

CONTRACTOR NAME:

REPORTING PERIOD:

DATE OF SUBMISSION:

(DDD ONLY) FOR DDD SUBCONTRACTED HEALTH PLANS:

The Contractor is only required to submit this Contract deliverable if the Contractor has not obtained the National Committee for Quality Assurance (NCQA) Health Plan Accreditation or should the Contractor lose its accreditation (either due to non-renewal or revocation).

The Contractor shall complete the Marketing Activities Report for Pre-Approved Events only, as specified in ACOM Policy 101, in which the Contractor participated during the reporting period. Marketing Activities that require submission to the AHCCCS Marketing Committee for review and approval are not to be listed.

NAME OF EVENT	TYPE AND DESCRIPTION OF HEALTH-RELATED EVENT (MUST CORRESPOND TO LIST ON FIGURE 1 OF ACOM POLICY 101)	LOCATION	ADDRESS OF EVENT	DATE/TIME OF EVENT	DESCRIPTION OF MARKETING ACTIVITIES

NAME OF EVENT	TYPE AND DESCRIPTION OF HEALTH-RELATED EVENT (MUST CORRESPOND TO LIST ON FIGURE 1 OF ACOM POLICY 101)	LOCATION	ADDRESS OF EVENT	DATE/TIME OF EVENT	DESCRIPTION OF MARKETING ACTIVITIES