

## Frequently Asked Questions About Differential Adjusted Payments

The following questions and answers are regarding Differential Adjusted Payments (DAP). The DAP rates are to be implemented to ensure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the same extent that they are available to the general population in the geographic area.

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### **Q1: What is DAP?**

The DAP is a positive adjustment to the AHCCCS Fee-for-Service (FFS) rates to distinguish providers who have committed to supporting designated actions that improve patients' care experience, improve members' health, and reduce the cost of care. AHCCCS health plans are required to pass through DAP increases to their contracted rates to match the corresponding AHCCCS Fee-For-Service rate increase percentages. AHCCCS Managed Care Organizations (MCOs) are required to pass through DAP increases to their contracted rates to match the corresponding AHCCCS FFS rate increase percentages.

**Q2: What is a qualifying provider?**

A qualifying provider is an AHCCCS registered provider with an active Provider ID as of April 1st prior to the year in which the DAP will be paid, who has met the criteria specified in the DAP Public Notice.

**Q3: How do I know if my provider type has a DAP available?**

The DAP Public Notice is posted to the [DAP website](#) prior to the start of the contract year, and it lists the eligible provider types and the DAPs available.

**Q4: How do I find out my provider type?**

Provider types can be found by accessing the [AHCCCS Provider Enrollment Portal](#) or contacting Provider Enrollment at: [APEPTrainingQuestions@azahcccs.gov](mailto:APEPTrainingQuestions@azahcccs.gov). A list of provider types can also be found in [Attachment A of AMPM Policy 610](#).

**Q5: Is DAP a requirement for AHCCCS providers?**

While DAP is not a requirement for providers, participation is encouraged.

**Q6: What are the dates of service for the DAP?**

DAP adjustments are based on a contract year with dates of service beginning on October 1st and ending on September 30th.

**Q7: How long are the DAP incentives available?**

DAPs have been targeted to be short-term payments to incentivize specific behaviors on the part of the providers. Due to the short-term nature of the DAPs, AHCCCS' intention is for the DAPs not to become part of a provider's base reimbursement. Funding for DAP rate increases is subject to the appropriation of State funds and budget constraints. Federal funding for DAP rate increases is contingent upon federal approval. All decisions or considerations are subject to the availability of funds and federal approval.

**Q8: How is the selection of eligible provider types determined?**

AHCCCS makes the determination of which provider types will be eligible for a DAP based on requests from agency subject matter experts and external stakeholders who present proposals to incentivize specific behavior change but within the limits of overall available DAP funding.

**Q9: How does AHCCCS decide the percentage of a DAP?**

As an agency, we make the determination of the DAP percentage increases to provider rates based on requests from agency subject matter experts and external stakeholders, but within the limits of available DAP funding. Once the DAP Draft Public Notice is posted at the end of January, we take public comments into consideration before finalizing the DAP percentages in the DAP Final Public Notice.

**Q10: I am a new provider to AHCCCS, how do I request to be a part of DAP?**

To participate in the Health Information Exchange (HIE) and/or Social Determinants of Health Closed Loop Referral (SDOH CLRS) DAPs, providers should email the HIE organization Contexture at: [DAP@contexture.org](mailto:DAP@contexture.org). To participate in any of the other DAPs, providers should review the DAP Public Notice for the specific steps that are required. Email [AHCCCSdap@azahcccs.gov](mailto:AHCCCSdap@azahcccs.gov) with any questions regarding participation.

**Q11: How do I know which DAPs I qualify for?**

All qualifying providers are separated into provider types and compiled into lists that are posted to the [DAP Website](#). Due to Provider AHCCCS IDs being protected under the Health Insurance Portability and Accountability Act (HIPAA), all qualifying providers are listed by National Provider Identifier (NPI) and registered AHCCCS Provider Name.

**Q12: How is DAP eligibility communicated to qualifying providers?**

Qualifying Provider lists are posted to the [DAP website](#) by the beginning of September. Providers must submit any discrepancies or changes to [AHCCCSdap@azahcccs.gov](mailto:AHCCCSdap@azahcccs.gov) prior to the start of the contract year on October 1st. See Q27 for how to sign up to receive DAP notifications and updates.

**Q13: How do I change our name on the qualifying provider list?**

All providers are listed by the name that is registered with AHCCCS. To change the name registered with AHCCCS, contact Provider Enrollment at: [APEPTrainingQuestions@azahcccs.gov](mailto:APEPTrainingQuestions@azahcccs.gov).

**Q14: Can I add new AHCCCS IDs to the DAP?**

Provider AHCCCS IDs cannot be added after the start of the contract year on October 1st.

**Q15: How do I remove my agency from the DAP?**

A written request stating the provider's name, NPI, AHCCCS ID, and which DAP the provider wishes to be removed from must be sent to [AHCCCSdap@azahcccs.gov](mailto:AHCCCSdap@azahcccs.gov).

**Q16: What happens if I miss a milestone?**

If a provider is receiving a DAP and cannot meet a milestone or cannot maintain its participation in milestone activities, the provider must immediately notify AHCCCS via email to [AHCCCSdap@azahcccs.gov](mailto:AHCCCSdap@azahcccs.gov). This notification must be made before the milestone deadline and must state the reason the milestone cannot be met.

**Q17: Are there any penalties for late or non-compliance with DAP?**

When applicable, DAP participants are subject to audits at the discretion of AHCCCS. Within 30 days of AHCCCS being notified of a missed milestone, becoming aware of the provider's failure to maintain participation, and/or determining that the provider has failed a DAP audit, AHCCCS will immediately and for the remainder of the year remove the participant's eligibility for the DAP. If a provider receives a DAP increase for the entire contract year but it is determined subsequently that it did not meet the milestones or failed to maintain its participation in the milestone activities in the contract year, the provider will be ineligible to receive the applicable DAP for the next contract year, if a DAP is available at that time.

**Q18: What happens if I switch EHR vendors?**

Providers should contact the Contexture account manager assigned to the provider.

**Q19: What documentation should providers complete?**

The DAP Notice lists the documents that are required for each specific DAP. If the provider is interested in Health Information Exchange and/or Social Determinants of Health DAP participation, email [DAP@contexture.com](mailto:DAP@contexture.com).

**Q20: Can I include all site locations on a Letter of Intent (LOI)?**

When submitting an LOI for qualifying provider types, please list each facility, including AHCCCS ID(s) and corresponding NPIs that the provider is requesting to participate in the DAP.

**Q21: How do I bill for the DAP?**

Qualified Providers must include the value of the additional DAP increase in the billed amount when billing directly to AHCCCS or a Health Plan for services.

**Example with a 1% DAP increase:**

Contracted Rate (Excluding DAP): \$50

1% DAP: \$0.50

Billed Amount (Including DAP): \$50.50

**Q22: How do I bill for the DAP as an IHS/638 Facility?**

Qualified IHS/638 facilities must add the value of the additional DAP increase to their base All-Inclusive Rate (AIR).

**Example with a 0.5% DAP increase:**

AIR (Excluding DAP) \$801.00

0.5% DAP: \$4.01

Billed Amount (Including DAP): \$805.01

**Q23: What is the funding source of DAP?**

DAP is funded through capitation rates paid to Managed Care Organizations. Similarly, for Fee-for-Service (FFS) payments, DAP increases are provided from the same funding sources as FFS payments. The DAP increase is limited to Title XIX/XXI claims and encounters only. Non-Title XIX/XXI funded claims and encounters, including Grant funding, are not eligible for DAP payments.

**Q24: What codes are subject to the DAP increase?**

Under a given DAP initiative, the DAP increase may be applicable to all claims and encounters paid to a provider or may be limited to claims for a subset of select services. See the DAP Public Notice for more information.

**Q25: How often are DAP payments made?**

The DAP is added on top of the provider's contracted or FFS rate when claims are paid by AHCCCS or a health plan. It is not a separate payment. The DAP increase may be applicable to all claims and encounters or may be limited to claims for a subset of select services.

**Q26: Who do I contact if I have not received payment?**

Providers who have verified that they are qualifying providers for the DAP should contact their contracted Health Plan(s) regarding questions about payments.

**Q27: How do I contact the DAP team?**

Any questions regarding DAP can be sent to [AHCCCSdap@azahcccs.gov](mailto:AHCCCSdap@azahcccs.gov).

**Q28: How can I receive updates about the DAP?**

Providers can subscribe to [DAP email alerts](#) to receive notifications and updates.

**Q29: Who is the Health Information Exchange organization and how do we contact them?**

The qualifying Health Information Exchange organization is designated as Contexture. Contexture's email address for DAP questions is [DAP@contexture.com](mailto:DAP@contexture.com).