



DualChoice

**Chronic Care Improvement Program (CCIP)
Planning & Reporting Document**

REFERENCE GUIDE

CCIP Reporting Period: 01/01/26 – 12/31/28

Cycle 1: 01/01/26 – 12/31/26

Cycle 2: 01/01/27 – 12/31/27

Cycle 3: 01/01/28 – 12/31/28

Final Submission: 03/15/29

Note: Do not include Member PHI in submissions.

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General Information

CCIP Program Details

IEHP and its delegates are required to have an ongoing Chronic Care Improvement Program (CCIP) that serves the population identified in IEHP's most current approved Medicare D-SNP Model of Care (MOC).

The purpose of the CCIP is to promote effective chronic disease management and the improvement of care and health outcomes for Members with chronic conditions.

Effective management of chronic disease can achieve positive outcomes, including:

- Slowing disease progression,
- Preventing complications and development of comorbidities,
- Reducing preventable emergency department (ED) encounters and inpatient stays,
- Improving quality of life, and
- Effective stewardship of public funds.

IEHP and its delegates must develop a methodology to identify Members with multiple or severe chronic conditions who would benefit from participating in the CCIP (or Providers of such Members) as the target population.

The conditions in the CCIP should be appropriate to meet the needs of its Membership and be tied to the most vulnerable population as identified in the approved Medicare D-SNP Model of Care (MOC), specifically diabetes management or cardiovascular conditions. Delegates must conduct the CCIP over a three-year period.

The CCIP is intended to achieve the following objectives:

- Support the IEHP focused population outlined in the Medicare D-SNP MOC;
- Include interventions that are above and beyond the Delegate's inherent care coordination role and overall management of enrollees;
- Engage enrollees as partners in their care;
- Increase disease management and preventive services utilization;
- Improve health outcomes;
- Facilitate the development of targeted goals and specific interventions aimed to improve one of the identified targeted conditions;
- Guard against potential health disparities; and
- Produce best practices.

★ Important: Do not include Member PHI in summaries. This is meant to be a summary of work and efforts.

Pay for Performance (P4P) Incentive Program – Delegates Only

CCIP engagement has been identified as a **participation requirement** for IEHP's Medicare P4P Program. To qualify for P4P program and incentive payments, Delegates **MUST** engage in a three (3) year CCIP program, sharing both plans and progress updates as scheduled, and provide an attestation on the CCIP improvement measure for required submissions.

Failure to do so will result in ineligibility for the payment period, with reinstatement provided upon the next payment cycle, given all required elements have been met.

CCIP Evaluation Criteria

1. Semi-Annual CCIP Submissions:

All CCIPs will be measured against the following requirements to satisfy the “**Met**” criteria:

1. **Timeliness** –The CCIP document was submitted to IEHP by each listed due date (*refer to “CCIP Submission Dates” below*).
2. **Completeness** – Each *required* section within the CCIP document has been completed in its entirety. *Should a field not apply, indicate acknowledgement of the field with an "N/A".*

2. Improvement Goals:

IPAs will also be required to meet the **10% reduction in non-compliance** and demonstrate an **improvement of at least 2% points** in the CCIP measure. (See [appendix](#) for calculation methodology).

- IPAs will attest to the accuracy of their submission to receive incentive dollars.
- Attestations will be required for the March (Study/Act) Submissions
 - **Year 2: Submission #3,**
 - **Year 3: Submission #5**
 - **Year 3: Closeout: Submission #7**

3. Annual CCIP Symposium Participation:

Lastly, IPAs must attend and share CCIP activity at the **DSNP Model of Care CCIP Symposiums**.

Failure to meet these three (3) annual requirements will result in an overall “**Not Met**” status.

Delegates Only:

Failure to meet the requirements as scheduled will result in ineligibility of P4P payments during that payment period. Reconsideration for re-entry into the P4P program will be

granted IF the Delegate has resolved their “not met” elements, prior to the next required submission.

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. The final submission will include closing details to the existing CCIP as well as the start of a new CCIP document for the coming three (3) years. The CCIP process will follow a standard PDSA (Plan, Do, Study, Act) cycle flow throughout the 3-year period.

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 01/01/26 – 2/28/26	03/15/26	1st Submission: CCIP Program Launch – CCIP Overview Cycle 1 – Plan
	2nd Semi-Annual 04/01/26 – 08/30/26	09/15/26	2nd Submission: Progress Update – Cycle 1 – Do
Year 2	1st Semi-Annual 09/01/27 – 02/29/27	03/15/27	3rd Submission: Progress Update – Cycle 1– Study, Adjust/Act/Abandon ▶ Attestation Due Cycle – 2 Plan
	2nd Semi-Annual 03/01/27 – 08/30/27	09/15/27	4th Submission: Progress Update – Cycle 2 – Do
Year 3	1st Semi-Annual 09/01/28 – 02/28/28	03/15/28	5th Submission: Progress Update – Cycle 2 – Study, Adjust/Act /Abandon ▶ Attestation Due Cycle 3 – Plan
	2nd Semi-Annual 03/01/28– 08/30/28	09/15/28	6th Submission: Progress Update – Cycle 3 – Do
Year 3 Closeout/ Launch New CCIP	1st Semi-Annual 09/01/28 – 12/31/28 (CCIP Close Out) 01/01/29 – 02/28/29 (NEW CCIP)	03/15/29	7th Submission: CCIP Program Close-Out – Cycle 3 – Study, Act CCIP Close Out ▶ Attestation Due Launch NEW CCIP Begin new CCIP Document

Document Labeling

To ensure proper tracking of submissions, update the following areas with the organization's information:

1. **The Cover Page** - Replace [IPA Name] with the name of your organization
2. **Page Footer** - Replace [IPA Name: CCIP Title] with the name of your organization and insert the name of the CCIP.
3. **The Document Header** – Replace [IPA Name] and [CCIP Title] with the name of your organization and insert the name of the CCIP. This is located just above the CCIP Overview section of the document.

Images have been provided below for reference.

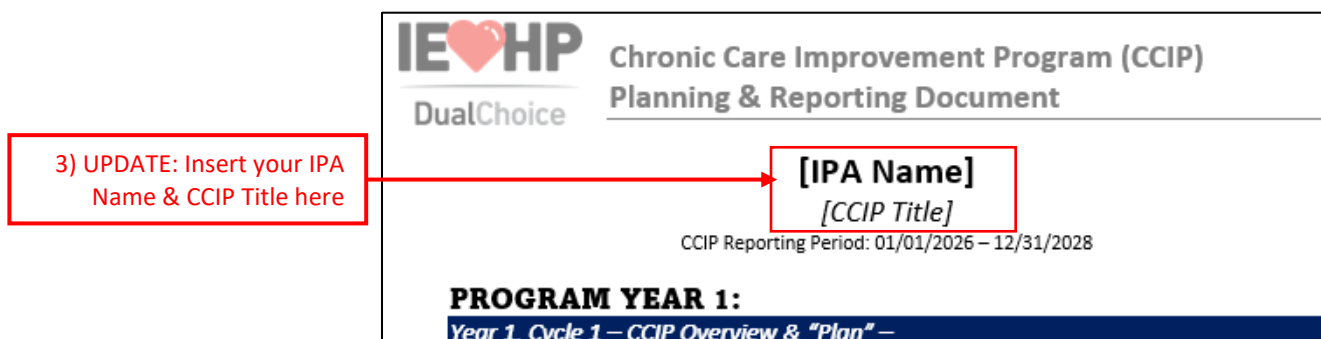
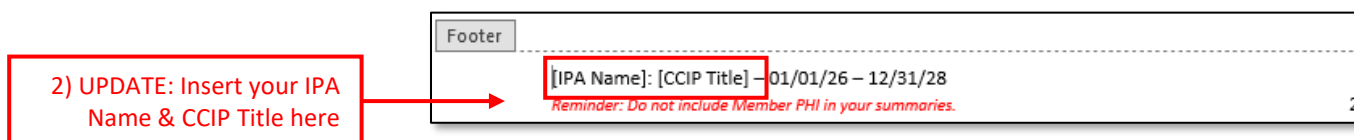
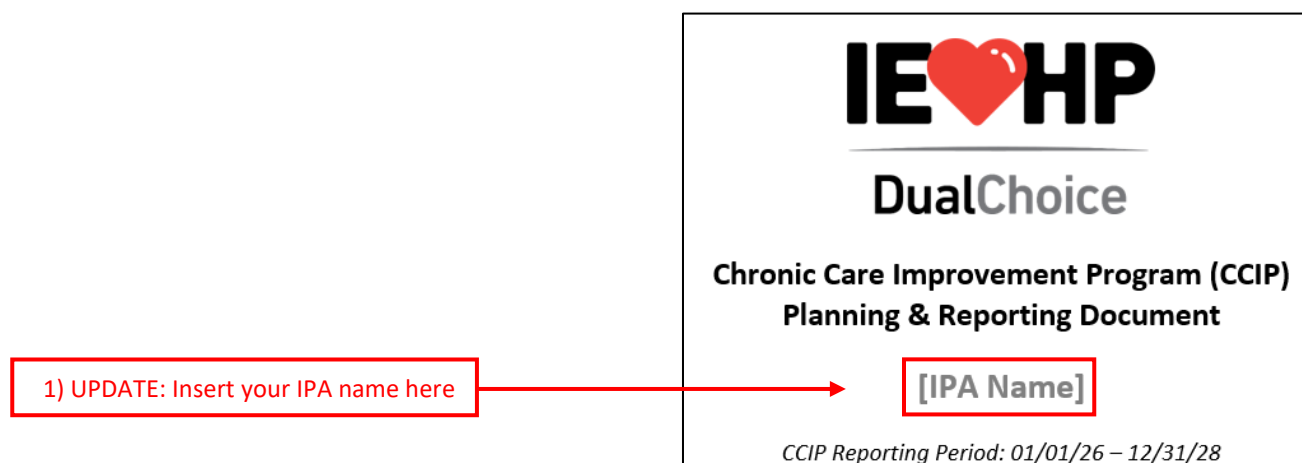


Table of Contents

The Table of Contents within the CCIP Planning & Reporting Document serves two (2) purposes, with the intent of making navigation of the CCIP document quick and easy:

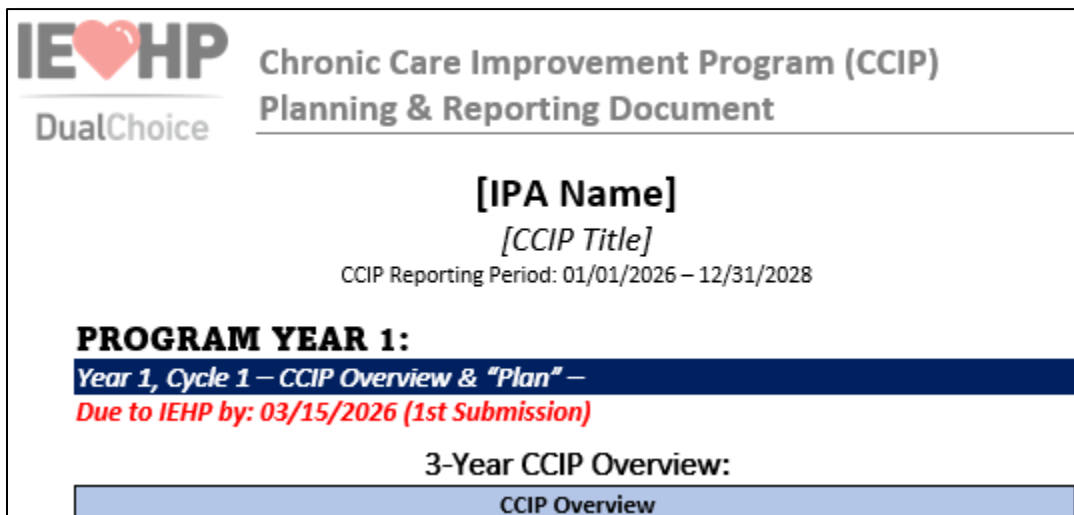
1. **Page identification** allowing for easy accessibility to the section in review, and
2. As a quick, **at-a-glance reference guide to see what is due, when.**

	Table of Contents
CCIP Year	PROGRAM YEAR 1:
Section Description	Year 1, Cycle 1 – CCIP Overview & “Plan” –
★ Due to IEHP Date	Due to IEHP by: 03/15/2026 (1st Submission)
★ Sections to be Completed	3-Year CCIP Overview:
	Plan of CCIP Cycle 1 Intervention:
	<i>FOR IEHP INTERNAL USE ONLY – 1st Submission (CCIP Overview and Cycle 1 Plan)</i>
IEHP Scoring & Notes	Year 1, Cycle 1 – CCIP “DO” –
	Due to IEHP by: 09/15/2026 (2nd Submission)
	Progress Update of CCIP Cycle 1 Action:
	<i>FOR IEHP INTERNAL USE ONLY – 2nd Submission (Progress Update).</i>

- **CCIP Year** – The CCIP program year.
- **Section Description** – Describes the encompassing section.
- **Due to IEHP Date** – The date the section is due to IEHP.
 - ★ **Important:** Failure to meet this submission due date may result in a “not met” designation, negatively impacting P4P payment.
- **Sections to be Completed** – Sections due by the above listed due date.
 - ★ **Important:** Failure to complete each section in its entirety may result in a “not met” designation, negatively impacting P4P payment.
- **IEHP Scoring & Notes** – **For IEHP use only.** IEHP will use this section to mark submission information and details, including whether the CCIP met P4P requirements, and any notes for the submitting party.

The CCIP Document

CCIP Overview & Plan



The screenshot shows the top portion of the CCIP Planning & Reporting Document. It includes the IEHP DualChoice logo, the title 'Chronic Care Improvement Program (CCIP) Planning & Reporting Document', and fields for '[IPA Name]' and '[CCIP Title]'. Below these is the 'CCIP Reporting Period: 01/01/2026 – 12/31/2028'. The 'PROGRAM YEAR 1:' section is highlighted with a blue bar, followed by 'Year 1, Cycle 1 – CCIP Overview & “Plan” –' and a red note: 'Due to IEHP by: 03/15/2026 (1st Submission)'. The '3-Year CCIP Overview:' section is also highlighted with a blue bar, and the 'CCIP Overview' section is highlighted with a light blue bar.

The first CCIP submission is **due to IEHP by March 15th** of the first CCIP year. The submission will include high-level program details including:

1. Define the focus and aim of the 3-year CCIP program (**CCIP Overview**), and
2. Outline the plan for the first annual intervention (**Plan**).

★ **Note:** *The intervention selected should begin on OR after January 1st, 2026 and should continue through the end of the year. This will provide ample time for intervention planning and execution. Interventions started BEFORE the 3-year CCIP reporting period (ex: 06/01/2025) will not qualify.*

CCIP Overview

The CCIP Overview outlines the focus of the 3-year improvement effort. It highlights elements such as line of business, targeted chronic condition, focus area, average population impacted by the condition, and the CCIP aim, including rates and the data sources that will be used to evaluate performance.

3-Year CCIP Overview:

CCIP Overview					
1	Line of Business: Medicare				
2	Targeted Chronic Condition & Focus: Select ONE (1) focus opportunity from the options listed below: Diabetes: ☐ Diabetes Care – Kidney Disease Monitoring ☐ Diabetes Care – Blood Sugar Controlled (HbA1c >9%) ☐ Statin Therapy for Patients with Diabetes Cardiovascular Disease: ☐ Controlling High Blood Pressure				
3	Average IEHP D-SNP Population Size: [12-month average]				
CCIP Aim (Outcome Measure):					
4	[Aim to be written in "S.M.A.R.T" format: Specific, Measurable, Attainable, Relevant/Realistic, Timely]				
<table border="1"> <thead> <tr> <th>Baseline:</th> <th>Target:</th> </tr> </thead> <tbody> <tr> <td>5 [N:D = Rate]</td> <td>6 [Rate]</td> </tr> </tbody> </table>		Baseline:	Target:	5 [N:D = Rate]	6 [Rate]
Baseline:	Target:				
5 [N:D = Rate]	6 [Rate]				
Data Source(s) to be Used in Evaluation of CCIP Performance					
7	[Refer to the CCIP Reference Guide for sample sources]				

1. Line of Business (LOB):

★ **Note:** This field has been pre-populated for your convenience. Because this is a CMS Medicare requirement, the LOB of this CCIP should only reflect the Medicare population.

2. Targeted Chronic Condition & Focus:

The aim of the 3-year CCIP period will be to positively impact change and results within an identified focus area. To align with IEHP's D-SNP MOC, the CCIP should focus on Members within the diabetic **OR** cardiovascular disease population.

- 1) **Select ONE (1) opportunity** from either the diabetes **OR** cardiovascular disease category.

- 2) **Mark the selection** by clicking on the associated check box, leaving a “☐” mark in the area provided. The selection should be made based upon an area where known issues are present, and there is a sizeable population to impact ratio.

Description of Chronic Measures

Diabetes	
Measure	Description
Diabetes Care - Kidney Disease Monitoring	The percentage of diabetic Members aged 18-75 with diabetes (types 1 and 2) who had medical attention for nephropathy, during the measurement year.
Diabetes Care - Blood Sugar Controlled	The percentage of Members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was >9.0% during the measurement year.
Statin Therapy for Patients with Diabetes	The percentage of Members aged 40-75 with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who received statin therapy (dispensed at least one (1+) statin medication of any intensity) during the measurement year.

Cardiovascular Disease	
Measure	Description
Controlling Blood Pressure	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

3. Average IEHP D-SNP Population Size

Insert the 12-month average of the organization’s IEHP D-SNP (Medicare) population size. This will allow IEHP to understand the size of the population in relation to the interventions tested and the number of Members who may be impacted.

4. CCIP Aim

The intended goal of the 3-year plan. The CCIP aim should be written in “S.M.A.R.T” format, where details included are:

1. **Specific** to the population the organization is attempting to reach.
2. **Measurable** – Progress can be measured, with a listed indication of desired results at the end of this 3-year CCIP cycle.

3. **Attainable** – The goal listed is achievable in relation to available resources and intended improvement strategies.
4. **Relevant/Realistic** – There is a direct connection associated to the identified aim and the focus area.
5. **Timely** – A target date has been assigned and falls within the identified 3-year cycle.

The CCIP aim should be a concise statement addressing a specific problem that contains both baseline and goal metrics. The statement should focus on the desired outcome and state a realistic timeframe for achieving the desired goal.

Example: *By 12/31/2029, Quality Health will increase the percentage of Black Quality Health Members, ages 18-85 with a diagnosis of hypertension, from a rate of 17.8% to 27.8% for adequately controlled blood pressure (under 140/90mm Hg).*

5. Baseline

Baseline data should include both numerator and denominator values alongside the calculated rate. Refer to the [Description of Chronic Measures](#) table above for details on measurement.

Example: $[N:D = \text{Rate}] \rightarrow 89:500 = 17.8\%$

6. Target

The target rate identified should align to the rate identified in the CCIP aim statement. Targets listed should be realistic, relevant, and timely in relation to what can be achieved in a 3-year period.

7. Data Source(s) to be Used in Evaluation of CCIP Performance

List the data source(s) to be used to calculate and evaluate the overall CCIP performance. Examples include, but are not limited to:

- Medical Records
- Claims Data (medical, pharmacy, laboratory)
- Appointment Data
- Plan Data (complaints, appeals, customer service)
- Encounter Data
- Health Risk Assessment (HRA) Tools
- Surveys (enrollee, beneficiary satisfaction, other)
- Health Effectiveness Data Information Set (HEDIS®)
- Health Outcomes Survey (HOS)
- Consumer Assessment of Health Care Providers and Systems (CAHPS®)

Plan of CCIP Cycle 1 Intervention

The second requirement of the initial CCIP submission is the planned intervention for Cycle 1. In this section, the organization will outline the planned details of the first intervention, including the intervention name, planned strategy, intervention description, and testing period.

The intervention should include details on:

- measurement methodology,
- reporting frequency,
- descriptions of numerators and denominators, including baseline and target data, and
- planned intervention process.

★ **Tip:** Because this is a 3-year program with multiple interventions, the planned testing period for each intervention should not exceed one (1) year.

Plan of CCIP Cycle 1 Intervention:					
Intervention Details					
8	Intervention Name:				
9	Planned Strategy: [Refer to the CCIP Reference Guide for eligible options]				
10	Intervention Description: [Describe the current improvement opportunity you are looking to address through this intervention, including the potential impact to Members and/or Providers.]				
11	Testing Period: [MM/DD/YY – MM/DD/YY]				
Measurement Methodology (Process Measure):					
12	[Describe how you will 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?]				
13	Reporting Frequency: [Requirement: Measurements should be monitored monthly, at minimum.]				
14	Description of Numerator: [Describe the data to be measured at the numerator level]				
15	Description of Denominator: [Describe the data to be measured at the denominator level]				
<table border="1"> <thead> <tr> <th>Baseline</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>16 → [N:D = Rate]</td> <td>17 → [Rate]</td> </tr> </tbody> </table>		Baseline	Target	16 → [N:D = Rate]	17 → [Rate]
Baseline	Target				
16 → [N:D = Rate]	17 → [Rate]				
Intervention Process:					
18	1. [List the process steps of your intervention.]				

8. Intervention Name

Provide a name for the intervention that briefly describes the organization's efforts.

Example: Blood Pressure Monitoring at Local Churches

9. Planned Strategy

Identify the planned strategy(ies) this intervention intends on using. Strategies may include but are not limited to:

- Provider Education/Outreach
- Member Education/Promotion of Lifestyle Changes
- Member Outreach/Engagement
- Medication Adherence/Disease Management
- Rewards & Incentives Program
- Care Coordination
- Home Visits
- Community Partnership(s)

10. Intervention Description

Describe the improvement opportunity being tested in this intervention cycle. Be sure to include details on how the intervention intends to impact the Member/ Provider experience.

★ TIP: As a best practice, include details that answer **who, what when, where, why, and how**.

Example: For this intervention, Quality Health will set up appointments with local churches to provide blood pressure testing and education to their congregation and visiting community members. Quality Health will provide a small reward for Quality Health Members who are within controlled limits and will provide at-home blood pressure monitors to those who are not. Quality Health will also provide information on their Controlling High Blood Pressure education class offered both online and at the local Community Resource Centers (CRCs), registering those interested on the spot, providing them with an appointment reminder card and text reminder.

11. Testing Period

Provide the intervention's intended run dates. This includes planning, preparing, and testing. Interventions may begin prior to the initial submission (May 15th of the first CCIP year) but should initiate prior to the start of the CCIP period. **The planned intervention should not exceed one (1) year.**

Example: If the 3-year CCIP period is 01/01/26 – 12/31/28, with the first submission due 03/15/26, the CCIP intervention can begin anytime on or after 01/01/26 but cannot have a start date in 2025.

Testing Period (examples):	Reasons for Qualification:
✓ 04/01/26 – 12/31/26	Begins shortly after the first submission, ends within a year.
✓ 02/01/26 – 12/31/26	Begins shortly before the first submission, ends within a year.
✓ 01/01/26 – 10/31/26	Begins on the CCIP start date, ends within a year.
✓ 03/15/26 – 02/28/27	Begins on the CCIP first submission due date, ends within a year and before the CCIP summary for cycle 1 is due.
✗ 12/15/25 – 12/31/26	Begins prior to the CCIP start date.
✗ 02/15/26 – 08/15/28	Planned intervention exceeds one (1) year in length.

12. Measurement Methodology

Describe the measurement methodology to be used to monitor and evaluate the intervention's success. Include details describing the tool(s) and/or report(s) being used, frequency of assessment, and how results will be shared to key stakeholders.

Example: During each local church event, Quality Health will tally the total number of Quality Health Members seen, including those who had a controlled blood pressure level. Member information will then be uploaded to an internal database, including blood pressure reading results. At the end of each month, Quality Health will pull a monthly report, called the CBP Report, and compare results.

Quality Health anticipates that with greater presence in the community, Members will become more involved in their health, and results will begin to improve over time.

Results will not only be shared internally with internal stakeholders, but individual progress results will also be shared with participating Members.

13. Reporting Frequency

Due to the rapidness of intervention testing, **reporting frequency should be monthly, at a minimum.** This will ensure significant reporting is conducted to prove whether an intervention is working and/or driving results.

★ **TIP:** Increased frequency in reporting will aid in progress submission when reviewing results over time.

14. Description of Numerator

Describe the data to be measured at the numerator level. This information should align with the details listed in the measurement methodology.

15. Description of Denominator

Describe the data to be measured at the denominator level. This information should align with the details listed in the measurement methodology and should include the total Member population meeting the intervention criteria.

16. Baseline

Baseline data should include both numerator and denominator values described in intervention, including the calculated rate (numerator/denominator = rate).

Example: $[N:D = \text{Rate}] \rightarrow 75 : 500 = 15\%$

17. Target

Identify the rate the intervention is aiming to achieve.

★ **TIP:** *Ensure the identified target is realistic, relevant, and timely; Can the target be achieved within the testing period parameters?*

18. Intervention Process

Document the process steps to the intervention. The intervention process should allow the review to understand the work to be done, and the action steps need to get there.

Consider listing process steps that describe the actions needed to take place for the intervention to begin, how to execute the intervention, steps taken to analyze results, including intervention effectiveness, and how information will be disseminated to key stakeholders.

★ **TIP:** For ease in viewing, document the process in numbered format (1, 2, 3, ...).

Progress Update – “Do”

The purpose of the CCIP Progress Update – “Do” section is for the organization to share the progress and interim results of the active intervention. **Progress updates are due to IEHP by the 15th of September**, each year for each CCIP intervention cycle.

Included in this update is: intervention status, summary of progress, identification of barriers or challenges, including mitigation strategies, and any lessons learned and best practices adopted along the way.

Progress Update of CCIP Cycle 1 Action:	
Intervention Details	
Intervention Status:	☐ On Track – <i>progressing as scheduled</i> ☐ Off Track – <i>progress is delayed/off schedule or has not begun</i>
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.]	

19. Intervention Status

Select the intervention status that aligns with the current placement.

- **On Track – The intervention is progressing as scheduled.**
 - Results may differ from initial projections, but the overall intervention is moving along as planned.
- **Off Track – The intervention is delayed, off schedule or has not begun.**
 - The intervention is currently off-schedule and is not progressing as planned due to issues/barriers.

★ **TIP:** If off-track, be sure to include the reasons why within the “Summary of Current Status” and “Barriers” sections.

20. Summary of Current Status

Describe the status of the current intervention, including details that describe:

- What has been done thus far?
- What (if any) results have been recognized?
- Whether this intervention is progressing as planned?

Examples:

Summary for On-Track Intervention: Quality Health has attended three (3) of the ten (10) scheduled appointments. Quality Health has had great community engagement, both in and outside of Quality Health Members, resulting in many returning for follow-up visits.

Progress results are as follows:

- **Appointment #1 – Church A:** 100 people were tested & educated on CBP.
 - 45:100 (45%) were Quality Health Members
 - 28:45 (55.5%) were CBP compliant
 - 15:45 (33.3%) registered for a CBP education course.
- **Appointment #2: Church B:** 55 people were tested & educated on CBP.
 - 28:55 (45%) were Quality Health Members
 - 17:28 (68%) were CBP compliant
 - 20:28 (80%) registered for a CBP education course.
- **Appointment #3 – Church A (2nd visit):** 89 people were tested & educated on CBP.
 - 37:89 (41.6%) were Quality Health Members
 - 22:37 (59%) were CBP compliant
 - 15:37 (40.5%) registered for a CBP education course
 - 28:37 (67.6%) were second-time testers

Summary for Off-Track Intervention: Quality Health has established appointments with three (3) of our ten (10) local churches, leaving us with a 30% success rate. Quality Health is struggling to contact the appropriate personnel to gain approval to conduct blood pressure testing and education on-site. At this point in time, Quality Health has not yet gone on site and therefore, does not have any results to report pertaining to intervention effectiveness.

21. Barriers

Describe the barriers encountered while executing the intervention, including the mitigation strategies put in place to get back on track, and/or closer to goal.

★ **TIP:** When identifying barrier(s), include the root cause driving the barrier. Ask “What is happening that is allowing this barrier to occur?”

Example: When conducting telephonic outreach to church offices, Quality Health is often told the office manager is away from their desk or they are preparing for service or

group, resulting in missed opportunities for scheduling. To reduce frequency of this issue, Quality Health will seek ways to improve success, including but not limited to asking for a better time to call, asking for an email address to send the request electronically, and visiting the office in person.

22. Lessons Learned & Best Practices

Describe lessons learned during the intervention experience. Be sure to include any best practices that have been adopted.

Example: *Quality Health has found success in asking for the name of the point of contact, including the best time to call back, when unable to reach the office manager. Furthermore, Quality Health has begun asking for their email address, allowing us to send them information to review at their convenience. These actions have greatly increased the success of our outreach and engagement, resulting in increased appointments scheduled. We will be adopting these outreach processes and including them in future endeavors.*

3. Next Steps

Describe the next steps for the intervention, including anticipated timeframes. Include details on action and what is expected to achieve as upon intervention completion.

Example: *Moving forward, Quality Health has five (5) more scheduled appointments with three (3) different churches; Two (2) churches declined participation at this time. We will continue to monitor and track engagement and participation, with great focus on Quality Health Members.*

Moving forward, Quality Health would like to ask the following questions of their blood testing participants: What has been their experience with high-blood pressure and what has been done to reduce it? From this, Quality Health intends to learn, from the participants' perspective, what has helped them be successful in the past, including ideas and advice for helping others.

Quality Health will use this data to help plan for the next intervention.

Progress Update – “Study, Act + Plan” (next cycle)

The purpose of the CCIP Progress Update – “Study, Act + Plan” section is for the organization to share intervention results, as well as the plan for the next intervention. **These updates are due to IEHP by the 15th of March**, each year, for each CCIP intervention cycle.

Included in this update are two (2) components:

1. The **“Study/Act”** components of the PDSA cycle, where the organization will analyze and evaluate the success of the intervention, and provide the CCIP Measure Improvement Attestation
2. The **“Plan”** to the next annual intervention.

Progress Update – Study, Act/Adjust/Abandon

The purpose of this section is to analyze the results of the intervention to determine whether the actions tested allowed for successful target achievement.

In this section, provide insights on the data received, barriers faced, and the lessons learned to determine the next invention.

Will the organization:

- Adopt the new process, putting it into standard practice?
- Adjust the process, including actions and continue to test?
- Abandon the intervention and start with something new? Or,
- Continue the intervention, to see if results improve?

Analysis of CCIP Cycle # 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 #, Cycle #:	☐ Adopt – Intervention is ready for integration. ☐ Adjust – Intervention needs modifications. ☐ Abandon – Intervention to conclude with no further action. ☐ Continue – Would like to proceed with further testing.	

24. Intervention Details

Identify whether the intervention target was met. Select:

- **Met** – if target goal was achieved
- **Not Met** – if target goal was not achieved

28. Intervention Results – Baseline and Target

Using the same information identified in the intervention “plan” section above, document the baseline and target goals for the corresponding intervention. This will easily display the impact of the intervention when compared to the baseline.

26. Intervention Results – Actual

Using collected data from the intervention reports, document the final results of the intervention.

★ **TIP:** The numerator and denominator in the calculation should align with the values used to calculate the baseline and targeted rates.

27. Results and Findings

Summarize the results and findings of the intervention. Describe using both qualitative and quantitative data.

28. Barriers

Describe the barriers encountered and the mitigation strategies developed to ensure future success.

★ **TIP:** When identifying barrier(s), include the root cause driving the barrier. Ask “What happened that allowed this barrier to occur?”

29. Lessons Learned & Best Practices

Describe the lessons learned upon concluding the intervention. Describe best practices that have been adopted, insights learned during this process, including anything that will be done differently moving forward.

30. Next Steps Leading into Year “#”, Cycle “#”

Identify the next step in closing the intervention.

Will the organization:

- **Adopt** – Intervention is ready for integration
- **Adjust** – Intervention needs modifications
- **Abandon** – Intervention to conclude with no further action
- **Continue** – Would like to proceed with further testing

Progress Update – Plan (next annual cycle)

The purpose of this section is to document the plan for the next intervention. Similar to the Plan section of the initial submission, the organization will identify the intervention name, planned strategy, intervention description, and testing period, along with the measurement methodology to be used to analyze and evaluate results.

For additional instructions on how to complete this section, refer to [Plan of CCIP Cycle 1 Intervention](#).

PROGRAM CLOSE:

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

The purpose of this section is to conclude the journey of the organization’s 3-year CCIP project.

Included are the following two (2) sections:

1. The **Final Analysis** – *Provides summary data and analysis of the final intervention*
2. The **CCIP Close-Out Summary** – *Provides an overall reflection of the progress and achievements made in the 3-year CCIP journey.*

Following the completion of these two (2) sections, the organization will also document the (1) Overview and (2) Plan sections for the next 3-year CCIP project. This information is to be drafted on a new CCIP Planning & Reporting Document.

All four (4) components are due to IEHP by March 15th, 2029.

Analysis of CCIP Cycle 3 Intervention

Similar to previous analysis cycles, review and analyze the results of the final intervention. For more details on how to complete this section, refer to [Progress Update – Study, Act/Adjust/Abandon](#).

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 proceed with further testing.	

CCIP Close-Out – Final Summary of 3-Year CCIP Plan

The final section of the CCIP Planning & Reporting Document will include reflections of the organization's experience during the 3-year CCIP journey.

In this section, identify whether the CCIP aim was achieved, including final results, findings, barriers, lessons learned, and best practices adopted. The organization will also be able to provide closing remarks and final insights relating to the CCIP experience.

★ **TIP:** The difference between this section and the Final Analysis section is that this section reflects on the full, 3-year journey, whereas the final analysis only reflects on the final intervention.

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.]			

31. CCIP Results

Identify whether the overall CCIP Aim was achieved.

Select:

- **Met** – Aim was achieved, or
- **Not Met** – Aim was not achieved

32. CCIP SMART Aim Attainment

Document the final results of the CCIP with respect to the Overall CCIP Aim and targeted measure. Document the original CCIP SMART Aim, baseline and target metrics found in the CCIP Overview section, and then document the final CCIP results.

★ **TIP:** The baseline and actual rates should include both, numerator, and denominator values.

Example: [N:D = Rate] →

Baseline	Target	Actual
89:500 = 17.8%	27.8%	153:500 = 30.6%

33. Results and Findings, Barriers, Lessons Learned & Best Practices.

As with previous submissions, these sections will reflect upon the data results, findings, barriers encountered, including lessons learned and best practices that have been adopted. The only difference is **this section pertains to the 3-year CCIP**, rather than an individual intervention.

36. Closing Remarks

The closing remarks field is a free text space allowing the organization to include any closing remarks or insights related to this 3-year experience.

IEHP Receipt of Confirmation & Quality Review

FOR IEHP INTERNAL USE ONLY

The “IEHP Internal Use Only” section is to be used by IEHP for documentation of:

1. **CCIP Received Date** – Confirming that date it was received by IEHP, and
2. **Quality Review Results** – Marking whether the CCIP met IEHP’s P4P requirements of timeliness, completeness, and attestation.

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

Initial Plan Submission – Due 03/15/27			
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:	Attestation Submitted:	☐ Yes ☐ No
Notes:			

35. CCIP Received Date

This section identifies the date the CCIP document was received by IEHP.

36. Quality Review Results

This section identifies the Quality Review details including the date it was reviewed, its quality score, as well as any notes for the submitting organization. Should the reviewer request any additional information, the details to that request as well as a resubmit date will be listed here.



DualChoice

Chronic Care Improvement Program (CCIP) Planning & Reporting Document – **Reference Guide**

Submitting the CCIP Planning & Reporting Document to IEHP

All CCIP submissions **MUST** be completed on time by the appropriate submission date.

IPA Submissions:

IPAs are to submit their CCIP Planning & Reporting Documents to IEHP via the ccip@iehp.org inbox no later than the required due date. Refer to the [CCIP Submission Dates](#) for submission schedule.

CCIP results will be communicated to the IPA within 1 month of submission. Refer to the corresponding section titled, “For IEHP Internal Use Only”, to review feedback and see if any additional information is needed, including the “due by” date.

CCIP Questions:

For CCIP questions, please contact IEHP’s CCIP team at CCIP@iehp.org.

Appendix**CCIP Improvement Measure Methodology**

IPAs will also be required to meet the **10% reduction in non-compliance** and demonstrate an **improvement of at least 2% points** in the CCIP measure.

10% Reduction in Non-Compliance Calculation**Example: Controlling Blood Pressure (CBP)**

2025 Final Rate	55%
Total Members in Denominator	150
Total Members in Numerator	83
Total Members with Care Gap	67

- If we start with 83 out of 150 total Members, 67 members are in the care gap.
- To calculate 10% reduction of the care gap, multiply 10% by the current number of members in the care gap (67).
- Add the result to the original numerator (83)
 - This is your new Member numerator goal (90)
- To obtain the goal as a percentage rate, divide the result (90) by the total number of Members (150) to obtain the new percentage goal (60%)

★**IMPORTANT:** Using this method scales the goal rate to the size of the care gap population.

It ensures goals are not unrealistic (when care received is already high) or too easy (when care received is very low)

10% Reduction in Care Gap

$$\begin{aligned}
 &= ([\text{Current Numerator}] + ([\text{Current Care Gap}] * 0.10)) / [\text{Total Members}] \\
 &= (83 + (67 * 0.10)) / 150 \\
 &= 90 / 150 \\
 &= 60\%
 \end{aligned}$$

****Refer to the next page for 2% Improvement Calculation****

2% Improvement in CCIP Measure Calculation

Example: Controlling Blood Pressure (CBP)

2025 Final Rate	55%
Total Members in Denominator	150
Total Members in Numerator	83
Total Members with Care Gap	67

2% Improvement Goal
 = **Current Rate** + **2** Percentage Points
 = **55%** + **2%**
 = **57%**