Performance Improvement Project Closure Request

*Please complete, sign, date, and include this closure request as part of the associated Contractor Self-Selected Performance Improvement Project (PIP) report submission for which PIP closure is being requested. The Contractor is to complete a separate request for each Contractor Self-Selected PIP and for each line of business/population. As a reminder, Contractors shall only close a self-selected PIP after AHCCCS’ approval is received.*

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

***Population/Line of Business:*** *Population/Line of Business*

**The Contractor is requesting AHCCCS’ approval to close the Contractor Self-Selected PIP described above based on:**

Achieving significant and sustained improvement in alignment with AHCCCS Medical Policy Manual (AMPM) Policy 980 requirements for each PIP indicator

Other: *Please describe*

**The Contractor is confirming that it has identified and/or implemented one or more additional Contractor Self-Selected PIPs, ensuring there is at least one active Contractor Self-Selected PIP in place during each calendar year (Note: The Contractor shall submit a *Contractor Self-Selected PIP Initiation Notification* for all Contractor Self-Selected PIPs initiated on or after October 1, 2022):**

Yes  No: *List reason*

**I attest that the above information is an accurate representation of the information included within the associated PIP Report.**

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

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

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

***Date***

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

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

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

***Date***

*The AHCCCS Quality Improvement Team will review the Contractor’s request and provide a response in SharePoint utilizing the table below. Should the Contractor have any questions or concerns related to this request and/or the associated feedback, the Contractor is to contact its assigned AHCCCS Operations Compliance Officer and include the AHCCCS Quality Improvement Manager within the communications.*

|  |
| --- |
| **To be Completed by the AHCCCS Quality Improvement Team**  ***Date:*** *Date*  AHCCCS is granting approval to close the Contractor Self-Selected Performance Improvement Project identified above.  AHCCCS is not granting approval to close the Contractor Self-Selected Performance Improvement Project identified above due to: *Please describe*  ***Additional AHCCCS Notes/Feedback (if applicable):***  *AHCCCS feedback, if applicable* |