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State/Territory Name: AZ

State Plan Amendment (SPA) #: 25-0026

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

July 22, 2026

Roberta Harrison, Interim Director
Arizona Health Care Cost Containment System
150 N. 18th Ave.
Phoenix, AZ, 85007

RE: TN AZ-25-0026

Dear Interim Director Harrison,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Arizona (AZ) State Plan Amendment (SPA) to Attachment 4.19-B AZ-25-0026, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 4, 2025. This SPA updates the outpatient Differential Adjusted Payment (DAP) payment methodology through September 30, 2026.

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 Ocobter 1, 2025. 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0026

2. STATE: AZ

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

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

4. PROPOSED EFFECTIVE DATE
October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 1,647,600
b. FFY 2027 $ 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, 2025.

10. GOVERNOR'S REVIEW *(Check One)*
(●) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
( ) OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL
Kyle Sawyer

12. TYPED NAME
Kyle Sawyer

13. TITLE
Assistant Director, Public Policy and Strategic Planning

14. DATE SUBMITTED
December 4, 2025

15. RETURN TO
Kyle Sawyer
150 N. 18th Ave.
Phoenix, AZ 85007

FOR CMS USE ONLY

16. DATE RECEIVED
December 4, 2025

17. DATE APPROVED
July 22, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL
Todd McMillion

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

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

22. REMARKS

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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) 2026 (October 1, 2025, through September 30, 2026) only. The payment adjustments do not apply to supplemental payments. All increases are for covered services provided by qualified providers to eligible beneficiaries. Payments are made on a claim basis and are made concurrently with the associated base claim. All of the Differential Adjusted Payments were last updated on October 1, 2025 and effective for services provided on and between October 1, 2025 and September 30, 2026.

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. The list of applicable codes are located at the following link (https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/FFY2026_PCP_CodeList.xlsx).
   The base methodology for Physicians, Physician Assistants, and Registered Nurse Practitioners is located in Attachment 4.19-B, page 5a through 5c of the State Plan.

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2. Dental Providers (Up to 1.0%)

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

Domain	Description
a. Bundled Services (1.0%)	Providers that bill at least 80 bundled services for AHCCCS members and increase the number of bundled services by 6.0% will qualify for a 1.0% DAP. A bundled service is defined as concurrently billing for an exam and cleaning and then adding on a third service of either fluoride or sealants, utilizing the codes referenced in Exhibit A. AHCCCS will review claims for the period of July 1, 2023, through December 31, 2023, and again from July 1, 2024, through December 31, 2024, and if there is a 6.0% increase between those two time periods in bundled services the provider will be eligible for the DAP increase. Only approved and adjudicated AHCCCS claims as of March 15, 2025, will be utilized in determining providers that meet these criteria. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.

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 IHS/638 DAP for more details.

c. Payment Methodology

Dental Providers will receive an increase on all services billed on the ADA Dental Form up to a maximum of 1.0%. Reimbursement rates will increase by 1.0% if the Bundled Services requirement is met. These increases do not apply to supplemental payments. The base methodology for dental providers is located in Attachment 4.19-B, page 5a through 5c of the State Plan.

If a provider is receiving a DAP in CYE 2026 and cannot meet a milestone and/or cannot maintain its participation in milestone activities, the provider must immediately notify AHCCCS. This notification must be made 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.

Exhibit A is located in Supplement 2 to Attachment 4.19-B.

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

Behavioral Health Outpatient Clinics (Provider Type 77) and Integrated Clinics (Provider Type IC) are eligible for DAP increases under the following criteria. The base methodology for behavioral health outpatient clinics and integrated clinics is located in Attachment 4.19-B, page 1 of the State Plan. Quality improvement will be based on the HIE's Gold Standards. Refer to Exhibit C, Supplement 2 to Attachment 4.19-B, pages 40 and 41, for additional information.

Domain	
a. Provision of Services to Members in a Difficult to Access Location (3.0%)	A clinic that meets the criteria for provision of services to members in a difficult to access location that cannot be accessed by ground transportation due to the nature and extent of the surrounding Grand Canyon terrain will qualify for a DAP increase of 3.0% on all claims. Provision of services is defined as a provider that has a MOA or MOU with a tribal government to access tribal territory in order to provide behavioral health services to members located in the Grand Canyon. The signed MOA or MOU must be in place by April 1, 2025, and submitted to AHCCCS by email to: AHCCCSDAP@azahcccs.gov. On April 15, 2025, 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.

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b. Social Determinants of Health Closed Loop Referral System (1.0%)	In relation to this DAP initiative only, the Social Determinants of Health Closed Loop Referral System is the State-designated health information exchange meeting State-defined standards. Clinics that meet the following milestones are eligible to earn a 1.0% DAP. Cohort 1: Clinics who participated in the DAP SDOH program in CYE 2024 and/or CYE 2025. i. Milestone #1: No later than April 1, 2025, the clinic must have an active 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 September 30, 2025, the clinic must participate in a post-live connection and/or SDOH DAP webinar with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool. iii. Milestone #3: From October 1, 2025, to September 30, 2026, the clinic is required to engage with the State-designated health information exchange meeting State-defined standards by conducting a combination of 15 screenings, in- network referrals, and resolved off-platform cases per month for each AHCCCS ID/Facility location. Screenings, referrals, and resolved off-platforms cases entered into the State-designated health information exchange meeting State-defined standards by the clinic will be counted towards the utilization requirements and tracked monthly. Clinics should prioritize sending in-network referrals before seeking off-platform resources and aim to achieve a resolved status for both in- network referrals and off-platform cases, ensuring the client's needs are met. iv. Milestone #4: From October 1, 2025, to September 30, 2026, the clinic is required to review its quarterly SDOH DAP Worksheets to ensure its goals are being met. If goals are unmet, clinics are required to meet with their assigned SDOH Advisor to discuss barriers and complete an improvement plan. Goals must be achieved by August 15, 2026. Cohort 2: Clinics who have **not** participated in the DAP SDOH program in CYE 2024 or CYE 2025. i. Milestone #1: No later than April 1, 2025, the clinic must submit a State-designated health information exchange meeting State-defined standards 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

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

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c. Heath Information Exchange Participation (0.5%)	Clinics that meet the following milestones and performance criteria are eligible to earn up to a 0.5% DAP. Cohort 1: Clinics who participated in the DAP HIE program in CYE 2024 and/or CYE 2025. i. Milestone #1: No later than April 1, 2025, the clinic must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each provider, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the clinic requests to participate in the DAP. ii. Milestone #2: No later than March 1, 2025, the clinic must launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit patient information to the HIE test environment. The clinic is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment. iii. Milestone #3: No later than May 30, 2025, the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the clinic's Electronic Health Record (EHR) system. iv. Milestone #4: No later than December 31 2025, the clinic must electronically submit patient identifiable information to the State-designated health information exchange meeting State-defined standards production environment of the HIE organization, including encounter information and an encounter summary as well as data elements defined by the HIE organization, specific to individuals with a serious mental illness, if applicable. If a clinic is in the process of integrating a new EHR system, the clinic must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.

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

i. Milestone #1: No later than April 1, 2025, the clinic must have in place an active Health Informa 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 S 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 March 1, 2026, the clinic must have actively accessed, continue to access on an ongoing basis, patient health information via the organization portal.

iii. Milestone #3: No later than March 1, 2026, clinics that utilize external reference lab any lab result processing must submit necessary provider authorization forms to the organization, if required by the external reference lab, to have all outsourced lab results flow to the HIE on their behalf.

iv. Milestone #4: No later than May 1, 2026, the clinic must launch the integra implementations project, have a Virtual Private Network (VPN) connection in place the HIE, and electronically submit patient information to the HIE test environment. clinic is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.

v. Milestone #5: No later than September 30, 2026, the clinic must electronically submit patient identifiable information to the production environment of the HIE organization, including encounter information and an encounter summary as well as data elements defined by the HIE organization specific to individuals with a serious mental illness, if applicable.

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d. Health Information Exchange: Data Quality (0.5%)	To be eligible for this DAP, clinics must have participated in the DAP HIE program in CYE 2024 and/or CYE 2025. Clinics that meet the following milestones are eligible to earn a 0.5% DAP. i. Milestone #1: No later than April 1, 2025, the clinic must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCSID(s) and corresponding National Provider Identifier(s) (NPI) that the facility requests to participate in the DAP. ii. Milestone #2: No later than December 31, 2025, the clinic must electronically submit patient identifiable information to the State-designated health information exchange meeting State-defined standards production environment of the HIE organization including encounter information and an encounter summary as well as data elements defined by HIE organization, specific to individuals with a serious mental illness, if applicable. iii. Milestone #3: No later than March 1, 2026, the clinic must complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure category will be included within the data quality profile: 1. Measure 1: Data source and data site information must be submitted Admission, Discharge, Transfer (ADT), and/or Continuity of Care Documents (CCD) transactions; 2. Measure 2: Patient demographic information must be submitted on and/or CCD transactions; 3. Measure 3: Race must be submitted on ADT and/or CCD transactions; 4. Measure 4: Ethnicity must be submitted on ADT and/or CCD transactions; and 5. Measure 5: Language must be submitted on ADT and/or CCD transactions iv. Milestone #4: No later than April 1, 2026, the clinic must complete a data quality improvement as defined by the HIE organization to improve the quality of data elements by 3.0% collectively the March 1, 2026, data quality profile. The quality improvement plan is not required if the quality profile results are greater than 90% for each measure, the quality improvement plan is required. v. Milestone #5: No later than September 1, 2026, a final data quality profile will be completed, based on July 2026 data to reassess data elements and performance improvement. Clinics must have improved the quality of data elements by 3.0% collectively from its March 2026 data quality pro This requirement does not apply if the data quality profile results are greater than 90% for each measure. Quality improvement will be based on the HIE's Gold Standards. Refer to Exhibit C, Supplement 2 to Attachment 4.19-B, pages 40 and 41, for additional information.
e. Wraparound Training (3.0%)	Clinics that have at least 75% of the clinic's high-needs case managers and 100% of the clinic's supervisors that oversee high-needs case management that complete the Wraparound training through a State-designated training meeting State-defined standards and meet the following milestones are eligible to earn a 3.0% DAP. Clinics must be compliant with a caseload ratio of 1:25.

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	i. Milestone #1: No later than April 1, 2025, the clinic must submit a Letter of Intent (LOI) to AHCCCS to the following address: AHCCCSDAP@azahcccs.gov, indicating that they participate in the Wraparound training. The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the clinic requests to participate in the DAP. ii. Milestone #2: No later than April 15, 2025, clinics must submit caseload ratios, which cannot exceed 1:25, https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/NotEffective/500/570A.pdfon the High Needs Case Management (soon to be Wraparound) deliverable. iii. Milestone #3: No later than July 31, 2025, the clinic must have completed the following pre-requisite online modules: 1. State-designated training meeting State-defined standards: Wraparound Overview (self-paced) 2. State-designated training meeting State-defined standards: Team Roles in Wraparound (self-paced) 3. State-designated training meeting State-defined standards: An Introduction to Systems of Care iv. Milestone #4: No later than September 30, 2025, the clinic must have completed following virtual trainings: 1. Introduction to Wraparound (3 days) 2. Engagement Training (1 day) 3. Intermediate Wraparound (2 days) 4. Supervisors need to complete all of the above and additional Wraparound Supervisor Training. (1 day)

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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 IHS/638 DAP for more details.

g. Payment Methodology
Behavioral Health Outpatient Clinics and Integrated Clinics, Fee-for-Service non-institutional services billed will be increased up to a maximum of 8.0%. Reimbursement rates for all non-institutional service claims will be increased by 3.0% if the Provision of Services to Members in a Difficult to Access Location requirements are met, 1.0% if the SDOH requirements are met, 0.5% if the HIE DQ requirements are met, 0.5% if the HIE Participation requirements are met, and 3.0% if Wraparound Training requirements are met. These increases do not apply to supplemental payments.

If a provider is receiving a DAP in CYE 2026 and cannot meet a milestone and/or cannot maintain its participation in milestone activities, the provider must immediately notify AHCCCS. This notification must be made 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 2026 but it is determined subsequently that it did not meet the CYE 2026 milestones or failed to maintain its participation in the milestone activities in CYE 2026, that clinic will be ineligible to receive this DAP for CYE 2027 if a DAP is available at that time.

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4. Critical Access Hospitals (Up to 2.0%)

Hospitals designated as a Critical Access Hospital (CAH) by March 15, 2025, are eligible for DAP increases under the following criteria. The base methodology for critical access hospitals is located in Attachment 4.19-B, page 1 of the State Plan.

Domain	Description
a. Health Information Exchange Participation (2.0%)	Hospitals that meet the following milestones are eligible to earn an 2.0% DAP Cohort 1: Hospitals who participated in the DAP HIE program in CYE 2024 and/or CYE 2025. i. Milestone #1: No later than April 1, 2025, the hospital must have an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work HIE SOW) 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 March 1, 2025, the hospital must launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit patient information to the HIE test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment. iii. Milestone #3: No later than May 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's Electronic Health Record (EHR) system. iv. Milestone #4: No later than December 31, 2025, the hospital must electronically submit the following patient identifiable information to the State-designated health information exchange meeting State-defined standards production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements. Cohort 2: Hospitals that have not participated in the DAP HIE program in CYE 2024 or 2025. i. Milestone #1: No later than April 1, 2025, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed

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	Differential Adjusted Payment Statement of Work (DAP SOW) to the organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifiers (NPI), that the hospital requests to participate in the DAP. ii. Milestone #2: No later than March 1, 2026, the hospital must have actively accessed and continue to access on an ongoing basis, patient health information via the organization portal. iii. Milestone #3: No later than March 1, 2026, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have outsourced lab test results flow to the HIE on their behalf. iv. Milestone #4: No later than May 1, 2026, the hospital must launch the integration implementations project, have a Virtual Private Network (VPN) connection in p with the HIE, and electronically submit patient information to the HIE environment. The hospital is required to engage in interface testing as required the HIE and focus on improving data integrity in the test environment. v. Milestone #5: No later than September 30, 2026, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hos emergency department if the provider has an emergency department; labs and radiology information (if the provider has these services); transcript medication information; immunization data; and discharge summaries that incl at a minimum, discharge orders, discharge instructions, active medications, prescriptions, active problem lists (diagnosis), treatments and proceed conducted during the stay, active allergies, and discharge destination.

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b. 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 IHS/638 DAP section for details.

c. Payment Methodology
For critical access hospitals, Fee-for-Service reimbursement rates may be increased up to a maximum of 2.0%. Reimbursement rates for outpatient services will be increased by 2.0% if the HIE Participation requirements are met. These increases do not apply to supplemental payments.

If a provider is receiving a DAP in CYE 2026 and cannot meet a milestone and/or cannot maintain its participation in milestone activities, the provider must immediately notify AHCCCS. This notification must be made 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 2026 but it is determined subsequently that it did not meet the CYE 2026 milestones or failed to maintain its participation in the milestone activities in CYE 2026, that hospital will be ineligible to receive this DAP for CYE 2027 if a DAP is available at that time.

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5. Psychiatric and Specialty Per Diem Hospitals (2.0%)

Psychiatric **Hospitals**, with the exception of public hospitals (Provider Type 71), and Specialty Per Diem Hospitals (Provider Type C4) are eligible for a DAP increase on all outpatient services under the following criteria. The base methodology for psychiatric and specialty per diem is located in Attachment 4.19-B, page 1 of the State Plan. Quality improvement will be based on the HIE's Gold Standards. Refer to Exhibit C, Supplement 2 to Attachment 4.19-B, pages 40 and 41, for additional information.

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

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Quality (2.0%)	i. Milestone #1: No later than April 1, 2025, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP. ii. Milestone #2: No later than December 31, 2025, the hospital must electronically submit the following patient identifiable information to the State-designated health information exchange meeting State-defined standards production environment of the HIE organization: including standard Admission, Discharge, and Transfer (ADT) information; data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and have the implementation timeline approved to continue meeting DAP requirements. iii. Milestone #3: No later than March 1, 2026, the hospital must complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure categories will be included within the data quality profile: a. Measure 1: Data source and data site information must be submitted on transactions; b. Measure 2: Patient demographic information must be submitted on transactions; c. Measure 3: Race must be submitted on ADT transactions; d. Measure 4: Ethnicity must be submitted on ADT transactions; and e. Measure 5: Language must be submitted on ADT transactions. iv. Milestone #4: No later than April 1, 2026, the hospital must complete a data quality improvement plan as defined by the HIE organization to improve the quality of data elements by 3.0% collectively over the March 1, 2026, data quality profile. The quality improvement plan is not required if the data quality profile results are greater than 90% for each measure. v. Milestone #5: No later than September 1, 2026, a final data quality profile will be completed, based on July 2026 data to reassess data elements and performance improvement. Hosp must have improved the quality of data elements by 3.0% collectively from its March data quality profile. This requirement does not apply if the data quality profile results are greater than 90% for each measure. Quality improvement will be based on the HIE's Gold Standards. Refer to Exhibit C, Supplement 2 to Attachment 4.19-B, pages 40 and 41, for additional information.

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6. Residential Treatment Centers and Subacute Facilities (Up to 1.25%)

Secure Residential Treatment Centers 17+ beds (Provider Type B1), Non-Secure Residential Treatment Centers 17+ beds (Provider Type B3), Subacute Facilities 1-16 Beds (Provider Type B5), Subacute Facilities 17+ beds (Provider Type B6), are eligible for a DAP increase on all non-institutional services under the following criteria. The base methodology for residential treatment centers and subacute facilities is located in Attachment 4.19-B, page 5(a) through 5(c) of the State Plan. Quality improvement will be based on the HIE's Gold Standards. Refer to Exhibit C, Supplement 2 to Attachment 4.19-B, pages 40 and 41, for additional information.

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a. Health Information Exchange: Data Quality (0.75%)	To be eligible for this DAP, Facilities must have participated in the DAP HIE program in CYE and/or CYE 2025. Facilities that meet the following milestones are eligible to earn a 0.75% DAP i. Milestone #1: No later than April 1, 2025, the hospital must have in place an active He Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. participant list attached to the DAP SOW must contain each facility, including AH ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP. ii. Milestone #2: No later than December 31, 2025, the hospital must electronically submit the following patient identifiable information to the State-designated health information exchange meeting State-defined standards production environment of the HIE organization: including standard Admission, Discharge, Transfer (ADT) information, data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcript medication information; immunization data; and discharge summaries that include, minimum, discharge orders, discharge instructions, active medications, prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a facility is in the process of integrating a new EHR system, the hospital must notify the HIE organization, and the implementation timeline approved to continue meeting DAP requirements. iii. Milestone #3: No later than March 1, 2026, the hospital must complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in following measure categories will be included within the data quality profile: 1. Measure 1: Data source and data site information must be submitted on ADT transactions; 2. Measure 2: Patient demographic information must be submitted on ADT transactions; 3. Measure 3: Race must be submitted on ADT transactions; 4. Measure 4: Ethnicity must be submitted on ADT transactions; and 5. Measure 5: Language must be submitted on ADT transactions. iv. Milestone #4: No later than April 1, 2026, the hospital must complete a data quality improvement plan as defined by the HIE organization to improve the quality of data elements by 3.0% collectively over the March 1, 2026, data quality profile. The quality improvement plan is not required if the data quality profile results are greater than 90% for each measure, quality Improvement plan is not required. v. Milestone #5: No later than September 1, 2026, a final data quality profile will be completed based on July 2026 data to reassess data elements and performance improvement. Hosp must have improved the quality of data elements by 3.0% collectively from its March 2026 quality profile. This requirement does not apply if the data quality profile results are greater than 90% for each measure. Quality improvement will be based on the HIE's Gold Standards. Refer to Exhibit C, Supplement 2 to Attachment 4.19-B, pages 40 and 41, for additional information.

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b. Social Determinants of Health Closed Loop Referral System (0.5%)	In relation to this DAP initiative only, the Social Determinants of Health Closed Loop Referral System is the State-designated health information exchange meeting State-defined standards. Hospitals that meet the following milestones are eligible to earn a 0.5% DAP. Cohort 1: Hospitals who participated in the DAP SDOH program in CYE 2024 and/or CYE 2025. i. Milestone #1: No later than April 1, 2025, the hospital must have an active 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, 2025, the facility must participate in a post-live connection and/or SDOH DAP webinar with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, and implementation of an SDOH screening tool iii. Milestone #3: From October 1, 2025, to September 30, 2026, the facility is required to engage with the State-designated health information exchange meeting State-defined standards by conducting a combination of 15 screenings, in-network referrals, and resolved off-platform cases per month for each AHCCCS ID/Facility location. Screenings, referrals, and resolved off-platform cases entered into the State-designated health information exchange meeting State-defined standards by the facility will count towards the utilization requirements and be tracked monthly. Facilities should prioritize sending in-network referrals before seeking off-platform resources and aim to achieve a resolved status for both in-network referrals and off-platform cases, ensuring the client's needs are met.

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iv. Milestone #4: From October 1, 2025, to September 30, 2026, the facility will receive quarterly SDOH DAP Worksheets via email. Facilities must review their performance. If goals are unmet, facilities may meet and consult their assigned SDOH Advisor to discuss barriers and complete an improvement plan. Goals m be achieved by August 15, 2026.

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

i. Milestone #1: No later than April 1, 2025, the facility must submit a State-designated health information exchange meeting State-defined standards Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the facility requests to participate in the DAP.

ii. Milestone #2: No later than January 1, 2026, the facility must complete onboarding with the State-designated health information exchange meeting State-defined standards Team, submitting all requirements before accessing the system.

iii. Milestone #3: Upon going live, the facility is required to engage with the State-designated health information exchange meeting State-defined standards conducting a combination of 10 screenings, in-network referrals, and resolved platform cases per month for each AHCCCS ID/Facility location. Screenings, referrals, resolved off-platform cases entered into the State-designated health information exchange meeting State-defined standards by the facility will count towards the utilization requirements and be tracked monthly. Facilities should prior sending in-network referrals before seeking off-platform resources and aim to achieve a resolved status for both in-network referrals and off-platform cases, ensuring the client needs are met.

iv. Milestone #4: From the facility go-live, through September 30, 2026, the facility required to review its quarterly SDOH DAP Worksheets to ensure its goals are being If goals are unmet, facilities are required to meet and consult with their assigned SDOH Advisor to discuss barriers and complete an improvement plan. Goals must be achieved by August 15, 2026.

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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 IHS/638 DAP for more details.

d. Payment Methodology
For Residential Treatment Centers and Subacute Facilities (described in Section B.7 above), Fee-for-Service reimbursement rates may be increased up to a maximum of 1.25%. Reimbursement rates for outpatient services will be increased 0.75% if the HIE DQ requirements are met and by 0.5% if the SDOH requirements are met. These increases do not apply to supplemental payments.

If a provider is receiving a DAP in CYE 2026 and cannot meet a milestone and/or cannot maintain its participation in milestone activities, the provider must immediately notify AHCCCS. This notification must be made 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 2026 but it is determined subsequently that it did not meet the CYE 2026 milestones or failed to maintain its participation in the milestone activities in CYE 2026, that hospital will be ineligible to receive this DAP for CYE 2027 if a DAP is available at that time.

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7. Freestanding Emergency Departments (15.0%)

Freestanding Emergency Departments (Provider Type ED) are eligible for a DAP increase on all outpatient services under the following criteria. The base methodology for freestanding emergency departments is located in Attachment 4.19-B, page 1 of the State Plan.

Domain	Description
a. Naloxone Distribution Program (5.0%)	Freestanding Emergency Departments that meet the following milestones are eligible to earn a 5.0% DAP. Cohort 1: Freestanding Emergency Departments that participated only in CYE 2025. Freestanding Emergency Departments that participated in CYE 2024 and CYE 2025 will not be eligible. i. Milestone #1: No later than April 1, 2025, the facility must submit a Letter of Intent (LOI) to AHCCCS to the following email address: 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 facility requests to participate in the DAP. ii. Milestone #2: No later than November 30, 2025, the facility must develop and submit a facility policy that ensures facilities are purchasing Naloxone through standard routine pharmacy ordering. iii. Milestone #3: No later than February 28, 2026, the facility must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.

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	Cohort 2: Freestanding Emergency Departments that have **not** participated in the NDP DAP. i. Milestone #1: No later than April 1, 2025, the facility must submit a Letter of Intent (LOI) to AHCCCS to the following email address: 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 facility requests to participate in the DAP. ii. Milestone #2: No later than November 30, 2025, the facility must develop and submit a facility policy that meets AHCCCS/ADHS standards for NDP. iii. Milestone #3: No later than January 1, 2026, the facility must begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy. iv. Milestone #4: No later than February 28, 2026, the facility must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.
b. Maternal Syphilis Program (5.0%)	Freestanding Emergency Departments that meet the following milestones are eligible to earn a 5.0% DAP. i. Milestone #1: No later than April 1, 2025, the facility must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs. indicating that they will participate in the Maternal Syphilis Program. The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the facility requests to participate in the DAP. ii. Milestone #2: No later than November 30, 2025, develop and submit a facility policy that meets AHCCCS/ADHS standards for testing individuals for syphilis. iii. Milestone #3: No later than January 1, 2026, begin testing individuals for syphilis as identified through the facility's policy.
c. Medications for Opioid Use Disorder Enhancement Program (5.0%)	Freestanding Emergency Departments that meet the following milestones are eligible to earn a 5.0% DAP. i. Milestone #1: No later than April 1, 2025, the facility must submit a Letter of In (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.indicating that they will participate in the Medications for Opioid Use Disorder (MOUD) Enhancement Program. The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the facility requests to participate in the DAP. The LOI must further attest to following: 1. The facility will implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis; and 2. The facility will spend the preponderance of DAP funds to enhance expand, and/or strengthen MOUD services.

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	ii. Milestone #2: No later than April 1, 2025, the facility agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metric determined by the Arizona Department of Health Services (ADHS) in a centralized and timely manner, providing any best practices and nonsensitive data points the use of state-driven publications, ensuring leadership attendance at quart meetings, and supporting relevant stakeholder participants (e.g., IT, quality improvement, addiction medicine, primary care, operational specialists). iii. Milestone #3: No later than November 30, 2025, the facility must develop and submit a facility policy that meets AHCCCS/ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The policy must be submitted to AHCCCS at the following email address: AHCCCSDAP@azahcccs. iv. Milestone #4: No later than April 1, 2026, the facility must submit a concise narrative summarizing the salient highlights of the progress of their MOUD treatment enhancement and utilization of DAP funds. The narrative must submitted to AHCCCS at the following email address: AHCCCSDAP@azahcccs.

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 IHS/638 DAP for details.

e. Payment Methodology

Freestanding Emergency Departments will qualify up to a maximum of 15.0% on all services. Reimbursement rates will be increased by 5.0% if the Naloxone Distribution Program requirements are met, by 5.0% if the Maternal Syphilis Program requirements are met, and by 5.0% if the Medications for Opioid Use Disorder Enhancement Program requirements are met. These increases do not apply to supplemental payments.

If a provider is receiving a DAP in CYE 2026 and cannot meet a milestone and/or cannot maintain its participation in milestone activities, the provider must immediately notify AHCCCS. This notification must be made 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 2026 but it is determined subsequently that it did not meet the CYE 2026 milestones or failed to maintain its participation in the milestone activities in CYE 2026, that facility will be ineligible to receive this DAP for CYE 2027 if a DAP is available at that time.

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8. 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 under the following criteria. The base methodology for behavioral health providers is located in Attachment 4.19-B, page 5(a) through 5(c) of the State Plan.

Domain	Description
a. Social Determinants of Health Closed Loop Referral System (1.0%)	In relation to this DAP initiative only, the Social Determinants of Health Closed Loop Referral System is the State-designated health information exchange meeting State-defined standards. 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 2024 and/or CYE 2025 i. Milestone #1: No later than April 1, 2025, the provider must have an active 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, 2025, the provider must participate in a post-live connection and/or SDOH DAP webinar with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, and implementation of an SDOH screening tool. iii. Milestone #3 From October 1, 2025, to September 30, 2026, the provider is required to engage with the State-designated health information exchange meeting State-defined standards by conducting a combination of 15 screenings, in-network referrals, and resolved off-platform cases per month for each AHCCCS ID. Screenings, referrals, and resolved off-platform cases entered into the State-designated health information exchange meeting State-defined standards by the provider will count towards the utilization requirements and be tracked monthly. Providers should prioritize sending in- network referrals before seeking off-platform resources and aim to achieve a resolved status for both in-network referrals and off-platform cases, ensuring the client's needs are met. iv. Milestone #4: From October 1, 2025, to September 30, 2026, the provider will receive quarterly SDOH DAP Worksheets via email. Providers must review their goal performance. If goals are unmet, providers may meet and consult their assigned SDOH Advisor to discuss barriers and complete an improvement plan. Goals must be achieved by August 15, 2026

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	Cohort 2: Providers who have **not** participated in the DAP SDOH program in DAP CYE 2024 or 2025. i. Milestone #1: No later than April 1, 2025, the provider must submit a State-designated health information exchange meeting State-defined standards 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, 2026, the provider must have onboarding completed by working with the State-designated health information exchange meeting State-defined standards team to submit all requirements prior to g accessing the system. iii. Milestone #3: Upon going live, the provider is required to engage with the State-designated health information exchange meeting State-defined standards by conducting a combination of 10 screenings, in-network referrals, and resolved off-platform cases per month for each AHCCCS ID. Screenings, referrals, and resolved off-platform cases entered into the State-designated health information exchange meeting State-defined standards by the provider will count towards the utilization requirements and be tracked monthly. Providers should prioritize sending in-network referrals before seeking off-platform resources and aim to achieve a resolved status for both in-network referrals and off-platform cases, ensuring the client's needs are met. iv. Milestone #4: From the provider go-live, through September 30, 2026, the provider required to review its quarterly SDOH DAP Worksheets to ensure its goals are being If goals are unmet, providers are required to meet and consult with their assigned S Advisor to discuss barriers and complete an improvement plan. Goals must be achieved by August 15, 2026.

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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 IHS/638 DAP for more details.

c. Payment Methodology
Behavioral Health Providers,, 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 2026 and cannot meet a milestone and/or cannot maintain its participation in milestone activities, the provider must immediately notify AHCCCS. This notification must be made 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 2026 but it is determined subsequently that it did not meet the CYE 2026 milestones or failed to maintain its participation in the milestone activities in CYE 2026, that provider will be ineligible to receive this DAP for CYE 2027 if a DAP is available at that time.

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9. Therapeutic Foster Homes (up to 20.0%)

Therapeutic Foster Home providers (Provider Type A5) are eligible for DAP increases under the following criteria. The base methodology for therapeutic foster homes is located in Attachment 4.19-B, page 5(a) through 5(c) of the State Plan.

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, 2024, and December 31, 2024.
b. Therapeutic Foster Home Continuous Therapeutic Foster Care (TFC) Services (10.0%)	Therapeutic Foster Homes will qualify for a DAP increase of 10.0% on all services billed as identified by the AHCCCS Provider ID based on the following factors: i. A member was provided at least 60 days of continuous services between October 1, 2023, and December 31, 2024. ii. Only approved and adjudicated AHCCCS claims will be utilized in the computations. iii. AHCCCS will compute claims for this purpose as of March 15, 2025, to determine which providers meet the minimum threshold. iv. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.

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 IHS and 638 DAP for more details.

d. Payment Methodology
Therapeutic Foster Homes 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 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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10. Crisis Providers (up to 5.0%)

Subacute Facilities 1-16 Beds (Provider Type B5), Subacute Facilities 17+ beds (Provider Type B6), Crisis Services Providers (Provider Type B7), Behavioral Health Outpatient Clinics (Provider Type 77), and Integrated Clinics (Provider Type IC), that are contracted to provide crisis services. For the purposes of this DAP, a crisis provider is defined as an AHCCCS registered provider that is participating in the Bed Registry Project. The base methodology for crisis providers is located in Attachment 4.19-B, page 5(a) through 5(c) of the State Plan.

Domain	Description
a. State-designated crisis bed registry meeting State-defined standards (3.0%)	In order to qualify, the provider must have submitted an executed State-designated crisis bed registry meeting State-defined standards 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: i. Milestone #1: No later than April 1, 2025, the provider must have in place an active State-designated crisis bed registry meeting State-defined standards 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 State-designated crisis bed registry meeting State-defined standards participation, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI). ii. Milestone #2: From April 1, 2025, through September 30, 2026, the facility must continue sending stabilization and inpatient capacity data via the HL7 interface as specified during onboarding requirements to the HIE production environment. All downtime must be resolved in a timely manner. iii. Milestone #3: No later than September 30, 2026, the facility must attest that all facility information informing the State-designated crisis bed registry meeting State-defined standards Dashboard is correct. The crisis provider will provide updates to the HIE organization on an ongoing basis as required if changes are necessary.

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b. Mobile Response Stabilization Services Training (2.0%)	Facilities that are contracted to provide crisis mobile services, have at least 75% of their that work on crisis mobile teams, and have 100% of their crisis mobile team supervisors train in Mobile Response and Stabilization Services (MRSS) through a State-designated training meeting State-defined standards are eligible for a 2.0% DAP. i. Milestone #1: No later than April 1, 2025, the facility must submit a Letter of Intent (LOI) to AHCCCS to the following address: AHCCCSDAP@azahcccs.gov, indicating they will participate in the MRSS training. The LOI must contain each facility, include AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the clinic requests to participate in the DAP. ii. Milestone #2: No later than April 30, 2025, the facility must have completed following pre-requisite online modules: 1. Self-Paced Online Prerequisite Course: Intro to MRSS 2. Milestone #3: No later than September 30, 2025, the facility must have completed the following virtual trainings: 3. Introduction to MRSS 4. Introduction to MRSS (3 days) 5. Engagement in MRSS (1 day) 6. MRSS Across Settings and Populations (2 days) 7. Trauma-informed Crisis Response and Planning (2 days) 8. Supervisors will complete all of the above and an additional training Supervision in MRSS (2 days) iii. Milestone #3: From May 1, 2025, through September 30, 2026, at least 1 supervisor will attend the monthly MRSS implementation workgroup meetings and State-designated training meeting State-defined standards coaching sessions and provide updates and information for the provider's implementation.

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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 below for IHS and 638 DAP details.

d. Payment Methodology
Crisis Providers are eligible for an increase on all services up to a maximum of 5.0%. Reimbursement rates will increase by 3.0% if the facility has met the State-designated crisis bed registry meeting State-defined standards requirements and by 2.0% for meeting the Mobile Response Stabilization Services Training requirements.

If a provider is receiving a DAP in CYE 2026 and cannot meet a milestone and/or cannot maintain its participation in milestone activities, the provider must immediately notify AHCCCS. This notification must be made 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 2026 but it is determined subsequently that it did not meet the CYE 2026 milestones or failed to maintain its participation in the milestone activities in CYE 2026, that provider will be ineligible to receive this DAP for CYE 2027 if a DAP is available at that time.

These payment adjustments will occur for all dates of service in Contract Year Ending (CYE) 2026 (October 1, 2025, through September 30, 2026) only.

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

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

Domain	Description
a. Health Information Exchange Participation (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 2024 and/or CYE 2025. i. Milestone #1: No later than April 1, 2025, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. ii. Milestone #2: No later than March 1, 2025, the hospital must launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit patient information to the HIE test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment. iii. Milestone #3: No later than May 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system. iv. Milestone #4: No later than December 31, 2025, the hospital must electronically submit the following patient identifiable information to the State-designated health information exchange meeting State-defined standards 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

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	(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, stats summary, and data elements defined by the HIE specific to individuals with a serious mental illness, if applicable. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements. Cohort 2: Hospitals who have **not** participated in the DAP HIE program in CYE 2024 or CYE 2025. a. Milestone #1: No later than April 1, 2025, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. b. Milestone #2: No later than March 1, 2026, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization portal.

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b. Social Determinants of Health Closed Loop Referral System (0.5%)	In relation to this DAP initiative only, the Social Determinants of Health Closed Loop Referral System is a State-designated health information exchange meeting State-defined standards. Hospitals that meet the following milestones are eligible to earn a 0.5% DAP. Cohort 1: Hospitals who participated in the DAP SDOH program in CYE 2024 and/or CYE 2025. i. Milestone #1: No later than April 1, 2025, the hospital must have an active 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, 2025, the hospital m participate in a post-live connection and/or SDOH DAP webinar with t assigned SDOH Advisor to discuss training needs, SDOH Screening workflows, and implementation of an SDOH screening tool. iii. Milestone #3: From October 1, 2025, to September 30, 2026, the hospital required to engage with the State-designated health information exchange meeting State-defined standards by conducting a combination of screenings, in-network referrals, and resolved off-platform cases per month each AHCCCS ID/Facility location. Screenings, referrals, and resolved platform cases entered into the State-designated health information exchange meeting State-defined standards by the hospital will count to the utilization requirements and be tracked monthly. Hospitals should prior sending in-network referrals before seeking off-platform resources and ai achieve a resolved status for both in-network referrals and off-platform ca ensuring the client's needs are met. iv. Milestone #4: From October 1, 2025, to September 30, 2026, the hospital will receive quarterly SDOH DAP Worksheets via email. Hospitals must rev their goal performance. If goals are unmet, hospitals may meet and consult t assigned SDOH Advisor to discuss barriers and complete an improvement p Goals must be achieved by August 15, 2026.

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	Cohort 2: Hospitals that have **not** participated in the DAP SDOH program in CYE 2024 or CYE 2025. i. Milestone #1: No later than April 1, 2025, the hospital must submit a State-designated health information exchange meeting State-defined standards 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, 2026, the hospital must complete onboarding with the State-designated health information exchange meeting State-defined standards Team, submitting all requirements before accessing the system. iii. Milestone #3: Upon going live, the hospital is required to engage with the State-designated health information exchange meeting State-defined standards by conducting a combination of 10 screenings, in-network referrals, and resolved off-platform cases per month for each AHCCCS ID/Facility location. Screenings, referrals, and resolved off-platform cases entered into the State-designated health information exchange meeting State-defined standards by the hospital will count towards the utilization requirements and be tracked monthly. Hospitals should prioritize sending in-network referrals before seeking off-platform resources and aim to achieve a resolved status for both in-network referrals and off-platform cases, ensuring the client's needs are met. iv. Milestone #4: From the hospital go-live, through September 30, 2026, the hospital is required to review its quarterly SDOH DAP Worksheets to ensure its goals are being met. If goals are unmet, hospitals are required to meet and consult with their assigned SDOH Advisor to discuss barriers and complete an improvement plan. Goals must be achieved by August 15, 2026.

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c. Naloxone Distribution Program (0.5%)	Hospitals with an Emergency Department that meet the following milestones are eligible to earn a 0.5% DAP increase on all outpatient services. Cohort 1: Hospitals with an Emergency Department that participated only in CYE 2 Hospitals that participated in CYE 2024 and CYE 2025 will not be eligible. i. Milestone #1: No later than April 1, 2025, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: 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, 2025, develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering. iii. Milestone #3: No later than February 28, 2026, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov. Cohort 2: Hospitals with an Emergency Department that have **not** participated in the NDP DAP. i. Milestone #1: No later than April 1, 2025, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone

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	Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. ii. Milestone #2: No later than November 30, 2025, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for NDP. iii. Milestone #3: No later than January 1, 2026, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy. iv. Milestone #4: No later than February 28, 2026, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.
d. Maternal Syphilis Program (0.5%)	Hospitals with an Emergency Department that meet the following milestones are eligible to earn a 0.5% DAP. i. Milestone #1: No later than April 1, 2025, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email addressAHCCCSDAP@azahcccs.gov, indicating that they will participate in the Maternal Syphilis Program. The LOI must contain each facility, including AHCCCS ID(s) corresponding National Provider Identifier(s) (NPI), that the hospital request participate in the DAP. ii. Milestone #2: No later than November 30, 2025, develop and submit a facility policy that meets AHCCCS/ADHS standards for testing individuals for syphilis iii. Milestone #3: No later than January 1, 2026, begin testing individuals for syphilis as outlined in the facility's policy.
e. Medications for Opioid Use Disorder Enhancement Program (0.5%)	Hospitals with an Emergency Department that meet the following milestones are eligible to earn a 0.5% DAP. i. Milestone #1: No later than April 1, 2025, the hospital must submit a Letter Intent (LOI) to AHCCCS to the following email address AHCCCSDAP@azahcccs.gov, indicating that they will participate in Medications for Opioid Use Disorder (MOUD) Enhancement Program. They must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. The LOI must further attest to the following: 1. The hospital will implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least quarterly basis; and 2. The hospital will spend the preponderance of DAP funds to enhance, expand, and/or strengthen MOUD services.

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	ii. Milestone #2: No later than April 1, 2025, the hospital agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by the Arizona Department of Health Services (ADHS) in a centralized, and timely manner, providing any best practices and nonsensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants (e.g., IT, quality improvement, addiction medicine, primary care, operational specialists). iii. Milestone #3: No later than November 30, 2025, the hospital must develop submit a facility policy that meets AHCCCS/ADHS standards for a Hospital M Enhancement Program that offers MOUD for eligible patients. The policy m be submitted to AHCCCS at the following email address AHCCCSDAP@azahcccs.gov. iv. Milestone #4: No later than April 1, 2026, the hospital must submit a con narrative summarizing the salient highlights of the progress of their M treatment enhancement and utilization of DAP funds. The narrative must submitted to AHCCCS at the following email address AHCCCSDAP@azahcccs.gov.

f. IHS/638 facilities will receive an increase on all payments, including the All-Inclusive Rate (AIR), for a maximum up to 3.5%. Rates will increase by 1.5% if HIE participation requirements are met, by 0.5% if SDOH requirements are met, by 0.5% if Naloxone Distribution Program requirements are met, by 0.5% if the Maternal Syphilis Program requirements are met, and 0.5% if the Medications for Opioid Use Disorder Enhancement Program requirements are met.

If a provider is receiving a DAP in CYE 2026 and cannot meet a milestone and/or cannot maintain its participation in milestone activities, the provider must immediately notify AHCCCS. This notification must be made 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.

The base methodology for IHS and 638 Tribally Owned and/or operated facilities is located in Attachment 4.19-B, page 7 through 9(b) of the State Plan.

If a provider receives a DAP increase for the entire CYE 2026 but it is determined subsequently that it did not meet the CYE 2026 milestones or failed to maintain its participation in the milestone activities in CYE 2026, that provider will be ineligible to receive this DAP for CYE 2027 if a DAP is available at that time.

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Exhibit A: Dental Services

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

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Exhibit B: Health Information Exchange Definitions

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

State-designated health information exchange meeting State-defined standards Program: The State-designated health information exchange meeting State-defined standards program is the State-designated health information exchange meeting State-defined standards Social Determinants of Health Closed-Loop Referral System. The program partners with a State-designated health information exchange meeting State-defined standards to offer a screening tool to identify social needs and provides community partners to send referrals within the platform. Within the State-designated health information exchange meeting State-defined standards platform a referral can be made, and tracked, and the referral loop closed after completion.

Health Information Exchange Data Sender: A data sender has successfully set up an inbound data feed to the production environment of the State-designated health information exchange meeting State-defined standards Health Information Exchange Portal and securely sends patient information to be accessed by other healthcare organizations and professionals.

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

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

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Exhibit C: HIE Data Quality

The following measure categories and data elements will be included within the HIE data quality profile. The HIE will be looking for quality improvement based on the HIE's Gold Standard Code Set.

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

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

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