

2016 QIP Annual Update 3 – Template

MAO Name: *Will be auto-generated*

Contract Number: *Will be auto-generated*

Parent Organization: *Will be auto-generated*

Identification Number: *Will be auto-generated*

Project Cycle: Contract Year 2016—Annual Update 3

QIP Topic: *Will be auto-generated*

DO Section (G)

G. Goal and Benchmark

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

G2. Annual Update 2 Action Plan: *Will be auto-generated from Annual Update 2*

G3. Timeframe: January 1, 2016 through December 31, 2016

G4: 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?

<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

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

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. QIP Final Summary

I1. Did your plan meet the goal of QIP?: (*check one*)

Yes

No

I1a: If yes, by how much?

I2. Summary of Overall QIP Results:

Character Limit: 1500

I3. Describe “Best Practices”:

Character Limit: 1500

I4. Describe “Lessons Learned”:

Character Limit: 1500

15. Having now completed this QIP, will your plan(s) continue with the changes that have been implemented? (*check one*)

Yes

No

16. Please explain how completing this QIP will affect your plan(s) going forward:

Character Limit: 1500