

October 30, 2023

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

RE: Arizona SPA # AZ-23-0021, Outpatient Differential Adjusted Payment (DAP)

Dear Mr. Holt,

Enclosed is State Plan Amendment (SPA) # AZ-23-0021, Outpatient Differential Adjusted Payment (DAP). This SPA updates the Outpatient Differential Adjusted Payment (DAP) methodology in the State Plan, effective October 1, 2023.

Tribal Consultation on this SPA occurred on August 29, 2023. The Tribal Consultation presentation is available on the following webpage:

https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2023/08292023QuarterlyTC_Presentation.pdf.

Public Notice for this SPA was posted on the following webpages:

https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/CYE24_DAP_Notice.pdf

The federal fiscal impact of this SPA is:


Year	Amount
FFY 2024	\$5,652,900

The federal fiscal impact represents the projected federal funds cost of the SPA’s DAPs for services reimbursed on a fee for service basis. AHCCCS determined each provider and service that qualified for each DAP specified in this SPA, based on the requirements specified in the CYE 2024 Final Public Notice. The FFY 2022 utilization of these qualifying providers and qualifying services was identified. The FFY 2022 data was then repriced to remove impacts of prior year DAPs and to reprice utilization at the CYE 2024 FFS rates. The percentage increase for each DAP was then applied to the adjusted FFY 2022 utilization data for qualifying providers and services to estimate the total funds’ impact. The agency then applied projected weighted federal medical assistance percentages to total fund estimates to calculate the federal funds share of cost. The process for calculating each DAP contained within this SPA is similar, but subject to the different eligibility criteria specified in the CYE 2024 Final Public Notice. The calculation of the weighted FMAP of 71.73% used in the impact estimate is shown in the table below.

FFY24:					
OP DAP - All Pops	Regular	Title XXI	Transition	NEA 100%	Total
MMs	24,384,617	826,869	4,795,002	1,736,790	31,743,278
% Weight	76.82%	2.60%	15.11%	5.47%	
FMAP	66.67%	76.66%	90.00%	90.00%	
Eff. FMAP	51.21%	2.00%	13.60%	4.92%	71.73%
				Total Fund	\$7,880,800
				Fed Funds	\$5,652,900

If there are any questions about the enclosed SPA, please contact Ruben Soliz at ruben.soliz@azahcccs.gov or 602-417-4355.

Sincerely,



Alex Demyan
Assistant Director
Arizona Health Care Cost Containment System (AHCCCS)

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

1. TRANSMITTAL NUMBER
23 — 0021

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, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 24 \$ 5,652,900
b. FFY 25 \$ 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, 2023.

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


12. TYPED NAME
Alex Demyan

13. TITLE
Assistant Director

14. DATE SUBMITTED: 10/30/23

15. RETURN TO
Alex Demyan
801 E. Jefferson St., MD #4200
Phoenix, AZ 85034

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

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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) 202~~43~~ (October 1, 202~~32~~ through September 30, 202~~43~~) only. The payment adjustments do not apply to supplemental payments.

~~B.~~ B. Applicability

To qualify for the Outpatient Differential Adjusted Payment (DAP), a ~~facility~~hospital providing outpatient hospital services must meet one of the following criteria:

~~1. Integrated Clinics, Provider Type IC (1.0%)~~

~~Integrated Clinics, Provider Type IC are eligible for a DAP increase of 1.0% on all health services by meeting all of the following criteria for licensure, behavioral health utilization, and Health Information Exchange (HIE) participation.~~

— Domain	— Description
— a. Licensure	— The provider must be licensed by the ADHS as an Outpatient Treatment Center which provides both behavioral health services and physical health services.
— b. Behavioral Health Services Utilization	— Behavioral health services for the provider must account for at least 40.0% of total AHCCCS claims and encounters. Utilizing claims and encounter data for dates of service from October 1, 2020 through September 30, 2021, AHCCCS will compute claims and encounters for behavioral health services as a percentage of total claims and encounters as of April 1, 2022 to determine which providers meet the 40.0% minimum threshold. i. Only approved and adjudicated AHCCCS claims and encounters will be utilized in the computations. ii. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.
— c. Health Information Exchange Participation	— Integrated Clinics that meet the following milestones are eligible to participate in this DAP initiative. In order to qualify, by April 1, 2022 the Integrated Clinic must have submitted a Letter of Intent (LOI) to the HIE, in which it agrees to achieve the following milestones by the specified dates: i. Milestone #1: No later than April 1, 2022, the clinic must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the

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	<p>milestone activities if they have already been achieved. If it is the clinic's first year in the DAP initiative, then it must meet the participation agreement requirement of this milestone no later than August 1, 2022.</p> <p>ii. Milestone #2: No later than April 1, 2022, the clinic must electronically submit actual patient identifiable information to the production environment of the qualifying HIE organization, including both a registration event and an encounter summary as well as data elements specific to individuals with a serious mental illness (SMI) designations, as defined by the qualifying HIE organization. If a clinic is in the process of integrating a new Practice Management and/or electronic health record (EHR) system, or if it is the clinic's first year in the DAP HIE initiative, then it must meet this milestone no later than November 1, 2022.</p> <p>iii. Milestone #3: No later than April 1, 2022, the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via a qualifying HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the clinic's EHR. If it is the clinic's first year in the DAP HIE initiative, then it must meet this milestone no later than January 1, 2023.</p> <p>iv. Milestone #4: No later than May 1, 2022, or by the clinic's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the clinic must complete the following COVID-19 related milestones, if they are applicable:</p> <ol style="list-style-type: none"> 1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system. 2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system. 3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system. <p>iv. Milestone #5: No later than May 1, 2022, clinics that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.</p> <p>iv. Milestone #6: No later than November 1, 2022, the clinic must approve and authorize a formal Statement of Work (SOW) to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with a qualifying HIE organization.</p>
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	<p>v. Milestone #7: No later than January 1, 2023, the clinic must complete the initial data quality profile with a qualifying HIE organization.</p> <p>vi. Milestone #8: No later than May 1, 2023, the clinic must complete the final data quality profile with a qualifying HIE organization.</p> <p>_____</p> <p>In addition to the submission of the LOI agreeing to the above milestones, the hospital must meet the following performance criteria:</p> <p>_____</p> <p>vii. Quality Improvement Performance Criteria: Clinics that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below in B.1.c.x.</p> <p>1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2021 data, to the final data quality profile, based on March 2022 data.</p> <p>2. Meet a minimum performance standard of at least 60% based on March 2022 data.</p> <p>3. If performance meets or exceeds an upper threshold of 90% based on March 2022 data, the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.</p> <p>viii. DAP HIE Data Quality Standards CYE 2023 Measure Categories: Clinics must meet the data quality standards established in section B.1.c.xi. They qualify for a DAP percentage increase of up to 1.0% if criteria are met for the following categories:</p> <p>1. Data source and data site information must be submitted on all ADT transactions. (0.5%)</p> <p>1. Event type must be properly coded on all ADT transactions. (0.5%)</p> <p>_____</p> <p>ix. Data Quality Standards:</p> <p>0. Measure 1: Data Source and data site information must be submitted on all transactions</p> <p>Standards: HL7 or CCD</p> <p>Inclusions: MSH.4 and PV1.3.4</p> <p>i. Exclusions: None</p> <p>i. Additional Notes: The source information can be derived from the MSH.4 segment, and the site information from one of the other inclusions. If source organization has multiple sites organization must work with Contexture, the umbrella organization for Health Current, to identify site information and mapping within PV1.3.4</p> <p>2. Measure 2: Patient demographic information must be submitted on all transactions.</p> <p>Standards: HL7 or CCD</p>
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	<p>— Inclusions: PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5</p> <p>i. Exclusions: None</p> <p>i. Additional Notes: The patient demographic elements that will be evaluated for this measure are first name, last name, date of birth, gender and address (street address, city, state and zip).</p> <p>2. Measure 3: Race</p> <p>i. Standards: HL7 or CCD</p> <p>i. Inclusions: PID.10 and PID.10.2</p> <p>i. Exclusions: None</p> <p>i. Additional Notes: HL7 standard code sets will be used for race items outside of HL7 will be mapped when possible, to one of the HL7-excepted code sets the following link will provide code set details https://www.hl7.org/fhir/v2/0005/index.html</p> <p>2. Measure 4: Ethnicity</p> <p>i. Standards: HL7 or CCD</p> <p>i. Inclusions: PID.22.1 and PID.22.2</p> <p>i. Exclusions: None</p> <p>i. Additional Notes: HL7 standard code sets will be used for ethnicity, items outside of HL7 will be mapped when possible, to one of the HL7-excepted code sets the following link will provide code set details https://www.hl7.org/fhir/v2/0189/index.htm</p> <p>2. Measure 5: language preference</p> <p>i. Standards: HL7 or CCD</p> <p>i. Inclusions: PID.15</p> <p>i. Exclusions: None</p> <p>i. Additional Notes: Language codes sets are mapped to ISO-639-2 language codes sets the following link will provide code set details https://www.loc.gov/standards/iso639-2/php/code_list.php</p> <p>2. Measure 6: Overall completeness</p> <p>i. Standard: HL7</p> <p>i. Inclusions: MSH.4 and PV.1.3.4, PID.1.1, PID.1.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5, PID.10.1, PID.10.2, PID.22.1, PID.22.2, PID.15</p> <p>i. Exclusions: None</p> <p>i. Additional Notes: Measure 5 is considered a pass-fail measure and will be included in overall completeness as either pass or fail.</p> <p>— For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2.</p>
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	<p>In order to meet the DAP criteria for HIE participation a clinic must submit a LOI to the HIE by April 1, 2022 to the following email address: DAP@healthcurrent.org.</p> <p>If a clinic has already achieved one or more of the CYE 2022 milestones as of April 1, 2021, the LOI must include a commitment by the clinic to maintain its participation in those milestone activities for the period April 1, 2022 through September 30, 2023. The LOI must list each facility that the clinic requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. In all cases, the clinic must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.</p> <p>If a clinic submits a LOI and receives the DAP increase for CYE 2023 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that clinic will be ineligible to receive an HIE DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.</p> <p>The DAP rates will be paid for select physical health services and will provide an increase of 10.0% for dates of service in CYE 2023.</p>
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~~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 14 below for IHS/638 DAP details.~~

~~e. Payment Methodology~~

~~For the contracting year October 1, 2022 through September 30, 2023, Differential Adjusted Rates will be paid for select physical health services and will provide an increase of 10% over the AHCCCS Fee For Service reimbursement rates for the same services. The physical health service codes that qualify for the Differential Adjusted Rate are found below and effective as of October 1, 2021 (59400, 90471, 90472, 90473, 90474, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99243, 99244, 99245, 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99403).~~

2.1. Physicians, Physician Assistants, and Registered Nurse Practitioners (Up to 3.5%)

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
a. Electronic Prescriptions	A provider that has written at least 80 prescriptions for AHCCCS members and has written at least 85% of its total AHCCCS prescriptions as Electronic Prescriptions (E-Prescriptions) will qualify for a 1.0% DAP increase for all

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<p>(1.0%)</p>	<p>services billed on the CMS Form 1500. E-Prescription statistics will be identified by the AHCCCS provider ID for the prescribing provider, and computed by AHCCCS based on the following factors:</p> <ul style="list-style-type: none"> i. Only approved and adjudicated AHCCCS claims and encounters for July 1, 20221 through December 31, 20221 dispense dates will be utilized in the computations. ii. AHCCCS will compute claims and encounters for this purpose as of MarchApril 15, 20232 to determine which providers meet the minimum threshold. iii. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase. iv. E-Prescriptions include those prescriptions generated through a computer-to-computer electronic data interchange protocol, following a national industry standard and identified by Origin Code 3. v. Refills of original prescriptions whereby the original prescriptions meet the definition of E-Prescriptions shall not be counted as E-Prescriptions. <p>The DAP will apply to claims for covered AHCCCS services where the rendering provider ID on the claim is the same as the prescribing provider ID that was identified and found to meet the criteria described above.</p>
<p>b. 6-Week Postpartum Visits (1.0%)</p>	<p>An obstetrician or gynecologist that meets the criteria for provision of 6-week postpartum visits will qualify for a 1.0% DAP increase on all non-institutional claims. A provider qualifies if it has delivered and discretely billed for 6-week postpartum visit services for at least 25% of the members for whom it delivered in the CYE 2021 period. AHCCCS will review claims and encounters for the period October 1, 20210 through September 30, 20221 to determine eligibility for the DAP in CYE 20243. Only approved and adjudicated AHCCCS claims and encounters as of MarchApril 15, 20232 will be utilized in determining providers that meet this criteria. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.</p>
<p>c. Social Determinants of Health Closed Loop Referral Platform (1.0%)</p>	<p>Providers that meet the following milestones are eligible to participate in this DAP initiative and earn a 1.0% DAP increase. In relation to this DAP initiative only, the qualifying HIE organization is designated as Contexture, the umbrella organization for Health Current, in alignment with AHCCCS' Whole Person Care Initiative. In order to qualify, by April 1, 2022, the provider must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates: 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> <ul style="list-style-type: none"> i. _____ Milestone #1: No later than April 1, 20232, the provider must submit a Health Information Exchange Statement of Work (HIE SOW) registration form for participation using the website-based

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	<p>registration form(s) on the website of the qualifying HIE organization, and the CommunityCares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each qualifying rendering provider, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the facility requests to participate in the DAP.</p> <p>i. <u>1. For providers that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</u></p> <p>ii. <u>Milestone #2: No later than April 1, 2022:</u></p> <p><u>1. For providers with an active Participation Agreement with a qualifying HIE organization, submit a signed Participation SDOH Addendum to participate in the SDOH Closed Loop Referral Platform. For providers that have participated in DAP SDOH requirements in CYE 2023:</u></p> <p><u>a. No later than September 30, 2023, initiate use of the CommunityCares referral system operated by the HIE organization or are engaged and have completed an onboarding launch plan that outlines the extended onboarding timeline, required steps, and commitment to completion of onboarding by 12/31/2023.</u></p> <p><u>b. After go-live and through September 30, 2024, the provider must regularly utilize the CommunityCares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month, including closed-loop referral, tracked out-of-network referrals (utilizing CommunityCares resource directory), or tracked internal cases (referrals for social services provided by the provider) per registered AHCCCS ID that resulted from utilizing a social-needs screening tool in CommunityCares or within the provider's EHR. Closed-loop referrals, out-of-network referrals, and internal cases all need to be documented/tracked within the CommunityCares platform. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the clinic will be counted toward volume requirements, and tracked monthly.</u></p> <p>the provider must regularly utilize the CommunityCares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in CommunityCares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the clinic will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.</p> <p><u>2. For providers without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement</u></p>
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	<p>and a Participant SDOH Addendum to participate in the SDOH Closed Loop Referral Platform. The deadline for these providers is November 1, 2022. For providers that have not participated in DAP SDOH requirements in CYE 2023:</p> <p>a. No later than November 1, 2023, complete the CommunityCares Access Agreement and the HIE Participant Agreement, as required, and</p> <p>a-b. No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.</p> <p>iii. Milestone #3: No later than September 30, 2022 or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed Loop Referral Platform operated by the qualifying HIE organization. After go-live, the provider must regularly utilize SDOH Closed Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the provider will be counted towards volume requirements. For providers that have not participated in the DAP HIE requirements in CYE 2022, the deadline for this Milestone will be September 30, 2023 and no utilization requirements will be included</p> <p>In order to receive a 1.0% DAP increase for SDOH Closed Loop Referral Platform participation, providers must complete a registration form found on the website of the qualifying HIE organization and submit the form to the HIE by April 1, 2022 at the following email address: DAP@healthcurrent.org.</p> <p>The registration form will include a commitment by the provider to maintain its participation in any milestone activities already achieved as of April 1, 2022, for the period April 1, 2022, through September 30, 2023. Additionally, if a provider submits a registration form and receives the 1.0% DAP increase for CYE 2023 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that provider will be ineligible to receive the SDOH DAP for dates of service from October 1, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time. If a provider has achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the provider to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a provider submits a HIE SOW and receives the DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that provider will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</p>
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	<p>Due to operational issues related to contracting arrangements with entities rather than individual practitioners, AHCCCS' MCOs may pay the DAP in a manner other than on an individual claim basis but the DAP must be paid on at least a quarterly basis. In the event an expected quarterly payment to an entity is less than \$25, the MCOs will be permitted to delay payment to the entity until the earlier occurs: payments due of at least \$25 or final quarterly payment for CYE 2024.</p>
<p>d. American Society of Addiction Medicine (ASAM) Continuum Software Integration (0.5%)</p>	<p>Providers that bill for behavioral health assessments will be eligible for a 0.5% DAP increase on all provider claims by integrating <u>or maintaining integration their EHR system with of the ASAM CONTINUUM in their electronic health record (EHR) systemecontinuum software.</u> By April 30, 202, providers need to submit an LOI to AHCCCS indicating they will contract with a vendor to complete integration of ASAM with their EHR system by April 30, 2023. The LOI should include a clinic contact for the project, the EHR vendor, and an EHR contact. Clinics who participated in the FY22 ASAM DAP are eligible for the FY23 ASAM DAP.</p> <p style="padding-left: 40px;">i. <u>Milestone # 1: By April 30, 2023, providers must submit an LOI to AHCCCS indicating that they agree to complete integration or maintain integration with the ASAM CONTINUUM with their EHR system to the following email address: AHCCSDAP@azahcccs.gov. The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the provider requests to participate in the DAP.</u></p> <p style="padding-left: 40px;">ii. <u>Milestone #2: By April 30, 2024, the EHR vendor must submit a letter to AHCCCS stating the integration has been completed. The letter must include a project contact for the facility, the EHR vendor, and a contact for the EHR.</u></p> <p>In order to receive the 0.5% DAP increase for ASAM integration with its EHR, the provider must submit a LOI to AHCCCS by April 30, 2022 at the following email address: AHCCSDAP@azaheccs.gov.</p> <p>If a provider submits an LOI and receives the <u>0.5% DAP increase</u> for CYE 20243, but fails to integrate <u>or maintain integration its system</u> by April 30, 20242, that provider will be ineligible to receive <u>thisany DAP for CYE 2025</u> dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.</p> <p>The DAP will apply to all claims for covered AHCCCS non-institutional services. The registration form must list each facility that the provider requests</p>

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	<p>to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility or the Provider ID for each qualified rendering provider. Due to operational issues related to contracting arrangements with entities rather than individual practitioners, AHCCCS' MCOs may pay the DAP in a manner other than on an individual claim basis but the DAP must be paid on at least a quarterly basis. In the event an expected quarterly payment to an entity is less than \$25, the MCOs will be permitted to delay payment to the entity until the earlier occurs: payments due of at least \$25 or final quarterly payment for CYE 2024.</p>
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e. 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 14 below for IHS/638 DAP details.

f. Payment Methodology
 Physicians, physician assistants, and registered nurse practitioners will qualify for a 1.0% increase on all services billed on the CMS Form 1500 for each measure outlined in B.2.a, B.2.b and B.2.c ., and a 0.5% increase on all services billed on the CMS Form 1500 for the measure outlined in B.2.d . The DAP increase will apply to claims with service dates from October 1, 2023~~1~~ to September 30, 2024~~2~~.

3.2. Dental Providers (Up to 2.0%)

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

Domain	Description
a. Dental Sealants for Children Performance Measure (1.0%)	A provider that meets the criteria for the dental sealants for children performance measure will qualify for a 1.0% DAP increase on all non-institutional claims . Providers that increased the number of AHCCCS child members from 5 through 15 years of age to whom they provided dental sealants from CYE 2021 0 (October 1, 2020 19 through September 30, 2021 20) to CYE 2022 1 (October 1, 2021 0 through September 30, 2022 1) 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, 2023-April 1, 2022 will be utilized in determining providers that meet this criteria. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.
b. Provision of Dental Services on Weekends	A provider that meets the criteria for the provision of dental services on weekends will qualify for a 1.0% DAP increase on all non-institutional claims . A provider qualifies if 21.0% or more of its services were incurred for dates of service on a weekend for the period October 1, 2021 0 through September 30,

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(1.0%)	2022 4 . Only approved and adjudicated AHCCCS claims and encounters as of April 1, 2022 <u>March 15, 2023</u> will be utilized in determining providers that meet this criteria. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.
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<p>c. <u>Bundled Services</u> (1.0%)</p>	<p><u>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 5.0% will qualify for this DAP. AHCCCS will review claims and encounters for the period of July 1, 2021, through December 31, 2021, and again from July 1, 2022, through December 31, 2022, and if there is a 5.0% increase in bundled services the provider will be eligible for the DAP increase. Only approved and adjudicated AHCCCS claims and encounters as of March 15, 2023 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.</u></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 10 below for IHS/638 DAP details.

- d. Payment Methodology
For the contracting year October 1, 2022 through September 30, 2023, eligible providers will qualify for a 1.0% increase on all services billed for meeting the measures in B.3.a., ~~and~~ a 1.0% increase on all services billed for meeting the measure in B.3.b., and a 1.0% increase on all services billed for meeting the measure in B.3.c.

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4.3. Behavioral Health Outpatient Clinics and Integrated Clinics (Up to 15.5%)

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

Domain	Description
<p>a. Partnership with Schools to Provider Behavioral Health Services (1.0%)</p>	<p>A clinic that meets the criteria for partnering with schools to provide behavioral health services will qualify for a 1.0% DAP increase on all non-institutional claims. Partnership is defined as providers that have by May 15, 2022 submitted an LOI indicating they will meet one of the following milestones by June 30, 2023: 1) accepted at least 10 referrals from a school that led to subsequent service provision for the student, or 2) have provided services on a school campus, as identified by the use of the CTDS number.</p> <p>In order to meet the DAP criteria a clinic must submit a LOI to AHCCCS by May 15, 2022 to the following email address: AHCCSDAP@azahcccs.gov.</p> <p>If a clinic submits a LOI and receives the DAP increase for CYE 2023 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that clinic will be ineligible to receive DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time. A clinic that meets the criteria for partnering with schools to provide behavioral health services will qualify for a 1.0% DAP.</p> <p style="text-align: center;">i. <u>Milestone #1: By April 30, 2023, a clinic must submit an LOI to AHCCCS, to the following email address: AHCCSDAP@azahcccs.gov, indicating that they agree to the following criteria for partnering with schools to provide behavioral health services. The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the clinic requests to participate in the DAP.</u></p> <p style="text-align: center;">ii. <u>Milestone #2: By June 30, 2024, a clinic must have accepted at least 10 referrals on the AHCCCS Universal Referral Form from a school that led to subsequent service provision for the student.</u></p> <p style="text-align: center;">iii. <u>Milestone #3: By June 30, 2024, a clinic must have provided services on a school campus, or to a student referred for services by a school, as identified by the use of the CTDS number on the claim.</u></p> <p><u>If a clinic submits a LOI and receives the DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that clinic will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</u></p>

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<p>b. Autism Centers of Excellence (3.0%)</p>	<p>A clinic that meets the criteria to be considered an Autism Center of Excellence (COE) will qualify for a 3.0% DAP increase on all non-institutional claims. An Autism COE is defined as a provider that has been identified as such by any AHCCCS MCO in the “Value Based Providers/Centers of Excellence” attachment to its “Provider Network Development and Management Plan,” submitted by November 15, 20224. Providers that have been identified as an Autism COE in this manner will qualify for the DAP increase.</p>
<p>c. 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, 20234 and submitted to AHCCCS by email to AHCCCS DAP@azahcccs.gov.</p> <p>On April 15, 20234, 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>d. American Society of Addiction Medicine Continuum Software Integration (0.5%)</p>	<p>Clinics that bill for behavioral health assessments will be eligible for a 0.5% DAP increase on all provider claims by integrating their EHR system with the ASAM continuum software. By April 30, 2022, clinics need to submit an LOI to AHCCCS indicating they will contract with a vendor to complete integration of ASAM with their EHR system by April 30, 2023. The LOI should include a clinic contact for the project, the EHR vendor and an EHR contact. Clinics who participated in the FY22 ASAM DAP are eligible for the FY23 ASAM DAP.</p> <p>In order to receive the 0.5% DAP increase for ASAM integration with its EHR, the clinic must submit a LOI to AHCCCS by April 30, 2022 to the following email address: AHCCCS DAP@azahcccs.gov</p> <p>If a clinic submits an LOI and receives the 0.5% DAP increase for CYE 2023, but fails to integrate its system by April 30, 2022, that provider will be ineligible to receive any DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time. Clinics that bill for behavioral health assessments will be eligible for a 0.5% DAP by integrating or maintaining integration of the ASAM CONTINUUM in their electronic health record (EHR) system.</p> <p><u>i. Milestone # 1: By April 30, 2023, providers must submit an LOI to AHCCCS, to the following email address,</u></p>

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	<p>AHCCCSdap@azahcccs.gov, indicating that they agree to complete integration or maintain integration with the ASAM CONTINUUM with their EHR system. The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the clinic requests to participate in the DAP.</p> <p>ii. Milestone #2: By April 30, 2024, the EHR vendor must submit a letter to AHCCCS stating the integration has been completed. The letter must include a project contact for the clinic, the EHR vendor, and a contact for the EHR.</p> <p>If a clinic submits an LOI and receives the DAP increase for CYE 2024, but fails to integrate or maintain integration by April 30, 2024, that provider will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</p>
<p>e. Social Determinants of Health Closed Loop Referral Platform (1.0%)</p>	<p>Clinics that meet the following milestones are eligible to participate in this DAP initiative and earn a 1.0% DAP increase. In relation to this DAP initiative only, the qualifying HIE organization is designated as Contexture, under the umbrella organization Health Current, in alignment with AHCCCS' Whole Person Care Initiative. In order to qualify by April 1, 2022, the clinic must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates: 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>i. Milestone #1: No later than April 1, 2023, the clinic must submit a registration form for participation using the website-based registration form(s) on the website of the qualifying HIE organization, signed Health Information Exchange Statement of Work (HIE SOW) and the CommunityCares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the clinic requests to participate in the DAP.</p> <p>ii. 1. For clinics that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</p> <p>ii. Milestone #2: No later than April 1, 2022:</p> <p>1. For clinics with an active Participation Agreement with a qualifying HIE organization, submit a signed Participation SDOH Addendum to participate in the SDOH Closed Loop Referral Platform. For clinics that have participated in DAP SDOH requirements in CYE 2023:</p>

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	<p>a. <u>No later than September 30, 2023, initiate use of the CommunityCares referral system operated by the HIE organization or are engaged and have completed an onboarding launch plan that outlines the extended onboarding timeline, required steps, and commitment to completion of onboarding by 12/31/2023.</u></p> <p>b. <u>After go-live and through September 30, 2024, the clinic must regularly utilize the CommunityCares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month, including closed-loop referral, tracked out-of-network referrals (utilizing CommunityCares resource directory), or tracked internal cases (referrals for social services provided by the clinic) per registered AHCCCS ID that resulted from utilizing a PRAPARE social-needs screening tool in CommunityCares or within the clinic's EHR. Closed-loop referrals, out-of-network referrals, and internal cases all need to be documented/tracked within the CommunityCares platform. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the clinic will be counted toward volume requirements, and tracked monthly.</u></p> <p>—No later than September 30, 2023, initiate use of the CommunityCares referral system operated by the HIE organization.</p> <p>—No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system, and through September 30, 2024, the clinic must regularly utilize the CommunityCares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the PRAPARE social-needs screening tool in CommunityCares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the clinic will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.</p> <p><u>2. For clinics without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform. The deadline for these clinics to achieve the milestone is November 1, 2022. For clinics that have not participated in DAP SDOH requirements in CYE 2023:</u></p> <p>a. <u>No later than November 1, 2023, complete the CommunityCares Access Agreement and the HIE Participant Agreement, as required, and</u></p> <p>a-b. <u>No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.</u></p>
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	<p>iii.——Milestone #3: No later than September 30, 2022 or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed Loop Referral Platform operated by the qualifying HIE organization. For the purposes of this DAP, the “use of the SDOH Closed Loop Referral Platform” will be defined by the qualifying HIE organization in collaboration with AHCCCS and the community by October 1, 2021. After go-live, the clinic must regularly utilize SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the clinic will be counted towards volume requirements.</p> <p>In order to receive a 1.0% DAP increase for SDOH Closed Loop Referral Platform participation, clinics must complete a registration form found on the website of the qualifying HIE organization and submit the form to the HIE by April 1, 2022 to the following email address: DAP@healthcurrent.org.</p> <p>The registration form will include a commitment by the clinic to maintain its participation in any milestone activities already achieved as of April 1, 2022, for the period April 1, 2022, through September 30, 2023. Additionally, if a clinic submits a registration form and receives the 1% DAP increase for CYE 2023 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that clinic will be ineligible to receive the SDOH DAP for dates of service from October 1, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time.</p> <p>The DAP will apply to all claims for covered AHCCCS non-institutional services. The registration form must list each facility that the clinic requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility or the Provider ID for each qualified rendering provider. If a clinic has achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the clinic to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a clinic submits a HIE SOW and receives the DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that clinic will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</p>
<p>f. Continuous Behavioral Health Services to</p>	<p><u>Clinics that provide continuous services to AHIP members designated with an SMI, who transitioned from enrollment with a Regional Behavioral Health Authority (RBHA) to integrated AIHP on October 1, 2022, will be eligible for a 7.0% DAP on all Fee-For-Service claims. AHCCCS reviewed claims for FFY</u></p>

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<p>American Indian Health Program (AIHP) Members with a Serious Mental Illness (SMI) Who-Designation Transitioning from RBHA Enrollment</p> <p>(7.0%)</p>	<p>2022 on December 29, 2022, and will again review claims on September 1, 2023, for claims with dates of service between December 1, 2022, and July 1, 2023, to identify eligible providers. Clinics that were providing services in FFY 2022, to AIHP-RBHA members designated with a SMI and that continue to provide services to these members with a SMI from December 1, 2022, through July 1, 2023, will be eligible for this DAP. Clinics that provide continuous services to AIHP members designated with an SMI Serious Mental Illness designation, who are currently enrolled with a RBHA for behavioral health services, who transitioned from enrollment with a Regional Behavioral Health Authority (RBHA) to integrated AIHP on October 1, 2022, will be eligible for a 7.0% DAP, effective January 1, 2023, on all provider Fee For Service non-institutional claims for AIHP members. Clinics that were providing behavioral health services to AIHP RBHA enrolled members with an SMI designation during FFY 2022, according to claims reviewed as of August 8, 2022, that continue to provide services on or after October 1, 2022, to integrated AIHP members with an SMI designation, according to claims with dates of service between October 1, 2022 and November 30, 2022, reviewed as of December 1, 2022, will be eligible for this DAP. An additional claims review for claims with dates of service between December 1, 2022 and June 29, 2023, will occur on June 30, 2023. Clinics that continue to provide services to AIHP members with an SMI designation based on this second review, will continue to be eligible for this DAP until September 30, 2023. The DAP for clinics that do not have claims activity for these members will end effective July 1, 2023. AHCCCS reviewed claims for FFY 2022 on December 29, 2022 and will again review claims on September 1, 2023 for claims with dates of service between December 1, 2022 and July 1, 2023 to identify eligible providers. Clinics that were providing services in FFY 2022, to AIHP-RBHA members designated with a SMI and that continue to provide services to these members with a SMI from December 1, 2022 through July 1, 2023 will be eligible for this DAP.</p>
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<p><u>a. Health Information Exchange Participation</u></p> <p>(1.0%)</p>	<p><u>Clinics that meet the following milestones and performance criteria are eligible to earn up to a 1.0% DAP.</u></p> <p>i. <u>Milestone #1: No later than April 1, 2023, the clinic must have in place 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 clinic requests to participate in the DAP.</u></p> <p><u>1. For clinics that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</u></p>
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- ii. Milestone #2: No later than May 1, 2023, 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, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the clinic’s EHR system. If it is the clinic’s first year in the DAP HIE initiative, then it must meet this milestone no later than January 1, 2024.
- iii. Milestone #3: No later than May 1, 2023, clinics that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE, if required by the external reference lab, to have all outsourced lab test results flow to the HIE organization on their behalf.
- iv. Milestone #4: No later than May 1, 2023, the clinic must electronically submit actual patient identifiable information to the production environment of the HIE organization, including encounter information and an encounter summary as well as data elements specific to individuals with a serious mental illness (SMI) designation, as defined by the HIE organization. If a clinic is in the process of integrating a new Practice Management and/or electronic health record (EHR) system, or if it is the clinic’s first year in the DAP HIE initiative, then it must meet this milestone no later than June 30, 2023.
- v. Milestone #5: No later than May 1, 2023, the clinic must have or obtain a unique Object Identifier (OID) created by a registration authority, the clinic, and HL7. The OID is a globally unique International Organization for Standardization identifier for the clinic. Contact the HIE’s Quality Improvement Team for instructions and to ensure you are compliant.
- vi. Milestone #6: No later than July 1, 2023, the clinic must sign a DAP SOW amendment to include HIE integration requirements. which will include the steps and expectations and timeline to transition to the clinic’s HIE connection to the new HIE platform. The clinic must continue to meet the HIE integration requirements through September 30, 2024.

For any milestone that includes the electronic submission of patient information, 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. Data is expected to be live throughout the

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	<p><u>year, any downtime will be reported and an effort to provide data to the HIE is required for the period in which the data was not received.</u></p> <p><u>If a clinic has achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the clinic to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a clinic submits a HIE SOW and receives the DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that clinic will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</u></p>
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- g. 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 14 below for IHS/638 DAP details.

- h. Payment Methodology
For Behavioral Health Outpatient Clinics, Provider Type 77, and Integrated Clinics, Provider Type IC, all payment rates for Fee for Service non-institutional services will be increased by: [1.0% if they meet the HIE requirements](#), 1.0% if they meet the school-based behavioral health services requirement, 3.0% if they meet the criteria to be considered an Autism Center for Excellence, 3.0% if the clinic meets the criteria for provision of services to members in a difficult to access location that cannot be accessed by ground transportation due to the nature and extent of the surrounding Grand Canyon terrain, 0.5% if the clinic meets the criteria for the ASAM Software integration, 1.0% if the clinic meets the criteria for the SDOH Closed Loop Referral System, and 7.0% for Continuous Behavioral Health

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Services to American Indian Health Program (AIHP) Members with a Serious Mental Illness (SMI) Designation Transitioning from RBHA Enrollment.

5.4. Critical Access Hospitals (Up to 10.75%)

Hospitals designated as a Critical Access Hospital (CAH) by March 15, 2022 are eligible for DAP increases under the following criteria.

Domain	Description
a. Health Information Exchange Participation (8.0%)	<p>Hospitals that meet the following milestones and performance criteria are eligible to earn a 8.0% participate in this DAP initiative and earn up to a 8.0% DAP increase. In order to qualify, by April 1, 2022 the hospital must have submitted a LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2023², the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) a qualifying HIE organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved. 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. <ul style="list-style-type: none"> 1. For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org. ii. Milestone #2: No later than May 1, 2023², or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable: <ul style="list-style-type: none"> 1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system. 2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system. 3.1. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code

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	<p>sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system. 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, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the facility's EHR system.</p> <p>ii.iii. Milestone #3: No later than May 1, 20232, 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.</p> <p>iii.iv. Milestone #4: No later than May 1, 20232, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.</p> <p>iv.v. Milestone #5: No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate connectivity to and usage of the Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization <u>No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and HL7. The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure you are compliant.</u></p> <p>v.vi. Milestone #6: No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization <u>No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements. which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.</u></p> <p>vi. Milestone #7: No later than January 1, 2023, the hospital must complete the initial data quality profile with a qualifying HIE</p>
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	<p>organization, in alignment with the data quality improvement SOW as agreed to in Milestone #6.</p> <p>vii.— Milestone #8: No later than May 1, 2023, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #6.</p> <p>In addition to the submission of the LOI agreeing to the above milestones, the hospital must meet the following performance criteria:</p> <p>ix.— Quality Improvement Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below in B.5.a.x.</p> <p>1.— Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2022 data, to the final data quality profile, based on March 2022 data.</p> <p>2.— Meet a minimum performance standard of at least 60% based on March 2022 data.</p> <p>3.— If performance meets or exceeds an upper threshold of 90% based on March 2022 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.</p> <p>x.— DAP HIE Data Quality Standards CYE 2023 Measure Categories: Hospitals that meet the standards, as defined in Section B.5.a.xi., Qualify for a DAP percentage increase for select Data Quality Measures for a total of 8.0% if criteria are met for all categories indicating a DAP.</p> <p>1.— Data source and data site information must be submitted on all ADT transactions. (3.0%)</p> <p>2.— Event type must be properly coded on all ADT transactions. (1.0%)</p> <p>3.— Race must be submitted on all ADT transactions. (2.0%)</p> <p>4.— Ethnicity must be submitted on all ADT transactions. (2.0%)</p> <p>xi.— CYE 2023 DAP HIE Data Quality Standards</p> <p>1.— Measure 1: Data source and data site information must be submitted on all ADT transactions.</p> <p>A.— Standards: HL7</p> <p>B.— Inclusions: MSH.4, EVN.7, PV1.3.4</p> <p>C.— Exclusions: None</p> <p>D.— Additional Notes: The source information can be derived from the MSH.4 segment, and the site information from one of the other inclusions. If both source and site information are sent in MSH.4, the sending organization must provide the required mapping details to Health Current.</p>
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	<p>2.— Measure 2: Event type must be properly coded on all ADT transactions:</p> <ul style="list-style-type: none"> A.— Standards: HL7 B.— Inclusions: EVN.1, MSH.9.1, MSH.9.2 C.— Exclusions: None <p>3.— Measure 3: Patient class must be properly coded on all appropriate ADT transactions:</p> <ul style="list-style-type: none"> A.— Standards: HL7 B.— Inclusions: PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04) C.— Exclusions: None <p>4.— Measure 4: Patient demographic information must be submitted on all ADT transactions:</p> <ul style="list-style-type: none"> A.— Standards: HL7 B.— Inclusions: PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5 C.— Exclusions: None D.— Additional Notes: The patient demographic elements that will be evaluated for this measure are first name, last name, date of birth, gender, and address (street address, city, state, and zip). The patient demographic elements that have been removed from previous iterations of this measure include middle name, address type, county, and country. <p>5.— Measure 5: Overall completeness of the ADT message</p> <ul style="list-style-type: none"> A.— Standards: HL7 B.— Inclusions: MSH.4, MSH.9.1, MSH.9.2, EVN.1, EVN.7, PV1.3.4, PV1.2, PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5 C.— Exclusions: None <p>For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. <u>All electronic submissions must be received through standard HL7 and or CCD document architecture.</u> It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2. <u>Data is expected to be live throughout the year, any downtime will be reported and an effort to provide data to the HIE is required for the period in which the data was not received.</u></p> <p><u>In order to receive up to an 8.0% DAP increase for HIE performance a hospital must submit a LOI to the HIE by April 1, 2022, to the following email address:</u></p>
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	<p>If a hospital has already achieved one or more of the CYE 20232⁴³ milestones as of April 1, 20232⁴³, the <u>HIE SOW/LOI</u> must include a commitment by the hospital to maintain its participation in those milestone activities for the period April 1, 20232⁴³ through September 30, 20243⁴⁴. If a hospital receives up to a 8.0% HIE DAP increase for CYE 2023 but fails to achieve one or more of the milestones in the LOI by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive the HIE DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time. Additionally, if a hospital submits a HIE SOW and receives a DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, the hospital will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</p> <p>AHCCCS anticipates that HIE Data Quality Standards, minimum performance standards, and upper thresholds will continue to be monitored and evaluated during the CYE 2023 period in order to ensure that performance improvements are maintained.</p>
<p>b. Social Determinants of Health Closed Loop Referral System (2.0%)</p>	<p>Hospitals that meet the following milestones are eligible to participate in this DAP initiative and earn a 2.0% DAP increase. In relation to this DAP initiative only, the qualifying HIE organization is designated as Contexture, the umbrella organization for Health Current, in alignment with AHCCCS’ Whole Person Care Initiative. To qualify by April 1, 2022, the hospital must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates: 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>i. Milestone #1: No later than April 1, 20232⁴³, submit registration form(s) for participation using the forms found on the website of the qualifying HIE organization. the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the CommunityCares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.</p> <p>iii.1. For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</p> <p>i.ii. Milestone #2: No later than April 1, 2022:</p>

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	<p><u>1. For hospitals with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform. For hospitals that have participated in DAP SDOH requirements in CYE 2023:</u></p> <p><u>a. No later than September 30, 2023, initiate use of the CommunityCares referral system operated by the HIE organization or are engaged and have completed an onboarding launch plan that outlines the extended onboarding timeline, required steps, and commitment to completion of onboarding by 12/31/2023. o later than September 30, 2023, initiate use of the CommunityCares referral system operated by the HIE organization.</u></p> <p><u>b. No After go-live and through September 30, 2024, the hospital must regularly utilize the CommunityCares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month, including closed-loop referral, tracked out-of-network referrals (utilizing CommunityCares resource directory), or tracked internal cases (referrals for social services provided by the hospital) per registered AHCCCS ID that resulted from utilizing a social needs screening tool in CommunityCares or within the hospital's EHR. Closed-loop referrals, out-of-network referrals, and internal cases all need to be documented/tracked within the CommunityCares platform. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, and tracked monthly. later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system, and through September 30, 2024, the hospital must regularly utilize the CommunityCares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social needs screening tool in CommunityCares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.</u></p> <p><u>a-c.</u></p> <p><u>iii. For hospitals without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:</u></p>
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	<p>a. <u>No later than November 1, 2023, complete the CommunityCares Access Agreement and the HIE Participant Agreement, as required, and</u></p> <p>a.b. <u>No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.</u></p> <p>1. <u>For hospitals that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.</u></p> <p>ii. <u>Milestone #3: No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital must regularly utilize the SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.</u></p> <p><u>In order to receive a 2.0% DAP increase for SDOH Closed-Loop Referral Platform participation, hospitals must complete a registration form found on the website of the qualifying HIE organization and submit the form to the HIE by April 1, 2022 to the following email address: DAP@healthcurrent.org</u></p> <p>The registration form will include a commitment by the hospital to maintain its participation in any milestone activities already achieved as of April 1, 2022, for the period April 1, 2022, through September 30, 2023. Additionally, if a hospital submits a registration form and receives the 2% DAP increase for CYE 2023 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive the SDOH DAP for dates of service from October 1, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time.</p> <p>The DAP will apply to all claims for covered AHCCCS, non-institutional services. The registration form must list each facility that the hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. <u>If a hospital has achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the hospital to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a hospital submits a HIE SOW and receives the DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</u></p>
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<p>c. Arizona Health Directives Registry Enter into a Care Coordination Agreement with an IHS/638 Facility (1.00.5%)</p>	<p>Hospitals will be eligible for this DAP increase by participating in a CCA with his IHS/Tribal 638 facility. By March 15, 2022, the facility must submit a LOI to enter into a CCA (a fully signed copy of a CCA with an IHS/Tribal 638 facility is also acceptable). By April 30, 2022, the facility must have entered into a CCA with an IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:</p> <ul style="list-style-type: none"> i. The facility will have in place a signed his with an IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance SHO #16-002. ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be performed by the non-IHS/Tribal 638 facility. iii. The hospital shall provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA. iv. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2022. v. The non-IHS/Tribal 638 facility will receive a minimum of one referral and any supporting medical documentation from the IHS/Tribal 638 facility and submit a minimum of one claim to AHCCCS under the CCA claiming guidelines, by September 1, 2022. During CYE 2023, from October 1, 2022 through September 30, 2023, demonstrate a concerted effort to submit an average of 5 CCA claims per month to AHCCCS. <p>Existing facilities with a CCA established in CYE 2022 will actively submit a minimum of 5 CCA claims to AHCCCS by March 15, 2022, and submit an average of 5 CCA claims per month to AHCCCS by May 31, 2022. The AzHDR is in alignment with the 2019 Arizona Senate Bill 1352 (enacted into Laws 2019, Ch. 314) that was passed, giving healthcare providers the ability to have real-time access to patient’s advance directives. Hospitals that meet the following milestones are eligible to earn a 1.0% DAP.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP. <ul style="list-style-type: none"> 1. For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org. ii. Milestone #2: <ul style="list-style-type: none"> 1. For hospitals that have participated in DAP HIE requirements in CYE 2023:
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	<p>a. <u>No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.</u></p> <p>b. <u>After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.</u></p> <p>2. <u>For hospitals that have not participated in DAP HIE requirements in CYE 2023:</u></p> <p>a. <u>No later than November 1, 2023, complete the AzHDR Participant Agreement, and</u></p> <p>b. <u>No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.</u></p> <p>f. <u>If a hospital has already achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the hospital to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a hospital submits a SOW and receives the DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</u></p>
<p>d. <u>Naloxone Distribution Program Hospital Capacity Reporting (0.25%)</u></p>	<p>Hospitals that commit to ongoing capacity reporting will qualify for a 0.25% DAP increase for outpatient services. In order to qualify, upon the declaration of the end of the State of Arizona Public Health Emergency (PHE) issued on March 11, 2020, the hospital must submit a letter of intent (LOI) to AHCCCS in which it agrees to adult and pediatric bed capacity reporting to the Arizona Department of Health Services (ADHS). Specifically, the hospital shall report the following through an ADHS approved method to ADHS weekly, with deadlines and format prescribed by ADHS:</p> <p>1. Number of ICU beds in use</p> <p>2. Number of ICU beds available for use</p> <p>3. Number of Medical-Surgical beds in use</p> <p>4. Number of Medical-Surgical beds available for use</p> <p>5. Number of Telemetry beds in use</p> <p>6. Number of Telemetry beds available for use</p>

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	<p>In order to receive a 0.25% DAP increase for capacity reporting, a hospital must submit a LOI to AHCCCS within one calendar week of the declaration of the end of the State of Arizona PHE to the following email address:</p> <p>AHCCCS DAP@azahcccs.gov</p> <p>If a hospital submits a LOI but fails to comply with the weekly reporting requirement more than two times in the six months following the end of the State of Arizona PHE, the hospital will be ineligible to receive any DAP for dates of service from October 1, 2023 to September 30, 2024 (CYE 2024) if a DAP is available at this time. 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> <ul style="list-style-type: none"> i. Milestone #1: No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the 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 meets AHCCCS/ADHS standards for a NDP. iii. Milestone #3: No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy. <p>If a hospital submits a LOI and receives a DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, the hospital will be ineligible to receive this DAP for CYE 2025, if a DAP is available at that time.</p>
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- e. 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 14 below for IHS/638 DAP details.
- f. Payment Methodology
For critical access hospitals, payment rates for outpatient services, for the service date range of October 1, 2022-September 30, 2023, will be increased by 8.0% if they meet the HIE requirements, by 1.00-25% if they meet the AzHDRCCA requirements, by 12.0% if they

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meet the SDOH closed loop referral system requirements, and by 0.25% if they meet the [Naloxone Distribution Program](#) [hospital capacity reporting](#) requirements.

6.1. Hospitals Subject to APR-DRG Reimbursements and Other Hospitals

A. Hospitals, Provider Type 02, are eligible for DAP increases under the following criteria (Up to 3.25%)

Domain	Description
<p>a. Health Information Exchange Participation (Up to 2.0%)</p>	<p>Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn up to a 2.5% DAP increase for outpatient services. In order to qualify, by April 1, 2022 the hospital must have submitted a Letter of Intent (LOI) to AHCCCS and the Health Information Exchange (HIE), in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved: Hospitals that meet the following milestones are eligible to earn a 1.5% DAP.</p> <p>i. Milestone #1: No later than April 1, 20232, the hospital must have in place an active participation agreement with the Health Information Exchange a qualifying (HIE) organization and submit a signed Health Information Exchange Statement of Work to LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved 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.</p> <p>iv.1. For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</p> <p>i. Milestone #2: No later than May 1, 2022, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:</p> <ol style="list-style-type: none"> 1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE organization to ensure proper processing of lab results within the HIE system. 2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.

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	<p>3-ii. <u>Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system. No later than May 1, 2023, 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, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital’s EHR system.</u></p> <p>ii-iii. Milestone #3: No later than May 1, 2022, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.</p> <p>iii-iv. Milestone #4: No later than May 1, 2022, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.</p> <p>iv-v. Milestone #5: No later than November 1, 2022, the hospital must approve and authorize a formal statement of work (SOW) to initiate connectivity and usage of the Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization. <u>No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and HL7. The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE’s Quality Improvement Team for instructions and to ensure the hospital is compliant.</u></p> <p>v-vi. Milestone #6: No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization. <u>No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to</u></p>
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	<p>transition to the hospital’s HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.</p> <p>vi. Milestone #7: No later than January 1, 2023, the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #6.</p> <p>vii. Milestone #8: No later than May 1, 2023, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #6.</p> <p>In addition to the submission of the LOI agreeing to the above milestones, the hospital must meet the following performance criteria:</p> <p>viii. Quality Improvement Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below in B.6.A.a.x.</p> <p>1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2020 data, to the final data quality profile, based on March 2022 data.</p> <p>2. Meet a minimum performance standard of at least 60% based on March 2022 data.</p> <p>3. If performance meets or exceeds an upper threshold of 90% based on March 2021 data, the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.</p> <p>ix. DAP HIE Data Quality Standards CYE 2023 Measure Categories: Hospitals must meet the data quality standards established in section B.6.a.xi. They qualify for a DAP percentage increase of up to 2.0% if criteria are met for the following categories:</p> <p>1. Data source and data site information must be submitted on all ADT transactions. (1.0%)</p> <p>2. Race must be on all ADT transactions. (0.5%)</p> <p>3. Ethnicity must be submitted on all ADT transactions. (0.5%)</p> <p>x. CYE 2023 DAP HIE Data Quality Standards</p> <p>1. Measure 1: Data source and data site information must be submitted on all ADT transactions.</p> <p> i. Standards: HL7</p> <p> ii. Inclusions: MSH.4, EVN.7, PV1.3.4</p>
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	<p>iii.—Exclusions: None</p> <p>iv.—Additional Notes: The source information can be derived from the MSH.4 segment, and the site information from one of the other inclusions. If both source and site information are sent in MSH.4, the sending organization must provide the required mapping details to Health Current.</p> <p>2.—Measure 2: Event type must be properly coded on all ADT transactions.</p> <p>i.—Standards: HL7</p> <p>ii.—Inclusions: EVN.1, MSH.9.1, MSH.9.2</p> <p>iii.—Exclusions: None</p> <p>3.—Measure 3: Patient class must be properly coded on all appropriate ADT transactions.</p> <p>i.—Standards: HL7</p> <p>ii.—Inclusions: PV1.2 (associated with completed EVN, MSH.9 with A01, A02, A03, A04)</p> <p>iii.—Exclusions: None</p> <p>4.—Measure 4: Patient demographic information must be submitted on all ADT transactions.</p> <p>i.—Standards: HL7</p> <p>ii.—Inclusions: PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5</p> <p>iii.—Exclusions: None</p> <p>iv.—Additional Notes: The patient demographic elements that will be evaluated for this measure are first name, last name, date of birth, gender, and address (street address, city, state, and zip). The patient demographic elements that have been removed from previous iterations of this measure include middle name, address type, county, and country.</p> <p>5.—Measure 5: Overall completeness of the ADT message</p> <p>i.—Standards: HL7</p> <p>ii.—Inclusions: MSH.4, MSH.9.1, MSH.9.2, EVN.1, EVN.7, PV1.3.4, PV1.2, PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5</p> <p>iii.—Exclusions: None</p> <p>For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. All electronic submissions must be received through standard HL7 document architecture. It must include all patient data, including behavioral health data and data covered</p>
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	<p>by 42 CFR Part 2. <u>Data is expected to be live throughout the year, any downtime will be reported and an effort to provide data to the HIE is required for the period in which the data was not received.</u></p> <p><u>In order to receive up to a 2.0% DAP increase for HIE performance a hospital must submit a LOI to the HIE by April 1, 2022, to the following email address: DAP@healthcurrent.org.</u></p> <p><u>If a hospital has already achieved one or more of the CYE 2023 milestones as of April 1, 2023, the HIE SOW LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period April 1, 2023 through September 30, 2024. The LOI must list each facility that the hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. In all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted. Additionally, if a hospital submits a HIE SOW and receives a DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</u></p> <p><u>If a hospital submits a LOI and receives up to a 2.0% DAP increase for CYE 2023 but fails to achieve one or more of the milestones in the LOI by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive the HIE DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.</u></p> <p><u>AHCCCS anticipates that HIE Data Quality Standards, minimum performance standards, and upper thresholds will continue to be monitored and evaluated during the CYE 2023 period in order to ensure that performance improvements are maintained.</u></p>
<p>b. Social Determinants of Health Closed Loop Referral Platform (0.5%)</p>	<p><u>Hospitals that meet the following milestones are eligible to participate in this DAP initiative and earn a 0.5% DAP increase for outpatient services. In relation to this DAP initiative only, the qualifying HIE organization is designated as Contexture, the umbrella organization for Health Current, in alignment with AHCCCS' Whole Person Care Initiative. To qualify by April 1, 2022, the hospital must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates: 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.</u></p>

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	<p><u>i.</u> i. Milestone #1: No later than April 1, 20232, submit <u>a signed registration form(s) for participation using the form(s) on the website of the qualifying HIE organization. Health Information Exchange Statement of Work (HIE SOW) and the CommunityCares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.</u></p> <p>—<u>For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org</u></p> <p>ii. Milestone #2: No later than April 1, 2022:</p> <p>1. For hospitals with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed Loop Referral Platform. For hospitals that have participated in DAP SDOH requirements in CYE 2023:</p> <p>a. No No later than September 30, 2023, initiate use of the CommunityCares referral system operated by the HIE organization or are engaged and have completed an onboarding launch plan that outlines the extended onboarding timeline, required steps, and commitment to completion of onboarding by 12/31/2023. later than September 30, 2023, initiate use of the CommunityCares referral system operated by the HIE organization.</p> <p>b. After go-live and through September 30, 2024, the hospital must regularly utilize the CommunityCares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month, including closed-loop referral, tracked out-of-network referrals (utilizing CommunityCares resource directory), or tracked internal cases (referrals for social services provided by the hospital) per registered AHCCCS ID that resulted from utilizing a social-needs screening tool in CommunityCares or within the hospital's EHR. Closed-loop referrals, out-of-network referrals, and internal cases all need to be documented/tracked within the CommunityCares platform. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, and tracked monthly. No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the</p>
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	<p>hospital must regularly utilize the CommunityCares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in CommunityCares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.</p> <p>2. For hospitals without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed Loop Referral Platform. The deadline for these hospitals to achieve this milestone is November 1, 2022. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:</p> <ul style="list-style-type: none"> a. <u>No later than November 1, 2023, complete the CommunityCares Access Agreement and the HIE Participant Agreement, as required, and</u> b. <u>No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.</u> <p>iii. Milestone #3: <u>No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital must regularly utilize the SDOH Closed Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.</u></p> <p><u>In order to receive a 0.5% DAP increase for SDOH Closed Loop Referral Platform participation, hospitals must complete a registration form found on the website of the qualifying HIE organization and submit the form to the HIE by April 1, 2022 to the following email address:-</u></p> <p style="text-align: center;"><u>DAP@healthcurrent.org</u></p> <p><u>The registration form will include a commitment by the hospital to maintain its participation in any milestone activities already achieved as of April 1, 2022, for the period April 1, 2022, through September 30, 2023. Additionally,</u></p>
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	<p>if a hospital submits a registration form and receives the 0.5% DAP increase for CYE 2023 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive the SDOH DAP for dates of service from October 1, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time.</p> <p>The DAP will apply to all claims for covered AHCCCS non-institutional services. The registration form must list each facility that the hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. <u>If a hospital has achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the hospital to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a hospital submits a HIE SOW and receives the DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, the hospital will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</u></p>
<p>c. <u>Arizona Health Directives Registry Enter into a Care Coordination Agreement</u> (Up to 0.5%)</p>	<p>Hospitals will be eligible for a 0.5% DAP increase by participating in a Care Coordination Agreement (CCA) with an IHS/Tribal 638 facility. By March 15, 2022, the facility must submit a LOI to enter into a CCA (a fully signed copy of a CCA with an IHS/Tribal 638 facility is also acceptable). By April 30, 2022, the facility must have entered into a CCA with a IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities: <u>The AzHDR is in alignment with the 2019 Arizona Senate Bill 1352 (enacted into Laws 2019, Ch. 314) that was passed giving healthcare providers the ability to have real-time access to patient’s advance directives. Hospitals that meet the following milestones are eligible to earn a 0.5% DAP.</u></p> <ul style="list-style-type: none"> i. The facility will have in place a signed CCA with an IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance SHO #16-002. ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be performed by the non-IHS/Tribal 638 facility. iii. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA. iv. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2022.

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v. ~~The non-IHS/Tribal 638 facility will receive a minimum of one referral and any supporting medical documentation from the IHS/Tribal 638 facility and submit a minimum of one claim to AHCCCS under the CCA claiming guidelines, by September 1, 2022. During CYE 2023, from October 1, 2022, through September 30, 2023, demonstrate a concerted effort to submit an average of 5 CCA claims per month to AHCCCS.~~

vi. ~~Existing facilities with a CCA established in CYE 2022 must have submitted a minimum of 5 CCA claims to AHCCCS by March 15, 2022 and submit an average of 5 CCA claims per month to AHCCCS by May 31, 2022.~~

~~In order to meet the DAP criteria for CCA participation the facility must submit a LOI to AHCCCS by March 15, 2022 (or a fully signed CCA in lieu of a LOI) and submit a fully signed CCA no later than April 30, 2022, to AHCCCS to both of the following email addresses:~~

~~—— tribalcarecoordination_fmap@azaheccs.gov, and
 —— AHCCCSDAP@azaheccs.gov.~~

~~If a facility participated in the CCA DAP in prior years and the CCA is still current, the facility may submit a letter acknowledging participation for CYE 2023, rather than submitting the CCA agreement.~~

~~If a facility receives the 0.5% DAP increase for CYE 2023 but fails to submit a minimum of one CCA claim by September 1, 2022, and fails to submit an average of 5 CCA claims per month to AHCCCS throughout CYE 2023, the facility will be ineligible to receive a DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.~~

~~i. Milestone #1: No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.~~

~~1. For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.~~

~~ii. Milestone #2:~~

~~1. For hospitals that have participated in DAP HIE requirements in CYE 2023:~~

~~a. No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.~~

~~b. After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10~~

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	<p><u>patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.</u></p> <p><u>2. For hospitals that have not participated in DAP HIE requirements in CYE 2023:</u></p> <p><u>a. No later than November 1, 2023, complete the AzHDR Participant Agreement, and</u></p> <p><u>b. No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the _____ platform.</u></p> <p><u>If a hospital has achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the hospital to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a hospital submits a HIE SOW and receives the DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, the hospital will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</u></p>
<p>d. <u>Naloxone Distribution Program Hospital Capacity Reporting</u> (0.25%)</p>	<p>Hospitals that commit to ongoing capacity reporting will qualify for a 0.25% DAP increase for outpatient services. In order to qualify, upon the declaration of the end of the State of Arizona Public Health Emergency (PHE) issued on March 11, 2020, the hospital must submit a letter of intent (LOI) to AHCCCS in which it agrees to adult and pediatric bed capacity reporting to the Arizona Department of Health Services (ADHS). Specifically, the hospital shall report the following through an ADHS approved method to ADHS weekly, with deadlines and format prescribed by ADHS:</p> <ol style="list-style-type: none"> 1.— Number of ICU beds in use 2.— Number of ICU beds available for use 3.— Number of Medical-Surgical beds in use 4.— Number of Medical-Surgical beds available for use 5.— Number of Telemetry beds in use 6.— Number of Telemetry beds available for use <p>In order to receive a 0.25% DAP increase for capacity reporting, a hospital must submit a LOI to AHCCCS within one calendar week of the declaration of the</p>

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	<p>end of the State of Arizona PHE to the following email address: AHCCSDAP@azahcccs.gov 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> <ul style="list-style-type: none"> i. <u>Milestone #1: No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.</u> ii. <u>Milestone #2: No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.</u> iii. <u>Milestone #3: No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.</u> <p><u>If a hospital submits a LOI and receives a DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, the hospital will be ineligible to receive this DAP for CYE 2025, if a DAP is available at that time.</u> v</p>
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B. Other Hospitals and Inpatient Facilities

Psychiatric Hospitals, with the exception of public hospitals, Provider Type 71; Secure Residential Treatment Centers (17+ beds), Provider Type B1; Non-Secure Residential Treatment Centers (17+ beds), Provider Type B3; Subacute Facilities (1-16 Beds), Provider Type B5; Subacute Facilities (17+ beds), Provider Type B6; Rehabilitation Hospitals, Provider Type C4; Long Term Acute Care Hospitals, Provider Type C4 are eligible for DAP increases under the following criteria. For purposes of Section 6, other inpatient facilities will be referred to as hospitals.

Domain	Description
a. Health Information Exchange Participation (Up to 2% <u>1.5%</u>)	<p>Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn up to a 2.0% DAP increase. In order to qualify, by April 1, 2022 the hospital must have submitted a LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved: Hospitals that meet the following milestones are eligible to earn a 1.5% DAP.</p>

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	<p>i. <u>i.</u> Milestone #1: No later than April 1, 20232, the hospital must have in place an active participation agreement with <u>the Health Information Exchange a qualifying (HIE) organization</u> and submit a <u>signed LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved. Health Information Exchange Statement of Work (HIE SOW) to the HIE.</u> 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.</p> <p>v.1. <u>For hospitals that have not participated in DAP HIE requirements for CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</u></p> <p>i. <u>i.</u> Milestone #2: No later than May 1, 20232, <u>or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:</u></p> <ol style="list-style-type: none"> 1. <u>1.</u> <u>Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.</u> 2. <u>2.</u> <u>Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.</u> 3. <u>3.</u> <u>Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system. <u>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, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system.</u></u> <p>ii.iii. <u>ii.iii.</u> Milestone #3: No later than May 1, 20232, hospitals that utilize external reference labs for any lab result processing must submit necessary provider</p>
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	<p>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.</p> <p>iii.iv. Milestone #4: No later than May 1, 20232, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.</p> <p>iv.v. Milestone #5: No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate connectivity to and usage of the Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and HL7. The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE’s Quality Improvement Team for instructions and to ensure you are compliant.</p> <p>v.vi. Milestone #6: No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements. which will include the steps and expectations and -timeline to transition to the hospital’s HIE connection to the new HIE platform. The hospital must continue to meet the HIE</p>
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	<p><u>integration requirements through September 30, 2024.</u></p> <p>vi. Milestone #7: No later than January 1, 2023, the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #6.</p> <p>vii. Milestone #8: No later than May 1, 2023, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #6.</p> <p>In addition to the submission of the LOI agreeing to the above milestones, the hospital must meet the following performance criteria:</p> <p>viii. Quality Improvement Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to DAP increases described below in B.6.B.a.x.</p> <p>1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2021 data, to the final data quality profile, based on March 2022 data.</p> <p>2. Meet a minimum performance standard of at least 60% based on March 2022 data.</p> <p>3. If performance meets or exceeds an upper threshold of 90% based on March 2022 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.</p> <p>ix. DAP HIE Data Quality Standards CYE 2023 Measure Categories:</p> <p>Hospitals must meet the data quality standards established in section B.6.A.2.a.xi. They qualify for a DAP percentage increase of up to 2.0% if criteria are met for the following categories:</p> <p>1. Data source and data site information must be submitted on all ADT transactions. (1.0%)</p> <p>2. Race must be submitted on all ADT transactions. (0.5%)</p>
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	<p>3.— Ethnicity must be submitted on all ADT transactions. (0.5%)</p> <p>x.— CYE 2023 DAP HIE Data Quality Standards</p> <p>1.— Measure 1: Data source and data site information must be submitted on all ADT transactions:</p> <p> i.— Standards: HL7</p> <p> ii.— Inclusions: MSH.4, EVN.7, PV1.3.4</p> <p> iii.— Exclusions: None</p> <p> iv.— Additional Notes: The source information can be derived from the MSH.4 segment, and the site information from one of the other inclusions. If both source and site information are sent in MSH.4, the sending organization must provide the required mapping details to Health Current.</p> <p>2.— Measure 2: Event type must be properly coded on all ADT transactions:</p> <p> i.— Standards: HL7</p> <p> ii.— Inclusions: EVN.1, MSH.9.1, MSH.9.2</p> <p> iii.— Exclusions: None</p> <p>3.— Measure 3: Patient class must be properly coded on all appropriate ADT transactions:</p> <p> i.— Standards: HL7</p> <p> ii.— Inclusions: PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04)</p> <p> iii.— Exclusions: None</p> <p>4.— Measure 4: Patient demographic information must be submitted on all ADT transactions:</p> <p> i.— Standards: HL7</p> <p> ii.— Inclusions: PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1, PID.11.1, PID.11.3, PID.11.4, PID,11.5</p> <p> iii.— Exclusions: None</p> <p> iv.— Additional Notes: The patient demographic elements that will be evaluated for this measure are first name, last name, date of birth, gender, and address (street address, city, state, and zip). The patient demographic elements that have been removed from previous</p>
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	<p style="text-align: center;">iterations of this measure include middle name, address type, county, and country.</p> <p style="text-align: center;">5.—Measure 5: Overall completeness of the ADT message</p> <p style="text-align: center;">i.—Standards: HL7</p> <p style="text-align: center;">ii.—Inclusions: MSH.4, MSH.9.1, MSH.9.2, EVN.1, EVN.7, PV1.3.4, PV1.2, PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5</p> <p style="text-align: center;">iii.—Exclusions: None</p> <p>For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. <u>All electronic submissions must be received through standard HL7 or CCD document architecture.</u> It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2. <u>Data is expected to be live throughout the year, any downtime will be reported and an effort to provide data to the HIE integration requirements through September 30, 2024.</u></p> <p><u>In order to receive up to a 2.0% DAP increase for HIE performance a hospital must submit a LOI to the HIE by April 1, 2022 to the following email address:-</u></p> <p><u>DAP@healthcurrent.org.</u></p> <p>If a hospital has already achieved one or more of the CYE 2023 milestones as of April 1, 2022, the <u>HIE SOW/LOI</u> must include a commitment by the hospital to maintain its participation in those milestone activities for the period April 1, 20232 through September 30, 20243. <u>The LOI must list each facility that the hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility in all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted. Additionally, if a hospital submits a HIE SOW and receives a DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</u></p>
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	<p>If a hospital receives up to a 2.0% DAP increase for CYE 2023 but fails to achieve one or more of the milestones in the LOI by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive the HIE DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time. AHCCCS anticipates that HIE Data Quality Standards, minimum performance standards, and upper thresholds will continue to be monitored and evaluated during the CYE 2023 period in order to ensure that performance improvements are maintained.</p>
<p>b. Inpatient Psychiatric Facility Quality Reporting Program (2.0%)</p>	<p>Inpatient psychiatric facilities that meet the Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) performance measure will qualify for a 2.0% DAP increase. On March 15, 2023³², AHCCCS will download the most current data from the QualityNet.org website to identify Medicare’s Annual Payment Update (APU) recipients. APU recipients are those facilities that satisfactorily met the requirements for the IPFQR program, which includes multiple clinical quality measures. Facilities identified as APU recipients will qualify for the DAP increase.</p>
<p>c. Long-Term Care Hospital Pressure Ulcers Performance Measure (2.0%)</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, 2023³² 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>d. Inpatient Rehabilitation Pressure Ulcers Performance Measure (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. <u>On March 15, 2023</u>, 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. <u>Enter into a Care Coordination Agreement with an IHS/Tribal 638 Facility</u> <u>Arizona Health Directives Registry</u> (0.5%)</p>	<p>Hospitals will be eligible for a 0.5% DAP increase by participating in a CCA with an IHS/Tribal 638 facility. By March 15, 2022, the facility must submit a LOI to enter into a CCA (a fully signed copy of a CCA with an IHS/Tribal 638 facility is also acceptable). By April 30, 2022, the facility must have entered into a CCA with a IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:</p>

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	<p>i. The facility will have in place a signed CCA with an IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance- SHO #16-002.</p> <p>ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be performed by the non-IHS/Tribal 638 facility.</p> <p>iii. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.</p> <p>iv. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2022.</p> <p>v. The non-IHS/Tribal 638 facility will receive a minimum of one referral and any supporting medical documentation from the IHS/Tribal 638 facility and submit a minimum of one claim to AHCCCS under the CCA claiming guidelines, by September 1, 2022. During CYE 2023, from October 1, 2022, through September 30, 2023, demonstrate a concerted effort to submit an average of 5 CCA claims per month to AHCCCS.</p> <p>vi. Existing facilities with a CCA established in CYE 2022 must have submitted a minimum of 5 CCA claims to AHCCCS by March 15, 2022, and submit an average of 5 CCA claims per month to AHCCCS by May 31, 2022.</p> <p>In order to meet the DAP criteria for CCA participation the facility must submit a LOI to AHCCCS by March 15, 2022 (or a fully signed CCA in lieu of a LOI) and submit a fully signed CCA no later than April 30, 2022 to AHCCCS to both of the following email addresses:</p> <p style="text-align: center;">tribalcarecoordination_fmap@azahcccs.gov, and AHCCCS DAP@azahcccs.gov.</p> <p>If a facility participated in the CCA-DAP in prior years and the CCA is still current, the facility may submit a letter acknowledging participation for CYE 2023, rather than submitting the CCA agreement.</p>
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	<p>If a facility receives the 0.5% DAP increase for CYE 2023 but fails to submit an average of 5 CCA claims per month to AHCCCS throughout CYE 2023, the facility will be ineligible to receive a CCA DAP for dates of service from October 1, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time</p> <p><u>The AzHDR is in alignment with the 2019 Arizona Senate Bill 1352 (enacted into Laws 2019, Ch. 314) that was passed giving healthcare providers the ability to have real-time access to patient’s advance directives. Hospitals that meet the following milestones are eligible to earn a 0.5% DAP.</u></p> <ul style="list-style-type: none"> <u>i. Milestone #1: No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.</u> <u>1. For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</u> <u>ii. Milestone #2:</u> <u>1. For hospitals that have participated in DAP HIE requirements in CYE 2023:</u> <ul style="list-style-type: none"> <u>a. No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.</u> <u>b. After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024 Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.</u> <u>2. For hospitals that have not participated in DAP HIE requirements in CYE 2023:</u>
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	<p>a. <u>No later than November 1, 2023, complete the AzHDR Participant Agreement, and</u></p> <p>b. <u>No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.</u></p> <p><u>If a hospital has already achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the hospital to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a hospital submits a SOW and receives the DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</u></p>
<p>f. Social Determinants of Health Closed Loop Referral Platform (0.5%)</p>	<p><u>Hospitals that meet the following milestones are eligible to participate in this DAP initiative and earn a 0.5% DAP increase. In relation to this DAP initiative only, the qualifying HIE organization is designated as Contexture, the umbrella organization for Health Current, in alignment with AHCCCS’ Whole Person Care Initiative. To qualify by April 1, 2022, the hospital must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates: 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.</u></p> <p><u>i. Milestone #1: No later than April 1, 2022, submit registration form(s) for participation using the form(s) on the website of the qualifying HIE organization.–</u></p> <p><u>ii. Milestone #2: No later than April 1, 2022:–</u></p> <p><u>1. For hospitals with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.–</u></p> <p><u>2. For hospitals without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the</u></p>

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	<p style="text-align: center;">SDOH Closed-Loop Referral Platform. The deadline for these hospitals to achieve this milestone is November 1, 2022.</p> <p>iii. Milestone #3: No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital must regularly utilize SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.</p> <p>In order to receive a 0.5% DAP increase for SDOH Closed-Loop Referral Platform participation, hospitals must complete a registration form found on the website of the qualifying HIE organization and submit the form to the HIE by April 1, 2022 to the following email address:-</p> <p style="text-align: center;">DAP@healthcurrent.org</p> <p>The registration form will include a commitment by the hospital to maintain its participation in any milestone activities already achieved as of April 1, 2022, for the period April 1, 2022, through September 30, 2023. Additionally, if a hospital submits a registration form and receives the 0.5% DAP increase for CYE 2023 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive DAP for dates of service from October 1, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time.</p> <p>iii. The DAP will apply to all claims for covered non-institutional AHCCCS services. The registration form must list each facility that the hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility.</p> <p>i. Milestone #1: No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the CommunityCares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW</p>
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	<p><u>must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.</u></p> <p><u>1. For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</u></p> <p><u>ii. Milestone #2:</u></p> <p><u>1. For hospitals that have participated in DAP SDOH requirements in CYE 2023:</u></p> <p><u>a. No later than September 30, 2023, initiate use of the CommunityCares referral system operated by the HIE organization or are engaged and have completed an onboarding launch plan that outlines the extended onboarding timeline, required steps, and commitment to completion of onboarding by 12/31/2023.</u></p> <p><u>later than September 30, 2023, initiate use of the CommunityCares referral system operated by the HIE organization.</u></p> <p><u>b. NoAfter go-live and through September 30, 2024, the hospital must regularly utilize the CommunityCares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month, including closed-loop referral, tracked out-of-network referrals (utilizing CommunityCares resource directory), or tracked internal cases (referrals for social services provided by the hospital) per registered AHCCCS ID that resulted from utilizing a social-needs screening tool in CommunityCares or within the hospital's EHR. Closed-loop referrals, out-of-network referrals, and internal cases all need to be documented/tracked within the CommunityCares platform. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, and tracked monthly.</u></p> <p><u>later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system, and through September 30, 2024, the hospital must regularly utilize the CommunityCares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in CommunityCares. The referral is created by the provider or support staff member and sent</u></p>
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	<p>directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.</p> <p><u>2. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:</u></p> <p><u>a. No later than November 1, 2023, complete the CommunityCares Access Agreement and the HIE Participant Agreement, as required, and</u></p> <p><u>b. No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.</u></p> <p><u>If a hospital has achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the hospital to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a hospital submits a HIE SOW and receives the DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</u></p>
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- g. 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 14 below for IHS/638 DAP details.

- h. Payment Methodology
For hospitals receiving APR-DRG reimbursement (described in Section B.6.A above), fee-for-service reimbursement rates may be increased up to a maximum of 3.025%. Payment rates for outpatient services will be increased by ~~1.52-0%~~ if they meet the HIE requirements, by 0.5% if they meet the SDOH Closed Loop Referral Platform requirements, by 0.5% if they meet the ~~AzHDRCCA~~ requirements, and by 0.25% if they meet the ~~Naloxone Distribution Program~~ hospital capacity-reporting requirements. These increases do not apply to supplemental payments. For other hospitals and facilities (described in Section B.6.B above), fee-for-service reimbursement rates may be increased up to a maximum of 3.0%. Payment rates for outpatient services will be increased by ~~1.52-0%~~ if they meet the HIE requirements detailed in B.6.B.a., by 0.5% if they meet the ~~AzHDRCCA~~ requirements detailed in B.6.B.e, and by 0.5% if they meet the SDOH Closed Loop Referral Platform requirements in B.6.B.f. For inpatient psychiatric facilities, payment rates for outpatient services will be increased by 2.0% if they meet the requirements

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detailed in B.6.B.b. For Long-Term Care Hospitals, payment rates for outpatient services will be increased by 2.0% if they meet the requirements detailed in B.6.B.c. For inpatient rehabilitation hospitals, payment rates for outpatient services will be increased by 2.0% if they meet the requirements detailed in B.6.B.d

1. **Freestanding Emergency Departments (5.0%) Behavioral Health Outpatient Clinics (1.0%)**
Freestanding Emergency Departments (Provider Type ED) are eligible for a DAP increase on all inpatient and outpatient services under the following criteria. Behavioral Health Outpatient Clinics, Provider Type 77, as licensed by the ADHS, are eligible for a DAP increase under the following criteria.

Domain	Description
a. <u>Naloxone Distribution Program Health Information Exchange Participation</u> (5.0%)	Behavioral Health Outpatient Clinics that meet the following milestones are eligible to participate in this DAP initiative. In order to qualify, by April 1, 2022, the clinic must have submitted a LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates: <ol style="list-style-type: none"> i. Milestone #1: No later than April 1, 2022, the clinic must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved. If it is the clinic’s first year in the DAP initiative, then it must meet the participation agreement requirement of this milestone no later than August 1, 2022. ii. Milestone #2: No later than April 1, 2022, the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via a qualifying HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the clinic’s EHR. If it is the clinic’s first year in the DAP HIE initiative, then it must meet this milestone no later than January 1, 2023. iii. Milestone #3: No later than May 1, 2022, clinics that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf. iv. Milestone #4: No later than April 1, 2022, the clinic must electronically submit actual patient identifiable information to the production environment of the qualifying HIE organization, including both a registration event and an encounter summary,

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	<p>as well as SMI data elements, as defined by the qualifying HIE organization. For clinics that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.</p> <p>v. Milestone #5: By the clinic's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the clinic must complete the following COVID-19 related milestones, if they are applicable:</p> <ol style="list-style-type: none"> 1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system. 2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system. 3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system. <p>vi. Milestone #6: No later than November 1, 2022, the clinic must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with a qualifying HIE organization.</p> <p>vii. Milestone #7: No later than January 1, 2023, the clinic must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #6.</p> <p>viii. Milestone #8: No later than May 1, 2023, the clinic must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #6.</p> <p>For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.</p> <p>In order to meet the DAP criteria for HIE participation a clinic must submit a LOI to the HIE by April 1, 2022 to the following email address: DAP@healthcurrent.org.</p>
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	<p>If a clinic has already achieved one or more of the CYE 2021 milestones as of April 1, 2022, the LOI must include a commitment by the clinic to maintain its participation in those milestone activities for the period April 1, 2022 through September 30, 2023. The LOI must list each facility that the clinic requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. In all cases, the clinic must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.</p> <p>If a clinic submits a LOI and receives the DAP increase for CYE 2023 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that clinic will be ineligible to receive the HIE DAP for dates of service from October 1, 2023 through September 30, 2023 (CYE 2024) if a DAP is available at that time.</p> <p><u>Freestanding Emergency Departments that meet the following milestones are eligible to earn a 5.0% DAP.</u></p> <ul style="list-style-type: none"> <u>i. Milestone #1: No later than April 30, 2023, 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 NPI(s), that the facility requests to participate in the DAP.</u> <u>ii. Milestone #2: No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.</u> <u>iii. Milestone #3: No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.</u> <p><u>If a facility submits a LOI and receives a DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, the facility will be ineligible to receive this DAP for CYE 2025, if a DAP is available at that time.</u></p>
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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 14 below for IHS/638 DAP details.

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c. Payment Methodology

Behavioral Health Outpatient Clinics will qualify for a 1.0% increase on all services for HIE participation. Freestanding Emergency Departments will qualify for a 5.0% increase on all services for Naloxone Distribution Program participation.

2. **Home and Community Based Services Providers (Up to 4.0%)**

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 or by all AHCCCS contractors, for all lines of business, including the Arizona Long Term Care System (ALTC).

Domain	Description
<p>a. Electronic Visit Verification (EVV) Visit Status Compliance (4.0.5%)</p>	<p>HCBS providers that participate in the Electronic Visit Verification (EVV) system will qualify for a DAP increase of 1.0% if the provider has logged at least one verified visit in the EVV system for at least 80% of its members from January 1, 2021 to March 31, 2022. A visit is considered “verified” when it contains all of the required information under the 21st Century Cures Act, listed below:</p> <ul style="list-style-type: none"> i. Member ID ii. Provider Agency ID iii. Employee/Staff Providing the service iv. Service Provided v. Date/Time Service Began vi. Date/Time Service Ended vii. Location of Service Delivery <p>To determine the total membership for each provider, AHCCCS will review adjudicated AHCCCS claims and encounters for the period of June 1, 2020 through June 30, 2021.</p> <p>The DAP increase will be applicable to Provider Type 77 (Behavioral Outpatient Clinic), Provider Type 46 (Private Duty Nurse), Provider Type 23/95 (Home Health Agency) if it was performed at Place of Service 12, 13, or 99 and the following types of service: home health (aide, therapy, nursing services), personal care, respite, and skills training.</p> <p>The DAP Increase will be applicable to the following services: S5125, S5135, S5136, T2017, G0299, G0300, S9123, S9124, T1021, G0151, S9129, S5181, G0153, S9128, S5130, T1019. S5150, S5151.</p> <p><u>The DAP increase will be applicable to the specified services as outlined in Attachment B.</u></p>

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<p>b. Health Information Exchange Participation (1.0%)</p>	<p>Assisted Living (AL) Centers (Provider Type 49), <u>and Home Health Agencies (Provider Type 23)</u> that meet the following milestones are eligible to <u>earn a 1.0% participate in this DAP initiative. In order to qualify, by April 1, 2022, the AL Center must have submitted a LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates:</u></p> <ul style="list-style-type: none"> i. <u>Milestone #1: No later than April 1, 2023², the providerAL Center must <u>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 provider location, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the provider requests to participate in the DAP. submit a LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.</u></u> <u>i.1. For providers that have not participated in DAP HIE requirements for CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</u> ii. <u>Milestone #2: No later than May 1, 2023August 1, 2022, the AL Center must have in place an active participation agreement with a qualifying HIE organization. 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, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the provider’s EHR system. If it is the provider’s first year in the DAP HIE initiative, then the provider must meet this milestone no later than January 1, 2024.</u> iii. <u>Milestone #3: No later than April 1, 2023, the AL Center must have actively accessed, and continue to access on an ongoing basis, patient health information via a qualifying HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the AL Center’s EHR. No later than July 1, 2023, the provider I must sign a DAP SOW amendment to include HIE integration requirements. which will include the steps and expectations and timeline to transition to the provider’s HIE connection to the new HIE platform. The provider must continue to meet the HIE integration requirements through September 30, 2024.</u>
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	<p>In order to receive up to a 1.0% DAP increase for HIE performance an AL Center must submit a LOI to the HIE by April 1, 2022 to the following email address: DAP@healthcurrent.org.</p> <p>If the provider-AL Center has already achieved one or more of the CYE 20243 milestones as of April 1, 20232, the HIE SOWLOI must include a commitment by the provider-AL Center to maintain its participation in those milestone activities for the period April 1, 20232 through September 30, 20243. The LOI must list each facility that the AL Center requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. In all cases, the AL Center must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted. No later than July 1, 2023, the provider I must sign a DAP SOW amendment to include HIE integration requirements. which will include the steps and expectations and timeline to transition to the provider’s HIE connection to the new HIE platform. The provider must continue to meet the HIE integration requirements through September 30, 2024.</p> <p>If an AL Center submits a LOI and receives a 1.0% DAP increase for CYE 2023 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that AL Center will be ineligible to receive an HIE DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.</p>
<p>c. Social Determinants of Health Closed Loop Referral Platform (2.0%)</p>	<p>Providers that meet the following milestones are eligible to participate in this DAP initiative and earn a 2.0% DAP increase. The DAP increase will be applicable to the specified services as outlined in Attachment B-2. 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 2.0% DAP.</p> <p>The DAP increase will be applicable to the following provider types: Attendant Care Agency (PT 40), Fiscal Intermediary (PT 41), Habilitation Provider (PT 39), Home Health Agency (PT 23), Non-Medicare Certified Home Health Agency (PT 95), Private Nurse (PT 46).</p> <p>The following services are eligible for a DAP increase: Attendant Care (S5125), Companion Care (S5135 and S5136), Habilitation (T2017), Nursing (G0299, G0300, S9123, S9124), Home Health Aide (T1021). Physical Therapy (G0151), Physical Therapy (S9131), Occupational Therapy (G0152, S9129), Respiratory Therapy (S5181), Speech Therapy</p>

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	<p>(G0153 and S9128), Homemaker (S5130), Personal Care (T1019), Respite (S5150 and S5151), Skills Training (H2014).</p> <p>In relation to this DAP initiative only, the qualifying HIE organization is designated as Contexture, the umbrella organization for Health Current, in alignment with AHCCCS' Whole Person Care Initiative. In order to qualify, by April 1, 2022, the provider must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates:</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2023, the provider must submit a signed Health Information Exchange Statement of Work and the CommunityCares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the provider requests to participate in the DAP. i. registration form for participation using the website based registration form(s) on the website of the qualifying HIE organization. ii. Milestone #2: No later than April 1, 2022: <ul style="list-style-type: none"> 1. For providers with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed Loop Referral Platform. For providers that have participated in DAP SDOH requirements in CYE 2023: <ul style="list-style-type: none"> a. No later than September 30, 2023, initiate use of the CommunityCares referral system operated by the HIE organization or are engaged and have completed an onboarding launch plan that outlines the extended onboarding timeline, required steps, and commitment to completion of onboarding by 12/31/2023. later than September 30, 2023, initiate use of the CommunityCares referral system operated by the HIE organization. b. No-After go-live and through September 30, 2024, the provider must regularly utilize the CommunityCares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month, including closed-loop referral, tracked out-of-network referrals (utilizing CommunityCares resource directory), or tracked internal cases (referrals for social services provided by the provider) per registered AHCCCS ID that resulted from utilizing a social-needs screening tool in CommunityCares or within the provider's EHR. Closed-loop referrals, out-of-network referrals, and internal cases all need to be documented/tracked within the CommunityCares
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	<p><u>platform. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the provider will be counted toward volume requirements, and tracked monthly.</u></p> <p>a.c. later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system, and through September 30, 2024, the provider must regularly utilize the CommunityCares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in CommunityCares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the provider will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.</p> <p><u>2. For providers without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement (if applicable) and a Participant SDOH Addendum to participate in the SDOH Closed Loop Referral Platform. The deadline for these providers to accomplish this milestone is November 1, 2022. For providers that have not participated in DAP SDOH requirements in CYE 2023:</u></p> <p><u>a. No later than November 1, 2023, complete the CommunityCares Access Agreement and HIE Participant Agreement, as required, and</u></p> <p><u>a.b. No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.</u></p> <p><u>iii. Milestone #3: No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the provider must regularly utilize SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the provider will be counted towards volume requirements.</u></p> <p><u>In order to receive a 2.0% DAP increase for SDOH Closed-Loop Referral Platform participation, providers must complete a registration form found on the website of the qualifying HIE organization and submit the form to</u></p>
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the HIE by April 1, 2022 at the following email address: DAP@healthcurrent.org.

The registration form will include a commitment by the provider to maintain its participation in any milestone activities already achieved as of April 1, 2022, for the period April 1, 2022, through September 30, 2023. Additionally, if a provider submits a LOI and receives the 2.0% DAP increase for CYE 2023 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that provider will be ineligible to receive the SDOH DAP for dates of service from October 1, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time.

The DAP will apply to all claims for covered AHCCCS non-institutional services. The registration form must list each facility that the provider requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility or the Provider ID for each qualified rendering provider.

If a provider has achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the provider to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a provider submits a HIE SOW and receives the DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that clinic will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.

Due to operational issues related to contracting arrangements with entities rather than individual practitioners, AHCCCS' MCOs may pay the DAP in a manner other than on an individual claim basis but the DAP must be paid on at least a quarterly basis. In the event an expected quarterly payment to an entity is less than \$25, the MCOs will be permitted to delay payment to the entity until the earlier occurs: payments due of at least \$25 or final quarterly payment for CYE 2024.

a.
Electronic Visit
Verification (EVV)
Visit Status
Compliance

(2.75%)

HCBS providers that participate in the EVV system will qualify for a DAP increase of 2.75% if the provider has at least 70% of processed visits with dates of service from September 1, 2022, to November 30, 2022. A visit is considered "processed" when the visit has passed claims validation. The claim must have been either an auto-verified visit at the time of service delivery or the provider must have been able to reconcile missing or incomplete visits in accordance with the audit documentation guidelines prior to claims submission.

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	The DAP increase will be applicable to the specified services as outlined in Attachment B.
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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 14 below for IHS/638 DAP details.

e. Payment Methodology
For Eligible HCBS providers (identified in section B.8), fee for service rates for services specified in Section B.8 may be increased by a maximum of 4.0%. Payment rates for services will be increased by ~~0.51-0%~~ if they meet the EVV ~~(50%-69%)~~ [or 2.75% if they meet the EVV \(at least 70%\)](#) requirements described in Section B.8.a, by 1.0% if they meet the HIE requirements described in B.8.b, and by 2.0% if they meet the SDOH Closed Loop Referral Platform requirements described in B.8.c.

3. Behavioral Health Providers (1.0%)

Community Service Agencies ([A3CSA](#)), Independent Substance Abuse Counselors ([A4LISAC](#)), Behavioral Health Therapeutic Homes ([A5](#)), and Rural Substance Abuse Transitional Agencies ([Provider Types A3, A4, A5 and A6](#)) are eligible for DAP increases [on all services billed on CMS 1500 Form](#) under the following criteria.

Domain	Description
a. Social Determinants of Health Closed Loop Referral Platform (1.0%)	Providers that meet the following milestones are eligible to participate in this DAP initiative and earn a 1.0% DAP increase. In relation to this DAP initiative only, the qualifying HIE organization is designated as Health Current, in alignment with AHCCCS' Whole Person Care Initiative. In order to qualify, by April 1, 2022, the provider must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates: the Social Determinants of Health Closed Loop Referral System is

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	<p><u>CommunityCares. Providers that meet the following milestones are eligible to earn a 1.0% DAP.</u></p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 20232, <u>the provider must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the CommunityCares Access Agreement indicating SDOH participation to the registration form for participation using the website-based registration form(s) on the website of the qualifying HIE organization. The HIE 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.</u> ii.i. <u>Milestone #2: No later than April 1, 2022:</u> <ul style="list-style-type: none"> i. <u>For providers with an active Participation Agreement with a qualifying HIE organization, submit a signed Participation SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform. For providers that have participated in DAP SDOH requirements in CYE 2023:</u> <ul style="list-style-type: none"> a. <u>No later than September 30, 2023, initiate use of the CommunityCares referral system operated by the HIE organization or are engaged and have completed an onboarding launch plan that outlines the extended onboarding timeline, required steps, and commitment to completion of onboarding by 12/31/2023. later than September 30, 2023, initiate use of the CommunityCares referral system operated by the HIE organization.</u> b. <u>No After go-live and through September 30, 2024, the provider must regularly utilize the CommunityCares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month, including closed-loop referral, tracked out-of-network referrals (utilizing CommunityCares resource directory), or tracked internal cases (referrals for social services provided by the provider) per registered AHCCCS ID that resulted from utilizing a social-needs screening tool in CommunityCares or within the provider’s EHR. Closed-loop referrals, out-of-network referrals, and internal cases all need to be documented/tracked within the CommunityCares platform. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the provider will be counted toward volume requirements, and tracked monthly. later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the platform, and through September 30, 2024, the provider must regularly utilize the CommunityCares</u>
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	<p>referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social needs screening tool in CommunityCares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the provider will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.</p> <p><u>2. For providers that have not participated in DAP SDOH requirements in CYE 2023:</u></p> <p><u>a. No later than November 1, 2023, complete the CommunityCares Access Agreement and the HIE Participant Agreement, as required, and</u></p> <p><u>a-b. No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.</u></p> <p><u>1. For providers without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform. The deadline for these providers to accomplish this milestone is November 1, 2022.</u></p> <p><u>iii. Milestone #3: No later than September 30, 2022 or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the provider must regularly utilize SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the provider will be counted towards volume requirements. For providers that have not participated in the DAP HIE requirements in CYE 2022, the deadline for this Milestone will be September 30, 2023 and no utilization requirements will be included.</u></p> <p><u>In order to receive a 1.0% DAP increase for SDOH Closed-Loop Referral Platform participation, providers must complete a registration form found on the website of the qualifying HIE organization and submit the form to the HIE by April 1, 2022 at the following email address: DAP@healthcurrent.org.</u></p> <p><u>If a provider has achieved one or more of the CYE 2024 The registration form will include a commitment by the provider to maintain its participation in any milestone activities already achieved as of April 1, 2023², the HIE SOW must include a commitment by the provider to maintain its participation in those milestone activities for the period April 1, 2023², through September 30, 2024³. Additionally, if a provider submits</u></p>
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	<p>a HIE SOW and receives the 1.0% DAP increase for CYE 20243 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities <u>by the specified date or fails to maintain its participation in the milestone activities</u>, that provider will be ineligible to receive <u>this DAP for CYE 2025</u> the SDOH DAP for dates of service from October 1, 2023, through September 30, 2024 (CYE 2024) if a <u>DAP is available at that time.</u></p> <p>The DAP will apply to all claims for covered AHCCCS non-institutional services. The registration form must list each facility that the provider requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility or the Provider ID for each qualified rendering provider.</p>
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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 14 below for IHS/638 DAP details.
- c. Payment Methodology
Behavioral Health Providers (Provider Types A3, A4, A5 and A6) who met the SDOH Closed Loop Referral System requirements will qualify for a 1.0% increase on all services.

4. 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
a. Health Information Exchange (1.0%)	<p><u>Providers that meet the following milestones are eligible to earn a 1.0% DAP.</u></p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2022, the provider must <u>have in place an active participation agreement with the Health Information Exchange (HIE) organization and</u> submit a <u>signed Health Information Exchange Statement of Work (HIE SOW) LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates or</u>

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	<p>maintain its participation in the milestone activities if they have already been achieved. The HIE SOW must contain each qualifying rendering provider, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the facility requests to participate in the DAP.</p> <p>i.1. For providers that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</p> <p>ii. Milestone #2: No later than May 1, 2023, August 1, 2022, the provider must have in place an active participation agreement with a qualifying HIE organization 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, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the provider's EHR system.</p> <p>ii.1. If it is the provider's first year in the DAP HIE initiative, then the provider must meet this milestone no later than January 1, 2024.</p> <p>iii. Milestone #3: No later than July 1, 2023, April 1, 2023, the provider must have actively accessed, and continue to access on an ongoing basis, patient health information via a qualifying HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the provider. sign a DAP SOW amendment to include HIE integration requirements. which will include the steps and expectations and timeline to transition the provider's HIE connection to the new HIE platform. The provider must continue to meet the HIE integration requirements through September 30, 2024.</p> <p>In order to receive a 1.0% DAP increase for HIE participation the provider must submit a LOI to the HIE by April 1, 2022 to the following email address: DAP@healthcurrent.org.</p> <p>If at the provider has already achieved one or more of the CYE 2023 milestones as of April 1, 20232, the HIE SOWLOI must include a commitment by the provider to maintain its</p>
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	<p>participation in those milestone activities for the period April 1, 20232 through September 30, 20243. <u>Additionally, if The LOI must include a list of the eligible clinicians that the provider requests to participate in this DAP initiative and must include the AHCCCS IDs for each clinician. In all cases, the provider must submit the AHCCCS IDs for each listed clinician as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted. a provider submits a HIE SOW and receives the DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that provider will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</u></p> <p>If the provider submits a LOI and receives a 1.0% DAP increase for CYE 2023 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that provider will be ineligible to receive an HIE DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.</p> <p>Due to operational issues related to contracting arrangements with entities rather than individual practitioners, AHCCCS' MCOs may pay the DAP in a manner other than on an individual claim basis but the DAP must be paid on at least a quarterly basis. In the event an expected quarterly payment to an entity is less than \$25, the MCOs will be permitted to delay payment to the entity until the earlier occurs: payments due of at least \$25 or final quarterly payment for CYE 2024.</p>
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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 14 below for IHS and 638 DAP details.

c. Payment Methodology

Providers, as identified in Section B.10 above, may qualify for a 1.0% increase on services for meeting the HIE requirements described in B.10.a.

5. Therapeutic Foster Homes (up to 20.0%)

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

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Domain	Description
a. New Therapeutic Foster Homes (10.0%)	Newly licensed Therapeutic Foster Homes will qualify for a DAP increase of 10.0% on codes S5140 and S5145 if the provider has an AHCCCS registration date between April 1, 2022 1 and March 31, 2023 2 .
b. Therapeutic Foster Home Continuous Therapeutic Foster Care (TFC) Services (10.0%)	<p>Therapeutic Foster Homes will qualify for a DAP increase of 10.0% on codes S5140 and S5145, <u>as identified by the AHCCCS Provider ID based on the following factors: if they provided at least 60 days of continuous TFC services to a member between October 1, 2020 and December 31, 2021.</u></p> <ul style="list-style-type: none"> <u>i. A member was provided at least 60 days of continuous services between October 1, 2021, and December 31, 2022.</u> <u>ii. Only approved and adjudicated AHCCCS claims and encounters will be utilized in the computations.</u> <u>iii. AHCCCS will compute claims and encounters for this purpose as of March 15, 2023, to determine which providers meet the minimum threshold.</u> <u>iv. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.</u> <p>AHCCCS MCOs may pay the DAP to a contracting entity that subcontracts with a qualifying Therapeutic Foster Home; they shall then require the payment to be further distributed by the subcontractor and received by the Therapeutic Foster Home or the AHCCCS MCO may pay the DAP directly to the qualifying Therapeutic Foster Home.</p> <p>If the DAP is paid to a contracting entity that subcontracts with a qualifying Therapeutic Foster Home; the payment shall be distributed by the subcontractor and received by the Therapeutic Foster Home.</p> <p>AHCCCS' MCOs and subcontractors may pay the DAP in a manner other than on an individual claim basis but the DAP must be paid on at least a quarterly basis. In the event an expected quarterly payment to an entity is less than \$25, the MCOs will be permitted to delay payment to the entity until the earlier occurs: payments due of at least \$25 or final quarterly payment for CYE 2024.</p>

c. IHS and 638 Tribally Owned and/or Operated Facilities

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IHS and 638 tribally owned and/or operated facilities are not eligible for this DAP. Please see Section 14 below for IHS and 638 DAP details.

d. Payment Methodology

Therapeutic foster home providers, as identified in Section B.11 above, may qualify for a possible maximum increase of 20% on services listed in Section B.11. They may receive an increase of 10.0% for meeting the New Therapeutic Foster Homes criteria in Section B.11.a and an increase of 10.0% for meeting the Therapeutic Foster Home TFC Services criteria in Section B.11.b.

6. Multiple Provider Types

Adult Day Health (Provider Type 27), Assisted Living Home (Provider Type 36), Attendant Care (Provider Type 40), Behavioral Health Outpatient Clinic (Provider Type 77), Community Service Agency (Provider Type A3), EPD HCBS (Provider Type 81), Habilitation Provider (Provider Type 39), Home Health Agency (Provider Type 23), Integrated Clinics (Provider Type IC), Non-Medicare Certified Home Health Agency (Provider Type 95), Rural Substance Abuse Transitional Agency (Provider Type B5), Subacute Facility (Provider Type A6) are eligible for DAP increases under the following criteria.

6. The Provider Types included in Attachment C are eligible for DAP increases under the following criteria

a. Providers That Have Submitted a Provider Workforce Development Plan (1.0%)

Providers that are currently required by MCOs to submit, and have submitted, a Provider Workforce Development Plan (PWFD-P) by February 28, 2022 (Provider Types 77, IC and CSA) will qualify for a DAP increase of 1.0% on claims for all AHCCCS covered non-institutional services if the providers complete, sign and submit an attestation to AHCCCS by March 15, 2022.

The attestation template shall be created by AHCCCS, and completed by providers, and shall:

- i. Restate the provider's current workforce metrics:-
 - 1. Retention and turnover,
 - 2. Most difficult positions to fill, and
 - 3. Average time to fill.
- ii. Indicate the improvement (or maintenance) goal for these metrics the provider intends to realize by April 30, 2023.
- iii. Acknowledge the provider is:-
 - Required to report workforce metrics to the MCOs on an annual basis.
 - NOT required to submit an annual PWFD-P after 2022 contingent upon the success of its PWFD-P as evidenced by the Annual Workforce Metrics report.
 - Required to update its PWFD-P annually and produce the P-WFD-P if requested by an MCO.

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~~In order to receive the 1.0% DAP increase for the PWFD-P the provider must submit an attestation to AHCCCS by March 15, 2022 at the following email address: DCW@azahcccs.gov.~~

~~a. Providers That Have Not Submitted a PWFD-P (1.0%)~~

~~Providers that have not submitted a PWFD-P will qualify for a DAP increase of 1.0% on claims for all AHCCCS covered services if the providers complete, sign and submit an attestation to AHCCCS by March 15, 2022.~~

~~The attestation template shall be created by AHCCCS, and completed by providers, and shall indicate that the provider will submit a PWFD-P to MCOs, in the format specified, by April 30, 2023.~~

~~In order to receive a 1.0% DAP increase for Workforce Development, the provider must complete and return the appropriate attestation to AHCCCS by March 15, 2022 to the following email address: DCW@azahcccs.gov~~

~~The attestation can be found on the AHCCCS website at the following location: <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/qualifyingproviders.html>~~

~~If a provider submits an attestation and receives the 1.0% DAP increase for CYE 2023, but does not make progress toward improving their workforce metrics or fails to submit a Workforce Development plan by April 30, 2023, that provider will be ineligible to receive any DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time. Future considerations for a workforce development DAP include meeting specified target metric improvements in accordance with a provider's workforce development plan. Providers that participated in the CYE 2023 Provider Workforce Development Plan (P-WFDP) Under Part 'B' or did not participate in the CYE 2023 P-FWDP DAP, and meet the following milestones are eligible to earn 1.0% DAP increase on all services billed on CMS 1500 Form.~~

- ~~i. Milestone #1: No later than March 15, 2023, submit a Provider Workforce Goal Setting and Data Reporting Compliance Attestation to the following email address: WFD@azahcccs.gov. The attestation 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:~~

- ~~1. For providers that have participated in the CYE 2023 P-WFDP under Part 'B':~~

- ~~a. By April 30, 2023, a P-WFDP will be submitted. The P-WFDP must satisfy the requirements of both the CYE 2023 P-WFDP DAP and the MCO's requirements regarding the development and submission of Provider Workforce Development Plans.~~
- ~~2. For providers that did not participate in the CYE 2023 P-WFDP DAP attest that:~~
- ~~a. By April 30, 2024 they will have developed a Workforce Development Plan for the agency and that it will satisfy the following requirements:~~

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1. The MCO's contract requirements regarding the development and submission of Provider Workforce Development Plans and;
2. The Provider's Workforce Development Plans must specify three types of goals the provider intends to achieve during the time period beginning January 1, 2023 and ending December 31, 2023. The three required goals are for improving or maintaining workforce; *Retention*, *Turnover*, and *Time to Fill* difficult to hire staff positions.
3. The strategies the provider intends to use to improve or maintain workforce; *Retention*, *Turnover*, and *Time to Fill* difficult to hire staff positions.
 - iii. Milestone #3: No later than April 30, 2024, the provider will submit the following benchmark metrics using the formulas found on the AZ Association of Health Plans website (<https://azahp.org/azahp/awdfc/az-healthcare-workforce-goals-and-metrics-assessment/> under Data Collection) to calculate the provider's workforce for the time period beginning January 1, 2023, and ending December 31, 2023:
 - i. Average Retention Rate (e.g., 50%)
 - ii. Average Turnover Rate (e.g., 60%)
 - iii. Time to Fill the most difficult positions (e.g., RNs 28 days, DCWs 12 days, etc.).
 - iv. Submit the workforce; *Retention*, *Turnover*, and *Time to Fill* goals the provider intended to achieve during the time period beginning January 1, 2023, and ending December 31, 2023:
 - v. _____

Providers can determine the eligibility of their agency to participate in the CYE 2024 Provider Workforce Goal and Data Reporting DAP by checking the CYE 2023 P-WFD Qualifying Provider list.

- Providers that participated in the CYE 2023 P-WFDP under Part B will see a notation next to the agency's name stating: "Not Submitted - Part B".
- Providers that did not participate in the CYE 2023 P-WFDP DAP will not see the name of their agency listed.
- Providers participating in the CYE 2023 P-WFDP DAP under Part "A" DO NOT qualify for this DAP.

The CYE 2024 Provider Workforce Goal and Data Reporting Attestation template can be found on the AHCCCS website at the following location:

<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/qualifyingproviders.html>

b. Employment Staff Training (2.0%)

Habilitation providers (Provider Type 39), Behavioral Health Outpatient Clinics (Provider Type 77), Community Service Agencies (Provider Type A3) and Integrated Clinics (Provider Type IC) meeting the following requirements are eligible for this DAP.

- i. Milestone #1: No later than April 1, 2023, submit an Employment Staff Training Attestation to the following email address: AHCCSDAP@azahcccs.gov. The attestation must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the provider requests to participate in the DAP.
 - ii. Milestone #2: No later than December 31, 2023, employment provider staff must complete an ACRE approved (Association of Community Rehabilitation Educators) training provided by a single, third-party entity and must be, at a minimum, 40 hours in duration.
1. For providers that participated in Employment Staff Training requirements for CYE 2023:

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- a. In order to continue receiving this DAP, the provider must submit a roster of staff who have completed the training, with the staff names and dates of completion, along with the copy(ies) of the "Certificate of Achievement" by April 30, 2023.
2. For providers that have not participated in Employment Staff Training requirements in CYE 2023:
 - a. The provider must submit to AHCCCS, no later than December 31, 2023, a roster of staff who have completed the training, with the staff names and dates of completion, along with the copy(ies) of the "Certificate of Achievement".

The Employment Staff Training Attestation can be found on the AHCCCS website at the following location: <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/qualifyingproviders.html>

If a provider submits the attestation and receives the DAP increase for CYE 2024, but does not train its staff by December 31, 2023, that provider will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.

~~Providers that meet employment staff training requirements are eligible for a 2.0% DAP on employment codes, including employment supports (T2019, H2025, H2026) and psychoeducational/rehabilitation services (H2027). By May 31, 2022, providers must complete, sign and submit to AHCCCS an attestation indicating they will ensure dedicated employment provider staff are trained by April 30, 2023 to demonstrate specific competencies related to the provision of employment-related services and supports. The training must be provided by a single, third-party entity and must be, at a minimum, 40 _____ hours _____ in _____ duration.~~

~~In order to receive a 2.0% DAP increase for employment staff training, the provider must complete and return the AHCCCS attestation by May 31, 2022 to the following email address: AHCCCSdap@azahcccs.gov.~~

~~The attestation can be found on the AHCCCS website at the following location: <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/qualifyingproviders.html>~~

~~If a provider submits an attestation and receives the 2.0% DAP increase for CYE 2023, but does not train its staff by April 30, 2023, that provider will be ineligible to receive any DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.~~

Pipeline AZ (1.0%)

Adult Day Health (Provider Type 27), Assisted Living Home (Provider Type 36), Attendant Care (Provider Type 40), Behavioral Health Outpatient Clinic (Provider Type 77), Community Service Agency (Provider Type A3), EPD HCBS (Provider Type 81), Habilitation Provider (Provider Type 39), Home Health Agency (Provider Type 23), Integrated Clinics (Provider Type IC), Non-Medicare Certified Home Health Agency (Provider Type 95), Rural Substance Abuse Transitional Agency (Provider Type B5), Subacute Facility (Provider Type A6) that meet

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the following milestones are eligible to earn a 1.0% DAP increase on all services.

The Provider Types included in Attachment C that meet the following milestones are eligible to earn a 1.0% DAP increase on all services.

- i. Milestone #1: No later than April 1, 2023, the provider must be registered with Pipeline AZ at: <https://pipelineaz.com/page/DAP>.
- ii. Milestone #2: No later than August 30, 2023, the provider must have developed the company page by completing the Company Details, Overview, Culture, Perk, and Benefits sections.
- iii. Milestone #3: No later than January 31, 2024, the provider must post relevant current open roles with 50% of the posts being entry-level roles to the provider's Pipeline AZ page.
- iv. Milestone #4: Between February 1, 2024, and August 31, 2024, the provider must maintain at least 10 employment interactions per month. Employment interactions may consist of, viewing matched candidate profiles, messaging candidates within the platform, documenting hires, and/or renewing or editing existing job posts. All interactions will be counted toward volume requirements, tracked monthly, and reported to AHCCCS.

If the provider receives the DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, the provider will be ineligible to receive the HIE DAP for CYE 2025, if a DAP is available at that time.

~~a.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 14 below for IHS and 638 DAP details.

~~b.c.~~ Payment Methodology

Providers that have submitted a PWFD-P, in accordance with the criteria in Section 12.a, are eligible for an increase of 1.0% on all AHCCCS-covered, non-institutional services. Providers that have not submitted a PWFD-P participated on the CYE 2023 Provider Workforce Development Plan Under 'Part B' or did not participate in the CYE 2023 P-WFDP may qualify for an increase of 1.0% on all AHCCCS-covered, non-institutional services, by meeting the criteria in Section 12.b. Habilitation providers, behavioral health outpatient clinics, community service agencies and integrated clinics are eligible for a 2.0% increase on employment codes by meeting the Employment Staff Training requirements described in Section B.12.c.

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7. Crisis Providers (3.0%)

Subacute Facilities (1-16 Beds), Provider Type B5; Subacute Facilities (17+ beds), Provider Type B6; Crisis Services Provider, Provider Type B7 that are contracted to provide crisis services are eligible for DAP increases under the following criteria: 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
<p>a. Crisis <u>Bed Registry</u> Capacity Data Exchange (CCDE) (3.0%)</p>	<p>Crisis providers that meet the following milestones are eligible to participate in this DAP initiative and earn a 3.0% DAP increase. For purposes of this DAP, a crisis provider is defined as a provider that is contracted by an AHCCCS contractor to provide crisis services, including 24-hour substance use disorder/psychiatric crisis stabilization services and/or 23-hour crisis stabilization/observation capacity. In order to qualify, by May 1, 2022, the crisis provider must have submitted a LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates: 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:</p> <p>i. Milestone #1: No later than May 1, 2022, the crisis provider must submit a LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved. <u>No later than April 1, 2023, the provider must have in place an active participation agreement with the HIE organization and submit a Health Information Exchange Statement of Work (HIE SOW) 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.</u></p> <p>ii. Milestone #2: No later than July 1, 2022, the crisis provider must have in place an active participation agreement with a qualifying HIE organization. No later than April 30, 2023, the provider shall work with the HIE organization and their EHR vendor to</p>

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	<p><u>attend a vendor discovery call and 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.</u></p> <p>iii. Milestone #3: No later than November 1, 2022, the crisis provider must approve and authorize a formal SOW to transmit real-time observation and stabilization capacity data, as defined through collaboration with the qualifying HIE organization and the community. <u>No later than November 30, 2023, 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 meets the required Crisis Bed Registry specifications, which is defined by the HIE organization.</u></p> <p>iv. Milestone #4: -No later than March 31, 2024, the provider must electronically submit Crisis Bed Registry HL7 messages to the production environment of the HIE organization.</p> <p>In order to receive a 3.0% DAP increase for crisis capacity data exchange the provider must submit a LOI to the HIE by May 1, 2022 to the following email address: -</p> <p>If the provider submits a LOI and receives a 3.0% CCDE DAP increase for CYE 2023 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that provider will be ineligible to receive a CCDE DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.</p>
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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 14 below for IHS and 638 DAP details.

c. Payment Methodology

Crisis Providers, as identified in Section B.13, are eligible for a 3.0% increase on services for meeting the Crisis Capacity Data Exchange criteria described in section B.13.a.

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

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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) 2024~~3~~ (October 1, 2023~~2~~ through September 30, 2024~~3~~) only.

14. IHS and 638 Tribally Owned and/or Operated Facilities (Up to 3.25%)

Indian Health Service and/or Tribally owned and/or operated hospitals, Provider Type 02, by March 15, 2023~~2~~ are eligible for a DAP increase on all services under the following criteria

Domain	Description
<p>a. Health Information Exchange Participation (Up to <u>1.5%</u>)</p>	<p>Hospitals that meet the following milestones are eligible to participate in this DAP initiative and a 2.5% DAP increase for outpatient, and ambulatory services. In order to qualify, by April 1, 2022 the hospital must have submitted a LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved. Hospitals that meet the following milestones are eligible to earn a 1.5% DAP.</p> <p>i. Milestone #1: No later than April 1, 20232, the hospital must have in place an active participation agreement with <u>the Health Information Exchange a qualifying (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW). LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved. 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.</u></p> <p>i.1. For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to <u>DAP@contexture.org</u>.</p> <p>ii. Milestone #2: No later than May 1, 20232, 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, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital’s EHR system. or by the hospital’s go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:</p> <p>1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.</p> <p>2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the</p>

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	<p style="text-align: center;">qualifying HIE organization to ensure proper processing of lab results within the HIE system.</p> <p style="text-align: center;">3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.</p> <p>iii. Milestone #3: No later than May 1, 202332, 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.</p> <p><u>iv.</u> Milestone #4: No later than May 1, 202332, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the facility 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. If the hospital has ambulatory and/or behavioral health practices, then the facility must submit the following actual patient identifiable information to the production environment of a qualifying HIE: registration, encounter summary, and SMI data elements as defined by the qualifying HIE organization. For hospitals that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.</p> <p>iv.1. <u>For hospitals that have not participated in DAP HIE requirements in CYE 2023, the deadline for this milestone will be June 30, 2023</u></p> <p>v. Milestone #5: <u>No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and HL7. The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE’s Quality Improvement Team for instructions and to ensure you are compliant.</u> No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.</p> <p>vi. Milestone #6: <u>No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements. which will include the steps and expectations and timeline to transition to the hospital’s HIE connection to the new HIE platform. The hospital must</u></p>
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	<p><u>continue to meet the HIE integration requirements through September 30, 2024. No later than January 1, 2023, the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.</u></p> <p>vii. Milestone #7: No later than May 1, 2023, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.</p> <p>In addition to the submission of the LOI agreeing to the above milestones, the hospital must meet the following performance criteria:</p> <p>viii. Quality Improvement Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below in B.14.a.ix.</p> <ol style="list-style-type: none"> 1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2021 data, to the final data quality profile, based on March 2022 data. 2. Meet a minimum performance standard of at least 60% based on March 2022 data. 3.1. If performance meets or exceeds an upper threshold of 90% based on March 2022 data, the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements. <p>ix. DAP HIE Data Quality Standards CYE 2023 Measure Categories: Hospitals that meet the standards, as defined, in Section 14.a.x, qualify for a 0.5% DAP percentage increase for each Data Quality Measure listed below, for a total potential increase of 2.5% if criteria are met for all categories.</p> <ol style="list-style-type: none"> 1. Data source and data site information must be submitted on all ADT transactions. (0.5%) 2. Event type must be properly coded on all ADT transactions. (0.5%) 3. Patient class must be properly coded on all appropriate ADT transactions. (0.5%) 4. Patient demographic information must be submitted on all ADT transactions. (0.5%) 5. Overall completeness of the ADT message. (0.5%) <p>x. Data Quality Standards</p> <ol style="list-style-type: none"> 1. Measure 1: Data source and data site information must be submitted on all ADT transactions. <ol style="list-style-type: none"> i. Standards: HL7 ii. Inclusions: MSH.4 and PV1.3.4 iii. Exclusions: None
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	<p>iv.—Additional Notes: The source information can be derived from the MSH.4 segment, and the site information from one of the other inclusions. If both source and site information are sent in MSH.4, the sending organization must provide the required mapping details to Contexture, the umbrella organization for Health Current.</p> <p>2.—Measure 2: Event type must be properly coded on all ADT transactions.</p> <p style="padding-left: 20px;">i.—Standards: HL7</p> <p style="padding-left: 20px;">ii.—Inclusions: EVN.1, MSH.9.1, MSH.9.2</p> <p style="padding-left: 20px;">iii.—Exclusions: None</p> <p>3.—Measure 3: Patient class must be properly coded on all appropriate ADT transactions.</p> <p style="padding-left: 20px;">i.—Standards: HL7</p> <p style="padding-left: 20px;">ii.—Inclusions: PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04)</p> <p style="padding-left: 20px;">iii.—Exclusions: None</p> <p>4.—Measure 4: Patient demographic information must be submitted on all ADT transactions.</p> <p style="padding-left: 20px;">i.—Standards: HL7</p> <p style="padding-left: 20px;">ii.—Inclusions: PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5</p> <p style="padding-left: 20px;">iii.—Exclusions: None</p> <p style="padding-left: 20px;">iv.—Additional Notes: The patient demographic elements that will be evaluated for this measure are first name, last name, date of birth, gender, and address (street address, city, state, and zip). The patient demographic elements that have been removed from previous iterations of this measure include middle name, address type, county, and country.</p> <p>5.—Measure 5: Overall completeness</p> <p style="padding-left: 20px;">i.—Standards: HL7</p> <p style="padding-left: 20px;">ii.—Inclusions: MSH.4 and PV.1.3.4; ,EVN.1, MSH.9.1, MSH.9.2 PV.1.2 (associated with completion EVN.,MH.9 with A0.1, A02, A03, A04) PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1, PID.10.2, PID.11.1, PID.11.3, PID.11.4, PID.11.5</p> <p style="padding-left: 20px;">iii.—Exclusions: None</p> <p>For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. All electronic submissions must be received through standard HL7 or CCD document architecture. It must</p>
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	<p>include all patient data, including behavioral health data and data covered by 42 CFR Part 2. <u>Data is expected to be live throughout the year, any downtime will be reported and an effort to provide data to the HIE is required for the period in which the data was not received.</u></p> <p>If a facility has already achieved one or more of the CYE 2022 milestones as of April 1, 2021, the LOI must include a commitment by the facility to maintain its participation in those milestone activities for the period April 1, 2022 through September 30, 2023.</p> <p>In order to receive up to a 2.5% DAP increase for HIE participation a hospital must submit a LOI to the HIE by April 1, 2022 to the following email address: DAP@healthcurrent.org.</p> <p>If a <u>hospital facility</u> has <u>already</u> achieved one or more of the CYE 2024³ milestones as of April 1, 2023², the <u>HIE SOW LOI</u> must include a commitment by the <u>hospital facility</u> to maintain its participation in those milestone activities for the period April 1, 2023² through September 30, 2024³. <u>Additionally, if a hospital submits a HIE SOW and receives the DAP for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time. The LOI must list each facility that the hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. In all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.</u></p> <p>If a facility receives the 2.5% DAP increase for CYE 2023 but fails to achieve one or more of the milestones in the LOI by the specified date or fails to maintain its participation in the milestone activities, that facility will be ineligible to receive DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.</p>
<p>b. <u>Social Determinants of Health Closed Loop Referral System Care Coordination Agreement with Non-IHS/638 Facilities</u> (0.5%)</p>	<p>IHS/Tribal 638 facilities will be eligible for DAP increase by participating in a CCA with a non-IHS/638 facility. By March 15, 2022, the facility must submit a LOI to enter into a CCA with a non-IHS/638 facility (a fully signed copy of a CCA with a non-IHS/Tribal 638 facility is also acceptable). By April 30, 2022, the facility must have entered into a CCA with a non-IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:</p> <p>The IHS/Tribal 638 facility will have in place a signed CCA with a non-IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance- SHO #16-002.</p>

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	<p>i. The IHS/Tribal 638 facility will have a valid referral template in place for requesting services to be performed by the non-IHS/Tribal 638 facility.</p> <p>ii. The IHS/Tribal 638 facility will continue to assume responsibility of the referred member, maintaining records and release of information protocol including clinical documentation of services provided by the non-IHS/Tribal 638 facility.</p> <p>iii. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the IHS/Tribal 638 facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2022.</p> <p>iv. The IHS/638 facility will submit a minimum of one referral and any supporting medical documentation to the non-IHS/Tribal 638 facility by September 1, 2022. During CYE 2023, from October 1, 2022 through September 30, 2023, demonstrate a concerted effort to submit an average of 5 CCA referrals per month to the non-IHS/Tribal 638 20 facility.</p> <p>v. Existing facilities with a CCA established in CYE 2022 will actively submit a minimum of 5 CCA referrals to the non-IHS/Tribal 638 facility by March 15, 2022, and submit an average of 5 CCA referrals per month by May 31, 2022.</p> <p>In order to meet the DAP criteria for CCA participation an IHS/Tribal 638 facility must submit a LOI to AHCCCS by March 15, 2022 and a submit a signed CCA by April 30, 2022 to AHCCCS to both of the following email addresses: tribalcarecoordination_fmmap@azahecces.gov, and AHCCCSDAP@azahecces.gov</p> <p>If a facility participated in the CCA DAP in prior years and the CCA is still current, the facility may submit a letter acknowledging participation for CYE 2023, rather than submitting the CCA agreement.</p> <p>If a facility receives the 0.5% DAP increase for CYE 2023 but fails to submit an average of 5 CCA referrals per month to the non-IHS/Tribal 638 facility throughout CYE 2023, the facility will be ineligible to receive a DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time. <u>Social Determinants of Health Closed Loop Referral System (0.5%)</u></p> <p><u>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.</u></p>
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	<p>i. <u>Milestone #1: No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the CommunityCares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.</u></p> <p>1. <u>For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</u></p> <p>ii. <u>Milestone #2: No later than November 1, 2023, complete the CommunityCares Access Agreement and the HIE Participant Agreement, as required.</u></p> <p>iii. <u>Milestone #3: No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system</u></p> <p><u>If a hospital has achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the hospital to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a hospital submits a HIE SOW and receives the DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</u></p>
<p>c. <u>Arizona Health Directives Registry Hospital Capacity Reporting</u> (0.25%)</p>	<p><u>Hospitals that commit to ongoing capacity reporting will qualify for a 0.25% DAP increase for outpatient services. In order to qualify, upon the declaration of the end of the State of Arizona Public Health Emergency (PHE) issued on March 11, 2020, the hospital must submit a letter of intent (LOI) to AHCCCS in which it agrees to adult and pediatric bed capacity reporting to the Arizona Department of Health Services (ADHS). Specifically, the hospital shall report the following through an ADHS approved method to ADHS weekly, with deadlines and format prescribed by ADHS:</u></p> <ol style="list-style-type: none"> <u>1. Number of ICU beds in use</u> <u>2. Number of ICU beds available for use</u> <u>3. Number of Medical-Surgical beds in use</u> <u>4. Number of Medical-Surgical beds available for use</u> <u>5. Number of Telemetry beds in use</u> <u>6. Number of Telemetry beds available for use</u> <p><u>In order to receive a 0.25% DAP increase for capacity reporting, a hospital must submit a LOI to AHCCCS within one calendar week of the declaration of the end</u></p>

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of the State of Arizona PHE to the following email address:
AHCCCS DAP@azahcccs.gov

If a hospital submits a LOI but fails to comply with the weekly reporting requirement more than two times in the six months following the end of the State of Arizona PHE, the hospital will be ineligible to receive any DAP for dates of service from October 1, 2023 to September 30, 2024 (CYE 2024) if a DAP is available at that time. Arizona Health Directives Registry (AzHDR) (0.5%)

The AzHDR is in alignment with the 2019 Arizona Senate Bill 1352 (enacted into Laws 2019, Ch. 314) that was passed giving healthcare providers the ability to have real-time access to patient’s advance directives. Hospitals that meet the following milestones are eligible to earn a 0.5% DAP.

- i. Milestone #1: No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
- 1. For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.
- ii. Milestone #2: No later than November 1, 2023, complete the AzHDR Participant Agreement.
- iii. Milestone #3: No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.

If a hospital has achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the hospital to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a hospital submits a SOW and receives the 0.5% DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.

c.
Naloxone Distribution
Program

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.

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<u>(0.5%)</u>	<p><u>i. Milestone #1: No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the 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.</u></p> <p><u>ii. Milestone #2: No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.</u></p> <p><u>iii. Milestone #3: No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy</u></p> <p><u>If a hospital submits a LOI and receives a DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, the hospital will be ineligible to receive this DAP for CYE 2025, if a DAP is available at that time.</u></p>
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d. **Payment Methodology**

All payments will be increased by 12.5% if the IHS/638 facility meets the above criteria for HIE participation, by 0.5% if the IHS/Tribal 638 facility meets the above criteria for the AzHDR requirements CCA agreement, and by 0.25% if the IHS/Tribal 638 facility meets the above criteria for SDOH, and by 0.5% of the IHS/Tribal 638 facility meets the above criteria for the Naloxone Distribution Program. ~~hospital capacity reporting~~. The proposed DAP for IHS/638 facilities would be applicable to the All-inclusive Rate (AIR).