

Performance Improvement Projects (PIPs)-Clinical

Reporting FY: _____

Reporting Quarter: _____

The purpose of this form is to document a Quarterly Measurement of Performance for the Clinical and Non-Clinical PIPs.

1. General PIP Information

Managed Care Plan Name:
PIP Title:
Target age group (check all that apply): <input type="checkbox"/> Children only (ages 0–17) <input type="checkbox"/> Adults only (age 18 and over) <input type="checkbox"/> Both adults and children

2. Improvement Strategies or Interventions

Measurement of Performance
What interventions are you implementing to achieve improvement in access and quality of care?
What activities are you planning to increase and sustain improvements?
What activities have you initiated to increase and sustain improvements?
How are you evaluating the effectiveness of this PIP?

3. Results

Baseline year	Baseline sample size	Most recent reassessment year (if applicable)	Most recent reassessment sample size	Demonstrated performance improvement	Significant change in performance
				<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain responses below	<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain responses below

Additional information: _____
