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	
Plan Name:	Type of Delivery System: _____
Project Leader Name: _____	Title: _____
Telephone Number: _____	Email Address: _____
Name of Project:	***<PIP Topic>***
Submission Date: _____	

Step I: Select the Study Topic. The study topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve processes and outcomes of healthcare. The topic may also be specified by the State.

Topic:

Clearly state the PIP topic. Specify if the topic was assigned by the state or is a statewide collaborative PIP topic. 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 analysis to support the selection of the topic.
- If no plan-specific data were available, provide rationale for why the data were not included.

2. Has the potential to affect member health, functional status, or satisfaction.

- The narrative should explain how the PIP topic has the potential to affect member health, functional status, or satisfaction.
- The link between the topic and outcomes of care should be explained.

Step II: Define the Study Question(s). Stating the question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.

Study Question:

Ensure the question(s) addresses the following criteria:

1. States the problem to be studied in simple terms. (Critical Element)

- The question(s) should be stated in the recommended format, "Does doing X result in Y?"
- State the question in clear and simple terms.
- The question(s) must be answerable through the proposed data collection methodology and study indicator(s) provided.

Step III: Define the Study Population. The population should be clearly defined to represent the population to which the question(s) and indicators apply.

Population:

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

1. Is accurately and completely defined and captures all members to whom the question(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 the inclusion, exclusion, and diagnosis criteria.
- Include a list of diagnosis/procedure/pharmacy/billing codes used to identify members in the population, if applicable. Codes identifying numerator compliance should not be provided in Step III.
- Capture all members to whom the question(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 IV: Select the Study Indicator(s). A study 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.

Study Indicator(s):

At least one study indicator is required.

Provide the background information for each indicator and describe how each indicator was selected.

Enter the study indicator(s) in the table for Step IV, ensuring that, at a minimum the study 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 study indicator.
   - Include a narrative description of each numerator and denominator.
   - Include the rationale for selecting the study indicator(s).
   - If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS 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 study indicator(s) was internally developed, provide the rationale and explanation for why each study indicator was chosen for the PIP.

Step IV: Select the Study Indicator(s). A study 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.	
Study Indicator 1: [Enter title]	**Provide a narrative description and the rationale for selection of the study 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 V: Use Sound Sampling Techniques. If sampling is used to select members for the study, proper sampling techniques are necessary to provide valid and reliable information on the quality of care provided. Sampling techniques should be in accordance with generally accepted principles of research design and statistical analysis.

Sampling Methods:

Enter sampling techniques used to select members for the population. Please ensure that the description addresses all criteria below. For each measurement period and study 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 population size.
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 techniques that allow for the generalization of results to the study population.

Measurement Period	Study Indicator	Population Size	Sample Size	Margin of Error and Confidence Level
MM/DD/YYYY–MM/DD/YYYY				

Step VI: Reliably Collect Data. The data collection process must ensure that data collected for each study 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-9/ICD-10 and CPT codes, that are used to identify and collect administrative data for the study indicators.
- If using HEDIS, submit the Final HEDIS Audit Report 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 step-by-step data collection process used in the production of the study indicator outcomes.
- 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 VI: Reliably Collect Data. The data collection process must ensure that data collected for each study 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 administrative data completeness.

- Include the estimated degree of administrative data completeness percentage. This is the percentage of completeness of data when it is queried for the study indicator(s) following allowable claims lag.
- Describe the process used to calculate this percentage. Typically, this information comes from an Incurred but Not Reported (IBNR) report.

Step VII: Study Indicator Results. Clearly present the results of the study indicator(s) in the table below. For HEDIS-based PIPs, the data reported in the PIP Summary Form should match the validated performance measure rate(s).

Study Indicator 1 Title: Enter title of study 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					NA for baseline
MM/DD/YYYY–MM/DD/YYYY	Remeasurement 1					
MM/DD/YYYY–MM/DD/YYYY	Remeasurement 2					

Study Indicator 2 Title: Enter title of study 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					
MM/DD/YYYY–MM/DD/YYYY	Remeasurement 1					
MM/DD/YYYY–MM/DD/YYYY	Remeasurement 2					

Step VII: Data Analysis and Interpretation of Study Results. Clearly present the results for each of the study indicator(s). 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 study indicator results in the data table including the measurement period, numerator, denominator, percentage, mandated goal/target, if applicable, and statistical testing components.
- Ensure the study indicator data analysis results are accurately and consistently documented in both the data table and in the narrative sections of Step VII. Inconsistent documentation will impact 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 should 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 study indicator.
- For each remeasurement period, include:
  - The remeasurement results for each study indicator.
  - How the study 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 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 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.

Step VII: Data Analysis and Interpretation of Study Results. Clearly present the results for each of the study indicator(s). 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.

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 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.
- 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 VIII: 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.

Causal/Barrier Analysis:

Documentation of the quality improvement processes used to develop interventions and improvement strategies should address the following criteria.

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

- A description of the individuals, committee(s), team(s), and/or work group(s) that were involved.
- A description of the quality improvement processes and tools used to identify barriers.
- A description of the quality improvement processes 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).
- Include documentation on when ongoing/cyclical quality improvement processes were initiated and revisited.

Additional data mining/analyses can be performed to gain further insights for barriers to receiving care/services. For example, member subgroups (by provider, county, zip code, etc.) could be identified that did not receive care/services.

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

- A description of all barriers identified, including a ranking of barriers by priority.
- A description of the quality improvement processes used to prioritize the barriers.
- Include any quality improvement tools as attachments (e.g., key driver diagram, fishbone diagram, PDSA Worksheet).

3. Interventions that are logically linked to identified barriers and will directly impact study indicator outcomes. (Critical Element)

- The interventions developed should align to the identified barriers and have the potential to impact the study indicator outcomes. Interventions such as mailings, fax blasts, updating websites, and automated reminder calls should not be used for an improvement project.

Step VIII: 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.

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

- Include the implementation date for each intervention. The timing of each intervention should take into account the length of time needed to improve outcomes. Interventions implemented late in the measurement period may not be in place long enough to impact study indicator outcomes.

5. Evaluation of individual interventions for effectiveness. (Critical Element)

- Describe the process used to evaluate the effectiveness of each intervention.
- The evaluation process 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 education was provided, and how many members received the service and became numerator compliant because of the outreach call.

6. Interventions continued, revised, or discontinued based on evaluation results.

- Data from the evaluation process should be used to make decisions to revise, adapt, 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.

Step VIII: 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.

Barriers/Intervention Table:

- Include the date the intervention was implemented (month/year format).
- Indicate whether the intervention is new, continued, or revised.
- Include the category of the intervention (member, provider, system).
- Include the priority ranking (numeric value).
- Include a description of each barrier.
- Include a description of the intervention(s). Ensure that the intervention is logically linked to the barrier.

Date Implemented (MM/YY)	Select if Continued, New, or Revised	Select if Member, Provider, or System Intervention	Priority Ranking	Barrier Description	Intervention Description
	Click to select status	Click to select status			
	Click to select status	Click to select status			
	Click to select status	Click to select status			
	Click to select status	Click to select status			

Step VIII: 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:

In the table below, list each intervention that is listed in the Barriers/Interventions Table above. For each intervention, document the processes and measures used to evaluate effectiveness, the evaluation results, and next steps taken in response to the evaluation results. Additional documentation of evaluation processes and results may be attached as separate documents. Attachments should be clearly labeled and referenced in the table.

Complete a row in the table for each intervention deployed in each measurement period, with the following documentation:

- Include the measurement period (e.g., Baseline, Remeasurement 1, Remeasurement 2).
- Include the intervention description from the Barriers/Interventions table above.
- Include the evaluation processes and tools used to determine effectiveness of the intervention.
- Include the quantitative and/or qualitative evaluation results for the intervention and conclusions about effectiveness.
- Include a description of the next steps for the intervention, based on the evaluation results (will the intervention be continued, revised, or discontinued/replaced?).

Measurement Period	Intervention Description	Evaluation Process	Evaluation Results	Next Steps