ARIZONA STATE MEDICAID
HEALTH INFORMATION TECHNOLOGY PLAN

2022 Version 11.0

January 6, 2022
Jami Snyder, Director

REVISION HISTORY

AHCCCS initially submitted its SMHP in 2011. Each year AHCCCS has updated its SMHP. A summary of major changes is reflected below.

Version Number	Submission Date	Section	Comments
1.0	March 22, 2011	All	Submission to CMS for Approval
2.0	July 18, 2011	CMS Approval Letter for SMHP Version 1.0, Appendix A changes made	*Submission to CMS for Final SMHP Approval in response to 6/16/2011 Conditional Approval Letter 9/14/2011 via email.*
3.0	May 9, 2013	2013 program changes, e.g., patient volume	*Not approved*
4.0	July 22, 2013	*All*	*Submission to CMS for approval to implement 2014 Meaningful Use Stage 1 changes and update Arizona's current environment and HIT landscape. Approved November 19, 2013.*
5.0	August 29,2014	*All*	*Changes have been made throughout the document. Refer to Appendix B for a description of these changes including the addition of significant new information on the HIE vision, information on programmatic changes described in IAPD requests, new landscape assessment information, changes to program metrics and targets, and updates throughout.*
5.1	December 10, 2014	*Section C – Administer and Oversee the EHR Payment Program*	*Responding to questions 10, 15, 17, 18, 19, 22, 23, 26, 27, 28* *Section B question 10*

Version Number	Submission Date	Section	Comments
6.0	*November 20, 2015*	*All*	*Changes have been made throughout the document. Agency plans for EP Recruitment, MITA Assessment, Audit Support, Provider Satisfaction Survey, Expanded Functionality of ePIP for Administrative Workflows, Approval of EPs in HIE Onboarding, creation of state formula for Fair Share, CQM Consulting Support, Public Health MU Reporting Through the HIE, Behavioral and Clinical Health Integration and Use of the HIE, Revision of the Agency HIE Participation Agreement, Staff Augmentation for Administration and Programming Support*
7.0	*November 2016*	*All*	*Responses to questions from last year's approval letter have been added. A crosswalk is included to assist with finding responses. All tables and figures with available current data have been updated.* *HITECH funding requests have been included for approval for onboarding non-eligible Medicaid providers, (SMD #16-003), new eRx campaign to stimulate increased use of e-prescribing, integrated IT Environment, MITA HITECH Roadmap development, eCQM reporting, subject matter expert support future state of Public Health Reporting, inclusion of Prescription Drug Monitoring Database, onboarding of BH providers with non-HITECH funds, Staff Augmentation for Administration and Programming Support*

Version Number	Submission Date	Section	Comments
8.0	*February 1, 2018*	*All*	*Responses to questions from last year's approval letter have been added. A crosswalk is included to assist with finding responses. All tables and figures with available current data have been updated.* *HITECH funding requests have been included. This SMHP includes planning for program administration, auditing, eCQM support, environmental scan, audit strategy update, new HIE onboarding rates and Connectivity of ADHS/EMS to the Health Information Exchange.*
9.0	*May 24, 2019*	*All*	*Updates to Section A landscape, new data for white space, eRX, payment and recruitment Section B HIE Governance Updates, Advisory Section C all updated Pre and Post-pay operations and Section D Audit all updated.* *Section E Benchmarks and Goals are provided.*
10.0	*July 8, 2020*	*All*	*Minor updates to Section A landscape, projects, statistics, and figures. Section B updated to reflect new projects and statistics. Section C all updated Pre and Post-pay operations and Section D Audit all updated. Section E statistics and benchmarks updated. Updated tables, figures, and headers throughout the document.*

Version Number	Submission Date	Section	Comments
11.0	*January 5, 2022*	*All*	*Updated to meet CMS' requirements outlined within the final SMHP companion guide. Projects and statistics updated within Sections A and B. Section E updated to align with AHCCCS's vision post-HITECH. A final environment scan was completed per CMS' requirements which is summarized in Section A and is included as a standalone document.*

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Introduction

Title IV, Division B of the American Reinvestment and Recovery Act (ARRA) established the Promoting Interoperability (PI) Program formerly the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program as one component of the Health Information Technology for Economic and Clinical Health (HITECH) Act. Section 4201 of ARRA provides funding for the Arizona Health Care Cost Containment System (AHCCCS or the agency) to: 1) Administer the incentive payments to eligible professionals and hospitals; 2) Conduct adequate oversight of the program, including tracking meaningful use by providers; and 3) Pursue initiatives to encourage the adoption of certified EHR technology to promote health care quality and the exchange of health care information.

AHCCCS developed its State Medicaid Health Information Technology Plan (SMHP) using the updated guidance and template provided by the Centers for Medicare & Medicaid Services (CMS) on June 11, 2020.[1] The AHCCCS SMHP is divided into sections A through E, which also follow CMS' updated SMHP Companion Guide, which defines required and optional sections. In this final SMHP update, AHCCCS has updated all required sections and select optional sections. Additional information in the appendices also helps to illustrate how the AHCCCS SMHP is in compliance with CMS requirements.

State and AHCCCS Background: Provides background information about the agency and discusses how the state economy, budget and health care reform are affecting the agency environment.

Section A: The State's "As Is" Health Information Technology (HIT) Landscape: Describes the environmental scan (eScan) and assessment conducted with CMS HIT Planning Advanced Planning Document funding and HIT activities impacting the agency, members, and providers across the State.

Section B: The State's "To Be" HIT Landscape: Describes the vision of the HIT future over the next five years and identifies achievable goals, objectives, and points of engagement needed to move the agency from where it is now to where it wants to be in terms of adoption and use of certified EHRs as well as overall implementation requirements, strategic plans, and tactical steps to successfully implement the program and its related HIT and health information exchange (HIE) goals and objectives.

Section C: The Administration and Oversight of the Promoting Interoperability Incentive Payment Program: AHCCCS has provided a timeline with significant programmatic and

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[1] Final SMHP Template 061120

technological activities through 2023 as noted in the most recent CMS Companion Guide. The timeline describes actions AHCCCS will perform to conclude and/or transition the PI Program.

Section D: The State's Audit Strategy: AHCCCS has submitted an updated separate audit strategy document and received approval from CMS on November 3, 2021, which aligns to CMS' Companion Guide requirements.

Section E: The State's HIT Roadmap: Provides a graphical and narrative pathway that shows migration from today ("As Is") to where it expects to be in five years ("To Be").

Section F: Appendices – A list of acronyms is included in the appendix.

Administrative Structure

Arizona's Medicaid PI Program is administered by AHCCCS, which is organized as described in Figure 1 below. Arizona has a state HIT Coordinator who also serves as the Medicaid HIT Coordinator. The HIT Coordinator reports to the Deputy Director of Business Operations and provides leadership for the Agency's PI Program and the development of the Agency's HIE strategy.

Figure 1. AHCCCS Organizational Chart
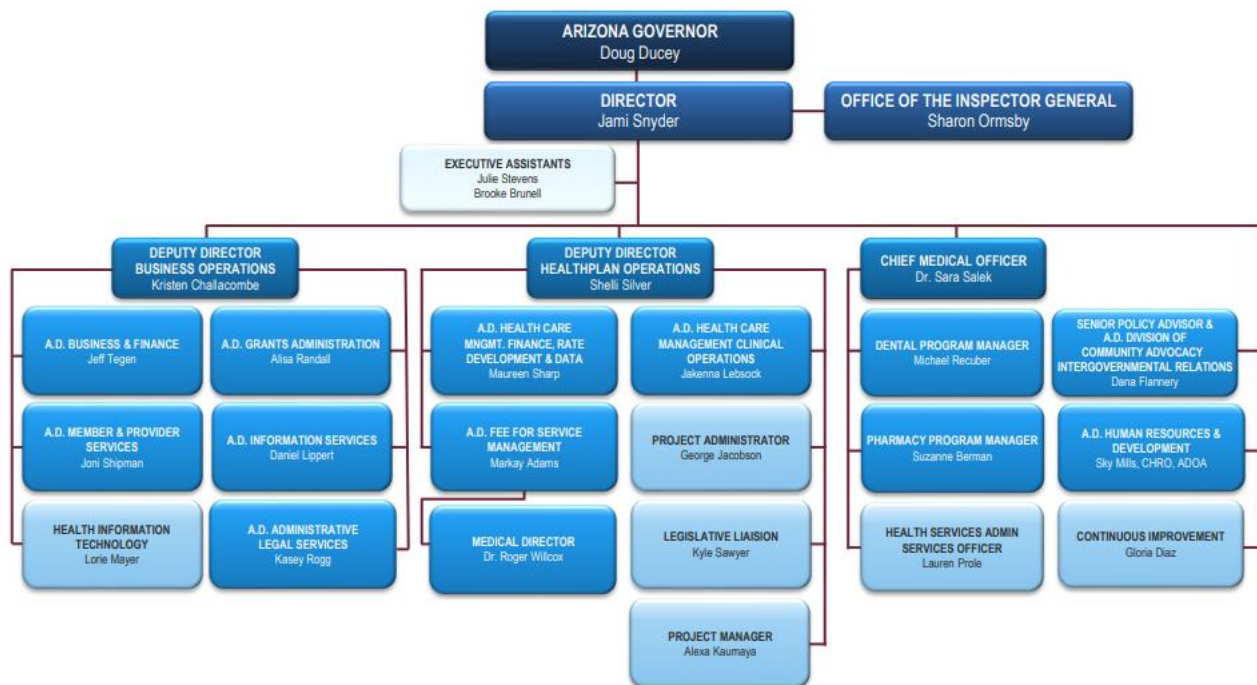
Data Source: AHCCCS January, 2022

For executive oversight of the PI Program and the Agency's HIT/HIE strategy development, the agency updated how it is providing oversight of the Promoting Interoperability Incentive Program. The agency formed a smaller team made up of the Director, the Deputy Director of Business Operations and the Deputy Director of Health Plan Operations, the Chief Medical Officer, and the Agency HIT Coordinator.

This smaller team, called the Executive Health IT Team was formed to review recommendations, approve submission of documents and budgets, help set priorities, and ensure HIT/HIE is coordinated across all agency functions.

The Executive Health IT Team will review and approve major program changes to the AHCCCS Medicaid Promoting Interoperability Incentive Program. Table 1 lists the positions of the Executive Health IT Team:

Table 1. AHCCCS Executive Health IT Team

AHCCCS Executive Health IT Team
• Director
• Deputy Director – Business Operations
• Deputy Director – Health Plan Operations
• Chief Medical Officer
• Medicaid HIT Coordinator

Population Distribution

Arizona has fifteen counties, mostly rural, with population concentrations in Maricopa County (Phoenix), Pima County (Tucson), Coconino County (Flagstaff), and Yuma County (Yuma) (Figure 2. State of Arizona and Counties Figure 2). Notably, there are three frontier counties (Apache, Greenlee, and La Paz) which have a lower population density than a rural county at less than six people per square mile.[2] From the 2020 Census, the current population for the entire state is 7.15 million.

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[2] https://www.aarp.org/livable-communities/tool-kits-resources/info-2020/what-is-a-frontier-community.html

Figure 2. State of Arizona and Counties
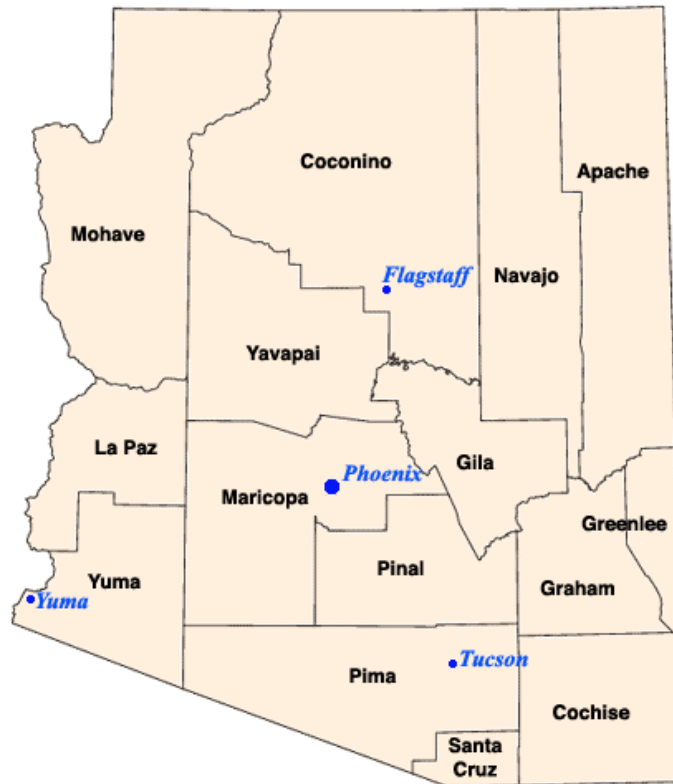
Population Highlights

The AHCCCS Population Highlights (Table 2) provides detailed information regarding the number of members in the AHCCCS population receiving full Medicaid benefits. This category also provides statistics on those populations not eligible for full services but who fall into different categories of eligibility which receive limited health services through AHCCCS.

Table 2. AHCCCS Population Highlights

AHCCCS population:

	7/1/21	8/1/21	9/1/21	10/1/21	11/1/21	12/1/21
AHCCCS Complete Care [2]	1,945,825	1,957,896	1,972,965	1,985,339	1,995,894	2,009,146
AHCCCS Complete Care/KidsCare [2]	56,142	56,556	57,353	58,446	59,850	61,253
ALTCS [1]	65,211	65,281	65,443	65,413	65,529	65,625
Partial Services (FES, SLMB, QI-1, Transplant Option 1 & 2)	184,787	186,029	187,185	187,951	188,987	189,689
Total Population	2,251,965	2,265,762	2,282,946	2,297,149	2,310,260	2,325,713

[1.] Includes both the ALTCS population, Freedom to Work (FTW) ALTCS members and Tribal ALTCS for Medicaid.

[2.] Includes individuals with SMI enrolled in the Regional Behavioral Health Authorities (RBHAs) and Fee-for-Service populations, which include the American Indian Health Program and Regional Behavioral Health Authorities and Tribal Regional Behavioral Health Authorities (TRBHA).

Data Source: AHCCCS Website: December, 2021

Arizona's HIE Environment

Health Current, a non-profit organization that serves the needs of Arizona stakeholders by bringing together communities and operating an HIE platform.

- The organization was originally created by an executive order in 2005 by Governor Napolitano to provide statewide HIT/HIE expertise.

- In 2015, Health Current, then known as the Arizona Health-e Connection (AzHeC), launched a new HIE platform.

Since then, Health Current and the Colorado Regional Health Information Organization (CORHIO), a Colorado HIE, formed a regional organization, Contexture, under an affiliation agreement which launched publically August 2021. As seen in Figure 3, Contexture, the umbrella organization is a nonprofit that provides strategic, technical, and administrative support to communities committed to advancing health through information sharing. Health Current remains as a non-profit health information exchange serving the local needs in Arizona.

CORHIO and Health Current will continue to maintain their HIE community-specific solutions, brands and websites with Contexture serving as the umbrella organization. Contexture will strategically consolidate key business functions of the affiliate organizations, working towards the goal of a fully merged organization in 2022.

Figure 3. Contexture Organizational Structure
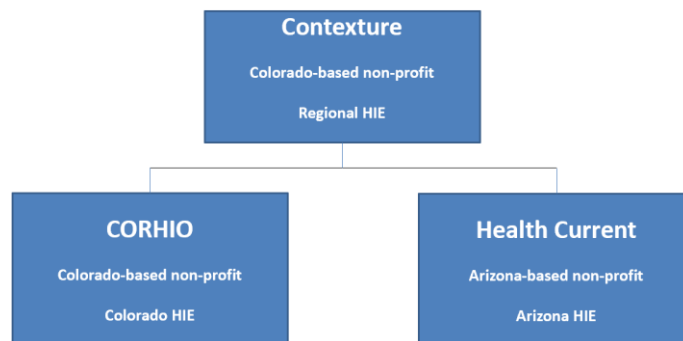
Since its inception, AHCCCS has been a permanent member on the Health Current Board of Directors to facilitate state support and planning for information technology and exchange. With Health Current and CORHIO operating as a merged organization, the Board functions have transitioned to Contexture. AHCCCS will serve on the Contexture board only.

Agency's Priorities for Providing Comprehensive Quality Health Care

AHCCCS has a multi-pronged strategy with numerous supporting initiatives to address its health care priorities. The four overarching agency priorities are:

1) Bending the cost curve while improving the member's health outcomes;

2) Pursuing continuous quality improvement;

3) Reducing fragmentation in health care delivery to develop an integrated system of health care; and

4) Maintaining a core organizational capacity, infrastructure and workforce.

These efforts will accelerate the delivery system's evolution towards a value-based integrated model that focuses on whole person health throughout the continuum and in all settings. Each of the components of the AHCCCS strategy will improve population health, transform the health care delivery system, and/or decrease per capita health care spending.

AHCCCS is also targeting efforts in specific areas where HIT and HIE can bring about significant change and progress, including: behavioral health; partnerships for integrated care; high need/high cost (HN/HC) individuals; American Indian care coordination; coordination between AHCCCS plans and Qualified Health Plans; and Justice System transitions.

Further, AHCCCS recognizes that it must develop the mechanisms needed to incorporate electronic health information into clinical quality performance measures such as the Healthcare Effectiveness Data and Information Set (HEDIS) measures, the Children's Health Insurance Program Reauthorization Act measures, Adult Core Measures, and Meaningful Use (MU) measure validation.

Currently, the agency receives administrative data in the form of encounters or claims from AHCCCS Managed Care Organizations (MCOs). However, the data in EHRs is richer and more actionable than what is currently available to AHCCCS. Certified EHR technology (CEHRT) offers more robust and timely data than administrative data, providing information such as laboratory values, indicating improvement in a member's health status or condition, and whether comprehensive preventive and follow-up services were provided during a visit, such as those required under the Federal Early Periodic Screening, Diagnostic and Treatment Services Program. Use of the data contained in EHRs may also provide an opportunity to focus intervention activities to improve clinical outcomes as well as enhance state and federal reporting capabilities.

Despite HITECH funding ending, AHCCCS is still pursuing a robust and comprehensive strategy to build the necessary HIT and HIE infrastructure in Arizona to support AHCCCS' goals, improve health outcomes, and reduce costs. The SMHP has been updated to reflect the most recent environment in Arizona and to define the post-HITECH vision. AHCCCS successfully engaged stakeholders through a stakeholder engagement process as part of the final eScan that was started in December 2020 and was completed in July 2021 which consisted of a provider survey and state-level and community-level interviews. The input from stakeholders was captured in a standalone Environmental Scan Report which was submitted to CMS separately, the findings were used to update the SMHP, and to create a standalone AHCCCS HIT Roadmap that outlines the vision and initiatives to continue the build out of the IT and data infrastructure that will be needed for AHCCCS.

Section A. The State's "As Is" HIT Landscape
A.1 Extent of EHR Adoption by Practitioners and Hospitals

(SMHP Companion Guide Question A #1)

2021 PI Program Statistics

Eligible Professional Participation
Arizona has made significant progress in administering the PI Program since the last submission of its SMHP in June of 2020. Table **3** and Table **4** represent, by year, the current number of payments sent to eligible professionals (EPs) and eligible hospitals (EHs) by program year through the Medicaid PI Program.

Table 3. AHCCCS PI Program Provider Types Payments Based on Program Year

AHCCCS Provider Types Paid* Based on Program Year												
Provider Type	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Count
CERTIFIED NURSE - MIDWIFE	53	30	29	35	11	41	31	22	2	0	0	254
DENTIST	74	44	56	42	47	77	16	18	1	0	0	375
MD-PHYSICIANS	1,018	1,118	902	756	523	777	385	256	61	0	0	5,796
PHYSICIAN ASSISTANT	4	5	1	0	0	0	0	0	0	0	0	10
REGISTERED NURSE PRACTITIONERS	178	167	215	187	129	295	114	67	8	0	0	1,360
Count Total by Calendar Year	1,327	1,364	1,203	1,020	710	1,190	546	363	72	0	0	7,795

Data Source: AHCCCS Pre-Pay Team, Payment Report, October 2021

Note: This includes all payments processed by AHCCCS, including any payments that were subsequently recouped.

Table 4. AHCCCS PI Program Hospital Types Payments Based on Program Year

AHCCCS Hospital Types Paid* Based on Program Year												
Provider Type	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**Count**
Acute Hospital IHS/638	3	4	5	4	0	0	0	0	0	0	0	**16**
Acute Hospital Non-IHS/638	29	32	42	45	22	9	0	0	0	0	0	**179**
Children's Hospital IHS/638	0	0	0	0	0	0	0	0	0	0	0	**0**
Children's Hospital Non-IHS/638*	0	1	2	2	2	2	0	0	0	0	0	**9**
Critical Access Hospital IHS/638	0	1	1	2	0	0	0	0	0	0	0	**4**
Critical Access Hospital Non-IHS/638	9	10	9	7	4	1	0	0	0	0	0	**40**
Count Total by Calendar Year	**41**	**48**	**59**	**60**	**28**	**12**	**0**	**0**	**0**	**0**	**0**	**248**

Data Source: AHCCCS Pre-Pay Team, Payment Report, October 2021

Note: This includes all payments processed by AHCCCS, including any payments that were subsequently recouped.

Table 5 represents the unique count and type of Arizona Hospitals paid through the Medicaid PI Program.

Table 5. AHCCCS PI Program Total Number of Unique Hospitals Participating

Hospital Type	IHS/638	Non-IHS/638	Count
Acute Hospital	5	53	**58**
Children's Hospital	0	3	**3**
Critical Access Hospital	2	12	**14**
Count Total by Calendar Year	**7**	**68**	**75**

Data Source: AHCCCS Pre-Pay Team, Payment Report, October 2021

EP Program Attestations and Payments

As shown in Table 6, there are 4,097 EPs that have achieved Adoption, Implementation, or Upgrade (AIU), 1,633 EPs that have achieved MU Stage 1, 1,993 EPs that have achieved MU Stage 2, and 72 EPs that have achieved Stage 3 since the inception of the PI Program.

Table 6. Arizona Promoting Interoperability Incentive Program Payments Status – 2021

Arizona Promoting Interoperability Program Payments*						
Eligible Professionals						
Program Year	**AIU**	**Stage 1**	**Stage 2**	**Stage 2^M**	**Stage 3**	**Payments**
2011	1,327	0	0	0	0	1,327
2012	1,062	302	0	0	0	1,364
2013	584	619	0	0	0	1,203
2014	297	712	11	0	0	1,020
2015	234	0	0	476	0	710
2016	593	0	0	597	0	1,190
2017	0	0	0	546	0	546
2018	0	0	0	363	0	363
2019	0	0	0	0	72	72
2020	0	0	0	0	0	0
2021	0	0	0	0	0	0
Total	**4,097**	**1,633**	**11**	**1,982**	**72**	**7,795**

Data Source: AHCCCS Pre-Pay Team, Payment Report, October 2021

Note: This includes all payments processed by AHCCCS, including any payments that were subsequently recouped.

Eligible Hospital Program Payment Summary

Table 7 contains a summary of all EHs that have received a payment or has a pending payment since the inception of the PI Program in 2011. The table shows the participation by EHs by year and the year they received first, second, third, or fourth year payments. Seven EHs did not participate in the program at all. Note that 19 EH payments are either under review or have been approved but not been paid yet.

Table 7. EH Payment Summary by Year

EH Payment Summary by Year				
Year / Participation	**Payment Year 1**	**Payment Year 2**	**Payment Year 3**	**Payment Year 4**
No Participation	**7**	**13**	**19**	**27**
2011	41	0	0	0
2012	23	24	0	0
2013	6	30	23	0
2014	2	10	29	19
2015	1	3	8	22
2016-2019	2	2	3	14
Total Participants	**75**	**69**	**63**	**55**

Data Source: DHCM - EH Activity Report, October, 2021

Arizona State Medicaid Health Information Technology Plan
January 5, 2022

Summary of AHCCCS EHR/PI Program Activity Electronic Prescribing of Controlled Substances Dashboard Report

On a monthly basis the agency compiles a PI Program Activity of payment disbursements and recoupments (Table 8). The following is a summary of disbursements, recoupments and adjustments as of October 2021. The information is summarizing payments by:

- Program Type (EP and EH);
- Type of Payment (AIU or MU); and
- Program Year (2011 to current date).

Disbursements
The agency disbursed 7,764 payments since the program started in 2011.

- 4,172 AIU payments made to EPs and EHs.
- 3,871 MU payments made to EPs and EHs.

Recoupments & Adjustments
The agency recovered 227 payments since the program started in 2011.

- 55 recoupments made to EPs and EHs.
- 172 adjustments made to EPs and EHs.

Table 8. Arizona PI Program Payments

Disbursement Report Summary

Summary by Program Type						
Program Year	**EP**	**EH**	**Number of Payments**	**EP**	**EH**	**Payment Amounts**
2011	1,327	41	1,368	$ 28,021,675.00	$ 51,293,814.60	$79,315,489.60
2012	1,364	48	1,412	$ 25,121,753.00	$ 43,608,140.69	$68,729,893.69
2013	1,203	59	1,262	$ 17,699,837.00	$ 47,613,197.25	$65,313,034.25
2014	1,020	60	1,080	$ 13,097,085.00	$ 33,459,758.98	$46,556,843.98
2015	710	28	738	$ 9,221,085.00	$ 10,886,358.93	$20,107,443.93
2016	1,190	12	1,202	$ 18,090,835.00	$ 4,958,768.65	$23,049,603.65
2017	546	0	546	$ 4,632,501.00	$ -	$4,632,501.00
2018	363	0	363	$ 3,079,834.00	$ -	$3,079,834.00
2019	72	0	72	$ 612,000.00	$ -	$612,000.00
2020	0	0	0	$ -	$ -	$0.00
2021	0	0	0	$ -	$ -	$0.00
Total	**7,795**	**248**	**8,043**	**$ 119,576,605.00**	**$ 191,820,039.10**	**$ 311,396,644.10**
Summary by Program Type						
AIU	4,097	75	4,172	$ 86,792,096.00	$ 83,109,085.10	$ 169,901,181.10
MU	3,698	173	3,871	$ 32,784,509.00	$ 108,710,954.00	$ 141,495,463.00
Total	**7,795**	**248**	**8,043**	**$ 119,576,605.00**	**$ 191,820,039.10**	**$ 311,396,644.10**
Summary of Recoupments & Adjustments						
Recoupments	54	1	55	$ (573,750.00)	$ (354,719.65)	($928,469.65)
Adjustments		173	173		$ (14,039,197.45)	($14,039,197.45)
Total	**54**	**174**	**228**	**($573,750.00)**	**($14,393,917.10)**	**($14,967,667.10)**
Summary of Program Type after Recoupments & Adjustments						
Final Payments	7,741	74	7,815	$ 119,002,855.00	$ 177,426,122.00	$296,428,977.00
Total	**7,741**	**74**	**7,815**	**$119,002,855.00**	**$177,426,122.00**	**$296,428,977.00**

Data Source: AHCCCS Pre-Pay Team, Payment Report, October 2021

AHCCCS EP Return Rates

Table 9, Table 10, and Table 11 show actual payments over time and the actual return rates. Table 11 shows the rate providers return to the program based on who participated in the prior years and who had not completed the next payment. Notably, there were high return rates of payment year three in 2014, payment year five in 2016, and payment year six in 2016.

Table 9. EP Actual Payments Over Time by Year

Pmt. Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
EP Actual Payments Over Time by Year											
1	1,327	1,064	590	349	252	627					
2		300	518	293	191	159	149	36	4	-	-
3			95	337	135	157	113	88	10	-	-
4				41	121	139	116	80	19	-	-
5					11	97	112	78	21	-	-
6						11	56	81	18	-	-

Table 10. Providers Eligible to Participate Based on Prior Year Participation

Pmt. Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Providers Eligible to Participate Based on Prior Year Participation											
1											
2		1,327	2,091	2,163	2,219	2,280	2,748	2,599	2,563	2,559	2,559
3			300	391	679	735	737	773	721	715	715
4				95	391	405	423	420	428	419	419
5					41	151	193	197	199	197	197
6						11	97	153	150	153	153

Table 11. Return Rates Based on Providers Eligible to Participate

Pmt. Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Return Rates Based on Providers Eligible to Participate											
1											
2		23%	25%	14%	9%	7%	5%	1%	0%	0%	0%
3			32%	86%	20%	21%	15%	11%	1%	0%	0%
4				43%	31%	34%	27%	19%	4%	0%	0%
5					27%	64%	58%	40%	11%	0%	0%
6						100%	58%	53%	12%	0%	0%

Comparison of Eligible Providers to Non-Eligible Providers

In Arizona, if a provider has seen one Medicaid patient, that provider needs to enroll in the agency's Provider Enrollment System. Once a provider is enrolled they receive an AHCCCS identification number which allows them to bill for the delivery of clinical services. Providers must enroll regardless as to the number of Medicaid patients the provider may treat. Consequently, there are a very high number of providers in the agency's Provider Enrollment System. However, not all of those providers have the patient volume to make them eligible for this program.

The agency currently has 31,512 doctors of medicine (MDs) and doctors of osteopathic medicine (DOs) registered as AHCCCS providers in its Provider Enrollment System. According to current PI Program Payment Registrations, 11.1 percent of the total number of MDs and DOs registered with the agency have registered with the PI Program.

As demonstrated in the table below, there are 8,580 nurse practitioners (NP) registered with the AHCCCS Provider Enrollment System and 1,347 have registered with the PI Program. There are 2,287 dentists registered with the AHCCCS Provider Enrollment System and 466 have registered with the PI Program. Among AHCCCS Registered Certified Nurse Midwives, 44.7 percent participate in the PI Program while only 1.8 percent of physician assistants are participating due to the strict definition of needing to "so lead an FQHC [Federally Qualified Health Center]". Overall, the percentage of AHCCCS Providers Registered for the PI Program compared to the Total Number of Active AHCCCS Providers is 11.7 percent.

Of the 5,964 Medicaid providers actively registered in the PI Program, 4,224 or 70.8 percent are receiving PI Program payments.

Table 12. Total Number of AHCCCS Registered Providers by type Compared to PI I Registered Providers

Provider Type	All Active AHCCCS Providers	EPip Registered Providers	% Providers Registered in Incentive Program	# Epip Registered Providers Receiving Incentive Payment	% Epip Registered Providers Receiving Incentive Payment
CERTIFIED NURSE-MIDWIFE	322	144	44.7%	104	72.2%
DENTIST	2,287	466	20.4%	306	65.7%
DO-PHYSICIAN OSTEOPATH	3,912	430	11.0%	315	73.3%
MD-PHYSICIAN	31,512	3,500	11.1%	2,707	77.3%
PHYSICIANS ASSISTANT	4,186	77	1.8%	10	13.0%
REGISTERED NURSE PRACTITIONER	8,580	1,347	15.7%	782	58.1%
Overall - Total	**50,799**	**5,964**	**11.7%**	**4,224**	**70.8%**

Note:

[1] Active Providers with the following provider types: 'REGISTERED NURSE PRACTITIONER', 'MD-PHYSICIAN', 'DO-PHYSICIAN OSTEOPATH', 'DENTIST', 'CERTIFIED NURSE-MIDWIFE', 'PHYSICIANS ASSISTANT'

[2] EHR: Electronic Health Record, Epip: Electronic Provider Incentive Payment

Data Source: AHCCCS Office of Business Intelligence September, 2021

2021 Arizona Environmental Scan

AHCCCS contracted with Myers and Stauffer LC (Myers and Stauffer) to conduct a comprehensive 2021 AHCCCS eScan and produce a final report. Notable participants included several critical AHCCCS leaders, Contexture, and the Arizona Department of Health Services (ADHS). The eScan report used various data sources, such as the Arizona State University (ASU) Center for Health Information & Research (CHiR), and other stakeholder engagement initiatives, to capture the current HIT and HIE landscape in Arizona. Two hundred and forty-five providers responded to the survey, and 62 participated in interviews. A summary of the engagement and findings is found in Figure 4.

Figure 4. AHCCCS eScan Stakeholder Interviews

State Interviews

Allowed for AHCCCS and additional state representatives (ADHS, Board of Pharmacy, Health Current, and ASU) to highlight past/current/planned initiatives, address successes and challenges, and speak to their subject matter expertise to meet the health IT goals of the state.

Community Interviews

Allowed for a diverse set of Arizona stakeholders to share successes in health IT, barriers to data sharing, and opportunities to improve the statewide health IT landscape. The stakeholders were classified into two groups: TI Program Participants and PI Program Participants.

62 Unique Participants

PI Program Eligible Providers, TI Program Eligible Providers, DAP Participants, Academia, Care Coordination Partners, Professional Healthcare Organizations, Associations, Community Based Organizations, State of Arizona Government Agencies.

All Arizona regions represented for statewide coverage.

Committed and cooperative stakeholders are among Arizona's key assets.

This report illustrates the state's progress from inception of the PI Program in 2011 to present and the overall impact of HITECH on HIT adoption and utilization. Among respondents, 92 percent had an EHR, but 41 percent of Contexture participants still use fax or US Mail to exchange data stored in the EHR. The full eScan Report can be found in Appendix A.

ASU Survey Historical Trends in Physician EHR Adoption

Through a comprehensive survey of all licensed physicians, the ASU CHiR has been tracking provider feedback about their EHR adoption since 2009. Highlights from the September 2021 survey "Physicians Use, Exchange and Evaluation of Electronic Medical Records" are summarized below.

Physician Population Survey Data

- There are 17,646 Total Physician License Renewals that were performed over the two year period.

- Approximately 11,587 of surveyed physicians lived in Arizona.

- Approximately 73 percent of practicing physicians in Arizona cared for Medicaid members.

- AHCCCS Medicaid members comprise over 28.2 percent of the state's population.

Physician EHR Utilization by County

Eighty percent of the State of Arizona's population lives in two counties: Maricopa County (Phoenix) and Pima County (Tucson). Physician practice locations parallel the general population where the largest number of physicians are in Maricopa County followed by Pima County. In the chart below, in a unique trend, some of the state's most rural counties have a higher percentage of physicians that reported utilizing an EHR than compared to some of the metropolitan counties.

Figure 5 also shows the percentage of utilization of EHR technology of Medicaid physicians compared to non-Medicaid physicians. It should be noted that one of the most populous counties, Maricopa, the percentage of Medicaid physicians using EHR technology nearly matches the number of non-Medicaid physicians.

Figure 5. EHR Utilization by County and AHCCCS vs. Non-AHCCCS, 2019- 2021
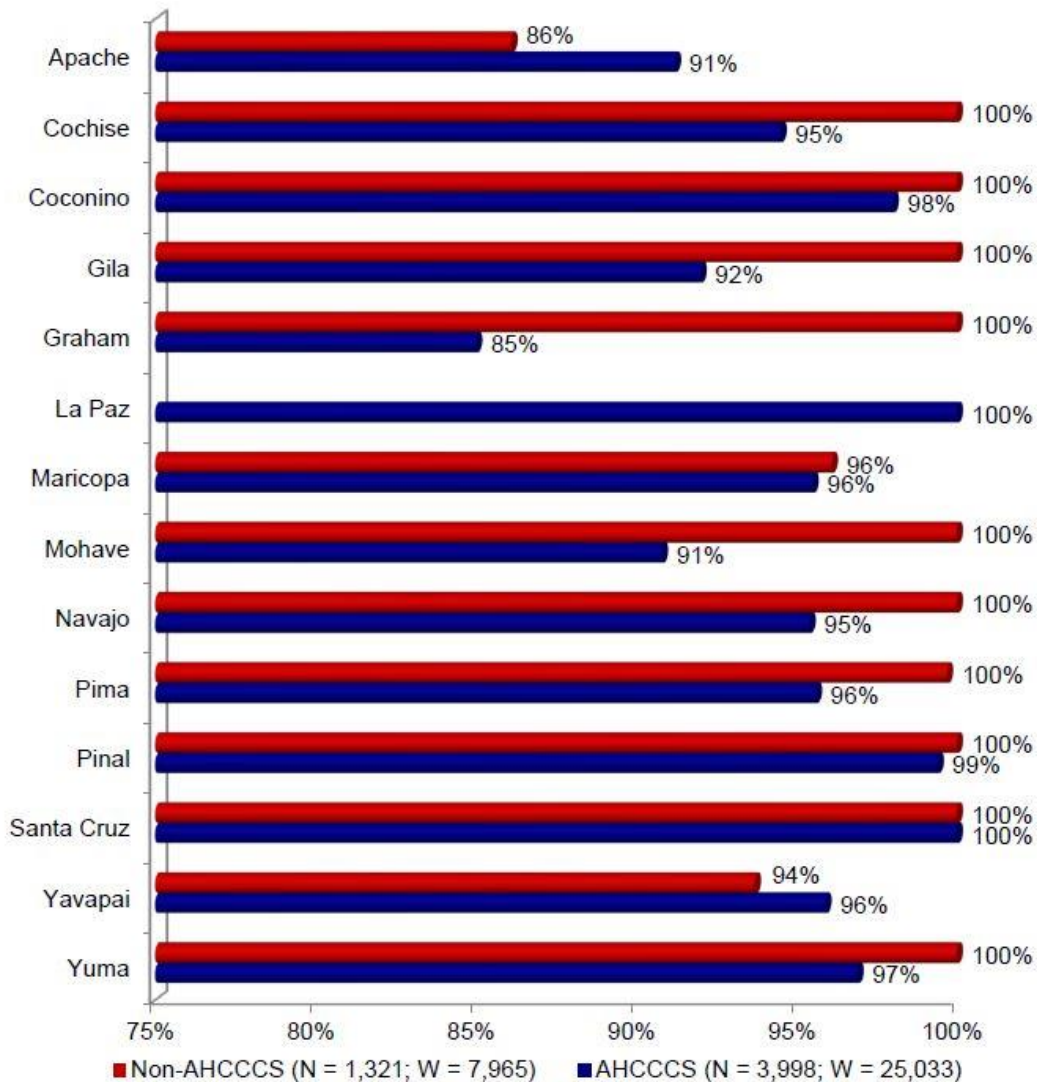
Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: For AHCCCS physicians, 658 respondents did not identify a method of storing medical records and 116 respondents did not identify their county. For Non-AHCCCS physicians, 283 respondents did not identify a method of storing medical records and 117 respondents did not identify their county. Pima and Maricopa Counties represent the urban areas. All other counties represent the rural areas. Greenlee County had no AHCCCS respondents. Greenlee and La Paz had no Non-AHCCCS respondents.

Electronic Health Record Adoption and Media Storage Over Time

Figure 6 shows the history of Arizona Medicaid EHR adoption as well its use in combination with other forms of record storage.

Approximately 96 percent of Arizona physicians used an EHR in 2019 – 2021 compared to 45 percent in 2007 – 2009.

In addition:

- The use of paper files as the only type of medical record declined from nearly 45.6 percent to approximately two percent between 2007 – 2009 and 2019 – 2021 in Arizona.

- The percentage of physicians using EHRs as their only medical record increased from 13.4 percent to 32.7 percent between 2007 – 2009 and 2019 – 2021 in Arizona.

- The combination of EHRs with scanned records increased from 11.6 percent to 44.5 percent of all electronic medical record (EMR) users between 2007 – 2009 and 2019 – 2021 in Arizona.

- In Arizona, the single most prevalent combination remains that of EMRs with scanned records.

The historical change in adoption and/or retention of other record storage media is fully displayed in Figure 6.

Figure 6. Methods of Storing Medical Records
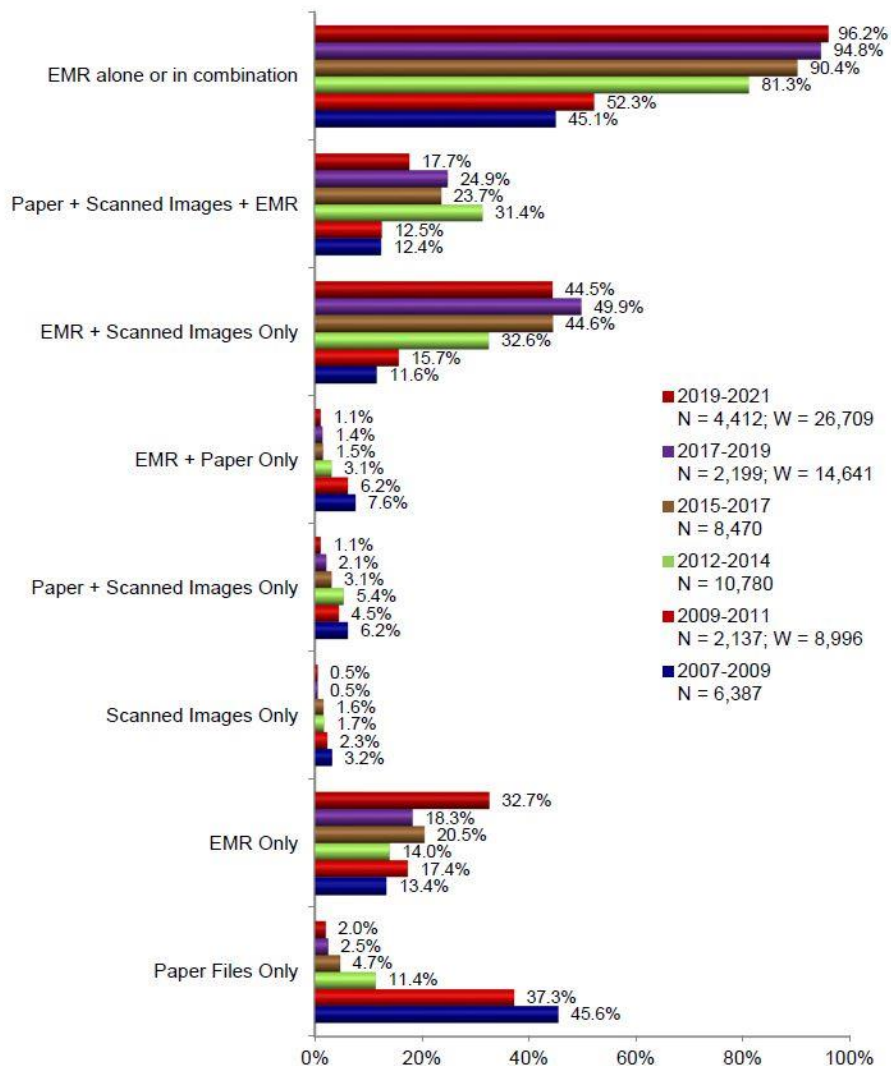
As shown in Figure 7, providers have increased the electronic exchange of information between other providers of select information types. Between the 2016 – 2018 and the 2019 – 2021 surveys, the percentage of providers exchanging lab results electronically has increased from 65.1 percent to 84.3 percent. Similarly, patient care summaries electronically exchanged has increased from 62.0 percent to 73.6 percent. The results do not state the extent or how often the respondent does electronically exchange the information.

Figure 7. Electronic Exchange of Information with Other Providers, 2019 – 2021
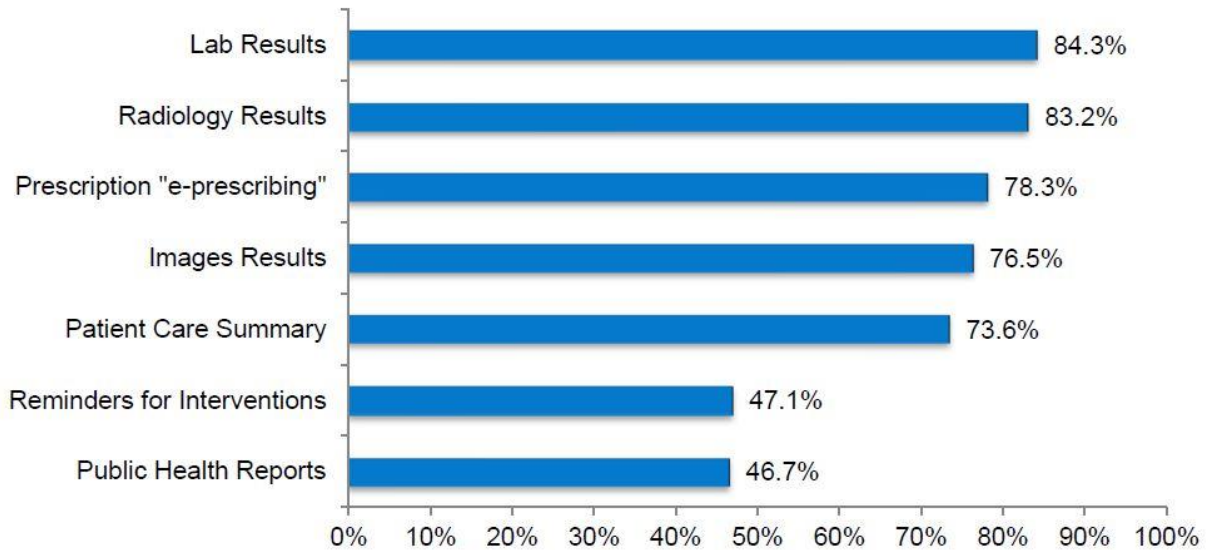
Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: The data in this table only include those physicians that answered *"Yes"* for each EMR function. The data exclude physicians in hospitals or hospital owned practices. Exchange of EMR functions was unknown for 2,507 respondents.

A.2 Broadband Internet Access Challenges to Rural Areas

This section has been omitted as it is optional according to the final SMHP template.

A.3 FQHC HIT/HIE HRSA Grant Funding

This section has been omitted as it is optional according to the final SMHP template.

A.4 VA and IHS Operation of Electronic Health Records

(SMHP Companion Guide Question A #4)

Per the updated CMS guidance this section is optional, AHCCCS is only providing updates on the Indian Health Services (IHS) within this section.

Indian Health Service EHR Adoption and Health Information Exchange Connectivity

Current Indian Health Service HIT/HIE Initiatives
Arizona is home to over 350,000 American Indians. IHS, tribal health programs operated under Public Law (P.L.) 93-638, and urban Indian Health Programs (collectively referred to as I/T/U) are the primary providers of health care to the majority of the estimated 132,497 American Indians enrolled in the American Indian Health Program as of December 2021.

Three IHS Area Offices oversee a number of hospitals and health care centers in the State of Arizona. There are approximately nine medical hospitals and 23 health centers that are tribal health programs operated under P.L. 93-638. Additionally, there are a number of behavioral health programs operated under P.L. 93- 638 among the 22 tribes in Arizona. Three urban Indian health programs oversee four health centers that are located in the urban centers of the state – Phoenix, Tucson, and Flagstaff.

Indian Health Service Electronic Health Record
Many of the IHS clinical facilities use the Resource and Patient Management System (RPMS) record as their EHR system and have attested for Stage 1 of MU. RPMS is an integrated solution for the management of clinical, business practice and administrative information in health care facilities of various sizes. The RPMS has an ambulatory EHR, which most, if not all, facilities use. The RPMS also has an inpatient and emergency room component, which may be used by some IHS Facilities. The balance of the tribal sites use commercial EHR systems. Certain tribal health programs operated under P.L. 93-638 including urban Indian health programs may also use the RPMS.

The Phoenix Area Indian Health Service is still using the 2014 Edition of CEHRT. Conversation with Arizona IHS staff in April 2019 informs us that they are in communication with Federal IHS staff and advocating for an exemption from the 2015 CEHRT requirement for 2019.

Due to the large number of American Indians in Arizona, AHCCCS is supportive of increased HIE connectivity to improve the amount of real time clinical data available for care coordination between IHS, tribally operated providers, other providers, and the MCOs.

Continuity of Care Document Architecture

Regarding Continuity of Care Document Architecture enabling IHS to communicate to the national eHealth Exchange, Contexture (State Level HIE) has communicated with IHS. IHS has indicated that their focus was to connect to other federal agencies and departments before they established connectivity with non-federal organizations. Establishing connectivity to Contexture is not currently a part of the IHS Document Architecture plan.

2021 eScan IHS Stakeholder Perspectives

During the 2021 eScan, several key stakeholders, including AHCCCS, Native American Connections, and Chinle IHS were interviewed regarding IHS and I/T/U. Highlights from these discussion include:

- EHR adoption is high among IHS and I/T/U facilities.

- AHCCCS is encouraging IHS facilities to become an American Indian Medical Home or be a participant of the Differential Adjusted Payment (DAP) program in order to provide connectivity and care coordination.

- HIE connectivity is important for all IHS and I/T/U facilities but adoption and utilization is still lacking. Currently, four IHS facilities are connected to an HIE in Arizona.

- Data sharing in general is a barrier within IHS and I/T/U facilities and as there are additional restrictions in place.

- COVID-19 has helped to reduce some barriers related to HIT such as telehealth, but broadband remains an issue to reliably use telehealth in the rural and tribal areas within Arizona.

A.5 Stakeholder Engagement in HIT/HIE Activity

(SMHP Companion Guide Question A #5)

AHCCCS Stakeholder Engagement Activities

Stakeholder Involvement in HIT/HIE
In 2006, Arizona published its first HIT/HIE roadmap the "Arizona Health-e Connection Roadmap" (referred to as *Roadmap 1.0*). AHCCCS was an active participant and supported the creation of Arizona Health-e Connection, which transitioned to Health Current, which is a public/private partnership and nonprofit organization that drives the adoption and optimization of HIT/HIE. A second state Roadmap was completed and published in February 2014 (*Arizona's Health IT Roadmap 2.0*) in partnership with Health Current.

For the conclusion of HITECH, AHCCCS has created a 2021 AHCCCS HIT Roadmap to define priorities, goals, and initiatives after HITECH ends. Findings from the eScan were used to create the Roadmap. The Roadmap will be used to continue to strengthen HIT and HIE within AHCCCS and across all of Arizona. Stakeholders engaged included AHCCCS, Contexture, the ADHS, and community partners including providers. Additional details of the Roadmap are found in Section E.

In addition to the AHCCCS eScan and Roadmap, other critical partners and programs have engaged stakeholders recently:

- Health Current, under the umbrella organization, Contexture, has completed an update to its strategic plan in December 2021. Through this process they have interviewed over 30 community organizations, conducted workshops, and have developed a use case roadmap with a focus on improving HIE within Arizona, targeting Medicaid and Public Health. These findings are expected to be shared in 2022 with the wider Arizona healthcare community.

- ADHS has updated their strategic plan, the Arizona Health Improvement Plan (AzHIP), in 2021 and engaged stakeholders through presentations, a survey, and a summit. AzHIP outlined several priorities over the next five years with some overlap to HIT and HIE.

- Through the PI Program, stakeholders continued to be engaged through education and outreach activities through September 30, 2021.

- Technical assistance and education of the TI Program has been led by Contexture and ASU in order to continue to grow the program. These activities are expected to continue in the future.

- Technical assistance and education of the DAP Program has been led by Contexture in order to continue to grow the program. These activities are expected to continue in the future.

Contexture Stakeholder Engagement Activities

Historically, Contexture has taken the lead in gathering stakeholders to provide input into a new state Health IT Roadmap that was published in February 2014. The **Health IT Roadmap 2.0** is available for download here: https://healthcurrent.org/wp-content/uploads/2016/03/arizona_health_it_roadmap_2.pdf.

2020 Contexture Arizona Strategic Plan and Stakeholder Engagement

For the 2020 update, Contexture interviewed 36 stakeholders, distributed a participant satisfaction survey, held a user group meeting, and continued to hold ongoing conversations with board members and community stakeholders. This stakeholder engagement resulted in Contexture defining a 2020 – 2022 strategic plan. In March 2020, Contexture published its 2020 –2022 strategic plan and shared five key findings which included:

1) The four pillar model remains relevant (see diagram below),

2) Packaging services by stakeholders group can help increase value,

3) Missing data is important to stakeholders,

4) Customized data identification and delivery is desired, and

5) Data insights are critical.

The four pillar model of data integration, data acquisition, data quality, and data management are important when built on a foundation of Data +Technology + Trust (Figure 8). This foundation and its four pillars will continue to support a longer term sustainable Health Information Exchange Organization (HIO).

Figure 8. Four Pillar Model
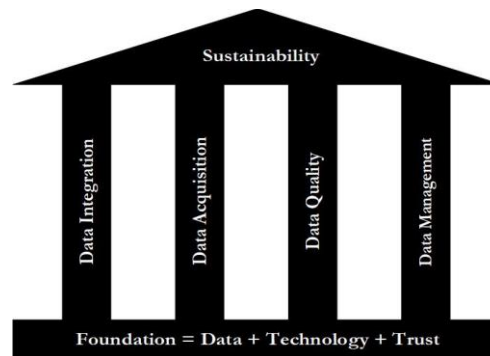
Contexture's HIE strategic planning efforts included nine different areas of interest that HIE participants wanted to see enhancements:

1) Adding Additional Data Types;

2) Alerts;

3) Care Coordination Tools;

4) Interoperability and Infrastructure;

5) Miscellaneous;

6) Public Health;

7) Quality Improvement, and Research;

8) Queries, Reports and Analytics; and

9) Registry Services.

The Strategic Plan implemented the concept of the Roadmap where priorities were reflected in three different priority levels:

- **On the Road –** Highest priority, focus areas during 2020 – 2022.

- **On the Ramp –** Second tier priority may be moved to "On the Road" with additional research.

- **In the Parking Lot –** Important activity but not a focus area during 2020 – 2022.

2021 Contexture, Merger of Health Current and the CORHIO
As noted previously, Health Current and CORHIO (a Colorado HIE) together formed a regional organization, Contexture, under an affiliation agreement in July 2021. As seen in Figure 9, the umbrella organization is a nonprofit that provides strategic, technical and administrative support to communities committed to advancing health through information sharing. Health Current remains as a non-profit organization serving the local needs in Arizona until the organizations can be fully merged within 2022.

Figure 9. Contexture Organizational Structure
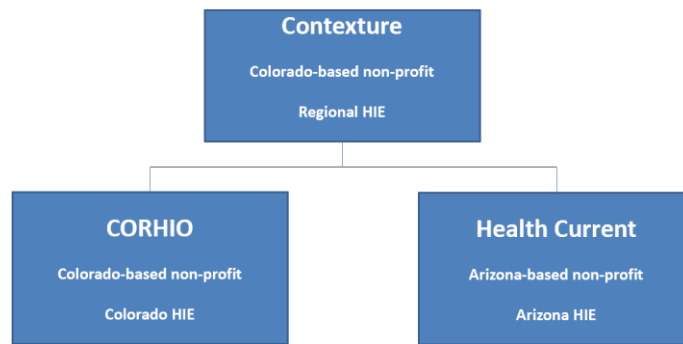
Since its inception, AHCCCS has been a permanent member on the Health Current board to facilitate state support and planning for information technology and exchange. This board seat has transitioned to the Contexture board.

Contexture Arizona Participant Growth
As of November 19, 2021, there are 988 participants of Contexture Arizona including:

- Accountable Care Organizations and Clinically Integrated Networks (16);

- Behavioral Health Providers (128);

- Community Providers (437);

- Emergency Medical Services (30);

- FQHCs and Rural Health Clinics (29);

- Health Plans (17);

- Hospitals and Health Systems (61);

- Labs, Imaging Centers, and Pharmacies (17);

- Long-Term and Post-Acute Care (243);

- State and Local Government (10).

Participants may have different levels of connectivity and utilization. Some participants only receive information from the HIE whereas others receive and contribute clinical information.

A.6 State Medicaid Agency (SMA) HIT/HIE Relationship with Other Entities

(SMHP Companion Guide Question A #6)

SMA Relationships with Other HIT/HIE Entities

All of the organizations below are entities that the SMA has relationships with that include a focus for improving HIT/HIE. Some are at the county level, university level, or at the state government level.

- **Contexture –** Launched publically in August 2021, Contexture is the result of a merger of CORHIO and Health Current. Its mission is "advancing individual and community health and wellness through the delivery of actionable information and analysis." AHCCCS is a Contexture Board member.

- **Health Current–** Originally created by an executive order in 2005 by Governor Napolitano, this non-profit organization provides statewide HIT/HIE expertise. Health Current was selected by the Office of the National Coordinator (ONC) to be the state Regional Extension Center from 2010 to 2015 and is the parent of the state level HIE. AHCCCS had selected Health Current to conduct education and recruitment of non-participating EPs and EPs not progressing through MU. With the end of HITECH, Health Current will continue outreach and educational activities related to HIE adoption, closed-loop referral system (CLRS) adoption, TI Program, and DAP Program. Health Current is now a Contexture organization, and has updated its strategic plan.

- **ADHS –** The ADHS Division of Public Health coordinated with its HIT plans through Contexture to ensure it can meet MU and eventually move to population health reporting and analytics. With the COVID-19 public health emergency, there has been increased collaboration between AHCCCS, Contexture, and ADHS, which will continue even after HITECH.

- **ASU Center for Health Information and Research (CHiR) –** The SMA contracts with ASU CHIR to conduct an annual survey of all licensed state physicians in cooperation with the Arizona Board of Medical Examiners to assess physician adoption of EHR Technology. The survey is not expected to continue but there will be additional collaboration as ASU also provides analytic services for AHCCCS.

- **IHS –** AHCCCS works closely through its Division of Fee for Service Management (DFSM) and through the HIE, with IHS to ensure it is going to be able to send and receive clinical data for its fee-for-service (FFS) members and exchange with its federal partner.

- **Maricopa County Corrections (MCC) –** MCC worked with AHCCCS to determine how their EPs could successfully participate in the PI Program. Continued collaboration after HITECH is expected.

- **MCOs –** As part of their contracts for serving as a Medicaid MCO, AHCCCS has required that MCOs be participants in the HIE. MCOs and hospitals provide funding to Contexture to support its ongoing operations which will continue after HITECH.

- **Pima County Corrections (PCC) –** PCC has worked with AHCCCS to determine how their EPs can successfully participate in the PI Program. Continued collaboration after HITECH is expected.

SMA HIT/HIE Entity Relationships Alignment to AHCCCS Goals

AHCCCS used its relationships with its stakeholders (above) to develop strategies to accept more reporting and data from its registered providers electronically and in real time. AHCCCS' agency-wide strategic priorities are to:

1) Pursue and implement long term strategies that bend the cost curve while improving member health outcomes.

2) Pursue continuous quality improvement.

3) Reduce fragmentation driving towards an integrated sustainable health care system.

4) Maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations.

These goals required the agency to accelerate the delivery system's evolution towards a value-based integrated model that focuses on whole person health throughout the continuum and in all settings. Each of the components of the Arizona strategy improved population health, transformed the health care delivery system and/or decrease per capita health care spending.

Relationships with Contexture, ADHS, IHS, the Veterans Administration (VA), and the Managed Care Contractors all supported more timely clinical data sharing among providers and more comprehensive patient information to support better care outcomes.

Plans to Improve HIT/HIE Entity Relationships

A demonstration of the variety of stakeholder relationships is provided in Figure 10. Through its participation as a permanent member of the Board of Directors for Health Current, which has transitioned to Contexture, AHCCCS has an opportunity to expand relationships with organizations that have a broad and shared interest in a number of those HIT/HIE subject areas.

Contexture has multiple Councils to support and inform its strategic decision making. AHCCCS has a representative on each of all the councils except for the Colorado specific one:

- The Executive Advisory Council,

- The Clinical Advisory Council (Arizona only),

- The Clinical Advisory Council (Colorado only),

- The Data Governance Council, and

- The Policy Advisory Council.

A graphic of Contexture collaborations within Arizona is provided in Figure 10.

Figure 10. Collaboration of HIT/HIE Community Resources

Data Source: Contexture September, 2021

A.7 Health Information Exchange Governance Structure

(SMHP Companion Guide Question A #7)

AHCCCS historically coordinated and cooperated with Health Current on a regular basis on HIT/HIE initiatives, a collaboration which is now transitioning to Contexture. For initiatives internal to the state, AHCCCS coordinates with stakeholders within the agency first and critical partners such as ADHS and Contexture when necessary.

Contexture Governance Board

Board Composition
The Contexture Board of Directors is comprised of 20 organizational representatives which includes the Director of AHCCCS. With the recent merger of Health Current and CORHIO, Contexture board directors are recruited from across Arizona and Colorado and oversee all functions of the non-profit organizations. The board's composition includes representation in the following areas:

- Hospitals
- Health plans
- Universities
- Large reference laboratories
- Other state government representatives
- Community health centers
- Physicians
- Nurses
- Behavioral health
- Long-term care

Board Function
The board and the staff are involved in HIT/HIE activities including recruitment for Contexture to get more participants to join the HIE. They support the annual education and outreach conference hosted by Contexture, and they oversee the funding of the education programs and the HIE by approving an annual budget.

The Board has multiple advisory councils to provide additional subject matter expertise and input.

- The Executive Advisory Council,
- The Clinical Advisory Council (AZ),
- The Clinical Advisory Council (CO),
- The Data Governance Council, and
- The Policy Advisory Council.

Governance Structure

Contexture is governed by a Board of Directors comprised of leading health care executives and leaders, with representation from government agencies, health plans, hospitals and other key health care stakeholders. Figure 11 provides the Contexture governance structure.

Figure 11. Contexture Governance Structure
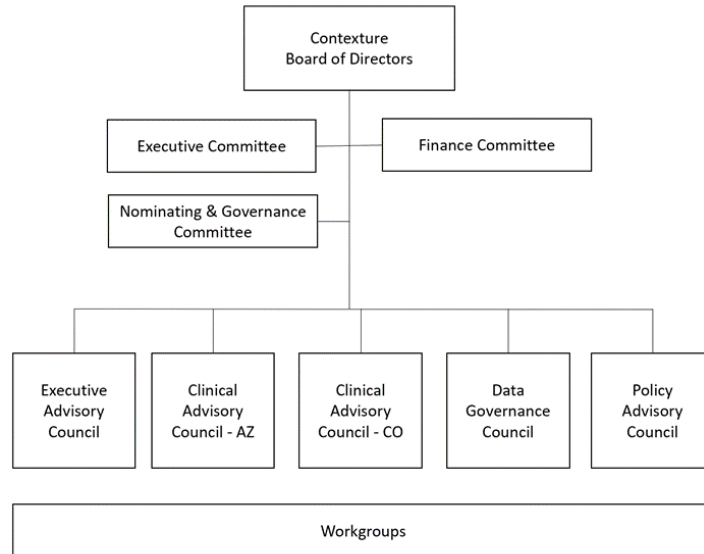
Data Source: Contexture September, 2021

In addition to its seat on the board, AHCCCS has representation on the councils and workgroups.

A full listing of the Contexture Board Members, showing the diversity of their representation is detailed in Table 13.

Table 13. Contexture Board of Directors 2021

Contexture Board of Directors - 2021	
Adam Bean Chief Corporate Counsel Community Reach Center	**Jami Snyder** Director AHCCCS
Alexis Sgouro Vice President (VP) of IT Kaiser Permanente	**Kelly Summers** Senior VP & Chief Information Officer (CIO) Valleywise Health
April Rhodes Chief Executive Officer (CEO) Spectrum Healthcare	**Lisa Brown** VP of Strategy and Growth Stride Community Health Center
Brian Turner President & CEO Solvista Behavioral Health	**Lorry Bottrill** CEO Mercy Care
Chris Underwood Deputy Chief of Staff	**Mark Radlauer, MD** Chief Medical Information Officer (CMIO)

Contexture Board of Directors - 2021	
Colorado Department of Health Care Policy & Financing	Hospital Corporation of America (HCA)/HealthOne Continental Division
Darlene Tad-y, MD VP of Clinical Affairs Colorado Hospital Association	**Nancy Johnson, RN, PhD** CEO El Rio Health
Dave Dexter President & CEO Sonora Quest Laboratories	**Patrick Guffey, MD** CMIO Children's Colorado
Deanna Wise CIO Banner Health	**Paula Kautzmann** CIO Colorado Access
Don Kane, DO CMIO Dignity Health	**Sheri Jackson** Chief Nursing Officer & VP Operations Engineering Blue Cross Blue Shield of Arizona (BCBSAZ)
Heidi Kemmer Chief Operating Officer (COO) UnitedHealthcare (UHC) Plan	**Steve Hess** CIO University of Colorado (UC) Health

Data Source: Contexture September, 2021

Contexture Organizational Chart

The Contexture organizational chart is presented in Figure 12. It is a matrixed organizational structure to ensure collaboration and to maximize team member expertise. This results in the organization's ability to efficiently and consistently deliver its services.

Figure 12. Organizational Chart – Contexture
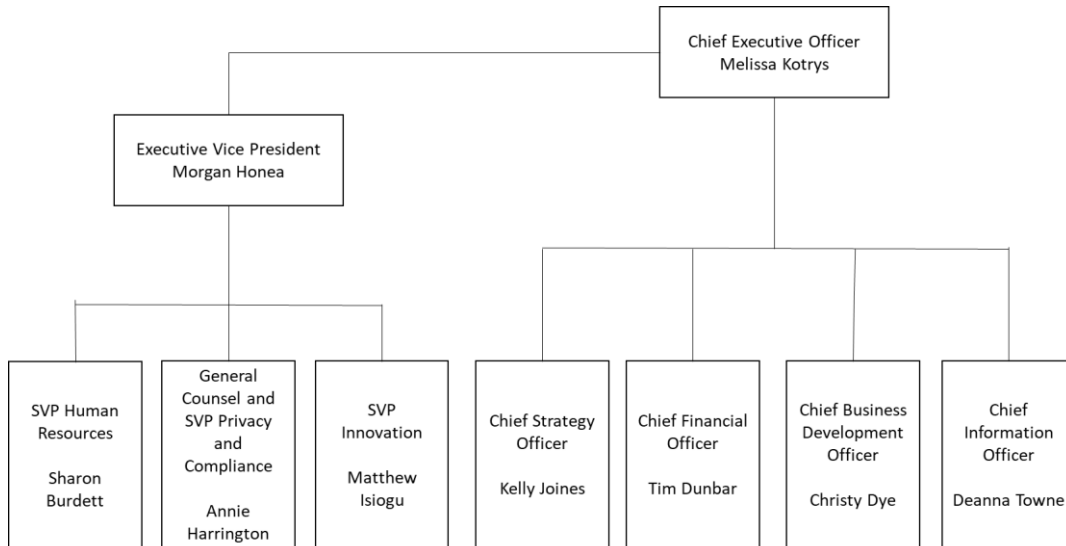
Data Source: Contexture January, 2022

Contexture Funding Sources

Figure 13 shows the mixture of funding sources that come into Health Current, now Contexture and the services or programs it is implementing to support the needs of its membership. Contexture continues to operate as a one-stop shop for HIT and HIE for its stakeholders in Arizona.

Figure 13. Contexture Community Funding and Services
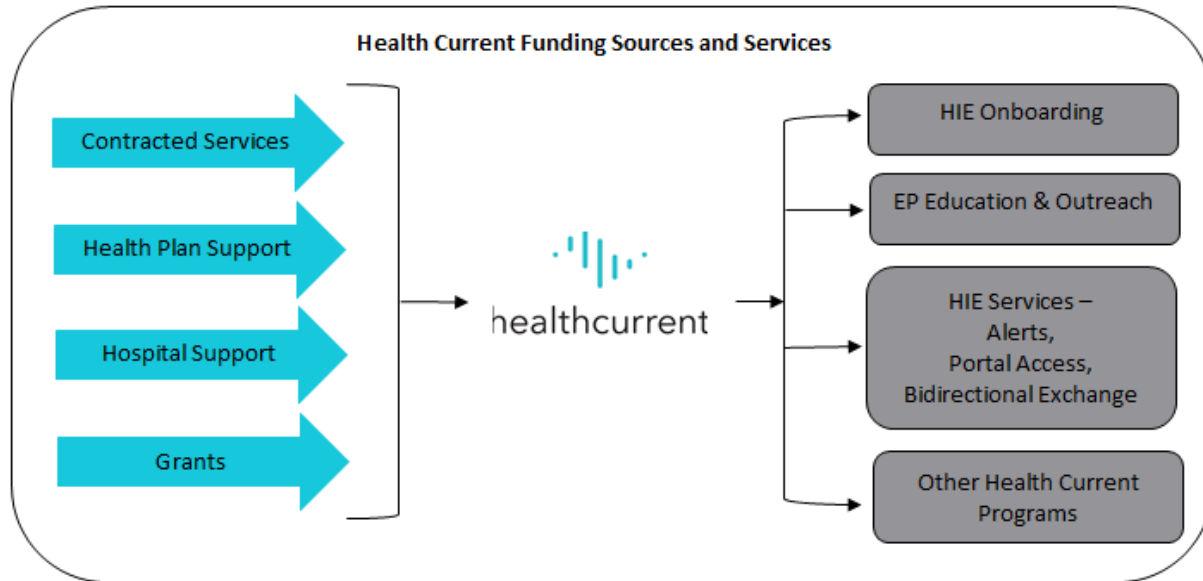
Data Source: Contexture September, 2021

A.8 Medicaid Management Information System (MMIS) Role in the Current HIT/HIE Environment

(SMHP Companion Guide Question A #8)

Roles of MMIS in the SMA Current HIT/HIE Environment

Summary of Phase I AHCCCS Medicaid Information Technology Architecture (MITA) 3.0 State Self-Assessment (SS-A) Findings
The agency last completed a MITA SS-A in the Fall of 2016. A contract was awarded in November 2021 for the MITA SS-A and a MES modernization roadmap with an expected completion in early 2023. The following is a summary of Phase I AHCCCS MITA 3.0 Findings: AHCCCS is generally operating at a Level 2 and a few areas operating at a Level 1, with most maturity level scoring impacted by fragmented systems, processes, and data. While technology improvement projects such as Health Arizona Plus (HEAplus) have provided significant capability improvements in some business areas, AHCCCS continues to have data and processes fragmented across programs and business areas.

For this reason AHCCCS seeks to standardize and automate to the fullest extent of MITA Level 2 and will explore MITA Level 3 standards as they are developed and adopted by CMS.

Summary of Phase II HITECH MITA 3.0 SS-A Findings
During Phase II of the SS-A project, the team analyzed the variety of AHCCCS programs, initiatives, and applications ranging from ePIP and Contexture solutions to the Payment Modernization and Care Coordination Strategies. The findings for Phase II are similar to Phase I relative to current and target MITA maturity levels for each business area**.**

The diagram in Figure 14 represents a current snapshot of the member and provider interfaces with the agency. It includes the HITECH-related systems and MMIS, which is primarily a mainframe system with several supporting modules on the network.

Medicaid providers who register and attest for the PI Program may be qualified to receive Incentive Payments. They access the federal and state portals to register and attest.

1) Providers register first at the federal level with CMS for either the Medicare or Medicaid program using the National Level Repository (NLR). AHCCCS has an electronic relationship with the NLR as part of the administration of the PI Program.

2) Next or second, providers register for the Medicaid program with the state. Arizona providers use the state level repository named ePIP, where they also may attest and view their status. The ePIP system validates the providers and their requests and creates the payment requests for the financial system.

3) Providers receive PI Program Payments in their designated bank account electronically by the Arizona Financial Information System. Several entities including providers and payers, along with the agency access the HIE Health Current (now Contexture). They view patient records and receive health care alerts for their members. They also exchange health care data using Health Insurance Portability and Accountability Act (HIPAA) transactions.

4) Users access the AHCCCS online portal to verify Medicaid patient eligibility and enrollment information, to check on claims status, to update their demographics. They may also submit claims for the FFS Program.

5) Users submit patient immunization records, and other patient health data to the public health registries. ADHS does not accept the majority of its information electronically but is interested in developing the interfaces and electronic capacity by working closely with Contexture and its participants. Most of the hospitals may have some type of electronic relationship with ADHS for one aspect of the MU program, such as lab reporting, however, that electronic reporting is still a combination of manual and electronic processes, which is being looked at to be improved under the MU program.

6) Users access the HIE to view their members' health care data and receive alerts.

7) Users exchange HIPAA transactions using the electronic data interchange (EDI) process. Larger providers use EDI to submit their claims and verify eligibility for their members. Health plans use EDI for the submission of encounters. Applicants and members apply for and update health care and social services benefits using HEAplus, the Social Security Administration (SSA), or the Federally Facilitated Marketplace (FFM).

8) Applicants access HEAplus to apply for health and human services programs; HEAplus provides an online system for consumers, eligibility workers, and community assistors. The system supports eligibility determinations and ongoing case management for state programs, including: Medicaid, Children's Health Insurance Program (CHIP) (known as KidsCare in Arizona), Medicare Savings Program (MSP), Arizona Long-Term Care System (ALTCS), Supplemental Nutrition Assistance Programs (SNAP), Temporary Assistance for Needy Families (TANF), and Arizona's MyFamilyBenefits (Electronic Benefits Transfer [EBT] Portal).

9) Applicants can also apply for Arizona health insurance coverage through the FFM at HealthCare.gov and, if they appear to be eligible for Medicaid, their eligibility information is sent to HEAplus for consideration. SSA determines Medicaid eligibility when applicants participate or apply to the SSA for supplemental security income.

Figure 14. Integrated Medicaid IT Environment (Current 2020)

Medicaid IT – Current Status 2020

Funding Stream

- HITECH
- HITECH/MMIS Share
- HEAplus (E&E)
- HEAplus/MMIS Share
- MMIS
- MMIS Modular
- HITECH/HIE Participant Share
- E&E/SNAP&TANF Share

Transactions

1. Register for EHR Incentive Program at CMS
2. Register for EHR Incentive Program in Arizona
3. Receive EHR Incentive Payment
4. Verify Eligibility, Update Provide Data, Submit Claims
5. Receive ADT Alerts, Read Patient Data
6. Read, Add, update various Registries' Data via HIE/direct
7. Patient Volume and other EHR Program reports
8. Submit Application, Update Data for Health & Human Services
9. Submit Application for Health Insurance at CMS
10. Submit to SSA for SSI MAO

Data Source: AHCCCS ISD, March, 2020

2021 eScan MMIS Findings

During the 2021 eScan, several key stakeholders within AHCCCS were interviewed about MMIS, health plans, agency data, and analytics. Highlights from these discussion include:

- AHCCCS and the health plans are evaluating how best to use provider EHR systems for performance measure tracking.

- AHCCCS relies upon the health plans for the implementation of many strategies to improve care coordination and outcomes but is interested in creating additional data dashboards with more real-time information at the summary and executive levels.

- AHCCCS released an RFI in 2020 to solicit input on agency dashboard to improve use of data and data driven decision-making.

- Social determinants of health (SDOH) are critical in the treatment of a member and the whole person care initiative and closed–loop referral system will help address these.

- AHCCCS will continue to work with ASU CHIR to better analyze and use claims and encounter data.

- AHCCCS is increasing collaboration with ASU CHIR and Contexture to more easily share information and complete analysis.

A.9 State Activities Underway to Facilitate HIT/HIE Adoption

(SMHP Companion Guide Question A #9)

This section has been omitted as it is optional according to the final SMHP template.

A.10 SMA's Relationship to the State HIT Coordinator

(SMHP Companion Guide Question A #10)

This section has been omitted as it is optional according to the final SMHP template.

A.11 SMA Activities to Influence PI Program and Use of HIT/HIE and Data

(SMHP Companion Guide Question A #11)

Through collaboration with the HIE, the agency is focused on getting as many providers onboarded and sharing data using the statewide HIE infrastructure that is at Contexture.

Statewide HIE Integration Plan (SHIP) for Behavioral Health Providers and Hospitals

In 2016, the Regional Behavioral Health Plans (RBHAs) contracted with Health Current (now Contexture) to onboard their priority behavioral health providers to the HIE. The RBHAs identified their high priority behavioral health providers by region of the state. The SHIP called for integration of behavioral health information into the HIE and was expected to connect the top 90 behavioral health providers by May, 2018.

The prioritization was generally based on the following priorities:

1) Crisis Network data suppliers and data users,
2) Priority Providers as identified by each RBHAs,
3) Priority Providers shared between multiple RBHAs, and
4) Any remaining Priority Provider.

At the end of the Program in April 30, 2018, there were 89 Priority Providers on the Targeted High Provider list, including:

- 62 Community Providers,
- 11 FQHCs,
- 5 Correctional Health Facilities, and
- 11 Behavioral Health Hospitals.

87 providers (97 percent) signed an agreement. 58 organizations (89 percent) use an HIE Portal, and 53 organizations (82 percent) receive alerts. 48 organizations (74 percent) have an inbound to the HIE Interface and 14 (22 percent) have an outbound interface.

Throughout 2018, Contexture was able to continue to provide services and progress towards bi-directional connectivity. Contexture finalized development of an integrated view that allows all data including behavioral data to be made available through the HIE for those who have appropriate access and consent.

Contexture has offered Part 2 webinars in August/September 2018 and is supportive of any federal policy changes that would allow for more sharing between integrated care givers and data sharing.

In 2021, Contexture is continuing to work with those High Priority providers that had not yet completed connectivity. They are working to provide services and help organizations reach bidirectional data exchange. Contexture is collaborating with the RBHAs and the AHCCCS Complete Care (ACC) MCOs to support plan access to behavioral health information in HIE.

Targeted Investment (TI) Program

On December 31, 2016, AHCCCS received approval from CMS to launch a TI Program to transform health care through integration of behavioral health and physical health providers. The TI Program is AHCCCS' strategy to provide financial incentives to eligible AHCCCS providers to develop systems for integrated care. In accordance with 42 Code of Federal Regulations (CFR) 438.6(c) and the 1115 Waiver, managed care plans will provide financial incentives to eligible Medicaid providers who meet certain benchmarks for integrating and coordinating physical and behavioral health care for Medicaid beneficiaries. AHCCCS will incorporate these payments into the actuarially-sound capitation rates. Please see the AHCCCS TI Home Page here for additional information:

https://www.azahcccs.gov/PlansProviders/TargetedInvestments/

The TI Core Components for each of the eligible provider types includes the need to connect and share clinical data using Contexture and adopting health information technology in order to produce high risk registries and perform population health analytics on a provider's panel of members. Providers receive payments based on their completing a range of milestones that include adopting screenings, hiring care managers, performing "warm handoffs", following Opioid Use Guidelines and participating in bidirectional HIE with Contexture. Contexture and ASU both provide support to TI Program participants through workshops and other technical assistance.

As part of the recent 1115 Waiver renewal, the TI Program has been extended for another year through September 30, 2022. As part of the "Year 6" extension there is up to $50 million dollars in funding available. Requirements for "Year 6" payments remain the same. AHCCCS is also requesting additional funding for a TI 2.0 Program as part of its full 1115 Waiver renewal package.

As of June 30, 2021, the number of sites participating in the TI Program are listed below.

- 153 adult behavioral health,

- 163 adult primary care,

- 117 pediatric behavioral health,

- 91 pediatric primary care,

- 21 hospital, and

- 13 justice co-located clinics.

Differential Adjusted Payment

In 2016, the AHCCCS value-based purchasing work group created the DAP program for Medicaid hospitals. Hospitals could receive a 0.5% DAP increase if they participated in the state's HIE by June 1, 2016, and achieved Medicare MU Stage 2. Eligible hospitals had to prove they were successfully sending hospital admissions, discharges, and transfers (ADT) messages successfully with the HIE. If a hospital was able to show it met both criteria, a hospital would receive a 0.5% DAP increase to their claims. AHCCCS paid out $9.2 million to 46 hospitals who qualified for the enhanced payments in federal fiscal year (FFY) 2017.

The DAP program is in its fifth year as of calendar year-end 2021. Since the program's inception, DAP has paid out over $138 million to qualified hospital participants in the first four years related to HIE DAP strategies targeted at hospitals.

Closed-Loop Referral System

As part of the AHCCCS Whole Person Care Initiative (WPCI), AHCCCS partnered with Contexture to implement technologies to support providers, health plans, and Community-Based Organizations (CBOs) addressing the social service needs of Arizonans. Contexture worked on WPCI organized focus groups and workgroups to evaluate partnerships and RFP candidates for the planned statewide SDOH and CLRS.

In February 2021, it was announced that AHCCCS, Contexture, and 2-1-1 Arizona partnered to implement a statewide SDOH CLRS. The CLRS enables health care and community service providers to connect on a single statewide technology platform to seamlessly improve and track the referral process between health care providers and social services. Health Current (now Contexture) contracted with the vendor NowPow, which has since been acquired by UniteUs for the CLRS. Aside from streamlining the referral process and confirming when social services are delivered, the CLRS will provide a statewide solution to facilitate screening for social risk factors.

The CLRS integrates with EHRs, HIEs, patient and member portals, and care/case management systems ensuring referrals are part of the routine workflow for all types of users. The features of the CLRS include:

- Evidence-based personalization that automatically maps needs to services with matching algorithms and filters results by critical access factors like COVID-19 operating status, location, language, documents needed, and eligibility requirements;

- Data collection and validation of service data to provide critical resource information;

- Referral management to ensure that referrals are shared, tracked, and coordinated;

- Coordination of SDOH including basic needs as well as needs of acute chronic conditions, ranging from food insecurity and substance use, to cancer supports;

- Functional workflows that are embedded and integrated into operating systems to provide ease-of-use into a primary platform;

- Outcome data to monitor workflows and measure success beyond to optimize the care delivery process; and

- Integration for single sign-on to enable sharing of demographics, screening responses, and activity data, which reduces duplication and ensures up-to-date records.

American Indian Health Program (AIHP)

DFSM established connectivity to the HIE to assist with care coordination for its members who are enrolled in the AIHP. DFSM care managers receive hospital ADT alerts to initiate coordination of care for their AIHP members. The interface completed testing in July 2016. Since then the division has organized itself to be able to receive Hospital ADTs of the (HN/HC) members and to provide care coordination for them.

American Indian Medical Home (AIMH)
In September 2016, the AHCCCS AIHP established connectivity with the HIE to support care coordination for a small number of its AIHP members. AIHP is receiving ADT alerts from the HIE when one of its HN/HC members is hospitalized and the care coordinators are able to view labs and images from any of Health Current's (now Contexture's) participants.

IHS and Tribal 638 facilities may choose whether or not to provide an AIMH Program. In order to receive the per member per month (PMPM) rate for services provided by their Medical Home, facilities must submit evidence of meeting the Medical Home criteria initially, and annually thereafter to the AHCCCS DFSM.

The AIMH Program is a voluntary program for individuals who are participating in the FFS American Indian Health Program (AIHP). AIHP members will have the option to decline participation, dis-enroll, or switch AIMHs at any time. Reimbursement will be based upon only those members that are formally part of the medical home. To ensure there is choice given, the AHCCCS FFS member must sign a form at the facility stating they are in agreement to be empaneled to that particular facility. An AHCCCS FFS member may also call in to AHCCCS Member Services to become empaneled to a particular facility of choice.

AIHP and Connectivity to Case Management and HIE
AIHP has worked in conjunction with Tribes and IHS Facilities to determine the cost of delivering a Medical Home, which would reimburse for Primary Care Case Management, a 24 hour call line and care coordination among sites. A baseline PMPM payment of $13.26 with an annual increase of 4.6% is based on an average annual increase of the outpatient all-inclusive rate over the past 10 years. There are 4 AIMHs that have been approved:

- Chinle Comprehensive Health Care – Tier 4,

- Phoenix Indian Medical Center – Tier 2,

- Winslow Indian Health Care Center – Tier 3, and

- Whiteriver Indian Hospital – Tier 2.

For approved Medical Homes providing diabetes education pursuant to guidelines established with that model, an additional $2.00 PMPM with an annual increase of 4.6 percent would be available. For sites also participating in the state HIE, an additional $7.50 PMPM with an annual increase of 4.6 percent would be available. PMPM payments will be made with 100 percent

federal financial participation (FFP) dollars and will only be available for IHS and tribally operated 638 facilities for FFS AIHP members. Due to the approved payment methodology, payments are prospective only.

AHCCCS HIE Connectivity

Within AHCCCS, several divisions have established connectivity with the HIE for the purpose of care coordination. The Children's Rehabilitative Services (CRS) unit in the Division of Member and Provider Services (DMPS) uses the HIE to identify already enrolled AHCCCS members with a flag to indicate CRS eligibility. The AHCCCS staff must review medical records, mostly from hospitals, to ensure that the child has a qualifying condition and then place a CRS flag on their enrollment file if the child meets the eligibility criteria.

Within the Division of Health Care Management (DHCM), there are three units that help respond to Quality of Care concerns. These three units are Quality Management, Clinical Resolution, and Medical Management, which are all tasked with responding when a concern is raised regarding care that was provided and did not meet a professionally recognized standard of health care. Quality of Care concerns can also stem from the failure to deliver care and services in the manner dictated by the AHCCCS contract and policies.

The DMPS ALTCS unit is responsible for determining member eligibility for its Long Term Care Program, partially based on a member's physical status. The assessment partially relies on member medical information in order to qualify for the ALTCS program.

Justice Involved Individuals Data Sharing

AHCCCS works with its justice system providers including the State Department of Corrections and most county jails to suspend Medicaid member enrollment while members are incarcerated. The SMA suspends enrollment when a member goes into corrections and now it is working to ensure that treatments or clinical services that are delivered during incarceration can be recorded and made a part of a patient's record to ensure continuity of care when that member leaves correctional health and goes into the community. There are five different justice organizations participating in TI with 12 different locations across the state.

AHCCCS has plans to work with this population more to ensure that care delivered while incarcerated is available to primary care providers upon release and that health plan enrollment is completed prior to release. Some justice providers are a part of the TI program to gain more connectivity which will allow for other providers to use more clinical data upon a member's release from prison and jails.

A.12 State Laws or Regulations Impacting the PI Program

(SMHP Companion Guide Question A #12)

Electronic Prescribing (E-Prescribing)

The Governor signed a bill in February 2019 which retroactively cancelled the waiver provisions that were found in the earlier e-prescribing of controlled substances (EPCS) bill. The new bill delayed the EPCS mandate until January 1, 2020 (for all counties) and outlined possible options for "exemptions" due to the mandate that all providers have to use e-prescribing for controlled substances. It did not offer many specifics on how providers may be granted a waiver from the requirement.

Prescription Monitoring Program

The original Arizona Controlled Substance Prescription Monitoring Program (PMP), passed by the Arizona Legislature in 2007, required medical practitioners and pharmacies who dispense to patients controlled substances listed in Schedule II, III, and IV to report prescription information to the Arizona Board of Pharmacy on a daily basis. The law was amended in 2017 to include the PMP as known today which requires medical practitioners and pharmacies to register with the PMP and obtain a patient utilization report before prescribing or dispensing an opioid analgesic or benzodiazepine controlled substance listed in Schedule II, III, and IV for a patient. This patient utilization report includes a patient's prescription drug history for the preceding 12 months from the program's central database tracking system.

In October 2018, the federal government introduced House of Representatives 6, The Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act. The Act brings new provisions for compliance, prevention, and treatment of substance use disorder including safer prescribing, Prescription Drug Monitoring Program (PDMP) enhancements, interstate data sharing, and more. Under section 1944 of the Act, beginning October 1, 2021, states must have a qualified prescription drug history in the qualified PDMP and covered providers must check the prescription drug history of a patient before prescribing the individual a controlled substance from schedules II, III, and IV. A qualified PDMP must facilitate near real-time access to patient's prescription history and allow for integration of the data into clinical workflows. While 100 percent federal funding is available, it was only for FFY 2019 and FFY 2020, which means funding was only available until September 30, 2020.

Furthermore, during the 2019 Arizona Legislative session, legislators passed House Bill 2075, which pertains to electronic prescribing of controlled substances. Beginning January 1, 2020, a Schedule II controlled substance that is an opioid shall be dispensed only with an e-prescription order. The Arizona State Board of Pharmacy will not issue waivers to providers for this regulation.

The state statutory mandate applies to all providers sending and pharmacies receiving Schedule II opioid prescriptions. Developed in partnership between AHCCCS, the ADHS, and the Arizona Board of Pharmacy, the 2019 E-Prescribing Click for Control Education Campaign has been targeting Medicaid providers to ensure they meet the state electronic prescribing requirements. Education efforts continue to ensure Medicaid providers complete the steps to use the PMP for the state requirements, and that strategies continue with the Board of Pharmacy to make sure they can become a "qualified registry" which offers more robust reporting over the next few years. Based on the Arizona PMP opioid interactive dashboard, there has been a decrease in the

amount of opioids prescribed from 2016 to 2021 which signals success from the rules and regulations set in place regarding Arizona's PMP.

HIE Privacy and Security Law

In 2019, Health Current (now Contexture) supported an update to the HIO statute bill which included changes to make it more aligned with HIPAA and to simplify and modernize legislation to accommodate more diverse data sources, data recipients, and expanded HIO services.[3]

The HIO statute requires that once a provider begins to participate in an HIO, the provider put in place a process that notifies patients of their rights under Arizona law by providing a copy of the Notice of Health Information Practices in each patient encounter and by providing the Opt Out Change Form or Opt Back in Change Form that allows patient to execute their decision to "opt out" or "opt back in." In other words, patients can only exercise their "opt out" or "opt back in" decisions with their provider who is a participant in the HIO.

Qualifying HIE Organization

Arizona Law

According to the AHCCCS Notice of Proposed Rulemaking: Title 9. Health Services, Chapter 22. AHCCCS, the definition of a "qualifying health information exchange organization" is as follows:

"Qualifying health information exchange organization" means a non-profit health information organization as defined in A.R.S. [Arizona Revised Statutes] § 36-3801 that provides the statewide exchange of patient health information among disparate health care organizations and providers not owned, operated, or controlled by the health information exchange. A qualifying health information exchange organization must include representation by the administration on its board of directors, and have a significant number of health care participants, including hospitals, laboratories, payers, community physicians and Federally Qualified Health Centers".

On January 23, 2020, Health Current (now Contexture) requested designation as a qualifying HIE from AHCCCS. ADHS sent its official notice confirming the designation on February 12, 2020.

Trusted Exchange Framework and Common Agreement

At the federal level, in order to improve interoperability across the nation, the Trusted Exchange Framework and Common Agreement (TEFCA) is currently being developed through the ONC for Health Information Technology. The purpose of the Common Agreement is to establish a model and governing standards for various HIEs nationally to securely share basic clinical information. The final version of the TEFCA is projected to be released in the first quarter of 2022. As part of the Trusted Exchange Framework, oversight will be provided by a Recognized Coordinating Entity (RCE). In 2019, ONC awarded The Sequoia Project the RCE designation. The RCE will provide oversight to designated Qualified Health Information Networks (QHINs). QHINS will have the ability to connect directly to one another and serve as the core for nationwide interoperability.

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[3] https://healthcurrent.org/wp-content/uploads/The-Arizona-HIO-Statute-2019.pdf

Prior to the creation of Contexture, Health Current and CORHIO both held formal discussions regarding how to strategically align their organizations and prepare to possibly become a QHIN.

Advanced Directives Registry

In the 2019 legislative session, Senate Bill 1352 passed, which moves the Arizona Health Care Directives Registry (commonly referred to as the Advanced Directives Registry) from the Secretary of State's Office to Health Current (now Contexture), the statewide HIE organization. There were no state operating funds approved as part of this bill. An Advanced Directives registry is meant to provide Arizonans with the ability to have their end-of-life directives stored and electronically shared securely among providers.

Contexture created a work group to support the development and implementation of the technology that would be needed to operate and maintain the registry. On June 15, 2021, Contexture announced that Care Directives is the vendor chosen to develop the new Arizona Health Directives Registry (AzHDR). Care Directives is a company that seeks to eliminate the barriers of communicating end-of-life wishes. The existing robust and innovative technology that Care Directives offers allows for a seamless and integrated process for secure sharing of an individual's health care treatment decisions which positions them as an optimal vendor. The sought out technology is Care Directives' Advance Directive Information Exchange, which is a cloud-based system that can be easily integrated across existing workflows in all care settings. To access the AzHDR, health providers in Arizona, which also include first responders, can register for the registry to access an Arizona resident's advance health directive that is uploaded on the registry. Arizona residents can register to have their advance care directives uploaded to AzHDR by sending documents to Contexture for processing and follow-up information.

HIE Use of Behavioral Health Data

Currently the HIE is receiving 42 CFR Part 2 protected information from 47 different behavioral health providers who are Part 2 providers. They are currently working with other additional behavioral health providers to start receiving their information as well. Contexture has finalized its consent gathering process and is now able to share 42 CFR Part 2 information with providers and payers that have appropriate consent.

A.13 HIT/HIE Activities Crossing State Borders

(SMHP Companion Guide Question A #13)

Due to Arizona's geography, most of the health services are delivered within the borders of Arizona. However, there are instances where accessing care out of state is the standard when Arizona residents are physically closer to a more robust services delivery system in a neighboring state. For example, most people living in the far North West corner of Arizona get specialized hospital care in Las Vegas, Nevada. Also, AHCCCS has a requirement that the health plans have primary care, dental and pharmacy contracts with providers in Kanab, Utah because it is the closest place for people who live north of the Grand Canyon. Aside from these geographic imperatives, AHCCCS also contracts with some out-of-state hospitals for the provision of covered transplant services that are not available in Arizona.

Federal Partners

The most important care coordination from other states is related to the Medicaid enrollees that are a part of IHS. These members travel frequently between New Mexico, if they are Navajo, and across the other parts of the state. From a care coordination perspective, AHCCCS recognizes that there could be great value in being able to send and receive health records from IHS and the VA as two examples of federal partners.

Contexture has taken the lead in getting eHealth Exchange certified in order for the providers to be able to share more successfully with other providers from other states, including federal partners like IHS, the VA and SSA for Social Security Disability payment processing.

IHS has preferred to focus on establishing connectivity between themselves and other federal agencies verses coordinating and data sharing with state HIEs.

Patient Centered Data Home Project

Contexture has established a Patient Centered Data Home project (PCDH) which is a cost effective, scalable method of exchanging patient data of different health information alerts, which notify providers that a hospital care event has occurred outside of the patient's "home" HIE, and confirms the availability and the specific location of the clinical data. This enables providers to initiate a simple query to access real-time information across state and regional lines and the care continuum.

The PCDH is an initiative of the Strategic Health Information Exchange Collaborative, where clinical data can become part of the comprehensive longitudinal patient record in the HIE where the patient resides. There are currently other HIEs participating in the PCDH project with Contexture including our neighboring states of Colorado, Utah, two different HIEs from California, Nebraska, and Nevada. There are 41 different HIEs that participate with Contexture.

Contexture, Health Current, and CORHIO Merger

On August 19, 2021, Health Current and CORHIO formally announced the name of their new regional organization, Contexture. CORHIO and Health Current will continue to maintain their HIE community-specific solutions, brands and websites with Contexture serving as the umbrella organization. Contexture will strategically consolidate key business functions of the affiliate organizations, working towards the goal of a fully merged organization in 2022. As the new

merged organization continues to evolve there may be new health information and expertise shared between Arizona and Colorado.

AHCCCS Shared MMIS System with Hawai'i

Through an Inter-State Agreement, AHCCCS has supported the processing for the Hawai'i Medicaid program (Med-QUEST; MQD) since 1999. Med-QUEST is the single state Medicaid agency for the State of Hawai'i. In support of Arizona's agreement with Hawai'i, Arizona operates a copy of the Prepaid Medicaid Management Information System (PMMIS) called the Hawai'i PMMIS. Both are maintained by AHCCCS and reside on the Arizona mainframe. With this agreement in-place, there is a need for collaboration between MQD and AHCCCS on a regular basis. One example of this cooperation is the completion of the MITA SS-A Report and the Medicaid Enterprise System (MES) modernization roadmap that covers both Arizona and Hawai'i. An RFP for the development of a MES Roadmap was released in June 2021 to cover these services and awarded in October 2021.

A.14 Current Interoperability of State Immunization/Public Health

(SMHP Companion Guide Question A #14)

ADHS is a separate state Agency from the State Medicaid Agency—the Director of ADHS reports to the Governor as does the Director of the State Medicaid Agency. For the PI Program, Medicaid is totally dependent on making ADHS successful in establishing the functionality needed for EPs and EHs to meet MU. The Arizona Department of Health Services link is: http://azdhs.gov/index.htm. ADHS has already established web pages to support providers in meeting MU, located at: http://www.azdhs.gov/meaningful-use.

Immunizations

ADHS operates the Arizona State Immunization Information System (ASIIS) or Immunization Registry for the State of Arizona. Under state statute (ARS 36-135 and 32-1974), health care providers are required to report all immunizations administered to individuals 18 years and younger and pharmacists are required to report all immunizations administered into ASIIS.

Pediatric practices most commonly utilize ASIIS, but other practice types report into the system as well, including family practice and general physician practices, obstetrician offices, pharmacies, public health departments, community health clinics, IHS facilities, hospitals, military facilities, fire departments, and urgent care centers.

As of January 2020, Health Current (now Contexture) and ASIIS were connected and providers that are connected to the HIE were able to utilize the HIE to report their immunization status to ASIIS. As of May 2021, 122 PI Program providers are in testing and validation and 655 providers are in production. ASIIS interfaces with the state birth registry to gather a baby's first short record that is registered after birth. Additionally, bi-directional query capability of the registry and the HIE was piloted as shown in Figure 15 with plans to onboard providers in the future.

Figure 15. Vision for Bi-directional Immunization Registry
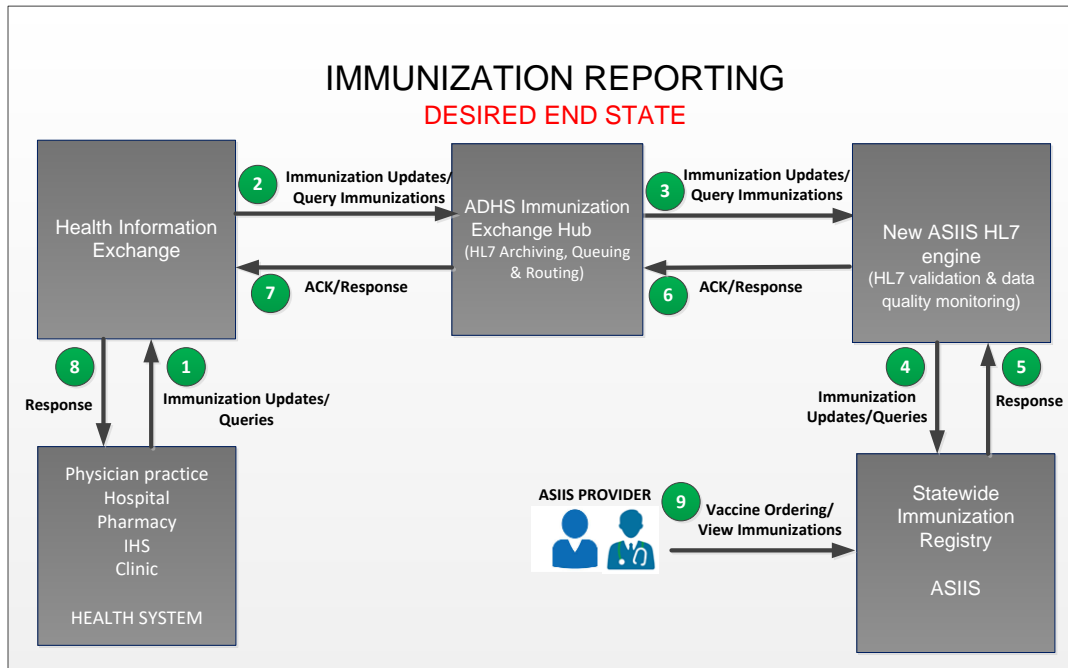
Data Source: Contexture, February, 2020

Syndromic Surveillance Update

Syndromic surveillance is a public health measure available for EHs and Critical Access Hospitals (CAHs) through ADHS. There are no plans to accept syndromic surveillance submissions from eligible professionals or eligible clinicians as of January 2016. As of April 2019, this has not changed.

Arizona's Syndromic Surveillance program consists of receiving inpatient and emergency department data in a timely manner so that public health can use pre-diagnostic clinical data to understand what is happening in the community. Arizona uses the national BioSense Platform to receive data and conduct Syndromic Surveillance activities. Syndromic Surveillance data is used to support event detection, increase situational awareness, and focus public health actions. Specifically, Arizona has used the data to monitor health during large public events, understand the severity of influenza, and look for patients with emerging diseases such as dengue, chikungunya, and Zika. ADHS will continue to onboard hospitals and work with public health users to incorporate syndromic surveillance where the data can be useful.

Electronic Labs Update

Electronic Laboratory Reporting (ELR) is the electronic transmission of laboratory reports which identify reportable conditions from laboratories to ADHS. ADHS has implemented an ELR system to receive reportable disease results from EH/CAH laboratories and reference laboratories and place them into the epidemiology program surveillance databases, including the Medical Electronic Disease Surveillance Intelligence System.

The ELR system receives standardized Health Level 7 (HL7) messages containing results from reference laboratories and hospitals. These reportable lab results are parsed to the appropriate state disease surveillance program based on Logical Observation Identifiers Names and Codes

and Systematized Nomenclature of Medicine codes. ADHS continues to onboard hospitals and commercial labs, thereby improving timeliness and accuracy of lab reporting in Arizona.

Statistics on the percentage of labs connected are summarized below.

- January 2020 – 61 percent of all labs were received via ELR with 16 labs on ELR.
- April 2021 – 98 percent of all labs were received via ELR with over 175 labs sending electronically via flat file or HL7. Non-COVID-19 labs went from 61 percent to 84 percent which means AHDS was able to improve both COVID-19 and non-COVID-19 during this time.

Cancer Registry Update

ADHS is currently accepting electronic submissions to the Arizona Cancer Registry (ACR) for MU from providers who meet ALL of the following criteria:

- Are EPs (hospital-based EPs do not qualify for Medicare or Medicaid PI incentive payments),
- Diagnose or directly treat reportable cancers, and
- Must have certified software that is specific for cancer reporting under MU.

In addition to the above criteria, starting July 1, 2016, the ACR will only accept MU registrations for Cancer Reporting from providers who meet the additional criteria:

- Submission of 100 or more case reports to the Department in the previous calendar year or expects to submit 100 or more case reports in the current calendar year.

Cancer Reporting Registrations of Intent are only accepted for EP specialties with 100 or more case reports: dermatologists, gastroenterologists, hematologists, medical oncologists, radiation oncologists, surgeons, and urologists.

EMS and AZ-PIERS

Connecting Other Medicaid Providers through the Arizona Prehospital Information & EMS Registry System (AZ-PIERS) to Contexture

Within ADHS, there is a Bureau of Emergency Medical Services (EMS) and Trauma System. It is a part of the Department's Public Health Emergency Preparedness Framework. EMS providers partnered with AHCCCS and ADHS to create a Treat and Refer (T&R) program to address situations where patients are assessed and referred to alternative treatment sources if transportation to a hospital emergency department is not warranted. EMS providers became registered AHCCCS Medicaid providers under this program.

In addition to the community paramedicine T&R program, EMS operates AZ-PIERS, which is Arizona's Pre-Hospital Registry dedicated to supporting EMS providers in optimizing the care they provide to patients. This repository of prehospital and patient care data is available to supporting EMS providers in optimizing the care they provide to patients. EMS agencies are able to submit data to AZ-PIERS using their own electronic Patient Care Reporting System (ePCR) or through an EHR. AZ-PIERS is a free web-based registry and allows the state to provide every EMS agency that uses the registry with standard performance improvement reports as well as other

reports. One benefit of AZ-Piers for hospitals is that hospitals have improved access to completed EMS runs reports.

EMS has used HITECH 90/10 funds this past year to connect the AZ-PIERS system to Health Current (now Contexture) for the purpose of being able to share information about Medicaid patients they see out in the field with Hospitals that participate in the PI Program, and to receive outcome results for EMS agencies' performance monitoring and improvement activities. This bi-directional flow of information addresses the MU criteria for both provider types.

Figure 16 shows EMS personnel in the field recording patient care and documenting it to their ePCR. ePCR feeds information to AZ-PIERS which is available to be sent to Contexture/HIE and from there, the data is available for hospitals participating in the Medicaid PI Program. Seven Arizona EMS agencies have completed the application process and now participate in this initiative, a number that is expected to double over the next few months.

Figure 16. AZ-PIERS – Contexture Connectivity
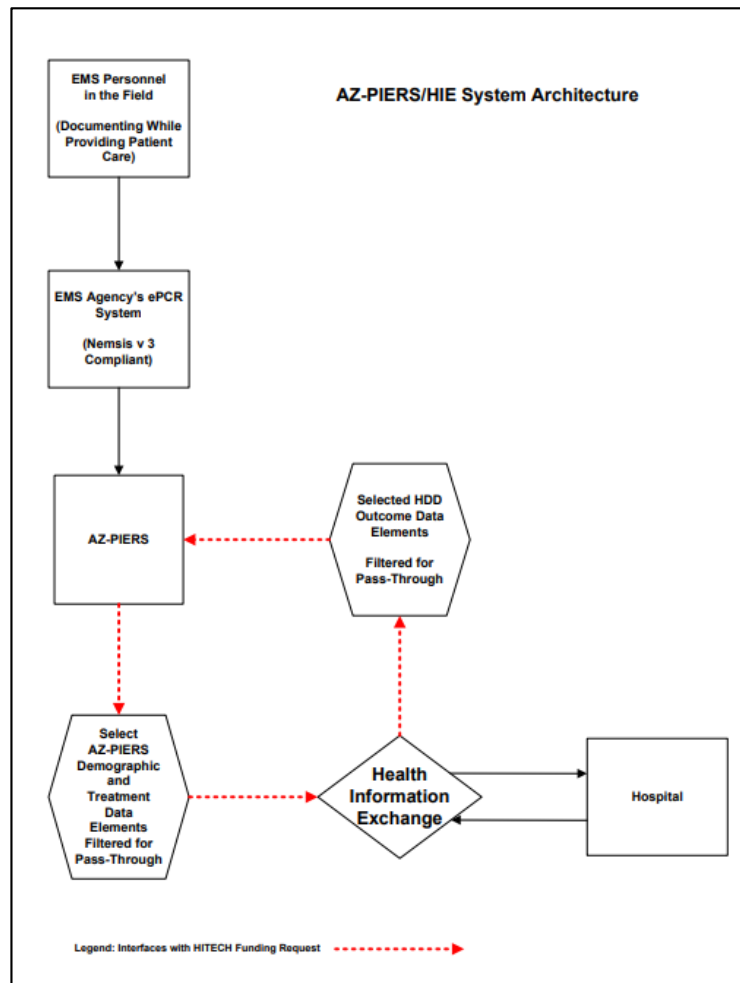
Data Source: ADHS EMS and Trauma System June, 2018

Arizona Surge Line

The Arizona Surge Line assists with the interfacility transfer process of patients during an emergency hospital or health care facility surge.[4] The creation of the surge line was meant to improve the state's patient management during the COVID-19 pandemic. The Surge Line is a call system that assists with the direct interfacility transfer of patients. This helps providers to work collaboratively to provide the best care for patients and reduce the strain on the health system during a surge. The Surge line provides the infrastructure to facilitate a more collaborative transfer process for COVID-19 patients, making the process smoother for hospital transfer agents. Real-time surveillance of all hospital beds and ventilator availability in Arizona is accessible through the Surge Line. Outside of expediting the hospital transfer process of presumed or confirmed COVID-19 cases, during a health care surge the Surge Line optimizes clinician time for patient care and reduces patient burden across hospitals.[5] Due to the structure of the Surge Line, it is possible that in the future it can be used for other threats that may lead to health care surges. On October 16, 2020, the Arizona Surge Line for the influenza Pilot went into effect. The influenza pilot is voluntary for hospitals and assists with the transfer and placement of patients with confirmed influenza during the 2020 – 2021 influenza season.

Strengthening the Technical Advancement & Readiness of Public Health (STAR) HIE Program

In 2020, Health Current (now Contexture) was one of five original recipients of a STAR HIE agreement, designed to strengthen and expand the ability of HIEs to support public health agencies in their response to public health emergencies and pandemics such as COVID-19. The two-year project has two main objectives:

- To improve the timeliness, accuracy, and completeness of hospital reporting of key COVID-19 health care data, including but not limited to facility hospitalization metrics, personal protective equipment inventories, and ventilator inventory and utilization. With this information, ADHS can direct health care resources to facilities, providers, and geographic regions in greatest need. Given the disproportionate impact of COVID-19 on racial and ethnic minority communities, including tribal communities, this ability to equitably distribute potentially life-saving resources is a key component towards addressing COVID-19-related health disparities and improving health equity.

- To reduce hospital and health system burden related to state and federal reporting requirements, by utilizing the HIE as a data intermediary. Hospitals spend significant staff resources daily to complete manual reporting when such reporting can be automated utilizing the HIE infrastructure. Given the significant strain that the pandemic is having on health care providers, particularly on hospitals, the burden reduction created by effective

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[4] https://www.azdhs.gov/covid19/index.php#healthcare-providers-surge-line Healthcare Providers & Facilities- Arizona Surge Line

[5] Ibid.

utilization of the HIE will have lasting impacts on the health care community and public health system both in the short term and beyond the pandemic.

Contexture has developed a two-year work plan, which includes recruitment of at least eight Arizona hospitals and health systems to participate in the project. Contexture staff will work directly with these hospitals to ensure all data fields are appropriately mapped and to expand interfaces to other hospital systems. Simultaneously, Contexture is working with ADHS to establish an interface to their preferred platform, EMResource, to electronically receive and consume the information delivered from the HIE.

To accomplish this work, Contexture is working in partnership with ADHS, the Arizona Hospital and Healthcare Association, and AHCCCS, as well as its advisory council and workgroup governance structure, to ensure multi-stakeholder collaboration.

A.15 HIT Related Grant Awards to the State Update Request

(SMHP Companion Guide Question A #15)

This section has been omitted as it is optional according to the final SMHP template.

Section B: The State's "To Be" HIT Landscape

B1. Over the Next Five Years what Specific HIT/HIE Goals does the SMA Want to Achieve

AHCCCS Agency-Wide Goals

AHCCCS Strategic goals for 2017 through 2023 are identified in Figure 17:

Figure 17. AHCCCS Strategic Plan

Data Source: AHCCCS Complete Care PowerPoint, January, 2018

In order to meet its strategic goals of improving care and reducing costs, AHCCCS has developed HIT and HIE goals and strategies it is using to reduce fragmentation in health care delivery to develop an integrated system of health care which are detailed in the next sections. Listed below are the agency goals with critical updates and alignment to health IT and HIE initiatives.

AHCCCS Agency Goal 1: Pursue and implement long-term strategies that bend the cost curve while improving member health outcomes

Value based purchasing is one policy strategy that helps healthcare delivery systems become sustainable.[6] The goal of value based purchasing is to provide incentives for high quality care while keeping costs affordable. There are multiple approaches to value based purchasing and AHCCCS has been able to have seventy-seven percent of AHCCCS health plan spending in an alternative payment model.[7] Furthermore, from December 2019 to December 2020, telehealth services utilization increased by 172% which has helped to support strategy one of bending the cost curve while improving member health outcomes. For fiscal year 2022, the annual objectives that AHCCCS has planned to address strategy one include the following: [8]

- To increase school safety, AHCCCS' initiative is to partner with MCOs and providers to co-locate services on campus and expand school-based claiming programs which provide reimbursements for the cost of Medicaid services provided to eligible students.

- To reduce health disparities, the annual initiative consists of increasing member enrollment in the American Indian Medical Home Program which supports primary care case management.

AHCCCS Agency Goal 2: Pursue continuous quality improvement

Quality improvement is an integral component of AHCCCS as demonstrated by the continual review of national standards, regional trends, experiences and partner collaborations. [9] Some accomplishments made towards continuous quality improvement include the development of AHCCCS' Electronic Visit Verification (EVV) system that went live on 1/1/21 and the Arizona Provider Enrollment Portal that went live on 8/31/20. For the fiscal year 2022, the plan to address strategy two includes the following objectives:[10]

- Increase use of AHCCCS' automated provider enrollment platform: Ongoing training and education will be offered to providers regarding how to use the automated platform.

- Ensure seamless experience for individuals applying for AHCCCS benefits: Focused oversight of the new enrollment systems contractor.

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[6] https://www.azahcccs.gov/AHCCCS/Downloads/Plans/StrategicPlan_18-23.pdf AHCCCS Strategic Plan State Fiscal Years 2018-2023. September 24, 2021.

[7] https://www.azahcccs.gov/AHCCCS/Downloads/Plans/FY2022_2-Page_StrategicPlan.pdf AHCCCS Fiscal Year 2022 Strategic Plan 2-Pager. Accessed September 23, 2021.

[8] Ibid

[9] https://www.azahcccs.gov/AHCCCS/Downloads/Plans/StrategicPlan_18-23.pdf AHCCCS Strategic Plan State Fiscal Years 2018-2023. September 24, 2021.

[10] https://www.azahcccs.gov/AHCCCS/Downloads/Plans/FY2022_2-Page_StrategicPlan.pdf AHCCCS Fiscal Year 2022 Strategic Plan 2-Pager. Accessed September 23, 2021.

- Address the behavioral health needs of uninsured and underinsured children: AHCCCS will partner with MCOs and schools to develop referral policies and encourage use of the claims identifier and uniform referral and reporting methodology. They will also partner with the Arizona Department of Education (ADE) to conduct outreach to additional schools for participation in programming.

- Standardize treatment planning and placement for individuals with substance use disorders: AHCCCS will offer DAP incentive funding to providers who integrate their Electronic Health Record EHR system with the American Society of Addiction Medicine (ASAM) continuum software.

AHCCCS Agency Goal 3: Reduce fragmentation driving toward an integrated sustainable healthcare system

AHCCCS recognizes that system design is critical in building a robust healthcare system.[11] Some progress towards reducing fragmentation consists of implementing a CLRS to improve the process of referrals between clinicians and social services.[12] For fiscal year 2022, the objectives to continue to reduce fragmentation in the healthcare system include the following:[13]

- Improve AHCCCS member connectivity to critical social services: AHCCCS will partner with the state's HIE to promote availability of the CLRS.

- Provide a comprehensive resource for accessing treatment for opioid use disorder: AHCCCS will continue to promote the availability of the treatment locator to interested parties.

AHCCCS Agency Goal 4: Maintain core organizational capacity, infrastructure and workforce planning that effectively serve AHCCCS operations

In order to be successful and provide an effective care delivery system, it is important for AHCCCS to have a strong organization foundation.[14] For fiscal year 2021, AHCCCS received an employee engagement score of 85% indicating that majority of the employees believe that they have the tools needed to do their jobs. The objectives to address strategy four in fiscal year 2022 consists of the following:

- Maximize use of remote work options: AHCCCS will maintain organizational policies that support remote work options and offer ongoing training on how to work effectively in a remote work setting.

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[11] https://www.azahcccs.gov/AHCCCS/Downloads/Plans/StrategicPlan_18-23.pdf AHCCCS Strategic Plan State Fiscal Years 2018-2023. September 24, 2021.
[12] https://www.azahcccs.gov/AHCCCS/Downloads/Plans/FY2022_2-Page_StrategicPlan.pdf AHCCCS Fiscal Year 2022 Strategic Plan 2-Pager. Accessed September 23, 2021.
[13] Ibid
[14] https://www.azahcccs.gov/AHCCCS/Downloads/Plans/StrategicPlan_18-23.pdf AHCCCS Strategic Plan State Fiscal Years 2018-2023. September 24, 2021.

- Prepare for anticipated staff retirements/departures: To address departures AHCCCS will develop a succession planning template and process.

AHCCCS Previous HIT/HIE Program Goals

Over the past several years AHCCCS has continued to make progress on their HIT/HIE goals. These goals were defined based on the PI Program priorities. With the conclusion of HITECH funding, AHCCCS has redefined goals. For historical purposes the previous goals are listed below with the final benchmark update.

AHCCCS Goal 1: Oversee and Administer the PI Program
   a. Ensure Providers Migrate Through the PI Continuum

   b. Support ADHS Public Health Onboarding for MU Measures

      i. Benchmark: Allow providers to submit immunizations electronically by July 1, 2017. –**Completed**; working on query response now

   c. Achieve Program Integrity Goals

      i. Update Agency Audit Strategy to comply with HHS-OIG findings by June 1, 2017 – **Completed** Agency Audit strategy approved April 2019

AHCCCS Goal 2: Increase Agency Use and Support for HIT/HIE
   a. Care Coordination between Physical and Behavioral Health Providers

      i. Add 2 new integrated FQHCS/RHCS clinics to the PI Program –**Completed**

      ii. Pay 4 New FQHCS/RHCS a PI Payment by March 2017. –**Completed**

      iii. Increase the number of BH providers who get connected under the State Health Integration Plan (SHIP) from current 38 to 60 by December 2017. **Completed**

   b. Support AHCCCS Payment Modernization Initiatives and Administrative Efficiency Projects

      i. Of the 42 hospitals that have qualified for an increase in their payments due to meeting MU 2 and having established connectivity with the HIE, track the amount of additional funding that is generated for hospital. **Completed- since 2017, the DAP/Value based payment program has awarded $90 million to hospitals and other providers for HIE participation and connectivity**

   c. Implement the American Indian Health Home Waiver

      i. Have 3 care collaboratives established for AIHP members by July 2018 - **Completed- there are 4 AIMH**

   d. Improve Justice System Transitions- **Completed- through the Targeted Investments program there are now 12 justice sites that operate as a one stop shop/clinics for people leaving jails and prison. AHCCCS health plans have to have a full time justice liaison to coordinate services for people transitioning out of jails and prison.**

   e. Improve Care for Children with Behavioral Health Needs Including those at Risk and Engaged in the Child Welfare System

      i. Have 15 community providers that are experts in Autism Spectrum Disorder Connect to the HIE by July 2018 –**Completed- there are 289 Community**

providers including those 15 with ASD expertise participating with Health Current (now Contexture).

AHCCCS Goal 3: Accelerate Statewide HIE Participation for All Medicaid Providers and Plans

Expand the HIE Onboarding Program for Medicaid Hospitals, FQHC's, RHC's, Groups and All Other Medicaid Providers.

a. Onboard up to 70 different Medicaid provider organizations by end of FFY 2018 including PI eligible and other Medicaid non- eligible providers. **Completed – over 480 Medicaid community providers are participating at the HIE**

b. Support Increased Health Plan Use of HIE for Improved Health Outcomes and CQM. -

    i. **Ongoing- the agency is updating its clinical quality and performance measure strategies – the HIT HIE portion is under review and discussion**

c. Coordinate Other State and Federal Agencies' Participation in HIE.

    i. **Ongoing and is incorporated into the current future strategy. Outreach is continuing to the Board of Pharmacy, ADHS and to IHS for new projects**

AHCCCS Post-HITECH HIT/HIE Program Goals

With the conclusion of HITECH funding for infrastructure, AHCCCS engaged critical stakeholders to define a new roadmap Health IT Roadmap focused on meeting the needs of AHCCCS and its beneficiaries. The 2021-2025 AHCCCS Health IT Roadmap is based upon current challenges and is a forward-looking plan that identifies the agency's goals for advancing health information technology adoption in order to improve care outcomes and improve the agency's administrative efficiency.

This Roadmap includes three priorities and five goals as shown in Figure 18. Taken together, these should not be viewed as sequential, but as interdependent with the collective purpose of advancing Arizona's health IT/HIE infrastructure leading to a more cohesive data sharing environment and improving Medicaid beneficiary health outcomes using data-driven insights. Additional information on the Roadmap is defined in Section E.

Figure 18. AHCCCS Post-HITECH HIT/HIE Program Priorities and Goals

Priority: Continue Health IT Collaboration

GOAL 1

Establish cross-agency collaborations to maximize utilization of Contexture to advance interoperability across the enterprise, the state, and the community.

Strategy 1.1: AHCCCS actively participates in ongoing statewide health IT governance, operations, and business development.

Strategy 1.2: AHCCCS regularly reviews and evaluates Medicaid and state agency data access and sharing needs.

Strategy 1.3: AHCCCS coordinates with Contexture to engage community stakeholders to understand health IT opportunities and challenges.

Priority: Create Efficiencies & Improve Healthcare Quality

GOAL 2

Support data integration to enhance the data exchange infrastructure.

Strategy 2.1: Enhance Arizona's data sharing capabilities to advance public health infrastructure modernization.

Strategy 2.2: Extend Arizona's data sharing capabilities to enable informed clinical decision making and advance health equity.

GOAL 3

Increase provider access to care information in a standardized format.

Strategy 3.1: Develop & deploy technology & policy infrastructure to support data sharing.

Strategy 3.2: Maximize available funding to advance the data sharing infrastructure.

Strategy 3.3: Support Contexture to incentivize HIE utilization to improve quality and address health disparities.

Priority: Improve Data Quality and Modernization

GOAL 4

Improve operations by modernizing agency technology.

Strategy 4.1: Assess and enhance the AHCCCS MES infrastructure and environment.
Strategy 4.2: Create and enhance agency dashboards for improved visibility and analytics.
Strategy 4.3: Improve provider performance monitoring.

GOAL 5

Increase agency data access and information exchange.

Strategy 5.1: Utilize the HIE's features and functions to create operational efficiencies.
Strategy 5.2: Employ data sharing to streamline quality reporting.

B.2 Future of AHCCCS IT System Architecture

(SMHP Companion Guide Question B #2)

Future AHCCCS System Architecture

Long term, AHCCCS and the contracted MCOs and RBHAs are expected to utilize the HIE for care coordination of Medicaid members and for clinical quality analysis. Medicaid providers are expected to utilize the HIE to better understand/assess their patients' medical health and to coordinate and share patients' health information with the patients and their other providers in an effort to improve patient health outcomes.

In the future, AHCCCS is expected to continue to utilize the HIE to assist with the eligibility and enrollment for the CRS and in supporting member eligibility for the AHCCCS ALTCS. In September 2016, AIHP established connectivity with the HIE to support the sharing of clinical data for care coordination. Eventually, the agency would like to be able to use the HIE to assist with the determination of eligibility process for those members who rely on federal agency information coordination such as SSA, VA, or IHS and Long Term Care.

Figure 19 highlights how the SMA IT system will support the AHCCCS long term goals and objectives of reducing costs, improving care coordination, and improving health care outcomes. There are no plans to combine the internet portals, enterprise service bus, master person index, or record locator services that will be operated by Contexture with the agency's member eligibility process, HEAplus, which uses similar technology.

Optimally, the Public Health Registries will be connected to the HIE, enabling providers to view and update their patient's registry data using their HIE connection. It also shows that the HIE is connected to AHCCCS using the web portal infrastructure with its MMIS which allows the agency to more fully utilize the member health data available through the HIE. Lastly, it shows HEAplus connected with the HIE to access applicant health care information needed to support medical eligibility determination. All of these actions are beginning steps towards improving health care outcomes.

This year, AHCCCS has collaborated with the HIE to develop strategies to rapidly deploy universal use cases across the state as infrastructure components are implemented. In addition to the AHCCCS Health IT Roadmap, Contexture has updated its HIE Strategic Plan to better align with the current environment and the recent merger of Health Current and CORHIO. Contexture collaborated with AHCCCS, ADHS, and community stakeholders on their strategic plan update. As previously discussed, the adoption of the CLRS is a high priority for both Contexture and AHCCCS this year and next year.

Figure 19: Integrated Medicaid IT Environment – Future Plans (2024 Vision)

Medicaid IT – Vision 2024

Transactions

1. Register for EHR Incentive Program at CMS
2. Register for EHR Incentive Program in Arizona
3. Receive EHR Incentive Payment
4. Verify Eligibility, Update Provide Data, Submit Claims
5. Read, Add, Update Public Health Registry Data
6. Receive ADT Alerts, Read Patient Data
7. Patient Volume and other EHR Program reports
8. Submit Application, Update Data for Health & Human Services
9. Submit Application for Health Insurance at CMS
10. Submit to SSA for SSI MAO

Funding Stream

- HITECH
- HITECH/MMIS Share
- HEAplus (E&E)
- HEAplus/MMIS Share
- MMIS - Mainframe
- MMIS - Modular
- HITECH/HIE Participant Share
- E&E/SNAP &TANF Share

Key:
Solid Black lines – as is 2019
Dotted Blue lines – to be 2023

Data Source: AHCCCS ISD March, 2020

AHCCCS IT Strategic Plan Update 2023

AHCCCS completed their agency IT plan update in September 2021. The IT plan's purpose is to "provide, operate, maintain, and support high quality information systems to enable AHCCCS to continue to be a leader in providing comprehensive quality health care to those in need." The plan identifies five goals for the agency.

- Goal #1: Modernize Agency Business Functions,

- Goal #2: Business Applications Enhancements,

- Goal #3: Protect Agency Systems and Data,

- Goal #4: AHCCCS IT Governance Plan, and

- Goal #5: Develop and Maintain Agency Workforce.

These goals are specific to AHCCCS and define several objectives in order to achieve those goals. Goals 1, 2, and 3 overlap to many of the priorities, goals, and initiatives within the HIT/HIE area. Specifically, Objective #2.7 (Maintain and Incorporate New Technologies to Inform All Stakeholders) aligns to AHCCCS' health IT Goal 1 (Establish cross-agency collaborations to maximize utilization of Contexture to advance interoperability across the enterprise, the state, and the community). Continued collaboration with both state and community stakeholders is critical in building infrastructure in the future.

AHCCCS MMIS Enhancements

AHCCCS is leading a joint undertaking with Hawai'i MQD and issued an RFP in June 2021 to begin the process of updating the 30-year-old PMMIS shared by both Arizona and Hawai'i through modular system development and integration. The purpose of this RFP is to develop a roadmap to provide AHCCCS with a plan for this modernization effort. The seven to 10-year strategic MES Roadmap will have specific recommendations for the optimal MES Module procurement approach that addresses feasibility, associated costs, and projected timelines of these recommendations supporting the Agencies' acquisition and implementation strategy for modular components, including any recommendations for timing and/or utilizing cooperative contracts. This aligns with AHCCCS IT Strategic Plan Update.

In addition, AHCCCS recently completed the implementation and certification of the Provider Management module. Certification from CMS was received on September 14, 2021. AHCCCS is employing an Open Vendor Model for EVV with one statewide EVV contractor. AHCCCS has chosen Sandata Technologies as the statewide contractor. EVV mandatory use began on January 1, 2021.

AHCCCS 1115 Waiver Renewal

AHCCCS has requested a five-year renewal of Arizona's Demonstration project under Section 1115 of the Social Security Act. Arizona's existing Demonstration project has been renewed for an additional year through September 30, 2022. Highlights of the 1115 renewal include:

- Mandatory managed care;

- Home and community-based services for individuals in ALTCS;

- Administrative simplifications that reduce the inefficiencies in eligibility determination;

- Integrated health plans for AHCCCS members;

- Payments to providers participating in the TI Program (See Section B.5 for additional details regarding the expanded TI Program); and,

- Waiver of Prior Quarter Coverage for specific populations.

In addition to renewing current waiver and expenditure authorities, AHCCCS is seeking to implement the following:

- Authority to allow for verbal consent in lieu of written signature for up to 30 days for all care and treatment documentation for ALTCS members when included in the member's record and when identity can be reliably established.

- Authority to reimburse traditional healing services provided in, at, or as part of services offered by facilities and clinics operated by the IHS, a tribe or tribal organization, or an Urban Indian health program.

- Authority to reimburse IHS and Tribal 638 facilities to cover the cost of adult dental services that are eligible for 100 percent FFP, that are in excess of the $1,000 emergency dental limit for adult members in Arizona's State Plan and $1,000 dental limit for individuals age 21 or older enrolled in the ALTCS program.

AHCCCS Plans to Leverage the State Level Registry (SLR) Beyond the PI Program

AHCCCS has no future plans to reuse the SLR (ePIP) after the conclusion of the PI Program through 2023.

B.3 Medicaid Providers Interface with the SMA Related to the PI Program

(SMHP Companion Guide Question B #3)

This section has been omitted as it is optional according to the final SMHP template.

B.4 HIE Governance Planning and SMA HIT/HIE Goals and Objectives

(SMHP Companion Guide Question B #4)

Future HIE Governance Structure

In Arizona, the HIE governance structure is currently in place at Contexture, which serves as a public/private non-profit organization. The Contexture board is comprised of organizational representatives which includes the Director of the SMA, which is informed by four advisory councils: Executive, Clinical, Data Governance, and Policy. Contexture serves as the statewide governance entity for HIT/HIE. The full board is comprised of multiple organizations and stakeholders. The SMA believes this is the appropriate HIE governance structure that needs to be in place now and in the future to achieve the SMA HIT/HIE goals and objectives.

As described in previous sections, the merger between Health Current and CORHIO represents an opportunity for increased collaboration. AHCCCS maintains a board position along with critical community stakeholders in Arizona. The continued collaboration between AHCCCS, ADHS, and Contexture will ensure that both state and community goals and objectives are met.

Recently, AHCCCS has designed a more formal project tracker to ensure that initiatives shared by Contexture and AHCCCS are completed timely. The project tracker is designed to ensure that objectives are defined, timelines are met, the purpose and use case of the project are clear, and that stakeholders are identified and engaged throughout the project.

Future HIE Initiatives Supporting Population Health

ADHS Priorities
ADHS has outlined several recent priorities. These priorities include:

- ADHS is planning on working with the HIE to utilize the Master Person Index (MPI). A pilot will be launching using this MPI on the ADHS surveillance system data by the end of 2021.

- AHDS is working to gain access and curation of current data sources to build a data lake/warehouse and internal data explorer.

- ADHS continues to work with partners to identify key variables and ensure high completeness and accuracy of those data points.

- The ELR continues to onboard laboratories throughout the COVID-19 response but will be onboarding non-COVID-19 labs again. This will help ADHS reach the goal of 100 percent electronic submission for laboratory data.

- Regarding provider reporting of infectious diseases, ADHS has started an electronic case reporting project which is similar to ELR but for health care providers. This will help replace the manual reporting that is currently happening.

Public Health Reporting Gateway

Within the next two to five years the agency anticipates it will be facilitating access to infrastructure to support projects that ensure state level data access and analysis. The infrastructure will be implemented incrementally over five years with IT that focuses on improving health information sharing, protocol development, and analytics. The agency is considering a variety of funding mechanisms to ensure this can be created. The agency is participating in discussions and review of population health and data analytic tools and services that are available through Contexture.

As the clinical data becomes more available through the HIE, it is expected that each MCO will develop a population health management approach by being able to receive and analyze more timely clinical data from its membership. The improved quality of the data is allowing the SMA and its plans to more closely monitor the quality of the care that is being delivered and tying the outcomes of the care to its payment reform strategies.

Over time, ADHS will continue to lead efforts for creating state population health analytics with Contexture as the organization develops. Figure 20 is a visual of Contexture's current participants, how they will access the Public Health Reporting Gateway, and how all community providers can connect to Contexture.

Figure 20: HIE Current and Future Support of Population Management
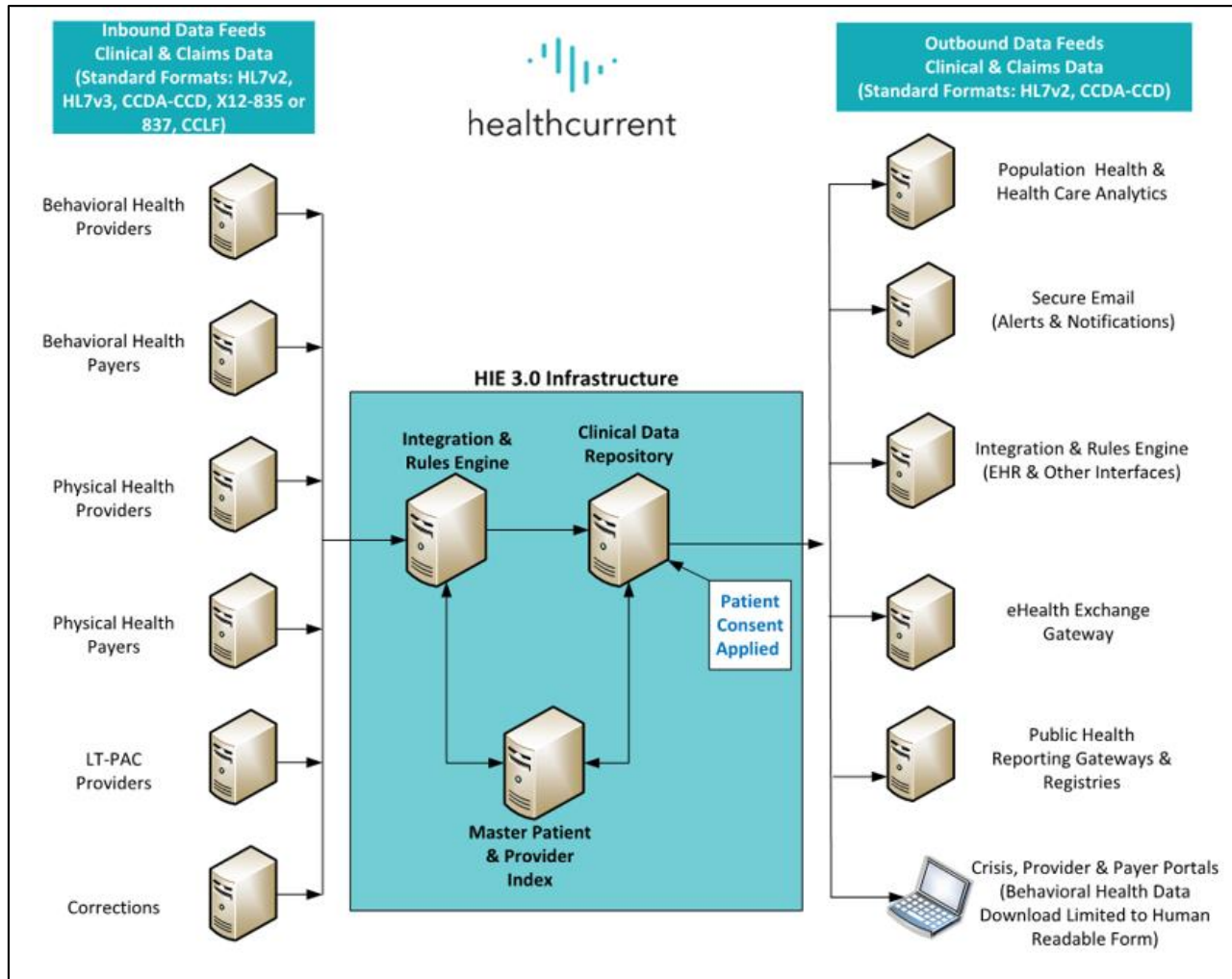
Data Source: Contexture, April, 2020

ADHS Health Improvement Plan

The 2021 – 2025 AzHIP builds on the progress of the 2016 – 2020 AzHIP and consists of five strategic priorities which focus on underlying health issues and significant overarching health disparities faced by Arizonans, including impacts of the COVID-19 pandemic. During the development, over 380 attendees participated in the four forums providing valuable feedback, including suggestions of tactics, incorporating existing efforts, and volunteering to lead actions.

The vision of each of the priorities reflect collective action taken by multiple partner organizations to achieve the goals and actions set forth. These stakeholders included AHCCCS and critical community partners. AzHIP aligns to many of AHCCCS' agency and HIT/HIE priorities and goals. Figure 21 shows the five priorities of AzHIP including the main priority of addressing health equity. Within the health equity priority, key tactic areas include the following items:

- Strengthening Data Infrastructure: Informing, Integrating, and Sharing;
- Community Partnership and Engagement; and
- Policy, Systems, and Environmental Change.

Figure 21. AHDS Health Improvement Plan 2021 – 2025 Priorities

B.5 Steps SMA will Take in Next 12 Months to Encourage Provider Adoption of Certified EHRS Technology

(SMHP Companion Guide Question B #5)

After HITECH ends, AHCCCS will continue to encourage provider EHR, HIT, and HIE adoption through several avenues. These avenues include:

- TI Program
- DAP Program
- Contexture
- MCOs

TI Program – Expansion and Continuation

The full 1115 Waiver renewal package, seeking to implement new initiatives such as coverage of traditional healing, TI 2.0, and the Housing and Health Opportunities demonstration, was submitted to CMS on December 21, 2020. Arizona's existing Demonstration project has been renewed for an additional year through September 30, 2022. Goals of the renewed program include:

- **Sustain.** TI participants' point of care integration achievements;
- **Expand.** Opportunity to implement the program's integrated care systems to new providers that did not participate in the original program; and
- **Improve.** Program requirements to more comprehensively address health equity by providing whole person care through enhanced social risk screening and intervention with milestone updates that reflect developments since the advent of the original TI Program.

The structure for the TI 2.0 Program will be aligned to the original program as shown in Table 14. There will be two cohorts

- "Extension" cohort will include current ambulatory TI Program providers.
- "Expansion" cohort will consist of interested AHCCCS-enrolled primary care practices, behavioral health providers, and integrated clinics that did not participate in the original TI program.

Table 14. TI 2.0 Program Requirements by Year

Program Year	Extension Participants	Expansion Participants
Year 1	Re-Establish TI 1.0 Systems and Processes Establish New Systems and Processes that support Whole Person Care/Health Equity goals	Application and Onboarding

Program Year	Extension Participants	Expansion Participants
Year 2	Establish New Systems and Processes	Establishment of Systems and Processes
Year 3	Implementation and Evaluation of Systems and Processes, including evaluation of where to target health equity efforts in years 4 and 5	Implementation and Evaluation of Systems and Processes, including evaluation of where to target health equity efforts in years 4 and 5
Year 4	Performance/Outcome Measures	Performance/Outcome Measures
Year 5	Performance/Outcome Measures	Performance/Outcome Measures

DAP Program – Continuation

The DAP Program will continue. The program aims to distinguish providers that have committed to supporting designated actions that improve patients' care experience, improve members' health and reduce cost of care growth. An integral part of the DAP program includes participation in and meeting milestones related to a qualifying HIE organization such as Contexture.

Contexture – Future HIE Adoption and Strategic Plan Update

HIE Adoption and Growth
Integrating health care delivery between behavioral health and physical health providers is an agency priority. Starting in July 2016, through the Regional Behavioral Health Plans, funds were made available for behavioral health providers to onboard to Health Current (now Contexture). That work was completed and connected 58 high priority, behavioral health providers that were targeted to be connected.

Through the release of the new State Medicaid Director's (SMD) letter (SMD # 16-003), AHCCCS encouraged HIE onboarding to Health Current (now Contexture) for other non-eligible provider types. AHCCCS received approval from CMS in March 2017 to request permission to encourage HIE interoperability by "…developing connectivity between Eligible Providers (whether eligible professionals or eligible hospitals) and other Medicaid providers if this will help the Eligible Providers demonstrate Meaningful Use." AHCCCS used this funding authority to onboard long term care providers, additional behavioral health providers, or any other Medicaid provider to Contexture. The program provided an administrative offset in recognition of the costs the eligible HIE participant has incurred to complete bidirectional HIE connectivity. The program ended in September 2021 with the conclusion of HITECH funding.

The agency completed the HIT Plan that was one of the components of the State Innovation Model or SIM Design Grant. The HIT plan recommended establishing HIE connectivity among the key participants that are focused on coordinating care for three unique populations: 1) for the AIHP, 2) for the individuals that are involved with the county and state justice system, and 3) for the organizations that are implementing integrated behavioral health and physical health delivery.

As of November 19, 2021, there are 988 different organizations participating with Contexture. Table 15 and Figure *22* illustrate the growth of the HIE within Arizona. Contexture will continue to onboard new organizations even after HITECH funding ends.

Table 15. The Success of Contexture Arizona HIE Growth YTD November, 2021

	2013 YE	2014 YE	2015 YE	2016 YE	2017 YE	2018 YE	2019 YE	2020 YE	2021 YTD
Total Community Participants	**27**	**27**	**74**	**244**	**399**	**565**	**669**	**794**	**988**
Hospitals and Health Systems	10	10	14	22	30	53	57	62	61
Accountable Care Organizations	–	–	2	8	14	15	16	16	16
Health Plans and Payers	5	5	11	12	14	16	15	–	17
FQHCs and RHCs	2	2	14	21	21	21	22	–	29
Lab, Imaging Center, and Pharmacy	1	1	1	1	3	5	6	15	17
Community Providers	5	5	18	78	149	269	318	384	437
Integrated Clinics	–	–	7	27	28	30	–	–	–
Behavioral Health Providers	–	–	2	42	47	49	85	108	128
Long-Term and Post Acute Care	1	1	-	17	74	83	123	173	243
State and Local Agencies	3	3	4	6	7	7	7	8	10
EMS Paramedicine Programs	–	–	1	10	12	17	20	28	30
HIEs	**–**	**1**	**1**	**2**	**2**	**16**	**42**	**42**	**42**

Data Source: Contexture November, 2021

Figure 22. Health Information Exchange Participant Growth

Contexture: Arizona HIE Participant Growth
(As of November 2021)

Year	HIE Participant
2015 YE	76
2016 YE	246
2017 YE	398
2018 YE	565
2019 YE	656
2020 YE	824
2021 YTD	988
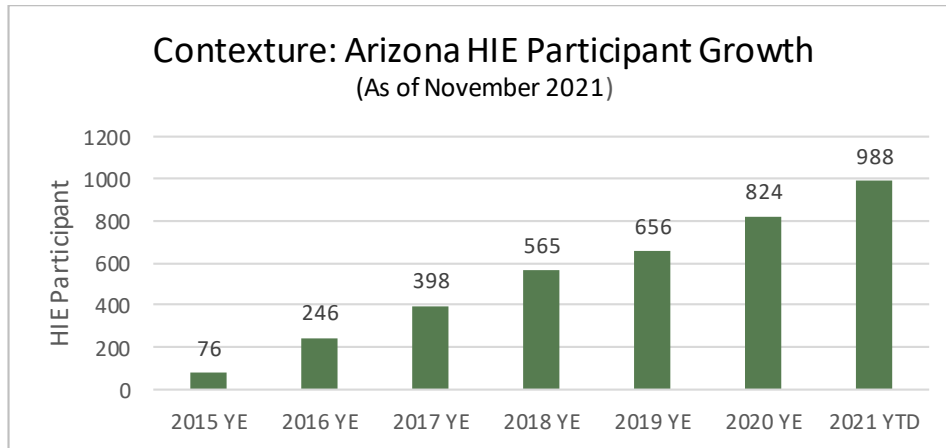
Data Source: Contexture Arizona YTD November, 2021

Future HIE Onboarding Program

With the conclusion of HITECH, Contexture has been working to develop a continuation of the HIE Onboarding Program. The new program, Data Supplier Incentive Program, is currently in development as of December 2021 and will focus on growing and deepening the HIE clinical dataset itself, so that more data is available to all organizations participating in the HIE. The program will require submission of minimum data elements in alignment with the DAP program to ensure consistency of standards. Only healthcare organizations that are already submitting clinical data to the HIE or received a payment under the old HIE Onboarding Program are not eligible for the Data Supplier Program. The program will be funded through available resources and no new additional dollars from AHCCCS.

2021 Contexture Strategic Plan Update

As part of the merger under Contexture, Health Current is updating the 2020 strategic plan to better incorporate the strengths and priorities of the merged organization. Through this process Health Current has interviewed over 30 organizations, conducted workshops, and have developed a use case roadmap; with a key focus being optimizing HIE utilization for AHCCCS and public health. The updated HIE strategic plan was completed by the end of 2021. Health Current is collaborating with AHCCCS, ADHS, and the community to refine their strategic plan, especially related to:

- COVID-19

- Securing other public health data feeds

- Better integration of health information

- Data analytics

- Care coordination and alerts

- MPI

Figure 23 shows a proposed five year timeline of use cases. The proposed use cases identify whether or not it benefits both AHCCCS and ADHS. At the time of this writing the use cases are only proposed. Contexture, AHCCCS, and AHDS are expected to further refine the use cases and priorities.

Figure 23. Proposed Five Year Timeline of Use Cases
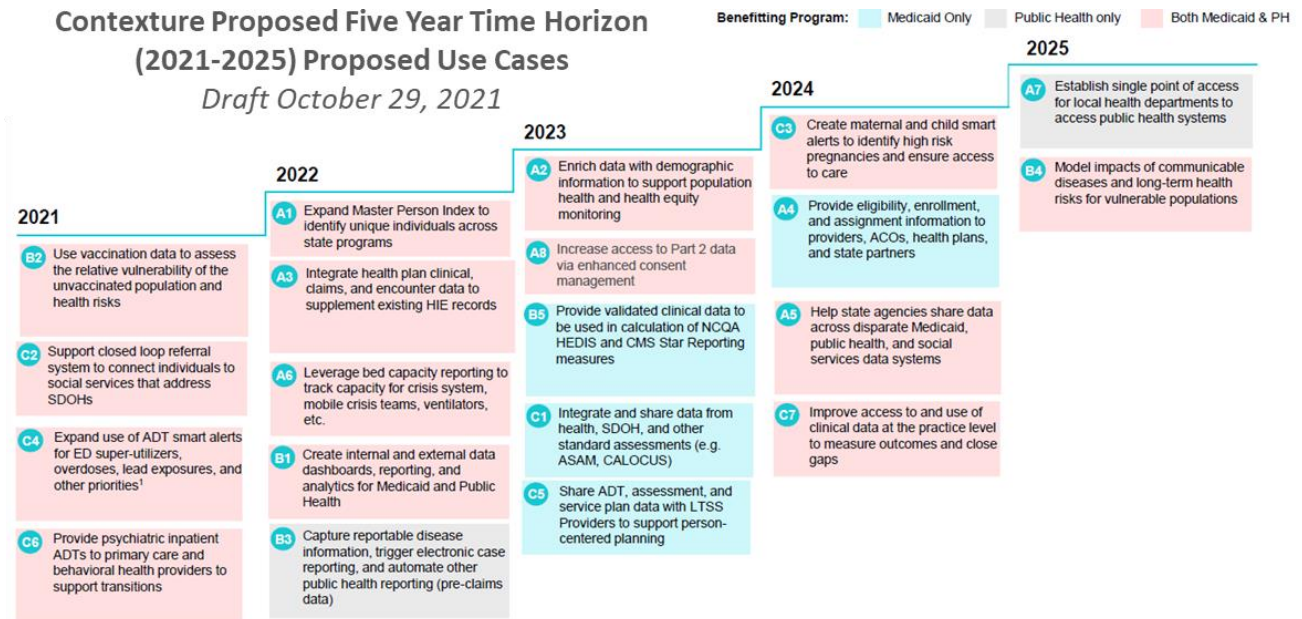
MCO – Health IT Provider Adoption and Utilization

As of April 2021, 88 percent of Medicaid members are served through an MCO. Most (1.7 million) of these members are served through AHCCCS Complete Care (ACC) which began on October 1, 2018. This integrated system joins physical and behavioral health services together to treat all aspects of Medicaid members' health care needs under a chosen health plan. ACC encourages more coordination between providers within the same network which can mean better health outcomes for members. With nearly all members receiving care through an ACC plan, the MCOs are key drivers in increasing HIT and HIE adoptions.

ACC MCOs have specific contract requirements that strive to increase HIT and HIE adoption and utilization. Highlights from the contracts that drive this adoption include:

- **HIE Adoption.** AHCCCS anticipates accelerating statewide HIE participation for all Medicaid providers and contractors by:
  - Requiring that behavioral health and physical health providers use the HIE for the secure sharing of clinical information between physical and behavioral health providers;
  - Supporting the acceleration of electronic prescribing by Arizona Medicaid providers;
  - Joining Contexture's Board of Directors and advisory councils to enable and provide input into governance and policy making, and the availability of IT service offerings; and
  - Identifying value-based purchasing opportunities that link with a provider's adoption and use of HIT.

- **HIE Collaboration:** The Contractor is expected to collaborate with AHCCCS and Contexture to support projects and initiatives in areas where HIT and HIE can bring significant change and progress including efforts focused on:

  o Coordinating the secure sharing of clinical health information between providers and across the continuum of care facilities

  o Collaborating with Contexture on recruitment and outreach strategies that target providers in each Contractor's network and that encourages those providers to join the HIE.

  o Partnerships for integrated care; implementing strategies to improve care coordination; coordinating care for members enrolled in AIHP, transitioning between plans, transitioning out of the justice system, and care transitions between providers and members.

- **Closed-Loop Referral System:** The Contractor shall utilize the AHCCCS-Approved Statewide CLRS and actively promote provider network utilization of the CLRS to properly refer members to CBOs providing services addressing social risk factors of health. Additionally, the Contractor shall partner with the HIE to outreach to CBOs to participate in the CLRS.

- **SDOH Screening Tools:** The Contractor shall actively encourage provider usage of SDOH screening tools available through or compatible with the CLRS to screen members for social risk factors of health based upon the provider's business needs. Regardless of the screening tool selected, the provider's tool must screen for social risk factors of health.

- **Interoperability and Patient Access Final Rule:** The Contractor shall implement Section III-Patient Access Application Programming Interface (API), Section IV-Provider Directory API, and Section V-Payer to Payer Data Exchanges in accordance with AHCCCS effective dates.

- **Crisis Services**: The Contractor shall cooperate with AHCCCS, the Health Information Exchange (HIE), and any applicable vendors to enhance crisis-related data sharing and availability through the HIE or other applicable data or information system.

- **Child Care**: The Contractor shall ensure the use of the Child and Adolescent Level of Care Utilization System (CALOCUS) (or other assessment, as directed by AHCCCS) by all contracted providers delivering services to children. CALOCUS assessments can be completed by any individual who has been trained to implement this assessment, and is practicing within their scope. The assessment shall be transmitted to the HIE and shared with the member's health home.

B.6 SMA Encouragement of FQHC PI Program HIE Participation

(SMHP Companion Guide Question B #6)

This section has been omitted as it is optional according to the final SMHP template.

B.7 How will the SMA assess or provide Technical Assistance for Medicaid Providers

(SMHP Companion Guide Question B #7)

This section has been omitted as it is optional according to the final SMHP template.

B.8 SMA Management of Populations with Unique Needs

(SMHP Companion Guide Question B #8)

This section has been omitted as it is optional according to the final SMHP template.

B.9 Grant Leverage of the PI Program

(SMHP Companion Guide Question B #9)

This section has been omitted as it is optional according to the final SMHP template.

B.10 SMA Need for New or Changed State Laws

(SMHP Companion Guide Question B #10)

This section has been omitted as it is optional according to the final SMHP template.

B.11 SMA Need for Issue Management and Other Institution Involvement for Five Year Goal realization

(SMHP Companion Guide Question B #11)

This section has been omitted as it is optional according to the final SMHP template.

Section C: Activities Necessary to Administer and Oversee the Medicaid PI Program

Per the updated CMS Companion Guide, Sections C1-30 should be updated to: *"States should provide a timeline with significant programmatic and technological activities through 2023. The timeline should include actions the SMA needs to perform to conclude and/or transition the* Promoting Interoperability Program."

Table 16 shows the programmatic and technological activities AHCCCS will be completing to close out the PI Program. This includes key payment and audit dates to ensure the completion of the program. AHCCCS has no plan on reusing the SLR and plans to maintain the SLR until the completion of all audits in 2023.

Table 16. AHCCCS Programmatic and Technological Closeout Timeline

Estimated Completion Date	Activity
9/30/2021	Conducted final provider outreach/communications.
10/31/2021	AHCCCS received CMS approval to keep the PY 2020 and PY 2021 attestation period open through October 31, 2021.
11/3/2021	AHCCCS received approval on its most recent audit strategy from CMS on November 3, 2021 for Version 11.0.
12/6/2021	AHCCCS received CMS approval of a HITECH IAPD version 11.1 which includes approval of funding for FFY 2022 and FFY 2023.
12/27/2021	AHCCCS made final EP and EH EHR incentive payments.
1/14/2022	All outstanding PY 2021 Security Risk Analyses (SRAs) are due along with any other outstanding documents. Any attesting provider who received payment without submitting an SRA and outstanding documents by this date will be automatically selected for post-pay audit.
3/31/2022	AHCCCS will only make payments after December 31, 2021 for EPs who are placed in appeal. The appeal payments will be completed by March 31, 2022.
3/31/2022	Complete final stratification and sample selections for post payment audits for program years 2020 – 2021.
3/31/2022	CMS deadline for states to submit final SMHP, including eScan.
9/30/2022	Submit final audit strategy, if necessary.
9/30/2022	Complete all remaining post payment audits.
9/30/2023	Complete processing of any appeals for failing post payment providers.
9/30/2023	Complete reporting any remaining audit findings to CMS.
9/30/2023	Reconcile State's payment and audit records to the final set of CMS payment and audit records and resolve any reconciling issues.

Estimated Completion Date	Activity
9/30/2023	Finishing recouping any outstanding incentive payments from remaining applicable providers.
9/30/2023	Notify CMS of when State will disconnect SLR from NLR.
9/30/2023	Disconnect SLR from NLR.
9/30/2023	If decommissioning SLR, work with SLR vendor on the decommission process.
9/30/2023	Review PI records and ensure all records (including any audit reports from vendors) are stored in an organized system in case of possible CMS Office of Inspector General (OIG) audit in the future.
9/30/2023	Ensure understanding of record retention policy and determine how long to maintain all program records.

Section D: The State's Audit Strategy

AHCCCS received approval on its most recent audit strategy from CMS on November 3, 2021 for Version 11.0. The Arizona Audit Strategy ensures that Medicaid and other funds are distributed effectively and in compliance with federal and state regulations. The Audit Strategy includes audit procedures, data sources, report specifications and methodology and is expanded as changes in regulations occur. The Audit Strategy is maintained in a separate confidential document, accessible only to personnel with appropriate permissions.

Section E. The State's HIT Roadmap

E.1 SMA Graphical/Narrative Pathway from "As Is" to "To Be"

(SMHP Companion Guide Question E #1)

"As Is" and "To Be" Pathway

With the conclusion of HITECH funding for infrastructure, AHCCCS engaged critical stakeholders to define a new roadmap. The AHCCCS Health IT Roadmap is based upon current challenges and is a forward-looking plan that identifies the agency's goals for leverage and advance health information technology in order to improve care outcomes and improve the agency's administrative efficiency.

Through this Roadmap, AHCCCS will work collaboratively across other state agencies and Contexture to address:

- The requirement that whole person care needs additional SDOH information which is not widely available or shared,

- The stakeholder desire for more streamlined and comprehensive data,

- The fact that not all providers have the resources to upgrade and adopt new technology,

- Future health care delivery models and their need for more robust data,

- Improving access to more real-time clinical data through current and future federal rules,

- Planning and funding investments to address aging IT Systems,

- The ongoing need for staffing to implement current and future health IT strategies and tools, and

- The continued need for enhanced security and privacy requirements.

Recognizing its strengths, AHCCCS will leverage the following assets, much of which was fully or partially supported by HITECH:

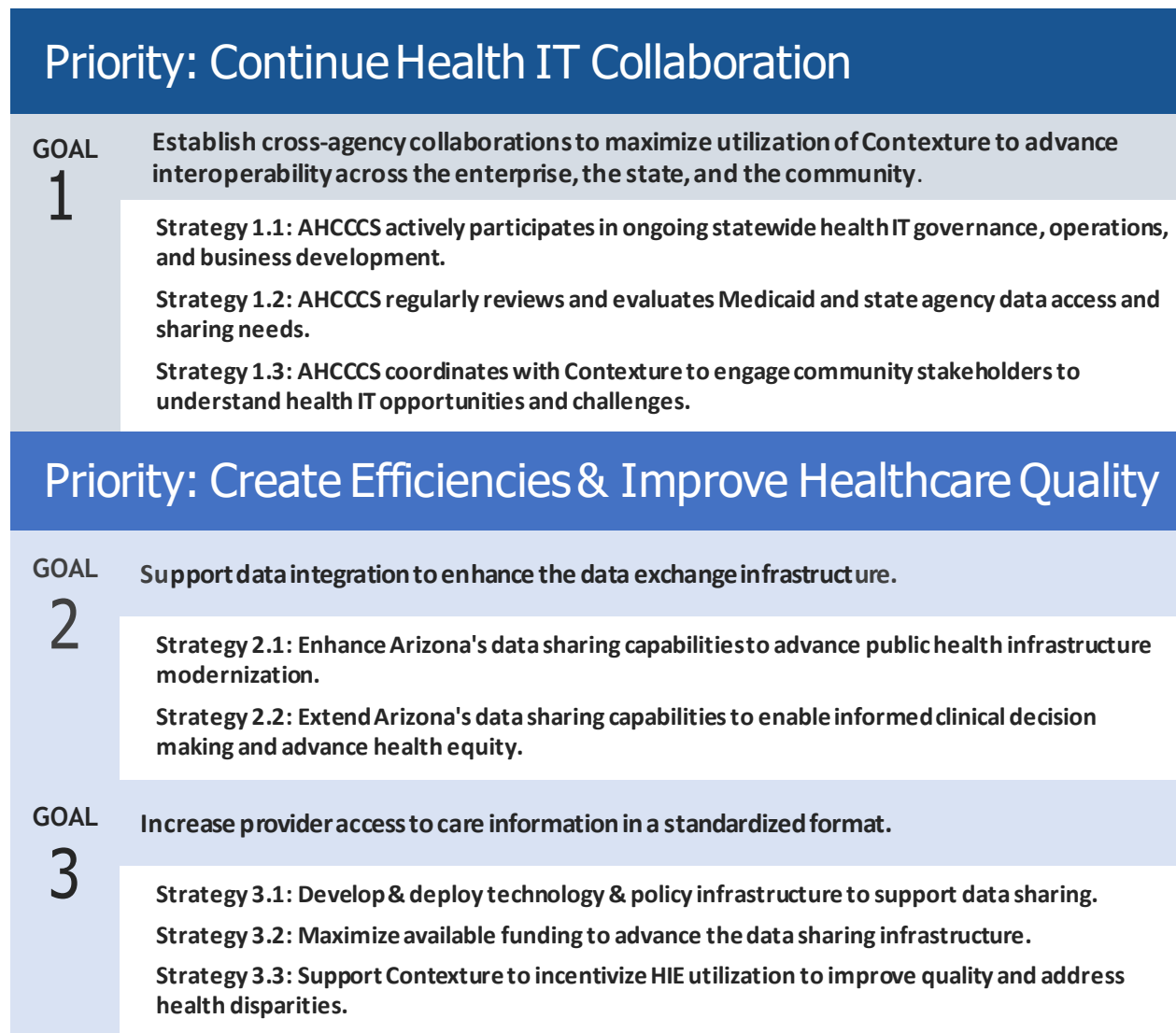- Higher physician and hospital adoption of certified EHR technology,

- Greater interoperability between providers to share clinical data,

- More robust HIE functionality and data at Contexture,

- Increased diversity and recruitment of high volume providers participating in the HIE,

- More access to health plan information,

- Prior investments in tools, education, and programs to support providers, and

- Future federal funding, grants, and rules to support future health IT adoption.

This Roadmap includes three priorities and five goals as shown in Figure 24. Taken together, these should not be viewed as sequential, but as interdependent with the collective purpose of advancing Arizona's health IT/HIE infrastructure leading to a more cohesive data sharing environment and improving Medicaid beneficiary health outcomes using data-driven insights.

Note: As Section E. is reflective of the State's Roadmap, the HIE is referenced as Contexture in anticipation of the fully merged organization in 2022.

Figure 24. AHCCCS Post-HITECH HIT/HIE Program Priorities and Goals

Priority: Continue Health IT Collaboration

GOAL 1

Establish cross-agency collaborations to maximize utilization of Contexture to advance interoperability across the enterprise, the state, and the community.

Strategy 1.1: AHCCCS actively participates in ongoing statewide health IT governance, operations, and business development.

Strategy 1.2: AHCCCS regularly reviews and evaluates Medicaid and state agency data access and sharing needs.

Strategy 1.3: AHCCCS coordinates with Contexture to engage community stakeholders to understand health IT opportunities and challenges.

Priority: Create Efficiencies & Improve Healthcare Quality

GOAL 2

Support data integration to enhance the data exchange infrastructure.

Strategy 2.1: Enhance Arizona's data sharing capabilities to advance public health infrastructure modernization.

Strategy 2.2: Extend Arizona's data sharing capabilities to enable informed clinical decision making and advance health equity.

GOAL 3

Increase provider access to care information in a standardized format.

Strategy 3.1: Develop & deploy technology & policy infrastructure to support data sharing.

Strategy 3.2: Maximize available funding to advance the data sharing infrastructure.

Strategy 3.3: Support Contexture to incentivize HIE utilization to improve quality and address health disparities.

Priority: Improve Data Quality and Modernization

GOAL
4

Improve operations by modernizing agency technology.

Strategy 4.1: Assess and enhance the AHCCCS MES infrastructure and environment.
Strategy 4.2: Create and enhance agency dashboards for improved visibility and analytics.
Strategy 4.3: Improve provider performance monitoring.

GOAL
5

Increase agency data access and information exchange.

Strategy 5.1: Utilize the HIE's features and functions to create operational efficiencies.
Strategy 5.2: Employ data sharing to streamline quality reporting.

E.2 SMA Expectations Regarding Provider EHR Technology Adoption over Time

(SMHP Companion Guide Question E #2)

This section has been omitted as it is optional according to the final SMHP template.

E.3 Annual Benchmarks for Each of the SMA Goals

(SMHP Companion Guide Question E #3)

<u>**Post-HITECH Annual Goals and Benchmarks**</u>

Below lists the proposed benchmarks for consideration to monitor achievement of post-HITECH annual goals. The benchmarks will be compared and assessed over time in order track progress towards the goals. The AHCCCS Roadmap also includes specific tactics to implement these strategies. These benchmarks are subject to change.

AHCCCS Health IT Goal 1: Establish cross-agency collaborations to maximize utilization of Contexture to advance interoperability across the enterprise, the state, and the community.

a. **Benchmark 1.1** – Number of HIE governance board meetings and ad-hoc meetings attended by AHCCCS, ADHS, and Contexture within the year.

b. **Benchmark 1.2** – Date of last revision of relevant strategic documents (AHCCCS Health IT Roadmap and Contexture Roadmap).

c. **Benchmark 1.3** – Number of active and completed projects related to heath IT, HIE, and data sharing for AHCCCS, ADHS, and Contexture.

AHCCCS Health IT Goal 2: Support data integration to enhance the data exchange infrastructure.

a. **Benchmark 2.1** – Number of organizations using the single point of access by registry/public health reporting tool.

b. **Benchmark 2.2** – Number of AHCCCS Health Equity Committee meetings held.

c. **Benchmark 2.3** – Number of Closed-Loop Referral System participants by organization type.

d. **Benchmark 2.4** – Number of referrals completed through the Closed-Loop Referral System.

AHCCCS Health IT Goal 3: Increase provider access to care information in a standardized format.

a. **Benchmark 3.1** – Number of organizations with a participant agreement with Contexture by provider type.

b. **Benchmark 3.2** – Number of organizations actively sharing health information (within the past 90 days) with Contexture by provider type.

c. **Benchmark 3.3** – Number of participants of the TI Program by provider type and milestones completed.

d. **Benchmark 3.4** – Number of participants of the DAP Program by provider type and milestones completed.

e. **Benchmark 3.5** – Number of participants of the Data Supplier Incentive Program by provider type and milestones completed.

AHCCCS Health IT Goal 4: Improve operations by modernizing agency technology.

a. **Benchmark 4.1** – Number of unique AHCCCS dashboards created to support agency operations.

b. **Benchmark 4.2** – Number of AHCCCS agency-wide data governance board and steward meetings held.

c. **Benchmark 4.3** – Number of AHCCCS data use agreements executed and cataloged.

AHCCCS Health IT Goal 5: Increase agency data access and information exchange.

a. **Benchmark 5.1** – Number of Contexture participants who are part of an AHCCCS Health Plan.

b. **Benchmark 5.2** – Date of last revision of the AHCCCS Health Plan contracts with health IT and HIE requirements updated.

E.4 Annual Benchmarks for Audit and Oversight Activities

(SMHP Companion Guide Question E #4)

This section has been omitted as it is optional according to the final SMHP template.

Section F: Appendices

Appendix F.1: Acronyms

Acronym	Definition
ACC	AHCCCS Complete Care
ACR	Arizona Cancer Registry
ADHS	Arizona Department of Health Services
ADT	Admissions, Discharges, and Transfers
AHCCCS	Arizona Health Care Cost Containment System
AIHP	American Indian Health Program
AIU	Adoption, Implementation or Upgrade
ALTCS	Arizona Long Term Care System
API	Application Programming Interface
ARRA	American Recovery and Reinvestment Act
ASIIS	Arizona Statewide Immunization Information System
ASU	Arizona State University
AzHDR	Arizona Health Directives Registry
AzHIP	Arizona Health Improvement Plan
AZ-PIERS	Arizona Prehospital Information & EMS Registry System
BCBSAZ	Blue Cross Blue Shield of Arizona
CAH	Critical Access Hospital
CALOCUS	Child and Adolescent Level of Care Utilization System
CBO	Community-Based Organization
CCDA	Consolidated Clinical Document Architecture
CEHRT	Certified Electronic Health Record Technology (current version 2015 Edition)
CEO	Chief Executive Officer
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program (also known as KidsCare in Arizona)
CHiR	Center for Health Information & Research
CIO	Chief Information Officer
CLRS	Closed Loop Referral System
CMIO	Chief Medical Information Officer
CMS	Centers for Medicare & Medicaid Services
COO	Chief Operations Officer
CORHIO	Colorado Regional Health Information Organization
CRS	Children's Rehabilitative Services
CQM	Clinical Quality Measure
DFSM	Division of Fee for Service Management
DHCM	Division of Health Care Management
DMPS	Division of Member and Provider Services
DO	Doctor of Osteopathic Medicine
EDI	Electronic Data Interchange
EH	Eligible Hospital

Acronym	Definition
EHR	Electronic Health Record
ELR	Electronic Laboratory Reporting
EMR	Electronic Medical Record
EP	Eligible Professional
EPCS	Electronic Prescribing of Controlled Substances
ePCR	Electronic Patient Care Reporting System
ePIP	Electronic Provider Incentive Payment System
e-Prescribing	Electronic Prescribing
eRx	Electronic Prescribing
eScan	Environmental Scan
EVV	Electronic Visit Verification
FFM	Federally Facilitated Marketplace
FFP	Federal Financial Participation
FFS	Fee-for-service
FFY	Federal Fiscal Year (used by Eligible Hospitals in the PI Program)
FQHC	Federally Qualified Health Center
FY	Fiscal Year (used by hospitals)
HCA	Hospital Corporation of America
HEAplus	Health-e-Arizona Plus
HEDIS	Healthcare Effectiveness Data and Information Set
HIE	Health Information Exchange
HIO	Health Information Exchange Organization
HIPAA	Health Insurance Portability and Accountability Act of 1996 (version 2.0 pending)
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health Act
HL7	Health Level 7 (Interface Programming Language in Health Care)
HN/HC	High Needs/High Costs
HRSA	Health Resources Services Administration
IAPD	Implementation Advanced Planning Document
IHS	Indian Health Services
IT	Information Technology
I/T/U	Indian Health Services, Tribal, and Urban Indian Health Facilities (also referred to as IHS and 638 tribally Operated Facilities)
MCC	Maricopa County Corrections
MCO	Managed Care Organization
MD	Doctor of Medicine
MES	Medicaid Enterprise System
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information Systems
MPI	Master Person Index
MQD	MedQuest; Hawai'i Medicaid Program
MU	Meaningful Use
NLR	National Level Repository; also known as CMS Registration & Attestation System
NP	Nurse Practitioner
OIG	Office of Inspector General

Acronym	Definition
ONC	Office of the National Coordinator for Health Information Technology
PA	Physician Assistant
PCC	Pima County Corrections
PCDH	Patient Centered Data Home Project
PDMP	Prescription Drug Monitoring Program
PI	Promoting Interoperability
PL	Public Law
PMMIS	Prepaid Medicaid Management Information System
PMP	Prescription Monitoring Program
PMPM	Per Member Per Month
PY	Program Year
QHIN	Qualified Health Information Network
RCE	Recognized Coordinating Entity
RFP	Request for Proposal
RBHA	Regional Behavioral Health Authority
RHC	Rural Health Clinic
RPMS	Resource and Patient Management System
SRA	Security Risk Analysis
SS-A	State Self-Assessment
SDOH	Social Determinants of Health
SHIP	Statewide HIE Integration Plan
SLR	State Level Registry
SMA	State Medicaid Agency
SMD	State Medicaid Director
SMHP	State Medicaid Health Information Technology Plan
STAR	Strengthening the Technical Advancement & Readiness of Public Health
TEFCA	Trusted Exchange Framework and Common Agreement
TI	Targeted Investment
T&R	Treat and Refer
UC	University of Colorado
UHC	UnitedHealthcare
VA	Veteran's Administration
VP	Vice President
WPCI	Whole Person Care Initiative