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State/Territory Name: AZ

State Plan Amendment (SPA) #: 24-0015

This file contains the following documents in the order

- listed:
- 1) Approval Letter
 - 2) CMS 179 Form/Summary Form (with 179-like data)
 - 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

January 7, 2025

Carmen Heredia, Director
Arizona Health Care Cost Containment System
801 East Jefferson Street
Phoenix, AZ 85034

RE: TN AZ-24-0015

Dear Director Heredia:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Arizona (AZ) State Plan Amendment (SPA) to Attachment 4.19-B AZ-24-0015, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 18, 2024. This SPA updates the payment methodology for the Outpatient Differential Adjusted Payment (DAP) program.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of October 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or via email at blake.holt@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

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|---|-----------------------|
| 1. TRANSMITTAL NUMBER 24 — 0015 | 2. STATE AZ |
| 3. PROGRAM IDENTIFICATION: TITLE 19 OF THE SOCIAL SECURITY ACT | |

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY: **2025** \$ **2,688,700**
b. FFY: **2026** \$ **0**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 2 to Attachment 4.19-B: page 1-53

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement 2 to Attachment 4.19-B: page 1-53

9. SUBJECT OF AMENDMENT
Updates the state plan Outpatient Differential Adjusted Payment, effective October 1, 2024.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL



15. RETURN TO
Kyle Sawyer
801 E. Jefferson St., MD #4200
Phoenix, AZ 85034

12. TYPED NAME
Kyle Sawyer

13. TITLE
Assistant Director, Public Policy and Strategic Planning

14. DATE SUBMITTED: November 18, 2024


FOR CMS USE ONLY

16. DATE RECEIVED
November 18, 2024

17. DATE APPROVED
January 7, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

12/xx/24: State concurs with pen and ink changes to Boxes 7 and 8.

**STATE OF ARIZONA
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
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A. Overview

The following is a description of methods and standards for determining Differential Adjusted Payments for the AHCCCS-registered provider types specified in Section B., “Applicability,” below. 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 reimbursement rates. These payment adjustments will occur for all dates of service in Contract Year Ending (CYE) 2025 (October 1, 2024, through September 30, 2025) only. The payment adjustments do not apply to supplemental payments.

B. Applicability

To qualify for the Outpatient Differential Adjusted Payment (DAP), a facility or provider providing non-institutional services must meet one of the following criteria:

1. Physicians, Physician Assistants, and Registered Nurse Practitioners (3.81%)

Physicians, Physician Assistants, and Registered Nurse Practitioners (Provider Types 08, 18, 19, and 31) are eligible for a 3.81% DAP increase on the primary care services outlined on the FFY 2025 PCP Code List.

2. Physicians, Physician Assistants, and Registered Nurse Practitioners (Up to 1.5%)

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

| Domain | Description |
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| a. Social Determinants of Health Closed Loop Referral Platform (1.0%) | In relation to this DAP initiative only, the Social Determinants of Health Closed Loop Referral System is CommunityCares. Providers that meet the following milestones are eligible to earn a 1.0% DAP. Cohort 1: Providers who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024 i. Milestone #1: No later than April 1, 2024, the provider must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the provider requests to participate in the DAP. ii. Milestone #2: No later than September 30, 2024, the provider must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal. |

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| | <ul style="list-style-type: none"> iii. Milestone #3: From October 1, 2024, through September 30, 2025, the provider must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the provider will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the provider’s goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month, whichever is greater. The goal will be defined and discussed in the post-live meeting with the provider’s assigned SDOH Advisor. iv. Milestone #4: From October 1, 2024, through September 30, 2025, the provider must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the provider in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan). <p>Cohort 2: Providers who have not participated in the DAP SDOH program in DAP CYE 2023 or 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the provider must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the provider requests to participate in the DAP, and the total number of patient visits per year. ii. Milestone #2: No later than January 1, 2025, the provider must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The provider must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location. iii. Milestone #3: From October 1, 2024, through September 30, 2025, the provider must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the provider in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan). |
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| <p>American Society of Addiction Medicine (ASAM) Continuum Software Integration (0.5%)</p> | <p>Providers that bill for behavioral health assessments utilizing the American Society of Addiction Medicine (ASAM) CONTINUUM for Substance Use Disorder (SUD) assessments will be eligible for a 0.5% DAP by integrating or maintaining Level 2 integration of the ASAM CONTINUUM in their Electronic Health Record (EHR) system.</p> <p>Cohort 1: Providers who have integrated into the ASAM CONTINUUM software and participated in the ASAM CONTINUUM DAP requirements in CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: By April 1, 2024, providers must submit an LOI and receipts for ASAM CONTINUUM subscription costs to AHCCCS, to the following email address, AHCCCSdap@azahcccs.gov, indicating that they agree to maintain Level 2 integration with the ASAM CONTINUUM with their EHR system and will utilize the ASAM CONTINUUM assessment for SUD assessments. The LOI must contain each provider, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that requests to participate in the DAP. It must also include a project contact for the provider, the EHR vendor name, and a contact for the EHR. ii. Milestone #2: From October 1, 2024, through August 31, 2025, the provider must participate in the utilization of ASAM CONTINUUM assessment by facilitating at least 90% of all SUD assessments. Only completed SUD assessments utilizing the ASAM CONTINUUM and U9 modifier will count toward the provider's total. <p>Cohort 2: Providers who have not participated in the ASAM CONTINUUM DAP requirements in CYE 2024</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the provider must submit an LOI to AHCCCS, to the following email address, AHCCCSdap@azahcccs.gov, indicating that they agree to complete Level 2 integration with the ASAM CONTINUUM with their EHR system and will utilize the ASAM CONTINUUM assessment for all SUD assessments. The LOI must contain each provider, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that requests to participate in the DAP. It must also include a project contact for the provider, the EHR vendor name, and a contact for the EHR. ii. Milestone #2: No later than October 1, 2024, the provider must submit receipts to AHCCCS indicating EHR integration and ASAM CONTINUUM subscription costs to the following email address, AHCCCSdap@azahcccs.gov. iii. Milestone #3: From October 1, 2024, through August 31, 2025, the provider must participate in the utilization of ASAM CONTINUUM assessment by facilitating at least 80% of all SUD assessments. Only completed SUD assessments utilizing the ASAM CONTINUUM and U9 modifier will count toward the provider's total. |
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c. IHS and 638 Tribally Owned and/or Operated Facilities
IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 13 below for IHS/638 DAP details.

d. Payment Methodology
Physicians, physician assistants, and registered nurse practitioners will receive an increase on all services billed on the CMS Form 1500 for a maximum up to 1.5%. Reimbursement rates will be increased by 1.0% if SDOH requirements are met and 0.5% if ASAM CONTINUUM requirements are met.

If a provider is receiving a DAP in CYE 2025 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 prior to 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 2025 but it is determined subsequently that it did not meet the CYE 2025 milestones or failed to maintain its participation in the milestone activities in CYE 2025, that provider will be ineligible to receive this DAP for CYE 2026 if a DAP is available at that time.

3. Physicians, Physician Assistants, and Registered Nurse Practitioners Specialty Types (Obstetrics and Gynecology, Pediatrics, Cardiology and Nephrology) (1.0%)

Physicians, Physician Assistants, and Registered Nurse Practitioners (Provider Types 08, 18, 19, and 31) specialty types obstetrics and gynecology, pediatrics, cardiology and nephrology are eligible for DAP increases under the following criteria.

| Domain | Description |
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| a. Health Information Exchange (1.0%) | <p>Providers that meet the following milestones are eligible to earn a 1.0% DAP.</p> <p>Cohort 1: Providers who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.</p> <p style="margin-left: 20px;">i. Milestone #1: No later than April 1, 2024, the provider must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each qualifying rendering</p> |

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| | <p>provider, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the provider requests to participate in the DAP.</p> <ul style="list-style-type: none"> ii. Milestone #2: No later than May 1, 2024, 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: No later than April 1, 2025, the provider must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO). <ul style="list-style-type: none"> 1. HIE Participation Agreement for ONE Platform 2. Statement of Work (SOW) to access the ONE Platform Portal iv. Milestone #4: No later than May 1, 2025, the provider must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted. v. Milestone #5: No later than July 30, 2025, the provider must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal. <p>Cohort 2: Providers who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the provider must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each qualifying rendering provider, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the provider requests to participate in the DAP. ii. Milestone #2: No later than October 1, 2024, the provider must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted. iii. Milestone #3: No later than December 30, 2024, the provider must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal. |
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| | <ul style="list-style-type: none"> iv. Milestone #4: No later than April 1, 2025, the provider must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO). <ul style="list-style-type: none"> 1. HIE Participation Agreement for ONE Platform 2. Statement of Work (SOW) to access the ONE Platform Portal v. Milestone #5: No later than May 1, 2025, the provider must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted. vi. Milestone #6: No later than July 30, 2025, the provider must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal. |
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b. IHS and Tribally Owned and/or Operated Facilities

IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 13 below for IHS/638 DAP details.

c. Payment Methodology

Physicians, Physician Assistants, and Registered Nurse Practitioners with a specialty type described in B.3., Provider Types 08,18,19,31, will receive an 1.0% increase on all services billed on CMS 1500 if HIE Participation requirements are met.

If a provider is receiving a DAP in CYE 2025 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 prior to 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 2025 but it is determined subsequently that it did not meet the CYE 2025 milestones or failed to maintain its participation in the milestone activities in CYE 2025, that provider will be ineligible to receive this DAP for CYE 202 if a DAP is available at that time.

4. Dental Providers (Up to 3.0%)

Dental Providers (Provider Types 07 and 54) are eligible for DAP increases under the following criteria.

| Domain | Description |
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| <p>a. Dental Sealants for Children Performance Measure (1.0%)</p> | <p>A provider that meets the criteria for the dental sealants for children performance measure will qualify for a 1.0% DAP. Providers that increased the number of AHCCCS child members from 5 through 15 years of age to whom they provided dental sealants from CYE 2022 (October 1, 2021, through September 30, 2022) to CYE 2023 (October 1, 2022, through September 30, 2023) 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. Only approved and adjudicated AHCCCS claims and encounters as of March 15, 2024, 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.</p> |
| <p>b. Provision of Dental Services on Weekends (1.0%)</p> | <p>A provider that meets the criteria for the provision of dental services on weekends will qualify for a 1.0% DAP. A provider qualifies if 2.5% or more of its services were incurred for dates of service on a weekend for the period October 1, 2022, through September 30, 2023. Only approved and adjudicated AHCCCS claims and encounters as of March 15, 2024, 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.</p> |
| <p>c. Bundled Services (1.0%)</p> | <p>A provider that meets the criteria of billing bundled services 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. Providers that increased the amount of bundled services by 5.5% will qualify for this DAP. AHCCCS will review claims and encounters for the period of July 1, 2022, through December 31, 2022, and again from July 1, 2023, through December 31, 2023, and if there is a 5.5% increase in bundled services the provider will be eligible for the DAP increase. Only approved and adjudicated AHCCCS claims and encounters as of March 15, 2024, 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.</p> |

d. IHS and 638 Tribally Owned and/or operated Facilities

IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 10 below for IHS/638 DAP details.

e. Payment Methodology

Dental Providers will receive an increase on all services billed on the ADA Dental Form up to a maximum of 3.0%. Reimbursement rates will increase by 1.0% if the Dental Sealants for Children Performance Measure requirement is met, 1.0% if the Provision of Dental Services on Weekends requirement is met, and 1.0% if the Bundled Services requirement is met.

If a provider is receiving a DAP in CYE 2025 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 prior to 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

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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.

5. Behavioral Health Outpatient Clinics and Integrated Clinics (Up to 10.5%)

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

| Domain | Description |
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| <p>a. Autism Centers of Excellence and Accreditation (5.0%)</p> | <p>A clinic that meets the criteria to be considered an Autism Center of Excellence (COE) and commits to specific standards of care by becoming accredited will qualify for a 5.0% DAP increase on all services billed on a CMS 1500 Form. An Autism COE is defined as a provider identified 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, 2023. Providers that have been identified as an Autism COE must meet the following criteria in order to qualify for the DAP:</p> <ul style="list-style-type: none"> i. Milestone #1: By April 1, 2024, a clinic must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSdap@azahcccs.gov, indicating the intent to become accredited by one of the following organizations: <ul style="list-style-type: none"> a. Behavioral Health Center of Excellence (BHCOE) (excluding telemedicine-only accreditation), b. Autism Commission on Quality (ACQ) , c. International Consortium for Health Outcome Measurement (ICHOM), or d. Other nationally recognized accrediting bodies approved by AHCCCS <ul style="list-style-type: none"> 1. A request must be submitted to AHCCCS for review and approval by May 15, 2024. ii. Milestone #2: By December 31, 2024, the clinic must submit proof of accreditation from one of the above organizations. |
| <p>b. Provision of Services to Members in a Difficult to Access Location (3.0%)</p> | <p>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 non-institutional 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 April 1, 2024, and submitted to AHCCCS by email to: AHCCCSdap@azahcccs.gov.</p> |

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| | <p>On April 15, 2024, 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.</p> |
| <p>c. American Society of Addiction Medicine Continuum Software Integration (0.5%)</p> | <p>Clinics that bill for behavioral health assessments utilizing the American Society of Addiction Medicine (ASAM) CONTINUUM for Substance Use Disorder (SUD) assessments will be eligible for a 0.5% DAP by integrating or maintaining Level 2 integration of the ASAM CONTINUUM in their Electronic Health Record (EHR) system.</p> <p>Cohort 1: Clinics who have integrated into the ASAM CONTINUUM software and participated in the ASAM CONTINUUM DAP requirements in CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: By April 1, 2024, the clinic must submit an LOI and receipts for ASAM CONTINUUM subscription costs to AHCCCS, to the following email address, AHCCCSdap@azahcccs.gov, indicating that they agree to maintain Level 2 integration with the ASAM CONTINUUM with their EHR system and will utilize the ASAM CONTINUUM assessment for SUD assessments. The LOI must contain each clinic, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the clinic requests to participate in the DAP. It must also include a project contact for the clinic, the EHR vendor name, and a contact for the EHR. ii. Milestone #2: From October 1, 2024, through August 31, 2025, the clinic must participate in the utilization of ASAM CONTINUUM assessment by facilitating at least 90% of all SUD assessments. Only completed SUD assessments utilizing the ASAM CONTINUUM and U9 modifier will count toward the clinic's total. <p>Cohort 2: Clinics who have not participated in the ASAM CONTINUUM DAP requirements in CYE2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the clinic must submit an LOI to AHCCCS, to the following email address, AHCCCSdap@azahcccs.gov, indicating that they agree to complete Level 2 integration with the ASAM CONTINUUM with their EHR system and will utilize the ASAM CONTINUUM assessment for all SUD assessments. The LOI must contain each clinic, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the clinic requests to participate in the DAP. It must also include a project contact for the clinic, the EHR vendor name, and a contact for the EHR. ii. Milestone #2: No later than October 1, 2024, the clinic must submit receipts to AHCCCS indicating EHR integration and ASAM CONTINUUM subscription costs to the following email address, AHCCCSdap@azahcccs.gov. |

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| | <p>iii. Milestone #3: From October 1, 2024, through August 31, 2025, the clinic must participate in the utilization of ASAM CONTINUUM assessment by facilitating at least 80% of all SUD assessments. Only completed SUD assessments utilizing the ASAM CONTINUUM and U9 modifier will count toward the clinic's total.</p> |
| <p>d. Social Determinants of Health Closed Loop Referral Platform (1.0%)</p> | <p>In relation to this DAP initiative only, the Social Determinants of Health Closed Loop Referral System is CommunityCares. Clinics that meet the following milestones are eligible to earn a 1.0% DAP.</p> <p>Cohort 1: Clinics who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.</p> <p>i. Milestone #1: No later than April 1, 2024, the clinic must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the clinic requests to participate in the DAP.</p> <p>ii. Milestone #2: No later than September 30, 2024, the clinic must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.</p> <p>iii. Milestone #3: From October 1, 2024, through September 30, 2025, the clinic must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the clinic will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referral average, the clinic's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. The goal will be defined and discussed in the post-live meeting with the clinic's assigned SDOH Advisor.</p> <p>iv. Milestone #4: From October 1, 2024, through September 30, 2025, the clinic must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the clinic in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).</p> <p>Cohort 2: Clinics who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.</p> <p>i. Milestone #1: No later than April 1, 2024, the clinic must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider</p> |

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| | <p>Identifier(s) (NPI) that the clinic requests to participate in the DAP, and the total number of patient visits per year.</p> <p>ii. Milestone #2: No later than January 1, 2025, the clinic must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The clinic must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.</p> <p>iii. Milestone #3: From October 1, 2024, through September 30, 2025, the clinic must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the clinic in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan). If a clinic has achieved one or more of the CYE 2025 milestones as of April 1, 2024, the DAP SOW must include a commitment by the clinic to maintain its participation in those milestone activities for the period of April 1, 2024, through September 30, 2025.</p> |
| <p>e. Health Information Exchange Participation (1.0%)</p> | <p>Clinics that meet the following milestones and performance criteria are eligible to earn up to a 1.0% DAP.</p> <p>Cohort 1: Clinics who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.</p> <p>i. Milestone #1: No later than April 1, 2024, the clinic must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each provider, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the clinic requests to participate in the DAP.</p> <p>ii. Milestone #2: No later than May 1, 2024, the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the clinic’s Electronic Health Record (EHR) system.</p> <p>iii. Milestone #3: No later than May 31, 2024, clinics that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.</p> <p>iv. Milestone #4: No later than May 31, 2024, the clinic must electronically submit patient identifiable information to the production environment of the HIE organization,</p> |

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| | <p>including encounter information and an encounter summary as well as data elements defined by the HIE organization, specific to individuals with a serious mental illness. If 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.</p> <p>Clinics must meet the following milestones in establishing new connections to the ONE Platform, Contexture’s new HIE platform:</p> <ul style="list-style-type: none"> v. Milestone #5: No later than May 1, 2024, the clinics must complete their HIE Integration workbook in its entirety to connect data sender interfaces to the ONE platform. vi. Milestone #6: No later than September 1, 2024, the clinic must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The clinic is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment. vii. Milestone #7: No later than December 30, 2024, the clinic must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: including encounter information and an encounter summary as well as data elements defined by the HIE organization, specific to individuals with a serious mental illness. The clinic is required to engage in interface testing as required by the HIE. viii. Milestone #8: No later than April 1, 2025, the clinic must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO). <ul style="list-style-type: none"> 1. HIE Participation Agreement for ONE Platform 2. Statement of Work (SOW) to access the ONE Platform Portal 3. Statement of Work (SOW) to send data to ONE Platform ix. Milestone #9: No later than May 1, 2025, the clinic must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted. x. Milestone #10: No later than July 30, 2025, the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal. <p>Cohort 2: Clinics who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.</p> |
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| | <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the clinic must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the clinic requests to participate in the DAP. ii. Milestone #2: No later than October 1, 2024, the clinic must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted. iii. Milestone #3: No later than December 30, 2024, the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal. iv. Milestone #4: No later than April 1, 2025, the clinic must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO). <ul style="list-style-type: none"> 1. HIE Participation Agreement for ONE Platform 2. Statement of Work (SOW) to access the ONE Platform Portal 3. Statement of Work (SOW) to send data to ONE Platform v. Milestone #5: No later than May 1, 2025, the clinic must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted. vi. Milestone #6: No later than July 30, 2025, the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal. vii. Milestone #7: No later than August 1, 2025, the clinic that utilizes external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf. viii. Milestone #8: No later than August 1, 2025, the clinic must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment. |
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| | <p>ix. Milestone #9: No later than September 30, 2025, the clinic must electronically submit the following patient identifiable information to the production environment of the HIE organization: including encounter information and an encounter summary as well as data elements defined by the HIE organization, specific to individuals with a serious mental illness. The clinic is required to engage in interface testing as required by the HIE.</p> <p>For any milestone that includes the electronic submission of patient information into the production environment, the information transferred to the HIE must be actual patient data; the transfer of test data does not fulfill these requirements. All electronic submissions must be received through standard HL7 or CCD document architecture. It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2 if applicable. Data is expected to be live throughout the year, any downtime will be reported.</p> |
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f. IHS and 638 Tribally Owned and/or Operated Facilities

IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 13 below for IHS/638 DAP details.

g. Payment Methodology

Behavioral Health Outpatient Clinics, Provider Type 77, and Integrated Clinics, Provider Type IC, Fee-for-Service non-institutional services billed on CMS 1500 Form will be increased up to a maximum of 10.5%. Reimbursement rates will be increased by 5.0% if the Autism Centers of Excellence and Accreditation requirements are met, 3.0% if the Provision of Services to Members in a Difficult to Access Location requirements are met, 0.5% if the ASAM CONTINUUM requirements are met, 1.0% if the SDOH requirements are met, and 1.0% if the HIE Participation requirements are met.

If a provider is receiving a DAP in CYE 2025 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 prior to 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 clinic receives a DAP increase for the entire CYE 2025 but it is determined subsequently that it did not meet the CYE 2025 milestones or failed to maintain its participation in the milestone activities in CYE 2025, that clinic will be ineligible to receive this DAP for CYE 2026 if a DAP is available at that time.

6. Critical Access Hospitals (Up to 10.5%)

Hospitals designated as a Critical Access Hospital (CAH) by March 15, 2024, are eligible for DAP increases under the following criteria.

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| Domain | Description |
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| <p>a. Health Information Exchange Participation (8.0%)</p> | <p>Hospitals that meet the following milestones are eligible to earn an 8.0% DAP</p> <p>Cohort 1: Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must have an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. ii. Milestone #2: No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's Electronic Health Record (EHR) system. iii. Milestone #3: No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf. iv. Milestone #4: No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements. <p>Hospitals must meet the following milestones in establishing new connections to ONE Platform, Contexture's new HIE platform:</p> <ul style="list-style-type: none"> v. Milestone #5: No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE platform. |

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| | <ul style="list-style-type: none"> vi. Milestone #6: No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE. vii. Milestone #7: No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment. viii. Milestone #8: No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE. ix. Milestone #9: No later than April 1, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO). <ul style="list-style-type: none"> 1. HIE Participation Agreement for ONE Platform 2. Statement of Work (SOW) to access the ONE Platform Portal 3. Statement of Work (SOW) to send data to ONE Platform x. Milestone #10: No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted. xi. Milestone #11: No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal. <p>Cohort 2: Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. |
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| | <ul style="list-style-type: none"> ii. Milestone #2: No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted. iii. Milestone #3: No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal. iv. Milestone #4: No later than April 1, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO). <ul style="list-style-type: none"> 1. HIE Participation Agreement for ONE Platform 2. Statement of Work (SOW) to access the ONE Platform Portal 3. Statement of Work (SOW) to send data to ONE Platform v. Milestone #5: No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted. vi. Milestone #6: No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal. vii. Milestone #7: No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf. viii. Milestone #8: No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment. ix. Milestone #9: No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge |
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| | <p>instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.</p> <p>For any milestone that includes the electronic submission of patient information into the production environment, the information transferred to the HIE must be actual patient data; the transfer of test data does not fulfill these requirements. All electronic submissions must be received through standard HL7 document architecture. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2 if applicable. Data is expected to be live throughout the year, any downtime will be reported.</p> |
| <p>b. Social Determinants of Health Closed Loop Referral System (1.0%)</p> | <p>In relation to this DAP initiative only, the Social Determinants of Health Closed Loop Referral System is CommunityCares. Hospitals that meet the following milestones are eligible to earn a 1.0% DAP.</p> <p>Cohort 1: Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. mailto:DAP@contexture.org ii. Milestone #2: No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal. iii. Milestone #3: From October 1, 2024, through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor. iv. Milestone #4: From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies |

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| | <p>barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).</p> <p>Cohort 2: Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year. ii. Milestone #2: No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location. iii. Milestone #3: From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist hospitals in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan). |
| <p>c. Arizona Health Directives Registry (1.0%)</p> | <p>The AzHDR is in alignment with 2019 Arizona Senate Bill 1352 (enacted into Laws 2019, Ch. 314), giving healthcare providers the ability to have real-time access to patients' advance directives. Hospitals that meet the following milestones are eligible to earn a 1.0% DAP.</p> <p>Cohort 1: Hospitals who participated in the DAP AzHDR program in CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. ii. Milestone #2: From October 1, 2024, through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCS ID. |

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| | <p>Cohort 2: Hospitals who have not participated in the DAP AzHDR program in CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. ii. Milestone #2: No later than November 1, 2024, the hospital must submit the AzHDR Subscription Agreement to the HIE organization. iii. Milestone #3: No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training. iv. Milestone #4: No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per AHCCCS ID. |
| <p>d. Naloxone Distribution Program (0.5%)</p> | <p>Hospitals with an Emergency Department that meet the following milestones are eligible to earn a 0.5% DAP increase on all outpatient services.</p> <p>Cohort 1: Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP. ii. Milestone #2: No later than November 30, 2024, develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering. iii. Milestone #3: No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov. |

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| | <p>Cohort 2: Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSdap@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. ii. Milestone #2: No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP. iii. Milestone #3: No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy. iv. Milestone #4: No later than February 28, 2025, the facility must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSdap@azahcccs.gov. |
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e. IHS and 638 Tribal Owned and/or Operated Facilities

IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 13 below for IHS/638 DAP details.

f. Payment Methodology

For critical access hospitals (described in Section B.6 above), Fee-for-Service reimbursement rates may be increased up to a maximum of 10.5%. Reimbursement rates for outpatient services will be increased by 8.0% if the HIE Participation requirements are met, by 1.0% if the SDOH requirements are met, by 1.0% if the AzHDR requirements are met, and by 0.5% if the Naloxone Distribution Program requirements are met. These increases do not apply to supplemental payments.

If a provider is receiving a DAP in CYE 2025 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 prior to 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.

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If a hospital receives a DAP increase for the entire CYE 2025 but it is determined subsequently that it did not meet the CYE 2025 milestones or failed to maintain its participation in the milestone activities in CYE 2025, that hospital will be ineligible to receive this DAP for CYE 2026 if a DAP is available at that time.

7. Hospitals Subject to APR-DRG Reimbursements and Other Hospitals/Provider Types

- A. Hospitals, Provider Type 02,** are eligible for DAP increases under the following criteria (Up to 2.5%)

| Domain | Description |
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| a. Health Information Exchange Participation (Up to 0.75%) | Hospitals that meet the following milestones are eligible to earn a 0.75% DAP. Cohort 1: Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024. <ul style="list-style-type: none"> <li data-bbox="423 888 1487 1129">i. Milestone #1: No later than April 1, 2023, the hospital must have in place an active have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. <li data-bbox="423 1171 1487 1381">ii. Milestone #2: No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's Electronic Health Record (EHR) system. <li data-bbox="423 1423 1487 1560">iii. Milestone #3: No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf. <li data-bbox="423 1602 1487 1877">iv. Milestone #4: No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active |

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| | <p>allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.</p> <p>Hospitals must meet the following milestones in establishing new connections to ONE Platform, Contexture's new HIE platform:</p> <ul style="list-style-type: none"> v. Milestone #5: No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE platform. vi. Milestone #6: No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE. vii. Milestone #7: No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment. viii. Milestone #8: No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE. ix. Milestone #9: No later than April 1, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO). <ul style="list-style-type: none"> 1. HIE Participation Agreement for ONE Platform 2. Statement of Work (SOW) to access the ONE Platform Portal 3. Statement of Work (SOW) to send data to ONE Platform |
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| | <ul style="list-style-type: none"> x. Milestone #10: No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted. xi. Milestone #11: No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal. <p>Cohort 2: Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. ii. Milestone #2: No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted. iii. Milestone #3: No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal. iv. Milestone #4: No later than April 1, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO). <ul style="list-style-type: none"> 1. HIE Participation Agreement for ONE Platform 2. Statement of Work (SOW) to access the ONE Platform Portal 3. Statement of Work (SOW) to send data to ONE Platform v. Milestone #5: No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted. vi. Milestone #6: No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal. |
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| | <p>vii. Milestone #7: No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.</p> <p>viii. Milestone #8: No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.</p> <p>ix. Milestone #9: No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.</p> <p>For any milestone that includes the electronic submission of patient information into the production environment, the information transferred to the HIE must be actual patient data; the transfer of test data does not fulfill these requirements. All electronic submissions must be received through standard HL7 document architecture. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2 if applicable. Data is expected to be live throughout the year, any downtime will be reported.</p> |
| <p>b. Social Determinants of Health Closed Loop Referral Platform (0.5%)</p> | <p>In relation to this DAP initiative only, the Social Determinants of Health Closed Loop Referral System is CommunityCares. Hospitals that meet the following milestones are eligible to earn a 0.5% DAP.</p> <p>Cohort 1: Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.</p> <p>i. Milestone #1: No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and</p> |

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| | <p>corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.</p> <p>ii. Milestone #2: No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.</p> <p>iii. Milestone #3: From October 1, 2024, through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.</p> <p>iv. Milestone #4: From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).</p> <p>Cohort 2: Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.</p> <p>i. Milestone #1: No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.</p> <p>ii. Milestone #2: No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.</p> <p>iii. Milestone #3: From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review</p> |
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| | <p>progress. If the goal is not being met, the SDOH Advisor will assist hospitals in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).</p> |
| <p>c. Health Information Exchange: Data Quality Indicators (0.75%)</p> | <p>Hospitals that meet the following milestones are eligible to earn a 0.75% DAP.</p> <p>Cohort 1: Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP. ii. Milestone #2: Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter. iii. Milestone #3: Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment. iv. Milestone #4: No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report. <p>For any milestone that includes the electronic submission of patient information into the production environment, the information transferred to the HIE must be actual patient data; the transfer of test data does not fulfill these requirements. All electronic submissions must be received through standard HL7 document architecture. It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2 if applicable. Data is expected to be live throughout the year, any downtime will be reported.</p> |
| <p>d. Naloxone Distribution Program</p> | <p>Hospitals with an Emergency Department that meet the following milestones are eligible to earn a 0.5% DAP increase on all outpatient services.</p> |

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| (0.5%) | <p>Cohort 1: Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP. ii. Milestone #2: No later than November 30, 2024, develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering. iii. Milestone #3: No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov. <p>Cohort 2: Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. ii. Milestone #2: No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP. iii. Milestone #3: No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy. iv. Milestone #4: No later than February 28, 2025, the facility must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov. |
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B. Other Hospitals and Provider Types

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),

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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.

| Domain | Description |
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| <p>a. Health Information Exchange Participation (0.75%)</p> | <p>Hospitals that meet the following milestones are eligible to earn a 0.75% DAP.</p> <p>Cohort 1: Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. ii. Milestone #2: No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital’s Electronic Health Record (EHR) system. iii. Milestone #3: No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf. iv. Milestone #4: No later than May 31, 2024, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: ADT information, including data from the hospital emergency department (if applicable), laboratory and radiology information (if applicable), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. <p>Hospitals must meet the following milestones in establishing new connections to the ONE Platform, Contexture’s new HIE platform:</p> |

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| | <ul style="list-style-type: none"> v. Milestone #5: No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to the ONE platform. vi. Milestone #6: No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE. vii. Milestone #7: No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment. viii. Milestone #8: No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE. ix. Milestone #9: No later than April 1, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO). <ul style="list-style-type: none"> 1. HIE Participation Agreement for ONE Platform 2. Statement of Work (SOW) to access the ONE Platform Portal 3. Statement of Work (SOW) to send data to ONE Platform x. Milestone #10: No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted. xi. Milestone #11: No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal. <p>Cohort 2: Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.</p> |
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| | <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. ii. Milestone #2: No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted. iii. Milestone #3: No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal. iv. Milestone #4: No later than April 1, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO). <ul style="list-style-type: none"> 1. HIE Participation Agreement for ONE Platform 2. Statement of Work (SOW) to access the ONE Platform Portal 3. Statement of Work (SOW) to send data to ONE Platform v. Milestone #5: No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted. vi. Milestone #6: No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal. vii. Milestone #7: No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf. viii. Milestone #8: No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment. ix. Milestone #9: No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment |
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| | <p>of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.</p> <p>For any milestone that includes the electronic submission of patient information into the production environment, the information transferred to the HIE must be actual patient data; the transfer of test data does not fulfill these requirements. All electronic submissions must be received through standard HL7 document architecture. It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2 if applicable. Data is expected to be live throughout the year and downtime will be reported.</p> |
| <p>b. Health Information Exchange: Data Quality Indicators (0.75%)</p> | <p>Hospitals that meet the following milestones are eligible to earn a 0.75% DAP.</p> <p>Cohort 1: Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI). ii. Milestone #2: Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter. iii. Milestone #3: Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment. iv. Milestone #4: No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report. |
| <p>c.</p> | <p>Long Term Care Hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for a 2.0% DAP increase. On March 15, 2024, Medicare</p> |

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| <p>Long-Term Care Hospital Pressure Ulcers Performance Measure</p> <p>(2.0%)</p> | <p>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.</p> |
| <p>d. Inpatient Rehabilitation Pressure Ulcers Performance Measure</p> <p>(2.0%)</p> | <p>Inpatient Rehabilitation Hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for a 2.0% DAP increase. On March 15, 2024, AHCCCS will download the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.</p> |
| <p>e. Social Determinants of Health Closed Loop Referral Platform</p> <p>(0.5%)</p> | <p>In relation to this DAP initiative only, the Social Determinants of Health Closed Loop Referral System is CommunityCares. Hospitals that meet the following milestones are eligible to earn a 0.5% DAP.</p> <p>Cohort 1: Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. ii. Milestone #2: No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal. iii. Milestone #3: From October 1, 2024, through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screenings/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. |

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| | <p>iv. Milestone #4: From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).</p> <p>Cohort 2: Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.</p> <p>i. Milestone #1: No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.</p> <p>ii. Milestone #2: No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.</p> <p>iii. Milestone #3: From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).</p> |
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f. IHS and 638 Tribally Owned and/or Operated Facilities

IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 9 below for IHS/638 DAP details.

g. Payment Methodology

For hospitals receiving APR-DRG reimbursement (described in Section B.7.A above), Fee-for-Service reimbursement rates may be increased up to a maximum of 2.5%. Reimbursement rates for inpatient services will be increased by 0.75% if the HIE Participation requirements are met, by 0.75% if they meet the HIE: DQ requirements are met, by 0.5% if the SDOH requirements are met, and by 0.5% if the Naloxone Distribution Program requirements are met. These increases do not apply to supplemental payments. For other hospitals and inpatient facilities (described in Section B.7.B above), Fee-for-Service reimbursement rates may be increased up to a maximum of 4.0%. Reimbursement rates for outpatient services will be increased by 0.75% if the HIE Participation requirements are met, by 0.75% if the HIE: DQ requirements are

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met, by 0.5% if the SDOH requirements are met. For Long-Term Care Hospitals, reimbursement rates for services will be increased by 2.0% if the Pressure Ulcers Performance requirements are met. For Inpatient Rehabilitation Hospitals, reimbursement rates for services will be increased by 2.0% if the Pressure Ulcers Performance requirements are met.

If a provider is receiving a DAP in CYE 2025 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 prior to 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 hospital receives a DAP increase for the entire CYE 2025 but it is determined subsequently that it did not meet the CYE 2025 milestones or failed to maintain its participation in the milestone activities in CYE 2025, that hospital will be ineligible to receive this DAP for CYE 2026 if a DAP is available at that time.

8. Freestanding Emergency Departments (5.0%)

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

| Domain | Description |
|---|---|
| <p>a. Naloxone Distribution Program (5.0%)</p> | <p>Freestanding Emergency Departments that meet the following milestones are eligible to earn a 5.0% DAP.</p> <p>Cohort 1: Freestanding Emergency Departments that participated in the NDP DAP in CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, 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 Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the facility requests to participate in the DAP. ii. Milestone #2: No later than November 30, 2024, the facility must develop and submit a facility policy that ensures facilities are purchasing Naloxone through standard routine pharmacy ordering. iii. Milestone #3: No later than February 28, 2025, the facility must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov. |

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| | <p>Cohort 2: Freestanding Emergency Departments that have not participated in the NDP DAP in CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the facility must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the facility requests to participate in the DAP. ii. Milestone #2: No later than November 30, 2024, the facility must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP. iii. Milestone #3: No later than January 1, 2025, the facility must begin distribution of Naloxone to individuals at risk of overdose as identified through the facility’s policy. iv. Milestone #4: No later than February 28, 2025, the facility must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov. |
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b. IHS and 638 Tribally Owned and/or Operated Facilities

IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 9 below for IHS/638 DAP details.

c. Payment Methodology

Freestanding Emergency Departments will qualify for a 5.0% increase on all services for Naloxone Distribution Program participation.

If a provider is receiving a DAP in CYE 2025 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 prior to 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 facility receives a DAP increase for the entire CYE 2025 but it is determined subsequently that it did not meet the CYE 2025 milestones or failed to maintain its participation in the milestone activities in CYE 2025, that facility will be ineligible to receive this DAP for CYE 2026 if a DAP is available at that time.

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9. Home and Community Based Services Providers (6.25%)

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 on a FFS basis.

| Domain | Description |
|---|---|
| <p>a. Health Information Exchange Participation (1.0%)</p> | <p>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.</p> <p>Cohort 1: Providers who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, 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. mailto:DAP@contexture.org ii. Milestone #2: No later than May 1, 2024, 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 EHR system. iii. Milestone #3: No later than April 1, 2025, the provider must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO). <ul style="list-style-type: none"> 1. HIE Participation Agreement for ONE Platform 2. Statement of Work (SOW) to access the ONE Platform Portal iv. Milestone #4: No later than May 1, 2025, the provider must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted. v. Milestone #5: No later than July 30, 2025, the provider must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal. <p>Cohort 2: Providers who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.</p> |

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| | <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the provider must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each qualifying rendering provider, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the provider requests to participate in the DAP. ii. Milestone #2: No later than October 1, 2024, the provider must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted. iii. Milestone #3: No later than December 30, 2024, the provider must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal. iv. Milestone #4: No later than April 1, 2025, the provider must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO). <ul style="list-style-type: none"> 1. HIE Participation Agreement for ONE Platform 2. Statement of Work (SOW) to access the ONE Platform Portal v. Milestone #5: No later than May 1, 2025, the provider must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted. vi. Milestone #6: No later than July 30, 2025, the provider must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal. |
| <p>b. Social Determinants of Health Closed Loop Referral Platform (2.0%)</p> | <p>Attendant Care Agencies (Provider Type 40), Fiscal Intermediaries (Provider Type F1), Habilitation Providers (Provider Type 39), Home Health Agencies (Provider Type 23), Non-Medicare Certified Home Health Agencies (Provider Type 95), and Private Nurses (Provider Type 46) that meet the following milestones are eligible for a 2.0% DAP on all services.</p> <p>In relation to this DAP initiative only, the Social Determinants of Health Closed Loop Referral System is CommunityCares.</p> <p>Cohort 1: Providers who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the provider must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment |

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| | <p>Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the provider requests to participate in the DAP.</p> <ul style="list-style-type: none"> ii. Milestone #2: No later than September 30, 2024, the provider must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal. iii. Milestone #3: From October 1, 2024, through September 30, 2025, the provider must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the provider will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the provider's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the provider's assigned SDOH Advisor. Milestone #4: From October 1, 2024, through September 30, 2025, the provider must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the provider in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan). <p>Cohort 2: Providers who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the provider must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the provider requests to participate in the DAP, and the total number of patient visits per year. ii. Milestone #2: No later than January 1, 2025, the provider must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The provider must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location. |
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| | <p>iii. Milestone #3: From October 1, 2024, through September 30, 2025, the provider must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the provider in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).</p> |
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- c. IHS and 638 Tribally Owned and/or Operated Facilities
IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 9 below for IHS/638 DAP details.
- d. Payment Methodology
HCBS providers (identified in section B.8), Fee-for-Service rates for all services will be increased up to a maximum of 3.0%. Reimbursement rates will be increased by 1.0% if HIE Participation requirements are met and 2.0% if SDOH requirements are met.

If a provider is receiving a DAP in CYE 2024 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 prior to 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 2024 but it is determined subsequently that it did not meet the CYE 2024 milestones or failed to maintain its participation in the milestone activities in CYE 2024, that provider will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.

10. Behavioral Health Providers (1.0%)

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

| Domain | Description |
|---|---|
| <p>a. Social Determinants of Health Closed Loop Referral Platform (1.0%)</p> | <p>In relation to this DAP initiative only, the Social Determinants of Health Closed Loop Referral System is CommunityCares. Providers that meet the following milestones are eligible to earn a 1.0% DAP.</p> <p>Cohort 1: Providers who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.</p> |

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| | <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the provider must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the provider requests to participate in the DAP. ii. Milestone #2: No later than September 30, 2024, the provider must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal. iii. Milestone #3: From October 1, 2024, through September 30, 2025, the provider must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screenings/referrals entered into CommunityCares by the provider will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the provider’s goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the provider’s assigned SDOH Advisor. iv. Milestone #4: From October 1, 2024, through September 30, 2025, the provider must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the provider in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan). <p>Cohort 2: Providers who have not participated in the DAP SDOH program in DAP CYE 2023 or 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the provider must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the provider requests to participate in the DAP, and the total number of patient visits per year. ii. Milestone #2: No later than January 1, 2025, the provider must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The provider must utilize CommunityCares |
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| | <p>by facilitating in-network screenings and referrals within CommunityCares per facility location.</p> <p>iii. Milestone #3: From October 1, 2024, through September 30, 2025, the provider must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the provider in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).</p> |
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- b. IHS and Tribally Owned and/or Operated Facilities
IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 9 below for IHS/638 DAP details.

- c. Payment Methodology
Behavioral Health Providers, Provider Types A3, A4, A5 and A6, who meet the SDOH Closed Loop Referral System requirements will qualify for a 1.0% increase on all non-institutional services.

If a provider is receiving a DAP in CYE 2025 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 prior to 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 2025 but it is determined subsequently that it did not meet the CYE 2025 milestones or failed to maintain its participation in the milestone activities in CYE 2025, that provider will be ineligible to receive this DAP for CYE 2026 if a DAP is available at that time.

11. Therapeutic Foster Homes (up to 20.0%)

Therapeutic Foster Home providers (Provider Type A5) are eligible for DAP increases under the following criteria.

| Domain | Description |
|--|--|
| a. New Therapeutic Foster Homes (10.0%) | Newly licensed Therapeutic Foster Homes will qualify for a DAP increase of 10.0% if the provider has an AHCCCS registration date between January 1, 2023, and December 31, 2024. |
| b. Therapeutic Foster | Therapeutic Foster Homes will qualify for a DAP increase of 10.0% on all services billed on CMS 1500 as identified by the AHCCCS Provider ID based on the following factors: |

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| Home Continuous Therapeutic Foster Care (TFC) Services (10.0%) | <ul style="list-style-type: none"> i. A member was provided at least 60 days of continuous services between October 1, 2022, and December 31, 2023. ii. Only approved and adjudicated AHCCCS claims and encounters will be utilized in the computations. iii. AHCCCS will compute claims and encounters for this purpose as of March 15, 2024, 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. |
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- c. **IHS and 638 Tribally Owned and/or Operated Facilities**
IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 13 below for IHS and 638 DAP details.
- d. **Payment Methodology**
Therapeutic Foster Homes, Provider Type A5, will receive an increase on all services up to a maximum of 20%. Reimbursement rates will increase by 10.0% for meeting the New Therapeutic Foster Homes criteria and 10.0% for meeting the Therapeutic Foster Home TFC Services criteria.

If a provider is receiving a DAP in CYE 2024 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 prior to 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.

12. Crisis Providers (3.0%)

Subacute Facilities 1-16 Beds (Provider Type B5), Subacute Facilities 17+ beds (Provider Type B6), Crisis Services Providers (Provider Type B7), Psychiatric Hospitals, with the exception of public hospitals (Provider Type 71), Behavioral Health Outpatient Clinics (Provider Type 77), and Integrated Clinics (Provider Type IC), that are contracted to provide crisis services. For the purposes of this DAP, a crisis provider is defined as an AHCCCS registered provider that is participating in the Bed Registry Project.

| Domain | Description |
|-------------------------------|--|
| a. Crisis Bed Registry (3.0%) | In order to qualify, the provider must have submitted an executed Crisis Bed Registry Statement of Work (SOW) to the HIE by December 31, 2022. Crisis providers that have submitted the SOW and who meet the following milestones are eligible for a 3.0% DAP increase on all services under the following criteria: |

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| | <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the provider must have in place an active Crisis Bed Registry Statement of Work, Health Information Exchange (HIE) Participation Agreement with the HIE organization, and Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Crisis Bed Registry participation, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI). ii. Milestone #2: From April 1, 2024, through September 30, 2024, the crisis provider must continue sending stabilization and inpatient capacity data via the HL7 interface if implemented, or via batch file process if the HL7 interface is not yet implemented, as specified during onboarding requirements to the HIE production environment. All downtime must be resolved in a timely manner. Crisis providers that have not yet implemented an HL7 interface will continue engagement via a written plan with the HIE organization, to transition from a batch file process to an HL7 interface while continuing to send Crisis Bed Registry batch files to the HIE. <p>For participants sending batch files:</p> <ul style="list-style-type: none"> iii. Milestone #3: No later than October 1, 2024, the provider will work with the HIE organization and their EHR vendor to attend a vendor discovery call. The provider and EHR vendor must complete the Crisis Bed Registry Attestation which agrees to send HL7 and customized data to the HIE organization and the provider agrees to any EHR vendor fees for vendor customization. iv. Milestone #4: No later than March 1, 2025, the provider will work with the HIE organization and their EHR vendor to have their EHR customize HL7 data and send test messages to the HIE that meet the required Crisis Bed Registry specifications, which is defined by the HIE organization. v. Milestone #5: No later than September 1, 2025, the provider must electronically submit Crisis Bed Registry HL7 messages to the production environment of the HIE organization. |
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- b. IHS and 638 Tribally Owned and/or Operated Facilities
IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section below for IHS and 638 DAP details.

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c. Payment Methodology

Crisis Providers, as identified in Section B.12.a, are eligible for a 3.0% increase on all services for meeting the Crisis Bed Registry criteria.

If a provider is receiving a DAP in CYE 2025 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 prior to 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 2025 but it is determined subsequently that it did not meet the CYE 2025 milestones or failed to maintain its participation in the milestone activities in CYE 2025, that provider will be ineligible to receive this DAP for CYE 2026 if a DAP is available at that time.

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The following is a description of methods and standards for determining Differential Adjusted Payments for IHS/638 Tribally owned and/or operated facilities. 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 rates. These payment adjustments will occur for all dates of service in Contract Year Ending (CYE) 2025 (October 1, 2024, through September 30, 2025) only.

13. 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, 2024, are eligible for a DAP increase on all services under the following criteria

| Domain | Description |
|---|---|
| a. Health Information Exchange Participation (Up to 1.5%) | Hospitals that meet the following milestones are eligible to earn a 1.5% DAP. Cohort 1: Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024. <ul style="list-style-type: none"> <li style="margin-bottom: 10px;">i. Milestone #1: No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. <li style="margin-bottom: 10px;">ii. Milestone #2: No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital’s Electronic Health Record (EHR) system. <li style="margin-bottom: 10px;">iii. Milestone #3: No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf. <li style="margin-bottom: 10px;">iv. Milestone #4: No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active |

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| | <p>allergies, and discharge destination. If the hospital has ambulatory and/or behavioral health practices, then the facility must submit the following patient identifiable information to the production environment of the HIE: registration, encounter summary, and data elements defined by the HIE specific to individuals with a serious mental illness. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.</p> <p>Hospitals must meet the following milestones in establishing new connections to ONE Platform, Contexture’s new HIE platform:</p> <ul style="list-style-type: none"> v. Milestone #5: No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to the ONE Platform. vi. Milestone #6: No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment. vii. Milestone #7: No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If the hospital has ambulatory and/or behavioral health practices, then the facility must submit the following patient identifiable information to the production environment of the HIE: registration, encounter summary, and data elements defined by the HIE specific to individuals with a serious mental illness. viii. Milestone #8: No later than April 1, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO). <ul style="list-style-type: none"> 1. HIE Participation Agreement for ONE Platform 2. Statement of Work (SOW) to access the ONE Platform Portal 3. Statement of Work (SOW) to send data to ONE Platform |
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| | <p>ix. Milestone #9: No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.</p> <p>x. Milestone #10: No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.</p> <p>Cohort 2: Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.</p> <p>i. Milestone #1: No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.</p> <p>ii. Milestone #2: No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.</p> <p>iii. Milestone #3: No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.</p> <p>iv. Milestone #4: No later than April 1, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).</p> <ol style="list-style-type: none"> 1. HIE Participation Agreement for ONE Platform 2. Statement of Work (SOW) to access the ONE Platform Portal <p>v. Milestone #5: No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.</p> <p>vi. Milestone #6: No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.</p> <p>For any milestone that includes the electronic submission of patient information in the production environment, the information transferred to the HIE must be actual patient data; the transfer of test data does not fulfill these requirements. All electronic submissions must</p> |
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| | <p>be received through standard HL7 document architecture. It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2 if applicable. Data is expected to be live throughout the year. any downtime will be reported.</p> |
| <p>b. Social Determinants of Health Closed Loop Referral System (0.5%)</p> | <p>In relation to this DAP initiative only, the Social Determinants of Health Closed Loop Referral System is CommunityCares. Hospitals that meet the following milestones are eligible to earn a 0.5% DAP.</p> <p>Cohort 1: Hospitals who participated in the DAP SDOH program in CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. ii. Milestone #2: No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal. iii. Milestone #3: From October 1, 2024, through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screenings/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/ referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor. iv. Milestone #4: From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan). <p>Cohort 2: Hospitals that have not participated in the DAP SDOH program in CYE 2024.</p> |

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| | <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year. ii. Milestone #2: No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location. iii. Milestone #3: From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan). |
| <p>c. Arizona Health Directives Registry (0.5%)</p> | <p>Hospitals that meet the following milestones are eligible to earn a 0.5% DAP.</p> <p>Cohort 1: Hospitals who participated in the DAP AzHDR program in CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. ii. Milestone #2: From October 1, 2024, through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCS ID. <p>Cohort 2: Hospitals who have not participated in the DAP AzHDR program CYE 2023 or CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) the HIE organization |

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| | <p>indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.</p> <ul style="list-style-type: none"> ii. Milestone #2: No later than November 1, 2024, the hospital must complete the AzHDR Subscription Agreement iii. Milestone #3: No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training. iv. Milestone #4: No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per registered AHCCCS ID. |
| <p>d. Naloxone Distribution Program (0.5%)</p> | <p>Hospitals with an Emergency Department that meet the following milestones are eligible to earn a 0.5% DAP increase on all inpatient and outpatient services.</p> <p>Cohort 1: Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP. ii. Milestone #2: No later than November 30, 2023, develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering. iii. Milestone #3: No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov. <p>Cohort 2: Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone |

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| | <p>Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.</p> <ul style="list-style-type: none"> ii. Milestone #2: No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP. iii. Milestone #3: No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy. iv. Milestone #4: No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSdap@azahcccs.gov. |
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- e. IHS/638 facilitates, Provider Type 02, will receive an increase on all payments for a maximum up to 3.0%. Rates will increase by 1.5% if HIE participation requirements are met, by 0.5% if AzHDR requirements are met, by 0.5% if SDOH requirements are met, and by 0.5% if Naloxone Distribution Program requirements are met. The DAP for IHS/638 facilities would be applicable to the All-inclusive Rate (AIR).

If a provider is receiving a DAP in CYE 2025 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 prior to 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 2025 but it is determined subsequently that it did not meet the CYE 2025 milestones or failed to maintain its participation in the milestone activities in CYE 2025, that provider will be ineligible to receive this DAP for CYE 2026 if a DAP is available at that time.

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