DOCUMENT HISTORY LOG

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| STATUS1 | DOCUMENT REVISION2 | EFFECTIVE DATE | DESCRIPTION3 | | |
| Baseline | 2.0 | June 10, 2014 | Initial version of Uniform Managed Care Manual, Chapter 10.2.9, “Performance Improvement Project Mid-Year Report Template.” | | |
| Revision | 2.1 | November 15, 2014 | Revision 2.1 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.  Chapter title is changed from “Performance Improvement Project Mid-Year Report Submission Template” to “Performance Improvement Project Progress Report Submission Template.” | | |
| Revision | 2.2 | May 5, 2015 | Revision 2.2 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042.  “Collaborative PIP” table is added.  “Requested Documentation Submitted” table is added.  Table 1 “Previous PIP Evaluation Recommendation(s)” is added.  Table 2 “PIP Performance Measure(s)/Indicator(s)” is added.  Table 3 “Major Achievements and Challenges to Date” is added.  Table 4 “Status of Planned Interventions” is added.  Sections 3 through 5 of the original template are deleted. | | |
| Revision | 2.3 | April 1, 2016 | Revision 2.3 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, 529-13-0042, 529-13-0071, and 529-15-0001.  “Program(s) Included in PIP” is modified to add the STAR Kids Program and to remove NorthSTAR. | | |
| Revision | 2.4 | November 1, 2016 | Instructions are modified to refer to UMCM Chapter 5.0 "Consolidated Deliverables Matrix" for additional submission instructions. | | |
| Revision | 2.5 | November 15, 2018 | | Revision 2.5 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.  Template modified to allow for community collaborations. |
| Revision | 2.6 | July 29, 2019 | | Formatting changes to comply with accessibility requirements and to enhance usability. |
| Revision | 2.6.1 | March 13, 2020 | | Administrative change: Chapter modified to correct issues identified with populating the template to allow for MCO data entry. |

1 Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions.

2 Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first version of the document and the second revision.

3 Brief description of the changes to the document made in the revision.

# Performance Improvement Project (PIP) Progress Report Template

This is the template to be used for submitting each PIP Progress Report. For each PIP Progress report, document the completion of each step by filling in the gray boxes. Refer to the instructions in UMCM Chapter 10.2.8 for detailed information on each area and Chapter 5.0 for additional submission instructions. Double click on the check boxes and select “Checked” in the properties dialog box to make a selection.

## Demographic Information

|  |  |
| --- | --- |
| MCO**:** | |
| Project Leader: | Title: |
| Telephone Number: | E-mail Address: |
| PIP Topic/Name: | |
| Date PIP Initiated: | Date PIP Progress Report Submitted: |

## Program(s) Included in PIP (include all that apply)

|  |
| --- |
| CHIP  STAR  STAR+PLUS STAR Kids STAR Health  CHIP Dental  Medicaid Dental |

## Collaborative PIP

|  |
| --- |
| Is this PIP a collaborative PIP?Yes No |

|  |
| --- |
| If yes, provide the MCOs, DMOs, community organization, or DSRIP collaborators. |

## Requested Documentation Submitted

(Only required if changes have been made since the previous submission.)

|  |
| --- |
| Revised PIP Plan with track changes (revisions should include all recommendations made by Texas’ EQRO)  Revised PIP Plan clean version |

## Previous PIP Evaluation Recommendation(s)

Please address the previous PIP recommendation(s). Describe how each recommendation was incorporated into the PIP and actions taken to meet the recommendation(s).

| **Previous Recommendation(s)** | **Actions taken to meet recommendation(s)** |
| --- | --- |
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## 1. PIP Performance Measure(s)/Indicator(s)

List the quantifiable measures. Provide baseline and re-measurement rates for each measure. Add sections and re-measurements for additional measures as needed. Use the most current data available for all measures – baseline measures and re-measurements.

### Quantifiable Measure # 1:

|  |
| --- |
| Describe: |

| **Measurement** | **Numerator** | **Denominator** | **Rate** | **Start Date** | **End Date** |
| --- | --- | --- | --- | --- | --- |
| Baseline: |  |  |  |  |  |
|
| Re-measurement 1: |  |  |  |  |  |
|
| Re-measurement 2: |  |  |  |  |  |
|

### Quantifiable Measure # 2:

|  |
| --- |
| Describe: |

| **Measurement** | **Numerator** | **Denominator** | **Rate** | **Start Date** | **End Date** |
| --- | --- | --- | --- | --- | --- |
| Baseline: |  |  |  |  |  |
|
| Re-measurement 1: |  |  |  |  |  |
|
| Re-measurement 2: |  |  |  |  |  |
|

### Quantifiable Measure # 3:

|  |
| --- |
| Describe: |

| **Measurement** | **Numerator** | **Denominator** | **Rate** | **Start Date** | **End Date** |
| --- | --- | --- | --- | --- | --- |
| Baseline: |  |  |  |  |  |
|
| Re-measurement 1: |  |  |  |  |  |
|
| Re-measurement 2: |  |  |  |  |  |
|

## 2. Major Achievements and Challenges to Date

|  |
| --- |
| Use the space below to provide a brief description of the major achievements to date in meeting the goals of this PIP. |
| Use the space below to provide a brief description of the challenges encountered with this PIP, how they were addressed, and any additional comments related to progress status. |

## 3. Status of Planned Interventions

Describe the status of PIP interventions below by filling out the table provided. The interventions listed below are from Activity 7B in your approved PIP Plan submission. Please indicate the type of intervention using the check boxes at the start of each intervention description. Report the intermediate results based on tracking and monitoring efforts for each intervention. Please be specific and report all results for all interventions. Add rows for additional interventions as needed.

### Intervention #1

|  |
| --- |
| Intervention Title - Use intervention titles from 7B in your approved PIP Plan Template (Chapter 10.2.5 of the Uniform Managed Care Manual: |
| Date of Implementation: |

|  |
| --- |
| Did the date of implementation change from original PIP Plan?  Yes  No  If yes, address change in “Modifications”. |
| Intervention level:  Member  Provider  System |

|  |
| --- |
| Intervention Description: |
| Number of members/ providers targeted:  Number of members/ providers reached:  Percentage of members/ providers targeted:  Percentage of members/ providers reached: |
| Describe additional tracking and monitoring results here: |

|  |
| --- |
| Were modifications made?  Yes No |

|  |
| --- |
| If yes, indicate why modifications of an intervention were necessary. If the intervention was modified describe the modifications; include a description of the barriers encountered that resulted in the need for a modification: |
| Describe how providers were engaged in the implementation of the interventions. Report the feedback received from providers who were involved in this intervention. If interventions were modified based on provider feedback, describe the modifications in detail. |

### Intervention #2

|  |
| --- |
| Intervention Title - Use intervention titles from 7B in your approved PIP Plan Template (Chapter 10.2.5 of the Uniform Managed Care Manual: |
| Date of Implementation: |

|  |
| --- |
| Did the date of implementation change from original PIP Plan?  Yes  No  If yes, address change in “Modifications”. |
| Intervention level:  Member  Provider  System |

|  |
| --- |
| Intervention Description: |
| Number of members/ providers targeted:  Number of members/ providers reached:  Percentage of members/ providers targeted:  Percentage of members/ providers reached: |
| Describe additional tracking and monitoring results here: |

|  |
| --- |
| Were modifications made?  Yes No |

|  |
| --- |
| If yes, indicate why modifications of an intervention were necessary. If the intervention was modified describe the modifications; include a description of the barriers encountered that resulted in the need for a modification: |
| Describe how providers were engaged in the implementation of the interventions. Report the feedback received from providers who were involved in this intervention. If interventions were modified based on provider feedback, describe the modifications in detail. |

### Intervention #3

|  |
| --- |
| Intervention Title - Use intervention titles from 7B in your approved PIP Plan Template (Chapter 10.2.5 of the Uniform Managed Care Manual: |
| Date of Implementation: |

|  |
| --- |
| Did the date of implementation change from original PIP Plan?  Yes  No  If yes, address change in “Modifications”. |
| Intervention level:  Member  Provider  System |

|  |
| --- |
| Intervention Description: |
| Number of members/ providers targeted:  Number of members/ providers reached:  Percentage of members/ providers targeted:  Percentage of members/ providers reached: |
| Describe additional tracking and monitoring results here: |

|  |
| --- |
| Were modifications made?  Yes No |

|  |
| --- |
| If yes, indicate why modifications of an intervention were necessary. If the intervention was modified describe the modifications; include a description of the barriers encountered that resulted in the need for a modification: |
| Describe how providers were engaged in the implementation of the interventions. Report the feedback received from providers who were involved in this intervention. If interventions were modified based on provider feedback, describe the modifications in detail. |

### Intervention #4

|  |
| --- |
| Intervention Title - Use intervention titles from 7B in your approved PIP Plan Template (Chapter 10.2.5 of the Uniform Managed Care Manual: |
| Date of Implementation: |

|  |
| --- |
| Did the date of implementation change from original PIP Plan?  Yes  No  If yes, address change in “Modifications”. |
| Intervention level:  Member  Provider  System |

|  |
| --- |
| Intervention Description: |
| Number of members/ providers targeted:  Number of members/ providers reached:  Percentage of members/ providers targeted:  Percentage of members/ providers reached: |
| Describe additional tracking and monitoring results here: |

|  |
| --- |
| Were modifications made?  Yes No |

|  |
| --- |
| If yes, indicate why modifications of an intervention were necessary. If the intervention was modified describe the modifications; include a description of the barriers encountered that resulted in the need for a modification: |
| Describe how providers were engaged in the implementation of the interventions. Report the feedback received from providers who were involved in this intervention. If interventions were modified based on provider feedback, describe the modifications in detail. |

### Intervention #5

|  |
| --- |
| Intervention Title - Use intervention titles from 7B in your approved PIP Plan Template (Chapter 10.2.5 of the Uniform Managed Care Manual: |
| Date of Implementation: |

|  |
| --- |
| Did the date of implementation change from original PIP Plan?  Yes  No  If yes, address change in “Modifications”. |
| Intervention level:  Member  Provider  System |

|  |
| --- |
| Intervention Description: |
| Number of members/ providers targeted:  Number of members/ providers reached:  Percentage of members/ providers targeted:  Percentage of members/ providers reached: |
| Describe additional tracking and monitoring results here: |

|  |
| --- |
| Were modifications made?  Yes No |

|  |
| --- |
| If yes, indicate why modifications of an intervention were necessary. If the intervention was modified describe the modifications; include a description of the barriers encountered that resulted in the need for a modification: |
| Describe how providers were engaged in the implementation of the interventions. Report the feedback received from providers who were involved in this intervention. If interventions were modified based on provider feedback, describe the modifications in detail. |

### Intervention #6

|  |
| --- |
| Intervention Title - Use intervention titles from 7B in your approved PIP Plan Template (Chapter 10.2.5 of the Uniform Managed Care Manual: |
| Date of Implementation: |

|  |
| --- |
| Did the date of implementation change from original PIP Plan?  Yes  No  If yes, address change in “Modifications”. |
| Intervention level:  Member  Provider  System |

|  |
| --- |
| Intervention Description: |
| Number of members/ providers targeted:  Number of members/ providers reached:  Percentage of members/ providers targeted:  Percentage of members/ providers reached: |
| Describe additional tracking and monitoring results here |

|  |
| --- |
| Were modifications made?  Yes No |

|  |
| --- |
| If yes, indicate why modifications of an intervention were necessary. If the intervention was modified describe the modifications; include a description of the barriers encountered that resulted in the need for a modification: |
| Describe how providers were engaged in the implementation of the interventions. Report the feedback received from providers who were involved in this intervention. If interventions were modified based on provider feedback, describe the modifications in detail. |