Contractor Self-Selected Performance Improvement Project Initiation Notification

*The Contractor is to complete a separate notification for each Contractor Self-Selected Performance Improvement Project (PIP) and for each line of business/population. Please complete, sign, date, and submit within 14 days of the PIP initiation as specified in the Contract Chart of Deliverables; however, Contractors are encouraged to submit the Contractor Self-Selected PIP Initiation Notification prior to the implementation of a self-selected PIP as AHCCCS may provide feedback. Additionally, AHCCCS reserves the right to approve or reject the Contractor Self-Selected PIP topic based on the information provided by the Contractor within this notification.*

**This notification applies to the following PIP:***PIP Title*

**PIP Implementation Date:** *Date*

**PIP Initiation Notification Type:** [ ]  New [ ]  Update

**Summary of Updates (applicable to PIP Initiation Notification Update submissions only):**

*Describe the PIP changes, including changes in methodology and/or PIP indicator(s), and the associated rationale.*

**Contractor Name & Population/Line of Business:** *Contractor Name & Population/Line of Business*

**This PIP Includes:** [ ]  Title XIX [ ]  Title XXI

**Included Population:** *Identify the PIP population*

**Estimated Population Size:** *Identify the estimated size of the included population (e.g., denominator)*

**Subpopulations:** *Identify any subpopulations that will be included within its disparity analysis, if available*

**Goal (Aim Statement):**  *State the aim statement of the PIP within one to two sentences. The aim statement shall clearly specify the improvement strategy, population, and time period.*

**Project Indicator(s):**

1. *Add indicator name/formal performance measure name and measure steward*
2. *Add indicator name/formal performance measure name and measure steward*
3. *Add indicator name/formal performance measure name and measure steward*
4. *Add indicator name/formal performance measure name and measure steward*

**Project Timeline:**

|  |  |
| --- | --- |
| **Measurement year/period** | **Timeframe (Start date - End date)** |
| Baseline Year/Period | *Start Date – End Date* |
| Intervention Year/Period | *Start Date – End Date* |
| Remeasurement Year/Period 1 | *Start Date – End Date* |
| Remeasurement Year/Period 2 | *Start Date – End Date* |
| Remeasurement Year/Period 3 *(If Required)* | *Start Date – End Date* |
| Remeasurement Year/Period 4 *(If Required*) | *Start Date – End Date* |

*As a reminder, the Contractor shall identify and implement clinical and/or non-clinical focused PIPs, meaningful to the population(s) served, based on self-identified opportunities for improvement, as supported by root cause analyses, internal/external, surveillance of trends, or other information available to the Contractor. Additionally, when selecting Contractor Self-Selected PIP topics, the Contractor shall ensure the volume of the eligible population (reflective of the associated population/line of business) included within the denominator would account for meaningful improvement. In addition, the Contractor shall utilize the most current line of business AHCCCS PIP Reporting template, inclusive of any addendums and/or updates, at the time of reporting the baseline period as available on* [*AHCCCS Quality Management/Performance Improvement Reporting Templates & Checklists*](https://www.azahcccs.gov/Resources/Contractor/Manuals/QMPIReporting.html) *web page.*

**I attest that the information above is an accurate representation of the Contractor’s Self-Selected PIP and will reflect the information provided within the upcoming associated Contractor Self-Selected PIP Report submission. I attest that any future changes to the PIP (e.g., PIP indicator(s) or methodology) will be communicated to AHCCCS prior to the implementation of the PIP changes via an updated PIP Initiation Notification submitted through SharePoint for AHCCCS’ review and approval.**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of the Performance/Quality Improvement Manager***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of the Chief Medical Officer***

 ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date***