

The Centers for Medicare and Medicaid Services, (CMS) requires Managed Care Organizations (MCO) to conduct performance improvement projects (PIPs) as set forth in 42 CFR 438.330 and 457.1240(b).

The State must require, through its contracts, that each MCO establish and implement an ongoing comprehensive quality assessment and performance improvement program for the services it furnishes to its enrollees, in accordance with the requirements and standards in § 438.330 of this chapter, except that the terms of § 438.330(d)(4) of this chapter (related to dually eligible beneficiaries) do not apply.

Performance Improvement Project (PIP) Validation

Performance Improvement Projects

The CONTRACTOR(S) shall conduct performance improvement projects (PIPs) that focus on clinical and non-clinical areas.

Each PIP must adopt principles of Rapid-Cycle Process Improvement and be designed to achieve significant improvement, sustained over time, in health Outcomes and Member satisfaction

The CONTRACTOR(S) shall perform at least three (3) PIPs that are approved by the State in writing. Clinical PIPs include but are not limited to projects focusing on prevention and care of acute and Chronic Conditions, high-risk populations, high-volume services, high-risk services, and continuity and coordination of care. Non-clinical PIPs include but are not limited to projects focusing on availability, accessibility, and cultural competency of services, Claims payment timeliness, interpersonal aspects of care, Grievances and Appeals, and other complaints.

One (1) of the PIPs shall be a non-clinical PIP in the area of long-term care approved by the State in writing.

One (1) of the PIPs shall be a PIP on EPSDT screening and community outreach plans when overall CMS 416 rates are below 85%.

One (1) of the PIPs shall be a non-clinical PIP proposed by the CONTRACTOR(S) and approved by the State in writing.

	Performance Improvement Projects	
Sunflower Health Plan (SHP)	United Health Care (UHC)	Healthy Blue (HB)
<p>Topic: Net Technology & Social Determinants of Health</p> <p>PIP’s Priority: To improve outcomes for seniors & adults with intellectual disabilities, physical disabilities, and with acquired or traumatic brain injuries who utilize HCBS waivers.</p> <p>Intervention 1: Member Technology Education</p> <p>Intervention 2: Care Coordinator Technology Education</p> <p>Intervention 3: Technology Implementation</p> <p>(Non-Clinical LTSS)</p>	<p>Topic: Person Centered Service Plan</p> <p>PIP’s Priority: To help prevent unnecessary disruptions to HCBS services, promote the health, safety, well-being and independence of HCBS wavier members. Additionally, the PIP is expected to improve compliance with required timelines for completing annual PCSPs.</p> <p>Intervention 1: Develop Member Communication</p> <p>Intervention 2: Member Outreach to Schedule PCSP Meetings</p> <p>Intervention 3: Member Post-Meeting Follow Up</p> <p>(Non-Clinical LTSS)</p>	<p>Topic: Transition of Care, LTSS Improving Transitions</p> <p>PIP’s Priority: To enhance care coordination for a smoother transition from facilities to the community for individuals exiting a Brain Injury Rehab Facility, Long Term Nursing Facility, or State Hospitals (Osawatomie State Hospital, Larned State Hospital, Parsons State Hospital, and Kansas Neurological Institute). The target is to successfully transition (transitioning and remaining in the community for at least 30 days) 20% of eligible members.</p> <p>Intervention 1: Facilities Education/Communication</p> <p>Intervention 2: Assessment & Coordination</p> <p>Intervention 3: Fall Risk Mitigation</p> <p>Intervention 4: Post-Discharge Follow Up</p> <p>(Non-Clinical LTSS)</p>
<p>Topic: Currently Drafting Follow Up After Hospitalization for Mental Health Illness</p> <p>(Non-Clinical)</p>	<p>Topic: Employment</p> <p>PIP’s Priority: To increase in the identification of Medicaid-covered unemployed members, ages 18 to 60 who are seeking employment, and</p>	<p>Topic: Food/Housing</p> <p>PIP’s Priority: To enhance the screening process for food and housing insecurity among all enrolled Healthy Blue of Kansas members allowing the health plan to direct them to community resources</p>

	<p>increase employment among those identified.</p> <p>Intervention 1: Understanding Barriers & Improving Identification</p> <p>Intervention 2: Capacity Building</p> <p>Intervention 3: Launching Employment Campaign to Increase Engagement and Provide one-on-one Support</p> <p>(Non-Clinical)</p>	<p>that alleviate Social Determinants of Health (SDOH) barriers.</p> <p>Intervention 1: Increase Completion of PRAPARE Assessments</p> <p>Intervention 2: Addressing Housing Insecurity</p> <p>Intervention 3: Resolving Utilities Insecurity</p> <p>Intervention 4: Resolving Food Insecurity</p> <p>(Non-Clinical)</p>
<p>Topic: Collaborative EPSDT</p> <p>PIP’s Priority: To increase in EPSDT participation rates among Medicaid-enrolled children, with the long-term goal of reaching at least 85% participation in alignment with national CMS target. MCOs will implement targeted interventions focused on age groups with historically low participation and conduct outreach to children on the IDD waitlist to improve access and awareness to preventive care services.</p> <p>Intervention 1: Email Campaign</p> <p>Intervention 2: Provider Education & Blood Lead Screening Integration</p> <p>Intervention 3: Integrating EPSDT into Care Coordination Outreach for IDD Waitlist Members</p> <p>(Clinical-EPSDT)</p>	<p>Topic: Collaborative EPSDT</p> <p>PIP’s Priority: To increase in EPSDT participation rates among Medicaid-enrolled children, with the long-term goal of reaching at least 85% participation in alignment with national CMS target. MCOs will implement targeted interventions focused on age groups with historically low participation and conduct outreach to children on the IDD waitlist to improve access and awareness to preventive care services.</p> <p>Intervention 1: Email Campaign</p> <p>Intervention 2: Provider Education & Blood Lead Screening Integration</p> <p>Intervention 3: Integrating EPSDT into Care Coordination Outreach for IDD Waitlist Members</p> <p>(Clinical-EPSDT)</p>	<p>Topic: Collaborative EPSDT</p> <p>PIP’s Priority: To increase in EPSDT participation rates among Medicaid-enrolled children, with the long-term goal of reaching at least 85% participation in alignment with national CMS target. MCOs will implement targeted interventions focused on age groups with historically low participation and conduct outreach to children on the IDD waitlist to improve access and awareness to preventive care services.</p> <p>Intervention 1: Email Campaign</p> <p>Intervention 2: Provider Education & Blood Lead Screening Integration</p> <p>Intervention 3: Integrating EPSDT into Care Coordination Outreach for IDD Waitlist Members</p> <p>(Clinical-EPSDT)</p>