**FORM 8070001240-Q-COMPREHENSIVE ASSESSMENT ACTIVITY RATES**

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| **Bidder Name:** |  |

**Instructions**

Enter the requested data for three programs. Include data for the most recent available 12-month period. If you collect and report rates by contract year, you may instead include data for the most recent complete contract year. If there is no Comprehensive Assessment conducted, and/or no data available, enter “N/A.” Provide any clarifying information in the comments section.

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|  | **Program 1** | **Program 2** | **Program 3** |
| **Program Names** |  |  |  |
| **Period evaluated (month/year to month/year)** |  |  |  |
| **Number of Health Plan Enrollees identified for assessment or reassessment** |  |  |  |
| **Number of Health Plan Enrollees receiving assessment** |  |  |  |
| **Percent completing assessment**  |  |  |  |

**Comments**

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