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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-02886 (12/2022) |  | **STATE OF WISCONSIN** |

**Performance Improvement Project**

**Annual Report Format Guideline**

Reference: U.S. Department of Health and Human Services. Centers for Medicare and Medicaid Services (CMS). (2019). *CMS external quality review (EQR) protocols*. [CMS External Quality Review (EQR) Protocols (medicaid.gov)](https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf)

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

**FACE SHEET**

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| MCO Name | | Report Submission Date | | | | | Report Prepared by | | | |
| Choose an item. | | Click here to enter a date. | | | | | Click here to enter text. | | | |
| Project Title: Click here to enter text. | | | | | | | | | | |
| Date Project Initiated: Click here to enter a date. | | | | | | | | | | |
| Date of DHS Approval of Project: Click here to enter a date. | | | | | | | | | | |
| **Please check the following items as applicable to this PIP report.** | | | | | | | | | | |
| PIP Proposal Type | | | | | | | | | | |
| Clinical | | | Nonclinical | | |  | | | |  |
| PIP Duration | | | | | | | | | | |
| One Year | | | Two Year | | | Continuing | | | |  |
| **FOR TWO YEAR PIPs ONLY** | | | | | | | | | | |
| Year One Report | | | Year Two Report | | |  | | | |  |
| Program(s) Involved: | | | | | | | | | | |
| FC Only | FCP Only | | | Both FC and FCP Without PACE | | | | | Both FC and FCP With PACE | |
| **MCO Project Team** | | | | | | | | | | |
| Name | | | | | Title/Department | | | | | |
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| Primary MCO Contact: Click here to enter text. | | | | | | | | | | |
| Email: Click here to enter text. | | | | | | | | Phone: Click here to enter text. | | |
| Space for comments (as applicable) | | | | | | | | | | |
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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. |
| **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.   **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.   **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.   2.6 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).   **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).   **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   **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.   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 collection components for all PIP indicators.**  **6A**. Identify all data sources (e.g., claims/administrative data, member files).  **6B**. Describe how data was collected.  **6C.** Describe how the data was stored and aggregated (e.g., registry, database).  **6D**. Describe how the data was analyzed and by whom.  **6E**. Describe the frequency of data collection and analysis.  **For continuing projects**: Include the data from previous year(s) along with the current year.  **Include samples of any data collection tools or instruments as an attachment.** |
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| **STANDARD 7. Data Analysis and Interpretation of PIP Results**  7.1 The analysis was conducted in accordance with the data analysis plan.  7.2 The analysis included baseline and repeat measurements of project outcomes.  7.3 The analysis assessed the statistical significance of any differences between the initial and repeat measurements.  7.4 The analysis accounted for factors that may influence the comparability of initial and repeat measurements.  7.5 The analysis accounted for factors that may threaten the internal or external validity of the findings.  7.6 The PIP compared the results across multiple entities, such as different patient subgroups, provider sites, or MCOs.  7.7 PIP results and findings were presented in a concise and easily understood manner.  7.8 To foster continuous quality improvement, the analysis and interpretation of the PIP data included lessons learned about less-than-optimal performance. |
| **In a concise and easily understood manner:**  **7A.** Describe how the data analysis was conducted and aligned with the data analysis plan.  **7B.** Identify the baseline and repeat measurements of the project outcomes.  **7C.** Identify the statistical significance of any differences between the initial and repeat measurements and account for any factors that may influence the comparability of initial and repeat measurements.  **7D**. Discuss any factors that may threaten the internal or external validity of the findings.  **7E.** As applicable, discuss comparison of the results across multiple entities, such as different patient subgroups, provider sites, or MCOs.  **7F.** Identify and discuss any lessons learned about less-than-optimal performance.  **Include:**   * Baseline, interim data and repeat measurement(s)   + Was the same methodology used for the baseline and repeat measurements? (note Standard 9.1)   + Are the numerical results accurate and clear? * The numerators and denominators for the data submitted ***(required)*** * Discussion of the periodic data reviews conducted in accordance with the prospective data analysis plan**.** * Tables, charts, or graphs, as applicable   **For continuing projects**: Include the data from previous year(s) and any analysis of the data from the current year to previous year(s). |
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| **STANDARD 8. Improvement Strategies.**  8.1 The selected improvement strategy was evidence-based, that is, there was 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).  8.2 The strategy was designed to address root causes or barriers identified through data analysis and quality improvement processes.  8.3 The rapid-cycle PDSA approach was used to test the selected improvement strategy.  8.4 The strategy was culturally and linguistically appropriate.  8.5 The implementation of the strategy was designed to account or adjust for any major confounding variables that could have an obvious impact on PIP outcomes (e.g., patient risk factors, Medicaid program changes, provider education, clinic policies or practices).  8.6 Building on the findings from the data analysis and interpretation of PIP results, the PIP assessed the extent to which the improvement strategy was successful and identify potential follow-up activities. |
| **8A.** Describe how the improvement strategy was selected with respect to available evidence from the literature, data, or root cause or barrier analysis.  **8B.** Explain how the improvement strategy was determined to be likely to lead to the desired improvement in processes or outcomes (as measured by the PIP variables).  **8C.** Discuss how the improvement strategy was designed to address root causes or barriers identified through data analysis and quality improvement processes., including how the Plan-Do-Study-Act (PDSA) approach was utilized.  **8D.** Discuss how the improvement strategy was culturally and linguistically appropriate.  **8E.** Describe how implementation of the strategy was designed in order to account or adjust for any major confounding variables that could have an obvious impact on PIP outcomes (e.g., patient risk factors, Medicaid program changes, provider education, clinic policies or practices).  **8F.** With respect to the PIP data analysis and interpretation of the results, explain how the PIP assessed the extent to which the improvement strategy was successful; identify potential follow-up activities (also note Standard 9.2 and 9.3)  **Include any materials that were developed and/or used for interventions, such as, member educational materials, practice guidelines, etc., as attachments to this report.**  **For continuing projects:** Provide documentation that focuses on interventions implemented during the current project period. |
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| **STANDARD 9. Significant and Sustained Improvement**  9.1 The same methodology was used for baseline and repeat measurements.  9.2 There was quantitative evidence of improvement in processes or outcomes of care.  9.3 The reported improvement in performance was likely to be a result of the selected intervention.  9.4 There is statistical evidence (e.g., significance tests) that any observed improvement is the result of the intervention.  9.5 Sustained improvement was demonstrated through repeated measurements over time. |
| **9A.** Clearly describe how the same methodology was used for baseline and repeat measurements.  **9B.** Specify the quantitative evidence of improvement in processes or outcomes of care.  **9C.** Discuss the extent to which reported improvement in performance was likely to be a result of the selected intervention(s); include any statistical evidence  **9D.** If applicable, identify any sustained improvement demonstrated through repeated measurements over time.  **For continuing projects**: Include the relevant data from previous year(s) and any analysis of the data from the current year to previous year(s). |
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**In the space below:**

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