Best Practices and Follow Up on Previous Year’s EQR Report Recommendations Attestation

*Please complete, sign, date, and include this attestation as a standalone document within the Contractor’s Best Practices and Follow Up on Previous Year’s EQR Report Recommendations submission. Please note: the Contractor is to complete a separate attestation and submission for each line of business/population.* *As a reminder, the information included within the Contractor’s submission will be included within the EQR Annual Technical Reports (with minimal edits) and posted on the AHCCCS website.*

***This attestation applies to the following Calendar Year:*** [*Calendar Year*]

**The *Contractor’s Best Practices and Follow Up on Previous Year’s EQR Report Recommendations* submission does not include the following:**

[ ]  Financial, proprietary, and confidential information

[ ]  Data that do not adhere to the CMS Cell Suppression Policy (e.g., data points with a value less than 11, insufficient numerators and denominators as outlined by the measure technical specifications, etc.)

[ ]  Vendor names and specific vendor information

[ ]  Grammatical errors (i.e., incomplete sentences, acronyms that are not clearly defined or are utilized inconsistently, unclear language, use of “we/us/our” in lieu of the health plan name, verb tense, and spelling)

[ ]  Outdated references (e.g., performance measure names, policy terms, etc.)

[ ]  Any language, terminology (including jargon), and other information that is not appropriate or easily understood as information included within this submission is intended for inclusion within public facing reports

**The *Contractor’s Best Practices and Follow Up on Previous Year’s EQR Report Recommendations* documents ensure the following are included:**

[ ]  All included data and information clearly identify the associated timeframe

[ ]  Clear and accurate reporting of all the previous year’s EQR recommendations

[ ]  EQR recommendation responses are specific and appropriate to each line of business/population

[ ]  Each EQR recommendation is discussed clearly and distinctly

[ ]  Appropriate language as it relates to performance measure standards and guidelines (e.g., inverse measures, measure changes, AHCCCS contract and policy changes/updates)

[ ]  The three self-identified best practices (processes and/or initiatives that produce optimal results and are intended for widespread adoption/implementation) are specific and appropriate to the line of business/population being reported

[ ] Included best practices are reported in alignment with the requirements outlined within the associated checklist (e.g., goals, interventions, results, etc.)

[ ]  For Contractors with subcontracted health plan(s), the submission documents have been reviewed and revised to ensure language and tense are consistent throughout the submission

[ ] All primary/external sources utilized within the body of text are identified, referenced, and cited both within the paragraphs and in the references/work cited section of the submission

**I attest that the indications above are correct and the information included within the associated *Contractor’s Best Practices and Follow Up on Previous Year’s EQR Report Recommendations* is an accurate representation of the QM/PI Program activities. The *Contractor’s Best Practices and Follow Up on Previous Year’s EQR Report Recommendations* submission has been reviewed and approved, as written and submitted.**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of the Performance/Quality Improvement Manager***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of the Chief Medical Officer***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date***