

## DHS/MCO Contract Section

### Quality Program Transparency and Accountability

(Families & Children; MSHO/MSC+; and SNBC Contracts)

#### Report Format

Updated September 2014

The MCO shall submit, on or before September 1st of the Contract Year, a written summary in a format determined by the STATE describing quality improvement activities that have resulted in measurable, meaningful and sustained improved health care outcomes for the contracted populations.

#### Summary of Format Requirements:

1. Document submitted electronically to DHS must be in an MS WORD format; no alternative formats will be accepted.
2. The Summary Report must be submitted as an ACCESSIBLE DOCUMENT. Since the report will be placed on the DHS website, the document must be available to disabled populations as defined by 2009 MN Law, Chapter 131 (Link: **MN Law Chapter 131**). This law requires Minnesota state agencies to adhere to accessibility standards as outlined in Federal Section 508 of the Rehabilitation Act and WCAG 2.0 guidelines from the World Wide Web Consortium for electronic and information technologies for the disabled (Link: **WCAG 2.0 guidelines**). *All 508 accessible compliance "Errors & Warning" must be corrected prior to submission.*
3. Use 8.5" by 11" letter-sized pages with 1" margins (top, bottom, and sides).
4. Report will be no longer than 25 pages (not including the Title Page, Table of Contents, Appendices, or Bibliography).
5. All pages of the summary must be paginated in a single sequence.
6. Font size must be no smaller than 12-point with an average character density no greater than 14 characters per inch.
7. The report TITLE PAGE will include the following information:
  - a. Title

- b. The Name of the Organization
  - c. The Name of the Author(s) of the Report
  - d. The Title of the Author(s) of the Report and primary contact information
  - e. The Date the Report was completed.
8. Report will have a TABLE OF CONTENTS and a list of TABLES and FIGURES that are included within the report.

### **Report Content:**

The MCO shall select a maximum of the five (5) most significant quality improvement activities that have resulted in measureable, meaningful and sustained improved health care outcomes for the contracted populations (F&C MA; MSHO/MSO+; SNBC). Each activity will include the:

1. TITLE of the quality improvement activity
2. Responsible person within the MCO organization
3. SUMMARY of activity
  - a. Circumstances/opportunities for improvement prior to the start of the activity
  - b. The rationale for the choice of activity
  - c. Objectives of the activity
  - d. Methodology for measuring the activity
  - e. The main findings of the activity and quantitative evidence of the improvement
  - f. Main conclusions and lessons learned
  - g. Recommendations because of the activity and how activity outcomes will influence future quality improvement efforts
  - h. Sustainability of the activity.
4. APPENDICES (if needed); such as sample survey form.
5. BIBLIOGRAPHY (if references used)
  - a. Example: Hoey, M. (1993). *Data, description, discourse*. London: HarperCollins, pages 1-25.