DAP CYE 2022 Requirements for Hospitals, Inpatient Facilities & Indian Health Service (IHS)/638 Providers

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Chief Business Development Officer
February 17, 2021
AHCCCS Differential Adjusted Payment (DAP) CYE 2022 Preliminary Public Notice

HIE Participation Requirements, Milestones, Roles & Responsibilities
Agenda

1. DAP Basics
2. Letter of Intent (LOI) Submission Process
3. DAP HIE Requirements
4. Data Quality Strategy & DAP
5. Health Current vs. Participants: Roles & Responsibilities
6. Questions & Answers
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) program.

The HIE participant entities covered in this webinar are:

- Hospitals Subject to APR-DRG Reimbursement
- Other Hospitals and Inpatient Facilities
- IHS/638 Tribally Owned and/or Operated Facilities
DAP Basics
What is DAP?
DAP Program and Health Information Exchange

• 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
  • e-prescribing
  • and more!
DAP Basics

• Differential Adjusted Payment (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 contract year end (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 2021 = October 1, 2020 to September 30, 2021
  • CYE 2022 = October 1, 2021 to September 30, 2022
DAP Basics

• Preliminary Notice posted to AHCCCS website January 29, 2021 with a revision posted February 3, 2021
• Comments accepted through February 26, 2021
• Final Public Notice to be published around March 26, 2021

The DAP CYE 2022 Preliminary Public Notice is available here: CYE 2022PreliminaryDAPPublicNotice01_28_2021revised.pdf (azahcccs.gov)

Information about HIE requirements for DAP CYE 2022 is available here: Differential Adjusted Payment (DAP) Program - Health Current
Differential Adjusted Payment (DAP) Preliminary Public Notice

- HIE Requirements in CYE 2022 for following entities:

<table>
<thead>
<tr>
<th>AHCCCS Eligible Provider Types</th>
<th>HIE Incentive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Outpatient Clinics (Type 77)</td>
<td>1.0%</td>
</tr>
<tr>
<td>Critical Access Hospitals (CAH)</td>
<td>10%*</td>
</tr>
<tr>
<td>Hospitals Subject to APR-DRG Reimbursement (Type 02) excluding Critical Access Hospitals</td>
<td>2.5%*</td>
</tr>
<tr>
<td>IHS and 638 Tribally Owned and/or Operated Facilities (Type 02)</td>
<td>2.5%</td>
</tr>
<tr>
<td>Integrated Clinics (Type IC)</td>
<td>10%</td>
</tr>
<tr>
<td>Nursing Facilities (Type 22)</td>
<td>1.0%</td>
</tr>
<tr>
<td>Other Hospitals and Inpatient Facilities (Types 71, B1, B3, B5, B6, C4)</td>
<td>2.5%*</td>
</tr>
</tbody>
</table>

*Hospitals, CAH and Other Inpatient Facilities will participate in HIE Data Quality Improvement activities. See Preliminary Public Notice for quality
DAP Preliminary Public Notice

• **CYE 2022 Summary HIE Requirements**
  - Progressive requirements for any category with HIE requirements this year
  - COVID-19 test, antibody and immunization code and external lab authorization requirements added for all provider types
  - Data Quality scope of work requirements added for IHS/638 providers and Integrated Clinics
  - Connectivity with SDOH Closed-Loop Referral Platform or Advanced Directives Registry Platform added for hospital, critical access hospital and other hospital provider types

• **ALL DAP-eligible providers MUST have a signed HIE Participation Agreement and DAP letter of intent (LOI) submitted by April 1, 2021**

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

**Attachment F - HIE Strategy by Provider Type**

<table>
<thead>
<tr>
<th>HIE DAP Criteria</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>
<th>CYE 23</th>
<th>CYE 24</th>
<th>CYE 25</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>Agreement</td>
<td>Agreement</td>
<td>Milestones</td>
<td>Data Prep</td>
<td>Data Quality</td>
<td>Data Quality</td>
<td>Data Quality</td>
<td>Data Quality</td>
<td>Data Quality</td>
</tr>
<tr>
<td>IHS/638 Facilities</td>
<td></td>
<td></td>
<td>Milestones</td>
<td>Data Prep</td>
<td>Data Quality</td>
<td>Data Quality</td>
<td>Data Quality</td>
<td>Data Quality</td>
<td>Data Quality</td>
</tr>
<tr>
<td>Integrated Clinics (Ics)</td>
<td>Milestones</td>
<td>Milestones</td>
<td>Data Prep</td>
<td>Data Quality</td>
<td>Data Quality</td>
<td>Data Quality</td>
<td>Data Quality</td>
<td>Data Quality</td>
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</tr>
<tr>
<td>BH OP Clinics &amp; Ics</td>
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<td></td>
<td>Milestones</td>
<td>Data Access</td>
<td>Milestones</td>
<td>Data Prep</td>
<td>Data Prep</td>
<td>Data Prep</td>
<td>Data Prep</td>
</tr>
<tr>
<td>Nursing Facilities</td>
<td></td>
<td></td>
<td>Milestones</td>
<td>Data Access</td>
<td>Milestones</td>
<td>Data Prep</td>
<td>Data Prep</td>
<td>Data Prep</td>
<td>Data Prep</td>
</tr>
<tr>
<td>HCBS Providers</td>
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<td></td>
<td>Milestones</td>
<td>Data Access</td>
<td>Milestones</td>
<td>Data Prep</td>
<td>Data Prep</td>
<td>Data Prep</td>
<td>Data Prep</td>
</tr>
<tr>
<td>Physicians, PAs, etc.</td>
<td></td>
<td></td>
<td>Milestones</td>
<td>Data Access</td>
<td>Milestones</td>
<td>Data Prep</td>
<td>Data Prep</td>
<td>Data Prep</td>
<td>Data Prep</td>
</tr>
</tbody>
</table>

### Agreement
- Execute agreement and electronically submit information.
- LOI: Every quarter, submit agreement.
- Approve SOW, ADT, and LOI as required.
- Ensure provider compliance.

### Milestones
- LOI: Establish and maintain milestones for agreement execution.
- Track progress against milestones.

### Data Access
- LOI: Implement data access mechanisms.
- Ensure timely access to data.

### Data Prep
- LOI: Prepare data for submission.
- Ensure data accuracy and completeness.

### Data Quality
- LOI: Establish and maintain data quality standards.
- Measure and report data quality metrics.
- Implement strategies to improve data quality.

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Measure data quality in first quarter of calendar year using a metric to be defined.
Letter of Intent (LOI) Submission Process
LOI Submission Process

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) that they have previously achieved.

The LOI submission process entails sending the LOI letter to two email addresses:

Email #1: AHCCCSDAP@azahcccs.gov
Email #2: DAP@healthcurrent.org

(Note: These are new email addresses from prior years)

The LOI must be sent by April 1, 2021

LOI templates are located at:
Differential Adjusted Payment (DAP) Program - Health Current
DAP HIE Requirements for CYE 2022
## 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 Inpatient Facilities</th>
<th>Indian Health Service/638 Facilities</th>
<th>Integrated Clinics</th>
<th>Behavioral Health Outpatient</th>
<th>Nursing Facilities</th>
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<tbody>
<tr>
<td>Participation Agreement (PA)</td>
<td>4/1/2021</td>
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<td>✓</td>
<td>✓</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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<tr>
<td>COVID-19 Codes</td>
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<td>✓</td>
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<td>Lab Authorization</td>
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<td>✓</td>
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</tr>
<tr>
<td>Access Data</td>
<td>See Notice</td>
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<td>Data Exchange SOW</td>
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<td>Submit Data</td>
<td>See Notice</td>
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<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Data Quality SOW</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial Data Quality Profile</td>
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<tr>
<td>Final Data Quality Profile</td>
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<tr>
<td>SDOH Closed-Loop Referral SOW</td>
<td>11/1/2021</td>
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<td>✓</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>SDOH Closed-Loop Referral OR Advanced Directives Registry SOW</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*NOTE: If applicable, COVID-19 test, antibody and immunization codes by May 1, 2021 or go-live date for new data suppliers or within 30 days of initiating the COVID-19 service with current data suppliers.
# DAP Provider Categories – CYE 2022

<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, 2021)</td>
<td>02</td>
</tr>
<tr>
<td>Other Hospitals and Inpatient Facilities:</td>
<td></td>
</tr>
<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, 2021)</td>
<td>02</td>
</tr>
<tr>
<td>Nursing Facilities</td>
<td>22</td>
</tr>
<tr>
<td>Integrated Clinics</td>
<td>IC</td>
</tr>
<tr>
<td>Behavioral Health Outpatient Clinics</td>
<td>77</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

Eligibility
Hospitals, Provider Type 02

Milestone #1
No later than April 1, 2021 the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
Hospitals Subject to APR-DRG Reimbursement

Milestone #2
No later than May 1, 2021, or by the hospital’s go-live date for new data suppliers, or within 30-days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:

• 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.

• 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.

• 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

Milestone #3
No later than May 1, 2021, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE 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, 2021 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the 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

**Milestone #5**
No later than November 1, 2021 the hospital must approve and authorize a formal statement of work (SOW) to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.

**Milestone #6**
No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate connectivity to a Social Determinants of Health (SDOH) Closed Loop Referral Platform operated by the qualifying HIE organization.
Hospitals Subject to APR-DRG Reimbursement

**Milestone #7**
No later than January 1, 2022 the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.

**Milestone #8**
No later than May 1, 2022 the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.
Hospitals Subject to APR-DRG Reimbursement

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.x. of this Notice.

• Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2020 data, to the final data quality profile, based on March 2021 data.
• Meet a minimum performance standard of at least 60% based on March 2021 data.
• 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.
Hospitals Subject to APR-DRG Reimbursement

DAP HIE Data Quality Standards CYE 2022 Measure Categories

• Data source and data site information must be submitted on all ADT transactions. (0.5%)
• Event type must be properly coded on all ADT transactions. (0.5%)
• Patient class must be properly coded on all appropriate ADT transactions. (0.5%)
• Patient demographic information must be submitted on all ADT transactions. (0.5%)
• Overall completeness of the ADT message. (0.5%)

Total Possible Incentive for All Categories = 2.5%
Critical Access Hospitals

Eligibility
Hospitals designated as a Critical Access Hospital (CAH) by March 15, 2021 are eligible for DAP increases under the following criteria.

Milestone #1
No later than April 1, 2021 the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved.
Critical Access Hospitals

Milestone #2

No later than May 1, 2021, or by the hospital’s go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:

• 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.

• 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.

• 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, 2021, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.

Milestone #4
No later than May 1, 2021 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the 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, 2021, the hospital must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.

Milestone #6
No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate connectivity to a SDOH Closed Loop Referral Platform operated by the qualifying HIE organization.
Critical Access Hospitals

Milestone #7
No later than January 1, 2022 the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.

Milestone #8
No later than May 1, 2022 the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.
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.

- Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2020 data, to the final data quality profile, based on March 2021 data.
- Meet a minimum performance standard of at least 60% based on March 2021 data.
- 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.
Critical Access Hospitals

DAP HIE Data Quality Standards CYE 2022 Measure Categories

• Data source and data site information must be submitted on all ADT transactions. (2.0%)
• Event type must be properly coded on all ADT transactions. (2.0%)
• Patient class must be properly coded on all appropriate ADT transactions. (2.0%)
• Patient demographic information must be submitted on all ADT transactions. (2.0%)
• Overall completeness of the ADT message. (2.0%)

Total Possible Incentive for All Categories = 10.0%
Other Hospitals & Inpatient Facilities

Eligibility
Psychiatric Hospitals, with the exception of public hospitals, Provider Type 71; Secure Residential Treatment Centers (17+ beds), Provider Type B1; Non-Secure Residential Treatment Centers (17+ beds), Provider Type B3; 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.

Milestone #1
No later than April 1, 2021 the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
Other Hospitals & Inpatient Facilities

Milestone #2

No later than May 1, 2021, or by the hospital’s go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:

• 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.

• 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.

• 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.
Other Hospitals & Inpatient Facilities

**Milestone #3**
No later than May 1, 2021, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.

**Milestone #4**
No later than May 1, 2021 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the 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.
Other Hospitals & Inpatient Facilities

**Milestone #5**
No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.

**Milestone #6**
No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate connectivity to either a SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization or an Advance Directives Registry platform operated by the qualifying HIE organization.
Other Hospitals & Inpatient Facilities

**Milestone #7:**
No later than January 1, 2022 the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.

**Milestone #8:**
No later than May 1, 2022 the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality.
Other Hospitals & Inpatient Facilities

- **Quality Improvement Performance Criteria**
- Hospitals that meet each of the following HIE data quality performance criteria will be eligible to DAP increases. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2020 data, to the final data quality profile, based on March 2021 data.
- Meet a minimum performance standard of at least 60% based on March 2021 data.
- 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.
Other Hospitals & Inpatient Facilities

DAP HIE Data Quality Standards CYE 2022 Measure Categories

• Data source and data site information must be submitted on all ADT transactions. (0.5%)
• Event type must be properly coded on all ADT transactions. (0.5%)
• Patient class must be properly coded on all appropriate ADT transactions. (0.5%)
• Patient demographic information must be submitted on all ADT transactions. (0.5%)
• Overall completeness of the ADT message. (0.5%)

Total Possible Incentive for All Categories – 2.5%
IHS and 638 Tribal Facilities

Eligibility
Indian Health Service and/or Tribally owned and/or operated hospitals, Provider Type 02, by March 15, 2021 are eligible for a DAP increase under the following criteria.

Milestone #1
No later than April 1, 2021 the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
IHS and 638 Tribal Facilities

Milestone #2

No later than May 1, 2021, or by the hospital’s go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:

• 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.

• 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.

• 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 Tribal Facilities

Milestone #3
No later than May 1, 2021, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.
IHS and 638 Tribal Facilities

Milestone #4

No later than June 1, 2021 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the facility has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If the hospital has ambulatory and/or behavioral health practices, then the facility must submit the following actual patient identifiable information to the production environment of a qualifying HIE: registration, encounter summary, and SMI data elements as defined by the qualifying HIE organization.

• For hospitals that have not participated in DAP HIE requirements in CYE 2021, the deadline for this milestone will be November 1, 2021.
IHS and 638 Tribal Facilities

Milestone #5
No later than November 1, 2021, the hospital must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.

Milestone #6
No later than January 1, 2022 the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.

Milestone #7
No later than May 1, 2022 the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW as agreed to in Milestone #5.
IHS and 638 Tribal 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.
Data Quality Strategy & DAP
Data Quality Strategy

The primary objective of 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 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 (typically July of current year) to a final period (typically March of the following year).
When do Data Quality-related DAP Incentives Apply?

- Any hospital, CAH or other inpatient facility will be paid their CYE 2022 DAP incentive based on meeting data quality measure improvements between July 2020 and March 2021.
- Additionally, it is anticipated that their CYE 2023 DAP incentive will be paid based on meeting quality measure improvements between July 2021 and March 2022.
- For IHS/638 facilities and Integrated Clinics, it is anticipated that their CYE 2023 DAP incentive will be based on meeting data quality measure improvements between July 2021 and March 2022.
How are the HIE Data Quality Metrics Determined?

From the CYE 2022 DAP Preliminary Notice:

“AHCCCS anticipates CYE 2023 DAP criteria for hospitals, other inpatient facilities, IHS/638 tribally owned and/or operated facilities and Integrated Clinics could include criteria directed at continuing the development and execution of a data quality improvement effort, as defined by a qualifying HIE organization and in collaboration with a qualifying HIE organization. The data quality standards will be developed by the qualifying HIE in Calendar Year 2021 in consultation with the HIE’s advisory councils as appropriate, its board of directors, and with input by hospitals, other inpatient facilities, IHS/638 Tribally Owned and/or Operated Facilities and Integrated Clinic stakeholders.”
How are the HIE Data Quality Metrics Determined?

1) Health Current’s **Data Governance and Clinical 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)

2) Health Current **drafts 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.

3) Data Governance Council **approves recommended HIE data quality standards** for each phase

4) Draft data quality standards **presented to Health Current Board of Directors** for additional feedback

5) Health Current **facilitates feedback from impacted HIE participants** through a comment period

6) Final **feedback incorporated into final draft** HIE data quality standards for each phase

7) Final draft of HIE Data Quality Standards for each phase reviewed and **approved by Health Current Board of Directors**

8) Approved HIE Data Quality Standards for each phase are **submitted to AHCCCS** for incorporation into DAP Preliminary Public Notice (with standard comment period)
CYE 2022 DAP HIE Data Quality Standards
Details available in DAP Preliminary Rule (Attachment A & B)

1. Achievement of a 10% improvement for each measure category from the Final Data Quality Profile (based on March 2020 data) over the baseline measurements set in the Initial Data Quality Profile (based on July 2019 data).

2. Additionally, the following situations apply:
   a. Qualified hospitals must meet at least a lower threshold of 60% for each measure category.
   b. Qualified hospitals that achieve a 90% upper threshold in any measure category are considered to have achieved the required level of improvement for that measure.

These measurements are calculated based on each qualified hospital's Health Current Initial Data Quality Profile (July 2019 data) and Health Current Final Data Quality Profile (March 2020 data) produced as part of the qualified hospital’s DAP CYE 2020 participation.

Measure 1: Data source and data site information must be submitted on all ADT transactions.

Standards: H7
Inclusions: MS6.4, EVN.7, PY1.3.4
Exclusions: None

Additional Notes: The source information can be derived from the MS6.4 segment, and the site information from one of the other inclusions. Both source and site information are sent in MS6.4, the sending organization must provide the required mapping details to Health Current.

Measure 2: Event type must be properly coded on all ADT transactions.

Standards: H7
Inclusions: EVN.1, MS6.1, MS6.2
Exclusions: None

Measure 3: Patient data must be properly coded on all appropriate ADT transactions.

Standards: H7
Inclusions: PY1.2 (associated with completed EVN, MS6.3 with ADT, ADT, ADT.4)
Exclusions: None

Measure 4: Patient demographic information must be submitted on all ADT transactions.

Standards: H7
Inclusions: PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.PID.11.1, PID.11.3, PID.11.4, PID.11.5
Exclusions: None

Additional Notes: The patient demographic elements that will be validated for these measures 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.

Example – Hospital A
Hospitals must achieve the Initial Data Quality Profile with the following measurements for ADT data submitted in July 2019.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Initial Data Quality Profile Measurement</th>
<th>Measurement Target (90% Improvement or Threshold Achieved)</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Data Source &amp; Site</td>
<td>50%</td>
<td>60%</td>
<td>Must achieve 20% improvement to meet the 40% lower threshold</td>
</tr>
<tr>
<td>2 – Event Type</td>
<td>75%</td>
<td>82.5%</td>
<td>10% improvement</td>
</tr>
<tr>
<td>3 – Patient Age</td>
<td>90%</td>
<td>95%</td>
<td>The improvement completed due to hitting 90% upper threshold</td>
</tr>
<tr>
<td>4 – Patient Demographics</td>
<td>88%</td>
<td>90%</td>
<td>Must meet 90% upper threshold, not full 10% improvement</td>
</tr>
<tr>
<td>5 – Overall Completeness</td>
<td>77%</td>
<td>84.7%</td>
<td>10% improvement</td>
</tr>
</tbody>
</table>
Data Quality Profile for ADTs – SAMPLE

Measure 1 Group
- Complete: 73.3%
- Incomplete: 26.7%
Total Elements: 19,765

Measure 2 Group
- Complete: 100.0%
- Incomplete: 0.0%
Total Elements: 11,859

Measure 3 Group
- Complete: 100.0%
- Incomplete: 0.0%
Total Elements: 3,953

Measure 4 Group
- Complete: 89.1%
- Incomplete: 10.9%
Total Elements: 59,295

Measure 5 Group
- Complete: 87.7%
- Incomplete: 12.3%
Aggregate Group Elements: 94,872
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 incentives and which do not. This is the same information that Health Current provides to the DAP participating providers via the data quality profiles.

<table>
<thead>
<tr>
<th>Measure 2 (%)</th>
<th>Measure 2 (%)</th>
<th>Measure 2% Improvement</th>
<th>Measure 3 (%)</th>
<th>Measure 3% Improvement</th>
<th>Measure 4 (%)</th>
<th>Measure 4% Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>July Data Run</td>
<td>December Data</td>
<td>Improvement Requirement</td>
<td>July Data Run</td>
<td>Improvement Requirement</td>
<td>July Data Run</td>
<td>Improvement Requirement</td>
</tr>
<tr>
<td>Baseline -</td>
<td>Run - 02.06.20</td>
<td>Achieved</td>
<td>Baseline -</td>
<td>Achieved</td>
<td>Baseline -</td>
<td>Achieved</td>
</tr>
<tr>
<td>100.00%</td>
<td>100.00%</td>
<td>0.00%</td>
<td>100.00%</td>
<td>99.99%</td>
<td>0.01%</td>
<td>97.10%</td>
</tr>
<tr>
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<td>100.00%</td>
<td>0.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>0.00%</td>
<td>87.00%</td>
</tr>
<tr>
<td>66.70%</td>
<td>66.70%</td>
<td>-0.04%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>0.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>100.00%</td>
<td>100.00%</td>
<td>0.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>0.00%</td>
<td>90.80%</td>
</tr>
<tr>
<td>100.00%</td>
<td>100.00%</td>
<td>0.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>0.00%</td>
<td>91.16%</td>
</tr>
</tbody>
</table>
Participant vs. Health Current: 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 2022 DAP Preliminary Public Notice, these slides provide a description of the respective roles and responsibilities for both 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 Health Current Account Manager if you are an active HIE Participant
• Contact the 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 Health Current as soon as possible
• Review participation agreement
• Authorized representative to execute agreement
• Return agreement to Health Current by March 28, 2021, to ensure full execution by April 1, 2021 deadline

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

NOTE: 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 850 Arizona healthcare organizations have signed the agreement.
Milestone: Approve & Authorize Data Exchange SOW*
*Applies to Behavioral Health Outpatient Clinics and Nursing Facilities only

Participant

- Inform your Health Current Account Manager you intend to meet DAP requirements
- Collaborate with Health Current on drafting of a SOW
- Agree to project details, including timelines, vendor commitments and resource assignments
- Sign off on the SOW prior to the deadline of October 1, 2021

Health Current

- Account manager will develop SOW in collaboration with participant
- SOW will be based on standard template created by Health Current and will include, but is not limited to, timelines, vendor commitments and resource assignments
Milestone: Electronically Submit ADT or Other Information as Defined by Health Current

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.

Health Current

- 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*
*Applies to Hospitals, CAHs, Other Inpatient Facilities, IHS/638 Facilities and Integrated Clinics

Participant

• Work with Health Current Account Manager to review and finalize standard Data Quality SOW
• Approve final Data Quality SOW, in advance of the November 1, 2021 deadline

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 Health Current on any required activities, in order for 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 Health Current and develop work plan to address the gaps

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

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, 2022 deadline
- Submit initial and final data quality profile results to AHCCCS for calculation of DAP incentives, as appropriate
Questions?

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DAP@healthcurrent.org
recruitment@healthcurrent.org
Imagine fully informed health.