As indicated in *FINAL Operation Guidance – Essential Community Provider Plan Certification Standard,* issuers that will meet the ECP Alternative Standard will be required to submit certain quality and patient satisfaction metrics, as a part of their narrative justification, to MHBE. The tables below describe the formatting for submitting such data.

CAHPS data by category

| CAHPS Composite | Previous Year | Current Measurement Year | Benchmark* |
|-----------------------|---------------|-----------------------------|------------|
| Claims Processing | | | |
| Courteous Staff | | | |
| Customer Services | | | |
| Getting Care Quickly | | | |
| Getting Needed Care | | | |
| How Well Doctors | | | |
| Communicate | | | |
| Rating of Doctor | | | |
| Rating of Health Care | | | |
| Rating of Health Plan | | | |
| Rating of Specialist | | | |

^{*90&}lt;sup>th</sup> Percentile National Benchmark

Complaint Volume Report

| Category | Previous Year Complaints, Total | Previous Year Complaints per 1000 Members | Current Measurement Year Complaints, Total | Current Measurement Year Complaints per 1000 Members |
|----------------------------------|---------------------------------------|---|---|--|
| Quality of Care | | | | |
| Access | | | | |
| Attitude/Service | | | | |
| Billing/Financial | | | | |
| Quality of Practitioner Office | | | | |
| Site | | | | |
| Total Complaints/Number per 1000 | | | | |

QI/Element Factor Table Format

| Q/ Zieliteit i deter Table i elitat | | |
|-------------------------------------|------------------------------|--|
| QI Name | Met? (Yes/No) | |
| Element Name 1 | Element 1 Score (0% to 100%) | |
| Factor Name 1 | Yes | |
| Factor Name 2 | Yes | |
| Element Name 2 | Element 2 Score (0% to 100%) | |
| Factor Name 1 | Yes | |
| Factor Name 2 | Yes | |