CCO Selected Performance Improvement Project (PIP) Progress Report Evaluation Criteria

PIP TITLE

Purpose

This document outlines the evaluation criteria and scoring system for CCO Selected Performance Improvement Project (PIP) Semiannual Progress Reports.

Background

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 four PIPs: two statewide PIPs and two CCO-selected PIPs. For CCO-selected PIPs, the PIP topic is selected by each CCO individually to meet the improvement needs of the CCO's members and community. CCO's are responsible for PIP design and data collection.

Scoring process

OHA subject matter experts will review the submitted reports based on the evaluation criteria provided within this document. Each criterion will be scored as either 1 or 0, with 1 indicating "meets expectations" and 0 indicating "expectations not met." CCOs are expected to score at least 28 points (meet 80% of evaluation criteria) to be considered compliant with OHA expectations for the CCO-selected PIP semiannual progress report deliverable.

For PIP questions, please contact: OHA Quality Improvement Team at OHA.QualityQuestion@oha.oregon.gov.

Section/Subsection	Evaluation Criteria	Total Possible Score
Section 1: Project Overview		
Project Aim	CCO provides a description of the problem which the PIP is intended to address, including the reason(s) this problem is important to address and how this topic affects members. (1 pt) AIM statement: • Describes the desired improvement. (1 pt) • Is measurable, time-specific, and includes the population(s) of focus. (1 pt) Populations of focus listed are consistent with problem statement and AIM statement. (1 pt)	4 pt.
Performance Measure(s) Results	Performance Measure(s) listed are appropriate given the information in the Project Aim Subsection. (1 pt) All performance measures have baseline data and improvement targets (1 pt) Remeasurement data is provided (as applicable) (1pt)	3 pt.
Data analysis and interpretation	CCO provides performance measure results. (1) Approach to data analysis is appropriate for listed improvement strategies. (1 pt.) CCO accurately describes overall trend in PIP performance measure for their service area (1 pt)	4 pt.

	CCO describes reasonable and appropriate conclusions from their data analysis. (1 pt)	
Section 2: Plan		
Project team	Not applicable. Responses to this subsection are not scored. The purpose is to give reviewers insight into who is leading the work within the CCO and how they are organizing their improvement team.	N/A
Root cause analysis	CCO provides a description of their root cause analysis process including: • Who was involved • What QI tools were used. (1 pt) • What data was used and how data was analyzed. (1pt) CCO documents clear conclusions from root cause analysis process (1 pt), including barriers selected to address. (1 pt) CCO documents RCA updates including (if applicable): • How frequently the analysis is reviewed or revisited and the date RCA was last revisited. (1 pt) • Changes to root cause analysis conclusions (1 pt) Approach to root cause analysis described in adequate detail. (1 pt)	7 pt.
QI tools used	Not applicable. Responses to this subsection are not scored. The purpose is to give reviewers insight into what QI tools are being applied to the PIP work.	N/A

Section 3: Do-Study-Act		
Improvement strategies	Each improvement strategy has an associated improvement theory statement. (1 pt) CCO provides a description of each improvement strategy which includes: - Overarching goal (1 pt) - Overview of steps involved in implementation (1pt) CCO identifies the barrier(s) that the strategy addresses. Barrier is tied to root cause analysis conclusions (1) CCO has metrics (qualitative or quantitative) in place to monitor the success of each strategy other than the overall PIP measure. (1 pt) CCO describes key actions taken to implement each improvement strategy during the reporting period. (1 pt) Results of implementation efforts provided including monitoring metric results and/or key accomplishments. (1 pt) Responses to barriers encountered and lessons learned indicate thoughtful reflection. (1 pt) CCO plans for each strategy are reasonable and well-considered given the described barriers, results, and lessons learned. (1 pt) For abandoned or adopted improvement strategies (if applicable), the following information is provided:	12 pt. Each strategy will be scored individually according to these criteria. Total score for the section will be converted to a number from 0 to 12 based on the average score for all strategies reported.

	• The date and reason (if applicable) adopted/abandoned (1 pt) • Lessons learned (1 pt) Improvement strategies described in adequate detail. (1 pt)	
Section 4: Reflect & share – Optional		
Reflect & share	Not applicable. Responses to this section are not scored as this section is considered optional. The purpose of this section, if completed, is to provide guidance to OHA staff on directions for CCO technical assistance in support of statewide learning regarding performance improvement.	N/A
Report Overall		
Report Overall	Report is detailed and provides a clear picture of CCO activities for the PIP. (1 pt) CCO demonstrates appropriate use of QI techniques and principles. (1 pt) Improvement strategies designed to produce improvement within a reasonable time period/life of the PIP (1 pt.) CCO shows appropriate adjustments in improvement strategies based on PIP data trend. (1 pt) Project includes at least one strategy conducive to rapid cycle improvement work. (1 pt)	5 pt.
Total		**35 pt**

Bonus Criteria
CCO includes attachments documenting root cause analysis, QI tools used, and data analysis.
Strong use of QI tools and practices throughout.
Selected improvement strategies demonstrate awareness of recognized best practices.