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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-03123 (10/2023) | **STATE OF WISCONSIN**  Page 1 of 10 | |
| **PERFORMANCE IMPROVEMENT PROJECT (PIP)**  **MCO PROPOSAL AND ANNUAL REPORT** | | |
| **Instructions:**   * Reference the MCO PIP Guide for additional information. * Unless otherwise indicated, **submit each Standards section in a** **narrative format that addresses the respective scoring elements**, not merely as an item-for-item statement or checklist of each of the scoring elements. * PIP Proposal: Complete Standards 1-6. * PIP Annual Report: Complete Standards 7, 8, and 9. Make any updates to Standards 1-6 if changes were made after the proposal was approved, including changes made as a result of EQRO recommendations or changes made to facilitate project implementation, such as those related to PDSA.   In accordance with the applicable PIP timeline, submit each respective PIP Proposal or Annual Report and any supporting documents to: [DHSDMSLTC@wisconsin.gov](mailto:DHSDMSLTC@wisconsin.gov).  **FACE SHEET** | | |
| MCO Name: Choose an item. | Proposal or Report Submission Date:Click here to enter a date. | Proposal or Report Prepared by: Click here to enter text. |
| Primary MCO Contact: Click here to enter text. | | |
| Email: Click here to enter text. | Phone:Click here to enter text. | |
| Project Title: Click here to enter text. | | |
| **Please check the following items as applicable to this project.** | | |
| PIP Type | | |
| Clinical  Nonclinical | | |
| PIP Duration | | |
| One Year  Two Year  Continuing | | |
| **FOR TWO YEAR PIPs ONLY** (only applies to annual report submission): | | |
| Year One Report  Year Two Report | | |
| Program(s) Involved: | | |
| Family Care (FC) Only  Family Care Partnership (FCP) Only  FC and FCP  FC, FCP, and PACE | | |
| Date Project Initiated (only applies to annual report submission): Click or tap to enter a date. | | |
| Date of DHS Approval of Project (only applies to annual report submission): Click or tap to enter a date. | | |
| **MCO Project Team** | | |
| Name | Title/Department | |
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| Space for Comments (as applicable)  Click here to enter text. | | |

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| **IF THIS IS A CONTINUING PIP**: Per contract language (Article XII.C.7.h.), “the proposal must include the justification for continuing the PIP.” Include a brief description of PIP progress made to date and any problems encountered and/or benefits achieved for members. |
| Click here to enter text. |

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| **STANDARD 1: PIP TOPIC** (For validation, total possible score: 5)  *Standard 1 applies to PROPOSAL and VALIDATION* | | |
| **Elements of This Standard** | | **Instructions** |
| **1.1** | The PIP topic was selected through a comprehensive analysis of MCO enrollee needs, care, and services. | Describe the process or analysis used to prioritize and select this topic as an area or opportunity for improvement.  Include details of the member needs assessment that helped identify baseline performance.  Include the baseline data and the timeframe of the baseline data.  Describe the relevance of this topic to the organization’s membership.  Identify why the topic is important to members. |
| **1.2** | The PIP topic considered performance on the CMS Child and Adult Core Set measures (if applicable). | If applicable, address any performance on CMS Adult Core Set measure considered in the selection of the topic. |
| **1.3** | The selection of the PIP topic considered input from enrollees or providers who are users of, or concerned with, specific service areas. | Describe any member and/or provider input obtained in considering this topic as an opportunity for improvement. |
| **1.4** | The PIP topic addresses care of special populations or high priority services. | 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). |
| **1.5** | The PIP topic aligns with priority areas identified by DHS and/or CMS. | Identify how the topic aligns with a DHS and/or CMS priority. |
| **Standard 1:** | | |

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| **STANDARD 2: PIP AIM STATEMENT** (For validation, total possible score: 6)  All elements of this standard must be included in each aim statement and not obtained from elsewhere in the report.  Each aim statement should be written as a complete statement that incorporates all the elements.  *Standard 2 applies to PROPOSAL and VALIDATION* | | |
| **Elements of This Standard** | | **Instructions** |
| **2.1** | The PIP aim statement clearly specified the improvement strategy. | Include the intervention or improvement strategies that will be implemented. This is a very brief summary of the strategies. |
| **2.2** | The PIP aim statement clearly specified the population for the PIP. | Identify the population that will be involved in the PIP. |
| **2.3** | The PIP aim statement clearly specified the time period for the PIP. | Include the start and end dates for the project to be conducted. |
| **2.4** | The PIP aim statement was concise. | Ensure the aim is understandable and explains the project’s basic framework. |
| **2.5** | The PIP aim statement was answerable. | Include the rate of desired improvement (from what to what) in each aim or question. |
| **2.6** | The PIP aim statement was measurable. | Identify a specific numerical goal(s) and target date(s). |
| **Standard 2:** | | |

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| **STANDARD 3: PIP POPULATION** (For validation, total possible score: 2)  *Standard 3 applies to PROPOSAL and VALIDATION* | | |
| **Elements of This Standard** | | **Instructions** |
| **3.1** | The project population was clearly defined in terms of the identified PIP question. | Describe the relevant population (all members to whom the study question and indicators apply). Include:   * Any inclusion or exclusion criteria * Any enrollment/eligibility criteria (for example, requirements for how long members had to be enrolled). |
| **3.2** | If the entire MCO population was included in the PIP, the data collection approach captured all enrollees to whom the PIP question applied. | 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. |
| **Standard 3:** | | |

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| **STANDARD 4: SAMPLING METHOD** (For validation, total possible score: 5)  *Standard 4 applies to PROPOSAL and VALIDATION* | | |
| **Elements of This Standard** | | **Instructions** |
| **4.1** | The sampling frame contained a complete, recent, and accurate list of the target PIP population. (The sampling frame is the list from which the sample is drawn.) | Describe the sampling frame the PIP sample was drawn from. |
| **4.2** | The sampling method considered and specified the true or estimated frequency of the event, the confidence interval to be used, and the acceptable margin of error. | Describe a valid sampling method utilized, including the confidence interval and margin of error. |
| **4.3** | The sample contained a sufficient number of enrollees, taking into account non-response. | Describe the method used to determine the sample size needed. |
| **4.4** | The method assessed the representativeness of the sample according to subgroups, such as those defined by age, geographic location, or health status. | Describe how the sampling method represented subgroups. |
| **4.5** | Valid sampling techniques were used to protect against bias. | Ensure a valid sampling method was utilized. |
| **Standard 4: (enter N/A if sampling is not utilized)** | | |

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| **STANDARD 5: PIP VARIABLES AND PERFORMANCE MEASURES** (For validation, total possible score: 10)  *Standard 5 applies to PROPOSAL and VALIDATION* | | |
| **Elements of This Standard** | | **Instructions** |
| **5.1** | The variables were adequate to answer the PIP question. | 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 aims(s) or question(s). |
| **5.2** | The performance measure assessed an important aspect of care that will make a difference to enrollees’ health or functional status. | Summarize how the performance measures assess an important aspect of care that will make a difference to enrollees’ health or functional status. |
| **5.3** | The performance measures were appropriate based on the availability of data and resources to collect the data. | Summarize how the performance measures are appropriate and based on the availability of resources to collect the data. |
| **5.4** | The measures were based on current clinical knowledge or health services research. | Summarize how the performance measures are based on current clinical knowledge or health services research. |
| **5.5** | The performance measures monitored, tracked, and compared performance over time; and informed the selection and evaluation of quality improvement activities. | Summarize how the performance measures will monitor, track, and compare performance over time; and inform the selectionand evaluation of quality improvement activities. |
| **5.6** | 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. | If CMS Adult Core Set, Core Quality Measure Collaborative, certified community behavioral health clinics (CCBHC) measures, HEDIS®, or AHRQ, or other existing measures are used, include the relevant specifications. |
| **5.7** | The MCO developed new measures based on current clinical practice guidelines or health services research if there were gaps in existing measures. | Summarize how the performance measures address any gaps in existing measures, if applicable. |
| **5.8** | The measures captured changes in enrollee satisfaction or experience of care. | Summarize how the measure captured changes in enrollee satisfaction or experience of care. |
| **5.9** | The measures included a strategy to ensure inter-rater reliability (if applicable). | Describe the inter-rater reliability process utilized for manual data collection, if applicable. |
| **5.10** | The process measure is meaningfully associated with outcomes (if applicable). | Identify any process measures used. |
| **Standard 5:** | | |

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| **STANDARD 6: DATA COLLECTION PROCEDURES** (For validation, total possible score: 16)  *Standard 6 applies to PROPOSAL and VALIDATION* | | |
| **Elements of This Standard** | | **Instructions** |
| **6.1** | The PIP design specified a systematic method for collecting valid and reliable data that represents the population in the PIP. | Clearly describe the data collection components for all PIP indicators. |
| **6.2** | The PIP design specified the frequency of data collection. | Describe the frequency of data collection; how often the data collection is planned. |
| **6.3** | The PIP design clearly specified the data sources. | Identify all data sources (for example, claims/administrative data, member files). |
| **6.4** | The PIP design clearly defined the data elements to be collected. | Describe what data is being collected. |
| **6.5** | The data collection plan linked to the data analysis plan to ensure that appropriate data would be available for the PIP. | Describe how the data collection plan aligns with the data analysis plan.  Describe how the data was stored and aggregated (for example, registry, database). |
| **6.6** | The data collection instruments allowed for consistent and accurate data collection over the time periods studied. | Identify data collection tools used. Include samples of any data collection tools or instruments as an attachment. |
| **6.7** | Qualitative data collection methods were well-defined and designed to collect meaningful and useful information from respondents (if applicable). | Identify any qualitative data collection methods used to collect data for the PIP aim. |
| **Administrative Data (if applicable):** Data generated through the routine administration of Health Care Programs. This refers to information that is collected, processed, and stored in automated information systems. Data obtained from the MCO’s electronic care management system is considered administrative data. | | |
| **6.8** | If inpatient data will be used, the data system captures all inpatient admissions/discharges. | Describe the inpatient data that was used and identify how all inpatient admissions/discharges were captured. |
| **6.9** | If primary care data will be used, primary care providers submit encounter or utilization data for all encounters. | Describe the data obtained from primary care providers (typically billing/claims for services), and how it was captured. |
| **6.10** | If specialty care data will be used, specialty care providers submit encounter or utilization data for all encounters. | Describe the data obtained from specialty care providers and how it was captured. Examples of specialty care providers include: podiatrists, nephrologists, oncologists, orthopedics, etc. |
| **6.11** | If ancillary data will be used, ancillary service providers submit encounter or utilization data for all services provided. | Describe the ancillary service data used and how it was captured. Ancillary services are medical services or supplies that are not provided by acute care hospitals, doctors, or health care professionals (typically billing/claims for services). |
| **6.12** | If LTSS data will be used, all relevant LTSS provider services are included. | Identify the LTSS data used and how it was captured. Includes all acceptable services outlined in waiver services. This data would only be in Family Care, PACE, and Family Care Partnership projects. |
| **6.13** | If EHR data will be used, patient, clinical, service, or quality metrics are validated for accuracy and completeness as well as comparability across systems. | The MCO’s electronic care management systems are electronic health records (EHRs), and if the MCO is collecting data from their own EHR, then they would need to describe how that is done, and if there is an over-read or internal quality control (IQC) process in place to validate the data being collected. |
| **Medical Record Review Data (if applicable):** Medical record review/abstraction process is when the MCO requests or accesses medical records of their members from external medical providers, such as clinics, hospitals, and other health care providers. FC/FCP/PACE PIPs would likely not utilize external medical review, as much of the data comes from their internal system. | | |
| **6.14** | A list of data collection personnel and their relevant qualifications is provided. | Provide a list of data collection personnel and their relevant qualifications. |
| **6.15** | For medical record review, interrater and intra-rater reliability is described. | Describe the method to assure interrater and intra-rater reliability. |
| **6.16** | For medical record review, guidelines for obtaining and recording the data were developed. | Describe the guidelines for obtaining and recording data or identify the HEDIS Hybrid specifications utilized. |
| **Standard 6:** | | |

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| **STANDARD 7: DATA ANALYSIS AND INTERPRETATION OF PIP RESULTS** (For validation, total possible score: 8)  This standard is specific to the data analysis and interpretation of results for the aim statements.  *Standard 7 applies to VALIDATION. MCOs do not need to address this in the PIP Proposal.* | | |
| **Elements of This Standard** | | **Instructions** |
| **7.1** | The analysis was conducted in accordance with the data analysis plan. | Describe how the data analysis was conducted and aligned with the data analysis plan. |
| **7.2** | The analysis included baseline and repeat measurements of project outcomes. | Identify the baseline and repeat measurements of the project outcomes. |
| **7.3** | The analysis assessed the statistical significance of any differences between the initial and repeat measurements. | Identify the statistical testing method used to assess differences between the initial and repeat measurements and describe the findings from the statistical testing that was completed. This includes improvements and declines in the results. |
| **7.4** | The analysis accounted for factors that may influence the comparability of initial and repeat measurements. | Identify any factors that may influence the comparability of initial and repeat measurements. This includes details on any changes made during the project that impacted the baseline rate, population, etc. |
| **7.5** | The analysis accounted for factors that may threaten the internal or external validity of the findings. | Discuss any 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. | Discuss comparison of the results across multiple entities, such as different member subgroups, provider sites, or MCOs. |
| **7.7** | PIP results and findings were presented in a concise and easily understood manner. | Present results accurately and clearly. Include any applicable tables, charts, and/or graphs. |
| **7.8** | To foster continuous quality improvement, the analysis and interpretation of the PIP data included lessons learned about less-than-optimal performance. | Identify and discuss any lessons learned about less-than-optimal performance. |
| **Standard 7:** | | |

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| **STANDARD 8: IMPROVEMENT STRATEGIES** (For validation, total possible score: 6)  *Standard 8 applies to VALIDATION. MCOs do not need to address this in the PIP Proposal.* | | |
| **Elements of This Standard** | | **Instructions** |
| **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). | Describe how the improvement strategy was selected with respect to available evidence from the literature, data, root cause analysis, or barrier analysis.  Explain how the improvement strategy was determined to be likely to lead to the desired improvement in processes or outcomes. |
| **8.2** | The strategy was designed to address root causes or barriers identified through data analysis and quality improvement processes. | Discuss how the improvement 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. | Include how the Plan-Do-Study-Act (PDSA) approach was utilized. |
| **8.4** | The strategy was culturally and linguistically appropriate. | Discuss how the improvement strategy was culturally and linguistically appropriate. This element is always applicable, even for non-member facing improvement strategies. |
| **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 (for example, patient risk factors, Medicaid program changes, provider education, clinic policies or practices). | Describe how implementation of the strategy was designed to account or adjust for any major confounding variables that could have an obvious impact on PIP outcomes (for example, member 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. | 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. |
| **Standard 8:** | | |

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| **STANDARD 9: SIGNIFICANT AND SUSTAINED IMPROVEMENT**  (For validation, total possible score: 4 (New PIPs); 5 (Continuing PIPs))  *Standard 9 applies to VALIDATION. MCOs do not need to address this in the PIP Proposal.* | | |
| **Elements of This Standard** | | **Instructions** |
| **9.1** | The same methodology was used for baseline and repeat measurements. | Clearly describe how the same methodology was used for baseline and repeat measurements for each aim statement. |
| **9.2** | There was quantitative evidence of improvement in processes or outcomes of care. | Specify the quantitative evidence of improvement in processes or outcomes of care for each aim statement. |
| **9.3** | The reported improvement in performance was likely to be a result of the selected intervention. | Discuss the extent to which reported improvement in performance was likely to be a result of the selected intervention(s) for each aim statement. |
| **9.4** | There is statistical evidence (for example, significance tests) that any observed improvement is the result of the intervention. | Identify the statistical testing method used to assess if the improvement between the initial and repeat measurements was statistically significant, and likely to be attributed to the interventions, and describe the findings from the statistical testing that was completed. Include this information for each aim statement. |
| **9.5** | Sustained improvement was demonstrated through repeated measurements over time. | If applicable, identify any sustained improvement demonstrated through repeated measurements over time. |
| **Standard 9:** | | |

**Additional Information:**

* Please list any references relevant to this PIP.
* Attach any documents or tools relevant to this PIP.