State of Florida 2018 PIP Submission Form
<PIP Topic>
for <Plan Name>

Demographic Information	
Plan Name: _____	
Project Leader Name: _____	Title: _____
Telephone Number: _____	Email Address: _____
PIP Title: ***<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: **Provide plan-specific data:** **Describe how the PIP topic has the potential to improve member health, functional status, or satisfaction:**

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.

The Question(s) should:

- Be structured in the recommended X/Y format: "Does doing X result in Y?"
- State the question in clear and simple terms.
- Be answerable based on the data collection methodology and study indicator(s).

Question(s):

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

The population definition should:

- 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

Population definition:

Enrollment requirements (if applicable):

Member age criteria (if applicable):

Inclusion, exclusion, and diagnosis criteria:

Diagnosis/procedure/pharmacy/billing codes used to identify population (if applicable):

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.

The description of the study Indicator(s) should:

- 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."

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	
Study Indicator 2: [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:	

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.

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- 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."

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 of the population (denominator), 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. If sampling was not used, please leave table blank and document that sampling was not used in the space provided below the table.

The description of the sampling methods should:

- Include components identified in the table below.
- Be updated annually for each measurement period and for each study indicator.
- Include a detailed narrative description of the methods used to select the sample and ensure sampling techniques support generalizable results.

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

Describe in detail the methods used to select the sample:

Step VI: Reliably Collect Data. The data collection process must ensure that data collected for each study indicator are valid and reliable.

The data collection methodology should include the following:

- Identification of data elements and data sources.
- When and how data are collected.
- How data are used to calculate the study indicator percentage.
- A copy of the manual data collection tool, if applicable.
- An estimate of the administrative data completeness percentage and the process used to determine this percentage.

Data Sources (Select all that apply)

[ ] Hybrid—Both medical/treatment record review (manual data collection) and administrative data.

Medical/Treatment Record	[ ] Administrative Data	[ ] Survey Data
[ ] Medical record abstraction tool [ ] Electronic health record abstraction/query Record Type [ ] Outpatient [ ] Inpatient [ ] Other, please explain in narrative section. [ ] Data collection tool attached	Data Source [ ] Programmed pull from claims/encounters [ ] Complaint/appeal [ ] Pharmacy data [ ] Telephone service data/call center data [ ] Appointment/access data [ ] Delegated entity/vendor data _____ [ ] Other _____ Other Requirements [ ] Codes used to identify data elements (e.g., ICD-9/ICD-10, CPT codes)- please attach separately [ ] Data completeness assessment attached [ ] Coding verification process attached Estimated percentage of administrative data completeness: _____ percentage. Description of the process used to calculate the reported data completeness percentage:	Fielding Method [ ] Personal interview [ ] Mail [ ] Phone with CATI script [ ] Phone with IVR [ ] Internet [ ] Other _____ Other Survey Requirements: Number of waves: _____ Response rate: _____ Incentives used: _____

In the space below, describe the step-by-step data collection process used in the production of the study indicator outcomes:

Step VII: Study Indicator Results. Enter 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).

Enter results for each study indicator by completing the table below. The study indicator percentage should be reported to one decimal place with rounding rules applied. *P* values should be reported to four decimal places (i.e., 0.1234). Additional remeasurement period rows can be added, if necessary.

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

Time Period	Indicator Measurement	Numerator	Denominator	Percentage	State-designated Goal, if applicable	Statistical Test, 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					

Step VII: Data Analysis and Interpretation of Study Results. Clearly document the results for each study indicator(s). Describe the data analysis performed, the results of the statistical analysis, and a narrative interpretation of the results.

The data analysis and interpretation of study indicator results should include the following for each measurement period:

- Data presented clearly, accurately, and consistently in both table and narrative format.
- A clear and comprehensive narrative description of the data analysis process, the percentage achieved for the measurement period for each indicator, and the type of two-tailed statistical test used. Statistical testing *p* value results should be calculated and reported to four decimal places (e.g., 0.1234).
- Statistical testing should be conducted starting with Remeasurement 1 and comparing to the baseline. For example, Remeasurement 1 to the baseline and Remeasurement 2 to the baseline. For purposes of the validation, statistical testing does not need to be conducted between measurement periods (e.g., Remeasurement 1 to Remeasurement 2).
- Discussion of any random, year-to-year variations; population changes; sampling errors; or statistically significant increases or decreases that occurred during the remeasurement process.
- A statement indicating whether or not factors that could threaten (a) the validity of the findings for each measurement period and/or (b) the comparability of measurement periods were identified. If there were no factors identified, this should be documented in Step VII.

Baseline Narrative:

Baseline to Remeasurement 1 Narrative:

Baseline to Remeasurement 2 Narrative:

Step VIII: Improvement Strategies. Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis.

This step should include the following:

- Description of the quality improvement team members.
- Description of the processes and tools used to conduct causal/barrier analysis.
- Description of the processes used to prioritize barriers.
- Prioritized list of barriers with corresponding interventions.
- Description of the processes/methods used to evaluate the effectiveness of each individual intervention and the evaluation results (data).
- Description on how evaluation and analysis data guided continuation, revision, or discontinuation of an intervention.

Describe the causal/barrier analysis processes, quality improvement team members, and quality improvement tools:

Describe the processes, tools, and/or data analysis results used to prioritize barriers:

Describe the processes and measures used to evaluate the effectiveness of each individual intervention:

Describe evaluation results for each intervention:

Describe next steps for each intervention based on evaluation data:

Step VIII: Improvement Strategies. Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis.

This step should include the following:

- Description of the quality improvement team members.
- Description of the processes and tools used to conduct causal/barrier analysis.
- Description of the processes used to prioritize barriers.
- Prioritized list of barriers with corresponding interventions.
- Description of the processes/methods used to evaluate the effectiveness of each individual intervention and the evaluation results (data).
- Description on how evaluation and analysis data guided continuation, revision, or discontinuation of an intervention.

Barriers/Interventions Table:

Use the table below to list barriers, corresponding interventions, intervention type, and implementation date. For each intervention, select if the intervention was (1) new, continued, or revised, and (2) member, provider, or system. Update the table as interventions are added, discontinued, or revised.

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			

Step VIII: Improvement Strategies. Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis.

This step should include the following:

- Description of the quality improvement team members.
- Description of the processes and tools used to conduct causal/barrier analysis.
- Description of the processes used to prioritize barriers.
- Prioritized list of barriers with corresponding interventions.
- Description of the processes/methods used to evaluate the effectiveness of each individual intervention and the evaluation results (data).
- Description on how evaluation and analysis data guided continuation, revision, or discontinuation of an intervention.

	Click to select status	Click to select status			