

December 17, 2020

Mark Wong
Division of Medicaid and Children's Health Operations
U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

RE: Arizona SPA #20-030, "OP DAP"

Dear Mr. Wong:

Enclosed is State Plan Amendment (SPA) #20-030, OP DAP, which updates the State Plan to update the OP DAP program, effective October 1, 2020. Please see below for information regarding the fiscal analysis, as well as public comment and Tribal Consultation requirements:

Public Comment:

- <https://www.azahcccs.gov/AHCCCS/PublicNotices/>
- https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/DAP_Final_Notice_CYE2021_Revised_09282020.pdf;

Tribal Consultation:

- <https://www.azahcccs.gov/AmericanIndians/TribalConsultation/meetings.html>
- https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2020/MASTER_SLIDESHOWSpecialTCDAP.pdf
- https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2020/08132020_QuarterlyTribalConsultation.pdf

Fiscal Analysis:

	FFS Estimates	Federal Funds	
OP DAP-	3,124,100	2,432,100	77.85%

*Estimate is based on all populations blended FMAP for FFY21.

**Estimate assumes COVID PHE increased FMAP for 3 of 4 quarters in FFY21.

If you have any questions about the enclosed SPA, please contact Alex Demyan at (602) 417-4130.

Sincerely,



Dana Flannery
Assistant Director
Arizona Health Care Cost Containment System (AHCCCS)

INSTRUCTIONS FOR COMPLETING FORM CMS-179

Use Form CMS-179 to transmit State plan material to the regional office for approval. A separate typed transmittal form should be completed for each plan/amendment submitted.

Block 1 - Transmittal Number - Enter the State Plan Amendment transmittal number. Assign consecutive numbers on a **calendar year** basis (e.g., 92-001, 92-002, etc.).

Block 2 - State -Type the name of the State submitting the plan material.

Block 3 - Program Identification -Title XIX of the Social Security Act (Medicaid).

Block 4 - Proposed Effective Date - Enter the proposed effective date of material.

Block 5 -Type of Plan Material - Check the appropriate box.

Block 6 - Federal Statute/Regulation Citation - Enter the appropriate statutory/regulatory citation.

Block 7 - Federal Budget Impact - 7(a) - Enter 1st **Federal Fiscal Year** (FFY) impacted by the SPA & estimated Federal share of the cost of the SPA (in thousands) for 1st FFY. **7(b)** - Enter 2nd FFY impacted by the SPA & estimated Federal share of the cost for 2nd FFY. See SMM section 13026.

Block 8 - Page No.(s) of Plan Section or Attachment - Enter the page number(s) of plan material transmitted. If additional space is needed, use bond paper.

Block 9 - Page No.(s) of the Superseded Plan Section or Attachment (if Applicable) - Enter the page number(s) (including the transmittal sheet number) that is being superseded. If additional space is needed, use bond paper.

Block 10 - Subject of Amendment - Briefly describe plan material being transmitted.

Block 11 - Governor's Review - Check the appropriate box. See SMM section 13026 B.

Block 12 - Signature of State Agency Official -Authorized State official signs this block.

Block 13 -Typed Name -Type name of State official who signed block 12.

Block 14 -Title -Type title of State official who signed block 12.

Block 15 - Date Submitted - Enter the date you mail plan material to RO.

Block 16 - Return To -Type the name and address of State official to whom this form should be returned.

Block 17–23 (FOR REGIONAL OFFICE USE ONLY).

Block 17 - Date Received - Enter the date plan material is received in RO. See ROM section 6003.2.

Block 18 - Date Approved - Enter the date RO approved the plan material.

Block 19 - Effective Date of Approved Material - Enter the date the plan material becomes effective. If more than one effective date, list each provision and its effective date in Block 23 or attach a sheet.

Block 20 - Signature of Regional Official -Approving RO official signs this block.

Block 21 -Typed Name -Type approving official's name.

Block 22 -Title -Type approving official's title.

Block 23 - Remarks - Use this block to reference pen and ink changes, a partial approval, more than one effective date, etc. If additional space is needed, use bond paper.

STATE OF ARIZONA
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
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The following is a description of methods and standards for determining Differential Adjusted Payments for providers registered with AHCCCS as integrated clinics, registered physicians, physician's assistants, and registered nurse practitioners, dental providers, Behavioral Health Outpatient Clinics, Home and Community Based Services providers, Other Hospitals and Inpatient Facilities, B Critical Access Hospitals, and Hospitals Subject to APR-DRG Reimbursement, excluding Critical Access Hospitals. The purpose of the Differential Adjusted Payment is to distinguish facilities which have committed to supporting designated actions that improve patients' care experience, improve members' health, and reduce cost of care growth. The Differential Adjusted Payment Schedule represents a positive adjustment to the AHCCCS Fee-For-Service rates. These payment adjustments will occur for all dates of service in Contract Year Ending (CYE) 2021 (October 1, 2020 through September 30, 2021) only. All DAP increases are not applicable to IHS/638 facility reimbursement at the All-inclusive Rate.

1) Integrated Clinics

A. Applicability

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

a. Licensure

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

b. Behavioral Health Services Utilization At Least 40.0%

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

- i. Only approved and adjudicated AHCCCS claims and encounters will be utilized in the computations.
- ii. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.

c. HIE Participation

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

- i. Milestone #1: No later than May 27, 2020 the clinic must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved. If it is the clinic's first year in the DAP initiative, then it must meet the participation agreement requirement of this milestone by August 1, 2020.
- ii. Milestone #2: No later than May 27, 2020 the clinic must electronically submit actual patient identifiable information to the production environment of the qualifying HIE organization, including both a registration event and an encounter summary. If a clinic is in the process of integrating a new Practice Management and/or EHR system, or if it is the clinic's first year in the DAP initiative, then it must meet this milestone no later than January 1, 2021.
- iii. Milestone #3: Complete the following COVID-19 related milestones, if they are applicable:
 1. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system.
 2. By September 1, 2020, or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system.
 3. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system.
 4. By October 1, 2020, clinics that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external

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reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.

- iv. Milestone #4: No later than January 1, 2021, the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via a qualifying HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the clinic's electronic health record (EHR).
- v. Milestone #5: No later than April 1, 2021 the clinic must submit actual patient identifiable information to the production environment of a qualifying HIE, specifically including Seriously Mentally Ill (SMI) data elements, as defined by the qualifying HIE organization.

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

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

FFSRates@azahcccs.gov, and

ceo@healthcurrent.org

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

If a clinic submits an LOI and receives the DAP increase for CYE 2021, but fails to achieve one or more of the milestones by the specified date, or fails to maintain its participation

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in the milestone activities, that clinic will be ineligible to receive DAP for dates of service from October 1, 2021 through September 30, 2022 (CYE 2022) if a DAP is available at that time.

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

B. Exemptions:

IHS and 638 tribally owned and/or operated Integrated Clinics are exempt from this initiative at this time based on payments primarily at the federally-mandated all-inclusive rate.

C. Payment Methodology

For the contracting year October 1, 2020 through September 30, 2021, Differential Adjusted Rates will be paid for select physical health services and will provide an increase of 10% over the AHCCCS Fee-For-Service rates for the same services. The physical health services that qualify for the Differential Adjusted Rate are published on the Agency's website and effective as of October 1, 2020 : https://azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/DAP_Final_Notice_CYE2021_Revised_09282020.pdf(azahcccs.gov)

2) Physicians, Physician Assistants, and Registered Nurse Practitioners

A. Applicability

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

a. Electronic Prescriptions (1.0%)

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

- i. Only approved and adjudicated AHCCCS claims and encounters for July 1, 2019 through December 31, 2019 dispense dates will be utilized in the computations.

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- ii. AHCCCS will compute claims and encounters for this purpose as of May 12, 2020 to determine which providers meet the minimum threshold.
- iii. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.
- iv. E-Prescriptions include those prescriptions generated through a computer-to-computer electronic data interchange protocol, following a national industry standard and identified by Origin Code 3.
- v. Refills of original prescriptions whereby the original prescriptions meet the definition of E-Prescriptions shall not be counted as E-Prescriptions.

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

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

b. 6-Week Postpartum Visits (1.0%)

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

B. Exemptions:

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IHS and 638 tribally owned and/or operated facilities are exempt from this initiative at this time based on payments primarily at the federally-mandated all-inclusive rate.

C. Payment Methodology

Physicians, physician assistants, and registered nurse practitioners will qualify for a 1% increase on all services billed on the CMS Form 1500 for each measure met in 2A.

3) Dental Providers

A. Applicability :

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

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

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

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

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

B. Exemptions:

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IHS and 638 tribally owned and/or operated facilities are exempt from this initiative at this time based on payments primarily at the federally-mandated all-inclusive rate.

C. Payment Methodology

For the contracting year October 1, 2020 through September 30, 2021, eligible providers will qualify for a 1% increase on all services billed for each measure met in 3A.

4) Home and Community Based Services Providers

A) Applicability:

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

a. Electronic Visit Verification Readiness Participation (0.5%)

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

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

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

FFSRates@azahcccs.gov, and

EVV@azahcccs.gov

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

Attachment D is located on page 27 of AHCCCS's DAP public notice linked here and are effective as of October 1, 2020:

https://azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/DAP_Final_Notice_CYE2021_Revised_09282020.pdf

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

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

- i. Submit a self-assessment pre-screening survey regarding compliance with the HCBS Rules.
- ii. Participate in the live webinar session or attest to reviewing the online recording of the webinar for each of the following specified HCBS Rules training sessions administered by AHCCCS.
 1. Session 1 - HCBS Rules Overview held on January 30, 2020, and
 2. Session 2 - Provider Self-Assessment Tool Training held on February 13, 2020.

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

Attachment E is located on page 28 of AHCCCS's DAP public notice linked here and are effective as of October 1, 2020:

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https://azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/DAP_Final_Notice_CYE2021_Revised_09282020.pdf

B) Exemptions:

IHS and 638 tribally owned and/or operated Integrated Clinics are exempt from this initiative at this time based on payments primarily at the federally-mandated all-inclusive rate.

C) Payment Methodology

For the contracting year October 1, 2020 through September 30, 2021, eligible providers will qualify for a .5% increase on services outlined in the attachment referenced for each measure met above in 4A.

5) Behavioral Health Outpatient Clinics and Integrated Clinics

A. Applicability

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

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

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

- i. H0004 - Behavioral Health Counseling & Therapy
- ii. H0025 - Behavioral Health Prevention Education Service
- iii. H0031 - Mental Health Assessment by Non-Physician
- iv. H2014 - Skills Training & Development
- v. S5110 - Home Care Training, Family
- vi. T1016 - Case Management

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

b. Autism Centers of Excellence (3.0%)

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

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

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

B. Exemptions

IHS and 638 tribally owned and/or operated facilities, including hospital and nursing facilities are exempt from this initiative.

C. Payment Methodology

For Behavioral Health Outpatient Clinics, Provider Type 77, and Integrated Clinics, Provider Type IC, all payment rates for Fee for Service services will be increased by: 1.0% if they meet the school-based behavioral health services requirement, 3.0% if they meet the criteria to be considered an Autism Center for Excellence, 3.0% if the clinic meets the criteria for provision of services to members in a difficult to access location that cannot be accessed by ground transportation due to the nature and extent of the surrounding Grand Canyon terrain.

6) Critical Access Hospitals

A. Applicability

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

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

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

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

- i. Milestone #1: No later than May 27, 2020 the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved.
- ii. Milestone #2: No later than June 1, 2020 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
- iii. Milestone #3: Complete the following COVID-19 related milestones, if they are applicable:
 1. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system.

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2. By September 1, 2020, or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system.
 3. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system.
 4. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
- iv. Milestone #4: No later than November 1, 2020 the hospital must approve and authorize a formal SOW to initiate and complete a Phase 2 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with the qualifying HIE organization.
 - v. Milestone #5: No later than January 1, 2021 the hospital must complete the Phase 2 initial data quality profile with a qualifying HIE organization.
 - vi. Milestone #6: No later than May 1, 2021 the hospital must complete the Phase 2 final data quality profile with a qualifying HIE organization.
 - vii. Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below in 6.a.vii.
 1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2019 data, to the final data quality profile, based on March 2020 data.
 2. Meet a minimum performance standard of at least 60% based on March 2020 data.
 3. If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.

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- viii. DAP HIE Data Quality Standards 2021 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice , https://azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/DAP_Final_Notice_CYE2021_Revised_09282020.pdf), qualify for a 2.0% DAP increase for each category of the five measure categories, for a total potential increase of 10.0% if criteria are met for all categories.
1. Data source and data site information must be submitted on all ADT transactions. (2.0%)
 2. Event type must be properly coded on all ADT transactions. (2.0%)
 3. Patient class must be properly coded on all appropriate ADT transactions. (2.0%)
 4. Patient demographic information must be submitted on all ADT transactions. (2.0%)
 5. Overall completeness of the ADT message. (2.0%)

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

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

FFSRates@azahcccs.gov, and

ceo@healthcurrent.org

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

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unless the hospital submits a written request to AHCCCS and the HIE requesting that their LOI be retracted. In all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

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

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

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

B. Exemptions:

IHS and 638 tribally owned and/or operated facilities, including hospital and nursing facilities are exempt from this initiative.

C. Payment Methodology

For critical access hospitals, payment rates for outpatient services will be increased by 10.0% if they meet the HIE requirements, and by 10% on select procedure codes if they meet the long-acting reversible contraception requirements.

7) Hospitals Subject to APR-DRG Reimbursements and Other Hospitals

A. Applicability

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

a. Health Information Exchange Participation (2.5%)

Hospitals that did not participate in CYE 2020 DAP, or Hospitals that were in the category of "Providers That Did Not Participate in CYE 2019 DAP" within the CYE 2020

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DAP Final Public Notice, Section 1.a.i, are eligible to participate in this DAP initiative. Participants in this initiative cannot participate in the Health Information Exchange Performance initiative described in 7.b.

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

- i. Milestone #1: No later than May 27, 2020 the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved.
- ii. Milestone #2: No later than June 1, 2020 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department.
- iii. Milestone #3: No later than August 1, 2020 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
- iv. Milestone #4: Complete the following COVID-19 related milestones, if they are applicable:
 1. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system.

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

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

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

FFSRates@azahcccs.gov, and

ceo@healthcurrent.org

If a hospital has already achieved one or more of the CYE 2021 milestones as of May 27, 2020, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period May 27, 2020 through September 30, 2021. The LOI must list each facility that hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. If a LOI was submitted in

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alignment with the Preliminary Public Notice, dated March 6, 2020, a new LOI is not required; the hospital is presumed to be included in DAP under these Final Public Notice requirements unless the hospital submits a written request to AHCCCS and the HIE requesting that their LOI be retracted. In all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

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

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

Hospitals that were in the category of “Returning CYE 2019 DAP Participants” within the CYE 2020 DAP Final Public Notice, Section 1.a.ii. are eligible to participate in this DAP initiative. Participants in this initiative cannot participate in the Health Information Exchange Participation initiative described in 7.A.1.(a)

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

- i. Milestone #1: No later than May 27, 2020 the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved.
- ii. Milestone #2: No later than June 1, 2020 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.

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- iii. Milestone #3: Complete the following COVID-19 related milestones, if they are applicable:
 - 1. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system.
 - 2. By September 1, 2020, or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system.
 - 3. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system.
 - 4. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
- iv. Milestone #4: No later than November 1, 2020 the hospital must approve and authorize a formal SOW to initiate and complete a Phase 2 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with the qualifying HIE organization.
- v. Milestone #5: No later than January 1, 2021 the hospital must complete the Phase 2 initial data quality profile with a qualifying HIE organization.
- vi. Milestone #6: No later than May 1, 2021 the hospital must complete the Phase 2 final data quality profile with a qualifying HIE organization.
- vii. Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below in 7.b.vii.
 - 1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2019 data, to the final data quality profile, based on March 2020 data.
 - 2. Meet a minimum performance standard of at least 60% based on March 2020 data.

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3. If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
- viii. DAP HIE Data Quality Standards 2021 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice, https://azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/DAP_Final_Notice_CYE2021_Revised_09282020.pdf, qualify for a 0.5% DAP increase for each category of the five measure categories, for a total potential increase of 2.5% if criteria are met for all categories.
1. Data source and data site information must be submitted on all ADT transactions. (0.5%)
 2. Event type must be properly coded on all ADT transactions. (0.5%)
 3. Patient class must be properly coded on all appropriate ADT transactions. (0.5%)
 4. Patient demographic information must be submitted on all ADT transactions. (0.5%)
 5. Overall completeness of the ADT message. (0.5%)

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

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

FFSRates@azahcccs.gov, and

ceo@healthcurrent.org

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

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unless the hospital submits a written request to AHCCCS and the HIE requesting that their LOI be retracted. In all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

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

c. Sepsis Care Performance Measure (1.0%)

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

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

d. Long-Acting Reversible Contraception (10.0%)

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

- 2) Psychiatric Hospitals, with the exception of public hospitals, Provider Type 71; Secure Residential Treatment Centers (17+ beds), Provider Type B1; Non-Secure Residential Treatment Centers (17+ beds), Provider Type B3; Subacute Facilities (1-16 Beds), Provider Type B5; Subacute Facilities (17+ beds), Provider Type B6; Rehabilitation Hospitals, Provider Type C4; Long Term Acute Care Hospitals, Provider Type C4 are eligible for DAP increases under the following criteria. For purposes of Section 7, other inpatient facilities will be referred to as hospitals.

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a. Health Information Exchange Participation (2.5%)

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

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

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

associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system.

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

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

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

FFSRates@azahcccs.gov, and

ceo@healthcurrent.org

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

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unless the hospital submits a written request to AHCCCS and the HIE requesting that their LOI be retracted. In all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

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

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

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

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

- i. Milestone #1: No later than May 27, 2020 the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved.
- ii. Milestone #2: No later than June 1, 2020 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.

- iii. Milestone #3 Complete the following COVID-19 related milestones, if they are applicable:
 - 1. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system.
 - 2. By September 1, 2020, or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system.
 - 3. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system.
 - 4. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
- iv. Milestone #4: No later than November 1, 2020 the hospital must approve and authorize a formal SOW to initiate and complete a Phase 2 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with a qualifying HIE organization.
- v. Milestone #5: No later than January 1, 2021 the hospital must complete the Phase 2 initial data quality profile with a qualifying HIE organization.
- vi. Milestone #6: No later than May 1, 2021 the hospital must complete the Phase 2 final data quality profile with a qualifying HIE organization.
- vii. Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to DAP increases described below in 7.2.b.vii.
 - 1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2019 data, to the final data quality profile, based on March 2020 data.
 - 2. Meet a minimum performance standard of at least 60% based on March 2020 data.

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3. If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
- viii. DAP HIE Data Quality Standards 2021 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice, https://azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/DAP_Final_Notice_CYE2021_Revised_09282020.pdf, qualify for a 0.5% DAP increase for each category of the five measure categories, for a total potential increase of 2.5% if criteria are met for all categories.
1. Data source and data site information must be submitted on all ADT transactions. (0.5%)
 2. Event type must be properly coded on all ADT transactions. (0.5%)
 3. Patient class must be properly coded on all appropriate ADT transactions. (0.5%)
 4. Patient demographic information must be submitted on all ADT transactions. (0.5%)
 5. Overall completeness of the ADT message. (0.5%)

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

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

FFSRates@azahcccs.gov, and

ceo@healthcurrent.org

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

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unless the hospital submits a written request to AHCCCS and the HIE requesting that their LOI be retracted. In all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.

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

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

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

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

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

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

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

C) Exemptions:

IHS and 638 tribally owned and/or operated Integrated Clinics are exempt from this initiative at this time based on payments primarily at the federally-mandated all-inclusive rate.

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D) Payment Methodology

For hospitals receiving APR-DRG reimbursement (described in Section 7(a) above), fee-for-service payment rates may be increased up a maximum of 13.5 %. Payment rates for outpatient services will be increased by 2.5% if they meet the HIE requirements, by 1.0% if they meet the sepsis requirements, and hospitals will receive 10% on select long-acting reversible contraception procedure codes .

These increases do not apply to supplemental payments.

For other hospitals and facilities (described in Section 7(b) above), fee-for-service payment rates may be increased up a maximum of 4.5 %. Payment rates for outpatient services will be increased by 2.5 % if they meet the HIE requirements. For inpatient psychiatric facilities, payment rates for outpatient services will be increased by 2.0% if they meet the requirements detailed in b.2. For Long-Term Care Hospitals, payment rates for outpatient services will be increased by 2.0% if they meet the requirements detailed in b.3. For inpatient rehabilitation hospitals, payment rates for outpatient services will be increased by 2.0% if they meet the requirements detailed in b.4.

These increases do not apply to supplemental payments.

8) Behavioral Health Outpatient Clinics (1.0%)

A) Applicability:

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

a. Health Information Exchange Participation (1.0%)

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

- i. Milestone #1: No later than May 27, 2020 the clinic must submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved
- ii. Milestone #2: No later than August 1, 2020, the clinic must have in place an active participation agreement with a qualifying HIE organization.
- iii. Milestone #3: By October 1, 2020, providers that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.

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- iv. Milestone #4: No later than January 1, 2021 the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via a qualifying HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the clinic's EHR.

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

FFSRates@azahcccs.gov, and

ceo@healthcurrent.org

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

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

B) Exemptions:

IHS and 638 tribally owned and/or operated Integrated Clinics are exempt from this initiative at this time based on payments primarily at the federally-mandated all-inclusive rate.

C) Payment Methodology

For the contracting year October 1, 2020 through September 30, 2021, eligible providers will qualify for a 1.0% increase on all services for Health Information Exchange participation.

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