| **Contractor** |  | **Population/Line of business** |  |
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| **Submission Due Date** | *Ex: August 30, 2023* | **Current Measurement Year:**  | *Ex: CY 2022* | **Previous Measurement Year:** | *Ex: CY 2021* |

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| **Alternative Payment Model Quality Reporting Checklist** |
| The purpose of the Alternative Payment Model (APM) Quality Reporting is to allow Contractors to describe the impact of their APM strategies on the overall quality of care and services provided.  |
| **APM Quality Reporting - Narrative Report**  |
| ***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, including:
 |  |  |  |
| * 1. The identification of APM quality measures that were new for the current measurement year, and
 |  |  |  |
| * 1. The identification of any APM quality measures that were retired for the current measurement year.
 |  |  |  |
| 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 how the Contractor counted 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 the identification 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. Which APM quality measures did providers perform well on compared to the APM benchmarks?
 |  |  |  |
| * 1. Which APM quality measures did providers generally have the most difficulty with meeting the APM benchmarks?
 |  |  |  |
| * 1. Any health disparities identified as part of the Contractor’s APM quality measure analysis activities.
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| 1. 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 than the non-APM providers,
 |  |  |  |
| * 1. Discussion related to what the Contractor attributes any differences in performance to,
 |  |  |  |
| * 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. How many provider entities earned a PBP, and
 |  |  |  |
| * + 1. What were 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. How many provider entities met their quality benchmarks,
 |  |  |  |
| * + 1. How many provider entities met their financial targets (e.g., total cost of care/ “medical loss ratio” targets), and
 |  |  |  |
| * + 1. What were the challenges/barriers to provider entities earning PBPs in Category 3 APMs?
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| 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.
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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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