General Information
Vendors are to complete the report templates (tabs 1 - 8)
Reports are due 15 business days after the end of the specified reporting period or otherwise mutually agreed for ad-hoc reports
The Initial Health Screening Report template will be completed for each assigned member by the vendor.
The Comprehensive Health Needs Assessment template will be completed for each assigned member by the vendor.

Tab Name	Report	Frequency
Instructions	Instructions	N/A
1-Vendor	Vendor Identification *(this tab must be submitted with all reports)*	Monthly or Quarterly as appropriate
2-Admin	Administrative Report	Monthly
3-CM Activity	CM (Case Management) Activity Summary Report	Monthly
4-Performance	Performance Report	Quarterly
5-Hosp ER Util	Hospital Emergency Room Utilization Report	Monthly
6-PC Prov	Primary Care Provider Report	Monthly
7-Screening	Initial Health Screening	One time as completed
8-Comp Hlth Assmt	Comprehensive Health Needs Assessment	One time as completed

ALASKA MEDICAID COORDINATED CARE INITIATIVE (AMCCI)

Information Requested	Vendor Information
Vendor Name	
Vendor Number	
Agency Contract Number	
AK Medicaid ID *(if applicable)*	
NPI *(if applicable)*	

ALASKA MEDICAID COORDINATED CARE INITIATIVE (AMCCI)

Report Item	Vendor Information
Start Date of CM/UR Services	
Total Number of CM/UR Hours	
Total Number of CM Hours	
Total Number of UR Hours	
Total Number of Administrative CM Hours	
Total Number of Administrative UR Hours	
Total Number of Non-Administrative CM Hours	
Total Number of Non-Administrative UR Hours	
Average Number of Members Assigned Per Case Manager	
Average Number of Hours Per Case Manager Per Member	
Average Number of Hours for All Activity Per Member	

ALASKA MEDICAID COORDINATED CARE INITIATIVE (AMCCI)

Report Item	Vendor Information
# Members Assigned to Vendor by DHCS	
Number of active cases	
Number of members graduated from program	
Number of members that left program (not graduated-other reasons)	
Total number of contacts	
Total number of contacts made with members	
Total number of contacts with others (i.e. medical professionals, family, etc.	
Number of telephone contacts with members	
Number of face to face contacts with members	
Number of contacts made through home telehealth with members	
Number of contacts made via telemedicine with members	
Number of contacts made by Skype with members	
Number of contacts made by email or text message with members	
Number of unsuccessful contacts attempts to members	

ALASKA MEDICAID COORDINATED CARE INITIATIVE (AMCCI)

RFP Citation	Report Item	Vendor Information
5.11 (15)	% Members, initially assigned during implementation, whose Comprehensive Health Needs Assessment was completed within 30 calendar days after assignment	
5.11 (15)	% Members, initially assigned during implementation, whose Comprehensive Health Needs Assessment was completed between 31 to 60 calendar days after assignment	
5.11 (16)	% Members, subsequently assigned after the implementation period, whose Comprehensive Health Needs Assessment was completed within 10 calendar days after assignment	
5.11 (10)	% Members asked if they have a Primary Care Provider	
5.11 (11)	% Members without a Primary Care Provider established	
5.11 (11)	% Members with a primary Hospital established	
5.11 (11)	% Members with a primary Pharmacy established	
5.11 (11)	% Members with a primary Behavioral Health provider established, of those requiring one	
5.11 (4)	% Members with a completed Initial Health Screenings	
5.11 (6)	% Members with a completed Comprehensive Health Needs Assessment	
5.11 (8)	% Members with a completed initial Medications Compliance Form	
5.11 (8)	% Members with a monthly updated Medication Compliance Form	
5.11 (9)	% Members whose case management documentation has been updated with the reasons for medication non-compliance.	
5.11 (17)	% Members with monthly case management progress notes documented	
5.11 (7)	% Members with a completed Medication Knowledge Assessment Form	
5.11 (5)	% Members with a completed Health Literacy Assessment	
5.11 (14)	% Members offered the opportunity to participate in a Customer Satisfaction Survey developed by DHCS	
5.11 (3)	% Members that received "Appropriate Use of the Emergency Room" education	
5.11 (3)	% Members that received "Emergent vs. Urgent Care" education	
5.11 (9)	% Members that participated in a "Medication Compliance" discussion	
5.11 (12)	% Members that received "Tobacco Cessation" referrals for counseling & education	
5.11 (13)	% Members that received "Social Services" information & referral	
5.09 (4) (a) 5.11 (2)	# Members whose ER visit documentation has been reviewed	
5.09 (4)(b) 5.11 (2)	Total number of ER visits reviewed	
5.09 (4)(c) 5.11 (2)	Number of ER visits not meeting the State definition of "emergency service"	
5.09 (4)(d) 5.11 (2)	Number of ER visits meeting the State definition of "emergency service"	
5.09 (4)(e) 5.11 (2)	Number of ER visits the Vendor could not determine if the State definition of "emergency service" was met, categorized as "undetermined"	

ALASKA MEDICAID COORDINATED CARE INITIATIVE (AMCCI)

Member ID#	Member DOB	TCN	Was Visit Emergent?	Nature of ER Visit?	Reason for ER Visit?

ALASKA MEDICAID COORDINATED CARE INITIATIVE
(AMCCI)

Member ID#	Member DOB	Type of Primary Care Provider	Provider Medicaid ID#	Provider First Name	Provider Middle Initial	Provider Last Name	Provider's Business Name	Start Date	End Date	Change Reason

ALASKA MEDICAID COORDINATED CARE INITIATIVE (AMCCI)

Member Medicaid ID #	Member DOB	Case Manager	Report Item	Vendor Information
			3-MEMBER SCREEN	
			Member Demographic Data	
			Race	
			Language	
			Gender	
			Marital Status	
			Living Arrangements	
			Household Data	
			Member lives in member's household i.e. Member	
			Number of spouse(s) or significant other(s) living in member's household	
			Number of parent(s) living in member's household	
			Number of grandparent(s) living in member's household	
			Number of sibling(s) living in member's household	
			Number of member's children living in member's household	
			Number of other people living in member's household	
			Enter the Total Number Persons Living in Member's Household	
			Preferred Providers	
			Preferred Primary Care Provider	
			Preferred Pharmacy	
			Preferred Hospital	
			Preferred Dentist	
			Preferred Behavioral Health Provider	
			Other Comments (member screen)	
			4-SOCIAL SCREEN	
			Condition Category	
			Date of Screening (SS)	
			Housing - Score	
			Food - Score	
			Transportation - Score	
			Support System - Score	
			Language - Score	
			Other Comments (4 - Social screen)	
			Total Acuity Score (4 - Social screen)	
			5-HEALTH SCREEN	
			Condition Category	
			Date of Screening (HS)	
			Health Awareness - score	
			Healthcare Use - score	

			Self Management - score	
			Medication Use - score	
			Medication Awareness - score	
			Behavioral Health Awareness - score	
			Substance Use - score	
			Other Comments (5 - Health screen)	
			Total Acuity Score (5 - Health screen)	
			6-PROVIDER UTILIZATION	
			Condition Category	
			Date of Screening (PU)	
			Primary Care Providers - score	
			Pharmacies - score	
			Hospitals - score	
			Dental Providers - score	
			Behavioral Health Providers - score	
			Other Comments (6 - Provider Utilization)	
			Total Acuity Score (6 - Provider Utilization)	
			7-MEDICATION KNOWLEDGE	
			Date of Screening (MK)	
			Medical Reason(s)	
			Treatment Acceptance	
			Medication Problems - score	
			Efficacy - score	
			Unused Medication - score	
			Other Comments (7 - Medication Knowledge)	
			Total Acuity Score (7 - Medication Knowledge)	
			8-SCORE SUMMARY	
			Score Summary	
			Date of Summary	
			4 - Social Screening (Subtotal)	
			5 - Health Screening (Subtotal)	
			6 - Provider Utilization (Subtotal)	
			7 - Medication Knowledge	
			Total Summary Score	

ALASKA MEDICAID COORDINATED CARE INITIATIVE (AMCCI)

Member Medicaid ID #	Member DOB	Case Manager	Report Item	Vendor Information
			Start Date of Comp Hlth Needs Assessment	
			End Date of Comp Hlth Needs Assessment	
			COMMUNICATIONS	
			Primary Language	
			English - Written (able to read & understand)	
			English - Verbal (able to hear & understand)	
			English - Sign (able to see & understand sign)	
			English - Written (able to write response)	
			English - Verbal (able to speak response)	
			English - Sign (able to sign response)	
			ACCOMODATIONS NEEDED	
			Visual Accommodation Needed	
			Speech/Verbal Accommodation Needed	
			Hearing Accommodation Needed	
			Physical Accommodation Needed (Wheel Chair, Walker, Cane, Oxygen, Trac Tube/Ventilator, etc.)	
			Cognitive/Neurologic Accommodation Needed	
			Behavioral Accommodation Needed	
			Safety Concerns Expressed: Environmental	
			Safety Concerns Expressed: Emotional	
			Safety Concerns Expressed: Physical	
			Safety Concerns Expressed: Other	
			INTERVENTIONS	
			Medical Interventions	
			Referred for Yearly Health Exam (due or over due < 6 months)	
			Referred for Yearly Health Exam (over due = > 6 months)	
			Referred for Immunizations	
			Referred to Primary Care Provider (other c/o)	
			Referred for Medication Evaluation/Utilization	
			Referred for Specialist Exam (Eyes)	

ALASKA MEDICAID COORDINATED CARE INITIATIVE
(AMCCI)

Member Medicaid ID #	Member DOB	Case Manager	Report Item	Vendor Information
			Referred for Specialist Exam (Ears, Nose, Mouth, Throat)	
			Referred for Specialist Exam (Cardiovascular)	
			Referred for Specialist Exam (Respiratory)	
			Referred for Specialist Exam (Gastrointestinal)	
			Referred for Specialist Exam (Musculoskeletal)	
			Referred for Specialist Exam (Skin)	
			Referred for Specialist Exam (Neurologic)	
			Referred for Specialist Exam (Psychiatric)	
			Referred for Specialist Exam (Hematologic, Lymphatic, or Immunologic)	
			Referred for Durable Medical Equipment or Medical Supplies Evaluation	
			Referred for Waiver Services Assessment	
			Referred for Personal Care Service Assessment	
			Behavioral Health/Substance Use Interventions	
			Referred for Behavioral Health Evaluation and/or Treatment	
			Referred for Substance Use Evaluation and/or Treatment	
			Social Service Interventions	
			Referred for Housing Assistance	
			Referred for Food Assistance	
			Referred for WIC Assistance	
			Referred for Utility Assistance	
			Referred for Child Care Assistance	
			Referred for Transportation Assistance	

ALASKA MEDICAID COORDINATED CARE INITIATIVE
(AMCCI)

Report Item	Vendor Information
Member ID#	
Member DOB	
Case Manager	
Date	
Medi-sets	
Participant is prescribed a mediset and it comes prefilled by a pharmacy	
Participant has someone (family member, friend, etc.) fill the mediset for them	
Participant fills their own mediset	
Participant does not use a mediset	
Monthly Compliance	
Participant took all medications as prescribed	
Participant took all medications but not as prescribed	
Participant reports losing/dropping medication and could not take medication as prescribed	
Prescription Changes	
Participant had a change in dosage for at least one prescription medication	
Participant was prescribed at least one new medication	
Participant discontinued at least one prescription medication	
Comments	
Add Comments *(up to 50 characters)*	