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State/Territory Name: Arizona

State Plan Amendment (SPA) #: 20-0030

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



Financial Management Group

September 7, 2021

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

RE: TN 20-0030

Dear Director Snyder:

We have reviewed the proposed Arizona (AZ) State Plan Amendment (SPA) to Attachment 4.19-B AZ-20-0030, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 17, 2020. This plan amendment updates the Arizona 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, 2020. 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.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 0 — 0 3 0

2. STATE

Arizona

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2020

5. TYPE OF PLAN MATERIAL (*Check One*) NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 447

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 2,432,100

b. FFY 2022 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 2 to Attachment 4.19-B
pg 1-269. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)Supplement 2 to Attachment 4.19-B
pg 1-13

10. SUBJECT OF AMENDMENT

Updates the IP DAP program, effective October 1, 2019.

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Dana Flannery14. TITLE
Assistant Director15. DATE SUBMITTED
12/17/2020

16. RETURN TO

Dana Flannery
801 E. Jefferson, MD#4200
Phoenix, Arizona 85034

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
December 17, 202018. DATE APPROVED
September 7, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Todd McMilliom

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

02/07/21: State provides concurrence for pen and ink change to Box 10 from "Updates the IP DAP program, effective October 1, 2019" to
Updates OP DAP program, effective October 1, 2020."

03/10/21: State provides concurrence for pen and ink change to Box 9, adding "and 14-15."

08/25/21: State provides concurrence for pen and ink change to Box 8, from "pg 1-26" to "pg 1-27."

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The following is a description of methods and standards for determining Differential Adjusted Payments for providers registered with AHCCCS as integrated clinics, registered physicians, physician's assistants, and registered nurse practitioners, dental providers, Behavioral Health Outpatient Clinics, Critical Access Hospitals, and Hospitals Subject to APR-DRG Reimbursement, excluding Critical Access Hospitals. The purpose of the Differential Adjusted Payment is to distinguish facilities which have committed to supporting designated actions that improve patients' care experience, improve members' health, and reduce cost of care growth. The Differential Adjusted Payment Schedule represents a positive adjustment to the AHCCCS Fee-For-Service rates. These payment adjustments will occur for all dates of service in Contract Year Ending (CYE) 2021 (October 1, 2020 through September 30, 2021) only.

1) Integrated Clinics

A. Applicability

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

a. Licensure

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

b. Behavioral Health Services Utilization At Least 40.0%

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

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

c. HIE Participation

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

- i. Milestone #1: No later than May 27, 2020 the clinic must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have

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- already been achieved. If it is the clinic's first year in the DAP initiative, then it must meet the participation agreement requirement of this milestone by August 1, 2020.
- ii. Milestone #2: No later than May 27, 2020 the clinic must electronically submit actual patient identifiable information to the production environment of the qualifying HIE organization, including both a registration event and an encounter summary. If a clinic is in the process of integrating a new Practice Management and/or EHR system, or if it is the clinic's first year in the DAP initiative, then it must meet this milestone no later than January 1, 2021.
 - iii. Milestone #3: Complete the following COVID-19 related milestones, if they are applicable:
 - 1. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system.
 - 2. By September 1, 2020, or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system.
 - 3. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system.
 - 4. By October 1, 2020, clinics that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
 - iv. Milestone #4: No later than January 1, 2021, the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via a qualifying HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the clinic's electronic health record (EHR).
 - v. Milestone #5: No later than April 1, 2021 the clinic must submit actual patient identifiable information to the production environment of a qualifying HIE, specifically including Seriously Mentally Ill (SMI) data elements, as defined by the qualifying HIE organization.

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

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

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FFSRates@azahcccs.gov, and
ceo@healthcurrent.org

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

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

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

B. IHS/638 Facilities

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

C. Payment Methodology

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

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

2) Physicians, Physician Assistants, and Registered Nurse Practitioners

A. Applicability

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

a. Electronic Prescriptions (1.0%)

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

- i. Only approved and adjudicated AHCCCS claims and encounters for July 1, 2019 through December 31, 2019 dispense dates will be utilized in the computations.
- ii. AHCCCS will compute claims and encounters for this purpose as of May 12, 2020 to determine which providers meet the minimum threshold.
- iii. AHCCCS will not consider any other data when determining which providers qualify for the DAP increase.
- iv. E-Prescriptions include those prescriptions generated through a computer-to-computer electronic data interchange protocol, following a national industry standard and identified by Origin Code 3.
- v. Refills of original prescriptions whereby the original prescriptions meet the definition of E-Prescriptions shall not be counted as E-Prescriptions.

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

b. 6-Week Postpartum Visits (1.0%)

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

B. 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

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Section 9 below for IHS/638 DAP details.

C. Payment Methodology

Physicians, physician assistants, and registered nurse practitioners will qualify for a 1% increase on all services billed on the CMS Form 1500 for each measure met in 2A. The DAP increase will apply to claims with service dates from October 1, 2020 to September 30, 2021

3) Dental Providers

A. Applicability:

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

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

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

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

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

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

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

C. Payment Methodology

For the contracting year October 1, 2020 through September 30, 2021, eligible providers

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will qualify for a 1% increase on all services billed for each measure met in 3A.

4) Behavioral Health Outpatient Clinics and Integrated Clinics

A. Applicability

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

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

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

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

b. Autism Centers of Excellence (3.0%)

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

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

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

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

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

C. Payment Methodology

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

5) Critical Access Hospitals**A. Applicability**

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

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

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

To be considered for the DAP increase, a hospital must first submit a LOI to AHCCCS and the HIE. The LOI is an attestation that the hospital will achieve the milestones (described in 6.A.a.i-vi) by the specified dates, or maintain participation in the milestone activities if they have already been achieved. Submission of the LOI does not guarantee that the hospital will receive a DAP increase. Receiving a DAP increase of up to 10% (for each of the five categories) is contingent upon the hospital achieving the milestones (described in 5.A.a.i-vi) and meeting the performance criteria (described in 5.A.a.vii) for each of the DAP HIE Quality Standards (described in 5.A.i.viii).

The milestones that a hospital must achieve are:

- i. Milestone #1: No later than May 27, 2020 the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved.
- ii. Milestone #2: No later than June 1, 2020 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission,

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- discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
- iii. Milestone #3: Complete the following COVID-19 related milestones, if they are applicable:
1. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system.
 2. By September 1, 2020, or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system.
 3. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system.
 4. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
- iv. Milestone #4: No later than November 1, 2020 the hospital must approve and authorize a formal SOW to initiate and complete a Phase 2 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with the qualifying HIE organization.
- v. Milestone #5: No later than January 1, 2021 the hospital must complete the Phase 2 initial data quality profile with a qualifying HIE organization.
- vi. Milestone #6: No later than May 1, 2021 the hospital must complete the Phase 2 final data quality profile with a qualifying HIE organization.

In addition to the LOI agreeing to the above milestones, a hospital must meet these following performance criteria:

- vii. Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below in 5.a.viii.

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1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2019 data, to the final data quality profile, based on March 2020 data.
 2. Meet a minimum performance standard of at least 60% based on March 2020 data.
 3. If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
- viii. DAP HIE Data Quality Standards 2021 Measure Categories: Hospitals that meet the standards, as defined in these final requirements qualify for a 2.0% DAP increase for each category of the five measure categories, for a total potential increase of 10.0% if criteria are met for all categories.
1. Data source and data site information must be submitted on all ADT transactions. (2.0%)
 2. Event type must be properly coded on all ADT transactions. (2.0%)
 3. Patient class must be properly coded on all appropriate ADT transactions. (2.0%)
 4. Patient demographic information must be submitted on all ADT transactions. (2.0%)
 5. Overall completeness of the ADT message. (2.0)

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

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

FFSRates@azahcccs.gov, and
ceo@healthcurrent.org

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

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

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

b. Long-Acting Reversible Contraception (10.0%)

For dates of services from October 1, 2020 through September 30, 2021, hospitals subject to APR-DRG reimbursement (Provider Type 02) may qualify for a 10% DAP increase for long-acting reversible contraception devices on codes J7296 - J7298, J7300 - J7301, and J7307.

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

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

C. Payment Methodology

For critical access hospitals, payment rates for outpatient services will be increased by 10.0% if they meet the HIE requirements, and by 10% on select procedure codes as defined in paragraph 6.A.b if they meet the long-acting reversible contraception requirements for service dates from October 1, 2020 to September 30, 2021.

These increases do not apply to supplemental payments.

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

A. Applicability

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

- a. Health Information Exchange Participation (2.5%) The hospitals that are eligible to participate in this DAP initiative are: Providers that have not previously participated in DAP, Providers that participated in CYE 2019 DAP (but not CYE 2020 DAP) and Providers that participated in CYE 2020 DAP (but not CYE 2019 DAP). Participants in this initiative cannot participate in the Health Information Exchange Performance initiative described in 1.b.

Participation in a qualifying Health Information Exchange (HIE) organization

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qualifies the hospital for a 2.5% DAP increase for outpatient services.

Participation means that by May 27, 2020, the hospital must have submitted a Letter of Intent (LOI) to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:

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

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authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.

- v. Milestone #5: No later than November 1, 2020 the hospital must approve and authorize a formal scope of work (SOW) with a qualifying HIE organization to initiate and complete a Phase 1 data quality improvement effort, as defined by the qualifying HIE organization in collaboration with the qualifying HIE organization.
- vi. Milestone #6: No later than January 1, 2021 the hospital must complete the Phase 1 initial data quality profile with a qualifying HIE organization.
- vii. Milestone #7: No later than May 1, 2021 the hospital must complete the Phase 1 final data quality profile with a qualifying HIE organization.

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

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

FFSRates@azahcccs.gov, and
ceo@healthcurrent.org

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

If a hospital submits an LOI and receives the 2.5% DAP increase for CYE 2021, but fails to achieve one or more of the milestones by the specified date, or fails to maintain its participation in the milestone activities, that

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

b. Health Information Exchange Participation

Hospitals that participated in both CYE 2019 and CYE 2020 DAP are eligible to participate in this DAP initiative. Participants in this initiative cannot participate in the Health Information Exchange Participation initiative described in 6.A.1.(a)

To be considered for the DAP increase, a hospital must first submit a LOI to AHCCCS and the HIE. The LOI is an attestation that the hospital will achieve the milestones (described in 6.A.a.i-vi) by the specified dates, or maintain participation in the milestone activities if they have already been achieved. Submission of the LOI does not guarantee that the hospital will receive a DAP increase. Receiving a DAP increase of up to 2.5% (for each of the five categories described in 6.A.1.b.viii) is contingent upon the hospital achieving the milestones (described in 6.A.1.b.i-vi) and the performance criteria (described in 6.A.1.b.vii) for each of the DAP HIE Quality Standards (described in 6.A.1.b.viii).

The milestones that a hospital must achieve are:

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

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

In addition the submission of the LOI agreeing to the above milestones, the hospital must meet these following performance criteria:

- vii. Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below in 6.A.1.b.viii.
 1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2019 data, to the final data quality profile, based on March 2020 data.
 2. Meet a minimum performance standard of at least 60% based on March 2020 data.
 3. If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.

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- viii. DAP HIE Data Quality Standards 2021 Measure Categories: Hospitals that meet the standards, as defined in these final requirements , qualify for a 0.5% DAP increase for each category of the five measure categories, for a total potential increase of 2.5% if criteria are met for all categories for service dates from October 1, 2020 to September 30, 2021.
1. Data source and data site information must be submitted on all ADT transactions. (0.5%)
 2. Event type must be properly coded on all ADT transactions. (0.5%)
 3. Patient class must be properly coded on all appropriate ADT transactions. (0.5%)
 4. Patient demographic information must be submitted on all ADT transactions. (0.5%)
 5. Overall completeness of the ADT message. (0.5%)

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

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

FFSRates@azahcccs.gov, and
ceo@healthcurrent.org

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

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c. Sepsis Care Performance Measure (1.0%)

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

Notwithstanding the Sepsis Care Performance measure discussed above, a pediatric hospital will qualify to receive this DAP increase if it submits a letter to AHCCCS by May 27, 2021 attesting it is a participant in the Improving Pediatric Sepsis Outcomes (IPSO) collaborative for 2020 at the following address: FFSRates@azahcccs.gov.

d. Long-Acting Reversible Contraception (10.0%)

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

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

a. Health Information Exchange Participation (2.5%)

The hospitals that are eligible to participate in this DAP initiative are: Providers that have not previously participated in DAP, Providers that participated in CYE 2019 DAP (but not CYE 2020 DAP) and Providers that participated in CYE 2020 DAP (but not CYE 2019 DAP). Participants in this initiative cannot participate in the Health Information Exchange Performance initiative described in 6.A.2.b.

Participants in this initiative cannot participate in the Health Information Exchange Performance initiative described below in 6.A.2.b

Participation in a qualifying Health Information Exchange (HIE)

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

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

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authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.

- v. Milestone #5: No later than November 1, 2020 the hospital must approve and authorize a formal SOW with a qualifying HIE organization to initiate and complete a Phase 1 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with the qualifying HIE organization.
- vi. Milestone #6: No later than January 1, 2021 the hospital must complete the Phase 1 initial data quality profile with a qualifying HIE organization.
- vii. Milestone #7: No later than May 1, 2021 the hospital must complete the Phase 1 final data quality profile with a qualifying HIE organization.

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

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

FFSRates@azahcccs.gov, and
ceo@healthcurrent.org

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

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

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September 30, 2022 (CYE 2022) if a DAP is available at that time.

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

Hospitals that participated in both CYE 2019 and CYE 2020 DAP are eligible to participate in this DAP initiative. Participants in this initiative cannot participate in the Health Information Exchange performance initiative described in 6.A.2.a.

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

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

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

In addition the submission of the LOI agreeing to the above milestones, the hospital must meet these following performance criteria

Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to DAP increases described below in 6.2.b.vii.

1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2019 data, to the final data quality profile, based on March 2020 data.
 2. Meet a minimum performance standard of at least 60% based on March 2020 data.
 3. If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
- vii. DAP HIE Data Quality Standards 2021 Measure Categories: Hospitals that meet the standards, as defined in these final requirements , , qualify for a 0.5% DAP increase for each category of the five measure categories, for a total potential increase of 2.5% if criteria are met for all categories.
 1. Data source and data site information must be submitted on all ADT transactions. (0.5%)
 2. Event type must be properly coded on all ADT transactions. (0.5%)

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3. Patient class must be properly coded on all appropriate ADT transactions. (0.5%)
4. Patient demographic information must be submitted on all ADT transactions. (0.5%)
5. Overall completeness of the ADT message. (0.5%)

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

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

FFSRates@azahcccs.gov, and

ceo@healthcurrent.org

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

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

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

Hospitals that meet the Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) performance measure will qualify for a 2.0% DAP increase. On May 12, 2020, AHCCCS will download the most current data from the QualityNet.org website to identify Medicare's Annual Payment Update (APU) recipients. APU

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recipients are those facilities that satisfactorily met the requirements for the IPFQR program, which includes multiple clinical quality measures. Facilities identified as APU recipients will qualify for the DAP increase.

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

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

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

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

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

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

C. Payment Methodology

For hospitals receiving APR-DRG reimbursement (described in Section 6.A.1 above), fee-for-service payment rates may be increased up a maximum of 13.5 %. Payment rates for outpatient services will be increased by 2.5% if they meet the HIE requirements, by 1.0% if they meet the sepsis requirements, and hospitals will receive 10% on select long-acting reversible contraception procedure codes as defined in paragraph 6.A.1.d.

These increases do not apply to supplemental payments.

For other hospitals and facilities (described in Section 6.A.2 above), fee-for-service payment rates may be increased up a maximum of 4.5%. Payment rates for outpatient services will be increased by 2.5% if they meet the HIE requirements. For inpatient psychiatric facilities, payment rates for outpatient services will be increased by 2.0% if they meet the requirements detailed in 6.A.2.C. For Long-Term Care Hospitals, payment rates for outpatient services will be increased by 2.0% if they meet the requirements detailed in 6.A.2.D. For inpatient rehabilitation

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hospitals, payment rates for outpatient services will be increased by 2.0% if they meet the requirements detailed in 6.A.2.E.

These increases do not apply to supplemental payments.

7) Behavioral Health Outpatient Clinics (1.0%)

A. Applicability:

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

a. Health Information Exchange Participation (1.0%)

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

- i. Milestone #1: No later than May 27, 2020 the clinic must submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved
- ii. Milestone #2: No later than August 1, 2020, the clinic must have in place an active participation agreement with a qualifying HIE organization.
- iii. Milestone #3: By October 1, 2020, providers that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
- iv. Milestone #4: No later than January 1, 2021 the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via a qualifying HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the clinic's EHR.

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

FFSRates@azahcccs.gov, and
ceo@healthcurrent.org

If a clinic has already achieved one or more of the CYE 2021 milestones as of May 27, 2020, the LOI must include a commitment by the clinic to maintain its participation in

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

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

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

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

C. Payment Methodology

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

8) Home and Community Based Services (0.5%)

A. Applicability:

Home and Community Based Services (HCBS) Providers are eligible for DAP increases under the following criteria. The DAP increase will be applicable to the specified services described below when provided on a FFS basis.

a. Electronic Visit Verification Readiness Participation (0.5%)

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

- i. For a provider with no EVV system currently in place that is choosing to use the state-wide EVV system, submit a LOI to AHCCCS and the EVV vendor by May 29, 2020 that includes an attestation that it has a plan to meet EVV

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compliance requirements and will register for required training on the State's prescribed timeline.

- ii. For a provider with an EVV system currently in place that is choosing to use an alternate EVV system, submit a LOI to AHCCCS and the EVV vendor by May 29, 2020 that includes an attestation that it has a plan to meet EVV compliance requirements and an acknowledgement it has received and reviewed the technical requirements for use of an alternate EVV vendor.

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

- iii. The DAP increase will be applicable to Provider Type 77 (Behavioral Outpatient Clinic), Provider Type 46 (Private Duty Nurse), Provider Type 23/95 (Home Health Agency) if it was performed at Place of Service 12, 13, or 99 and the following types of service: home health (aide, therapy, nursing services), personal care, respite, and skills training.

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

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

C. Payment Methodology

For the contracting year October 1, 2020 through September 30, 2021, eligible providers who met the EVV readiness activities described above will qualify for a 0.5% increase on services with the applicable combination of provider type, place of service and service codes in Paragraph 8.A.a.iii.

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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) 2021 (October 1, 2020 through September 30, 2021) only.

9) IHS and 638 Tribally Owned and/or Operated Facilities

A. Applicability Hospitals, Provider Type 02, owned and/or operated by Indian Health Services (IHS) or under Tribal authority by May 27, 2020 are eligible for a DAP increase under the following criteria:

a. Health Information Exchange Participation

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

- i. Milestone #1: No later than May 27, 2020 the facility must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved.
- ii. Milestone 2: By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
- iii. Milestone #3: No later than December 1, 2020 the facility must approve and authorize a formal SOW with a qualifying HIE organization to develop and implement the data exchange necessary to meet the requirements of Milestones #4, #5 and #6.
- iv. Milestone #4: No later than April 1, 2021 the facility must electronically submit actual patient identifiable information to the production environment of a qualifying HIE organization, including admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the facility has an emergency department.
- v. Milestone #5: No later than June 1, 2021 the facility must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: laboratory and radiology information (if the provider has these services), transcription,

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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.

- vi. Milestone #6: If the facility has ambulatory and/or behavioral health practices, then no later than June 1, 2021 the facility must submit actual patient identifiable information to the production environment of a qualifying HIE, including registration, encounter summary, and SMI data elements as defined by the qualifying HIE organization.

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

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

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

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

B. Payment Methodology

All payments will be increased by 2.5% if the IHS/638 facility meets the above criteria for HIE participation. The proposed DAP for IHS/638 facilities would be applicable to the All-inclusive Rate (AIR).