**DOCUMENT HISTORY LOG**

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| STATUS1 | DOCUMENT REVISION2 | EFFECTIVE DATE | DESCRIPTION3 |
| Baseline | N/A | March 10, 2011 | Initial version Uniform Managed Care Manual Chapter 10.2.5, “Performance Improvement Project (PIP) Template.” |
| Revision | 2.0 | March 1, 2012 | Revision 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, and 529-12-0003.  General instructions are modified to clarify that PIPs will be for calendar year instead of SFY beginning 9/1/12.  Applicability statement is modified to add Medicaid Dental.  Medicaid/CHIP Populations is modified to add Hidalgo, MRSA Central, MRSA Northeast, and MRSA West for STAR and STAR+PLUS, and to add Medicaid Dental.  Activity 1 is modified to clarify the instructions.  Activity 2 is modified to clarify the instructions.  Activity 3 is modified to clarify the instructions and add detailed indicator reporting elements.  Activity 4 is modified to clarify the instructions.  Activity 5 is modified to clarify the instructions.  Activity 7 is modified to clarify the instructions.  Activity 8 is modified to clarify the instructions. |
| Revision | 2.1 | September 15, 2012 | Annual submission date modified to April 30th.  Project and goal identification modified to indicate HHSC or MCO overarching goal.  Activity 1 is modified to simplify instructions and include questions to specify the information requested.  Activity 2 is modified to simplify instructions.  Activity 3 is modified to simplify instructions. Definitions were moved to PIP Instruction Form. Added “measure source” to table and changed “re-measurement period 1 and 2” to “re-measurement period dates.” Added “goal” in place of “baseline goal” on table. Deleted “study indicator # 4” portion of the table.  Activity 5 is modified to simplify instructions and include questions to specify the information requested.  Activity 6 is modified to simplify instructions and include questions to specify the information requested.  Activity 7 is modified to simplify instructions and include questions to specify the information requested; an additional column is added to the table to include greater details regarding the interventions.  Activity 8 is modified to simplify instructions and include questions to specify the information requested. A table is added for the results to be reported on and to provide information related to statistical significance of results.  Activity 9 is modified to simplify instructions and include questions to specify the information requested.  Activity 10 is modified to simplify instructions. |
| Revision | 2.2 | September 1, 2013 | General Instructions are revised to delete language regarding the transition from fiscal year to calendar year and to revise the due dates.  “PIP and Overarching Goal Identification” is deleted.  Activity 7A “Root Cause Analysis and Existing Interventions” is added and Activity 7 “Implement Intervention and Improvement Strategies” is renumbered as 7B and clarified. |
| Revision | 2.3 | November 15, 2014 | Revision 2.3 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.  “Applicability of Chapter 10.2.5” is modified to add the Medicare-Medicaid Dual Demonstration.  “General Instructions” is modified to clarify the due dates.  Activity 1 “Select the PIP Topic” is modified to remove the question “Does the PIP exclude Members with Special Health Care Needs? Include a statement about the inclusion or exclusion of Members with Special Health Care Needs. If Members with Special Health Care Needs were excluded, explain why.” |
| Revision | 2.4 | May 5, 2015 | Revision 2.4 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.  “Applicability of Chapter 10.2.5” is modified to remove the Medicare-Medicaid Dual Demonstration.  Section Heading is changed from “Performance Improvement (PIP) Worksheet” to “Performance Improvement (PIP) Plan Template”  “Collaborative PIP” table is added.  “Requested Documentation Submitted” table is added.  Activity 1 questions are updated, Activity 4 “Clearly Define the Population for this PIP” is moved to be Activity 3 and the requirements updated, Activities 5 and 6 are updated, and Activity 7 is renamed “Develop and implement intervention and improvement strategies” and the requirements updated.  Section Heading “Performance Improvement (PIP) Final Report Template” is added.  “Requested Documentation Submitted” table is added.  “Previous PIP Evaluation Recommendation(s)” table is added.  Activity 8 is updated, Activity 9 “Intervention Follow-up Summary” is added and subsequent activities are renumbered.  Appendix A “PIP Plan Intervention Supplement” is added.  Appendix B “PIP Plan Collaborative Supplement” is added.  Appendix C “Final PIP Intervention Supplement” is added.  Appendix D “Final PIP Collaborative Supplement” is added. |
| Revision | 2.5 | April 1, 2016 | Revision 2.5 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.  “Applicability of Chapter 10.2.5” is modified to add the STAR Kids Program.  “Medicaid/CHIP Populations Addressed in PIP” is modified to add the STAR Kids Program. |
| Revision | 2.6 | October 1, 2016 | "General Instructions" is modified to remove the submission instructions and refer to UMCM Chapter 5.0 "Consolidated Deliverables Matrix" instead. |
| Revision | 2.7 | February 22, 2019 | Revision 2.7 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 is modified to include collaborations with community organizations.  Template is modified to include DMOs. |
| Revision | 2.8 | July 29, 2019 | Administrative changes made as follows:  Appendix A is incorporated into activity 7B and Appendix C is incorporated into Activity 9. Appendix B is renamed Appendix A and Appendix D is renamed Appendix B.  Formatting changes to comply with accessibility requirements and to enhance usability. |
| Revision | 2.8.1 | August 19, 2019 | Administrative change made to unlock cells to allow for MCO data entry. |
| Revision | 2.9 | October 15, 2019 | Administrative change made to remove “(please show work)” for each “P-value/90% Confidence Interval” field of each Quantifiable Measure table under Activity 8. Analyze Data to Interpret PIP Results. |
| Revision | 2.10 | April 5, 2021 | Revision 2.10 is modified to comply with updated federal protocols as follows:   * Activity 1 includes prompts to specify the information requested. * Activity 2 clarifies the elements required in the PIP question. * Activity 3 makes a grammatical edit and includes prompts to specify the required information. * Activity 4 specifies required elements to report for all quantifiable measures and includes prompts to provide details for unstandardized measures. The measure source is modified to include additional examples, and the baseline values add “Rate Ratio” as an acceptable value. * Activity 5A includes questions to specify the information requested for measure sampling. * Activity 5B includes questions to specify the information requested for intervention sampling. * Activity 6 includes questions to specify the information requested to describe the data collection plan. * Activity 7B describes “Improvement Strategy” and includes prompts and examples to specify the required information. * The final report template, clarifies the instructions of what to include in the “Previous PIP Evaluation Recommendation(s)” section. * Activity 8 specifies how to report observed results and includes prompts to report required information. * Activity 10 is renamed “Significant and Sustained Improvement” and combines the elements in Activity 11, and includes prompts to specify the information requested. |
| Revision | 2.10.1 | October 12, 2021 | Accessibility approved version. |
| Revision | 2.11 | May 16, 2022 | Revision 2.11 is updated to clarify elements of the updated federal protocols.   * Activity 1 is re-ordered to align with the PIP evaluation tool used by the external quality review organization. Added clarification for reporting when a PIP topic is required by HHSC and clarification to “describe the characteristics of the members in the target population.” * Activity 2 is revised to clarify that the response must clearly state the interventions. * Activity 4 includes wording that plans must “ensure all requested information is reported” and that complete data should be provided. Added clarification for reporting when an outcome and MCO/DMO-derived measure is used. * Activity 6 is re-organized so that the reporting elements are more clearly delineated. Language is added to clarify plans should report “the associated p-value or confidence interval that will be used to determine if there is a statistically significant change in the rates.” * Activity 7B is re-organized to clarify reporting the improvement strategy and rapid-cycle PDSA approach. * Activity 9 is re-formatted for spacing. |

**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.

# Applicability of Chapter 10.2.5

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS, CHIP, STAR Kids, and STAR Health programs, and Dental Contractors providing Texas Medicaid and CHIP Dental Services. In this chapter, references to “CHIP” or the “CHIP Managed Care Program(s)” apply to the CHIP Program and the CHIP Dental Contractors, unless the programs are identified separately. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR, STAR+PLUS, STAR Kids, and STAR Health Programs, and the Medicaid Dental Contractors, unless the programs are identified separately. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, dental maintenance organizations (DMOs), and any other entities licensed or approved by the Texas Department of Insurance.

The requirements in this chapter apply to all programs, except where noted.

Applicability modified by Versions 2.0, 2.3, 2.4, and 2.5

# General Instructions

This document reports the participating Medicaid/CHIP MCO Performance Improvement Projects (PIPs) with requirements outlined in each managed care contract.

Instructions can be found in UMCM Chapter 10.2.4, “Performance Improvement Project Submission Instructions.” Please see UMCM Chapter 5.0, "Consolidated Deliverables Matrix" for additional submission instructions.

General Instructions modified by Versions 2.1, 2.2, 2.3, 2.4, and 2.6

# Performance Improvement Project (PIP) Plan Template

This is the template to be used for submitting for each PIP Plan. For each PIP, document the completion of each step by filling in the gray boxes. Double click on the check boxes and select “Checked” in the properties dialog box to make a selection. Refer to the instructions in UMCM Chapter 10.2.4 for detailed information on each area.

## Demographic Information

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

## Medicaid/CHIP Populations Addressed in PIP (Check the program(s) and service areas(s) that apply)

| **Program** | **Population Size** | **Service Areas** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| STAR |  | Bexar  Dallas | El Paso  Harris | Hidalgo  Jefferson  Lubbock | | Nueces  Tarrant  Travis | MRSA Central  MRSA NE  MRSA West |
| STAR+PLUS |  | Bexar  Dallas | El Paso  Harris | Hidalgo  Jefferson  Lubbock | | Nueces  Tarrant  Travis | MRSA Central  MRSA NE  MRSA West |
| STAR Kids |  | Bexar  Dallas | El Paso  Harris | | Hidalgo  Jefferson  Lubbock | Nueces  Tarrant  Travis | MRSA Central  MRSA NE  MRSA West |
| STAR Health |  | Statewide | | | | | |
| Medicaid Dental |  | Statewide | | | | | |
| CHIP |  | Bexar  Dallas | El Paso  Harris | Jefferson  Lubbock | | Nueces  Tarrant | Travis  RSA |
| CHIP Dental |  | Statewide | | | | | |

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

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

## Requested Documentation Submitted

|  |
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| Appendix A: PIP Plan Collaborative Supplement (if applicable) |

## Activity 1. Select the PIP Topic

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| --- | --- | --- |
| What is the topic? | | |
| Describe how your plan selected the topic. Include a description of the analysis of member needs, care, and services to select the topic. If the topic was required by the state, please enter “Required by State.” | | |
| Describe how your plan considered priority areas identified by HHSC and/or CMS when selecting the topic. If the topic was required by the state, please enter “Required by State.” | | |
| Describe how your plan considered performance on the CMS Child and Adult Core Set Measures when selecting the topic. If the topic was required by the state, please enter “Required by State.” | | |
| Describe how your plan considered input from enrollees or providers who are users of or concerned with the services being addressed by the topic selected. If the topic was required by the state, please enter “Required by State.” | | |
| Describe how your plan considered addressing care of special populations or high priority services when selecting the topic (e.g. children with special health care needs, chronic conditions, care coordination, or preventative care). If the topic was required by the state, please enter “Required by State.” | | |
|  | | |
| **Describe the characteristics of the members in the target population for this PIP.** MCO data should be used to address the components below. | | | |
| Health Risks of the target population: | Distribution of age of target population: | | |
| Distribution of gender of target population: | | |
| Distribution of race/ethnicity of target population: | | |
| Target population’s utilization of clinical and/or non-clinical services: | Geographic location of target population (urban/rural, SA, etc.): | | |
| Disability or functional status of target population: | | |
| What is the prevalence? What percentage of Members is affected? | |
| How does the issue affect Member health, functional status, or Member/Provider satisfaction? | |
| What are the potential consequences of the disease/condition this PIP addresses? | |
| Does this PIP address a high-risk population? If so, describe the population and the characteristics that identify members as high risk. | |
| Other comments or information. | |

## Activity 2. Define the PIP Question(s)

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| --- |
| State the problem to be studied as one or more clear, answerable questions. The response must clearly state the intervention(s), population, and time period of the PIP. See example in PIP instructions. |

## Activity 3. Clearly Define the Population for this PIP

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| --- |
| What is the target population this PIP will address? Clearly describe inclusion and exclusion criteria. |

|  |
| --- |
| Does this PIP address the entire population or a sample?  Entire population  Sample population |

|  |
| --- |
| If the entire population will be studied, describe the data collection approach to capture all enrollees to whom the study question applies. |
| If a sample will be studied, describe how the sample represents the entire enrolled population to which the PIP study indicators (quantifiable measures) apply. Please be sure to address the following:   * Describe how the sampling frame contained a complete, recent, and accurate list of the target PIP population. *A sampling frame is the list from which the sample is drawn from.* * Describe how the representativeness of subgroups of the population (i.e., age groups, locations, or health status) were considered in the sampling methodology. * Describe how the sampling methodology accounted for potential biases. |

## Activity 4. Select PIP Performance Measure(s)/Indicator(s)

List and define the quantifiable measures and ensure all requested information is reported. Add sections for additional measures as needed.

**PLEASE NOTE:** Use the most current and complete data (a full measurement year) available for all baseline measures. Please indicate if data is preliminary.

### Quantifiable Measure # 1:

|  |
| --- |
| Measure Name: |
| Define the numerator: |
| Define the denominator: |
| Define the unit of analysis: |
| Is this a process measure? If yes, please describe the clinical evidence that indicates that the process being measured is meaningfully associated with the outcomes. If this is an outcome measure, please indicate N/A. |
| Is this a standardized measure?  Yes  (Go to “Measure Source”)  No  (Go to MCO-/DMO-derived Measures below) |
| **MCO/DMO-derived Measures:** |
| Describe how the measure addresses accepted clinical guidelines relevant to the PIP question. |
| Describe how the measure addresses an important aspect of care or operations that is meaningful to the MCO/DMO enrollees. |
| Describe how the data sources allowed for reliable and accurate measure calculation. |
| Please describe how the variables of the measure available will be examined on at least a semi-annual basis. |
| Describe how this measure captures changes in enrollee satisfaction or experience in care. |
| Describe the strategy utilized to ensure inter-rater reliability for this measure. |

| **Measure source (e.g., HEDIS®, AHRQ, MCO-/DMO-derived, CMS Child and Adult Core set, Core Quality Measure Collaborative, certified behavioral health clinics (CCBHC)):** | **Benchmark:** | **Source of benchmark:** | **Goal for real improvement:** | **Baseline Values** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Numerator** | **Denominator** | **Rate/Rate Ratio** | **Start Date** | **End Date** |
|  |  |  |  |  |  |  |  |  |

### Quantifiable Measure # 2:

|  |
| --- |
| Measure Name: |
| Define the numerator: |
| Define the denominator: |
| Define the unit of analysis: |
| Is this a process measure? If yes, please describe the clinical evidence that indicates that the process being measured is meaningfully associated with the outcomes. If this is an outcome measure, please indicate N/A. |
| Is this a standardized measure?  Yes  (Go to “Measure Source”)  No  (Go to MCO-/DMO-derived Measures below) |
| **MCO-/DMO-derived Measures:** |
| Describe how the measure addresses accepted clinical guidelines relevant to the PIP question. |
| Describe how the measure addresses an important aspect of care or operations that is meaningful to the MCO/DMO enrollees. |
| Describe how the data sources allowed for reliable and accurate measure calculation. |
| Please describe how the variables of the measure available will be examined on at least a semi-annual basis. |
| Describe how this measure captures changes in enrollee satisfaction or experience in care. |
| Describe the strategy utilized to ensure interrater reliability for this measure. |

| **Measure source (e.g., HEDIS®, AHRQ, MCO-/DMO-derived, CMS Child and Adult Core set, Core Quality Measure Collaborative, certified behavioral health clinics (CCBHC)):** | **Benchmark:** | **Source of benchmark:** | **Goal for real improvement:** | **Baseline Values** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Numerator** | **Denominator** | **Rate/Rate Ratio** | **Start Date** | **End Date** |
|  |  |  |  |  |  |  |  |  |

### Quantifiable Measure # 3:

|  |
| --- |
| Measure Name: |
| Define the numerator: |
| Define the denominator: |
| Define the unit of analysis: |
| Is this a process measure? If yes, please describe the clinical evidence that indicates that the process being measured is meaningfully associated with the outcomes. If this is an outcome measure, please indicate N/A. |
| Is this a standardized measure?  Yes  (Go to “Measure Source”)  No  (Go to MCO-/DMO-derived Measures below) |
| **MCO/DMO-derived Measures:** |
| Describe how the measure addresses accepted clinical guidelines relevant to the PIP question. |
| Describe how the measure addresses an important aspect of care or operations that is meaningful to the MCO/DMO enrollees. |
| Describe how the data sources allowed for reliable and accurate measure calculation. |
| Please describe how the variables of the measure available will be examined on at least a semi-annual basis. |
| Describe how this measure captures changes in enrollee satisfaction or experience in care. |
| Describe the strategy utilized to ensure interrater reliability for this measure. |

| **Measure source (e.g., HEDIS®, AHRQ, MCO-/DMO-derived, CMS Child and Adult Core set, Core Quality Measure Collaborative, certified behavioral health clinics (CCBHC)):** | **Benchmark:** | **Source of benchmark:** | **Goal for real improvement:** | **Baseline Values** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Numerator** | **Denominator** | **Rate/Rate Ratio** | **Start Date** | **End Date** |
|  |  |  |  |  |  |  |  |  |

## Activity 5A. Use Sound Sampling Techniques for a Representative Sample – Measure(s)/Indicator(s)

**PLEASE NOTE**: The sampling methodology for hybrid measures must be reported below unless the MCO is following the HEDIS® hybrid methodology and all hybrid processes are audited by a NCQA-certified auditor

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| Are measures for the entire study population and not a sample (e.g., all members with diabetes, all members with asthma, or all members)?  Yes (Go to Activity 5B)  No |
| If no, describe how you will obtain a representative sample for your measures. Please describe the sampling methodology for each measure that does not address the entire population. |
| Describe your sample. Does it include a subset of the members? Does it include a subset of the network hospitals and/or providers? How was the study sample selected? |
| How many members does the sample include? What percentage of the population does the sample represent? *For example, the sample included the three largest PCP practices with a combined total of 3,000 members with diabetes. This sample represents 30% of the 10,000 members with diabetes.* |
| Did the sampling frame contain a complete, recent, and accurate list of the target PIP population? *A sampling frame is the list from which the sample is drawn.* If not, please explain. |
| Describe how the representativeness of subgroups of the population (i.e., age groups, locations, or health status) were considered in the sampling methodology*.* |
| Describe how the sampling methodology accounted for potential biases. |

## Activity 5B. Using Sound Sampling Techniques for a Representative Sample – Interventions

**PLEASE NOTE:** If an intervention is targeting a sample of the population (e.g., only the Members who use a particular facility or only high-volume Providers), the sampling methodology needs to be described below.

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| --- |
| Are all interventions for the entire study population and not a sample (e.g., all Members with diabetes, all Members with asthma, or all Members)?  Yes (Go to Activity 6)  No |

|  |
| --- |
| If no, describe how you will obtain a representative sample for your interventions. Please describe the sampling methodology for each intervention that does not address the entire population. |
| Describe your sample. Does it include a subset of the Members? Does it include a subset of the Network Hospitals and/or Providers? How was the study sample selected? |
| How many Members does the sample include? What percentage of the population does the sample represent?*For example, the sample included the three largest PCP practices with a combined total of 3,000 Members with diabetes. This sample represents 30% of the 10,000 Members with diabetes.* |
| Did the sampling frame contain a complete, recent, and accurate list of the target PIP population? *A sampling frame is the list from which the sample is drawn.* If not, please explain. |
| Describe how the representativeness of subgroups of the population (i.e., age groups, locations, or health status) were considered in the sampling methodology*.* |
| Describe how the sampling methodology accounted for potential biases. |

## Activity 6. Plan and Collect Reliable Data

Describe your data collection plan. Please specify a systematic method for collecting valid and reliable data.

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| --- |
| What data will be collected? Clearly define data elements, including numerical definitions, units of measure, and the roles and qualifications of personnel collecting the data. |
| What are the sources from which the data will be collected, e.g. claims and encounter data, medical records, case management or electronic visit verification systems, tracking logs, surveys, and/or provider and/or enrollee interviews?   * For administrative data, please describe how all encounters will be captured for each data source (e.g. inpatient data, primary care data, LTSS data, ancillary data, etc.). * If EHR data was used, were patient, clinical, service, or quality metrics validated for accuracy and completeness, as well as, comparability across systems? * For medical record review (MRR), please include the roles and qualifications of the personnel conducting MRR, the process used for inter-rater and intra-rater reliability, and guidelines used to obtain and record the data collected. |
| How will data be collected? When will the data be collected? *For example, will the data be collected annually or semi-annually?* |
| What instruments will be used to collect the data? Describe their reliability and validity. |
| Describe your data analysis plan. What statistical tests will be conducted in order to determine if changes in the measurement rates were statistically significant or not? Please report the associated p-value or confidence interval that will be used to determine if there is a statistically significant change in the rates. What software will be used to conduct the analyses? |

## Activity 7A. Root Cause Analysis and Existing Interventions

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| --- |
| Provide the results of the root cause analysis. |
| Describe how the root cause analysis was used to develop interventions. |

Chronologically list the intervention(s) that are already in place to address this topic. **PLEASE NOTE:** The interventions listed here should represent the actions the MCO has been taking to improve the measure prior to the start of the PIP and are not to be included in the PIP interventions listed in Activity 7B. Add additional rows as needed.

| **Describe the Intervention(s)** | **Date Initiated** | **Still Ongoing?** |
| --- | --- | --- |
|  |  |  |
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## Activity 7B. Implement Intervention and Improvement Strategies

Real, sustained improvements in care result from a continuous cycle of measuring and analyzing performance and developing and implementing system-wide improvements in care. Chronologically list the intervention(s) that will be implemented to improve the measure(s). Describe the interventions and provide quantitative details whenever possible (e.g., “directly (person-to-person) contacted 4321 Members with diabetes by phone or face-to-face encounter” as opposed to “outreach to Members with diabetes”).

**PLEASE NOTE:** The interventions listed below should be new interventions that were developed based on the results of a root cause analysis and should not include interventions that were already in place prior to the start of the PIP.

**PLEASE NOTE:** Complete Appendix A: PIP Plan Collaborative Supplement if applicable.

Enter the requested information below for each intervention. Successful interventions involve qualified personnel to improve health outcomes for members. In addition, interventions addressing cultural awareness and socioeconomic considerations will have the most impact in diverse member populations. Add additional sections as needed.

### Improvement Strategy. The improvement strategy refers to the overall approach used to design the PIP, develop interventions, and refine the implementation strategy. For example, the Institute for Healthcare Improvement’s (IHI) Model for Improvement is a common evidence-based approach used to guide improvement work.

|  |
| --- |
| Describe the improvement strategy utilized for this PIP and the overall approach for developing and implementing the selected interventions. Indicate how the selected improvement strategy and interventions are evidence-based (published or unpublished). |
| Describe how the rapid-cycle PDSA approach was utilized to test the selected improvement strategy, if applicable. If the rapid-cycle PDSA approach was not used, please indicate as such and provide a rationale. |

### Intervention #1

|  |
| --- |
| Intervention Title: |
| Planned Date of Implementation: |
| Intervention level:  Member  Provider  System |
| Intervention Description: |
| Number of members/ number providers targeted:  Percentage of members/ percentage providers targeted: |
| What barriers from the root cause analysis does this intervention address? |
| Describe how the intervention will be monitored for effectiveness throughout implementation. Please include additional details about factors that will be tracked and monitored in order to determine the effectiveness of the implementation of the intervention. *For example, if conducting member outreach to encourage annual well-child visits and inform members of a gift card incentive if they go in for the annual visit, then report the percentage of members who were reached who subsequently went in for their annual visit and received a gift card. Please see the PIP instructions for additional examples.* |
| Describe how the MCO will maintain ongoing communication with members and/or providers regarding the interventions. |
| Describe how providers will be informed and engaged throughout the intervention. |
| Describe how provider involvement will be monitored. |
| List name(s) and position(s) of personnel responsible for implementing the intervention and describe their role(s). |
| Demonstrate the qualifications of the personnel selected to implement the interventions. |
| Describe cultural and linguistic considerations for this intervention. |
| Other intervention details. |

### Intervention #2

|  |
| --- |
| Intervention Title: |
| Planned Date of Implementation: |
| Intervention level:  Member  Provider  System |
| Intervention Description: |
| Number of members/ number providers targeted:  Percentage of members/ percentage providers targeted: |
| What barriers from the root cause analysis does this intervention address? |
| Describe how the intervention will be monitored for effectiveness throughout implementation. Please include additional details about factors that will be tracked and monitored in order to determine the effectiveness of the implementation of the intervention. *For example, if conducting member outreach to encourage annual well-child visits and inform members of a gift card incentive if they go in for the annual visit, then report the percentage of members who were reached who subsequently went in for their annual visit and received a gift card. Please see the PIP instructions for additional examples.* |
| Describe how the MCO will maintain ongoing communication with members and/or providers regarding the interventions. |
| Describe how providers will be informed and engaged throughout the intervention. |
| Describe how provider involvement will be monitored. |
| List name(s) and position(s) of personnel responsible for implementing the intervention and describe their role(s). |
| Demonstrate the qualifications of the personnel selected to implement the interventions. |
| Describe cultural and linguistic considerations for this intervention. |
| Other intervention details. |

### Intervention #3

|  |
| --- |
| Intervention Title: |
| Planned Date of Implementation: |
| Intervention level:  Member  Provider  System |
| Intervention Description: |
| Number of members/ number providers targeted:  Percentage of members/ percentage providers targeted: |
| What barriers from the root cause analysis does this intervention address? |
| Describe how the intervention will be monitored for effectiveness throughout implementation. Please include additional details about factors that will be tracked and monitored in order to determine the effectiveness of the implementation of the intervention. *For example, if conducting member outreach to encourage annual well-child visits and inform members of a gift card incentive if they go in for the annual visit, then report the percentage of members who were reached who subsequently went in for their annual visit and received a gift card. Please see the PIP instructions for additional examples.* |
| Describe how the MCO will maintain ongoing communication with members and/or providers regarding the interventions. |
| Describe how providers will be informed and engaged throughout the intervention. |
| Describe how provider involvement will be monitored. |
| List name(s) and position(s) of personnel responsible for implementing the intervention and describe their role(s). |
| Demonstrate the qualifications of the personnel selected to implement the interventions. |
| Describe cultural and linguistic considerations for this intervention. |
| Other intervention details. |

### Intervention #4

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| --- |
| Intervention Title: |
| Planned Date of Implementation: |
| Intervention level:  Member  Provider  System |
| Intervention Description: |
| Number of members/ number providers targeted:  Percentage of members/ percentage providers targeted: |
| What barriers from the root cause analysis does this intervention address? |
| Describe how the intervention will be monitored for effectiveness throughout implementation. Please include additional details about factors that will be tracked and monitored in order to determine the effectiveness of the implementation of the intervention. *For example, if conducting member outreach to encourage annual well-child visits and inform members of a gift card incentive if they go in for the annual visit, then report the percentage of members who were reached who subsequently went in for their annual visit and received a gift card. Please see the PIP instructions for additional examples.* |
| Describe how the MCO will maintain ongoing communication with members and/or providers regarding the interventions. |
| Describe how providers will be informed and engaged throughout the intervention. |
| Describe how provider involvement will be monitored. |
| List name(s) and position(s) of personnel responsible for implementing the intervention and describe their role(s). |
| Demonstrate the qualifications of the personnel selected to implement the interventions. |
| Describe cultural and linguistic considerations for this intervention. |
| Other intervention details. |

### Intervention #5

|  |
| --- |
| Intervention Title: |
| Planned Date of Implementation: |
| Intervention level:  Member  Provider  System |
| Intervention Description: |
| Number of members/ number providers targeted:  Percentage of members/ percentage providers targeted: |
| What barriers from the root cause analysis does this intervention address? |
| Describe how the intervention will be monitored for effectiveness throughout implementation. Please include additional details about factors that will be tracked and monitored in order to determine the effectiveness of the implementation of the intervention. *For example, if conducting member outreach to encourage annual well-child visits and inform members of a gift card incentive if they go in for the annual visit, then report the percentage of members who were reached who subsequently went in for their annual visit and received a gift card.* *Please see the PIP instructions for additional examples.* |
| Describe how the MCO will maintain ongoing communication with members and/or providers regarding the interventions. |
| Describe how providers will be informed and engaged throughout the intervention. |
| Describe how provider involvement will be monitored. |
| List name(s) and position(s) of personnel responsible for implementing the intervention and describe their role(s). |
| Demonstrate the qualifications of the personnel selected to implement the interventions. |
| Describe cultural and linguistic considerations for this intervention. |
| Other intervention details. |

### Intervention #6

|  |
| --- |
| Intervention Title: |
| Planned Date of Implementation: |
| Intervention level:  Member  Provider  System |
| Intervention Description: |
| Number of members/ number providers targeted:  Percentage of members/ percentage providers targeted: |
| What barriers from the root cause analysis does this intervention address? |
| Describe how the intervention will be monitored for effectiveness throughout implementation. Please include additional details about factors that will be tracked and monitored in order to determine the effectiveness of the implementation of the intervention. *For example, if conducting member outreach to encourage annual well-child visits and inform members of a gift card incentive if they go in for the annual visit, then report the percentage of members who were reached who subsequently went in for their annual visit and received a gift card. Please see the PIP instructions for additional examples.* |
| Describe how the MCO will maintain ongoing communication with members and/or providers regarding the interventions. |
| Describe how providers will be informed and engaged throughout the intervention. |
| Describe how provider involvement will be monitored. |
| List name(s) and position(s) of personnel responsible for implementing the intervention and describe their role(s). |
| Demonstrate the qualifications of the personnel selected to implement the interventions. |
| Describe cultural and linguistic considerations for this intervention. |
| Other intervention details. |

# Performance Improvement Project (PIP) Final Report Template

This is the template to be used for submitting each PIP Final Report. For each PIP, document the completion of each step by filling in the gray boxes. Double click on the check boxes and select “Checked” in the properties dialog box to make a selection. Refer to the instructions in UMCM Chapter 10.2.4 for detailed information on each area.

## Requested documentation submitted

**PLEASE NOTE:** Include PIP Final Report Summary with PIP Plan track changes if modifications were made after last PIP progress report.

|  |
| --- |
| Fishbone Diagram for Root Cause Analysis (if changes have been made since previous submission)  Appendix B: Final PIP Collaborative Supplement (if applicable) |

## Previous PIP Evaluation Recommendation(s)

Please report the previous recommendations from the most recent PIP evaluation. Describe how each recommendation was incorporated into the PIP and actions taken to meet the recommendation(s).

| **Previous Recommendation(s)** | **Actions taken to meet the recommendation(s)** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Activity 8. Analyze Data to Interpret PIP Results

Report the results of the PIP. Complete each cell in the table. For this section, the benchmark refers to the benchmark listed in Activity 4. The goal is set by the MCO in Activity 4. If the goal is met at the first re-measurement, the MCO can strive for further improvement and set a higher goal. The MCO should report two or more re-measurements. Add re-measurement rows as needed.

**PLEASE NOTE:** HHSC defines statistically significant at the 0.10 level of significance.

### Quantifiable Measure # 1:

|  |
| --- |
| Measure name: |

| **Benchmark** | **Goal** | **Measurement** | **Numerator** | **Denominator** | **Rate/Rate Ratio** | **Start Date the Measurement Covers** | **End Date the Measurement Covers** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Baseline: |  |  |  |  |  |
|
|  |  | Re-measurement 1: |  |  |  |  |  |
|
|  |  | Re-measurement 2: |  |  |  |  |  |
|

|  |
| --- |
| Statistically Significant Improvement?  Yes  No |
| Test used: |
| P-value/Rate ratio and 90% Confidence Interval: |
| Measurements Compared: |
| Describe how the results were compared to other entities, such as overall performance in the state, different patient subgroups, provider sites, or MCO/DMOs. |
| Identify and describe factors that may have influenced results, such as differences in baseline and repeat measurements, differences in response rates, differences in data collection measures, etc. |
| Discuss barriers encountered during implementation and how those barriers were addressed. |
| Discuss lessons learned from less than optimal performance and opportunities for improvement. |

### Quantifiable Measure # 2:

|  |
| --- |
| Measure Name: |

| **Benchmark** | **Goal** | **Measurement** | **Numerator** | **Denominator** | **Rate/Rate Ratio** | **Start Date the Measurement Covers** | **End Date the Measurement Covers** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Baseline: |  |  |  |  |  |
|
|  |  | Re-measurement 1: |  |  |  |  |  |
|
|  |  | Re-measurement 2: |  |  |  |  |  |
|

|  |
| --- |
| Statistically Significant Improvement?  Yes  No |
| Test used: |
| P-value/Rate ratio and 90% Confidence Interval: |
| Measurements Compared: |
| Describe how the results were compared to other entities such as, overall performance in the state, different patient subgroups, provider sites, or MCO/DMOs. |
| Identify and describe factors that may have influenced results, such as differences in baseline and repeat measurements, differences in response rates, differences in data collection measures, etc. |
| Discuss barriers encountered during implementation and how those barriers were addressed. |
| Discuss lessons learned from less than optimal performance and opportunities for improvement. |

### Quantifiable Measure # 3:

|  |
| --- |
| Measure Name: |

| **Benchmark** | **Goal** | **Measurement** | **Numerator** | **Denominator** | **Rate/Rate Ratio** | **Start Date the Measurement Covers** | **End Date the Measurement Covers** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Baseline: |  |  |  |  |  |
|
|  |  | Re-measurement 1: |  |  |  |  |  |
|
|  |  | Re-measurement 2: |  |  |  |  |  |
|

|  |
| --- |
| Statistically Significant Improvement?  Yes  No |
| Test used: |
| P-value/Rate ratio and 90% Confidence Interval: |
| Measurements Compared: |
| Describe how the results were compared to other entities such as, overall performance in the state, different patient subgroups, provider sites, or MCO/DMOs. |
| Identify and describe factors that may have influenced results, such as differences in baseline and repeat measurements, differences in response rates, differences in data collection measures, etc. |
| Discuss barriers encountered during implementation and how those barriers were addressed. |
| Discuss lessons learned from less than optimal performance and opportunities for improvement. |

## Activity 9. Intervention Follow up Summary

The overarching goal of a PIP is to improve processes and outcomes of health care provided by the MCO. Through analysis and interpretation of results, the MCO should determine the effectiveness and sustainability of each intervention implementation.

**PLEASE NOTE:** Complete Appendix B: Final PIP Collaborative Supplement. If applicable

Enter the requested information below for each intervention. Successful interventions involve qualified personnel to improve health outcomes for members. In addition, interventions addressing cultural awareness and socioeconomic considerations will have the most impact in diverse member populations. Add additional sections as needed.

### Intervention #1

|  |
| --- |
| Intervention Title: |
| Start and End Date of the Intervention: |
| Intervention level:  Member  Provider  System |
| 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: |
| Summarize modifications that were made to the interventions to overcome barriers encountered. |
| Describe results of communication with members, providers, and/or collaborators regarding the intervention. |
| 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. |
| Discuss any changes in personnel responsible for conducting the interventions. |
| Discuss any modifications in cultural and linguistic considerations made during the intervention. |
| Other comments or information. |

### Intervention #2

|  |
| --- |
| Intervention Title: |
| Start and End Date of the Intervention: |
| Intervention level:  Member  Provider  System |
| 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: |
| Summarize modifications that were made to the interventions to overcome barriers encountered. |
| Describe results of communication with members, providers, and/or collaborators regarding the intervention. |
| 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. |
| Discuss any changes in personnel responsible for conducting the interventions. |
| Discuss any modifications in cultural and linguistic considerations made during the intervention. |
| Other comments or information. |

### Intervention #3

|  |
| --- |
| Intervention Title: |
| Start and End Date of the Intervention: |
| Intervention level:  Member  Provider  System |
| 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: |
| Summarize modifications that were made to the interventions to overcome barriers encountered. |
| Describe results of communication with members, providers, and/or collaborators regarding the intervention. |
| 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. |
| Discuss any changes in personnel responsible for conducting the interventions. |
| Discuss any modifications in cultural and linguistic considerations made during the intervention. |
| Other comments or information. |

### Intervention #4

|  |
| --- |
| Intervention Title: |
| Start and End Date of the Intervention: |
| Intervention level:  Member  Provider  System |
| 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: |
| Summarize modifications that were made to the interventions to overcome barriers encountered. |
| Describe results of communication with members, providers, and/or collaborators regarding the intervention. |
| 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. |
| Discuss any changes in personnel responsible for conducting the interventions. |
| Discuss any modifications in cultural and linguistic considerations made during the intervention. |
| Other comments or information. |

### Intervention #5

|  |
| --- |
| Intervention Title: |
| Start and End Date of the Intervention: |
| Intervention level:  Member  Provider  System |
| 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: |
| Summarize modifications that were made to the interventions to overcome barriers encountered. |
| Describe results of communication with members, providers, and/or collaborators regarding the intervention. |
| 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. |
| Discuss any changes in personnel responsible for conducting the interventions. |
| Discuss any modifications in cultural and linguistic considerations made during the intervention. |
| Other comments or information. |

### Intervention #6

|  |
| --- |
| Intervention Title: |
| Start and End Date of the Intervention: |
| Intervention level:  Member  Provider  System |
| 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: |
| Summarize modifications that were made to the interventions to overcome barriers encountered. |
| Describe results of communication with members, providers, and/or collaborators regarding the intervention. |
| 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. |
| Discuss any changes in personnel responsible for conducting the interventions. |
| Discuss any modifications in cultural and linguistic considerations made during the intervention. |
| Other comments or information. |

## Activity 10. Significant and Sustained Improvement

|  |
| --- |
| Please discuss the whether or not the PIP was successful and why. Please ensure the response addresses the following:   * Was this PIP successful? Why or why not? * Was there a true improvement? * If there was true improvement, discuss whether or not the improvement was a direct result of the intervention(s). Please be sure to specify which intervention(s) resulted in an improvement. * Which measure or measures had a statistically significant improvement over baseline? |
| What are the future plans for this topic? |

Real change results from changes in the fundamental processes of health care delivery and is most valuable when it offers sustained improvements. A statistically significant improvement over baseline and in one more reporting period is required to show sustained improvement.

|  |
| --- |
| Describe how the results from this PIP demonstrate sustained improvement. Describe which measures meet these criteria (statistical significance and sustained improvement). Describe how the results from this PIP will be used to achieve continued sustained improvement. |

## Additional Comments

|  |
| --- |
| Comments: |

# APPENDIX A: PIP Plan Collaborative Supplement

Enter the requested information below for each intervention. Collaborative PIPs involve MCO, DMO, DSRIP, and community-based collaborators with defined roles and specific functions to successfully implement the interventions. In addition, effective communication and unified efforts will have the most impact. In the table below, discuss the collaborative interventions in detail. Add additional sections as needed.

## Intervention #1

|  |
| --- |
| Intervention Title: |
| List each collaborator’s role and responsibilities for the development and implementation of the intervention. |
| Describe why these specific collaborators were chosen among others. If applicable, include details about overlapping service areas, member populations, and processes for this intervention. |
| Describe communication methods and how often collaborators will meet. |
| Describe how the collaborators will align organizational efforts.For example, conducting community outreach events, developing a unified letter to send to providers which includes all MCO logos, using software programs to view the geographic distribution of members and providers, educational materials, etc. |
| Other comments or information. |

## Intervention #2

|  |
| --- |
| Intervention Title: |
| List each collaborator’s role and responsibilities for the development and implementation of the intervention. |
| Describe why these specific collaborators were chosen among others. If applicable, include details about overlapping service areas, member populations, and processes for this intervention. |
| Describe communication methods and how often collaborators will meet. |
| Describe how the collaborators will align organizational efforts.*For example, conducting community outreach events, developing a unified letter to send to providers which includes all MCO logos, using software programs to view the geographic distribution of members and providers, educational materials, etc.* |
| Other comments or information. |

## Intervention #3

|  |
| --- |
| Intervention Title: |
| List each collaborator’s role and responsibilities for the development and implementation of the intervention. |
| Describe why these specific collaborators were chosen among others. If applicable, include details about overlapping service areas, member populations, and processes for this intervention. |
| Describe communication methods and how often collaborators will meet. |
| Describe how the collaborators will align organizational efforts.*For example, conducting community outreach events, developing a unified letter to send to providers which includes all MCO logos, using software programs to view the geographic distribution of members and providers, educational materials, etc.* |
| Other comments or information. |

## Intervention #4

|  |
| --- |
| Intervention Title: |
| List each collaborator’s role and responsibilities for the development and implementation of the intervention. |
| Describe why these specific collaborators were chosen among others. If applicable, include details about overlapping service areas, member populations, and processes for this intervention. |
| Describe communication methods and how often collaborators will meet. |
| Describe how the collaborators will align organizational efforts.*For example, conducting community outreach events, developing a unified letter to send to providers which includes all MCO logos, using software programs to view the geographic distribution of members and providers, educational materials, etc.* |
| Other comments or information. |

# APPENDIX B: Final PIP Collaborative Supplement

Enter the requested information below for each intervention. Collaborative PIPs involve MCO, DMO, DSRIP and community-based collaborators with defined roles and specific functions to successfully implement the interventions. In addition, effective communication and unified efforts will have the most impact. In the table below, discuss the collaborative interventions in detail. Add additional sections as needed

## Intervention #1

|  |
| --- |
| Intervention Title: |
| Discuss any changes in collaborators’ roles and responsibilities during development and implementation of the intervention. |
| Discuss any modifications in communication methods among collaborators during implementation. *For example, collaborators may have decided to meet more frequently to discuss results.* |
| Describe why these specific collaborators were chosen among others. If applicable, include details about overlapping service areas, member populations, and processes for this intervention. |
| Discuss any changes made to the alignment of organizational efforts. |
| Discuss collaborative successes and barriers encountered for this intervention. |

## Intervention #2

|  |
| --- |
| Intervention Title: |
| Discuss any changes in collaborators’ roles and responsibilities during development and implementation of the intervention. |
| Discuss any modifications in communication methods among collaborators during implementation. *For example, collaborators may have decided to meet more frequently to discuss results.* |
| Describe why these specific collaborators were chosen among others. If applicable, include details about overlapping service areas, member populations, and processes for this intervention. |
| Discuss any changes made to the alignment of organizational efforts. |
| Discuss collaborative successes and barriers encountered for this intervention. |

## Intervention #3

|  |
| --- |
| Intervention Title: |
| Discuss any changes in collaborators’ roles and responsibilities during development and implementation of the intervention. |
| Discuss any modifications in communication methods among collaborators during implementation. *For example, collaborators may have decided to meet more frequently to discuss results.* |
| Describe why these specific collaborators were chosen among others. If applicable, include details about overlapping service areas, member populations, and processes for this intervention. |
| Discuss any changes made to the alignment of organizational efforts. |
| Discuss collaborative successes and barriers encountered for this intervention. |

## Intervention #4

|  |
| --- |
| Intervention Title: |
| Discuss any changes in collaborators’ roles and responsibilities during development and implementation of the intervention. |
| Discuss any modifications in communication methods among collaborators during implementation. *For example, collaborators may have decided to meet more frequently to discuss results.* |
| Describe why these specific collaborators were chosen among others. If applicable, include details about overlapping service areas, member populations, and processes for this intervention. |
| Discuss any changes made to the alignment of organizational efforts. |
| Discuss collaborative successes and barriers encountered for this intervention. |