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# **QIPP Data Submission Portal Training**

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**Instruction Slides for QIPP Year 7 (SFY 2024)**

# Outline

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## Accounts

- User Roles
- Creating a New Account
- Requesting Access to NFs
- Gaining Access
- The Facility Dashboard
- Assigning Users to NFs

## Completing Submissions

- Data & Documentation Basics
- Component 2 – RN Coverage
- Component 4 – Infection Control
- Performance Improvement Projects
  - Component 1
  - Component 2 Metric 3



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# Important Information

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## Resetting Session

You will be timed out after 20 minutes of inactivity

## Timing Out

To ensure best performance, please close your browser and refresh the login screen each time you login

## Interrupted Session

Multiple user accounts accessing the same NF can interrupt other users



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# Accounts



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- User Roles
- Creating Accounts
- Requesting Access to NFs
- Gaining Access
- The Facility Dashboard
- Assigning Users to NFs

# User Roles



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## Primary Owner

- Two contacts pre-populated from enrollment data
- Assign & Approve Users
- Submit Data

## Owner Representative

- Owners can add to portal
- Assign & Approve Users
- Submit Data

## Facility Submitter

- Submit Data

## Primary Owner Tips

- If you are an owner whose contact information was not on file from enrollment data, you may not have an account already
- Create an account and notify QIPP via email you are the new owner
- Do not email QIPP to assign Owner Representatives (management or consulting companies); they should be approved **in the portal**



# Creating Accounts

A screenshot of the "Quality Incentive Payment Program (QIPP) Login" page. The page header includes the Texas Health and Human Services logo and the text "Quality Incentive Payment Program (QIPP) Login". The main content area is titled "Sign in" and contains a login form with fields for "Enter user name" and a password field with a "SHOW" button. Below the form is a blue "Login" button. To the right of the "Login" button are links for "Forgot password?", "Change Password?", and "New User Account?". The "New User Account?" link is highlighted with a red rectangular box.

- **Accounts do not carry over from Year Six**
- Each NF designated two Primary Owners during enrollment who will have accounts pre-populated
- From the login screen, users planning to be Facility Submitters will click **"New User Account?"**
- Primary Owners whose contact information was not on file from enrollment data will need to create accounts as well

# Requesting Access to NFs

When creating a new account, use the dropdown menu in the bottom-right to select which provider(s) you will be submitting data for.



Request Account and Access to QIPP Facilities

First Name: Melvin Last Name: Yorke

Title: DON Email: melvin.yorke@hhmpd.com

Address: 1250 Magna Carta Way

City: Austin State: TX Zip: 78751

Phone: (555) 555-5555

Facilities: ~ Choose ~

~ Choose ~

- 0101X01
- 0113
- 0114
- 0127
- 0195
- 0274
- 100001
- 100023
- 100048
- 100116
- 100244
- 100297
- 100313
- 100624
- 100657
- 100670
- 100790
- 100806
- 100947

# Gaining Access

**When making a new account, be sure to select your facilities!**

- **Primary Owners** whose contact information was populated into the portal from enrollment data already have accounts and will click "**Forgot Password?**" to retrieve a six-digit passcode
  - Users who create accounts to be **Facility Submitters** or **Owner Representatives** will receive a passcode via email after creating an account
    - You will not see any facilities in your dashboard until your access is approved by a Primary Owner or Owner Representative
- ✓ **NOTE:** HHSC cannot approve Facility Submitters; only the Primary Owners or Owner Representatives in the portal can do that



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# Logging on: The Facility Dashboard

Quality Incentive Payment Program (QIPP) Portal About Contact calvin.johns@hhs.texas.gov is logged in ~ Logoff Back

Assign Users  
Update User Info

## QIPP Facility Dashboard For 2020X20

Facility Identification Number	Provider Type	Provider Name
2020X20	Privately Owned	KIMPOSSIBLE NURSING & REHABILITATION

Facility Dashboard: Show all my facilities

### Quality Metric Components

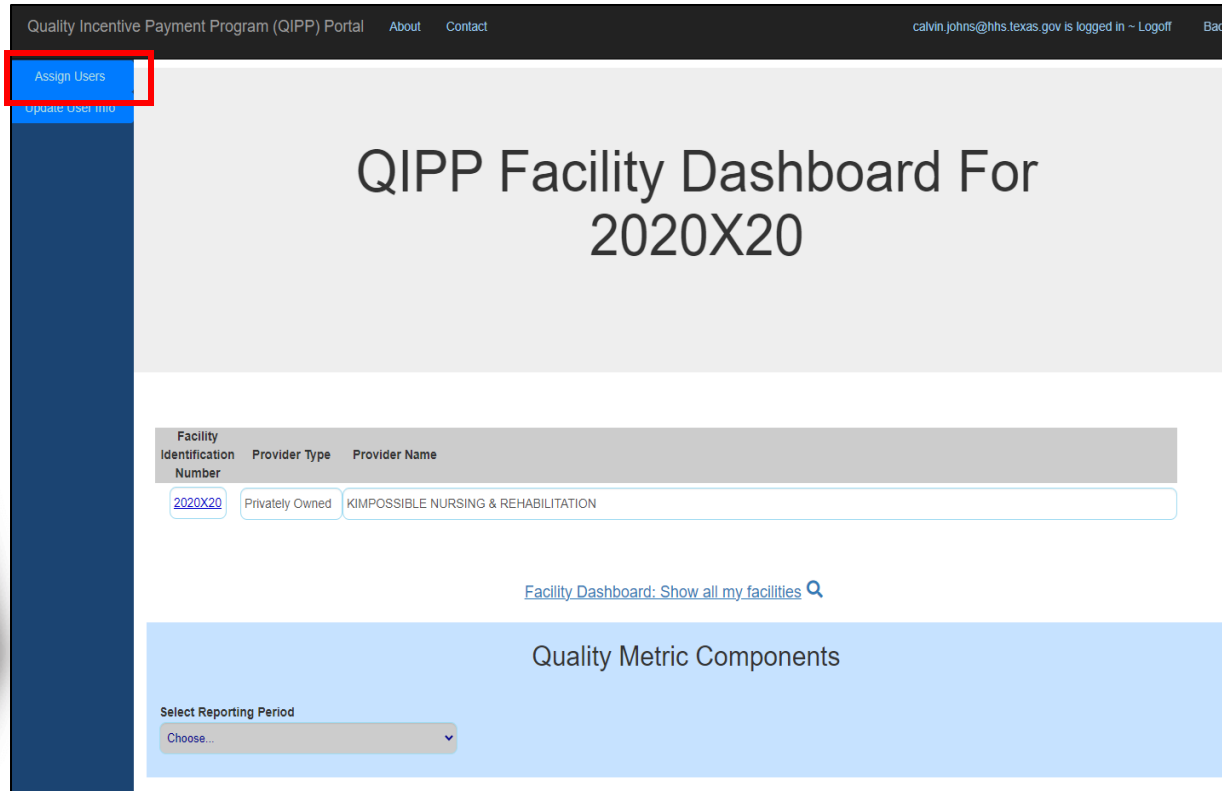
Select Reporting Period  
Choose...

- NFs connected to your user account will show up in a list on the Main Dashboard
- Select a NF from your list by clicking the blue **Facility ID Number** (red box)
- From the Facility Dashboard, users can assign new users or begin submitting data
- Click **"Show all my Facilities"** (green box) to step out of the selected NF and reload the Main Dashboard



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# Navigating The Facility Dashboard



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Assign Users  
Update User Info

## QIPP Facility Dashboard For 2020X20

Facility Identification Number	Provider Type	Provider Name
2020X20	Privately Owned	KIMPOSSIBLE NURSING & REHABILITATION

[Facility Dashboard: Show all my facilities](#) 🔍

### Quality Metric Components

Select Reporting Period  
Choose...

Primary Owners and Owner Representatives can assign and approve users by clicking the **“Assign Users”** tab in the top-left (red box)

Submitting data from the Facility Dashboard is covered later in these instructions



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# Assigning Users - Requested Access

- Click on the username in the list to spotlight their account (green box)
- Choose their role from the dropdown menu (red box)

Back calvin.johns@hhs.texas.gov

## Assign Users To Facilities for 4040X40

First Name:  Last Name:  Title:

Email:  Address:

City:  State:  Zip:  Phone:

Role:

Email	First Name	Last Name	Role
<a href="mailto:calvin.johns@hhs.texas.gov">calvin.johns@hhs.texas.gov</a>	Calvin	Johns	HHSC Admin
<a href="mailto:isawcalvin@yahoo.com">isawcalvin@yahoo.com</a>	Melvin	Yorke	



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# Assigning Users - Manual Search

- Click “Show Registered Users”

Back

## Assign Users To Facility

First Name: Calvin Last Name: Johns

Email: calvin.johns@hhs.texas.gov Address: gogo Japan

City: Austin State: TX

Role: HHSC Admin

Show Registered Users

Email	First Name
calvin.johns@hhs.texas.gov	Calvin

Close

Existing Users

Note: Click in this popup box and press and Ctrl+F to find an existing user.

Email	FirstName	LastName
a34050@savasc.com		
aalexander@cuerohospital.org	Alma	Alexander
aaron.mulvey@altamontecare.com	Aaron	Mulvey
aaron.terrel@lehealthcare.com	Aaron	Terrel
acct@srh.org	Gloria	Carrion
adamell@capstonehc.com	Amanda	Darnell
adamell@hqisbx.com	Amanda	Darnell
adimoakcrest@live.com	Theresa	Williams
admin.electra@seniorlivingproperties.com		
admin.evergreen@seniorlivingproperties.com		
admin@acctwb.com		
admin@brontehealthcare.com	Shelli	Ogburn
admin@shadyacrescares.com	Ross	Hines
administrator@bbvrehab.com		
administrator@garnethillrehab.com		
administrator@qvgardens.com		
administrator@landmark-pl.com	deanna	stansbury



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# Assigning Users - Manual Search (cont.)

- A module listing all the registered users will open
- Select the username you want to add to the NF
- **TIP:** To find a user easily, click anywhere in the module and press **Ctrl+F** to open a search bar
- Once the user is spotlighted, you can assign them a role (as in earlier slide)

Existing Users Close

Note: Click in this popup box and press and Ctrl+F to find an existing user.

Email	FirstName	LastName
<a href="#">a34050@savasc.com</a>		
<a href="#">aalexander@cuerohospital.org</a>	Alma	Alexander
<a href="#">aaron.mulvey@altamontecare.com</a>	Aaron	Mulvey
<a href="#">aaron.terrel@lehealthcare.com</a>	Aaron	Terrel
<a href="#">acct@srh.org</a>	Gloria	Carrion
<a href="#">adamell@capstonehc.com</a>	Amanda	Darnell
<a href="#">adamell@hgstx.com</a>	Amanda	Darnell
<a href="#">adimoakcrest@live.com</a>	Theresa	Williams
<a href="#">admin.electra@seniorlivingproperties</a>		
<a href="#">admin.evergreen@seniorlivingprope</a>		
<a href="#">admin@acctwb.com</a>		
<a href="#">admin@bronteherc.net</a>	Shelli	Ogburn
<a href="#">admin@shadyacrescares.com</a>	Ross	Hines
<a href="#">administrator@bbvrehab.com</a>		
<a href="#">administrator@garnethillrehab.com</a>		
<a href="#">administrator@gvgardens.com</a>		
<a href="#">administrator@landmark-pl.com</a>	deanna	stansbury



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# Data & Documentation Basics



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- Reporting Periods & Deadlines
- Attesting and Submitting Data
- Confirmation and Resubmissions
- Emailing Documentation
- Bulk Submissions

# Reporting Periods & Deadlines



Quality Incentive Payment Program (QIPP) Portal About Contact

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Assign Users  
Update User Info

## QIPP Facility Dashboard For 8080X80

Facility Identification Number	Medicaid Contract Number	Provider Name
8080X80	3366789	John Locke Nursing

[Facility Dashboard](#) [Show all my facilities](#)

### Quality Metric Components

Select Reporting Period  
September

Component 1 >

Quality Assurance Review & Performance Improvement  
(Monthly) As a condition of participation in the program, NSGO facilities must submit QAPI meeting data and a copy of the Component One PIP Reporting Template each month. Submissions are due by COB on the fourth business day following the end of the month.

Component 2 >

Workforce Development  
(Monthly) Facilities must submit RN coverage information and a copy of the Component Two PIP Reporting Template each month. Staffing and workforce submissions for each month are due by COB on the fourth business day following the end of the month.

- From the Main Dashboard, select a NF from your list to enter the Facility Dashboard
- Use the “**Select Reporting Period**” dropdown menu (red box) to open Component options
- Available Components will become visible based on the NF’s **Provider Type** and the selected **Reporting Period**

# Reporting Periods & Deadlines (cont.)



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A screenshot of a web-based reporting form. A dropdown menu is open, showing a list of reporting periods. The menu is titled "Facility" and has a "Choose..." option at the top. The list includes: September (Comp 2), October (Comp 2), November (Comp 2), Quarter 1 (Comp 4), PIP Charter (Comp 1, Comp 2), December (Comp 2), January (Comp 2), February (Comp 2), Quarter 2 (Comp 4), March (Comp 2), April (Comp 2), May (Comp 2), Quarter 3 (Comp 4), June (Comp 2), July (Comp 2), August (Comp 2), and PIP Success Story (Comp 1, Comp 2). At the bottom of the menu is another "Choose..." option with a downward arrow.

## Component 2 – RN Coverage Data

- Monthly
- Due on the 4th business day of the following month

## Component 4 – Infection Control

- Quarterly
- Due on the final business day of the month following the end of the quarter
- No **Quarter 4** submission to HHSC

## Performance Improvement Projects (PIPs)

- Twice a year
- Component 1
- Component 2 Metric 3
- Excel *PIP Reporting Templates* due:
  - **Tabs 1-3** December 6, 2023
  - **Tabs 4-6** September 6, 2024

# Selecting The Right Reporting Period

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Select the month or quarter you are reporting for, not the current month.

- **For example:** If you are reporting October 2023 staffing data for Component 2 in early November, you would choose "**OCTOBER (Comp 2)**" from the dropdown menu.



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# Attesting & Submitting Data

Personal Protective Equipment Auditing

Number of employees audited

Number of perfect audits

Compliance Rate (auto-calculated based on above 2 values)

Average number of failures per audit

Upload documentation containing monthly values covering the program year to date.

☐ Click to Email Antibiotic Prescribing Policies and Audit Documentation.

Clicking the button below will save all data and submit or re-submit the information to HHSC.  
Upon submission, you will be prompted to print out a copy for your records.

☐ To the best of my knowledge, the above information is accurate.

Submit Data To HHSC

After submitting data to HHSC, you will be prompted to save or print a confirmation page for your records

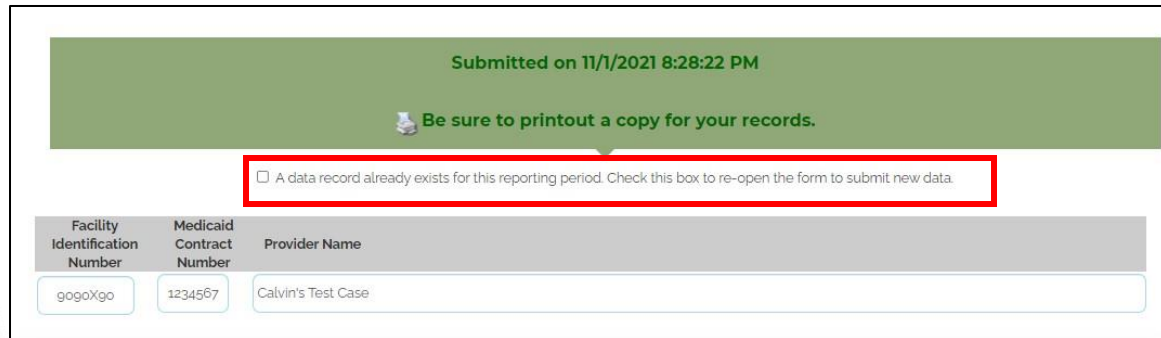
- To activate the submission button at the bottom of the page, the user must attest the information above: **“To the best of my knowledge the above information is accurate”**
- After the checkbox activates the submission button, click **“Submit Data to HHSC”** to finalize your data
- Beginning in SFY 2023, no data elements are entered into the portal for Performance Improvement Projects (PIPs)
  - Do not be surprised when you do not see fields to enter data
  - All data are included in the *PIP Reporting Template* itself (see later sections for more details)



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# Confirmation & Resubmission



Facility Identification Number	Medicaid Contract Number	Provider Name
gogoXgo	1234567	Calvin's Test Case

If a user re-opens the page in error without submitting new data, the old record will not be erased or saved over

Users **DO NOT** need to attach a copy of the confirmation page to the email submission

- When data have been submitted, a green banner will display the time of the most recent submission on file
- Click the **Printer Icon** to save a confirmation page of the submission for your records
- Users can make an update or correction to submitted data before the deadline
- Click the checkbox below the green banner to re-open the page for another submission (red box)



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# Emailing Documentation

## DO NOT CHANGE the Subject Heading

Send	To	HHSC MCS QIPP/QAPI
	Cc	
Subject		DO NOT CHANGE Subject Line - 8080X80 - Component 2 RN Coverage - For September 2021
<small>Please attach staffing coverage documentation that clearly shows how the total days reported in the portal were counted. There is no template for tracking RN coverage, and NPs must submit whatever documentation they use to count and track coverage. If the facility used telehealth coverage, also attach all telehealth summary encounter data.</small>		

- Only attach documents (Excel, Word, PDF) or zipped folders
- Users can cc: other individuals when sending documents to the designated mailbox
- Attach **only** the documents related to metrics designated in the **Subject Line**
- **Name Your Files** with the relevant title, provider name, facility ID, and reporting period (especially files in zip folders)



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# Bulk Submissions



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Component 2 - Workforce Development  
For September SFY23

Facility Identification Number	Provider Type	Provider Name
B01	BULK	ENSIGN SERVICES

Bulk Component Documents

[Click to Email Bulk Component Documents](#)

Instructions: For Component 2 RN coverage monthly reporting, attach the Excel tracking sheet and a single zip folder that contains all supporting documentation.

For reporting on PIPs, you must submit the two components separately. Attach a single zip folder that contains all *PIP Templates* for the given component and a separate zip folder containing all supporting documentation. There is no tracking sheet required.

If you submit for 15 or more NFs, send an email to [QIPP@hhs.texas.gov](mailto:QIPP@hhs.texas.gov) to request the bulk submission templates

- For **Component 2** RN coverage monthly reporting, attach the Excel tracking sheet and a single zip folder that contains all supporting documentation.
- For reporting on **PIPs**, you must submit the two components separately. Attach a single zip folder that contains all *PIP Templates* for the given component and a separate zip folder containing all supporting documentation. **There is no tracking sheet required.**
- For **Component 4** reporting, attach the Excel tracking sheet and a single zip folder that contains all supporting documentation.
- Include the **Facility ID** and the **Provider Name** in the title of each document contained in zip folders. Total attachments cannot be larger than 12mb.

# Component 2 – RN Coverage



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- **Reporting Periods:** Each month is listed in the dropdown, September 2023 through August 2024
- **Requirements:** For details regarding Component 2 performance and reporting requirements, see the *QIPP SFY 2024 Quality Measures and Associated Performance Requirements* document on the [QIPP Resources Webpage](#).



# Metrics 1 & 2 - RN Coverage



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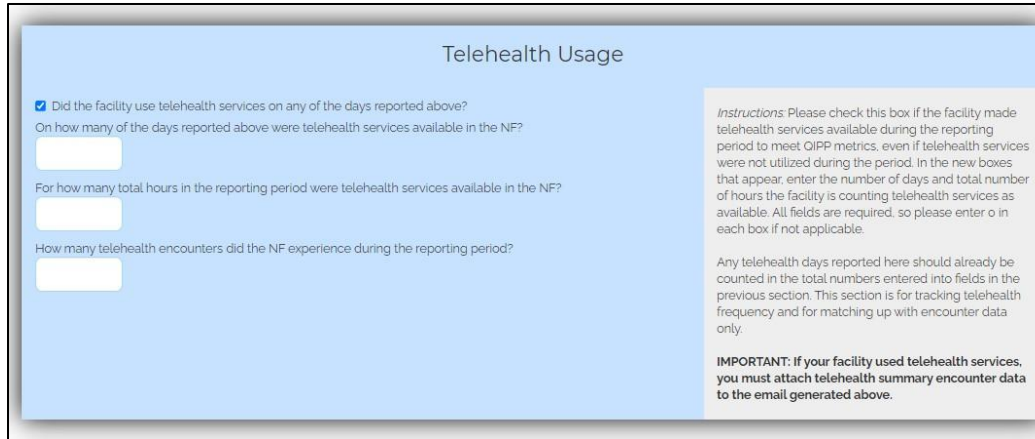
A screenshot of a web form titled "Total RN Coverage". At the top, there are three input fields: "Facility Identification Number" (8080X80), "Medicaid Contract Number" (3366789), and "Provider Name" (John Locke Nursing). Below these, there are two questions with input boxes: "On how many days in the reporting period did the NF maintain at least 12 hours of RN coverage?" and "On how many days in the reporting period did the NF maintain at least 16 hours of RN coverage?". A red box highlights a button that says "Click to Email Auditable Source Documentation for Reported RN Hours". To the right of the questions, there is a text box with instructions: "Instructions: Please enter the total number of days in each question. Values entered should include all days when hours were met, whether by on-site or telehealth RNs. These two questions determine the status of metrics one and two for Component 2." Below the instructions, it says "Use total numbers for both questions. For example, if the facility had 16 hours of RN coverage for 30 days in Question 2, the facility would also have at least 30 days at 12 hours of RN coverage as well." At the bottom, it says "IMPORTANT: If your facility used telehealth services, you must attach telehealth summary encounter data to the email generated here." and "The reporting period is the month displayed at the top of the page."

Do not forget to scroll to the bottom of the page to click "Submit Data" and complete your submission

- Enter the **total** number of days the NF had 4 or 8 additional hours of RN coverage beyond the CMS-mandated 8 hours
- **These days include Telehealth, and these values **alone** will determine the status of Metrics 1 and 2**
- Click on the **Email Icon** (red box) to open an auto-generated submission email
- Attach RN Coverage supporting documentation to the email
- Always save a confirmation page of your submission for your records; you do not need to attach this confirmation to your email



# Reporting Telehealth Services



The screenshot shows a form titled "Telehealth Usage" with a light blue background. It contains three questions, each with a corresponding input field:

- Question 1: "Did the facility use telehealth services on any of the days reported above?" with a checked checkbox. Below it, "On how many of the days reported above were telehealth services available in the NF?" followed by a text input field.
- Question 2: "For how many total hours in the reporting period were telehealth services available in the NF?" followed by a text input field.
- Question 3: "How many telehealth encounters did the NF experience during the reporting period?" followed by a text input field.

On the right side of the form, there is a grey box with "Instructions" and an "IMPORTANT" note. The instructions state: "Please check this box if the facility made telehealth services available during the reporting period to meet OIPPP metrics, even if telehealth services were not utilized during the period. In the new boxes that appear, enter the number of days and total number of hours the facility is counting telehealth services as available. All fields are required, so please enter 0 in each box if not applicable." The important note states: "Any telehealth days reported here should already be counted in the total numbers entered into fields in the previous section. This section is for tracking telehealth frequency and for matching up with encounter data only." The important note also states: "IMPORTANT: If your facility used telehealth services, you must attach telehealth summary encounter data to the email generated above."

If the NF used telehealth, you must include summary telehealth encounter data in your supporting documentation

- This section is meant to help reviewers in the case of a Quality Assurance Review, relaying how much RN coverage will be confirmed from telehealth documentation
- Enter the number of days the NF used telehealth availability to meet coverage requirements **out of the days already reported above in Section 1**
- Enter the total number of telehealth encounters during the reporting period
- These values **DO NOT** get added to the total number of days reported in the section above



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# Component 4 – Infection Control



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- **Reporting Periods:** Choose the quarter you are submitting for from the dropdown:
  - Quarter 1 – Due December 29, 2023
  - Quarter 2 – Due March 29, 2024
  - Quarter 3 – Due June 28, 2024
  - There is no Quarter 4 reporting to HHSC
- **Requirements:** Antibiotic stewardship attestation, policy documentation, and staff audits are due in Quarters 1 and 3; training certificates are due in Quarter 2

# Infection Control – Quarters 1 & 3



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- The top section of the submission module covers evidence-based antibiotic stewardship and prescribing policies
- The first checkbox attests that the facility has developed and implemented antibiotic stewardship program activities per elements outlined in the CDC's checklist for seven *Core Elements of Antibiotic Stewardship for Nursing Homes*
- Of the next 10 elements listed with checkboxes, the top 4 are required to be included in the included antibiotic stewardship policies for the metric to be "Met"

- ☐ Designated leadership individuals for antibiotic stewardship named in the policy document (**performance requirement**)
- ☐ Pharmacy-generated antibiotic use report from within the last six months (**performance requirement**)
- ☐ Antibigram report from within the last six months (lab-generated or from regional hospital) (**performance requirement**)
- ☐ Current list of reportable diseases (**performance requirement**)
- ☐ Antibiotic use and resistance data is reviewed in quality assurance meetings
- ☐ Requires prescribers to document a dose, duration, and indication for all antibiotic prescriptions
- ☐ Facility-specific algorithm for assessing residents
- ☐ Facility-specific algorithms for appropriate diagnostic testing (e.g., obtaining cultures) for specific infections
- ☐ Facility-specific treatment recommendations for infections
- ☐ Personalized feedback on antibiotic prescribing practices (to clinical providers)

**All elements attested to in the list must be included in a single Antibiotic Stewardship Policy document**

# Infection Control - Quarters 1 & 3

- The bottom section of the page covers staff audits for **Hand Hygiene (HH)** and **Personal Protective Equipment (PPE)**
- Enter the number of employees audited and the number of perfect audits; the compliance percentage will be automatically calculated
- Include audit summaries in the zip folder of supporting documentation

Auditing

Hand Hygiene Auditing

Number of employees audited

Number of perfect audits

Compliance Rate (auto-calculated based on above 2 values)

Average number of failures per audit

Personal Protective Equipment Auditing

Number of employees audited

Number of perfect audits

Compliance Rate (auto-calculated based on above 2 values)

Average number of failures per audit

*Instructions:* Report values relating to all audits undertaken during the three months of the quarterly reporting period. Values must be corroborated by supporting documentation.

HHSC recommends use of the Agency for Healthcare Research and Quality (AHRQ) tracking tool as it extracts 'not met' observations or failures recorded in each monthly audit to aggregate Hand Hygiene and PPE values for (i) Number of employees audited (ii) Number of perfect audits (iii) Compliance rate (iv) Average number of failures. If the NF uses its own templates, they must also aggregate these data from individual results and supporting documentation must explain how 'met' and 'not met' are defined for each observation against desired auditing behaviors. See the QIPP Resources Webpage for a link to the recommended templates.

Upload documentation containing monthly values covering the program year to date.



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# Infection Control - Quarters 2


- For required infection control training, enter the first and last names of **both** staff types in the portal
- Select the date each certificate was awarded, careful to select the correct year from the dropdown **calendar icon**
- You must "Submit Data" and email the supporting documentation to meet reporting requirements
- **Read and follow all instructions carefully**

### Infection Prevention and Control

#### Infection Prevention and Control Training


First and last name of Nursing Facility Administrator


Date of completion on NFA's certificate

 mm/dd/yyyy

First and last name of Director of Nursing

Date of completion on DON's certificate

 mm/dd/yyyy

 [Click to Email Training Certifications and Updated Infection Control Policies](#)

*Instructions:* Both staff members must have completed the *Nursing Home Infection Preventionist Training Course* located on the CDC's TRAIN website (#WB4081 or #WB4448), including all 23 or 24 modules, and must have been issued a certificate of completion.

Training certificates must be valid as of February 28, 2022.

**If the NF has a vacancy in either position, report certification status for the most recent individual to hold the position.** If no individual who held the position within the reporting period had valid training certificates, the NF does not meet the performance requirement.

Include the individual's first and last name in the title of each training certificate. If several certificates were issued to a staff member, combine into a single file for that individual before submitting. **Attach a single file per individual to the email.**

To meet this metric, the facility must attach three current documents (i) evidence of completion of training for NFA (ii) evidence of completion of training for DON (iii) Infection prevention and control policy.



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# Performance Improvement Projects (PIPs)



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- **Excel Templates:** Excel *PIP Reporting Templates* are available on the [QIPP Resources Webpage](#)
- **Templates Due Twice per Year:**
  - Tabs 1-3 – Due December 6, 2023
  - Tabs 4-6 – Due September 6, 2024
- **Conditions of Participation:** For details on the conditions of participation, see the *QIPP SFY 2024 Technical Specifications* document

# PIP Reporting Templates



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Excel QIPP SFY23 Component 1 - PIP Template - Saved

File Home Insert Draw Page Layout Formulas Data Review View Automate Help Editing

Verdana 14 A\* A\* B I Merge General \$ +0.00 -0.00 Conditional

A1

1 Quality Incentive Payment Program - SFY 2023 (Year 6)  
Component 1: PIP Reporting Template

2

3 Tab 6: Outcomes & Success Story Completion Deadline: 7-Sep-23

4 Provider Name: [Enter text here]

5 Facility ID: [Enter text here]

6 Medicaid ID: [Enter text here]

7 Federal Provider Number: [Enter text here]

8

9 Outcomes

10 Use as much space as needed to respond to each question or prompt below, while being mindful of keeping the story as succinct as possible. If a question is not applicable, leave it blank.

11

12

Excel QIPP SFY23 Component 2 - PIP Template - Saved

File Home Insert Draw Page Layout Formulas Data Review View Automate Help Editing

Verdana 14 A\* A\* B I Merge General \$ +0.00 -0.00 Conditional

A1

1 Quality Incentive Payment Program - SFY 2023 (Year 6)  
Component 2: PIP Reporting Template

2

3 Tab 1: Measure & PIP Topic Completion Deadline: 6-Dec-22

4 Provider Name: [Enter text here]

5 Facility ID: [Enter text here]

6 Medicaid ID: [Enter text here]

7 Federal Provider Number: [Enter text here]

8

9 General Instructions

10 This template is to be used to fulfill reporting requirements only. It does not provide prescriptive guidance on how to conduct QAPI activities. A facility is expected to conduct a PIP to examine and improve care or services in areas that the facility identifies as needing attention. Areas that need attention will vary depending on the type of facility and the unique scope of services the facility provides.

11

12

13 Facilities are expected to complete the PIP charter to define key PIP charter components relevant to each nursing facility. HHSC has not specified a template for any broader charter document; however, supporting documentation must contain all information required in this document.

14

15

16

17 Performance Improvement Project Topic

- The Excel **PIP Reporting Templates** are mostly identical for Components 1 and 2, however:
  - The *Component 1 PIP Reporting Template* includes attestations for holding monthly QAPI meetings
- The Component 1 template is color-coded purple, and the Component 2 template is color-coded orange
- Information regarding deadlines and required supporting documentation is color-coded green
- Some fields in later tabs are auto-populated based on answers in earlier tabs

# Submitting The Reporting Templates



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Component 2 - PIP Success Story  
For SFY23

Facility Identification Number	Provider Type	Provider Name
2020X20	Privately Owned	KIMPOSSIBLE NURSING & REHABILITATION

Component 2 PIP Documentation

 Click to Email PIP Template and Supporting Documents

Note: By December 6, 2022, the NF is required to submit documentation that constitutes the PIP Charter. By September 7, 2023, the NF must complete the PIP Improvement Success Story. Refer to the *Component 2 PIP Reporting Template* and the *SFY 2023 Quality Metric Technical Requirements* document for more information on reporting requirements and timelines.

All files included in a zipped folder **must contain the Facility ID and Provider Name** in the title to be processed

- Components 1 & 2 PIP submissions must be made separately but are identical processes
- No data elements are reported through the portal; all information is contained in the ***PIP Reporting Template*** itself
- Click on the **Email Icon** (red box) to open an auto-generated submission email
- **Attach only** the *PIP Reporting Template* and a single zipped folder with supporting documentation



**TEXAS**  
Health and Human  
Services

# **Thank you**

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