

## **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

Note: Your CCIP Annual Update data is saved. Please use the submit button if you want to submit your data now, or use the Edit button to exit.

Dia. Patient Self Management from Plan

Dib. Provider Education from Plan

Topic Covered Training: Sample Text

Topic Covered Follow-up: Sample Text
Topic Covered Other: Sample Text

Topic Covered Follow-up: Sample Text
Topic Covered Other: Sample Text

Sample Text

Topic Covered Support: Topic Covered Monitoring:

Topic Covered Training: Topic Covered Support:

Topic Covered Monitoring:

## **CCIP Annual Update Review**

## DO Section (D) - D. Program Implementation

E1. Education
Type of Education: Both

Patient Self Management Entry #1 Method Training: Method Support: Method Monitoring: Sample Text Sample Text Sample Text Method Follow-up: Method Other:

Provider Education Entry #1

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

D1c. Did you conduct proposed education: Yes

D2. Intervention: Intervention 1

Planned Intervention: intervention

D3. Barriers Encountered: Yes

If YES: What barrier(s)? Sample Text

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

## STUDY Section (E) - E. Results and Findings

E1. Goal Outcome Measures and Interventions 1

Goal:

E2. Benchmark Outcome Measures and Interventions 1

Benchmark: benchmark

E3. Timeframe: January 1, 2013 through Annual Update Period.

E4. Total Population: (Number) Sample Text E5. Numerator: (Number) Sample Text E6. Denominator: (Number) Sample Text

E7. Results and/or Percentage: Sample Text E8. Other Data or Results: Sample Text

E9. Analysis of Results or Sample Text Findings:

ACT Section (F) - F. Next Steps

F1. Action Plan: Revise intervention

F2. Action Plan Description: Sample Text F3. Describe "Best Practices": Sample Text

F4. Describe "Lessons Learned": Sample Text

Edit Submit

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