

AHCCCS

PERFORMANCE IMPROVEMENT PROJECT (PIP) REPORT

REGIONAL BEHAVIORAL HEALTH AUTHORITY (RBHA)

CONTRACTOR NAME

PROJECT TITLE

CONTRACT YEAR (YEAR REPORT IS REFLECTIVE OF)

REPORTING PERIOD (I.E. BASELINE, REMEASUREMENT YEAR_, FINAL)

PROJECT LEADS & ATTESTATION

NAME OF CONTRACTOR:

CONTRACT YEAR:

TITLE OF PROJECT:

REPORT SUBMISSION TYPE:

- Project Proposal
- Baseline Report
- Intervention Report
- Remeasurement Report - Period __
- Final Report

PRINCIPAL CONTACT PERSON:

Name:
Title:
Phone:
Email:

Date submitted: ___/___/___

OTHER CONTACT STAFF INVOLVED IN THE PROJECT (*Two Persons Minimum*):

- Insert Here
- Insert Here

EXTERNAL COLLABORATORS:

- Insert Here
- Insert Here

ATTESTATION**

The undersigned have reviewed, approved, and verified the accuracy of the information provided within this PIP Report.

Medical/Dental Director, as appropriate (print, sign, and date)

Quality Director (print, sign, and date)

IT Director or IT Project Manager, when applicable (print, sign, and date)

****REPORTS/PROPOSALS WILL NOT BE APPROVED WITHOUT THE REQUIRED SIGNATURES.**

PROJECT TOPIC

DESCRIBE PROJECT TOPIC

[Project topics should be based on the needs of the Contractor's member population (i.e., should reflect member needs, care and services, and reflect high-volume or high-risk conditions/events) and should be supported by current research, clinical guidelines or standards. *To align with guidance and direction provided for all AHCCCS-mandated PIPs.*]

RATIONALE FOR TOPIC SELECTION

[Explain why this activity is important to members or providers, and why there is an opportunity for improvement. Describe how the project will help members, providers, or plan processes. Discuss how the topic pertains to a sufficient number of members to yield interpretable findings. Use objective data to explain the rationale, such as baseline data, benchmark rates, evidence-based guidelines, cost analyses, comparisons with organizations or enrollee/provider surveys. The rationale for the topic selected should be reasonable given plan demographics and should be based on supporting data. If appropriate, support the rationale with documentation from applicable literature, with appropriate citation. *To align with guidance and direction provided for all AHCCCS-mandated PIPs.*]

AIM STATEMENT

[State the objectives of the project, the questions that the project is designed to answer. The project objectives should be clear, answerable, and set the framework for data collection, analysis, and interpretation. Anticipated barriers and how they will be addressed may be considered. Examples of objectives include improving customer satisfaction, or improving access to care. Specify a target or goal for improvement that is practical and achievable. Explain how this goal was established. *To align with guidance and direction provided for all AHCCCS-mandated PIPs.*]

METHODOLOGY

PROJECT INDICATORS

[An outcome indicator is the measure by which success or failure of the project will be determined. Outcome indicators should be measurable, objective, clearly defined, and flow directly from the project objectives. When employing a quality improvement model, it is preferable to report an intermediate measure to evaluate performance and the further need for change. Process measures are the workings of the system (the parts/steps in the system) whereas outcome measures (project indicators) are the result (i.e., how the system is performing). Describe how the indicator(s) is/are defined, in numerator and denominator terms. ***Outcome indicators to align with guidance and direction provided for all AHCCCS-mandated PIPs.***]

PROCEDURES

[Describe how the eligible population is identified, as well as population inclusion and exclusion criteria. Provide the method of data collection, including the identification of qualified staff collecting the data and the instruments used, as well as efforts to ensure validity and reliability. Describe the method for ensuring inter-rater reliability if more than one person is collecting and/or entering the data. Clearly identify the sources of data, and specify if using administrative data, medical record data, hybrid methodology, and/or surveys. Outline data collection tools that are utilized. Report whether sampling is used. If so, describe the sampling method, and if stratification was used. Report the sample size and verify that it includes all relevant subsets of the population. If a survey is used, detail the mode of survey (e.g., mail, phone), the number of cases to receive a survey, and follow-up attempts to increase response rates, if any (e.g., re-mailing of surveys). If using statistical testing, specify the procedures used for analysis. ***To align, as appropriate, with guidance and direction provided for all AHCCCS-mandated PIPs.***]

PROJECT TIMELINE

[The timeline includes all important dates regarding the conduct of the study, including baseline measurement period, interventions, remeasurement period, analysis, final report. To align, as appropriate, with guidance and direction provided for all AHCCCS-mandated PIPs.]

EVENT	TIMEFRAME
Baseline Measurement Period	October 1, XXXX – Sep 30, XXXX
Remeasurement Year 1	October 1, XXXX – Sep 30, XXXX
Remeasurement Year 2	October 1, XXXX – Sep 30, XXXX
Remeasurement Year 3 <i>(If Required)</i>	October 1, XXXX – Sep 30, XXXX
Remeasurement Year 4 <i>(If Required)</i>	October 1, XXXX – Sep 30, XXXX
Submission of Baseline/Interim Reports	December 1 for each Contract Year
Submission of Final Report	<ul style="list-style-type: none"> • Within 60 Calendar Days of Notification from AHCCCS for AHCCCS-Mandated PIPs • Within 60 Calendar Days of Completion for Contractor Self-Selected PIPS

INTERVENTIONS

BASELINE INTERVENTIONS

[Baseline interventions should include only those activities and processes in place at the time the PIP was first identified or mandated by AHCCCS.]

BARRIER/ROOT CAUSE ANALYSES

[A root cause and barrier analysis should be conducted as part of the project design in order to better identify deficiencies, barriers, and challenges. A root cause analysis should include a systemic process for identifying the underlying causes of deficiency, so that solutions can be identified and implemented. Briefly describe the methodology utilized to conduct specified root cause analysis, including the tools for this process, and the associated findings. Barriers are distinguished from challenges confronted in implementing the selected interventions. A barrier analyses should include analyses of data, both quantitative and qualitative (such as focused groups or interviews) and published literature, where appropriate for identifying potential barriers. Briefly describe barriers encountered as well as the barriers your interventions are designed to overcome, e.g., lack of member or provider knowledge, lack of transportation, lack of standardized tools, and lack of adequate discharge planning.]

INTERVENTIONS PLANNED AND IMPLEMENTED

[Describe each intervention, inclusive of clearly identified targeted interventions to be implemented specific to subpopulation and disparities analyses findings. Detail how the intervention is reasonably able to impact the enrolled population/improve health outcomes, and likely to induce a permanent change rather than a short-term or one-time effect. Interventions should be based on evidence of effectiveness. If the intervention is based on literature, include appropriate citations. Describe whose performance the intervention is intended to affect (e.g., members, MCO clinical staff, providers, and community). Provide the start and end dates of each discrete intervention. The interventions should be timed for optimal impact, ideally after baseline, allowing enough time to impact remeasurement. Each intervention should have at least one related process measure, so that the effectiveness of the intervention can be monitored. All planned and implemented interventions to date should be included (past and current measurement periods) and updated with each report submission.]

INTERVENTIONS

Complete the sections in the tables below, and add more rows as needed. For each intervention, provide date ranges (start and end dates) in the second column of the table, barriers this intervention will address in the third column, and process measures that will be used to measure the intervention in the fourth column. Interventions should be identified throughout the PIP lifecycle, and as such all new interventions are to be added within this table. Interventions that began after the remeasurement should not be listed as interventions, since they could not impact the rates. They should instead be highlighted in the Next Steps section.

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DESCRIPTION OF INTERVENTION	INTERVENTION TIMEFRAME	BARRIERS ADDRESSED	PROCESS MEASURES
<p>#1) Provide a brief description of each intervention identified for implementation as part of the Contractor's performance improvement efforts specific to the PIP focus area. Include (within this table of each report submission – Remeasurement or Final) discontinued interventions, as well as any intervention implemented after the initiation of the PIP based on the result of data analysis and/or challenges faced in the intervention of previously identified interventions.</p>	<p>Include the start and end dates for each intervention included within this table. Also include the end dates of any discontinued interventions and start date of any intervention implemented after the initiation of the PIP based on the result of data analysis and/or challenges faced in the intervention of previously identified interventions.</p>	<p>Include the associated barrier(s) the intervention is aimed to overcome. If the intervention is implemented after the initiation of the PIP based on the result of data analysis and/or challenges faced in the intervention of previously identified interventions, include the challenge the newly implemented intervention is aimed to overcome.</p>	<p>Include measurement criteria (including numerator, denominator, frequency of measurement, and goal) for each intervention included within this table.</p>
#2)			
#3)			
#4)			

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INTERVENTIONS – MEASUREMENT & RESULTS

CONTRACTOR INTERNAL RATES/RESULTS CONTINUED

[Table below to include those process measures identified within the Interventions section of this report. Interventions should be identified throughout the PIP lifecycle, and as such all new interventions are to be added within this table. If measurement is occurring more frequently, the results shall be inserted within this section following the table below or as an exhibit following the end of the report. If a measurement is discontinued during the PIP lifecycle, measurements up to the time of discontinuation shall be included within the table below and an indication of “Discontinued” included within subsequent measurement periods for which data is not available based on the measure being discontinued.]

PROCESS MEASURES	BASELINE YEAR <<time-frame>>	INTERVENTION YEAR <<time-frame>>	REMEASUREMENT 1 <<time-frame>>	REMEASUREMENT 2 <<time-frame>>	REMEASUREMENT 3 <<time-frame>>	REMEASUREMENT 4 <<time-frame>>
#1) <i>To be reflective of process measures identified in the Intervention Table located above.</i>	<i>Num: Den: Rate/Percent: Goal Met:</i>	<i>Num: Den: Rate/Percent: Goal Met:</i>	<i>Num: Den: Rate/Percent: Goal Met:</i>	<i>Num: Den: Rate/Percent: Goal Met:</i>	<i>Num: Den: Rate/Percent: Goal Met:</i>	<i>Num: Den: Rate/Percent: Goal Met:</i>
#2)						
#3)						
#4)						

INTERVENTIONS - MEASUREMENT & RESULTS

DISCUSSION OF INTERVENTION RESULTS

[Explain and interpret the results by reviewing the degree to which planned goals and objectives were achieved, the meaningfulness of improvements or changes, and what factors were associated with success or failure. The explanation and interpretation shall reflect year-to-year and overall progress to date. Describe whether results were expected or unexpected, and provide other possible explanations for the results. A brief conclusion should be provided based on the reported results. The basis for all conclusions should be explained. Include both a quantitative and qualitative analysis within the discussion of results.]

IDENTIFIED CHALLENGES

[Describe any challenges encountered in the implementation and/or development of interventions (e.g., difficulty locating Medicaid members, lack of resources/insufficient nurses for chart abstraction, reasons for low response rates to surveys, insufficient number of providers in rural areas). Provide details related to how these challenges were identified, actions taken to overcome the challenge, as well as any associated outcomes. Indicate if an intervention was planned but was not implemented, or if the intervention changed in any way, and why.]

NEXT STEPS

[Provide an outline of actions to be taken in the next reporting period based on current reporting period results, overall results to date, and outcomes. Include a discussion of future interventions and/or the refinement of current interventions as well as any planned resolutions to challenges described in the *Identified Challenges* section.]

PLAN DO STUDY ACT (PDSA) PHASES

[Describe if/how interventions were modified based upon interim remeasurement results. Include within this section of the report, or as an exhibit following at the end of the report. PDSA Cycles are to be updated as each phase of the PDSA Cycle is completed, as data becomes available, and when interventions are refined. All PDSA Cycles completed during the projects lifecycle shall be described within this section. In addition, all PDSA Cycles completed during the project's lifecycle are to be inserted (or attached to this report) as a supporting exhibit.]

ASSOCIATED QUALITY IMPROVEMENT TOOLS UTILIZED

[Describe quality improvement tools utilized when conducting root-cause analysis and problem solving activities including, but not limited to: Cause and Effect Diagrams; Failure Modes and Effects Analysis (FMEA) Tools; Flowcharts; Pareto Charts; Run Charts; Control Charts, and/or Driver Diagrams. Quality improvement tools utilized/completed during the project's lifecycle shall be described within this section. In addition, each quality improvement tool completed during the project's lifecycle is to be inserted within this section of the report or as an exhibit following the end of the report.]

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PROJECT INDICATORS - INTERNAL RESULTS

SERIOUS MENTAL ILLNESS (SMI) INTEGRATED POPULATION¹

CONTRACTOR INTERNAL RATES/RESULTS

[Required for all PIPs. Table is to be reflective of project indicators identified within the methodology section.]

INDICATOR	BASELINE YEAR				INTERVENTION YEAR				REMEASUREMENT YEAR 1			
	N*	D*	%	Goal	N*	D*	%	Goal	N*	D*	%	Goal
Indicator 1												
Indicator 2												
Indicator 3												
Indicator 4												

N*= Numerator D*= Denominator

INDICATOR	REMEASUREMENT YEAR 2				REMEASUREMENT YEAR 3				REMEASUREMENT YEAR 4			
	N*	D*	%	Goal	N*	D*	%	Goal	N*	D*	%	Goal
Indicator 1												
Indicator 2												
Indicator 3												
Indicator 4												

Year 3 and 4 to be completed in accordance with AHCCCS Medical Policy Manual (AMPM) Policy 980 Performance Improvement Projects requirements.

CONTRACTOR INTERNAL RATE/RESULT FINDINGS

[Include a quantitative analysis with language that identifies the most important results, simplifies the results, and highlights significant trends or relationships.

Include discussion related to entire population size and number of cases in the project sample, Delineate the number of cases excluded due to failure to meet criteria, rates for project indicators and process measures including the numerator and denominator for baseline and subsequent remeasurements, performance targets, and statistical tests/results (if applicable).

If a survey was conducted, list the final sample size, the number of responses received, and the response rate. Reasons for low response rates or failure to obtain eligible records should be described.]

¹ [Additional RBHA specific template with separate reporting sections for SMI Integrated and GMH/SU, as well as internal and AHCCCS Official Rate Reporting.](#)

DISCUSSION – INTERNAL RESULTS

SERIOUS MENTAL ILLNESS (SMI) INTEGRATED POPULATION²

DISCUSSION OF RESULTS

[Explain and interpret the results by reviewing the degree to which project indicator goals and objectives were achieved, the meaningfulness of improvements or changes, and what factors were associated with success or failure. Describe whether results were expected or unexpected, and provide other possible explanations for the results. A brief conclusion should be provided based on the reported results. The basis for all conclusions should be explained. The discussion of results shall include both a quantitative and qualitative analysis as well as discussion related to applicable subpopulations and findings.]

Example:

(CYE XXXX)

- **Remeasurement Year 1:** Include discussion related to the current reporting period compared to the previous reporting period – baseline and/or intervention year. Please note, if comparing to Intervention Year data, include discussion related to Overall Results-to-Date Data Trends related to the current reporting period compared to the Baseline reporting period.

(CYE XXXX)

- **Remeasurement Year 2:** Include discussion related to the current reporting period compared to the previous reporting period – Remeasurement Year 1.
- **Overall Results-to-Date (Remeasurement Year 2):** Include discussion related to the current reporting period (Remeasurement Year 2 or Greater) compared to the baseline reporting period.

DATA TRENDS

[Describe identified data trends (based on internal reporting) reflective of the current reporting period as well as overall results to date. Outline any analytical tools utilized in the identification of the trends. Explain if the identification of the trends resulted in changes to the project and/or interventions. Additional Remeasurement Years to be included, as applicable to performance.]

Example:

(CYE XXXX)

- **Reporting Period Data Trends (Remeasurement Year 1):** Include discussion related to the current reporting period compared to the previous reporting period – Baseline and/or Intervention Year. Please note, if comparing to Intervention Year data, include discussion related to Overall Results-to-Date Data Trends related to the current reporting period compared to the Baseline reporting period.

² [Additional RBHA specific template with separate reporting sections for SMI Integrated and GMH/SU, as well as internal and AHCCCS Official Rate Reporting.](#)

(CYE XXXX)

- **Reporting Period Data Trends (Remeasurement Year 2):** Include discussion related to the current reporting period compared to the previous reporting period – Remeasurement Year 1.
- **Overall Results-to-Date Data Trends (Remeasurement Year 2):** Include discussion related to the current reporting period compared to the Baseline reporting period.

LIMITATIONS

[Address the limitations of your project design. Identify methodological factors that may jeopardize the internal or external validity of the findings. Include any identified issues with the data collected or reported (i.e. inaccuracies in the data collection methodology, changes in the methodology for calculating rates/results, etc.). Additional Remeasurement Years to be included, as applicable to performance.]

Example:

(CYE XXXX)

- **Baseline:** Include discussion related to data limitations specific to Baseline (intervention) Year data.

(CYE XXXX)

- **Remeasurement Year 1:** Include discussion related to data limitations specific to Remeasurement Year1 data.

(CYE XXXX)

- **Remeasurement Year 2:** Include discussion related to data limitations specific to Remeasurement Year 2 data.

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PROJECT INDICATORS - INTERNAL RESULTS

GENERAL MENTAL HEALTH/SUBSTANCE USE (GMH/SU) POPULATION³

CONTRACTOR INTERNAL RATES/RESULTS

[Required for all PIPs. Table is to be reflective of project indicators identified within the methodology section.]

INDICATOR	BASELINE YEAR				INTERVENTION YEAR				REMEASUREMENT YEAR 1			
	N*	D*	%	Goal	N*	D*	%	Goal	N*	D*	%	Goal
Indicator 1												
Indicator 2												
Indicator 3												
Indicator 4												

N*= Numerator D*= Denominator

INDICATOR	REMEASUREMENT YEAR 2				REMEASUREMENT YEAR 3				REMEASUREMENT YEAR 4			
	N*	D*	%	Goal	N*	D*	%	Goal	N*	D*	%	Goal
Indicator 1												
Indicator 2												
Indicator 3												
Indicator 4												

Year 3 and 4 to be completed in accordance with AHCCCS Medical Policy Manual (AMPM) Policy 980 Performance Improvement Projects requirements.

CONTRACTOR INTERNAL RATE/RESULT FINDINGS

[Include a quantitative analysis with language that identifies the most important results, simplifies the results, and highlights significant trends or relationships.

Include discussion related to entire population size and number of cases in the project sample, Delineate the number of cases excluded due to failure to meet criteria, rates for project indicators and process measures including the numerator and denominator for baseline and subsequent remeasurements, performance targets, and statistical tests/results (if applicable).

If a survey was conducted, list the final sample size, the number of responses received, and the response rate. Reasons for low response rates or failure to obtain eligible records should be described.]

³ Additional RBHA specific template with separate reporting sections for SMI Integrated and GMH/SU, as well as internal and AHCCCS Official Rate Reporting.

DISCUSSION – INTERNAL RESULTS

GENERAL MENTAL HEALTH/SUBSTANCE USE (GMH/SU) POPULATION⁴

DISCUSSION OF RESULTS

[Explain and interpret the results by reviewing the degree to which project indicator goals and objectives were achieved, the meaningfulness of improvements or changes, and what factors were associated with success or failure. Describe whether results were expected or unexpected, and provide other possible explanations for the results. A brief conclusion should be provided based on the reported results. The basis for all conclusions should be explained. The discussion of results shall include both a quantitative and qualitative analysis as well as discussion related to applicable subpopulations and findings.]

Example:

(CYE XXXX)

- **Remeasurement Year 1:** Include discussion related to the current reporting period compared to the previous reporting period – baseline and/or intervention year. Please note, if comparing to Intervention Year data, include discussion related to Overall Results-to-Date Data Trends related to the current reporting period compared to the Baseline reporting period.

(CYE XXXX)

- **Remeasurement Year 2:** Include discussion related to the current reporting period compared to the previous reporting period – Remeasurement Year 1.
- **Overall Results-to-Date (Remeasurement Year 2):** Include discussion related to the current reporting period (Remeasurement Year 2 or Greater) compared to the baseline reporting period.

DATA TRENDS

[Describe identified data trends (based on internal reporting) reflective of the current reporting period as well as overall results to date. Outline any analytical tools utilized in the identification of the trends. Explain if the identification of the trends resulted in changes to the project and/or interventions. Additional Remeasurement Years to be included, as applicable to performance.]

Example:

(CYE XXXX)

- **Reporting Period Data Trends (Remeasurement Year 1):** Include discussion related to the current reporting period compared to the previous reporting period – Baseline and/or Intervention Year. Please note, if comparing to Intervention Year data, include discussion related to Overall Results-to-Date Data Trends related to the current reporting period compared to the Baseline reporting period.

⁴ [Additional RBHA specific template with separate reporting sections for SMI Integrated and GMH/SU, as well as internal and AHCCCS Official Rate Reporting.](#)

(CYE XXXX)

- **Reporting Period Data Trends (Remeasurement Year 2):** Include discussion related to the current reporting period compared to the previous reporting period – Remeasurement Year 1.
- **Overall Results-to-Date Data Trends (Remeasurement Year 2):** Include discussion related to the current reporting period compared to the Baseline reporting period.

LIMITATIONS

[Address the limitations of your project design. Identify methodological factors that may jeopardize the internal or external validity of the findings. Include any identified issues with the data collected or reported (i.e. inaccuracies in the data collection methodology, changes in the methodology for calculating rates/results, etc.). Additional Remeasurement Years to be included, as applicable to performance.]

Example:

(CYE XXXX)

- **Baseline:** Include discussion related to data limitations specific to Baseline (intervention) Year data.

(CYE XXXX)

- **Remeasurement Year 1:** Include discussion related to data limitations specific to Remeasurement Year1 data.

(CYE XXXX)

- **Remeasurement Year 2:** Include discussion related to data limitations specific to Remeasurement Year 2 data.

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PROJECT INDICATORS - AHCCCS REPORTED RESULTS

SERIOUS MENTAL ILLNESS (SMI) INTEGRATED POPULATION⁵

AHCCCS REPORTED RATES

[Required for all AHCCCS-mandated PIPs. Table is to be reflective of project indicators identified by AHCCCS. Indication of To Be Determined (TBD) may be included within the following chart for the Contract Year immediately preceding the required December 1st report submissions with the exception of that required for final PIP reporting.]

INDICATOR	BASELINE YEAR				INTERVENTION YEAR				REMEASUREMENT YEAR 1			
	N*	D*	%	Goal	N*	D*	%	Goal	N*	D*	%	Goal
Indicator 1												
Indicator 2												
Indicator 3												
Indicator 4												

N*= Numerator D*= Denominator

INDICATOR	REMEASUREMENT YEAR 2				REMEASUREMENT YEAR 3				REMEASUREMENT YEAR 4			
	N*	D*	%	Goal	N*	D*	%	Goal	N*	D*	%	Goal
Indicator 1												
Indicator 2												
Indicator 3												
Indicator 4												

Year 3 and 4 to be completed in accordance with AHCCCS Medical Policy Manual (AMPM) Policy 980 Performance Improvement Projects requirements.

AHCCCS REPORTED RATES/RESULTS FINDINGS

[Include a quantitative analysis with language that identifies the most important results, simplifies the results, and highlights significant trends or relationships.

Include discussion related to entire population size and number of cases in the project sample, Delineate the number of cases excluded due to failure to meet criteria, rates for project indicators including the numerator and denominator for baseline and subsequent remeasurements, performance targets, and statistical tests/results (if applicable).

If a survey was conducted, list the final sample size, the number of responses received, and the response rate. Reasons for low response rates or failure to obtain eligible records should be described.]

⁵ [Additional RBHA specific template with separate reporting sections for SMI Integrated and GMH/SU, as well as internal and AHCCCS Official Rate Reporting.](#)

DISCUSSION – AHCCCS RESULTS

SERIOUS MENTAL ILLNESS (SMI) INTEGRATED POPULATION⁶

DISCUSSION OF RESULTS

[Explain and interpret the results by reviewing the degree to which project indicator goals and objectives were achieved, the meaningfulness of improvements or changes, and what factors were associated with success or failure. Describe whether results were expected or unexpected, and provide other possible explanations for the results. A brief conclusion should be provided based on the reported results. The basis for all conclusions should be explained. The discussion of results shall include both a quantitative and qualitative analysis as well as discussion related to applicable subpopulations and findings.]

Example:

(CYE XXXX)

- **Remeasurement Year 1:** Include discussion related to the current reporting period compared to the previous reporting period – baseline and/or intervention year. Please note, if comparing to Intervention Year data, include discussion related to Overall Results-to-Date Data Trends related to the current reporting period compared to the Baseline reporting period.

(CYE XXXX)

- **Remeasurement Year 2:** Include discussion related to the current reporting period compared to the previous reporting period – Remeasurement Year 1.
- **Overall Results-to-Date (Remeasurement Year 2):** Include discussion related to the current reporting period (Remeasurement Year 2 or Greater) compared to the baseline reporting period.

DATA TRENDS

[Describe identified data trends (based on internal reporting) reflective of the current reporting period as well as overall results to date. Outline any analytical tools utilized in the identification of the trends. Explain if the identification of the trends resulted in changes to the project and/or interventions. Additional Remeasurement Years to be included, as applicable to performance.]

Example:

(CYE XXXX)

- **Reporting Period Data Trends (Remeasurement Year 1):** Include discussion related to the current reporting period compared to the previous reporting period – Baseline and/or Intervention Year. Please note, if comparing to Intervention Year data, include discussion related to Overall Results-to-Date Data Trends related to the current reporting period compared to the Baseline reporting period.

(CYE XXXX)

- **Reporting Period Data Trends (Remeasurement Year 2):** Include discussion related to the current reporting period compared to the previous reporting period – Remeasurement Year 1.
- **Overall Results-to-Date Data Trends (Remeasurement Year 2):** Include discussion related to the current reporting period compared to the Baseline reporting period.

⁶ [Additional RBHA specific template with separate reporting sections for SMI Integrated and GMH/SU, as well as internal and AHCCCS Official Rate Reporting.](#)

PROJECT INDICATORS - AHCCCS REPORTED RESULTS

GENERAL MENTAL HEALTH/SUBSTANCE USE (GMH/SU) POPULATION⁷

AHCCCS REPORTED RATES

[Required for all AHCCCS-mandated PIPs. Table is to be reflective of project indicators identified by AHCCCS. Indication of To Be Determined (TBD) may be included within the following chart for the Contract Year immediately preceding the required December 1st report submissions with the exception of that required for final PIP reporting.]

INDICATOR	BASELINE YEAR				INTERVENTION YEAR				REMEASUREMENT YEAR 1			
	N*	D*	%	Goal	N*	D*	%	Goal	N*	D*	%	Goal
Indicator 1												
Indicator 2												
Indicator 3												
Indicator 4												

N*= Numerator D*= Denominator

INDICATOR	REMEASUREMENT YEAR 2				REMEASUREMENT YEAR 3				REMEASUREMENT YEAR 4			
	N*	D*	%	Goal	N*	D*	%	Goal	N*	D*	%	Goal
Indicator 1												
Indicator 2												
Indicator 3												
Indicator 4												

Year 3 and 4 to be completed in accordance with AHCCCS Medical Policy Manual (AMPM) Policy 980 Performance Improvement Projects requirements.

AHCCCS REPORTED RATES/RESULTS FINDINGS

[Include a quantitative analysis with language that identifies the most important results, simplifies the results, and highlights significant trends or relationships.

Include discussion related to entire population size and number of cases in the project sample, Delineate the number of cases excluded due to failure to meet criteria, rates for project indicators including the numerator and denominator for baseline and subsequent remeasurements, performance targets, and statistical tests/results (if applicable).

If a survey was conducted, list the final sample size, the number of responses received, and the response rate. Reasons for low response rates or failure to obtain eligible records should be described.]

⁷ [Additional RBHA specific template with separate reporting sections for SMI Integrated and GMH/SU, as well as internal and AHCCCS Official Rate Reporting.](#)

DISCUSSION – AHCCCS RESULTS

GENERAL MENTAL HEALTH/SUBSTANCE USE (GMH/SU) POPULATION⁸

DISCUSSION OF RESULTS

[Explain and interpret the results by reviewing the degree to which project indicator goals and objectives were achieved, the meaningfulness of improvements or changes, and what factors were associated with success or failure. Describe whether results were expected or unexpected, and provide other possible explanations for the results. A brief conclusion should be provided based on the reported results. The basis for all conclusions should be explained. The discussion of results shall include both a quantitative and qualitative analysis as well as discussion related to applicable subpopulations and findings.]

Example:

(CYE XXXX)

- **Remeasurement Year 1:** Include discussion related to the current reporting period compared to the previous reporting period – baseline and/or intervention year. Please note, if comparing to Intervention Year data, include discussion related to Overall Results-to-Date Data Trends related to the current reporting period compared to the Baseline reporting period.

(CYE XXXX)

- **Remeasurement Year 2:** Include discussion related to the current reporting period compared to the previous reporting period – Remeasurement Year 1.
- **Overall Results-to-Date (Remeasurement Year 2):** Include discussion related to the current reporting period (Remeasurement Year 2 or Greater) compared to the baseline reporting period.

DATA TRENDS

[Describe identified data trends (based on internal reporting) reflective of the current reporting period as well as overall results to date. Outline any analytical tools utilized in the identification of the trends. Explain if the identification of the trends resulted in changes to the project and/or interventions. Additional Remeasurement Years to be included, as applicable to performance.]

Example:

(CYE XXXX)

- **Reporting Period Data Trends (Remeasurement Year 1):** Include discussion related to the current reporting period compared to the previous reporting period – Baseline and/or Intervention Year. Please note, if comparing to Intervention Year data, include discussion related to Overall Results-to-Date Data Trends related to the current reporting period compared to the Baseline reporting period.

(CYE XXXX)

- **Reporting Period Data Trends (Remeasurement Year 2):** Include discussion related to the current reporting period compared to the previous reporting period – Remeasurement Year 1.
- **Overall Results-to-Date Data Trends (Remeasurement Year 2):** Include discussion related to the current reporting period compared to the Baseline reporting period.

⁸ [Additional RBHA specific template with separate reporting sections for SMI Integrated and GMH/SU, as well as internal and AHCCCS Official Rate Reporting.](#)

NEXT STEPS (FINAL REPORT ONLY)

DISCUSSION OF RESULTS

[Explain and interpret the results (based on official measurement for AHCCCS-mandated PIPs) by reviewing the degree to which objectives and goals were achieved, the meaningfulness of improvements or changes, and what factors were associated with success or failure. The discussion shall reflect year-to-year and overall progress. Describe whether results were expected or unexpected, and provide other possible explanations for the results. A brief conclusion should be provided based on the reported results. The basis for all conclusions should be explained.]

LESSONS LEARNED

[Describe what was learned from the project, what remains to be learned, what can be changed as a result of the project, and whether findings can be extrapolated to other members or systems.]

SYSTEM-LEVEL CHANGES MADE AND/OR PLANNED

[Describe how findings will be used, actions that will be taken to sustain improvement, and plans to spread successful interventions to other applicable processes in your organization.]

REFERENCES

[Include a list of the resources and references utilized for the purposes of this PIP/PIP Report. Ensure proper citations are included, as appropriate, within the body of this report.]

OPEN UNTIL 12/23/19