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ISO  
9001:2008  
CERTIFIED

## QEIP PIP Report Checklist and Evaluation for Exempt Entities

Entity Name:

PIP Topic:

PIP Components and Subcomponents				
	PY 1	PY 2	PY 3	PY 4
	PIP Planning (Baseline) Report	Remeasurement 1 Findings	Remeasurement 2 Findings	Closure
<b>PLANNING (25%)</b>				
<b>Element 1. Topic/ Rationale/Equity Statement</b>				
Item 1a located in PIP Report Section 1 (Entity Contact Information) Items 1b-1d in Section 3.1 (Equity Statement: Brief Rationale for Topic Selection) and 3.2a (PIP Vision, Aim Statement(s), and Goal(s))				
15% weight				
1a. Attestation signed & Project Identifiers completed	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
1b. Equity Statement:				
i) aligns with PIP domain	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
ii) has potential for meaningful impact on member/patient health, functional status or satisfaction	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
iii) reflects high-volume or high risk-conditions	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
iv) is supported with member/patient-level data (e.g., historical data related to condition/disease prevalence)	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
1c. Clarity of vision and purpose	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
1d. Clarity and completeness of working arrangements to achieve equity statement vision- entity role, and/or points of entry are clearly defined	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
Element 1 Overall Review Determination	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
Element 1 Overall Score	0	0	0	0
Element 1 Weighted Score	0.0	0.0	0.0	0.0
<b>Element 2. Aim</b>				
Items 2a-2c located in PIP Report Section 3.2b (Vision, Aim Statements(s), and Goals)				
10% weight				
2a. Aims specify Performance Indicators for improvement with corresponding goals	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
2b. Goals set target improvement rates that are bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
2c. Goals and aims contribute to health equity strategy in terms of:				
i) attaining complete, beneficiary-reported demographic and health-related social needs data	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
ii) identifying disparities and intervening to reduce disparities in access and quality	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
iii) strengthening organizational capacity for health equity including through collaboration with health system and community partners.	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
Element 2 Overall Review Determination	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
Element 2 Overall Score	0	0	0	0
Element 2 Weighted Score	0.0	0.0	0.0	0.0
<b>IMPLEMENTATION (50%)</b>				
<b>Element 3. Methodology</b>				
Items 3a-3e located in PIP Report Section 4.1 (Performance Indicators). Items 3f-3h in PIP Report Section 4.2 (Data Collection and Analysis Procedures)				
10% weight				
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
3b. Performance indicators are measured consistently over time	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
3e. Procedures indicate data source, hybrid vs. administrative, reliability (e.g., Inter-Rater Reliability (IRR))	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
3f. If sampling was used, the ACO/Hospital identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
3h. Study design specifies data analysis procedures with a corresponding timeline	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
Element 3 Overall Review Determination	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
Element 3 Overall Score	0	0	0	0
Element 3 Weighted Score	0.0	0.0	0.0	0.0
<b>Element 4. Barrier Analysis</b>				
Items 4a-4f located in PIP Report Section 5.1 Table 4 (Description of member/patient population and stratified performance indicator data), Section 6.1 (Quality improvement process tools (optional)), and Section 6.2 Table 5 (Barrier Analysis, Interventions, and Monitoring).				
Barrier analysis is comprehensive, identifying obstacles faced by members/patients, and/or providers. ACO/Hospital uses one or more of the following methodologies:				
10% weight				
4a. Susceptible subpopulations identified on performance measures stratified by demographic/RELD SOGI, health-related social need, and clinical characteristics (Section 5.1)	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
4b. Member/Patient input at focus groups and/or Quality Meetings, and/or from CM outreach etc.	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
4c. Provider input at focus groups and/or Quality Meetings	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
4d. QI Process data ("5 Why's", fishbone diagram, or other) (Section 6.1)	[M/PM/NM/NA]	[M/PM/NM/NA]	[M/PM/NM/NA]	[M/PM/NM/NA]
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]

4f. Literature review supports barrier analysis but is not main source of verification	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
<b>Element 4 Overall Review Determination</b>	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]
<b>Element 4 Overall Score</b>	0	0	0	0
<b>Element 4 Weighted Score</b>	0.0	0.0	0.0	0.0

Element 5. Robust Interventions					15% weight
Items 5a-5e located in PIP Report Section 6, Table 5 (Alignment of Barriers, Interventions, and Intervention Tracking Measures).					
5a. Informed by barrier analysis	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	
5b. Actions that target member/patient, provider and ACO/Hospital	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	
5c. New or enhanced, starting after baseline year for particular PIP	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	
5d. With corresponding monthly or quarterly intervention tracking measures (a.k.a process measures), with numerator/denominator (specified in Baseline PIP Planning Reports, with actual data reported in Remeasurement 1, Remeasurement 2, and Closure Reports)	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	
5e. Interventions enhance shared health equity strategy described in aims section in terms of:					
i) attaining complete, beneficiary-reported demographic and health-related social needs data	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	
ii) identifying disparities in access and quality	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	
iii) intervening to reduce disparities in access and quality	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	
iii) strengthening organizational capacity for health equity including through collaboration with health system and community partners	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	
Element 5 Overall Review Determination	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	
Element 5 Overall Score	0	0	0	0	
Element 5 Weighted Score	0.0	0.0	0.0	0.0	
Element 6. Results Table					15% weight
Item 6a-6b located in PIP Report Section 7 Table 7 (Annual Reporting of Performance Indicator Results).					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals		[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	
6b. Table provides stratified results for selected Performance Indicators		[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	
Element 6 Overall Review Determination		[M/PM/NM]	[M/PM/NM]	[M/PM/NM]	
Element 6 Overall Score		0	0	0	
Element 6 Weighted Score		0.0	0.0	0.0	
VALIDITY AND SUSTAINABILITY (25%)					
Element 7. Discussion and Validity of Reported Improvement					15% weight
Items 7a-7b located in PIP Report Section 8.1 (Discussion of Results). Item 7c located in PIP Report Section 8.2 (Limitations).					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)			[M/PM/NM]	[M/PM/NM]	
7b. Data presented adhere to the ACO's/Hospital's data analysis plan			[M/PM/NM]	[M/PM/NM]	
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.			[M/PM/NM]	[M/PM/NM]	
7d. Lessons learned & follow-up activities planned as a result			[M/PM/NM]	[M/PM/NM]	
Element 7 Overall Review Determination			[M/PM/NM]	[M/PM/NM]	
Element 7 Overall Score			0	0	
Element 7 Weighted Score			0.0	0.0	
Element 8. Sustainability					10% weight
Item 8a-c located in PIP Report Section 9 (Next Steps). Item 8d located in Section 6 Table 5 (Alignment of Barriers, Interventions, and Intervention Tracking Measures) and Section 8.1 (Discussion of Results).					
8a. Entity is working to:					
i) leverage sharing of best practices, data or lessons learned with external audiences			[M/PM/NM]	[M/PM/NM]	
ii) support innovation			[M/PM/NM]	[M/PM/NM]	
iii) operate in a structure that promotes engagement of members/patients, providers, and/or community partners			[M/PM/NM]	[M/PM/NM]	
8b. Collaboration overall positively impacts success of PIP			[M/PM/NM/NA]	[M/PM/NM/NA]	
8c. Ongoing, additional or modified interventions documented			[M/PM/NM]	[M/PM/NM]	
8d. Intervention modifications are informed by intervention tracking measures (ITMs) or PDSA cycles			[M/PM/NM]	[M/PM/NM]	
Element 8 Overall Review Determination			[M/PM/NM]	[M/PM/NM]	
Element 8 Overall Score			0	0	
Element 8 Weighted Score			0.0	0.0	
		PY 1	PY 2	PY 3	PY4
Maximum Possible Weighted Score	60	75	100	100	
Actual Weighted Total Score	0.0	0.0	0.0	0.0	
Overall Rating	0%	0%	0%	0%	
≥ 85% met; 60-84% partial met; <60% not met (corrective action plan)					

**QEIP PIP Report Checklist and Evaluation for Exempt Entities**  
**Entity Name:**

**IPRO Reviewers:**

**Date (report submission) reviewed:**

**IPRO Comments:**

Element 1 Overall Review Determination was that the entity was [compliant/partially compliant/not compliant]. [Additional comments specific to Element 1 if PM or NM ....]

Element 2 Overall Review Determination was that the entity was [compliant/partially compliant/not compliant]. [Additional comments specific to Element 2 if PM or NM.....]

Element 3 Overall Review Determination was that the entity was [compliant/partially compliant/not compliant]. [Additional comments specific to Element 3 if PM or NM.....]

Element 4 Overall Review Determination was that the entity was [compliant/partially compliant/not compliant]. [Additional comments specific to Element 4 if PM or NM.....]

Element 5 Overall Review Determination was that the entity was [compliant/partially compliant/not compliant]. [Additional comments specific to Element 5 if PM or NM.....]

Element 6 Overall Review Determination was that the entity was [compliant/partially compliant/not compliant]. [Additional comments specific to Element 6 if PM or NM.....]

Element 7 Overall Review Determination was that the entity was [compliant/partially compliant/not compliant]. [Additional comments specific to Element 7 if PM or NM.....]

Element 8 Overall Review Determination was that the entity was [compliant/partially compliant/not compliant]. [Additional comments specific to Element 8 if PM or NM.....]

**Summary:**

For the Year 1 implementation review, the entity scored [##]% ([##.#] points out of a maximum possible weighted score of ##.0 points), with an overall determination of [M/PM/NM]. A revision of the reporting template is [required/not required].

The entity [general comments (1-2 paragraphs) further described as applicable, to include baseline, methodological issues, main successes, barriers encountered, other implementation challenges, and extent to which performance improvement occurred or goals were met...].