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| **Program (check one):**  QM/PI  Dental  EPSDT  Maternity and Family Planning  ☐ Medical Management  **Quarterly Reporting Reflective of (check one):**  Year-to-Date (YTD) Reporting (ACC, ACC-RBHA, ALTCS-DD, ALTCS-EPD)  ☐ Rolling 12 Month (R12) Reporting (DCS CHP)  **Submission Due Date:** <<Date>> | |  |  |  | | --- | --- | --- | | **ACC, ACC-RBHA, ALTCS-EPD** | **ALTCS-DD** | **DCS CHP** | | **Year-to-Date Reporting** | **Year-to-Date Reporting** | **Rolling 12 Month Reporting** | | Due Date: July 30  Measurement periods: Jan 1 – Mar 31 and Jan 1 - Jun 30 | Due Date: August 30  Measurement periods: Jan 1 – Mar 31 and Jan 1 - Jun 30 | Due Date: August 15  Measurement period: Apr 1 - Mar 31 | | Due Date: November 15  Measurement period: Jul 1 - Jun 30 | | Due Date: October 30  Measurement period: Jan 1 - Sep 30 | Due Date: November 30  Measurement period: Jan 1 - Sep 30 | Due Date: February 15  Measurement period: Oct 1 - Sep 30 |   **QM/PI Program Submissions:** The Contractor is to include performance measures that are reported as part of an open corrective action plan, performance improvement projects, AHCCCS value-based purchasing initiatives, and the Contractor’s self-identified program goals. While the Contractor may elect to include additional measures, it is not AHCCCS’ expectation that the Contractor include all measures listed in the *Performance Measure Monitoring Report & Work Plan Evaluation Attachment* within the *Template*. |

**Instructions:**

* Measure naming conventions must follow the formal name found in the associated measure steward technical specifications.
* Rounding methodology: all reported measure rates are to be rounded to one decimal point (example: 0% would be reported as 0.0%).
* Template formatting shall not be altered in any way.
* No fields should be left blank. If a field is unable to be reported, provide a short summary of the reason within the *Additional Notes* field.
* The Contractor shall report all numerator, denominator, and rate data regardless of numerator and/or denominator size (e.g., suppression rules do not apply when reporting data within the PMMR & WP/WPE Template and Attachment).

**Reporting Field Definitions:**

* **Measure Name:** The formal performance measure name, as found in the associated NCQA technical specifications (CMS Child or Adult Core technical specifications for CMS Core-only measures).
* **Goal/Objective:** The measurable and realistic goal selected by the Contractor for each performance measure (example: Meet or Exceed the NCQA HEDIS® Medicaid Mean of 50%, statistically significant increase in the rate, etc.). The Contractor shall indicate if the goal was continued from the previous year or if the goal was revised from the previous year. It is AHCCCS' expectation that the Contractor establish a new measurable and realistic goal that drives improvement in its performance once a goal has been achieved and sustained. The Contractor is encouraged to establish new goals based on NCQA percentile/CMS quartile data, or other data available to the Contractor.
* **Part of a Corrective Action Plan (CAP):** The Contractor shall indicate if the measure is included in a currently open AHCCCS-mandated performance measure CAP, a recently closed AHCCCS-mandated performance measure CAP, or is not included in a currently open or recently closed CAP.
* **Includes KidsCare:** The Contractor shall indicate if the data reported for the measure includes the KidsCare population (N/A for ALTCS-EPD Contractors).
* **Methodology/Action Plan:** The methodology for monitoring and evaluating the Contractor’s overall progress towards achieving the measurable and realistic goal(s), identified target(s), and AHCCCS performance requirements. This section shall also include an outline of the current/planned interventions to be implemented to achieve the defined goal.
* **Start/End Date:** The start date and end date of the measurement period.
* **Responsible Person**: The Contractor shall identify the staff responsible and accountable for meeting each of the established goals and objectives.
* **Hybrid Reporting:** An indication that identifies if the rate reported is reflective of hybrid methodology.
* **Analysis of Results:** An evaluation of the effectiveness of monitoring including coordination of care efforts, follow-up activities, and other interventions made as a result of performance. If the goal was not met or improvement was not noted, include the Identified Barriers and Identified Opportunities for Improvement.
* **Outcomes & Noted Trends:** An evaluation and analysis of identified work plan goals inclusive of outcomes (utilizing qualitative and quantitative data) and identification of noted trends.
* **Status of Interventions:** Indication if the interventions will be continued, modified, or discontinued.
* **Action Plan** (Year End Evaluation): An indication of the Contractor’s approach to the measure (e.g., if interventions will remain the same for the following year (only if the goal was met or improvement was noted) or if changes are planned. If changes are planned, the Contractor is to include a summary of the new/updated approach). *Note: for measures with substantial specification changes and where NCQA/CMS indicates that trending is not recommended, the Contractor may maintain or change its interventions, as the Contractor deems appropriate.*
* **Additional Notes:** An explanation for any data that is unable to be reported during that reporting period, an outline of any adjustments made as part of the current quarter/annual submission to previously included reporting, and other information, as applicable.

| **Measure Goals/ Objectives** | **Methodology/Action Plan:** | **Start/End Date** | **Responsible Person** | **Jan 1 – Mar 31**  ***(Apr 1 – Mar 31 DCS CHP)*** | **Jan 1 – Jun 30**  ***(Jul 1 – Jun 30 DCS CHP)*** | **Jan 1 – Sep 30**  ***(Oct 1 – Sep 30 DCS CHP)*** | **Annual Work Plan Evaluation**  **Jan 1 – Dec 31**  ***(All Populations/Lines of Business)*** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Measure Name:***  ***Measure Steward:***  NCQA HEDIS®  CMS CORE (non-HEDIS®)  Other  ***Goal/Objective:***  <<Realistic Goal/ Objective>>  **Based on:**  NCQA/CMS  Internal  Other  Goal Maintained from Previous Year  Goal Revised from Previous Year  ***Part of a CAP:***  *(Check all that apply)*  Currently Open  Recently Closed  No  ***Includes KidsCare:***  Yes  No  N/A | * << Interventions >> |  |  | Goal Met  Goal Not Met  **Rate:**  Hybrid Reporting  **Analysis of Results:**  <<Identified Barriers>>  <<Identified Opportunities for Improvement>>  **Additional Notes:** | Goal Met  Goal Not Met  **Rate:**  Hybrid Reporting  **Analysis of Results:**  <<Identified Barriers>>  <<Identified Opportunities for Improvement>>  **Additional Notes:** | Goal Met  Goal Not Met  **Rate:**  Hybrid Reporting  **Analysis of Results:**  <<Identified Barriers>>  <<Identified Opportunities for Improvement>>  **Additional Notes:** | Goal Met  Goal Not Met    **Final Year End Rate:**    Hybrid Reporting  **Analysis of Results:**  <<Identified Barriers>>  <<Identified Opportunities for Improvement>>  **Outcomes & Noted Trends:**  **Action Plan:**  **Status of Interventions:**  **Additional Notes:** |