

October 30, 2023

Mark Wong
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 # AZ-23-0019, Inpatient Differential Adjusted Payment (DAP)

Dear Mr. Wong:

Enclosed is State Plan Amendment (SPA) # AZ-23-0019, Inpatient Differential Adjusted Payment (DAP). This SPA updates the Inpatient Differential Adjusted Payment (DAP) methodology in the State Plan, effective October 1, 2023.

Tribal Consultation on this SPA occurred on August 29, 2023. The Tribal Consultation presentation is available on the following webpage:

https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2023/08292023QuarterlyTC_Presentation.pdf .

Public Notice for this SPA was posted on the following webpages:

https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/CYE24_DAP_Notice.pdf

The **Federal Fiscal Impact** for this SPA is:

Year	Amount
FFY 2024	\$6,451,700
FFY 2025	\$0

Explanation of Federal Fiscal Impact


The federal fiscal impact represents the projected federal funds cost of the SPA’s DAPs for services reimbursed on a fee-for-service basis. AHCCCS determined each provider and service that qualified for each DAP specified in this SPA, based on the requirements specified in the CYE 2024 Final Public Notice. The FFY 2022 utilization of these qualifying providers and qualifying services was identified. The FFY 2022 data was then repriced to remove impacts of prior year DAPs and to reprice utilization at the CYE 2024 FFS rates. The percentage increase for each DAP was then applied to the adjusted FFY 2022 utilization data for qualifying providers and services to estimate the total funds’ impact. The agency then applied projected weighted federal medical assistance percentages to total fund estimates to calculate the federal funds share of cost. The process for calculating each DAP contained within this SPA is similar,

but subject to the different eligibility criteria specified in the CYE 2024 Final Public Notice The calculation of the weighted FMAP of 71.73% used in the impact estimate is shown in the table below.

FFY24:					
IP DAP - All Pops	Regular	Title XXI	Transition	NEA 100%	Total
MMs	24,384,617	826,869	4,795,002	1,736,790	31,743,278
% Weight	76.82%	2.60%	15.11%	5.47%	
FMAP	66.67%	76.66%	90.00%	90.00%	
Eff. FMAP	51.21%	2.00%	13.60%	4.92%	71.73%
				Total Fund	\$8,994,400
				Fed Funds	\$6,451,700

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

Sincerely,



Alex Demyan
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 23 — 0019	2. STATE AZ
3. PROGRAM IDENTIFICATION: TITLE 19 OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 24 \$ 6,451,7400
b. FFY 25 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A, pages 28, 28(a)-(z)

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

Attachment 4.19-A, pages 28, 28(a)-(z)

9. SUBJECT OF AMENDMENT
Updates the Inpatient Differential Adjusted Payment (DAP) Program for FFY 2024.

10. GOVERNOR'S REVIEW (Check One)


GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME
Alex Demyan

13. TITLE
Assistant Director

14. DATE SUBMITTED: 10/30/23

15. RETURN TO

Alex Demyan
801 E. Jefferson St., MD #4200
Phoenix, AZ 85034

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

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A. OVERVIEW

As of October 1, 2023, through September 30, 2024 (Contract Year Ending (CYE) 2024), 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 2024 (October 1, 2023 through September 30, 2024) 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 Subject to (provider type 02) receiving APR-DRG reimbursement are eligible for DAP increases under the following criteria (Up to 3.025%)

Domain / % Increase	Description
a. Health Information Exchange Participation (Up to 1.52.0%)	<p>Hospitals, <u>Provider Type 02</u>, that meet the following milestones and performance criteria are eligible for to participate in this DAP increases initiative on all and earn up to a 2.0% DAP increase for inpatient services <u>under the following criteria:</u> In order to qualify, by April 1, 2022 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> <p>i.</p> <p>Milestone #1: No later than April 1, 2023, the hospital must have in place an active participation agreement with <u>the Health Information (HIE)-a qualifying HIE</u> organization and submit a <u>signed Health Information Exchange Statement of Work (HIE SOW)LOI to AHCCCS and the HIE,</u> 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. <u>The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier (NPI), that the hospital requests to participate in the DAP.</u></p> <p><u>1. For Hospitals that have not participated in the DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org</u></p>

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	<p>i. Milestone #2: No later than May 1, 2023², <u>the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system. I 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:</u></p> <p style="padding-left: 40px;">ii.1. <u>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.</u></p> <p style="padding-left: 40px;">ii.2. <u>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.</u></p> <p style="padding-left: 40px;">ii.3. <u>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.</u></p> <p>i. Milestone #3: No later than May 1, 2023², 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>i. Milestone #4: No later than May 1, 2023², 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>i. Milestone #5: <u>No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and HL7. The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant. No later than November 1, 2022, the hospital must approve and authorize a formal statement of work (SOW) to initiate connectivity and usage of the</u></p>
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	<p>Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization.</p> <p>vi. Milestone #6: <u>No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024. No later than November 1, 2022, 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.</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.</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.</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.1.a.x.</p> <p style="padding-left: 40px;">ix.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 2022 data.</p> <p style="padding-left: 40px;">ix.2. Meet a minimum performance standard of at least 60% based on March 2022 data.</p> <p style="padding-left: 40px;">ix.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.</p> <p>x. DAP HIE Data Quality Standards CYE 2023 Measure Categories: Hospitals that meet the standards, as defined in Section C., qualify for a DAP increase for each category of the five measure categories, for a total potential increase of 2.0% if criteria are met for all categories.</p> <p style="padding-left: 40px;">x.1. Data source and data site information must be submitted on all ADT transactions. (1.0%)</p> <p style="padding-left: 40px;">x.2. Race must be submitted on all ADT transactions (0.5%)</p> <p style="padding-left: 40px;">x.3. Ethnicity must be submitted on all ADT transactions (0.5%)</p>
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	<p>For any milestone that includes electronic submission of patient information, the information transferred to the <u>qualifying</u> HIE must be actual patient data; the transfer of test data does not fulfill these requirements. <u>All electronic submissions must be received through standard HL7 and or CCD document architecture.</u> It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2. <u>All electronic submissions must be received through standard HL7 document architecture. It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2. Data is expected to be live throughout the year, any downtime will be reported and an effort to provide data to the HIE is required for the period in which the data was not received.</u></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 has already achieved one or more of the CYE 20243 milestones as of April 1, 20232, the <u>HIE SOW/LOI</u> must include a commitment by the hospital to maintain its participation in those milestone activities for the period April 1, 20232 through September 30, 20243. <u>Additionally, if a hospital submits a HIE SOW and receives a DAP increase for CYE 2024 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 this DAP for CYE 2025 if a DAP is available at that time.</u></p> <p><u>If a hospital receives up to a 2.0% DAP increase for CYE 2023 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 the HIE 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>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.</u></p>
<p><u>c. b.</u> Social Determinants of Health Closed</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 inpatient services. In relation to this DAP initiative only, the <u>Social Determinants of Health Closed Loop Referral System is CommunityCares.</u> Hospitals that meet the following milestones are eligible to earn a 0.5% DAP. <u>qualifying HIE organization is designated as Contexture, the umbrella</u></u></p>

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<p>Loop Referral Platform</p> <p>(0.5%)</p>	<p>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> <p>i. Milestone #1: No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the CommunityCares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP. No later than April 1, 2022, submit registration form(s) for participation using the form(s) on the website of the qualifying HIE organization.</p> <p>ii. Milestone #2: No later than April 1, 2022:</p> <p>i. 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. For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</p> <p>1.</p> <p>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. The deadline for these hospitals to achieve this milestone is November 1, 2022.</p> <p>ii. Milestone #23:</p> <p>1. (For Hospitals that have participated in the DAP SDOH requirements for CYE 23)</p> <p>a. 1. No later than September 30, 2023, initiate use of the CommunityCares referral system operated by the HIE organization or are engaged and have completed an onboarding launch plan that outlines the extended onboarding timeline, required steps, and commitment to completion of onboarding by 12/31/2023. 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.</p> <p>iii. b. 2. After go-live and through September 30, 2024, the hospital must regularly utilize the CommunityCares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month, including closed-loop referral, tracked out-of-network referrals (utilizing CommunityCares resource directory), or tracked internal cases (referrals for social</p>
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	<p><u>services provided by the hospital) per registered AHCCCS ID that resulted from utilizing a social-needs screening tool in CommunityCares or within the hospital's EHR. Closed-loop referrals, out-of-network referrals, and internal cases all need to be documented/tracked within the CommunityCares platform. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, and tracked monthly.</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 the SDOH 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. If a hospital has achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the hospital to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a hospital submits a HIE SOW and receives the DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, the hospital will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</u></p>
<p><u>b.e.</u> <u>Enter into a Care Coordination Agreement with an IHS/Tribal 638 Facility (0.5%) Arizona Health Directives</u></p>	<p><u>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, 2022, 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, 2022, 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:</u></p> <p style="margin-left: 40px;"><u>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</u></p>

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<p><u>Registry (AzHDR)</u> <u>(0.5%)</u></p>	<p>minimum requirements as outlined in the CMS SHO Guidance SHO #16-002.</p> <p>ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be provided 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 claims operation process with AHCCCS for the review of medical records by May 31, 2021.</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 must have submitted 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>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 submit a fully signed CCA no later than April 30, 2022, to AHCCCS to both of the following email addresses:</p> <p>tribalcarecoordination_fmmap@azahcccs.gov, and AHCCCS DAP@azahcccs.gov</p> <p>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.</p> <p>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 will be ineligible to receive a care coordination agreement DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time.</p>
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	<p>The AzHDR is in alignment with the 2019 Arizona Senate Bill 1352 (enacted into Laws 2019, Ch. 314) that was passed giving healthcare providers the ability to have real-time access to patient’s advance directives. Hospitals that meet the following milestones are eligible to earn a 0.5% DAP.</p> <p style="padding-left: 40px;">i. Milestone #1: No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.</p> <p>1. For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</p> <p style="padding-left: 40px;">ii. Milestone #</p> <p>1. For hospitals that have participated in DAP HIE requirements in CYE 2023:</p> <p style="padding-left: 40px;">a. No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.</p> <p style="padding-left: 40px;">b. After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.</p> <p>2. For hospitals that have not participated in DAP HIE requirements in CYE 2023:</p> <p style="padding-left: 40px;">a. No later than November 1, 2023, complete the AzHDR Participant Agreement, and</p> <p style="padding-left: 80px;">b. No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.</p>
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	<p>If a hospital has achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the hospital to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a hospital submits a HIE SOW and receives the DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, the hospital will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</p>
<p>d. Hospital Capacity Reporting Naloxone Distribution Program (0.5%) (0.25%)</p>	<p>Hospitals that commit to ongoing capacity reporting will qualify for a 0.25% DAP increase for inpatient 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:</p> <ul style="list-style-type: none"> i. Number of ICU beds in use ii. Number of ICU beds available for use iii. Number of Medical-Surgical beds in use iv. Number of Medical-Surgical beds available for use v. Number of Telemetry beds in use vi. Number of Telemetry beds available for use <p>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: AHCCCS DAP@azahcccs.gov</p> <p>If a hospital submits a LOI but fails to comply with the weekly reporting requirement, the hospital will be ineligible to receive the hospital capacity reporting DAP for dates of service from October 1, 2023 to September 30, 2024 (CYE 2024) if a DAP is available at that time. Hospitals with an Emergency Department that meet the following milestones are eligible to earn a 0.5% DAP increase on all inpatient and outpatient services.</p> <ul style="list-style-type: none"> i. Milestone #1: No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP. ii. Milestone #2: No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for an NDP.

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	<p>iii. Milestone #3: No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities’ policy.</p> <p>If a hospital submits a LOI and receives a DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, the hospital will be ineligible to receive this DAP for CYE 2025, if a DAP is available at that time.</p>
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2. Other Hospitals and Inpatient Facilities (Up to ~~4.55.0%~~)

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 [on all inpatient services](#) under the following criteria. For purposes of Section 2, other inpatient facilities will be referred to as hospitals.

Domain / % Increase	Description
<p>a.</p> <p>Health Information Exchange Participation</p> <p>(Up to 1.52.0%)</p>	<p>Hospitals that meet the following milestones are eligible to earn a 1.5% DAP, and performance criteria are eligible to participate in this DAP initiative and earn up to a 2.0% DAP increase for inpatient services. In order to qualify, by April 1, 2022 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> <p>i. Milestone #1: No later than April 1, 2023², the hospital must have in place an active participation agreement with the Health Information Exchange a qualifying (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) 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. 1. For hospitals that have not participated in DAP HIE requirements for CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</p> <p>ii. ———— Milestone #2: No later than May 1, 2023², the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital’s EHR system. or by the hospital’s go-live date for new data suppliers, or within 30 days of initiating the respective</p>

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	<p>COVID-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-ii. Milestone #3: No later than May 1, 2023², 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-iii. Milestone #4: No later than May 1, 2023², 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-iv. Milestone #5: No later than November 1, 2022, the hospital must approve and authorize a formal statement of work (SOW) to initiate connectivity to and usage of the Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and HL7. The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure you are compliant.</p> <p>vi-v. Milestone #6: No later than November 1, 2022, 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. Milestone #6: No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements. which will include the steps and</p>
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	<p><u>expectations and timeline to transition to the hospital’s HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.</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.</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.</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.2.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 2021 data, to the final data quality profile, based on March 2022 data. 2. Meet a minimum performance standard of at least 60% based on March 2022 data. 3. If performance meets or exceeds an upper threshold of 90% based on March 2022 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, qualify for a total potential increase of 2.0% 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. (1.0%) 2. Race must be submitted on all ADT transactions (0.5%) 3. Ethnicity must be submitted on all ADT transactions (0.5%) <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. <u>All electronic submissions must be received through standard HL7 and or CCD document architecture.</u> It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2. <u>Data is expected to be live throughout the year, any downtime will be reported and an effort to provide data to the HIE is required for the period in which the data was not received.</u></p>
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	<p>If a hospital has already achieved one or more of the CYE 20243³² milestones as of April 1, 20232³², the HIE SOW LOI must include a commitment by the hospital to maintain its participation in those milestone activities for the period April 1, 20232³² through September 30, 20243⁴³. Additionally, if a hospital submits a HIE SOW and receives a DAP increase for CYE 2024 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 this DAP for CYE 2025 if a DAP is available at that time.</p> <p>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.</p> <p>If a hospital receives up to a 2.0% DAP increase for CYE 2023 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 the HIE 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>b. Social Determinants of Health Closed Loop Referral Platform (0.5%)</p>	<p>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 Social Determinants of Health Closed Loop Referral System is CommunityCares. Hospitals that meet the following milestones are eligible to earn a 0.5% DAP. 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.— Milestone #1: No later than April 1, 20232³², submit registration form(s) for participation using the form(s) on the website of the qualifying HIE organization. ii.— Milestone #2: No later than April 1, 2022: <ul style="list-style-type: none"> 1.— For hospitals with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH

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	<p style="text-align: center;"><u>Addendum to participate in the SDOH Closed-Loop Referral Platform.</u></p> <p style="text-align: center;"><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. The deadline for these hospitals to achieve this milestone is November 1, 2022.</u></p> <ul style="list-style-type: none"> ● <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 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> <u>the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the CommunityCares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.</u> ● <u>For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</u> ● <u>Milestone #2:</u> ● <u>For hospitals that have participated in DAP SDOH requirements in CYE 2023:</u> ● <u>No later than September 30, 2023, initiate use of the CommunityCares referral system operated by the HIE organization or are engaged and have completed an onboarding launch plan that outlines the extended onboarding timeline, required steps, and commitment to completion of onboarding by 12/31/2023.</u> ● <u>No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system After go-live, and through September 30, 2024, the hospital must regularly utilize the CommunityCares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month, including closed-loop referral, tracked out-of-network referrals (utilizing CommunityCares resource directory), or tracked internal cases (referrals for social services provided by the hospital), per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in CommunityCares or within the hospital's EHR. Closed-loop referrals, out-of-network referrals, and internal cases all need to be documented/tracked within the CommunityCares platform.. The referral is created by the provider or support staff member and sent directly to a social</u>
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	<p><u>service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly.</u></p> <ul style="list-style-type: none"> • <u>For hospitals that have not participated in DAP SDOH requirements in CYE 2023:</u> • <u>No later than November 1, 2023, complete the CommunityCares Access Agreement and the HIE Participant Agreement, as required, and</u> • <u>No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.</u> <p><u>iii.i.</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. If a hospital has achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the hospital to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a hospital submits a HIE SOW registration form and receives the 0.5% DAP increase for CYE 2024 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 the SDOH DAP for CYE 2025 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><u>c.</u> <u>Enter into a Care Coordination Agreement with an IHS/Tribal 638 Facility Arizona Health Directives Registry (AzHDR)</u></p>	<p><u>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 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:</u></p> <ul style="list-style-type: none"> i. <u>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.</u>

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(0.5%)	<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 must have submitted 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>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 submit a fully signed CCA no later than April 30, 2022 to AHCCCS to both of the following email addresses:</p> <p style="text-align: center;">tribalcarecoordination_fmap@azahcccs.gov, and AHCCCSdap@azahcccs.gov.</p> <p>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.</p> <p>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 will be ineligible to receive a care coordination agreement DAP for dates of service from October 1, 2023, through September 30, 2024 (CYE 2024) if a DAP is available at that time. <u>The AzHDR is in alignment with the 2019 Arizona Senate Bill 1352 (enacted into Laws 2019, Ch. 314) that was passed giving healthcare providers the ability to have real-time access to patient's advance directives. Hospitals that meet the following milestones are eligible to earn a 0.5% DAP.</u></p>
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	<p><u>iv. Milestone #1: No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.</u></p> <p><u>C. For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</u></p> <p><u>v. Milestone #2:</u></p> <p><u>D. For hospitals that have participated in DAP HIE requirements in CYE 2023:</u></p> <p><u>c. No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.</u></p> <p><u>d. After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024 Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.</u></p> <p><u>E. For hospitals that have not participated in DAP HIE requirements in CYE 2023:</u></p> <p><u>e. No later than November 1, 2023, complete the AzHDR Participant Agreement, and</u></p> <p><u>f. No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.</u></p> <p><u>If a hospital has already achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the hospital to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a hospital submits a SOW and receives the DAP increase for CYE 2024 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 this DAP for CYE 2025 if a DAP is available at that time.</u></p>
<p>d. Inpatient Psychiatric</p>	<p>Hospitals that meet the Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) performance measure will qualify for a DAP increase. On March 15, 20232, AHCCCS will download the most current data from the QualityNet.org website to</p>

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<p>Facility Quality Reporting Program (2.0%)</p>	<p>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.</p>
<p>e. Long-term Care Hospital Pressure Ulcers Performance Measure (2.0%)</p>	<p>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, 20232, 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.</p>
<p>f. Inpatient Rehabilitation Pressure Ulcers Performance Measure (2.0%)</p>	<p>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, 20232, 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.</p>

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3.1. Critical Access Hospitals (up to 10.75%)

Hospitals designated as a Critical Access Hospital (CAH), Non-IHS/638 hospitals by March 15, 2023 are eligible for up to a maximum 10.75% DAP increases on all inpatient services under the following criteria.

Domain / % Increase	Description
<p>a.</p> <p>Health Information Exchange Participation (Up to 8.0%)</p>	<p>Hospitals that meet the following milestones and performance criteria are eligible to participate in this DAP initiative and earn <u>up to an 8.0% DAP increase for inpatient services. In order to qualify, by April 1, 2022 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:</u></p> <p><u>i. Milestone #1: No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange a qualifying (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) LOI to AHCCCS and the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.</u></p> <p><u>ii. 1. For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org. i.iii. , 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.</u></p> <p><u>ii. Milestone #2: No later than May 1, 2023, 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:</u></p> <p><u>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.</u></p> <p><u>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.</u></p> <p><u>3.1. 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</u></p>

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	<p>immunizations within the HIE system. the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the facility's EHR system.</p> <p>iii-iv. Milestone #3: No later than May 1, 20232, 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-v. Milestone #4: No later than May 1, 20232, 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-vi. Milestone #5: No later than November 1, 2022, the hospital must approve and authorize a formal statement of work (SOW) to initiate connectivity and usage of the Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and HL7. The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure you are compliant.</p> <p>vi-vii. Milestone #6: No later than November 1, 2022, 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. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements. which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.</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.</p>
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	<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.</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.</p> <p>1. — Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2021 data, to the final data quality profile, based on March 2022 data.</p> <p>2. — Meet a minimum performance standard of at least 60% based on March 2022 data.</p> <p>3. — If performance meets or exceeds an upper threshold of 90% based on March 2022 data, the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.</p> <p>x. — DAP HIE Data Quality Standards CYE 2023 Measure Categories: Hospitals that meet the standards, as defined in Section C., qualify for a total potential increase of 8.0% if criteria are met for all categories.</p> <p>1. — Data source and data site information must be submitted on all ADT transactions. (3.0%)</p> <p>2. — Event type must be properly coded on all ADT transactions. (1.0%)</p> <p>3. — Race must be submitted on all ADT transactions (2.0%)</p> <p>4.1. Ethnicity must be submitted on all ADT transactions (2.0%)</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. <u>All electronic submissions must be received through standard HL7 and or CCD document architecture.</u> It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2. <u>Data is expected to be live throughout the year, any downtime will be reported and an effort to provide data to the HIE is required for the period in which the data was not received.</u></p> <p>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</p> <p>If a hospital has already achieved one or more of the CYE 2023 milestones as of April 1, 2023, the <u>HIE SOW LOI</u> must include a commitment by the hospital to maintain its</p>
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	<p>participation in those milestone activities for the period April 1, 20232 through September 30, 20243. <u>Additionally, if a hospital submits a HIE SOW and receives a DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, the hospital will be ineligible to receive this DAP for CYE 2025 if a DAP is available at that time.</u></p> <p>If a hospital receives up to an 8.0% DAP increase for CYE 2023 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 an HIE 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>b.</p> <p>Social Determinants of Health Closed Loop Referral Platform</p> <p>(<u>12.0%</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 Social Determinants of Health Closed Loop Referral System is <u>CommunityCares</u> qualifying HIE organization is designated as <u>Contexture</u>, 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 <u>Hospitals that meet the following milestones are eligible to earn a 2.0% DAP by the specified dates:</u></p> <p style="padding-left: 40px;">i. <u>Milestone #1: No later than April 1, 20232, submit registration form(s) for participation using the forms found on the website of the qualifying HIE organization, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the CommunityCares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.</u></p> <p style="padding-left: 40px;">xi. <u>ii. 1. For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</u></p> <p style="padding-left: 40px;"><u>— Milestone #2:</u></p>

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	<p>iii. <u>1. For hospitals that have participated in DAP SDOH requirements in CYE 2023:</u></p> <p>iv. <u>a. No later than September 30, 2023, initiate use of the CommunityCares referral system operated by the HIE organization or are engaged and have completed an onboarding launch plan that outlines the extended onboarding timeline, required steps, and commitment to completion of onboarding by 12/31/2023..</u></p> <p>v. <u>b. No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system After go-live, and through September 30, 2024, the hospital must regularly utilize the CommunityCares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month, including closed-loop referral, tracked out-of-network referrals (utilizing CommunityCares resource directory), or tracked internal cases (referrals for social services provided by the hospital), per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in CommunityCares or within the hospital's EHR. Closed-loop referrals, out-of-network referrals, and internal cases all need to be documented/tracked within the CommunityCares platform. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, and tracked monthly</u></p> <p>vi. <u>2. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:</u></p> <p>vii. <u>a. No later than November 1, 2023, complete the CommunityCares Access Agreement and the HIE Participant Agreement, as required, and</u> <u>ii. b. No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system. No later than April 1, 2022:</u></p> <p style="padding-left: 40px;"><u>a. 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></p> <p style="padding-left: 40px;"><u>b. 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. The deadline for this milestone is November 1, 2022.</u></p> <p>ii. <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</u></p>
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	<p>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.</p> <p>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.</p> <p>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 2.0% 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 the SDOH 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>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>If a hospital has achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the hospital to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a hospital submits a HIE SOW and receives the DAP increase for CYE 2024 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 this DAP for CYE 2025 if a DAP is available at that time.</u></p>
<p>b. Enter into a Care Coordination Agreement with an IHS/638 Facility Arizona Health Directives Registry (AzHDR) (1.00-5%)</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, 2022, 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, 2022, 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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- 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. ~~The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.~~
- 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-claims operation process with AHCCCS for the review of medical records by May 31, 2022.~~
- 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.~~
- vi. ~~Existing facilities with a CCA established in CYE 2022 must have submitted 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.~~

~~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 submit a fully signed CCA no later than April 30, 2022 to AHCCCS to both of the following email addresses:~~

~~tribalcarecoordination_fmap@azahcccs.gov, and
 AHCCCS DAP@azahcccs.gov.~~

~~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.~~

~~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 will be ineligible to receive a care coordination agreement DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time. The AzHDR is in alignment with the 2019 Arizona Senate Bill 1352 (enacted into Laws 2019, Ch. 314) that was passed, giving healthcare providers the ability to have real-time access to patient's advance directives. Hospitals that meet the following milestones are eligible to earn a 1.0% DAP.~~

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	<p><u>vi. Milestone #1: No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.</u></p> <p><u>F. 1. For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</u></p> <p><u>vii. Milestone #2:</u></p> <p><u>G. For hospitals that have participated in DAP HIE requirements in CYE 2023:</u></p> <p><u>g. No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.</u></p> <p><u>h. After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.</u></p> <p><u>H. For hospitals that have not participated in DAP HIE requirements in CYE 2023:</u></p> <p><u>i. No later than November 1, 2023, complete the AzHDR Participant Agreement, and</u></p> <p><u>j. No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.</u></p> <p><u>If a hospital has already achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the hospital to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a hospital submits a SOW and receives the DAP increase for CYE 2024 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 this DAP for CYE 2025 if a DAP is available at that time.</u></p>
<p><u>d. Naloxone Distribution</u></p>	<p><u>Hospitals that commit to ongoing capacity reporting will qualify for a 0.25% DAP increase for inpatient 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</u></p>

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<p><u>Program Hospital Capacity Reporting (0.5%) (0.25%)</u></p>	<p>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:</p> <ol style="list-style-type: none"> 1. _____ Number of ICU beds in use 2. _____ Number of ICU beds available for use 3. _____ Number of Medical-Surgical beds in use 4. _____ Number of Medical-Surgical beds available for use 5. _____ Number of Telemetry beds in use 6. _____ Number of Telemetry beds available for use <p>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:</p> <p>AHCCCS DAP@azahcccs.gov _____</p> <p>If a hospital submits a LOI but fails to comply with the weekly reporting requirement, the hospital will be ineligible to receive a hospital capacity reporting DAP for dates of service from October 1, 2023 to September 30, 2024 (CYE 2024) if a DAP is available at that time.</p> <p><u>Hospitals with an Emergency Department that meet the following milestones are eligible to earn a 0.5% DAP increase on all inpatient and outpatient services.</u></p> <ol style="list-style-type: none"> viii. <u>Milestone #1: No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.</u> ix. <u>Milestone #2: No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.</u> x. <u>Milestone #3: No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.</u> <p><u>If a hospital submits a LOI and receives a DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, the hospital will be ineligible to receive this DAP for CYE 2025, if a DAP is available at that time.</u></p>
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4.1. ~~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
<p>a- Hospital Capacity Reporting (0.25%)</p>	<p>Hospitals that commit to ongoing capacity reporting will qualify for a 0.25% DAP increase for inpatient 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:</p> <ol style="list-style-type: none"> 1. Number of ICU beds in use 2. Number of ICU beds available for use 3. Number of Medical-Surgical beds in use 4. Number of Medical-Surgical beds available for use 5. Number of Telemetry beds in use 6. Number of Telemetry beds available for use <p>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:</p> <p style="text-align: center;">AHCCCSDAP@azahcccs.gov</p> <p>If a hospital submits a LOI but fails to comply with the weekly reporting requirement, the hospital will be ineligible to receive a hospital capacity reporting DAP for dates of service from October 1, 2023 to September 30, 2024 (CYE 2024) if a DAP is available at that time.</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.i. 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~~
 - ~~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~~

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~~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>~~

~~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~~

~~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; PV.1.2 (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~~

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

~~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 3.025%.~~

~~Reimbursement rates for inpatient services will be increased by 1.52.0% if they meet the HIE requirements, by 0.5% if they meet the AzHDR requirements, by 0.5% if they meet the SDOH closed loop referral platform requirements, and by 0.5% if they meet the Naloxone Distribution Program CCA requirements, and 0.25% if they meet the hospital capacity reporting 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 4.55.0%. Payment rates for inpatient services will be increased by 1.52.0% if they meet the HIE requirements detailed in~~

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~~B.2.a., by 0.5% if they meet the SDOH closed loop referral platform requirements in B.2.b, and by 0.5% if they meet the AzHDR CCA requirements detailed in B.2.c. For inpatient psychiatric facilities, payment rates for services will be increased by 2.0% if they meet the Quality Reporting requirements detailed in B.2.d. For Long Term Care Hospitals, payment rates for services will be increased by 2.0% if they meet the Pressure Ulcers Performance requirements detailed in B.2.e. For Inpatient Rehabilitation Hospitals, payment rates for services will be increased by 2.0% if they meet the Pressure Ulcers Performance requirements detailed in B.2.f. These increases do not apply to supplemental payments.~~

~~Additionally, for Long Term Care Hospitals, payment rates for services will be increased by 0.25% if they meet the hospital capacity reporting requirements detailed in B.4.a. For Inpatient Rehabilitation Hospitals, payment rates for services will be increased by 0.25% if they meet the hospital capacity reporting requirements detailed in B.4.a. 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 10.575%. Reimbursement rates for inpatient services will be increased by 8.0% if they meet the HIE requirements, by 12.0% if they meet the SDOH closed loop referral platform requirements, by 1.0% if they meet the AzHDR requirements, by 0.5% if they meet the CCA requirements, and by 0.25% if they meet the Naloxone Distribution Program hospital capacity reporting requirements. These increases do not apply to supplemental payments.~~

~~Hospitals which submitted an HIE SOWLOI and received an increase for CYE 2024 but failed to achieve one or more milestones in the HIE SOWLOI or failed to maintain its participation in the milestone activities are ineligible to receive the respective DAP in CYE 2025.~~

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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) 202~~43~~ (October 1, 202~~32~~ through September 30, 202~~43~~) only.

1. IHS and 638 Tribally Owned and/or Operated Facilities (Up to 3.0~~25~~%)

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, 2022 are eligible for a DAP increase under the following criteria: Indian Health Service and/or Tribally owned and/or operated hospitals (Provider Type 02), by March 15, 2023, are eligible for a DAP increase on all services under the following criteria.~~

Domain / % Increase	Description
a. Health Information Exchange Participation (Up to <u>12.5</u> %)	<p>Hospitals that meet the following milestones are eligible to earn a 1.5% participate in this DAP initiative and a 2.5% DAP increase for inpatient services. In order to qualify, by April 1, 2022 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> <p>i. Milestone #1: No later than April 1, 20232 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. the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.</p> <p>xii.ii. 1. For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</p> <p>i. Milestone #2: No later than May 1, 20232, 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:</p>

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	<p>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.</p> <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>3.1. 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. <u>the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system.</u></p> <p>ii.iii. Milestone #3: No later than May 1, 2023<u>2</u>, 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.</p> <p>iv. Milestone #4: No later than May 1, 2023<u>2</u> 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.</p> <p>iii.v. <u>1.</u> For hospitals that have not participated in DAP HIE requirements in CYE 2023<u>2</u>, the deadline for this milestone will be <u>June 30, 2023</u>. November 1, 2022.</p>
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- ~~iv-vi.~~ Milestone #5: ~~No later than November 1, 2022, 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.—No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and HL7. The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE’s Quality Improvement Team for instructions and to ensure you are compliant.~~
- ~~v-vii.~~ Milestone #6: ~~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 #5. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital’s HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.~~
- ~~vi.~~ Milestone #7: ~~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 #5.~~
- ~~In addition to the submission of the LOI agreeing to the above milestones, the hospital must meet these following performance criteria:~~
- ~~vii.~~ 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 1.A.a.ix:~~
- ~~1.~~ Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2021 data, to the final data quality profile, based on March 2022 data.
 - ~~2.~~ Meet a minimum performance standard of at least 60% based on March 2022 data.
 - ~~3.~~ If performance meets or exceeds an upper threshold of 90% based on March 2022 data, the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
- ~~viii.~~ DAP HIE Data Quality Standards CYE 2023 Measure Categories: ~~Hospitals that meet the standards, as defined in Section C., qualify for a 0.5% DAP percentage increase for each Data Quality Measure for a total potential increase of 2.5% if criteria are met for all categories~~
- ~~1.~~ Data source and data site information must be submitted on all ADT transactions. (0.5%)
 - ~~2.~~ Event type must be properly coded on all ADT transactions. (0.5%)

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	<p>3.—Patient class must be properly coded on all appropriate ADT transactions. (0.5%)</p> <p>4.—Patient demographic information must be submitted on all ADT transactions. (0.5%)</p> <p>5.—Overall completeness of the ADT message. (0.5%)</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. <u>All electronic submissions must be received through standard HL7 or CCD document architecture.</u> It must include all patient data, including behavioral health data and data covered by 42 CFR Part 2. <u>Data is expected to be live throughout the year, any downtime will be reported and an effort to provide data to the HIE is required for the period in which the data was not received.</u></p> <p>In order to receive up to a 2.5% DAP increase for HIE participation a hospital must submit a LOI to the HIE by April 1, 2022 to the following email address: -</p> <p>If a <u>hospital/facility</u> has already achieved one or more of the CYE 2023² milestones as of April 1, 2023² the <u>HIE SOW LOI</u> must include a commitment by the <u>hospital/facility</u> to maintain its participation in those milestone activities for the period April 1, 2023² through September 30, 2023². 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. <u>Additionally, if a hospital submits a HIE SOW and receives the DAP for CYE 2024 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 this DAP for CYE 2025 if a DAP is available at that time.</u></p> <p>If a facility submits a LOI and receives the 2.5% 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 facility will be ineligible to receive the HIE 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>b. Care Coordination Agreement with Non IHS/Tribal</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, 2022, 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, 2022, the facility must have entered into a CCA with a non IHS/Tribal 638 facility for inpatient services provided</p>

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<p>638 FacilitiesArizona Health Directives Registry (AzHDR) (up to 0.5%)</p>	<p>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 a valid referral template in place for requesting services to be performed by the non-IHS/Tribal 638 facility. ii. 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. iii. 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, 2022 iv. The IHS/638 facility will submit a minimum of one referral and any supporting medical documentation to the non-IHS/Tribal 638 facility 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 referrals per month to the non-IHS/Tribal 638 20 facility v. Existing facilities with a CCA established in CYE 2022 must have submitted a minimum of 5 CCA referrals to the non-IHS/Tribal 638 facility by March 15, 2022, and must have submitted an average of 5 CCA referrals per month by May 31, 2022. <p>In order to meet the DAP criteria for CCA participation an IHS/Tribal 638 facility must submit a LOI to AHCCCS by March 15, 2022 and a submit a signed CCA by April 30, 2022 to AHCCCS to both of the following email addresses: tribalcarecoordinationfmap@azahcccs.gov, and AHCCCS DAP@azahcccs.gov</p> <p>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.</p> <p>If a facility receives the 0.5% DAP increase for CYE 2023 but fails to submit an average of 5 CCA referrals per month to the non-IHS/Tribal 638 facility throughout CYE 2023, the facility will be ineligible to receive a Care Coordination Agreement DAP for dates of service from October 1, 2023 through September 30, 2024 (CYE 2024) if a DAP is available at that time. <u>The AzHDR is in alignment with the 2019 Arizona Senate Bill 1352 (enacted into Laws 2019, Ch. 314) that was passed giving healthcare providers the ability to have real-time access to patient's advance directives. Hospitals that meet the following milestones are eligible to earn a 0.5% DAP.</u></p>
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	<p><u>xi. Milestone #1: No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.</u></p> <p><u>i. For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.</u></p> <p><u>xii. Milestone #2: No later than November 1, 2023, complete the AzHDR Participant Agreement.</u></p> <p><u>xiii. Milestone #3: No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.</u></p> <p><u>If a hospital has achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the hospital to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a hospital submits a SOW and receives the 0.5% DAP increase for CYE 2024 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 this DAP for CYE 2025 if a DAP is available at that time.</u></p>
<p>c. <u>Hospital Capacity Reporting Social Determinants of Health Closed Loop Referral System</u> (<u>0.5%0.25%</u>)</p>	<p><u>Hospitals that commit to ongoing capacity reporting will qualify for a 0.25% DAP increase for inpatient 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>

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6.—Number of Telemetry beds available for use—

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: AHCCCS DAP@azahcccs.gov

If a hospital submits a LOI but fails to comply with the weekly reporting requirement, the hospital will be ineligible to receive a hospital capacity reporting DAP for dates of service from October 1, 2023 to September 30, 2024 (CYE 2024) if a DAP is available at that time. In relation to this DAP initiative only, the Social Determinants of Health Closed Loop Referral System is CommunityCares. Hospitals that meet the following milestones are eligible to earn a 0.5% DAP.

- xiv. Milestone #1: No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the CommunityCares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
- J. For hospitals that have not participated in DAP HIE requirements in CYE 2023, send an email requesting an HIE SOW to DAP@contexture.org.
- xv. Milestone #2: No later than November 1, 2023, complete the CommunityCares Access Agreement and the HIE Participant Agreement, as required.
- xvi. Milestone #3: No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.

If a hospital has achieved one or more of the CYE 2024 milestones as of April 1, 2023, the HIE SOW must include a commitment by the hospital to maintain its participation in those milestone activities for the period of April 1, 2023, through September 30, 2024. Additionally, if a hospital submits a HIE SOW and receives the DAP increase for CYE 2024 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 this DAP for CYE 2025 if a DAP is available at that time.

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<p><u>c.</u> <u>Naloxone</u> <u>Distribution</u> <u>Program</u> <u>(0.5%)</u></p>	<p><u>Hospitals with an Emergency Department that meet the following milestones are eligible to earn a 0.5% DAP increase on all inpatient and outpatient services.</u></p> <p><u>xvii. Milestone #1: No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.</u></p> <p><u>xviii. Milestone #2: No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.</u></p> <p><u>xix. Milestone #3: No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.</u></p> <p><u>xx. _____</u></p> <p><u>xxi. If a hospital submits a LOI and receives a DAP increase for CYE 2024 but fails to achieve one or more of the milestones by the specified date or fails to maintain its participation in the milestone activities, the hospital will be ineligible to receive this DAP for CYE 2025, if a DAP is available at that time.</u></p> <p><u>xxii. _____</u></p>
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B.A. Payment Methodology

All payments may be increased up to a maximum of 3.025%. Payments will be increased by 12.5% if the IHS/Tribal 638 facility meets the HIE requirements, by 0.5% if it meets the [AzHDRCCA](#) requirements, [by 0.5% if it meets the SDOH requirements](#), and by 0.525% if it meets the [Naloxone Distribution Program](#)~~hospital capacity reporting~~ requirements. The proposed DAP for IHS/638 facilities would be applicable to the All- inclusive Rate (AIR). The DAP is not applicable to supplemental payments.

IHS/Tribal 638 facility which submitted an [HIE SOWLOI](#) and received a DAP increase for CYE 20243 but failed to 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 20254.