CONTRACTOR: _____

REPORTING PERIOD (1) OF (MM TO MM, YY): _____

(2) DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES	(3) NUMBER PROVIDED	(4) SHORTEST NUMBER OF DAYS	(5) LONGEST NUMBER OF DAYS	(6) AVERAGE NUMBER OF DAYS	(7) GOAL	(8) NUMBER OF REPAIRS REQUESTED	(9) AVERAGE NUMBER OF DAYS FOR REPAIRS
Emergent/Post hospitalization discharge DME and supplies					<24 hours		
Routine or non-customized DME and supplies (PA required)					<10 days		
Routine or non-customized DME and supplies (PA not required)					<10 days		
Augmentative Communication Devices					<90 days		
Customized DME					<90 day		

(10) DESCRIPTIONS OF DISCREPANCIES/COMMENTS

INSTRUCTIONS FOR ATTACHMENT A:

Note: 'Provided' includes delivery of the medical equipment itself and completion of installation/delivery and initial training to the member.

1. The months and calendar year covered by the reporting period.
2. Medical equipment and supplies provided. The Contractor shall report the identified medical equipment and supplies provided to members in any setting in which normal life activities take place.
3. The number of medical equipment provided to members during the reporting period.
4. Shortest number of days medical equipment was provided to members during the reporting period.
5. Longest number of days medical equipment was provided to members during the reporting period.
6. The average number of days from the request for the service authorization to the service being provided.
7. The goal set by AHCCCS for the expected timeframes for provision of the medical equipment.
8. The number of repairs requested within the reporting period.
9. The average number of days from the request for the repair to the repair completion.
10. Description of identified discrepancies between its standard and performance, strategies to address non-compliance with the standard, and any actions taken as a result of this analysis.