

2022 Differential Adjusted Payment Summary

This outline summarizes the deadlines, milestones and criteria a provider must meet to receive payment increases under the [AHCCCS Differential Adjusted Payment \(DAP\) CYE 2022 Final Public Notice](#). If you have questions, please contact AzHHA Director of Policy, Liz Lorenz at elorenz@azhha.org.

Hospital DAP for Health Information Exchange (HIE) Participation (2.5% - 10%)

Depending on the type of hospital, the DAP percentage increase ranges from 2.5% to 10% for services delivered October 1, 2021 through September 30, 2022, so long as the hospital meets the DAP milestones during that period.

The base milestones are:

- Have an active participation agreement with the HIE and have submitted a letter of intent by **April 1, 2021**, to AHCCCSdap@azahcccs.gov and DAP@healthcurrent.org. The letter of intent must have included the AHCCCS IDs for each listed facility and must specify each DAP category in which the hospital plans to participate. Access letter templates at [Differential Adjusted Payment Program - Health Current](#). If you have questions, please contact Christy Dye, chief business development officer at Health Current, at christy.dye@healthcurrent.org.
- If the hospital conducts COVID-19 testing or provides immunizations, the hospital must submit any COVID-19 test codes and/or immunization codes to the HIE by **May 1, 2021**, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating testing and/or immunization services.
- If the hospital uses an external reference lab that requires an authorization form, the hospital must submit the authorization form to the HIE to allow test codes to route to the HIE by **May 1, 2021**.
- By **May 1, 2021**, or June 1, 2021 for IHS/638 facilities, 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.
- Depending on the type of hospital, submit a signed statement of work to initiate connectivity with the HIE's Social Determinants Closed Loop Referral system or the HIE's Advanced Directives Registry by **November 1, 2021**.

The quality milestones are:

- Sign a quality statement of work by **November 1, 2021**.
- Complete two quality profiles (due by **January 1, 2022** and **May 1, 2022**) and undertake improvements to meet the HIE data quality standards compared to a baseline period.

A hospital will qualify for a 0.5% DAP increase for each category of the following five measure categories, for a total potential increase of 2.5% if criteria are met for all categories. For critical access hospitals, each category is worth a 2% DAP increase for a total potential increase of 10% if criteria are met for all categories.

- i. Data source and data site information must be submitted on all admission, discharge and transfer transactions.

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- ii. Event type must be properly coded on all admission, discharge and transfer transactions.
- iii. Patient class must be properly coded on all appropriate admission, discharge and transfer transactions.
- iv. Patient demographic information must be submitted on all admission, discharge and transfer transactions.
- v. Overall completeness of the discharge and transfer information message.

Hospital DAP for Care Coordination Agreement with IHS/Tribal 638 Facility (0.5%)

Hospitals including critical access hospitals will be eligible for this DAP by participating in a Care Coordination Agreement (CCA) with an IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. By **March 15, 2021**, the facility must have submitted to AHCCCS a letter of intent to enter into a CCA with an IHS/Tribal 638 facility. By **April 30, 2021**, the facility must submit the fully signed copy of the CCA to AHCCCS via email to tribalcarecoordination_fmmap@azahcccs.gov and AHCCCSdap@azahcccs.gov. The CCA must meet minimum requirements as outlined in the [CMS State Health Official Guidance](#).

IHS/Tribal 638 Facility DAP for Care Coordination Agreement with Hospital (0.5%)

IHS/Tribal 638 facilities will be eligible for this DAP by participating in a CCA with a non-IHS/638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility must have submitted to AHCCCS a letter of intent to enter a CCA with a non-IHS/638 facility by **March 15, 2021**. By **April 30, 2021**, the facility must submit a signed CCA with the non- IHS/Tribal 638 under the executed CCA to tribalcarecoordination_fmmap@azahcccs.gov and AHCCCSdap@azahcccs.gov. The CCA must meet minimum requirements as outlined in the [CMS State Health Official Guidance](#).

Inpatient Psychiatric Facility Quality Reporting Program DAP (2%)

Hospitals that meet the Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) performance measure will qualify for a 2.0% DAP increase. On February 15, 2021, AHCCCS downloaded the most current data from QualityNet.org to identify Medicare's Annual Payment Update (APU) recipients. APU recipients are those facilities that satisfactorily met the requirements for the IPFQR program, which includes multiple clinical quality measures. Facilities identified as APU recipients will qualify for the DAP increase.

Long Term Care Hospital & Inpatient Rehabilitation Hospital DAP for Pressure Ulcers Performance Measure (2%)

Long term care hospitals and inpatient rehabilitation hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for a 2% DAP increase. On March 15, 2021, AHCCCS downloaded the most current data from the [Medicare Provider Data Catalog](#) 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.

Integrated Clinic DAP for Licensure, Behavioral Health Utilization & HIE Participation (10% on select services)

Integrated Clinics are eligible for a DAP increase of 10% for select physical health services for dates of service in CYE 2021 by meeting all the following criteria for licensure, behavioral health utilization and HIE participation. Physical health services which qualify for the increase include Evaluation and Management (E&M) codes, vaccine administration codes and a global obstetric code.

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Licensure - The provider must be licensed by the Arizona Department of Health Services (ADHS) as an outpatient treatment center that provides both behavioral and physical health services.

Behavioral Health Utilization at Least 40% - Behavioral health services for the provider must account for at least 40% of total AHCCCS claims and encounters for dates of service from October 1, 2019 through September 30, 2020.

Health Information Exchange Participation - The clinic must meet the following milestones:

- Have an active participation agreement with the HIE and have submitted a letter of intent by **April 1, 2021**, to AHCCCSdap@azahcccs.gov and DAP@healthcurrent.org. If it is the clinic's first year in the DAP initiative, then it must meet the participation agreement requirement of this milestone no later than **August 1, 2021**. The letter of intent must list each facility that the clinic requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. Access letter templates at [Differential Adjusted Payment Program - Health Current](#).
- By **April 1, 2021**, the clinic must have electronically submitted actual patient identifiable information to the production environment of the qualifying HIE organization, including both a registration event and an encounter summary as well as specific Seriously Mentally Ill (SMI) data elements. If a clinic is in the process of integrating a new practice management and/or electronic health record (EHR) system, or if it is the clinic's first year in the DAP HIE initiative, then it must meet this milestone no later than **November 1, 2021**.
- By **April 1, 2021**, the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via a qualifying HIE organization, utilizing one or more HIE services, such as the HIE portal, discharge and transfer information alerts, clinical notifications or an interface that delivers patient data into the clinic's EHR. If it is the clinic's first year in the DAP HIE initiative, then it must meet this milestone no later than **January 1, 2022**.
- If the clinic conducts COVID-19 testing or provides immunizations, submit any COVID-19 test codes and/or immunization codes to the HIE by **May 1, 2021**, or by the clinic's go-live date for new data suppliers, or within 30 days of initiating testing and/or immunization services.
- If the clinic uses an external reference lab that requires an authorization form, submit the authorization form to the HIE to allow test codes to route to the HIE by **May 1, 2021**.
- By **November 1, 2021**, the clinic must approve and authorize a formal statement of work (SOW) to initiate and complete a data quality improvement effort.
- By **January 1, 2022**, the clinic must complete the initial data quality profile with a qualifying HIE organization.
- By **May 1, 2022**, the clinic must complete the final data quality profile with a qualifying HIE organization.

Behavioral Health Outpatient Clinic DAP for Health Information Exchange Participation (1%)

The clinic must meet the following milestones to qualify for a 1% DAP increase for all services:

- Have an active participation agreement with the HIE and have submitted a letter of intent by **April 1, 2021** to AHCCCSdap@azahcccs.gov and DAP@healthcurrent.org. If it is the clinic's first year in the DAP initiative, then it must meet the participation agreement requirement of this milestone no later than **August 1, 2021**. The letter of intent must list each facility that the clinic requests to participate in this DAP initiative and must include the AHCCCS IDs for each listed facility. Access letter templates at [Differential Adjusted Payment Program - Health Current](#).

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- By **April 1, 2021** the clinic must have electronically submitted actual patient identifiable information to the production environment of the qualifying HIE organization, including both a registration event and an encounter summary, as well as SMI data elements, as defined by the qualifying HIE.
- By **April 1, 2021** the clinic must have actively accessed, and continue to access on an ongoing basis, patient health information via a qualifying HIE organization, utilizing one or more HIE services, such as the HIE Portal, admission, discharge and transfer alerts, clinical notifications or an interface that delivers patient data into the clinic's EHR. If it is the clinic's first year in the DAP HIE initiative, then it must meet this milestone no later than **January 1, 2022**.
- If the clinic conducts COVID-19 testing or provides immunizations, submit any COVID-19 test codes and/or immunization codes to the HIE by the clinic's go-live date for new data suppliers or within 30 days of initiating testing and/or immunization services.
- If the clinic uses an external reference lab that requires an authorization form, submit the authorization form to the HIE to allow test codes to route to the HIE by **May 1, 2021**.
- By **October 1, 2021**, the clinic must approve and authorize a formal SOW to initiate and complete a data quality improvement effort.
- No later than **April 1, 2022**, the clinic must electronically submit actual patient identifiable information to the production environment of the qualifying HIE organization, including both a registration event and an encounter summary, as well as SMI data elements, as defined by the qualifying HIE organization.

Integrated Clinic & Behavioral Health Outpatient Clinic DAP for Partnership with Schools to Provide Behavioral Health Services (1%)

A clinic that meets the criteria for partnering with schools to provide behavioral health services will qualify for a 1% DAP increase on all claims with Place of Service (POS) 03 -School. Partnership is defined as a provider with approved and adjudicated AHCCCS claims and encounters as of March 15, 2021, for at least one of the following behavioral health services with POS 03 for dates of service from October 1, 2018 through December 31, 2020:

- i. H0004 - Behavioral Health Counseling & Therapy
- ii. H0025 - Behavioral Health Prevention Education Service
- iii. H0031 - Mental Health Assessment by Non-Physician
- iv. H2014 - Skills Training & Development
- v. S5110 - Home Care Training, Family
- vi. T1016 - Case Management

Integrated Clinic & Behavioral Health Outpatient Clinic DAP for Autism Centers of Excellence (3%)

A clinic that meets the criteria to be considered an Autism Center of Excellence (COE) will qualify for a 3% DAP increase on all claims. An Autism COE is defined as a provider that has been identified as such by any AHCCCS MCO in the "Value Based Providers/Centers of Excellence" attachment to its "Provider Network Development and Management Plan," submitted by November 15, 2020.

Integrated Clinic & Behavioral Health Outpatient Clinic DAP for Provisions of Services to Members in a Difficult to Access Location (3%)

A clinic that meets the criteria for provision of services to members in a difficult to access location will qualify for a DAP increase of 3% on all claims. Provision of services is defined as a provider that has a MOA or MOU with a tribal government to access tribal territory in order to provide behavioral health services to members located in the Grand Canyon. The signed MOA or MOU must be in place by **April 1, 2021** and

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submitted to AHCCCS by e-mail to AHCCCSdap@azahcccs.gov.

American Society of Addiction Medicine Continuum Software Integration DAP for Clinics that Bill for Behavioral Health Assessments (0.5%)

For clinics that bill for behavioral health assessments, the 2022 DAP Final Public Notice establishes a new 0.5% DAP for clinics that integrate their EHR system with the American Society of Addiction Medicine (ASAM) continuum software. To be eligible to receive this DAP, the clinic must submit a letter of intent to AHCCCS at AHCCCSdap@azahcccs.gov by **April 30, 2021** that indicates an intent to contract with a vendor to complete integration of ASAM with their EHR system by **April 30, 2022**.

Social Determinants of Health Closed-Loop Referral Platform DAP for Behavioral Health Outpatient Clinics, Integrated Clinics, and other Behavioral Health Providers (1%)

For providers including Behavioral Health Outpatient Clinics, Integrated Clinics, Community Service Agencies, Independent Substance Abuse Counselors, Behavioral Health Therapeutic Homes and Rural Substance Abuse Transitional Agencies, the 2022 DAP Final Public Notice establishes a new 1% DAP for participating in the Social Determinants of Health (SDOH) Closed-Loop Referral system operated by Health Current. The provider must meet the following milestones:

- Submit a registration form and a SDOH Closed-Loop Referral system spreadsheet to Health Current at DAP@healthcurrent.org by **May 14, 2021**. Templates for these documents are available on the [Health Current website](#). The registration form must list each facility the provider requests to participate in this DAP initiative including the AHCCCS IDs for each listed facility or the provider ID for each qualified rendering provider. Contact Christy Dye at christy.dye@healthcurrent.org with any questions.
- No later than **February 1, 2022**: (a) For providers with an active Participation Agreement with Health Current, submit a signed Participation SDOH Addendum to participate in the SDOH Closed-Loop Referral system; and (b) For providers without an active Participation Agreement with Health Current, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral system.
- No later than **April 1, 2022**, the provider must approve and authorize a formal SOW to initiate participation in the SDOH Closed-Loop Referral system operated by Health Current during CYE 2022 (or as soon as reasonably practicable thereafter as determined by Health Current).
- No later than **September 30, 2022** (or as soon as reasonably practicable thereafter as determined by Health Current), the provider must initiate use of the SDOH Closed-Loop Referral system.

For answers to any questions on this guidance, please contact AzHHA Director of Policy, Liz Lorenz at elorenz@azhha.org.