**

**Chronic Care Improvement Program (CCIP)**

**Planning & Reporting Document**

**[IPA Name]**

*CCIP Reporting Period: 01/01/23 – 12/31/25*

*Cycle 1: 01/01/23 – 12/31/23*

*Cycle 2: 01/01/24 – 12/31/24*

*Cycle 3: 01/01/25 – 12/31/25*

*Final Submission: 03/15/26*

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**[IPA Name]**

*[CCIP Title]*

CCIP Reporting Period: 01/01/2023 – 12/31/2025

# PROGRAM YEAR 1:

## Year 1, Cycle 1 – CCIP Overview & “Plan” –

##### Due to IEHP by: 03/15/2023 (1st Submission)

### 3-Year CCIP Overview:

|  |
| --- |
| **CCIP Overview** |
| **Line of Business:** | Medicare |
| **Targeted Chronic Condition & Focus:** | ***Select ONE (1) focus opportunity from the options listed below:*****Diabetes:**[ ]  Diabetes Care – Eye Exam [ ]  Diabetes Care – Kidney Disease Monitoring[ ]  Diabetes Care – Blood Sugar Controlled (HbA1c >9%)[ ]  Statin Therapy for Patients with Diabetes **Cardiovascular Disease:**[ ]  Statin Therapy for Patients with Cardiovascular Disease[ ]  Controlling High Blood Pressure |
| **Average IEHP D-SNP Population Size:** | [12-month average]  |
| **CCIP Aim (Outcome Measure):** |
| [Aim to be written in “S.M.A.R.T” format: Specific, Measurable, Attainable, Relevant/Realistic, Timely] |
| **Baseline:** | **Target:** |
| **[N:D = Rate]** | **[Rate]** |
| **Data Source(s) to be Used in Evaluation of CCIP Performance** |
| [Refer to the CCIP Reference Guide for sample sources] |

### Plan of CCIP Cycle 1 Intervention:

|  |
| --- |
| **Intervention Details** |
| **Intervention Name:** |  |
| **Planned Strategy:** | [Refer to the CCIP Reference Guide for eligible options] |
| **Intervention Description:**  | [Describe the current improvement opportunity you are looking to address through this intervention, including the potential impact to Members and/or Providers.] |
| **Testing Period:** | [MM/DD/YY – MM/DD/YY] |
| **Measurement Methodology (Process Measure):** |
| [Describe how will you measure the success of this intervention. What tool(s)/report(s) will be used, how often it will be assessed, and with whom will the results be shared?] |
| **Reporting Frequency:** | [*Requirement: Measurements should be monitored monthly, at minimum.*] |
| **Description of Numerator:** | [Describe the data to be measured at the numerator level] |
| **Description of Denominator:** | [Describe the data to be measured at the denominator level] |
| **Baseline** | **Target** |
| **[N:D = Rate]** | **[Rate]** |
| **Intervention Process:** |
| 1. [List the process steps of your intervention.]
 |

#### FOR IEHP INTERNAL USE ONLY – 1st Submission (CCIP Overview and Cycle 1 Plan)

|  |
| --- |
| **Initial Plan Submission – Due 03/15/23** |
| **CCIP Received by IEHP:** |
| **Received Date:** |  | **By (i#):** |  |
| **Quality Review:** |
| **Reviewed Date:** |  | **P4P Quality Measure:**  |
| **Timeliness:** | [ ]  Met[ ]  Not Met |
| **By (i#):** |  | **Completeness:** | [ ]  Met[ ]  Not Met |
| **Resubmission Required?** | [ ]  No[ ]  Yes, due back to IEHP by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Notes:** |  |

## Year 1, Cycle 1 – CCIP “DO” –

##### Due to IEHP by: 09/15/2023 (2nd Submission)

### Progress Update of CCIP Cycle 1 Action:

|  |
| --- |
| **Intervention Details** |
| **Intervention Status:** | [ ]  On Track – *progressing as scheduled*[ ]  Off Track – *progress is delayed/off schedule or has not begun* |
| **Summary of Current Status:**  | [Describe the status of your current intervention. What has been done, results seen, and whether this intervention is progressing as planned?] |
| **Barriers:** | [Describe any barriers encountered and your mitigation strategies.] |
| **Lessons Learned & Best Practices:** | [Describe the lessons learned as you have begun executing your intervention. Provide any best practices you have adopted.] |
| **Next Steps:** |
| [Describe the next steps to your intervention, including anticipated timeframes.] |

#### FOR IEHP INTERNAL USE ONLY – 2nd Submission (Progress Update).

|  |
| --- |
| **Progress Update Submission – Due 09/15/23** |
| **CCIP Received by IEHP:** |
| **Received Date:** |  | **By (i#):** |  |
| **Quality Review:** |
| **Reviewed Date:** |  | **P4P Quality Measure:**  |
| **Timeliness:** | [ ]  Met[ ]  Not Met |
| **By (i#):** |  | **Completeness:** | [ ]  Met[ ]  Not Met |
| **Resubmission Required?** | [ ]  No[ ]  Yes, due back to IEHP by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Notes:** |  |

# PROGRAM YEAR 2:

## Year 2, Cycle 1 – CCIP “Study/Act” & Cycle 2 – CCIP “Plan” -

##### Due to IEHP by: 03/15/2024 (3rd Submission)

### Analysis of CCIP Cycle 1 Intervention:

|  |
| --- |
| **Intervention Details** |
| **Intervention Results:** | [ ]  Met – *Target goal was achieved*[ ]  Not Met – *Target goal was not achieved* |
| **Intervention Results:** |
| **Baseline (from above):** | **Target (from above):** | **Actual:** |
| **[N:D = Rate]** | **[Rate]** | **[N:D = Rate]** |
| **Results and Findings:**  | [Summarize the results and findings of the intervention. Describe using qualitative and quantitative data.] |
| **Barriers:** | [Describe any new barriers encountered and your mitigation strategies.] |
| **Lessons Learned & Best Practices:** | [Describe the lessons learned as you completed your intervention. Provide any new best practices you have adopted.] |
| **Next Steps for this Intervention:** |
| **Next Steps leading into Year 2, Cycle 2:** | [ ]  Adopt – *Intervention is ready for integration.*[ ]  Adjust – *Intervention needs modifications.*[ ]  Abandon – *Intervention to conclude with no further action.*[ ]  Continue – *Would like to procced with further testing.*  |

### Plan of CCIP Cycle 2 Intervention:

|  |
| --- |
| **Intervention Details** |
| **Intervention Name:** |  |
| **Planned Strategy:** | [Refer to the CCIP Reference Guide for eligible options] |
| **Intervention Description:**  | [Describe the current improvement opportunity you are looking to address through this intervention, including the potential impact to Members and/or Providers.] |
| **Testing Period:** | [MM/DD/YY – MM/DD/YY] |
| **Measurement Methodology (Process Measure):** |
| [Describe how will you measure the success of this intervention. What tool(s)/report(s) will be used, how often it will be assessed, and with whom will the results be shared?] |
| **Reporting Frequency:** | [*Requirement: Measurements should be monitored monthly, at minimum.*] |
| **Description of Numerator:** | [Describe the data to be measured at the numerator level] |
| **Description of Denominator:** | [Describe the data to be measured at the denominator level] |
| **Baseline** | **Target** |
| **[N:D = Rate]** | **[Rate]** |
| **Intervention Process:** |
| 1. [List the process steps of your intervention.]
 |

#### FOR IEHP INTERNAL USE ONLY – 3rd Submission (Progress Update).

|  |
| --- |
| **Progress Update Submission – Due 03/15/24** |
| **CCIP Received by IEHP:** |
| **Received Date:** |  | **By (i#):** |  |
| **Quality Review:** |
| **Reviewed Date:** |  | **P4P Quality Measure:**  |
| **Timeliness:** | [ ]  Met[ ]  Not Met |
| **By (i#):** |  | **Completeness:** | [ ]  Met[ ]  Not Met |
| **Resubmission Required?** | [ ]  No[ ]  Yes, due back to IEHP by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Notes:** |  |

## Year 2, Cycle 2 – CCIP “DO” –

##### Due to IEHP by: 09/15/2024 (4th Submission)

### Progress Update of CCIP Cycle 2 Action:

|  |
| --- |
| **Intervention Details** |
| **Intervention Status:** | [ ]  On Track – *progressing as scheduled*[ ]  Off Track – *progress is delayed/off schedule or has not begun* |
| **Summary of Current Status:**  | [Describe the status of your current intervention. What has been done, results seen, and whether this intervention is progressing as planned?] |
| **Barriers:** | [Describe any barriers encountered and your mitigation strategies.] |
| **Lessons Learned & Best Practices:** | [Describe the lessons learned as you have begun executing your intervention. Provide any best practices you have adopted.] |
| **Next Steps:** |
| [Describe the next steps to your intervention, including anticipated timeframes.] |

#### FOR IEHP INTERNAL USE ONLY – 4th Submission (Progress Update).

|  |
| --- |
| **Progress Update Submission – Due 09/15/24** |
| **CCIP Received by IEHP:** |
| **Received Date:** |  | **By (i#):** |  |
| **Quality Review:** |
| **Reviewed Date:** |  | **P4P Quality Measure:**  |
| **Timeliness:** | [ ]  Met[ ]  Not Met |
| **By (i#):** |  | **Completeness:** | [ ]  Met[ ]  Not Met |
| **Resubmission Required?** | [ ]  No[ ]  Yes, due back to IEHP by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Notes:** |  |

# PROGRAM YEAR 3:

## Year 3: Cycle 2 – CCIP “Study/Act” & Cycle 3 – CICP “Plan” -

##### Due to IEHP by: 03/15/2025 (5th Submission)

### Analysis of CCIP Cycle 2 Intervention:

|  |
| --- |
| **Intervention Details** |
| **Intervention Results:** | [ ]  Met – *Target goal was achieved*[ ]  Not Met – *Target goal was not achieved* |
| **Intervention Results:** |
| **Baseline (from above):** | **Target (from above):** | **Actual:** |
| **[N:D = Rate]** | **[Rate]** | **[N:D = Rate]** |
| **Results and Findings:**  | [Summarize the results and findings of the intervention. Describe using qualitative and quantitative data.] |
| **Barriers:** | [Describe any new barriers encountered and your mitigation strategies.] |
| **Lessons Learned & Best Practices:** | [Describe the lessons learned as you completed your intervention. Provide any new best practices you have adopted.] |
| **Next Steps for this Intervention:** |
| **Next Steps leading into Year 2, Cycle 2:** | [ ]  Adopt – *Intervention is ready for integration.*[ ]  Adjust – *Intervention needs modifications.*[ ]  Abandon – *Intervention to conclude with no further action.*[ ]  Continue – *Would like to procced with further testing.*  |

### Plan of CCIP Cycle 3 Intervention:

|  |
| --- |
| **Intervention Details** |
| **Intervention Name:** |  |
| **Planned Strategy:** | [Refer to the CCIP Reference Guide for eligible options] |
| **Intervention Description:**  | [Describe the current improvement opportunity you are looking to address through this intervention, including the potential impact to Members and/or Providers.] |
| **Testing Period:** | [MM/DD/YY – MM/DD/YY] |
| **Measurement Methodology (Process Measure):** |
| [Describe how will you measure the success of this intervention. What tool(s)/report(s) will be used, how often it will be assessed, and with whom will the results be shared?] |
| **Reporting Frequency:** | [*Requirement: Measurements should be monitored monthly, at minimum.*] |
| **Description of Numerator:** | [Describe the data to be measured at the numerator level] |
| **Description of Denominator:** | [Describe the data to be measured at the denominator level] |
| **Baseline** | **Target** |
| **[N:D = Rate]** | **[Rate]** |
| **Intervention Process:** |
| 1. [List the process steps of your intervention.]
 |

#### FOR IEHP INTERNAL USE ONLY – 5th Submission (Progress Update).

|  |
| --- |
| **Progress Update Submission – Due 03/15/25** |
| **CCIP Received by IEHP:** |
| **Received Date:** |  | **By (i#):** |  |
| **Quality Review:** |
| **Reviewed Date:** |  | **P4P Quality Measure:**  |
| **Timeliness:** | [ ]  Met[ ]  Not Met |
| **By (i#):** |  | **Completeness:** | [ ]  Met[ ]  Not Met |
| **Resubmission Required?** | [ ]  No[ ]  Yes, due back to IEHP by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Notes:** |  |

## Year 3, Cycle 3 – CCIP “DO”-

##### Due to IEHP by: 09/15/2025 (6th Submission)

### Progress Update of CCIP Cycle 3 Action:

|  |
| --- |
| **Intervention Details** |
| **Intervention Status:** | [ ]  On Track – *progressing as scheduled*[ ]  Off Track – *progress is delayed/off schedule or has not begun* |
| **Summary of Current Status:**  | [Describe the status of your current intervention. What has been done, results seen, and whether this intervention is progressing as planned?] |
| **Barriers:** | [Describe any barriers encountered and your mitigation strategies.] |
| **Lessons Learned & Best Practices:** | [Describe the lessons learned as you have begun executing your intervention. Provide any best practices you have adopted.] |
| **Next Steps:** |
| [Describe the next steps to your intervention, including anticipated timeframes.] |

#### FOR IEHP INTERNAL USE ONLY – 6th Submission (Progress Update).

|  |
| --- |
| **Progress Update Submission – Due 09/15/25** |
| **CCIP Received by IEHP:** |
| **Received Date:** |  | **By (i#):** |  |
| **Quality Review:** |
| **Reviewed Date:** |  | **P4P Quality Measure:**  |
| **Timeliness:** | [ ]  Met[ ]  Not Met |
| **By (i#):** |  | **Completeness:** | [ ]  Met[ ]  Not Met |
| **Resubmission Required?** | [ ]  No[ ]  Yes, due back to IEHP by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Notes:** |  |

# PROGRAM CLOSE:

## Year 3 Wrap Up, Cycle 3 – CCIP “Study/Act” & CCIP Summary

##### Due to IEHP by: 03/15/2026 (7th Submission)

### Analysis of CCIP Cycle 3 Intervention:

|  |
| --- |
| **Intervention Details** |
| **Intervention Results:** | [ ]  Met – *Target goal was achieved*[ ]  Not Met – *Target goal was not achieved* |
| **Intervention Results:** |
| **Baseline (from above):** | **Target (from above):** | **Actual:** |
| **[N:D = Rate]** | **[Rate]** | **[N:D = Rate]** |
| **Results and Findings:**  | [Summarize the results and findings of the intervention. Describe using qualitative and quantitative data.] |
| **Barriers:** | [Describe any new barriers encountered and your mitigation strategies.] |
| **Lessons Learned & Best Practices:** | [Describe the lessons learned as you completed your intervention. Provide any new best practices you have adopted.] |
| **Final Steps for this Intervention:** |
| **Final Steps:** | [ ]  Adopt – *Intervention is ready for integration.*[ ]  Adjust – *Intervention needs modifications.*[ ]  Abandon – *Intervention to conclude with no further action.*[ ]  Continue – *Would like to procced with further testing.*  |

### CCIP Close-Out – Summary of 3-Year CCIP Plan:

|  |
| --- |
| **CCIP Details:** |
| **CCIP Results:** | [ ]  Met – Aim *was achieved*[ ]  Not Met – *Aim was not achieved* |
| **CCIP SMART Aim Attainment:** |
| **CCIP SMART Aim** | **Baseline** | **Target** | **Actual** |
|  | **[N:D= %]** | **[%]** | **[N:D= %]** |
| **Results of the Intervention:** |
| **Results and Findings:**  | [Summarize the results and findings of the **overall** CCIP plan. Describe using qualitative and quantitative data. ] |
| **Barriers:** | [Describe any major barriers to your program.] |
| **Lessons Learned & Best Practices:** | [Describe the lessons learned throughout this CCIP Process, including what may be done differently in the future. Include the best practices you have adopted from this CCIP experience.] |
| **Closing Remarks:** |
| [Free text: Include any closing remarks or insights related to this 3-year CCIP experience, including insights.] |

#### FOR IEHP INTERNAL USE ONLY – 7th Submission (Final CCIP Update & Close-Out).

|  |
| --- |
| **Final Submission – Due 03/15/26** |
| **CCIP Received by IEHP:** |
| **Received Date:** |  | **By (i#):** |  |
| **Quality Review:** |
| **Reviewed Date:** |  | **P4P Quality Measure:**  |
| **Timeliness:** | [ ]  Met[ ]  Not Met |
| **By (i#):** |  | **Completeness:** | [ ]  Met[ ]  Not Met |
| **Resubmission Required?** | [ ]  No[ ]  Yes, due back to IEHP by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Notes:** |  |

# APPENDIX

## CCIP Submission Dates

CCIP progress is to be submitted to IEHP semi-annually, over the course of three (3) years, with a final reflection in the 4th year.

Refer to the table below for submission details, including reflection periods, due dates and submission components.

|  |  |  |  |
| --- | --- | --- | --- |
| CCIP Year | Submission / Reflection Period | Submission Due Date: | Submission Component Due:(CCIP Cycle & PDSA Focus) |
| Year 1 | **1st Semi-Annual***01/01/23 – 02/28/23* | **03/15/23** | **1st Submission: *CCIP Program Launch –*** * CCIP Overview
* Cycle 1 *–* Plan
 |
| **2nd Semi-Annual***04/01/23 – 08/30/23* | **09/15/23** | **2nd Submission: *Progress Update –*** * Cycle 1 – Do
 |
| Year 2 | **1st Semi-Annual***09/01/23 – 02/29/24* | **03/15/24** | **3rd Submission: *Progress Update –**** Cycle 1*–* Study, Adjust/Act/Abandon
* Cycle *–* 2 Plan
 |
| **2nd Semi-Annual***03/01/24 – 08/30/24* | **09/15/24** | **4th Submission: *Progress Update –**** Cycle 2 *–* Do
 |
| Year 3 | **1st Semi-Annual***09/01/24 – 02/28/25* | **03/15/25** | **5th Submission: *Progress Update –**** Cycle 2 *–* Study, Adjust/Act /Abandon
* Cycle 3 *–* Plan
 |
| **2nd Semi-Annual***03/01/25– 08/30/25* | **09/15/25** | **6th Submission: *Progress Update –**** Cycle 3 *–* Do
 |
| Year 3 Final Closeout/ Launch New CCIP | **1st Semi-Annual***09/01/25 – 12/31/25**(CCIP Close Out)**01/01/26 – 02/28/26**(NEW CCIP)* | **03/15/26** | **7th Submission: *CCIP Program Close****-****Out* –** * Cycle 3 *–* Study, Act
* CCIP Close Out

***Launch NEW CCIP*** * ***Begin new CCIP Document***
 |