



Statewide Performance Improvement Project (PIP) Annual Progress Report Guidance Document and Reporting Instructions

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This document provides instructions and guidance to coordinated care organizations (CCOs) for completing annual progress reporting on their statewide performance improvement project work.

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Background and overview

A performance improvement project (PIP) is a project designed to achieve significant improvement, sustained over time, in health outcomes and Medicaid member experience. CCOs are required to conduct PIPs that focus on both clinical and non-clinical areas per 42 CFR 438.330, as part of a CCO's quality assessment and performance improvement (QAPI) program.

Oregon requires CCOs to undertake PIPs in at least four of the eight quality improvement focus areas listed below:

1. Reducing preventable re-hospitalizations.
2. Addressing population health issues (such as diabetes, hypertension, and asthma) within a specific geographical area by harnessing and coordinating a broad set of resources, including Traditional Health Workers, public health services, and aligned federal and state programs, etc.

3. Deploying primary care teams to improve care and reduce preventable or unnecessarily costly utilization by “super-users.”
4. Integrating primary care, behavioral health care and/or oral health care.
5. Ensuring appropriate care is delivered in appropriate settings.
6. Improving perinatal and maternity care.
7. Improving primary care for all populations through increased adoption of the PCPCH model of care throughout the CCO networks.
8. Social Determinants of Health and Health Equity.

The four required projects are covered by:

- Two statewide PIPs – one focused on care integration (focus area 4) and one focused on substance use disorder (currently addressing focus area 2).
- Two CCO selected PIPs with projects addressing two of the remaining six focus areas.

Design

For the statewide PIP requirements, the PIP topic is selected collaboratively with OHA and CCOs, then adopted by all CCOs with a common performance measurement. Each statewide PIP is intended to have a common goal with the flexibility for each CCO to develop interventions to meet the needs of their community. Therefore, each CCO conducts individualized root cause analyses, designs interventions, prioritizes various sub-populations, and adopts additional performance metrics specific to their clinical system(s) and community. All CCOs receive data and reports from OHA for the common performance measurement. OHA performs measurement analysis and distributes monthly and annual performance measures for validation for standard reporting. CCOs may elect for internal performance measure tracking and seek OHA measure technical assistance.

Methodology

CCOs should have a quality and/or performance management methodology such as Plan-Do-Study/Check-Act (PDSA/PDCA), Lean, Institute for Health Improvement (IHI) Model for Improvement, or Six Sigma to implement across all PIPs. Additionally, CCOs can utilize quality improvement tools (e.g. cause effect diagram, fishbone, driver diagram, pareto charts, logic models, surveys) to support in barrier analysis, member engagement, provider engagement, intervention and strategy development, implementation, and evaluation.

Reporting

For statewide PIPs, CCOs must submit two reports each year:

1. An annual progress report for OHA review and feedback.

2. An annual validation report for external quality review (EQR) purposes.

PIP EQR is required by managed care plans by Center for Medicare and Medicaid Services (CMS) by CFR. EQR report guidance and validation are provided by the External Review Organization (EQRO) contractor for OHA. **This document focuses on guidance for the annual progress report to OHA.**

Timeline and assessment

Each CCO must submit its annual statewide PIP progress report by **January 31**, via the [CCO Contract Deliverables Portal](#). OHA annual progress report submissions must use the current annual progress report template, and the template must be completed in its entirety.

CCOs will receive a written assessment with their scores and OHA feedback on their submission. CCOs are expected to use the OHA feedback to improve their quality improvement work. This information will be delivered via the CCO Contract Deliverables Portal.

OHA will schedule a feedback call with any CCOs who score below 24 points (80%) to begin discussions on how the CCO can improve their PIP work. All CCOs have the option to have a feedback call with OHA to discuss their written assessment and areas for improvement.

Resources and contact information

The progress report template and supporting documents are available on the CCO Contract Forms page as well as the Statewide Performance Improvement Project OHA website.

The resources listed below are hyperlinked to the websites for each resource. Click the name for the resource to get access to organization/group's website.

[Health Services Advisory: Oregon External Quality Review website](#)

[Center for Medicare and Medicaid \(CMS\): Medicaid Quality website](#)

[OHA CCO Contracts Forms website](#)

[OHA CCO Metrics website](#) (for information about the IET metric)

[OHA Quality Assurance website](#)

[OHA Quality Improvement website](#)

[OHA Statewide Performance Improvement website](#)

Questions or communications about the statewide PIP, completing the annual progress report, or quality improvement technical assistance can be directed to the OHA Quality Improvement Team at OHA.QualityQuestion@oha.oregon.gov.

Questions about statewide PIP metric data can be directed to the OHA analytics team at metrics.questions@odhsoha.oregon.gov.

Instructions for completing the progress report template

The progress report template is a Microsoft Word document that uses fillable form elements and tables throughout. You will need to be familiar with utilizing these features to successfully complete the report. Please contact the OHA QI Team if you need assistance.

At the top of the report, complete the basic PIP and CCO information.

Section 1: Plan

The first section of the report is focused on reporting activities associated with the Plan phase of the PDSA cycle including your project team, your approach to examining the current state of the issue (root cause analysis), identified solutions and QI tools used in the process. Although many activities in this section may not have taken place during the reporting period, it provides important context for understanding the improvement strategies described later in the report.

For the Project Team table, enter the names and roles for all project team members. Add rows to the table as needed to include all team members.

Project Team	
Team Member Name	Role
Enter name #1 here	Role associated with name #1
Enter name #2 here	Role associated with name #2

Use the check boxes at the bottom of the table to indicate how frequently the project team meets.

How frequently is the project team convened?
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Every 6 months <input type="checkbox"/> Annually <input type="checkbox"/> Ad hoc as needed <input type="checkbox"/> Other (<i>please specify</i>) Click or tap here to enter text.

In the Root Cause Analysis subsection, the OHA QI team is looking to understand how your CCO has approached examining and understanding the problem at the heart of the

PIP. Complete the table as directed below and attach any supporting documentation for your root cause analysis to the end of the report.

Root Cause Analysis	
Root cause analysis approach	
Describe here how you structured and approached your root cause analysis. Who did you involve? What guiding question(s) did you ask? What data did you examine? What QI tools did you use?	
Original conclusions of root cause analysis	
List the conclusions drawn from your original root cause analysis at the beginning of the project, including the barriers you have selected to address.	
Frequency of root cause analysis review	
Are you revisiting and reviewing your root cause analysis periodically as part of your PDSA cycle for this PIP? If so, how often have you done so?	
Date root cause analysis was last revisited	List the date the root cause analysis was last reviewed. If your CCO has not revisited the root cause analysis since the beginning of the PIP, put "N/A"
Changes to root cause analysis conclusions	
List any changes to your original conclusions that have come from revisiting the root cause analysis. If your CCO has not revisited the root cause analysis since the beginning of the PIP, type "N/A" in the field.	

At the end of Section 1, use the check list to indicate the QI tools used throughout the project. Attach any documentation of root cause analysis and other QI tools at the end of the report and indicate whether you have done so using the Yes/No checkboxes.

QI Tools Used		
<input type="checkbox"/> Brainstorming <input type="checkbox"/> Process map <input type="checkbox"/> 5 Whys <input type="checkbox"/> Fishbone diagram	<input type="checkbox"/> Affinity diagram <input type="checkbox"/> Driver diagram <input type="checkbox"/> Pareto chart <input type="checkbox"/> Run chart	<input type="checkbox"/> Other (<i>please list</i>) Click or tap here to enter text.

Documentation of root cause analysis attached? ☐ Yes ☐ No

Documentation of other QI tools used attached? ☐ Yes ☐ No

Section 2: Do-Study-Act

The second section of the report is focused on reporting activities associated with the Do, Study, and Act phases of the PDSA cycle including how you are implementing and evaluating your improvement strategies.

For the Current Improvement Strategies subsection, complete the table of questions as directed below for each improvement strategy that your CCO implemented during the reporting period. Copy and paste the table into the report as many times as needed to account for all current improvement strategies.

Improvement strategy name	List the brief name for the improvement strategy as listed in the Selected Improvement Strategies table in Section 1.
New or continued?	Use the check boxes to indicate whether this strategy is newly implemented within the current reporting period or if it is continued from previous reporting periods. Add the date the strategy was implemented.
Improvement theory	
An improvement theory is a prediction for what outcome(s) you expect from a particular action or strategy. It should use the format “If... Then” and contain within it what you will do and what outcome you expect. Example: If organization X develops and implements a policy and procedure checklist, then policies will be reviewed and updated in a more timely and proficient manner.”	
Improvement strategy summary	
Provide a narrative description of the improvement strategy with enough detail so that someone outside of your organization or project team can understand it. Include: <ul style="list-style-type: none"> • The overarching goal strategy. • How this strategy represents an improvement on the current process or state • Who is involved in implementation. • Timeline for this strategy and time scale on which improvement could be expected because of this strategy. • A brief overview of steps involved in implementation. Use the check boxes below to indicate whether this strategy is designed to address equity within the PIP topic. If it is an equity strategy, please list the population(s) of focus.	
Barrier strategy addresses	
List the barrier(s) identified in the root cause analysis that the improvement strategy addresses.	
Equity strategy?	Use the check boxes to indicate whether this strategy is an equity strategy.

	For equity strategies, list the population(s) of focus.
Improvement Strategy Measure	
Describe the metrics (qualitative or quantitative) in place to monitor the success of each strategy other than the overall PIP performance measure.	
Key actions taken to implement this improvement strategy during the reporting period	
List the actions that your CCO has taken to implement the improvement strategy during the reporting period.	
Strategy Measure Data or Results	
Describe the results of your efforts in implementing this strategy during the reporting period. This may include monitoring metric results and/or key milestone accomplishments.	
Barriers encountered & lessons learned	
Describe any barriers, challenges, and lessons learned related to implementing this improvement strategy over the reporting period. If you did not encounter any barriers, challenges or lessons learned type "None" in the field.	
Plans for improvement strategy	
<p>Use the drop-down list to indicate whether you will continue implementing, adopt, adapt, or consider abandoning the strategy.</p> <ul style="list-style-type: none"> • Continue implementing = indicates that this strategy is not yet fully implemented or has not been implemented long enough to make an adopt/adapt/abandon decision. • Adopt = indicates that this strategy will be incorporated into normal CCO operations. • Adapt = indicates a plan to continue implementing the strategy but with some adjustments or revisions. • Consider abandoning = indicates conclusion that strategy is likely not effective and may need to be discontinued. • Abandon = indicates the strategy is not effective and will be discontinued. <p>Use the free text box to describe the plans you have for this improvement strategy in the next reporting period (January – December 2025). What key actions will you take?</p>	
Date Adopted/Abandoned (if applicable)	Reason adopted/abandoned (if applicable) and lessons learned
List date improvement strategy was adopted/abandoned.	Describe the reason the improvement strategy was abandoned, and any lessons learned when implementing this strategy.

For the Data Analysis and Interpretation subsection, describe how you have approached tracking and analyzing the overall PIP metric(s) and list the conclusions you've drawn.

Use the first set of check boxes to indicate how frequently the overall PIP metric data is analyzed and reviewed by the project team. Use the second set of check boxes to indicate what type(s) of analyses the project team uses on a regular basis to examine the overall PIP metric data. Use the open text field at the bottom to describe any additional information or context you would like to include regarding your approach to analyzing the metric.

Frequency of PIP metric data analysis and review
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Every 6 months <input type="checkbox"/> Annually <input type="checkbox"/> Other (please specify) Click or tap here to enter text.
Data analysis approach
<input type="checkbox"/> Compare monthly numbers without visualization/further analysis <input type="checkbox"/> Statistical significance testing <input type="checkbox"/> Basic trend analysis (run chart) <input type="checkbox"/> Segmentation of data by: <ul style="list-style-type: none"> <input type="checkbox"/> Age <input type="checkbox"/> Substance cohort <input type="checkbox"/> Race/ethnicity <input type="checkbox"/> Location of diagnostic event <input type="checkbox"/> Other (please describe) Click or tap here to enter text.
Additional information (<i>optional</i>): Click or tap here to enter text.

Data Analysis and Interpretation: Overall PIP Metric(s)
Conclusions
<p>Describe the data trend over the reporting period as well as your overall conclusions regarding the success of your improvement strategies based on your data analysis. Graphics are not necessary to include; however, if you'd like to include charts or graphs, you may do so here or as an attachment at the end of the report. Use the Yes/No checkboxes following this table to indicate whether you included additional documentation as an attachment.</p>

In the Response to External Quality Review Validation subsection, the OHA QI team is looking to understand how your CCO used the most recent EQR validation process and feedback to reflect on and adapt your PIP activities.

Response to External Quality Review (EQR) Validation
Summary of EQR Validation conclusions
Briefly list the results and conclusions from your CCO's most recent EQR validation
Response to EQR Validation
Describe how you used the EQR Validation process and results to evaluate and adjust or maintain your approach to the PIP.

Section 3: Reflect and Share

The final section of the report is focused on looking at the PIP as a whole and reflecting on areas where your experience may be able to benefit others in this statewide work.

Complete the table as described below.

What are you most proud of achieving?
Describe what you are most proud of achieving within your work on this PIP during the current reporting period.
What do you want to share with others?
Describe what from your experience working on this PIP you think would be beneficial to share with others working in this area. This could include successful improvements or key lessons learned.
Where would you like more support or technical assistance?
List specific areas where your CCO would benefit from more support or technical assistance from OHA. If there are no identified areas for additional support or technical assistance, type "N/A" in the field.

Instructions for report submission

Please combine all pieces of your submission into one document in the following order:

- Completed report template
- Supporting documentation for root cause analysis (if included)
- Supporting documentation for additional QI tools used (if included)
- Supporting documentation for data analysis (if included)

This document should be saved as a pdf using the file naming convention "CCO Name-SUD IET PIP-YEAR Annual Progress Report."

Reports should be submitted via the [CCO Contract Deliverables Portal](#).