

CCIP - Annual Update

MAO Name: Example Contract 1
Contract Number: Z0001
Identification Number: Non-SNP
Chronic Care Improvement Program (CCIP) Topic: Sample Program
Project Cycle: Contract Year 2013 - Annual Update 1

Enter/Edit - DO Section (D) - D. Program Implementation

D1. Education

Type of Education: Both

Patient Self Management Entry #1

Method Training: Sample Text
Method Support: Sample Text
Method Monitoring: Sample Text
Method Follow-up: Sample Text
Method Other: Sample Text

Provider Education Entry #1

Method Training: Sample Text
Method Support: Sample Text
Method Monitoring: Sample Text
Method Follow-up: Sample Text
Method Other: Sample Text

D1a. Patient Self Management from Plan

Topic Covered Training: Sample Text
Topic Covered Support: Sample Text
Topic Covered Monitoring: Sample Text
Topic Covered Follow-up: Sample Text
Topic Covered Other: Sample Text

D1b. Provider Education from Plan

Topic Covered Training: Sample Text
Topic Covered Support: Sample Text
Topic Covered Monitoring: Sample Text
Topic Covered Follow-up: Sample Text
Topic Covered Other: Sample Text

D1c. Did you conduct proposed education: Yes No

If NO, explain:

D2. Intervention:

Intervention 1
Planned Intervention: intervention

D3. Barriers Encountered: Yes No

If YES: What barrier(s)?

If YES: Mitigation: How did you address the barrier(s) encountered?

<< Previous Save & Exit Save & Next >>