Use these instructions as a guide to complete the PIP Submission Form. Each section provides detailed information on the documentation requirements for each step.

Demographic Information	
CCO/DCO Name:	Type of Delivery System:
Project Leader Name:	Title:
Telephone Number:	Email Address:
Name of Project: ***<PIP Topic>***	
Submission Date:	
Resubmission Date (if applicable):	

Step 1: Select the PIP Topic. The topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve member health, functional status, and/or satisfaction. The topic may also be required by the State.

Topic:

Clearly state the topic. Specify if the topic was assigned by the State. Explain how the topic was selected, addressing the following required criteria:

1. **Was selected following collection and analysis of data. (Critical Element)**
   - Provide plan-specific data and an analysis of the data to support the selection of the topic. The topic should be selected through a comprehensive analysis of member needs, care, and services.
   - Clearly describe the identified opportunity for improvement.
   - If no plan-specific data were available
     - Provide the rationale for why the data were not included.
     - Provide plan-specific baseline data and an analysis of the data.

2. **Has the potential to affect member health, functional status, or satisfaction.**
   - The narrative should explain how the topic has the potential to affect member health, functional status, or satisfaction.

Step 2: Define the PIP Aim Statement(s). Defining the statement(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.

PIP Aim Statement(s):

Ensure the statement(s) addresses the following criteria:

1. **States the area in need of improvement in simple terms. (Critical Element)**
   - The statement(s) should be stated in the recommended format, "Does doing X result in Y?"
   - The statement(s) should include either the proposed intervention(s) or "targeted intervention(s)".
   - The statement(s) must be documented in clear, concise, and measurable terms.
   - Clearly specify the population for the PIP within the statement(s).
   - The statement(s) must be answerable through the proposed data collection methodology and indicator(s) provided.

Step 3: Define the PIP Population. The population should be clearly defined to represent the population to which the statement(s) and indicator(s) apply.

Population:

Describe the PIP population and methods for identifying the population, addressing the following criteria:

1. **Is accurately and completely defined and captures all eligible members to whom the statement(s) applies. (Critical Element)**
   - Include the requirements for the length of enrollment, continuous enrollment, new enrollment, and allowable gap criteria.
   - Include the age range and the anchor dates used to identify age criteria, if applicable.
   - Include all inclusion, exclusion, and diagnosis criteria used to identify the eligible population. Criteria identifying numerator compliance should not be provided in Step 3.
   - Include a list of diagnosis/procedure/pharmacy/billing codes used to identify the eligible population, if applicable. Codes identifying numerator compliance should not be provided in Step 3.
   - Capture all members to whom the statement(s) applies.
   - Include how race and ethnicity will be identified, if applicable.
   - If members with special healthcare needs were excluded, provide the rationale for the exclusion.

Step 4: Use Sound Sampling Methods. If sampling is used to select members for the PIP, proper sampling methods are necessary to ensure valid and reliable results. Sampling methods should be in accordance with generally accepted principles of research design and statistical analysis.

Sampling Methods:

Enter sampling methods used to select members for the population. Please ensure that the description addresses all criteria below. For each measurement period and indicator, provide the following information in the table.

If sampling was not used, please leave table blank and document that sampling was not used in the space provided below the table.

1. Enter the measurement period for the sampling methods used (e.g., baseline, Remeasurement 1).
2. Provide the title of each indicator.
3. Provide the sampling frame size. The sampling frame is the universe of members of the target PIP population from which the representative sample is drawn.
4. Provide the sample size. **(Critical Element)**
5. Provide the margin of error and confidence level.
6. Below the table, describe the method used to select the sample. If a vendor with an NCQA-certified measure was used to select the sample, include the certified measure ID (e.g., globally unique identifier, GUID).
7. Use sampling methods that allow for representativeness of the sample according to subgroup, geographic location, or health status and the generalization of results to the population. Ensure the sampling method used protect against bias.

1. Measurement Period	2. Performance Indicator	3. Sampling Frame Size	4. Sample Size	5. Margin of Error and Confidence Level
MM/DD/YYYY–MM/DD/YYYY				

Step 5: Select the Performance Indicator(s). A performance indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research.

Indicator(s):

At least one indicator is required.

Provide the background information for each indicator and describe how each indicator was selected. Enter the indicator(s) in the table for Step 5, ensuring that, at a minimum the indicator(s):

1. **Are well-defined, objective, and measure changes in health or functional status, member satisfaction, or valid process alternatives**. **(Critical Element)**
   - Include the complete title of each indicator.
   - Include the rationale for selecting the indicator(s).
   - Include a narrative description of each numerator and denominator.
   - If indicator(s) is/are based on nationally recognized performance measures (e.g., HEDIS/CMS Core Set), include the year of the technical specifications used for the applicable measurement year and update the year annually.
   - Include complete dates for all measurement periods (with the month, day, and year).
   - Include the mandated goal or target, if applicable. If no mandated goal or target enter "Not Applicable."

2. **Include the basis on which the indicator(s) was developed, if internally developed.**
   - If the indicator(s) was internally developed, provide the rationale and explanation for why each indicator was chosen for the PIP. Ensure the selection is based on current clinical knowledge or health services research.

Step 5: Select the Performance Indicator(s). A performance indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research.	
Indicator 1	**Enter Indicator title**
	Provide a narrative description and the rationale for selection of the indicator. Describe the basis on which the indicator was developed, if internally developed.
Numerator Description:	
Denominator Description:	
Baseline Measurement Period	MM/DD/YYYY to MM/DD/YYYY
Remeasurement 1 Period	MM/DD/YYYY to MM/DD/YYYY
Remeasurement 2 Period	MM/DD/YYYY to MM/DD/YYYY
Mandated Goal/Target, if applicable	
Use this area to provide additional information.	

Step 6: Valid and Reliable Data Collection. The data collection process must ensure that data collected for each indicator were valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement.

Data Collection:

Document the data collection process used. Make sure that the responses address all criteria. The documentation should include:

1. **Clearly defined sources of data and data elements to be collected.**
   - Documentation should include clear definitions of the data elements collected.
   - The sources of data should be clearly specified by checking all appropriate boxes, providing descriptive information when necessary, and attaching required information when appropriate.
   - Include codes, such as ICD-10 and CPT codes, that are used to identify and collect administrative data for the indicators.
   - If using HEDIS, submit the HEDIS Final Audit Report (FAR) if the PIP is based on a measure that was audited and passed.

2. **A clearly defined and systematic process for collecting baseline and remeasurement data. (Critical Element)**
   - A systematic step-by-step data collection process used in the production of the indicator outcomes, including denominator, numerator and percentage.
   - If an NCQA vendor was used to collect data, include the vendor's name.

IF MANUAL DATA COLLECTION WAS USED:

3. **A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications. (Critical Element)**
   - Include a copy of the manual data collection tool with the PIP submission. **Please do not include any personal health information (PHI)**.
   - For mailed surveys, include the cover letter and survey.
   - For telephone surveys, include the phone survey/computer assisted telephone interview (CATI) script.

Step 6: Valid and Reliable Data Collection. The data collection process must ensure that data collected for each indicator were valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement.

IF ADMINISTRATIVE DATA WERE COLLECTED:

4. Provide the estimated degree of reported administrative data completeness.

- Include the estimated degree of reported administrative data completeness percentage at the time the data are generated. This is the percentage of completeness of data when it is queried for the indicator(s) at the time the data are generated.
- Describe the process used to calculate this percentage. Typically, this information comes from an Incurred But Not Reported (IBNR) report. Include a narrative of how claims lag may have impacted the data reported.

Step 7: Indicator Results. Clearly present the results of the indicator(s) in the table below. For HEDIS-based/CMS Core Set PIPs, the data reported in the PIP Submission Form should match the validated performance measure rate(s).

Indicator 1 Title: [Enter title of indicator]

Measurement Period	Indicator Measurement	Numerator	Denominator	Percentage	Mandated goal or target, if applicable	Statistical Test Used, Statistical Significance, and *p* Value
MM/DD/YYYY–MM/DD/YYYY	Baseline				N/A for baseline	N/A for baseline
MM/DD/YYYY–MM/DD/YYYY	Remeasurement 1					
MM/DD/YYYY–MM/DD/YYYY	Remeasurement 2					

Indicator 2 Title: [Enter title of indicator]

Measurement Period	Indicator Measurement	Numerator	Denominator	Percentage	Mandated goal or target, if applicable	Statistical Test Used, Statistical Significance, and *p* Value
MM/DD/YYYY–MM/DD/YYYY	Baseline				N/A for baseline	N/A for baseline
MM/DD/YYYY–MM/DD/YYYY	Remeasurement 1					
MM/DD/YYYY–MM/DD/YYYY	Remeasurement 2					

Step 7: Data Analysis and Interpretation of Results. Clearly present the results for each indicator. Describe the data analysis performed and the results of the statistical analysis, if applicable, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined.

1. The data table included accurate, clear, consistent, and easily understood information. (Critical Element)

- Document the indicator results in the data table including the measurement period, numerator, denominator, percentage, mandated goal/target, if applicable, and statistical testing components.
  - Statistical testing must be conducted for each remeasurement year as compared to the baseline.
  - Statistical testing must document the following: type of two-tailed statistical test used, statistical significance of the result (statistically significant improvement or not statistically significant improvement), and the corresponding *p* value reported to four decimal places (i.e., 0.1234).
  - The remeasurement indicator results should represent statistically significant (95 percent confidence level, $p < 0.05$) improvement over the baseline performance.
- Ensure the indicator(s) data analysis results are accurately and consistently documented in both the data table and in the narrative sections of Step 7. Inconsistent documentation will impact the validation score.
- For HEDIS-based PIPs, the data reported in the PIP must match the validated performance measure rate(s).

2. A narrative interpretation of findings was included that addressed all required components of data analysis and statistical testing.

- The interpretation of results must describe in narrative form how data analysis was conducted and include the required components of data analysis.
- For the baseline measurement period, include:
  - The baseline results for each indicator.
- For each remeasurement period, include:
  - The remeasurement results for each indicator.
  - How the indicator results compared to the mandated goal or target, if applicable. For example, report the percentage point difference between the remeasurement result and the goal/target, and the direction of the difference (remeasurement result was better/worse than the goal).
  - Statistical testing outcomes compared to the baseline. The *p* value should be calculated and reported to four decimal places (e.g., 0.0235). If the *p* value is less than 0.0001, please indicate the *p* value < 0.0001. Indicate which two-tailed test was used to conduct

Step 7: Data Analysis and Interpretation of Results. Clearly present the results for each indicator. Describe the data analysis performed and the results of the statistical analysis, if applicable, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined.

the statistical testing (i.e., Chi-square test or Fisher's exact). Include an interpretation of the statistical test results. Interpretation of statistical testing should include the two-tailed statistical significance of the result (statistically significant improvement or not statistically significant improvement).

- If a subgroup analysis was conducted, the interpretation should identify those subgroups and describe comparisons made, statistical testing completed at the subgroup level, and subgroup results.
- The remeasurement indicator results should represent statistically significant (95 percent confidence level, $p < 0.05$) improvement over the baseline performance.

3. A statement was included that (a) identifies any factors that threaten the validity of the data reported, and (b) identifies any factors that threaten the ability to compare the initial measurement with the remeasurement.

- Document any identified factor during each measurement period, including baseline, that threatened the internal or external validity of the findings. Include the impact and resolution of these factors. Examples of factors that may threaten validity include a change in demographic population, acquiring another plan's members, or a change in plan staff. If no such factors are identified, this should be noted in the documentation.
- Document any identified factors during each remeasurement period that impacted the ability to compare the remeasurement results to the baseline results. An example of a factor that may threaten the ability to compare the remeasurement results to the baseline results is a change in data collection methodology.
- If there were no identified factors, this information should be stated in the narrative section. For example, at Remeasurement 1, the following statement could be included to address this evaluation element: "There were no factors identified that threatened the validity of the Remeasurement 1 results or impacted the ability to compare the Remeasurement 1 results to the baseline results."

Step 8: Improvement Strategies (**Interventions for improvement because of analysis).** Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis.

This step should be **updated for each measurement period** by adding to existing documentation. The documentation of Step 8 is organized into the following four parts:

- **Quality Improvement Team and Activities Narrative Description**
- **Barriers/Interventions Table: Prioritized barriers and corresponding intervention descriptions**
- **Intervention Evaluation Table: Evaluation of each intervention**
- **Clinical and Programmatic Improvement Table**

Each of the four parts and corresponding evaluation elements are described below.

Quality Improvement Team and Activities Narrative Description

Documentation in the quality improvement team and activities narrative description should address the following evaluation element:

1. A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools. (Critical Element)

- Add a narrative description under the appropriate header in the submission form for each completed measurement period.
- Describe the individuals, committee(s), team(s), and/or work group(s) that were involved in the quality improvement team.
- Describe the quality improvement processes and tools used to identify and prioritize barriers.
- Include the quality improvement tools as attachments (e.g., key driver diagram, fishbone diagram, Plan-Do-Study-Act [PDSA] Worksheet).
- Additional data mining/analyses can be performed to gain further insights into barriers to receiving care/services. For example, member subgroups (by provider, county, zip code, etc.) could be identified that did not receive care/services.
- Include documentation on when ongoing/cyclical quality improvement processes were initiated and revisited. Quality improvement processes should be updated at least once for each measurement period by adding to existing documentation.

Barriers/Intervention Table

Documentation in the Barriers/Interventions Table should address the following evaluation elements:

Step 8: Improvement Strategies (**Interventions for improvement because of analysis).** Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis.

2. Barriers that were identified and prioritized based on results of data analysis and/or other quality improvement processes.

- Include the priority ranking assigned to each barrier (numeric value) determined by greatest impact to the indicator(s)**.**
- Barriers should be prioritized based on results of data analysis and/or other quality improvement processes.
- Include a clear and concise description of each barrier being addressed.
- The timing of each intervention should consider the length of time needed to improve outcomes. Interventions implemented late in the measurement period may not be in place long enough to impact indicator outcomes.

3. Interventions that were logically linked to identified barriers and have the potential to impact indicator outcomes. (Critical Element)

- Include a description of each intervention. Interventions should be logically linked to identified barriers and be reasonably expected to impact indicator outcomes.
- The interventions developed should align to the identified barriers and have the potential to impact the indicator outcomes. Interventions such as mailings, fax blasts, updating websites, and automated reminder calls should not be used for an improvement project.

4. Interventions that were implemented in a timely manner to allow for impact of outcomes.

- Include the date the intervention was initiated (month/year date format).
- Interventions should be implemented in a timely manner to allow for impact of the indicator outcomes.

Barriers/Interventions Table

Barrier Priority Ranking	Barrier Description	Intervention Initiation Date (MM/YY)	Intervention Description	Select Current Intervention Status	Select if Member, Provider, or System Intervention
					Click to select status
					Click to select status

Step 8: Improvement Strategies (**Interventions for improvement because of analysis).** Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis.

Intervention Evaluation Table
Documentation of in the Intervention Evaluation Table should address the following evaluation elements:

5. **An evaluation of effectiveness for each individual intervention. (Critical Element)**
   - Include a description of the evaluation method for each intervention.
   - Describe the process used to evaluate the effectiveness of each intervention.
   - Include the evaluation results for each intervention.
   - The evaluation results should examine the successes of the intervention. For example, if a member intervention included telephone outreach by case management staff, the evaluation process should include how many outreach calls were made, how many calls resulted in successful contact with the member and if education was provided, and how many members received the service and became numerator compliant because of the outreach call.
6. **Intervention that were continued, revised, or discontinued based on evaluation data.**
   - Determine the next steps for each intervention.
   - Data from the evaluation results should be used to make decisions to continue, revise, or discontinue an intervention.
   - If an intervention is determined to be unsuccessful, the documentation should include problem solving techniques and justify decisions to revise or discontinue the intervention.
   - If an intervention is successful, the documentation should include the "next steps" for the intervention, how the intervention will be implemented system-wide, and how the intervention will be monitored for continued success.

Measurement Period	Intervention Description	Evaluation Process	Evaluation Results	Next Steps

Step 8: Improvement Strategies (**Interventions for improvement because of analysis).** Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis.

Clinical and Programmatic Improvement Table

The table should not be completed until the PIP has progressed to the point of determining results from at least one *remeasurement* period. Once remeasurement results are complete, include appropriate documentation, with supporting evidence, of any clinical or programmatic improvement achieved as a result of the PIP interventions. Documentation in the Clinical and Programmatic Improvement Table should address the following evaluation element components in Step 9 (remaining Step 9 evaluation components related to improvement demonstrated by indicator results, will be assessed based on Step 7 reported indicator results):

Step 9, Element 4. Significant *clinical* improvement in processes and outcomes OR significant *programmatic* improvement in processes and outcomes.

Clinical Significance: The magnitude or practical importance of a treatment or intervention effect. It is the judgement of the clinician (MCO) who decides whether a result is clinically significant or not.

Programmatic Significance: The practical effect or importance of an intervention implemented through a program or specified method (Department of Health and Human Services, Centers for Medicare & Medicaid Services. External Quality Review (EQR) Protocols: Appendix D: External Quality Review Glossary of Terms, October 2019).

- Specify the remeasurement period when improvement was achieved.
- The intervention description should clearly demonstrate a clinical or programmatic focus or address a clearly documented clinical or programmatic need.
- Describe the clinical and/or programmatic improvement achieved and specify the intervention(s) that led to the improvement.
- Provide relevant intervention evaluation results (data) demonstrating the improvement achieved. These results should align with the clinical or programmatic focus of the intervention.
- If clinical or programmatic improvement was achieved for more than one remeasurement period, complete the table for each remeasurement period improvement was achieved.

Step 8: Improvement Strategies (**Interventions for improvement because of analysis).** Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis.

- Narrative description of improvement achieved and supporting data from intervention evaluation results should be reported for each applicable remeasurement period.

Clinical Improvement		
Remeasurement Period	**Narrative Summary of Clinical Improvement**	**Supporting Quantitative or Qualitative Data**
Programmatic Improvement		
Remeasurement Period	**Narrative Summary of Programmatic Improvement**	**Supporting Quantitative or Qualitative Data**