

**AHCCCS Differential Adjusted Payment (DAP)
CYE 2027 Final Public Notice
Posted March 24, 2026**

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, 2026, through September 30, 2027 (CYE 2027) 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 Hospitals,](#)
4. [Specialty Per Diem Hospitals,](#)
5. [Residential Treatment Centers and Subacute Facilities,](#)
6. [Freestanding Emergency Departments,](#)
7. [Indian Health Services \(IHS\) and 638 Tribally Owned and/or Operated Facilities,](#)
8. [Nursing Facilities,](#)
9. [Behavioral Health Outpatient Clinics and Integrated Clinics,](#)
10. [Behavioral Health Providers,](#)
11. [Dental Providers,](#)
12. [Home and Community Based Services Providers,](#) and
13. [Hospice and Dialysis Clinics.](#)

The DAP rates in this notice for CYE 2027 will be effective for dates of service beginning October 1, 2026, through September 30, 2027. All noted providers (based on distinct Provider Types) will have the opportunity to be considered for meeting the criteria described below. **If a provider is receiving a DAP in CYE 2027 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 2027 but it is determined subsequently that it did not meet the CYE 2027 milestones or failed to maintain its participation in the milestone activities in CYE 2027, the provider will be ineligible to receive the applicable DAP for CYE 2028, if a DAP is available at that time. All DAP requirements are at the discretion of AHCCCS, and all DAP decisions are final and not subject to appeal.**

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 2027.

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 2027 and a final qualifying provider list will be posted on October 1, 2026. AHCCCS will provide direct notification to providers in the event that their qualifying provider status changes. **All AHCCCS IDs must be active by April 1, 2026, to be eligible for the DAP in CYE 2027.**

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) that participate in either the Maternal Syphilis Program or the Medications for Opioid Use Disorder Enhancement Program are eligible to receive a 2.0% DAP increase on all inpatient and outpatient services under the applicable criteria.

a. Medications for Opioid Use Disorder Enhancement Program

- i. Milestone #1: No later than April 1, 2026, 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, and contact information for the facility's MOUD Champion, as defined in paragraph 3, below. 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 with clinical leadership;
 2. The facility will spend the preponderance of DAP funds to enhance, expand, and/or strengthen MOUD services to build long-term capacity; and
 3. The hospital will assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.
- ii. Milestone #2: No later than April 1, 2026, the facility agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by 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, medical coding specialist, quality improvement, addiction medicine, primary care, operational specialists).
- iii. Milestone #3: No later than November 30, 2026, the facility must develop and submit a facility policy that complies with AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The policy must be submitted to AHCCCS at AHCCCS DAP@azahcccs.gov.
- iv. Milestone #4: No later than January 1, 2027, the facility must develop and complete a project that fulfills one of the designated project types and present the project and outcomes to the workgroup in the second quarter:
1. Quality Improvement Project of Recognition and Diagnosis of OUD;
 2. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
 3. Quality Improvement Project of the MOUD utilization rate;
 4. EHR Buildout or Clinical Decision Support for MOUD initiation;
 5. Quality Improvement Project to Increase the number of prescribers of MOUD; or
 6. Bridge/Connector Program to facilitate transitions across care settings.

b. Maternal Syphilis Program

- i. Milestone #1: No later than April 1, 2026, the facility must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the 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, 2026, develop and submit a facility policy that meets AHCCCS/ADHS Maternal Syphilis Program Policy Standards for testing individuals for syphilis. All required policies must be submitted to AHCCCS at AHCCCS DAP@azahcccs.gov.
- iii. Milestone #3: No later than January 1, 2027, begin testing individuals for syphilis as outlined in the facility's policy.

- iv. Milestone #4: No later than March 31, 2027, the facility must submit metrics for the previous calendar year. These metrics, which will serve as baseline data, must include, at a minimum:
1. Number of individuals of childbearing capacity (ages 15-50) tested for syphilis;
 - a. Number of positive test results; and
 - b. Number of negative test results.
 2. Number of individuals of childbearing capacity who initiated a dose of treatment;
 3. Number of individuals tested who were pregnant;
 4. Number of pregnant individuals who tested positive (include those with discordant results);
 5. Number of pregnant individuals tested positive that initiated a dose of treatment; and
 6. Number of people who opted out of testing and if applicable, reason(s) for refusal.

2. Critical Access Hospitals (2.0%)

Hospitals designated as Critical Access Hospitals (CAH), Non-IHS/638 hospitals, by March 15, 2026, that participate in either the Maternal Syphilis Program or the Medications for Opioid Use Disorder Enhancement Program are eligible to receive a 2.0% DAP increase on all inpatient and outpatient services under the applicable criteria.

a. Medications for Opioid Use Disorder Enhancement Program

- i. Milestone #1: No later than April 1, 2026, 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, and contact information for the facility's MOUD Champion, as defined in paragraph 3, below. 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 with clinical leadership;
 2. The facility will spend the preponderance of DAP funds to enhance, expand, and/or strengthen MOUD services to build long-term capacity; and
 3. The hospital will assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.
- ii. Milestone #2: No later than April 1, 2026, the facility agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by 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, medical coding specialist, quality improvement, addiction medicine, primary care, operational specialists).
- iii. Milestone #3: No later than November 30, 2026, the facility must develop and submit a facility policy that complies with AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The policy must be submitted to AHCCCS at AHCCSDAP@azahcccs.gov.
 - iv. Milestone #4: No later than January 1, 2027, the facility must develop and complete a project that fulfills one of the designated project types and present the project and outcomes to the workgroup in the second quarter:
 - 1. Quality Improvement Project of Recognition and Diagnosis of OUD;
 - 2. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
 - 3. Quality Improvement Project of the MOUD utilization rate;
 - 4. EHR Buildout or Clinical Decision Support for MOUD initiation;
 - 5. Quality Improvement Project to Increase the number of prescribers of MOUD; or
 - 6. Bridge/Connector Program to facilitate transitions across care settings.

b. Maternal Syphilis Program

- i. Milestone #1: No later than April 1, 2026, 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, 2026, develop and submit a facility policy that meets AHCCCS/ADHS Maternal Syphilis Program Policy Standards for testing individuals for syphilis. All required policies must be submitted to AHCCCS at AHCCSDAP@azahcccs.gov.
- iii. Milestone #3: No later than January 1, 2027, begin testing individuals for syphilis as outlined in the facility's policy.
- iv. Milestone #4: No later than March 31, 2027, the facility must submit metrics for the previous calendar year. These metrics, which will serve as baseline data, must include, at a minimum:
 - 1. Number of individuals of childbearing capacity (ages 15-50) tested for syphilis;
 - a. Number of positive test results; and
 - b. Number of negative test results.
 - 2. Number of individuals of childbearing capacity who initiated a dose of treatment;
 - 3. Number of individuals tested who were pregnant;
 - 4. Number of pregnant individuals who tested positive (include those with discordant results);
 - 5. Number of pregnant individuals tested positive that initiated a dose of treatment; and
 - 6. Number of people who opted out of testing and if applicable, reason(s) for refusal.

3. Psychiatric Hospitals (2.0%)

Psychiatric Hospitals (Provider Type 71), with the exception of public hospitals, that participate in either the Maternal Syphilis Program or the Medications for Opioid Use Disorder Enhancement Program are eligible to receive a 2.0% DAP increase on all inpatient and outpatient services under the applicable criteria.

a. Medications for Opioid Use Disorder Enhancement Program

- i. Milestone #1: No later than April 1, 2026, 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, and contact information for the facility's MOUD Champion, as defined in paragraph 3, below. 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 with clinical leadership;
 2. The facility will spend the preponderance of DAP funds to enhance, expand, and/or strengthen MOUD services to build long-term capacity; and
 3. The hospital will assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.
- ii. Milestone #2: No later than April 1, 2026, the facility agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by 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, medical coding specialist, quality improvement, addiction medicine, primary care, operational specialists).
- iii. Milestone #3: No later than November 30, 2026, the facility must develop and submit a facility policy that complies with AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The policy must be submitted to AHCCCS at AHCCSDAP@azahcccs.gov.
- iv. Milestone #4: No later than January 1, 2027, the facility must develop and complete a project that fulfills one of the designated project types and present the project and outcomes to the workgroup in the second quarter:
 1. Quality Improvement Project of Recognition and Diagnosis of OUD;
 2. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
 3. Quality Improvement Project of the MOUD utilization rate;
 4. EHR Buildout or Clinical Decision Support for MOUD initiation;
 5. Quality Improvement Project to Increase the number of prescribers of MOUD; or
 6. Bridge/Connector Program to facilitate transitions across care settings.

b. Maternal Syphilis Program

- i. Milestone #1: No later than April 1, 2026, 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, 2026, develop and submit a facility policy that meets AHCCCS/ADHS Maternal Syphilis Program Policy Standards for testing individuals for syphilis. All required policies must be submitted to AHCCCS at AHCCSDAP@azahcccs.gov.
- iii. Milestone #3: No later than January 1, 2027, begin testing individuals for syphilis as outlined in the facility's policy.
- iv. Milestone #4: No later than March 31, 2027, the facility must submit metrics for the previous calendar year. These metrics, which will serve as baseline data, must include, at a minimum:
 1. Number of individuals of childbearing capacity (ages 15-50) tested for syphilis;
 - a. Number of positive test results; and
 - b. Number of negative test results.
 2. Number of individuals of childbearing capacity who initiated a dose of treatment;
 3. Number of individuals tested who were pregnant;
 4. Number of pregnant individuals who tested positive (include those with discordant results);
 5. Number of pregnant individuals tested positive that initiated a dose of treatment; and
 6. Number of people who opted out of testing and if applicable, reason(s) for refusal.

4. Specialty Per Diem Hospitals (2.0%)

Specialty Per Diem Hospitals (Provider Type C4) are eligible for a DAP increase on all inpatient and outpatient services under the following criteria.

a. Long-Term Care Hospital Pressure Ulcer Performance Measure

Hospitals that meet or fall below the national average for the pressure ulcer performance measure will qualify for a DAP increase. On March 15, 2026, AHCCCS will download the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.

b. Inpatient Rehabilitation Pressure Ulcer Performance Measure

Hospitals that meet or fall below the national average for the pressure ulcer performance measure will qualify for a DAP increase. On March 15, 2026, AHCCCS will download the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.

5. 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: Integration (0.75%)

To be eligible for this DAP, Facilities must have participated in the DAP HIE program in CYE 2025 and/or CYE 2026. Facilities that meet the following milestones are eligible to earn a 0.75% DAP.

- i. Milestone #1: No later than April 1, 2026, the facility must have 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 April 1, 2026, the facility must have maintained an electronic connection to the HIE organization by submitting production environment of the HIE organization: including standard Admission, Discharge, and Transfer (ADT) information, if applicable, send the following data in a standard and agreed upon format: data from the facility emergency department; laboratory and radiology information; 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. Throughout the entire DAP performance period, the facility must maintain continuous connectivity to the HIE and transmit data for at least 90% of the designated timeframe. Additionally, the facility must promptly report any security incidents in accordance with the participant agreement and provide advance notice of any planned enhancements or changes that could impact HIE connectivity.
- iii. Milestone #3: No later than June 1, 2026, the facility must schedule and complete a meeting with the HIE organization to review available HIE solution options.

- iv. Milestone #4: No later than September 30, 2026, execute an agreement to integrate one or more selected HIE solutions. Options include but are not limited to PatientCare 360 Portal with Single Sign-On, Notifications, Results Delivery, Smart Summary.
- v. Milestone #5: No later than August 31, 2027, complete implementation of the chosen HIE organization solution(s).
- vi. Milestone #6: From January 1, 2027, through September 30, 2027, the facility is required to receive at least one hour of technical guidance each quarter from the HIE organization's quality improvement team. The guidance will focus on evaluating and improving HIE utilization and reviewing related metrics, including data submission and receipt volumes.

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, CYE 2025, and/or CYE 2026.

- i. Milestone #1: No later than April 1, 2026, 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, 2026, the facility must participate in a post-live meeting and/or SDOH DAP webinar with its assigned SDOH Advisor to establish a successful workplan, discuss training needs, and align on milestone expectations.
- iii. Milestone #3: From October 1, 2026, to September 30, 2027, the facility must partner with CommunityCares to complete a minimum 30 screenings, in-network referrals, internal cases, and/or resolved off-platform cases per quarter for each AHCCCS ID/Facility location. Screenings, referrals, internal cases, and/or resolved off-platform cases entered into CommunityCares by the facility will count towards the utilization requirements and be tracked by quarterly utilization. Facilities should prioritize sending in-network referrals before seeking off-platform resources and aim to achieve a resolved status for both in-network referrals, internal cases, and off-platform cases, ensuring the client's needs are met.
- iv. Milestone #4: From October 1, 2026, to September 30, 2027, the facility shall ensure that no more than 25% of all referrals remain in a "Sent" status for 7 days or longer and shall recall any referral exceeding this timeframe and redirect it to another organization capable of providing the required services.
- v. Milestone #5: From October 1, 2026, to September 30, 2027, the facility will receive quarterly SDOH DAP Worksheets via email. Facilities must review its goal performance. If goals are unmet, facilities are required to meet and consult with its assigned SDOH Advisor to discuss barriers and complete an improvement plan.

Cohort 2: Facilities that have not participated in the DAP SDOH program in CYE 2024, CYE 2025, and/or CYE 2026.

- i. Milestone #1: No later than April 1, 2026, 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.
- ii. Milestone #2: No later than January 1, 2027, the facility must complete onboarding with the CommunityCares Team, submitting all requirements before accessing the system.
- iii. Milestone #3: Upon going live, the facility must partner with CommunityCares to complete a minimum of 30 screenings, in-network referrals, internal cases and/or resolved off-platform cases per quarter for each AHCCCS ID/Facility location. Screenings, referrals, internal cases, and/or resolved off-platform cases entered into CommunityCares by the facility will count towards the utilization requirements and be tracked by quarterly utilization. Facilities should prioritize sending in-network referrals before seeking off-platform resources and aim to achieve a resolved status for both in-network referrals, internal cases, and resolved off-platform cases, ensuring the client's needs are met.
- iv. Milestone #4: From October 1, 2026, to September 30, 2027, the facility shall ensure that no more than 25% of all referrals remain in a "Sent" status for 7 days or longer and shall recall any referral exceeding this timeframe and redirect it to another organization capable of providing the required services.
- v. Milestone #5: From the facility go-live, through September 30, 2027, the facility is required to review its quarterly SDOH DAP Worksheets to ensure its goals are met. If goals are unmet, facilities are required to meet and consult with its assigned SDOH Advisor to discuss barriers and complete an improvement plan.

6. Freestanding Emergency Departments (Up to 10.0%)

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

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

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

- i. Milestone #1: No later than April 1, 2026, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the 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,

- and contact information for the facility's MOUD Champion, as defined in paragraph 3, below. 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 with clinical leadership;
 2. The facility will spend the preponderance of DAP funds to enhance, expand, and/or strengthen MOUD services to build long-term capacity; and
 3. The hospital will assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.
- ii. Milestone #2: No later than April 1, 2026, the hospital agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by 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, medical coding specialist, quality improvement, addiction medicine, primary care, operational specialists).
- iii. Milestone #3: No later than January 1, 2027, the facility must develop and complete a project that fulfills one of the designated project types and present the project and outcomes to the workgroup in the second quarter:
1. Quality Improvement Project of Recognition and Diagnosis of OUD;
 2. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
 3. Quality Improvement Project of the MOUD utilization rate;
 4. EHR Buildout or Clinical Decision Support for MOUD initiation;
 5. Quality Improvement Project to Increase the number of prescribers of MOUD; or
 6. Bridge/Connector Program to facilitate transitions across care settings.

Cohort 2: Facilities that have not participated in the MOUD program.

- i. Milestone #1: No later than April 1, 2026, 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, 2026, 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, 2026, 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.

b. Maternal Syphilis Program (5.0%)

Cohort 1: Facilities that have participated in the Maternal Syphilis Program in CYE 2026.

- i. Milestone #1: No later than April 1, 2026, 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 April 30, 2026, the facility agrees to participate in the Congenital Syphilis Collaborative Workgroup, hosted by the Arizona Department of Health Services (ADHS), which includes sharing metrics as determined by ADHS in a centralized, and timely manner, providing best practices and nonsensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants..
- iii. Milestone #3: No later than November 30, 2026, develop and submit a facility policy that meets AHCCCS/ADHS Maternal Syphilis Program Policy Standards for testing **all** individuals from ages 15-50 for syphilis.
- iv. Milestone #4: No later than January 1, 2027, begin testing individuals for syphilis as outlined in the facility's policy.
- v. Milestone #5: No later than March 31, 2027, submit metrics for the previous calendar year, that include, at a minimum:
 1. Number of individuals of childbearing capacity (ages 15-50) tested for syphilis;
 - a. Number of positive test results; and
 - b. Number of negative test results
 2. Number of individuals of childbearing capacity who initiated a dose of treatment;
 3. Number of individuals tested who were pregnant;
 4. Number of pregnant individuals who tested positive (include those with discordant results);
 5. Number of pregnant individuals tested positive that initiated a dose of treatment; and
 6. Number of people who opted out of testing and if applicable, reason(s) for refusal.
- vi. Milestone #6: No later than April 30, 2027, submit a narrative report detailing successes, challenges, and opportunities for improvement, intended for public sharing with other facilities interested in implementing similar programs.

Cohort 2: Facilities that have not participated in the Maternal Syphilis Program.

- i. Milestone #1: No later than April 1, 2026, 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, 2026, develop and submit a facility policy that meets AHCCCS/ADHS Maternal Syphilis Program Policy Standards for testing individuals for syphilis.
- iii. Milestone #3: No later than January 1, 2027, begin testing individuals for syphilis as outlined in the facility's policy.
- iv. Milestone #4: No later than March 31, 2027, the facility must submit metrics for the previous calendar year. These metrics, which will serve as baseline data, must include, at a minimum:
 1. Number of individuals of childbearing capacity (ages 15-50) tested for syphilis;
 - a. Number of positive test results; and
 - b. Number of negative test results.
 2. Number of individuals of childbearing capacity who initiated a dose of treatment;
 3. Number of individuals tested who were pregnant;
 4. Number of pregnant individuals who tested positive (include those with discordant results);
 5. Number of pregnant individuals tested positive that initiated a dose of treatment; and
 6. Number of people who opted out of testing and if applicable, reason(s) for refusal.

7. IHS and 638 Tribally Owned and/or Operated Facilities (Up to 3.0%)

Indian Health Service and/or Tribally owned and/or operated hospitals (Provider Type 02), by March 15, 2026, are eligible for a DAP increase on all inpatient and outpatient services under the following criteria.

a. Health Information Exchange Integration (1.5%)

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

Cohort 1: Facilities that participated in the DAP HIE program in CYE 2025 and/or CYE 2026.

- i. Milestone #1: No later than April 1, 2026, the facility must have 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 facility requests to participate in the DAP.
- ii. Milestone #2: No later than April 1, 2026, the facility must have maintained an electronic connection to the HIE organization by submitting patient identifiable information to the HIE's production environment. This includes standard Admission, Discharge, and Transfer (ADT) information. If applicable, send the following data in a standard and agreed upon format: data from the facility emergency department; laboratory and radiology information; 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 facility 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 the 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. Throughout the entire DAP performance period, the facility must maintain continuous connectivity to the HIE and transmit data for at least 90% of the designated timeframe. Additionally, the facility must promptly report any security incidents in accordance with the participant agreement and provide advance notice of any planned enhancements or changes that could impact HIE connectivity
 - iii. Milestone #3: No later than June 1, 2026, the facility must schedule and complete a meeting with the HIE organization to review available HIE solution options.
 - iv. Milestone #4: No later than September 30, 2026, execute an agreement to integrate one or more selected HIE solutions. Options include but are not limited to PatientCare 360 Portal with Single Sign-On, Notifications, Results Delivery, Smart Summary.
 - v. Milestone #5: No later than August 31, 2027, complete implementation of the chosen HIE organization solution(s).
 - vi. Milestone #6: From January 1, 2027, through September 30, 2027, the facility is required to receive at least one hour of technical guidance each quarter from the HIE organization's quality improvement team. The guidance will focus on evaluating and improving HIE utilization and reviewing related metrics, including data submission and receipt volume.

Cohort 2: Facilities that have not participated in the DAP HIE program in CYE 2025 or CYE 2026.

- i. Milestone #1: No later than April 1, 2026, the facility must have 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.

- ii. Milestone #2: No later than March 1, 2027, 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 May 1, 2027, the facility must launch the integration implementations project, have a Virtual Private Network (VPN), or otherwise approved connection with the HIE, and electronically submit patient information to the HIE test environment. The facility must engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- iv. Milestone #4: No later than September 30, 2027, the facility must electronically submit the following patient identifiable information to the production environment of the HIE organization. This includes standard Admission, Discharge, and Transfer (ADT) information. If applicable, send the following data in a standard and agreed upon format including data from the facility emergency department; laboratory; radiology; 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, , and data elements defined by the HIE specific to individuals with a serious mental illness, if applicable. If the facility 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.

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. 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, CYE 2025, and/or CYE 2026.

- i. Milestone #1: No later than April 1, 2026, 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, 2026, the facility must participate in a post-live meeting and/or SDOH DAP webinar with its assigned SDOH Advisor to establish a successful workplan, discuss training needs, and align on milestone expectations.
- iii. Milestone #3: From October 1, 2026, to September 30, 2027, the facility must partner with CommunityCares to complete a minimum of 30 screenings, in-network referrals, internal cases and/or resolved off-platform cases per quarter for each AHCCCS ID/Facility location Screenings, referrals, internal cases, and/or resolved off-platform cases entered into CommunityCares by the facility will count towards the utilization requirements and

- be tracked by quarterly utilization. Facilities should prioritize sending in-network referrals before seeking off-platform resources and aim to achieve a resolved status for both in-network referrals, internal cases, and resolved off-platform cases, ensuring the client's needs are met.
- iv. Milestone #4: From October 1, 2026, to September 30, 2027, the facility shall ensure that no more than 25% of all referrals remain in a "Sent" status for 7 days or longer and shall recall any referral exceeding this timeframe and redirect it to another organization capable of providing the required services.
 - v. Milestone #5: From October 1, 2026, to September 30, 2027, the facility will receive quarterly SDOH DAP Worksheets via email. Facilities must review its goal performance. If goals are unmet, facilities are required to meet and consult with its assigned SDOH Advisor to discuss barriers and complete an improvement plan.

Cohort 2: Facilities that have not participated in the DAP SDOH program in CYE 2024, CYE 2025, and/or CYE 2026

- i. Milestone #1: No later than April 1, 2026, 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.
- ii. Milestone #2: No later than January 1, 2027, the facility must complete onboarding with the CommunityCares Team, submitting all requirements before accessing the system.
- iii. Milestone #3: Upon going live, the facility must partner with CommunityCares to complete a minimum of 30 screenings, in-network referrals, internal cases and/or resolved off-platform cases per quarter for each AHCCCS ID/Facility location. Screenings, referrals, internal cases, and/or resolved off-platform cases entered into CommunityCares by the facility will count towards the utilization requirements and be tracked by quarterly utilization. Facilities should prioritize sending in-network referrals before seeking off-platform resources and aim to achieve a resolved status for both in-network referrals, internal cases, and resolved off-platform cases, ensuring the client's needs are met.
- iv. Milestone #4: From October 1, 2026, to September 30, 2027, the facility shall ensure that no more than 25% of all referrals remain in a "Sent" status for 7 days or longer and shall recall any referral exceeding this timeframe and redirect it to another organization capable of providing the required services.
- v. Milestone #5: From the facility go-live, through September 30, 2027, the facility is required to review its quarterly SDOH DAP Worksheets to ensure its goals are met. If goals are unmet, facilities are required to meet and consult with its assigned SDOH Advisor to discuss barriers and complete an improvement plan.

c. Maternal Syphilis Program (0.5%)

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

Cohort 1: Facilities that have participated in the Maternal Syphilis Program in CYE 2026.

- i. Milestone #1: No later than April 1, 2026, 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 April 30, 2026, the facility agrees to participate in the Congenital Syphilis Collaborative Workgroup, hosted by the Arizona Department of Health Services (ADHS), which includes sharing metrics as determined by ADHS in a centralized, and timely manner, providing best practices and nonsensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants.
- iii. Milestone #3: No later than November 30, 2026, develop and submit a facility policy that meets AHCCCS/ADHS Maternal Syphilis Program Policy Standards for testing all individuals from ages 15-50 for syphilis.
- iv. Milestone #4: No later than January 1, 2027, begin testing individuals for syphilis as outlined in the facility's policy.
- v. Milestone #5: No later than March 31, 2027, submit metrics, as determined by ADHS, for the previous calendar year, that include, at a minimum:
 1. Number of individuals of childbearing capacity (ages 15-50) tested for syphilis;
 - a. Number of positive test results; and
 - b. Number of negative test results
 2. Number of individuals of childbearing capacity who initiated a dose of treatment;
 3. Number of individuals tested who were pregnant;
 4. Number of pregnant individuals who tested positive (include those with discordant results);
 5. Number of pregnant individuals tested positive that initiated a dose of treatment; and
 6. Number of people who opted out of testing and if applicable, reason(s) for refusal.
- vi. Milestone #6: No later than April 30, 2027, submit a narrative report detailing successes, challenges, and opportunities for improvement, intended for public sharing with other facilities interested in implementing similar programs.

Cohort 2: Facilities that have not participated in the Maternal Syphilis Program.

- i. Milestone #1: No later than April 1, 2026, 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, 2026, develop and submit a facility policy that meets AHCCCS/ADHS Maternal Syphilis Program Policy Standards for testing individuals for syphilis.
 - iii. Milestone #3: No later than January 1, 2027, begin testing individuals for syphilis as outlined in the facility's policy.
 - iv. Milestone #4: No later than March 31, 2027, the facility must submit metrics for the previous calendar year. These metrics, which will serve as baseline data, must include, at a minimum:
 1. Number of individuals of childbearing capacity (ages 15-50) tested for syphilis;
 - a. Number of positive test results; and
 - b. Number of negative test results.
 2. Number of individuals of childbearing capacity who initiated a dose of treatment;
 3. Number of individuals tested who were pregnant;
 4. Number of pregnant individuals who tested positive (include those with discordant results);
 5. Number of pregnant individuals tested positive that initiated a dose of treatment; and
 6. Number of people who opted out of testing and if applicable, reason(s) for refusal.

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

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

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

- i. Milestone #1: No later than April 1, 2026, the facility must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the 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, and contact information for the facility's MOUD Champion, as defined in paragraph 3., below. 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 with clinical leadership;
 2. The facility will spend the preponderance of DAP funds to enhance, expand, and/or strengthen MOUD services to build long-term capacity; and
 3. The facility will assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.

- ii. Milestone #2: No later than April 1, 2026, the facility agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by 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, medical coding specialist, quality improvement, addiction medicine, primary care, operational specialists).
- iii. Milestone #3: No later than January 1, 2027, the facility must develop and complete a project that fulfills one of the designated project types and present the project and outcomes to the workgroup in the second quarter:
 - 1. Quality Improvement Project of Recognition and Diagnosis of OUD;
 - 2. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
 - 3. Quality Improvement Project of the MOUD utilization rate;
 - 4. EHR Buildout or Clinical Decision Support for MOUD initiation;
 - 5. Quality Improvement Project to Increase the number of prescribers of MOUD; or
 - 6. Bridge/Connector Program to facilitate transitions across care settings.

Cohort 2: Facilities that have not participated in the MOUD program.

- i. Milestone #1: No later than April 1, 2026, 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, 2026, 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, 2026, the facility must develop and submit a facility policy that meets AHCCCS/ADHS standards for a Facility MOUD Enhancement Program that offers MOUD for eligible patients. The policy must be submitted to AHCCCS at the following email address: AHCCSDAP@azahcccs.gov.

8. Nursing Facilities (Up to 2.25%)

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

a. Health Information Exchange Integration (0.75%)

Nursing facilities that meet the following milestones are eligible to earn a 0.75% DAP.

Cohort 1: Facilities that participated in the DAP HIE program in CYE 2025 and/or CYE 2026.

- i. Milestone #1: No later than April 1, 2026, the facility must have 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 April 1, 2026, the facility must have maintained an electronic connection to the HIE organization by submitting the following patient identifiable information to the production environment of the HIE organization: standard Admission, Discharge, and Transfer (ADT) information from within the nursing facility and/or 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. Throughout the entire DAP performance period, the facility must maintain continuous connectivity to the HIE and transmit data for at least 90% of the designated timeframe. Additionally, the facility must promptly report any security incidents in accordance with the participant agreement and provide advance notice of any planned enhancements or changes that could impact HIE connectivity.
- iii. Milestone #3: No later than June 1, 2026, the facility must schedule and complete a meeting with the HIE organization to review available HIE solution options.
- iv. Milestone #4: No later than September 30, 2026, execute an agreement to integrate one or more selected HIE solutions. Options include but are not limited to PatientCare 360 Portal with Single Sign-On, Notifications, Results Delivery, Smart Summary.
- v. Milestone #5: Complete implementation of the chosen HIE organization solution(s) no later than August 31, 2027.
- vi. Milestone #6: From January 1, 2027, through September 30, 2027, the facility is required to receive at least one hour of technical guidance each quarter from the HIE organization's quality improvement team. The guidance will focus on evaluating and improving HIE utilization and reviewing related metrics, including data submission and receipt volume.

Cohort 2: Facilities that have not participated in the DAP HIE program in CYE 2025 or CYE 2026.

- i. Milestone #1: No later than April 1, 2026, the facility must have 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.
- ii. Milestone #2: No later than March 1, 2027, 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, 2027, 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 its behalf.
- iv. Milestone #4: No later than May 1, 2027, the facility must launch the integration implementations project, have a Virtual Private Network (VPN), or otherwise approved connection with the HIE, and electronically submit patient information to the HIE test environment. The facility must 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, 2027, the facility must electronically submit the following patient identifiable information to the production environment of the HIE organization: standard Admission, Discharge, and Transfer (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. Antipsychotic Medication Performance Measure (0.75%)

Nursing facilities that meet or fall below the statewide average percentage for the Antipsychotic Medication performance measure will qualify for a DAP increase. On March 15, 2026, 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.

c. Depressive Symptoms Performance Measure (0.75%)

Nursing facilities that meet or fall below the statewide average percentage for the Depressive Symptoms performance measure will qualify for a DAP increase. On March 15, 2026, 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.

9. Behavioral Health Outpatient Clinics and Integrated Clinics (Up to 9.25%)

Behavioral Health Outpatient Clinics (Provider Type 77) and Integrated Clinics (Provider Type IC) are eligible for a DAP increase under the following criteria.

a. Health Information Exchange Integration (0.25%)

Clinics that meet the following milestones and performance criteria are eligible to earn a 0.25% DAP.

Cohort 1: Clinics that participated in the DAP HIE program in CYE 2025 and/or CYE 2026.

- i. Milestone #1: No later than April 1, 2026, the clinic must have 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 April 1, 2026, the clinic must have maintained an electronic connection with the HIE by electronically submitting patient identifiable information to the production environment of the HIE organization. Data must include encounter information and an encounter summary as well as data elements defined by the HIE organization, including current active medication lists 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. Throughout the entire DAP performance period, the facility must maintain continuous connectivity to the HIE and transmit data for at least 90% of the designated timeframe. Additionally, the facility must promptly report any security incidents in accordance with the participant agreement and provide advance notice of any planned enhancements or changes that could impact HIE connectivity.
- iii. Milestone #3: No later than June 1, 2026, the clinic must schedule and complete a meeting with the HIE organization to review available HIE solution options.
- iv. Milestone #4: No later than September 30, 2026, execute an agreement to integrate one or more selected HIE solutions. Options include but are not limited to PatientCare 360 Portal with Single Sign-On, Notifications, Results Delivery, Smart Summary.
- v. Milestone #5: No later than August 31, 2027, complete implementation of the chosen HIE organization solution(s).
- vi. Milestone #6: From January 1, 2027, through September 30, 2027, the clinic is required to receive at least one hour of technical guidance each quarter from the HIE organization's quality improvement team. The guidance will focus on evaluating and improving HIE utilization and reviewing HIE utilization metrics, including data submission and receipt volume.

Cohort 2: Clinics that have not participated in the DAP HIE program in CYE 2025 or CYE 2026.

- i. Milestone #1: No later than April 1, 2026, the clinic must have 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, 2027, 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, 2027, 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 its behalf.
- iv. Milestone #4: No later than May 1, 2027, the clinic must launch the integration implementations project, have a Virtual Private Network (VPN), or otherwise approved connection with the HIE, and electronically submit patient information to the HIE test environment. The clinic must 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, 2027, the clinic must electronically submit the following patient identifiable information to the production environment of the HIE organization. This data must include encounter information and an encounter summary as well as data elements defined by the HIE organization, including current active medication lists specific to individuals with a serious mental illness, if applicable, that adheres to the HIE organization's Gold Standard.

b. 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 executed MOA or MOU must be finalized by April 1, 2026, and submitted to AHCCCS via email at: AHCCCS DAP@azahcccs.gov.

On April 15, 2026, 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.

c. Wraparound Training (3.0%)

Clinics are eligible to earn a 3.0% DAP if at least 75% of the clinic's high-needs case managers and all the clinic's supervisors that oversee high-needs case management are trained through the

National Wraparound Implementation Center. Clinics must be compliant with a caseload ratio of 1:25 or an AHCCCS approved caseload exemption to qualify for this DAP.

Cohort 1: Clinics that participated in the Wraparound Training DAP in CYE 2026.

- i. Milestone 1: No later than April 1, 2026, 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: Between April 30, 2026, and September 30, 2027, the clinic must participate in monthly coaching sessions with AHCCCS.
- iii. Milestone 3: Between April 30, 2026, and September 30, 2027, the clinic must submit monthly Wraparound Continuous and Quality Improvement (CQI) tracking reports, to AHCCCS at the following email address: CSOCReports@azahcccs.gov.
- iv. Milestone 4: No later than September 30, 2027, the clinic must provide AHCCCS remote access to health records for the Document Assessment Review Tool (DART) Review.
- v. Milestone 5: No later than September 30, 2027, clinics must train all newly hired high-needs case managers in NWIC's Wraparound 101 Practice Essentials within 90 days of hire.

Cohort 2: Clinics that did **not** participate in the Wraparound Training DAP in CYE 2026

- i. Milestone #1: No later than April 1, 2026, 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, 2026, clinics' caseload ratios must be compliant and cannot exceed 1:25, or the clinic must have an AHCCCS approved caseload exemption.
- iii. Milestone #3: No later than June 30, 2026, the clinic staff must have completed the following prerequisite 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: Starting no later than June 30, 2026, the clinic must be engaged in monthly AHCCCS coaching sessions.
- v. Milestone #5: Starting no later than November 30, 2026, the clinic must submit monthly Wraparound Compliance and Quality Improvement (CQI) tracking reports, to AHCCCS at the following email address: CSOCReports@azahcccs.gov.
- vi. Milestone #6: No later than January 31, 2027, the clinic must have completed the following virtual trainings:
 1. Wraparound 101 Practice Essentials (3 days)
 2. Wraparound Building Partnerships (1 day)
 3. Wraparound 201 Strengthening Practice (2 days)

4. Supervisors need to complete all the above and an additional Wraparound 401 Applied Supervision Training (1 day)

d. CFT Facilitator: A FOCUS Approach Training (3.0%)

Clinics are eligible to earn a 3.0% DAP if all Child and Family Team (CFT) facilitators and all supervisors overseeing CFT facilitation complete the updated CFT Facilitator: A FOCUS Approach Training and meet the required milestones.

- i. Milestone #1: No later than April 1, 2026, the clinic must submit a Letter of Intent (LOI) to AHCCCS at the following address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the updated CFT Facilitator: A FOCUS Approach 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, and contact information for the CFT Champion(s), as identified by the Arizona Association for Health Plans Workforce Development, who will be trained in and provide training on all new curricula.
- ii. Milestone #2: No later than May 31, 2026, the clinic's CFT Champion must have completed the following prerequisite online modules:
 1. Module 1: System of Care and FOCUS Care Coordination CEC (self-paced)
 2. Module 2: Process of Care Coordination and the Role of the Care Coordinator in FOCUS (self-paced)
 3. Module 3: Development, Monitoring, and Adjustment of the Plan of Care in FOCUS (self-paced)
- iii. Milestone #3: No later than June 30, 2026, the clinic must be engaged in quarterly AHCCCS coaching sessions.
- iv. Milestone #4: No later than November 30, 2026, the clinic must submit a monthly FOCUS Compliance and Quality Improvement (CQI) tracking report, to AHCCCS at the following email address: CSOCReports@azahcccs.gov.
- v. Milestone #5: No later than July 31, 2026, the clinic CFT Champions must have completed Workforce Development (WFD) Training in the updated CFT Facilitator Curriculum.
- vi. Milestone #6: No later than January 30, 2027, based on Relias training reports, the clinic must have all existing and newly hired staff trained in the updated CFT Facilitator Training: A FOCUS Approach. Existing staff must be trained in the updated curriculum even if they were trained in the previous curriculum. Newly hired staff must be trained within 90 days of hire.

10. Behavioral Health Providers (20.0%)

Behavioral Health Therapeutic Homes (Provider Type A5) are eligible for a DAP increase under the following criteria.

a. Newly Licensed Behavioral Health Therapeutic Homes (10.0%)

Newly licensed Behavioral Health Therapeutic Homes that have an AHCCCS registration date between January 1, 2025, and December 31, 2025, are eligible to earn a 10.0% DAP.

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

b. Continuous Therapeutic Foster Care Services (10.0%)

Behavioral Health Therapeutic 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, 2024, and December 31, 2025.
- ii. Only approved and adjudicated AHCCCS claims will be utilized in the computations.
- iii. AHCCCS will compute claims for this purpose as of March 15, 2026, 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 Behavioral Health Therapeutic Home; they shall then require the payment to be further distributed by the subcontractor and received by the Behavioral Health Therapeutic Home. Alternatively, an AHCCCS MCO may pay the DAP directly to the qualifying Behavioral Health Therapeutic Home.

11. Dental Providers (1.0%)

Dentists (Provider Type 07) are eligible for a DAP increase under the following criteria.

a. Bundled Services (1.0%)

Providers that bill at least 80 bundled services for AHCCCS members and increase the number of bundled services by 6.5% 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 for the period of July 1, 2024, through December 31, 2024, and again from July 1, 2025, through December 31, 2025, and if there is a 6.5% increase in bundled services the provider will be eligible for the DAP increase. Only approved and adjudicated AHCCCS claims as of March 15, 2026, 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.

12. Home and Community Based Services Providers (Up to 3.0%)

Home and Community Based Services (HCBS) providers are eligible for a DAP increase 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 2025 and/or CYE 2026.

- i. Milestone #1: No later than April 1, 2026, the provider must have 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, 2026, 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.
- iii. Milestone #3: From January 1, 2027, through September 30, 2027, the provider must receive at least one hour of technical guidance from the HIE organization's quality improvement team each quarter to assess and improve HIE utilization and review HIE utilization metrics.

Cohort 2: Providers that have not participated in the DAP HIE program in CYE 2025 or CYE 2026.

- i. Milestone #1: No later than April 1, 2026, the provider must have 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.
- ii. Milestone #2: No later than March 1, 2027, the provider must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization portal.

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

HCBS providers that are required to comply with EVV are eligible for a DAP increase under the following criteria.

- i. A provider has at least 85% auto-verified visits with a date of service from February 1, 2026, to March 31, 2026. On April 1, 2026, AHCCCS will pull the data from the EVV Aggregator. Auto-verified is defined as the required elements of a visit that are captured without missing or inaccurate information. If missing or inaccurate information must be manually added or adjusted to correct the visit data, the visit is not considered an auto-verified visit.
- ii. Between April 1, 2026, to September 30, 2027, the provider must maintain a monthly rate of 85% auto-verified visits.
- iii. AHCCCS will only use reports in the EVV Aggregator to determine eligibility. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.

Providers can monitor progress within the EVV Aggregator. Providers and its respective EVV vendors must adhere to the requirements in the [EVV Vendor Technical Specifications](#) and the Visit Maintenance and Documentation FAQ to ensure the lifecycle of a visit record is documented.

13. Hospice and Dialysis Clinics (2.0%)

Hospice (Provider Type 35) and Dialysis Clinics (Provider Type 41) are eligible for a DAP increase under the following criteria.

a. Arizona Health Directives Registry (2.0%)

- i. Milestone #1: No later than April 1, 2026, the clinic must submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation and submit the AzHDR Subscription Agreement. 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 DAP SOW, email DAP@contexture.org.
- ii. Milestone #2: No later than September 1, 2026, the clinic must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
- iii. Milestone #3: From October 1, 2026, through September 30, 2027, the clinic must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives per month per registered AHCCCS ID.

Timeline

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

Date	Activity
2/4/2026	Preliminary Public Notice
2/5/2026	Tribal Consultation
3/6/2026	Public Notice Comments Due
3/24/2026	Final Public Notice
Early June 2026	Post Notice of Proposed Rulemaking (NPRM)
Mid-July 2026	NPRM Public Comments Due
7/1/2026	Requests for Approval Due to CMS
8/15/2026	MCO Capitation Rates Due to CMS (including funding for DAPs)
9/15/2026	Qualifying Provider List Posted to AHCCCS Website

Attachment A: Dental Services

Service	Service Codes	Description
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 Arizona'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, 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 the Health Information Exchange Portal and securely sends patient information to be accessed by other healthcare organizations and professionals.

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 reimbursement. The portal is available via single sign-on for easier access.