DAP CYE 2021 Requirements for Hospitals, Inpatient Facilities & Indian Health Service (IHS)/638 Providers

Melissa A. Kotrys, CEO
March 31, 2020
AHCCCS Differential Adjusted Payment (DAP) 
CYE 2021 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
Purpose

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:
  - sepsis care
  - peer support for substance use disorders
  - medication assisted treatment
  - quality reporting & awards
  - pressure ulcers
  - urinary tract infections
  - partnerships with schools to provide 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 2020 = October 1, 2019 to September 30, 2020
  • CYE 2021 = October 1, 2020 to September 30, 2021
DAP Basics

• Preliminary Notice posted to AHCCCS website March 6, 2020
• Comments accepted through April 6, 2020
• Final Public Notice to be published around April 30, 2020

The DAP CYE 2021 Preliminary Public Notice is available here:

Information about HIE requirements for DAP CYE 2021 is available here:
https://healthcurrent.org/ahcccs-programs/differential-adjusted-payment-program/
Differential Adjusted Payment (DAP) Preliminary Public Notice

- HIE Requirements in CYE2021 for following entities:

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>HIE Incentive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals Subject to APR-DRG Reimbursement, excluding Critical Access Hospitals</td>
<td>2.5%*</td>
</tr>
<tr>
<td>Critical Access Hospitals</td>
<td>10%*</td>
</tr>
<tr>
<td>Other Hospitals and Inpatient Facilities</td>
<td>2.5%*</td>
</tr>
<tr>
<td>IHS and 638 Tribally Owned and/or Operated Facilities</td>
<td>2.5%</td>
</tr>
<tr>
<td>Integrated Clinics</td>
<td>10%</td>
</tr>
<tr>
<td>Behavioral Health Outpatient Clinics</td>
<td>1%</td>
</tr>
</tbody>
</table>

*Hospitals Subject to APR-DRG Reimbursement (excluding Critical Access Hospitals) as well as Other Hospitals and Inpatient Facilities are eligible to either participate in the HIE Participation program or the HIE Performance option.

Critical Access Hospitals are only eligible to participate in the HIE Performance option. See Preliminary Public Notice for performance criteria details.
DAP Preliminary Public Notice

• CYE2021 Summary HIE Requirements
  - Progressive requirements for any category with HIE requirements this year
  - Participation vs. Performance requirements for all hospital and inpatient provider types except critical access hospitals, which have Performance track only
  - Participation and data submission requirements for IHS/638 programs

• ALL DAP-eligible providers MUST have a signed HIE Participation Agreement and DAP letter of intent (LOI) submitted by May 1, 2020.

• 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>Milestones</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>
</tr>
<tr>
<td>Integrated Clinics (Ics)</td>
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<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>
</tr>
<tr>
<td>BH OP Clinics &amp; Ics</td>
<td>Data Access</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>
</tr>
<tr>
<td>Nursing Facilities</td>
<td>Milestones</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>
</tr>
<tr>
<td>HCBS Providers</td>
<td>Data Access</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>
</tr>
<tr>
<td>Physicians, PAs, etc.</td>
<td>Data Access</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>
</tr>
</tbody>
</table>

**Agreement**
- Execute agreement and electronically submit information.
- LOI with milestones for: execute agreement, approve SOW, transmit ADT, and transmit lab/radiology data.

**Milestones**
- For non-inpatient facilities, transmit registration events and encounter summaries.
- Execute agreement and access HIE data via HIE services.
- LOI with milestones for: submit immunization data (if applicable), execute data quality SOW, and submit data quality profile.
- 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 Letter of Intent (LOI) is required. In LOI, providers agree to achieve HIE milestones by specified dates or maintain participation in the milestone(s) that have previously been achieved.

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

- Email #1: FFSRates@azahcccs.gov
- Email #2: ceo@healthcurrent.org

The LOI must be sent by **May 1, 2020**

LOI templates are located at: [https://healthcurrent.org/programs/ahcccs-programs/differential-adjusted-payment-dap-program/](https://healthcurrent.org/programs/ahcccs-programs/differential-adjusted-payment-dap-program/)
DAP HIE Requirements
## DAP HIE Requirements - Summary

<table>
<thead>
<tr>
<th>Milestone Activity</th>
<th>Deadline</th>
<th>Hospitals APR-DRG Participation</th>
<th>Hospitals APR-DRG Performance</th>
<th>Critical Access Hospitals</th>
<th>Other Inpatient Participation</th>
<th>Other Inpatient Performance</th>
<th>Indian Health Services &amp; 638</th>
<th>Integrated Clinics</th>
<th>Behavioral Health Outpatient</th>
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</thead>
<tbody>
<tr>
<td>Participation Agreement</td>
<td>5/1/2020</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Letter of Intent</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>Access Data</td>
<td>See Notice</td>
<td></td>
<td></td>
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<td>Data Exchange SOW</td>
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</tr>
<tr>
<td>Submit Data</td>
<td>See Notice</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Phase 1 Data Quality SOW</td>
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<tr>
<td>Phase 1 Initial Data Quality Profile</td>
<td>12/1/2020</td>
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<tr>
<td>Phase 1 Final Data Quality Profile</td>
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<td>Phase 2 Data Quality SOW</td>
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<td>Phase 2 Initial Data Quality Profile</td>
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<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
## DAP Provider Categories

### Who is Included in which DAP categories?

<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 Hospitals (designated CAH by 5/1/2020)</td>
<td>02</td>
</tr>
<tr>
<td><strong>Other Hospitals and Inpatient Facilities:</strong></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 (17+ 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 &amp; 638 Tribally Owned and/or Operated Facilities</td>
<td>See Notice</td>
</tr>
<tr>
<td>(Hospitals owned and/or operated by IHS or under Tribal authority by 5/1/2020)</td>
<td></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**

**“Participation” Track Requirements**

**Eligibility**

Hospitals that did not participate in CYE 2020 DAP, or Hospitals that were in the category of “Providers That Did Not Participate in CYE 2019 DAP” within the CYE 2020 DAP Final Public Notice, Section 1.a.i, are eligible to participate in this DAP initiative. Participants in this initiative cannot participate in the Health Information Exchange Performance initiative described in 1.b. of this Notice.

**Milestone #1**

No later than May 1, 2020 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

“Participation” Track Requirements

Milestone #2
No later than May 1, 2020 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.

Milestone #3
No later than June 30, 2020 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: 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

“Participation” Track Requirements

Milestone #4
No later than October 1, 2020 the hospital must approve and authorize a formal scope of work (SOW) with a qualifying HIE organization to initiate and complete a Phase 1 data quality improvement effort, as defined by the qualifying HIE organization in collaboration with the qualifying HIE organization.

Milestone #5
No later than December 1, 2020 the hospital must complete the Phase 1 initial data quality profile with a qualifying HIE organization.

Milestone #6
No later than May 1, 2021 the hospital must complete the Phase 1 final data quality profile with a qualifying HIE organization.
Hospitals Subject to APR-DRG Reimbursement

“Performance” Track Requirements

Eligibility

Hospitals that were in the category of “Returning CYE 2019 DAP Participants” within the CYE 2020 DAP Final Public Notice, Section 1.a.ii. are eligible to participate in this DAP initiative. Participants in this initiative cannot participate in the Health Information Exchange Participation initiative described in 1.a. of this Notice.

Milestone #1

No later than May 1, 2020 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

“Performance” Track Requirements

Milestone #2

No later than May 1, 2020 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
“Performance” Track Requirements

Milestone #3
No later than October 1, 2020 the hospital must approve and authorize a formal SOW to initiate and complete a Phase 2 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with the qualifying HIE organization.

Milestone #4
No later than December 1, 2020 the hospital must complete the Phase 2 initial data quality profile with a qualifying HIE organization.

Milestone #5
No later than May 1, 2021 the hospital must complete the Phase 2 final data quality profile with a qualifying HIE organization.
Hospitals Subject to APR-DRG Reimbursement

“Performance” Track Incentive 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 2019 data, to the final data quality profile, based on March 2020 data.

• Meet a minimum performance standard of at least 60% based on March 2020 data.

• If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
Hospitals Subject to APR-DRG Reimbursement
“Performance” Track Incentive Criteria

- 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

*Performance* Requirements

Eligibility
Hospitals designated as a Critical Access Hospital (CAH) by May 1, 2020 are eligible for DAP increases under the following criteria. Hospitals that qualified under the category of “Health Information Exchange Participation” within the CYE 2020 DAP Final Public Notice, Section 2.a. are eligible to participate in this DAP initiative.

Milestone #1
No later than May 1, 2020 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
“Performance” Requirements

Milestone #2
No later than May 1, 2020 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), transcriptions, 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

“Performance” Requirements

Milestone #3
No later than October 1, 2020 the hospital must approve and authorize a formal SOW to initiate and complete a Phase 2 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with the qualifying HIE organization.

Milestone #4
No later than December 1, 2020 the hospital must complete the Phase 2 initial data quality profile with a qualifying HIE organization.

Milestone #5
No later than May 1, 2021 the hospital must complete the Phase 2 final data quality profile with a qualifying HIE organization.
Critical Access Hospitals
“Performance” Incentive 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 2019 data, to the final data quality profile, based on March 2020 data.

• Meet a minimum performance standard of at least 60% based on March 2020 data.

• If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
Critical Access Hospitals
“Performance” Incentive Criteria

• 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

“Participation” Track Requirements

Eligibility

Hospitals that did not participate in CYE 2020 DAP, or Hospitals that were in the category of “Providers That Did Not Participate in CYE 2019 DAP” within the CYE 2020 DAP Final Public Notice, Section 3.a.i, are eligible to participate in this DAP initiative. Participants in this initiative cannot participate in the Health Information Exchange Performance initiative described in 3.b. of this Notice.

Milestone #1

No later than May 1, 2020 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
“Participation” Track Requirements

Milestone #2
No later than May 1, 2020 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.

Milestone #3
No later than June 30, 2020 the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: 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

“Participation” Track Requirements

Milestone #4
No later than October 1, 2020 the hospital must approve and authorize a formal SOW with a qualifying HIE organization to initiate and complete a Phase 1 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with the qualifying HIE organization.

Milestone #5
No later than December 1, 2020 the hospital must complete the Phase 1 initial data quality profile with a qualifying HIE organization.

Milestone #6
No later than May 1, 2021 the hospital must complete the Phase 1 final data quality profile with a qualifying HIE organization.
Other Hospitals & Inpatient Facilities

“Performance” Track Requirements

Eligibility

Hospitals that were in the category of “Returning CYE 2019 Participants” within the CYE 2020 DAP Final Public Notice, Section 3.a.ii. are eligible to participate in this DAP initiative. Participants in this initiative cannot participate in the Health Information Exchange Participation initiative.

Milestone #1

No later than May 1, 2020 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
“Performance” Track Requirements

Milestone #2

No later than May 1, 2020 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

“Performance” Track Requirements

Milestone #3
No later than October 1, 2020 the hospital must approve and authorize a formal SOW to initiate and complete a Phase 2 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with a qualifying HIE organization.

Milestone #4
No later than December 1, 2020 the hospital must complete the Phase 2 initial data quality profile with a qualifying HIE organization.

Milestone #5
No later than May 1, 2021 the hospital must complete the Phase 2 final data quality profile with a qualifying HIE organization.
Other Hospitals & Inpatient Facilities

“Performance” Incentive 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 2019 data, to the final data quality profile, based on March 2020 data.

• Meet a minimum performance standard of at least 60% based on March 2020 data.

• If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
Other Hospitals & Inpatient Facilities

“Performance” Incentive Criteria

- 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
HIE DAP Requirements

Eligibility
Hospitals owned and/or operated by Indian Health Services (IHS) or under Tribal authority by May 1, 2020 are eligible for a DAP increase under the following criteria.

Milestone #1
No later than May 1, 2020 the facility 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.

Milestone #2
No later than November 1, 2020 the facility must approve and authorize a formal SOW with a qualifying HIE organization to develop and implement the data exchange necessary to meet the requirements of Milestones #3, #4 and #5.
IHS and 638 Tribal Facilities
HIE DAP Requirements

Milestone #3
No later than March 1, 2021 the facility must electronically submit actual patient identifiable information to the production environment of a qualifying HIE organization, including admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the facility has an emergency department.
IHS and 638 Tribal Facilities
HIE DAP Requirements

Milestone #4
No later than May 1, 2021 the facility must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: 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.

Milestone #5
If the facility has ambulatory and/or behavioral health practices, then no later than May 1, 2021 the facility must submit actual patient identifiable information to the production environment of a qualifying HIE, including registration, encounter summary, and SMI data elements as defined by the qualifying HIE organization.
IHS and 638 Tribal Facilities
HIE DAP Requirements

The proposed DAP for IHS/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 the Centers for Medicare and Medicaid Services (CMS). Since there is no current precedent for a DAP that is applicable to the AIR, the ability of AHCCCS to implement this initiative is uncertain at this time and dependent upon federal approval.
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?  
(Applies to Phases 1 & 2)

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 identify 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 (Phase 1 or Phase 2, for CYE 2021) 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?

• **Performance** Track
  • Any hospital, CAH or other inpatient facility that is in a “Performance” track this year for DAP will be paid their CYE 2021 DAP incentive based on meeting Phase 1 data quality measure improvements between July 2019 and March 2020.
  • Additionally, it is anticipated that their CYE 2022 DAP incentive will be paid based on meeting Phase 2 data quality measure improvements between July 2020 and March 2021.

• **Participation** Track
  • Any hospital or other inpatient facility that is in a “Participation” track this year for DAP, it is anticipated that their CYE 2022 DAP incentive will be paid based on meeting Phase 1 data quality measure improvements between July 2020 and March 2021.
How are the HIE Data Quality Metrics Determined?

From the CYE 2021 DAP Preliminary Notice:

“AHCCCS anticipates CYE 2022 DAP criteria for hospitals and other inpatient facilities 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. DAP incentives would be available for hospitals and other inpatient facilities that meet data quality standards as set by the HIE. The measurement period for the CYE 2022 data quality standards is intended to be from July 1, 2020 to March 31, 2021. The data quality standards will be developed by the qualifying HIE in Calendar Year 2020 in consultation with the HIE’s advisory councils as appropriate, its board of directors, and with input by hospital and other inpatient facility stakeholders.”
How are the HIE Data Quality Metrics Determined?

1) Health Current’s **Data Governance Council** identifies 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 phase, 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)
CYE2021 DAP HIE Data Quality Standards
Details available in DAP Preliminary Rule (Attachment A)

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 criteria apply:
   a. Qualified hospitals must meet at least a 50% upper threshold in any measure category.
   b. Qualified hospitals that achieve a 50% upper threshold in any measure category are considered to have achieved the required level of improvement for that measure.

These measures are calculated based on each qualified hospital’s Health Current Initial Data Quality Profile (July 2016 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: E11.4, EYN.7, PV1.3.4
   - Exclusions: None

Additional Notes: The source information can be derived from the MSH 4 segment, and the site information can be one of the other institutions. If both source and site information are sent in MSH 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: E11.1, MSH.9.1, MSH.9.2
   - Exclusions: None

Measure 3: Patient class must be properly coded on all applicable ADT transactions.
   - Standards: H7
   - Inclusions: PV1.2 (associated with completed E/V/N, MSH 9 with AD1, A2, A3, AD4)
   - 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.10.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5
   - Exclusions: None

Additional Notes: The patient demographic elements that will be evaluated for this measure are first name, last name, date of birth, gender and address (street address, city, state and zip).

Measure 5: Overall completeness of the ADT message
   - Standards: HL7
   - Inclusions: MSH.4, MSH.9.1, E11.4, EYN.7, PV1.3.1, PV1.2, PID.1.1, PID.3.1, PID.5.1, PID.5.2, PID.7.1, PID.8.1, PID.10.1, PID.11.1, PID.11.3, PID.11.4, PID.11.5
   - Exclusions: None

Example – Hospital A
Hospital A receives an Initial Data Quality Profile with the following measurements for ADT data submitted in July 2016:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Initial Data Quality Profile Measurement</th>
<th>Measurement Target</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 a 20% improvement to meet the 40% linear threshold</td>
</tr>
<tr>
<td>2 – Event Type</td>
<td>75%</td>
<td>63%</td>
<td>10% improvement</td>
</tr>
<tr>
<td>3 – Patient Class</td>
<td>95%</td>
<td>95%</td>
<td>No improvement needed, due to hitting 95% upper threshold</td>
</tr>
<tr>
<td>4 – Patient Demographics</td>
<td>85%</td>
<td>90%</td>
<td>Must meet 95% upper threshold, not full 10% improvement</td>
</tr>
<tr>
<td>5 – Overall Completeness</td>
<td>77%</td>
<td>84%</td>
<td>7% 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: 100.0%

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%
Total Elements: 11,859

Aggregate Group Elements: 94,872
- Complete: 94.3%
- Incomplete: 5.7%
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.
Participant vs. Health Current: Roles & Responsibilities
Milestones, Deadlines, Roles & Responsibilities

As noted in previous slides, milestones vary based on your provider type.

For each HIE milestone referenced in the CYE2021 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 an 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 April 28, 2020, to ensure full execution by May 1, 2020 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 680 Arizona healthcare organizations have signed the agreement.
Milestone: Approve & Authorize Data Exchange SOW*
*Applies to IHS/638 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 November 1, 2020

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 Information

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: Electronically Submit Add’l Data

Participant

• Along with any vendor partners, complete activities related to interface development and related data submission

• It is important for Participant to stay engaged and meet all mutually agreed upon deadlines and requirements in order to meet their specific DAP deadline.

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 all DAP deadlines.
Milestone: Approve & Authorize Data Quality SOW (Applies to Phases 1 & 2)

Participant
• Work with Health Current Account Manager to review and finalize standard Data Quality SOW
• Approve final Data Quality SOW, in advance of the October 1, 2020 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  
(Applies to Phases 1 & 2)

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  
(Applies to Phases 1 & 2)

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, 2021 deadline

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

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ceo@healthcurrent.org
recruitment@healthcurrent.org
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