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**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*** |