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| **CONTRACTOR:** |  |
| **LINES OF BUSINESS (LOB):** |  |
| **REPORT LENGTH (NOT TO EXCEED SIX PAGES TOTAL):** |  |

The Contractor shall include a comprehensive description of its Centers of Excellence for each element identified below.

The Contractor shall complete column ‘B’, and if applicable, ‘C’.

|  |  **CONTRACTOR** | **AHCCCS** |
| --- | --- | --- |
| **(A)****REQUIREMENTS** | **(B)****FOUND ON PAGE** | **(C)****NOTES/****COMMENTS** | **(D)****YES** | **(E)NO** | **(F)** **COMMENTS** |
|  | A list of the Contractor’s Centers of Excellence and each Center’s focus. |  |  |  |  |  |
|  | A list of the provider IDs and service address(es) for providers eligible under the Autism Centers of Excellence (to be used for Differential Adjusted Payments). |  |  |  |  |  |
|  | A description of the criteria used to select each Center of Excellence.  |  |  |  |  |  |
|  | A description of the Contractor’s initiatives to encourage member utilization. |  |  |  |  |  |
|  | The extent the program focuses on interventions related to social risk factors. |  |  |  |  |  |
|  | The extent the program addresses health equity issues. |  |  |  |  |  |
|  | An evaluation of the effectiveness of the program during the previous year.  |  |  |  |  |  |
|  | A description of the program’s most significant barriers.  |  |  |  |  |  |
|  | A plan for the current Contract Year, to include:1. Any changes made based upon the lessons learned from the previous year,
2. The goals and outcome measures for the coming Contract year, and
3. A description of monitoring activities to occur throughout the year.
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