| **Contractor** |  | **population/Line of business** |  |
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| **Submission Due Date** | *Ex: 12/1/2023* | **Current Reporting Year -Contract Year Ending (CYE)** | *Ex: 2023* | **Previous Reporting Year (CYE)** | *Ex: 2022* |

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| **Contractor’s Best Practices** |
|  ***Instructions****: Best practices are processes and/or initiatives that produce optimal results and are intended for widespread adoption/implementation.**The Contractor is to provide a minimum of three self-reported (population/line of business-specific) best practices, as a single stand-alone document, highlighting the various initiatives aimed at improving the care and services provided to members. Contractors shall include references to both Medicaid and CHIP (KidsCare) populations, as applicable, for each best practice. Contractor submissions will be provided to AHCCCS’ External Quality Review Organization (EQRO), with submitted information included within the annual External Quality Review (EQR) Report(s) and posted to the AHCCCS website.*  | **Accepted****Yes/No** | **Explanation if not accepted**  |
| 1. The Contractor's submitted attestation accurately reflects the information included within the Contractor's Best Practices submission.
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| 1. The Contractor included a minimum of three self-reported (population/line of business specific) best practices (reflective of the current reporting year) as a single document specific to the Contractor’s best practices. The best practices may focus on various areas (clinical and/or non-clinical) including Medical Management; Quality Management; Quality Improvement; Maternal Child Health; Early and Periodic Screening, Diagnostic, and Treatment (EPSDT); Dental, etc.
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| * 1. The Contractor’s submitted best practices meet the best practice definition outlined within the checklist instructions.
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| * 1. Each of the included best practices are applicable and meaningful to the population served for the population/line of business being reported.
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| * 1. [*For LTSS Contractors Only*] The Contractor included a minimum of one LTSS-focused best practice.
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| 1. Each self-reported best practice is summarized within two to three paragraphs, which include:
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| 1. A description of the rationale for the Contractor’s selection and implementation of the identified best practice and the associated population/line of business and/or targeted subpopulation(s) that have been included.
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| 1. Goal(s) of the best practice that are utilized to determine whether the best practice resulted in improvement,
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| 1. Related interventions occurring during the most recent contract year, and
 |  |  |
| 1. An explanation of whether the best practice resulted in improvement, including captured data/reporting elements that support any achieved outcomes.
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| 1. Primary/external sources utilized within the body of the text are identified, referenced, and cited both within the paragraphs and in the references/work cited section.
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| **Contractor’s Best Practices**  |
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| **Additional AHCCCS Comments/Concerns:** |  |
| **Date of AHCCCS Review** | **Submission Accepted?****[Yes / Yes-Contingent Upon (List Reason) / No]** | **Resubmission Due Date** |
|  |  | **Resubmission 1** |  |
| **Resubmission 2** |  |

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| **Contractor’s Follow Up on Previous Year’s EQR Report Recommendations** |
| ***Instructions:*** *The Contractor shall include a summary of the Contractor’s efforts in implementing the most current EQR Report recommendations, as a single stand-alone document, specific to each population/line of business. Contractors shall include references to both Medicaid and CHIP (KidsCare) populations, as applicable, for each recommendation. Contractor submissions will be provided to AHCCCS’ EQRO, with submitted information included within the annual EQR Report(s) and posted to the AHCCCS website.*  | **Accepted****Yes/No** | **Explanation if not accepted**  |
| 1. The Contractor's submitted attestation accurately reflects the information included within the Contractor's Follow Up on Previous Year’s EQR Report Recommendations submission.
 |  |  |
| 1. The Contractor included a description of its efforts occurring during the current Contract Year for implementing each of the population/line of business specific recommendations (unless otherwise stated below) within the most recent Contractor-specific EQR Report, as posted on the AHCCCS website, specific to:
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| * 1. Performance Measures,
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| * 1. Performance Improvement Projects (PIPs),
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| * 1. Operational Reviews (ORs)
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| * 1. Network Adequacy Validation (NAV), and
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| * 1. Member Satisfaction Survey Results (e.g., Consumer Assessment of Healthcare Providers and Systems (CAHPS): Program-level (or MCO-specific, when available).
 |  |  |
| **Contractor’s Follow Up on Previous Year’s EQR Report Recommendations** |
| **Additional AHCCCS Comments/Concerns:** |  |
| **Date of AHCCCS Review** | **Submission Accepted?****[Yes / Yes-Contingent Upon (List Reason) / No]** | **Resubmission Due Date** |
|  |  | **Resubmission 1** |  |
| **Resubmission 2** |  |