Chronic Care Improvement Program (CCIP)
Planning & Reporting Document

[IPA Name]

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 your summaries.

Chronic Care Improvement Program (CCIP) Planning & Reporting Document

Table of Contents

PROGRAM CLOSE:

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

Due to IEHP by: 03/15/2029 (7th Submission)

Analysis of CCIP Cycle 3 Intervention:

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

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

APPENDIX

CCIP Submission Dates

[IPA Name]

[CCIP Title]

CCIP Reporting Period: 01/01/2026 – 12/31/2028

PROGRAM YEAR 1:

Year 1, Cycle 1 – CCIP Overview & "Plan" –

Due to IEHP by: 03/15/2026 (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 03/15/26			
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:			

Year 1, Cycle 1 – CCIP "DO" –

Due to IEHP by: 09/15/2026 (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 09/15/26			
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:			

PROGRAM YEAR 2:

Year 2, Cycle 1 – CCIP "Study/Act" & Cycle 2 – CCIP "Plan" -

Due to IEHP by: 03/15/2027 (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).

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:			

Year 2, Cycle 2 – CCIP "DO" –

Due to IEHP by: 09/15/2027 (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 09/15/27			
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: _____		
Notes:			

PROGRAM YEAR 3:

Year 3: Cycle 2 – CCIP "Study/Act" & Cycle 3 – CICP "Plan" -

Due to IEHP by: 03/15/2028 (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).

Initial Plan Submission – Due 03/15/28			
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:			

Year 3, Cycle 3 – CCIP "DO"-

Due to IEHP by: 09/15/2028 (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 09/15/28			
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: 03/15/2029 (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 03/15/29			
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:			

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** *01/01/26 – 02/28/26*	**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** *09/01/26 – 02/29/27*	**03/15/27**	**3rd Submission: *Progress Update –*** • Cycle 1– Study, Adjust/Act/Abandon • 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** *09/01/27 – 02/28/28*	**03/15/28**	**5th Submission: *Progress Update –*** • Cycle 2 – Study, Adjust/Act /Abandon • Cycle 3 – Plan
	2nd Semi-Annual *03/01/28– 08/30/28*	**09/15/28**	**6th Submission: *Progress Update –*** • Cycle 3 – Do
Year 3 Final 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 ***Launch NEW CCIP*** • ***Begin new CCIP Document***