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CCIP/QIP Attestations - Attestations

[CCIP/QIP Attestations](#)

Attestation

Contract Year: 2017**Program:** CCIP**Contract:** Z0001

- We hereby attest that we have an ongoing Chronic Care Improvement Program (CCIP) that meets the regulatory requirements set forth at 42 CFR § 422.152, and the sub-regulatory guidance set forth in the Medicare Managed Care Manual - Chapter 5, and in the QIP & CCIP Resource Document.

CCIP Conditions Focused On: (Required)[Back](#)[Submit](#)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1023 (Expires: TBD). The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments, concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, Attn: Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.