**MCO APPROVAL REQUEST TO DHS**

**Performance Improvement Project (PIP) Submission**

**For One Year, Two Year, or Continuing PIP Proposals**

Updated: Feb. 2017; Aug. 2017; Oct. 2018; Sept. 2019; Nov. 2020, Jan 2021, Sept. 2021, Nov.2022

**Please submit completed form and any supporting documents to:** [**DHSDMSLTC@wisconsin.gov**](mailto:DHSDMSLTC@wisconsin.gov)

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| **RELEVANT REFERENCES** | | | | | | | | | | | | |
| **2020-2022 Family Care Contract – Wisconsin Department of Health Services**   * Article XII, Quality Management, Section C.7. Performance Improvement Projects * Contract Addendum VI. Performance Improvement Projects.   **CMS Protocols**   * Link to the CMS Quality of Care External Quality Review (EQR) webpage:   <https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html>   * **Published by CMS in October 2019, Protocol 1 became effective for MCO PIPs in 2021**   + All Protocols (document): <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>   + Overview of Protocols (webinar) <https://www.medicaid.gov/medicaid/quality-of-care/downloads/EQR-Webinar-update-january-2020.pdf> * **For PIP Validation** (Protocol 1 replaces the former Protocol 3)   + Link to Protocol 1 (Quick link by clicking on Protocol 1 found on p. iii of the *Contents* section)   <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>   * **For PIP Implementation**(Protocol 8 replaces the former Protocol 7; describes the steps for conducting a PIP)   + Link to Protocol 8 (Quick link by clicking on Protocol 8 on p. v. of the *Contents* section): <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf> | | | | | | | | | | | | |
| MCO Name | | | | | | | Report Submission Date | | | | Report Prepared by | |
| Choose an item. | | | | | | | Click here to enter a date. | | | | Click here to enter text. | |
| **Please check the following items as applicable to this PIP approval request** | | | | | | | | | | | | |
| PIP Proposal Type | | | | | | | | | | | | |
| Clinical | | Nonclinical | | |  | | | |  | | | |
| PIP Duration | | | | | | | | | | | | |
| One Year | | Two Year (Year #1) | | | | Two Year (Year #2) | | | | Continuing (Year # Enter Number. | | |
| Program(s) Involved: | | | | | | | | | | | | |
| FC Only | FCP Only | | Both FC and FCP Without PACE | | | | | | Both FC and FCP With PACE | | | |
| Primary MCO Contact Regarding Proposal: Click here to enter text. | | | | | | | | | | | | |
| Email: Click here to enter text. | | | | | | | | Phone: Click here to enter text. | | | | |
| **MCO Project Team** | | | | | | | | | | | | |
| Name | | | | Title/Department | | | | | | | | |
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| Proposed Project Title | | | | | | | | | | | | Proposed Implementation Date |
| Click here to enter text. | | | | | | | | | | | | Click here to enter a date. |
| **If this is a continuing PIP:** Briefly describe progress made to date and any problems encountered and/or benefits achieved for members.Per contract language (Article XII.C.7.h.), **“the proposal must include the justification for continuing the PIP.”** | | | | | | | | | | | | |
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| **STANDARD 1: PIP Topic**   * 1. The PIP topic was selected through a comprehensive analysis of MCO enrollee needs, care, and services.   2. The PIP topic considered performance on the CMS Child and Adult Core Set measures (if applicable).   3. The selection of the PIP topic considered input from enrollees or providers who are users of, or concerned with, specific service areas.   4. The PIP topic addresses care of special populations or high priority services.   5. The PIP topic aligns with priority areas identified by DHS and/or CMS.   **Guidance Notes**   * Each performance improvement project must clearly define a focus area that relates to the demographic characteristics and to the prevalence and potential consequences of the desirable or undesirable conditions among the MCO’s membership. * The focus area should be selected on the basis of data collection and analysis of members’ needs, care, and services, or on the basis of member input.   + The planned improvements should affect either a significant portion of the members or a clearly specified sub-portion.. | | | | | | | | | | | | |
| **1A.** Describe the process or analysis used to prioritize and select this topic as an area or opportunity for improvement.   * Include discussion of the member needs assessment that helped identify baseline performance. * Include the baseline data and the timeframe of the baseline data. * If applicable, address any performance on CMS Adult Core Set measure considered in the selection of the topic. | | | | | | | | | | | | |
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| **1B.** Describe the relevance of this topic to the organization’s membership.   * Identify how the topic relates to the health and/or functional status of members (address consideration of care of special populations or high priority services, as applicable). * Identify why the topic is important to members. | | | | | | | | | | | | |
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| **1C.** Describe any member and provider input obtained in considering this topic as an opportunity for improvement. | | | | | | | | | | | | |
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| **STANDARD 2: PIP Aim Statement**   * 1. The PIP aim statement clearly specifies the improvement strategy. * The selected improvement strategy (*relevant to Standards 8.1 -8.4; see PIP Proposed Standards and Scoring, p.4*):   + Is evidence-based (i.e., there is existing evidence (published or unpublished) suggesting that the test of change would be likely to lead to the desired improvement in processes or outcomes (as measured by the PIP variables)   + Is designed to address root causes or barriers that were identified through data analysis and quality improvement processes   + Is culturally and linguistically appropriate.   1. The PIP aim statement clearly specifies the population for the PIP.   2. The PIP aim statement clearly specifies the time period for the PIP.   3. The PIP aim statement is concise.   4. The PIP aim statement is answerable.   5. The PIP aim statement is measurable*.* | | | | | | | | | | | | |
| **2A.** State each PIP aim or question in a concise, answerable, and measurable format.  Include the:   * Specific numerical goal(s) and target date(s) * Intervention or improvement strategy that will be implemented * Rate of desired improvement (**from** what **to** what) in each aim or question * Population that will be involved in the PIP | | | | | | | | | | | | |
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| **STANDARD 3: PIP Population**   * 1. The project population is clearly defined in terms of the identified PIP question (such as age, length of enrollment, diagnoses, procedures, and other characteristics, as applicable).   2. If the entire MCO population is included in the PIP, the data collection approach captures all enrollees to whom the PIP aim or question applies*.* | | | | | | | | | | | | |
| **3A.**Describe the relevant population (all members to whom the study question and indicators apply). Include:   * Any inclusion or exclusion criteria * Any enrollment/eligibility criteria (e.g., requirements for how long members had to be enrolled). | | | | | | | | | | | | |
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| **3B.** If data for the entire population will be studied, describe how the data collection approach will capture all members to whom the study question applied. | | | | | | | | | | | | |
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| **STANDARD 4: Sampling Method**   * 1. The sampling frame contains a complete, recent, and accurate list of the target PIP population. (The sampling frame is the list from which the sample is drawn.)   2. The sampling method considers and specifies the true or estimated frequency of the event, the confidence interval to be used, and the acceptable margin of error.   3. The sample contains a sufficient number of enrollees taking into account non-response.   4. The method assesses the representativeness of the sample according to subgroups, such as those defined by age, geographic location, or health status.   5. Valid sampling techniques were used to protect against bias*.* | | | | | | | | | | | | |
| **4A. If sampling will be utilized** (i.e., data for a sample of the population will be studied and findings generalized to the entire population), provide a detailed explanation of the sampling methods to be used (e.g., sample size/population size, sampling technique used, confidence intervals, acceptable margin of error).  **If 4A. is not applicable to this project, enter “N/A” here***.* | | | | | | | | | | | | |
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| **STANDARD 5:** **PIP Variables and Performance Measures**   * 1. The variables are adequate to answer the PIP question.   2. The performance measures assess an important aspect of care that will make a difference to enrollees’ health or functional status.   3. The performance measures are appropriate based on the availability of data and resources to collect the data.   4. The measures are based on current clinical knowledge or health services research.   5. The performance measures will monitor, track, and compare performance over time; and inform the selection and evaluation of quality improvement activities.   6. The MCO considered existing measures such as CMS Child and Adult Core Set, Core Quality Measure Collaborative, certified community behavioral health clinics (CCBHC) measures, HEDIS®, or AHRQ measures.   7. The MCO developed new measures based on current clinical practice guidelines or health services research if there were gaps in existing measures.   8. The measures captured changes in enrollee satisfaction or experience of care.   9. The measures include a strategy to ensure inter-rater reliability (if applicable).   10. The process measure is meaningfully associated with outcomes (if applicable). | | | | | | | | | | | | |
| **5A.** List and define all study indicators/performance measures.   * Clearly define each numerator and denominator. * Ensure the indicators are concise, measurable, and adequately answer the PIP aim(s) or question(s). | | | | | | | | | | | | |
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| **5B.** **Briefly** summarize how the performance measure(s):   * Assess an important aspect of care that will make a difference to enrollees’ health or functional status. * Are appropriate based on the availability of data and resources to collect the data * Are based on current clinical knowledge or health services research * Will monitor, track, and compare performance over time; and inform the selectionand evaluation of quality improvement activities * Address any gaps in existing measures, if applicable | | | | | | | | | | | | |
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| **5C.** If CMS Adult Core Set, Core Quality Measure Collaborative, certified community behavioral health clinics (CCBHC) measures, HEDIS®, AHRQ or other existing measures are used, include the relevant specifications. (HEDIS ® is a registered trademark of the National Committee for Quality Assurance [NCQA]). | | | | | | | | | | | | |
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| **STANDARD 6. Data Collection Procedures**   * 1. The PIP design specifies a systematic method for collecting valid and reliable data that represents the population in the PIP.   2. The PIP design specifies the frequency of data collection.   3. The PIP design clearly specifies the data sources.   4. The PIP design clearly defines the data elements to be collected.   5. The data collection plan links to the data analysis plan to ensure that appropriate data would be available for the PIP.   6. The data collection instruments will allow for consistent and accurate data collection over the time periods studied.   7. Qualitative data collection methods are well-defined and designed to collect meaningful and useful information from respondents (if applicable).   *Administrative Data Sources* **(if applicable)**   * 1. If inpatient data will be used, the data system captures all inpatient admissions/discharges.   2. If primary care data will be used, primary care providers submit encounter or utilization data for all encounters.   3. If specialty care data will be used, specialty care providers submit encounter or utilization data for all encounters.   4. If ancillary data will be used, ancillary service providers submit encounter or utilization data for all services provided.   5. If LTSS data will be used, all relevant LTSS provider services are included.   6. If EHR data will be used, patient, clinical, service, or quality metrics are validated for accuracy and completeness as well as comparability across systems.   *Medical Record Review* **(if applicable)**   * 1. A list of data collection personnel and their relevant qualifications is provided.   2. For medical record review, interrater and intra-rater reliability is described.   3. For medical record review, guidelines for obtaining and recording the data are developed. | | | | | | | | | | | | |
| Study results are dependent on accurate and valid data that are collected appropriately.  **Clearly describe the data that will be collected for all project indicators. Include information about:** | | | | | | | | | | | | |
| **6A**. Identify all data sources (e.g., claims/administrative data, member files). | | | | | | | | | | | | |
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| **6B**. Describe how data will be collected. | | | | | | | | | | | | |
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| **6C.** Describe how the data will be stored and aggregated (e.g., registry, database). | | | | | | | | | | | | |
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| **6D**. Describe how data will be analyzed and by whom. | | | | | | | | | | | | |
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| **6E**. Describe the planned frequency of data collection and analysis.  **Include samples of any data collection tools or instruments as an attachment.** | | | | | | | | | | | | |
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**Additional information:**

* **Please list any references relevant to this PIP report.**
* **Attach any relevant documents (or include attachments in the report submission packet)**