

DAP Information Needed - Please Respond

Communications/Request for Inf



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1:09 PM

to (CRF), (MCC), (SHCA), CMDP, MCP, Patricia, Rodd, Ryan, UHC, Carlos, Lynn, Sherry

Please provide the following information related to your processing of, and your plans reporting of DAP payment information via Encounters to AHCCCS, by no later than COB Monday 6/3.

Let us know if you have any questions and thank you in advance for your responses.

By DAP Payment Type

- Are you paying providers on each claim or on a quarterly basis?
- Is the DAP reflected in each applicable Encounter submission in the Health Plan Payment?
- Are you using the DAP Demonstration Project Identifier within the Encounter submission as applicable?

Or

- Is the DAP being submitted via a post adjudicated process as an update to the Health Plan Payment?
- Are you also including the DAP Demonstration Project Identifier within the Encounter submission as applicable?
- How often are you making this post adjudicated submission?