About Health Current
a Contexture Organization

▪ Founded in 2007
▪ Arizona’s health information exchange (HIE), home of Arizona Healthcare Directives Registry (AzHDR) and social determinants of health (SDOH) referral system, CommunityCares
▪ Joined forces with Colorado-based CORHIO in 2021 to form regional organization, Contexture
The purpose of this webinar is to clarify the Health Information Exchange (HIE) requirements for eligible providers participating in the AHCCCS Differential Adjusted Payments (DAP) Contract Year End (CYE) 2023 Program.

HIE Participation for AHCCCS Provider Types:
- Critical Access Hospitals (CAH)
- Integrated Clinics (Type IC)
- Hospitals Subject to APR-DRG Reimbursement (Type 02) excluding Critical Access Hospitals
- IHS and 638 Tribally Owned and/or Operated Facilities (Type 02)
- Other Hospitals and Inpatient Facilities (Types 71, B1, B3, B5, B6, C4)
Agenda

1. DAP Basics
2. Letter of Intent (LOI) Submission Process
3. DAP HIE Requirements
   - Hospitals Subject to APR-DRG Reimbursement and Other Hospitals & Inpatient Facilities
   - Critical Access Hospitals
   - IHS and 638 Tribally Owned and/or Operated Facilities
   - Integrated Clinics
4. Data Quality Strategy & DAP
5. Contexture/Health Current Participants: Roles & Responsibilities
6. Questions & Answers
DAP Basics
What is DAP?

- DAP aims to distinguish providers that have committed to supporting designated actions that improve patients’ care experience, improve members’ health and reduce cost of care growth.
- An integral part of the DAP program includes HIE data access and connectivity
- DAP includes various other requirements besides HIE:
  - UTI performance measures
  - Electronic visit verification
  - Quality reporting & awards
  - Pressure ulcers
  - Care coordination agreements with IHS/638 facilities
  - Partnerships with schools to deliver behavioral health
  - Autism centers of excellence
  - ePrescribing and more!
DAP Basics

- DAP policy is a means for AHCCCS to offer and pay incentives to its provider network based on meeting various requirements, as part of AHCCCS’ broader value-based payment strategy.
- HIE requirements have been a key component of DAP policies since the program began in CYE 2017.
- DAP is scheduled based on CYE schedule, based on contract year for AHCCCS and its MCOs – which is equivalent to federal fiscal year (FFY) schedule.
  - CYE 2022 = October 1, 2021 to September 30, 2022
  - CYE 2023 = October 1, 2022 to September 30, 2023
DAP Basics

- Preliminary Notice posted to AHCCCS website January 28, 2022
- Revised Notice posted February 10, 2022
- Public comments accepted through February 28, 2022
- Final Public Notice to be published around March 18, 2022

- The DAP CYE 2023 Preliminary Public Notice is available here:

- Information about HIE requirements for DAP CYE 2023 is available here:
## Eligible Provider Types

HIE Requirements in CYE 2023 for following provider types:

<table>
<thead>
<tr>
<th>AHCCCS ELIGIBLE PROVIDER TYPES</th>
<th>HIE INCENTIVE</th>
<th>SDOH INCENTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Access Hospitals (CAH)</td>
<td>8.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Hospitals Subject to APR-DRG Reimbursement (Type 02) excluding Critical Access Hospitals</td>
<td>2.0%</td>
<td>0.5%</td>
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<tr>
<td>IHS and 638 Tribally Owned and/or Operated Facilities (Type 02)</td>
<td>2.5%</td>
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<tr>
<td>Integrated Clinics (Type IC)</td>
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<tr>
<td>Other Hospitals and Inpatient Facilities (Types 71, B1, B3, B5, B6, C4)</td>
<td>2.0%</td>
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All provider types will participate in HIE Data Quality Improvement activities. See Preliminary Public Notice for quality standards and criteria.
HIE Requirements

CYE 2023 Summary HIE Requirements & SDOH Requirements

HIE Requirements
- ALL DAP-eligible providers MUST have a signed HIE Participation Agreement and DAP letter of intent (LOI) submitted by April 1, 2022

SDOH Requirements
- All DAP-eligible providers MUST have a signed SDOH Participant Addendum and an SDOH Registration Form submitted by April 1, 2022
- For hospitals, BH outpatient clinics and Integrated Clinics that are new to DAP, the deadline is November 1, 2022

HIE implementation services for new entities are available on first come, first served basis, so get started soon!
## Future DAP HIE Requirement Progression

**HIE Strategy by Provider Type**  
**Updated 1/7/2022**

<table>
<thead>
<tr>
<th>Provider Types</th>
<th>CYE 17</th>
<th>CYE 18</th>
<th>CYE 19</th>
<th>CYE 20</th>
<th>CYE 21</th>
<th>CYE 22</th>
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<tr>
<td>Hospitals</td>
<td>Agreement</td>
<td>Agreement</td>
<td>Milestones</td>
<td>Data Prep</td>
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<td>IHS/638 Facilities</td>
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<td>Integrated Clinics (ICs)</td>
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<td>Data Prep</td>
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<td>BH OP Clinics</td>
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<td>Data Access</td>
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<td>Nursing Facilities</td>
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<td>Data Prep</td>
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<td>Milestones</td>
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<tr>
<td>Physicians, PAs, etc.</td>
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<td>Data Access</td>
<td>Milestones</td>
<td>Data Prep</td>
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</table>

### Agreement
- Execute agreement and electronically submit information

### Milestones
- Letter of Intent (LOI) with milestones for: execute agreement, approve scope of work (SOW), transmit ADT information, and transmit lab/radiology data.
- For non-inpatient facilities, transmit registration events and encounter summaries.

### Data Access
- Execute agreement and access HIE data via HIE services

### Data Prep
- LOI with milestones for: submit immunization data (if applicable), execute data quality SOW, and submit data quality profile.

### Data Quality
- Measure data quality in first quarter of calendar year using a metric to be defined.
Letter of Intent (LOI) Submission Process
1. Submission of a signed Letter of Intent (LOI) is required. In the LOI, providers agree to achieve HIE milestones by specified dates or maintain participation in the milestone(s) they have previously achieved.

2. Submission of a signed Social Determinants of Health (SDOH) Registration Form and SDOH Spreadsheet is required to participate in this DAP initiative in alignment with the AHCCCS’ Whole Person Care Initiative.

3. The LOI submission process entails emailing the LOI letter(s) & SDOH Registration Form & Spreadsheet to DAP@healthcurrent.org

4. All LOIs and Forms must be sent by April 1, 2022

5. LOI templates, SDOH Registration Forms & SDOH Spreadsheet are located at: Differential Adjusted Payment (DAP) Program - Health Current
## DAP HIE Requirements – Summary

<table>
<thead>
<tr>
<th>Milestone Activity</th>
<th>Deadline</th>
<th>Hospitals APR-DRG</th>
<th>Critical Access Hospitals</th>
<th>Other Hospitals Inpatient Facilities</th>
<th>Indian Health Service/638 Facilities</th>
<th>Integrated Clinics</th>
<th>Behavioral Health Outpatient (BHOC)</th>
<th>BHOC &amp; Integrated Clinics</th>
<th>Nursing Facilities</th>
<th>Physicians, PAs &amp; RNs</th>
<th>Physicians, PAs &amp; RNs Specialties</th>
<th>Behavioral Health</th>
<th>Home &amp; Community Based Services (HBCS)</th>
<th>HBCS Assisted Living Centers</th>
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<tr>
<td>Participation Agreement (PA)</td>
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<td>PA if New to DAP in 2022</td>
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<td>Letter of Intent</td>
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<td>COVID-19 Codes</td>
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<td>Submit Data</td>
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<td>Access Data</td>
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<td>SDOH Closed-Loop Referral SOW</td>
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<td>Data Quality SOW</td>
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<td>AZ Healthcare Directives Registry (AzHDR) SOW</td>
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</tbody>
</table>

*NOTE: If applicable, COVID-19 test, antibody and immunization codes by May 1, 2022 or go-live date for new data suppliers or within 30 days of initiating the COVID-19 service with current data suppliers.

**See Notice

## DAP HIE Categories – CYE 2023

<table>
<thead>
<tr>
<th>DAP HIE Categories</th>
<th>Provider Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals Subject to APR-DRG Reimbursement</td>
<td>02</td>
</tr>
<tr>
<td>Critical Access Hospital (designated as CAH by March 15, 2022)</td>
<td>02</td>
</tr>
<tr>
<td><strong>Other Hospitals and Inpatient Facilities:</strong></td>
<td></td>
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<tr>
<td>Psychiatric Hospitals, with the exception of public hospitals</td>
<td>71</td>
</tr>
<tr>
<td>Secure Residential Treatment Centers (17+ beds)</td>
<td>B1</td>
</tr>
<tr>
<td>Non-Secure Residential Treatment Centers (17+ beds)</td>
<td>B3</td>
</tr>
<tr>
<td>Subacute Facilities (1-16 beds)</td>
<td>B5</td>
</tr>
<tr>
<td>Subacute Facilities (16+ beds)</td>
<td>B6</td>
</tr>
<tr>
<td>Rehabilitation Hospitals</td>
<td>C4</td>
</tr>
<tr>
<td>Long-Term Acute Care Hospitals</td>
<td>C4</td>
</tr>
<tr>
<td>IHS and 638 Tribally-Owned and/or Operated Facilities (Hospitals owned and/or operated by IHS or under tribal authority by March 15, 2022)</td>
<td>02</td>
</tr>
<tr>
<td>Integrated Clinics</td>
<td>IC</td>
</tr>
</tbody>
</table>

Requirements for All Providers

Note: For any milestone that includes electronic submission of patient information, the information transferred to the qualifying HIE must be actual patient data; the transfer of test data does not fulfill these requirements. It must include all patient data, including behavioral health data and data covered by 42 C.F.R. Part 2.
Hospitals Subject to APR-DRG Reimbursement & Other Hospitals and Inpatient Facilities
Hospitals Subject to APR–DRG Reimbursement & Other Hospitals and Inpatient Facilities

Eligibility

▪ Hospitals & Other Inpatient Facilities: Provider Type 02, 71, B1, B3, B5, B6, C4

Milestone #1

▪ No later than April 1, 2022, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to 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.
Hospitals Subject to APR–DRG Reimbursement & Other Hospitals and Inpatient Facilities

Milestone #2

- No later than May 1, 2022, or by the hospital’s go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:

  1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.

  2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.

  3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
Hospitals Subject to APR-DRG Reimbursement & Other Hospitals and Inpatient Facilities

**Milestone #3**
- No later than May 1, 2022, 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.

**Milestone #4**
- No later than May 1, 2022 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.
Hospitals Subject to APR–DRG Reimbursement & Other Hospitals and Inpatient Facilities

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.

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 #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 #7.

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 #7.
Hospitals Subject to APR–DRG Reimbursement & Other Hospitals and Inpatient Facilities

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:

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.
Hospitals Subject to APR–DRG Reimbursement & Other Hospitals and Inpatient Facilities

DAP HIE Data Quality Standards CYE 2023 Measure Categories

Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a 0.5% DAP percentage increase for select Data Quality Measures for a total of 2.0% if criteria are met for all categories indicating a 0.5% DAP.

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%)
3. Patient class must be properly coded on all appropriate ADT transactions. (0%)
4. Patient demographic information must be submitted on all ADT transactions. (0%)
5. Race must be submitted on all ADT transactions. (0.5%)
6. Ethnicity must be submitted on all ADT transactions. (0.5%)
7. Diagnosis must be submitted on all ADT transactions. (0.5%)
8. Overall completeness of the ADT message. (0%)

- Total Possible Incentive for All Categories = 2.0%
Critical Access Hospitals
Critical Access Hospitals

Eligibility

- Hospitals designated as a Critical Access Hospital (CAH) by March 15, 2022, are eligible for DAP increases under the following criteria.

Milestone #1

- No later than April 1, 2022, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to 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.
Milestone #2

- No later than May 1, 2022, or by the hospital’s go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:
  1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
  2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
  3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
Critical Access Hospitals

Milestone #3

- No later than May 1, 2022, 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.

Milestone #4

- No later than May 1, 2022 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.
Critical Access Hospitals

Milestone #5

- No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate connectivity to and usage of the Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization.

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.
Critical Access Hospitals

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 #7.

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 #7.
Critical Access Hospitals

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:

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.
Critical Access Hospitals

DAP HIE Data Quality Standards CYE 2023 Measure Categories:

Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a DAP percentage increase for select Data Quality Measures for a total of 8.0% if criteria are met for all categories indicating a 2.0% DAP.

1. Data source and data site information must be submitted on all ADT transactions. (1.0%)
2. Event type must be properly coded on all ADT transactions. (1.0%)
3. Patient class must be properly coded on all appropriate ADT transactions. (0%)
4. Patient demographic information must be submitted on all ADT transactions. (0%)
5. Race must be submitted on all ADT transactions. (2.0%)
6. Ethnicity must be submitted on all ADT transactions. (2.0%)
7. Diagnosis must be submitted on all ADT transactions. (2.0%)
8. Overall completeness of the ADT message. (0%)

- Total Possible Incentive for All Categories = 8.0%
IHS and 638 Tribally Owned and/or Operated Facilities
IHS and 638 Tribally Owned and/or Operated Facilities

Eligibility

- Indian Health Service and/or Tribally owned and/or operated hospitals, Provider Type 02, by March 15, 2022 are eligible for a DAP increase under the following criteria.

Milestone #1

- No later than April 1, 2022, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to 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.
Milestone #2

- No later than May 1, 2022, or by the hospital’s go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:
  1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
  2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
  3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
IHS and 638 Tribally Owned and/or Operated Facilities

Milestone #3
- No later than May 1, 2022, 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.

Milestone #4
- No later than May 1, 2022, 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 data elements specific to individuals with a serious mental illness (SMI) designation, as defined by the qualifying HIE organization.
- For hospitals that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.
IHS and 638 Tribally Owned and/or Operated Facilities

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.

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.

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.
IHS and 638 Tribally Owned and/or Operated Facilities

Quality Improvement Performance Criteria

Hospitals that meet each of the following HIE data quality performance criteria will be eligible for DAP increases described below.

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.
Hospitals that meet the standards, as defined in Attachment A-1 of this notice, 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%)
3. Patient class must be properly coded on all appropriate ADT transactions. (0.5%)
4. Patient demographic information must be submitted on all ADT transactions. (0.5%)
5. Overall completeness of the ADT message. (0.5%)

- Total Possible Incentive for All Categories = 2.5%
IHS and 638 Tribally Owned and/or Operated Facilities

- The proposed DAPs for IHS/Tribal 638 facilities would be applicable to the All-inclusive Rate (AIR), but is subject to, and contingent upon, separate State Plan Amendment (SPA) approval by CMS.
Integrated Clinics
Integrated Clinics

Eligibility

- Integrated Clinics, Provider Type IC, are eligible for a DAP increase of up to 1.0% on all services.

Milestone #1

- No later than April 1, 2022, the clinic must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to 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. 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, 2022.
Integrated Clinics

Milestone #2
- 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 data elements specific to individuals with a serious mental illness (SMI) designation, as defined by the qualifying HIE organization.
- 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, 2022.

Milestone #3
- No later than April 1, 2022, 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, ADT 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, 2023.
Milestone #4

- No later than May 1, 2022, or by the hospital’s go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:

1. Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.

2. Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.

3. Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
Integrated Clinics

Milestone #5
- No later than May 1, 2022, clinics 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.

Milestone #6
- No later than November 1, 2022, the clinic must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with a qualifying HIE organization.

Milestone #7
- No later than January 1, 2023, the clinic must complete the initial data quality profile with a qualifying HIE organization.

Milestone #8:
- No later than May 1, 2023, the clinic must complete the final data quality profile with a qualifying HIE organization.
Clinics that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below:

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.
Clinics that meet the standards, as defined in Attachment A-2 of this notice, qualify for a 0.5% DAP percentage increase on all outpatient services delivered for select Data Quality Measures, for a total of 1.0% 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%)
3. Race must be submitted on all ADT transactions. (0%)
4. Ethnicity must be submitted on all ADT transactions. (0%)
5. Language preference must be submitted on all ADT transactions. (0%)
6. Overall completeness of the ADT message. (0%)

- Total Possible Incentive for All Categories = 1.0%
SDOH Closed-Loop Referral System
### Eligible Provider Types

HIE Requirements in CYE 2023 for following provider types:

<table>
<thead>
<tr>
<th>AHCCCS ELIGIBLE PROVIDER TYPES</th>
<th>SDOH INCENTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Access Hospitals (CAH)</td>
<td>2.0%</td>
</tr>
<tr>
<td>Hospitals Subject to APR-DRG Reimbursement (Type 02) excluding Critical Access Hospitals</td>
<td>0.5%</td>
</tr>
<tr>
<td>IHS and 638 Tribally Owned and/or Operated Facilities (Type 02)</td>
<td>--</td>
</tr>
<tr>
<td>Integrated Clinics (Type IC)</td>
<td>1.0%</td>
</tr>
<tr>
<td>Other Hospitals and Inpatient Facilities (Types 71, B1, B3, B5, B6, C4)</td>
<td>0.5%</td>
</tr>
</tbody>
</table>
SDOH Closed Loop Referral System

- Providers that meet the following milestones are eligible to participate in this DAP initiative and earn a DAP increase based on Provider Type.

- In relation to this DAP initiative only, the qualifying HIE organization is designated as Contexture, the umbrella organization for Health Current, in alignment with AHCCCS’ Whole Person Care Initiative.

- To qualify by April 1, 2022, the provider must have submitted a registration form & spreadsheet for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization.
Milestone #1
- No later than April 1, 2022, submit a registration form for participation using the website-based registration form(s) on the website of the qualifying HIE organization.

Milestone #2: No later than April 1, 2022:
1. For provider 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.
2. For providers 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.
3. For providers that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.
SDOH Closed Loop Referral System

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 provider 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 provider will be counted towards volume requirements.
Data Quality Strategy & DAP
The primary objective of Contexture/Health Current’s Data Quality Strategy is to obtain and deliver high quality patient health information by partnering with and actively engaging its data sources to apply local and national standards to the content and ensure completeness and consistency of data exchanged.
What is a Data Quality Profile?

A Contexture/Health Current Data Quality Profile is:

- An assessment/analysis of the completeness, including standardization, of the data sent from the participant to the HIE
- With a purpose of identifying and closing/improving any gaps in the data being sent from the participant
- Created based on the set of data elements that will be measured for the data quality phase and type of participant
- Provided so that the participant knows how their current data submission compares to the data improvements being proposed, and can initiate work internally as a result, to close those gaps and ensure completeness of their data
- Note: HIE data quality improvements are measured as a comparison of a baseline period to a final period: for example, July of current year to March of the following year.
How are the HIE Data Quality Metrics Determined?

- Contexture/Health Current’s Advisory Councils identify areas where improving data quality will result in a significant return on investment for all HIE participants (ex. ADT completeness to support HIE Alerts)

- With feedback and input from community stakeholders, Contexture/Health Current develops recommended HIE data quality standards for each provider type, including the level of improvement, the specific data elements to be measured, the standards to be used, inclusions and exclusions, etc.

- Draft data quality standards may also be presented to the Contexture Board of Directors for additional feedback

- Contexture/Health Current facilitates feedback from impacted HIE participants through a comment period

- Final feedback is incorporated into final draft HIE data quality standards for each phase and provider type

- The updated HIE Data Quality Standards for each phase are submitted to AHCCCS for incorporation into DAP Preliminary Public Notice (with standard comment period)
Health Current Reports Data Quality Improvements to AHCCCS

Health Current provides an aggregate data quality report to AHCCCS for each of the DAP data quality measures and including all DAP participating providers.
Calculating the DAP Incentives

Health Current provides AHCCCS with reports that identify which DAP participating providers meet the DAP data quality performance improvement thresholds and which do not. This is the same information that Health Current provides to the DAP participating providers via the data quality profiles.
Frequently Asked Questions: Roles & Responsibilities
Milestones, Deadlines, Roles & Responsibilities

- As noted in previous slides, milestones vary based on your provider type and are progressive over time.
- For each HIE milestone referenced in the CYE 2023 DAP Preliminary Public Notice, these slides provide a description of the respective roles and responsibilities for both Contexture/Health Current and the AHCCCS participating provider.
- Review the milestones that apply to your organization and the respective roles and responsibilities to determine what steps and activities must be completed to achieve the milestone.

If you have any questions:
- Contact your Contexture/Health Current account manager if you are an active HIE Participant.
- Contact the Contexture/Health Current recruitment team at recruitment@healthcurrent.org if you are not yet an HIE Participant.
Milestone: Execute a Participation Agreement

Participant

- Initiate contact with Contexture/Health Current as soon as possible
- Review participation agreement
- Authorized representative to execute agreement
- Return agreement to Contexture/Health Current by March 28, 2022, to ensure full execution by April 1, 2022, deadline

Contexture/Health Current

- Create organization-specific participation agreement
- Fully execute agreement after received by participant
- Introduce participant to assigned Contexture/Health Current account manager for service implementation

NOTE: Contexture/Health Current rarely agrees to changes to its participation agreement, due to the fact the agreement has interconnecting requirements among all HIE Participants and over 1,000 Arizona healthcare organizations have signed the agreement.
Milestone: Electronically Submit ADT or Other Information as Defined by Arizona’s HIE

Participant

- Along with any vendor partners, complete activities related to interface development and ADT data submission.
- Important for participant to stay engaged and meet all mutually agreed upon deadlines and requirements in order to meet all DAP deadlines.

Arizona’s HIE

- Provide Participant with detailed technical specifications listing the types of data required for submission within each category noted.
- Assign resources and complete all agreed upon timelines and activities, to ensure that participant meets their DAP deadline.
Milestone: Approve & Authorize Data Quality SOW

- Participant
  - Work with Contexture/Health Current account manager to review and finalize standard Data Quality SOW.
  - Approve final Data Quality SOW, in advance of the November 1, 2022, deadline.

- Contexture/Health Current
  - Draft the participant’s Data Quality SOW, based on a standard template.
  - Review draft with participant, and revise as needed, to ensure agreement with all activities, timelines and resource assignments.
Milestone: Complete Initial Data Quality Profile

- **Participant**
  - Collaborate with Contexture/Health Current on any required activities, in order for Contexture/Health Current to complete the initial data quality profile for the participant.
  - Once data quality profile is received, participant will collaboratively review the gaps identified with Contexture/Health Current and develop work plan to address the gaps.

- **Contexture/Health Current**
  - Utilize data sets sent in by the participant to create the initial data quality profile.
  - Share profile with participant and discuss any gaps in data segments, such that the participant can work internally to close identified gaps.
**Milestone: Complete Final Data Quality Profile**

- **Participant**
  - Work with Contexture/Health Current to mitigate issues and reduce data gaps identified in the initial data quality profile
  - Work with Contexture/Health Current account manager to complete the Data Quality SOW by supporting Contexture/Health Current’s production of the final data quality profile

- **Contexture/Health Current**
  - Complete activities outlined in the Data Quality SOW and produce final data quality profile
  - Assign resources to meet all agreed upon Data Quality SOW timelines and activities, to ensure that participant meets May 1, 2023 deadline
  - Submit initial and final data quality profile results to AHCCCS for calculation of DAP incentives, as appropriate
Contacts

- **HIE Participant**
  - Contact your Contexture/Health Current account manager if you are an active HIE Participant.

- **Not a Participant**
  - Contact the Health Current recruitment team at recruitment@healthcurrent.org

- **DAP@healthcurrent.org**
Questions