

2016 QIP Annual Update 1 – Template

MAO Name: *Will be auto-generated*

Contract Number: *Will be auto-generated*

Plan: *Will be auto-generated*

Parent Organization: *Will be auto-generated*

Project Cycle: Contract Year 2016 - Annual Update 1

QIP Topic: *Will be auto-generated from Plan Section*

QIP Project Title: *Will be auto-generated from Plan Section*

**DO Section (G)**

**G. Goal and Benchmark**

G1. Goal: *Will be auto-generated from Plan Section*

G2. Baseline: *Will be auto-generated from Plan Section*

G3. Total Enrollment: *Will be auto-generated from Plan Section*

G4. Population Description: *Will be auto-generated from Plan Section*

G5. Intervention: *Will be auto-generated from Plan Section*

G6. Timeframe: January 1, 2016 through December 31, 2016

G7: Barriers Encountered: Enter YES or NO

- If YES: What barrier(s)? *(check all that apply)*

- |                                                               |                                                  |
|---------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Healthcare Team Issue(s)             | <input type="checkbox"/> Transportation Issue(s) |
| <input type="checkbox"/> Communication Issue(s)               | <input type="checkbox"/> Financial Issues        |
| <input type="checkbox"/> Non-compliance                       | <input type="checkbox"/> Decline in Condition    |
| <input type="checkbox"/> Technology Issue(s)                  | <input type="checkbox"/> External Factor(s)      |
| <input type="checkbox"/> Medication Issue(s)                  | <input type="checkbox"/> Knowledge Deficit       |
| <input type="checkbox"/> Support Systems Issue(s)             |                                                  |
| <input type="checkbox"/> Other: <u>[Character Limit 1500]</u> |                                                  |

- If YES: Mitigation: How did you address the barrier(s) encountered?  
(check all that apply)

<input type="checkbox"/> Case Management/Care coordination
<input type="checkbox"/> Provider Outreach
<input type="checkbox"/> Culturally appropriate materials
<input type="checkbox"/> Increase enrollee family engagement
<input type="checkbox"/> Information Technology Solutions
<input type="checkbox"/> Healthcare Team Coordination
<input type="checkbox"/> Improve Communication
<input type="checkbox"/> Information Technology
<input type="checkbox"/> Post Hospital Discharge Care
<input type="checkbox"/> Link to Community Resources
<input type="checkbox"/> Other: [Character Limit 1500]

## STUDY Section (H)

### H. Results and Findings

H1a. Total Population:

*Enter Number*

H2a. Number of Enrollees who Received Intervention(s):

*Enter Number*

H3a. Number of Enrollees who were Eligible to Receive Intervention(s):

*Enter Number*

H4a. Results and/or Percentage:

*Character Limit: 1500*

### H2. Additional Interventions Results and Findings (If applicable)

H1b. Total Population:

*Enter Number*

H2b. Number of Enrollees who Received Intervention(s):

*Enter Number*

H3b. Number of Enrollees who were Eligible to Receive Intervention(s):

*Enter Number*

H4b. Results and/or Percentage:

*Character Limit: 1500*

H3. Additional Interventions Results and Findings: (If applicable)

H1c. Total Population:

*Enter Number*

H2c. Number of Enrollees who Received Intervention(s):

*Enter Number*

H3c. Number of Enrollees who were Eligible to Receive Intervention(s):

*Enter Number*

H4c. Results and/or Percentage:

*Character Limit: 1500*

H5. Other Data or Results:

*Character Limit: 1500*

H6. Analysis of Results or Findings:

*Character Limit: 1500*

## ACT Section (I)

### I. Next Steps

#### I1. Action Plan: *(check all that apply)*

- No change to QIP
- Revise intervention
- Revise methodology
- Change goal
- Other: *(Character Limit 1500)*

#### I2. Action Plan Description:

*Character Limit: 1500*

#### I3. Describe “Best Practices”:

*Character Limit: 1500*

#### I4. Describe “Lessons Learned”:

*Character Limit: 1500*