

**ATTACHMENT A:
QUARTERLY REPORT FORMAT**

Quarterly Report Template

Pursuant to STC 41 (Quarterly Operational Reports), the state is required to submit quarterly progress reports to CMS. The purpose of the quarterly report is to inform CMS of significant demonstration activity from the time of approval through completion of the demonstration. The reports are due to CMS 60 days after the end of each quarter.

The following report guidelines are intended as a framework and can be modified when agreed upon by CMS and the state. A complete quarterly progress report must include an updated budget neutrality monitoring workbook. An electronic copy of the report narrative, as well as the Microsoft Excel workbook must be provided.

NARRATIVE REPORT FORMAT:

Title Line One: New Hampshire Building Capacity for Transformation Section
 1115 Waiver Demonstration

Title Line Two: Section 1115 Quarterly Report

Demonstration/Quarter

Reporting Period: *[Example: Demonstration Year: 1 (1/1/2016– 12/31/2016)
 Federal Fiscal Quarter:*

*Footer: Date on the approval letter through end of demonstration
period]*

Introduction

Present information describing the goal of the demonstration, what it does, and the status of key dates of approval/operation.

Integrated Delivery Network (IDN) Attribution and Delivery System Reform Information

Discuss the following:

1. Trends and any issues related to access to care, quality of care, care integration and health outcomes.
2. Any changes, issues or anticipated changes in populations attributed to the IDNs, including changes to attribution methodologies.

3. Information about each regional IDN, including the number and type of service providers, lead provider and cost-savings realized through IDN development and maturation.
4. Information about the state’s Health IT ecosystem, including improvements to governance, financing, policy/legal issues, business operations and bi-directional data sharing with IDNs.
5. Information about integration and coordination between service providers, including bi-directional integrated delivery of physical, behavioral health services, SUD services, transitional care and alignment of care.
6. Information about specific SUD-related health outcomes including opioid and other SUD-dependency rates, opioid and other SUD-related overdoses and deaths—and trend rates related to Hepatitis C and HIV acquisition.

Please complete the following table that outlines all attribution activity under the demonstration. The state should indicate “N/A” where appropriate. If there was no activity under a particular enrollment category, the state should indicate that by “0”.

Attribution Counts for Quarter and Year to Date

Note: Enrollment counts should be unique enrollee counts by *each* regional IDN, not member months

IDN Attributed Populations	Newly Enrolled in Current Quarter	Disenrolled in Current Quarter	Current Enrollees: Year to Date

IV. Outreach/Innovative Activities to Assure Access

Summarize marketing, outreach, or advocacy activities to potential eligibles and/or promising practices for the current quarter to assure access for demonstration participants or potential eligibles.

VI. Operational/Policy/Systems/Fiscal Developments/Issues

A status update that identifies all other significant program developments/issues/problems that have occurred in the current quarter or are anticipated to occur in the near future that affect health care delivery, including but not limited to program development, quality of care, approval and contracting with new plans, health plan contract compliance and financial performance

relevant to the demonstration, fiscal issues, systems issues, and pertinent legislative or litigation activity.

IX. Financial/Budget Neutrality Development/Issues

Identify all significant developments/issues/problems with financial accounting, budget neutrality, and CMS 64 and budget neutrality reporting for the current quarter. Identify the state's actions to address these issues.

XI. Consumer Issues

A summary of the types of complaints or problems consumers identified about the program or grievances in the current quarter. Include any trends discovered, the resolution of complaints or grievances, and any actions taken or to be taken to prevent other occurrences.

XII. Quality Assurance/Monitoring Activity

Identify any quality assurance/monitoring activity or any other quality of care findings and issues in current quarter.

XIII. Managed Care and Medicaid Delivery Contracts Reporting Requirements

Address network adequacy reporting from plans including GeoAccess mapping, customer service reporting including average speed of answer at the plans and call abandonment rates; summary of RCO appeals for the quarter including overturn rate and any trends identified; enrollee complaints and grievance reports to determine any trends; and summary analysis of RCO critical incident report which includes, but is not limited to, incidents of abuse, neglect and exploitation. The state must include additional reporting requirements within the annual report as outlined in STC 43.

XIV. Demonstration Evaluation

Discuss progress of evaluation plan and planning, evaluation activities, and interim findings.

XV. Enclosures/Attachments

Identify by title the budget neutrality monitoring tables and any other attachments along with a brief description of what information the document contains.

XVI. State Contact(s)

Identify the individual(s) by name, title, phone, fax, and address that CMS may contact should any questions arise.