information from within the nursing facility; continuity of care documents reflecting a summary of care within the nursing facility including (if applicable): laboratory and radiology information; medication information; immunization data; active problem lists (diagnosis); social history; treatments and procedures conducted during the stay; advance directives; active allergies; and basic patient demographic data including assigned provider, emergency contact and payer.

**b. Health Information Exchange: Data Quality (0.25%)**

To be eligible for this DAP, facilities must have participated in the DAP HIE program in CYE 2024 and/or CYE 2025. Facilities that meet the following milestones are eligible to earn a 0.25% DAP.

- i. Milestone #1: No later than April 1, 2025, the facility 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 facility requests to participate in the DAP.
- ii. Milestone #2: No later than January 23, 2026, the facility must electronically submit the following patient identifiable information to the ONE Platform production environment of the HIE organization: Admission, Discharge, Transfer (ADT) information from within the nursing facility; continuity of care documents (CCD) reflecting a summary of care within the nursing facility including (if applicable): laboratory and radiology information; medication information; immunization data; active problem lists (diagnosis); social history; treatments and procedures conducted during the stay; advance directives; active allergies; and basic patient demographic data including assigned provider, emergency contact and payer.
- iii. Milestone #3: No later than March 1, 2026, the facility must complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure categories will be included within the data quality profile:
  1. Measure 1: Data source and data site information must be submitted on ADT and/or CCD transactions;
  2. Measure 2: Patient demographic information must be submitted on ADT and/or CCD transactions;
  3. Measure 3: Race must be submitted on ADT and/or CCD transactions;
  4. Measure 4: Ethnicity must be submitted on ADT and/or CCD transactions; and
  5. Measure 5: Language must be submitted on ADT and/or CCD transactions.
- iv. Milestone #4: No later than April 1, 2026, the facility must complete a data quality improvement plan as defined by the HIE organization with a goal of improving the quality of data elements.
- v. Milestone #5: No later than September 1, 2026, a final data quality profile will be completed, based on July 2026 data to reassess data elements and performance improvement.

Quality improvement will be based on the HIE's Gold Standards. Refer to Attachment C for additional information.

**c. Antipsychotic Medication Performance Measure (1.0%)**

Nursing facilities that meet or fall below the statewide average percentage for the Antipsychotic Medication performance measure will qualify for a 1.0% DAP increase. On March 15, 2025, AHCCCS will download the most current data from the Medicare Provider Data Catalog website. Facility results will be compared to the Arizona average results for the measure. Facilities with percentages less than or equal to the statewide average score will qualify for the DAP increase.

**d. Depressive Symptoms Performance Measure (0.5%)**

Nursing facilities that meet or fall below the statewide average percentage for the Depressive Symptoms performance measure will qualify for a 0.5% DAP increase. On March 15, 2025, AHCCCS will download the most current data from the Medicare Provider Data Catalog website. Facility results will be compared to the Arizona average results for the measure. Facilities with percentages less than or equal to the statewide average score will qualify for the DAP increase.

**8. Behavioral Health Outpatient Clinics and Integrated Clinics (Up to 8.0%)**

Behavioral Health Outpatient Clinics (Provider Type 77) and Integrated Clinics (Provider Type IC) are eligible for a DAP increase on all services billed on a CMS 1500 Form under the following criteria.

**a. Health Information Exchange Participation (0.5%)**

Clinics that meet the following milestones and performance criteria are eligible to earn a 0.5% DAP.

Cohort 1: Clinics that participated in the DAP HIE program in CYE 2024 and/or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, the clinic 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 provider, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the clinic requests to participate in the DAP.
- ii. Milestone #2: No later than March 1, 2025, the clinic must launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit patient information to the HIE test environment. The clinic is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- iii. Milestone #3: No later than May 30, 2025, the clinic 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 clinic's Electronic Health Record (EHR) system.
- iv. Milestone #4: No later than January 23, 2026, the clinic must electronically submit patient identifiable information to the ONE Platform production environment of the HIE organization, including encounter information and an encounter summary as well as data elements defined by the HIE organization, specific to individuals with a serious mental illness, if applicable. If a clinic is in the process of integrating a new EHR system, the clinic must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.

Cohort 2: Clinics that have not participated in the DAP HIE program in CYE 2024 or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, the clinic 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 clinic requests to participate in the DAP.
  1. To request a HIE Participation Agreement and a DAP SOW, email DAP@contexture.org.
- ii. Milestone #2: No later than March 1, 2026, the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization portal.
- iii. Milestone #3: No later than March 1, 2026, clinics 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. Milestone #4: No later than May 1, 2026, the clinic must launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit patient information to the HIE test environment. The clinic is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- v. Milestone #5: No later than September 30, 2026, the clinic must electronically submit patient identifiable information to the production environment of the HIE organization, including encounter information and an encounter summary as well as data elements defined by the HIE organization, specific to individuals with a serious mental illness, if applicable.

**b. Health Information Exchange: Data Quality (0.5%)**

To be eligible for this DAP, clinics must have participated in the DAP HIE program in CYE 2024 and/or CYE 2025. Clinics that meet the following milestones are eligible to earn a 0.5% DAP.

- i. Milestone #1: No later than April 1, 2025, the clinic 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 facility requests to participate in the DAP.
- ii. Milestone #2: No later than January 23, 2026, the clinic must electronically submit patient identifiable information to the ONE Platform production environment of the HIE organization, including encounter information and an encounter summary as well as data elements defined by the HIE organization, specific to individuals with a serious mental illness, if applicable.
- iii. Milestone #3: No later than March 1, 2026, the clinic must complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure categories will be included within the data quality profile:

1. Measure 1: Data source and data site information must be submitted on Admission, Discharge, Transfer (ADT), and/or Continuity of Care Documents (CCD) transactions;
  2. Measure 2: Patient demographic information must be submitted on ADT and/or CCD transactions;
  3. Measure 3: Race must be submitted on ADT and/or CCD transactions;
  4. Measure 4: Ethnicity must be submitted on ADT and/or CCD transactions; and
  5. Measure 5: Language must be submitted on ADT and/or CCD transactions.
- iv. Milestone #4: No later than April 1, 2026, the clinic must complete a data quality improvement plan as defined by the HIE organization to improve the quality of data elements by 3.0% 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% for each measure, the quality improvement plan is not required.
- v. Milestone #5: No later than September 1, 2026, a final data quality profile will be completed, based on July 2026 data to reassess data elements and performance improvement. Clinics must have improved the quality of data elements by 3.0% collectively from its March 2026 data quality profile. This requirement does not apply if the data quality profile results are greater than 90% for each measure.

Quality improvement will be based on the HIE's Gold Standards. Refer to Attachment C for additional information.

**c. Social Determinants of Health Closed Loop Referral System (1.0%)**

In relation to this DAP initiative only, the Social Determinants of Health (SDOH) Closed Loop Referral System is CommunityCares. Clinics that meet the following milestones are eligible to earn a 1.0% DAP.

Cohort 1: Clinics that participated in the DAP SDOH program in CYE 2024 and/or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, the clinic 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 name, including AHCCCS ID(s), and corresponding National Provider Identifier(s) (NPI), that the clinic requests to participate in the DAP.
- ii. Milestone #2: No later than September 30, 2025, the clinic must participate in a post-live connection and/or SDOH DAP webinar with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, and implementation of an SDOH screening tool.
- iii. Milestone #3: From October 1, 2025, to September 30, 2026, the clinic is required to engage with CommunityCares by conducting a combination of 15 screenings, in-network referrals, and resolved off-platform cases per month for each AHCCCS ID/Facility location. Screenings, referrals, and resolved off-platform cases entered into CommunityCares by the clinic will count towards the utilization requirements and be tracked monthly. Clinics should prioritize sending in-network referrals before seeking off-platform resources and

aim to achieve a resolved status for both in-network referrals and off-platform cases, ensuring the client's needs are met.

- iv. Milestone #4: From October 1, 2025, to September 30, 2026, the clinic is required to review its quarterly SDOH DAP Worksheets to ensure its goals are being met. If goals are unmet, clinics are required to meet and consult with their assigned SDOH Advisor to discuss barriers and complete an improvement plan. Goals must be achieved by August 15, 2026.

Cohort 2: Clinics that have not participated in the DAP SDOH program in CYE 2024 or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, the clinic 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 clinic, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the clinic requests to participate in the DAP.
  - 1. To request a CommunityCares Access Agreement and a DAP SOW, email [DAP@contexture.org](mailto:DAP@contexture.org).
- ii. Milestone #2: No later than January 1, 2026, the clinic must complete onboarding with the CommunityCares Team, submitting all requirements before accessing the system.
- iii. Milestone #3: Upon going live, the clinic is required to engage with CommunityCares by conducting a combination of 10 screenings, in-network referrals, and resolved off-platform cases per month for each AHCCCS ID/Facility location. Screenings, referrals, and resolved off-platform cases entered into CommunityCares by the clinic will count towards the utilization requirements and be tracked monthly. Clinics should prioritize sending in-network referrals before seeking off-platform resources and aim to achieve a resolved status for both in-network referrals and off-platform cases, ensuring the client's needs are met.
- iv. Milestone #4: From the clinic's go-live, through September 30, 2026, the clinic is required to review its quarterly SDOH DAP Worksheets to ensure its goals are being met. If goals are unmet, clinics are required to meet and consult with their assigned SDOH Advisor to discuss barriers and complete an improvement plan. Goals must be achieved by August 15, 2026.

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

A clinic that meets the criteria for the 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 3.0% DAP 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 to provide behavioral health services to members located in the Grand Canyon. The signed MOA or MOU must be in place by April 1, 2025, and submitted to AHCCCS by email to: [AHCCCS DAP@azahcccs.gov](mailto:AHCCCS DAP@azahcccs.gov).

On April 15, 2025, AHCCCS will review such documents as have been submitted by each provider to determine providers that meet this requirement and will qualify for this DAP increase.

**e. Wraparound Training (3.0%)**

Clinics that have at least 75% of the clinic's high-needs case managers and 100% of the clinic's supervisors that oversee high-needs case management that complete the Wraparound training through the National Wraparound Implementation Center and meet the following milestones are eligible to earn a 3.0% DAP. Clinics must be compliant with caseload ratios outlined in AHCCCS Policy AMPM 570 Attachment A to qualify for this DAP.

- i. Milestone #1: No later than April 1, 2025, the clinic must submit a Letter of Intent (LOI) to AHCCCS to the following address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Wraparound training. The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the clinic requests to participate in the DAP.
- ii. Milestone #2: No later than April 15, 2025, clinics must submit caseload ratios, which cannot exceed 1:25, to be compliant with AHCCCS Policy AMPM 570 Attachment A, on the High Needs Case Management (soon to be Wraparound) deliverable.
- iii. Milestone #3: No later than July 31, 2025, the clinic must have completed the following pre-requisite online modules:
  1. NWIC: Wraparound Overview (self-paced)
  2. NWIC: Team Roles in Wraparound (self-paced)
  3. SOC Module 1: An Introduction to Systems of Care
- iv. Milestone #4: No later than September 30, 2025, the clinic must have completed the following virtual trainings:
  1. Introduction to Wraparound (3 days)
  2. Engagement Training (1 day)
  3. Intermediate Wraparound (2 days)
  4. Supervisors need to complete all of the above and an additional Wraparound Supervisor Training. (1 day)

**9. Behavioral Health Providers (1.0%)**

Community Service Agencies (Provider Type A3), Licensed Independent Addiction Counselors (Provider Type A4), Behavioral Health Therapeutic Homes (Provider Type A5), and Rural Substance Abuse Transitional Agencies (Provider Type A6) are eligible for a DAP increase on all services billed on a CMS 1500 Form under the following criteria.

**a. Social Determinants of Health Closed Loop Referral System (1.0%)**

In relation to this DAP initiative only, the Social Determinants of Health (SDOH) Closed Loop Referral System is CommunityCares. Providers that meet the following milestones are eligible to earn a 1.0% DAP.

Cohort 1: Providers that participated in the DAP SDOH program in CYE 2024 and/or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, the provider 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 name, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the provider requests to participate in the DAP.
- ii. Milestone #2: No later than September 30, 2025, the provider must participate in a post-live connection and/or SDOH DAP webinar with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, and implementation of an SDOH screening tool.
- iii. Milestone #3 From October 1, 2025, to September 30, 2026, the provider is required to engage with CommunityCares by conducting a combination of 15 screenings, in-network referrals, and resolved off-platform cases per month for each AHCCCS ID. Screenings, referrals, and resolved off-platform cases entered into CommunityCares by the provider will count towards the utilization requirements and be tracked monthly. Providers should prioritize sending in-network referrals before seeking off-platform resources and aim to achieve a resolved status for both in-network referrals and off-platform cases, ensuring the client's needs are met.
- iv. Milestone #4: From October 1, 2025, to September 30, 2026, the provider will receive quarterly SDOH DAP Worksheets via email. Providers must review their goal performance. If goals are unmet, providers may meet and consult their assigned SDOH Advisor to discuss barriers and complete an improvement plan. Goals must be achieved by August 15, 2026.

Cohort 2: Providers that have not participated in the DAP SDOH program in CYE 2024 or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, the provider 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 provider requests to participate in the DAP.
  - 1. To request a CommunityCares Access Agreement and a DAP SOW, email [DAP@contexture.org](mailto:DAP@contexture.org).
- ii. Milestone #2: No later than January 1, 2026, the provider must complete onboarding with the CommunityCares Team, submitting all requirements before accessing the system.
- iii. Milestone #3: Upon going live, the provider is required to engage with CommunityCares by conducting a combination of 10 screenings, in-network referrals, and resolved off-platform cases per month for each AHCCCS ID. Screenings, referrals, and resolved off-platform cases entered into CommunityCares by the provider will count towards the utilization requirements and be tracked monthly. Providers should prioritize sending in-network referrals before seeking off-platform resources and aim to achieve a resolved status for both in-network referrals and off-platform cases, ensuring the client's needs are met.
- iv. Milestone #4: From the provider go-live, through September 30, 2026, the provider is required to review its quarterly SDOH DAP Worksheets to ensure its goals are being met. If goals are unmet, providers are required to meet and consult with their assigned SDOH

Advisor to discuss barriers and complete an improvement plan. Goals must be achieved by August 15, 2026.

**10. Dental Providers (1.0%)**

Dentists (Provider Type 07) are eligible for a DAP increase on all services billed on an ADA Dental Claim Form.

**a. Bundled Services (1.0%)**

Providers that bill at least 80 bundled services for AHCCCS members and increase the number of bundled services by 6.0% will qualify for a 1.0% DAP. A bundled service is defined as concurrently billing for an exam and cleaning and then adding on a third service of either fluoride or sealants, utilizing the codes referenced in Attachment A. AHCCCS will review claims and encounters for the period of July 1, 2023, through December 31, 2023, and again from July 1, 2024, through December 31, 2024, and if there is a 6.0% increase in bundled services the provider will be eligible for the DAP increase. Only approved and adjudicated AHCCCS claims and encounters as of March 15, 2025, will be utilized in determining providers that meet these 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 5.0%)**

Home and Community Based Services (HCBS) providers are eligible for a DAP increase on all services under the following criteria.

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

Assisted Living (AL) Centers (Provider Type 49), and Home Health Agencies (Provider Type 23) that meet the following milestones are eligible to earn a 1.0% DAP.

Cohort 1: Providers that participated in the DAP HIE program in CYE 2024 and/or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, the provider 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 provider location, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the provider requests to participate in the DAP.
- ii. Milestone #2: No later than May 30, 2025, the provider 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 provider's Electronic Health Record (EHR) system.

Cohort 2: Providers that have not participated in the DAP HIE program in CYE 2024 or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, the provider 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 qualifying rendering provider, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the provider requests to participate in the DAP.
  1. To request a HIE Participation Agreement and a DAP SOW, email [DAP@contexture.org](mailto:DAP@contexture.org).
- ii. Milestone #2: No later than March 1, 2026, the provider must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization portal.

**b. Social Determinants of Health Closed Loop Referral System (2.0%)**

Attendant Care Agencies (Provider Type 40), Fiscal Intermediaries (Provider Type F1), Habilitation Providers (Provider Type 39), Home Health Agencies (Provider Type 23), Non-Medicare Certified Home Health Agencies (Provider Type 95), and Private Nurses (Provider Type 46) that meet the following milestones are eligible for a 2.0% DAP.

In relation to this DAP initiative only, the Social Determinants of Health (SDOH) Closed Loop Referral System is CommunityCares.

Cohort 1: Providers that participated in the DAP SDOH program in CYE 2024 and/or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, the provider 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 name, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the provider requests to participate in the DAP.
- ii. Milestone #2: No later than September 30, 2025, the provider must participate in a post-live connection and/or SDOH DAP webinar with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, and implementation of an SDOH screening tool.
- iii. Milestone #3: From October 1, 2025, to September 30, 2026, the provider is required to engage with CommunityCares by conducting a combination of 15 screenings, in-network referrals, and resolved off-platform cases per month for each AHCCCS ID. Screenings, referrals, and resolved off-platform cases entered into CommunityCares by the provider will count towards the utilization requirements and be tracked monthly. Providers should prioritize sending in-network referrals before seeking off-platform resources and aim to achieve a resolved status for both in-network referrals and off-platform cases, ensuring the client's needs are met.
- iv. Milestone #4: From October 1, 2025, to September 30, 2026, the provider is required to review its quarterly SDOH DAP Worksheets to ensure its goals are being met. If goals are

unmet, Providers are required to meet and consult with their assigned SDOH Advisor to discuss barriers and complete an improvement plan. Goals must be achieved by August 15, 2026.

Cohort 2: Providers that have not participated in the DAP SDOH program in CYE 2024 or CYE 2025.

- i. Milestone #1: No later than April 1, 2025, the provider 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 provider requests to participate in the DAP.
  1. To request a CommunityCares Access Agreement and a DAP SOW, email [DAP@contexture.org](mailto:DAP@contexture.org).
- ii. Milestone #2: No later than January 1, 2026, the hospital must complete onboarding with the CommunityCares Team, submitting all requirements before accessing the system.
- iii. Milestone #3: Upon going live, the provider is required to engage with CommunityCares by conducting a combination of 10 screenings, in-network referrals, and resolved off-platform cases per month for each AHCCCS ID. Screenings, referrals, and resolved off-platform cases entered into CommunityCares by the provider will count towards the utilization requirements and be tracked monthly. Providers should prioritize sending in-network referrals before seeking off-platform resources and aim to achieve a resolved status for both in-network referrals and off-platform cases, ensuring the client's needs are met.
- iv. Milestone #4: From the provider go-live, through September 30, 2026, the provider is required to review its quarterly SDOH DAP Worksheets to ensure its goals are being met. If goals are unmet, providers are required to meet and consult with their assigned SDOH Advisor to discuss barriers and complete an improvement plan. Goals must be achieved by August 15, 2026.

**c. Electronic Visit Verification (EVV) Auto Verified Visits (0.5%)**

HCBS providers that are required to comply with the EVV program will qualify for a 0.5% DAP increase if the provider has at least 50% - 79% auto-verified visits with a date of service from June 1, 2024, to October 30, 2024. A visit is considered auto-verified when the required elements of a visit are captured without missing or inaccurate information. If missing or inaccurate information has to be manually added or adjusted to correct the visit data, the visit is not considered an auto-verified visit.

**d. Electronic Visit Verification (EVV) Auto Verified Visits (2.0%)**

HCBS providers that are required to comply with EVV will qualify for a 2.0% DAP increase if the provider has at least 80% auto-verified visits with a date of service from June 1, 2024, to October 30, 2024. A visit is considered auto-verified when the required elements of a visit are captured without missing or inaccurate information. If missing or inaccurate information has to be manually added or adjusted to correct the visit data, the visit is not considered an auto-verified visit.

## 12. Therapeutic Foster Homes (Up to 20.0%)

Therapeutic Foster Care providers (Provider Type A5) are eligible for a DAP increase on all services billed on CMS 1500 under the following criteria.

### a. New Therapeutic Foster Homes (10.0%)

Newly licensed Therapeutic Foster Homes that have an AHCCCS registration date between January 1, 2024, and December 31, 2024, are eligible to earn a 10.0% DAP.

### b. Therapeutic Foster Home Continuous Therapeutic Foster Care Services (10.0%)

Therapeutic Foster Homes that meet the following criteria are eligible to earn a 10.0% DAP.

- i. A member was provided at least 60 days of continuous services between October 1, 2023, and December 31, 2024.
- ii. Only approved and adjudicated AHCCCS claims and encounters will be utilized in the computations.
- iii. AHCCCS will compute claims and encounters for this purpose as of March 15, 2025, to determine which providers meet the minimum threshold.
- iv. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.

AHCCCS MCOs may pay the DAP to a contracting entity that subcontracts with a qualifying Therapeutic Foster Home; they shall then require the payment to be further distributed by the subcontractor and received by the Therapeutic Foster Home. Alternatively, an AHCCCS MCO may pay the DAP directly to the qualifying Therapeutic Foster Home.

## 13. Crisis Providers (Up to 5.0%)

Subacute Facilities 1-16 Beds (Provider Type B5), Subacute Facilities 17+ beds (Provider Type B6), Crisis Services Providers (Provider Type B7), Behavioral Health Outpatient Clinics (Provider Type 77), and Integrated Clinics (Provider Type IC) that are contracted to provide crisis services are eligible for a DAP increase on all services under the following criteria.

### a. Crisis Bed Registry (3.0%)

Facilities that have submitted an executed Crisis Bed Registry Statement of Work (SOW) to the HIE by December 31, 2022, and are contracted to provide crisis services are eligible for a 3.0% DAP.

- i. Milestone #1: No later than April 1, 2025, the facility must have in place an active Crisis Bed Registry Statement of Work, Health Information Exchange (HIE) Participation Agreement with the HIE organization, and submit a Differential Adjusted Payment

- Statement of Work (DAP SOW) to the HIE organization indicating Crisis Bed Registry participation, 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. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI).
- ii. Milestone #2: From April 1, 2025, through September 30, 2026, the facility must continue sending stabilization and inpatient capacity data via the HL7 interface as specified during onboarding requirements to the HIE production environment. All downtime must be resolved in a timely manner.
  - iii. Milestone #3: No later than September 30, 2026, the facility must attest that all facility information informing the Crisis Bed Registry Dashboard is correct. To obtain an attestation form and to submit the completed form, contact DAP@contexture.org. The crisis provider will provide updates to the HIE organization on an ongoing basis as required if changes are necessary.

**b. Mobile Response Stabilization Services Training (2.0%)**

Facilities that are contracted to provide crisis mobile services, have at least 75% of their staff that work on crisis mobile teams, and have 100% of their crisis mobile team supervisors trained in Mobile Response and Stabilization Services (MRSS) through the University of Connecticut are eligible for a 2.0% DAP.

- i. Milestone #1: No later than April 1, 2025, the facility must submit a Letter of Intent (LOI) to AHCCCS to the following address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the MRSS training. The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the clinic requests to participate in the DAP.
- ii. Milestone #2: No later than April 30, 2025, the facility must have completed the following pre-requisite online modules:
  - 1. Self-Paced Online Prerequisite Course: Intro to MRSS
  - 2. Milestone #3: No later than September 30, 2025, the facility must have completed the following virtual trainings:
  - 3. Introduction to MRSS
  - 4. Introduction to MRSS (3 days)
  - 5. Engagement in MRSS (1 day)
  - 6. MRSS Across Settings and Populations (2 days)
  - 7. Trauma-informed Crisis Response and Planning (2 days)
  - 8. Supervisors will complete all of the above and an additional training for Supervision in MRSS (2 days)
- iv. Milestone #4: From May 1, 2025, through September 30, 2026, at least 1 supervisor will attend the monthly MRSS implementation workgroup meetings and University of Connecticut coaching sessions and provide updates and information for the provider's implementation.



### Timeline

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

<b>Date</b>	<b>Activity</b>
1/31/2025	Preliminary Public Notice
2/4/2025	Tribal Consultation
3/1/2025	Public Notice Comments Due
3/18/2025	Final Public Notice
Spring 2025	DAP Steering Committee Meets
Early June 2025	Post Notice of Proposed Rulemaking (NPRM)
Mid-July 2025	NPRM Public Comments Due
7/1/2025	Requests for Approval Due to CMS
8/15/2025	MCO Capitation Rates Due to CMS (including funding for DAPs)
9/15/2025	Qualifying Provider List Posted to AHCCCS Website

### Attachment A: Dental Services

<b>Service</b>	<b>Service Codes</b>	<b>Description</b>
Periodic Oral Evaluation	D0120	Exam
Oral Evaluation for a patient under 3 years of age	D0145	Exam
Comprehensive Oral Evaluation	D0150	Exam
Prophylaxis- Adult	D1110	Cleaning
Prophylaxis- Child	D1120	Cleaning
Fluoride Varnish	D1206	Fluoride
Topical Fluoride Varnish	D1208	Fluoride
Sealant	D1351	Sealant
Sealant Repair	D1353	Sealant
Periodontal Scaling and Root Planning (per quadrant or partial quadrant)	D4341	Cleaning
Periodontal Scaling and Root Planning (one to three teeth per quadrant)	D4342	Cleaning
Full Mouth Debridement	D4355	Cleaning
Periodontal Maintenance	D4910	Cleaning

**Attachment B: Health Information Exchange Definitions**

The HIE will be requiring data quality standards, minimum performance standards, and upper thresholds, and will continue to monitor the usage of the HIE during the DAP period to ensure continuous quality data and usage of the HIE is maintained. Additional definitions and requirements can be requested from the provider's Quality Improvement Advisor.

**CommunityCares Program:** The CommunityCares program is Contexture's Social Determinants of Health Closed-Loop Referral System. The program partners with UniteUs to offer a screening tool to identify social needs and provides community partners to send referrals within the platform. Within the CommunityCares platform a referral can be made, and tracked, and the referral loop closed after completion.

**Health Information Exchange Data Sender:** A data sender has successfully set up an inbound data feed to the production environment of Contexture's Health Information Exchange Portal and securely sends patient information to be accessed by other healthcare organizations and professionals.

**Health Information Exchange Health Data Quality:** Health Information Exchange (HIE) participants will have real-time, high-quality, actionable information with ONE Platform's focus on data quality and reporting functionality. To support health data quality, Contexture's implementation of the HIE Data Quality Profile will indicate data senders' opportunities to improve data in the Contexture production environment.

**Health Information Exchange Portal:** The electronic health information exchange portal is a secure web-based portal that allows providers to access and securely share a patient's medical history and clinical results. The HIE portal gives a complete view of each patient including laboratory results, radiology results, admission, discharge, and transfer information (ADTs), Medication, allergies, and problems. The portal enhances patient care, streamlines coordination of care, and increases reimbursements.

### **Attachment C: HIE Data Quality**

The following measure categories and data elements will be included within the HIE data quality profile. The HIE will be looking for quality improvement based on the HIE's Gold Standard Code Set. Please reach out to [DAP@Contexture.org](mailto:DAP@Contexture.org) for the HIE Gold Standard Code Set specifications.

Measures	Standard	Inclusions	Contexture's HL7 Gold Standard	Contexture's CCD Gold Standard
<b>Measure 1:</b> Data source and data site information	HL7 or CCD	Facility OID	MSH.4.1	/ClinicalDocument/custodian/assignedCustodian/representedCustodianOrganization/id@root
		Facility Name	MSH.4.2	/ClinicalDocument/custodian/assignedCustodian/representedCustodianOrganization/name
		Long Name of Facility	PV1.3.4	/ClinicalDocument/author/assignedAuthor/representedOrganization/name
<b>Measure 2:</b> Patient demographic information	HL7 or CCD	Patient ID	PID 3.1	/ClinicalDocument/recordTarget/patientRole/id@extension
		Last Name	PID 5.1	/ClinicalDocument/recordTarget/patientRole/patient/name/family
		First Name	PID 5.2	/ClinicalDocument/recordTarget/patientRole/patient/name/given
		Date of Birth	PID 7.1	/ClinicalDocument/recordTarget/patientRole/patient/birthTime
		Sex	PID 8.1	/ClinicalDocument/recordTarget/patientRole/patient/administrativeGenderCode
		Address Line 1	PID 11.1	/ClinicalDocument/recordTarget/patientRole/addr/streetAddressLine
		City	PID 11.3	/ClinicalDocument/recordTarget/patientRole/addr/city
		State	PID 11.4	/ClinicalDocument/recordTarget/patientRole/addr/state

		Zip	PID 11.5	/ClinicalDocument/recordTarget/patientRole/addr/postalCode
<b>Measure 3: Race</b>	HL7 or CCD	Race Code	PID 10.1	/ClinicalDocument/recordTarget/patientRole/patient/raceCode @code
		Race Description	PID 10.2	/ClinicalDocument/recordTarget/patientRole/patient/raceCode @displayName
<b>Measure 4: Ethnicity</b>	HL7 or CCD	Ethnic Group Code	PID 22.1	/ClinicalDocument/recordTarget/patientRole/patient/ethnicGroupCode @code
		Ethnic Group Description	PID 22.2	/ClinicalDocument/recordTarget/patientRole/patient/sdtc:ethnicGroupCode @displayName
<b>Measure 5: Language</b>	HL7 or CCD	Language Code	PID 15.1	/ClinicalDocument/recordTarget/patientRole/patient/languageCommunication/languageCode @code
		Language Description	PID 15.2	