**Bayou Health Reporting**

**Report Information**

Document ID: PQ216

Document Name: QAPI Impact and Effectiveness of QAPI

Program Evaluation

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Subject Matter: Quality

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Free Form

Template

**Information to be completed by the Dental Plan**

Dental Plan ID: [Dental Plan ID]

Dental Plan Name: [Dental Plan Name]

Dental Plan Contact:

Dental Plan Contact Email:

Report Period Start Date:

Report Period End Date:

Date Completed:

*(This plan can be submitted in any format. However, this document must be completed and submitted with the required plan)*

**Definitions and Instructions:**

Report an evaluation of the impact and effectiveness of the QAPI program to DHH annually. This report shall include, but is not limited to, all care management activities.

**RFP Reference: QAPI Committee Responsibilities**