

## **Table of Contents**

**State/Territory Name: AZ**

**State Plan Amendment (SPA) #: 22-0027**

This file contains the following documents in the order

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

January 13, 2023

Jami Snyder, Director  
Arizona Health Care Cost Containment System  
801 East Jefferson Street  
Phoenix, AZ 85034

RE: TN AZ-22-0027

Dear Director Snyder:

We have reviewed the proposed Arizona (AZ) State Plan Amendment (SPA) to Attachment 4.19-B AZ-22-0027, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 19, 2022. This plan amendment authorizes updates to the Outpatient Differential Adjusted Payment (DAP) program.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or [blake.holt@cms.hhs.gov](mailto:blake.holt@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

22 - 0027

2. STATE

AZ3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACTTO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE  
October 1, 20225. FEDERAL STATUTE/REGULATION CITATION  
42 CFR Part 4476. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 23 \$ 6,047,700  
b. FFY: 24 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 2 to Attachment 4.19-B  
Page 1-528. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Supplement 2 to Attachment 4.19-B  
Page 1-30

9. SUBJECT OF AMENDMENT

Updates the state plan Outpatient Differential Adjusted Payment, effective October 1, 2022.

10. GOVERNOR'S REVIEW (Check One)

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

11. SIGNATURE OF STATE AGENCY OFFICIAL



15. RETURN TO

Dana Fannery  
801 E. Jefferson St., MD # 4200  
Phoenix, AZ 85034

12. TYPED NAME

Dana Fannery

13. TITLE

Assistant Director

14. DATE SUBMITTED: October 19, 2022

**FOR CMS USE ONLY**

16. DATE RECEIVED

October 19, 2022

17. DATE APPROVED

January 13, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

1/5/23: State concurs with pen and ink change to Box 7, striking "1-52", adding "1-53"

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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) 2023 (October 1, 2022 through September 30, 2023) only. The payment adjustments do not apply to supplemental payments.

**B. Applicability**

To qualify for the Outpatient Differential Adjusted Payment (DAP), a 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. <ul style="list-style-type: none"> <li>i. Only approved and adjudicated AHCCCS claims and encounters will be utilized in the computations.</li> <li>ii. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.</li> </ul>
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: <ul style="list-style-type: none"> <li>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</li> </ul>

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	<p>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"> <li>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.</li> <li>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.</li> <li>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.</li> </ol> <p>v. 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>vi. Milestone #6: No later than November 1, 2022, the clinic must approve and authorize a formal Statement of Work (SOW) to</p>
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	<p>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.</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.</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: 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> <ol style="list-style-type: none"> <li>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.</li> <li>2. Meet a minimum performance standard of at least 60% based on March 2022 data.</li> <li>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.</li> </ol> <p>x. 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> <ol style="list-style-type: none"> <li>1. Data source and data site information must be submitted on all ADT transactions. (0.5%)</li> <li>2. Event type must be properly coded on all ADT transactions. (0.5%)</li> </ol> <p>xi. Data Quality Standards:</p> <ol style="list-style-type: none"> <li>1. Measure 1: Data Source and data site information must be submitted on all transactions             <ol style="list-style-type: none"> <li>i. Standards: HL7 or CCD</li> <li>ii. Inclusions: MSH.4 and PV1.3.4</li> <li>iii. Exclusions: None</li> <li>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 source organization has multiple sites organization must</li> </ol> </li> </ol>
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	<p>work with Contexture, the umbrella organization for Health Current, to identify site information and mapping within PV1.3.4</p> <ol style="list-style-type: none"> <li>2. Measure 2: Patient demographic information must be submitted on all transactions.             <ol style="list-style-type: none"> <li>i. Standards: HL7 or CCD</li> <li>ii. 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</li> <li>iii. Exclusions: None</li> <li>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).</li> </ol> </li> <li>3. Measure 3: Race             <ol style="list-style-type: none"> <li>i. Standards: HL7 or CCD</li> <li>ii. Inclusions: PID.10 and PID.10.2</li> <li>iii. Exclusions: None</li> <li>iv. 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 <a href="https://www.hl7.org/fhir/v2/0005/index.html">https://www.hl7.org/fhir/v2/0005/index.html</a></li> </ol> </li> <li>4. Measure 4: Ethnicity             <ol style="list-style-type: none"> <li>i. Standards: HL7 or CCD</li> <li>ii. Inclusions: PID.22.1 and PID.22.2</li> <li>iii. Exclusions: None</li> <li>iv. 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 <a href="https://www.hl7.org/fhir/v2/0189/index.htm">https://www.hl7.org/fhir/v2/0189/index.htm</a></li> </ol> </li> <li>5. Measure 5: language preference             <ol style="list-style-type: none"> <li>i. Standards: HL7 or CCD</li> <li>ii. Inclusions: PID.15</li> <li>iii. Exclusions: None</li> <li>iv. Additional Notes: Language codes sets are mapped to ISO 639-2 language codes sets the following link will provide code set details <a href="https://www.loc.gov/standards/iso639-2/php/code_list.php">https://www.loc.gov/standards/iso639-2/php/code_list.php</a></li> </ol> </li> <li>6. Measure 6: Overall completeness             <ol style="list-style-type: none"> <li>i. Standard: HL7</li> <li>ii. Inclusions: MSH.4 and PV.1.3.4, PID.1.1, PID1.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.11.1, PID.11.3,</li> </ol> </li> </ol>
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	<p align="center">PID.11.4, PID.11.5, PID.10.1, PID.10.2, PID.22.1, PID.22.2, PID.15</p> <p>iii. Exclusions: None</p> <p>iv. 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> <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,



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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. 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
<p>a. Electronic Prescriptions  (1.0%)</p>	<p>A provider that has written at least 80 prescriptions for AHCCCS members and has written at least 80% of its total AHCCCS prescriptions as Electronic Prescriptions (E-Prescriptions) will qualify for a 1.0% DAP increase for all services billed on the CMS Form 1500. E-Prescription statistics will be identified by the AHCCCS provider ID for the prescribing provider, and computed by AHCCCS based on the following factors:</p> <ul style="list-style-type: none"> <li>i. Only approved and adjudicated AHCCCS claims and encounters for July 1, 2021 through December 31, 2021 dispense dates will be utilized in the computations.</li> <li>ii. AHCCCS will compute claims and encounters for this purpose as of April 1, 2022 to determine which providers meet the minimum threshold.</li> <li>iii. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.</li> <li>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.</li> <li>v. Refills of original prescriptions whereby the original prescriptions meet the definition of E-Prescriptions shall not be counted as E-Prescriptions.</li> </ul> <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, 2020 through September 30, 2021 to determine eligibility for the DAP in CYE 2023. Only approved and adjudicated AHCCCS claims and encounters as of 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.</p>
<p>c. Social Determinants</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</p>

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<p>of Health Closed Loop Referral Platform  (1.0%)</p>	<p>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"> <li>i. Milestone #1: No later than April 1, 2022, submit a registration form for participation using the website-based registration form(s) on the website of the qualifying HIE organization.</li> <li>ii. Milestone #2: No later than April 1, 2022:             <ul style="list-style-type: none"> <li>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.</li> <li>2. 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 is November 1, 2022.</li> </ul> </li> <li>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</li> </ul> <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</p>
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	October 1, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time.
d. American Society of Addiction Medicine (ASAM) Continuum Software Integration  (0.5%)	<p>Providers 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, 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>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: AHCCCS DAP@azahcccs.gov.</p> <p>If a provider 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.</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>

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, 2021 to September 30, 2022.

3. 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	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-

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<p>Performance Measure  (1.0%)</p>	<p>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 2020(October 1, 2019 through September 30, 2020) to CYE 2021(October 1, 2020 through September 30, 2021) 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 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.</p>
<p>b. Provision of Dental Services on Weekends  (1.0%)</p>	<p>A provider that meets the criteria for the provision of dental services on weekends will qualify for a 1.0% DAP increase on all non-institutional claims. A provider qualifies if 1.0% or more of its services were incurred for dates of service on a weekend for the period October 1, 2020 through September 30, 2021. Only approved and adjudicated AHCCCS claims and encounters as of 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.</p>

- 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.

**4. 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>

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	<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.</p>
<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, 2021. 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, 2021 and submitted to AHCCCS by email to AHCCSDAP@azahcccs.gov.</p> <p>On April 15, 2021, 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: AHCCSDAP@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.</p>
<p>e. Social Determinants of Health Closed</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</p>

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<p>Loop Referral Platform  (1.0%)</p>	<p>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:</p> <ul style="list-style-type: none"> <li>i. Milestone #1: No later than April 1, 2022, submit a registration form for participation using the website-based registration form(s) on the website of the qualifying HIE organization.</li> <li>ii. Milestone #2: No later than April 1, 2022:             <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> </li> <li>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.</li> </ul> <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>
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	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.
f. Continuous Behavioral Health Services to American Indian Health Program (AIHP) Members with a Serious Mental Illness (SMI) Designation Transitioning from RBHA Enrollment (7.0%)	Clinics that provide continuous services to AHIP members with a Serious Mental Illness designation, who are currently enrolled with a RBHA for behavioral health services, who transition 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.

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

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**5. 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
<p>a. Health Information Exchange Participation  (8.0%)</p>	<p>Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn up to a 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"> <li>i. Milestone #1: No later than April 1, 2022, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.</li> <li>ii. 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: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ul> </li> <li>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, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.</li> <li>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</li> </ul>



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	<p>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> <ul style="list-style-type: none"> <li>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</li> <li>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</li> <li>vii. 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.</li> <li>viii. 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.</li> </ul> <p>In addition to the submission of the LOI agreeing to the above milestones, the hospital must meet the following performance criteria:</p> <ul style="list-style-type: none"> <li>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.             <ul style="list-style-type: none"> <li>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.</li> <li>2. Meet a minimum performance standard of at least 60% based on March 2022 data.</li> <li>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.</li> </ul> </li> <li>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.</li> </ul>
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	<ol style="list-style-type: none"> <li>1. Data source and data site information must be submitted on all ADT transactions. (3.0%)</li> <li>2. Event type must be properly coded on all ADT transactions. (1.0%)</li> <li>3. Race must be submitted on all ADT transactions. (2.0%)</li> <li>4. Ethnicity must be submitted on all ADT transactions. (2.0%)</li> </ol> <p>xi. CYE 2023 DAP HIE Data Quality Standards</p> <ol style="list-style-type: none"> <li>1. Measure 1: Data source and data site information must be submitted on all ADT transactions.             <ol style="list-style-type: none"> <li>A. Standards: HL7</li> <li>B. Inclusions: MSH.4, EVN.7, PV1.3.4</li> <li>C. Exclusions: None</li> <li>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.</li> </ol> </li> <li>2. Measure 2: Event type must be properly coded on all ADT transactions.             <ol style="list-style-type: none"> <li>A. Standards: HL7</li> <li>B. Inclusions: EVN.1, MSH.9.1, MSH.9.2</li> <li>C. Exclusions: None</li> </ol> </li> <li>3. Measure 3: Patient class must be properly coded on all appropriate ADT transactions.             <ol style="list-style-type: none"> <li>A. Standards: HL7</li> <li>B. Inclusions: PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04)</li> <li>C. Exclusions: None</li> </ol> </li> <li>4. Measure 4: Patient demographic information must be submitted on all ADT transactions.             <ol style="list-style-type: none"> <li>A. Standards: HL7</li> <li>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</li> <li>C. Exclusions: None</li> <li>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.</li> </ol> </li> <li>5. Measure 5: Overall completeness of the ADT message             <ol style="list-style-type: none"> <li>A. Standards: HL7</li> </ol> </li> </ol>
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	<p>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</p> <p>C. 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. 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 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: <a href="mailto:DAP@healthcurrent.org">DAP@healthcurrent.org</a></p> <p>If a hospital has already achieved one or more of the CYE 2023 milestones as of April 1, 2022, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period April 1, 2022 through September 30, 2023. 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.</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:</p> <ul style="list-style-type: none"> <li>i. Milestone #1: No later than April 1, 2022, submit registration form(s) for participation using the forms found on the website of the qualifying HIE organization.</li> <li>ii. Milestone #2: No later than April 1, 2022:</li> </ul>

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	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. For hospitals that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.</li> </ol> <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 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.</p> <p>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: <a href="mailto:DAP@healthcurrent.org">DAP@healthcurrent.org</a></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.</p>
<p>c. Enter into a Care Coordination Agreement with an his/638 Facility (0.5%)</p>	<p>Hospitals will be eligible for this DAP increase by participating in a CCA with hisIHS/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>

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	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>iii. The hospital shall provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.</li> <li>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.</li> <li>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.</li> <li>vi. 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.</li> </ul>
<p>d. Hospital Capacity Reporting (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"> <li>1. Number of ICU beds in use</li> <li>2. Number of ICU beds available for use</li> <li>3. Number of Medical-Surgical beds in use</li> <li>4. Number of Medical-Surgical beds available for use</li> <li>5. Number of Telemetry beds in use</li> <li>6. Number of Telemetry beds available for use</li> </ol> <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>

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	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.
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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 0.25% if they meet the CCA requirements, by 2.0% if they meet the SDOH closed loop referral system requirements, and by 0.25% if they meet the hospital capacity reporting requirements.

**6. 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
a. Health Information Exchange Participation  (Up to 2.0%)	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: <ul style="list-style-type: none"> <li>i. Milestone #1: No later than April 1, 2022, the hospital 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.</li> <li>ii. 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:</li> </ul>

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	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ol> <p>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>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>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</p> <p>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.</p> <p>vii. 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>
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	<p>viii. 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.6.A.a.x.</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Meet a minimum performance standard of at least 60% based on March 2022 data.</li> <li>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.</li> </ol> <p>x. 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> <ol style="list-style-type: none"> <li>1. Data source and data site information must be submitted on all ADT transactions. (1.0%)</li> <li>2. Race must be on all ADT transactions. (0.5%)</li> <li>3. Ethnicity must be submitted on all ADT transactions. (0.5%)</li> </ol> <p>xi. CYE 2023 DAP HIE Data Quality Standards</p> <ol style="list-style-type: none"> <li>1. Measure 1: Data source and data site information must be submitted on all ADT transactions.             <ol style="list-style-type: none"> <li>i. Standards: HL7</li> <li>ii. Inclusions: MSH.4, EVN.7, PV1.3.4</li> <li>iii. Exclusions: None</li> <li>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.</li> </ol> </li> </ol>
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	<ol style="list-style-type: none"> <li>2. Measure 2: Event type must be properly coded on all ADT transactions.             <ol style="list-style-type: none"> <li>i. Standards: HL7</li> <li>ii. Inclusions: EVN.1, MSH.9.1, MSH.9.2</li> <li>iii. Exclusions: None</li> </ol> </li> <li>3. Measure 3: Patient class must be properly coded on all appropriate ADT transactions.             <ol style="list-style-type: none"> <li>i. Standards: HL7</li> <li>ii. Inclusions: PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04)</li> <li>iii. Exclusions: None</li> </ol> </li> <li>4. Measure 4: Patient demographic information must be submitted on all ADT transactions.             <ol style="list-style-type: none"> <li>i. Standards: HL7</li> <li>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</li> <li>iii. Exclusions: None</li> <li>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.</li> </ol> </li> <li>5. Measure 5: Overall completeness of the ADT message             <ol style="list-style-type: none"> <li>i. Standards: HL7</li> <li>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</li> <li>iii. Exclusions: None</li> </ol> </li> </ol> <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> <p>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: <a href="mailto:DAP@healthcurrent.org">DAP@healthcurrent.org</a>.</p> <p>If a hospital has already achieved one or more of the CYE 2023 milestones as of April 1, 2022, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period April 1,</p>
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	<p>2022 through September 30, 2023. 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.</p> <p>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.</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 Platform  (0.5%)</p>	<p>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:</p> <ul style="list-style-type: none"> <li>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.</li> <li>ii. Milestone #2: No later than April 1, 2022:             <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> </li> <li>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</li> </ul>

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	<p>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.</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;"><a href="mailto:DAP@healthcurrent.org">DAP@healthcurrent.org</a></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 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.</p>
<p>c. Enter into a Care Coordination Agreement  (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:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>

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	<ul style="list-style-type: none"> <li>iii. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul> <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: 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> <p>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.</p>
<p>d. Hospital Capacity Reporting  (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"> <li>1. Number of ICU beds in use</li> </ol>

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	<ol style="list-style-type: none"> <li>2. Number of ICU beds available for use</li> <li>3. Number of Medical-Surgical beds in use</li> <li>4. Number of Medical-Surgical beds available for use</li> <li>5. Number of Telemetry beds in use</li> <li>6. Number of Telemetry beds available for use</li> </ol> <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: AHCCSDAP@azahcccs.gov</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%)	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: <ol style="list-style-type: none"> <li>i. Milestone #1: No later than April 1, 2022, the hospital 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.</li> <li>ii. 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:</li> </ol>

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	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ol> <p>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, 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 #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>v. Milestone #5: No later than November 1, 202, 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.</p>
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	<ul style="list-style-type: none"> <li>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.</li> <li>vii. 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.</li> <li>viii. 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.</li> </ul> <p>In addition to the submission of the LOI agreeing to the above milestones, the hospital must meet the following performance criteria:</p> <ul style="list-style-type: none"> <li>ix. 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.               <ul style="list-style-type: none"> <li>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.</li> <li>2. Meet a minimum performance standard of at least 60% based on March 2022 data.</li> <li>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.</li> </ul> </li> <li>x. DAP HIE Data Quality Standards CYE 2023 Measure Categories: 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:               <ul style="list-style-type: none"> <li>1. Data source and data site information must be submitted on all ADT transactions. (1.0%)</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>2. Race must be submitted on all ADT transactions. (0.5%)</li> <li>3. Ethnicity must be submitted on all ADT transactions. (0.5%)</li> </ul> <p>xi. CYE 2023 DAP HIE Data Quality Standards</p> <ul style="list-style-type: none"> <li>1. Measure 1: Data source and data site information must be submitted on all ADT transactions.             <ul style="list-style-type: none"> <li>i. Standards: HL7</li> <li>ii. Inclusions: MSH.4, EVN.7, PV1.3.4</li> <li>iii. Exclusions: None</li> <li>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.</li> </ul> </li> <li>2. Measure 2: Event type must be properly coded on all ADT transactions.             <ul style="list-style-type: none"> <li>i. Standards: HL7</li> <li>ii. Inclusions: EVN.1, MSH.9.1, MSH.9.2</li> <li>iii. Exclusions: None</li> </ul> </li> <li>3. Measure 3: Patient class must be properly coded on all appropriate ADT transactions.             <ul style="list-style-type: none"> <li>i. Standards: HL7</li> <li>ii. Inclusions: PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04)</li> <li>iii. Exclusions: None</li> </ul> </li> <li>4. Measure 4: Patient demographic information must be submitted on all ADT transactions.             <ul style="list-style-type: none"> <li>i. Standards: HL7</li> <li>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</li> <li>iii. Exclusions: None</li> <li>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</li> </ul> </li> </ul>
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	<p>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> <ul style="list-style-type: none"> <li>i. Standards: HL7</li> <li>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</li> <li>iii. Exclusions: None</li> </ul> <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> <p>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:</p> <p><a href="mailto:DAP@healthcurrent.org">DAP@healthcurrent.org</a>.</p> <p>If a hospital has already achieved one or more of the CYE 2023 milestones as of April 1, 2022, the LOI must include a commitment by the hospital 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 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.</p> <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>
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<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, 2022, 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, 2022 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. 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. Enter into a Care Coordination Agreement with an IHS/Tribal 638 Facility  (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> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>iii. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.</li> </ol>

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	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ul> <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 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> <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>f. Social Determinants of Health Closed Loop Referral Platform</p>	<p>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</p>

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(0.5%)	<p>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:</p> <ul style="list-style-type: none"> <li>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.</li> <li>ii. Milestone #2: No later than April 1, 2022:             <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> </li> <li>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.</li> </ul> <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>
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	<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>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>
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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 3.25%. Payment rates for outpatient services will be increased by 2.0% 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 CCA requirements, and by 0.25% if they meet the 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 2.0% if they meet the HIE requirements detailed in B.6.B.a., by 0.5% if they meet the CCA 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 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

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**7. Behavioral Health Outpatient Clinics (1.0%)**

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

Domain	Description
<p><b>a.</b> Health Information Exchange Participation  (1.0%)</p>	<p>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:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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, 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.</li> <li>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:</li> </ul>

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	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ol> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ol> <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: <a href="mailto:DAP@healthcurrent.org">DAP@healthcurrent.org</a>.</p> <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</p>
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	<p>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>
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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 Outpatient Clinics will qualify for a 1.0% increase on all services for HIE participation.

**8. 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.

Domain	Description
<p>a. Electronic Visit Verification Compliance  (1.0%)</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"> <li>i. Member ID</li> <li>ii. Provider Agency ID</li> <li>iii. Employee/Staff Providing the service</li> <li>iv. Service Provided</li> <li>v. Date/Time Service Began</li> <li>vi. Date/Time Service Ended</li> <li>vii. Location of Service Delivery</li> </ul> <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.</p>



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	<p>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>b. Health Information Exchange Participation  (1.0%)</p>	<p>Assisted Living (AL) Centers (Provider Type 49) that meet the following milestones are eligible to 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:</p> <ul style="list-style-type: none"> <li>i. Milestone #1: No later than April 1, 2022, the AL Center 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.</li> <li>ii. Milestone #2: No later than August 1, 2022, the AL Center must have in place an active participation agreement with a qualifying HIE organization.</li> <li>iii. 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.</li> </ul> <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 AL Center has already achieved one or more of the CYE 2023 milestones as of April 1, 2022, the LOI must include a commitment by the AL Center 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 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.</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</p>

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	<p>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.</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 (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> <ol style="list-style-type: none"> <li>i. Milestone #1: No later than April 1, 2022, submit a registration form for participation using the website-based registration form(s) on the website of the qualifying HIE organization.</li> <li>ii. Milestone #2: No later than April 1, 2022:             <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol> </li> <li>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</li> </ol>

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	<p>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.</p> <p>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 the HIE by April 1, 2022 at the following email address: <a href="mailto:DAP@healthcurrent.org">DAP@healthcurrent.org</a>.</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 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.</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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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 1.0% if they meet the EVV 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.

9. **Behavioral Health Providers (1.0%)**

Community Service Agencies (CSA), Independent Substance Abuse Counselors (LISAC), Behavioral Health Therapeutic Homes, and Rural Substance Abuse Transitional Agencies (Provider Types A3, A4, A5 and A6) are eligible for DAP increases under the following

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criteria.

Domain	Description
<p>a. 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 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"> <li>i. Milestone #1: No later than April 1, 2022, submit a registration form for participation using the website-based registration form(s) on the website of the qualifying HIE organization.</li> <li>ii. Milestone #2: No later than April 1, 2022:             <ul style="list-style-type: none"> <li>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.</li> <li>2. 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.</li> </ul> </li> <li>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.</li> </ul> <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>

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	<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 LOI 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.</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.

10. **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
<p>a. Health Information Exchange  (1.0%)</p>	<ul style="list-style-type: none"> <li>i. Milestone #1: No later than April 1, 2022, the 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.</li> <li>ii. Milestone #2: No later than August 1, 2022, the provider must have in place an active participation agreement with a qualifying HIE organization</li> </ul>

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	<p>iii. Milestone #3: No later than 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.</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: <a href="mailto:DAP@healthcurrent.org">DAP@healthcurrent.org</a>.</p> <p>If the provider has already achieved one or more of the CYE 2023 milestones as of April 1, 2022, the LOI must include a commitment by the provider to maintain its participation in those milestone activities for the period April 1, 2022 through September 30, 2023. 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.</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>
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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.

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**11. Therapeutic Foster Homes (up to 20.0%)**

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

Domain	Description
a. New Therapeutic Foster Homes (10.0%)	Newly licensed Therapeutic Foster Homes will qualify for a DAP increase of 10.0% on codes S5140 and S5145 if the provider has an AHCCCS registration date between April 1, 2021 and March 31, 2022.
b. Therapeutic Foster Home Continuous Therapeutic Foster Care (TFC) Services (10.0%)	Therapeutic Foster Homes will qualify for a DAP increase of 10.0% on codes S5140 and S5145 if they provided at least 60 days of continuous TFC services to a member between October 1, 2020 and December 31, 2021.

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 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.

**12. Multiple Provider Types**

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.

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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.

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](mailto:DCW@azahcccs.gov).

b. 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](mailto: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.

c. 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.

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



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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](mailto: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.

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 and 638 DAP details.

e. 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 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.

13. **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.

Domain	Description
a. Crisis Capacity Data Exchange (CCDE)  (3.0%)	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

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	<p>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:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ul> <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: <a href="mailto:DAP@healthcurrent.org">DAP@healthcurrent.org</a>.</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.

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The following is a description of methods and standards for determining Differential Adjusted Payments for IHS/638 Tribally owned and/or operated facilities. The purpose of the Differential Adjusted Payment is to distinguish facilities which have committed to supporting designated actions that improve patients' care experience, improve members' health, and reduce cost of care growth. The Differential Adjusted Payment Schedule represents a positive adjustment to the AHCCCS rates. These payment adjustments will occur for all dates of service in Contract Year Ending (CYE) 2023 (October 1, 2022 through September 30, 2023) 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, 2022 are eligible for a DAP increase under the following criteria

Domain	Description
a. Health Information Exchange Participation  (Up to 2.5%)	<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:</p> <ul style="list-style-type: none"> <li>i. Milestone #1: No later than April 1, 2022, the hospital 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.</li> <li>ii. 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:               <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ul> </li> <li>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, if required by the</li> </ul>

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	<p>external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.</p> <p>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 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>v. Milestone #5: 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: 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.</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"> <li>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.</li> <li>2. Meet a minimum performance standard of at least 60% based on March 2022 data.</li> <li>3. If performance meets or exceeds an upper threshold of 90% based on March 2022 data, the hospital meets the criteria,</li> </ol>
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	<p>regardless of the percentage improvement from the baseline measurements.</p> <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"> <li>1. Data source and data site information must be submitted on all ADT transactions. (0.5%)</li> <li>2. Event type must be properly coded on all ADT transactions. (0.5%)</li> <li>3. 3. Patient class must be properly coded on all appropriate ADT transactions. (0.5%)</li> <li>4. 4. Patient demographic information must be submitted on all ADT transactions. (0.5%)</li> <li>5. 5. Overall completeness of the ADT message. (0.5%)</li> </ol> <p>x. Data Quality Standards</p> <ol style="list-style-type: none"> <li>1. Measure 1: Data source and data site information must be submitted on all ADT transactions. <ol style="list-style-type: none"> <li>i. Standards: HL7</li> <li>ii. Inclusions: MSH.4 and PV1.3.4</li> <li>iii. Exclusions: None</li> <li>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.</li> </ol> </li> <li>2. Measure 2: Event type must be properly coded on all ADT transactions. <ol style="list-style-type: none"> <li>i. Standards: HL7</li> <li>ii. Inclusions: EVN.1, MSH.9.1, MSH.9.2</li> <li>iii. Exclusions: None</li> </ol> </li> <li>3. Measure 3: Patient class must be properly coded on all appropriate ADT transactions. <ol style="list-style-type: none"> <li>i. Standards: HL7</li> <li>ii. Inclusions: PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04)</li> <li>iii. Exclusions: None</li> </ol> </li> <li>4. Measure 4: Patient demographic information must be submitted on all ADT transactions. <ol style="list-style-type: none"> <li>i. Standards: HL7</li> </ol> </li> </ol>
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	<ul style="list-style-type: none"> <li>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</li> <li>iii. Exclusions: None</li> <li>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.</li> </ul> <p>5. Measure 5: Overall completeness</p> <ul style="list-style-type: none"> <li>i. Standards: HL7</li> <li>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</li> <li>iii. Exclusions: None</li> </ul> <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. 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: <a href="mailto:DAP@healthcurrent.org">DAP@healthcurrent.org</a>.</p> <p>If a facility has already achieved one or more of the CYE 2023 milestones as of April 1, 2022, 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. 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.</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</p>
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	2024) if a DAP is available at that time.
<p>b. Care Coordination Agreement with Non-IHS/638 Facilities  (0.5%)</p>	<p>IHS/Tribal 638 facilities will be eligible for DAP increase by participating in a CCA with an 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> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul> <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@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 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.</p>
<p>c. Hospital Capacity Reporting  (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"> <li>1. Number of ICU beds in use</li> <li>2. Number of ICU beds available for use</li> <li>3. Number of Medical-Surgical beds in use</li> <li>4. Number of Medical-Surgical beds available for use</li> <li>5. Number of Telemetry beds in use</li> <li>6. Number of Telemetry beds available for use</li> </ol> <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: <a href="mailto:AHCCCSDAP@azahcccs.gov">AHCCCSDAP@azahcccs.gov</a></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 that time.</p>

d. **Payment Methodology**

All payments will be increased by 2.5% 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 CCA agreement, and by 0.25% if the IHS/Tribal 638 facility meets the above criteria for hospital capacity reporting. The proposed DAP for IHS/638 facilities would be applicable to the All-inclusive Rate (AIR).