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Health and Human  
Services

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CHAPTER TITLE <b>Performance Improvement Project (PIP) Progress Report Submission Instructions</b>	EFFECTIVE DATE <b>December 14, 2018</b>	
		<b>Version 2.5</b>

**DOCUMENT HISTORY LOG**

<b>STATUS<sup>1</sup></b>	<b>DOCUMENT REVISION<sup>2</sup></b>	<b>EFFECTIVE DATE</b>	<b>DESCRIPTION<sup>3</sup></b>
Baseline	n/a	June 10, 2014	Initial version of Uniform Managed Care Manual, Chapter 10.2.8, "Performance Improvement Project Mid-Year Report Submission Instructions."
Revision	2.1	November 15, 2014	<p>Revision 2.1 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.</p> <p>Chapter title is changed from "Performance Improvement Project Mid-Year Report Submission Instructions" to "Performance Improvement Project Progress Report Submission Instructions."</p> <p>Section I "Applicability of Chapter 10.2.8" is modified to remove NorthSTAR and to add the Medicare-Medicaid Dual Demonstration.</p> <p>Section II "Background" is modified to change "mid-year" to "progress" and to clarify that continuous progress should be made.</p> <p>Section III "Instructions" is modified to clarify submission requirements and to add item 5.e.</p>
Revision	2.2	May 1, 2015	<p>Revision 2.2 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042.</p> <p>Section I "Applicability of Chapter 10.2.8" is modified to remove the Medicare-Medicaid Dual Demonstration.</p> <p>Section II "Background" is modified to clarify the language.</p> <p>Section III "Instructions" is modified to clarify submission requirements and to add subsections titled "Collaborative PIPs", "Documentation", and "Information Used to Evaluate Progress". In addition, item 1 "Previous PIP Evaluation Recommendation(s)" is added and subsequent items are updated.</p>



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<b>STATUS<sup>1</sup></b>	<b>DOCUMENT REVISION<sup>2</sup></b>	<b>EFFECTIVE DATE</b>	<b>DESCRIPTION<sup>3</sup></b>
Revision	2.3	April 1, 2016	Revision 2.3 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, 529-13-0042, 529-13-0071, and 529-15-0001.  Section I "Applicability of Chapter 10.2.8" is modified to add the STAR Kids Program.
Revision	2.4	November 1, 2016	Section III "Instructions" is modified to remove the due date and refer to UMCM Chapter 5.0 "Consolidated Deliverables Matrix" instead.
Revision	2.5	December 14, 2018	Revision 2.5 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.  Section III "Instructions" is modified to include DMOs.

<sup>1</sup> Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.

<sup>2</sup> Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision.

<sup>3</sup> Brief description of the changes to the document made in the revision.



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## I. Applicability of Chapter 10.2.8

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS, CHIP, STAR Kids, and STAR Health programs, and Dental Contractors providing Children’s Medicaid Dental and CHIP Dental Services. In this chapter, references to “CHIP” or the “CHIP Managed Care Program(s)” apply to the CHIP Program and the CHIP Dental Contractors, unless the programs are identified separately. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR, STAR+PLUS, STAR Kids, and STAR Health Programs, and the Medicaid Dental Contractors, unless the programs are identified separately. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, dental maintenance organizations (DMOs), and any other entities licensed or approved by the Texas Department of Insurance.

The requirements in this chapter apply to all programs, except where noted.

## II. Background

The purpose of the health care quality performance improvement project (PIP) progress reports is to assess progress on implementation of current PIPs. In order for PIPs to achieve real improvements in care, continuous progress should be made to ensure necessary systems changes address the root cause of the PIP topic. The progress reports will allow HHSC Quality Assurance, Health Plan Management, and the External Quality Review Organization (EQRO) to provide feedback and recommendations to MCOs to ensure the PIP interventions are progressing at a satisfactory pace.

## III. Instructions

### PIPs

The MCO is required to provide progress reports for each PIP. If the MCO is conducting a PIP topic that serves multiple programs and the interventions are the same for each program, the MCO may submit the progress report as a single report or as separate reports. MCOs that choose to submit a single progress report for a PIP topic serving multiple programs must ensure the implementation data for each program is reported separately in the same report.

PIP progress reports should address progress achieved since implementation of the PIP. This means that each MCO will submit two progress reports for a two-year PIP and three progress reports for a three-year PIP. Please see UMCM Chapter 5.0, "Consolidated Deliverables Matrix" for additional submission instructions.



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The following information should be included in each PIP progress report.

### Demographic Information

1. MCO name;
2. Project leader's name, title, telephone number, and e-mail address;
3. PIP topic/name;
4. Implementation date of the PIP;
5. Date the PIP progress report was submitted; and
6. Program(s) included in the PIP.

### Collaborative PIPs

Indicate whether or not the PIP is a collaborative PIP. If it is, provide the names of the MCOs, DMOs, community organizations, and/or Delivery System Reform Incentive Payment (DSRIP) program collaborators. Community organizations must be not-for-profit organizations and cannot be an existing contractor of the health plan unless special approval is obtained from HHSC. Examples of community organizations include social service organizations addressing social determinants of health such as organizations addressing hunger/nutrition, homelessness, and employment schools, public health organizations, and Women, Infants, and Children (WIC) programs. HHSC reserves the right to determine whether or not a collaboration is appropriate or sufficient.

### Documentation

If any changes were made to the PIP since the PIP was last submitted to the EQRO, the PIP progress reports should include the revised PIP plan with tracked changes (including all recommendations made by the EQRO) and a clean version of the revised PIP plan. When updating the PIP plan, the original template can be used as long as all required information from the most current template is included.

### Information Used to Evaluate Progress

#### 1. Previous PIP Evaluation Recommendation(s)

MCOs are required to incorporate all EQRO recommendations, unless an exception has been granted via the process outlined in UMCM Chapter 10.2.4. If actions have not been taken to meet previous PIP evaluation recommendations, the MCO will receive a score of zero on their progress report and will be required to resubmit the report within



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15 business days outlining how recommendations will be incorporated. If the plan had been granted an exception on an intervention that intervention does not need to be included in this section.

## **2. Baseline PIP Rates**

Baseline rates should be the rates obtained for the most recent data year prior to implementation of the PIP. Each baseline PIP performance measure or indicator must be reported, with the following elements:

- A. Measure name
- B. Baseline numerator (actual number)
- C. Baseline denominator (actual number)
- D. Baseline rate
- E. Baseline measurement period, with start and end dates

## **3. Major Achievements and Challenges to Date**

- A. Briefly describe developments and achievements with the PIP since the implementation.
- B. Briefly describe challenges encountered with this PIP, how challenges were mitigated, and any additional comments related to current status.

## **4. Status of Planned Interventions**

- A. List each intervention from Section 7B of the approved PIP Plan Template (UMCM Chapter 10.2.5).
- B. For each intervention, report the date this intervention began; for an intervention that has not been initiated, report the estimated date the intervention will begin.
- C. For each intervention, provide a narrative that describes the current status of the intervention. Include intermediate results based on tracking and monitoring, including but not limited to progress toward implementation, number of members served, number and types of providers affected, and any other stakeholders targeted and reached by the intervention.
- D. If an intervention was modified, describe the modification.
- E. For interventions that are delayed, provide a summary for why the intervention is delayed and steps taken to mitigate this delay. Describe challenges and next steps for the intervention, and provide any additional comments that will assist in understanding the current status of the intervention.
- F. Describe how providers are engaged in the implementation of the interventions. Report any feedback received from providers who are involved in this intervention. If interventions were modified based on provider feedback, describe the modifications in detail.