**Attachment 5b**

 **EQR-RELATED Experience**

|  |  |
| --- | --- |
| **Bidder Name:** |  |

**General Instructions**

Provide the requested information for each state in which the Bidder or Bidder’s subcontractor was contracted to perform one or more of the EQR-related activities identified in the RFP. (Identify the organization in the “Contract held by” cell.) Add rows if needed. Use the space provided for any necessary explanatory notes.

**Experience – Mandatory EQRO Activities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ref** | **State** | **Contract held by** | **Contract Month/Year** | **Program Type(s)****(check all that apply)** | **Activities (check all that apply)** |
| **Start** | **End (or ongoing)** | **MCO** | **DBM** | **Other Risk-Based** | **FFS** | **PIP Validation** | **Performance Measure Validation** | **Regulatory Compliance** | **Network Adequacy** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |

**Experience – Optional EQRO and EQR-Related Activities (continuation of table)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ref** | **State** |  | **Activities (check all that apply)** |
| **Encounter Data Validation** | **Administration or Validation of Quality of Care Surveys** | **Calculation of Additional Performance Measures** | **Implementation of Additional PIPs** | **Conducting Focus Studies** | **Assist with Quality Rating of Plans** | **MCO/DBM Readiness Reviews** | **MCO/DBM CAP Monitoring** | **Holding Quality Forums** | **Evaluation of MCE EPSDT compliance**  | **Assisting with Agency QI Strategy** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |

**Notes**

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