| **Contractor** |  | | | **population/Line of business** | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Submission Due Date** | *Ex: 11/1/2025* | **Current Reporting Year -Contract Year Ending (CYE)** | *Ex: 2025* | | **Previous Reporting Year (CYE)** | | *Ex: 2024* |

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| **Contractor’s Follow Up on Previous Year’s External Quality Review (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 brief description (i.e., one page or less) of its analysis of effectiveness of implemented strategies and interventions, including any barriers for implementing each of the population/line of business specific recommendations (unless otherwise stated below) within the most recent Contractor-specific EQR Report posted on the AHCCCS website occurring during the current Contract Year, specific to: | | | | | |
| * 1. Performance Measures, | |  | |  | |
| * 1. Performance Improvement Projects (PIPs), | |  | |  | |
| * 1. Operational Reviews (ORs) | |  | |  | |
| * 1. Network Adequacy Validation (NAV), and | |  | |  | |
| * 1. Member Satisfaction Survey Results (e.g., Consumer Assessment of Healthcare Providers and Systems (CAHPS): Program-level (and/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** | |  |