| **Contractor** |  | | | **Population/Line of business** | |  | |
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| **Submission Due Date** | *Ex: August 30, 2024* | **Current Measurement Year:** | *Ex: CY 2023* | | **Previous Measurement Year:** | | *Ex: CY 2022* |

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| **Alternative Payment Model Quality Reporting Narrative Checklist** | | | |
| *The purpose of the Alternative Payment Model (APM) Quality Reporting Narrative is to allow Contractors to describe the impact of their APM strategies on the overall quality of care and services provided. While a Contractor may submit one APM Quality Reporting Narrative for all populations/lines of business, it is AHCCCS’ expectation that the Contractor distinguishes responses by population/line of business, as applicable. It is AHCCCS’ expectation that the Contractor include the appropriate location, page number, and paragraph within the second column; the third and fourth columns of this AHCCCS checklist are to be utilized by AHCCCS staff only.* | | | |
| **APM Quality Reporting Narrative** | | | |
| ***Instructions****: Contractors shall use this checklist in preparing its APM Quality Reporting deliverable to AHCCCS.* | **Location,**  **Page # & Paragraph** | **Met Criteria** | **Explanation if not accepted** |
| **The Contractor’s APM Quality Report Narrative includes:** | | | |
| 1. An explanation of how the Contractor selected which quality measures it would include in its APMs for each provider group (please list the measures), including: |  |  |  |
| * 1. A list of the APM quality measures that were new for the current measurement year and a brief explanation of why each new measure was selected, and |  |  |  |
| * 1. A list of the APM quality measures that were retired for the current measurement year and a brief explanation of why each measure was retired. |  |  |  |
| 1. An explanation of how the Contractor set its APM quality measure benchmarks and the identification of any benchmarks utilized to establish its APM quality measure benchmarks [e.g., National Committee for Quality Assurance (NCQA), Centers for Medicare & Medicaid Services (CMS), or other data source]. |  |  |  |
| 1. An explanation of the process used by the Contractor to count providers/provider entities in APMs for determining the percentage of providers/provider entities that met their APM quality benchmarks for the current measurement year. |  |  |  |
| 1. An explanation of if and how Category 3 APMs required providers to meet a shared savings gate and/or a quality gate in order to earn incentives. |  |  |  |
| 1. A description of the process utilized to validate APM quality measures data to determine if providers/provider entities met their APM quality benchmarks for the current measurement year. |  |  |  |
| 1. A description of the process utilized for analyzing APM quality measures for disparities based on race/ethnicity, language, disability status and/or geography, if applicable, including a list of APM quality measures for which this analysis was conducted. |  |  |  |
| 1. An analysis of the effectiveness in meeting the Contractor’s APM quality measure goals and objectives during the current Measurement Year, including: |  |  |  |
| * 1. What percentage of providers/provider entities met their APM quality benchmarks for the current measurement year? |  |  |  |
| * 1. A list of APM quality measures where providers perform(ed) well compared to the APM benchmarks. |  |  |  |
| * 1. A list of APM quality measures where providers generally had/have the most difficulty with meeting the APM benchmarks. |  |  |  |
| * 1. A list of the health disparities identified as part of the Contractor’s APM quality measure analysis activities described in Checklist item 6. |  |  |  |
| 1. Contractors must include a comparative analysis of the overall differences in performance from the current measurement year to the previous measurement year for providers engaged in APMs as compared to providers not engaged in APMs, including: |  |  |  |
| * 1. A general overview of the difference(s) in performance on quality measures, |  |  |  |
| * 1. Whether the APM providers performance rates were generally higher performing or lower performing when compared to non-APM providers, |  |  |  |
| * 1. Discussion related to what the Contractor attributes any differences in performance to, |  |  |  |
| * 1. A description of how the Contractor's APM arrangements have improved the quality of and access to services for members served by the providers within the APM arrangements, as compared to members served by non-APM providers. The Contractor shall submit relevant metrics or data that demonstrates this. |  |  |  |
| * 1. For Category 2C APMs, to what extent did provider entities earn performance-based payments (PBP) for meeting performance measure targets in the current measurement year, including: |  |  |  |
| * + 1. Approximately what percentage did providers earn under 2C based on the current measurement year’s performance, |  |  |  |
| * + 1. The number of provider entities that earned a PBP, and |  |  |  |
| * + 1. The challenges/barriers to provider entities earning PBPs in Category 2C APMs. |  |  |  |
| * 1. For Category 3 APMs, to what extent did provider entities earn PBP for meeting performance measure targets in the current measurement year, including: |  |  |  |
| * + 1. The number/percentage of provider entities that met their quality benchmarks, |  |  |  |
| * + 1. The number/percentage of provider entities that met their financial targets (e.g., total cost of care/ “medical loss ratio” targets), and |  |  |  |
| * + 1. The challenges/barriers to provider entities earning PBPs in Category 3 APMs. |  |  |  |
| 1. A discussion related to provider performance on quality measures linked to APMs in the current measure year compared to performance in the previous year, including an overview of the impacts of the incentive on performance and relevant metrics or data that demonstrates this. |  |  |  |

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| **Additional Comments** |  |

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| **Date of AHCCCS Review** | **Submission Accepted?**  **[Yes / Yes - Contingent Upon**  **(List Reason) / No]** | **Resubmission Required**  **(Yes / No)** | **Resubmission Due Date (If Applicable)** |
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