

October 19, 2022

Brian Zolynas
 Division of Medicaid and Children's Health Operations
 U.S. Department of Health & Human Services
 Centers for Medicare & Medicaid Services
 90 Seventh Street, Suite 5-300 (5W)
 San Francisco, CA 94103-6707

RE: Arizona SPA # 22-0026, Inpatient Differential Adjusted Payment

Dear Mr. Zolynas:

Enclosed is State Plan Amendment (SPA) #22-0026, Inpatient (IP) Differential Adjusted Payment (DAP). This SPA updates IP DAP within the state plan, with an effective date of October 1, 2022.

Tribal Consultation and Public Notice Requirements for this SPA have been fulfilled and the corresponding documentation is provided below:

Tribal Consultation (August 11, 2022):

<https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2022/August112022QuarterlyTC.pdf>

Public Notice: <https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/DAPFinalNoticeCYE2023.pdf>

In addition, the estimated Fiscal Impact of this SPA is provided below:

- FFY 2023: \$ 6,902,300

The fiscal impact was calculated using the actual expenditure data from FFY 2021 and incorporating rate changes that occurred in FFY 2022 and will occur in FFY 2023. Using the estimated FFY 2023 expenditures, the state identified the providers that qualified for DAP and estimated the impact of DAP for each qualifying provider for FFY 2023 and aggregated the provider impacts to determine the system-wide impact of DAP for the IP DAP. The calculation of the weighted FMAP of 76.74% used in the impact estimate is shown in the table below.

FFY23:					
IP DAP - All Pops	Regular	Title XXI	Transition	NEA 100%	Total
MMs	26,889,656	852,909	5,807,906	2,195,776	35,746,247
% Weight	75.22%	2.39%	16.25%	6.14%	
FMAP	72.66%	80.86%	90.00%	90.00%	
Eff. FMAP	54.66%	1.93%	14.62%	5.53%	76.74%
				Total Fund	\$8,994,400
				Fed Funds	\$6,902,300

If there are any questions about the enclosed SPA, please contact Ruben Soliz at ruben.soliz@azahcccs.gov or 602-417-4355.

Sincerely,



Dana Flannery
 Assistant Director
 Arizona Health Care Cost Containment System (AHCCCS)

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

1. TRANSMITTAL NUMBER

22 - 0026

2. STATE

AZ3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACTTO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
October 1, 20225. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 447 Subpart C6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 23 \$ 6,902,300
b. FFY: 24 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A, page 28, 28(a)-(w)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 4.19-A, page 28, 28(a)-(t)

9. SUBJECT OF AMENDMENT

Updates the Inpatient Differential Adjusted Payment Program, effective October 1, 2022.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



OTHER, AS



SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL



15. RETURN TO

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

12. TYPED NAME

Dana Flannery

13. TITLE

Assistant Director

14. DATE SUBMITTED: October 19, 2022

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE OF ARIZONA
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INPATIENT HOSPITAL CARE

A. OVERVIEW

As of October 1, 2022~~4~~, through September 30, 2023~~2~~ (Contract Year Ending (CYE) 2023~~2~~), AHCCCS registered Arizona hospitals (other than the facilities described in section C. below) which meet Agency established value-based performance metrics requirements in section B. below will receive a Differential Adjusted Payment described in section D. below. The Differential Adjusted Payment Schedule represents a positive adjustment to the AHCCCS Fee-For-Service reimbursement rates. These payment adjustments will occur for all dates of discharge in CYE 2023~~2~~ (October 1, 2022~~4~~ through September 30, 2023~~2~~) only. The purpose of the Differential Adjusted Payment is to distinguish facilities which have committed to supporting designated actions that improve patients' care experience, improve members' health, and reduce cost of care growth.

B. Applicability

To qualify for the Inpatient Differential Adjusted Payment (DAP), a hospital providing inpatient hospital services must meet one of the following criteria:

- 1. Hospitals (provider type 02) receiving APR-DRG reimbursement are eligible for DAP increases under the following criteria (Up to 3.25~~0~~%)

Domain / % Increase	Description
a. Health Information Exchange Participation (Up to 2.0%)	Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn up to a 2.0-5% DAP increase for inpatient services. In order to qualify, by April 1, 2022 4 the hospital must have submitted a Letter of Intent (LOI) to AHCCCS and the Health Information Exchange (HIE), in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved: i. Milestone #1: No later than April 1, 2022 4 , the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved. ii. Milestone #2: No later than May 1, 2022 4 , or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable: 1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE organization to ensure proper processing of lab results within the HIE system.

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	<p>2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.</p> <p>3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.</p>
iii.	Milestone #3: No later than May 1, 202 4 ³ , hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
iv.	Milestone #4: No later than May 1, 202 4 ³ , the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
v.	Milestone #5: No later than November 1, 202 4 ³ , the hospital must approve and authorize a formal statement of work (SOW) to initiate <u>connectivity and usage of the Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization, and complete a data quality improvement effort, as defined by the qualifying HIE organization.</u>
vi.	Milestone #6: No later than November 1, 202 4 ³ , the hospital must approve and authorize a formal SOW to initiate <u>connectivity to a Social Determinants of Health (SDOH) Closed Loop Referral Platform operated by the qualifying HIE organization, and complete a data quality improvement effort, as defined by the qualifying HIE organization.</u>
vii.	Milestone #7: No later than January 1, 202 3 ² , the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone # 6 ⁵ .
viii.	Milestone #8: No later than May 1, 202 3 ² , the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone # 6 ⁵ .

TN No. ~~224-002623~~
Supersedes TN No. ~~21-02320-029~~

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	<p>In addition to the submission of the LOI agreeing to the above milestones, the hospital must meet these following performance criteria:</p>
ix.	<p>Quality Improvement Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below in B.1.a.x.</p> <ol style="list-style-type: none">1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2020 data, to the final data quality profile, based on March 2021 data.2. Meet a minimum performance standard of at least 60% based on March 2021 data.3. If performance meets or exceeds an upper threshold of 90% based on March 2021 data, the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
x.	<p>DAP HIE Data Quality Standards CYE 2022 Measure Categories: Hospitals that meet the standards, as defined in Section C. B.1.a.x., qualify for a 0.5% DAP increase for each category of the five measure categories, for a total potential increase of 2.5% if criteria are met for all categories.</p> <ol style="list-style-type: none">1. Data source and data site information must be submitted on all ADT transactions. (0.5%)2. Event type must be properly coded on all ADT transactions. (0.5%)3. Patient class must be properly coded on all appropriate ADT transactions. (0.5%)4. Patient demographic information must be submitted on all ADT transactions. (0.5%)5. Overall completeness of the ADT message. (0.5%)6. Race must be submitted on all ADT transactions (0.5%)7. Ethnicity must be submitted on all ADT transactions (0.5%)8.
xi.	<p>CYE 2022 DAP HIE Data Quality Standards</p> <ol style="list-style-type: none">1. Measure 1: Data source and data site information must be submitted on all ADT transactions.<ol style="list-style-type: none">i. Standards: HL7ii. Inclusions: MSH.4, EVN.7, PV1.3.4iii. Exclusions: Noneiv. Additional Notes: The source information can be derived from the MSH.4 segment, and the site information from one of the other inclusions. If both source and site information are sent in MSH.4, the sending organization must provide the required mapping details to Health Current.2. Measure 2: Event type must be properly coded on all ADT transactions.<ol style="list-style-type: none">i. Standards: HL7

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	<p>ii. Inclusions: EVN.1, MSH.9.1, MSH.9.2</p> <p>iii. Exclusions: None</p> <p>iv. Measure 3: Patient class must be properly coded on all appropriate ADT transactions.</p> <p>v. Standards: HL7</p> <p>vi. Inclusions: PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04)</p> <p>vii. Exclusions: None</p> <p>3. Measure 3: Patient class must be properly coded on all appropriate ADT transactions:</p> <p>i. Standards: HL7</p> <p>ii. Inclusions: PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04)</p> <p>iii. Exclusions: None</p> <p>4. Measure 4: Patient demographic information must be submitted on all ADT transactions:</p> <p>i. Standards: HL7</p> <p>ii. Inclusions: PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5</p> <p>iii. Exclusions: None</p> <p>iv. Additional Notes: The patient demographic elements that will be evaluated for this measure are first name, last name, date of birth, gender, and address (street address, city, state, and zip). The patient demographic elements that have been removed from previous iterations of this measure include middle name, address type, county, and country.</p> <p>5. Measure 5: Overall completeness of the ADT message</p> <p>i. Standards: HL7</p> <p>ii. Inclusions: MSH.4, MSH.9.1, MSH.9.2, EVN.1, EVN.7, PV1.3.4, PV1.2, PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5</p> <p>iii. Exclusions: None</p> <p>For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2.</p> <p><u>In order to receive up to a 2.0% DAP increase for HIE performance a hospital must submit a LOI to the HIE by April 1, 2022, to the following email address: DAP@healthcurrent.org.</u></p>
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	<p>If a hospital has already achieved one or more of the CYE 2023 milestones as of April 1, 2024, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period April 1, 2024 through September 30, 2023.</p> <p>If a hospital receives up to a 2.0-5% DAP increase for CYE 2022 but fails to achieve one or more of the milestones in the LOI by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.</p> <p>AHCCCS anticipates that HIE Data Quality Standards, minimum performance standards, and upper thresholds will continue to be monitored and evaluated during the CYE 2023 period in order to ensure that performance improvements are maintained.</p>
<p><u>b.</u> <u>Social</u> <u>Determinants of</u> <u>Health Closed</u> <u>Loop Referral</u> <u>Platform</u> (0.5%)</p>	<p><u>Hospitals that meet the following milestones are eligible to participate in this DAP initiative and earn a 0.5% DAP increase for both inpatient and outpatient services. In relation to this DAP initiative only, the qualifying HIE organization is designated as Contexture, the umbrella organization for Health Current, in alignment with AHCCCS' Whole Person Care Initiative. To qualify by April 1, 2022, the hospital must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates:</u></p> <p><u>i. Milestone #1: No later than April 1, 2022, submit registration form(s) for participation using the form(s) on the website of the qualifying HIE organization.</u></p> <p><u>ii. Milestone #2: No later than April 1, 2022:</u></p> <ol style="list-style-type: none"> <u>1. For hospitals with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.</u> <u>2. For hospitals without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.</u> <u>3. For hospitals that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.</u> <p><u>iii. Milestone #3: No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital</u></p>

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	<p><u>must regularly utilize the SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.</u></p> <p><u>In order to receive a 0.5% DAP increase for SDOH Closed-Loop Referral Platform participation, hospitals must complete a registration form found on the website of the qualifying HIE organization and submit the form to the HIE by April 1, 2022 to the following email address: DAP@healthcurrent.org</u></p> <p><u>The registration form will include a commitment by the hospital to maintain its participation in any milestone activities already achieved as of April 1, 2022, for the period April 1, 2022, through September 30, 2023. Additionally, if a hospital submits a registration form and receives the 0.5% DAP increase for CYE 2023 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive DAP for dates of service from October 1, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time.</u></p> <p><u>The DAP will apply to all claims for covered AHCCCS services. The registration form must list each facility that the hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility.</u></p>
<p>b.c.</p> <p>Enter into a Care Coordination Agreement with an IHS/Tribal 638 Facility</p> <p><u>(0.5%)</u></p>	<p>Hospitals will be eligible for a 0.5% DAP increase by participating in a Care Coordination Agreement (CCA) with an IHS/Tribal 638 facility. By March 15, 2022⁴, the facility must submit a LOI to enter into a CCA (a fully signed copy of a CCA with an IHS/Tribal 638 facility is also acceptable). By April 30, 2022⁴, the facility must have entered into a CCA with an IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:</p> <ol style="list-style-type: none"> i. The facility will have in place a signed CCA with an IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance- SHO #16-002. ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be performed by the non-IHS/Tribal 638 facility. iii. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.

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	<p><u>iv.</u> AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2021.</p> <p><u>v.</u> <u>The non-IHS/Tribal 638 facility will receive a minimum of one referral and any supporting medical documentation from the IHS/Tribal 638 facility and submit a minimum of one claim to AHCCCS under the CCA claiming guidelines, by September 1, 2022. During CYE 2023, from October 1, 2022, through September 30, 2023, demonstrate a concerted effort to submit an average of 5 CCA claims per month to AHCCCS.</u></p> <p><u>vi.</u> <u>Existing facilities with a CCA established in CYE 2022 will actively submit a minimum of 5 CCA claims to AHCCCS by March 15, 2022 and submit an average of 5 CCA claims per month to AHCCCS by May 31, 2022.</u></p> <p><u>In order to meet the DAP criteria for CCA participation the facility must submit a LOI to AHCCCS by March 15, 2022 (or a fully signed CCA in lieu of a LOI) and a submit a fully signed CCA no later than April 30, 2022, to AHCCCS to both of the following email addresses:</u></p> <p><u>tribalcarecoordination_fmmap@azahcccs.gov, and AHCCCS DAP@azahcccs.gov</u></p> <p><u>If a facility participated in the CCA DAP in prior years and the CCA is still current, the facility may submit a letter acknowledging participation for CYE 2023, rather than submitting the CCA agreement.</u></p> <p><u>If a facility receives the 0.5% DAP increase for CYE 2023 but fails to submit a minimum of one CCA claim by September 1, 2022, and fails to submit an average of 5 CCA claims per month to AHCCCS throughout CYE 2023, the facility may be ineligible to receive a DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.</u></p>
<p><u>d.</u> <u>Hospital Capacity Reporting</u> <u>(0.25%)</u></p>	<p><u>Hospitals that commit to ongoing capacity reporting will qualify for a 0.25% DAP increase for both inpatient and outpatient services. In order to qualify, upon the declaration of the end of the State of Arizona Public Health Emergency (PHE) issued on March 11, 2020, the hospital must submit a letter of intent (LOI) to AHCCCS in which it agrees to adult and pediatric bed capacity reporting to the Arizona Department of Health Services (ADHS). Specifically, the hospital shall report the following through an ADHS approved method to ADHS weekly, with deadlines and format prescribed by ADHS:</u></p>

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	<ul style="list-style-type: none"> i. <u>Number of ICU beds in use</u> ii. <u>Number of ICU beds available for use</u> iii. <u>Number of Medical-Surgical beds in use</u> iv. <u>Number of Medical-Surgical beds available for use</u> v. <u>Number of Telemetry beds in use</u> vi. <u>Number of Telemetry beds available for use</u> <p><u>In order to receive a 0.25% DAP increase for capacity reporting, a hospital must submit a LOI to AHCCCS within one calendar week of the declaration of the end of the State of Arizona PHE to the following email address: AHCCSDAP@azahcccs.gov</u></p> <p><u>If a hospital submits a LOI but fails to comply with the weekly reporting requirement more than two times in the six months following the end of the State of Arizona PHE, the hospital will be ineligible to receive any DAP for dates of service from October 1, 2023 to September 30, 2024 (CYE 2024) if a DAP is available at that time.</u></p>
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2. Other Hospitals and Inpatient Facilities (Up to 5.0%)

~~2.~~ Psychiatric Hospitals, with the exception of public hospitals, Provider Type 71; Subacute Facilities (1-16 Beds), Provider Type B5; Subacute Facilities (17+ beds), Provider Type B6; Rehabilitation Hospitals, Provider Type C4; Long Term Acute Care Hospitals, Provider Type C4 are eligible for DAP increases under the following criteria. For purposes of Section 2, other inpatient facilities will be referred to as hospitals. ~~(Up to 5.0%)~~

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Domain / % Increase	Description
<p>a.</p> <p>Health Information Exchange Participation</p> <p><u>(Up to 2.0%)</u></p>	<p>Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn up to a 2.05% 2.0% DAP increase for inpatient services. In order to qualify, by April 1, 2024 the hospital must have submitted a Letter of Intent (LOI) to AHCCCS and the Health Information Exchange (HIE), in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved. ii. Milestone #2: No later than May 1, 2024, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-

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	<p>19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:</p> <ol style="list-style-type: none">1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE organization to ensure proper processing of lab results within the HIE system.2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system. <p>iii. Milestone #3: No later than May 1, 2022⁴, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.</p> <p>iv. Milestone #4: No later than May 1, 2022⁴, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.</p> <p>v. Milestone #5: No later than November 1, 2022⁴, the hospital must approve and authorize a formal statement of work (SOW) to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization-connectivity to and usage of the Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization.</p> <p>vi. Milestone #6: No later than November 1, 2022⁴, the hospital must approve and authorize a formal SOW to initiate connectivity to a Social Determinants of Health (SDOH) Closed Loop Referral Platform operated by the qualifying HIE organization-- and complete a data quality improvement effort, as defined by the qualifying HIE organization.</p> <p>vii. Milestone #7: No later than January 1, 2023², the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #6⁵.</p>
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	<p>viii. Milestone #8: No later than May 1, 20232, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #65.</p> <p>In addition to the submission of the LOI agreeing to the above milestones, the hospital must meet these following performance criteria:</p> <p>ix. Quality Improvement Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below in B.24.a.x.</p> <ol style="list-style-type: none">1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 20210 data, to the final data quality profile, based on March 20224 data.2. Meet a minimum performance standard of at least 60% based on March 20224 data.3. If performance meets or exceeds an upper threshold of 90% based on March 20224 data, the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements. <p>x. DAP HIE Data Quality Standards CYE 2022 Measure Categories: Hospitals that meet the standards, as defined in Section C.B.1.a.xi, qualify for a 0.5% DAP increase for each category of the five measure categories, for a total potential increase of 2.05% if criteria are met for all categories.</p> <ol style="list-style-type: none">1. Data source and data site information must be submitted on all ADT transactions. (0.51.0%)2. Event type must be properly coded on all ADT transactions. (0.5%)3. Patient class must be properly coded on all appropriate ADT transactions. (0.5%)4. Patient demographic information must be submitted on all ADT transactions. (0.5%)2. Race must be submitted on all ADT transactions (0.5%)3. Ethnicity must be submitted on all ADT transactions (0.5%)4. Diagnosis must be submitted on all ADT transactions (0%)5. Overall completeness of the ADT message. (0.5%) <p>xi. CYE 2022 DAP HIE Data Quality Standards</p> <ol style="list-style-type: none">1. Measure 1: Data source and data site information must be submitted on all ADT transactions.<ol style="list-style-type: none">i. Standards: HL7ii. Inclusions: MSH.4, EVN.7, PV1.3.4iii. Exclusions: Noneiv. Additional Notes: The source information can be derived from the MSH.4 segment, and the site information from one of the other inclusions. If both source and site information are sent in
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	<p>MSH.4, the sending organization must provide the required mapping details to Health Current.</p> <p>2. Measure 2: Event type must be properly coded on all ADT transactions.</p> <ul style="list-style-type: none">i. Standards: HL7ii. Inclusions: EVN.1, MSH.9.1, MSH.9.2iii. Exclusions: Noneiv. Measure 3: Patient class must be properly coded on all appropriate ADT transactions.v. Standards: HL7vi. Inclusions: PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04)vii. Exclusions: None <p>3. Measure 3: Patient class must be properly coded on all appropriate ADT transactions.</p> <ul style="list-style-type: none">i. Standards: HL7ii. Inclusions: PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04)iii. Exclusions: None <p>4. Measure 4: Patient demographic information must be submitted on all ADT transactions.</p> <ul style="list-style-type: none">i. Standards: HL7ii. Inclusions: PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5iii. Exclusions: Noneiv. Additional Notes: The patient demographic elements that will be evaluated for this measure are first name, last name, date of birth, gender, and address (street address, city, state, and zip). The patient demographic elements that have been removed from previous iterations of this measure include middle name, address type, county, and country. <p>5. Measure 5: Overall completeness of the ADT message</p> <ul style="list-style-type: none">i. Standards: HL7ii. Inclusions: MSH.4, MSH.9.1, MSH.9.2, EVN.1, EVN.7, PV1.3.4, PV1.2, PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5iii. Exclusions: None <p>For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2.</p>
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	<p>If a hospital has already achieved one or more of the CYE 20232 milestones as of April 1, 20214, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period April 1, 20214 through September 30, 20232.</p> <p><u>In order to receive up to a 2.0% DAP increase for HIE performance a hospital must submit a LOI to the HIE by April 1, 2022 to the following email address: DAP@healthcurrent.org.</u></p> <p>If a hospital receives up to a 2.05% DAP increase for CYE 20232 but fails to achieve one or more of the milestones in the LOI by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive DAP for dates of service from October 1, 20232 through September 30, 20243 (CYE 20243) if a DAP is available at that time.</p> <p>AHCCCS anticipates that HIE Data Quality Standards, minimum performance standards, and upper thresholds will continue to be monitored and evaluated during the CYE 20232 period in order to ensure that performance improvements are maintained.</p>
<p><u>b.</u> <u>Social Determinants of Health Closed Loop Referral Platform</u> <u>(0.5%)</u></p>	<p><u>Hospitals that meet the following milestones are eligible to participate in this DAP initiative and earn a 0.5% DAP increase. In relation to this DAP initiative only, the qualifying HIE organization is designated as Contexture, the umbrella organization for Health Current, in alignment with AHCCCS' Whole Person Care Initiative. To qualify by April 1, 2022, the hospital must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates:</u></p> <ul style="list-style-type: none"> <u>i. Milestone #1: No later than April 1, 2022, submit registration form(s) for participation using the form(s) on the website of the qualifying HIE organization.</u> <u>ii. Milestone #2: No later than April 1, 2022:</u> <ul style="list-style-type: none"> <u>1. For hospitals with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.</u> <u>2. For hospitals without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and</u>

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	<p><u>a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.</u></p> <p><u>3. For hospitals that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.</u></p> <p><u>iii. Milestone #3: No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital must regularly utilize SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.</u></p> <p><u>In order to receive a 0.5% DAP increase for SDOH Closed-Loop Referral Platform participation, hospitals must complete a registration form found on the website of the qualifying HIE organization and submit the form to the HIE by April 1, 2022 to the following email address: DAP@healthcurrent.org</u></p> <p><u>The registration form will include a commitment by the hospital to maintain its participation in any milestone activities already achieved as of April 1, 2022, for the period April 1, 2022, through September 30, 2023. Additionally, if a hospital submits a registration form and receives the 0.5% DAP increase for CYE 2023 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive DAP for dates of service from October 1, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time.</u></p> <p><u>The DAP will apply to all claims for covered AHCCCS services. The registration form must list each facility that the hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility.</u></p>
<p>b-c. Enter into a Care Coordination Agreement with an IHS/Tribal 638 Facility</p>	<p>Hospitals will be eligible for-a 0.5% DAP increase by participating in a CCA with an IHS/Tribal 638 facility. By March 15, 2021, the facility must submit a LOI to enter into a CCA (a fully signed copy of a CCA with an IHS/Tribal 638 facility is also acceptable). By April 30, 2021, the facility must have entered into a CCA with a IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:</p> <p>i. The facility will have in place a signed CCA with an IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance- SHO #16-002.</p>

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	<p>ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be performed by the non-IHS/Tribal 638 facility.</p> <p>iii. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.</p> <p>iv. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed-upon claims operation process with AHCCCS for the review of medical records by May 31, 2022.</p> <p>v. The non-IHS/Tribal 638 facility will receive a minimum of one referral and any supporting medical documentation from the IHS/Tribal 638 facility and submit a minimum of one claim to AHCCCS under the CCA claiming guidelines, by September 1, 2022. During CYE 2023, from October 1, 2022, through September 30, 2023, demonstrate a concerted effort to submit an average of 5 CCA claims per month to AHCCCS.</p> <p>vi. Existing facilities with a CCA established in CYE 2022 will actively submit a minimum of 5 CCA claims to AHCCCS by March 15, 2022, and submit an average of 5 CCA claims per month to AHCCCS by May 31, 2022.</p> <p><u>In order to meet the DAP criteria for CCA participation the facility must submit a LOI to AHCCCS by March 15, 2022 (or a fully signed CCA in lieu of a LOI) and a submit a fully signed CCA no later than April 30, 2022 to AHCCCS to both of the following email addresses:</u></p> <p style="padding-left: 40px;">tribalcarecoordination_fmap@azahcccs.gov, and AHCCCSDAP@azahcccs.gov.</p> <p><u>If a facility participated in the CCA DAP in prior years and the CCA is still current, the facility may submit a letter acknowledging participation for CYE 2023, rather than submitting the CCA agreement.</u></p> <p><u>If a facility receives the 0.5% DAP increase for CYE 2023 but fails to submit an average of 5 CCA claims per month to AHCCCS throughout CYE 2023, the facility may be ineligible to receive a DAP for dates of service from October 1, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time.</u></p> <p>iii.</p>
<p><u>d. Inpatient Psychiatric Facility Quality Reporting Program</u></p>	<p><u>Hospitals that meet the Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) performance measure will qualify for a 2.0% DAP increase. On March 15, 2022, AHCCCS will download the most current data from the QualityNet.org website to identify Medicare's Annual Payment Update (APU) recipients. APU recipients are those facilities that satisfactorily met the requirements for the IPFQR program, which includes multiple clinical quality measures. Facilities identified as APU recipients will qualify for the DAP increase.</u></p>

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<u>(2.0%)</u>	
<u>e.</u> <u>Long-term Care</u> <u>Hospital</u> <u>Pressure Ulcers</u> <u>Performance</u> <u>Measure</u> <u>(2%)</u>	<u>Hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for a 2.0% DAP increase. On March 15, 2022, AHCCCS will download the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.</u>
<u>f.</u> <u>Inpatient</u> <u>Rehabilitation</u> <u>Pressure Ulcers</u> <u>Performance</u> <u>Measure</u>	<u>Hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for a 2.0% DAP increase. On March 15, 2022, AHCCCS will download the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.</u>

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3. Critical Access Hospitals (up to 10.75%)

Hospitals designated as a Critical Access Hospital (CAH) by March 15, 2024 are eligible for up to a maximum 10.75% DAP increase under the following criteria.

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Domain / % Increase	Description
a. Health Information Exchange Participation (Up to 8%)	Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn up to an 4.98% DAP increase for inpatient services. In order to qualify, by April 1, 2024 the hospital must have submitted a Letter of Intent (LOI) to AHCCCS and the Health Information Exchange (HIE), in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved: <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2024, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved. ii. Milestone #2: No later than May 1, 2024, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable: <ul style="list-style-type: none"> 1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE organization to ensure proper processing of lab results within the HIE system. 2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system. 3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system. iii. Milestone #3: No later than May 1, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf. iv. Milestone #4: No later than May 1, 2024, the hospital must electronically submit the following actual patient identifiable information to the

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	<p>production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.</p> <p>v. Milestone #5: No later than November 1, 2024, the hospital must approve and authorize a formal statement of work (SOW) to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.</p> <p>vi. Milestone #6: No later than November 1, 2024, the hospital must approve and authorize a formal SOW to initiate connectivity to a Social Determinants of Health (SDOH) Closed Loop Referral Platform operated by the qualifying HIE organization. <u>initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.</u></p> <p>vii. Milestone #7: No later than January 1, 2023, the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #6<u>5</u>.</p> <p>viii. Milestone #8: No later than May 1, 2023, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #6<u>5</u>.</p> <p>In addition to the submission of the LOI agreeing to the above milestones, the hospital must meet these following performance criteria:</p> <p>ix. Quality Improvement Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below in B.3.x-B.1.a.x.</p> <ol style="list-style-type: none"> 1. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 20219 data, to the final data quality profile, based on March 2024 data. 2. Meet a minimum performance standard of at least 60% based on March 2024 data. 3. If performance meets or exceeds an upper threshold of 90% based on March 2024 data, the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements. <p>x. DAP HIE Data Quality Standards CYE 2023 Measure Categories: Hospitals that meet the standards, as defined in Section C. B.1.a.xi, <u>qualify for a 0.5%</u></p>
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	<p>DAP increase for each category of the five measure categories, for a total potential increase of 108% if criteria are met for all categories.</p> <ol style="list-style-type: none">1. Data source and data site information must be submitted on all ADT transactions. (20%)2. Event type must be properly coded on all ADT transactions. (2%)3. Patient class must be properly coded on all appropriate ADT transactions. (20%)4. Patient demographic information must be submitted on all ADT transactions. (20%)5. Race must be submitted on all ADT transactions (2%)6. Ethnicity must be submitted on all ADT transactions (2%)4-7. Diagnosis must be submitted on all ADT transactions (0%)5-8. Overall completeness of the ADT message. (2%) <p>xi. CYE 2022 DAP HIE Data Quality Standards</p> <ol style="list-style-type: none">1. Measure 1: Data source and data site information must be submitted on all ADT transactions:<ol style="list-style-type: none">i. Standards: HL7ii. Inclusions: MSH.4, EVN.7, PV1.3.4iii. Exclusions: Noneiv. Additional Notes: The source information can be derived from the MSH.4 segment, and the site information from one of the other inclusions. If both source and site information are sent in MSH.4, the sending organization must provide the required mapping details to Health Current.2. Measure 2: Event type must be properly coded on all ADT transactions:<ol style="list-style-type: none">i. Standards: HL7ii. Inclusions: EVN.1, MSH.9.1, MSH.9.2iii. Exclusions: Noneiv. Measure 3: Patient class must be properly coded on all appropriate ADT transactions.v. Standards: HL7vi. Inclusions: PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04)vii. Exclusions: None3. Measure 3: Patient class must be properly coded on all appropriate ADT transactions:<ol style="list-style-type: none">i. Standards: HL7ii. Inclusions: PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04)iii. Exclusions: None4. Measure 4: Patient demographic information must be submitted on all ADT transactions.
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	<p>i. Standards: HL7</p> <p>ii. Inclusions: PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5</p> <p>iii. Exclusions: None</p> <p>iv. Additional Notes: The patient demographic elements that will be evaluated for this measure are first name, last name, date of birth, gender, and address (street address, city, state, and zip). The patient demographic elements that have been removed from previous iterations of this measure include middle name, address type, county, and country.</p> <p>5. Measure 5: Overall completeness of the ADT message</p> <p>i. Standards: HL7</p> <p>ii. Inclusions: MSH.4, MSH.9.1, MSH.9.2, EVN.1, EVN.7, PV1.3.4, PV1.2, PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5</p> <p>iii. Exclusions: None</p> <p>For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2.</p> <p><u>In order to receive up to an 8.0% DAP increase for HIE performance a hospital must submit a LOI to the HIE by April 1, 2022, to the following email address: DAP@healthcurrent.org</u></p> <p>If a hospital has already achieved one or more of the CYE 2023² milestones as of April 1, 2022¹, the LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period April 1, 2022¹ through September 30, 2023².</p> <p>If a hospital receives up to an 10⁸% DAP increase for CYE 2022 but fails to achieve one or more of the milestones in the LOI by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive DAP for dates of service from October 1, 2023² through September 30, 2024³ (CYE 2024³) if a DAP is available at that time.</p> <p>AHCCCS anticipates that HIE Data Quality Standards, minimum performance standards, and upper thresholds will continue to be monitored and evaluated during the CYE 2023² period in order to ensure that performance improvements are maintained.</p>
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<p><u>b.</u></p> <p><u>Social Determinants of Health Closed Loop Referral Platform</u></p> <p><u>(2%)</u></p>	<p>Hospitals that meet the following milestones are eligible to participate in this DAP initiative and earn a 2.0% DAP increase. In relation to this DAP initiative only, the qualifying HIE organization is designated as Contexture, the umbrella organization for Health Current, in alignment with AHCCCS' Whole Person Care Initiative. To qualify by April 1, 2022, the hospital must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates:</p> <ul style="list-style-type: none"> i. <u>Milestone #1: No later than April 1, 2022, submit registration form(s) for participation using the forms found on the website of the qualifying HIE organization.</u> ii. <u>Milestone #2: No later than April 1, 2022:</u> <ul style="list-style-type: none"> a. <u>For hospitals with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.</u> b. <u>For hospitals without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.</u> c. <u>For hospitals that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.</u> iii. <u>Milestone #3: No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital must regularly utilize the SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.</u> <p><u>In order to receive a 2.0% DAP increase for SDOH Closed-Loop Referral Platform participation, hospitals must complete a registration form found on the website of the qualifying HIE organization and submit the form to the HIE by April 1, 2022 to the following email address: DAP@healthcurrent.org.</u></p> <p><u>The registration form will include a commitment by the hospital to maintain its participation in any milestone activities already achieved as of April 1, 2022, for the period April 1, 2022, through September 30, 2023. Additionally, if a hospital submits a registration form and receives the 2% DAP increase for CYE 2023 but fails to</u></p>
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	<p><u>achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that hospital will be ineligible to receive DAP for dates of service from October 1, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time.</u></p> <p><u>The DAP will apply to all claims for covered AHCCCS services. The registration form must list each facility that the hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility.</u></p>
<p>b. Enter into a Care Coordination Agreement with an IHS/638 Facility</p> <p><u>(0.5%)</u></p>	<p>Hospitals will be eligible for a 0.5% DAP increase by participating in a CCA with an IHS/Tribal 638 facility. By March 15, 2024, the facility must submit a LOI to enter into a CCA (a fully signed copy of a CCA with an IHS/Tribal 638 facility is also acceptable). By April 30, 2024, the facility must have entered into a CCA with a IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:</p> <ul style="list-style-type: none"> i. The facility will have in place a signed CCA with an IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance- SHO #16-002. ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be performed by the non-IHS/Tribal 638 facility. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA. iii. <u>The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.</u> iv. <u>AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2022.</u> v. <u>The non-IHS/Tribal 638 facility will receive a minimum of one referral and any supporting medical documentation from the IHS/Tribal 638 facility and submit a minimum of one claim to AHCCCS under the CCA claiming guidelines, by September 1, 2022. During CYE 2023, from October 1, 2022 through September 30, 2023, demonstrate a concerted effort to submit an average of 5 CCA claims per month to AHCCCS.</u> vi. <u>Existing facilities with a CCA established in CYE 2022 will actively submit a minimum of 5 CCA claims to AHCCCS by March 15, 2022, and submit an average of 5 CCA claims per month to AHCCCS by May 31, 2022.</u> <p><u>In order to meet the DAP criteria for CCA participation the facility must submit a LOI to AHCCCS by March 15, 2022 (or a fully signed CCA in lieu of a LOI) and a submit a</u></p>

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	<p><u>fully signed CCA no later than April 30, 2022 to AHCCCS to both of the following email addresses:</u> <u>tribalcarecoordination_fmap@azahcccs.gov, and</u> <u>AHCCCS DAP@azahcccs.gov.</u></p> <p><u>If a facility participated in the CCA DAP in prior years and the CCA is still current, the facility may submit a letter acknowledging participation for CYE 2023, rather than submitting the CCA agreement.</u></p> <p><u>If a facility receives the 0.5% DAP increase for CYE 2023 but fails to submit an average of 5 CCA claims per month to AHCCCS throughout CYE 2023, the facility may be ineligible to receive a DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.</u></p>
<p><u>d.</u> <u>Hospital Capacity Reporting</u> <u>(0.25%)</u></p>	<p><u>Hospitals that commit to ongoing capacity reporting will qualify for a 0.25% DAP increase for both inpatient and outpatient services. In order to qualify, upon the declaration of the end of the State of Arizona Public Health Emergency (PHE) issued on March 11, 2020, the hospital must submit a letter of intent (LOI) to AHCCCS in which it agrees to adult and pediatric bed capacity reporting to the Arizona Department of Health Services (ADHS). Specifically, the hospital shall report the following through an ADHS approved method to ADHS weekly, with deadlines and format prescribed by ADHS:</u></p> <ol style="list-style-type: none"><u>1. Number of ICU beds in use</u><u>2. Number of ICU beds available for use</u><u>3. Number of Medical-Surgical beds in use</u><u>4. Number of Medical-Surgical beds available for use</u><u>5. Number of Telemetry beds in use</u><u>6. Number of Telemetry beds available for use</u> <p><u>In order to receive a 0.25% DAP increase for capacity reporting, a hospital must submit a LOI to AHCCCS within one calendar week of the declaration of the end of the State of Arizona PHE to the following email address:</u></p> <p><u>AHCCCS DAP@azahcccs.gov</u></p> <p><u>If a hospital submits a LOI but fails to comply with the weekly reporting requirement more than two times in the six months following the end of the State of Arizona PHE, the hospital will be ineligible to receive any DAP for dates of service from October 1, 2023 to September 30, 2024 (CYE 2024) if a DAP is available at that time.</u></p>

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4. Rehabilitation and Long Term Acute Care Hospitals (0.25%)
Rehabilitation Hospitals, Provider Type C4 and Long-Term Acute Care Hospitals, Provider Type C4 are eligible for DAP increases under the following criteria.

Domain / % Increase	Description
<u>a.</u> <u>Hospital Capacity Reporting</u>	<p><u>Hospitals that commit to ongoing capacity reporting will qualify for a 0.25% DAP increase for both inpatient and outpatient services. In order to qualify, upon the declaration of the end of the State of Arizona Public Health Emergency (PHE) issued on March 11, 2020, the hospital must submit a letter of intent (LOI) to AHCCCS in which it agrees to adult and pediatric bed capacity reporting to the Arizona Department of Health Services (ADHS). Specifically, the hospital shall report the following through an ADHS approved method to ADHS weekly, with deadlines and format prescribed by ADHS:</u></p> <ol style="list-style-type: none"> <u>1. Number of ICU beds in use</u> <u>2. Number of ICU beds available for use</u> <u>3. Number of Medical-Surgical beds in use</u> <u>4. Number of Medical-Surgical beds available for use</u> <u>5. Number of Telemetry beds in use</u> <u>6. Number of Telemetry beds available for use</u> <p><u>In order to receive a 0.25% DAP increase for capacity reporting, a hospital must submit a LOI to AHCCCS within one calendar week of the declaration of the end of the State of Arizona PHE to the following email address:</u></p> <p style="text-align: center;"><u>AHCCSDAP@azahcccs.gov</u></p> <p><u>If a hospital submits a LOI but fails to comply with the weekly reporting requirement more than two times in the six months following the end of the State of Arizona PHE, the hospital will be ineligible to receive any DAP for dates of service from October 1, 2023 to September 30, 2024 (CYE 2024) if a DAP is available at that time.</u></p>

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C. HIE Data Quality Standards

The following data quality standards apply to Provider Types 02, CAH, 71, B1, B3, B5, B6 and C4:

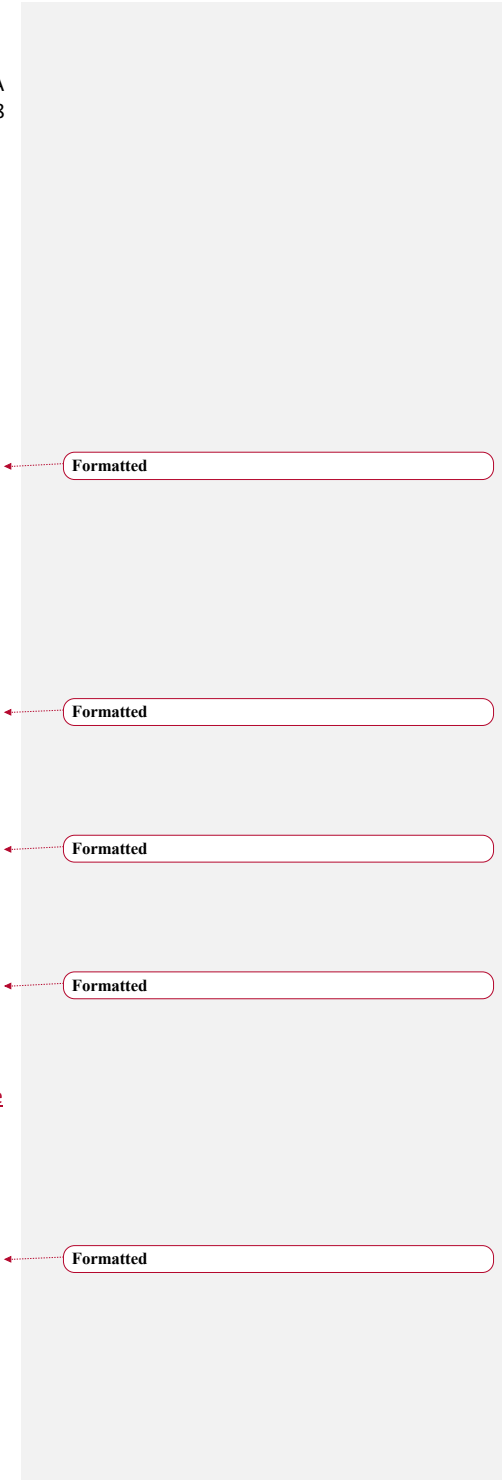
- 1. Measure 1: Data source and data site information must be submitted on all ADT transactions.
 - i. Standards: HL7
 - ii. Inclusions: MSH.4 and PV1.3.4
 - iii. Exclusions: None
 - iv. Additional Notes: The source information can be derived from the MSH.4 segment, and the site information from one of the other inclusions. If both source and site information are sent in MSH.4, the sending organization must provide the required mapping details to Contexture.

- 2. Measure 2: Event type must be properly coded on all ADT transactions.
 - i. Standards: HL7
 - ii. Inclusions: EVN.1, MSH.9.1, MSH.9.2
 - iii. Exclusions: None

- 3. Measure 3: Patient class must be properly coded on all appropriate ADT transactions.
 - i. Standards: HL7
 - ii. Inclusions: PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04)
 - iii. Exclusions: None

- 4. Measure 4: Patient demographic information must be submitted on all ADT transactions.
 - i. Standards: HL7
 - ii. Inclusions: PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1 PID.11.1, PID.11.3, PID.11.4, PID,11.5
 - iii. Exclusions: None
 - iv. Additional Notes: The patient demographic elements that will be evaluated for this measure are first name, last name, date of birth, gender, and address (street address, city, state, and zip). The patient demographic elements that have been removed from previous iterations of this measure include middle name, address type, county, and country.

- 5. Measure 5: Race
 - i. Standards: HL7 or CCD
 - ii. Inclusions: PID.10.1 and PID.10.2



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- iii. Exclusions: None
- iv. Additional Notes: HL7 standard code sets will be used for race items outside of HL7 will be mapped, when possible, to one of the HL7 excepted code sets. The following link will provide code set details <https://www.hl7.org/fhir/v2/0005/index.html>

6. Measure 6: Ethnicity

- i. Standards: HL7 or CCDi
- ii. Inclusions: PID.22.1 and PID.22.2
- iii. Exclusions: None
- iv. Additional Notes: HL7 standard code sets will be used for ethnicity, items outside of HL7 will be mapped, when possible, to one of the HL7 excepted code sets. The following link will provide code set details <https://www.hl7.org/fhir/v2/0189/index.html>

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7. Measure 7: Discharge Diagnosis

- i. Standards: HL7
- ii. Inclusions: DG1.3.1, DG1.3.2, DG1.3.3, DG1.5.1, DG1.6.1
- iii. Exclusions: Admission, transfers
- iv. Additional Notes: initial quality measure will only include diagnosis upon discharge A03

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8. Measure 8: Overall completeness

- i. Standards: HL7
- ii. Inclusions: MSH.4 and PV.1.3.4; MSH.4, EVN.1, MSH.9.1, MSH.9.2; PV1.2 (associated with completed EVN., MSH.9 with A01, A02, A03, A04), PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5; PID.10.1 and PID.10.2; PID.22.1 and PID.22.2; DG1.3.1, DG1.3.2, DG1.3.3, DG1.5.1, DG1.6.1
- iii. Exclusions: None

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D. IHS/638 Facilities: DAP for IHS and 638 tribally owned and/or operated hospitals is described on page 28(q).

D.E. Payment Methodology

For hospitals receiving APR-DRG reimbursement (described in Section B.1 above), fee-for-service reimbursement rates may be increased up to a maximum of 3.0%. Reimbursement rates for inpatient services will be increased by 2.5% if they meet the HIE requirements and by 0.5% if they meet the CCA requirements. These increases do not apply to supplemental payments.

For other hospitals and inpatient facilities (described in Section B.2 above), fee-for-service reimbursement rates may be increased up to a maximum of 5.0%. Payment rates for inpatient services will be increased by 2.5% if they meet the HIE requirements detailed in B.2.a., and by 0.5% if they meet the CCA requirements

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detailed in B.2.e. For inpatient psychiatric facilities, payment rates for services will be increased by 2.0% if they meet the requirements detailed in B.2.b. For Long-Term Care Hospitals, payment rates for services will be increased by 2.0% if they meet the requirements detailed in B.2.c. For Inpatient Rehabilitation Hospitals, payment rates for services will be increased by 2.0% if they meet the requirements detailed in B.2.d. These increases do not apply to supplemental payments.

For critical access hospitals (described in Section B.3 above), fee-for-service reimbursement rates may be increased up to a maximum of 10.5%. Reimbursement rates for inpatient services will be increased by 10% if they meet the HIE requirements, and by 0.5% if they meet the CCA requirements.

Hospitals which submitted an LOI and received a DAP increase for CYE 2021 but failed to achieve one or more milestones in the LOI or failed to maintain its participation in the milestone activities are ineligible to receive DAP in CYE 2022.

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The following is a description of methods and standards for determining Differential Adjusted Payments for IHS/638 Tribally owned and/or operated facilities. The purpose of the Differential Adjusted Payment is to distinguish facilities which have committed to supporting designated actions that improve patients' care experience, improve members' health, and reduce cost of care growth. The Differential Adjusted Payment Schedule represents a positive adjustment to the AHCCCS rates. These payment adjustments will occur for all dates of service in Contract Year Ending (CYE) 2022 (October 1, 2021 through September 30, 2022) only.

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

A. Applicability

Hospitals, provider type 02, owned and/or operated by Indian Health Services (IHS) or owned and/or operated by Tribal authority by March 15, 2021 are eligible for a DAP increase under the following criteria:

Domain / % Increase	Description
a. Health Information Exchange Participation	<p>Hospitals that meet the following milestones are eligible to participate in this DAP initiative and a 2.5% DAP increase for inpatient services. In order to qualify, by April 1, 2021 the hospital must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 1, 2021, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved. ii. Milestone #2: No later than May 1, 2021, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable: <ul style="list-style-type: none"> 1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system. 2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system. 3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to

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	<p>the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.</p> <ul style="list-style-type: none">iii. Milestone #3: No later than May 1, 2021, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.iv. Milestone #4: No later than June 1, 2021, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the facility has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If the hospital has ambulatory and/or behavioral health practices, then the facility must submit the following actual patient identifiable information to the production environment of a qualifying HIE: registration, encounter summary, and SMI data elements as defined by the qualifying HIE organization. For hospitals that have not participated in DAP HIE requirements in CYE 2021, the deadline for this milestone will be November 1, 2021.v. Milestone #5: No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.vi. Milestone #6: No later than January 1, 2022, the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.vii. Milestone #7: No later than May 1, 2022, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5. <p>For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2.</p> <p>If a facility has already achieved one or more of the CYE 2022 milestones as of April 1, 2021, the LOI must include a commitment by the facility to maintain its</p>
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	<p>participation in those milestone activities for the period April 1, 2021 through September 30, 2022. The LOI must list each facility that the hospital requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. In all cases, the hospital must submit the AHCCCS IDs for each listed facility as part of the LOI or must email the associated AHCCCS IDs to the email addresses noted.</p> <p>If a facility submits a LOI and receives the 2.5% DAP increase for CYE 2022 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, that facility will be ineligible to receive DAP for dates of service from October 1, 2022 through September 30, 2023 (CYE 2023) if a DAP is available at that time.</p>
<p>b. Care Coordination Agreement with Non-IHS/Tribal 638 Facilities</p>	<p>IHS/Tribal 638 facilities will be eligible for a 0.5% DAP increase by participating in a CCA with a non-IHS/638 facility. By March 15, 2021, the facility must submit a LOI to enter into a CCA with a non-IHS/638 facility (a fully signed copy of a CCA with a non-IHS/Tribal 638 facility is also acceptable). By April 30, 2021, the facility must have entered into a CCA with a non-IHS/Tribal 638 facility for inpatient services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:</p> <ul style="list-style-type: none"> i. The IHS/Tribal 638 facility will have in place a signed CCA with a non-IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance- SHO #16-002. ii. The IHS/Tribal 638 facility will have a valid referral template in place for requesting services to be performed by the non-IHS/Tribal 638 facility. iii. The IHS/Tribal 638 facility will continue to assume responsibility of the referred member, maintaining records and release of information protocol including clinical documentation of services provided by the non-IHS/Tribal 638 facility. iv. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the IHS/Tribal 638 facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2021.

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B. Payment Methodology

All payments may be increased up to a maximum of 3.0%. Payments will be increased by 2.5% if the IHS/Tribal 638 facility meets the HIE requirements and by 0.5% if it meets the CCA requirements. The proposed DAP for IHS/638 facilities would be applicable to the All- inclusive Rate (AIR).

IHS/Tribal 638 facility which submitted an LOI and received a DAP increase for CYE 2023~~1~~ but failed to

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achieve one or more milestone in the LOI or failed to maintain its participation in the milestone activities are ineligible to receive DAP in CYE 2024~~2~~.

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